



BIENNIAL  
REPORT

2019-2021

Commemorating  
**30** Years of **MAMTA**  
Health Institute for  
Mother and Child





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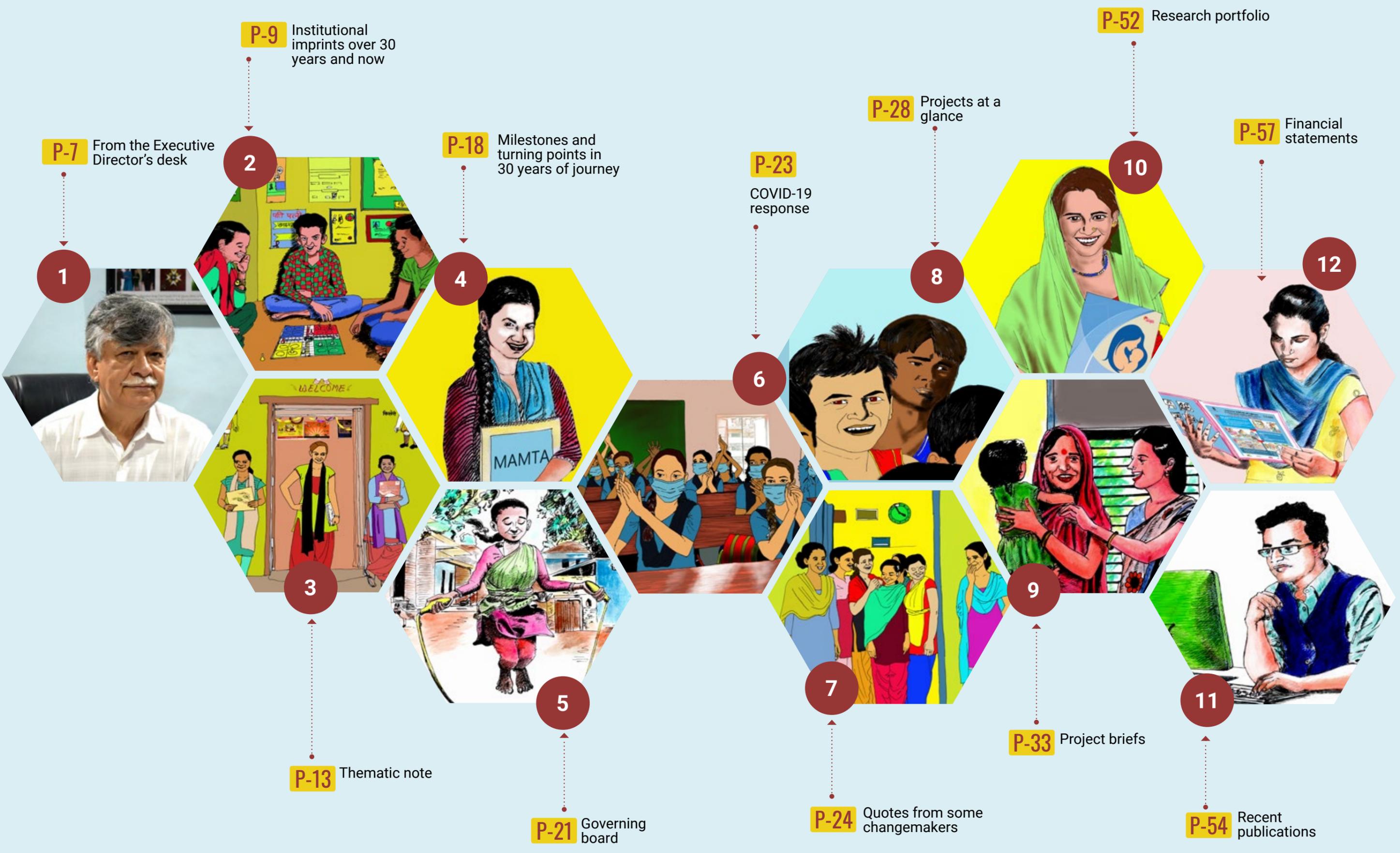
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# Contents





## From the Executive Director's desk



MAMTA Health Institute for Mother and Child was founded in 1990 and has grown by leaps and bounds since then. As we continue our 'thirty-years and onwards' adventure, it is time to reflect on triumphs, lessons learned, accomplishments, and mistakes. But before I embark on the accomplishments and lessons learnt, let me first lay out the core principles that we adhere to and the areas where our work makes a difference.

MAMTA's work contributes to many UN's Sustainable Development Goals, especially Goal 3: Good Health and Well-Being and Goal 5: Gender Equality. Over the last thirty years, we have successfully demonstrated that human rights transcend beyond rhetoric that actual action necessitates collaborations. India has entered a new era of collaboration, which we have witnessed firsthand. Before I mention some of our new collaborations and areas which will propel us into the future, I would like

to thank some of our earliest benefactors, especially The Swedish Sida, RFSU, Action Aid, the British High Commission, DFID, AusAid, Finnish MOFA (PSR), European Union Mc Arthur, Packard Foundation, Elton John AIDS Foundation, the World Health Organization, UNICEF and many more (the list goes on). To this day we maintain our ties with them and many more. In 2019, I was honored by their Majesties the King and Queen of Sweden with the Royal Order of Seraphim & the Royal Order of Polar Star for the outstanding contribution in the field of health and strengthening Indo-Swedish collaboration; all this because of MAMTA's work.

As our mandate grows into fresh domains (e.g., system strengthening, building resilience in COVID-19 times & climate change), we have been backed by a huge number of benefactors. The focus over the last two years has been on collaborating with governments to combat COVID-19 by bringing newer technology to forefront. For the first time in Uttar Pradesh, MAMTA has facilitated in establishing a virtual-ICU Hub & Spoke model to capacitate medical institutions digitalise their response to COVID-19. As we increasingly see the necessity of addressing these components, we are now weaving programmes to improve mental health of health professionals. MAMTA is cooperating with a public sector bank and a few others to work on adolescent and young people's mental health. We have been partnering with states to move forward with the Rashtriya Kishore Swasthya Karyakram implementation (RKSK) as part of our commitment to Adolescent and young adults health and well being with focus on SRHR. We've also taken rapid strides in developing digital products for adolescents and other marginalised populations and hope to take them to scale.

The year 2020 was designated as the "International Year of the Nurse and the Midwife", MAMTA took this as an opportunity to conduct a competency assessment including barriers and facilitators of Midwifery care providers and tutors for provision of quality Midwifery services in India in collaboration with WHO and MoHFW. This start has progressed into newer projects. Besides, on the front of Climate change, MAMTA entered into collaboration with Nordic Centre for Sustainable Healthcare to conduct an international webinar to create awareness on Climate Smart Healthcare facilities. It is pertinent to mention that our work has moved to Afghanistan in partnership with WHO and CARE to provide technical assistance on Adolescent SRHR for policy and programming.

Let me add in the last five years our partners and supporters have changed with changing donor base, it's my proud privilege to share that we have now strong bonds with Bill & Melinda Gates Foundation working with MAMTA in the state of Uttar Pradesh. Our corporate support base (CSR) has been growing with some leading names like SBI, HCL Foundation, HT Parekh Foundation, HDBFS, Nestle, DFM Foods, DCM and Shriram, ITC and Azim Premji Foundation.

We've had a few lows among all the highs! We were shaken by the loss of a MAMTA colleague and senior team member to COVID-19 in 2020. We also lost a few close friends and family members of MAMTA employees in the second COVID-19 wave. In the end, I would like to conclude with this one thought 'Stronger we walk into the difficult days, to emerge brighter into the light of a new day'. The journey will go on with more rigour and zeal to reach the most marginalized population, in India and beyond the boundaries.



## Institutional imprints over 30 years and now

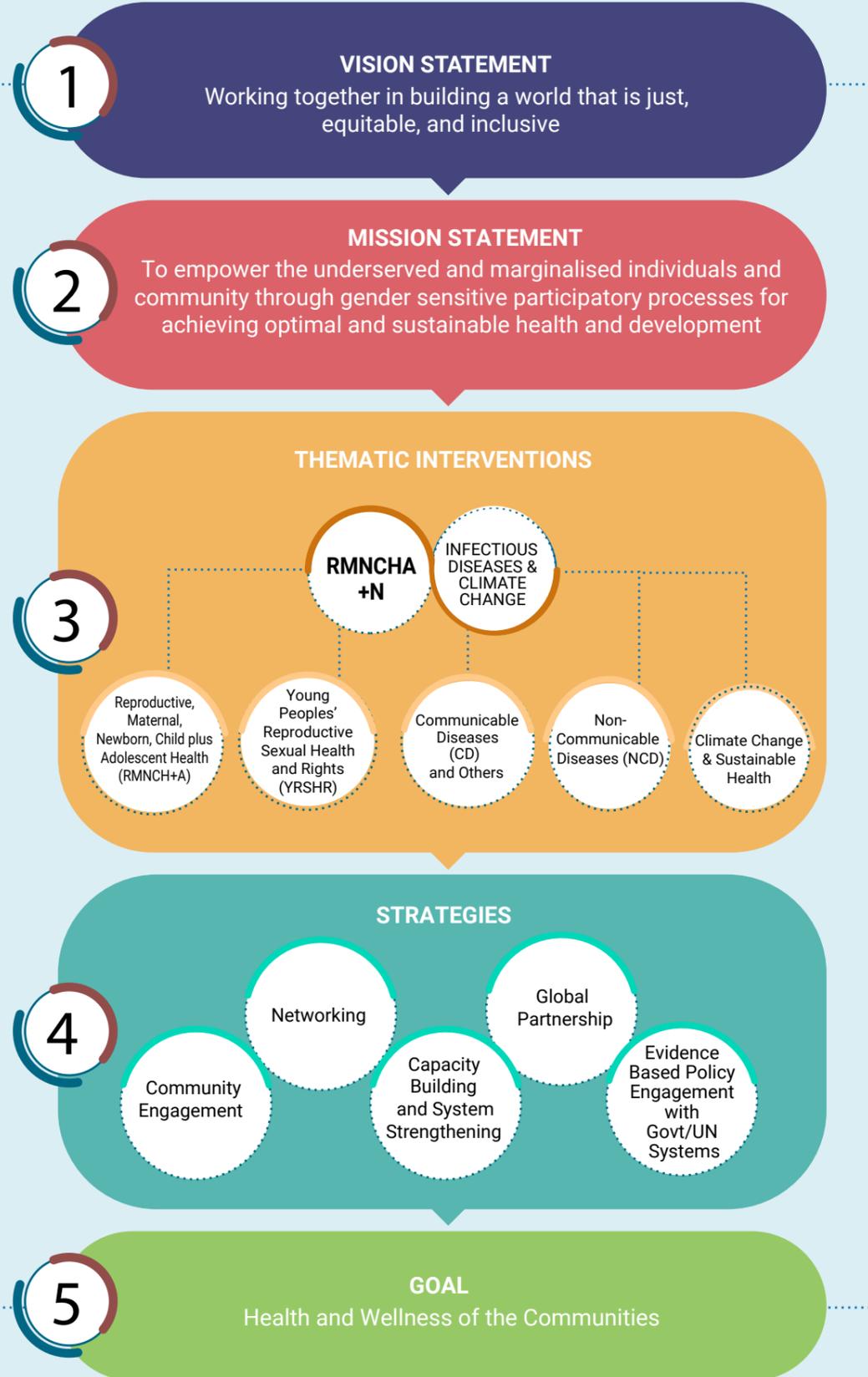
Under the leadership of Dr. Sunil Mehra (paediatrician and Executive Director), MAMTA has grown from a small clinic in Tigri (one of Delhi's slums) in the 1990s to a leading multi-pronged institution that focuses on community empowerment, forging partnerships and alliances, building evidence (deep dive in implementation science), capacity building, and policy level initiatives. MAMTA has a strong institutional framework in terms of its internal policies, legal sanctions and skill set to meet the emerging demands in the themes of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCHA+N); Young peoples' Reproductive Sexual Health and Rights (YRSHR), Communicable Diseases (HIV/AIDS, Hepatitis 'B' & 'C and TB) and Non-Communicable Diseases. Gender, Rights and Poverty are cutting across thematic interventions. The institutional capacity to provide services effectively and efficiently in critical areas of health care and long-term sustainability of government response in light of quality, is one of the fortes of MAMTA.

Continuing our tradition of nurturing national and international partnerships, over the last three decades, MAMTA has reached more than 300 districts across 25 states in India. During early 1990s we spent time laying the groundwork for the future, when we established a presence in ten countries in South and Southeast Asia through our worldwide training programmes. More recently, we could make it possible to share our leanings and experiences with fellow institutions in Nepal, Bangladesh, Indonesia, Cambodia and Burundi. Over the last three decades, MAMTA has seen its partnerships with the private sector materialize to a great extent. Our institutional work started very early when we participated in UNGASS on child marriage and then became the US parliamentary member on RH issues as part of the Global Award. Then, in partnership with RFSU Sweden, we undertook ITP (for five years) on YRSHR for ten South and South-East Asian countries, followed by a similar training program (2008 onwards) for National Training Program with participants across 25 states in India. This gave us an opportunity to work with many international universities and global experts. This also led to close working relationships (technical support) with many neighbouring countries in the region.

It's worth noting that over the last two years, MAMTA has been acknowledged by worldwide platforms and think tanks like GAMA (Global Action for Measurement of Adolescent Health) - WHO Geneva, which strives to improve health measurement and reporting during important stages of life so that accountable action can be taken. We also work closely with WHO RHR/HRP departments, Geneva, to further the Implementation Research in the field of RKSK in priority districts of India. At the national level policy making, we have been invited to provide technical support to the School Health programme under Ayushman Bharat as National Trainer and Mentor for different states. MAMTA has also collaborated with different international Universities (Lund University, Sweden; Karolinska Institute; Kings College, London; Oxford University, UK) on various issues such as policy framing at country level in COVID-19, maternal health, family planning, technology and impact measurement. Our COVID-19 response has yielded new insights and ideas. To begin with, the institutional staff was extensively trained on COVID-19, so that proper messaging could be delivered on the ground. We have used approaches like community campaigns, teleconsultation services and data-driven/evidence-based programming, particularly with medical institutions across multiple states, to effectively respond to COVID-19. We also hosted the prestigious 'Adolescent Health Research (AHR) Training as our first attempt to develop and groom young researchers in the field of Adolescent health, as only 4,572 (1.9 percent) of the 0.24 million total published articles available in India for the last five years focused on adolescent health. The institute brought together various international and national universities for this effort - Burnet Institute Melbourne, Australia; London School of Hygiene and Tropical Medicine, England; Population Council, India; Banaras Hindu University and independent consultants from Sweden. MAMTA is in the process of digitizing its institutional Management Information System on an internal level, in order to consolidate large institutional data into a single platform to inform the future programmes and policies.

## Institutional framework

PARTICIPATION, INCLUSION, GENDER, POVERTY, RIGHTS ARE CROSS CUTTING



CONVERGENCE, TRANSFORMATION, SUSTAINABILITY FOR APPROACHES





# Thematic note

## INTRODUCTION

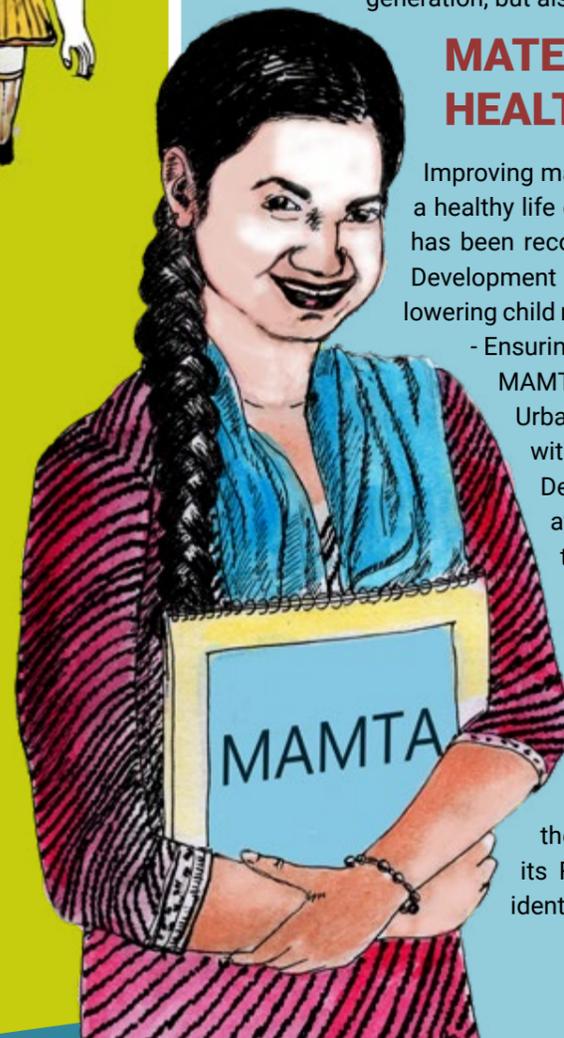
MAMTA HIMC has been working in the field of health for the past three decades, focusing on thematic areas such as Maternal, Newborn, and Child Health and Nutrition, Young People and Sexual and Reproductive Health and Rights, and Chronic Diseases (Communicable & Non-Communicable). Thematic interventions feed into Research & Innovation, which not only assists in evidence generation, but also encourages institutional participation in policy processes.

## MATERNAL, NEWBORN, AND CHILD HEALTH AND NUTRITION

Improving maternal and child healthcare and nutrition is critical to ensure a healthy life cycle, not just for an individual but for the entire nation. This has been recognised around the world, with two of the eight Millennium Development Goals (MDGs) focusing on improving maternal health and lowering child mortality. It is also within the framework of Goal 3 of the SDGs - Ensuring good health and wellbeing for everyone at all ages.

MAMTA started its first programme—Integrated Maternal and Child Urban Development Project— in the slums of Tigri settlement with support from its first donor, the Swedish International Development Cooperation Agency (SIDA). The project aimed at improving MMR, IMR, low birth weight and malnutrition through different strategies. Since then, there has been no looking back.

Following WHO's 'Continuum of Care' (CoC) approach, MAMTA's strategic interventions are positioned throughout the reproductive cycle of a woman, from adolescence and pre-pregnancy to pregnancy, childbirth and postnatal period. Over the years, the organisation has been able to plant its roots in several ground-breaking paths within the premise of maternal and child health and has scaled up its RMNCHN+A programme. Three broad areas that could be identified in which MAMTA has broken ground are:



## Improving health-seeking behaviour among communities

Identifying and addressing problems of little or low awareness of healthy life approaches require long-term strategies and support. It also involves sensitising caregivers and strengthening the healthcare delivery system. MAMTA has designed interventions adopting a community participatory approach. The interventions have witnessed significant changes in the communities' behaviour, wherein in some cases, the communities have taken ownership of the projects. Significant improvements in knowledge, attitudes and practises (KAP) have been seen in cases which family counselling has been involved. For example in 2018–19, in the family-centric safe motherhood approach intervention, there was a 65 percent increase in the use of modern contraceptives amongst newly married couples. The intervention's effort to enhance male involvement resulted in 36 percent of female respondents being accompanied by their husbands for ANCs and PNCs. In 41 percent of cases, it was the mother-in-law who accompanied the pregnant women to the health centres. Interventions on family planning, under 5 malnutrition, anaemia prevention, HIV/AIDS, etc. executed under the umbrella of RMNCHN have seen similar positive behavioural change.

## Capacity building of volunteers and frontline workers facilitating uptake of public health services

Peer mentors, community counsellors and community health workers are identified and imparted comprehensive training before being deployed in the field. They have been instrumental in reaching the beneficiaries and providing much-needed counselling on MCH interventions. MAMTA provides technical support to state and national government officials and imparts training to public healthcare providers, including frontline workers and VHNC members. As a result of such training, there has been an increased uptake in public health services by the beneficiaries. For example, intervention on ANC and PNC in Rajasthan witnessed almost 95 percent institutional delivery and 94 percent women availing ANC services. Such breakthroughs have been possible because of MAMTA's comprehensive training modules designed around technical skills, knowledge and communication.

## Health Systems strengthening and improving measurement tools

Health system strengthening is one of MAMTA's core areas. Every initiative of the organization has dedicated component on health system strengthening; wherein we

build the capacities of frontline functionaries (ASHAs, AWWs, ANMs) on protocol based and inclusive service delivery. The organization has also had the privilege of implementing significant numbers of exclusive Health System Strengthening projects. MAMTA had the role of building Regional Resource Center (RRC) for Maternal and Child Health in Punjab, Haryana and Chandigarh for more than a decade which was dedicated to train the service providers and stretch the communities' monitoring processes. MAMTA played a significant role in the training of Block Level Communication Officers in more than 12 states of India on behavior change communication in partnership with NHIFW, with the support of UNIFEM and UN CHARKA which are secretaries' organizations which helped in developing resources on Gender, HIV and Human Rights. MAMTA as a 'National Technical Resource Institute' (NTRI) designated by the National AIDS Control Organization, GOI since 2007 has facilitated the roll out of 'Link Workers Scheme' (LWS) in 25 districts of five states which are Uttar Pradesh, Bihar, Chhattisgarh, Orissa and Rajasthan, MAMTA developed management information system and monitoring plans of the government. MAMTA has played an active role with MoHFW in the development of RSKSK training modules building the capacities of RSKSK facilitators in five states of India. Since 2019, MAMTA has been a big support to health systems in Uttar Pradesh in capturing relevant information about their program in terms of MIS and analysing it for strategic decision making around family planning. During the COVID-19 second wave, MAMTA deployed its resources with NHM-UP, analysing and monitoring the COVID-19 surge in various districts of Uttar Pradesh and subsequently helping in allocation of provisions and support to the districts.

## YOUNG PEOPLE'S REPRODUCTIVE SEXUAL HEALTH AND RIGHTS (YRSHR)

MAMTA is a leading contributor in improving the sexual and reproductive health of adolescents and young people, keeping in mind the life cycle approach, gender, sexuality and rights as the guiding principles of this thematic intervention. It primarily works under four intersecting domains: comprehensive sexuality education; adolescent-friendly health services; addressing harmful traditional practises like early/child forced marriage and changing inequitable gender norms.

In the early 1990s, most of the interventions related to children's health were positioned around antenatal and postnatal care and children under the five years of age. Adolescence, an important period of transition from

childhood to adulthood has been recognised as an important phase.

## First Contact: Adolescent Development Centre

As intervention in adolescence was a relatively new area, there was almost no depository of resources or knowledge to draw from and no available funding. MAMTA initiated a safe space for adolescents in Tigri, South Delhi. Setting up the Adolescent Development Centre (ADC) was an innovative approach to opening discussion on topics around adolescent health, sexuality, rights and rendering psychosocial support. The centre became truly a safe space for adolescents, especially girls, to explore, learn and seek answers to curious questions about the changes in their bodies. The centre also provided informal education and vocational training to equip them with financial independence. This is where our journey on Adolescent Health started.

## A pioneer in YRSHR

As an institution, MAMTA has always been ahead of its time and taking up newer and newer approaches that have not been implemented till date. Community participatory approach is an integral tool to achieve behavioural change in communities. In 1996, MAMTA opened a Reproductive Child Health Centre in Sangam Vihar with support from the British High Commission with the vision to adopt a community participatory approach.

In India, addressing adolescent reproductive health and rights cannot be done in isolation without addressing the larger issues of social practises such as early marriages, gender disparity and gender-based violence. Both boys and girls need to be educated on the harms of such practices to break the vicious cycle. Many policies until then had no specific programme to address this important age group. In 1999, with support from the Ministry of Health and Family Welfare, GoI, and UNFPA, MAMTA organised a workshop on 'Policy Review in 10 States of India' with the objective to review existing policies and programmes related to adolescents. Based on the findings of the review workshop, an agenda on Adolescent Health and Development was included in the 10th Five-Year Plan of the Government of India.

## System Strengthening, Capacity Building and Partnerships

The organisation works closely with government departments and global agencies by employing multi-sectoral convergences at blocks, districts and state levels and also with the national governments of several

South and South-East Asian countries. It continues to support government programmes such as the RSKSK and adolescent-friendly health services in several states through capacity-building training and implementation research. It provides technical assistance through programme design, training frontline workers and managing the resource centres. In 2016, MAMTA led a technical consultation in partnership with the Adolescent Health Division, MoHFW, the Government of India, and the International Association for Adolescent Health (IAAH) put forward a ground-breaking call for integration of implementation research into delivering ASRH programmes to foster learning on what it takes – and costs – to deliver effective interventions at scale with quality and equity in different contexts. From here our partnership with the WHO, Geneva, on enhancing RSKSK in laboratory districts was initiated.

## Programme scale-up, research fellowship and global reach

MAMTA scaled up its intervention on young people's SRH and extended it to other states. It also expanded its programme to neighbouring countries like Nepal, Bangladesh, Cambodia, and several other South Asian countries. It accrued global funding as a result of its strong field experience and evidence base reports. Another innovative step taken by MAMTA to generate an evidence base in the area of adolescent health and rights was by instituting a Fellowship Programme. Research scholars working in the area of adolescent health are supported financially. Fourteen scholars have completed their Fellowship since 2017. In October 2017, with MAMTA as a technical partner, Centres of Excellence for Adolescent Health and Development (CoE-AHD) were developed in two premier health institutes by the National Health Mission, Uttar Pradesh.

## COMMUNICABLE DISEASES

By the late 1990s, the global burden of TB, Hepatitis, HIV/AIDS, etc. reached a tantamount number and India, a populous country with a developing economy, felt the burden, too. Cases of HIV/AIDS have been reported in India since the 1980s, and a decade later, it has reached all four geographical corners of the country. MAMTA took the step to expand its interventions to HIV/AIDS, tuberculosis and other communicable diseases as it was already working with the most vulnerable categories of the population—women, children, and young adults.

## Interventions and System Strengthening

In 2000, with support from HIV/AIDS Alliances, MAMTA initiated its first programme on HIV/AIDS aimed at providing appropriate clinical and psychosocial support to people living with HIV/AIDS, their families and children affected by AIDS. In collaboration with funding partners SIDA and RFSU, MAMTA launched interventions that promote high-quality access to care, prevention and support treatment services for PLHIV. The collaboration also catapulted MAMTA's global exposure and helped achieve its status as a leading technical support provider. Project Axshya is a project aimed at eliminating TB from the country and MAMTA has launched this in three phases since 2010. Currently, it is in its fourth phase. Funded by The Union, it complements the RNTCP of the government by providing access to TB care and control in partnership with government agencies. MAMTA continued to provide technical assistance to government departments and NGO partners through the training of health workers and programme managers. It supports the National Strategic Plan for TB and implements the Joint Efforts for the Elimination of TB, with the aim to strengthen the efforts of the private sector in providing access to services and treatment to TB patients.

Project AHANA is another programme implemented by MAMTA to increase uptake of services for the prevention of parent-to-child transmission (HIV). Through the earlier efforts under the AHANA project, 42 percent of pregnant women knew their HIV status, 98 percent of positive pregnant women received treatment and care, and 91 percent of infants born to HIV positive mothers received virological tests within two months of birth. In 2014, MAMTA implemented the 'Meri Life Meri Choice' project to reduce the vulnerability of adolescent girls to HIV/AIDS in two states in India adopting a safe-space approach. MAMTA has also launched digital programmes for reaching out to adolescent and young key populations to address HIV/AIDS and STIs/RTIs through its partners in Indonesia, Cambodia, Burundi.

MAMTA continued to align all its interventions with government programmes to achieve a higher rate of accessibility and uptake of public health systems by the beneficiaries. It identified patients in its intervention sites and linked them with government health schemes and also conducted follow-ups.

## NON COMMUNICABLE DISEASES

Since 2011, MAMTA has designed and implemented integrated-intervention models that are aligned to existing global and national health and development

strategic plans. It is committed to the global target of reducing NCDs by 25 percent by 2025 and continues to support interventions implemented by national and state governments. Continuing with its Continuum of Care approach in all its intervention strategies, NCDs such as hypertension, cancer, diabetes and cardiovascular diseases have been included within these integrated-intervention models.

Most NCDs risk factors originate in adolescence and identification and assessment of such signs and symptoms is a part of MAMTA's strategy while dealing with young people SRH. Youth clinics have been set up and medical professionals, programme managers and frontline workers have been trained to identify those at risk and provide immediate linkage to the public health system. Besides, pregnant women who are beneficiaries of MAMTA's RMNCH interventions are also included within this assessment and monitoring fold.

## Leveraging Government Programmes and Linkages to Health facilities

MAMTA implemented programmes that complemented the Government of India's existing policies and programmes on NCD. Linkage is an integral part of project implementation particularly for NCDs as early detection and timely diagnosis play a pivotal roles in reducing the burden of the diseases among populations. The components in MAMTA's programmes identified access-related barriers, service-delivery gaps, community requirements and opportunities within the health system. It provides valuable feedback to government authorities to identify such gaps, strengthen the system to address gaps, generate demand from the ground and create shared ownership among the beneficiaries, families, panchayats and department functionaries at all levels.

## MIDWIFERY AND CLIMATE CHANGE

With Government of India the landmark decision on introducing midwives as a separate cadre MAMTA has taken multiple steps in moving towards the same. We have conducted a survey in six Indian states for assessing competency of midwife practitioners and educators as per standards set by International Confederation of Midwives with support from World Health Organization. The results from this huge survey are in the process of being published in high indexed scientific journals. Further, there have been collaborative discussions with Karolinska Institute and Lund University, Sweden for facilitating roll out of a midwifery cadre in India. As a result, MAMTA is spearheading Multi country Midwifery Initiative along with

Global health academy and Lund University for preparing midwifery advocates in 6 countries (India, Cambodia, South Sudan, Zimbabwe, Uganda and Liberia). Further, there have been talks with various funding agencies for initiating midwifery curriculum in private set ups.

MAMTA is expanding its interventions to engage with state governments to develop climate efficient and sustainable health systems and healthcare services. In September 2021, MAMTA, in association with Nordic Center for Sustainable Healthcare (NCSH), Sweden organized a series of technical consultation for operationalizing the 4 As (awareness, acceptability, availability, and affordability) of climate smart and energy-efficient healthcare solutions across health care facilities in Delhi (NCR).

MAMTA is exploring the opportunities for intervention areas in climate change with national and international institutions of repute. MAMTA, in partnership with the Swedish International Development Cooperation Agency, is planning to create Sustainable Health Care through Climate Efficient Health Systems by developing state-owned/led climate resilient/efficient models contributing towards country's climate goals in different states of India.

## MOVING TOWARDS TECHNOLOGY BASED INTERVENTIONS

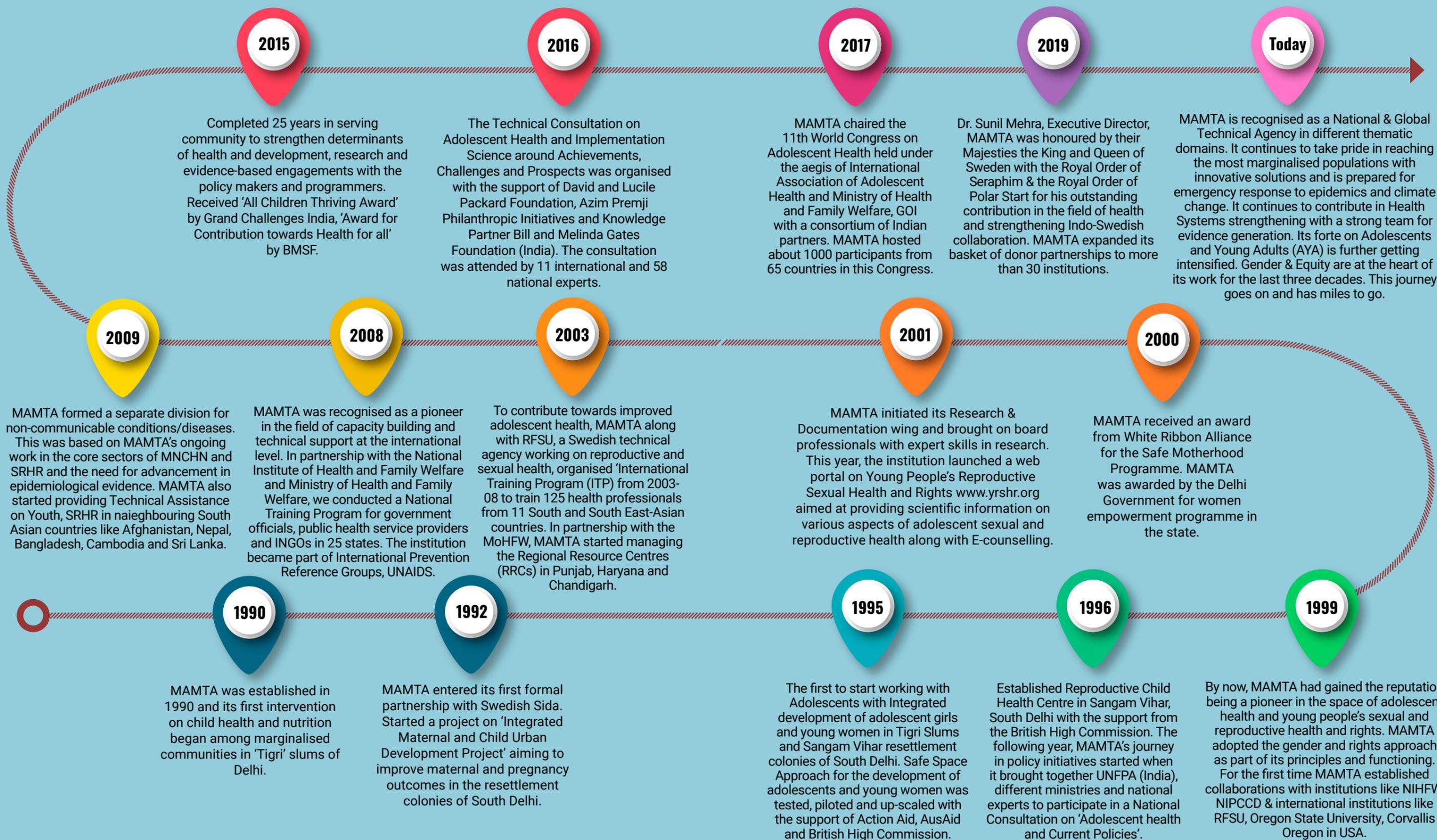
The institution has moved into the design and creation of various digital health packages and solutions, responding fast to emerging opportunities on a global and national scale. These innovative products were developed within MAMTA in response to the fact that Adolescents and Young Adults (AYA) are looking for digital-based solutions to their thirst for knowledge on a variety of topics such as sexuality, HIV/AIDS, pre-conceptional care, and noncommunicable diseases such as diabetes. One of the starter innovation projects was implemented in Madhya Pradesh (2 districts) to detect Pre-Term Births (before 34 weeks of gestation) using a salivary progesterone test as a screening tool in partnership with Biotechnology Industry Research Assistance Council (BIRAC), Department of Biotechnology India and Bill and Melinda Gates Foundation. In Himachal Pradesh (one of the states in India with significant penetration of mobile phone use and the internet), a pilot was launched to generate awareness about non-communicable diseases among the adolescents as well as adults. MAMTA critically analysed the need to design mHealth products in India for the young and migrating key populations and partnered successfully with Delhi based key population

networks to roll-out a knowledge and linkage (HIV counselling and testing) application for the communities. Based on this experience, MAMTA expanded its reach to countries such as Indonesia, Cambodia and Burundi and designing evidence-based mHealth products for networks of young key populations through catalytic funding. We are commencing now into and exploring models of social marketing (in SRH) in select few districts in India in partnership with Triggerise. Our digital health work is taking shape in policy processes where MAMTA is designing and evaluating adolescent responsive digital products with technical inputs from the WHO Geneva and the state governments. In the current setting of COVID-19, the institution is becoming significantly more tech-enabled, executing multi-dimensional operations through virtual means, and contributing to environmental sustainability and cost-effective operations.

These are only a few glimpses of MAMTA's contribution in the world of technology-driven solutions for the most marginalized; there are many more innovative approaches that MAMTA's programme leads employ in their projects, haven't been listed but are equally imperative to the health and sustainability outcomes.



# Milestones and turning points in the 30 years of journey





## Governing board and thematic leads

**Mr. Umesh Kumar Khaitan**  
President

**Mr. Girish Bhasin**  
Secretary

**Dr. Provat Kumar Ganguly**  
Treasurer

**Mr. Dharam Pal Agarwal**  
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**Dr. Saroj Pachauri**  
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**Dr. Lavlin Thadani**  
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**Ms. Harita Gupta**  
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**Prof (Dr.) Navin Dang**  
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**Dr. Sunil Mehra**  
Executive Director

**Mr. Syed Mukhtar**  
Finance and Admin Lead

### Thematic Leads

**Ms. Priyanka Sreenath**

**Mr. Faiyaz Akhtar**

**Mr. Murari Chandra**

**Dr. Shantanu Sharma**

**Dr. Prasanta Bandopadhyay**

**Dr. Dinesh Baswal**

**Dr. Sirazul Ameen Sahariah**

### Our State Leads

**Rajasthan: Dr. Shachi Adesh**

**Bihar: Mr. Brijendra Choudhary**

**Odisha: Dr. S.K. Jena**

**Uttar Pradesh: Dr. Amit Kumar Yadav**

**Himachal Pradesh: Dr. Gaurav Sethi**



## COVID-19 response

In 2019, COVID-19 hit all of us in an unprecedented manner. Working with communities and public services became central. Addressing the critical needs of the communities not just for health (including mental health) but also social and economic aspects has become important for the well being of the communities.

The Government of India called upon the non-governmental institutions to collaborate for the operationalization of COVID-19 Care, where MAMTA nudged the subnational and district level health systems to integrate the needs of children, adolescents and young women into the COVID-19 response with focus on child protection and preventing gender-based violence. We also got support from the district authorities in many states to build capacities across various cadres in departments to deal with the COVID-19 pandemic and strengthen its management. Apart from this, the distribution of COVID-19 emergency and safety kits (including PPE and Thermoscans) in various districts across the project areas was necessitated. Since 2020, MAMTA has been working with the Directorate of Medical Education, Government of Uttar Pradesh, with technical HR at the COVID-19 control room, supporting 67 medical colleges (L2 & L3 facilities) in their preparedness for COVID-19 response. After the first wave, specialised capacity building trainings were initiated in collaboration with the Directorate of Medical Education (Govt. of UP) and SGPGI (Lucknow) that was imparted to over 600 doctors and nurses on advanced critical care training on COVID-19 management. MAMTA also facilitated setting up a virtual ICU at SGPGI, Lucknow (UP), to support ICU decision making on COVID-19 patients in a hub and spoke model covering a few public Medical Colleges.

MAMTA reached out to various donors, especially Give to Asia, Frontline AIDS, HT Parekh and individual

philanthropists to provide essential equipment and resources to healthcare facilities, information dissemination with BCC engagements (including tele care) at the community level, improving linkages with public health system with the help of trained AYUSH doctors supporting tele-medicine and counselling in Panipat, Palwal (Haryana) and Bahraich (UP).

MAMTA also embarked upon developing a Mobile Application to support the RKSK Peer Educators in building understanding of COVID-19 with a focus on addressing the gaps in management of menstrual health and hygiene, preventing gender-based violence, building life skills, and psychosocial well-being with the support of WHO and MoHFW in 2020. MAMTA's teams worked tirelessly to assist the community members in registering on the government applications for immunisation. Apart from these active interventions, we are continuing to incorporate the COVID-19 response into our ongoing and future interventions and would like to thank our donors for supporting us on our journey to create an effective calibrated response, solve critical challenges, and create a high-impact strategy to reach the unreached. Improving access to Public Services was the hallmark of interventions across all districts in several states.

# Quotes from some changemakers



**Benjamin Nayak**  
Senior Program Manager,  
Balangir  
Project Jagriti, Odisha

Since physical activities were halted due to the pandemic, other platforms were explored to share the messages on basic Health and Nutrition. 1 Min Campaign (telephonic contact) WhatsApp Charcha, Patrachar (pamphlet distribution through local newspaper) and Jagriti Kare Aelan (through Auto Rickshaw) were adopted, which were much appreciated by the community.



**Ranju Mandal**  
Block Supervisor, Balangir  
Project Jagriti, Odisha

FLWs and VHSNC started household visits on COVID-19 management and our team joined them on such visits. Four key messages were disseminated— correct way of wearing face mask, importance and steps of handwashing, social distancing and COVID-19 vaccination. These key messages were effective in helping the rural population fight the Coronavirus.



**Dr. Manisha Bhatia**  
Senior Programme Manager  
Project HealthRise, Himachal  
Pradesh

With rise in COVID-19 cases, NCD patients stopped visiting health facilities because of their comorbidities. Our team coordinated with health officials and accompanied ASHAs in active case finding campaign and follow ups. Counselling on treatment adherence, teleconsultation and facilitating health facility visits were supports provided to patients and continued for a year.



**Alok Ranjan Panda**  
Block Supervisor  
Project Jagriti-2, Odisha

We conducted household visits along with FLWs and distributed leaflets. Conducted meeting with VHSNC members and make them aware by distributing new Govt guide line on COVID-19 and distributed the guideline. Facilitated in Jagriti kare Aelan programme by distributing leaflets. Messages sharing was done through telephonic counselling and watshaap churcha.



**Rohit Prasad**  
District Coordinator, Mandi  
Project Jagriti, Himachal Pradesh

We conducted online sessions for adolescents using an interactive approach to address menstrual hygiene, side effects of tobacco and negative lasting impact of COVID-19. During the lockdown, we worked along with the Health Department for household visits to spread awareness on COVID-19 and distributed sanitary pads to adolescent girls.



**Bhupinder Sharma**  
District Coordinator  
Project Jagriti, Uttar Pradesh

We conducted 'Jagriti Kare Aelan' campaign during the second wave of the pandemic on COVID-19 safety protocols. Pamphlets were distributed and audio messages were played through mobile e-rickshaws. We also conducted 1-minute mobile campaign on how to register for vaccination and COVID-19 prevention and treatment. The campaign was conducted in Kakori and Chinhat blocks of Lucknow covering 112 villages, ultimately reaching 6,000 beneficiaries.



**Kshma Sheel Verma**  
Programme Officer  
HCL Uday My Community, Uttar  
Pradesh

We introduced Home-based Telemedical Camp which has been much appreciated by the communities. One instance is of a pregnant woman who received emergency medical help from the comfort of her home during the lockdown. This model is a great success as it is entirely driven by community volunteers, directly benefits the community members, hassle-free and sustainable.



**Anamika Singh**  
Programme Manager  
HCL My Worth Project, Uttar  
Pradesh

During the lockdown, one of our beneficiaries called us for help as his father lost his job and he was pressurised to leave his studies. Our peer leader's group got in touch and counselled his parents. The boy was able to continue his studies and his family was also connected with different government schemes to address their financial conditions.



**Gulam Hasan Khan**  
Regional Manager  
RKSK (FORD & WHO) SAMUH, Uttar  
Pradesh

We developed a mobile based application called SAMAJH App since, we could not conduct field visits due to the pandemic. The app has been effective in reaching out to peer educators and adolescents to address adolescent health and development issues as well as COVID-19 related information.



**Swapnajit Ghosh**  
District Programme Manager  
Project Jagriti-2, Odisha

We carried out one-minute mobile phone campaign to reach the beneficiaries on COVID-19 related messages and basic information on health and nutrition. We also shared these messages through WhatsApp charcha, Patrachar—pamphlet distribution through print media/local newspapers and Jagriti Kare Aelan—disseminating information through mobile auto rickshaw campaign.



**Dr Amit Kumar Yadav**  
State Team Leader  
Uttar Pradesh

During the nationwide lockdown, MAMTA HIMC provided technical support to the Directorate of Medical Education and training, Uttar Pradesh. We provided technical analysis of data for action, facilitated trainings on 'Critical Care' and 'Paediatric Care' in the context of preparation for the third wave of the pandemic. We are also facilitating CSR support for establishment of Virtual ICU in a hub and spoke model with the hub being SGPGI and six old government medical colleges being the spokes.



**Yadavendra Singh**  
State Communications Lead/  
Assistant Director  
FP, BMG, Uttar Pradesh

The ongoing COVID-19 pandemic posed many challenges in the implementation of the Family Planning project. But we turned these challenges into an opportunity. We started online meetings with stakeholders, bureaucracy and ministers. Our lecture series and WCD celebrations were conducted on Zoom. We were able to get international dignitaries to attend these meetings.





**Neha Sharma**  
Program Manager, Hamirpur  
Project Nand Ghar, Himachal  
Pradesh

COVID-19 situation became worse in May 2021. For regular monitoring, we created WhatsApp groups of beneficiaries and Anganwadi workers to share content and awareness related to pre-school education and health on a regular basis. We also interacted with them telephonically. Our team came forward for sanitization of the Nand Ghars and conducted awareness sessions on COVID-19.



**Mithlesh Kumari**  
Block Supervisor  
Vedanta Nand Ghar, Rajasthan

We motivated AWW workers and ASHAs to make masks and distribute them to children and women. Sanitary pads were distributed to adolescent girls. Health camp was organised by the doctor of PHC in collaboration with BCMO, along with COVID-19 testing. Vaccination camp was organised for the beneficiaries and especially for the elderly who were deprived of the second dose of vaccine.



**Ravi Dadhich**  
Program Manager  
AJWS, Rajasthan

With the lockdown imposed in Jaisalmer in April 2021, mobility was restricted for our usual works. We coordinated with the district Health Department and ICDS Department, especially to support children and adolescents. COVID-19 awareness messages were delivered at the doorsteps of our beneficiaries. Those infected with the virus were connected to nearby help facilities.



**Laxmi Ghoshalaya**  
Cluster Coordinator  
Vedanta Nand Ghar, Rajastha

During the lockdown, we facilitate people to connect with ongoing activities like VHSNC meeting, parents' meeting, PRI meeting, NG staff meeting, adolescent meeting, etc. via Google Meet. Other programmes such as Nand Ghar Sanitizer and Ration Kit, mask distribution, plantation on Environment Day, vegetable distribution from kitchen garden to beneficiaries, etc. were organised.



# Projects at a glance (2019-21)\*

Sl. No.	Partner	Project Name	Project Period
1	UNICEF	Strengthen institutional capacity of key district government stakeholders to enhance adolescent empowerment and to prevent child marriage in the state of Assam, Chattisgarh, Madhya Pradesh, and Uttar Pradesh.	1-Jan-19
2	MCKS	Improving psychosocial wellbeing of adolescents through an integrated approach to mental health	1-Apr-19
3	Medtronics	Sustaining the community empowerment achieved via SALT-CLCP	1-May-19
4	Greenlam	Improving Maternal, Newborn, Child Health and Nutritional (MNCHN) status by empowering communities on entitlements related to Health, Nutrition and WASH in Nalagarh of Solan district of Himachal Pradesh.	1-Jun-19
5	J.K.Tyre	Improving Maternal, New-born, Child health and Nutritional (MNCHN) status by empowering communities on entitlements related to Health, Nutrition and WASH in Morena Madhya Pradesh	1-Jul-19
6		Prevention and control of hypertension and diabetes in the district of Shimla, Himachal Pradesh. - Project Arogya	1-Jul-19
7	Lal Pathlabs Foundation	Strategic approach towards health promotion, prevention, early detection and management of common cancers (Cervical, Breast and Oral) among women in the age group 30-70 years of Patna and Vaishali district in Bihar	1-Jul-19
8	H&M	Empowering women with knowledge and skills for sustainable livelihoods	15-Jul-19
9		To conduct competency assessment including barriers and facilitators of Midwifery care providers and tutors for provision of quality Midwifery services in India	1-Sep-19
10	World Health Organisation	To contribute to the internal and external review of the lessons learned from one year of support to Haridwar district and Siddharthnagar district, India in the context of the Laboratory District initiative, and to support planning for 2020 at the district level and across all Laboratory Districts	1-Sep-19
11	Norwegian Agency for Exchange Cooperation	Strengthen Regional Cooperation to prevent HIV/AIDS	1-Oct-19
12	Vedanta Foundation	Nand Ghar, Tonk, Rajasthan	1-Nov-19
13	Relaxo Foundation	Jagriti Phase 2	20-Dec-19
14	Fidelity Asia Pacific Foundation	Management Information System to support programmes aimed at improving the health of women and children	1-Jan-20
15	UNICEF	Strengthening Convergent platforms for delivery of Early Childhood Development Packages	10-Mar-20

\*Projects are renewed annually.

Sl. No.	Partner	Project Name	Project Period
16	PATH India	COVID-19 support to Government of Uttar Pradesh	15-Apr-20
17	Birla Nagar (Janaseva Trust)	Facilitating the establishment of Centre for Excellence for the BIMR Institute of Nursing and Professional Studies in Gwalior, Madhya Pradesh	1-Jun-20
18	Vedanta Foundation	Nand Ghar, Jaipur, Rajasthan	1-Jun-20
19	Frontline AIDS	Building the capabilities to respond to the COVID-19 epidemic, through the Partnership COVID-19 Crisis Fund	12-Jun-20
20	World Health Organisation	Capacity building of the peer educators of RKSK through a digital platform for health promotion at the community level on SRHR, Nutrition, Mental Health and COVID-19 in five High priority Districts of Uttar Pradesh	11-Aug-20
21	Bill & Melinda Gates Foundation	Technical Assistance to UP DME for strengthening of training for COVID-19	22-Aug-20
22	United Ways	Health Writes Initiatives	1-Sep-20
23	Welspun	A model of community awareness and systems strengthening to improve health status of reproductive-aged women, children & adolescent girls in Vapi block of district Valsad & Anjaar block of district Kachch in the state of Gujarat	15-Sep-20
24	DFM Foods	Improving the Nutritional Status of Children in the age-group of 6-14 years in 3 lakhs population of West Delhi, Noida and Lucknow, using an all-inclusive approach	1-Oct-20
25	Population Services International (PSI)	To promote social inclusion, scale and sustainability cost efficiency and context specific approaches while upholding stakeholder empowerment as well as community and organisation partnerships	1-Nov-20
26		Hygiene and behavior change coalition	1-Dec-20
27	H.T Parekh Foundation	Project on Improving Maternal child health and nutrition in Panipat and Palwal districts of Haryana	1-Dec-20
28	Engender Health	Enhance adolescent health and well-being	9-Dec-20
29	Triggerise	Tiko - (Social Marketing, SRH and MNCH Services demand and Supply)	1-Jan-21
30	Physicians for Social Responsibility	Preventing Sexual Violence against Youth in India, 2021-2024	1-Jan-21
31	SBI Card	Improving mental wellbeing and resilience among adolescents and young married women through community led approach in GOI's RMNCH+A strategy	1-Feb-21
32	Birla Nagar (Janaseva Trust)	Study of effects of Climate Change on Exercise pattern	16-Jan-21



## Project briefs

This section of the report presents a brief overview of some of the important recent and ongoing projects implemented by MAMTA. It covers a range of issues spanning from impacting the lives of young women through a social marketing project, mental well being and resilience among adolescents, competency assessment of midwifery skills, improving infant and young child feeding practices, accelerating uptake of modern contraceptives, climate change and digital innovations to reach the last mile and so on.



## 1 Study of Effects of Climate Change on Exercise Pattern

### About the Project:

Evidence suggests that exposure to air pollution affects multiple organ systems and functions, including the cardiovascular, respiratory, cognitive, sleeping patterns and increases all-cause mortality. Though outdoor physical activity such as exercise, contributes to positive health outcomes for the cardiovascular system, it often negates the health benefits and results in a detrimental effect when it is done in polluted air. Various research has proven that increased air pollution leads to increased cardiovascular mortality, including increased risk of arteriosclerosis, ischemic heart disease, heart failure, and ischemic/thrombotic stroke. Short-term exposure to air pollution is associated with an increased risk of myocardial infarction, stroke and acute heart failure. Hence, this systematic review aims to examine the current evidence on the cardiovascular outcome when exercising in an air polluted outdoor environment.

### Key Objective:

To systematically review and understand the effect of outdoor air pollution on the cardiovascular system among people who exercise.

### Achievement:

Electronic database search has been conducted on Embase, Web of Science and PubMed. A total of 9,285 records were identified through electronic database search (PubMed-2238; Embase-1816; Web of Science-5231). After removing duplicates and empty citations, 8,628 records were included for the title, abstract and full-text screening. Finally, 12 records were included for narrative synthesis and meta-analysis.

### Way forward

The evidence from the study will be narratively synthesised for air pollution exposure and its cardiac outcomes. The extent of air pollution exposure and the main air pollutants involved will be discussed along with the cardiac-related outcomes such as mortalities and various morbidities. If homogenous measurements are available for exposure and outcomes, a meta-analysis will be done.

## 2 Strategic Approach Towards Health Promotion, Prevention, Early Detection and Management of Common Cancer Among Women

Funded by Lal PathLabs Foundation, MAMTA implemented the project in Patna and Vaishali districts of Bihar to improve reproductive health and quality of life

among women aged 30–70 years. The program strategy is designed to increase awareness on prevention, early detection and management of common cancers (breast, cervical & oral) through a continuum care approach.

### Key Objectives:

- » To improve awareness about common cancers among women (30–70 years) preventive strategies, identification of early symptoms and the importance of early cancer detection
- » To screen high-risk populations (women) for common cancers and facilitate proper referral, treatment and follow up
- » To build awareness amongst stakeholders such as community health service about cancers in women for improved health outcomes.

**Implementation Sites:** Patna and Vaishali districts of Bihar

### Achievement:

- » Increased awareness about oral, breast and cervix cancer. According to a survey conducted in the implementation areas, about 59 per cent of the respondents cited MAMTA staff as their source of information
- » Increased awareness about vaccines for the prevention of cervical cancer
- » Increased awareness about screening for different types of cancers

### Way Forward

MAMTA in close coordination with Lal PathLabs Foundation sensitized, educated and empowered the target population about their health & wellbeing and risk factors associated with NCDs. In addition, we motivated them to adopt a healthy lifestyle and food habits through behaviour change communication. In addition, we also developed a responsible healthy behaviour to make them aware of common risk factors for NCDs. Under this initiative, we reached out to approximately two million populations for awareness generation and more than 3.3 lakhs of screenings were done.

## 3 Joint Effort for Elimination of Tuberculosis (JEET) in 11 Districts of Uttar Pradesh to Strengthen Private Sector Engagement in National Tuberculosis Elimination Program

An estimated 10 million new cases of Tuberculosis, also known as active Tuberculosis, were reported worldwide in the year 2018 (WHO Global Tuberculosis Report 2018). A

significant 27 percent of this global burden was reported from India. In India, Uttar Pradesh accounts for more than 20 percent of the total number of notified cases of TB. To address this issue, engagement of the private sector was considered as a cornerstone in the National Strategic Plan for eliminating TB in India. MAMTA HIMC is implementing a Global Fund-supported project with support from CHRI (Path Affiliate) for strengthening engagement of the private sector in the effort to reduce the disease burden in Uttar Pradesh.

### Key objectives:

The key objective of this project is to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients in the private sector.

**Implementation sites:** The project is being implemented across 11 districts of Uttar Pradesh. The first phase of the project was implemented between April 2018 and March 2021, extended for nine more months from 1st April 2021 to December 2022.

**Target Group:** Private practitioners, private hospitals, chemists, laboratories and TB patients working in the private sector

### Achievement:

- » Increased engagement of private sector practitioners, hospitals, chemists and laboratories with NTEP
- » Improved TB case notifications to NTEP from the private sector
- » Enhanced successful treatment outcome of notified private sector TB patients
- » Establishment of an effective and sustainable Private–Public Mix approach in these identified districts for sustaining the private sector engagement with NTEP

### Way Forward

MAMTA will continue to implement Project JEET in the identified 11 districts till December 2021. Subsequently, the programme will be implemented by the state government across all 75 districts in Uttar Pradesh from the year 2022 onwards.

## 4 Understanding the Impact of Coronavirus Pandemic on Women: An Intervention Research on Women FHWs

The intervention has been designed to assess the impact of COVID-19 on female frontline workers and pilot an implementation strategy to mitigate the impact of the same on Female Health Workers in Delhi NCT supported by JICA and PwC. This will help in drawing insights and inputs to address such a pandemic while providing

psychosocial support to the female health workers in a gender sensitive way.

### Key Objectives:

To develop an effective strategy on mitigating the impact of COVID-19 amongst women FHWs such as ASHA, ANMs and Anganwadi Workers working in Delhi NCT region.

**Implementation sites:** Mangolpuri and Sultanpuri district of Delhi

### Achievement:

The qualitative and quantitative study has reflected a high level of psychosocial concern among female health workers in addressing COVID-19 specific responsibilities. Gender norms related to mobility and biased division of work have aggravated their wellbeing. Despite all this, they did not get support from the department as well as the community. Based on the findings a mental health module has been prepared to strengthen the capacity of female health workers to address their psychosocial concerns.

**Way Forward:** The module will be tested for its effectiveness and capacity building programme will be organised with the support of the concerned departments. In addition, the department will be oriented to take up such initiatives with the female health workers to ensure sustainability of the intervention.

## 5 Sustaining the Community Empowerment Achieved via SALT-CLCP

With an objective to sustain the momentum of community empowerment achieved via SALT/CLCP approach in HealthRise (2015-2018), the HealthRise Transition Grant, India, has been approved by Medtronic Foundation to the Consortium formed by MAMTA, Catholic Health Association of India, The Constellation and Ramaiah International Centre for Public Health Innovations for implementation in two districts; Shimla in Himachal Pradesh and Udaipur in Rajasthan from May 2019-April 2020. MAMTA is implementing the project in Shimla and is also responsible for overall coordination with the consortium partners and grant management.

### Key Objectives:

- » To demonstrate improved clinical outcomes of patients with diabetes mellitus and hypertension exposed to SALT/ CLCP.
- » To demonstrate the effectiveness of SALT/ CLCP approach incapacitating Frontline Healthcare Workers (FLHWs) for enhanced community engagement in non-communicable disease management.

- » To demonstrate the effectiveness of SALT/ CLCP approach in empowering patients i.e, showcasing improved self-care practices and improved treatment adherence.

**Target Group:** Patients of diabetes mellitus, hypertension and FLHWs.

**Achievement:**

- » PPEs provided to health workers and medical officers
- » Over 300+ frontline functionaries trained
- » 2,000+ patients with chronic conditions provided sustained access to services via tele-counseling with at least three follow-ups
- » Patients with chronic conditions were given access to testing facilities and doctor consultation

**Letter of Appreciation:**

An appreciation letter was received from CMO Shimla Office for the work done by MAMTA HealthRise team on various activities like community mobilisation, screening, diagnosis and follow-up done for NCDs patients in all blocks of Shimla.

## 6 NOREC - Strengthen Regional Cooperation to Prevent HIV/AIDS

As part of the Norwegian Agency for Exchange Cooperation supported exchange programme, three NGOs, one each based in India (MAMTA), Cambodia (Cambodian Women for Peace and Development) and Bangladesh (Khulna Mukti Seba Sanstha) have collaborated to exchange knowledge and advance the learning on SRH and HIV integrated approaches for key populations South Asian region.

**Key Objective:**

The partnership aims to take comprehensive actions to prevent further HIV/AIDS infections among vulnerable groups. Another goal is to adequately handle HIV-positive patient management. The groups also use outreach education, counselling and awareness work to reach their goals.

**Target Group:** High risk population including adolescents and young people, married couples, pregnant women.

**Implementation Sites:** Delhi NCR

## 7 Prevention and Control of Hypertension and Diabetes in Shimla, Himachal Pradesh

MAMTA is implementing the project Arogya for the prevention and control of hypertension and diabetes in Shimla, Himachal Pradesh.

**Key objectives:**

- » To increase screening and diagnosis (detection) of people who have not been diagnosed and are not aware that they are suffering from diabetes or hypertension but are at risk for either disease. [Measured by the proportion of those at risk for diabetes or cardiovascular diseases (particularly hypertension) that are screened and diagnosed]
- » To increase and improve management and control of diabetes or hypertension (measured by the proportion of those with diabetes or hypertension reaching their clinical targets of fasting blood sugar/HbA1c, total cholesterol and blood pressure).

**Implementation Sites:** 10 rural blocks and one municipal area of Shimla

**Target Group:** Population at risk of hypertension and diabetes

**Achievement:**

- » Project Arogya has played a key role in accelerating the progress of 'Nirog Yojana' in the past six months since December 2019. A target reach of eight lakh population has been achieved through awareness generation campaign
- » Timely screening of hypertension and blood sugar for high-risk population
- » Timely screening of patients at risk and referral to government hospitals
- » Capacity building of paramedical and medical staff

**COVID-19 Intervention**

The Government of Himachal Pradesh sought support from MAMTA's Arogya team deployed in Shimla to help contain the spread of COVID-19 in the district

- » MAMTA supported the state's Active Case Finding surveillance campaign in identifying those infected with COVID-19 followed by their isolation and monitoring
- » Compilation of databases of vulnerable populations and identified those at risk for quarantine
- » Handholding support to ASHAs and ANMs during household visits and digitization of records
- » Monitoring of ASHAs using a digital platform to ensure proper screening
- » Gathered travel history of those who traveled abroad or those in contact with confirmed COVID-19 cases within the last 28 days categorising them as A, B, C for necessary follow-up as per defined protocol

## 8 Providing Universal Access to DR TB Control Services and Strengthening Civil Society Involvement in TB Care & Control in India

Project 'Axshya' stands for 'Tuberculosis free communities' and aims for the elimination of tuberculosis from the country. This entails expanding the reach, visibility and effectiveness of the Revised National Tuberculosis Control Program (RNTCP) by increasing access to TB care and control and establishing partnerships between government and civil society.

The focus of the project is enhanced access to TB services to vulnerable and marginalised communities including tribal populations, migrants, slum dwellers and communities residing in hard-to-reach locations.

**About the intervention:**

MAMTA has been implementing this project since 2010. The intervention has a multi-pronged strategy with interpersonal and mid-media communication for case finding (Axshya SAMVAD), sputum collection, transportation for testing, sensitisation and counselling of patients on their rights and responsibilities to avail free treatment and most importantly, understand the 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.

**Key Objectives:**

- » Universal access to quality TB care
- » Community participation in TB care and control
- » Sustainable interventions and equitable distribution of project benefits, especially amongst marginalised populations based on social norms and gender-based discrimination

**Target Group:** Engaging TB-affected communities

**Achievement:**

- » Increased TB notification and contribution to RNTCP
- » Improved Linkage to diagnostic and treatment services
- » Empowerment of TB affected community

## 9 Project Samagra

Samagra, USAID project is an amalgamation of Maternal and Child Health, Family Planning, Tuberculosis & with COVID-19 thematic areas. It deploys strategies such as health system strengthening, capacity building, community empowerment, male engagement and

strategic collaboration with the stakeholders in public and private sectors for ensuring quality service delivery.

**Key Objective:**

To set up a comprehensive, systems targeted, client centered, technology supported approach that will be used to improve universal health coverage, especially for RMNCH+A, family planning and TB related services in Mangolpuri and Sultanpuri urban slums of Delhi.

**Implementation Sites:** The proposed interventions will be conducted in the city of Delhi. The target implementation area will include Mangolpuri and Sultanpuri slums and resettlement colonies in North-west Delhi.

**Target Group:**

The proposed target population for the intervention includes-

- » Adolescent girls (10- 19 years)
- » Pregnant and lactating women (15-49 years) and their partners
- » Young married women (15- 49 years) and their partners
- » Vulnerable population which will include men and women with previous history of TB, symptomatic, existing TB condition, COVID-19 symptomatic

**Achievement:**

- » Increased use of modern contraceptives to delay and space births
- » Increased case detection for tuberculosis (TB) and multidrug-resistant (MDR)-TB
- » Improved coverage of antenatal care (ANC), intra-natal, and postnatal care (PNC)
- » Improved immunization rates

**Way forward:**

- » Household listing and follow-up
- » Registered household will be followed up using the ODK follow up form every week till the month of September followed by the re-follow of the identified beneficiaries from October, 2021.
- » Registered household will be followed up twice in the gap of two days till the month of September, followed through the re-follow of the identified beneficiaries from October, 2021
- » Registered household will be followed up in every 15 days till the month of September followed by the re-follow up of the identified beneficiaries from October, 2021
- » Registered household will be followed up in every 15 days till the month of September followed by the re-follow up of the identified beneficiaries from October, 2021

## Accelerating efforts for improved uptake of modern contraceptive methods for spacing in low parity couples in Uttar Pradesh

Uttar Pradesh accounts for about 16 percent of the country's total population. The unmet need for spacing methods among women in the reproductive age group (15-49 years) is 6.8 percent against 5.7 percent at the national level. The total demand for family planning in the state is 63.5 percent of which only 49.9 percent is satisfied with the modern methods (NFHS-4). Strategies like focusing on Young and Low Parity Couples (YLPC) (15-24 years with 0-1 child), prioritising Family Planning (FP) spacing methods, budget management, programme review and monitoring can improve the health and wellbeing of populations. MAMTA is working towards prioritising family planning with a focus on YLPC in Uttar Pradesh by engaging meaningfully with key stakeholders.

### Key objectives:

- » To promote family planning in the state by endorsing spacing methods and roll-out of newer methods of contraception targeting YLPCs
- » To improve monitoring and review mechanisms

### Target Group:

- » Government officials and policymakers involved in family planning programme
- » Influencers and peers from the development sectors
- » Young and low parity couples (15-24 years)

### Achievement:

- » The impact led webinars on issues related to youth, contraception, COVID-19 and family planning under the chairmanship of Hon'ble Health Minister, Shri J P Singh.
- » Re-initiated the family planning state review meetings and made a case for regularising these reviews with the state officials
- » Family planning roadmap developed and shared with BMGF and partners prioritising youth and spacing method in consultation with UP-TSU, other partners and the state NHM for updating the FP roadmap that aligns with the focus on YLPC and quality services
- » Ensured continuance of essential services during the COVID-19 pandemic by working with the directorate of Medical Education.

### Way Forward

- » Meetings with high-level decision-makers and opinion leaders to drive support for the release of policy recommendations on spacing among the YLPCs
- » Release of government statements and documents promoting spacing methods among YLPCs

- » Engagement of the Health Minister and other ministers via media platforms
- » Conducting lecture/webinar series
- » Convening, once every two months, with BMGF and partners through discussions, conversations with experts and roundtable.
- » Finalisation of the family planning Roadmap with focus on YLPC
- » Mainstreaming family planning quality and supplies

## 11 Improving Maternal, Newborn, Child Health and Nutritional Status by Empowering Communities on Entitlements Related to Health, Nutrition and WASH in Nalagarh of Solan district of Himachal Pradesh

The causes of malnutrition are directly related to inadequate dietary intake as well as disease, but indirectly to many factors, among others household food security, maternal and child care, health services and the environment. While most nutrition interventions are delivered through the health sector, non-health interventions can also be critical. Actions should target the different causes to reach sustainable change, which requires a multisectoral approach.

### Key Objective:

Delivering meaningful outcomes for issues related to RMNCHN in the community.

**Implementation sites:** Behror Block in Rajasthan and Nalagarh Block, Solan district in Himachal Pradesh.

### Achievement:

- » Establish six youth information centres to provide safe spaces for the local youth in terms of the right information, choices and security
- » Set up a smart parenthood club for first-time parents to interact with each other
- » Promote behavioural change communication overseen by peer leaders and facilitated by MAMTA staff
- » Conduct orientation workshops in collaboration with ASHAs and Anganwadi workers to ensure inclusive delivery of governmental healthcare services and combine these with the behavioural change communication sessions, going forward
- » Conducted sensitisation meetings to bust myths and build awareness on ANC, PNC and care during pregnancy

### COVID-19 Scenario:

With restrictions imposed on physical movement, MAMTA

field team reached out to the beneficiaries through phone calls and WhatsApp messaging. The importance of following COVID-19-appropriate behaviours/protocols and government guidelines were reiterated.

## Empowering Women With Knowledge and Skills For Sustainable Livelihoods

The project aimed to generate employment opportunities for women and girls belonging to poor households and moving highly vulnerable populations toward economic stability. Apart from facilitating the enrolment of women and girls in various vocational courses, the project strived to impart life skills education, financial literacy, and conduct pre-placement workshops. Our initiative was a contribution to the government of India's flagship program, the Prime Minister Skill Development program

### Key Objectives:

Empowering women with knowledge and skills for a sustainable livelihood

**Implementation Site:** Mangolpuri, New Delhi

**Target Group:** The project targeted to transform the lives of 3000 women and girls (18-35 years) during a year long period. A team of six women (catalysts of change) drove the mission of transformation.

**Innovation in Implementation:** The project was a move towards achieving gender equality and Sustainable Development Goal 5. Gender equality is a fundamental human right and is a prerequisite for sustainable development. Working with women in urban slums calls attention to the challenges of a sustainable future.

This endeavour aimed to ensure that women from all sections of society have an equal contribution to the development of the nation. Different components of the intervention, including improved financial literacy and life skills, and promoting entrepreneurship, were a holistic approach to the empowerment of women. In the process of unleashing women's potential in leadership and livelihood opportunities, we provided outcome-oriented support, mentorship, and networking platforms. It is a small step in the ambit of 'Naari tu Narayani', an initiative by the government of India for the socio-economic transformation of women.

## Improving MNCHN Status by Empowering Communities on Entitlements Related to Health, Nutrition and WASH

- » One to one interaction, One to one counselling, One to one interaction with family members (stakeholders) for mobilisation
- » Tele calls and SMS
- » Structured group sessions while following social distancing and mask usage
- » Nutrition demonstration sessions
- » Health camps
- » Significant day observation activities
- » Linkages with facility/services
- » Orientation and capacity building sessions for frontline workers
- » Strengthening AWC with IEC material
- » Meetings with key community stakeholders to strengthen the existing committees
- » Mass awareness activities like wall writings, miking

### Key Objectives:

- » To improve knowledge, attitude and practices among young couples (15-35 years), pregnant and lactating women (15-49 years) on health, nutrition, WASH and COVID-19
- » To generate awareness and improve uptake of government schemes and services related to health, nutrition and WASH
- » To orient frontline functionaries for inclusive planning and service delivery

**Target Group:** Adolescent girls and boys, young women, pregnant and lactating mothers

**Achievement:** The Intervention created an enabling environment in the community for improved health, nutrition and hygiene

**Way Forward:** We look forward to engaging in similar interventions and strengthen the health delivery system, foster a continuum of care on health, nutrition and WASH in target districts and scale-up across other states

## Project Jagriti

Project Jagriti was designed in 2016 to cater to the needs of the remote marginalised population to address under 5 malnutrition and chronic and severe anaemia among adolescent girls, pregnant and lactating women and is run with funding support from Nestle. The project is a coordinated community-based intervention for strengthening the 'continuum of care' approach towards improving nutrition and health at all key life stages.

### Key Objectives:

- » Bring positive health-seeking behaviours
- » Build a supportive environment at family and community levels

- » Build capacities within communities to effectively manage and prevent under 5 malnutrition and anaemia among adolescent girls, pregnant and lactating women

**Target Group:** Adolescents, caregivers, pregnant women and lactating mothers.

**Achievement:** Strengthening community engagement and participation is at the core of this intervention to bring about behavioural change in the community. We imparted training to a cadre of peer mentors and they have been our greatest assets for this intervention. They are trained through a comprehensive module covering a technical understanding of nutrition, identification of moderate and severe malnutrition among children up to 59 months, and communication skills. They in turn conducted sessions, helped identify malnourished children and counselled pregnant and lactating women on initiation of early breastfeeding, exclusive breastfeeding practices, timely consumption of IFA tablets and eating a balanced nutritious diet. Adolescent boys and girls are counselled on eating nutritious meals and IFA tablet consumptions. To dispel myths and misconceptions around nutrition and antenatal and postnatal care, we involve rural healthcare workers (ANM, AWW, ASHA) in counselling family members, caregivers and community leaders. This in turn created an enabling environment generating an increase in uptake of the public health system. Since launching the project, there has been an increase in awareness of key health determinants among the beneficiaries, community ownership of the intervention, registration of pregnancy and uptake of government schemes among the population.

**Implementation Sites:** Project Jagriti is currently carried out across 15 districts in the states of Rajasthan, Karnataka, Maharashtra, Chandigarh, Odisha, Uttar Pradesh, Bihar and Delhi. We reached out to 4.6 million beneficiaries; 1.5 million directly and impacted the lives of 3.1 million indirectly.

#### INNOVATION IN IMPLEMENTATION

With the increase in COVID-19 cases in India and the subsequent nationwide lockdown in March-April 2020, restricted physical movement greatly impacted the ways the Project intervention was carried out. We decided to explore other platforms for communication and continue to engage with our beneficiaries. Our team members called up all the listed beneficiaries, enquiring about their health. They provided information and protocol related to COVID-19 on topics such as:

- » Who can be infected with COVID-19?
- » Home quarantine and self-isolation
- » Installing the AROGYA SETU application and providing the basic information.

- » Proper handwashing, use of mask and social distancing *Training and capacity building of staff, community health workers, CBO functionaries and peer mentors*

We continue to provide training and technical support to our staff and community volunteers despite restricted social and physical contact. Our training sessions were conducted virtually wherein we equip them with the right tools and knowledge to carry on the interventions. The training sessions covered the following topics:

- » What is COVID-19, its modes of transmission and risks?
- » Preventive and protective measures
- » The stigma associated with COVID-19 and how to dispel the myths
- » WHO guidance for (PW) and (LW) in the COVID-19 situation
- » COVID-19 testing (as per ICMR directives) and where and when to test
- » Treatment and where it will be available
- » Coping techniques for psychological stress
- » Home quarantine and instructions to be followed during this time

#### Campaigns

We designed several innovative campaigns on COVID-19-related messages to reach out to our beneficiaries on a larger scale.

**WhatsApp Par Charcha**—we shared all available information related to COVID-19: preventive and protective measures, appropriate behaviour and protocols and government guidelines with our beneficiaries via WhatsApp.

**Jagriti kare Aelan**—we fitted an e-rickshaw or auto-rickshaw with an audio/loudspeaker system and pre-recorded audio on COVID-19 key messages and 'Panch Sutra Poshan Ke'. The vehicle stops at four or five places in the village and the audio is played. "After the audio is played, pamphlets are distributed in that area.

**Patrachaar**—we distributed four pamphlets through newspapers in all our intervention areas and their adjacent blocks. The four pamphlets had messages related to antenatal care, postnatal care, childcare and family planning.

**One-minute campaign (1min)** —A one-minute telephone campaign to call up all our beneficiaries and ask them about their health. Pregnant women, lactating mothers, young married couples and adolescents were counselled on antenatal care, breastfeeding, immunization, healthy nutrition, iron-folic acid supplementation and institutional delivery respectively based on their category.

**Household Visits with FLWs:** Our team members took the opportunity to accompany FLWs in their household visits during the lockdown. Pamphlets with key messages related to COVID-19 preventive measures were distributed.

## 15 Health Right Initiative for Urban Low Resource settings Of DELHI NCR

Project Parivesh aims at improving RMNCH+A outcomes through interventions among adolescents (10-19 years), pregnant and lactating women (15-49 years), and health systems in urban slums/resettlement colonies of South-West Delhi using an inclusive and life course approaches.

#### Key objectives:

- » Increase knowledge, and change attitude and practices of adolescents, young married couples, pregnant and lactating women through "Life Course Approach". Create an enabling and supportive environment by improving awareness of the family members (mothers-in-law, husbands and parents), opinion leaders/stakeholders (elected members, leaders and influential persons) for improved maternal, child, and adolescent health and nutrition practices.
- » Enhance diagnosis and management of pregnancy complications using 'risk approach' (gestational hypertension, pre-eclampsia or eclampsia, diabetes mellitus, and anaemia).
- » Enhance screening and management of anaemia, NCDs and their risk factors among adolescents (10-19 years) and young married couples (18-35 years).

**Intervention Sites:** Slums/resettlement colonies bordering South-West Delhi and Gurugram: Kapashera, Bijwasan, Dundaheera, Malakhera and Salapur Khera

#### Target Group:

Primary beneficiaries: Adolescents, pregnant and lactating women, children. Secondary beneficiaries including husbands, mothers-in-law, opinion leaders, elected representatives.

#### Achievement:

- » Increase in knowledge, and change in attitude and practices of pregnant and lactating women for improving maternal, child, health and nutrition
- » Increase in knowledge, and change in attitude and practices of young married couples on health and nutrition
- » Increase in knowledge, and change in attitude and practices of adolescents, on health and nutrition.
- » Create an enabling and supportive environment by improving awareness of the family members (mothers-in-law, husbands, and parents), opinion leaders/stakeholders (elected members, leaders, Influential persons) and community for improved maternal, child, and adolescent health and nutrition practices
- » Enhance diagnosis and management of pregnancy complications using 'risk approach' (gestational hypertension, pre-eclampsia or eclampsia, diabetes mellitus, and anemia)

- » Enhance screening and management of anemia, non-communicable diseases and their risk factors among adolescents (10-19 years) and young married couples (18-35 years)

## 16 Strengthening RMNCH+A services in Urban Slums of Saharanpur District

Saharanpur Adolescent and Maternal Urban Health project SAMUH, is aimed at enhancing RMNCH+A services among young married women, adolescent girls and eligible couples in 168 urban slums of the Saharanpur district. The project is implemented by MAMTA with support from ITC under Mission Sunehra Kal.

#### Key Objectives:

- » To improve uptake of RMNCH+A services by adolescents and young women (15-24 years)
- » To improve service delivery for the target group through a collaborative approach between Health Department, ICDS and Education Department in the project area
- » To assess the effectiveness of the proposed intervention for further scale-up

**Target Group:** adolescent girls, young married women (15–24 yrs), pregnant and lactating women

**Implementation Sites:** Urban slum settlements of Saharanpur district, Uttar Pradesh

#### Achievement:

- » Covered 60,112 direct beneficiaries including -
  - 26,095 adolescent girls, 7,280 pregnant and lactating women and 4,830 children, 21,907 married women and 492 frontline functionaries.
  - 3,491 community groups have been formed that comprises 1,496 adolescent girls, 645 pregnant and lactating mothers and 1,350 married women
  - 322 peer educators trained developed a referral mechanism with the support of the Health Department to link beneficiaries with the services
- » Wall paintings and hoardings put up at government premises
- » Supported COVID-19 vaccination in the urban slums
- » 7,706 tele calls made to peer educators and community members (direct beneficiaries) to orient them about COVID-19 (during the lockdown)

#### Way Forward:

- » 35 new sites identified for intervention (21 from the existing list and 14 will be added from Nagar Nigam list)
- » Identified Balia Khedi block for rural intervention under Mission Sunehra Kal
- » Capacity building of ANMs and ASHAs

- » Continued close coordination with the Health Department
- » Increase interaction with frontline functionaries for maximum coverage and service delivery

## 17 Strengthening Adolescent Women Empowerment Rights through Action

The project's theory of change utilises an ecological model with a Gender Transformative Approach by not only focusing on improving services available for adolescent girls and women but also working with families, communities and duty bearers to understand and challenge biased social norms that perpetuate gender inequalities and Gender-based Violence. An important starting point is understanding the ecosystem involving gender inequality and GBV. Transformation of norms and behaviour underpinning sexual violence is central. Prevention efforts should start early in life and be directed at girls and boys, and engage parents to promote youth participation.

### Key Objectives:

- » To address issues of GBV by improving the knowledge of young people (15-24 years) on sexual reproductive health and rights
- » To generate awareness on gender-equitable norms and practices among young people and their families

### Implementation Sites:

Bahraich district in Uttar Pradesh  
Jaipur district in Rajasthan

### Target Group:

- » Primary target audience: young married couples between 15 and 24 years, their parents, and their in-laws
- » Secondary target audience: CBOs, health service providers, WCD, law enforcing agencies

## 18 Improving Mental Wellbeing and Resilience among Adolescents and Young Married Women through Community-Led Approach

Providing access to and delivery of quality RMCHN+A services to reach the marginalised populations and those in need is a part of MAMTA's mission. Improving knowledge, attitude and practice is a part of RMCHN+A services as it is integral to sustaining the intervention and bringing in behavioural change in the community. MAMTA is implementing a three-year project with support from SBI to increase KAP on RMCHN+A with an aim to reach 1

lakh individuals through a community-led approach.

### Key Objectives

- » Increase KAP of pregnant and lactating women on RMCHN
- » Increase KAP of adolescents on sexual reproductive and mental health
- » Developing linkages with public health services for the beneficiaries

### Target Group:

- » Adolescents and young married women (15-29 years)
- » Family members(in-laws and husbands) FLWs, medical officers

### Implementation Site: Mangolpuri (West Delhi)

### Achievement:

- » Freezing of project populations and areas/pockets in Mangolpuri
- » Oriented concerned field assistants on technical modules and key stakeholders on project objectives, strategic impact areas that can be tapped, process and requirements by field assistants
- » TOT of peer educators and issue-based sessions carried out for 1500 primary beneficiaries
- » 210 community meetings conducted covering 2,323 primary beneficiaries

### Way Forward

- » Observing and celebrating important calendar days like breastfeeding week and nutrition day
- » Community activities and peer-led activities
- » Orientation and strengthening of community stakeholders and frontline functionaries

## 19 Implementation of a Digital Platform (Tiko) to Empower Adolescent Girls and Young Women in the States of Uttar Pradesh and Rajasthan

### About the Project:

A digital platform (TIKO) was introduced for adolescent girls and young women in Uttar Pradesh and Rajasthan to provide them with an option to avail SRH services online. TIKO is powered by behavioural economics. It is used to nudge tools including reminders, follow-ups, subsidies and instant rewards to motivate users. TIKO offers a broad range of wellbeing products and services to foster long-lasting healthy behaviours. This platform will link the beneficiaries with health practitioners and also empower them to make an informed decisions.

### Key Objectives:

- » To improve the knowledge of adolescent girls and

- » young women about their SRH rights along with awareness on MNCH and provide a solution
- » Link demand with supply across public and private sectors, keeping choice and user experience at the centre.

**Target Group:** Adolescent girls and young women aged 15-35 years

**Implementation Sites:** Uttar Pradesh and Rajasthan

### Achievement:

Till March 2021, more than 10,000 women have availed the services provided in TIKO system.

### Way Forward:

- » Digital campaign: Both MAMTA and Triggerise teams are working on digital campaigning
- » Enrolment of Rafikis and service uptake: To continue Rafiki enrolment and service uptake by organising group meetings and motivating them to get quality SRH services
- » Engage public health facilities in TIKO system: To get permission from the concerned authority for involving CHC/UPHC in the TIKO system

## 20 Improving Infant And Young Child Feeding Practices In Sitamarhi And Sheikhpura District Of Bihar Through System-Based Actions

The project was implemented to improve infant and young child feeding practices through system-based actions by strengthening service delivery with enhanced quality pertaining to infant and child nutrition and health.

### Key Objectives:

The programme focused on improving infant feeding practices, educating frontline workers on the right knowledge about breastfeeding and complementary feeding, counselling, growth monitoring, utilising and maintaining AWCs infrastructure and record maintenance.

**Target Group:** Young mothers and frontline functionaries

**Implementation sites:** Sitamarhi and Sheikhpura, two aspirational districts in Bihar

### Achievement:

- » Improved availability of infrastructure between the baseline and end-line assessment period. This includes the availability of potable water, furniture, learning materials such as chalk, blackboards, improvement in hygiene and sanitation practices and diaries and registers for record maintenance
- » Improved knowledge among AWWs on supplementary feeding, identification of malnourished children and monitoring their nutritional status.

- » Increased availability of growth monitoring equipment in the AWCs along with improved knowledge of AWWs in growth monitoring and maintenance of growth charts.
- » Counselling skills of the AWWs improved drastically especially pertaining to counselling young mothers on maternal and child nutrition, growth charts. Children, married women, pregnant and lactating women were also increasingly counselled by AWWs.
- » There was an increase in the use of job aids by AWWs. The use of MAA flipbook in Sitamarhi and Sheikhpura districts increased from 53 percent to 55 percent and 41 percent to 49 percent respectively between the baseline and end-line assessment.

## 21 Empowering Women Towards Better Health and Nutrition

This is a community-based health project with support funding from Welspun Foundation for Health & Knowledge.

### Key Objectives:

- » To improve knowledge about healthy practices related to nutrition and menstrual hygiene management,
- » Identification of signs and symptoms of undernutrition and anaemia
- » Improve knowledge of risk factors related to breast and cervix cancer so that early diagnosis and treatment can be initiated

**Target Group:** Adolescent girls and young women

**Implementation Sites:** 20 villages of Anjar block, Kutch district and 30 villages of Vapi block, Valsad district in Gujarat

### Highlights of the key activities and accomplishments of the reporting month:

- » Screening, risk assessment and data entry
- » Follow-up of identified suspected cases
- » Telecare BCC sessions
- » One-to-one contact with stakeholders
- » Special day celebration
- » Wall painting
- » Monitoring verification calls and visits
- » Selling of sanitary napkins
- » Feedback meeting with staff and other project workers

### COVID-19 Response:

- » Project staff is following up with beneficiaries over the phone. A format has been developed for the telephonic follow-up to streamline the entire process and ease of monitoring of calls and data. Calls and data are further verified by field supervisors, project officers and program managers. Regular discussions on errors in data is also being planned and executed by the MIS staff member
- » Online refresher training is being conducted on project

thematic topics like anaemia, menstrual hygiene management, malnutrition, breast cancer and cervical cancer

- » Developed key messages and IEC materials for frontline health workers (FLWs) and staff.
- » Engaged FLWs to verify and compile the list of beneficiaries (eligible couples, pregnant and lactating women)
- » Coordinate with community stakeholders and frontline workers to increase their networking and rapport building with adolescent girls and young women.
- » Village Coordinator in Anjar Block is coordinating with SHGs for selling and distribution of sanitary napkins. Welspun CSR team helped in the transport and distribution of sanitary napkins to the concerned SHGs

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## To Contribute to Internal and External Review of the Lessons Learned from One Year of Support to Haridwar District

In 2018, the Ministry of Health and Family Welfare, with support from WHO, conceived and launched a Laboratory Districts Initiative to strengthen district-level planning, implementation and monitoring of RKSK and to draw out lessons from this. MAMTA has been engaged as the mentoring agency to support the State Programme Management Units (SPMUs) and District Programme Management Units (DPMUs) in Siddharthnagar and Haridwar districts to design, implement and monitor a context-specific (needs- and capacity-based) package of health and social interventions to achieve clearly defined outcomes.

### Key Objectives:

- » Build and maintain good working relationships with state and district level officials
- » Support development of context-specific district implementation plans
- » Ensure effective implementation of planned activities
- » Monitoring of activities to strengthen the implementation
- » Report on the progress made on a quarterly basis, including factors that helped and hindered the implementation

**Implementation Sites:** Haridwar and Siddharthnagar districts

**Target Group:** State and district RKSK officials including RKSK counsellors, peer educators; adolescents (10-19) years in RKSK blocks in the district

### Achievement:

As a mentoring agency, MAMTA has made strides in strengthening the RKSK in the districts in the areas of

governance, inter-sectoral linkages, peer education and smooth running of AFHCs. It extended support to the districts and the states in the implementation of certain RKSK activities in COVID-19 times. It is noteworthy that in Siddharthnagar where the ground status was zero within two years the district already has seven functional AFHCs. In Haridwar, Hb testing is conducted on Adolescent Health Days.

### Way Forward:

In Haridwar, the focus this year will be on health: anaemia, adolescent SRH, MHM, RTI/STI, contraception and mental health issues. In Siddharthnagar the focus will be on anaemia, MHM and mental health issues.

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## Competency and Barrier Assessments of Midwifery Skills of Practitioners, Educators and Facilitators in Providing Quality Midwifery Services in India

To assess the competencies of midwifery practitioners, educators and facilitators, a study was conducted in six Indian states, selected by WHO in consultation with the Ministry of Health and Family Welfare, Government of India, based on maternal and newborn health indicators. Besides assessing their competency, the study also appraised the barriers they faced in delivering midwifery services. It was conducted in partnership with the Indian Institute of Public Health (IIPHG), Gandhinagar and the Foundation for Research in Health Systems (FRHS), Karnataka.

**Implementation Sites:** Assam, Bihar, Gujarat, Karnataka, Telangana and Uttar Pradesh.

### Key Objectives:

- » To measure the core competencies of midwifery educators and practitioners posted at/attached to public and private ANM centres and nursing schools and colleges
- » To assess the barriers as perceived by the midwifery educators in facilitating and also explore opportunities for developing competencies amongst students
- » To assess the barriers as perceived by practitioners in achieving and practicing core competencies of midwifery and sustaining them.
- » To establish a benchmark for the current midwifery curricula given by the Indian Nursing Council for ANM, GNM, B.sc and M.sc nursing courses against the International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice.

### Target Group:

- » Educators/lecturers/demonstrators from public

and private ANM centres and nursing schools and colleges.

- » Practitioners (staff nurses) and ANMs deployed in the maternity sections of hospitals/health facilities attached to the selected public and private ANM centres and nursing schools and colleges.
- » Other key stakeholders associated with midwifery like gynecologists, medical directors/officers, Registrar of State Nursing Council, principals of nursing colleges, etc.

### Way Forward:

The outcomes of this study contributed to the identification of competency gaps, bottlenecks and areas for strengthening quality midwifery education and practices. In 2018, India introduced national guidelines to strengthen its midwifery services and formally adopt a midwifery cadre in the country. Based on these guidelines, the Indian Nursing Council released a guidance note for states to plan and implement midwifery education and training across the country.

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## Access To Quality Mother and Child Healthcare for Women at Risk in India

This project was implemented to improve preconception care and maternal, newborn and child health among the vulnerable and marginalised populations of Mangolpuri slum areas in West Delhi. The project is supported by WISE, A Swiss philanthropic foundation and with the goal of reaching out to married women (15-35 years), newly married, first-time pregnant women, and lactating mothers to adopt good health, nutrition and sanitation practices.

### Key Objectives:

- » To improve Knowledge, Attitude and Practices (KAP) among young married couples (15-35 years)
- » Capacity building of healthcare providers to strengthen the delivery of services along with mentoring support to bridge the gap and ensure quality delivery and rise in uptake of health services from within the community

### Target Group:

Primary Beneficiaries including marginalised married women aged 15-35 years and secondary beneficiaries including families, healthcare providers

**Implementation Sites:** Mangolpuri slum settlements of West Delhi

### Achievement:

- » First-time pregnant women and lactating mothers along with peer educators were identified and sensitised on health, nutrition and sanitation
- » Capacity building, sensitisation meetings and training

conducted with frontline workers and community stakeholders. They were oriented and educated on preconception care, maternal and child health, nutrition services and COVID-19

- » Over eight Gender Resource Centres were established in the settlement area. Before the implementation, there were only two GRCs
- » 14 mass campaigns/special drives were conducted in the community wherein primary and secondary beneficiaries were sensitised
- » Women's Day, World AIDS Day, World Menstrual Hygiene Day and World Health Day were also observed during the project period and used as a platform to generate awareness

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## Improving Level of Gender Equity and Improved Outreach of Departmental Functionaries for Better Accessibility of the Service and Schemes by Adolescents

This intervention endeavours to demonstrate the effectiveness of increased self-efficacy of department functionaries in engaging with adolescents and key community stakeholders. The project is supported by American Jewish World Services and is a replication model of an earlier intervention wherein improved self-efficacy while applying Gender Transformative Approach (GTA) has been effective in reaching out to adolescent boys and girls. Enhanced decision-making and negotiation skills on delaying the age at marriage and delaying first pregnancy, in addition to improved gender-equitable attitudes have been witnessed.

### Key Objective:

Capacity building of departmental functionaries and community stakeholders to improve their self-efficacy while engaging with beneficiaries

**Target Group:** departmental functionaries, PRI functionaries, FLWs, adolescent boys and girls, peer educators, counsellors

**Implementation Sites:** Rajsamand and Jaisalmer in Rajasthan

### Achievement:

- » Visibly enhanced self-efficacy and accountability among functionaries and young adolescents.
- » Over 1,900 adolescents out of 3829 mapped as most vulnerable have been linked with different government schemes
- » A task force has been constituted in all Gram Panchayats for addressing adolescent health,

- preventing child marriages and adolescent pregnancies in their respective villages
- » Increased awareness among adolescents regarding their rights, sexual and reproductive health leading to a new voice (demand raising) that is being heard by officials
- » Linkage young people with services and schemes for skill development and financial independence leading to delayed marriage.

#### Way Forward

- » Replication of the mechanism at a larger scale covering other major and minor disadvantaged blocks and other RKSK districts
- » Development of a self-efficacy training force and provision of psychosocial support to FLWs.
- » Utilisation of the AJWS support network for COVID-19-related aid

## 26 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

Uttar Pradesh has low health and development indicators, especially amongst adolescents. According to recently published NFHS 4 data, there are around 21 percent of women (20-24 years) who married before 18 years and 4 percent of women aged 15-19 years were already mothers or pregnant at the time of the survey (2015-16). Only 27 percent of women (15-19 years) opted for institutional delivery. In terms of nutritional status, 50 percent of young women and 24 percent of young men (15-24 years) are anemic. More than one-third of young women (15-24 years) faced spousal violence (sexual/physical). Only 23 percent of adolescents aged 15-19 heard about RTIs/STIs.

MAMTA extended technical support to the State RKSK/Adolescent Health team in rolling out the programme as per the provision of the RKSK. The project is being implemented in partnership with the state health mission, based on poor health status. In these districts, MAMTA has a good presence and coordination with the health system and other line departments which helped in integrating inter-sectoral convergence mechanism for developing a district action plan and further supporting it with HR selection, training, capacity building and mentoring districts' staff.

#### Key Objectives:

The proposed intervention will apply a gender transformative approach to empower peer educators,

ASHA, ANM and medical functionaries to rollout RKSK while enhancing their self-efficacy to execute the information into action. Inclusion of gender and rights approach will help in building life skills of adolescents to take informed decisions related to their marriage, education and health-supporting overall outcomes of RKSK. At the same time, functionaries of various departments such as WDC, Panchayati Raj, Education and Youth and Sports will be sensitized and oriented to leverage their resources which can support achieving RKSK indicators.

#### Implementation Sites:

Five districts in Uttar Pradesh - Gonda, Lakhimpur Khiri, Shravasthi, Bahraich, Sitapur

#### Target Group:

Peer educators/counsellors, adolescents, FLWs, departmental functionaries (WDC, PRI, Education, Sports, Youth), medical officers and health professionals from medical colleges

#### Achievement:

- » District planning meeting with interdepartmental approach held to roll out RKSK
- » Departmental monitoring indicators identified by the various departments to measure and report progress of RKSK within the district
- » Three days refresher training of Master Trainers completed
- » Trainings of MOs, counsellors, ANMs completed
- » Counsellors and ANMs trained in six thematic areas of RKSK along with the addition of the self-efficacy component
- » Number of peer educators and ASHAs trained on PE Module with the integration of self-efficacy component
- » Trained health functionaries at tertiary medical college supporting AFHS in with gender and rights perspective.
- » 30 counsellors and 360 ANMs oriented on mentoring/supportive supervision to ASHAs and PEs
- » Improved self-efficacy among peer educators and frontline health workers Improved knowledge, attitude and practices towards six thematic areas of RKSK among adolescents between intervention and control areas

## 27 Strengthening Health Mechanism for Improved Health and Wellness of People in Urban Community - My Community

MAMTA-HIMC with support of HCL foundation is implementing a community-based intervention for improving health outcomes in four intervention sites which are NOIDA, Lucknow, Bangalore and Chennai. The programme aims to improve RMNCH outcomes among

defined urban slum communities to contribute towards achieving national and global health commitment and goals.

It applies broad strategies of system strengthening for supply and availability of health services in a sustainable approach with community mobilisation for increased demand of services.

The project also tries to transform knowledge, attitude and practices towards improved menstrual health and hygiene and adopting modern family planning methods in the community. It undertakes curative health intervention through periodic doctor visits, health camps for addressing diseases like malaria, dengue, typhoid, diarrhea, TB and other eye and ENT diseases as well.

#### Key Objectives:

- » To strengthen public health operation based on Indian public health standards (IPHS)
- » To improve demand for health services amongst urban unreached slum population
- » To strengthen coordination between the health department and ICDS at district and below for improved supply of services
- » To build progress marker through robust monitoring and evaluation for learning scalability

**Target Group:** Pregnant women, Lactating mothers, Children (0-2 years), adolescents and young people (15-24 years), eligible couples (15-49 years)

#### Implementation sites:

CHENNAI: Gandhi Nagar, Perumbakkam, Kannagi Nagar  
NOIDA: Sarfabad, Barola, Sector-8 Noida, Mamura  
LUCKNOW: Khargapur, Juguali, Khurramnagar, Rahim Nagar, Triveni Nagar  
BANGALORE: Maya Bazar, Anandpuram

#### Achievement:

- » 90 percent early registration, complete ANC and PNC check-ups of pregnant women
- » 100 percent institutional deliveries
- » 80 percent immunization coverage of children (0-2 years)
- » 80 percent improvement in the knowledge and practices of newborn care, initiation of early and exclusive breastfeeding, cord care and Kangaroo Mother Care (KMC)
- » 80 percent improvement in the early identification, care and referral of malnourished children
- » 80 percent improvement in menstrual hygiene management
- » 80 percent improvement in balanced food habits among children and adolescents
- » 50 percent identified beneficiaries screened for NCD and geriatric health and referred for services in the public health system

- » 50 percent improvement in referral to address communicable, non-communicable, geriatric and nutritional concerns

Besides, masks, sanitizers and other essential things were provided to health facilities (PHC) as requested by MOIC to better respond to the pandemic. Interface meetings were organised at community, block and district levels with government health functionaries to discuss issues related to the delivery of quality health care services to the community. This helped in bridging the gap between service seekers and service providers thus ensuring the delivery of quality health care services to the communities.

#### Way Forward:

- » Mitigating COVID-19 vaccine hesitancy and increase uptake
- » Strengthening of new health facilities (Noida, Bangalore and Chennai) and remaining (Lucknow, Noida) as per gap assessment study to meet the IPHS standards and COVID-19 guidelines.
- » Training of staff, FLWs and HCL NGO partners on COVID-19 precautionary measures and reiterate the need for community sensitisation
- » Introduction of Mothercraft counselling services at health facilities
- » On-demand home-based telemedicine services across all four locations
- » Developing tools for NCDs, anaemia and malnutrition identification

#### Sustainability Initiatives and Exit Strategy (Noida and Lucknow)

The project strengthened urban health centres meeting the IPHS standards. During phase-1, a gap assessment study was undertaken at 7 health centres, especially for labor rooms. Based on the findings, the project equipped the labor rooms with improved infrastructure, essential equipment and upgraded the skills of concerned staff (as per the government of India/ IPHS guideline).

## 28 Improving Psychosocial Wellbeing of Adolescents through an Integrated Approach to Mental Health

MAMTA is envisaging a scale-up of the community-level mental health intervention (developed during Phase 1 of the project) among adolescents in two districts of Uttar Pradesh using an existing peer-led service delivery model under the Rashtriya Kishor Swasthya Karyakram (RKSK). The project also focuses on improving the knowledge of parents, teachers, healthcare workers (ASHAs, ANMs & MOs) on mental health challenges among adolescents. We want to effectively demonstrate the use of the existing

peer-led model for addressing psychosocial wellbeing of adolescents in the age group of 15-19 years using the intervention package developed during Phase 1 of the project.

#### Key Objectives:

- » To improve the awareness and knowledge level of adolescents (15-19 years) and their parents regarding mental health challenges among adolescents using a mental health intervention package
- » To measure the changes in the awareness and knowledge level of adolescents (15-19 years) and their parents regarding mental health challenges among adolescents
- » To build the capacity of teachers on mental health challenges among adolescents, including its early warning signs and measure the change in their knowledge levels
- » To build the capacity of health care providers - ANMs, nursing staff and Medical Officers on identification, counseling, and referral services in the context of mental health challenges among adolescents and measure the change in their knowledge levels.
- » To establish referral linkages for addressing mental health challenges among adolescents (15-19 years) age group within the existing public health care service delivery system.

**Implementation sites:** 15 blocks in Lakhimpur and 19 blocks in Sitapur districts of Uttar Pradesh

#### Target Group:

Primary: Adolescents in the age group of 15-19 years already enrolled in RSKS programme  
Secondary: Parents, school teachers, ANMs, nursing staff and medical officers

#### Achievement:

- » Increased awareness among adolescents on various mental health issues
- » Increase in the knowledge of parents on mental health issues among adolescents.
- » Increased awareness of mental health issues among teachers
- » Increase in the knowledge of healthcare providers such as ANM, nursing staff, counsellors and medical officers on mental health issues.
- » Increase in the number of adolescents screened by ANMs and medical officers
- » Increase in the number of adolescents referred to and who availed counselling services at public health facilities

## 29 Improving the Nutritional Status of Children in West Delhi, Noida and Lucknow

Children in the age group of 6-14 years rapidly progress towards physical and psychological development. Nutritional deficiencies during this period lead to serious implications of learning and mainstreaming due to reduced ability of bodily functions and retarded growth and development.

Pre-teen and early adolescence is the prime time to build up the body's store of nutrients in preparation for rapid growth. Hence, the right guidance and nutritional education for the mentioned age group will help them stay healthy, physically as well as mentally. Thus, the focus of this program is on improving the nutrition status of children in the age-group of 6-14 years, which may have a major impact on their later life. [Devina: Pls mention any other objectives for this project]

#### Target Group:

- » Children, 6-14-years (school going and drop-outs)
- » Parents/ caretakers of the children in the same age group

#### Implementation Sites:

Lucknow, Gautam Buddha Nagar, North West Delhi

#### Achievement:

- » Covered 360 beneficiaries to estimate nutrition and WASH knowledge and practices among children and their households in selected areas
- » 4,831 children screened and issued with a health card
- » IEC material developed including videos, dialogue cards, pamphlets and posters
- » 214 peer groups formed and 430 peer educators identified
- » National Girl child Day, International women's day, World Health Day and International Yoga Day

#### Way Forward:

- Identification of three new intervention areas- Gautam Buddha Nagar, Kirari Suleman Nagar, North West Delhi
- » Inclusion of haemoglobin estimation in the health screening camps (target 1,728 beneficiaries)
- » Provision of supplemental nutrition to vulnerable children
- » Forming nutrition and hygiene clubs in schools
- » Awareness generation through mid-media and digital media
- » Compilation of nutritious recipes, conducting sessions for parents and providing them with take home recipe cards.

## 30 RSKS SAMAJH: A Mobile Application for Peer Educators – A digital platform for health promotion at the community level on RSKS and COVID-19 in five High Priority Districts of Uttar Pradesh

The RSKS-SAMAJH mobile application initiative was implemented in Uttar Pradesh amidst the multi-dimensional challenges of the COVID-19 pandemic. Specifically, closure of schools, limited outreach and engagement with the adolescents and peer educators under the RSKS group interactions and mobility was curtailed. This impacted the RSKS peer educator functioning as well as community outreach component by counsellors.

In order to address the above-mentioned challenges and re-engage with the existing peer educators under RSKS, MAMTA co-designed the RSKS-SAMAJH application in partnership with the UP government and funding support from WHO. The application included information and learning content from Government IEC (Uttar Pradesh specific) and WHO documents available in public domain on COVID-19 for adolescents. The project currently involved 1676/2000 peer educators.

#### Key Objective

- » To increase knowledge on six thematic areas of RSKS and COVID-19 among the peer educators in five HPDs of Uttar Pradesh
- » To enhance the skills of peer educators on delivery of the content using the mobile application in the intervention sites.

**Intervention Areas:** Five High Priority Districts of Uttar Pradesh – Sitapur, Lakhimpur, Gonda, Behraich and Shravasti

#### Target Group:

- » RSKS peer educators (15-19 years)
- » RSKS counsellors in 35 peer educator blocks

#### Achievement:

- » More than 1800 peer educators are using the application
- » The application is under review for scale in more districts in India

#### Way Forward:

Post-evaluation, MAMTA plans to scale up the application in Siddharthnagar in Uttar Pradesh and a few more districts of Uttar Pradesh

## 31 Review of Adolescent/Youth Health Situation in Afghanistan and Provide Recommendations for Strengthening AYSRHR TA Coordination Mechanism

In 2019, WHO SRH/HRP established the Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) Technical Assistance Coordination Mechanism, as part of the FP Accelerator Project. The mechanism received a request for support from Afghanistan to review the adolescent/youth health situation in the country, with particular attention to the SRHR needs of young women/couples before and during pregnancy and after birth, and provide recommendations for how they could be addressed. CARE International and MAMTA Health Institute of Mother and Child were selected from among the AYSRHR TA Coordination Mechanism's partner organizations to provide the response through the process outlined in the mechanism's SOPs

#### Key Objectives:

Collecting and collating existing information through needs assessment and landscape analysis and then prioritising the health issues to provide a sound basis for future efforts to support the Ministry of Public Health, Afghanistan, in its work to develop services and other interventions for adolescents health.

- » Services for ASRH and other priority adolescent health problems
- » Interventions for adolescents before marriage/ pregnancy, during pregnancy/delivery, and after birth
- » School-based interventions for adolescent health and nutrition

**Target Group:** Adolescents aged 10-19 years

#### Achievement:

- » Needs assessment of adolescent health, with a focus on the SRHR needs of young women/couples, before and during pregnancy and after birth by MAMTA
- » Landscape analysis of the current programmes implemented by the MoPH and partners that respond to the health needs of young people
- » A report of priority SRHR needs and recommendations for how they could be addressed has been developed by MAMTA

#### Way Forward:

The project is near completion. Prioritisation report has been submitted that would help the MoPH prioritise the adolescent health needs in the country.

## 32 Project Nandghar

MAMTA HIMC with support of Vedanta Foundation is functioning as the 'Operations and Maintenance Partner' of 225 Nand Ghars in Jaipur and 95 in Tonk with an aim to complement the ongoing ICDS scheme.

### Key Objective:

Overall objective of the intervention is to pilot an effective ICDS implementation strategy to support health, nutrition, and elementary education in the rural context.

**Implementation Sites:** Tonk and Jaipur District in state of Rajasthan

### Achievement:

The intervention has been able to demonstrate a high level of participation in the community resulting in better monitoring and demand for the services for mothers, children as well as adolescents. It has given the concept of Personal Social Responsibility (PSR) amongst the rich and aware community members to support the objectives of Nand Ghar. The community participation has led to integrated departmental support to the Nand Ghar while improving delivery of nutrition packages for pregnant women, children as well as adolescents.

### Way Forward:

We aim to pilot a community supported and owned with the Nand Ghar while integrating an interdepartmental support system. It will be a hub of services for different sets of population within the community.

## 33 Improved maternal health while applying community centric and system strengthening approach

MAMTA is implementing a two-year community-based intervention promoting the RMNCH+A outcome in collaboration with HDBFS. Sirohi district in Rajasthan has been identified as an aspirational district which has a rank of 53 with 35.19% ranking score. Improving maternal health indicators while improving family and community centric approach is being considered as an effective intervention to replicate the same in remote districts of the country.

### Key Objective:

The overall aim of the intervention is to operationalize an effective community and family centric strategy to strengthen MCH amongst the poor and marginalized population.

**Implementation Sites:** Sirohi Rural and Reodar blocks of Sirohi District

**Target Group:** Young married women, pregnant women,

lactating women, husbands, mother-in-laws and other family members

### Achievement:

The intervention has demonstrated effectiveness on its community centric approach for improving demand and integration of line departments (Health, Women and Child, Panchayati Raj) for ensuring supply of MCH services. It has demonstrated the impact of our strategy and potential of its replicability by the system however, the need has been realised to integrate departmental and community support for replicability and sustainability of the intervention.

### Way Forward:

In this backdrop focus is on building ownership of community institutions (PRI and VHSNC) and accountability of service delivery functionaries (AWW, ASHA, ANM) to ensure demand and supply of health and nutrition services and handholding support to members of community institutions and frontline functionaries to ensure sustainability of effort to ensure availability of services for their constituency.

## 34 Project My Worth

MAMTA-HIMC with the support of HCL Foundation is implementing school-based intervention in 40 schools of Noida and 20 schools of Lucknow working with students to achieve gender equality amongst students, teachers as well as parents. We apply an ecological approach where focus is on empowering index students while providing a supportive environment within school, family as well as society. Moreover, empowerment efforts are directed towards transforming gender norms by challenging biased gender norms instead of challenging individual authorities.

### Key Objective:

'My Worth' is an initiative to inculcate gender equitable norms amongst students of government schools to address social problems that lead to concerns like discrimination, violence as well as unequal progress in health, education as well as livelihood options.

**Implementation Sites:** 40 Government schools in NOIDA and 20 in Lucknow in the state of Uttar Pradesh

**Target Group:** Students, parents, teachers' members of school management committee

### Achievement:

The finding of the intervention clearly reflects improved communication, negotiation, decision making capacity as well as self-efficacy amongst students. They have been able to continue their education, stop child and early

marriage, report against physical and sexual violence that has been more prominent during the pandemic. In addition, the improved confidence has been reflected in improved participation in outdoor games, sports with enhanced space in public life.

### Way Forward:

Now our focus is on complementing the on-going government adolescent empowerment programs. This will help in ensuring departmental support as well as scope of integrating the learnings for sustainability and scalability.

## 35 Strengthening convergent platforms for delivery of Early Childhood Development packages

Early Childhood Development (ECD) is seen as a critical beam cutting across all programme areas including health; nutrition; Water, Sanitation and Hygiene (WASH), and responsive care services. However, poor service delivery, ineffective convergent mechanisms, weak monitoring mechanisms, mentoring, including supportive supervision is considered as a challenge in effective delivery of the programme. To address some of the above-mentioned bottlenecks MAMTA-HIMC with the support of UNICEF has initiated an intervention with focus on providing handholding support to the AWWs to enhance their functionality.

### Key Objective:

The intervention focuses on strengthening service delivery mechanism of existing schemes such as Integrated Child Development Services (ICDS), Health, Education and Panchayati Raj by providing hand holding, mentoring and supportive supervision to frontline workers (ASHA, ANM, AWW, Anganwadi Helper), teachers, PRI members for improved outcomes of Early Childhood Development (ECD).

**Intervention Site:** One block of Barmer (Siwana)

### Achievements:

The intervention has been able to develop demonstration sites in ICDS sectors to influence concerned stakeholders to replicate the process. Exposure visits have been organised to influence and motivate stakeholders to pilot such initiatives in their respective areas to achieve early childhood development outcomes.

### Way Forward:

Based on the learning of the intervention a capacity building module has been prepared to train AWW/ ASHA as well as community stakeholders to replicate the process. Apart from this, a mobile based handholding support system has been developed to track and support each and every child to achieve ECD outcomes. Replicating these strategies will

be highly useful in achieving early childhood outcomes.

## 36 Improving Maternal, Child, Nutrition and Sanitation of the poor communities under RMNCH+A initiative of the Government of India

Improving the condition of the poor is a prerequisite to achieve the 12th Five Year plan, which aims to achieve Maternal Mortality Rate (MMR) to 100 per 1 lakh live births by the year 2017. In order to effectively address health, sanitation and nutrition concerns of the rural poor population, the Government of India aims to improve equitable access to available health and nutritional facilities by rationalizing and strengthening the existing capacity of the delivery of services by improving the health and nutritional status of the people in rural areas.

### Key Objectives:

- » To improve the demand of health and nutrition services amongst rural unreached population (Pregnant, lactating women and children).
- » To improve health and hygiene practices among school children/adolescents.
- » To strengthen coordination between health and ICDS for improved supply of services.
- » To build progress markers for replicability and scalability of intervention.

**Implementation Site:** 10 villages of Hariawan block of HarDOI District in the state of Uttar Pradesh.

### Achievement:

- » 90 percent reach of women in the reproductive age group on ANC's/ and institutional delivery
- » 70 percent improvement in immunization 0-2 years
- » 80 percent improvement amongst girls and boys with knowledge on anemia
- » 50 percent improved balanced food practices amongst pregnant, lactating women and adolescents
- » 50 percent women and adolescents practicing hygiene practices especially in terms of sanitary napkin

### Way Forward:

- » Orientation and strengthening of community stakeholders and frontline functionaries
- » Enhanced intensive intervention on nutrition and maternal health practice to address infant mortality
- » Strengthening of public healthcare system to improve sustainable health service

# Research portfolio

## Journey from Implementation to Evidence and Evidence to Action

MAMTA is a three decades old registered not for profit organization under the Society Registration Act -1860 of the Government of India. Over the years, working on factors affecting maternal and child health, MAMTA works towards impacting social and health determinants with a continuum of care approach.

MAMTA strives towards bringing positive changes in communities at scale in the domains of Maternal and Child Health; Sexual and Reproductive Health with focus on Adolescents (10-19 years) and Young People (10-24 years); Communicable diseases (HIV, TB, Hepatitis B & C); and common Non-Communicable Diseases (Hypertension, Diabetes, Obesity and Mental Health). Innovation and implementation science, Health Systems Strengthening and research and advocacy (Evidence generation to sharing), to reach the last mile is at the heart of our work. Strengthening evidence base for its scalability is one of its core competencies which is reflected in peer reviewed publications.

MAMTA upholds that the primary goal of research is to inform action, and that in order to develop knowledge that can be applied outside of the research setting. As a result, MAMTA strives to improve its interventions and programs through evidence-based actions. In this way, we believe that the findings of our research will have implications on further policy and programmes.

As a well-established and well-recognized intervention and implementation institution, we believe that understanding how effective interventions can be delivered at scale or within the framework of a public health system is critical. Therefore, we follow the core principle of implementation science which is the study of methods to promote the translation of scientific evidence into practice that addresses the “how-to” component of quality implementation. We are fostering the concept of Implementation Science and Research in many of its ongoing research and implementation projects and programs.

## Basis for Research

There is a wide variation between what is known (available evidence) and what is being practiced. More so, there is an extensive gap in available current research knowledge

and application of knowledge for care. MAMTA's implementation science approach has led the foundation for country specific but robust evidence generation.

## Research Unit and Ground Force behind evidence generation

In this pursuit, in 2011, MAMTA has established a research unit comprising of multi-disciplinary professionals from Public Health/Community Medicine, Anthropology, Population Sciences/Demography, Epidemiology, Social Sciences/Work, and Community development.

These dedicated multi-disciplinary professionals are closely associated with program teams in facilitating the formulation of Research question, research designs, development of tools, evaluation matrix, analysis and report writing. Research team is also analysing the data on a regular basis.

The continuous involvement of the measurement and research team with the program team is leading the solid foundation for evidence generation which is being published in peer reviewed journals. Further, to guide the researchers and the research activities, the organisation has also established an Institutional Ethics Committee that ensures that ethical practises are followed in all research projects.

## Evidence generation approach

MAMTA generates evidence through project execution with an implementation science approach. Project execution in a robust, scientific and analytical way will generate quality data. A team of Research Scientists apply analytical techniques to look at the data for trend and impact, which in turn become the guiding principles for local policy and programmes.

## Evidence to Action

Generated evidence through projects is directly contributing towards realising the targets under various national programmes. Few examples are 1) Reproductive Maternal New born Child Health Programme (RMNCH), 2) National Adolescent Health Programme (Rashtriya Kishore Swasthya Karyakram, School Health Programme, Weekly Iron Folic Supplementation, Menstrual Hygiene Management), 3) Iron-deficiency Anaemia free India campaign (Anaemia Mukta Bharat), National Nutrition Mission (Poshan Abhiyan), 4) National AIDS Control

Programme-IV, 5) Women Empowerment Schemes (Beti Bachao Beti Padhao), 6) National Programme for Prevention and control of Cancer, Diabetes, Cardiovascular diseases and many more.

MAMTA is entering adolescence in the field of research and publications, however, the organisation has also made strides in building a robust evidence base by advancing policy and program-related research in priority health areas and by publishing in high-impact journals. Over a period of 10 years, we have published around 100 research articles spanning from original research papers to writing high-impact systematic reviews, with 30 research articles published from 2019 to 2021.

## Research Grants and Collaboration

For the past 15 years, the organisation has worked to advance health research through community action, capacity building, action research, evidence-based policy advocacy, system strengthening, networking, and national and international collaborations.

Many national and international grants have been awarded to the organisation, including research grants from prestigious organisations such as Department of Biotechnology (in collaboration with King's College London and Mahatma Gandhi Institute of Medical Sciences, Wardha), National Institute of Health (in collaboration with New York Medical College), National AIDs Control Organization (in collaboration with UNAIDS), World Health Organization, United Nations Population Fund, and RHR (Geneva), to name a few.

To take the implementation science concept forward, in 2016, a technical consultation was held by MAMTA-HIMC in partnership with the Adolescent Health Division, Ministry of Health and Family Welfare (MoHFW), Government of India, and the International Association for Adolescent Health (IAAH). This put forward a ground-breaking call for integration of Implementation Research in delivering Adolescent Health and Well being programs to foster learning on what it takes to deliver effective interventions at scale with quality and equity in different contexts.

## Adolescent Health Research Fellowship and Training

Under the auspices of its Centre of Adolescent Health and Development, MAMTA-HIMC has offered AHR Fellowship (an effort towards much-needed stimulation for research in Adolescent Health) since 2016.

This fellowship programme provides young postgraduate medical professionals and doctorate scholars the chance to conduct research and produce robust evidence on critical thematic areas of adolescent health, as well as advance the policy agenda for adolescent development and well-being. This fellowship is also a step towards the organization's goal of developing home-grown researchers in adolescent health.

MAMTA also strongly believes that in a country where there is lack of formal education on adolescent health and research, workshops and short training programs can be alternative ways of teaching and learning.

Keeping this in mind, in 2021, MAMTA-HIMC conducted a three-day virtual Adolescent Health Research workshop from 27-29 September in New Delhi in order to fill the gaps and inadequate knowledge regarding the fundamentals of Adolescent Health Research due to lack of any formal education in this area.

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P Rajeswaran, Binod Kumar Srivastava, Moumita Biswas, Gayadhar Mallick, Om Prakash Bera, A James Jeyakumar Jaisingh, Ali Jafar Naqvi, Prafulla Verma, Mohammed Salauddin Ansari, Prafulla C Mishra, G Sumesh, Sanjeeb Barik, Vijesh Mathew, Manas Ranjan Singh Lohar, Chandrashekhar S Gaurkhede, Ganesh Parate, Sharifa Yasin Bale, Ishwar Koli, Ashwin Kumar Bharadwaj, G Venkatraman, K Sathiyarayanan, Jinesh Lal, Ashwini Kumar Sharma, Ajay MV Kumar, Sarabjit S Chadha. "Are we missing 'previously treated'smear-positive pulmonary tuberculosis under programme settings in India? A cross-sectional study." *F1000Research* 8 (2019):338. <https://dx.doi.org/10.12688/f1000research.18353.2>

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# Financial statements - 2019-20

## MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048 BALANCE SHEET AS AT 31ST MARCH 2020

LIABILITIES	Amount 31.03.2020	ASSETS	Amount 31.03.2020
<b>CAPITAL FUND</b>		<b>PROPERTY, PLANT &amp; EQUIPMENTS</b>	
Opening Balance	37,67,78,817	(As per Schedule (A))	3,23,91,487
Less: Staff Welfare fund created during the Year	98,47,543	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
Add: Excess of Income over Expenditure during the Year	5,43,59,791	<b>CURRENT ASSETS</b>	
		Cash in Hand	1,27,432
<b>CORPUS FUND</b>		Cash at Bank (as per Schedule B)	7,71,88,937
		<b>INVESTMENTS</b>	
<b>CURRENT LIABILITIES</b>		Fixed Deposits	34,71,50,719
Expenses Payable	42,12,91,065	Mutual Funds	-
	3,00,000	Accrued Interest	2,40,09,502
<b>STAFF WELFARE FUND</b>		<b>ADVANCES</b>	
Opening Balance	3,93,46,984	Advances recoverable in cash or in kind for value to be received	1,66,64,405
ADD: Created during the year	1,35,45,624	Security Deposit	14,00,067
Less: Utilised During the Year	5,28,92,608.00		
	36,98,081.00		
		<b>Total .....</b>	<b>Rs. 49,88,05,118</b>
<b>Total .....</b>	<b>Rs. 49,88,05,118</b>		



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

*Arun Bhatia*  
ARUN BHATIA  
Partner

Place : New Delhi  
Date : 17th December 2020  
UDIN : 20082789AAAAGX9547

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Girish Bhasin*  
Girish Bhasin  
Secretary

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048  
SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2020 PROPERTY, PLANT & EQUIPMENTS

Particulars	Rate of Depreciation	Balance as 1.4.2019	Addition Before Sep 2019	Addition After Sep 2019	Sale of Assets	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2020
Land & Building G.K. Enclave	5%	1,41,78,462	-	-	-	1,41,78,462	7,08,923	-	1,34,69,539
Air Conditioner	15%	4,50,577	1,66,084	-	-	6,16,661	97,500	-	5,74,161
Computer	40%	30,45,702	3,53,200	4,02,741	16,250	37,85,393	14,40,109	-	23,45,284
Cooler	15%	1,78,746	77,636	12,980	-	2,69,362	39,431	-	2,29,931
Electrical Equipments	15%	1,01,917	4,000	64,926	-	1,70,843	20,758	-	1,50,085
Acquaguard	15%	3,770	-	11,000	-	14,770	1,391	-	13,379
Fan	15%	1,58,679	31,698	6,450	-	1,96,827	29,040	-	1,67,787
Fax Machine	15%	1,029	-	-	-	1,029	154	-	875
Furniture & Fixture	10%	65,04,973	92,082	1,78,426	-	67,75,481	6,68,627	-	61,06,854
Generator	15%	2,91,663	-	-	-	2,91,663	43,750	-	2,47,913
EPBX System	15%	76,783	-	-	-	76,783	11,517	-	65,266
Health Equipments	15%	21,35,193	-	-	-	21,35,193	3,20,279	-	18,14,914
Land & Building (TIGRI)	5%	1,62,688	-	-	-	1,62,688	8,134	-	1,54,554
Medical Equipments	15%	34,474	-	1,05,072	-	1,39,546	13,051	-	1,26,495
Inverter	15%	4,10,829	1,66,150	21,004	-	5,97,983	88,122	-	5,09,861
Photocopy Machine	15%	34,357	-	-	-	34,357	5,153	-	29,204
Refrigerator	15%	1,02,140	-	-	-	1,02,140	15,320	-	86,820
UPS	15%	1,40,887	-	-	-	1,40,887	21,133	-	1,19,754
Tablets	40%	8,76,052	70,200	49,400	-	9,95,652	3,88,380	-	6,07,272
Television	15%	20,866	-	3,91,117	-	4,11,983	32,464	-	3,79,519
V.C.P AND CAMERA	15%	2,02,026	20,620	-	-	2,22,646	33,397	-	1,89,249
Voice Recorder/ Home Theater	15%	80,757	-	43,997	-	1,24,754	15,413	-	1,09,341
Mobile Phone/ Data Card	15%	97,930	-	-	-	97,930	14,690	-	83,240
Multy Media Projector	15%	3,29,454	-	1,24,420	-	4,53,874	58,751	-	3,95,123
Water Cooler/ Purifier	15%	68,193	-	-	-	68,193	10,229	-	57,964
Vehicles	15%	42,01,625	9,83,203	-	-	51,84,828	7,77,724	-	44,07,104
<b>TOTAL</b>		<b>3,38,89,771</b>	<b>19,64,873</b>	<b>14,11,533</b>	<b>16,250</b>	<b>3,72,49,927</b>	<b>48,58,440</b>		<b>3,23,91,487</b>

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



Place : New Delhi  
Date : 17th December 2020  
UDIN : 20082789AAAAGX9547

*Arun Bhatia*

ARUN BHATIA  
Partner

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Dr. Sunil Mehra*  
Dr. Sunil Mehra  
Executive Director

Girish Bhasin  
Secretary

MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD , NEW DELHI-110 048  
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2020

EXPENDITURE	Amount in Rs. 31.03.2020	INCOME	Amount in Rs. 31.03.2020
To Salaries and Allowances	20,73,35,492	By Grants Received	42,90,85,930
To Training , Workshops Cost	3,59,06,974	By Interest Received	3,64,02,406
To Grants disbursed	41,47,543	By Contribution & Donation	40,02,890
To Printing & Stationery	30,80,461		
To Conveyance	99,33,137		
To Medicine Expenses	11,74,997		
To Office Repairs & Maintenance	57,21,977		
To Rent	71,63,282		
To Travelling Expenses	3,71,05,446		
To Conference, Meeting & Seminar	88,93,083		
To Printing & Publication	29,87,857		
To Books & Periodicals	2,42,225		
To IEC Material	29,78,970		
To Research & Documentation	45,20,884		
To Telephone & Fax	24,50,360		
To Postage & Telegram	5,02,896		
To Vehicle Repair & Maintenance	6,13,880		
To Consultancy Charges	5,94,48,889		
To Water & Electricity	13,25,968		
To Staff Welfare paid	36,98,081		
To Grant in Aid Returned	48,39,393		
To Recruitment Expenses	6,19,950		
To Insurance	4,54,400		
To Bank Charges	1,14,981		
To Photocopy Expenses	5,49,127		
To Generator Maintenance	37,821		
To Audit Fees	4,31,143		
To Depreciation	40,37,887		
To HFN Centre Expenses	48,14,330		
To Excess of Income over Expenditure during the Year	5,43,59,791		
<b>Total</b>	<b>46,94,91,226</b>	<b>Total</b>	<b>46,94,91,226</b>



Place : New Delhi  
Date : 17th December 2020  
UDIN : 20082789AAAAGX9547

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. Sunil Mehra*  
Dr. Sunil Mehra  
Executive Director

*Girish Bhasin*  
Girish Bhasin  
Secretary

# Financial statements - 2020-21

## MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048 BALANCE SHEET AS AT 31ST MARCH 2021

LIABILITIES	Amount 31.03.2021	ASSETS	Amount 31.03.2021
<b>CAPITAL FUND</b>		<b>FIXED ASSETS</b>	
Opening Balance	42,12,91,065	(As per Schedule A)	2,63,71,392
Less: Staff Welfare fund created during the Year	(5,07,020)	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
Add: Excess of Income over Expenditure during the Year	4,70,71,602	<b>CURRENT ASSETS</b>	
		Cash in Hand	1,00,826
<b>CORPUS FUND</b>		Cash at Bank (as per Schedule B)	6,61,45,719
		<b>INVESTMENTS</b>	
<b>CURRENT LIABILITIES</b>		Fixed Deposits	40,94,46,173
Expenses Payable	2,81,92,164	Accrued Interest	1,84,42,495
<b>STAFF WELFARE FUND</b>		<b>ADVANCES</b>	
Opening Balance	4,91,94,527	Advances recoverable in cash or in kind for value to be received	2,50,00,328
ADD: Created during the year	1,51,57,135	Security Deposit	5,42,425
Less: Utilised During the Year	1,56,64,155		
<b>Total</b>	<b>54,60,49,358</b>	<b>Total</b>	<b>54,60,49,358</b>

Total ..... Rs. **54,60,49,358**

Total ..... Rs. **54,60,49,358**

AS PER OUR REPORT OF EVEN DATE  
FOR CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS  
FRN No. :-012006N

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Arun Bhatia*  
ARUN BHATIA  
Partner

*Girish Bhasin*  
Girish Bhasin  
Secretary

Place : New Delhi  
Date : 4th January 2022  
UDIN : 22082789ACCCNX1361

## MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048 SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2021 FIXED ASSETS

Particulars	Rate of Depreciation	Balance as at 1.4.2020	Addition Before Sep 2020	Addition After Sep 2020	Sale of Assets	Total	Depreciation	Written off/ Loss on Sale	WDV as on 31.03.2021
Land & Building G.K. Enclave	5%	1,34,69,539	-	-	-	1,34,69,539	6,73,477	-	1,27,96,062
Air Conditioner	15%	5,24,161	1,86,027	-	4,451	7,05,737	1,02,879	19,879	5,82,979
Computer	40%	23,45,284	2,79,244	19,70,733	12,282	45,82,979	14,16,816	88,733	30,77,430
Cooler	15%	2,29,931	26,101	-	-	2,56,032	38,404	-	2,17,628
Electrical Equipments	15%	1,50,085	32,256	33,470	1,975	2,13,836	28,242	16,061	1,69,533
Acquaguard	15%	13,379	-	11,000	-	24,379	2,832	-	21,547
Fan	15%	1,67,787	12,100	3,080	820	1,82,147	26,542	7,478	1,48,127
Fax Machine	15%	875	-	-	-	875	131	-	744
Furniture & Fixture	10%	61,06,834	38,217	4,28,665	7,12,392	58,61,344	2,62,173	31,06,287	24,92,884
Generator	15%	2,47,913	-	-	33,256	2,14,657	9,920	1,48,525	56,212
EPBX System	15%	65,266	-	-	2,580	62,686	7,675	11,521	43,490
Health Equipments	15%	18,14,914	-	-	3,32,032	14,82,882	-	14,82,882	-
Land & Building (TIGRI)	5%	1,54,554	-	-	-	1,54,554	7,728	-	1,46,826
Medical Equipments	15%	1,26,495	52,650	22,156	1,500	1,99,801	20,636	51,150	1,28,015
Inverter	15%	5,09,861	-	72,189	-	5,82,050	81,894	20,724	4,79,432
Photocopy Machine	15%	29,204	-	20,500	-	49,704	4,380	-	24,824
Refrigerator	15%	86,820	-	20,500	1,419	1,05,900	13,398	6,335	86,168
UPS	15%	1,19,754	-	-	21,909	1,40,888	97,845	97,845	-
Tables	40%	6,07,272	1,40,888	6,03,844	5,000	13,47,004	4,20,032	-	9,26,972
Television	15%	3,79,519	-	-	-	3,79,519	56,927	-	3,22,592
V.C.P AND CAMERA	15%	1,89,249	9,747	11,271	791	2,09,476	30,046	10,272	1,69,158
Voice Recorder/ Home Theater	15%	1,09,341	-	10,550	3,450	1,16,441	14,364	15,410	86,667
Mobile Phone/ Data Card	15%	83,240	-	68,799	-	1,52,039	17,646	-	1,34,393
Multy Media Projector	15%	3,95,123	1,82,900	-	-	5,78,023	86,703	18,831	4,72,489
Water Cooler/ Purifier	15%	57,964	-	-	1,741	56,223	7,267	7,774	41,182
Vehicles	15%	44,07,104	-	-	-	44,07,104	6,61,065	-	37,46,039
<b>TOTAL</b>		<b>3,23,91,487</b>	<b>9,60,130</b>	<b>32,56,257</b>	<b>11,25,598</b>	<b>3,54,72,276</b>	<b>39,91,177</b>	<b>51,09,707</b>	<b>2,63,71,392</b>

AS PER OUR REPORT OF EVEN DATE  
FOR CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS  
FRN No. :-012006N

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Arun Bhatia*  
ARUN BHATIA  
Partner

*Girish Bhasin*  
Girish Bhasin  
Secretary

Place : New Delhi  
Date : 4th January 2022  
UDIN : 22082789ACCCNX1361

**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 2021

EXPENDITURE	Amount in Rs. 31.03.2021	INCOME	Amount in Rs. 31.03.2021
To Salaries and Allowances	23,44,14,734	By Grants Received	43,90,30,743
To Training ,Workshops Cost	1,94,45,556	By Interest Received	3,58,77,402
To Grants disbursed	18,89,209	By Contribution & Donation	36,80,081
To Printing & Stationery	15,13,633		
To Conveyance	1,36,17,757		
To Medicine Expenses	23,17,753		
To Office Repairs & Maintenance	93,79,996		
To Rent	74,05,960		
To Travelling Expenses	2,38,94,994		
To Conference, Meeting &	27,53,063		
To Printing & Publication	22,07,075		
To Books & Periodicals	1,76,262		
To IEC Material	11,25,764		
To Research & Documentation	35,73,744		
To Telephone & Fax	27,04,104		
To Postage & Telegram	7,27,790		
To Vehicle Repair & Maintenance	8,16,093		
To Consultancy Charges	6,89,41,776		
To Water & Electricity	12,06,619		
To Staff Welfare paid	1,56,64,155		
To Grant in Aid Returned	18,92,677		
Procurement & Distribution of Ration & Hygine Kit	21,85,914		
To Covid 19 Awareness Expenses	7,58,455		
To Recruitment Expenses	4,78,977		
To Insurance	5,85,816		
To Bank Charges	1,45,462		
To Photocopy Expenses	4,06,909		
To Generator Maintenance	12,030		
To Audit Fees	1,47,500		
To Assets Written Off	2,31,073		
To Depreciation	39,91,177		
To HFN Centre Expenses	69,04,598		
To Excess of Income over Expenditure during the Year	4,70,71,602		
Total .....	<u>Rs. 47,85,88,226</u>	Total .....	<u>Rs. 47,85,88,226</u>



Place : New Delhi  
Date : 4th January 2022  
UDIN : 22082789ACCCNX1361

AS PER OUR REPORT OF EVEN DATE  
FOR CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS  
FRN No. :-012006N

*Arun Bhatia*

**ARUN BHATIA**  
Partner

FOR MAMTA-HEALTH INSTITUTE  
FOR MOTHER AND CHILD

*Dr. Sunil Mehra*  
**Dr. Sunil Mehra**  
Executive Director

*Girish Bhasin*  
**Girish Bhasin**  
Secretary





**For more information contact:**

**MAMTA HIMC, Ph.: 011-29220210, [www.mamta-himc.in](http://www.mamta-himc.in)**