mamta-himc
bridge to health & beyond

MAMTA

Health Institute for Mother and Child

Biennial Report
2015—2017

MAMTA

Health Institute for Mother and Child

Biennial Report
2015—2017

GROW TO LEAD AND LEAD TO GROW

25 YEARS OF SERVICE

IMPROVING HEALTH AND WELLNESS OF PEOPLE

www.mamtahimc.org

PUBLISHED BY
MAMTA - Health Institute for Mother and Child
B-5, Greater Kailash Enclave-II
New Delhi 110048
India

Designed and Produced by 3P Solutions, New Delhi

Contents

25

YEARS OF DEDICATED SERVICE

EXPLORING
newer frontiers

TOUCHING
a million and
more lives

MAKING
health and well-being
a priority

Executive Director's Message

EVERY TIME I WRITE THIS MESSAGE, it brings back the vision with which MAMTA was established nearly three decades ago. MAMTA's journey, which started with providing clinical services to women and children in a slum in Tigri (Delhi) on a cold winter day in 1990, has been both fascinating and inspiring.

Today, MAMTA is looked up to globally for its pioneering role in maternal and child health (MCH), sexual and reproductive health, HIV and AIDS, and non-communicable diseases (NCD). MAMTA is at the forefront of policy strengthening and evidence-based research, which adds to the extremely robust project implementation structure that is its hallmark.

As an institution, we continue to consolidate our geographical spread in the country, focusing on marginalised and high-risk populations, to achieve better health and development outcomes – adding more districts and states across India every year. Through partnerships, alliance, global advocacy and technical support, our outreach in South and Southeast Asia continues to strengthen. We have also recently established a footprint in Africa.

MAMTA's contribution in the field of sexual, reproductive health and rights of adolescents and youth has been immense. Our contribution to the strategic development and operationalisation of the National Adolescent Health Programme, also known as Rashtriya Kishor Swasthya Karyakram (RKSK) has been well acknowledged.

MAMTA, in the capacity of a lead partner of a global consortium, is all set to give a big impetus to the issue of adolescent health globally by organising 11th World Congress of the International Association for Adolescent Health (IAAH) in 2017. The consortium of institutions, lead by MAMTA, includes Pathfinder International, Population Services International and Population Foundation of India, and UN organisations, under the guidance of Ministry

“ Today, MAMTA is looked up to globally for its pioneering role in maternal and child health (MCH), sexual and reproductive health, HIV and AIDS, and non-communicable diseases (NCD).’

of Health and Family Welfare (MoHFW). The consortium has tried its best to make sure that the congress provides everyone involved with adolescents and adolescent health, a unique opportunity to bring in new ideas and initiatives to address adolescents' ever-evolving needs

MAMTA has taken steady strides in using technology with innovation to enhance health promotion. One such step is adapting M-Health with innovations for young key population (MSM, TGs and Hijras). It is a mobile based application to reach them early and providing adequate knowledge in SRH, while reducing stigma and discrimination around age, gender, sexual orientation and practices, and enabling linkage to sensitive healthcare providers. In the field of MCH, m-health with IVRS on pre-conception care and Low-cost salivary progesterone testing for detecting the risk of preterm births are being validated for scale up.

Through its HealthRise project, MAMTA has made a foray in tackling chronic diseases in a big way. HealthRise is designed to expand access to care and management of cardiovascular diseases (particularly hypertension) and/or diabetes for underserved populations. The GOI runs the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS); built upon this programme, the project focuses on identifying supply-and demand-side barriers across the continuum of care, access-related barriers, service delivery gaps, community requirements, and opportunities within the health system.

Under communicable disease (CD) interventions among high-risk groups, we are strengthening prevention and early management of viral hepatitis B and C (HBV and HCV) and providing injectable-drug users comprehensive services like education on viral hepatitis and harm reduction practices, screening for HBV and HCV, vaccination against HBV, and linking HBV and HCV-positive clients to health systems for care and support. In addition, the project supports and mentors healthcare providers on infection control practices and post-exposure prophylaxis.

To increase corporate partnerships, initiate new projects and scale up interventions, MAMTA collaborates with several corporate houses. We have successfully forged implementing partnerships that have caught everyone's imagination. We are happy to lead through innovations and creation of evidence bases.

We are thankful to our present and past partners and donors who placed their trust in our capabilities and helped us improve global health—Sida (Sweden),

“ MAMTA has taken steady strides in using technology with innovation to enhance health promotion. One such step is adapting M-Health with innovations for young key population (MSM, TGs and Hijras).’

Physicians for Social Responsibility (Finland), Department for International Development (UK), World Health Organisation (Geneva), UNICEF (India), Elton John AIDS Foundation, FORD Foundation, MacArthur Foundation, Barr Foundation, Bristol-Myers Squibb Foundation, Medtronic Foundation, HCL Foundation, Nestle, Philips, ITC, and many others.

I sincerely believe that this is the time to reflect on not just what we have achieved but also on what else we can reach for—in line with our strategic vision document 'Vision 2020'. Our idea of 'Grow to Lead and Lead to Grow' should be all-encompassing—not only as an internal slogan but as a philosophy—while engaging with the MAMTA family, including communities, partners, donors, the government, and all those whose contributions and wishes have made MAMTA into the institution that makes all of us proud.

—DR SUNIL MEHRA
Executive Director

1 ORGANISATION OVERVIEW

PROVIDING access to accurate, adequate and appropriate health information, knowledge and skills

PROMOTING sustainable health behaviours

EMPOWERING individuals and communities

STRENGTHENING capacities to deliver through public and private health interventions

ENCOURAGING research and evidence building for global advocacy and action for health

Participatory • Gender Sensitive • Rights Based • Inclusive • Convergent • Innovative

About MAMTA

MAMTA–HIMC, HEALTH INSTITUTE FOR MOTHER AND CHILD, was set up with a health clinic for pregnant and lactating women and new born children in 1990 by paediatrician Dr. Sunil Mehra. In the last 27 years, MAMTA has evolved into a leading, multi-pronged, nationallevel institution that is focused on empowering people and communities; building capacities; forging partnerships and alliances; building evidences on implementation as a science to advance policy and programme investments for health and nutrition of the marginalized.

MAMTA works in the fields of maternal and child health, and nutrition (MCHN); youth sexual and reproductive health and rights (YSRHR); communicable diseases (CDs) such as HIV and tuberculosis; and noncommunicable diseases (NCDs). Gender, Rights and Poverty are cross cutting to its four thematic interventions. Besides, significant work takes place on transforming social norms for gender equality and as a response to child and early marriage and other Gender based Violence (GBV). Within MAMTA, the professional culture is founded on principles of transparency, accountability and equality. MAMTA has bolstered its institutional mechanism for continuous learning, bring innovations and technological advancement to reach out with technical-support within India and across borders.

The organization has a strong team of 850 full time staff with multi-disciplinary senior and middle management teams. The MAMTA team alongwith 130 NGO partners are driving the health and empowerment agenda in India and across borders. MAMTA- health Institute for Mother and Child lives the motto ' Grow to Lead and Lead to Grow'. Over the years, MAMTA's interventions have reached more than hundred districts across 19 States of India and in neighboring countries of Bangladesh and Nepal. MAMTA has its head office in New Delhi and State/regional offices in Bengaluru, Bhubaneshwar, Chandigarh, Jaipur, Lucknow, Patna and Shimla.

GOVERNANCE

PRESIDENT
Mr Dharam Pal Agarwal

SECRETARY
Mr Girish Bhasin

TREASURER
Dr Provat Kumar Goswami

MEMBERS
Dr Saroj Pachauri
Dr Lavlin Thadani
Mr Umesh Kumar Khaitan
Mr Shekhar Gupta
Mrs Harita Gupta
Dr SY Quraishi

Logo
Redefining Future

1990—2015
THE SHIFT

MAMTA'S INITIAL LOGO had derived its inspiration from the Hindi word mamta, which means mother's love. It represented the core of MAMTA's work, focused on promoting access to quality services on maternal, neonatal and child health.

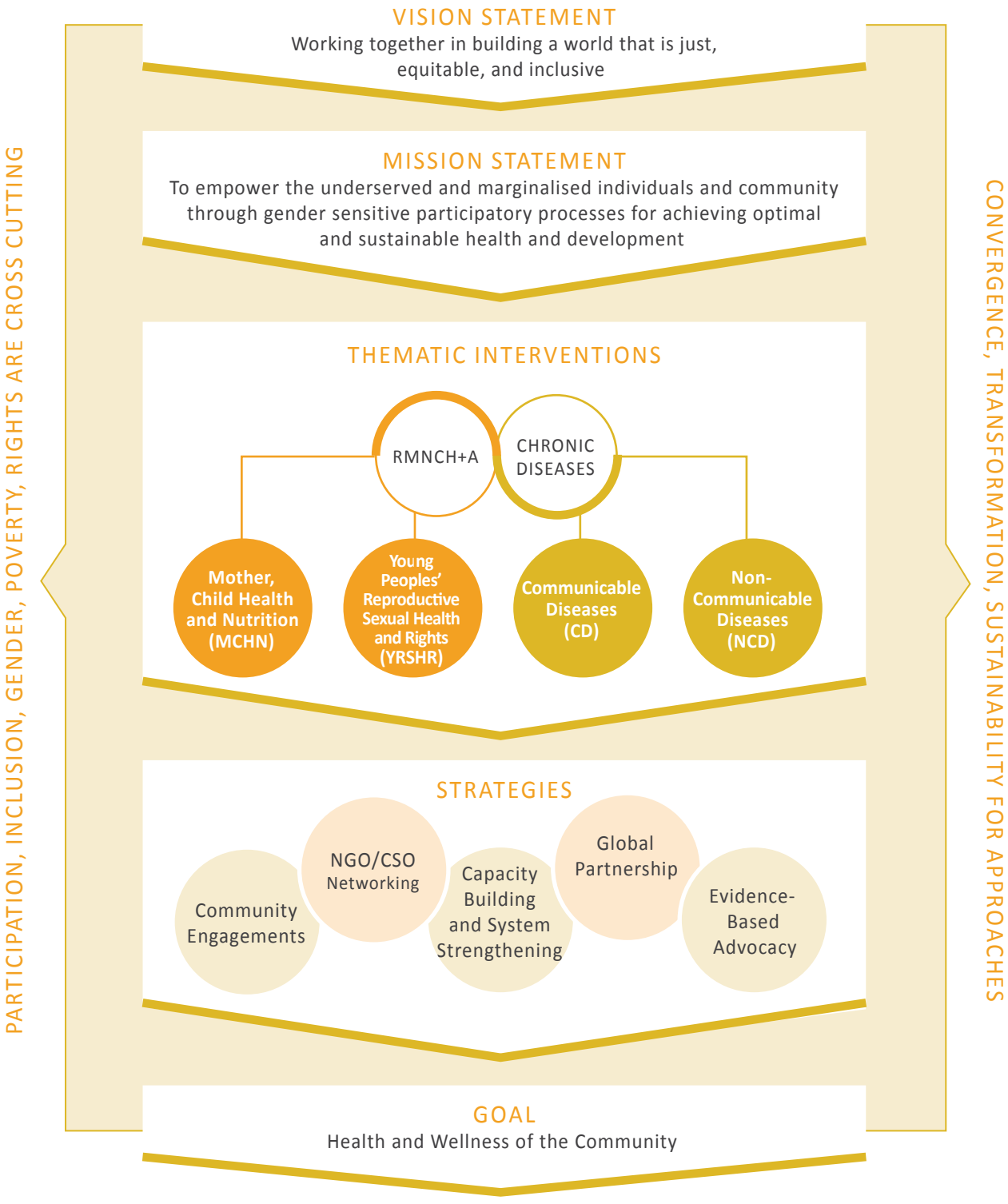
As the institutional journey moved ahead, MAMTA not only maintained its thrust on Maternal New-born and Child Health but started work on Young Peoples' Sexual Reproductive Health & Rights including key social determinants for sustainable change. Gradually, Communicable Diseases and Non-communicable Diseases too were added to the portfolio. This journey also took MAMTA to different geographies reaching out to the rural, difficult-to-reach and marginalized population in India and across borders.

The fusion of the Indian and global geographical boundaries had to be represented through a new logo to mark its global associations and expansions. In this logo, the figures at the core signify different vulnerable and marginalised communities as prime the focus of the organisation. While the green colour represents MAMTA's aspiration for promoting good health and prosperity with a clean environment, the blue colour denotes trust and strength gained by MAMTA over the years.

The motto, Bridge to Health and Beyond, reflects MAMTA's ambition to connect the communities in need, with health and quality of life. It also showcases the organisation's reliability as one of the key not-for-profit institutions, contributing towards public health.

The motto, Bridge to Health and Beyond, reflects MAMTA's ambition to connect the communities in need, with health and quality of life.

Institutional Framework



Geographical Coverage

OVER
25 YEARS
OF SERVICE TO COMMUNITY

COVERING
19 STATES
OF INDIA

29
PROJECTS
IN **4** THEMATIC AREAS

OVER
850
FULL TIME PROFESSIONALS

2 PROJECT OVERVIEW

RMNCH+A

- Mother, Child Health and Nutrition (MCHN)
- Youth Sexual, Reproductive, & Health Rights (YSRHR)

CHRONIC DISEASES

- Communicable Diseases (CD)
- Non-Communicable Diseases (NCD)

Interventions 2015–2017

TO REALIZE SUSTAINABLE DEVELOPMENT GOALS, specifically those for health, gender equality and poverty, it is pivotal to enhance capacities across sectors and facilitate departmental convergence and partnerships between government and civil society on inclusive and equitable community outreach for prevention, care and management of health issues. It is pivotal to enhance capacities and the quality of care at the primary level. To overcome ignorance and socio-cultural barriers that results in exclusion and marginalisation and to enhance the demand and access to healthcare services, one requires strong community engagements and sectoral convergence in healthcare.

Maternal, Newborn, child and adolescent health is crucial to advance progress on RMNCH indicators. Following the WHO RMNCH continuum of care (CoC) approach, MAMTA's interventions reaches out to young people between 10–24 years, young couples, pregnant women, lactating mothers and parents (of newborn, infants and children up to two years of age) with knowledge, skill enhancement, counselling and linkages to institutional services and connecting caregiving from home to health facility.

Looking at poverty as a major barrier in accessing institutional services, MAMTA facilitates linkages with government schemes and other existing livelihood opportunities. Engagements for empowering individuals, families and communities constituting the ecosystem is central to MAMTA's interventions to promote sustainable change for health seeking behaviour.

Besides, MAMTA collaborates with public health system and invests in enhancing capacities of service providers and outreach functionaries through training and mentoring support to reach the unreached.

MAMTA has over two decades of work with adolescents and youth. The addition of + A to RMNCH programme of the Government of India has been an encouragement for MAMTA to consolidate its past learning and

MAMTA has over two decades of work with adolescents and youth. The addition of + A to RMNCH programme of the Government of India has been an encouragement for MAMTA to consolidate its past learning and expand its work to contribute to all six thematic areas as described in the National Adolescent Health Programme, also called as Rashtriya Kishore Swasthya Karyakram.

expand its work to contribute to all six thematic areas as described in the National Adolescent Health Programme, also called as Rashtriya Kishore Swasthya Karyakram.

A lot of work has happened and continues under young people's SRH and HIV, including social determinants like child and early marriages, inequitable gender norms and social marginalisation.The division also undertakes program research to build evidence on key community processes. Three significant works in the given period has been on use of gender transformative approach in context of adolescent SRH, working with both girls and boys to address gender norms and building self-efficacy among adolescents for increase in age at marriage, first pregnancy and improved SRH. Several innovative approaches have been adapted by MAMTA to test its effectiveness in the Indian context, like the low-cost salivary progesterone testing for detecting the risk of pre-term births in rural community settings of India, m-health using IVRS to build capacities on preconception care, and mobile-based app for adolescents and young key population.

Chronic diseases, both communicable and non communicable, constitute an extra burden of ill-health and expenditure. In developing nations, most premature deaths are caused by these, especially during maternal and perinatal conditions. Communicable diseases like HIV/AIDS and TB tend to fuel each other. MAMTA's TB and HIV/ AIDS interventions aim at promoting accessibility to prevention, quality care, and support through the continuum of care approach. On the other hand, Non-communicable diseases (NCDs) account for approximately 60% of total deaths in India. MAMTA as a part of its commitment to the global target aims to expand access to chronic disease care for the underserved. Since 2011, MAMTA has designed and implemented integrated-intervention models, aligned to existing global and national health and development strategic plans, for early identification, prevention and management of NCDs. In developing nations most premature deaths are caused by these, especially during maternal and perinatal conditions. There are certain NCDs that specifically affect women only. Moreover, the institute is gearing up with its response in all four thematic areas (MNCHN, YRSHR, CD & NCD), through building robust evidences for effective health promotion strategies and implementation approaches to contribute to efforts by communities and the system.

Projects at a Glance

S. No	Date of Start and End	Project Name	Donor Agency	State (No. of Districts)	Districts
MNCHN					
1	Jan 2014 to Dec 2019	India Maternal Health Initiative	Jiv Daya Foundation	16 Medical Colleges across Maharashtra, Madhya Pradesh, Andhra Pradesh, Rajasthan, Uttar Pradesh, West Bengal, Assam, Haryana	Mumbai, Bhopal, Hyderabad, Jodhpur, Agra, Aurangabad Kolkata Gwalior Aligarh Bikaner Guwahati Allahabad Pondicherry Rohtak Wardha Loni
2	Sep 2014 to Aug 2017	Mainstreaming the Continuum of Care Approach into the National RMNCH+A Initiatives for Improved Maternal Health Outcomes of the Young Married Women: A District Design	Mac Arthur Foundation and Barr Foundation	Uttar Pradesh and Rajasthan	Saharanpur, Muzaffarnagar, Churu, Jalore
3	July 2015 to Mar 2018	Regional Resource Center for Punjab	State Health Mission, Government of Punjab		22 districts - Amritsar, Barnala, Bathinda , Faridkot, Fatehgarh Sahib, Firozepur, Fazilika, urdaspur, Hoshiarpur, Jallandhar, Kapurthala, Ludhiana, Mansa, Moga, Shri Muktsar Sahib, Pathankot, Patiala, Mohali, Sangrur, Nawanshahar and Tarantaran

S. No	Date of Start and End	Project Name	Donor Agency	State (No. of Districts)	Districts
4	Dec 2015 to Nov 2018	Jagriti: Accelerate uptake of health services by improving 'continuum of care' on health, nutrition, and hygiene practices amongst adolescents, young couples, pregnant and lactating women	Nestlé	Bihar, Delhi, Karnataka, Maharashtra, Rajasthan, Uttar Pradesh, and Chandigarh	13 Districts namely Patna, Jamui West Delhi, Bangalore, Banda, Nagpur, Sri Ganganagar, Churu, kaushambi, Allahabad, Lucknow, Varanasi and Chandigarh
5	Dec 2015 to Nov 2018	Increasing uptake of health services to Accelerating uptake of health services to improve nutrition, health and hygiene amongst children (0–2 years) and adolescents (10–18 years) in urban slums of West Delhi by adopting life-course approach of development	Philips	Delhi	West Delhi
6	Oct 2016 to Mar 2017	Dietary survey among pregnant, lactating women, adolescents and young couples	Nestlé	Delhi, Rajasthan, Karnataka, Bihar	West Delhi, Sri Ganganagar, Bangalore, Patna
7	Oct 2016 to Sep 2019	Jagriti: Improving the nutritional status of children under-five years through effective community-based approaches for prevention of malnutrition	Nestlé	Odisha	Bolangir Nuapada
8	Dec 2016 to Mar 2017	My Community	HCL	Uttar Pradesh, Tamil Nadu	Noida, Chennai
9	Dec 2016 to Nov 2017	Improved maternal health during preconception, intra-partum and post-partum period, through family-centric safe motherhood approach among marginalised young married couples in rural India	HDBFS	Rajasthan	Barmer
10	Oct 2016 to Sep 2018	BIRAC: Low-cost salivary progesterone testing for detecting the risk of preterm births in rural community settings of India	Biotechnology Industry Research Assistance Council (BIRAC) and Bill and Melinda Gates Foundation (BMGF)	Madhya Pradesh	Two districts Panna and Satna

S. No	Date of Start and End	Project Name	Donor Agency	State (No. of Districts)	Districts
11	Oct 2016 to Sep 2019	Improving health-seeking behaviour on maternal and child health in low resource settings by incorporating common reproductive mental health issues in current RMNCH+A strategy	Philips	Bangalore, Karnataka, Maharashtr Bihar Jharkhand	Four districts Urban Bangalore, rural Pune, Khagaria and Sahibgunj
12	Nov 2016 to Oct 21	Saharanpur Adolescent and Maternal Urban Health Programme (SAMUH): a community engagement initiative to improve reproductive and child health outcomes	ITC	Uttar Pradesh	Saharanpur
13	Nov 2016 to Feb 2018	Applying gender and right-based approach for enhanced ownership, accountability and transparency of local governance for improved RMNCH+A outcome	UNICEF	Rajasthan	Jalore and Dungarpur
14	Jan 2017 to Dec 2022	Maternal, Adolescent, Neo-natal and Child Health (MANCH)	ITC-MANCH	Bihar Assam	Two districts Munger Darrang
Young Peoples' Sexual and Reproductive Health and Rights					
1	Aug 2013 to Sep 2016	Preventing child marriage as an approach to reduce gender-based violence by strengthening community and system-based interventions and empowering young girls and boys	Ford Foundation	Uttar Pradesh and Bihar	Siddharthnagar, Nawada, East Champaran
2	July 2014 to June 2017	Community-based health and development program for marginalised and vulnerable through an inclusive approach	Greenlam	Rajasthan	Nagaur and Pali
3	Sep 2014 to Aug 2015	Improving Inter-Personal Communication and Counselling Skills of Anganwadi Workers on Menstrual Health and Hygiene Management,	UNICEF-India	UNICEF-India	Mirzapur

S. No	Date of Start and End	Project Name	Donor Agency	State (No. of Districts)	Districts
4	Jan 2015 to Dec 2017	Increasing age at marriage and delaying first pregnancy: an outcome of improved levels of self-efficacy among young men and women using safe space and gender transformative) approaches;	American Jewish World Service Trust	Rajasthan and Madhya Pradesh	Bundi and Sheopur
5	Aug 2015 to July 2017	Improving nutritional health and hygiene of adolescent girls and boys (between 10 to 19 years) through peer-led approach	Azim Premji Philanthropic Initiatives	Uttar Pradesh	Allahabad, Banda,Varanasi
6	Aug 2016 to July 2017	Framework for action: working with adolescents	UNICEF	Odisha	15 districts Bolangir, Boudh, Dhenkanal, Kendrapara, Kalahandi, Mayurbhanj, Rayagada, Nuapada, Nawarangpur, Kandhamal, Koraput, Malkangiri, Jagatsinghpur, Bhadrak, Gajapati
7	Oct 2016 to Mar 2022	Confident Girls Program	HCL	Delhi and Tamil Nadu	Delhi and Chennai
CD					
1	Apr 2013 to Mar 2017	VIHAAN: Linking services for people living with HIV (PLHIV) – a holistic approach	India HIV/AIDS Alliance	Jammu and Kashmir, Himachal Pradesh, Uttarakhand	-
2	Oct 2014 to Sep 2017	Prevention and Early Management ofViral Hepatitis B and C in High Risk Population	Bristol Meyer Squibb Foundation	Amritsar and Imphal	Amritsar and Imphal (urban and rural block)

S. No	Date of Start and End	Project Name	Donor Agency	State (No. of Districts)	Districts
3	Oct 2015 to Dec 2017	AXSHYA: Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation, and engagement of all healthcare providers	Global Fund through The Union	Haryana Bihar Rajasthan UP Chhattisgarh Maharashtra Delhi	62 districts
4	Oct 2015 to Dec 2017	AHANA: Improving Access to PPTCT services in Public Sector in India (IAPSI)	Global Fund-Plan India	Rajasthan (17), Assam (14), Uttar Pradesh (61), Madhya Pradesh (43), Jharkhand (!7), West Bengal (8), Chattisgarh (14), Odisha (11), Bihar (33)	218 districts
5	Dec 2016 to Sep 2017	mHealth: Intervention for increased knowledge and improved attitudes of adolescent and young people from Key Affected Populations on HIV/ AIDS and issues related to stigma	TCI	Delhi and NCR	
6	Aug 2016 to July 2017	mHealth for enhancing access to SRH/ HIV information and improving quality of health services for young key populations		Indonesia (5 provinces)	(West Java, Middle Java, East Java, dki Jakarta and Bali)
NCD					
7	Dec 2015 to Nov 2017	Increasing access to Cervical Cancer screening and care through community centric continuum of care initiative in India	Becton Dickinson	Haryana Delhi	Rohtak and Delhi
8	Jul 2016 to Sep 2018	HealthRise: Early Detection, Timely Diagnosis and Treatment of Diabetes and Cardiovascular disease	Medtronics	Himachal Pradesh	Shimla

PRE-CONCEPTION CARE

ANTENATAL CARE

POST-PARTUM AND NATAL CARE

EARLY YEARS OF LIFE

Maternal, Newborn and Child, Health and Nutrition (MNCHN)

INDIA IS BEHIND MOST DEVELOPED NATIONS in maternal mortality rate (MMR), infant mortality rate (IMR), and under-five mortality rate (U5MR), which occur in its low-income settings quite mainly due to lack of nutrition, prematurity, complications during delivery, and infection. MAMTA's interventions targets communities where there is a need to change the dynamics that stands as a barrier to the development of healthy infants, children, and mothers. This involves cultural, social, economic, and systemic changes for sustainable and holistic wellbeing. Increased survival and wellbeing of every child (0–5 years) and women (15–45 years) with special emphasis on pregnant and lactating, through empowering communities and health system are its key strategies.

India Maternal Health Initiative (IMHI)

January 2014 to December 2018

The intervention is contributing to the efforts of the Department of Medical Colleges and National Health Mission to strengthen the health system. With the support of Jiv Daya Foundation (JDF), labour rooms at tertiary level, covering OBGYN Department of 14 Medical colleges across India, with large volume but low resources, are being strengthened through provisioning of HR, logistics, and technology. Depending upon the local need, the initiative provides equipment, technologies, consumables, salary support and/or training for physicians. It envisages reducing the neonatal and maternal mortality rates by strengthening quality of services and access to specialised neonatal and maternal care. Its primary goals are to reduce maternal mortality by 10%, infant mortality by 10% and to eliminate all preventable intra-partum stillbirths in all supported centres. Most of the sites that intervention supports see between 6,000 to 15,000 deliveries per year and have high maternal and perinatal mortality rates; above 500 and 80 respectively.

ELECTRONIC PARTOGRAPH: AN INNOVATION

The initiative offers a more efficacious alternative to the traditional paper form of the partograph by tracking the progress of labour in real time. It also includes an active patient tool, which allows for the monitoring of multiple active deliveries simultaneously and enables senior staff to monitor deliveries remotely.

The intervention contributes to prevention and management of post-partum haemorrhage and eclampsia by supporting with Bakri Balloons, non-pneumatic anti-shock garments, Misoporst tablets, to the tertiary care hospitals, to prevent maternal mortality due to direct causes. Hands on training for Bakri Balloon and NASG to residents, peripheral doctors, medical officers and paramedical personnel at the partner hospitals are also part of the package. The interventions encourage and help partner hospitals to implement and contact PPH and eclampsia management trays for the labour room.

Mainstreaming the 'continuum of care' approach into the National RMNCH+A initiatives for improved maternal health outcomes of the young married women: a district design

September 2014 to September 2017

A significant number of girls get married before 18 years of age with social pressures to prove fertility in their first year of marriage. Evidence highlights that pregnancies among girls in less than 20 years have increased risk of maternal mortality and morbidity, stillbirths, and miscarriages, unsafe abortions, and increased risk of HIV, STI and other infections. Young couples are often missed out in the 'continuum of care' on RMNCH +A services. Instead, they are the ones who need to be reached much before they conceive a pregnancy, to help them manage 'pre-conception care'.

With the support of MacArthur & Barr Foundation, MAMTA has initiated this effort to promote and strengthen the 'pre-conception care' (CoC) approach within RMNCH+A, in two districts each in Rajasthan (Churu and Jalore) and Uttar Pradesh (Muzaffarnagar and Saharanpur). The project aims towards enhancing capacities of public health-service providers (with focus on ANM and ASHAs) in the intervention districts for improved RMNCH service delivery while integrating pre-conception care in their work. This also entails inter-linkages between other programmes reaching out to adolescent girls like 'SABLA' and 'RKSK' and 'JSY'. An innovation has been applied to the intervention, using mobile-based Interactive Voice Response System-(IVRS) technology, in a sub-sample, for its effectiveness for improving the counselling skills and delivery of messages to young married women.

Project Progress

The project is reaching out to total of 8620 program managers, medical officers, mid-level supervisors, health workers and frontline functionaries, ANM and ASHAs with training and mentoring support on pre-conception care. Around 160,000 adolescent and young married women, their husbands and families will be reached through the health system on pre-conception care in a population coverage of over one crore (114,78,171)

Jagriti: Accelerate uptake of health services by improving 'continuum of care' on health, nutrition, and hygiene practices amongst adolescents, young couples, pregnant and lactating women

December 2015-November 2019

An effective continuum of care connects essential maternal, newborn, and child-health (MNCH) packages, throughout adolescence, pregnancy, childbirth, postnatal and newborn periods and into childhood, building upon their natural interactions throughout the lifecycle. Project Jagriti is an effort with the support of Nestlé India, taking MAMTA's past work with life-cycle approach to scale, reaching a total population of 12,00,000 across 13 districts, including low-performing districts on RMNCH+A indicators, across six states and one Union Territory. Married, pregnant, and lactating women are being reached with education on pre-conception care, maternal, newborn and child health as required and provided with linkages to public health and nutrition services to improve accessibility and uptake of health services. Pregnancy registration, institutional delivery by skilled birth attendants and exclusive breastfeeding are emphasised.

The intervention package also includes intensive actions to ensure complete immunisation of children, prevention, early detection and management of acute respiratory infections (ARIs) and diarrheal diseases by educating and training parents and family members. Frontline health functionaries are sensitised and trained to deliver with CoC approach and take actions for sectoral coordination. Project Jagriti also aims towards empowering married and unmarried young people and adolescents with life skills to delay age at marriage and first pregnancy, challenge social norms, and access information and services for improved nutritional and SRH status. Engagements with key stakeholders at family and community levels help build enabling environment for young women and men to take adequate actions for positive pregnancy outcomes and health for their newborn and children.

An effective continuum of care connects essential maternal, newborn, and child-health (MNCH) packages, throughout adolescence, pregnancy, childbirth, postnatal and newborn periods and into childhood, building upon their natural interactions throughout the lifecycle.

Project Progress

The programme complements government efforts through Jannani Suraksha Yojna (JSY) programme to safeguard mothers' health and Mission Indradhanush for complete immunisation of children. The project has reached 28312 adolescent girls, 25705 boys, 7078 pregnant women, 12740 lactating women and 6907 children directly. Besides, project has reached out to all frontline workers from health and ICDS (ANMS, ASHAs and AWW) and members of PRI and VHNSC through VHNSC meetings. Special days like maternal and child-health day, nutrition day, diarrhoea prevention day and nutrition camps are organised across all intervention villages.

Jagriti: Improving the nutritional status of children under-five years through effective community-based approaches for prevention of malnutrition

October 2016 to September 2019

Child undernutrition, due to stunted growth, severe wasting, and intrauterine growth restrictions are reported to be responsible for 2.2 million deaths and 21% of disability-adjusted life-years (DALYs) for children younger than 5 years. Undernutrition in Odisha is alarming. Project Jagriti understands that malnutrition in children is not affected by food intake alone, it is also influenced by access to health services, quality of care for the child and pregnant mother as well as good hygiene practices. Several simple, cost-effective measures to reduce malnutrition in the critical period from preconception, conception to two years after birth are available but not being applied for lack of knowledge and capacities. Hence, the intervention is aiming to integrate nutrition within RMNCH continuum.

In Odisha, Project Jagriti focus on improving the nutritional status of children under-five years, through effective community based approaches for

prevention of malnutrition. The initiative began in October 2016 for three years and is being implemented in six blocks of Bolangir and Nuapada districts. Participatory approaches are adapted to generate demands by families and communities for basic health care and nutrition services for children, adolescents, pregnant women and lactating mothers. Training and mentoring of frontline functionaries is conducted while departmental coordination is facilitated at village levels to realise continuum of care for mothers, newborn, children and adolescents.

Project Progress

The project is in inception phase and 12924 beneficiaries have been reached. During the project duration, the intervention will reach 15660 pregnant & lactating women; 32920 children under five; 56,430 adolescent girls; 56,430 adolescent boys and 112,860 parents of adolescents.

Increasing uptake of health services to improve nutrition, health and hygiene amongst children (0–2 years) and adolescents (10–18 years) in urban slums of West Delhi by adopting life-course approach of development

December 2015 to November 2018

The project has been designed with the support of Phillips India and DASRA on 'continuum of care' approach with focus on nutrition and health of children between 0-2 years and adolescents (10-19 years) in four urban blocks of West Delhi. Community education integrating components of nutrition, poor hygiene and its impact on child and adolescent's physical growth and overall health forms the major part of intervention that complements government efforts on RMNCH+A. Young couples, pregnant and lactating women, their family and other community stakeholders are reached for early registration of pregnancy, follow-ups on ANC and PNC, institutional delivery, exclusive breastfeeding, and immunisation to create an enabling environment for shift in practices and better uptake of public health facilities. As the localities are inhabited by families migrated from other states, community engagements promoting participation and social inclusion help address social norms and reservations among families in accessing public health facilities. Interventions also support parenting as fear of urban influence on adolescent children leads to unnecessary restrictions and confrontations between parents and children.

Project Progress

The project has reached 3134 adolescent girls, 2090 adolescent boys, 260 young couples, 1511 pregnant women, 3134 lactating mothers. Besides parents, families too have been educated and frontline functionaries and medical officers have been reached to improve referrals and linkages.

Regional Resource Centre (RRC) for Punjab

July 2015 to March 2018

Despite all efforts, a big chunk of people from marginalised communities are left out of public health service delivery. MAMTA has been designated as the Regional Resource Centre (RRC) for by Punjab State NHM, to build capacities of mother NGOs, field NGOs and provide technical support to district health teams, across 22 districts, to improve equitable health-service delivery on reproductive, maternal and child health issues and carry out effective community engagements. RRC also facilitates community monitoring processes on quality of public health-service delivery in eleven districts through interface between community and health system with focus on accountability and transparency. It involved participatory processes to promote community feedback on services. Efforts aim towards improved coordination between government and NGO efforts and networking among NGOs, CBOs, PRI and SHGs to transfer knowledge and skills to the key actors for the implementation. Best practices are documented and unique learning experiences are disseminated through its quarterly newsletter *Manthan*. Capacity building of Mahila Arogya Samitis (MAS) and Community Action for Health, reaching out to Village Health Nutrition Sanitation Committees, VHNSC, are two major initiatives under RRC being implemented in 11 districts of Punjab.

“ It was a great opportunity for MAS members for learning. During MAS training they learned not only for community but for themselves also.’

—MR AMAN, DCM, DISTRICT LUDHIANA, PUNJAB

“ After training MAS members are well aware about the importance of health and hygiene and government health schemes for community level and how people can receive benefit from government health schemes.’

—MR LAKHWINDER SINGH, BEE, DISTRICT BHATINDA, PUNJAB

BIRAC: Low-cost salivary progesterone testing for detecting the risk of preterm births in rural community settings of India

October 2016 to September 2018

In India, 3.6 million pregnancies are affected by preterm birth (PTB) annually with many infants dying or surviving with disability. India, with its highest number of preterm deaths worldwide, contributes 25% of the overall global preterm related death. This is even more challenging in Indian rural setting where most women are unaware of the risk of PTB; and do not readily access available care and support. This leads to increased maternal and neonatal morbidity and mortality in rural India. Low-cost salivary progesterone test for detecting the risk of preterm births is an innovative approach being tested, for its feasibility by MAMTA with Mahatma Gandhi Institute of Medical Sciences (MGIS), Wardha (Nagpur, Maharashtra) as the lead, and King’s College of London as the Technical Partner with the aid from Biotechnology Industry Research Assistance Council (BIRAC) and Bill and Melinda Gates Foundation (BMGF). This innovation is in line with the India’s Neonatal Action Plan (INAP), India’s renewed commitment to ending preventable still births and newborn deaths and invests in strategies that would accelerate newborn survival and thriving.

The two-year study is being supported by the Bill and Melinda Gates Foundation (BMGF) and is being carried out in two districts of Madhya Pradesh, Panna and Satna. The efforts aim to educate, counsel and screen at least 2000 pregnant women through education, mobilisation and link women identified with risks, to an effective pathway

of care and support to reduce preterm birth and associated adverse consequences. Till date, 1329 have undergone USG. Besides, sensitisation of frontline functionaries (ASHAs) on this non-invasive method of screening PTB, training **on collection, storage and transportation of salivary progesterone sample and training of technicians on analysis of the sample** and skill enhancement of sonologists for accurate dating of pregnancy are being conducted. Further the learning experiences are shared regularly with senior department officials to improve the knowledge base. The innovation has the potential for further adaptation to a 'point of care' setting.

Improving health-seeking behaviour on maternal and child health in low resource settings by incorporating common reproductive mental health issues in current RMNCH+A strategy

October 2016 to September 2019

The project is being implemented in urban Bangalore (Karnataka), rural Pune (Maharashtra), Khagaria (Bihar) and Sahibgunj (Jharkhand) with the support of Phillips. One of the basic targets of this project is to increase knowledge, shift attitudes and practices through a life-skill based education among adolescents, young married couples, pregnant and lactating women on maternal and child health and common mental health issues in context of larger maternal health. The project is in its initial phase, baseline study has been completed and around 3228 direct beneficiaries are being reached out through peer-led support mechanisms to generate demand for basic health care services.

Saharanpur Adolescent and Maternal Urban Health Programme (SAMUH): a community-engagement initiative to improve reproductive and child health outcomes

November 2016 to March 2021

One of the important goals of 12th Five Year Plan, is to reduce maternal mortality rate (MMR) to 100 per 1 lakh live births by 2017 and infant mortality rate (IMR) to 25 per 1000 live births. To reach these goals, it is pivotal to address the inadequate quality of care given at primary level. According to NFHS (2005-2006) by age of 15-19 years, 14% of married adolescents start childbearing, which puts young married women at risk for maternal morbidities and mortality. Saharanpur district of Uttar Pradesh has MMR and IMR at 234 and 79 respectively.

Supported by ITC Limited, the project aims to improve the health status of adolescent and young married women aged 15 to 24 and other eligible couple in reproductive age group up to 45, in urban and peri-urban locations of Saharanpur, contributing to larger goal of RMNCH+A under NHM. The success indicators include shift in knowledge, uptake of institutional services and improved maternal and infant health outcome. Project will reach over 52,000 beneficiaries directly through peer led sessions and behaviour change communication activities and 400000 indirectly through IEC and mid-media.

Inter-sectoral coordination and collaboration at the districts and mechanism below will be the key to

expand the coverage of target population. Resource mappings through participatory processes and networking with the like-minded NGOs, CSOs, CBOs are helping to build shared responsibilities for fruitful engagement with different sectors. Adolescents will be reached in both school and out-of-school settings with peer-led life-skill based education to help them delay the age at marriage, deal with their SRH concerns and access health services as and when required. Young married couples, pregnant women, and lactating mothers will be reached out in communities through one on one by frontline health functionaries, home visits by mobilisers and group education to create demand and build access to contraceptives, pre-conception care, institutional delivery, ANC and PNC, newborn and infant care.

Health service providers are mentored to enhance the public health system outreach with social inclusion, community stakeholders such as community leaders, ward counsellors, family members are being oriented to extend support and peer educators at both community and school level are trained to promote uptake of RMNCH+A services.

Inter-sectoral coordination and collaboration at the districts and mechanism below will be the key to expand the coverage of target population.

Applying gender and right-based approach for enhanced ownership, accountability, and transparency of local governance for improved RMNCH+A outcome

November 2016 to February 2018

Local governance has greater role in improving the RMNCH+A indicators through developing, implementing, and monitoring village health plans as stated under 73rd Constitutional Amendment Act. This project with the support of UNICEF is working towards strengthening health governing structure across 78 gram panchayats covering around 367000 populations to ensure ownership, accountability, and transparency for improving access to health services especially by poor and marginalised sections of society. The intervention entails capacity strengthening of members of PRI and Village Health and Sanitation Committees as 'Right holders' to design village specific needs based health plan to improve delivery of health and nutrition services through 'duty bearers'. A service-delivery monitoring tool helps PRIs to ensure effective implementation of village health plan, contributing to larger RMNCH+A outcomes.

Project Progress

The intervention has trained 1596 members of PRI, Village Health and Sanitation Committees and duty bearers. It has also sensitised block and district level functionaries and members of the Zila Parishad.

My Community

December 2016 to March 2017

Improving condition of urban poor is a pre-requisite in realising various health and development outcomes including reproductive and maternal health. The poor and marginalised community especially the migrant construction worker lacks basic amenities and services like sanitation, clean drinking water, and access to health facilities. To effectively address the health, sanitation, and nutrition concerns of the urban poor, MAMTA, with the support of HCL Foundation, is implementing an intervention in Noida (Uttar Pradesh) and Chennai (Tamil Nadu) covering populations across slums and construction sites. The project follows the continuum of care approach with focus on adolescents, pregnant women, lactating mothers and children up to 5 years.

The project aims towards improving nutrition, pre-conception care, ANC, PNC, institutional delivery, newborn care and immunisation through community awareness and referral and linkages with the existing public health system. The community health promotions are being carried out by HCL staff volunteers being trained and mentored by MAMTA. The public health service providers are also being sensitised to enhance coverage of urban poor with gender-sensitive and inclusive approach.

Project Progress

The project is in its initial phase wherein beneficiaries have been listed, baseline has been completed and health promotion tools have been developed.

Improved maternal health during preconception, intra-partum and post-partum period, through family-centric safe motherhood approach among marginalised young married couples in rural India

December 2016 to November 2017

The socio-cultural biases in rural Barmer have been a challenge for the public health system to reach out to married, expectant, and pregnant women with institutional services from contraceptives to post-partum care. Barmer, performs poorly on the RMNCH+A indicators. The intervention has been designed with a family-centric, safe-motherhood approach to explore its impact on uptake of services among, overcoming all barriers. The package includes group counselling for young couples, positive modelling, formation of safe-motherhood action group among pregnant women to promote uptake of

Project Progress

The project has reached over 1050 target beneficiaries with rich learning from community engagements to inform interventions in future. Trends show increase in institutional delivery and improved intra-partum, post-partum care in home based deliveries.

integrated service under RMNCH specifically ANC and PNC services with institutional delivery and new born care. Family participation is facilitated through trained group of community elders to help families understand complications related to pregnancy and limitations with unskilled deliveries at home and acknowledge the need for pre-conception care, skilled birth attendants and integrated institutional care. Mid-media activities are used to reach out to larger community for the enabling environment. On the other hand, frontline health workers like ASHAs (Accredited Social Health Activists) are also being sensitised and mentored to deal with challenges in reaching out to target beneficiaries. The project is located in two blocks of Barmer district of Rajasthan covering 100 villages. It will directly reach at least 3000 young married women, husbands and their families.

Maternal, Adolescent, Neo-natal and Child Health (MANCH)

January 2017 to December 2022

Aiming for community responsiveness towards the uptake of RMNCH+A services through a synergetic sectoral coordination and community engagement processes, adding to the efforts of the National Health Mission in selected Gram Panchayat (GPs) and urban wards of Munger in Bihar and Darrang districts in Assam, the project MACH is being supported by ITC Limited for its implementation in a phased manner to reach over 100,000 adolescents girls and young women aged 15-24 in population coverage of 402000. The project is in its inception phase and baseline study is being carried out for benchmarking the indicators of success.

Dietary survey among pregnant, lactating women, adolescents and young couples: a multi-centric cross-sectional study

October 2016 - March 2017

India has been slow in addressing chronic malnutrition which is evident through high prevalence of stunting (low weight for age), wasting (low weight for height), and micronutrient deficiencies in the population. Nutritional surveillance is important for gathering, processing and analyzing information on nutrition and health indicators in order to design and implement need based interventions in a given population. In an effort to enhance the effectiveness of 'nutritional component' within its larger intervention on RMNCH+A, MAMTA with the support of Nestle India Limited, carried out a multi-centric cross sectional dietary survey at selected rural and urban/peri-urban sites in West Delhi (Delhi), Sri Ganganagar (Rajasthan), Patna (Bihar) and Bangalore (Karnataka) covering adolescents, young married couples, pregnant women and lactating mothers.

From the findings, calorie, protein and iron intake was observed to be inadequate among pregnant women and lactating mothers while intake was satisfactory in case of young married couples. More than two-third of the pregnant women and lactating mothers from all the locations had iron intake less than 50% of the recommended daily consumption. Cereals intake was satisfactory among greater proportion of the respondents from all population groups in all districts. Protein and pulses consumption was poor among all groups and in amounts more or less similar in all the districts. Calcium and vitamin-A

intake was comparatively higher among respondents from Ganganagar. Diet of both adolescent boys and girls were observed to be iron deficient. Wide gender disparities with respect to iron consumption were observed in the survey among married males and females. Prevalence of under-nutrition was higher among adolescent boys than girls. Among married couples, females were comparatively more undernourished then men and more in rural areas (>30%) than urban settings. Some of the cooking practices like cooking in open spaces, use of solid fuels were quite prevalent especially in rural areas.

Nutritional surveillance is important for gathering, processing and analyzing information on nutrition and health indicators in order to design and implement need based interventions in a given population.

Case Study

At 23, when Rajkumari gave birth to her first child she had discovered a cyst in her breast which she had surgically removed at her hometown. All was well till she gave birth to her second baby, away from her native village. Post-delivery, she again experienced pain and pus formation in her breast. Fearing the worst, Rajkumari's husband, and a daily wage worker shared his worries with one of his friends in Bhim Nagar, who introduced them to a peer leader from MAMTA. An ORW from MAMTA immediately escorted them to the nearby Rajiv Gandhi Hospital where the doctor informed that the source of pain was not a cyst but an infection that had led to the swelling and pus formation. She was given proper medicines to heal the infection. Post-treatment the pain and infection subsided and Rajkumari was again able to feed her baby. The ORW made Rajkumari attend one of MAMTA's session for pregnant and lactating mothers where she learnt the correct way of feeding the baby and ways to avoid infections. Today Rajkumari is a healthy and confident mother, who actively participates in MAMTA's meetings and shares her knowledge with others in her community.

COMPREHENSIVE SEXUALITY EDUCATION

ADOLESCENT FRIENDLY HEALTH SERVICES

ADDRESSING HARMFUL TRADITIONAL PRACTICES

CHANGING INEQUITABLE GENDER NORMS

Young People's Reproductive Sexual Health and Rights (YRSHR)

ADOLESCENTS (10–19 YEARS) CONSTITUTE about one-fifth of India's population and young people (10–24 years) about one-third of the population. Improved sexual and reproductive health services for adolescent and young men and women is the second thematic intervention of MAMTA-HIMC following the RMNCH+A continuum of care approach. For 10-19 years, interventions are designed to suit the early, middle and late adolescence with focus on building agency through improved self-esteem and self-efficacy, as they navigate their path to adulthood, in an institutional effort towards empowering them on issues around health and well-being. Combating harmful traditional practices as child and early marriages is at the core of MAMTA's work on gender based violence among adolescents and youth.

Addressing child marriage as an approach to reduce gender-based violence by strengthening community and system-based interventions and empowering young girls and boys

September 2013 to August 2016

Globally, more than 60 million girls under the age of 18 are married, many to men twice their age or older. Half of those are in Asia, with significant from India. Child Marriage is a critical human-rights violation, especially in the context of 'consent to marriage' and can expose one to regular domestic or sexual violence. Early marriage has perpetuated an unrelenting cycle of gender inequality, malnutrition, and poverty in India, cutting off educational opportunities and chances of personal growth. The GOI's commitment to the cause is reflected in the laws, policies, and programmes it has adopted over the years. There are eight states in the country, where this percentage is much higher than the national average, including larger states like Bihar and Uttar Pradesh, which are at 68.2% and 54.8% respectively.

With the support of Ford Foundation, this intervention was implemented in Nawada and East Champaran districts in Bihar and Siddharthnagar district in Uttar Pradesh covering a total population of 600,000. The intervention aimed at increasing the age of marriage by influencing views on marriage and violence against girls, through the lens of rights and gender equity. The intervention specifically targeted young girls and boys to enhance their understanding of girl's vulnerabilities to violence and to help them learn life skills to make informed decisions, negotiate and assert to protect one self. Gender equitable norms were promoted through engagements with parents, families, and key community stakeholders to be supportive of decisions made by children.

A distinct feature of the intervention was to intervene with community processes through a system approach, wherein sectoral collaboration was encouraged and facilitated at district, block and panchayat levels. The village level frontline functionaries from health, ICDS, school teachers and members of panchayats were trained and mentored to improve their communication with adolescents and peer leaders while integrating child marriage and related issues in their existing work and facilitate required actions through departmental coordination.

Project Impact

The project has reached 10,201 girls and 8449 boys, their parents and other key community stakeholders directly through intensive package of intervention. Various community promotion activities through mid-media and community engagements through department specific functionaries and NGOs were conducted to influence attitude and practices across the larger coverage population. A mix-method evaluation design was adopted for a cross-sectional survey, comparing shifts between the intervention sites and the control sites. The results of the project evaluation show a proportionate decrease in marriage before legal age for both boys and girls. On an average, it is more than one year increase in the mean age of marriage in 15-18 years age group. School retention among married adolescents also increased. Adolescents, who were exposed to the intervention, have responded positively on marriage timing, legal age at marriage, fertility timing, and could clearly identify disadvantages related with early pregnancy. They had better knowledge about modern contraceptives and the preferred average family size was lower in comparison. Adolescents in the intervention areas had better understanding of different types of violence including gender-based violence. When faced with any episode of violence, seeking support from peers, neighbours, friends, and relatives, was more pronounced in the intervention areas than control sites. Results also showed that a greater proportion of adolescents belonging to control sites preferred a son, which was not the case in the intervention sites. Greater involvement of village institutions, government departments, civil society organisations in the three intervention districts has raised awareness on the seriousness of the issue and need for sectoral collaboration and convergence to deal with it. Their combined efforts will continue to give dividends in coming years towards eliminating child marriage.

Increasing age at marriage and delaying first pregnancy: an outcome of improved levels of self-efficacy among young men and women using safe space and gender transformative (synchronisation) approaches

January 2015 to December 2017

Advancing the institutional learning on effective strategies to address multifaceted issue of child and early marriage, MAMTA designed this intervention with the support of American Jewish World Services (AJWS). The aim of this project is to build evidence on how improved self-efficacy translates into actions for delaying age at marriage and whether interventions with gender synchronisation approach has better impact. The intervention study is being implemented in the two states of Rajasthan (Bundi—Intervention, Tonk-Control) and Madhya Pradesh (Sheopur—Intervention, Raigarh—Control). It is reaching out to young girls and boys between 15–21 years through peer-led sessions, edutainment activities and peer interactions at youth information centres established on a 'safe space' concept. Parents, families and community stakeholders are sensitised and involved to support young girls and boys to practice new learned behaviours that are gender equitable.

Project Progress

5647 adolescent girls and boys have participated in the intensive structured sessions imparted by project staff. Peer educators are carrying out behavioural-change communication activities using edutainment tools. The project has been successful in bringing voice and visibility to girls, which is reflected in formation of girls' cricket and football clubs.

Bending the Norms for Good

Fourteen years old Kiran, from Daglawda village of Taleda block in Bundi district, is a student of 8th standard. She lives with her mother, father, and four siblings. A sister, older to Kiran, was married at the age of 16 years. Soon Kiran came to know about her marriage being fixed with a twenty-year old boy through a common custom called *aata-sata*, wherein a brother and a sister are married in the same family. The marriage was to take place during the group marriages, organised by patrons as a social work to reduce the family burden of expenses associated with marriage.

Aata-Sata is widely practiced with a belief that the custom helps maintain relations between two families as while family sends off daughter to her in laws, they receive one from the same family as daughter in-law. It also, helps solve the family worries to find good match for daughter due to dowry demands. However, over the years, the custom has got distorted leading to marriages without consent, marriages of minor siblings with the older one, power display and vengeances through domestic violence on girls. In such customs, the refusal by any one side may lead to break-up between both the families, which may have serious long-term implications on the social life of the family and future marriage proposals.

In Kiran's village, MAMTA's 'Swabhiman Kendra', a centre based on safe-space concept was operating wherein many girls like Kiran were enrolled as members. One day, Kiran too came with friends, participated in an interactive session conducted by MAMTA staff and peer leaders. Kiran liked the experience and started visiting frequently. MAMTA staff made her a member of the group wherein Kiran learnt about cause and consequences of child marriage, laws regarding it, and got opportunities to discuss with her peers case studies of girls forced into early marriages.

The exposure helped Kiran make some informed decisions for herself. 'I felt as if it was my story and I decided that I have to get someone to talk to my family to cancel my marriage. I knew it was not so easy, 'says Kiran.

By that time, Kiran had made many friends at the centre. She discussed her matter with her friends. The friends supported Kiran and together they met a school teacher and requested the teacher to convince Kiran's parents. The school teacher raised this issue at panchayat meeting and briefed the matter to the sarpanch. In return, the panchayat secretary shared the issue with sub-divisional magistrate. The SDM took prompt action, parents were contacted, counselled and Kiran's marriage was cancelled. This action further led to three more such marriages being called off.

Kiran and her friends had the taste of success that will keep them going. Kiran is continuing her education and engages with other girls in her community at the centre to help them all understand 'the power of education'.

Community based health and development program for marginalised and vulnerable through an inclusive approach

June 2015 to June 2017

It is estimated that Rajasthan will have an incremental human resource requirement of approximately 60 lakh workers by 2017. Strategic investment in building young people's capacity now will yield great economic returns for years to come. Efforts to empower them with skills on vocation and managing finance must be paired with efforts to build their knowledge and skills on protecting their sexual and reproductive health and rights, making them take informed decisions around marriage and fertility, and help them access preventive and curative services. The initiative in Nagnaur and Pali districts of Rajasthan is being carried out with the support of Greenlam Industries and is reaching out to adolescents, married and unmarried youth, pregnant and lactating women through community mobilisation on health for all. Beside building entrepreneur skills of young people, the intervention focusses on imparting life-skill based education to deal with concerns and challenges with regard to SRH. It aims to enhance their skills to prevent early marriages, promote use of modern contraceptives as part of pre-conception care for delaying and spacing pregnancies, and access maternal newborn and child-care services. The efforts seek active involvement of departmental functionaries and local NGOs to enhance the reach and provide referrals for nutrition and SRH to public health facilities.

Project Progress

So far, the program has reached out to 12487 primary beneficiaries and 5305 stakeholders including mothers-in-law, husbands, parents, health and ICDS functionaries, members of village committees, medical officers and district functionaries. Networking has been established with corporate and institutes like Entrepreneur Development Institute, Ahmedabad; Skill Development and Training Programmes of Central Governments; Entrepreneurship and Management Development Institute, Jaipur; Regional Vocational Training Institute for Women, Jaipur; Training Programmes of SIDBI; Skill-cum-Technology Upgradation Programme (STUP), SIDBI. National Skill Development Corporation, Jodhpur etc., for linking young people for employment.

Improving nutritional health and hygiene of adolescent girls and boys (10–19 Years) through peer-education approach

August 2015 to July 2018

Adolescence is a phase marked with onset of puberty and growth spurt. It is an opportunity to catch up with physical growth even for those who have been malnourished during the early childhood. However, adolescent malnutrition remains a concern due to poor knowledge on body requirements, cheaper nutritious food, unhealthy cooking and eating practices, poor sanitation and hygiene leading to worm infestations, diarrhoea and diseases. Few efforts however target to improve the nutritional status among adolescents. Uttar Pradesh is one of the several states in India fighting malnutrition. Its on-going efforts need to

be strengthened through sectoral collaborations and building evidence for effective strategies for sustainable behavioural change for healthy nutrition.

The project has been specifically designed to promote nutrition and hygiene among adolescents between 10–19 years through peer-led education and engagements with families and communities. The project aims at improvement in the nutritional status of adolescents in rural settings with respect to anaemia and body mass index (BMI). Besides, it will also build evidence on feasibility and impact of peer-led approach, contributing to the learning for Rashtriya Kishore Swasthya Karyakram.

Project Progress

The project is being implemented with total population coverage of 300,000 and estimated adolescents in one block in each of the districts of Allahabad, Banda, and Varanasi in Uttar Pradesh. Over 15000 adolescents and their families are being reached directly through intensive peer and community-engagement activities. Education with sports and entertainment are imparted during peer-group engagement activities at youth information centres. MHealth is also being explored as a self-awareness tool for adolescents to learn and track their nutritional health. Meetings between parents, key community stakeholders and service providers are facilitated to enhance community understanding of the complexity of nutritional challenge and actions required on their part. Mid-media activities are conducted to mobilise participation and demands from hard-to-reach populations. Frontline functionaries from health, ICDS and school teachers are being sensitised on adolescent nutrition and need for sectoral collaboration and are being trained on mentoring skills to guide peer educators.

Improving interpersonal communication and counselling skills of Anganwadi workers on menstrual health and hygiene management

September 2014 to August 2015

Young girls need to be empowered to manage their menstrual health and hygiene with dignity. Prevailing cultural and gender norms prevent girls in articulating their SRH needs, more so when she encounters menarche. For majority, the source of information on menarche is a friend or the mother who have been found equally ill-informed. Lack of information and services on management of menstrual hygiene often results in discomfort and embarrassment affecting the self-esteem and motivation to participate in social events and access opportunities to realise their full potential. The loss is huge with respect to formative years of schooling and building social and interpersonal relations.

The SABLA programme of Ministry of Women and Child Development, GOI has been reaching out to adolescent girls for their nutrition and health issues. Under the larger umbrella of project 'GARIMA' (meaning dignity) of UNICEF, MAMTA implemented a short training programme as a pilot to build capacities of Anganwadi Workers (frontline functionaries with the Integrated Child Development Scheme of the Department) in Mirzapur district of Uttar Pradesh. The project aimed to improve the interpersonal communications skills of AWWs to inform and counsel adolescent girls to prepare themselves for menarche and to manage menstrual health and hygiene with dignity. The project also provided on site supportive supervision to the workers and built capacity of GARIMA project staff to continue the efforts. Other key aspect was to develop a tested tool kit for GARMIA to carry on the capacity-building efforts.

Project Impact

The training programme was innovative in nature and helped build better understanding on barriers of communication on menarche and management of menstrual health and hygiene. The project learning shows the need to work on the cultural norms and demystify myths among functionaries to change their own attitude and practices regarding menstruation for improved counselling of adolescent girls. Marked changes were observed in knowledge and attitudinal shift amongst most of the AWWs.

Confident girls' programme

October 2016 to *** 2017

Interventions towards empowerment of girls while enhancing their self-esteem and self-efficacy has effects at multiple levels. The 12th country Five-year plan too emphasises on agency building of girls and women.

With its vast experience on using normative strategy, MAMTA–HIMC with the support of HCL Foundation, is carrying out an intervention in Noida (Uttar Pradesh) and Chennai (Tamil Nadu), to increase the confidence level among 4000 girls in the age of 8 to 18 years to access education, health services, police protection, legal aid, livelihood and savings options. The efforts include life-skill based interactive sessions, exposure visits to banks, police stations, health centres and participation is sports, entertainment activities and self-defence training. The uniqueness of the project is creation of a pool of trained and skilled volunteer base of HCL staffs to carry out community engagements and be a mentor for the adolescent girls. The HCL volunteers are trained and mentored by MAMTA.

Project Progress

A total of 2709 beneficiaries their parents, family members and key community stakeholders have been reached. Huge trained volunteer base created. Trends showing improvement in self-efficacy, self-esteem and agency index has been observed in the beneficiaries reached during the first phase. Improved confidence is being reflected in girls accessing health services, education and police for their needs.

Framework for action: working with adolescents

August 2016 to July 2017

Meaningful investments in adolescents have a triple effect, bringing benefits today, for decades to come, and for the next generation. This requires their increased participation in formulation of policies and programmes to include their perspectives and ensure that their rights are protected. UNICEF–Odisha, requested MAMTA to provide technical support for developing a framework of action for working with adolescents, engaging with key stakeholders such as teachers, government functionaries, youth-based institutions and other key influencers, including those in law-enforcement agencies to interact with adolescents in formal and informal settings for improved negotiation, leadership and communication skills. MAMTA identified three universities, National Service Scheme (NSS), Nehru Yuval Kendra Sangathan (NYKS), Scouts and Guides and selected NGOs as potential institutions to collaborate with and take sessions with identified student leaders in their respective institutions. The interactions have taken place across 15 districts of Odisha selected for the implementation of Rashtriya Kishore Swasthya Karyakram. The messages captured through these interactions shall contribute in developing framework for action, incorporating key issues identified by the adolescents.

Project Progress

Two teachers (NSS programme officers) each from 35 colleges from three universities (Utkal, Berhampur, and Sambhalpur), block youth volunteers of Nehru Yuvak Kendra Sanghathan (NYKS), volunteers under Scouts and Guides, and 30 NGO personnel from 15 districts, and adolescent collectives in formal and informal settings have been engaged. The project has reached out and interacted with 781 boys and 659 girls from the above institutions across 15 RKSK districts.

PREVENTION AND MANAGEMENT

DIAGNOSTIC CARE

STANDING AGAINST STIGMA AND DISCRIMINATION

Communicable Diseases (CD)

HIV/AIDS, TB, Hepatitis

COMMUNICABLE DISEASES LIKE HIV/AIDS and TB pose a major challenge towards achieving the SDGs of ending communicable disease epidemics by 2030. TB and HIV/AIDS tend to fuel each other. MAMTA's TB and HIV/AIDS interventions aim at promoting accessibility to prevention, quality care, and support through the continuum of care approach, especially among marginalised community.

VIHAAN: Linking services for people living with HIV (PLHIV) – a holistic approach

April 2013 to March 2017

VIHAAN had been designed to enhance access to essential services, support, treatment adherence and to reduce stigma and discrimination. It aimed to improve the survival and quality of life of the PLHIV, through its unique approaches of counselling, outreach, home-based care and linkages. It complements the National HIV Care, Support and Treatment Programme and has been acclaimed by State AIDS Control Society (SACS) and NACP as the best initiative to improve the survival and quality of life of PLHIV.

Supported Global Fund Round IV with India HIV/AIDS Alliance as the principal recipient, this programme was implemented in partnership with 9 sub to sub recipients in the three northern states of Jammu & Kashmir, Uttarakhand and Himachal Pradesh.

PROJECT IMPACT
9280 People living with HIV / AIDS have been registered in three states for providing care, support and treatment services.

THURSDAY, AUGUST 20, 20..

THE HIMACHAL TIMES -DEHRADUN

3

Mamta holds Media Sensitization Workshop

By Staff Reporter
DEHRADUN, AUG 19
Mamta Health Institute for Mother and Child held a Media Sensitization Workshop, in association with Uttarakhand State AIDS Control Society (USACS) and Uttarakhand Positive Network (UKNP+) at Hotel Pacific, here today.
The event was organized under Vihaan Project, which aims at bringing qualitative improvement in the life of patients suffering from AIDS. Dr Ajit Gairola, Director National Health Mission was present as the Chief Guest. Dr RK Pandey, Additional Project Director, USACS presided over the workshop. Programme Manager A Rohtan gave detailed outline of the workshop and Advocacy Officer Sukhwinder Singh explained about the activities taken up under Vihaan.
He said that Vihaan is a national initiative to establish 350 Care and Support Centres across India to provide expanded access to key services, increase treatment adherence, reduce stigma and discrimination and improve the quality of life of people living with HIV.
Ram Prasad, President UKNP+ spoke about the services provided to patients affected with HIV. Gagan Luthra, from USACS informed about the programmes run in Uttarakhand. The media personnel were informed about AIDS through the medium of case studies, audio files, and addresses. In a question-answer session the media queries were answered.
Present in the workshop were Pawan Bhardwaj, Secretary UKNP+, Shyam Thapa, Joint Director, USACS, Padmini Malhotra, Deputy Director, Saurabh Sehgal, Ravi Bisht, Jagdish Adhikari, Nidhi Dandariyal and others.

Improving the survival and quality of life of PLHIV

Thirty-six year old Ms Gurmeet (identity concealed), a resident of Rudraprayag, has studied up to middle school. Until 2015, Gurmeet was an ordinary low-middle income family homemaker, content to look after her husband and two children. Gurmeet's husband was a truck driver in Mumbai. He would often report ill and was finally hospitalised when he became extremely ill. Based on his work profile, the doctors at the hospital asked Gurmeet's husband to get tested for HIV. Gurmeet's husband, who tested positive, died six days later. Following this, Gurmeet and her children were also tested for HIV. She and her younger child, aged 9 years, were found to be HIV positive. In July 2015, during a visit to the Link ART Centre at Rudraprayag, Gurmeet met the outreach worker affiliated with Care and Support Centre (CSC), Dehradun. The outreach worker helped her to establish contact with CSC Dehradun Peer Counsellor Ms Kiran Bisht. Gurmeet opened her heart to Ms Kiran and spoke about her difficulties. CSC team organised her 2 to 3 days stay at the CSC itself until all her tests were completed and linked her HIV-positive child to a nutritional support scheme provided by Maa Kalika Mandir Sewa Samiti, an organisation that provides nutrition on a monthly basis for children affected/infected by HIV. Gurmeet felt deeply grateful for the timely assistance and began visiting CSC Dehradun frequently, to participate in Support Group Meetings.

In August 2015, when her HIV-positive child developed hernia and surgeons at the Doon hospital refused to help, with successful intervention from CSC Dehradun team, Gurmeet's child underwent the surgical procedure and recovered. The team also enabled her to present her case to Mr Harish Rawat, Chief Minister of Uttarakhand, who released Rs 15,000 from Vivekadheen Yojna as immediate assistance. She was made to file an application with the Uttarakhand government for financial assistance to construct a house and was promised Rs 2,00,000 by the Uttarakhand Government. With proactive efforts by CSC Dehradun the funds are likely to be released soon.

Another major challenge Gurmeet faced was to not have a regular/sustained income to provide for her family. As an active participant in CSC activities, Gurmeet visited a World AIDS Day workshop organised by National Coalition of People Living with HIV in India (*NCPI+*) in Delhi. Gurmeet met many HIV-positive achievers during the workshop and felt motivated to apply for a regular job.

Today, Gurmeet works as a lady constable in the Home Guard in Uttarakhand. She comes to CSC Dehradun often to meet and interact with other PLHIV and motivates them to develop a positive outlook towards life despite their ailment. Her case is an example for other PLHIV to overcome despondency and strive towards developing a positive attitude towards life.

Prevention and early management of viral hepatitis B and C amongst high-risk population

October 2014 to September 2017

Viral hepatitis due to hepatitis B and C virus, presents a silent 'epidemic' challenge globally, leading to cirrhosis and liver cancer, because infected persons are usually unaware of their chronic carrier status, and they continue to infect others. Financial barriers and lack of government schemes to treat the disease remains a challenge in accessing health services. The project aims to educate people about this illness, and provide prevention methods, treatment and illness management options.

Funded by Bristol Myers Squibb Foundation this project has been operational in the two high-risk states of India namely Punjab (Amritsar)

and Manipur (Imphal) with high incidences of hepatitis C in PWIDs. This intervention under the umbrella of 'Delivery Hope' has been undertaken by MAMTA and its implementing partners Abhivyakti Foundation and Manipur Network of Positive People (MNP+). Its entry point has been through the NGOs, which are implementing the Targeted Interventions Program under the National AIDS Control Program (NACP) of the government. The HBV vaccination and screening for HBV and HVC are being provided at a subsidised rate in both Punjab and Manipur by Abbott and Mylan respectively.

TALK, TEST, AND TREAT

The 3Ts has been a useful tool to popularise this initiative among high-risk individuals. With the support of the Outreach workers, PWIDs are identified and encouraged to Talk, Test, and Treat themselves for HBV and HCV. To track their risk-reduction practices and their adherence to comprehensive healthcare services, health cards are issued to them, which the healthcare providers from public health systems monitor regularly.

Project Progress

Around 1700 people who inject drugs (PWID) have received vaccination against HBV so far and they have also been screened for hepatitis B & C. About 300 healthcare providers from public-health systems have been oriented on diagnosis, care, support and treatment for HBV/HCV infected patients and are also regularly mentored on adherence to infection control practices. These interventions have raised awareness amongst policy makers around blood-safety strategies and created better referral, linkages and networks on these issues, in these two states. Under the project about 20000 people have been reached indirectly, about 100 spousal interventions and been done for awareness on hepatitis B & C, Link to treatment has been provided to 51 people out of which 19 have recovered from hepatitis C.

Axshya: Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation, and engagement of all healthcare providers

October 2015 to December 2017

An advocacy, communication, and social mobilisation (ACSM) project, it mobilises and engages civil society organisations (CSO) in TB care and control, brings in community ownership, and strengthens sustainable interventions. The project complements the Revised National Tuberculosis Control Program (RNTCP) of the government for early detection of TB

Sponsored by Global Fund and supported by International Union Against Tuberculosis and Lung Disease (The Union), Project Axshya covers 62 Districts in 7 States – Uttar Pradesh, Bihar, Rajasthan, Maharashtra, Delhi, Chhattisgarh, Haryana, and 7 urban sites.

The targeted key affected populations (KAPs) included slum dwellers, scheduled tribes, scheduled castes, prisoners, people living with HIV (PLHIV), contacts, migrants, homeless, occupationally and medically predisposed (especially occupational lung diseases), geographically remote and marginalised groups with poor access/use of TB services.

Project Progress

For the rural component, MAMTA has reached more than 5,000 villages in the intervention area, strengthening the role of NGOs/CBOs through Gaon Kalyan Samiti (GKS) meetings, among other things, for sputum collection and transportation and defaulter retrieval. In all these villages the Rural Health Care Providers (RHCPs), the first point of contact, have been trained on TB symptoms. It has reached 2.2 million households through Axshya Samvad since April 2011 to December 2016. Around 0.22 million TB-symptomatic persons have been identified and 0.17 million assisted through sputum collection and transport. Over 19,500 previously unidentified TB patients have been recognised through the intervention and put on Direct Observed Treatment (DOTS).

For the urban component which aims to systematically involve private health sectors in TB care in India, since October 2015 about 700 qualified private practitioners have been sensitised on Standards of TB Care in India (STCI). TB patient's notifications have also been promoted from the private sector. Over 1400 TB patients have already been notified through Axshya urban intervention. 15 Axshya Kiosk have been started and are functional providing flexi-DOTS to vulnerable & marginalised patients.

AHANA: Improved Access to PPTCT services in Public Sector in India (IAPSI)

October 2015 to December 2017

The Prevention of Parent to Child Transmission (PPTCT) programme ensures every child born in the country is free of HIV. It supplements National AIDS Control Programme's PPTCT component.

Supported by Global fund, AHANA is a civil-society initiative spread across 218 high ANC burden districts with low PPTCT services uptake among pregnant mothers, across nine states of India (Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and West Bengal), with Plan India as its principal recipient and MAMTA as the technical partner for building the capacities of various cadres involved in this program.

MAMTA's skill-building initiatives are targeted at three levels: Institutional level to strengthen ANM, ASHA and peripheral health workers under the general health system; community level to educate women, adolescent and youth; family level to include spouse and other family members. It has conducted several thematic training for SR partners, District Resource Team (DRT) training, and State Resource Team (SRT) training and participants nominated by CMO/CMHO/civil surgeon. The primary beneficiaries of this intervention are the senior ANMs, ASHA facilitators, Block community mobiliser and Block programme manager of all these districts.

Project Progress

215 districts against a target of 218 districts in 5 states have received training so far. In these, 87 staff of sub-recipients were trained in thematic training, 8960 peripheral workers were trained for the DRT and 323 state-level master trainers were developed as SRT.

In Uttar Pradesh, were MAMTA operates with SR partner UPNP Plus, the number of pregnant women who know their HIV status today are 825,687 as against the targeted 2,200,886; number HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission are 302, as against 1023; number of infants born to HIV-positive women receiving a virological test are 247, as against 921. In 61 districts, 3416 health workers were trained through DRT and in 3 out of 31districts, 841 ANM training has been conducted.

Sabrang: Mobile Health intervention for increased knowledge and improved attitudes of adolescent and young people from key affected populations on HIV/AIDS and issues related to stigma

December 2016 to September 2017

The key targeted population of this project are men who have sex with other men (MSM), transgenders (TG), hijras (15 – 24 years), who are usually reluctant to seek out SRH services for their sexual problems and therefore at a high risk of stigma and discrimination. There is limited presence of this sub-population in the Targeted Intervention (TI) programme and in the National Adolescent Health programme. Further, there are very few focused programmes to address self-stigma among these sub-groups either through National HIV/AIDS response or other civil society programmes.

Prepared and implemented with support from Transport Corporation of India (TCI) MAMTA has partnered with Basera Samajik Sansthan, Love Life Society and MITR Trust to pilot this initiative as an urban intervention in Delhi/NCR.

The mHealth intervention has engaged and empowered community representatives working within MSM/TG/hijra networks through this programme. This programme aims to increase knowledge about safer sexual practices and also build linkages with sensitive healthcare providers to increase access to services.

Project Progress

Within the targeted population of the MSM, TG and hijra (15–25 years), 161 young people (20 -25 years) and 26 adolescents (15–19 years) have been provided the app, in the targeted intervention site, so far. Evidence is showing that users of the app are revealing their HIV status and sexual behaviours and seeking services. The app enhances skills on correct use of condom and how to negotiate safer-sex and addresses the communities' risk perception and their susceptibility to health problems, while enabling them to come forward for screening and testing of STIs/STDs and HIV.

mHealth (Indonesia): Enhancing access to SRH/HIV information and improving quality of health services for young key populations

February 2017 to January 2018

An attempt towards South-South partnership to improve the sexual reproductive health and HIV outcomes of 1000 young key population subgroups in Indonesia, including young men who have sex with men, young people who inject drugs and transgender people.

MAMTA, with its expertise in youth sexual reproductive health and HIV, and Rumah Cemara (linking organisation of International HIV/AIDS Alliance) with its strength in reaching key population in difficult political and policy environments have come together to achieve the overall objective to enhance access to SRH/HIV information and improve health care services for young key population subgroups in Indonesia.

The overall strategy of the intervention is to use a pre-tested android mobile application to improve knowledge, access to health care services and address self-stigma of the key population sub-groups with the involvement of existing CSO networks and health care providers.

Along with other features of the application, one of the key features of the application is 'Chat with the friendly doctor/counselor' which is designed to provide quality advice, deal with self-stigma or

difficulties in relationships, HIV status acceptance, etc. This is done by providing a round-the-clock access to a network of community friendly physicians and testing officers for HIV and sexually transmitted infections through the application. The concept is based on 'friendly doctor offices platform' in Ukraine.

It is expected that 1000 young people from the sexual minority community will register for the programme, will get themselves tested for HIV/STI and will access information/relevant information with regard to self-stigma. The overall programme strategies include (a) peer lead approach (b) community engagement (c) youth friendly services (d) involvement of the health departments to achieve improved service uptake as well as dispelling myths and misconceptions, even in restrictive legislative settings like Indonesia.

Chat with the friendly doctor/counsellor

Along with other features of the application, one of the key features of this application is 'Chat with the friendly doctor/counsellor' which is designed to provide quality advice, deal with self-stigma or difficulties in relationships, HIV status acceptance, etc. This is done by providing a round-the-clock access to a network of community friendly physicians and testing officers for HIV and sexually transmitted infections through the application. The concept is based on 'friendly doctor offices platform' in Ukraine.

It is expected that 1000 young people from the sexual minority community will register for the programme, will get themselves tested for HIV/STI and will access information/relevant information related to self-stigma.

ADOLESCENTS AND NCDS

HEALTH SYSTEM PREPAREDNESS FOR NCDS

COMMUNITY MANAGEMENT AND HEALTH SYSTEMS

Non-Communicable Diseases (NCD)

Cardiovascular Diseases, Cancer, Diabetes, Hypertension, Chronic Respiratory Diseases

NON-COMMUNICABLE DISEASES (NCDs) account for approximately 60% of total deaths in India according to the WHO. MAMTA as a part of its commitment to the global target of a 25% reduction in premature mortality from NCDs by 2025, aims to expand access to chronic disease care for the underserved. Since 2011, MAMTA has designed and implemented integrated-intervention models, aligned to existing global and national health and development strategic plans, for early identification, prevention and management of NCDs.

Increasing access to cervical cancer screening and care through community-centric, continuum of care initiative in India

December 2015 to November 2017

MAMTA with support of the CSR initiative of Becton Dickinson India Private Limited has implemented this project in two urban areas of Rohtak and Delhi with an aim to increase access to cervical cancer screening and care. The project complements GOI's National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) and caters to women in age group of 21 to 49 years.

This project has successfully improving cervix cancer literacy and generating demand for early detection of cervical cancer, through a community-centric, continuum of care approach. The project has been simultaneously strengthening the capacity of healthcare providers in cervix cancer screening and early referral for diagnosis and management of cancer.

The project plans to reach 20,000 women and provide them information and increase their awareness on cervical cancer. In addition to it screening, diagnosis and linkage to treatment is also important objectives of the project.

HealthRise: Early detection, timely diagnosis and treatment of diabetes and cardiovascular disease

July 2016 to September 2018

Funded by Medtronic Foundation and Abt Associates and with Catholic Health Association of India (CHAI) as a partner, MAMTA's HealthRise project has been built to complement and strengthen GOI's National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS).

HealthRise is a three-year community-based demonstration project, specifically designed to expand access, care and management of CVD (hypertension) and/or diabetes in 2 blocks – Theog and Mashogra, and one urban ward – Krishnanagar, in Shimla (Himachal Pradesh). The intervention focuses on the supply and demand side barriers across the Continuum of Care, identifying access-related barriers, service-delivery gaps, community requirements, and opportunities within the health system. Advocacy is an integral part of the HealthRise project and helps the state government, district, block and panchayat-level authorities to identify the gaps and strengthen the system and generate demand from ground level and create an ownership among the beneficiaries, families, panchayats and health department at all levels.

Project Progress

Mamta's HealthRise team has done 11319 one-to-one and group meetings for community mobilisation before the screening camp, reaching out to 41499 individuals in 15 -70 age group. It has conducted 152 screening camps, leading to 12114 persons screened overall and identified 1657 newly suspected cases and 1330 known cases. It has trained 219 ASHA workers, 129 government health workers and 32 medical officers of Himachal Pradesh, NHM, in 16 training sessions. 15 panchayats have issued letter of support to the HealthRise team for the screening camps conducted and demanded more camps in their areas. The screening data of HealthRise camps is helping populate the state screening data repository for further use.

“ HealthRise (MAMTA) helps the state government to strengthen the National NPCDCS program. Regular follow-ups and commu’nity mobilisation for regular check-ups are the key activities for the long-term compliance of patients towards treatment. These are the strategies which government of Himachal Pradesh can adopt in the future for the NPCDCS.’

—DR GOPAL CHAUHAN (OSD-NCD, HP)

“ Mamta’s work under HealthRise project will decrease the load at district hospital and community will be more aware about non-communicable diseases and regular checkups.’

– DR H.R. THAKUR (MEDICAL OFFICER, SHIMLA)

FORM innovaton cells

ASSESS programme life cycle, processes and procudures through the innovation lens

SENSITISE institutional personnel on the concept of innovation

FOSTERING INNOVATION

IDENTIFY and recognising innovators

ENCOURAGE creativity in problem solving at the grassroots level

ADVOCATE a culture of innovation

Innovations

MAMTA's OPERATIONAL FOCUS to find and provide novel solutions, based on evidence generation, rigorous research, and robust implementation packages has led to many innovations along the way. The intentional introduction and application of ideas, processes, products, or procedures, new to the relevant unit and designed to significantly benefit individuals, groups, or the wider society have been practised often without being acknowledged as 'innovations'. Yet, some of these small changes or novel ways of doing things have had an incredible impact on the intended target groups and systems.

MAMTA has been introducing innovation through optimal resource utilisation, in its networking and coordination, and in its adaption to changes in external environment and in developing as a resource/learning centre. Its most important contribution, however, lies in identifying innovations within projects and preparing a compendium of innovations in different settings, nationally and internationally.

Positive-Deviance Approach for Behavioural Change

One such small innovation that has made a big difference in shifting mindsets and ushering positive change in society is this positive-deviance approach. The Mac Arthur project's involvement of satisfied acceptor couples to motivate their peers to use contraception has markedly improved reproductive-health outcomes in 160,000 young married couples in Churu and Jalore (Rajasthan) and Muzaffarnagar and Saharanpur (UP

mHealth: IVRS on Pre-Conception Care

An innovation has been applied to the intervention, using mobile-based Interactive Voice Response System-(IVRS) technology, in a sub-sample, for its effectiveness for improving the counselling skills and delivery of messages to young married women.

Opportunistic Screening of Adolescents

Opportunistic screening in YFHS clinics for NCCs as an integrated package along with SRH services has proved to be very successful. This novel intervention has helped ARSH – NCC in Himachal Pradesh in arresting a critical issue that had been hard to address.

Low-Cost Salivary Progesterone Testing

Detecting the risk of PTB, which is an alarming issue in rural India, can be now detected with a low-cost salivary progesterone testing which MAMTA has introduced with the support of BIRAC Department of Science and Technology. This low-cost technological innovation can dramatically impact and improve maternal, neonatal and child care and is being tested at different field settings.

Educational Mobile Applications

Educating the MSM, Transgender, and hijra community, who are usually reluctant to talk about their sexual health, on critical issues around HIV/AIDS has never been easier. A mobile app, Sabrang, has been introduced to enhance reach-out to improve their KAP around SRH/HIV services and reduce self-stigma through supportive and affirming knowledge messages. The Sabrang project in India, as per evidence (real time data/web-based report), shows that users of the app are revealing their HIV status and sexual behaviours and seeking services. It has been prepared and implemented with support from Transport Corporation of India and community partners including Basera Samajik Sansthan, Love Life Society, and MITR Trust. The app addresses the communities' risk perception and their susceptibility to health problems while enabling them to come forward for screening and testing of STIs/ STDs and HIV. The app enhances skills on correct use of condom and how to negotiate safer-sex.

The app addresses the communities' risk perception and their susceptibility to health problems. while enabling them to come forward for screening and testing of STIs/ STDs and HIV.

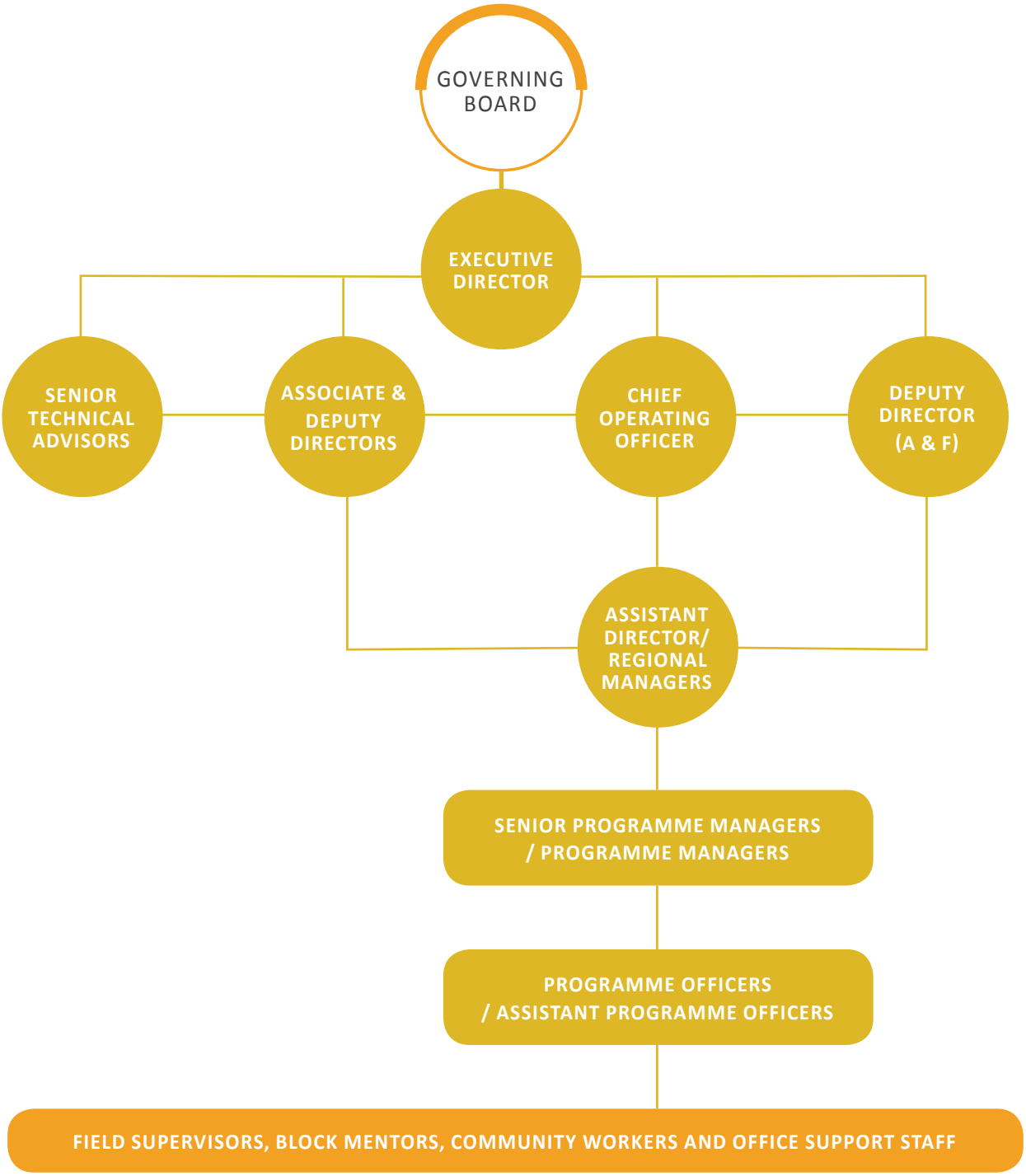
Health Fitness, Nutrition and Health Screening Centre

IMPETUS is a centre that provides services like gym, yoga, and meditation, aerobics, CrossFit, and Zumba. The gym hosts state-of-the-art exercise equipment for a complete and holistic body work out with nutritional counselling, health screening for profiling NCDs like diabetes and hypertension and as an additional feature. The health centre is a cross subsidiary intervention wherein profits from the gym are pooled into the communities towards conducting behaviour change communication interventions on NCC. The intervention would include aspects like knowledge sharing, prevention, screening, and treatment of the disease.

Impetus gym hosts state-of-the-art exercise equipment for a complete and holistic body work out with nutritional counselling and health screening.

3 MANAGEMENT AND FINANCE

Organogram


GOVERNING BOARD
EXECUTIVE DIRECTOR
SENIOR TECHNICAL ADVISORS
ASSOCIATE & DEPUTY DIRECTORS
CHIEF OPERATING OFFICER
DEPUTY DIRECTOR (A & F)
ASSISTANT DIRECTOR/ REGIONAL MANAGERS
SENIOR PROGRAMME MANAGERS / PROGRAMME MANAGERS
PROGRAMME OFFICERS / ASSISTANT PROGRAMME OFFICERS
FIELD SUPERVISORS, BLOCK MENTORS, COMMUNITY WORKERS AND OFFICE SUPPORT STAFF

Staff

MANAGEMENT TEAM

Dr. Sunil Mehra *Executive Director*
Mr. Ashok Raisinghani *Chief Operating Officer*
Dr. L.S.Chauhan *Sr. Advisor*
Dr. Ajay Kumar Singh *Associate Director*
Dr. Mohan D Ghule *Deputy Director*
Mr. Syed Mukhtar *Deputy Director*
Ms. Priyanka Sreenath *Deputy Director*
Mr. Murari Chandra *Deputy Director*
Mr. Faiyaz Akhtar *Deputy Director*
Ms. Vandana Nair *Deputy Director*

THEMATIC TEAMS

Young People and Sexual and Reproductive Health and Rights

Dr. Sunil Mehra *Executive Director*
Mr. Murari Chandra *Deputy Director*
Ms. Priyanka Sreenath *Deputy Director*
Ms. Vandana Nair *Deputy Director*
Ms. Tina Khanna *Regional Manager*
Ms. Gunjan Razdan *Regional Manager*

Maternal Newborn and Child Health and Nutrition

Dr. Ajay Kumar Singh *Associate Director*
Mr. Faiyaz Akhtar *Deputy Director*
Dr. Shantanu Sharma *Assistant Director*
Dr. Naveen Sethi *Assistant Director*
Dr. Shailaja Daral *Sr. Regional Manager*
Ms. Sumitra Dhal Samanta *Regional Manager*
Ms. Sonali Maheshwari *Regional Manager*
Dr. Pankhuri Sharma *Regional Manager*
Mr. Anand Panjiyar *Regional Manager*

Chronic Diseases (Communicable & Non-Communicable)

Mr. Vinayakan E.K. *Assistant Director*
Dr. Gaurav Kumar *Assistant Director*
Dr. Naveen Sethi *Assistant Director*
Dr. Nandini Arora *Sr. Regional Manager*
Mr. Ata-ur-Rehman *Regional Manager*
Dr. Varada Madge *Regional Manager*
Mr. Tirtha Nandy *Regional Manager*

Alliance Centre for Adolescent Health and HIV

Dr. Sunil Mehra *Executive Director*
Ms. Leena Uppal *Regional Manager*

Research & Innovation

Dr. Ajay Kumar Singh *Associate Director*
Dr. Mohan D Ghule *Deputy Director*
Dr. Jagannath Behra *Regional Manager*

Corporate Social Responsibility

Mr. Faiyaz Akhtar *Deputy Director*
Mr. R. K. Singh *Assistant Director*

Information Technology & Communication

Mr. Ayan Chakravarty *Assistant Director*
Mr. Rajesh Padhy *Assistant Director*
Mr. Mahender Kumar *Regional Manager*

Finance & Administration

Mr. Syed Mukhtar *Deputy Director*
Mr. Sanjay Chaudhary *Assistant Director*
Mr. Amitesh Sombanshi *Regional Manager*
Mr. Kundan Adhikari *Regional Manager*

STATE NODAL PERSONS

Odisha	Ms. Vandana Nair *Deputy Director*
Uttar Pradesh	Dr. Qazi Nazmuddin *Assistant Director*
Bihar	Mr. Brijendra Narain Choudhary *Assistant Director*
Rajasthan	Dr. Shachi Adesh *Assistant Director*
Punjab	Dr. Mandeep Walia *Regional Manager*
Himachal Pradesh	Dr. Gaurav Sethi *Regional Manager*

Our Partners and Patrons

CSO and NGOs

136 NGO as part of network SRIJAN; and 200 other NGOs and CSOs

Government of India and Apex Resource Institutions

Ministry of Women and Child Development, Ministry of Youth Affairs & Sports, Ministry of Panchayati Raj, Ministry of Health & Family Welfare, National Institute of Health and Family Welfare

International: Bilateral, Multilateral Agencies & Foundations

Swedish International Development Cooperation Agency (Sida), European Union, Ministry of Foreign Affairs, Finland, Department for International Development - U.K (DFID- U.K), Australian Aid, Global Fund, UNFPA, UNICEF, UNDP, USAID, World Vision, VOICE-Indonesia
Mac Arthur Foundation, Barr Foundation, Ford Foundation, International HIV/AIDS Alliance, Elton John AIDS Foundation (EJAF), The David and Lucile Packard Foundation, Azim Prem Ji Philanthropic Initiative, HDBFS, Bristol Meyers Squib Foundation

Corporates

Sir Dorabjee TATA Trust- Mumbai, Philips India, DLF, HCL, TCI, Greenlam, Nestlé India, ITC, Meditronics, UNICHARM

International and National Collaborations

University of Karolinska (Sweden), Lund University (Sweden), London School of Economics (U.K), Oregon State University (USA), University of Melbourne (Australia), Albert Einstein College of Medicine, New York, King George's Medical University, Banaras Hindu University

Financial Statements 2015-16

CHARNALIA BHATIA AND GANDHI
Chartered Accountants

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2016

LIABILITIES		Amount 31.03.2016	ASSETS		Amount 31.03.2016
CAPITAL FUND			**FIXED ASSETS**		
Opening Balance	307,459,786.20		(As per Schedule (A))		27,668,314.18
ADD Excess of Income over Expenditure	74,649,365.48		**CURRENT ASSETS, LOANS & ADVANCES**		
		382,109,151.68	**CURRENT ASSETS**		
CORPUS FUND		300,000.00	Cash in Hand	258,179.05	
			Cash at Bank (As per Shedule B)	51,348,248.03	51,606,427.08
STAFF WELFARE FUND			**FIXED DEPOSIT**		
			Fixed Deposits (As per Schedule C)	308,960,773.00	
Opening Balance	14,923,599.00		Accrued Interest	14,376,218.57	323,336,991.57
ADD: Created during the year	5,538,163.00		**ADVANCES**		
			Advances recoverable in cash or in kind		
	20,461,762.00		for value to be received	9,851,623.64	
Less: Utilised During the Year	2,319,086.00	18,142,676.00	Security Deposit	218,550.00	10,070,173.64
CURRENT LIABILITIES					
Expenses Payable		12,130,078.79			
Total ..... Rs.		**412,681,906.47**	**Total ..... Rs.**		**412,681,906.47**

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

ARUN BHATIA
Partner

Place : New Delhi
Date : 17.09.2016

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2016 - FIXED ASSETS

Particulars	Rate of Depreciateion	Balance as 1.4.2015	Addition during the year	Adjustment / Sale during the year	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2016
Land & Building G.K.Enclave	5%	17,407,431.73	-	-	17,407,431.73	870,372.00	-	16,537,059.73
Air Conditioner	15%	188,940.20	-	-	188,940.20	28,341.00	-	160,599.20
Computer	20%	3,005,850.33	2,651,197.00	-	5,657,047.33	1,131,409.00	-	4,525,638.33
Cooler	15%	74,412.73	37,487.00	-	111,899.73	16,785.00	-	95,114.73
Electrical Equipments	15%	76,783.20	-	-	76,783.20	11,518.00	-	65,265.20
Acquaguqrd	20%	9,428.00	-	-	9,428.00	1,886.00	-	7,542.00
Fan	15%	63,979.79	16,349.00	-	80,328.79	12,049.00	-	68,279.79
Fax Mechine	20%	2,962.20	-	-	2,962.20	592.00	-	2,370.20
Furniture & Fixture	15%	1,006,822.04	515,676.00	-	1,522,498.04	228,374.00	-	1,294,124.04
Generator	15%	149,043.00	-	-	149,043.00	22,356.00	-	126,687.00
EPBX System	20%	122,521.00	-	-	122,521.00	24,504.00	-	98,017.00
Land & Building (TIGRI)	5%	199,738.85	-	-	199,738.85	9,987.00	-	189,751.85
Medical Equipments	15%	4,726.68	-	-	4,726.68	709.00	-	4,017.68
Inverter	15%	213,219.67	48,355.00	-	261,574.67	39,236.00	-	222,338.67
Photocopy Mechine	20%	69,930.80	-	-	69,930.80	13,986.00	-	55,944.80
Projector	20%	1,131.63	-	-	1,131.63	226.00	-	905.63
Referigirator	15%	51,854.95	-	-	51,854.95	7,778.00	-	44,076.95
Sewing Machine	15%	2,861.00	-	-	2,861.00	429.00	-	2,432.00
Television	15%	54,832.27	-	-	54,832.27	8,225.00	-	46,607.27
V.C.P AND CAMERA	15%	140,992.22	17,950.00	-	158,942.22	23,843.00	-	135,099.22
DVD Player	20%	1,609.00	-	-	1,609.00	322.00	-	1,287.00
Voice Recorder	20%	58,919.00	-	-	58,919.00	11,783.00	-	47,136.00
Mobile Phone/ Data Card	20%	73,578.00	-	-	73,578.00	14,715.00	-	58,863.00
Multy Media Projector	20%	107,175.09	-	-	107,175.09	21,435.00	-	85,740.09
Water Coolar/ Purifire	20%	21,128.80	-	-	21,128.80	4,226.00	-	16,902.80
Vehicles	15%	2,007,123.00	3,780,000.00	1,100,000.00	4,687,123.00	666,444.00	244,165.00	3,776,514.00
TOTAL .....Rs.		**25,116,995.18**	**7,067,014.00**	**1,100,000.00**	**31,084,009.18**	**3,171,530.00**	**244,165.00**	**27,668,314.18**

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

Place : New Delhi
Date : 17.09.2016

ARUN BHATIA
Partner

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD , NEW DELHI-110 048

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 ST MARCH 2016

EXPENDITURE	Amount in Rs. 31.3.2016	INCOME	Amount in Rs. 31.3.2016
To Salaries and Allowances	94,513,249.00	By Grants Received	261,023,669.16
To Training ,Workshops Cost	17,894,051.05	By Interest Received	24,933,274.43
To Grants disbursed	17,161,127.00	By Contribution & Donation	10,729,358.89
To Printing & Stationery	1,368,096.00		
To Conveyance	1,874,760.00		
To Medicine Expenses	39,925.00		
To Office Repairs & Maintenance	3,182,870.98		
To Rent	3,718,568.00		
To Travelling Expenses	30,475,673.04		
To Conference, Meeting & Seminar	13,053,687.39		
To Printing & Publication	2,209,082.45		
To Books & Periodicals	151,547.52		
To IEC Material	780,316.00		
To Research & Documentation	3,834,992.50		
To Telephone & Fax	1,858,160.66		
To Postage & Telegram	510,636.00		
To Vehicle Repair & Maintenace	455,290.55		
To Consultancy Charges	17,846,591.00		
To Water & Electricity	1,026,055.67		
To Staff Welfare	5,538,163.00		
To Recruitment Expenses	228,525.44		
To Insurance	60,635.00		
To Bank Charges	217,362.75		
To Photocopy Expenses	325,280.00		
To Generator Maintenance	68,409.00		
To Audit Fees	228,187.00		
To Assets Written Off	244,165.00		
To Depreciation	3,171,530.00		
To Excess of Income Over expenditure	74,649,365.48		
Total .....Rs.	**296,686,302.48**	Total .....Rs.	**296,686,302.48**

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

ARUN BHATIA
Partner

Place : New Delhi
Date : 17.09.2016

Charnalia Bhatia & Gandhi · New Delhi · Chartered Accountants

FOR MAMTA-HEALTH INSTITUTE
FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

Financial Statements 2016-17

CHARNALIA BHATIA AND GANDHI
Chartered Accountants

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2017

LIABILITIES		Amount 31.03.2017	ASSETS		Amount 31.03.2017
CAPITAL FUND			**FIXED ASSETS**		
Opening Balance	38,21,09,151.68		(As per Schedule (A))		3,45,62,183.71
Adjusted During the Year	1,81,42,676.00				
ADD Excess of Income over Expenditure	3,90,02,799.07		**CURRENT ASSETS, LOANS & ADVANCES**		
		43,92,54,626.75	**CURRENT ASSETS**		
CORPUS FUND		3,00,000.00	Cash in Hand	1,73,782.05	
			Cash at Bank (as per Shedule B)	11,62,34,148.03	11,64,07,930.08
			INVESTMENTS		
CURRENT LIABILITIES			Fixed Deposits	17,28,56,881.00	
Expenses Payable		1,87,72,921.21	Mutual Funds	11,35,00,000.00	
			Accrued Interest	92,54,238.37	29,56,11,119.37
STAFF WELFARE FUND			**ADVANCES**		
			Advances recoverable in cash or in kind		
Opening Balance	1,81,42,676.00		for value to be received	1,06,24,734.80	
ADD: Created during the year	59,71,041.00	2,41,13,717.00	Security Deposit	11,21,580.00	1,17,46,314.80
			STAFF WELFARE FUND		
			Opening Balance	1,81,42,676.00	
			ADD: Created during the year	59,71,041	2,41,13,717.00
Total ..... Rs.		48,24,41,264.96	Total ..... Rs.		48,24,41,264.96

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

ARUN BHATIA
Partner

Place : New Delhi
Date : 22 July 2017

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2017 - FIXED ASSETS

Particulars	Rate of Depreciatcion	Balance as 1.4.2016	Addition Before Sep 2016	Addition After Sep 2016	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2017
Land & Building G.K.Enclave	5%	1,65,37,059.73	-	-	1,65,37,059.73	8,26,853.00	-	1,57,10,206.73
Air Conditioner	15%	1,60,599.20	1,07,378.00	51,600.00	3,19,577.20	44,067.00	-	2,75,510.20
Computer	60%	45,25,638.33	12,98,308.00	14,52,761.00	72,76,707.33	39,27,957.00	3,731.00	33,45,019.33
Cooler	15%	95,114.73	1,07,242.00	3,100.00	2,05,456.73	30,417.00	1,122.00	1,73,917.73
Electrical Equipments	15%	65,265.20	10,305.00	34,000.00	1,09,570.20	13,647.00	1,591.00	94,332.20
Acquaguqrd	15%	7,542.00	-	-	7,542.00	1,131.00	-	6,411.00
Fan	15%	68,279.79	74,336.00	21,701.00	1,64,316.79	22,852.00	1,130.00	1,40,334.79
Fax Mechine	15%	2,370.20	-	-	2,370.20	356.00	-	2,014.20
Furniture & Fixture	10%	12,94,124.04	5,61,123.00	58,69,614.00	77,24,861.04	4,76,941.00	20,651.47	72,27,268.57
Generator	15%	1,26,687.00	-	3,20,000.00	4,46,687.00	43,003.00	-	4,03,684.00
EPBX System	15%	98,017.00	-	-	98,017.00	14,703.00	-	83,314.00
Health Equipments	15%	-	-	25,72,443.00	25,72,443.00	1,92,933.00	-	23,79,510.00
Land & Building (TIGRI)	5%	1,89,751.85	-	-	1,89,751.85	9,488.00	-	1,80,263.85
Medical Equipments	15%	4,017.68	-	39,375.00	43,392.68	3,556.00	-	39,836.68
Inverter	15%	2,22,338.67	73,100.00	24,000.00	3,19,438.67	46,115.00	-	2,73,323.67
Photocopy Mechine	15%	55,944.80	-	-	55,944.80	8,392.00	-	47,552.80
Projector	15%	905.63	-	-	905.63	136.00	-	769.63
Referigirator	15%	44,076.95	-	55,850.00	99,926.95	10,506.00	1,963.00	87,457.95
Swing Machine	15%	2,432.00	-	-	2,432.00	-	2,432.00	-
Tablets	60%	-	-	3,85,077.00	3,85,077.00	1,15,523.00	-	2,69,554.00
Television	15%	46,607.27	-	-	46,607.27	6,991.00	-	39,616.27
V.C.P AND CAMERA	15%	1,35,099.22	1,16,035.00	-	2,51,134.22	37,327.00	2,293.00	2,11,514.22
DVD Player	15%	1,287.00	-	-	1,287.00	193.00	-	1,094.00
Voice Recorder/ Home Theater	15%	47,136.00	-	33,200.00	80,336.00	9,560.00	-	70,776.00
Mobile Phone/ Data Card	15%	58,863.00	-	-	58,863.00	8,830.00	-	50,033.00
Multy Media Projector	15%	85,740.09	-	1,19,358.00	2,05,098.09	21,813.00	-	1,83,285.09
Water Coolar/ Purifire	15%	16,902.80	20,800.00	25,550.00	63,252.80	7,548.00	158.00	55,546.80
Vehicles	15%	37,76,514.00	-	-	37,76,514.00	5,66,477.00	-	32,10,037.00
TOTAL .....Rs.		**2,76,68,314.18**	**23,68,627.00**	**1,10,07,629.00**	**4,10,44,570.18**	**64,47,315.00**	**35,071.47**	**3,45,62,183.71**

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

Place : New Delhi
Date : 22 July 2017

ARUN BHATIA
Partner

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD , NEW DELHI-110 048

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 ST MARCH 2017

EXPENDITURE	Amount in Rs. 31.3.2017	INCOME	Amount in Rs. 31.3.2017
To Salaries and Allowances	14,66,83,616.00	By Grants Received	31,37,62,154.39
To Training ,Workshops Cost	2,62,06,640.84	By Interest Received	2,58,46,841.87
To Grants disbursed	1,72,51,293.00	By Contribution & Donation	57,39,759.65
To Printing & Stationery	14,77,361.00	By Registration Fee IAAH	1,61,413.03
To Conveyance	47,68,287.00		
To Medicine Expenses	7,104.00		
To Office Repairs & Maintenance	84,48,017.17		
To Rent	41,53,913.00		
To Travelling Expenses	4,35,47,348.72		
To Conference, Meeting & Seminar	76,44,113.54		
To Printing & Publication	24,82,150.59		
To Books & Periodicals	2,56,786.52		
To IEC Material	44,34,139.00		
To Research & Documentation	8,50,951.00		
To Telephone & Fax	27,29,235.09		
To Postage & Telegram	4,05,587.00		
To Vehicle Repair & Maintenace	5,93,346.54		
To Consultancy Charges	1,87,27,798.00		
To Water & Electricity	11,44,285.36		
To Staff Welfare	29,31,856.00		
To Recruitment Expenses	2,20,458.32		
To Insurance	1,10,763.00		
To Bank Charges	1,44,171.20		
To Photocopy Expenses	7,43,003.00		
To Generator Maintenance	73,276.00		
To Audit Fees	3,66,351.00		
To Assets Written Off	35,071.47		
To Depreciation	59,09,442.00		
To HFN Centre Expenses	41,61,004.51		
To Excess of Income Over expenditure	3,90,02,799.07		
Total .....Rs.	**34,55,10,168.94**	Total .....Rs.	**34,55,10,168.94**

AS PER OUR REPORT OF EVEN DATE
FOR CHARNALIA BHATIA AND GANDHI
CHARTERED ACCOUNTANTS

ARUN BHATIA
Partner

FOR MAMTA-HEALTH INSTITUTE
FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

Place : New Delhi
Date : 22 July 2017

mamta-himc
bridge to health & beyond

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD
B-5, Greater Kailash Enclave-II, New Delhi 110048, India