

<b>1.Expanding Research Capacity in Rural Maharashtra NARI- AIDS Rural Research in Maharashtra [Project: N-ARRIM]</b>	
<b>Principal Investigator</b>	Dr. Seema Sahay, NARI
<b>Co-Principal Investigator(s):</b>	Dr. Asha Jadhav, KIMSU, Karad
<b>Other Investigator(s):</b>	Mrs. Tapati Dutta, IAVI, New Delhi
<b>Category / Nature:</b>	Operations Research
<b>Collaboration / Participating Centers:</b>	KIMSU, Karad
<b>Funding Agency(ies) / Sponsors:</b>	Indian Council of Medical Research International AIDS Vaccine Initiative
<b>Budget:</b>	INR: 5075426/-
<b>Study Period:</b>	2012-2014
<b>Objectives :</b>	1.To establish an extension of National AIDS Research Institute (GO) in rural Maharashtra in collaboration with local organizations 2.To build partnership with local communities/ stakeholders assess the research needs in the community
<b>Description :</b>	National AIDS Research Institute, which is situated in Pune, Maharashtra, proposes to expand its base in rural area to conduct HIV research activities specifically in context of rural population. Since a number of targeted interventions are conducted under NACP at various districts of Maharashtra, two rural areas viz. Karad in Satara district identified by National AIDS Research Institute to expand its research base in rural area. This district has been identified as category A district.
<b>Current Status :</b>	Ongoing Project
<b>Publications:</b>	Nil
<b>Presentations:</b>	Tapati Dutta, Ramesh Paranjape, Rajat Goyal, Asha Jadhav, Amit Khandewale, Seema Sahay. Tailoring Public-Private-Partnership (PPP) Strategies and Addressing HIV in Rural Areas of India - NARRIM Project . oral presentation, ICAAP, 2013, Bangkok, Thailand

<b>2.Community Engagement for JE and AES prevention and control</b>	
<b>Principal Investigator</b>	Dr. Seema Sahay, NARI
<b>Other Investigator(s):</b>	Dr. Millind Gore (NIV), Dr. D. K. Srivastava (BRD Medical College Mrs. N. Joglekar, Mrs. Suvarna Sane (NARI), Mr. Girish Rahane (NARI), Mr. Narayan Panchal (NARI), Mrs. Neelam Joglekar
<b>Category / Nature:</b>	Community based prevention intervention
<b>Collaboration / Participating Centers:</b>	National Institute of Virology, Gorakhpur Unit BRD Medical College, Gorakhpur
<b>Funding Agency(ies) / Sponsors:</b>	Indian Council of Medical Research
<b>Budget:</b>	INR 27,019,109/-
<b>Study Period:</b>	2013-2016
<b>Objectives :</b>	<p><b>Goal of project :</b> To test an innovative, participatory model for better access to JE/ AES information, screening, and preventive health care for people residing in Gorakhpur district in Uttar Pradesh, India.</p> <p><b>Principle behind the stated goal</b></p> <ul style="list-style-type: none"> <li>✓ Increase the capacity of local communities to participate in their own preventive health care.</li> <li>✓ Establish community structure and build its capacity to provide support for JE prevention and control.</li> <li>✓ Actively translate findings to improve uptake of JE immunization and other prevention and control measures.</li> </ul>
<b>Description :</b>	Japanese encephalitis (JE), the most common form of viral encephalitis occurs periodically in endemic areas leading to high mortality and neurological deficits in survivors. It is caused by a flavivirus, Japanese encephalitis virus (JEV), which is transmitted to humans through mosquitoes. No effective cure exists for reducing mortality and morbidity caused by JEV infection, which is primarily due to excessive inflammatory

	<p>response. Additionally AES is another problem which can be caused by JEV as well as other viruses. According to the annual Program Implementation Plan of NRHM (2011-12) vector borne diseases are major public health problem in India.</p> <p>There are 3 strategies for prevention and control of JE:</p> <ol style="list-style-type: none"> <li>1. Surveillance for cases of encephalitis</li> <li>2. Vector control</li> <li>3. Vaccination</li> </ol> <p>Mere providing vaccination does not guarantee a reduction in disease morbidity &amp; mortality (MoHFW, 1989). Full course of potent vaccine given at right age, at right interval, by right technique with a valid documentation constitutes 'quality' criteria of vaccination services. To spell out success of the immunization program, constraint areas and type of need to be identified and strategies to address those constraints need to be developed and implemented. A study to understand barriers and facilitators for community engagement for JE/ AES prevention control is being proposed in Gorakhpur, UP in comparison with Deoria with similar endemicity.</p>
<b>Current Status :</b>	Ongoing Project
<b>Publications:</b>	Nil
<b>Presentations:</b>	Nil