



Biennial Report

2017–2019



MAMTA Health Institute for Mother and Child

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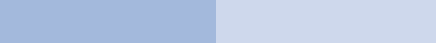
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From the Executive Director's Desk



It is time for our biennial report. Every time I write for this report I get a sense of being overwhelmed by the stature and growth MAMTA has achieved through dedicated, honest and quality of work in last 30 years.

The last two years witnessed remarkable growth in every sphere of the organisation. This phase of the institution saw strengthening of our Systems especially around Institutional Management System and evidence building. Focus was on building project specific management systems feeding into Institute MIS. We also received a dedicated grant for developing a three tier Information System. In this phase we moved further into Implementation Research on Adolescent Health in partnership with WHO and UNFPA. There is enhanced and dedicated focus on evidence generation and publishing in peer reviewed journals. In 2018 and till now we have published 18 research articles in different international and national peer reviewed journals. This is a new and exciting beginning.

While we further strengthened our community and systems strengthening work in RMNCH+A, HIV, Tuberculosis and Non-communicable Diseases, there were some new initiatives with special focus on engaging private sector to improve public health outcomes. Two scaled-up such work were around Acute Encephalitis Syndrome in seven districts of Eastern Uttar Pradesh (integration of m-Application based surveillance) and Tuberculosis across several cities and districts in five states of the country. In last few years we have focussed significantly in Child and Adolescent nutrition in states of Delhi, Rajasthan and Bihar while forging newer partnerships with UNICEF and corporate donors.

“Every time I write for this report I get a sense of being overwhelmed by the stature and growth MAMTA has achieved through dedicated, honest and quality of work in last 30 years”

In conclusion I would like to state that MAMTA's vision 'Committed to working together in building a world that is just, equitable and inclusive' has been the lighthouse in our journey of 30 years in service of the unreached and the marginalised and will continue to be at the heart of all our future endeavours

I must also mention that we continue our two decade work (global, regional and national) on child marriage. We strengthened our work with SAEIVAC in Nepal and in partnership with UNICEF we see a scale up of coordinated systems response to child marriage in four states of the country. Staying with adolescents, we continue to work with state governments in strengthening RKSK roll out (Uttar Pradesh and Himachal Pradesh) while taking forward our two Centres of Excellence in King George Medical University, Lucknow and IMS, Banaras Hindu University. We also continue to get encouraging results from our Adolescent health research programme for Postgraduate and Doctorate students of Medicine and Social Sciences.

At Global and Regional levels we are strengthening our footprints. North South collaboration are being fostered (mainly Sweden and Finland) on issues around Health innovation products, Climate change and Midwifery. While on South South partnership with support of Norec, we have established young professionals exchange between India, Bangladesh and Cambodia. This is mainly around Youth, SRHR and HIV. MAMTA, in last two years provided technical assistance to partners in Cambodia and Indonesia on supporting programmes around young key populations using mTechnology which has been indigenously developed and gradually scaled up.

Going ahead, while we will be consolidating our focus on our key thematic areas, there will also be a thrust to broad base our funding to new avenues such as Climate Change, Mental Health, Ageing, health products innovation and newer point of care approaches. The emphasis has to be on quality of deliverables, strengthening human resource and fostering new partnerships and donor base.

In conclusion I would like to state that MAMTA's vision 'Committed to working together in building a world that is just, equitable and inclusive' has been the lighthouse in our journey of 30 years in service of the unreached and the marginalised and will continue to be at the heart of all our future endeavours.

Dr. Sunil Mehra
Executive Director



VISION

“A World that is Just, Equitable and Inclusive”

MISSION

“To empower the underserved and marginalized individuals and community through gender sensitive participatory processes for achieving optimal and sustainable health and development”

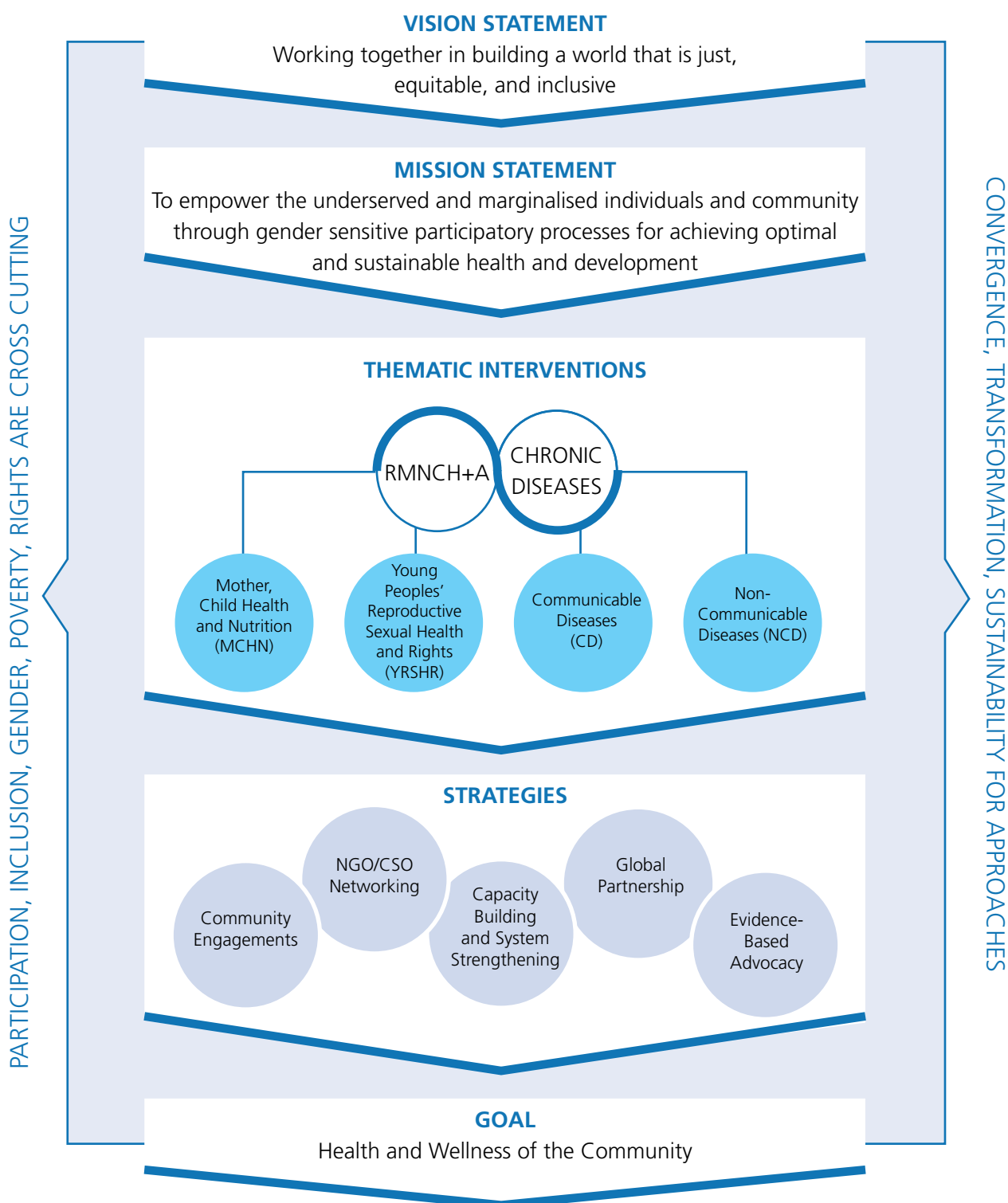
About MAMTA

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, national level 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.

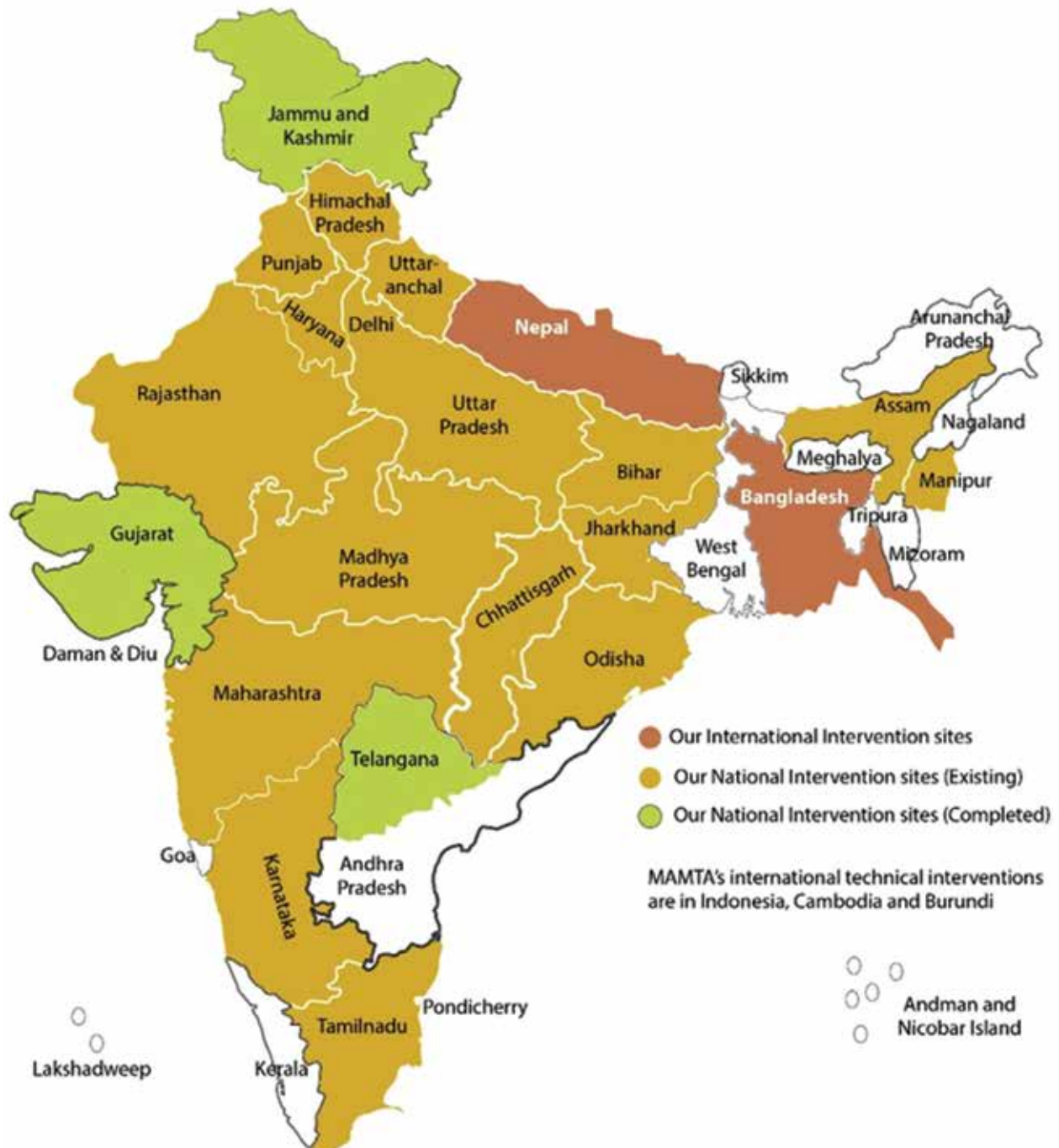
The organization has a strong team of 850 full time staff with multi-disciplinary senior and middle management teams. The MAMTA team alongwith 130 NGO partners are driving the health and empowerment agenda in India and across borders. MAMTA- health Institute for Mother and Child lives the motto 'Grow 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.

Institutional Framework



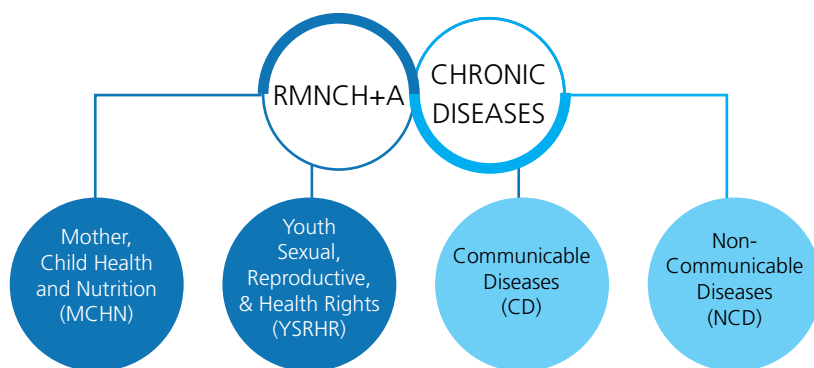
Our Footprint

MAMTA's interventions have reached more than hundred districts across 18 states of India and in neighbouring countries of Bangladesh and Nepal and technical interventions in Indonesia, Cambodia and Burundi.





PROJECT OVERVIEW



Thematic Movement

During the year 2017-2019, MAMTA has been progressing well in all four thematic areas RMNCHN, Adolescent and Young Peoples' Health and Development, Communicable Diseases and Non Communicable Diseases. The projects have been aligned to the public health priorities at the national and global level. With its evidence based intervention designs, MAMTA brings the value add by complementing government service delivery with specific interventions to address social determinants of health. It's a constant endeavour to look at Participation, Social Inclusion, Gender Responsiveness, Rights, Ownership and Accountability from planning to implementation. The projects are located in priority districts with focus on resource poor settings. Interventions are designed to cater to the needs of socio-economically marginalised communities and high risk population, build capacities of local institutions like panchayats, village health nutrition and sanitation committees, frontline service providers, teachers and mobilise intended beneficiaries as stakeholders in the journey for health and well-being for all.

RMNCH+A

MAMTA's Reproductive, Maternal New-born Child and Adolescent Health programing is following the 'WHO Continuum of Care' catering to needs of adolescents, pregnant and lactating mothers to new born and children combined with outreach activities, facilitating linkages between places of caregiving-health facilities, communities and households. In the reporting period, specific focus had been on pre—conception care, under 5 malnutrition and mental health in context of pregnancy. The institution has substantially strengthened its interventions on 'Nutrition' for all key stages in the life cycle. Many of these interventions are inspired by the concept of "the first 1000 days" based on scientific evidences that early years starting from pre-conception to two years of age plays a key role in children's' brain and cognitive development.

Addressing key social determinants like child and early marriages and inequitable gender norms are integral to institution's work with Adolescents /young people. System convergence for adolescent empowerment and prevention of child marriages is being taken on scale with a new experience of working with multiple partner organisations on the area. National Adolescent Health Programme (RKSK) is being supported in different ways for its effective implementation at the subnational levels.

Chronic Diseases

MAMTA's Chronic disease division encompasses communicable as well as non-communicable diseases, supporting Government of India's fight against the dual burden of Communicable and Non-communicable diseases. MAMTA with its commitment to ensure healthy lives and promoting wellbeing, is making efforts to reduce the burden of Tuberculosis (TB), HIV, Acute Encephalitis Syndrome (AES) and non-communicable diseases like diabetes, hypertension, cardio vascular diseases and cancers. MAMTA has invested in coherent health response to TB/HIV-AIDS care by synergizing between the programs towards increased access for comprehensive health care, support and treatment services among marginalized communities and people at large. Besides, HIV and SRH integrated work is helping strengthen community outreach, linkages between MCH and HIV workforce, and enhanced follow-ups for prevention of parent to child transmission of HIV. In addition to our long standing work on Tuberculosis and HIV, substantial progress has been made on non- communicable conditions/diseases. Interventions are designed strategically for health promotion and prevention of NCDs and their risk factors, early diagnosis and its comprehensive management through enhanced access to public health services and technology based solutions.

Projects at a Glance

S. No.	Name of Project	Donor	Project Start Date	Project End Date	State/UT Name
1	AHANA	Plan India	October 2015	December 2020	Uttar Pradesh
2	Axshya	The Union	April 2013	March 2021	Bihar, Chhattisgarh, Haryana, Himachal Pradesh, Rajasthan, Uttar Pradesh
3	JEET- Joint Efforts for Elimination of Tuberculosis	PATH-CHRI	May 2015	March 2021	Uttar Pradesh
4	Strengthening the Participation of private care provider in states AES response- 7 districts in Uttar Pradesh	Path	July 2018	December 2020	Uttar Pradesh
5	SALAAMATI	Pathfinder International	November 2018	October 2019	Haryana
6	Improved maternal health during preconception, intra-partum and post-partum period through family- centric safe motherhood approach among marginalized young married couples in rural India	HDBFS	November 2016	January 2019	Rajasthan
7	India Maternal Health Initiative Project	Jiv Daya Foundation	January 2014	December 2019	Madhya Pradesh, Maharashtra, Rajasthan, Uttar Pradesh, West Bengal
8	Improving Health Seeking Behaviour on Maternal and Child Health in Low Resource Settings by Incorporating Common Reproductive Mental Health issues in RMNCH+A strategy	Philips India	October 2016	September 2019	Bihar, Jharkhand, Karnataka, Maharashtra
9	Improving pre-conception, maternal and child health among vulnerable and marginalized population of Mangolpuri slums of West Delhi (India) WISE	Wise-Swiss Philanthropy Foundation	August 2017	July 2020	Delhi
10	SAMUH-Saharanpur Adolescent and Maternal Urban Health programme	ITC	November 2016	March 2022	Uttar Pradesh
11	MANCH (Maternal, Adolescent, Neonatal & Child Health)	ITC	January 2017	March 2022	Assam, Bihar

S. No.	Name of Project	Donor	Project Start Date	Project End Date	State/UT Name
12	Preventive Healthcare: Targeting anemia control in 4 villages of Rohtak (Haryana)	MARUTI	January 2019	December 2019	Haryana
13	BMGF Uttar Pradesh Family Planning (FP) Project Accelerating efforts for improved uptake of modern contraceptive methods for spacing in low parity couples in Uttar Pradesh	Bill & Melinda Gates Foundation	October 2018	September 2021	Uttar Pradesh
14	Centre of Excellence for Adolescent Health (CoE-AH)	Ford Foundation	October 2017	September 2020	Uttar Pradesh
15	Conducting competency assessment including barriers and facilitators of Midwifery care providers and tutors for provision of quality Midwifery services in India	WHO	November 2018	June 2019	Bihar, Telangana, Uttar Pradesh
16	Low-cost salivary progesterone testing for detecting the risk of preterm births in rural community settings of India (BIRAC)	BIRAC	August 2016	February 2019	Madhya Pradesh
17	Project Jagriti- 2nd Phase	Nestle India	February 2019	January 2022	Delhi, Maharashtra, Rajasthan, Uttar Pradesh
18	Enabled First Time Parenthood Project	Greenlam	April 2017	March 2022	Rajasthan
19	Jagriti_Odisha	Nestle India	October 2016	September 2019	Odisha
20	Improving SRH-HIV health outcomes of vulnerable Female Entertainment Workers in Cambodia using mobile application technology (iSHE)	Voices (Cambodia)	June 2018	May 2019	Cambodia
21	PACE Global Initiatives- To Enhance Self Efficacy, Workplace Effectiveness and Quality Of Life among ASHA's and Adolescent Girls	Gap Inc.	August 2018	July 2019	Uttar Pradesh
22	Technical Support to the State RKSK team under NHM for facilitation of Roll-out of RKSK Plan in Five High Priority Districts of Uttar Pradesh	Ford Foundation	October 2017	September 2020	Uttar Pradesh
23	Strengthening health mechanism for improved health and wellness of people in urban community	HCL	July 2018	June 2019	Karnataka, Tamil Nadu, Uttar Pradesh

S. No.	Name of Project	Donor	Project Start Date	Project End Date	State/UT Name
24	Empowering Students: A self – efficacy model under my school programme	HCL	September 2016	June 2019	Uttar Pradesh
25	Increasing age at marriage: An outcome of improved capacity and self-efficacy of RKSK functionaries	AJWS	October 2018	March 2020	Rajasthan
26	Improving Maternal, Child, Nutrition and Sanitation of poor community under RMNCH+A initiative of GOI: within ten village of Hariawan Block of HarDOI District in the state of Uttar Pradesh	DSCL	September 2018	March 2019	Uttar Pradesh
27	Empowering Students for improved educational outcomes through transforming gender norms	Relaxo Foundation (collaboration with Govt. of Haryana and UNICEF)	May 2018	May 2019	Haryana
28	SAEIVAC- India Nepal- Inter Sectoral Convergence on Child Marriage An intervention to advocate evidence based strategic approaches to address the issue of child marriage under the Regional Plan of Action on Child Marriage adopted by the SAARC member countries	Ford Foundation	October 2017	March 2020	Bihar, Nepal, Uttar Pradesh
29	To strengthen Adolescent Programming with MHM as an entry point with sectoral convergence approach for effective implementation of RKSK and MHM across 17 districts in the state of Bihar	UNICEF	June 2018	May 2019	Bihar
30	Strengthen institutional capacity of key district government stakeholders to enhance adolescent empowerment and to prevent child marriage in State of Assam	UNICEF	January 2019	January 2021	Assam, Chhattisgarh, Madhya Pradesh, Uttar Pradesh
31	WHO Lab Districts for RKSK learning Siddharth Nagar, UP Haridwar, Uttarakhand	WHO	January 2019	June 2019	Uttar Pradesh, Uttarakhand
32	Improving Nutrition, Health, and Hygiene of Adolescent Girls and Boys through Peer Led Approach	Azim Premji Philanthropic Initiatives (APPI)	August 2015	July 2018	Uttar Pradesh



Maternal, Newborn, Child Health and Nutrition (MNCHN)

MCHN #1

Project Salaamati: To increase demand for and access to modern contraceptive methods, including injectable, among women

November 2018 to October 2019

Salaamati project aims to improve sexual and reproductive health outcomes among women of reproductive age, with a special focus on young women aged 15-24 years, by increasing demand for and access to quality service provision with regard to modern contraceptive methods, including injectables. Funded by Pathfinder International, the project was being implemented in entire districts of Mewat and Palwal, and one block each of Faridabad & Rewari districts, but is now scaled to seven districts of Haryana - Mewat, Palwal, Faridabad, Rewari, Gurugram, Mahendragarh and Panipat. The project emphasizes on delaying first and second pregnancy and increasing the gap between subsequent pregnancies in order to improve maternal and child health. Some of the remarkable features of this project is that MAMTA-HIMC is creating a cadre of 80 Community counsellors at the village-level who will guide women regarding choosing the right contraceptive as per their need and provide necessary referrals; and to introduce the injectable contraceptives services (second dose onwards) at the Sub-centre level of the public health system in all the seven project districts.

The next phase of Salaamati project aspires to train and handhold these selected Community Counsellors to become social entrepreneurs, thus, helping them have a constant source of income and a sustainable livelihood. MAMTA - HIMC is the technical implementation partner of Pathfinder International for scaling up the intervention in seven districts of Haryana.

“Till March 2019, mothers and caregivers of 9570 children have been reached and total of 893 children were identified as severely malnourished by the frontline workers”

MCHN #2

Preventive Healthcare: Targeting anemia control

January 2019 to December 2019

Taking forward the “Anaemia Mukht Bharat” Campaign of the Government of India, MAMTA with support of Maruti Suzuki Foundation has initiated a preventive healthcare intervention targeting anaemia control for coverage population of 23435 across 4 villages of district Rohtak in Haryana. The primary beneficiaries are adolescent girls 10-19 years (both, in school and out of school); non pregnant women and non-lactating women (NPNL) 19-49 years; pregnant lactating women (PLW); children 0-59 months and children 6-9 years. Project has three key components; community awareness, system strengthening and sectoral convergence. Peer Mentors are the backbone of the intervention.

Haryana Village Elders Asks Women Folks to Support Anemia Control Initiative”

Gram Panchayat Meetings & Role Model Approach helped in enlisting women volunteers as Peer Mentors

The intervention to address anaemia in selected villages of Rohtak district relies on peer to peer education and counselling support for sustainable behaviour shifts for nutrition and health. However, mobilising volunteers from the community to serve as peer educators was not an easy task. The cultural context in these villages impose restricted mobility for young girls and women and asking their family to let them join community mobilisation and education for a cause was unimaginable.

The team however was confident with strategy and not ready to give up. Hence, they tried to offer honorarium to volunteers for their time. However, it didn't work as the families were affluent and such cash incentives was not seen as reward. Then the team after having discussions on one on one with various stakeholders, came up with strategy to involve 'Village Elders' as they found that the opinion of village elders mattered a lot to villagers. So a meeting with panchayat and village senior member was arranged. They were oriented on the problem of anaemia with prevalence data, interventions and its larger objectives citing examples from personal experiences that they could relate with. Then their permission was sought to allow the daughters and daughter-in-laws to volunteer for the cause of their sisters in the community. Assurance was given that their daughters/daughter-in-laws will not be made to participate in any activity that does not fit in their cultural context. Finally, this group understood the need and the elders agreed to allow the daughters to attend the training and become peer mentors. From initial five volunteers, project witnessed having 67 volunteers to serve as peer mentors. Meetings with panchayat in all four villages helped increase the reach to project beneficiaries, through local frontline workers as well as for peer mentoring.

As a next strategy, the Peer Mentors are being projected as role models for other potential beneficiaries to also join in as peer mentor, hence, increasing the trained resource pool within the village bringing sustained efforts towards anaemia control.

MCHN #3**Enabled First Time Parenthood****April 2017 to March 2022**

Project Enabled First Time Parenthood aims to contribute for improved outcomes on maternal, newborn and child health by reaching out to young men and women in reproductive age with specific package for adolescents with focus on delaying marriage and preventing adolescent pregnancies (15-19 years of age), pre conception care among young unmarried men and women and married couples upto 29 years of age, maternal and new born care for first time pregnant women and first time lactating mothers. It is being implemented in technical partnership with Sattva, in 34 villages of Behror block wherein 65,000 is the universe of intervention. The intervention components for different set of beneficiaries are aligned with programmes and schemes of government such as Janani Shishu Suraksha Karyakram (JSSK); Pradhan Mantri Surakshit Matritv Abhiyan (PMSMA); Janani Suraksha Yojana (JSY) and Rashtriya Kishore Swasthya Karyakram (RKSK) as appropriate.

Project has reached out to 4843 beneficiaries from identified list of 6000 during the period of April 2017 to March 2019. The project has been able to create spaces in form of 'Youth Information Center' within community for engagements with adolescents, youth, community educational sessions on maternal and child care and providing services like check up by ANM, immunisation and distribution of Iron supplements. The initiative has been appreciated by the local health authorities.

MCHN #4**Jagriti, Improving Nutrition of under 5 Children with Continuum of Care Approach in remote Odisha****October 2016 to November 2019**

Pregnancy, infancy and adolescence are the critical phases of human life, that requires utmost care on health, nutrition and life skill based health education for improved maternal and child health outcomes. Lack of public health investment during these critical phases of life undermines the global, national and subnational efforts made so far. Project 'Jagriti' was designed in 2016 to cater to the needs of remote marginalized population in two districts of Western Odisha- Balangir and Nuapada to address under 5 malnutrition and chronic and severe anemia among adolescent girls, pregnant and lactating women. The project is a coordinated community based interventions for strengthening 'continuum of care' and addressing malnutrition among children (0-5 years). The key objectives are to bring positive health seeking behaviours; build supportive environment at family and community levels; build capacities within community to effectively manage and prevent under 5 malnutrition and anemia among adolescent girls, pregnant and lactating women.

Beneficiaries have been identified based on life stage and their specific needs and brought together as collectives of pregnant women, lactating mothers, adolescent boys and girls for education on nutrition and health. Parents, family members including husbands and fathers and key community stakeholders are also being reached out to facilitate supportive and enabling environment by addressing stereotypes, myths and encouraging greater participation for the benefit of women and children. Cadre of Peer volunteers have been built and trained through a comprehensive module covering technical understanding on nutrition, identification of moderate and severe malnutrition among children upto 59 months; advocacy and communication skills for behavior change. These volunteers conduct sessions with their respective groups, organize mid media activities, help families identify malnourished children as MAM and SAM

and link them to the public health services with regular follow up for adherence to the treatment and care. Nutrition fairs, popularly known as *Poshan Mela* bring demonstration of locally available food items with nutritional value and easy to make recipes, especially to feed under five children. Learning sessions are also conducted with the members of the local governance and frontline functionaries working with maternal, new born and child health and Integrated Child Development strengthening collaboration and convergence between two, helping them break the monotony with added skills on communication and use of the teaching aid with key groups, and use 'Citizen Charter' to inform people on their nutrition and health entitlements. Project has reached out to 132805 in the coverage population of 250000 of which 79000 adolescents, 52668 pregnant women and lactating mothers and 45000 under 5 children. The project has seen positive trends on early registration of pregnancy, uptake of government maternity schemes, increased awareness and community response on key social determinants like child and early marriage, distribution and consumption of IFA by adolescent girls and pregnant women.

Strengthening community engagement and participation for a sustainable change for health seeking behaviours had been the backbone of the intervention. The collectivism and fellow feeling reflected across the intervention population. The community members are coming forward themselves to organize sessions and activities.

Cooperation and Collaboration are cornerstones for life in the village of Silva

MAMTA team promotes community participation and collective efforts for the change in the community. Community participation is imperative for the success of public health programmes. In Project Jagriti, Street Theatre, *Pala*, is a popular means to disseminate public health messages on maternal, newborn, child and adolescent health and nutrition. The *Pala* events were initially coordinated by organisation till people of village Silva came up and set an example for all other villages to follow.

When volunteers from Village Silva were informed that a '*Pala*' was planned for their village, they felt a breeze of energy. They were quick to say, that they will take the lead. They went and shared the news with key community stakeholders and local people. Villagers were very happy. It did not take much time to have people volunteering for various tasks. Local self-help group members took charge to identify and prepare the venue for the event. They also looked after the seating arrangement so that everyone gets space in audience. Adolescent group members volunteered to arrange drinking water and serve water to people during the performance as large crowd was expected for the event. Local elected members volunteered for preparing the stage and facilitate artists for performance, Market Regulation Committee took responsibility to sponsor sound system. The event also includes feat. The 'Sarpanch' contributed for purchase of food items, villagers brought in vegetables and frontline functionaries including ANM volunteered to give a hand in cooking of the meal. Members of local youth clubs came forward to maintain the law and order and any emergencies. A bill board was prepared by school children to promote the event in and around the village. Many families came forward and took upon themselves the role to play perfect host for the audience from the village and adjacent areas.

The *Pala* turned out to be the biggest event organised so far in this village. Its success lays on the shoulder of people of *Pala* for their believe and practice of cooperation and collaboration. Silva people have set an example and showed a way forward for facilitation of Village Health and Nutrition Days and Adolescent Health Days by making people themselves a change for the bigger change.

MCHN #5

UDAY : Increasing health awareness and access to public health system among urban poor

July 2018 to June 2019

Urbanisation is emerging as most challenging and serious concern in India. Urban slums have dense population and inhabitants are mostly migrants engaged as construction workers, labourers, house helps, street vendors, untrained nursing helps and many other. Though the dependency of middle and high income class people of the cities has increased manifold on this human resource, little has been done to improve their plight in the form of safe housing, access to drinking water, schools and linkage with public health centers. Maternal,



new born and child health is most neglected and a challenge for public health system as some of these population is always in transit for work and rarely pregnancies happening within this population get registered with public health system. Noida, Lucknow, Bangalore and Chennai have many such population in dire need of health education, counselling and services. MAMTA, under the aegis of 'UDAY' programme of HCL Foundation, is implementing a community-based intervention in the urban slums and resettlement areas in the four cities with focus on improving 'Full Ante Natal Care' which has been very low. Besides, the intervention is also providing community education with focus on social determinants, facilitating access to services for general health, and strengthening system through upgradation of local health centers. While continuing with the focus on maternal and new born child health, project is strengthening its efforts on Prevention of Anaemia and Non Communicable Conditions and Diseases, Menstrual Hygiene Management and Healthy Ageing to realise the vision for health and wellness of the slum community. Interface between community and public health service providers is helping to build the much needed bond to ensure continuity of availability and access.

The project has reached 15700 beneficiaries and upgraded three local health centres. In the last three years, four or more ANC visits has seen increase of 46 percent increase in NOIDA itself. In Lucknow intervention areas, the ANC coverage has been reporting much more than the district average and increase in exclusive breastfeeding has also been reported. Complete immunization is still a challenge which is being worked on in partnership with the health centres.

“ I did not go for ANC , neither received Iron Folic tablets during my first pregnancy. My son was born low weight. During my second pregnancy, I came in contact with UDAY Staff. They helped me register to the center. I followed all ANC visits, took tetanus injection and had iron folic tablets. My second baby is born healthy. I am strictly following her immunization schedule ”

Jaya, mother of two children, Maya Bazar community, Bangalore

MCHN #6

Khushahali Sehat and School Sanitation Program

Sept 2018 to March 2020

Khushali Sehat and School Sanitation Program is an effort under RMNCHN to strengthen maternal, newborn and child health and adolescent nutrition. The project is reaching out to the most marginalised rural population (covering over 15000 in 4000 households) across 14 villages in the Hariyawan block of Hardoi district in the state of Uttar Pradesh. The purpose of the intervention is to improve demand for health, nutrition and hygiene services by organizing awareness, behaviour change communication and building referrals and linkages for increase in supply and access to public services. The project is being implemented with the support of DCL (a subsidiary of DCM Sriram group). The intervention promotes nutritional care in first thousand days from woman's pregnancy till 2nd year of her baby and enhance utilisation of ICDS services to alleviate under 5 malnutrition. Adolescence, the phase is marked by growth spurt with physical, sexual and cognitive development. To enhance investments for promoting healthy choices and practices for nutrition and hygiene, intervention is reaching out to adolescent girls and boys in ten schools 10 schools. After one year, the beneficiary tracking report reflects remarkable progress on maternal, child health and adolescent health indicators. Registration of ANC with all four services has increased up to 95% in most of the villages. Similarly, assessment of post-natal services that is a challenge area as reported by the functionaries has also increased among recently delivered pregnancies. Engagement with schools has seen productive change in handwashing, use of toilets and menstrual hygiene practices among students.

MCHN #7

MANCH (Maternal Adolescent Neonatal & Child Health)

January 2017 to December 2022

MANCH project intervention adopts an ecological approach to improve maternal and child health outcomes in districts of Darang and Munger in state of Assam and Bihar respectively. Peer education (PE) model is being applied to increase awareness and knowledge among the intended beneficiaries and the larger community. Interventions aims to create social capital for the sustainability of the efforts and positive behavioural changes. Various set of activities at community as well as system level are being conducted through trained peer educators. Project is supported under *Mission Sunehra Kal* of ITC. Project covers



urban as well as rural community at Munger spread across 39 villages in 4 Gram Panchayats and 28 WARDS whereas in Darang only rural sites i.e. 26 villages in 4 GPs are covered. In its second year, MANCH intervention is putting more emphasis on strengthening caregiving points and so is investing in building capacities of frontline functionaries for improved linkages between public health system and the community.

MCHN #8**Improved maternal health during preconception, intra-partum and post-partum period through family- centric safe motherhood approach among marginalized young married couples in rural India****February 2018 to January 2019**

The project aims to enhance reproductive health choices among young married couples including both, no pregnancy or first pregnancy, in two blocks, Balotra and Siwana, of Barmer district in Rajasthan. Despite all challenges of working in Barmer, this HDBFS supported project, has seen significant improvement in knowledge, attitude and practices on issues related to contraception, family planning, pregnancy, newborn and child care with around 22% increase in knowledge amongst women, 30% increase amongst men and around 65% increase in the use of modern contraceptives amongst newly married couple. 95.8% of women delivered their child in the hospital and amongst them almost 94% had taken complete ANC. The intervention's effort to enhance male involvement has resulted in 36% of women respondents being accompanied by the husbands to the health centres for ANCs and PNCs. In 41% cases, it was mother in law who accompanied the pregnant women to the health centres.

MCHN #9**India Maternal Health Initiative****January 2014 to December 2019**

The various components of the India Maternal Health Initiative are designed to strengthen system's response to leading causes of maternal and neonatal mortality and target specific gaps in care. The project is supported by Jiv Daya Foundation and is implemented in 15 medical colleges across the states of Assam, Maharashtra, Madhya Pradesh, Rajasthan, Telangana and Uttar Pradesh. Under the project, the medical colleges have been provided with misoprostol tablets, bakri balloons, NASG, underpads, gloves, fetal Doppler, BP machines, eclampsia kits and FCM injections.

The intervention is contributing to the efforts of the Department of Medical Colleges and National Health Mission to strengthen the health system. 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 this intervention supports, see 6,000 to 15,000 deliveries per year and have high maternal and perinatal mortality rates of over 500 and 80 respectively.

MCHN #10**Improving Health Seeking Behaviour on Maternal and Child Health in Low Resource Settings by Incorporating Common Reproductive Mental Health Issues in RMNCH+A Strategy****October 2016 to December 2019**

The main objective of the project is to improve health seeking behavior on Maternal and Child Health in low resource settings by incorporating common reproductive mental health issues in existing RMNCH+A

design. The project is being implemented in four districts, one each in four States namely, Bangalore in Karnataka, Khagaria in Bihar, Pune in Maharashtra and Sahibganj in Jharkhand.

The project is supported by Philips India and the target population are adolescents and young people, young married couple and pregnant and lactating women. The intervention while working on improving understanding on delaying marriage and pregnancy, pre conception care, safe motherhood and child care focus on psychosocial well-being of the women during pregnancy and postpartum period. The intervention builds sensitivity and empathy for pregnant women among care givers and service providers and educate women, husbands and immediate family to deal with these common mental health issues with positivity and timely counselling care. Nearly 30,000 selected beneficiaries have already been reached and are being followed up through their engagements with educational sessions, family meetings and community awareness events.

MCHN #11

Project Head start: To improve pre-conception, maternal and child health among vulnerable and marginalized population

August 2017 to July 2020

Head Start project aims to improve pre-conception care, maternal, new born and child health among vulnerable and marginalized population of Mangolpuri slums of West Delhi. The intervention is designed to improve knowledge, attitude and practices among young men and women between 15-35 years of age, working specifically with young married couples first time pregnant and lactating women and their families. Besides, service delivery points are being strengthened with structured capacity building and mentoring support to service providers for increased utilisation of public healthcare services for quality and efficiency.

The project is being implemented in the Mangolpuri slums of West Delhi and is supported by Swiss Philanthropy Foundation/WISE. The project expects that by May 2020, 24000 vulnerable married women aged 15-35 years would have been reached and of these 7700 primary beneficiaries (including newly married, first time pregnant, first time lactating and women with one child) would have adopted MNCHN good practices.

Removing Barriers to Conception

Preeti (name changed), aged 25, was a primary beneficiary in the newly married category. While line listing of prospective pregnancy cases was being done in April 2018, the WISE team came across Preeti. She appeared sad and confused. With little cajoling she told that she had recently shifted from her village to Delhi along with her husband. As the place and people were new to her, she was hesitant and unable to communicate her problems. After several follow up visits by the WISE outreach worker (ORW), she opened up and narrated her story. She had been trying to conceive for one and half years. During this period, she was being repeatedly humiliated by her in laws for not being able to bear a child. She disclosed that she was taking some alternative treatments, yet she had not been able to conceive. The WISE team members carried out a counselling and follow up plan with Preeti and her family. The counselling aimed at normalising conversation around challenges in conceiving pregnancy, dispel myths, bring different facts and possibilities in a sensitive way and most importantly creating a respectful space for Preeti among her in laws, irrespective of her reproductive abilities. In existing social norms, wherein infertility is a curse and not accepted or spoken openly, convincing Preeti and her family was an uphill task. In due course, the team members got success in convincing them for a visit to the nearest public health center. A team member volunteered to accompany Preeti and her husband for their first visit to the health facility. This helped them in overcoming their hesitation and fears. Gradually, Preeti felt comfortable and was able to visit the hospital by herself for follow up calls. The couple took tests under the expert medical advice at the hospital. The results did not show any major complication and their treatment was successful. Preeti is now carrying a healthy pregnancy and is visiting regularly for ante natal care.

MCHN #12**SAMUH: Saharanpur Adolescent & Maternal Urban Health Project****November 2016 to March 2021**

Project SAMUH is being implemented in 168 slums in the district of Saharanpur in Uttar Pradesh. The project started in November 2016 and is being supported by ITC Mission. The key objectives are to improve community responsiveness for increased uptake of RMNCH+A services by adolescents and young women (15-24 years) and to improve service delivery for adolescents and young men and women of reproductive age group through a collaborative approach between health department, ICDS and Education department. Around 1193 groups are being reached through 200 peer educators. The intervention has reached 30,494 direct beneficiaries including 14176 adolescent girls, 3471 pregnant and lactating women (15-24 years) and 11688 married women of 15-45 years. The project is being scaled up to cover 168 slums of Saharanpur. The project helps build evidences for effective interventions and good practices for replication and scale up to overcome barriers in reaching public health services to the urban poor.

MCHN #13**Accelerating Uptake of Modern Contraceptive Methods for Spacing among Young and Low Parity Couples in Uttar Pradesh****October 2018 to September 2021**

This is an initiative supported by Bill and Melinda Gates Foundation to strengthen collaborative actions by public sector, private sector and civil society for enhancing strategic plans to reach to young married and low parity couples (YLPC) in the age group of 15-24 years of age. In Uttar Pradesh, 20% of total population i.e., 4.05 Cr fall in the above given age group.

The project aims at accelerating efforts by the State government to increase uptake of modern contraceptive methods for spacing by young and low parity couples. The project supports State and districts in strengthening outreach strategies and building capacities of frontline functionaries with specific interventions to enhance access of public health services by young married and low parity couples. Educational messages are being created to suit the needs of this key population, for integration and use in IEC and SBCC efforts.

MCHN #14**Conducting competency assessment including barriers and facilitators of Midwifery care providers and tutors for provision of quality Midwifery services in India****December 2018 to June 2019**

The objective of the study is to assess the midwifery competencies of nurses of each category (i.e. ANM, GNM and BSc. Nurses) and midwifery personnel educators. The study also aims to identify barriers in provision of midwifery competencies among nursing and midwifery providers and generate evidence on skills and competencies of midwifery care providers and educators for informing the planning processes.

The study is being conducted in six States by MAMTA and IIPHG-FRHS. The States are Assam, Bihar, Gujarat, Karnataka, Telangana and Uttar Pradesh. MAMTA is carrying out the study in Uttar Pradesh, Bihar, and Telangana. From all these states institutions that run programs for Auxiliary nurse midwives (ANM), General Nurse midwives (GNM) and Bachelor of Science Nursing (BSc N) are being identified for data collection. The study protocol and competency assessment tools have been finalized and ethical approval has been received. The study is being supported by the World Health Organisation, India Office.

MCHN #15

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

August 2016 to August 2019

The goal of the project is to validate salivary progesterone test that enables early identification of pregnant women at risk of Pre Term Birth. This evidences from this study will help Salivary Progesterone Test to be linked to an effective pathway of care and support. The project is being supported by Biotechnology Industry Research Assistance Council (BIRAC) and Bill & Melinda Gates Foundation (BMGF) and is implemented in the two districts of Panna and Satna of Madhya Pradesh.

The key questions the project seeks to address are

- Can salivary progesterone, perform as a biochemical marker for accurate prediction of early risk of PTB (at <34 weeks and <37 weeks gestation) among pregnant women in Indian rural settings?
- Does the training to frontline health workers improve their skills on collection, storage and transportation of salivary progesterone sample and of technicians on analysis of the sample?
- Is it feasible to conduct salivary progesterone PTB test by frontline health workers among pregnant women in Indian rural settings?
- Does salivary progesterone PTB tests have acceptance among frontline health workers and pregnant women?

The study is being conducted in two blocks each in two districts of Madhya Pradesh- Panna and Satna. It is supported by Biotechnology Industry Research Assistance Council (BIRAC) and Bill & Melinda Gates Foundation (BMGF). In the reporting period, 3296 pregnancies were registered, 2386 USG conducted of which 2044 were valid of which saliva samples were collected. 27 to 32% preterm birth reported from both the districts through the delivery information on 2379 pregnancies.

MCHN #16

Improving Uptake of Public Health Services in Rural Rajasthan through Empowered VHSNCs in Barmer and Dungarpur

June 2018 to March 2019

This intervention strives to strengthen capacities of Panchayati Raj Institutions for increased participation in village planning processes on issues of Health, Nutrition and others. Village Health Sanitation and Nutrition Committees (VHSNCs) as village level institution is being worked with closely for its active engagement for effective planning, implementation and monitoring of key progress indicators on Maternal, Newborn and Child Health, Nutrition and Sanitation. The intervention area of the project is spread across one block each in Siwana, Barmer, Bicchiwara, Dungarpur of Rajasthan and is being supported by UNICEF, Rajasthan. Nearly 1500 beneficiaries (PRIs, VHSNC members, ASHA, ANM, AWW and block and district level health officials) were reached. The key learnings of the intervention shows that firstly, little stimulation to VHSNC can contribute to enhanced readiness and accountability among VHSNCs and secondly that convergence at local level by incorporating FLWs and PRIs results in improved demand, access and accountability for all.

MCHN #19

Sectoral Convergence to address Malnutrition- District Convergent Action Plans

June 2018 to December 2019

MAMTA HIMC with UNICEF Rajasthan supported the Department of Women and Child Development, Rajasthan in the development of District Convergent Action Plans on Nutrition in 13 districts of the State under *POSHAN Abhiyaan*. The plans were developed through synergizing efforts of different departments such as Health & Family Welfare; Drinking Water & Sanitation; Food & Public Distribution; Rural Development; Panchayati Raj; Urban Development; Tribal Affairs; Social Justice & Empowerment; School Education, Literacy Mission and others. The 13 districts are Baran, Barmer, Bundi, Hanumangarh, Jalore, Jhalawar, Jhunjhunu, Kota, Nagaur, Pali, Sri Ganganagar, Sikar and Sirohi. These district level consultations were a fresh approach aimed at bringing sectoral convergence at district and block levels. A roadmap has been drawn to evolve a holistic approach, within the existing budget lines with partner sectors, for tackling the problems of stunting, under nutrition and wasting, comprehensively and conclusively. The consultations have led to immense learnings and paved way for departments like Food and Civil Supply, Agriculture & Horticulture, Planning, Panchayati Raj, Urban Development, Information & Public Relation at some stage.



A State level multi sectoral consultation was organised on 19th February 2019 to synergize efforts of different departments to combat malnutrition in the State. The objective of the consultation was also to guide the state strategy document on nutrition "VISION 2022" along with State Convergent Action Plan (SCAP) aligning with the National Nutrition Mission. State and national level dignitaries and experts on nutrition attended the consultation. Dr. M. K. Bhan, Member, National Technical Board on Nutrition also graced the occasion.

MCHN #20

Capacity Building of Village Health Sanitation Nutrition Committee (VHSNC)

June 2018 to August 2018

The training programme was designed with support of World Vision to equip the VHSNC members (ANM, ASHA, Anganwadi workers, PRI members, Community Development Facilitators) with the skills and knowledge (a) to manage and strengthen VHSNC in their respective villages, (b) to be able to conduct and facilitate VHSNC meetings and (c) to develop an integrated village health plan. Nearly, 626 VHSNC members were trained from one block (Kishanganj) of Baran. The trainings have helped World Vision and other NGO partners strengthen interventions with active participation of VHSNCs.

MCHN #21

Improving Health and Wellness of Adolescents Girls and Young Women through Education, Community Awareness and Trainings

July 2018 to September 2018

In Kotputli and nearby areas in the district of Jaipur, education and awareness sessions were organised for range of stakeholders such as adolescent girls, community and PRI members and ANM and AWW. Gynaecological health camps were organised. The short awareness campaign was supported by Ultratech Community Welfare Foundation (Aditya Birla Group) with the purpose to enhance knowledge, attitudes and practices amongst adolescent girls and young women for improved reproductive health, hygiene and Nutrition. Nearly, 1100 stakeholders were engaged in this campaign.

MCHN #22

Project 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 to 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.



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

SRHR #1

Strengthening Multi-Sectoral and Convergent Approach in South Asia to Address Child Marriage with Evidence Building in Nepal and India

December 2017 to November 2020

South Asian Initiative for Elimination of Violence Against Children (SAEIVAC), an apex body of SAARC in partnership with MAMTA-HIMC and Center for Research on Environment Health and Population Activities (CREHPA), a private, not for profit consultancy and research organisation based at Kathmandu initiated an intervention to advocate evidence based strategic approaches to address the issue of child marriage under the Regional Plan of Action on Child Marriage (RAP). The RAP has been adopted by the SAARC member countries.

The intervention has been designed on the learnings from a three year (2012-2015) implementation carried out by MAMTA in high child marriage prevalence districts of Jamui (Bihar) and Sawaimadhopur (Rajasthan) to strengthen sectoral convergence to prevent child marriages through a joint (inter department) planning and review mechanism in districts. MAMTA is the technical partner. It is supporting CREHPA replicate the intervention in two districts of Nepal and studying effectiveness at scale in six districts across Uttar Pradesh and Bihar.

The intervention aims at contributing to the national and regional knowledge base on strengthening collective efforts of different sectors at the level of government to empower adolescents and prevent early child forced marriages.

SRHR #2

Strengthening Institutional Capacity of Key District level Stakeholders to Enhance Adolescent Empowerment and to Prevent Child Marriage

January 2019 to January 2021

With the understanding that prevention efforts on Child Marriage is an effective entry point to address broader issues such as adolescents' aspirations and opportunities in life, breaking the intergenerational cycle of poverty and ensuring the roles of young people as agents of change; UNICEF India and respective State/Field offices have embarked upon a nine state intervention in partnership with MAMTA, Action Aid, CRY, NCCDC, Praxis; covering over 150 districts in two years period. MAMTA will be covering 60 districts across 4 states of Uttar Pradesh, Madhya Pradesh, Chhattisgarh and Assam.

The project adopts a holistic and coordinated approach to adolescent empowerment and ending child marriage by strengthening adolescent work with range of relevant sectors. The district level intervention is focussing on strengthening district level mechanism for joint planning and review for adolescent empowerment and preventing child marriages. The process entails building capacities of existing HR with different departments on adolescent empowerment and child protection priorities through establishing

district level inter-sectoral task force, joint district work plan aligned to the state strategic action plan on adolescent empowerment with monitoring framework, periodic review and mentoring support to the departments for its implementation and evidence based planning. The initiative also aims to enhance meaningful participation of adolescents in the district level planning, implementation and review processes. A comprehensive resource package on social and behavioural change communication will also be integrated into the district work plan. The project is in the preparatory phase with planning meetings with State nodal agencies and HR placement.



Two Days Orientation and Planning Meeting for MAMTA Team and Partner Agencies, 16-17 May, 2019, Bhopal

SRHR #3

Improving Self-Efficacy amongst Adolescents through Gender Transformative Approach

April 2017 to June 2019

My WORTH intervention is being implemented across 50 schools in Noida and Lucknow in Uttar Pradesh covering a total population of 7500 adolescents. It is supported by HCL Foundation. The intervention aims to improve gender equitable norms amongst school going girls and boys and enhance self-efficacy for better education, health and wellness outcomes. The intervention specifically worked on building gender perspectives, knowledge on different forms of violence, risky situations, available choices and possibilities in life through a life skills based educational sessions. Gender equitable norms were promoted through engagements with parents, families, and key community stakeholders, building enabling environment for adolescents to practice and apply the new learnings.



This school based intervention has even witnessed a few girls coming forward to share their stories and seek help. A case has been reported under POCSO wherein a girl participant reported being sexually abused and mentally harassed for over four years by a close relative. She never shared it with her parents for fear of being killed in the name of family honour. But being a regular participant of the life skills based sessions, she could gather strength to share her ordeal with an intervention team staff. The girl also informed her mother later. And now a formal complaint has been lodged. Such cases require intensive counselling and follow-up to convince family to allow their children to seek police help. Repeated visits to police station or police visiting home for investigations and insensitive handling of case by the health service providers during the medical examinations to ascertain sexual assault leaves victim and her family traumatised. A lot requires to be worked on building trust and confidence on the police as well as health facilities and providers to enhance reporting of cases.

SRHR #4

Improving Level of Gender Equity and Improved Outreach of Departmental Functionaries for Better Accessibility of the Service and Schemes by Adolescents Resulting into Delaying Early Marriage and Continuation of Schools

October 2018 to 31 March 2020

This intervention endeavours to demonstrate effectiveness of increased self-efficacy of department functionaries in engaging with adolescents and key community stakeholders in the districts of Rajsamand and Jaisalmer in Rajasthan. The project is supported by American Jewish World Services.

The project is a replication model of the earlier intervention where in impact of improved self-efficacy while applying Gender Transformative Approach (GTA) has been effectively demonstrated on adolescent boys and girls with enhanced agency, decision-making and negotiation skills on delaying the age at marriage and delaying first pregnancy, in addition to improved gender equitable attitudes. In the second phase, the learning is being applied for improving capacities of the frontline functionaries (ASHA, ANM, AWW) to engage with communities to create new norms based on desired health seeking behaviours for adolescents and young people. This will help improve progress on indicators of health and on social determinants strengthening the National Adolescent Health Programme.

Biased gender norms and cultural practices, especially those supporting child and early marriages, prevents government functionaries in intervening and delivering programs for children and adolescents. Structural inequalities, patriarchy, class, caste, religion and repression of sexuality, hugely impacts the availability and accessibility of range of services that government offers. Ending child marriages and preventing early pregnancies is a priority for the government. The intervention supports initiatives to build cadres of frontline functionaries to empower girls and boys. Over 22000 adolescents will be reached through these functionaries including ASHAs, ANMs, Sathin, Teachers, PRI members and counsellors at adolescent friendly health centers.

The gender-transformative approach with self-efficacy module and tools like games with message cards, snake and ladder, gender tree, storybook, videos are being used in trainings of department functionaries. The project has seen increased engagements of frontline functionaries with adolescents using the tools. Over 1900 adolescents out of 3829 mapped as most vulnerable have been linked with different schemes of government. 'Task Force' have been constituted in all Gram Panchayats for addressing adolescent health, preventing child marriages and adolescent pregnancies in their respective villages.

SRHR #5

Jaagriti: Empowering Students for Improved Educational Outcomes through Improving Gender Norms

May 2018 to July 2019

The intervention 'Jaagriti' is one of its kinds on promoting gender equitable attitudes among school students, teachers and parents. It is being carried out with Chief Minister's Good Governance Associates (CMGGA), under the aegis of the Government of Haryana and with support of Relaxo. The intervention reaches out to over 10,000 students, 100 principals, 200 teachers, 1000 school management committee members and over 20000 parents/caregivers across 100 schools of Rohtak and Jhajjar districts in Haryana. The intervention is in line with the ongoing state education plan and policy that focus on mainstreaming gender component in the educational outcomes to bridge existing gender gap. This aims to deconstructing

the concept of patriarchy, power relations, gender roles and responsibility affecting the process of socialization of adolescents. Target beneficiaries are sensitized to address normative barriers that hinder decision-making process. The intervention shows significant shift towards gender equitable norms and practices, among both girls and boys. The Government is planning to support scale up of intervention for other districts.

Change is Visible

In the Government Senior Secondary School, Kheri Mehem in the district of Rohtak, Ms. Deepa and Mr. Anil, the Principal and Nodal Teacher respectively, are the flag bearers of the project 'Jagriti for Gender Equality'. For them this project has been a once-in-a-lifetime experience. In the course of the implementation of this project they witnessed a gradual change in the attitude, behavior and practice of students. They shared that Project JAAGRITI has empowered and capacitated students in many ways.

The major change has been the attitude of girls and boys towards each other. Now boys acknowledge girls as their equals and girls do not feel intimidated in sharing their space with boys. Now instead of playing separately, girls and boys can be seen playing together, collaborating for class room activities and engaging comfortably in talks during recess. These may sound very insignificant or trivial to anyone but for the people of Rohtak this is sea change signalling huge churning in social behavior patterns. This augurs well not only for the adolescent students but also for their families and the community in the long run.

Ms. Deepa and Mr. Anil expressed their pleasure to be a part of this change. They informed that students now share their problems with teachers which itself shows their desire to seek support for improvement. Students are more interactive and do not hesitate sharing their ideas with teachers. All this signals towards a more confident and empowered girls and boys. The principal concluded by saying that projects like JAAGRITI aiming to engage men and women with a gender equal mind-set is required at every level of the society.



SRHR #6

Centre of Excellence for Adolescent Health & Development (CoE-AHD)

October 2017 to September 2020

National Health Mission, Uttar Pradesh collaborated with MAMTA as a technical partner to develop Centres of Excellence for Adolescent Health and Development (CoE-AHD) at two of its premium health institutes – IMS, Banaras Hindu University, Varanasi & King George's Medical University, Lucknow. The project is being funded by Ford Foundation.



The objectives of setting up CoE- AHD are to:

1. Synthesize, disseminate and contribute to the evidence base for the formulation and enhancement of policies and programmes those have an impact on the health and development of adolescents, which is national and state specific.
2. Build the capacities of residents, professionals, practitioners, policy makers for strengthening system, services for adolescents for increasing access to, and use of appropriate health services and commodities related to adolescent health.
3. Provide clinical care to all referrals and walk-in clients of the adolescent/young people age group.
4. Provide strategic information, tools & techniques for undertaking the research on adolescent and youth health and development.
5. Create and test culturally appropriate models/strategies for various sub-cultures/populations for improving adolescent health.
6. Strengthen national and global collaborations (academic & non-academic) for mobilizing and supporting to maximize contributions to adolescent health and development in India and similar low resource setting.

The National Health Mission and the State Government has recognized the importance of such Center of Excellence and have been supportive of the effort. There has been a realization that the Centre of Excellence can help in developing Youth Champions across the medical colleges who can further serve as the resource persons on adolescent health in the state. These youth champions will play a pivotal role in supporting the adolescent and youth health agenda in the district and State and thereby contributing for effective implementation of *Rashtriya Kishore Swasthya Karyakram* in Uttar Pradesh.



SRHR #7

Improving SRH-HIV health outcomes of Female Entertainment Workers using mobile application technology (iSHE)

June 2018 to May 2019

The project is designed to bridge knowledge gap on SRH-HIV among the female entertainment workers in Cambodia via mobile phones application, and increase their access to SRH and HIV integrated services in a friendly environment. The project also strives to build capacities of peer leaders on use of m-Health solution for improving health outcomes for entertainment workers. It is supported by Oxfam for Cambodian Women for Peace and Development, CWPD, an NGO, working on womens' health and well-being in Cambodia under technical partnership and knowledge exchange. MAMTA is the technical partner for App development, training and research under the project. The mobile application for use of entertainment workers 'iShe' has been created, tested and the staff of partner organization have been trained.



SRHR #8

P.A.C.E. (Personal Advancement and Career Enhancement) Global Initiatives

July 2018 to June 2019

The project aims to build capacities of ASHA workers to work with adolescents between 14-17 years towards building their self-esteem and self-efficacy with the use of 'Personal Advancement and Career Enhancement (P.A.C.E)' educational sessions. This will help identify and develop a cadre of master trainers for future scale up. This is an endeavour to create an enabling environment to practice new learned behaviours and facilitate linkages to health, education and livelihood options. P.A.C.E. is being implemented in the two districts of Prayagraj and Varanasi of Uttar Pradesh and is supported by GAP Inc. 500 ASHAs have been trained on P.A.C.E and 1000 adolescent girls have been reached through them. P.A.C.E modules can be integrated in the training curriculum of ASHAs to enhance the uptake of National Adolescent Health Programme i.e Rashtriya Kishore Swasthya Karyakram (RKSK).



SRHR #9

Technical Support to Uttar Pradesh NHM in RKSK programme

October 2017 to September 2020

This project aims at bridging implementation gap that exists at the district and sub district level for effective implementation of RKSK program. Five districts in the state of Uttar Pradesh has been selected to support National Health Mission to strengthen departmental coordination, facilities, human resource provision, HR capacities, quality adolescent friendly health services as well as monitoring mechanism. The five RKSK implementing districts are Gonda, Bahraich, Shravasti, Sitapur & Lakhimpur Khiri. The project specifically works on strengthening the peer education component by integrating a module on counselling and building self-efficacy. Interventions are contextualized on understanding of challenges in conducting peer group sessions. The project is supported by Ford Foundation.

SRHR #10**To strengthen Adolescent Programming with MHM as an Entry Point with Sectoral Convergence Approach for Effective Implementation of RKSK and MHM across 17 Districts in the State of Bihar****June 2018 to May 2019**

This project, supported by UNICEF, aimed to strengthen institutional capacities for increased district level actions on RKSK with effective implementation of AFHCs and MHM programme for enhanced health and wellness of adolescents in the 17 districts of Bihar. The project contributed in strengthening district operational mechanism to implement and report on AFHCs and outreach as per the National AFHC guidelines by facilitating self-assessment of 127 AFHCs by the CHC staff and 11 all stakeholder convergent planning meeting on district implementation of adolescent health programme with the help of self-assessment findings. A module was adapted from various modules being run in the State of Bihar through Bihar Education Project Council. The module caters to students from class VI to XII and content is incremental to suit the age of learners and follows the teaching pedagogy. Around 108 wardons and teachers from 108 girls' residential school, Kasturba Gandhi Balika Vidyalayas, have been trained as master trainers.

SRHR #11**Mentoring of districts for the National Adolescent Health Programme (RKSK) Learning Districts Initiative****January to December 2019**

This intervention is designed for providing mentoring support to the team implementing National Adolescent Health Programme in two districts – Siddharthnagar in Uttar Pradesh and Haridwar in Uttarakhand. It is being supported by WHO and strives to enhance quality of technical support, communication and coordination between state and district level teams. The project will support development of context-specific district implementation plans and ensure that activities are implemented effectively, monitored regularly and the review data feeds into the planning process to further strengthen the implementation. It will also report on progress made on a quarterly basis, including factors that helped and hindered the implementation.

The target group for mentoring are State Nodal officer/General Manager-RKSK, State RKSK consultant, District Nodal Officer-RKSK, District RKSK consultant, the Chief Medical Officer, the Additional Chief Medical Officer and the Block Medical Officer. The indirect Beneficiaries are the adolescent between 10-19 years.

SRHR #12**Improving Nutrition, Health, and Hygiene of Adolescent Girls and Boys through Peer Led Approach****August 2015 to July 2018**

The intervention was designed to contribute towards evidence building for peer around adolescent programmes like Rashtriya Kishore Swasthya Karyakram and Scheme for Adolescent Girl and others. The intervention aimed to improve nutrition health and hygiene practices of adolescents between 10-19 years through a peer led approach and build enabling environment with sectoral convergence. The three-

year project, supported by Azim Premji Philanthropic Initiative, was implemented with the support of the National Health Mission, Uttar Pradesh in one block each of three districts- Allahabad, Banda and Varanasi, covering a total population of three lakhs. The RKSK guidelines, training modules for functionaries and peer education was adapted and followed for uniformity. Besides, anaemia screening and BMI measurements were conducted time to time with dietary and lifestyle counselling to raise self-awareness among participants about their anaemia and growth status. A mobile application '*Kishore Vishesh*' for knowledge and BMI



calculation was also tested for quality and impact. Total of 16,950 adolescents (8631 girls and 8319 boys) were reached directly as peer group members and 7000 through outreach and community based events by around 700 peer mentors. More than 1200 department staff and functionaries and 54 senior and middle level officials actively supported and participated in the programme. Around 14944 were tracked three times during the project period to see the shift in knowledge, access to public health services and practices for consumption of balanced diet with locally available iron rich food and WASH. The tracking data and cross-sectional survey showed marginal decrease in any anemia in the short duration of 12-24 months of active peer education underlying the fact that anemia prevention interventions require a long and intensive investment with focus on shifting dietary and WASH practices along with supplementations. However, the project showed massive increase in knowledge, consumption of IFA, deworming tablets and in practices for balanced diet and WASH and Hb and BMI measurements were most popular alongwith '*Kishore Vishesh*'.



Chronic Diseases

CD#1

Project Axshya: Phase IV

January 2018 to March 2021

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) funded with International Union Against Tuberculosis and Lung Disease (The Union) as Primary Recipient.

Project 'Axshya' stands for 'Tuberculosis free communities' and aims for elimination of Tuberculosis from the country. This entails expanding the reach, visibility and effectiveness of Revised National Tuberculosis Control Program (RNTCP) by increasing access to TB care and control and by establishing partnerships between government and civil society. The focus of the project is enhanced access of TB services to vulnerable and marginalized communities including tribal population, migrants, slum dwellers and communities residing in hard to reach locations.

MAMTA has implemented this project since 2010 to 2017 in 3 GFATM phases. Currently phase IV is being implemented since Jan-2018 in 30 districts across 6 states. The intervention has multipronged strategy with inter-personal and mid media communication for case finding (Axshya SAMVAD), sputum collection, transportation for testing, sensitization and counselling of patients on their rights and responsibilities to avail free treatment and most importantly responsibility to adhere to the treatment. The new phase has introduced a few innovative interventions such as fast tracking at high load public hospitals, health camps in vulnerable areas and Active Community Surveillance Units (ACSU) in high risk pockets. Additionally, to reduce the delay in diagnosis, the project has provided support for chest X ray through private labs and transport incentives for presumptive TB patients to avail diagnostic services. MAMTA has been implementing all the activities in an effective manner so as to achieve maximum output. In 2018 alone, MAMTA has notified 5114 new TB patients and linked them with RNTCP services. Thus, MAMTA has prevented almost 51140 infections and life time risk of developing TB in around 511 persons.

“PROJECT AXSHYA is complementing RNTCP with intensified and communication strategies to generate awareness among high risk population to TB in Fatehabad district. This project is contributing very well to the national program in terms of increasing the TB case identification in the district”

- District Tuberculosis Officer (DTO) Fatehabad, Haryana



CD#2

AHANA: Accelerating the uptake of Prevention of Parent-to-Child Transmission Services in India

January 2018 to March 2021

MAMTA is working with Plan India as sub recipient (SR) for a Global Fund initiated “Project AHANA Phase-II” to Improve access to Prevention of Parents to Child Transmission of HIV (PMTCT) services for pregnant women in 38 districts of Uttar Pradesh. The programme specifically works at facilitation of PPTCT services in both public and private sectors. The grant is aiming to synergise efforts with the government and civil society for increased access to services for HIV/AIDS prevention, care, treatment and support to all with focus on women, pregnant women who have registered for ANC, identified positive pregnant women and HIV exposed children. The Global fund grant on PPTCT compliments the national PPTCT programme.

Based on the successful completion of AHANA Phase-I in December 2017, and the support of the UPSACS & NACO (State & National level AIDS control organisations), Global Fund has extended this program for Phase-II. In Phase-I, to cover 100% Pregnant Women, the advocacy was done at both National and State levels to scale up the PPTCT program up to Sub-Centre level by organising HIV screening on village Health and Nutrition Days (VHND). This was suggested to enhance reach of pregnant women to HIV screening and know her status for further actions. After some initial hiccups, GOI and NACO have moved ahead to take HIV screening at the level of sub-center through VHNDs. Earlier the HIV screening / testing facility was available only at block level in UP districts. In 2019, the sub-Centre / VHND level HIV screening in intervention districts of UP has started. The project is aimed to cover around a total population of 8,41,00,380 in 378 blocks across 38 districts of UP. Through the earlier efforts under the project, 42% of identified pregnant women knows their HIV status, 98% of positive pregnant women have received the treatment and care, 91% of infants born to HIV positive mother have received virological test within 2 months of birth and 96% of spouse and partners have been tested and counselled. However, there are still challenges in enhancing coverage for all pregnancies in the state and requires continued advocacy, communication with GO, NGO and CBOs partnerships to expand the reach.



CD#3

Joint Efforts for Elimination of Tuberculosis (JEET)

July 2018 to March 2021

As per National Strategic Plan (2017-25) for TB, the engagement of private sector in the implementation of RNTCP is meagre as compared to its size and the number of TB patients seeking treatment in this sector. As per estimate, for about 50-80% of TB patients, private sector is the first contact. Therefore, effective engagement of private sector in RNTCP is paramount to achieve its goal of universal access to quality diagnosis and treatment for TB and elimination of TB as a public health problem. The Joint Effort for Elimination of Tuberculosis (JEET), a project funded by Global Fund and Centre for Health Research and Innovation - PATH affiliate (as PR), is to supplement the initiatives of RNTCP in this direction by setting up effective and sustainable structures to strengthen existing systems and seamlessly extending quality of TB care to patients seeking care in private sector.

The project is being implemented in 11 districts of Uttar Pradesh with target to notify 312318 TB patients during project period. Till March 2019, 27570 TB patients were notified in these 11 districts.

CD#4

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

July 2016 to September 2018

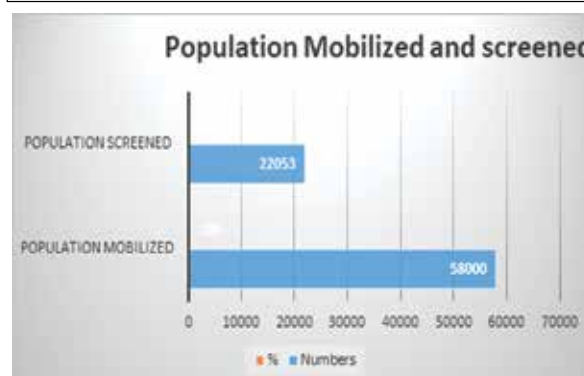
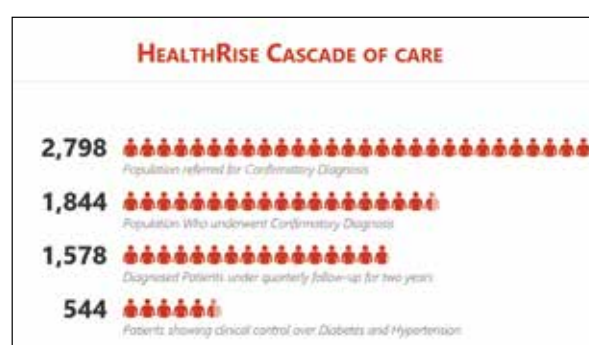
Funded by Medtronic Foundation and Abt Associates and with Catholic Health Association of India (CHAI) as a partner, MAMTA's HealthRise project has been built to complement and strengthen GOI's National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS). 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 Mashobra, and one urban ward – Krishna nagar, 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 and district, block and panchayat level authorities to identify the gaps, strengthen the system to address gaps, generate demand from ground and create shared ownership among the beneficiaries, families, panchayats and department functionaries at all levels.

In the HealthRise project implemented in one district of Himachal Pradesh, more than 58000 community members were contacted through IEC campaigns. Total 22053 community members were screened for Diabetes and hypertension out of which 13% (2798) were found suspected either for diabetes, hypertension or both. Out of the total number of people tested, 66% (1844) who were found suspected were referred for confirmatory test and out of which 86% (1578) patients identified were followed up for treatment adherence or life style modification. Total 34.5 percent (544) patients met treatment target (reduced blood pressure and blood sugar) which is far above the national average.

Through advocacy efforts as part of HealthRise project in Shimla, NCD registers were distributed to all health facilities along with reporting formats of National Program for prevention and control of Cancer, Diabetes, Hypertension and Stroke (NPCDCS). Confirmatory diagnostic facilities made available in



two health centres at the intervention site. Govt. of Himachal Pradesh is keen on adopting HealthRise intervention and has issued letter to integrate and adapt the innovative products of the project. In order to introduce mechanisms for continued engagement with private practitioners, surveillance and reporting of cases going to Private Providers, a mobile application has been conceptualized by MAMTA which will be rolled out in the second year of the intervention period.

CD#5

Strengthening the Participation of private care provider in Uttar Pradesh's AES response

July 2018 to July 2021

Acute encephalitis syndrome (AES) is a serious public health problem in India. It is characterized as acute-onset of fever and a change in mental status (mental confusion, disorientation, delirium, or coma) and/or new-onset of seizures in a person of any age at any time of the year. The disease most commonly affects children and young adults and can lead to considerable morbidity and mortality.

To address this serious issue MAMTA is implementing a PATH funded project for increasing notification of Acute Encephalitic Syndrome/Japanese Encephalitis from private sector. It is being implemented in 7 high endemic districts of eastern Uttar Pradesh viz. Gorakhpur, Basti, Sant Kabir Nagar, Siddharthnagar, Deoria, Maharajganj and Kushinagar. The direct target group for the project is private practitioners in these districts while the AES/JE patients constitute the secondary/indirect beneficiaries. Out of total target of 500 private doctors, 405 are mapped till now under the project. Total 248 doctors have been trained on national guidelines for AES/JE control and management.

The private health care providers were motivated to refer the suspected AES/JE cases for treatment. Till date 40 such cases have been notified by the doctors under project.

Research Fellowship

MAMTA has been conducting a Research Fellowship Scheme/Programme since past two years to promote health, socio-behavioural and policy research in priority areas that impact adolescents and is meant to develop evidence to guide policy. This fellowship in India is an opportunity for post graduates and PhD students to contribute to public health research on key issues affecting adolescent's health to advance adolescent's development and well-being. The key objectives of the scheme are to:

- Strengthen and develop research in adolescent health and development
- Building the research capacity of students and researchers working in the area of public health
- Increase collaboration with National and International research partners
- Produce high quality outputs that deliver impact to the community

As part of its research fellowship programme, MAMTA will also offer mentoring support to those research fellows who would be interested in seeking guidance and technical inputs from experts during all the stages of the research process including design, data analysis, quality assurance, interpretation of results and scientific writing.

The centres promote cross-disciplinary research affecting adolescent health, development and wellbeing. Some of the suggested areas of research include sexual and reproductive health, mental health, substance abuse, non-communicable disease, nutrition, injury, accidents, trauma, social determinants/drivers of health (child marriage, violence against adolescent, child abuse). This list is only indicative of the thematic areas in public health; it will not have any effect on the selection criteria. The applicant can propose to research on any topic that is of significance to public health.

S.No.	Year	Name	Title of Research Paper	Institute/ Organisation	Status
1	2017-18	Dr. Pooja Chauhan	A cross-sectional study to estimate the prevalence and risk factors of depression & health risk behaviour in adolescents in Bhavnagar city, Gujarat	Government Medical College, Bhavnagar	Completed
2	2017-18	Dr. Sandeep Raut	The study of status, impact, challenges and opportunities in management of Rashtriya Kishor Swasthya Karyakram (RKSK) with special reference to selected five districts of Marathwada region of Maharashtra	KEM Hospital Research Centre	Completed
3	2017-18	Dr. Vijay K Yalamanchili	A Study on Distribution of Blood Pressure and its Determinants in Tribal Adolescents of West Godavari District, Andhra Pradesh	Alluri Sitarama Raju Academy of Medical Science	Completed
4	2017-18	Dr. Vijayender Goud	A study on prevalence of Psychosocial Problems Among Adolescent students in Hyderabad	Osmania Medical College	Completed

S.No.	Year	Name	Title of Research Paper	Institute/ Organisation	Status
5	2018-19	Dr. Srihari R	Evaluation of stress among school going late adolescents (15-19yrs) in Chennai	PhD Scholar, Dept. of Physiology, Sri Ramachandra Medical College & RI, Porur, Chennai, Tamilnadu	Ongoing
6	2018-19	Dr. Harshitha H N	Effectiveness of intervention in adolescent's reproductive health in Dakshina Kannada	Department of Community Medicine , K. S. Hegde Medical Academy	Ongoing
7	2018-19	Dr. Rahul Taye Gam	Multiple types of Harassment and their Effects on the Health and Behavior in Adolescents, Lucknow, Uttar Pradesh	Department of Community Medicine & Public Health, KGMU	Ongoing
8	2018-19	Dr. Simran	Clinical and Socio-demographic profile of the adolescents coming at Sir Sunderlal Hospital, BHU, Uttar Pradesh	Dept. of OBGY- BHU	Ongoing
9	2018-19	Dr.G. Kalaipriya	Assessment of mental health status among adolescents in Puducherry, India- A mixed method study	Department of community medicine, GMC& RI, Kadirkamam, Puducherry	
10	2018-19	Dr. Padmavathi	Assessment of Sexual and Reproductive Health Needs and Exploring the Gaps Between Perceived Needs and Available Services among Perinatally Infected Adolescents living with HIV – A Sequential Explanatory Mixed Methods Study from Puducherry.	Department of community medicine, IGMC&RI, Kadirkamam, Puducherry.	Ongoing
11	2018-19	Dr. K. Venkata Prasanna	A study on socio-cultural factors contributing to teenage pregnancies in West Godavari district	Department of community medicine, Alluri Sitarama Raju Academy of Medical Sciences, Eluru, Andhra Pradesh	Ongoing



MANAGEMENT AND FINANCE

Our Governing Board and Team

Mr. Dharam Pal Agarwal

President

Mr. Girish Bhasin

Secretary

Dr. Provat Kumar Ganguly

Treasurer

Dr. S. Y. Quraishi

Member

Mr. Shekhar Gupta

Member

Dr. Saroj Pachauri

Member

Dr. Lavlin Thadani

Member

Mr. Umesh Kumar Khaitan

Member

Ms. Harita Gupta

Member

Executive Director

Dr. Sunil Mehra

Senior Advisor

Dr. L. S. Chauhan

Finance and Admin Lead

Syed Mukhtar

Thematic Leads

Priyanka Sreenath

Faiyaz Akhtar

Murari Chandra

Dr. Prasanta Bandopadhyay

Dr. Rajesh Sinha

Dr. Sonali Daniel

Rahul Sharma

Our State Leads

Rajasthan: Dr. Shachi Adesh

Bihar: Brijendra Choudhary

Odisha: Dr. S.K. Jena

Uttar Pradesh: Shubhra Trivedi

Himachal Pradesh: Dr. Gaurav Sethi

Financial Statements

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2018

CHARNALIA BHATIA AND GANDHI
Chartered Accountants

LIABILITIES	Amount 31.03.2018	ASSETS	Amount 31.03.2018
<u>CAPITAL FUND</u>		<u>FIXED ASSETS</u>	
Opening Balance	41,51,40,910	(As per Schedule (A))	3,49,21,141
Less: Staff Welfare fund created during the Year	75,50,194		
Less: Excess of Expenditure over Income during the Year	4,71,54,805		
<u>CORPUS FUND</u>		<u>CURRENT ASSETS, LOANS & ADVANCES</u>	
		<u>CURRENT ASSETS</u>	
		Cash in Hand	2,50,391
		Cash at Bank (as per Schedule B)	4,56,25,354
		<u>INVESTMENTS</u>	
		Fixed Deposits	26,00,78,005
		Mutual Funds	4,80,00,000
		Accrued Interest	1,58,10,127
<u>CURRENT LIABILITIES</u>		<u>ADVANCES</u>	
Expenses Payable	2,57,51,956	Advances recoverable in cash or in kind for value to be received	1,21,37,029
		Security Deposit	13,29,730
<u>STAFF WELFARE FUND</u>			1,34,66,759
Opening Balance	2,41,13,717		
ADD: Created during the year	1,09,88,712		
	3,51,02,429.00		
Less: Utilised During the Year	34,38,518.00		
	3,16,63,911		
Total	Rs. 41,81,51,777	Total	Rs. 41,81,51,777

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

Arun Bhatia
ARUN BHATIA
Partner

Place : New Delhi
Date : 21 July 2018

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Girish Bhasin
Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secretary

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2018 FIXED ASSETS

Particulars	Rate of Depreciation	Balance as 1.4.2017	Addition Before Sep 2017	Addition After Sep 2017	Sale of Assets	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2018
Land & Building G.K. Enclave	5%	1,57,10,206.73	-	-	-	1,57,10,206.73	7,85,510.00	-	1,49,24,696.73
Air Conditioner	15%	2,75,510.20	92,655.00	-	-	3,68,165.20	55,224.00	18,994.18	2,93,947.02
Computer	40%	33,45,019.33	4,00,405.00	8,08,829.00	-	45,54,253.33	15,77,133.00	2,81,280.84	26,95,839.49
Cooler	15%	1,73,917.73	31,213.00	39,661.00	-	2,44,791.73	33,745.00	37,124.75	1,73,921.98
Electrical Equipments	15%	94,332.20	-	21,000.00	-	1,15,332.20	15,725.00	7,126.99	92,480.21
Acquaguard	15%	6,411.00	-	-	-	6,411.00	962.00	1,013.94	4,435.06
Fan	15%	1,40,334.79	11,550.00	10,306.00	-	1,62,190.79	23,185.00	8,708.47	1,30,297.32
Fax Machine	15%	2,014.20	-	-	-	2,014.20	302.00	501.46	1,210.74
Furniture & Fixture	10%	72,27,268.57	2,57,498.00	1,87,569.00	-	76,72,335.57	7,57,007.00	2,41,012.76	66,74,315.81
Generator	15%	4,03,684.00	-	-	-	4,03,684.00	60,552.00	-	3,43,132.00
EPBX System	15%	83,314.00	22,960.00	-	-	1,06,274.00	15,941.00	-	90,333.00
Health Equipments	15%	23,79,510.00	2,68,750.00	2,82,131.00	-	29,30,391.00	4,18,399.00	-	25,11,992.00
Land & Building (TIGRI)	5%	1,80,263.85	-	-	-	1,80,263.85	9,013.00	-	1,71,250.85
Medical Equipments	15%	39,836.68	-	-	-	39,836.68	5,976.00	3,215.14	30,645.54
Inverter	15%	2,73,323.67	1,37,200.00	87,928.00	-	4,98,451.67	68,173.00	32,767.24	3,97,511.43
Photocopy Machine	15%	47,552.80	-	-	-	47,552.80	7,133.00	-	40,419.80
Projector	15%	769.63	-	-	-	769.63	115.00	654.63	-
Refrigerator	15%	87,457.95	42,738.00	13,700.00	-	1,43,895.95	20,557.00	3,174.15	1,20,164.80
UPS	15%	-	1,95,000.00	-	-	1,95,000.00	29,250.00	-	1,65,750.00
Tablets	40%	2,69,554.00	4,21,480.00	-	-	6,91,034.00	2,76,414.00	-	4,14,620.00
Television	15%	39,616.27	-	-	-	39,616.27	5,942.00	9,125.94	24,548.33
V.C.P AND CAMERA	15%	2,11,514.22	41,738.00	31,584.00	-	2,84,836.22	37,688.00	24,426.33	2,22,721.89
DVD Player	15%	1,094.00	-	-	-	1,094.00	164.00	930.00	-
Voice Recorder/ Home Theater	15%	70,776.00	-	-	-	70,776.00	10,617.00	464.00	59,695.00
Mobile Phone/ Data Card	15%	50,033.00	-	1,24,554.00	-	1,74,587.00	13,598.00	45,776.94	1,15,212.06
Multy Media Projector	15%	1,83,285.09	73,196.00	-	-	2,56,481.09	38,472.00	5,625.86	2,12,383.23
Water Cooler/ Purifier	15%	55,546.80	-	23,462.00	-	79,008.80	9,726.00	2,754.76	66,528.04
Vehicles	15%	32,10,037.00	4,50,000.00	24,20,754.00	-	55,65,791.00	6,58,715.00	(36,013.00)	49,43,089.00
TOTAL		3,45,62,183.71	24,46,383.00	40,51,478.00	5,15,000.00	4,05,45,044.71	49,35,238.00	6,88,665.38	3,49,21,141.33

Rs.

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



Place : New Delhi
Date : 21 July 2018

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 2018**

EXPENDITURE	Amount in Rs. 31.3.2018	INCOME	Amount in Rs. 31.3.2018
To Salaries and Allowances	17,85,38,745	By Grants Received	29,71,23,584
To Training , Workshops Cost	6,19,03,448	By Interest Received	2,77,50,107
To Grants disbursed	85,28,140	By Contribution & Donation	54,40,053
To Printing & Stationery	31,07,925	By Registration Fee IAAH	1,25,54,464
To Conveyance	78,41,078	By Excess of Expenditure over Income durint the Year	4,71,54,805
To Medicine Expenses	2,73,950		
To Office Repairs & Maintenance	1,16,11,137		
To Rent	57,69,332		
To Travelling Expenses	4,50,43,868		
To Conference, Meeting &	1,60,89,509		
To Printing & Publication	66,99,930		
To Books & Periodicals	5,16,822		
To IEC Material	43,08,352		
To Research & Documentation	12,14,212		
To Telephone & Fax	29,91,518		
To Postage & Telegram	5,17,341		
To Vehicle Repair & Mainteneace	6,41,785		
To Consultancy Charges	1,65,00,869		
To Water & Electricity	12,80,647		
To Staff Welfare Paid	34,38,518		
To Recruitment Expenses	13,28,996		
To Insurance	1,28,863		
To Bank Charges	1,86,596		
To Photocopy Expenses	11,37,749		
To Generator Maintenance	28,536		
To Audit Fees	2,39,715		
To Assets Written Off	6,88,665		
To Depreciation	38,72,361		
To HFN Centre Expenses	55,94,406		

TotalRs.

39,00,23,013

TotalRs.

39,00,23,013

Place : New Delhi
Date : 21 July 2018

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

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2019

LIABILITIES	Amount 31.03.2019	ASSETS	Amount 31.03.2019
<u>CAPITAL FUND</u>		<u>PROPERTY, PLANT & EQUIPMENTS</u>	
Opening Balance	360,435,911	(As per Schedule (A))	33,889,771
Less: Staff Welfarefund created during the Year	7,683,073		
Add: Excess of Income over Expenditure during the Year	24,025,979		
	<u>376,778,817</u>	<u>CURRENT ASSETS, LOANS & ADVANCES</u>	
<u>CORPUS FUND</u>		<u>CURRENT ASSETS</u>	
	300,000	Cash in Hand	256,605
		Cash at Bank (as per Schedule B)	<u>94,156,470</u>
		<u>INVESTMENTS</u>	94,413,074
		Fixed Deposits	248,251,241
<u>CURRENT LIABILITIES</u>		Mutual Funds	32,000,000
Expenses Payable	18,375,335	Accrued Interest	<u>291,663,775</u>
		<u>ADVANCES</u>	
<u>STAFF WELFARE FUND</u>		Advances recoverable in cash or in kind for value to be received	13,544,185
Opening Balance	31,663,911	Security Deposit	<u>1,290,330</u>
ADD: Created during the year	11,525,882		14,834,515
	<u>43,189,793</u>		
Less: Utilised During the Year	39,346,984		

Total Rs.	Total Rs.
<u>434,801,136</u>	<u>434,801,136</u>



Place : New Delhi
Date : 26 September 2019
UDIN : 19082789AAAAJH4572

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

Dr. Sugil Mehra
Executive Director

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Girish Bhasin
Secretary

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2019 PROPERTY, PLANT & EQUIPMENTS

Particulars	Rate of Depreciation	Balance as 1.4.2018	Addition Before Sep 2018	Addition After Sep 2018	Sale of Assets	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2019
Land & Building G.K. Enclave	5%	1,49,24,697	-	-	-	1,49,24,697	7,46,235	-	1,41,78,462
Air Conditioner	15%	2,93,947	2,51,452	-	-	5,45,399	79,514	15,308	4,50,577
Computer	40%	26,95,839	14,13,593	7,58,788	-	48,68,220	17,77,538	44,980	30,45,702
Cooler	15%	1,73,922	25,900	9,620	-	2,09,442	30,696	-	1,78,746
Electrical Equipments	15%	92,480	17,700	16,396	-	1,26,576	16,539	8,120	1,01,917
Acquaguard	15%	4,435	-	-	-	4,435	665	-	3,770
Fan	15%	1,30,297	38,501	16,435	-	1,85,233	26,554	-	1,58,679
Fax Machine	15%	1,211	-	-	-	1,211	182	-	1,029
Furniture & Fixture	10%	66,74,316	3,45,312	2,10,383	-	72,30,011	7,11,089	13,949	65,04,973
Generator	15%	3,43,132	-	-	-	3,43,132	51,469	-	2,91,663
EPBX System	15%	90,333	-	-	-	90,333	13,550	-	76,783
Health Equipments	15%	25,11,992	-	-	-	25,11,992	3,76,799	-	21,35,193
Land & Building (TIGRI)	5%	1,71,251	-	-	-	1,71,251	8,563	-	1,62,688
Medical Equipments	15%	30,646	9,912	-	-	40,558	6,084	-	34,474
Inverter	15%	3,97,511	61,005	22,800	-	4,81,317	70,488	-	4,10,829
Photocopy Machine	15%	40,420	-	-	-	40,420	6,063	-	34,357
Refrigerator	15%	1,20,165	-	-	-	1,20,165	18,025	-	1,02,140
UPS	15%	1,65,750	-	-	-	1,65,750	24,863	-	1,40,887
Tablets	40%	4,14,620	1,71,480	6,55,490	-	12,41,590	3,65,538	-	8,76,052
Television	15%	24,548	-	-	-	24,548	3,682	-	20,866
V.C.P AND CAMERA	15%	2,22,722	25,980	-	-	2,48,702	35,653	11,023	2,02,026
Voice Recorder/ Home Theater	15%	59,695	-	32,450	-	92,145	11,388	-	80,757
Mobile Phone/ Data Card	15%	1,15,212	-	-	-	1,15,212	17,282	-	97,930
Multy Media Projector	15%	2,12,383	47,038	1,17,780	-	3,77,201	47,747	-	3,29,454
Water Cooler/ Purifire	15%	66,528	13,700	-	-	80,228	12,035	-	68,193
Vehicles	15%	49,43,089	-	-	-	49,43,089	7,41,464	-	42,01,625
TOTAL		3,49,21,141	24,21,573	18,40,142	-	3,91,82,856	51,99,705	93,380	3,38,89,771

TOTALRs.

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



Place : New Delhi

Date : 26 September 2019

UDIN : 19082789AAAAJH4572

ARUN BHATIA
Partner

Arun Bhatia

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sanil Mehra
Dr. Sanil Mehra
Executive Director

Girish Bhasin
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 2019

EXPENDITURE	Amount in Rs. 31.03.2019	INCOME	Amount in Rs. 31.03.2019
To Salaries and Allowances	18,66,41,092	By Grants Received	34,49,27,353
To Training ,Workshops Cost	5,01,84,444	By Interest Received	2,55,44,403
To Grants disbursed	42,72,032	By Contribution & Donation	1,93,718
To Printing & Stationery	29,22,971		
To Conveyance	87,89,678		
To Medicine Expenses	4,08,209		
To Office Repairs & Maintenance	65,17,134		
To Rent	70,10,521		
To Travelling Expenses	2,81,59,962		
To Conference, Meeting &	91,59,336		
To Printing & Publication	22,89,078		
To Books & Periodicals	5,27,337		
To IEC Material	18,93,804		
To Research & Documentation	9,17,405		
To Telephone & Fax	22,34,466		
To Postage & Telegram	5,31,883		
To Vehicle Repair & Maintenance	4,36,610		
To Consultancy Charges	1,71,19,295		
To Water & Electricity	13,65,288		
To Staff Welfare Exp	38,42,809		
To Grant in Aid Returned	1,67,773		
To Recruitment Expenses	4,76,623		
To Insurance	2,70,005		
To Bank Charges	1,29,414		
To Photocopy Expenses	8,00,480		
To Generator Maintenance	19,171		
To Audit Fees	2,95,000		
To Assets Written Off	93,380		
To Depreciation	42,59,115		
To HFN Centre Expenses	49,05,179		
To Excess of Income over Expenditure during the Year	2,40,25,979		
TotalRs.	<u>37,06,65,473</u>	TotalRs.	<u>37,06,65,473</u>



Place : New Delhi

Date : 26 September 2019

UDIN : 19082789AAAAJH4572

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

Arun Bhatia

ARUN BHATIA
Partner

FOR MAMTA-HEALTH INSTITUTE
FOR MOTHER AND CHILD

Dr. Sumi Mehra
Dr. Sumi Mehra
Executive Director

Girish Bhasin
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Secretary



For more information contact:
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