

ASHA FOUNDATION BANGALORE



ANNUAL REPORT

2020-2021

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Executive Summary

This document presents an overview of ASHA Foundation's activities from April 2020 to March 2021.

The year commenced on a sad note with the onset of the Covid 19 pandemic and the first six weeks of the new financial year started with a lockdown.

Covid work :

Though ASHA Foundation works in the field of HIV/AIDS, it did conduct covid relief work also this year.

Dry rations were provided for 30 families (100 persons) for a period of three months in April, May and June 2020. These were families mainly headed by widows who had no jobs due to lockdown. Most of them were house maids, garment workers or sales girls and some families were below poverty line. Funding for this was provided by WIPRO Foundation.

Along with the HIV/AIDS help line, a Covid -19 helpline has also been added and we are responding to Covid-19 queries also. But most of the Covid 19 queries were from HIV positive people.

ASHA Foundation also conducted online programs for children who are in institutions and homes and these programs mostly dealt with adolescent issues and Covid 19 awareness. So far around fifty on line programs have been conducted.

One of the major efforts during the Covid -19 pandemic was to see that all our HIV positive patients received their ART medication even though there was a stringent lockdown- these medications were sent through relatives, courier services and collaboration with local ART centers in different districts. Fortunately we were successful in this endeavour. Twenty one of our HIV positive patients developed Covid 19 Infection. Three of them died.

Dr. Glory was involved in various webinars on Covid 19 during the year which included- An International Webinar on **Covid-19, the global pandemic –A perspective** conducted by Synergia Foundation- Dr. Glory was one of the speakers on the panel and spoke on the India and Bangalore Covid-19 situation and compared it to HIV. She was also a speaker at a National Webinar conducted by AHPI and Express Healthcare -**Covid 19 response plan- Key lessons from the HIV pandemic** on 29.5.2020.

Three newspaper items featuring ASHA Foundation and HIV infection and Covid 19 were published this year.

The five service projects of ASHA Foundation continued but were impacted by Covid 19 pandemic as described below.

HIV Counseling and Testing Services

Since inception, there have been almost 31,440 telephone counseling calls, more than a 1000 email queries and more than 9000 counseling sessions, of which this period accounted for:

- 1874 telephone counseling calls.
- 176 counseling sessions.

The number of face to face counseling sessions was low due to lockdowns and sessions were held by video calls or on telephone. This year no awareness programs could be conducted.

The Adolescent Health Education Project :

This year no teachers training program could be held due to Covid 19. Since all the schools were in lockdown the whole year, the character building and lifeskills program was also impacted. However, the time was well spent in translating the Teachers resource manual into Hindi, line drawings were added into the pages and the power point presentations were updated to look more colorful and impactful and Hindi was added to the presentations. Also a presentation on AHE was made at the SCERT office in Pune in March to see if the State Schools could start the AHE curriculum. Outcome is still awaited.

Only 5710 students did the AHE program online this year. They represented 109 institutions.

The Children-at-Risk Project

This project supports HIV-infected and affected children and HIV positive men, women and families. Free medical care and consultation is provided for all the HIV positive patients, including children. The services include routine medical care, treatment for opportunistic infections, counseling services, socio-economic assessments, free or subsidised Antiretroviral Treatment (ART), free or subsidised costs for investigations, empowerment of women through Self Help Groups, educational and nutritional support for HIV infected and affected children. This year, 72 children received support for education. There were 2142 patient visits to collect ART. No SHG meetings could be held due to the pandemic.

The Prevention of Mother-to-Child Transmission (PMTCT) of HIV Project

HIV positive pregnant mothers are identified and treated so that their babies are born HIV negative. So far, more than two lakh mothers have been tested under this project, of which 1012

were identified as HIV positive. The risk of transmission of HIV from mother to child has been reduced from 45 % to 1.76% in our cohort. This year:

- 9366 pregnant mothers were tested for HIV, of which 26 were identified as HIV positive and treated and monitored.
- Twenty nine babies were born during the specified time period, 31 were tested for HIV, and all 31 were HIV negative.

Camp Rainbow Project

The Covid 19 pandemic impacted this project greatly. No residential camps or outreach programs could be held this year. However around 50 online programs were conducted during the year of which 33 were for children, 15 for adolescent girls and 2 were for volunteers and leadership team. A total of 553 persons attended these programs. Overall, a total of 3660 people have been influenced under this project, including campers, volunteers, adolescents, follow-up participants, caregivers, staff who care for the children at orphanages.

The research projects continue on schedule. During this period, ASHA staff attended 16 training programs and conducted 35 training programs.

The Board of Trustees of ASHA Foundation had regular quarterly meetings.

The year ended on a positive note when Dr. Glory was appointed to serve on the Conference Committee of the International AIDS Society (IAS) for a period of four years from Feb 2021 to Feb 2025. She is the only Indian on the team. The IAS is the largest body of HIV professionals in the world and has thousands of members representing 170 countries around the world. She is also on the organizing committee of next year's International AIDS Conference which is being held in Montreal, Canada from 29th July 2022 to 2nd August 2022.

ASHA Foundation would like to place on record their gratitude to the Board of Trustees, the Research Advisory Board, long-standing supporters Mr. Krishna Chivukula and Indo-MIM Ltd., Kindernothilfe Germany, Scotland Trust, the Serious Fun Network USA, WIPRO Cares, Qess Corp Ltd., Kurian Foundation Trust, Charities AIDS Foundation, and all those individual donors who have contributed so generously.

Finally, our gratitude to the staff and volunteers of ASHA Foundation for their hard work and commitment, without which the organisation could not have made such a difference in so many lives.

ASHA Foundation

1. **Mailing Address:** No.42, 4th Main, SBM Colony,
Anand Nagar,
Bangalore –560024
Karnataka
2. **Telephone numbers:** 00 91 80 2333 2921 / 2354 5050
Fax: 00 91 80 2333 2921
3. **Email:** ashafblr@yahoo.co.in
4. **Website:** www.ashaf.org
5. **Contact person:** Dr. Glory Alexander

Statutory requirements and registrations:

- Registered on 07.03.1998 as a Charitable Trust in Shivaji Nagar, Registrar's office, Bangalore. Registration number- **849/97-98**
- Amended trust deed document No.- **899/04-05**
- Certificate under 12(A) of IT Act 1961 renewal approved from 28.5.2021 and approved for a period of five years from AY 2022-23 to 2026-27.
- Recognized U/S 80 G of IT Act 1961 latest recognition was approved from 28.5.2021 for a period of five years from AY 2022-23 to AY 2026-27
- PAN No. is available. TAN No. is available.
- Registered under FCRA. Valid till 31.10.2021. FCRA No. is available. FCRA bank account is opened in SBI Branch, New Delhi.
- Renewal of recognition granted as Scientific and Industrial Research Organization under DSIR, GoI from 01.04.2020 to 31.03.2023.
- Accredited as member of Credibility Alliance for Desirable Norms for five years from 20.09.2019 to 19.09.2024. Accrd. No- CA/39/2019.
- Registered with Regional provident Fund Commissioner-**KN/41859**
- Bankers Name- Punjab National Bank, Anand Nagar, Bangalore-560024.
- Registered under KPMEA Act 2007& Rules 2009. Reg.No. **BLU02880AACD** valid from Oct.2019 to Oct.2024.
- Registered under Ministry of Corporate Affairs for undertaking CSR activities and **Registration No. is CSR0000446**

Vision:

Our vision is to prevent HIV infection in the community and to empower and uplift people infected and affected by HIV/AIDS and other vulnerable communities

Mission:

- ❖ To build the capacity of vulnerable communities and to advocate for them.
- ❖ To provide awareness, prevention, education, training and to network effectively with all stakeholders.
- ❖ To provide counseling, testing, treatment, support and rehabilitation to people infected and affected by HIV/AIDS and vulnerable communities.
- ❖ To conduct research in all aspects of our work.
- ❖ To empower the communities that we work with.

Aims:

1. To build awareness of HIV/AIDS infection in the community.
2. To provide HIV testing in a non-coercive and non-stigmatized environment both voluntary and anonymous.
3. To train counselors in HIV/AIDS.
4. To provide counseling to HIV patients, their families and the community.
5. To provide a character based comprehensive Adolescent Health Education curriculum in schools.
6. To provide personalized, quality, medical care and palliative care to patients with HIV/AIDS irrespective of their ability to afford treatment.
7. To interact with other institutions of learning and constantly update our knowledge of the illness and to incorporate new teachings into our treatment and care of patients.
8. To network with other voluntary, statue, central and other institutions including Non-Governmental Organizations to provide wide ranging care effectively
9. To rehabilitate HIV / AIDS patients and families.
10. To conduct and help research in HIV / AIDS
11. To provide specialized training for Doctors, Nurses and allied Health professionals in the field of HIV / AIDS.
12. To make a difference in the lives of patients living and dying with AID

Board of Trustees of ASHA Foundation

Sl. No	Name	Qualification	Occupation	Address
1.	Mr. George Ninan Member	M.A	Consultant	1407, Hennur main Road Bangalore 560084
2.	Mr. Vijay Chandy Member	B. Sc, PGDIR&W(XLRI)	Management Consultant	No.218. 3 rd Main, Laughing Waters, Varathur Marin Road, Ramagondanahalli, White Field, Bangalore -560006
3.	Dr.Paul Salins Member	MD, FDSRCS,PGD (pall.care)	Medical Director & Vice President Narayana Hrudalaya and mazundar Shaw Cancer Center	No. 258/A Bommasandra Industrial Area, Hosur Road Anekal Taluk Bangalore-560099
5.	Dr. Alexander Thomas Member	D.Orth, MS Orth, M.Phil (HHSM) PGDML&E	\Executive Director- AHPI Consultant, World Bank	AHPI Office No.27. First Floor GVR Plaza, Bellary Road Bangalore 560024
6.	Dr. Glory Alexander Member	MBBS,MD	Director, ASHA Foundation	No.42,4 th main SBM Colony Anand Nagar,Hebbal Bangalore-560024

None of the Board members of ASHA Foundation received any remuneration or reimbursement during the year. Dr. Glory Alexander in her capacity as Project Director of the PMTCT project, and HIV/AIDS physician received remuneration during the year.

This report is for the period April 2019 to March 2020. The following projects were continued during the financial year:

1. The HIV/AIDS counseling services including the AIDS Helpline and Telephone Counseling service.
2. Adolescent Sexual Health Education Project named Anmol Ashayein.
3. The Children at risk project.
4. The Prevention of Mother to Child Transmission of HIV project.
5. Camp Rainbow Project.
6. Research projects- Research is integrated into every project and maybe scientific, operational, or social sciences research.

1. The AIDS Helpline and Telephone Counseling service and integrated counseling and testing service

The ASHA Foundation HIV/AIDS helpline was one of the first helplines started in the country in 1998. In the year 2011 the IVRS system was discontinued but the manual helpline which was started in the year 2000 continues till date.

HIV/AIDS helpline service and integrated counseling and testing service is one of the projects of ASHA Foundation which focuses on providing counseling to HIV patients, their families and their community. There are two manual helpline which functions on 5 days of the week from 9.00 am to 5.00 pm. It also aims at enhancing adherence to treatment and, to improve their quality of life. In addition to telephone counseling, face to face counseling is also available. ASHA Foundation is located in the urban district of Bangalore. ASHA Foundation introduced the manual telephone counseling line for HIV/AIDS in the year 2000. The project is now in its twenty first year.

Goal:

- (i) To build awareness on HIV/AIDS infection in the community.
- (ii) To provide HIV testing in a non-coercive and non-stigmatized environment both voluntary and anonymous.
- (iii) To provide counseling to HIV patients, their families and the community.
- (iv) To provide personalized, quality, medical care to patients with HIV/AIDS irrespective of their ability to afford treatment.
- (v) To train counselors in HIV/AIDS as and when required

Presently the **activities** under this project are:

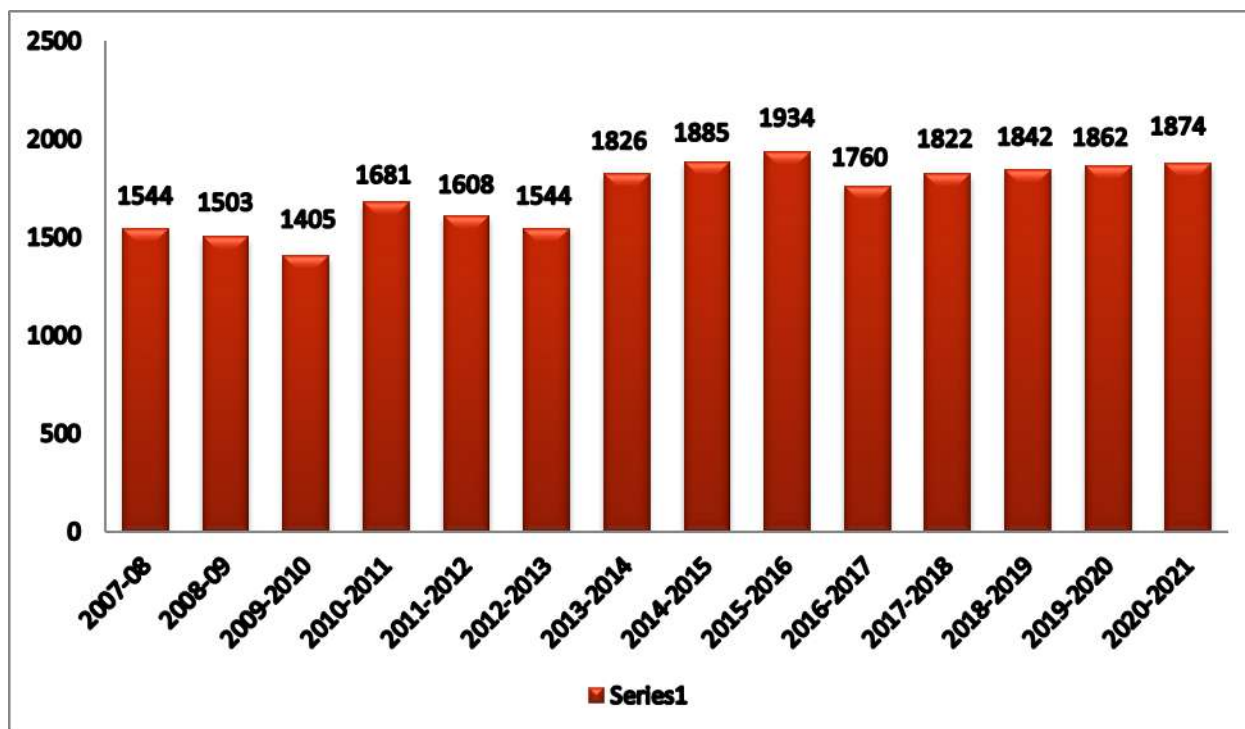
1. Telephone counseling
2. Face to Face counseling which includes the following:
 - Pre test counseling
 - Post test counseling for negative and positive persons
 - Supportive counseling
 - Family counseling
 - Counseling for ART and adherence
 - Counseling for PMTCT
 - Counseling for regular follow up/ irregularity/lost to follow up
3. Response to E mail queries
4. Awareness programs
5. Training
6. Research

Target:

- (i) To increase number of counseling sessions for adult and children by 5%
- (ii) To conduct 3 HIV/AIDS awareness session per year
- (iii) To increase the number of telephone calls by 5%
- (iv) To increase our publicity through advertisements in newspapers & poster
- (v) To increase number of email queries

ITEM	No. of Calls
Number of calls received on 23542222 & 23543333 from April 2020-March 2021	1874
Cumulative total since the year 2000	31440

Graphical representation of calls received on telephone helpline:



E- Mail Queries

Year	Number of queries
April 2020-March 2021	23
Cumulative total since 2008	1075

Publicity

Type of publicity	April 2019-March 2020
Newspaper advertisement	11
Number of calls from Newspaper	120
Number of calls from Poster	09
Cumulative total of Newspaper advertisement (since March 2010)	632

Counseling Details

Type of counseling	April 2019-March 2020
Pre test counseling	04
Adherence counseling	29
Follow-up counseling	110
Family counseling	32
People refd. to other services	1
Total counseling sessions	176
No. of HIV tests Positive	02
No of HIV tests negative	02
Cumulative counseling sessions from 1998 to March 2019	9331

No awareness sessions were conducted in this service during the year because of the COVID Pandemic .

Case studies in counseling:

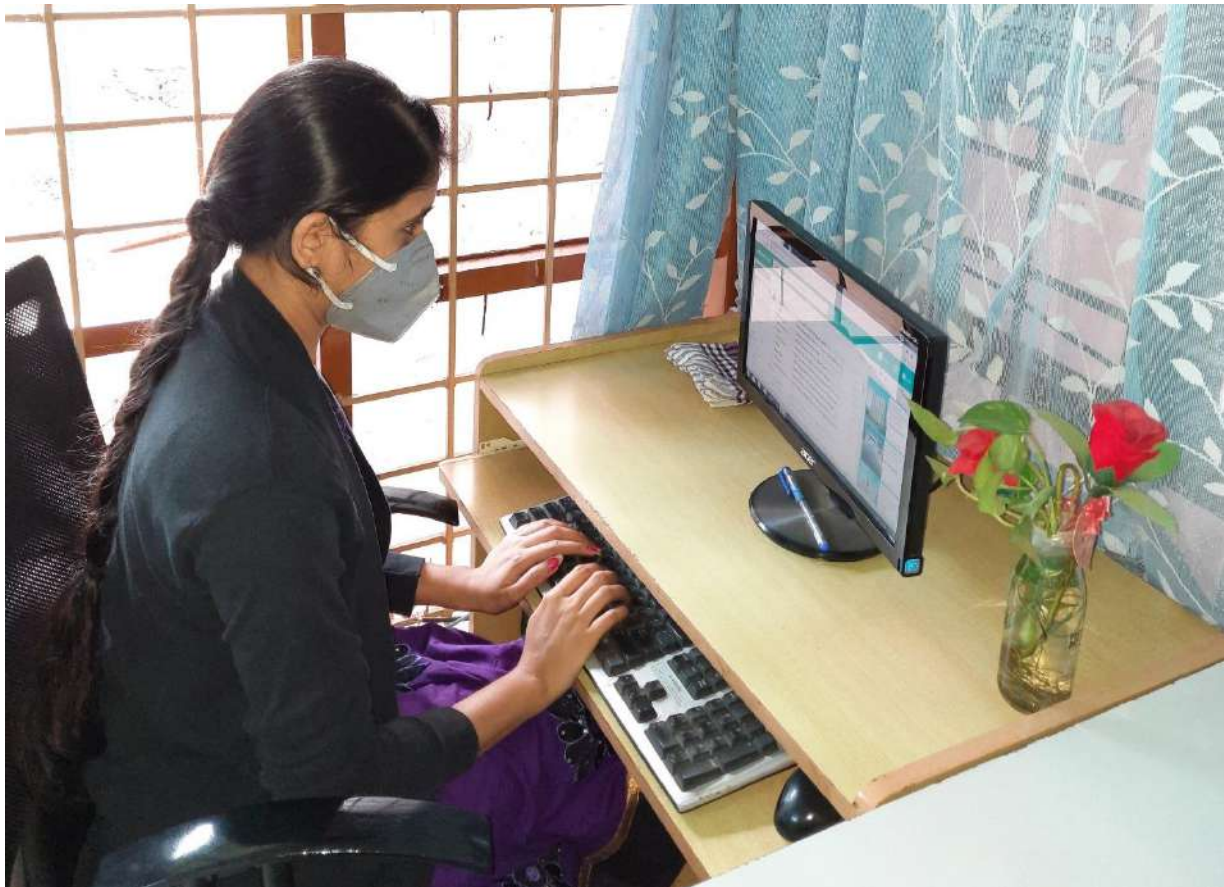
1.Prakash first came to us about three years ago when he was newly diagnosed to be HIV positive. He was heartbroken and we had to provide a lot of emotional support to him during this period. He was also engaged to be married and we told him to postpone the marriage till he had opportunity to inform his fiancée of his condition and to bring her for counseling. In the mean time we started him on ART for HIV infection and he did well on treatment with the viral load becoming undetectable. He brought his sister and relatives so we could inform them of his condition in view of the impending marriage and advise them that on postponing the marriage till the girl makes an informed choice on the matter, Then one day he got married to the same girl without informing her about his status and without informing us either. We still told him to bring her for counseling so we could inform her and counsel her. He told her finally that he was treatment for a lifelong viral condition. It took about two years for him to bring her for counseling and over several counseling sessions we were able to inform her about his status. She took it well and was very supportive of him and his condition. The girl's informed choice was to be with him and continue her married life with him. This was one of our most difficult cases in HIV counseling where we had to negotiate carefully and do justice to both the girl and the patient.



Face to face counseling in Covid times



Counselor filling up the counseling sheet.



Counselor responding to email query on HIV infection.

SUNDAY TIMES OF INDIA, BENGALURU
AUGUST 30, 2020

BJP-ruled states
with option 1

Govt schools to
reopen for 15

Association, School, Triv, our
12A, Call - 9434004879
emcpltd@gmail.com .

HOME TUITIONS

COUNSELLING

**ASHA Foundation HIV/
AIDS & Covid 19 Counseling**
Call: 08023542222/ 23543338
Email: ashaffblr@yahoo.co.in
Monday to Friday : 9am to 5pm
Anonymous & Confidential

More
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ads on
subsequent pages...

RERA NO: PRM/KA/RERA/1251/446/PR/170824/000058

ASHA Foundation AD in newspaper advertising for HIV and Covid 19 counseling

2. Adolescent Health Education

Adolescent Health Education is one of the projects of ASHA Foundation which was launched in the year 2000. The project involves the empowering of adolescents so that they can face the challenges of their future. The project started with the empowering of students in the area of preventing HIV/AIDS which was a threat to adolescents. As years passed on other challenges of smoking, substance abuse, alcoholism and suicide ideation have become a source of threat.

The strategy involves empowering adolescents with life skills and build character in the school going years. Therefore the people involved in the program are Institutions, school leadership, teachers, parents, students and ASHA Foundation.

This program trains teachers in a three- day workshops. The strategy is to train teachers who would facilitate this process for their students in their schools. Volunteers and others have done this for out of school youth too.

These teachers go back to their schools and in consultation with the school leadership implement the program in their schools. To make this value teaching realistic there is a peer and parent component. The guideline for this is provided to the teachers at the teachers' training workshop. Each lesson has its peer and parent's component.

The value teaching is structured to help children walk the talk not only for teenage years but these skills are learnt for life.

In the year 2019-2020, a total of 3400 teachers had been trained, 546 institutions were conducting the AHE program and around 54000 students were using the curriculum. Then Covid 19 happened and all the schools went into lockdown. Many schools conducted online classes but it was difficult for them to include character building and lifeskills education classes for them in that period of time. The focus was more on academic subjects. So Covid 19 did have impact on our AHE program in 2020 -2021.No teachers training program could be conducted also because mass gatherings were also banned.

However the Teachers Resource Manual was translated into Hindi, line drawings were added into the pages and the power point presentations were updated to look more colorful and impactful and Hindi was added to the presentations. Also a presentation on AHE was made at the SCERT office in Pune in March 2021 to see if the State Schools could start the AHE curriculum. Outcome is still awaited.

Only 5710 students did the AHE program online this year. They represented 109 institutions

List of schools doing Adolescent Health Education (AHE) Program Online 2020-2021

Number of students in each school in Karnataka -2020-2021

	Schools in Karnataka -2020-2021	No of students
1	Angela Vidhyalaya Niketan, Bogadi Mysore	130
2	Radha Krishna school	60
3	St. Joseph's High School, Hunsur	220
4	Nirmala Convent High Sc, English Med. Balehennur, Chikmagalur	170
5	Amrutlalji High School, Dakshin Kannada	20
6	St. Michael's High School, Shanthinagar, Hubli	15
7	Twinkle star School	80
8	St. Xavier High School, Tumerikop	56
	Colleges	
1	Concerns India	30
	Total	851

Annual Report (Mumbai schools)		
Sl. No	Name of the School	No of students 2020-21
1	Christ Academy CBSE Board	40
2	Christ Academy State Board	36
3	Don Bosco High School	26
4	Good Shepherd School, Nerul	63
5	Good Sheperd School, Belapur	20
6	Guru Gobind Academy	34
7	NIMHRC	24
8	PES Central School, Belapur	26
9	Presentation High School	46
10	SBOA Public School	28
11	St. Therese School	64
12	St Xavier's High School	24
13	Vibgyor International School vashi	34
14	P.E.S Central School Sec 1 CBSE CBD Belapur	42
15	Father Agnel school Vashi	24
	Total	531

Annual Report - Pune		
Sl No.	Name of the School	No. of students 2020-2021
1	Ajinkya Institute	24
2	Ashram Shala Primary School	40
3	Anjali English Medium School	120
4	Dastur Co Ed School Camp	40
5	Don Bosco School and Junior College	68
6	Dr. Mrs Erin Nagarwala Day School	120
7	Dr. Mrs Erin Nagarwala Residential School	116
8	Holy Angels Convent High School	60
9	Indian Education Society, Vadgaonsheri	84
10	Indira Gandhi School	40
11	KVG BRD School, Chandan Nagar	110
12	Little Star School Kharadi	60
13	Maher Education Society	32
14	Mother Theresa School, Vadgaonsheri	120
15	Mount St. Patrick	75
16	New Life School, Swargate	36
17	Nirmala Convent School Kharadi	142
18	Pawar International School Magarpatta	42
19	PDEA's School, Akruti	126
20	PDEA School Dehu Road	42
21	PDEA School Lohegoan	125
22	PDEA School Pirunget	115
23	PDEA School Supe	86
24	PDEA School Wanewadi	121
25	Phoenix School,	42
26	Poona Women's School	46
27	Raisoni English Medium School	26
28	Republic School Keshnand	64
29	Sadhana English Medium School	142
30	Sadhana Semi English Medium School,	84
31	Sant Thukaram Madhyamik Vidyalaya	49
32	Satav High School, Wagholi	146
33	SNBP School & Junior College	64
34	St Anne's High School Pune Camp	46
35	St. Felix High School	54
36	St Joseph School, Viman nagar	48
37	St. Arnold School Vadgaonsheri	84
38	St. Joseph High School, Ghorpadi	48
39	Stella Maris School Vadigaonsher	64
40	Sunderbai School Chandan nagar	64

41	Tukaram Pathare School, Kharadi	83
42	Abhinav school Narhe State Board	60
43	Blossom English Medium School	56
44	Abhinav Education Society CBSE Ambegaon Pune- 46	66
		3280
	Pune college	
1	Christ College	20
2	Marathawade Mitra Mandal	24
3	Maher Education Society	10
4	Abhinav D.Ed college	24
		78

Annual report of Vidharba region		
Sl No	Name of the school	No.of students 2020- 21
1	Vinayaka Gurukul Amravati	30
2	St.Francis High School, Amravati	40
3	Era Kids School, Amravati	20
4	Z.P.School Amravati	10
5	Mother's Pride Convent School	18
6	New High School Belpura, Amravati	35
7	School Of Scholars Amravati	34
8	Shivaji High school and Jr College , Shirajgaon Band	24
9	Sri, Chatrapati High school Dhamangoan Railway	28
10	Adarsh Vidyalaya Aanji	34
11	shivaji Vidyalaya Akola	20
12	shivaji Vidyalaya Main Branch akola	34
13	Shivaji multipurpose high school main branch	34
14	Aadarsh Highschool,daryapur,dist.Amravti	16
15	Prabhat Kids School ,Washim Road ,Akola	40
16	Prabhat Kids School , City Branch	27
17	Khotari Convent	32
18	Jubilee English High School	38
19	SOS, Hinga Road, Akola	12
20	Podar School, Akola	42
21	SOS, Birla Colony, Akola	34
22	Khandelwal Dnyan Mandir, Akola	28
23	Padmaraje Vidyalay akola	34
24	RamaKrishna School Belapur Akola	23
25	Zilla Parishad school Doma	16
26	Govt. Aashram Shala Doma	31
27	Adivasi Madyamik vidyalay Salona	22
28	Zilla Parishad School wastapur	25
29	Zilla Parishad school Badanapur	12
30	Ashram shala School Salona	18
31	Zilla Parishad Kanya Pradamik shala Motha	22
32	Zilla Parishad School Semadoh	26
33	Zilla Parishad School Vanawasi	18
34	Holy Cross Convent school Chikhaldara	26
35	Sant Gadge Maharaj School Jamali(R)Chikhaldara	16
36	Zilla Parishad Ucha Prathmik shala Kalapandri	26
37	Adivasi Ashram Shala Jamali (RA) Chikhaldara	25
	Total	970

Total number of students doing the AHE program online 2019 – 2020 is Total = 5710

Training Programs Conducted and Attended by AHE April 2020 to March2021

Sl No	Date	Topic	Name	Venue	No. of Days	Conducted by
1	01.04.2020 To 15.04.2020	New Models of Business in Society	Mr. Baiju Sebastian	Online	15 days	University of Virginia Online non Credit course authorized by University of Virginia and offered Through Coursera
2	10.09.2020	Webinar on Suicide Awareness	Mr. Baiju Sebastian Mrs. Vrushali Gawande	Online	Two days	PsyK-Life
3	01.09.2020	Critical Evaluation of National Education Policy (NEP 2020)	Mr. Baiju Sebastian	Online	One day	Carmelites of Mary Immaculate General Department of Education, Kochi, Kerala,
4	27 -07-2020 to 31-07- 2020	E-Content Development (Faculty development Program.)	Mr. Baiju Sebastian	Online	5 days	Government of India Human Resource Development
5	15.03.2021	SCERT's Core Committee Proposal Presentation	Dr. Glory Alexander Mr. Baiju Sebastian Mrs. Vrushali Gawande	SCERT office Pune	One Day	State Council of Education Research Training, Pune Maharashtra
6	22-03-21	A TALE OF TWO PANDEMICS COVID-19 AND HIV Similarities and Differences	ASHA Staff	ASHA premises	1 hr	Dr.Glory Alexander Director ASHA Foundation



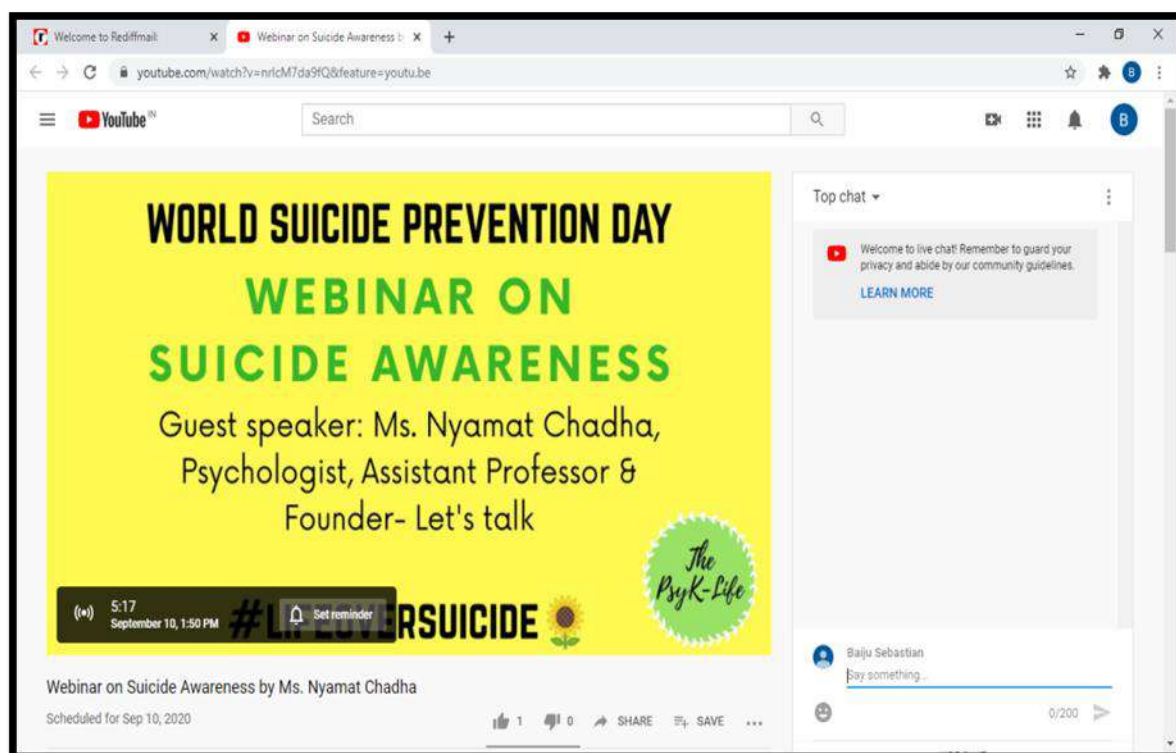
Dr.Glory Alexander presenting **Adolescent Health Education proposal** to State Council of Education Research Training, Pune Maharashtra on 15-03-2021



Adolescent Health Education proposal submitted to State Council of Education Research Training, Pune Maharashtra on 15-03-2021. This is a photo of the audience .



A TALE OF TWO PANDEMICS COVID-19 AND HIV Similarities and Differences- Dr.Glory Alexander conducted the session for ASHA Staff on 22-03-2021



Mr.,Baiju and Mrs.Vrushali attended webinar on suicide Awareness on 09. 9-2020 and 10.09.2020 conducted by PsyK-Life

3.Children at Risk Project:

Targets for the year:

1. To provide educational support to at least a hundred HIV infected and affected children.
2. To conduct Sports Day and Picnic Day during the year.
3. To conduct 12 SHG meetings for our HIV infected and affected women per year.
4. To conduct all the other activities as usual.

The components of the children at risk project are:-

1. Medical, nutritional and educational support for children.
2. HIV/AIDS outpatients clinic three times a week and ART supply.
3. Empowerment of women through meetings and SHGs

The Covid 19 Pandemic impacted this project . The clinic was closed but ART was provided to whatever extent possible to the patients . Of our patients, twenty one became infected with Covid 19. We lost three patients during the year from Covid. Most patients remained stable during this period and took their ART fairly regularly. Arrangements were made for patients to collect ART from their local ART centers as a temporary measure since they could not travel to ASHA Foundation due to lockdowns. No SHG meeting s were held. The picnic and sports day also could not be conducted.

Sl.no	Particulars -2020-2021	Reached
1	Education	
a	Number of children who received educational support	72
b	ELE (pre- school)	0
c	PE (Primary Education) (Boys 12 , Girls 14)	26
d	SE (Secondary Education) (Boys 08 , Girls 07)	15
e	IC (Intellectually Challenged)	0
f	HE (Higher Education)- pre university, college, vocational training, professional courses etc. (Boys 20 , Girls 11)	31
	Total	72

2	HIV/AIDS Clinic	
a	Number of persons tested for HIV infection	31
b	Positive reported	3
c	Adults reported positive	3
d	Children reported positive	0
e	Number of new patients registered	3
g	Number of adult patient visits to collect ART	2142
h	Number of children patients visits to clinic	422
i	Total Number of patients visit to collect ART	2564
j	General Investigations for children	5
k	CD4 Investigations for Children	57
l	TB treatment for Children	-
m	OI infections treated for Children	33
n	Children on ART	49
o	Children on 1 st Regimen	39
p	Children on 2 nd Regimen	7
q	Children on 3 rd Regimen	3
r	Number of Children Hospitalized	-
s	Number of Children Referred	-
t	Adults on ART	298
u	General Investigation for adults	5
v	CD4 investigation for adults	9
w	OI infections treated for adults	212
x	PLHA TB treatment for Adults	-
y	Number of children attended Camp Rainbow	-
3	Socio Economic	
a	Number of SHGs Existing	6
b	Number of SHG members	117
c	Number of children supported for Nutrition	38
d	Number of Nutritional Poustic (Sanskrit word that means nutritious) plus distributed	52
e	Dry ration support for Poor Families	April to June - 30 families

		July to March- 05 families
f	SHG Internal Loans issued	Meetings were not conducted due to COVID-19 guidelines were in place. Restrictions for mass gatherings.
g	SHG Monthly topics	Meetings were not conducted due to COVID-19 guidelines were in place. Restrictions for mass gatherings.
h	BHAF Meetings attended	Meetings were not conducted by BHAF due to COVID-19

Case study -1 Veena (name changed) first came to us in the year 2004- 17 years ago, after being diagnosed HIV positive. At that time she had a nine month old son Vinay (Name changed) .The child is HIV negative. She had left her husband as he was an alcoholic and not earning any money. Their married life was very traumatic for her. Her husband died 10 years ago. Veena has been under our care since 2004 and received free ART till about three years ago when she received subsidized ART. She was working as a teacher. Her son grew up and ASHA Foundation partially supported his education during his growing up years. Today he is 18 years old. Veena is doing well on treatment and her last viral load for HIV done in Feb 2021 was undetectable. She continues to work and is maintaining good health. Her son, Vinay is extremely intelligent and came third rank in state SSLC Science two years ago.He has obtained 100 % in second PUC science. He has obtained 111th rank in CET for Karnataka and is awaiting NEET results. He wants to be a doctor. This story is being presented to show the strength and courage of a single mother who chose to leave her alcoholic husband to earn for herself and who was supported by ASHA Foundation for 17 years and whose son is now on the threshold of starting his professional career, and hopefully life will further improve for this small family.



Following Covid 19 regulations – checking of temperature before entry into AF premises



Dry Rations bags ready for distribution. Covid-19 endeavour



Free ration and free ART distribution to patient from ASHA Foundation



4.The KNH-PMTCT Project-Prevention of Mother to child Transmission of HIV Project

Parent-to-child transmission of HIV is a major route of new HIV infections in children. Children born to women living with HIV acquire HIV infection from their mother, either during pregnancy, labour/delivery or through breast feeding which is largely preventable with appropriate intervention, by providing Anti-retroviral therapy (ART) to mothers and Anti-Retroviral (ARV) prophylaxis to infants. A total of 61,000 lakh children (0 to 14 years) are estimated to be living with HIV in India. Out of 29 million pregnancies every year, an estimated 22000 occur in HIV infected women. All these HIV infected pregnant women have to be detected and provided with timely ART in order to reduce mother to child transmission and ultimately to eliminate pediatric HIV. Counseling and information regarding the outcome of pregnancy and HIV related treatment to the HIV infected women is provided under the programme.

India is a signatory to the Joint United Nations Programme on HIV and AIDS (UNAIDS) goal of Elimination of Mother to Child Transmission (EMTCT) of HIV by 2020. The Prevention of Parent to Child Transmission (PPTCT) programme is being implemented to achieve the EMTCT goal. HIV testing is a fundamental element of EMTCT with an objective to achieve coverage of HIV testing of pregnant women of $\geq 95\%$. Correspondingly over the years, HCTS have been significantly expanded with a significant increase in HIV testing among pregnant women. While in the year 2017-18, around 2.08 crore pregnant women were tested for HIV, in 2019- 20, almost 2.45 crore HIV tests among pregnant women were conducted (almost 82% of the total estimated pregnant women).

The risk for mother to child transmission of HIV is significantly reduced with the initiation of maternal ART as early as possible during pregnancy or preconception itself. Evidence has indicated that per partum transmission risk of HIV (i.e. probability of transmitting infection from mother to her unborn child in pregnancy and during delivery) can be reduced to less than 1% if the mother is on ART since the time of preconception and to less than 2% if women are put on ART during current pregnancy and have been on ART for at least 4 weeks prior to delivery. Given the role of the HIV treatment coverage on the EMTCT of HIV, programme aims to achieve antiretroviral treatment (ART) coverage of HIV-positive pregnant women of $\geq 95\%$ in line with the WHO recommendations. As per HIV Estimations 2019, it was estimated that around twenty thousand mothers in 2019 in India would require ART to prevent mother-to-child transmission of HIV. States accounting for the highest need were Maharashtra (14.66% of the

total PMTCT needs), Bihar (12.31%) and Uttar Pradesh (10.78%), Karnataka (6.79%), Andhra Pradesh (6.76%), Telangana (5.02%), Gujarat (4.80%), Rajasthan (4.21%), Tamil Nadu (4.12%) and West Bengal (3.31%)

Early Infant Diagnosis (EID) of HIV is an integral component of the EMTCT ensuring follow-up care of HIV-exposed children (mother is HIV positive) for early detection of infection and timely access to antiretroviral treatment. As a part of the EID programme, all of the HIV exposed babies are expected to undergo Deoxyribonucleic Acid-Polymerase Chain Reaction (DNA-PCR) testing for the diagnosis of HIV infection as early as 6 weeks. Nationally, in 2019-20 (till December), there were 12,234 HIV exposed babies and 94% of them were tested for HIV through DNA-PCR between 6 weeks to 6 months. This is a significant increase from 80% in 2017-18. Overall, 89 babies were confirmed HIV positive (DNA PCR) between the age of 6 weeks and 6 months and 43 of them were initiated on ART. While nationally almost 91% of the HIV exposed babies were tested for HIV through DNA-PCR between 6 weeks to 6 months, there were significant inter-State/UT variations. There were overall 24 States/UTs with live births of more than 50 HIV exposed babies during 2019-20.

The HIV exposed baby is initiated on Cotrimoxazole prophylaxis at 6 weeks and is tested for HIV DNA PCR at 6 weeks by DBS (Dry Blood Spot) collection. If the DBS sample is positive for HIV DNA PCR, then a repeat DBS sample is tested for HIV DNA PCR. The HIV exposed baby is then initiated on lifelong ART at the earliest if confirmed HIV positive through 2 DNA PCR test.

Organizations like ASHA Foundation also continue to promote PMTCT and identify HIV positive pregnant mothers for treatment. The PMTCT program has had a good impact in that over the last seven years we have not had a single newborn child that has been HIV positive in all the newborns tested so far.

Goal: Elimination of new HIV infection among new born children

Objectives:

Overall project objective

- To contribute to the WHO Global Goal of elimination of mother to child transmission of HIV (E-MTCT)

Sub- objective- 1

- To decrease the incidence of HIV infection in children born to HIV positive mothers from 45% to less than 5% in our project

Sub- objective-2

- To prolong the quality and quantity of life of the HIV positive pregnant mother so that she can take care of her infant and provide the child with a normal childhood as his right.

The target groups to whom the services are provided are:

1. All pregnant women attending antenatal clinic's in our partner hospitals for routine HIV testing
2. All pregnant women screened at other centers, accessed by outreach worker where PMTCT services are not available.
3. All identified HIV positive pregnant women in above two groups
4. Infants born to HIV infected, by providing infant ARV prophylaxis, counseling on infant feeding practices, infant testing, immunization and co-trimoxazole prophylaxis.
5. Spouses of all HIV positive pregnant women

The Essential PPTCT Services includes:

1. Routine offer of HIV counseling and testing to all pregnant women attending antenatal clinic in our partner hospitals
2. Ensure involvement of spouse & other family members
3. Provision of lifelong ART (TDF +3TC + EFV) to all pregnant and breastfeeding HIV infected women regardless of CD4 count and clinical stage
4. Promote institutional deliveries of all HIV infected pregnant women
5. Provision of care for associated conditions (STI/ RTI, TB & other Opportunistic Infections - OIs)
6. Provide nutrition counseling and psychosocial support to HIV-infected pregnant women
7. Provide counseling and support for initiation of exclusive breastfeeds within an hour of delivery as the preferred option; continue BF at least for one year for those infants with negative HIV status (Early Infant Diagnosis Protocol) and 2 years for HIV positive children Provide ARV prophylaxis to infants from birth up to minimum 6 weeks
8. Integrate follow-up of HIV-exposed infants into routine healthcare services including immunization
8. Ensure initiation of Co-trimoxazole Prophylactic Therapy (CPT) and Early Infant Diagnosis (EID) using HIV-DNA PCR at 6 weeks of age onwards as per the NACO EID guidelines

Activities for April 2020-March 2021

Activities based on Specific objectives

Specific Objective-1:

To decrease the incidence of HIV infection in children born to HIV positive mothers from 45% to less than 5% in our project

Activities-1 :

Consent and testing pregnant mothers for HIV infection

Output 1:

Nine thousand three hundred and sixty six pregnant women were tested for HIV infection this year after consent

Use of Output Activities 1

Nine thousand three hundred and sixty six pregnant women realised importance of HIV testing and performed the HIV antibody test

Activities-2

Identifying and treating HIV positive pregnant mothers with ART during pregnancy/delivery/breast feeding periods

Output 2

Twenty six HIV pregnant mothers were identified as HIV positive this year

Use of Output Activities 2

- HIV positive women became knowledgeable and have undergone PMTCT services and thereby
- Became knowledgeable on HIV infection
- Became adherent to ART through out the pregnancy,delivery,breastfeeding and lifelong
- Became knowledgeable on exclusive breast feeding for 6 months and complementary feeding to be added at 6 months
- Understood that Neviripine syrup has to be given to baby for 6 weeks to prevent post delivery transmission of HIV
- Under stood that HIV testing to baby has to be done at 6 weeks,interim period and at 15-18 months

Activities-3

Starting /continuing them on ART

Output 3

➤ Out of 26 pregnant women 11 women started ART during pregnancy and 25 women were already on ART when they became pregnant.

Use of Output Activities 3

Twenty Six pregnant women understood the importance of taking ART during pregnancy, post pregnancy and lifelong

Activities-4

Monitoring the delivery process

Output 4

➤ Thirty nine HIV positive pregnant women delivered in hospitals during 2020-2021
➤ Of this 18 women diagnosed in 2020-2021, 12 women were diagnosed in 2019- 2020, but delivered in this year. Twenty women had caesarian section and nine had normal vaginal delivery

Use of Output Activities 4

Thirty nine women understood the importance of delivery in hospital settings because they were HIV positive and completed delivery in hospital.

Activities-5

HIV testing at periodic intervals in our newborn babies born to HIV positive mothers

Output 5

➤ Twenty nine new born babies were born this year to HIV positive mothers in 2020-2021
➤ One baby still birth.
➤ Thirty one babies had 6 weeks PCR in this year
➤ Out of 29 new born babies born this year 27 tested HIV negative
➤ Remaining 2 babies still not reached the age of 6 weeks (born in March 2021)
➤ 32 babies done final test, out of which 28 babies under EBF and 4 babies under ERF

Use of Output Activities 5

- Thirty one mothers understood the importance of HIV testing in babies and followup regularly to do the HIV testing in babies at 6 weeks.
- There has 100% followup for 6 weeks PCR.
- There was 94% followup for final HIV test and all were HIV neg.
- The incidence of HIV infection in newborns born to HIV positive mothers was reduced from 45% to 0% in this financial year in all those who were tested.

Specific Objective-2

To prolong the quality and quantity of life of the HIV positive pregnant mother so that she can take care of her infant and provide the child with a normal childhood as his right.

Activity: 1.

Counseling to pregnant mothers on importance of taking ART lifelong, even after delivery

Output:1.

Twenty six HIV positive pregnant women identified and received counseling

Use of output

Twenty Six HIV positive women understood the importance of taking ART lifelong and are doing so

Activity-2.

Ensure that the mothers continue their ART at the primary/referred hospital or ART centre private or govt.

Output:2-

➤ Out of 34 mothers who needed to be regular followup after final testing of their babies 33 mothers are continuing their ART at ASHA Foundation, Bangalore Baptist hospital, Govt ART centres. One mother passed away.

➤ There is 100% followup of mothers after final testing of the babies

Use of output

HIV positive pregnant mothers understood the importance of lifelong ART and regular followup and are doing so.

Problems / issues / Challenges at Project Level

- 1, Due to high Covid Spread in Bangalore normal operations of the project Is partially affected.
- 2, Direct counseling was a challenge. We had shifted to phone and video counselling. While this method has ensured continuity
- 3, Outreach worker had challenges in travelling for hospital visits

Our Outreach worker could not travel to multiple hospitals due to Covid 19 .So telephone call were made. She contacted 488 hospital (Maternity homes, Clinics etc) and 115 networks centers during this financial year to inform about ASHA foundations PMTCT programs and identify HIV positive pregnant women. Through her efforts we were able to register 16 patients in our programme.

The table below gives the year's cumulative statistics.

Particulars	KNH PMTCT April'20-March'21	ASHA PMTCT Cumulative Jan '03 – Mar2021
Total no. of deliveries	7835	2,07,131
Total no. of ANC women registered	9,265	1,99,151
Total no. of women counseled	6778	1,99,482
Total no. of women tested	9,366	2,14,406
Total no. of antenatal women identified HIV positive	26	1,038
No. of liveborns	29	875
Total no. of women awaiting delivery	6	6
Eligible women treated	26	846
No. of babies treated	29	854
PCRs or ELISAs done	31	737
Positive PCR	0	13
Negative PCR/ELISA	31	724
Babies had final 3 antibody test under EBF at 15 months	28	146
Babies had final 3 antibody test under ERF at 15 months	4	14
Transmission rate		1.76%

The hospitals that have sustained the project on their own and are receiving only technological help, with financial support as needed for the care of HIV positive identified in their hospitals, IEC material and training of counselors are:

1. St Joseph's General Hospital, Guntur.
2. Women's Hospital, Ambajipeta.
3. The Bangalore Baptist Hospital, Karnataka
4. Church of South India Hospital, Bangalore, Karnataka
5. Seventh Day Adventist Hospital, Bangalore Karnataka
6. Rural Health Training Centre, Kazhakuttom.
7. Gnanadurai Hospital, Sivakasi, Tamil Nadu

Case Study : Sheela first came to us when she was four years old along with her father, mother and younger sister. All four of them were HIV positive. Both the parents were put on ART and while the two daughters were being evaluated , the younger one took very ill and passed away . About three to four months later the mother was also diagnosed to have a lymphoma (Cancer) of the spinal cord which rapidly spread to the brain inspite of surgery , and radiation treatment and she also died. So only the father and older daughter were left. The daughter was provided free ART from ASHA Foundation and financial support for education. After school she did a vocational training (Beauticians course) and joined a parlour and worked for sometime. When she became 22 years old she had an arranged marriage with another HIV positive man. She became pregnant shortly thereafter and was under ASHA Foundation's PMTCT program where she was provided free ART, subsidy for delivery and investigations and free HIV testing for the baby. She delivered this year a healthy baby girl who is HIV negative. This case is being presented to show that because of ART the HIV infection has stopped with two generation (Sheela's parents and Sheela herself) but because Sheela was already on ART when she got married and pregnant, her baby (Third generation) was born HIV negative and with that the infection in her family is stopped.



Providing ART counseling and ART to HIV positive pregnant mother and husband at ASHA Foundation



Routine HIV testing being done for a pregnant mother at our partner hospital



Giving HIV negative test report of her baby to the mother



Blood being drawn from HIV positive pregnant mother for viral load at AF premises.

5. Camp Rainbow Project :

Camp Rainbow is a psychosocial program to provide opportunities for children living with HIV and other serious illnesses to participate in HIV education, traditional camp activities through the vehicle of residential and day camps. It aims at enhancing campers' adherence to treatment and medication, to improve their quality of life with the focus on primarily providing children with serious fun!

These structured psychosocial programs are in collaboration with the SeriousFun Children's Network, USA, started by actor Paul Newman. The SeriousFun Children's Network evolved from their year round camps in US and Europe to a Global Partnership Program serving children in Africa, Asia and South America.

2020 was the seventh year of Camp Rainbow Bangalore. In the past 6 years, 488 children have been served through Residential camps. About 1205 children, 413 caregivers have been served through outreach programmes that includes follow-ups and re-union programmes. Also 113 young adolescents have been part of the older adolescent programme so far.

The year 2020 was one of the most challenging years. The year 2020 was the first time when a residential camp was cancelled due to the pandemic of Covid -19. Also there were no in-person Outreach or LIT/older adolescent programmes conducted in the year 2020.

Though there were no in-person programmes, the CRB team started Virtual online and audio programmes for children and older adolescents. These sessions were facilitated mostly by the leadership team members. The participants were mostly the children and older adolescents from organizations who have attended residential camp. There were also children who did not attend camp but are siblings and potential campers for future years. The sessions were mostly conducted through zoom or google meets and for some institutions where internet facility is a challenge, audio sessions were conducted. Some of the topics conducted were Storytelling, Handwash-demonstration, Nutrition session and children's day programme. For the older adolescent girls, a topic on Menstruation 101, Social Media, Handling emotions- 'True love vs Infatuation' were conducted. Most of the sessions were conducted for children staying at a hostel facility.

The children participated were from the usual camper sending organizations. They were: ACCEPT CARE HOME, Bangalore, CALVARY CHAPEL BOYS' HOME- Bangalore, CALVARY CHAPEL GIRLS HOME- Bangalore and Tuticorin, FREEDOM FOUNDATION- Bangalore, SNEHA CARE HOME-Bangalore, INFANT JESUS CHILDREN'S HOME-Bangalore, SNEHALAYA CHILDREN'S HOME-Mandya,

Camp Rainbow virtual – audio programmes 2020-21:

Sl.No	Date/Day	Programme	Conducted/Organized by	Virtual/ Audio	No. Of People
1	25.4.2020	Online session on importance of handwashing	SNEHA CARE HOME,BLR	Zoom	23
2	29.4.2020	Freestyle session	SNEHA CARE HOME, BLR	Audio	23
3	2.5.2020	Freestyle session	SNEHA CARE HOME,BLR	Audio	22
4	11.5.2020	Online session on importance of handwashing	FREEDOM FOUNDATION, BLR	Zoom	24
5	13.5.2020	Freestyle session	AMMA MANE, MYSORE	Zoom	15
6	15.5.2020	Freestyle session	SNEHALAYA CHILDREN'S HOME, MANDYA	Audio	20
7	22.5.2020	Caterpillar activity	SNEHA CARE HOME, BLR	Zoom	9
8	23.5.2020	Freestyle session	SNEHA CARE HOME, BLR	Audio	20
9	28.5.2020	Online session on importance of handwashing	CALVARY CHAPEL BOYS' HOME, BLR	Google meets	16
10	29.5.2020	Quiz	ACCEPT CARE HOME, BLR	Zoom & audio	13
11	4.6.2020	Quiz	INFANT JESUS CHILDREN'S HOME(Batch 1), BLR	Audio	17
12	6.6.2020	Quiz	CALVARY CHAPEL GIRLS' HOME ,BLR	Audio	12
13	11.6.2020	Quiz	INFANT JESUS CHILDREN'S HOME(Batch 2), BLR	Audio	18
14	12.6.2020	Quiz	INFANT JESUS CHILDREN'S HOME (Batch 3)	Audio	22

15	27.6.2020	Session on Nutrition	ACCEPT CARE HOME, BLR	Audio	13
16	6.7.2020	Session on Nutrition	FREEDOM FOUNDATION, BLR	Zoom	21
17	11.7.2020	Session on Nutrition	SNEHA CARE HOME, BLR	Audio	18
18	17.7.2020	Session on Nutrition	CALVARY CHAPEL TRUST BOYS HOME, BLR	Zoom	28
19	24.7.2020	Session on Nutrition	CALVARY CHAPEL TRUST GIRLS' HOME, BLR	Audio	14
20	1.8.2020	Session on Nutrition	SNEHALAYA CHILDRENS' HOME, MANDYA	Audio	24
21	10.10.2020	Session on Nutrition	AMMA MANE, MYSORE	Audio	10
22	15.8.2020	Volunteers' session	CRB volunteers	Zoom	30
23	7.11.2020	Children's day programme	SNEHA CARE HOME, BLR	Audio	20
24	12.11.2020	Children's day programme	ACCEPT CARE HOME, BLR	Zoom	12
25	14.11.2020	Children's day programme	AMMA MANE, MYSORE	Audio	10
26	17.11.2020	Children's day programme	FREEDOM FOUNDATION, BLR	Zoom	19
27	21.11.2020	Children's day programme	SNEHALAYA CHILDRENS' HOME, MANDYA	Audio	18
28	25.11.2020	Children's day programme	CALVARY CHAPEL TRUST BOYS HOME, BLR	Zoom	26

29	26.11.2020	Children's day programme	INFANT JESUS GIRL's HOME, BLR	Zoom	22
30	26.11.2020	Children's day programme	INFANT JESUS GIRL's HOME, BLR	Audio	28
31	28.11.2020	Children's day programme	DAYABHAVAN, KUNIGAL	Zoom	21
32	5.12.2020	Camp Quiz	Community girls	Audio	6
33	5.12.2020	Camp Quiz	Community Boys	Audio	4
34	17.12.2020	Camp Quiz	Community Girls	Audio	3
35	17.12.2020	Camp Quiz	Community Boys	Audio	4
36	1.09.2020	Puberty Session	SNEHA CARE HOME	Zoom	14
37	12.09.2020	Puberty Session	Calvary Chapel's girl's home	Audio session (Part 1)	9
38	19.09.2020	Puberty Session	Calvary Chapel's girl's home	Audio session (Part 2)	9
39	26.09.2020	Puberty Session	Snehalaya Children's home, Mandya	Audio Session	6
40	1.10.2020	Puberty Session	Freedom Foundation	Audio session	5
41	17.10.2020	Puberty Session	Infant Jesus children's home (Batch 1)	Zoom session	19
42	17.10.2020	Puberty Session	Infant Jesus children's home (Batch 2)	Zoom session	24

43	31.10.2020	Puberty Session	ACCEPT Care Home	Audio session	4
44	6.2.2021	Social Media	SNEHA CARE HOME, BLR	Google meets	6
45	13.2.2021	Social Media	INFANT JESUS CHILDREN'S HOME, BLR	Google meets	25
46	27.02.2021	Menstruation 101	Community girls, BLR	Zoom	9
47	6.3.2021	Menstruation 101	Community girls, BLR	Zoom	8
48	20.3.2021	Handling emotions- True love vs infatuation	SNEHA CARE HOME, BLR	Google meets	6
49	21.3.2021	LT re-union	Virtual programme	Google meets	7
50	27/03.2021	Handling emotions- True love vs infatuation	Community girls	Zoom	10

AMMA MANE-Mysore, DAYABHAVAN-Kunigal and some children from community.

The table shows the number sessions conducted online and over audio.

TOTAL No. of sessions conducted over Online and Audio	
For children	33
For adolescent girls	15
Volunteers and LT	2
Total number of sessions conducted	50

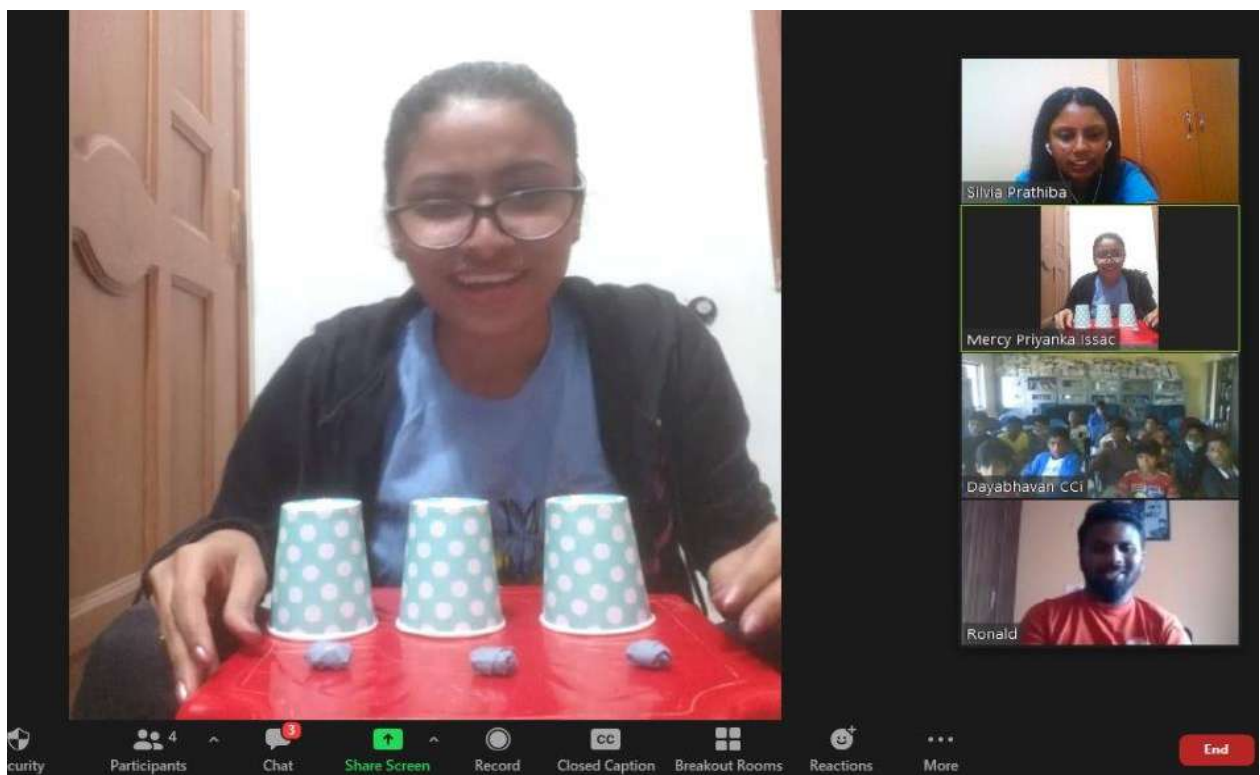
TOTAL No. of Participants	
Children	416
Adolescents	137
Total number of participants	553

FEEDBACK FROM ORGANIZATION CAREGIVERS:

1. *'It's really interesting for us and it is informative and educative session for the children'*
2. *'It was fun and informative. Helped them to feel together and connected'*
3. *'We thank you for your great effort towards our children. Even though there was many issues of Covid you all took more effort to the children through the telephone conversation. So it's an appreciated one. All the session was very good and very useful for all the children who attended the session. Also it was an informative message. Children all clarified many doubts through these sessions. And enjoyed while having the activities such as songs, quiz etc.'*



A compilation of positive labels activity for childrens day. Online program



A magic trick during online session for children from Dayabhavan-28.11.2020.



Childrens day program for boys from Calvary Chapel online -25.11.2020

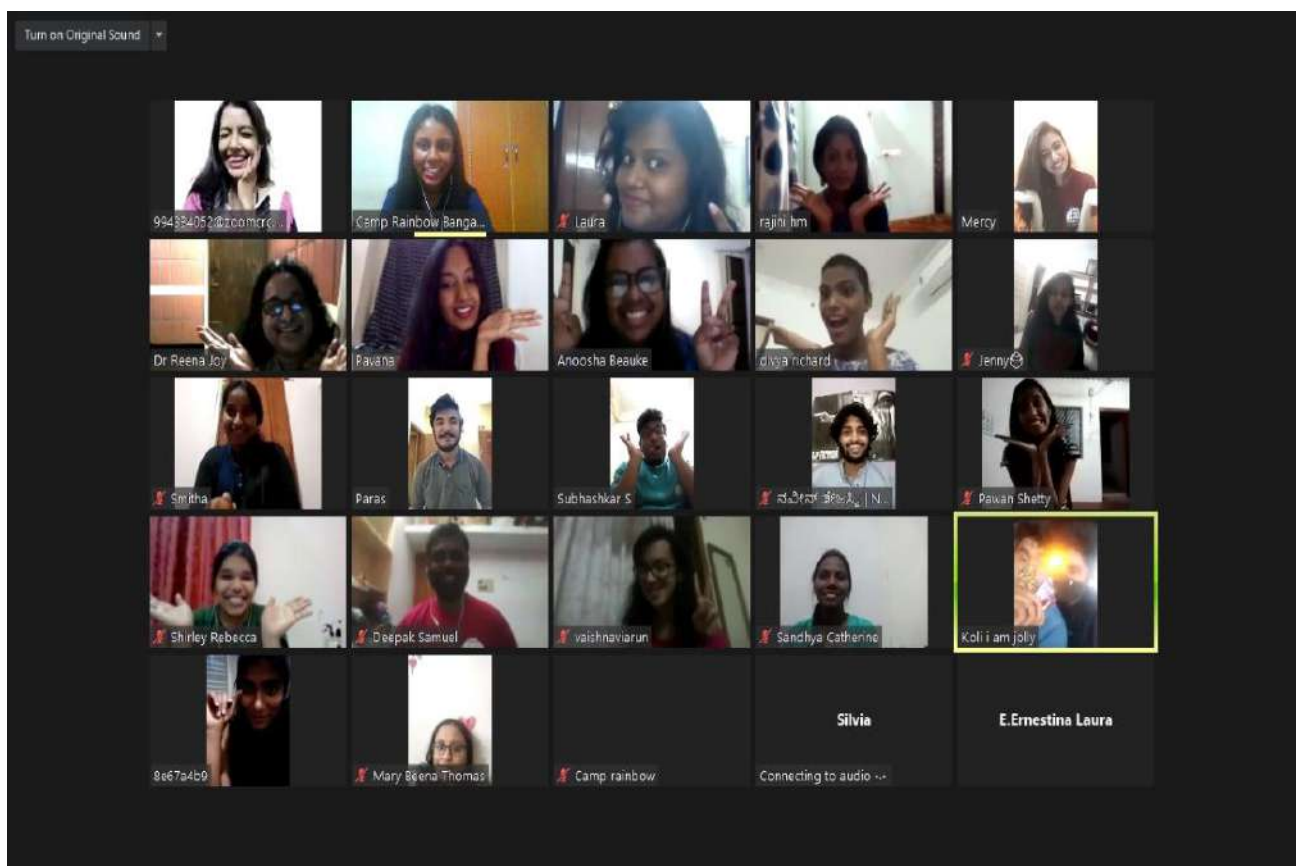


Session on menstrual hygiene for older adolescent girls on 1.9.2020-online



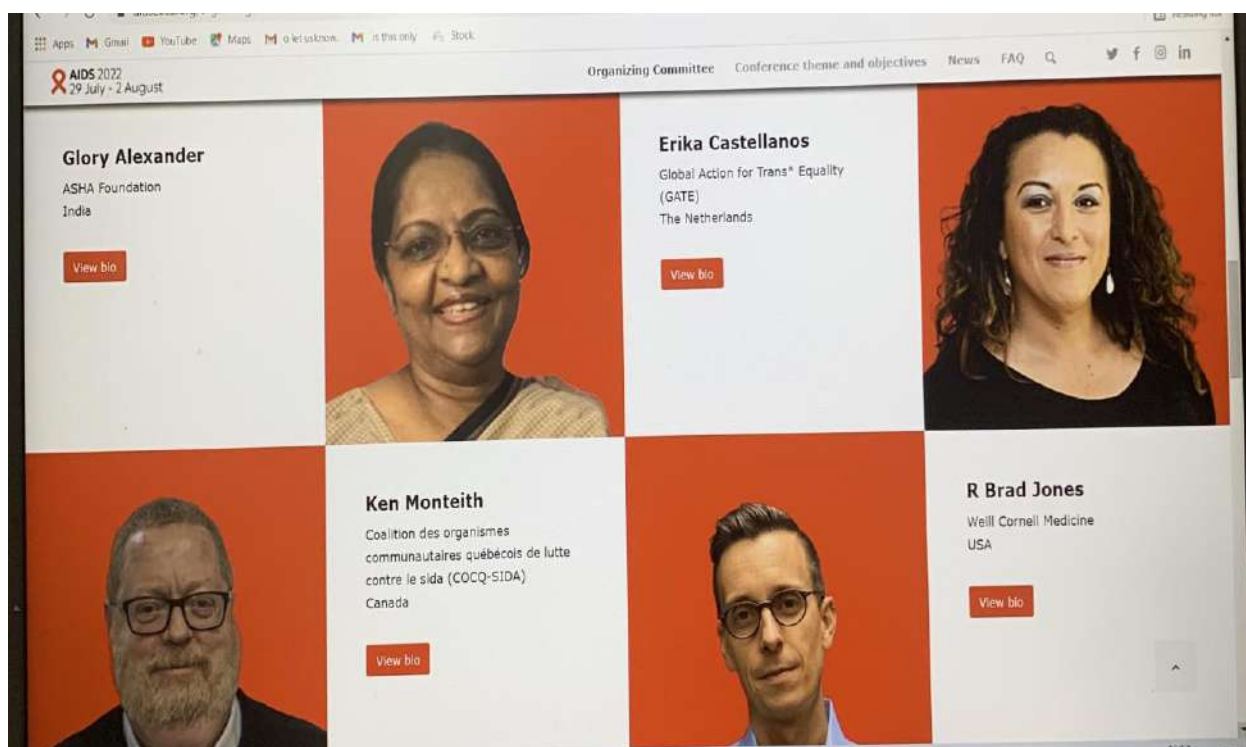
Activity on nutrition for children from Snehalaya on 1.8.2020. Online

Volunteer reunion session online on 15.4.2020





National webinar on key lessons from HIV to aid Covid 19 response plan. Dr.Glory was one of the speakers.



Dr.Glory as Member of the conference committee of the International AIDS Society and member of organizing committee of AIDS 2022 to be held in Montreal, Canada, 29.7.2022 to 2.8.2022

Research

ASHA Foundation is recognised as a Scientific and Industrial Research Organization (SIRO) by Dept.of Scientific and Industrial research (DSIR). ASHA Foundation's recognition as a SIRO is renewed from April 2020 to March 2023. ASHA Foundation also has a Research Advisory Board.

List of Research Advisory Board members

Name	Designation	Internal External	Organization	Official Address
Dr. Sundar Rao	Consultant	External	Leprosy Mission, India	88, Kuvempu Layout, Gubbi Cross, Kothanur, Bangalore 560 077
Dr. Glory Alexander	Director	Internal	ASHA Foundation	No.42, 4 th Main, SBM Colony, Anand Nagar, Bangalore 560 024
Dr. A. Nanda Kumar	Officer in charge,	External	National Cancer Registry Program-ICMR (Retired)	Srinivas Nilaya No.557, 7 th main, New BEL road Dollars Colony Bangalore- 560094
Dr. Maneesh Paul	Professor and Head of Research In Biological Sciences	External	Acharya Institute of Technology	Soldevanahalli Bengaluru, Karnataka
Mrs. Dorothy Sampath Kumar	Lay leader	External	The Methodist Church	C.201.Gina Ronville, Narayanapura cross, Kothanur Bangalore 560077
Dr. Tinku Thomas	Associate Professor, Division of Epidemiology and Biostatistics	External	St.John's National Academy of Health Sciences, Bangalore	#26, Trinity Orchard, Hennur Main Road, Kalyan Nagar PO, Bangalore 560043
Ms. Seetha Lakshmi	City Editor, Chief of Bureau,	External	Times of India	No.40/1, 1st Floor, S & B Towers, M G Road, Bangalore - 560001
Ms. Bethesa Jacob	Principal	External	St. Mira's School, Bangalore	204, Bilden Park Apartments, I Cross, S alvage Road, G.M. Palya, Bangalore 560075
Ms. Surekha Shetty	Advocate	External		No.362, 18 th F main, Koramangala, 6 th Block, Bangalore 560034
Dr. R. Srinivasa Murthy	Professor (retd)	External		553, 16 th Cross, J.P. Nagar 6 th Phase Bangalore-560078

The primary areas of Research are:

- Clinical research in Prevention of mother to child transmission of HIV infection
- Clinical research in Adults with HIV
- Clinical research in children with HIV
- Adolescent Health Education
- Counseling in HIV
- Socio economic aspects of HIV

Current research projects going on at ASHA Foundation :

(a)Determination of perinatal transmission with 3 drug ARV prophylaxis in breast feeding population in private sector setting in South India

Investigators-Glory Alexander, Remya Alan Thomas,

Status- Data collection- Two hundred and eighty pregnant mothers are included in the study . Awaiting the final HIV report for the last baby born which will be completed in a few months and then the analysis will start.

(b)The effectiveness of a Health Education Programme on Character Building and Development of Life Skills in Middle School children- the short term impact .

Investigators : Glory Alexander , Baiju Sebastian, Maya Singh and Vrushali.G

The study is going on and data is being collected for the same .There was delay because the schools

Are all closed.

(c)Long Term impact of Adolescent Health Education on 12th standard students

Investigators : Glory Alexander , Baiju Sebastian, Maya Singh and Vrushali.G

The study is going on and data is being collected for the same .There was delay because the schools

Are all closed.

Papers published so far:

1.Assessment of workshop-based training of teachers for imparting value based education to high school students.- Joyce Davis, **Dr.Glory Alexander**, Chitra Lancelot, Dr.PSS Sundar Rao- Journal of Educational Research and Extension; volume 43,Oct-Dec 2006,pages 10-17.

2.Exploring the barriers to accessing care and treatment for HIV infected children in India-A diagnostic study- Research update –April 2007-published by Population Council – collaboration of population Council, Avina Sarna, Jaleel ahmed, **Glory Alexander**, Vaishali Mahendra et al.

3. Counseling Needs Of Persons Exposed To Human Immuno-Deficiency Virus-
G. Alexander, B.G.Sunitha, K.L.Chitra. – Indian Journal of medical research 126,August 2007,pp152-155.

4.Value education for children- whose responsibility ? -Joyce Davis, **Glory Alexander**, PSS Sundar Rao –New Frontiers in Education, Vol-40, No-3, July-Sept 2007 pp246-250.

5.Mapping the future-Students response to Adolescent Health Education-Joyce Davis, **Glory Alexander** – booklet June 2009

6.Response of Indian School Students to Adolescent Health Education- Joyce Davis, **Glory Alexander**, PSS Rao- New Frontiers in Education, Vol.43,No.4,October -December 2010 pp 494-499.

7. Prevention of mother to Child transmission of HIV- Our experience in South India- Karthikeyan Vijaya, **Alexander.Glory**, Solomon Eileen,Rao Sarita, Rao PSS Sunder- Journal of Obstetrics and Gynaecology of India, Jan/Feb 2011, Pg.62-66

8.A descriptive study on the users and utility of HIV/AIDS Helpline in Karnataka , India – **Alexander.G**, Kanth.C, Thomas.R.- Indian J Community Med 2011; 36:17-20

9. Demographic Predictors of HIV positivity among Women presenting for Obstetric care in South India- a case control study- E. Solomon, F. Visnegarawla, P. Philip, **G. Alexander** – AIDS care journal . Vol-23, No.10, October 2011 pp-1336-1343

10. Impact of antiretroviral therapy (ART) on socio-economic status and productivity of HIV-positive individuals/households in a private setting in India. Visnegarwala, F., Nalli, A., Babu, R., Satish, S., Pradeep, L., & **Alexander, G** .Journal of the International Aids Society - Vol. 15, (Suppl 3) October 2012 pp. 257-258 J Int AIDS Soc. 2012; 15(Suppl 3):

doi: [10.7448/IAS.15.5.18443](https://doi.org/10.7448/IAS.15.5.18443)-40

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12. The HIV/AIDS Helpline is an effective tool of communication – Glory Alexander, Chitra L.Kanth, Priyanka Manoharan, Merlin Maria, Diptty Joseph. World Journal of AIDS Vol 4, Aug 2014, pp 305-310

13. Teachers training workshops: a capacity building strategy for mainstreaming HIV/AIDS prevention education among adolescents. Davis, Joyce Chitra; Sebastian, Biju; Alexander, Glory, New Frontiers in Education, Vol 47, No.4. Oct-Dec 2014 pp 54-66

14. A relationship between CD4 count and oral manifestations of human immunodeficiency virus-infected patients on highly active antiretroviral therapy in urban population. Gadavalli Vera Venkata Satyakiran, Radhika Manoj Bavle, **Glory Alexander**, Saritha Rao, Reshma Venugopal, Sreelatha S Hosthor
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15. Growth and Development of children living with Human Immunodeficiency virus in South India –A comparative study- Glory Alexander, Sarita Rao, Saranya Satish, Ram Babu –Indian Journal of Child Health- Vol 4, Issue 2, Apr-June 2017 PP 162-169.

16. Improvement in Socio-Economic Productivity of HIV Positive Individuals on Anti Retroviral Treatment in a Private Setting in South India. Visnegarwala, F., Alexander, G. and Babu, R. World Journal of AIDS, 9, 23-32. <https://doi.org/10.4236/wja.2019.91003>

17. Covid 19 and HIV -a Tale of two pandemics published in New Indian Express on 10.4.2020 under the column Expert Opinion by Glory Alexander

18. Confidentiality and Medical Treatment , chapter written by Glory Alexander and Dr.Nandimath, in the book titled **Health Law and Ethics** .

Sent for publication:

1.Therapeutic Recreation Camp: A Novel Psychosocial Intervention to Enhance The Well-Being of Children Living With HIV-A Study from India- Glory Alexander, Silvia Prathiba Thomas, Mercy Priyanka Issac.

2. Health-related quality of life in women on long-term antiretroviral therapy- Glory Alexander, Remya Alan Thomas. To PLOS ONE

3.Report on survey of self esteem on school going adolescents.

Joyce Davis, Biju Sebastian, Glory Alexander

TRAININGS ATTENDED 2020-21

Sl No	Date	Topic	Name	Venue	No. of Days	Conducted by
1.	01.04.2020 To 15.04.2020	New Models of Business in Society	Mr. Baiju Sebastian	Online	15 days	University of Virginia Online non Credit course authorized by University of Virginia and offered Through Coursera
2.	27.04.2020	Rethinking responses to Pandemics	Dr. Glory Alexander	National Webinar	1 day	Dr. K.K Agarwal
3.	22.05 2020	Post Lockdown strategy: Addressing the new normal for staff, patients and attendants	Dr. Glory Alexander	National Webinar	1 day	
4.	11.06.2020	Overview and current management of Covid 19 Focus on Remdesivir	Dr. Glory Alexander	National Webinar	1 day	Dr.Barry Zingman
5	12.06.2020	HIV update- The future of ART in the next decade	Dr. Glory Alexander	National Webinar	1 day	Dr.Anton Pozniak and Dr.Adeeba Kamarulzaman, International AIDS Society
6.	11.07.2020	Covid-19 Vaccine update	Dr. Glory Alexander	National Webinar	1 day	Dr. Nirmal Ganguly
7.	23.07.2020	Accelerating developments of novel and affordable therapies for Covid 19	Dr. Glory Alexander	National Webinar	1 day	Dr.Chas Boutra, Prof.K.Raghavan, Pankat Patel and Dr.Pramesh
8.	27.07.2020 to 31.07-.2020	E-Content Development (Faculty development Program.)	Mr. Baiju Sebastian	Online	5 days	Government of India Human Resource Development

9.	10.09.2020	Webinar on Suicide Awareness	Mr. Baiju Sebastian Mrs. Vrushali Gawande	Online	Two days	PsyK-Life
10.	01.09.2020	Critical Evaluation of National Education Policy (NEP 2020)	Mr. Baiju Sebastian	Online	One day	Carmelites of Mary Immaculate General Department of Education, Kochi, Kerala,
11.	12.03.2021 To 13.03.2021	'Mental Health-From Distress to Wellness',	Dr. Glory, Silvia , Mercy, Remya	National Health Conclave webinar	2	AHPI and PHFI
12	15.03.2021	SCERT's Core Committee Proposal Presentation	Dr. Glory Alexander Mr. Baiju Sebastian Mrs. Vrushali Gawande	SCERT office Pune	One Day	State Council of Education Research Training, Pune Maharashtra
13.	22.03.2021	A TALE OF TWO PANDEMICS COVID-19 AND HIV Similarities and Differences	ASHA Staff	ASHA premises	1 hr	Dr.Glory Alexander Director ASHA Foundation

TRAINING PROGRAMS CONDUCTED 2020-21

Sl. No	Date	Topic	For whom	Venue	No. of participants	Conducted by
1	16.4.2020	Covid-19, the global pandemic –A perspective Dr. Glory spoke on on the India and Bangalore Covid-19 situation and compared it to HIV	International Webinar	Zoom	100	Synergia Foundation- Dr. Glory was one of the Panel speakers
2	25.04.2020	Online session on importance of handwashing	Sneha Care Home Bangalore	Zoom	23	Camp Rainbow Bangalore LT, ASHA Foundation
3	29.04.2020	Freestyle session	Sneha Care Home Bangalore	Audio	23	Camp Rainbow Bangalore LT, ASHA Foundation
4	02.05.2020	Freestyle session	Sneha Care Home Bangalore	Audio	22	Camp Rainbow Bangalore LT, ASHA Foundation
5	11.05.2020	Online session on importance of handwashing	Freedom Foundation, Bangalore	Zoom	24	Camp Rainbow Bangalore LT, ASHA Foundation
6	13.05.2020	Freestyle session	Amma Mane, Mysore	Zoom	15	Camp Rainbow Bangalore LT, ASHA Foundation
7	15.05.2020	Freestyle session	Snehalaya Children's Home, Mandya	Audio	20	Camp Rainbow Bangalore LT, ASHA Foundation
8	22.05.2020	Caterpillar activity	Sneha Care Home Bangalore	Zoom	9	Camp Rainbow Bangalore LT, ASHA Foundation
9	23.05.2020	Freestyle session	Sneha Care Home Bangalore	Audio	20	Camp Rainbow Bangalore LT, ASHA Foundation

10	28.05.2020	Online session on importance of handwashing	Calvary Chapel Boys' Home, Bangalore	Google meets	16	Camp Rainbow Bangalore LT, ASHA Foundation
11	29.05.2020	Covid -19 Response plan : Key lessons from the HIV pandemic	Doctors	Webinar	100	Dr.Glory Alexander by Express Healthcare and AHPI
12	29.05.2020	Quiz	ACCEPT Care Home Bangalore	Zoom & audio	13	Camp Rainbow Bangalore LT, ASHA Foundation
13	04.06.2020	Quiz	Infant Jesus Children's Home(Batch 1), Bangalore	Audio	17	Camp Rainbow Bangalore LT, ASHA Foundation
14	06.06.2020	Quiz	Calvary Chapel Boys' Home, Bangalore	Audio	12	Camp Rainbow Bangalore LT, ASHA Foundation
15	11.06.2020	Quiz	Infant Jesus Children's Home(Batch 2), Bangalore	Audio	18	Camp Rainbow Bangalore LT, ASHA Foundation
16	12.06.2020	Quiz	Infant Jesus Children's Home(Batch 3), Bangalore	Audio	22	Camp Rainbow Bangalore LT, ASHA Foundation
17	27.06.2020	Session on Nutrition	ACCEPT Care Home Bangalore	Audio	13	Camp Rainbow Bangalore LT, ASHA Foundation
18	06.07.2020	Session on Nutrition	Freedom Foundation, Bangalore	Zoom	21	Camp Rainbow Bangalore LT, ASHA Foundation
19	11.07.2020	Session on Nutrition	Sneha Care Home Bangalore	Audio	18	Camp Rainbow Bangalore LT, ASHA Foundation
20	17.07.2020	Session on Nutrition	Calvary Chapel Boys' Home, Bangalore	Zoom	28	Camp Rainbow Bangalore LT, ASHA Foundation
21	24.07.2020	Session on Nutrition	Calvary Chapel Boys' Home, Bangalore	Audio	14	Camp Rainbow Bangalore LT, ASHA Foundation

22	01.08.2020	Session on Nutrition	Snehalaya Children's Home, Mandya	Audio	24	Camp Rainbow Bangalore LT, ASHA Foundation
23	02.08.2020	Covid 19 response team orientation	for volunteers	Zoom	60	Dr. Glory Alexander
24	03.08.2020	Awareness program on Covid 19	for volunteers	Zoom	72	Dr. Glory Alexander
25	04.08.2020	Awareness program on Covid 19	for volunteers	Zoom	80	Dr. Glory Alexander
26	10.10.2020	Session on Nutrition	Amma Mane, Mysore	Audio	10	Camp Rainbow Bangalore LT, ASHA Foundation
27	15.08.2020	Volunteers' session	CRB volunteers	Zoom	30	Camp Rainbow Bangalore LT, ASHA Foundation
28	07.11.2020	Children's day programme	Sneha Care Home Bangalore	Audio	20	Camp Rainbow Bangalore LT, ASHA Foundation
29	12.11.2020	Children's day programme	ACCEPT Care Home Bangalore	Zoom	12	Camp Rainbow Bangalore LT, ASHA Foundation
30	14.11.2020	Children's day programme	Amma Mane, Mysore	Audio	10	Camp Rainbow Bangalore LT, ASHA Foundation
31	17.11.2020	Children's day programme	Freedom Foundation, Bangalore	Zoom	19	Camp Rainbow Bangalore LT, ASHA Foundation
32	21.11.2020	Children's day programme	Snehalaya Children's Home, Mandya	Audio	18	Camp Rainbow Bangalore LT, ASHA Foundation
33	25.11.2020	Children's day programme	Calvary Chapel Boys' Home, Bangalore	Zoom	26	Camp Rainbow Bangalore LT, ASHA Foundation
34	26.11.2020	Children's day programme	Infant Jesus Children's Home, Bangalore	Zoom	22	Camp Rainbow Bangalore LT, ASHA Foundation
35	26.11.2020	Children's day programme	Infant Jesus Children's Home, Bangalore	Audio	28	Camp Rainbow Bangalore LT, ASHA Foundation

36	28.11.2020	Children's day programme	Dayabhavan, Kunigal	Zoom	21	Camp Rainbow Bangalore LT, ASHA Foundation
37	05.12.2020	Camp Quiz	Community girls	Audio	6	Camp Rainbow Bangalore LT, ASHA Foundation
38	05.12.2020	Camp Quiz	Community Boys	Audio	4	Camp Rainbow Bangalore LT, ASHA Foundation
39	17.12.2020	Camp Quiz	Community Girls	Audio	3	Camp Rainbow Bangalore LT, ASHA Foundation
40	17.12.2020	Camp Quiz	Community Boys	Audio	4	Camp Rainbow Bangalore LT, ASHA Foundation
41	01.09.2020	Puberty Session	Sneha Care Home Bangalore	Zoom	14	Camp Rainbow Bangalore LT, ASHA Foundation
42	12.09.2020	Puberty Session	Calvary Chapel's girl's home	Audio session (Part 1)	9	Camp Rainbow Bangalore LT, ASHA Foundation
43	19.09.2020	Puberty Session	Calvary Chapel's girl's home	Audio session (Part 2)	9	Camp Rainbow Bangalore LT, ASHA Foundation
44	26.09.2020	Puberty Session	Snehalaya Children's home, Mandya	Audio Session	6	Camp Rainbow Bangalore LT, ASHA Foundation
45	01.10.2020	Puberty Session	Freedom Foundation, Bangalore	Audio session	5	Camp Rainbow Bangalore LT, ASHA Foundation
46	17.10.2020	Puberty Session	Infant Jesus children's home (Batch 1)	Zoom session	19	Camp Rainbow Bangalore LT, ASHA Foundation
47	17.10.2020	Puberty Session	Infant Jesus children's home (Batch 2)	Zoom session	24	Camp Rainbow Bangalore LT, ASHA Foundation

48	31.10.2020	Puberty Session	ACCEPT Care Home	Audio session	4	Camp Rainbow Bangalore LT, ASHA Foundation
49	06.02.2021	Social Media	Sneha Care Home Bangalore	Google meets	6	Camp Rainbow Bangalore LT, ASHA Foundation
50	13.02.2021	Social Media	Infant Jesus Children's Home, Bangalore	Google meets	25	Camp Rainbow Bangalore LT, ASHA Foundation
51	27.02.2021	Menstruation 101	Community girls, BLR	Zoom	9	Camp Rainbow Bangalore LT, ASHA Foundation
52	06.03.2021	Menstruation 101	Community girls, BLR	Zoom	8	Camp Rainbow Bangalore LT, ASHA Foundation
53	05.03.2021	Covid 19 and HIV similarities and differences		AIDSCON, Chandigarh		Dr. Glory Alexander
54	12.03.2021	Mental health across life span and in special setting		National Health Conclave webinar	300	Dr. Glory Alexander, Chair person (conducted by AHPI and PHFI)
55	15.03.2021	A TALE OF TWO PANDEMICS COVID-19 AND HIV Similarities and Differences	ASHA Staff	ASHA Premises	20	Dr. Glory Alexander, ASHA Foundation
56	20.03.2021	Handling emotions- True love vs infatuation	Sneha Care Home Bangalore	Google meets	6	Camp Rainbow Bangalore LT, ASHA Foundation
57	21.03.2021	LT re-union	Virtual programme	Google meets	7	Camp Rainbow Bangalore LT, ASHA Foundation
58	27.03.2021	Handling emotions- True love vs infatuation	Community girls	Zoom	10	Camp Rainbow Bangalore LT, ASHA Foundation

Other Matters:**Resignation and new staff:**

During the year, there was no staff turnover in ASHA Foundation. No new members joined or resigned from the organization

International Travel during the year: There was no international travel during the year.

Information on distribution of staff by gender and Salary:

Slab of gross monthly Salary(in Rs) plus benefits paid to staff	Male staff	Female staff	Total staff
<2500	-	-	-
<7000	-	-	-
<15000	-	-	-
<30000	2	11	13
<50000	3	2	5
>50000	-	1	1

Disclosure of salary and benefits of head, highest paid staff member and Lowest paid staff member of organization:

1. Head – Rs.72,065 per month + Health Insurance
2. Highest paid - Project Coordinator-CAR
Salary+ Accident insurance+ Health insurance + Gratuity = Rs.40,289/-per month
3. Lowest paid -- Outreach worker
Salary + Provident fund+ Accident insurance + Health care + Gratuity
= Rs.15,657/- per month

Our heartfelt gratitude to the following for the year April 2020 to March 2021

1. Members of the Governing Board of ASHA Foundation for their input and guidance.
2. Chairman and Members of the Research Advisory Board of ASHA Foundation.
3. Kindernothilfe, Germany and KNH India for their support to CAR and PMTCT projects till the year 2021.
4. Mr. Krishna Chivukula and INDO-US MIM-Tech Pvt.Ltd for their unending generosity in supporting ASHA Foundation since 2005.
5. Mrs. Soma Philip for her generous contribution to ASHA Foundation.
6. Good News Scotland Health Trust and Ms. Lorna Murray for their generous support to ASHA Foundation.
7. Serious Fun Network, USA for their partnership and support in Camp Rainbow.
8. Dr. Molly Kurian, Mr. Thampi Kurian and Kurian Foundation Trust for their donation.
9. WIPRO cares for educational support to our children for the last six years.
10. Mr. Ajith Isaac of Quess Corp Ltd for association with ASHA Foundation.
11. Ms. Sytze Huizinga and Stichting Kettingreactie, Netherlands for their contribution to ASHA Foundation
12. Charities Aid Foundation (CAF) India towards the support for investigations and drugs and programs for HIV infected and affected individuals.
13. Mr. Madhu, for his regular contribution to ASHA Foundation.
14. Mrs. Sheila Isaac, for her regular contribution to ASHA Foundation.
15. Mr. Prabindh Sunderason for his generous contribution to ASHA Foundation
16. Mr. Mattam Basavaraj for his regular contribution to ASHA Foundation
17. Ms. Easterine Mills Clarke for her generous contribution to ASHA Foundation.
18. Mr. Yarava Ramesh for his regular contribution to ASHA Foundation
19. All our other regular donors, volunteers and well wishers who have always supported ASHA Foundation.

ASHA FOUNDATION
[#42, 4th Main SBM Colony, Anand Nagar, Bangalore - 560024]

CONSOLIDATED BALANCE SHEET AS ON 31.03.2021

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
<u>I. LIABILITIES:</u>			
1. Local Funds	1		76,01,165.47
2. Foreign Funds	2		129,46,911.00
3. Provisions	3		1,40,848.74
TOTAL			206,88,925.20
<u>II. ASSETS:</u>			
1. Fixed Assets	4	16,95,709.37	14,28,826.35
Less: Depreciation		2,66,883.02	
Net Block			
<u>1. Current Assets:</u>			
Cash & Bank Balances	5	186,35,603.85	192,60,098.85
Other Current Assets	6	6,24,495.00	
Notes to Accounts	7		
TOTAL			206,88,925.20

As per our report of even date.
for Sunil Fernandes & Associates

Sunil Fernandes
Sunil Fernandes
Chartered Accountant
Member No.202532
FRN. 009405S
UDIN: 21202532AAAAHT7924



for ASHA Foundation

Glory Alexander
Dr. Glory Alexander
Trustee

Dr. Alexander Thomas
Dr. Alexander Thomas
Trustee




Place: Bangalore
Date: 27.10.2021

CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31.03.2021

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
I. INCOME:			
1. Receipts During the Year			
Foreign Contributions Received		104,76,328.02	140,77,292.02
Local Contributions Received		36,00,964.00	
2. Other Income			
Savings Bank Interest		70,900.00	10,00,792.00
Fixed Deposit Interest		9,25,496.00	
Interest from IT Refund		4,396.00	
TOTAL INCOME			150,78,084.02
II. EXPENDITURE:			
1. Local Project Expenses			
a) CAR Project Expenses	8	5,09,647.34	21,63,081.92
b) CAR - Wipro Cares	9	9,52,286.49	
c) General Local Expenses	10	88,568.40	
d) Krishna Medicine Expenses	11	49,936.00	
e) Research Project Expenses - PMTCT	12	1,88,072.39	
f) Research Project Expenses	13	3,74,571.30	
2. FC Project Expenses			
II. RESEARCH PROJECT EXPENSES - RECOGNISED AS SIRO- DSIR, DEPT OF DST, GOVT OF INDIA:			
1. PMTCT Research Project Expenses	14	26,66,132.32	45,15,995.35
2. Adolescent Health Education Research Project Expenses	15	11,89,311.62	
3. Telephone Counseling Research Project Expenses	16	6,60,551.41	
Other Health Projects			
4. Children At Risk Project Expenses	17	30,94,090.75	47,91,210.67
5. Camp Rainbow - Serious Fun Project Expenses	18	8,24,551.92	
6. Krishna Medicine Project Expenses	19	8,72,568.00	
Depreciation	4		2,66,883.01
Notes to Accounts	7		
TOTAL EXPENDITURE			117,37,170.95
Excess of Income/(Expenditure) transferred to Balance Sheet			33,40,913.07

As per our report of even date.
for Sunil Fernandes & Associates


Sunil Fernandes

Chartered Accountant
FRN. 009405S
UDIN: 21202532AAAAHT7924



for ASHA Foundation


Dr. Glory Alexander

Trustee


Dr. Alexander Thomas

Trustee



Place: Bangalore
Date: 27.10.2021

CONSOLIDATED RECEIPTS AND PAYMENTS ACCOUNT FOR THE PERIOD FROM 01.04.2020 TO 31.03.2021

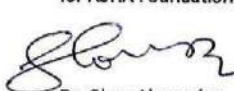

PARTICULARS	SCHEDULE	AMOUNT	AMOUNT
I. RECEIPTS:			
1. Opening Balances			
Cash and Bank Balances		3,94,431.77	
Fixed Deposits		148,46,540.00	
TDS Receivable		2,58,034.00	
Loans & Advances		32,715.00	
Deposits		3,08,100.00	
Advance to MJ Communications		28,978.00	158,68,798.77
2. Receipts During the Year			
Grant from KNH Germany		39,22,298.95	
Grant from INDO US MIM Tech.		60,00,000.00	
Donation-Dr. Lilly		46,806.07	
Goodnews Trust		18,78,400.00	
Stichting Kettingreactie		1,28,823.00	
Grant received from Wipro Cares towards Covid 19		50,000.00	
Donation - Car Wipro Cares		11,20,000.00	
Donation - CAF India Funds_RBS		56,150.00	
Donation & Contribution Others		3,64,869.00	
Donation -Others(B)		18,100.00	
Donation & Contribution		4,91,845.00	140,77,292.02
3. Other Income			
Savings Bank Interest		70,900.00	
Fixed Deposit Interest		9,25,496.00	
Interest from IT Refund		4,396.00	10,00,792.00
TOTAL RECEIPTS			309,46,882.79
II. PAYMENTS:			
1. Local Project Expenses			
a) CAR Project Expenses	8	5,01,126.34	
b) CAR - Wipro Cares	9	9,52,286.49	
c) General Local Expenses	10	35,814.40	
d) Krishna Medicine Expenses	11	49,936.00	
e) Research Project Expenses - PMTCT	12	1,88,072.39	
f) Research Project Expenses	13	3,74,571.30	21,01,806.92
2. FC Project Expenses			
II. RESEARCH PROJECT EXPENSES - RECOGNISED AS SIRO-DSIR, DEPT OF DST, GOVT OF INDIA:			
1. PMTCT Research Project Expenses	14	28,84,877.32	
2. Adolescent Health Education Research Project Expenses	15	11,89,311.62	
3. Telephone Counseling Research Project Expenses	16	6,60,551.41	47,34,740.35
Other Health Projects			
4. Children At Risk Project Expenses	17	30,94,090.75	
5. Camp Rainbow - Serious Fun Project Expenses	18	8,24,551.92	
6. Krishna Medicine Project Expenses	19	8,72,568.00	47,91,210.67
3. Purchase of Fixed Assets	4		59,026.00
4. Closing Balances			
Cash and Bank Balances		12,27,832.85	
Fixed Deposits		174,07,771.00	
Deposits		3,08,100.00	
Loans & Advances		53,461.00	
TDS Receivable		2,62,934.00	192,60,098.85
Notes to Accounts	7		
TOTAL PAYMENTS			309,46,882.79

As per our report of even date,
for Sunil Fernandes & Associates


Sunil Fernandes
Chartered Accountant
FRN. 009405S
UDIN: 21202532AAAHT7924



for ASHA Foundation

 
Dr. Glory Alexander
Trustee
Dr. Alexander Thomas
Trustee



Place: Bangalore
Date: 27.10.2021



EXPERT COLUMN

HIV & COVID-19: A TALE OF TWO PANDEMICS WHERE AWARENESS IS KEY

FORTY years ago, there was widespread panic when a new pandemic called HIV/AIDS broke out, killing 35 million people globally. Another 37 million people still live with it today but the disease is no longer considered fatal or life-threatening.

Cut to today where the novel coronavirus (COVID-19) has ravaged the globe in just three months, infecting over 1.5 million people in 204 countries and leaving 82,000 dead.

Though years apart, both these pandemics came out of

nowhere, spreading fear in every part of the world they touch. Both are linked to animal-human transmission, and both are caused by RNA viruses. To date, neither have a cure or vaccine, but this is where the similarities end.

HIV is transmitted only through sexual contact with an infected person, through infected blood/blood products, or from an HIV-positive mother to her newborn child. It is not transmitted through casual contact. COVID-19, on the other hand, spreads through

casual contact via droplet infection, through aerosol and through fomites – even standing next to or shaking hands with an infected person can lead to spread of the disease.

For COVID-19, the incubation period (the period from acquiring the virus to showing symptoms) varies from two to fourteen days. In 85% of cases, the illness can be mild to moderate; in 10% of cases, it can be serious; and in 5% of cases, it can be critical, possibly fatal. The infection is



DR GLORY ALEXANDER,
Director, ASHA Foundation

acute, and one can return to a level of normalcy within

four to six weeks.

HIV, in contrast, is lifelong and chronic, and can remain asymptomatic for up to ten years. Lifelong treatment with more than 95% adherence is the only strategy to control it.

So how would COVID-19 affect people living with HIV? If the person is on regular ART, is virally suppressed and has normal CD4 counts, they would probably experience COVID-19 in a similar manner to a person not living with HIV. But if not, they would be more vulnerable.

Therefore, it is important to ensure that people living with HIV have access to anti-HIV drugs and medical services, without disruptions. Can the anti-retroviral treatment for HIV help protect against the coronavirus? Some countries have used these drugs for COVID-19, but without randomised trials, there is no scientific proof that they work.

The biggest takeaway from the HIV pandemic that can be applied to the spread of COVID-19 too, is education and

awareness. During the HIV outbreak, education on risks and prevention were crucial in stopping the spread, before treatment became available. Similarly, for the prevention of the spread of COVID-19, every individual should be taught about social distancing, hygiene, and protecting the vulnerable, especially the elderly.

Trials to find a vaccine for COVID-19 are underway, and while we know that HIV is here to stay, we can only hope that the coronavirus isn't.



49 HIV patients in the state contracted Covid, five dead

Docs say those on regular ART treatment respond well

SURAKSHA P
DHNS, BENGALURU

While people with various kinds of comorbid conditions contracted Covid-19, the plight of those with HIV was less talked about during the pandemic.

Prior to December 1, marked as World AIDS Day,

data accessed by *DH* revealed that 49 people with HIV were affected with Covid-19 and five of them have died.

Doctors said HIV patients regularly taking antiretroviral therapy or ART will have as good a chance of survival as those who are HIV negative.

ASHA Foundation, an NGO catering to HIV patients, said



12 of its patients contracted Covid and two have died. Doctors recommend periodic CD4 checks and multivitamins for HIV patients in addition to ART.

A normal CD4 count ranges from 500-1,200 cells/mm³ in adults. A low CD4 count would

indicate that the individual's immune system has been affected by HIV.

Dr Ravi Kumar DN, Regional Programme Officer (Care, Support and Treatment), Karnataka State AIDS Prevention Society, said one lakh patients are on ART in the state.

"We can't know their Covid status unless they inform us," he said. "Out of them, 49 tested positive for Covid-19 and five have died. Nearly 30,000 patients couldn't be followed up for ART treatment. Till October, there have been 80,000 deaths. It was 79,863 six months ago and the rise isn't significant compared to

the pre-pandemic period."

Dr Glory Alexander, director, ASHA Foundation, said patients taking ART and with a good CD4 count respond well to Covid. "Twelve of our patients contracted Covid and two died," she said.

One of the patients was a 48-year-old who came late and had hypoxia. He was admitted to hospital for three weeks and died. The second was a 55-year-old who had a discordant response. "He was my patient for 20 years and his CD4 count was always on the lower side. The other 10 patients aged between 25 and 65 fared well," Dr Glory said.

HIV +ve Covid woman battles for life sans ICU

Suntiha.Rao
@timesgroup.com

Bengaluru: A 45-year-old woman infected with Covid-19, who also happens to be HIV+, is critical at KC General Hospital, Malleswaram, where the ICU remains shut for sanitisation since Monday after several of its staffers were found infected.

Admitted to KC General Hospital on July 2 almost 36 hours after testing positive for Covid-19, the woman was put on high flow oxygen on Sunday. She now has to be shifted to any other hospital with a ventilator facility, and the hunt for a bed has been on since Tuesday night when her condition worsened.

Dr BV Venkateshaiah, medical superintendent of KC General, said the patient's condition is critical and the hospital's ICU is closed currently. "Some of the staffers working in our ICU have been infected with Covid-19 and several others have been asked to quarantine themselves. The ICU is temporarily closed for sanitisation," he told TOI. The central critical team is working on finding a bed for the woman, the doctor added.

The woman's son was allowed to be with her in the ward on Tuesday. "I wore a PPE kit and was with my mother. On Wednesday morning, I stepped out to get her juice and since then I've

not been allowed inside again. Doctors say it would be a huge risk to let me in again. My mother has not spoken since July 5," he said.

The patient's two other children, a daughter and a son, are at home. Her ordeal has sparked panic among those living with HIV/AIDS. "Even the HIV infection didn't scare us so much," said a member of Bangalore HIV AIDS Forum, an NGO.

"Most of our members are not going out for work as they fear we are more vulnerable to Covid. The government has not provided any nutrition kits on the lines of Telangana. With no income and fear of the infection, many are worried," another member said.

However, Dr Glory Alexander, director, ASHA foundation and HIV/AIDS specialist, said that people living with HIV are more vulnerable to Covid-19 than the general population only if they are not on antiretroviral therapy (ART) and if their CD4 count is not within 500-1500 units. CD4 count is a prognostic indicator and the higher it is, the stronger the immune system.

"It's important to ensure that HIV-positive persons are on regular ART drugs and to check their CD4 count periodically. Patients who are in touch with us are also given Vitamin-C supplement," said Dr Alexander.

Bengaluru's 1st Covid +ve HIV patient under watch

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Bengaluru: An HIV patient has tested positive for Covid-19 for the first time in Bengaluru, and doctors are closely monitoring how he responds to prevailing treatment protocols.

The Bengalee was taken to a hospital with influenza-like illness and was found to be infected with Covid-19. He's suffering from pneumonia too. Housed in the ICU of a designated hospital for three days now, he has been administered high flow nasal oxygen to assist breathing.

"We have seen many patients with co-morbidities, but this is the first time in Bengaluru that a patient immunocompromised with HIV has tested positive for Covid-19," said doctors at the hospital. "He has pneumonia and suffered from tuberculosis in the past. With multiple complexities, the viral load would be high and disease progression could be faster. We have to closely watch the patient's condition," they added.

The contact-tracing team from the health and family welfare department which met the man's relatives found out he earlier suffered from alcoholism. Dr Glory Alexander, director, ASHA foundation and HIV/AIDS specialist, said persons living with HIV (PLHIV) are more vulnerable to Covid-19 than the general population only if they're not on antiretroviral



NEW NORMAL? A worker at a crockery store in Bengaluru keeps himself safe, while ensuring customers keep their hands clean on Thursday

therapy (ART) and if their CD4 count is not within 500-1,500 cells per cubic millimetre of blood. CD4 are immune T cells that are under attack in HIV patients. CD4 count is a prognostic indicator and a higher number indicates a stronger immune system.

"Hence, it's very important for HIV patients to ensure they don't miss taking ART drugs and maintain CD4 count. Recovery in case of a Covid-positive HIV patient will be like any other patient if s/he is on ART and CD4 count is within the desired limit. However, HIV patients who don't take ART drugs regularly will be vulnerable as they are already immunocompromised," she explained.

According to Dr Alexander, a person living with HIV in Kerala had tested positive for Covid-19 and recovered well. As per the 2018-19 annual report of National AIDS Control Organisation (NACO), there are 2.5 lakh HIV patients in Karnataka.

Though efforts were made by the government and several NGOs to ensure HIV patients had access to ART drugs during the lockdown, there are chances that those living in remote areas may have missed out on the medicines, say doctors. "Such persons must contact the nearest ART centre and return to their treatment regime as they are susceptible to Covid-19," said a senior doctor from the health department.

<https://www-expresshealthcare-in.cdn.ampproject.org/c/s/www.expresshealthcare.in/amp/covid19-updates/protecting-newborns-from-covid-19/420629/>

Protecting newborns from COVID-19



By [Raelene Kambli](#) on May 20, 2020

Read Article

The clinical characteristics and vertical transmission potential of COVID-19 in pregnant women and neonates are still unknown. Hence, research in this area is the need of the hour

The birth of a baby brings a lot of joy to a family. However, recent updates on the babies born at Mumbai's Nair Hospital, Nanavati Hospital and Agra's SN Medical College brought happiness and hope not only to their families, but also to Indian epidemiologists who are currently working to understand the pathogen's transmission scope from mothers to their new-born babies. Wondering why?

On 18th May, 2020, the civic-run Nair hospital completed delivery of a healthy baby boy. His birth spread cheer to the entire hospital staff. The hospital informed that this little baby was among 100 other babies born out of a COVID-19 positive mother at the centre. Doctors reported that none of the babies had contracted the virus so far.

The first ray of hope came in when Express Healthcare got a news lead about a healthy baby born to a mother in Mumbai who was infected with COVID-19. The baby was born at Mumbai's Nanavati Hospital and was tested negative for COVID twice. We further investigated on this lead and found that a similar case occurred at Agra's SN Medical College where a 24-year-old COVID-19 patient gave birth to a healthy boy and this baby too tested negative for the disease, confirming that in both these cases there wasn't any vertical transmission (mother-to-child) of the virus.

Our curiosity grew further and we decided to find out whether this piece of information could possibly be part of a larger study on the vertical transmission of COVID-19 and bring new hope to our researchers in India.

A baby that brought joy

We first spoke to the doctors at Nanavati to understand the relevance of this case. Dr Suruchi Desai, Senior Consultant, Obstetrics and Gynaecology; Dr Tushar Maniar, Head Of Department – Centre for Child Health; Dr Tejal Shetty, Consultant Neonatologist; Dr Harshad Limaye, Senior Consultant, Internal Medicine and Dr Rahul Tambe, Senior Consultant, Internal Medicine were in charge of this case.

According to Dr Desai, the mother was asymptomatic COVID-19 patient and was admitted to the hospital with high blood pressure and a history of previous caesarean delivery, along with positive COVID-19 status. Therefore, they had to be doubly careful with the patient. "Only a handful of such surgeries are performed in India so far, thus a special obstetrics unit, suitable to the infection control protocols was created. We kept the surgical staff number to a minimum and trained them for the use of Personal Protection Equipment (PPE). Special COVID corridors were created for safe transportation of the mother and baby. The surgical unit took additional care to ensure there was no contact between the mother and the child. Immediately, post the successful delivery of the baby girl, a team of neonatologists headed by Dr Tushar Maniar, Head of Paediatrics Unit and Dr Tejal Shetty, Consultant Neonatologist, Nanavati Hospital, shifted her to a special isolation Intensive Care Unit (ICU). After three days of her birth, her samples were sent for COVID-19 testing and her results turned out to be negative. Again, on the eighth day, her tests were conducted and results were negative," Dr Desai heartily mentioned.

While speaking to Tambe, the infection control expert at the hospital, we understood that this case is certainly important for epidemiologists to go into the details of these pathogens and their transmission levels. "As you are aware that India has two or more such babies who are born healthy despite their mother contracting the infection, it still stands as a positive achievement; firstly, because we were able to avoid the transmission during the caesarean procedure and secondly, of course as the vertical transmission didn't happen. We were much worried about this case because just as the HIV virus transmits from a mother to child, COVID could have similar transmission scope, even more, because we still do not have enough evidence on this."

This is true, the clinical characteristics and vertical transmission potential of COVID-19 pneumonia in pregnant women are still unknown. While there are some studies ongoing in China, the US and some other countries, none show more proof. Therefore, urgent questions that need to be addressed promptly include whether pregnant women with COVID-19 pneumonia will develop distinct symptoms from non-pregnant adults, whether pregnant women who have confirmed COVID-19 pneumonia are more likely to die of the infection or to undergo preterm labour, and whether COVID-19 could spread vertically and pose risks to the foetus and neonate. Answers to these questions are essential for formulating the principles of obstetric treatment for pregnant women with COVID-19 infection, point out experts.

Finding evidence

Covid-19 is an ongoing pandemic and therefore, the research part is more dynamic with new findings occurring rapidly, opines Dr GLory Alexander Thomas, Director, Asha Foundation. "There are about 18 studies done on pregnant women with proved COVID-19 infection from China, the USA, South Korea, Sweden and Honduras. The numbers in each of these studies are small and therefore cannot be extrapolated to the general pregnant population with COVID-19 infection. These studies account for 108 pregnant women between 8th December, 2019 and 1st April, 2020. Women in pregnancy experience immunological and physiological changes that make them susceptible to viral respiratory infections such as the flu. Even SARS and MERS had adverse pregnancy outcomes like abortions, premature births and small-for-age babies. Similar studies in COVID-19 and pregnancy are very few but preliminary studies suggest that generally, COVID-19 pregnant women might not be at increased risk of severe complications or adverse birth outcomes but more and larger cohort studies are needed," she informs.

Chipping in Dr Neha Bothara, Consultant Gynaecologist and Obstetrician, Hiranandani Hospital, Vashi-A Fortis Network Hospital, says, "Early studies in China did not reveal any mother-to-child transmission. However, newer findings have shown mother-to-child transmission of the virus within the womb. Nevertheless, one must keep in mind that these are early times with new data coming in every hour and long-term analysis is required before any conclusions can be reached about the true nature of this disease. The principles of obstetric management of patients with COVID-19 are similar to non-COVID-19 patients, in the sense of concentrating on minimising contamination and transmission to surroundings. Newer information from studies will empower medical personnel from taking better precautions during birthing procedures. Separation of mother and child after birth is being followed until the mother is non-infective. Fortunately, infants and young children have been found to be largely resistant to the virus's effects, though they are not necessarily non-infective to the people around them. Viruses inherently are mutative and ever-changing. Pending new data and clinical experience universal precautions are the best bet for preventing transmission to newborns."

Adding more perspective to this, Dr Subramanian Swaminathan, Infectious Diseases Consultant, Global Hospital, Chennai/Bengaluru and Chair, Transplant ID subcommittee,

CIDS and Scientific Chairman, CIDSCON 2020, shares, “In general, pregnant women form a high-risk category for any infection- examples being H1N1 and chickenpox. The risk is to both – themselves and the foetus. For example, the death of pregnant women during the flu pandemic of 1918 was extraordinary, ranging from 27-45 per cent in the US. Indian data is hard to come by, but is likely more, given that the maximum number of deaths overall was likely in India (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2600164/>). So, studies (observational) will need to be done quickly to find risks to mother, to the newborn baby and risks of malformations in the baby. The good news is that, thus far, it seems very mild. All pregnant mothers seem to have a successful outcome (<https://obgyn.onlinelibrary.wiley.com/doi/10.1111/aogs.13867>).

As experts highlight that more evidence and studies are needed to better understand COVID-19 among pregnant women and its risk factors for neonates SOPs for patient care has been framed already. This is some good news!

“Dr Sanjeev Singh, Professor of Hospital Administration and Sr Medical Superintendent, Amrita Institute of Medical Sciences, Kochi, reveals, “There is an interim guidance note from WHO on the treatment SOP for patients of OBGYN. American College of OBGYN and Society for maternal-foetal medicine has drafted the algorithm for testing, diagnosis and treatment of COVID patients in OBGYN. FOGSI in India has also come out with a short-term advisory on treatment and handling protocol for labour and delivery, and gynec patients. Data also has been deeply analysed from affected countries like China, Italy, Spain, the UK, the USA etc., and thorough crunching of data has been done leading to protocol generation. Moreover, ICMR has recommended testing of pregnant women who belong to red/containment zone and are likely to deliver within five days to be tested with RT-PCR even if they are asymptomatic. Neonatal care will be offered as standard service. If the mother is COVID-positive, then adequate care needs to be taken during breastfeeding and kangaroo care.”

So, as SOPs have already been framed now, the focus can be on research and further investigations on transmission scope, as well as gathering lessons from previous outbreaks.

Learning from HIV or not

Dr Bothara further adds, “The HIV pandemic brought valuable lessons for the future but COVID-19 is different in terms of the nature of its illness as well as the nature of its transmission. Being a respiratory illness, having a far higher transmission rate makes it a different ball game altogether to deal with when curtailing transmission. Vertical transmission rates also are lower than HIV (as per current evidence). Nevertheless, the policy of universal precautions has been successfully extrapolated to the COVID-19 pandemic as well. Key areas of research may now concentrate on determining the extent of vertical transmission among COVID-19 patients, the nature of passive and active immunity received by the unborn foetus, passive immunity possibly received through breast milk, etc.”

Dr Thomas spells out the difference between the HIV and COVID-19. “In many newborns tested for Covid-19 from the nose, amniotic fluid and cord blood, the results were negative. Three babies had IgM, and IgG antibodies in their blood. IgG antibodies can transmit from mother’s blood to baby’s but not IgM. So, there was a doubt whether this baby had in-utero infection, but the baby did well. One baby was COVID-19 positive 36 hours after birth; now, whether this baby got it in utero or after birth is not known. One important difference between HIV and COVID -19 is that HIV is not transmitted through droplet infection like COVID-19. COVID- 19 is highly infectious and a new-born baby can easily pick it up from the mother after birth if one is not extremely careful. Further, so far, the SARS-COV2 has not been isolated from breast milk – so the question of breastfeeding has to be individualised on case-to-case basis,” she explains.

Well, whether there is a vertical transmission or not, the risk of transmission from a mother to the baby still remains.

Risk after birth

“Personally, I feel that more than in-utero or vertical transmission, the risk for the baby is after birth when he/she is in contact with the mother who can infect the baby through droplet infection and close contact. Here is where adequate precautions need to be taken and each case has to be individualised based on mother’s as well as baby’s health conditions. Since so far SARs-COV 2 has not been isolated from breast milk, the baby should receive the advantages that breastmilk has to offer, especially in a country like India with adequate precautions taken by the mother during handling and breastfeeding,” Dr Thomas advises.

Dr Swaminathan reckons, “This is a new infection, and we need to learn from experiences and data. We just need to collect observational data and monitor for now. Given the overall low risk here, the cause for alarm is unnecessary, and is distracting the efforts to be taken for the high-risk category.”

So, if India needs to invest in research on COVID-19 pregnant women and the virus infection scope in newborn, what could be the key points to be covered?

Pre-requisites for research

“Whatever research is available was done on pregnant ladies who presented in the third trimester, and vertical transmission was ruled out in the third trimester. One case report from Beijing showing COVID-19 positive in one day neonate does not rule out the possibility though. Amniotic fluid, cord blood samples, and nasopharyngeal swabs of infants need to be checked; some say even rectal swabs of the infant should be checked. Trials are definitely required to prove the same,” believes Dr Farah Ingale, Senior Consultant – Internal Medicine, Fortis Group.

Similarly, Dr Thomas puts forward her views and recommends, “Randomised controlled trials are also required to look at outcomes in mothers with co-morbidities like high blood pressure and diabetes with COVID-19 and without COVID-19. Some of the mothers who

got sick among the 108 pregnant mothers also had co-morbidities. Finally, a global and country registry has to be maintained for COVID-19 pregnant patients and all data has to be entered uniformly so that outcomes can be measured."

Going forward, protecting the newborns and their mothers from COVID-19 will be paramount as epidemiologists predict that the virus is here to stay at least for some more time. Research in this area is, therefore, significant to find appropriate treatment and prevention options.

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