



Energising a Brighter Tomorrow

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

Copyright © 2013, MAMTA-Health Institute for Mother and Child, New Delhi

For additional information

MAMTA-Health Institute for Mother and Child

B-5 Greater Kailash Enclave II,

New Delhi-110048

India

Telephone: 91-11-29220210,220,230

Fax: 91-11-29220575

Email: mamta@ndf.vsnl.net.in

Website: www.mamta-himc.org, www.yrshr.org, www.12teen.org

Design & Printed by: Silverline Communication

Silverlinecomm@gmail.com

Contents

About MAMTA.....	4
Executive Director Writes.....	5
MAMTA's Geographical Reach.....	6
Projects Undertaken.....	7
Evidence Generation for Better Health.....	10
Capacity Building and Trainings.....	16
Advocacy & Networking.....	22
Community Actions.....	32
New Horizons.....	46
Papers & Conferences.....	47
Important Publications.....	48
MAMTA Parivar.....	50
Financial Statements.....	52
We Appreciate your Patronage.....	54
MAMTA at Technical Platform: National, Regional and Global Level.....	55
Acronyms/Abbreviations.....	57

About MAMTA

MAMTA-Health Institute for Mother and Child (MAMTA) was established in 1990. In a span of over two decades, it has positioned itself as a pan-India institute in program implementation, management, capacity building, research and advocacy on issues of MNCHN, SRHR, HIV & TB, NCD and other social determinants like gender, rights, child marriage, etc. It works through the mechanism of direct intervention, community mobilization, health system strengthening, networking and policy advocacy in close partnership with government and public health systems, civil societies, academic institutions, corporate sector and community at large. In addition to India, last decade has seen spread of MAMTA's work beyond India, as technical support agency in addressing health and development issues, in the countries of South and South East Asia region.

The organization has a robust team of 225 multidisciplinary professionals from various disciplines viz. medicine, public health, social and behavioural sciences, management, finance, computer and other information sciences. A transparent information system at the institution enables the timely production of accurate, relevant and reliable project specific technical and financial reports. The organization has its head office at New Delhi and regional offices in Chandigarh, Lucknow, Jaipur and Bangalore.

Today MAMTA is present in 18 states of India and has extended its reach to Nepal and Bangladesh.

Our Strategies

- Community Outreach
- Capacity Building & Systems Strengthening
- Evidence Based Advocacy
- Networking with like - minded NGOs/CSOs
- Global Partnerships

Governance

President

Mr. Umesh Khaitan

Secretary

Mr. Girish Bhasin

Treasurer

Dr. (Col.) B. Bhardwaj
Mr. D.P. Agarwal

Members

Dr. Lavlin Thadani
Dr. Subhash Arya

Ms Harita Gupta
Mr. Shekhar Gupta

Dr. Suneeta Singh

Executive Director Writes....

The span of these two years (2011-2013) was the beginning of a new journey for MAMTA's operations at the end of two decades work in South and South-east Asia (it completed twenty years by December 2010). As many of us would recollect, it was also the time when most of the conventional donors (USAID, DFID, Sida, GTZ other) were transiting out of the traditional donor assistance. Institutionally we were also moving out of some of our long-standing donors while a few of our middle and senior level staff, also went on to take some very responsible positions in the government and international organizations.

How did we respond to these challenges? Let me be upfront – I think these challenges motivated the leadership to look at this as an opportunity to acquire a range of in-house human skills like evidence building capacities, scale up interventions and above all, taking up innovation and research. This also encouraged us to start seeking support and partnership with different academic and research based organizations in our journey like Population Council, ICRW, London School of Economics, NIHFV and a few others. This has brought in a new energy and motivation within the organization.

These investments (in human resources) did pay significant dividends, in terms of furthering the core thematic agenda of MAMTA's work around youth SRHR, MNCHN, HIV&TB and bringing in new component of Non Communicable Diseases. We have not only moved to new geographical terrains beyond India but also shifted our focus to in-depth working, to have a more comprehensive approach to all these issues. All this is reflected in MAMTA establishing strong partnership with new donor communities like Elton John AIDS Foundation, Ford Foundation, Global Fund Round-9, International HIV/AIDS Alliance, DLF besides continuing to work closely with some of our long-standing partners (donors) – Sida (Swedish Embassy), Mac Arthur Foundation, European Union and UN systems. At the same time, MAMTA's commitments to work closely with governments (Central, State and Districts) – MOHFW, Department of Women and Child, Ministry of Youth Affairs, continued to be strengthened. In the process, this has given added opportunity for us to be part of different Sub Committees/Advisory Groups of different line ministries and Planning Commission.

MAMTA's in-country experience continued to take MAMTA beyond boundaries to countries like Nepal, Bangladesh, Cambodia and Burundi for capacity building and direct interventions. As of now we are moving further in this changing development paradigm—from MDGs to SDGs and as an institution, we are ready to work in a more comprehensive manner at a global level, while keeping equity and inclusiveness as central to our work. We will continue to learn, adapt and share (to scale) in different thematic domains of our working to achieve our set targets within the stipulated time frame.

Presenting before you the Biennial Report for last two years (2011 -2013), I take this opportunity to thank all of our donors, partners, government stakeholders at Central, State and District levels and colleagues at MAMTA for being part of this journey, which has been truly inspiring and gratifying. The dedicated team of professionals is at the center of all institutional achievements.

Last but not the least, I also extend my special thanks to all women, children, adolescents and young people, who found their engagements with our mission have benefitted them and volunteered to become the agents of change. We strongly believe that MAMTA cannot even think of its success in coming years without their participation and ownership of the communities it works for.

With best wishes



Dr. Sunil Mehra
Executive Director



Dr. Sunil Mehra
Executive Director

MAMTA's Geographical Reach



Initiatives outside India

- Afghanistan
- Bangladesh
- Brundi
- Cambodia
- China
- Lao PDR
- Myanmar
- Nepal
- Oregon (USA)
- Philippines
- Sri Lanka
- Sweden
- Thailand
- United Kingdom
- Vietnam



Projects

Maternal, Newborn Child Health & Nutrition		
Name of the Project	Duration	Donor Agency
Regional Resource Center-MAMTA HIMC	2005-Ongoing	MoHFW, Govt. of India
Sure Start Project	2006-2011	PATH
Universal Immunization Programme	2007-2012	Directorate of Family Welfare, Govt. of NCT of Delhi
Gender Resource Centre Project	2008-2012	Department of Social Welfare, Govt. of India
Technical Assistance to Improve Community based Newborn Care-VISTAAR	2008-2012	USAID
Strengthening Community based Mechanisms to Improve Maternal and Child Health in Bihar	2009-2012	Sir Jamsetji TATA Trust-Mumbai
Improvement of Reproductive and Child Health through a Participatory Approach in Urban Poor Scenario	2009-2012	Sir Jamsetji TATA Trust-Mumbai
10-K Club	2010-Ongoing	Individual and Corporate Support
Capacity Building of World Vision Staff Working at National and Regional Level	2012-2012	World Vision
Primary Health Care Programme-IGD	2008-Ongoing	DLF
Improving Maternal and Child Health Services and Livelihood Opportunities for 37,280 Poor Women in Two Districts of UP	2012-Ongoing	DFID, UK AID

Sexual and Reproductive Health & Rights

Name of the Project	Duration	Donor Agency
Community Action for Sexual and Reproductive Health and Rights Policies in Asia	2010-2012	EC-International HIV Alliance
Facilitating and Strengthening Policy and Program for Sexual Reproductive Health Rights of Young People through Network Advocacy Approach	2010-2012	RFSU-Swedish Association for Sexuality Education
Gender Transformative Approaches for Improving Sexual and Reproductive Health of Young People in Nepal	2010-2012	Ministry of Foreign Affairs, Finland in Partnership with Physicians for Social Responsibility, Finland
For Strengthening Systems and Community based Response to Promote Right Age at Marriage in the District Tonk of Rajasthan	2011-2012	UNICEF Rajasthan
Scaling-up Youth Friendly Health Services into the Public Health System in the State of U.P. and Karnataka	2011-2012	Ministry of Foreign Affairs, Finland
Knowledge Hub: Getting Evidence into Policy and Practice	2012-Ongoing	European Commission
National Training Programme on Youth Friendly Health Services in India	2008-Ongoing	Sida, Sweden
Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage in India, Nepal and Bangladesh	2009-Ongoing	European Union
Achieving Optimum Age of Marriage and Delaying First Pregnancy	2011-Ongoing	Mac Arthur Foundation, USA
Strengthening Capacities of District Public Health Services Towards Improved Reproductive Health Choices for Young Married Couples	2008-Ongoing	The John d. and Catherine T. Mac Arthur Foundation, USA
Youth Friendly Health Services for the Young People	2011-Ongoing	Sida, Sweden
Koshish-Working Towards Better Sexual and Reproductive Health and Rights of PLHIV	2011-Ongoing	European Union - Alliance India
Strengthening the Collective Response of the Government to End Child Marriage through Program Convergence Approach	2011-Ongoing	Ford Foundation
Meri Life Meri Choice (MLMC)	2011-Ongoing	Elton John AIDS Foundation (UK)

HIV and Tuberculosis

Name of the Project	Duration	Donor Agency
Composite Targeted Intervention among MSM and FSWs	2008-Ongoing	Haryana State AIDS Control Society (HSACS)
Feasibility Study on Integration of Link Workers with Frontline Health Functionaries	2010-2011	UNDP & NACO
AXSHYA Civil Society Involvement in TB Care and Control in India	2011-Ongoing	GFATM
Building the Capacities of Alliance-LO on Integration of HIV and SRHR	2011	International HIV/AIDS Alliance
Targeted Intervention Among MSM	2008-2012	Delhi State AIDS Control Society

Non-Communicable Diseases

Name of the Project	Duration	Donor Agency
District Design for Mainstreaming ARSH and NCC in Youth Friendly Health Services	2012-Ongoing	Sida
Increasing Access to NCD care-New Results from a Comprehensive Community Needs Assessment	2013	Medtronic Foundation
Integrating Mother and Child Health Services with Prevention and Control of Diabetes and Hypertension	2012-Ongoing	Bristol-Myers Squibb Foundation, Inc

EVIDENCE GENERATION

for Better Health....



MAMTA has significantly contributed to the scientific world in developing policies, planning advocacy campaigns and implementing successful programs on the issues of maternal, neonatal and child health; HIV/AIDS & TB in the context of gender equity and equal rights. MAMTA has more than 15 years of strong experience in evidence building with a dedicated team of researchers and evaluators for conducting baseline/end line surveys, operational/intervention research, formative research, systematic review, randomized controlled trials, feasibility studies through an array of qualitative and quantitative techniques.

MAMTA has more than 15 years of strong experience in evidence building with a dedicated team of researchers and evaluators for conducting baseline/end line surveys, operational/intervention research, formative research, systematic review, randomized controlled trials, feasibility studies through an array of qualitative and quantitative techniques. Over the years, the institute is engaged in building core capacity on technological and social innovations at point of care level to improve access, early detection and care of HIV, hypertension etc. in the areas of MNCHN, SRH, HIV/AIDS

& TB, communicable and non-communicable diseases. Very recently, the institute has undertaken specific assignments to review government policies and programmes and participated in the process of policy formulation, program planning, assessing impact and generating evidence. The institute has a strong and robust management information system to generate valuable indicator-based data in measuring the program achievements.

MAMTA has a team of efficient researchers and multi-

disciplinary professionals from public health/community medicine, population sciences/demography, epidemiology, social sciences/work, and ICT (information, communication and technology). MAMTA has undertaken various qualitative studies for analyzing and understanding the culturally specific behaviors, motivations, needs, problems and concerns of different population groups. The institute has used advanced statistical tests, methods and software to analyze and validate both qualitative and quantitative findings from the field.

The institute disseminates findings of its research amongst diverse and multi-layered platforms i.e. posting technical and



working papers in nationally and internationally acclaimed journals, paper presentation in national and international conference and organizing dissemination workshops at district, state and national level with the policy makers, programmers, media and other important stakeholders.

RESEARCH ACTIVITIES UNDERTAKEN IN THE PERIOD OF 2011-13

1. Strengthening the district public health functionaries for improved reproductive choices among young married couples in Rajasthan and Uttar Pradesh.

Systematic Review: A high quality and intensive systematic review conforming to the international protocol was carried out to review the available evidence on the effectiveness of community-based public health interventions to improve the reproductive health of young married women in low and middle-income countries (LMIC). The review was carried out by the researchers from MAMTA under the guidance of Dr V. Chandramouli from Reproductive Health and Research Division, WHO, Geneva and Prof Jane Fisher, Jean Hailey's School of Public Health, Melbourne. The purpose of this review was to identify effective interventions to improve the reproductive health of young married women (aged 15-24 years) and their spouses that can be delivered in a sustained manner at scale in resource-constrained settings. The paper was submitted to BMC Public Health.

Formative Research: A qualitative formative research was conducted to understand the perspectives, perceptions and realities regarding the early and repeated pregnancies, consequences, practices of abortion services, use of contraception among young married couples.

Intervention Research: A concurrent intervention research was designed to track a cohort of young married women in the intervention and control areas to evaluate the effect of the intervention on improving the service utilization and reproductive health outcomes. The intervention research is tracking the safe and skill-based maternal health care practices (facility-based utilization of antenatal care, delivery and postnatal care) delaying pregnancy, contraceptive uptake and safe abortion in the similar cohort of intervention and control women. A sub-sample of pregnant and non-pregnant women was tracked for a period of one year and their service utilization and reproductive outcomes tracked.

Support Agency: MacArthur Foundation

2. Reaching young people through strengthening ARSH under public health system: An add-on intervention of capacitating ARSH service providers using WHO Job Aids and WHO Quality Assurance Guidebook to the ongoing EU program

'Improving Reproductive and Sexual Health of Young People by Increasing the age at marriage in India, Bangladesh and Nepal' (EU- EMEP project) is a five year (2009- 2013) initiative supported by the European Union and implemented by MAMTA to

improve reproductive and sexual health of young people by addressing issues of early marriage and early pregnancy through a comprehensive intervention package. One of the barriers to improve sexual and reproductive health of adolescents include inadequate service delivery at Adolescent Friendly Health Services (AFHS) and poor utilization of adolescent health services by youth. The interim programmatic findings indicated a need to improve the capacity of program managers and health care providers to provide adolescent reproductive and sexual health (ARSH) services. To address this, MAMTA planned an add-on intervention project to integrate additional intervention components in the existing intervention package with the primary aim to improve utilization of services through improved capacity and competency of the service delivery system.

Support Agency: European Union

3. A rapid assessment of Non-Communicable Diseases among adolescents in the slums of Tigri in South Delhi to conduct a risk assessment of vulnerabilities in adolescents dealing with NCDs and to understand the reasons of vulnerability among adolescents toward developing NCDs.

The study suggested that most of the adolescents involved with study did not have complete knowledge of NCDs. Both harmful health behaviors and risk exposures were found high within the adolescent population, and with the lack of knowledge of healthy and unhealthy lifestyle choices. Access to unhealthy choices were also more available than healthy ones; for example it was easier to access street food than a healthy nutritious meal, or it is easier to access tobacco and alcohol opposite to a park than an area to exercise in. These factors make Tigri slums a high-risk zone for the development of NCDs amongst adolescent population.

Support Agency: MAMTA with the help of interns (2012)

4. Impact of training frontline ASHA workers with Link Worker Scheme of NACO on HIV referrals and service utilization: A pilot study on feasibility of mainstreaming HIV prevention in rural areas of India

MAMTA has conducted an operational research using mainly quantitative methods on assessing the feasibility of mainstreaming Link Worker scheme under NACO with ASHA of NHRM in Ajmer and Nagpur. The study was conducted at Ajmer and Nagpur districts of India, where 50 ASHAs from Ajmer and 58 from Nagpur were trained in 5 day abridged training module for LWS. ASHAs performance as Link worker was assessed by the number and type of referrals for HIV testing and counseling at ICTC. The study concludes that despite societal and cultural constrains, ASHA can play an effective role in performing activities expected of the link workers. Long term follow-up and added supervision would help them in continuing their activities.

Support Agency: NACO, 2011

5. Understanding group participation and continuation dynamics: An experience from an urban slum in Delhi, India

MAMTA conducted an operational research using mainly quantitative methods on assessing the feasibility of mainstreaming Link Worker Scheme under NACO with ASHA of NHRM in Ajmer (Rajasthan) and Nagpur (Maharashtra). The study was conducted in

both the districts, where 50 ASHAs from Ajmer and 58 from Nagour were trained with a 5-day abridged training module for LWS. ASHA's performance as Link worker was assessed by the number and type of referrals for HIV testing and counseling at ICTC. The study concludes that despite societal and cultural constraints, ASHA can play an effective role in performing activities expected of the link workers. Long-term follow-up and added supervision would help them in continuing their activities.

Support Agency: London School of Economics

6. A rapid assessment of Youth Friendly Health Services (YFHS) in Uttar Pradesh and Karnataka: Integrating YFHS into the public health system in rural India

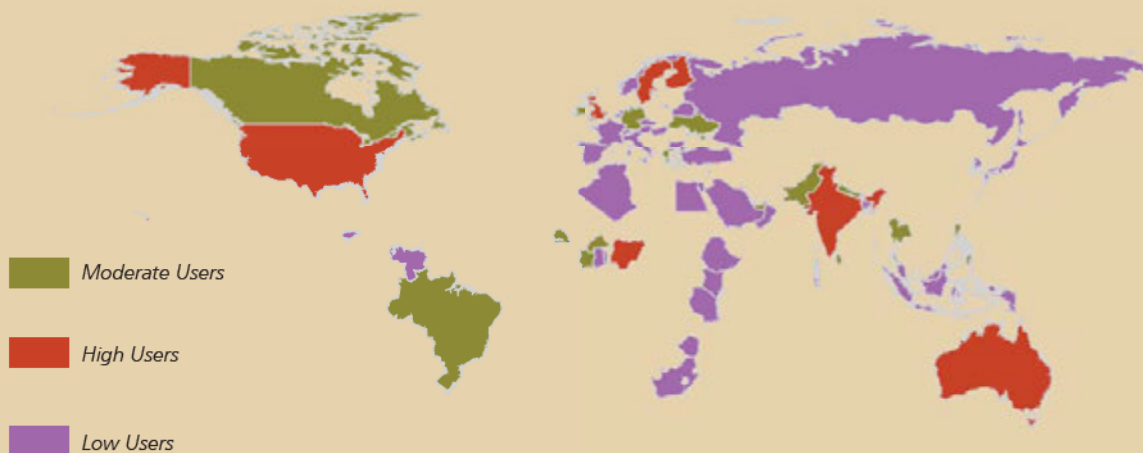
The study was conducted to assess the current state of quality of the services (based on seven standards of YFHS) provided at YFHS. Perception of the youth (10-24 years), community gatekeepers (PRI members, teachers and parents) and health service providers about the activities conducted for introducing importance of YFHS in the PHCs and YICs in the community. The study was also directed to determine the extent to which YIC has improved utilization of service uptake at YFHS. Results show that Youth Information Center (YIC), a concept of safe space where young people can gather to interact was found to be an effective approach of increasing utilization of YFHS services.

Support Agency PSR, Finland (2010- ongoing)

7. Knowledge HUB

The Knowledge Hub (K-Hub) is the process of GEPP – Getting Evidence into Policy and Practice. The concept of K-Hub is not only to build a repository of existing knowledge on status but also to create new knowledge/evidence on the issue of child marriage in various districts in India. The purpose of K-Hub is to provide comprehensive information on child marriage issues through an online web portal, effectively manage and disseminate the information among the stakeholders so that the evidence are used into policy and practice and create an enabling environment on child marriage issues. A rapid program review has been conducted to understand the gaps from policy to action on issues pertaining to child marriage. Based on the identified gaps, a primary study has been initiated to understand the role of schemes for prevention of Child Marriage in the states of Bihar and Uttar Pradesh. K-Hub has been designed as a one-stop resource base on child marriage for use by policymakers, programme

Users of K-Hub portal around the world



managers, researchers, civil societies and the community. It contains issue-specific facts, statements, legislations, policies, programs by government and non-government bodies, publications and documented good practices. The evidence generated, using primary and secondary data sources, will benefit the policy makers/program planners and community to better design or formulate the policy and programs to delay marriage.

Support Agency: European Union

8. End-line evaluation of comprehensive MCH program among marginalized communities in three rural districts of Bihar

A comprehensive MCH package was implemented for a period of 3 years to improve the key indicators of maternal, neonatal and child health through community mobilization and improvement in utilization of services for improved pregnancy care, institutional delivery, postnatal care, immunization and neonatal/child health care services. More than half of the population belonged to vulnerable communities. After three years of intervention, full ANC coverage (i.e. at least three visits for antenatal care, one TT injection received and 100 IFA tablets consumed) has increased from 4.9 percent at baseline to 21.3 percent at end line, institutional deliveries have increased almost 12 percent, whereas postnatal delivery increased by 40 percent. Coverage for full vaccination and initiation of breast-feeding within one hour of birth has also significantly improved.

Support Agency: Sir Jamshet Ji TATA Trust, Mumbai

9. Integrating mother and child health services with prevention and control of diabetes and hypertension

During the baseline assessment, concept of availability and system readiness of the services relating to hypertension and diabetes was developed adopting the methodology that was developed through a joint collaboration of World Health Organization (WHO) – United States Agency for International development (USAID).

Service Availability means the physical presence of the delivery of services. It is described by an index (an un-weighted average) using the three tracer indicators viz: facility density, health workforce density and service utilization rate. This does not include complex dimensions like geographic barriers, travel time and user behavior, which require more input-data. These indicators are expressed as a percentage score compared with a target or set benchmark. If the tracer indicator score exceeds the target, it will be scored as cent percent.

Readiness is defined as the availability of components required to provide services such as basic amenities, basic equipment, standard precautions, laboratory tests, medicines and commodities. General Service readiness is described by an index using the five general service readiness domains.

A score is generated per domain based on the number of domain elements present, then an overall general readiness score is calculated based on the mean of the five domains. Above that, Service Specific Readiness refers to the ability of health facilities to offer a specific service and the capacity to provide that service measured through selected tracer items that include trained staff, guidelines, equipment, diagnostic capacity, and medicines and commodities.

Support Agency: Bristol-Myers Squibb Foundation, Inc

10. Increasing access to NCD care-New results from a comprehensive community needs assessment

Comprehensive community needs assessment was conducted in Shimla district of Himachal Pradesh and Udaipur of Rajasthan. The assessment was funded by Medtronic Foundation during February–October 2013. The overall objective was to conduct a participatory analysis of the situation at individual, family/ community and system level with a focus on identification of gaps, resources and capacity, barriers and solution for NCD related services. A component of the assessment adapted WHO step-wise approach for NCD assessment to gather information during household survey.

The survey was conducted in Shimla (Himachal Pradesh) and Udaipur (Rajasthan) with the support of Medtronic Foundation, USA in 2013 that end up with following achievements:

- The survey connected all the individuals at risk of NCD to health system through follow up and motivation.
- Findings were considered by respective state governments and incorporated into their state action plan.



CAPACITY BUILDING and Trainings.....



MAMTA started the process of capacity building in close collaboration with apex training institutions in the country (National Institute of Health and Family Welfare, National Institute of Public Cooperation and Child Development and National Council of Educational Research and Training) more than a decade ago.

It is now working closely with the government and the non-government organizations in the training of public and private health service providers (medical and paramedical), government functionaries, schoolteachers, traditional birth attendants, NGO functionaries and peer educators (young people).

The capacity building has been, by and large, on the issues of reproductive and child health, RTI/STI-HIV/AIDS and adolescent health with special focus on areas of young people/adolescents' reproductive and sexual health and rights. Gender and Rights approach is weaved in to MAMTA's capacity building programmes.

In the past, the institute has taken the challenging task of building capacities of the 136 partner NGOs (in the

network) in the 7 states of the country to take on advocacy, program implementation and intervention research related to young people. The experience gained over the years has helped us in extending the process of capacity building to the regional level where MAMTA with its twinning partner RFSU (Riksförbundet För Sexuell Upplysning - the Swedish Association for Sexuality Education) has conducted an International Training Program on Sexual and Reproductive Health and Rights of young people for the

South and South East Asian countries From 2004-08. Later, a National Training Program (NTP) was brought for 25 states of India. MAMTA was the lead agency for this training program. This involved building capacities of senior and middle level professionals from government ministries and departments and non-government organizations on young people's health and development issues.



The organization has made efforts to see that the trainings get translated into actual implementation. This includes follow-up of the participants and organizing them into networks that have a definite objective. Also included as a part of this process are the sustained technical inputs to continuously enhance the capacities of the staff and sustain their interest. Training

resources have been developed as well, to help the participants and other programmers working in this area.

During year 2011-2013; MAMTA has conducted various capacity building and training programs at state, national and international levels. Following are some of the highlights:

1. Regional Resource Centre (RRC)

The Regional Resource Centre of MAMTA-Health Institute for Mother and Child is working in Punjab, Haryana and Chandigarh since April, 2005. The project is being supported by Ministry of Health and Family Welfare, Government of India with prime purpose of building capacity of MNGOs/SNGOs and district based field NGOs to work in partnership with State, District and Block level Government Health facilities in providing healthcare services especially to marginalized and underserved sections of society. In turn it aims towards achieving the national health goals such as improved institutional delivery and reduced IMR and MMR.

The Centre was established aiming at:

- Providing technical assistance and support to State NGO Committees, MNGOs, FNGOs & SNGOs.
- Supporting government and non-government institutions for project development, training in programme and technical areas, dissemination of relevant training and communication material.
- Creating and facilitating access to a database of technical and human resources relevant to family planning and RCH interventions.
- Conducting periodic visits to district and block level MNGO/FNGOs for providing technical assistance in project implementations.
- Providing platform for advocacy to NGO on MNCH and networking.
- Provide inputs to GOI to enable policy modification/formulation for NGO programmes

During the period 2011-13 RRC was able to build capacities of 14MNGOs, 4SNGOs and 46 district based field NGOs. 18 out of 20 districts in Punjab were covered under MNGO scheme. RRC is providing technical support to all MNGOs, SNGOs and FNGOs. These district based field NGOs which are supported by RRC-MAMTA were able to show increased trend in all the indicators, especially registration of pregnancy, utilization of prescribed 3 ANC's and increase in institutional delivery.

Few data base from RCC records (2011-13) reflects its impact in the intervention states.

- Number of Pregnant Women Registered – 17228
- Number of Pregnant Women who Received Complete Ante Natal Care – 14749
- Number of Institutional Deliveries – 14136
- Complete Post Natal Care – 15471
- Complete Immunization – 16671
- Number of Sterilizations – 2138
- Deliveries Conducted at Service NGO based Hospital – 2536

Very recently RRC has been designated to push the agenda of transparency and accountability on MNCH initiatives in its implementation states.



2. Capacity Building of World Vision Staff, working at National and Regional Level

The project was implemented to train 401 community level and facility level health professionals of World Vision India on MCH through one national and twelve regional trainings between 2012 and 2013. The objectives of the project were:

- Enhance skills of the staff, at regional level as master trainers for training the volunteers and CBOs at the community level.
- To enhance skills in using the customized IEC material developed for messaging.
- To develop IEC material in national and regional languages for proper messaging in the community

Over all the trainings in all the 12 regional locations were successful. The training was an enriching experience for both the participants and trainers. The participants were working at different level on the issues of health. The training provided them an opportunity to understand how to address/deal with various challenges they face at the ground level. The training strengthened the skills of the participants to identify key promotional, preventive and treatment interventions that could be implemented at community level to determine the most effective strategies on MNCH. The training developed skill and knowledge of the participants which would be transferred to the volunteers, CBOs at the grass root level and create behavioral change among the community on appropriate maternal and child health.

Specific achievements by implementing this project were:

- In the training, 401 participants were trained on various issues of MNCHN, from 16 states of India, which includes - Madhya Pradesh, Uttar Pradesh, Uttaranchal, Rajasthan, Assam, Bihar, Jharkhand, Chhattisgarh, West Bengal, Andhra Pradesh, Karnataka, Tamil Nadu, Gujarat, Maharashtra, Delhi, and Orissa.
- There was a significant shift in the knowledge of the participants. The pre-test analysis show 44% participants had knowledge on MNCHN before the training, but after the training there was a shift in the knowledge to 62%.
- 1 National and 12 regional trainings were conducted successfully.
- IEC material, flipbook, poster, facilitator handbook in 9 regional languages were developed.



3. National Training Programme on Youth Friendly Health Services in India

MAMTA and Social Medicine and Global Health, Dept of Clinical Sciences, Lund University in collaboration with National Institute for Health and Family Welfare (NIHFW), New Delhi implemented the National Training Programme on Youth Friendly Health Services in India (NTP) from 2008-13. The initiative is supported under the Indo Swedish Development Cooperation agreement through a Partnership Driven Cooperation. This agreement was established under an overarching Indo Swedish MoU on health for



providing technical assistance in India. The overall objective of this training programme, is to strengthen participants' capacity on delivering Youth Friendly Health Services (mainly through public health facilities) that address the sexual and reproductive health concerns of young people (10-24 years) as envisaged under the Adolescent Reproductive and Sexual Health strategy under RCH II (National Rural Health Mission). The results expected out of the training programme were- enhanced knowledge and skills, change in attitude, higher self-efficacy at the individual level and models of AFHS clinics in the states.

Highlights of achievements of NTP are as follows:

- 121 (56 Females & 65 Males) health professionals from public health sectors were trained on various aspects of YFHS.
- Change projects implemented by the participants have resulted in creation of 39 models of AFHS established across 25 states of the country.
- Models of linking/convergence/mainstreaming AFHS with School Health services, Reproductive Health services and STI/HIV undertaken by 9 participants-24 participants worked on strengthening existing services through improving outreach component, referral network, reporting, recruitment of personnel, peer education and supportive supervision.
- Capacity building of staff members, paramedical staff & post graduate medical students and other government staff were taken up by 15 participants. Awareness generations, websites certificate courses were some initiatives taken up by 10 participants. Anaemia control, MMR vaccine for adolescents were some initiatives by two participants and Strengthening Programme planning at the PIP level was taken up by one participant.

4. Training of ANMs of Delhi Government on HIV and AIDS in Gender and Rights Perspectives

In 2011-12, MAMTA in collaboration with Delhi AIDS Control Society conducted series of trainings of the newly recruited ANMs of the state on HIV and AIDS in gender and rights perspectives. The purposes of the training were:

- to enhance knowledge and understanding on HIV with special focus on prevention of vulnerability to young women (condom promotion, government's services, facilitating access to services, gender issues, myths and misconception)
- to enhance communication skills in the context of HIV specific to IPC, negotiation skills and counselling skills.

The trainings were designed on the basis "Shaping our Lives", a training module developed by NACO to facilitate the work of ANM, ASHA, AWW and SHG members who are working as front-line workers in the area of reproductive health, nutrition, empowerment and poverty alleviation programmes. Though the handbook takes inspiration from various existing IEC materials, yet it provides a new insight into how HIV and AIDS impact women and their conditions. This handbook facilitates front-line workers in working with women, not just in the context of HIV and AIDS but exploring interlinked issues of rights, economic barriers and poverty conditions.

The trainings were conducted in participatory manner; group works, role plays, brain storming sessions and question answer sessions were key methodologies. 376 ANMs were trained through 14 trainings against 400 ANMs expected to participate by DSACS. During the feedback sessions most of the participants appreciated the format and contents of the trainings and expressed the need for organizing such kinds of trainings on regular basis.



5. Strengthening Capacities of District Public Health Services towards Improved Reproductive Health Choices for Young Married Couples

The project was funded by The John D. and Catherine T. MacArthur Foundation (USA). It was implemented in Saharanpur district (U.P) and Sri Ganganagar district (Rajasthan) from 2008-2012. The project aims to generate demand for services amongst young married couples through strengthening the capacity of the district health services to address the reproductive and sexual health needs of youth in the selected two districts-Saharanpur district (U.P) and Sri Ganganagar district (Rajasthan).

The strategy aimed at influencing young married couples (15-24 yrs), within SRH rights framework for:

- family initiation planning
- exercising reproductive health choices on use of contraception, planning first pregnancy and spacing
- widening knowledge on maximum available options for safer and informed reproductive choices

The project had an initiation or Formative Phase, followed by Intervention Phase and concluding with the end-line assessment. The formative phase began with a literature review to identify effective interventions in similar settings; formative research to understand local contextual factors, formulation of a strategy for Behaviour Change Communication (BCC) and Baseline assessment.

Specific focus

- Reach young married couples (15-24 years) with information, communication and skill to influence their reproductive health choices
- Overcome impediments to service utilization of RH at individual, family and community levels

Key Actions

- Streamline micro-planning at Sub Centre (SC) level with mentoring and budgeting from the District Health Action Plan (DHAP).
- Inter-sectoral convergence by leveraging similar schemes like ARSH and SABLA.
- Sensitization and advocacy at state, district and block levels.
- Refresher trainings for the District project staff, trainers (ANM, AWW Supervisor) and frontline workers conducted.
- Community level sensitization activities are held from time to time which include- Individual counseling, Support group meetings for young married women, group meetings with mother-in-laws/sister-in-laws, husbands, cluster level meeting with the community and PRI, VHSNC members, celebration of VHNDs.
- Initiation of couple group meetings involving satisfied acceptor couples in each district.
- Tracking of young married women through concurrent evaluation through intervention research.



6. Technical Assistance to Improve Community Based Newborn Care-VISTAAR

This project was supported by IntraHealth International Inc. & USAID for 5 districts of Uttar Pradesh from 2008-2012

The aim of the project was to assist the GOI and government of Uttar Pradesh in transforming knowledge into the practices to bring sustainable improvement in maternal, newborn and child health and nutritional status through effective advocacy and behavioural change initiatives.

The main focus of Vistaar project was to back-up the strategy of "Comprehensive Child Survival Program (CCSP)" of NRHM in Uttar Pradesh. The duration of the project was for three years and entailed the following:

- Capacity building of ASHA on IPC Skills, operational skills like: use of VHIR & Drug Kit and other identified priority issues.
- Strengthening local support networks for mentoring and supporting ASHAs.
- Nine modules were developed for ASHA's capacity building sessions and three modules for supervisory cadre (ANM & LHVs).
- A module was developed for training of VHSC Facilitators (ANM, LHVs & other supervisory cadre staff of Dept. of Health) to facilitate the VHSC meetings in the villages.
- Strengthening village health sanitation committees and their roles in the community.
- Institutionalization of ASHA support mechanism: formation of Technical Resource Group (TRG) at the district level.
- Orientation of health & ICDS functionaries on strengthening of VHNDs strategy of Govt of UP.
- District & block level convergence meeting among line departments - health, ICDS, education & Panchayati Raj institutions for strengthening the VHND strategy.
- The learning and experiences of the project were widely disseminated at state level for replication of the initiative.

The important milestones achieved by this project are:

- A platform was developed in each block of intervention districts for capacity building session of ASHAs and their supervisory cadres.
- A series of ToTs at state (10 batches) and districts (more than 150 batches) were conducted on roll out strategies of ASHA and their supervisory cadres for improving maternal, neonatal and child health.
- Capacities of ASHAs built in their monthly meetings at the PHCs/CHCs led to significant improvement of counselling & operational skills of ASHAs and their supervisory cadre.
- Development of effective and field tested BCC tools & job-aides for ASHAs and supervisory cadre.
- Development of a convergence model between health, ICDS, education & panchayati raj institutions at district level and in each block for strengthening the VHND strategy.
- Formation of Technical Resource Group (TRG) at the districts level aiming sustainability of the effort in the long run.

ADVOCACY & NETWORKING...



Advocacy seeks to change upstream factors like laws, regulations, policies and institutional practices, prices, and product standards that influence the personal health choices of often millions of individuals and the environments in which these are made. Media Advocacy has been an equally important strategy to reach out to policy makers, bureaucrats and the legislators. It facilitates in developing functional strategy in the project area.

MAMTA has established and strengthened linkages with key people in leading political parties, ministries of Government of India and media. It has been working at the policy initiatives/ changes with an aim to bring about changes at the state and national level by demystifying the perspective, concepts and ideas, sensitising and orienting the key constituents involved with policy and programs and facilitating discussion and dialogue between various constituencies.

MAMTA conducted the policy review on 'Adolescent health and development' in the country context with the support of UNFPA, under the aegis of Ministry of Health and Family Welfare, Government of India. MAMTA is also undertaking a 'National Policy Review of Existing Child Related Policies'. For advocacy under YRSHR, there has been exchange of ideas and updates on young people's health and development between Swedish Parliamentarians and Indian Parliamentarians. Some achievements in area of

advocacy are:- Formation of a Young People's Forum with nation wide representation; Incorporation of young people's issues in election manifesto of key political parties.

Networking is needed to give a common platform to make the partners work more effectively and share and learn from each other's experiences. Networking is useful in dissemination of information, ramification of activities and sharing of resources in terms of expertise and other essential resources to sustain the united efforts through relevant and effective linkages on common issues and interests. An innovative approach is required to facilitate effective communication and consolidation amongst all the network partners. The networking strategy has enabled members to establish linkages with national and international agencies, assist in communication, share information and learn from each other's experiences, without surrendering their autonomy. The network has enabled members working in relative isolation to come in contact with like-minded, experienced individuals, groups and organizations.

MAMTA is networking to address the health and development issues. We have initiated and strengthened the network on YRSHR across the states of India in order to expand the outreach at the micro level and at the same time used our learning from the micro level to feed into macro level efforts. SRIJAN (Sexual and Reproductive Health Network for Joint Action) network, an initiative of MAMTA is now spread over 7 states of India and having about 136 members is spearheading the efforts to mainstream the issues of young people and provide them visibility in the current socio-cultural settings and political scenario. This network is currently covering about 100 districts (total 240 districts) in these states.

MAMTA'S ACCOMPLISHMENTS IN THE AREAS OF ADVOCACY DURING YEAR 2011-13 ARE:

1. Sure Start

The programme was implemented with the support of Bill & Melinda Gates Foundation, in partnership with PATH. It was implemented in the Hardoi district of Uttar Pradesh from 2006-2011. The project was an initiative designed to complement the Central and State governments' efforts under NRHM and RCH-II. Sure Start had a dual purpose of reducing maternal and new born morbidity and mortality in selected districts of Uttar Pradesh and urban areas of Maharashtra. It also intended to develop, demonstrate and refine a model of channelling financial and technical resources to the community level to support effective community action on public health priorities. MAMTA implemented this project along with seven consortia partners across all 19 blocks of Hardoi, Uttar Pradesh.

In order to achieve this, the Village Health and Sanitation Committees (VHSCs) were operationalized. Village level planning facilitated utilisation of untied funds, ensured that pregnant and lactating mother groups (MG) were formed at the village level. ASHAs' capacities to conduct mother's group meetings and home visits for birth planning and facilitating institutional delivery



were built. In a bid to channelize financial and technical resources at the community level to support effective community action on public health priorities various levels of advocacies were conducted.

The important milestones achieved by this project are:

- 1258 mothers groups and 448 VHSCs were regularized with five key sure start messages on Maternal and Neonatal Health issues. Community based monitoring system was implemented in MG and VHSC.
- Majority of VHSCs were using their untied funds for improvement of maternal and neonatal care in their respective villages.
- By the end of the project, 94.31 per cent VHSCs were reviewed.
- The utilization of untied funds increased from 11.55 per cent in 2008 to 55 per cent at the end of the project.
- Institutional delivery increased from 28.79 per cent (in December 2007) to 70.76 per cent at the end of project.
- Meetings of NRHM prioritized forums viz., District Health Society, Rogi Kalyan Samitis and VHSCs regularized; MAMTA participated as a member of the District Health Society's meeting in Hardoi.

2. Community Action for Sexual and Reproductive Health and Rights Policies in Asia

Action project, supported by European Union–International HIV Alliance was implemented in Allahabad and Etawah districts of Uttar Pradesh from 2010-2013. The project targeted at contributing to improvement in the policies and procedures on reproductive and sexual health and rights of young people in country context, especially those in the adolescent age groups and those from the most vulnerable population groups, including those living with HIV, men who have sex with men, and injecting drug users.

The efforts under the project were directed towards developing innovative advocacy mechanisms for linking youth groups, peer leaders and organizations working with the youth. It also enabled a dissemination of best practices, sharing of information and experience, increase young people's capacity to participate in and influence SRH policy and programming including HIV and AIDS locally, nationally and regionally. The project also focused on developing youth-led mechanisms and models so that it can be scaled up in the country and expanded to include other partners within the region. The strategies adopted, revolve around three desired results; first, building advocacy capacities of civil society organizations (CSOs) in adolescent sexual and reproductive health and rights (ASRHR). Second, building capacities of youth groups, especially those from vulnerable communities for advocating SRHR issues and third, developing innovative mechanisms for linking youth groups to disseminate



best practices, share information and increase young people's capacity to participate in and advocate for their sexual and reproductive health and rights in local, national and regional policy and programming.

The important milestones achieved by this project are:

- The project built capacity of 21 CSOs to advocate availability of SRH services for young people, especially for high risk population.
- Peer led approach was adopted to advocate access to SRH services by involving and building capacity of peer leaders.
- Safe space known as Youth Information Centres (YICs) were established within the community and it was integrated with outreach functionaries such as ASHA, Anganwari and ANM to provide information and counselling on SRH concerns of young people.
- Peer led advocacy was conducted to open Adolescent Friendly Health Services to improve access of curative and preventive service to young people, especially SRG population.
- The capacity of civil society organizations were built in integrating SRH component in their existing programme.
- SRHR based LSE (Life Skill Education) 1, 2, & 3 modules for the young people have been developed and peer leaders are taking sessions on the basis of this module.

3. Facilitating and Strengthening Policy and Program for SRHR through Network Advocacy Approach

The project is supported by RFSU aiming to cover Allahabad and Varanasi (UP), Katihar and Lakhisarai (Bihar) and Rewari (Haryana) districts from 2010-2013. The progressive movement of involving teachers in incorporation of comprehensive messaging in the teaching has yielded result in terms of increased comfort levels of teachers and improved participation of students. Between 2010 and 2012, the project built capacity of teachers on comprehensive sexuality and reproductive health of adolescents, who in turn imparted these sessions in the classrooms through a defined timetable, prepared and approved by the principals of these schools. The comprehensive sexuality approaches, which were introduced in first year and were imparted only teachers, were able to percolate into the class room sessions too. The teachers were engaged in participatory learning and trained on conducting value games and other participatory training methods. The success motivated in scaling-up the intervention in 50 schools in the year 2013.



The important milestones achieved by this project are:

- Each implementing district has two male and two female teachers who have been trained as trainers on the issue of adolescent education programme.
- In 50 schools comprehensive sexuality education (CSE) programme has been implemented; and each implementation school is equipped with 2 female and 2 male teachers to continue imparting sexuality education curriculum.
- MAMTA training module on CSE and its training methodology is quite effective and has raised knowledge, attitude and skill level of teachers to impart education on reproductive and sexual health to the students.
- District education department has nominated teachers to participate in CSE program that shows acceptability and willingness of mainstreaming issues within the school curriculum.
- Beneficiaries reached: Teachers-92, Medical officers-20, Paramedics-49.

4. For Strengthening Systems and Community-Based Response to Promote Right Age at Marriage in the Tonk District of Rajasthan

The project was undertaken by MAMTA with the support of UNICEF in district Tonk, Rajasthan. It covered 60 villages of Deoli and Unnara blocks during 2011-2012. It intended to build an environment against child marriage in Tonk. Two blocks of Tonk-Deoli and Unnara, having the highest rates of child marriage, 64.7 and 89.5 percent respectively were selected. It was expected that by the end of the project:

- Ten villages would become child marriage free (no incidence of child marriage reported in project duration period of 12 months);
- Community leaders (Caste/Sarpanch/Religious) would advocate for stopping of child marriage and promote school education;
- Front line functionaries (Sathin, AWW, Pracheta, Teachers) would take proactive role in advocating against child marriage and promote school education in their working area.

The important milestones achieved by this project are:

Efforts of the project team and advocacy with caste leaders and PRIs resulted in community taking a decision to not allow any child marriage in their community. A formal decision to this effect was taken in their caste group meeting on Jan18, 2012. 321 girls and boys were reached out through formal sessions, 79 PRIs, 102 caste leaders and 40 Sathins were sensitised.

5. Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage in India, Nepal and Bangladesh

This project is a multi-country project funded by European Union to address long prevailing customary practice of child marriage and early child bearing in India, Nepal and Bangladesh.

The overall objective of the project is to delay mean age at marriage by at least 3-6 months.

The project addresses all probable stakeholders to resolve their fears about delaying marriages. This involves questioning traditional norms and combining a range of strategies to create a safe and supportive environment and advocating for the enforcement of laws and policies related to prevention of child marriage, ARSH, Life Skill Education.

The project addressed these issues through the following key strategies:

- i. Advocacy to strengthen administrative systems for enforcement of laws and policies.
- ii. Community mobilization and empowerment of young people.
- iii. Networking by strengthening local NGOs and CBO's.

The important milestones achieved by this project are:

- 6,748 youth members from youth groups have delayed their marriages at least up to the legal age through project efforts
- 602 married girls of youth groups have delayed their 1st pregnancy up to 20 years of age through project efforts.
- 10,754 youth members are continuing their education and at least 415 have been re-enrolled to school by project teams.
- 121 Youth Information Centres (YICs) established-72 in India, 22 in Bangladesh and 27 in Nepal
- 29 Youth Friendly Health Services (YFHS) established through advocacy efforts-8 in India, 16 in Bangladesh and 5 in Nepal.



6. Achieving Optimum Legal Age of Marriage and Delaying First Pregnancy

This is a project supported by the John D. and Cathernine T. MacArthur Foundation (USA), implemented in forty districts in four states of Maharashtra, Andhra Pradesh, Rajasthan and Uttar Pradesh.

The project with the goal to 'achieve defined legal age at marriage for boys and girls and delaying subsequent pregnancy while enhancing sexual reproductive health of youth (10-24) in India and Rajasthan' focused on four states in particular, Rajasthan, Maharashtra, Andhra Pradesh and Uttar Pradesh across 40 districts with 39 NGO partners. Three government Acts/Programmes in particular were identified for intensive advocacy efforts which, if rolled out, could have a significant impact in enhancing young people's health and development. These were - The Integrated Child Protection Scheme (ICPS), Adolescent Friendly Health Services (AFHS) and Adolescent Education Program (AEP)/Sexuality Education.

The objectives that were set out for the intervention were to strengthen existing policy and program environment through advocacy with identified key stakeholders for prevention of early marriage and early pregnancy and promotion of sexuality education and to capacitate an existing network of NGOs at national level with special focus on districts with relatively higher proportion of incidences of marriage below 18 years ('legal' age) among girls on effective advocacy skills for national and state level roll out of provisions made under policies and programs facilitating enhanced SRH outcomes of young people. The intervention was planned at two broad levels, the policy and programme level advocacy at State and District level and intervention to call for action from the legislative bodies and building an enabling environment to promote delay in the age at marriage at the community and family level.

The important milestones achieved by this project are:

- Signed a formal MoU with Ministry of Women and Child Development for capacity building on PCMA 2006 and conducted capacity building on PCMA 2006 in five states.
- Capacities of partners were enhanced on advocacy skills and addressing the issues. The partners acknowledge benefits from the planning and skill building workshops of MAMTA. 8-10 organizations are continuing to work on the same issues with support from UNICEF and Save the Children.
- A vibrant youth force, which is informed, skilled and trained, is in place in the intervention states. Four youth forums each in Rajasthan and Maharashtra, two in Andhra Pradesh are now independent registered entities and 13 village youth groups in Uttar Pradesh have been registered with Nehru Yuvak Kendra.
- Marriage registration started in 65 Gram Panchayats in six districts in Rajasthan, Maharashtra and Andhra Pradesh. Four Gram Panchayats in Hardoi and two Gram Panchayats in Chitrakoot have reported no child marriage in the last two years through the efforts of the Pradhans. Same is true for Medak in Andhra Pradesh and Sawai Madhopur in Rajasthan.
- Pandit Gobind Ballabh Pant, Gonda, Uttar Pradesh was successful in including early marriage and early pregnancy in the district action plans along with a budget for nine districts-Shrawasti, Bahraich, Balarampur, Lalitpur, Buduan, Kushinagar and project districts of Gonda, Siddarthnagar and Maharajganj.
- A complete package of Adolescent Education Programme (AEP) tool kit ready for take-off: Teachers Handbook, Facilitators Guide, Advocacy Kit and Ready Reckoner.
- Capacity building of state level stakeholders on the revised curriculum for the participants from 18 states with National AIDS Control Organisation (NACO).
- AFHS centres became operational in Uttar Pradesh through the efforts of the PNGO in districts of Gonda and Gorakhpur while in Maharashtra and Rajasthan the clinics have become operational as a part of the government's larger roll out of the Adolescent and Reproductive and Sexual Health programme under NRHM.

7. Koshish-Working Towards Better Sexual and Reproductive Health and Rights of PLHIV

The project is being funded by European Union. It plans to reach 5 districts of Maharashtra (Nagpur, Amravati, Kolhapur, Ahmednagar and Thane) since April 2011.

With increasing access to Antiretroviral (ART) Treatment and subsequently increased longevity, people living with HIV (PLHIV) have regained the opportunity to live longer, fulfilling lives and to plan for the future, including decisions about sex, sexuality and the possibility of starting or expanding families. Evidence from India suggests that a comprehensive approach to SRHR has been lacking and that current responses are not sufficiently decreasing vulnerability and ill-health. Vulnerability to poor SRH is further exacerbated for those whose rights are violated due to stigma discrimination and marginalisation. Studies among people living with HIV show high rates of unmet contraceptive need, untreated STIs and lack of knowledge and skills on safer sex and broader positive prevention. Among PLHIV from marginalised groups these health indicators show even higher rates of unmet sexual and reproductive health needs and violations of related human rights, keeping in view the needs of PLHIV the key aim of the project is to improve the sexual and reproductive health and rights of people living with HIV in India. The specific objectives of the project are:



- Increased availability of information on SRHR needs of PLHIV among advocates and decision makers.
- Increase in capacity among Technical Support Partners (TSPs) to provide capacity building on SRHR advocacy.
- Representative, accountable state-level advocacy coalitions established and prepared for state level advocacy.
- District, state and national level decision makers show increased awareness and political will to address SRHR needs of PLHIV.
- Policies are improved and better implemented for a more enabling environment to meet SRHR needs of PLHIV.

The important milestones achieved by this project are:

- District level circular circulated by Amravati Civil Surgeon to all government hospitals ordering to stop writing HIV status on case paper and do not discriminate the positive ANCs and provide them with all health facilities without stigma.
- A full set up was established at government hospital for PAP smear testing for key population and PLHIVs and initiated PAP test in all implementing 5 districts.
- STI clinic was established in Kolhapur for MSM.
- MSACS forwarded the request letter to NACO for mandatory testing of WLHIV.

8. Scaling-up Youth Friendly Health Services into the Public Health System

The project was supported by Ministry of Foreign Affairs, Finland in partnership with Physicians for Social Responsibility, Finland. It was implemented in the rural areas of Uttar Pradesh (Varanasi) and Karnataka (Bangalore) during 2011-2012.

The pilot project resulted in creating conducive environment for establishment of YFHS with the existing public health system in one block of rural Bangalore and Varanasi districts. The successful completion of pilot project paved the way for scaling-up of initiative in entire blocks of the districts with the support of public health system. It motivated and encouraged district health officials to replicate and scale-up the pilot project in the entire district. The aim was to build capacity of all levels of health functionaries at the district to improve access to SRH services for the young people. Districts agreed to incorporate ARSH component into the district action plan 2012-13 and send it for state approval. Similarly, initiative was taken to initiate ARSH service within the public health system in the entire district with technical support of MAMTA. The services started by district health department at Varanasi and Bangalore are known as Friends Clinic & Sneha Clinic respectively.

During the scaling-up period (2010 – 2012) MAMTA supported capacity building process of medical, paramedical staffs, LHV/ANM and ASHA to roll out ARSH in the district. Health department provided human resources for clinical and outreach activities. The project aims towards reaching young men and women in the age group of 10-24 years by building capacity at various levels of health service providers. Hence, though main beneficiaries are young people, project is directed towards building capacity and sensitization of district health officials, medical officers, ANMs/LHVs and ASHAs to provide preventive and curative services to young people on sexual and reproductive health.

The important milestones achieved by this project are:

- 8 YFHS in Varanasi & 51 in Bangalore established with the support of Department of Health and Family Welfare.
- Trained medical officials, paramedical officials and front line workers to support clinical as well as outreach activities.
- Training resources are available in both the districts for further capacity building of various stakeholders on ARHS.
- District level officials are supportive to the initiatives and they have also advocated for scaling-up of the project in other districts of the state.
- State level officials have taken decision to further scale-up ARSH in other districts of the state with technical support of MAMTA.



9. Strengthening Collective Response of the Government to End Child Marriage through a District Level Convergence Approach

The project is supported by Ford Foundation USA, to end child marriage in Jamui in Bihar and Sawaimadhopur in Rajasthan between June 2011-May 2014.

Child Marriage is widespread across all religions and communities in India with Rajasthan and Bihar as two high child marriage prevalent states. As more than half of women get married before the age of 18 years, child marriage is one of the key social determinants of health and education, especially young women in the country. To deal with the problem of such magnitude, the Ministry of Women and Child Development, Government of India calls for inter-sectoral convergence at state and district levels. This has been reflected in the draft National Strategy on Child Marriage Health Department provided human resources for clinical and outreach activities. The project aims towards reaching young men and women in the age group of 10-24 years by building capacity at various levels of health service providers.

Though main beneficiaries are young people, the project is directed towards building capacity and sensitization of district health officials, medical officers, ANMs/LHVs and ASHAs to provide preventive and curative services to young people on sexual and reproductive health.



The important milestones achieved by this project are:

At the National Level:

The project learning during the first year was shared with the core group at the Ministry of Women and Child Development, Government of India, established to develop a national strategy on Child Marriage and draft a national plan of action. The Strategic action plan has received feedbacks from the states incorporated and is currently pending for the final approval from the Standing Committee of the Ministry. The inter-department convergence is central to both, the national strategy and national Plan of Action on child marriage, 2013. The National Plan of Action also has its goal seven focused on building inter-department convergence. Besides, other goals make it imperative to have a district level convergence as key strategy.

At the State Level:

In States of U.P. and Bihar, we had an opportunity to organize State level consultations on child marriage wherein inter-department convergence approach was discussed at length. These consultations were organized with the support of the European Union. In Bihar, it was all department consultation in partnership with the Committee for Women and Child Rights, Bihar Legislative Council. While in Uttar Pradesh, it was consultation with District Probation Officers (having additional charge as Child Marriage Prohibition Officers) of 14 high prevalent districts, in partnership with Department of Women and Child Development, Government of Uttar Pradesh and local NGO partners. The consultation in Uttar Pradesh, has set stage for the actions under grant II.

At the Regional Level:

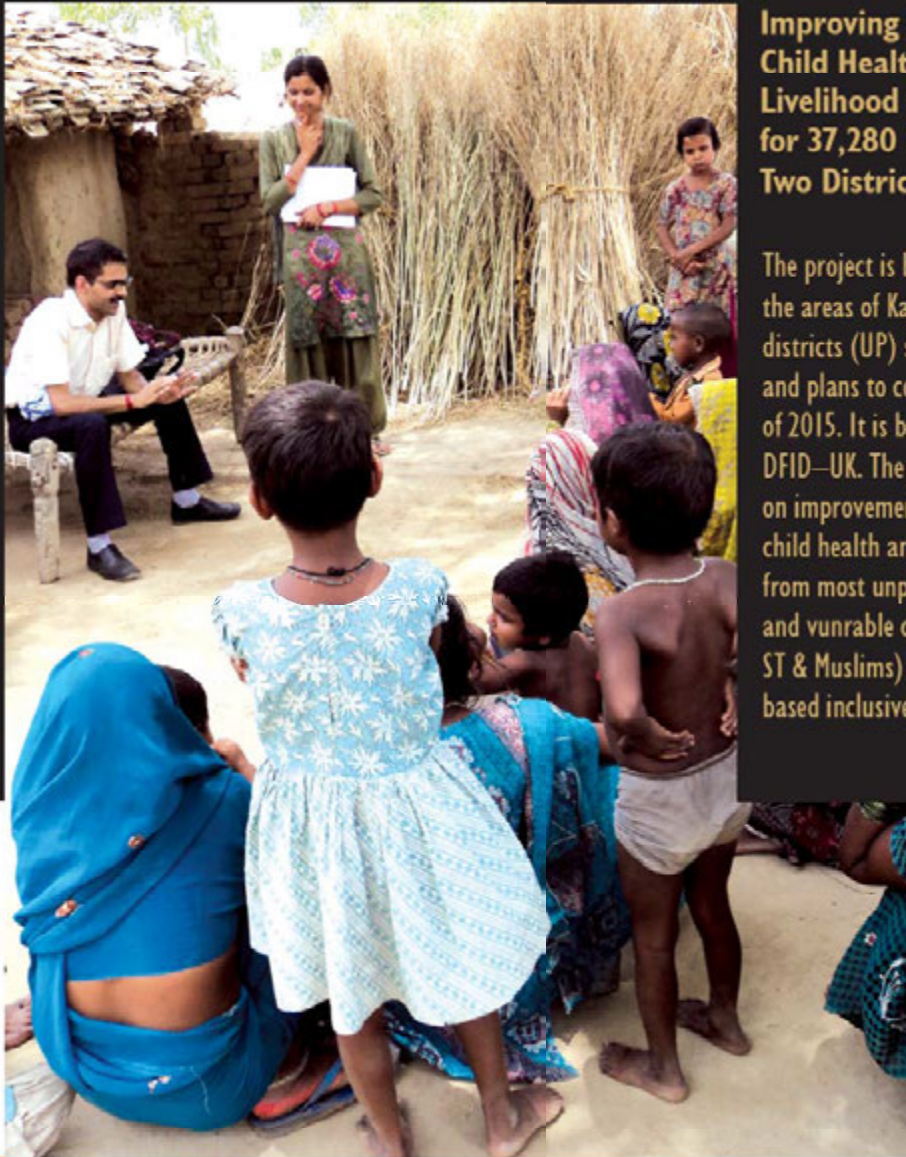
The experiences on child marriage were shared at the regional consultation for developing a regional plan of action on Girl Child Centered Programming with special focus on Child Marriage. This consultation was organized by SAIEVAC (South Asian Initiative to End Violence against Children), an apex body of SAARC, at Kathmandu in December, 2012.

Recently, MAMTA-HIMC also participated at SAIEVAC-3rd Technical Consultation on Eliminating Harmful Practices Affecting Children



based on Tradition, Culture, Religion and Superstition, 26th to 27th September, 2013 at Thimpu, Bhutan. The consultation focused on Child Marriage and Corporal Punishment. MAMTA-HIMC is leading the thematic group on child marriage under National Alliance Coordination Group (NACG), a coalition of CSOs/NGOs under SAIEVAC to work with the Ministry of Women and Child Development, Government of India.

COMMUNITY ACTIONS...



Improving Maternal and Child Health Services and Livelihood Opportunities for 37,280 Poor Women in Two Districts of UP

The project is being carried out in the areas of Kaushambi and Banda districts (UP) since December 2012 and plans to continue till the end of 2015. It is being supported by DFID—UK. The project is focusing on improvements in maternal and child health among the women from most unprivileged, unreached and vulnerable communities (SC, ST & Muslims) by adopting rights based inclusive approach.

- The Identification, mapping and organization of women of marginalized section in groups and building their awareness and capacity to avail health services from ICDS, Health and Block development office.
- Orientation of all frontline health functionaries on established guideline and segmented approach on covering BPL families through programme. The module has been developed and TOT has been conducted at each quarter to facilitate the sessions as well as sensitize the service providers.
- Peer and ASHA/ AWW/ ANM led sessions on SRH, Gender, life skills and financial skills to women (18-45) from BPL families. These frontline functionaries act as peer educators in the groups and disseminate information on MCH government schemes and link them to the services.

- Community leaders, men and mothers-in-law facilitating women to access health and economic services. This target community is approached through group formation as well as thematic camps with family members from time to time.
- Community leaders are approached through various forums like workshops, meetings and one-to-one interactions.

The important milestones achieved by this project are:

- 4000 women and men were reached during various 'Kaam Mangoo Abhiyaan' under MGNREGA.
- 700 applications received from the women for the job cards in MGNREGA and work demand.
- 1600 mothers-in-law were sensitized on early registration of pregnancy, delayed marriage, delayed birth and delivery planning.
- 1600 men were sensitized on birth planning, identification of danger signs in women and child as well as savings for emergency and contraception.
- 800 young women were sensitized on nutrition, menstrual hygiene and right age of marriage.

1. Universal Immunization Programme

Universal Immunization Programme was implemented in Tigri slums, New Delhi from April 2011 till March 2013, with the support from the Directorate of Family Welfare, Government of India

Universal Immunization Programme is a vaccination program launched by the Government of India in 1985. It became a part of Child Survival and Safe Motherhood Programme in 1992 and is currently one of the key areas under National Rural Health Mission (NRHM) since 2005. The program consists of vaccination for seven diseases-tuberculosis, diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and Hepatitis B. Under this initiative, MAMTA is working amongst 50,000 people of Tigri slums, New Delhi. This programme is being implemented with partial financial support from Directorate of Family Welfare. The funding was only given up to March 2012 but still the programme continued with support of MAMTA.

The important milestones achieved by this project are:

4268 children and women have been reached out. The project is supplementing the govt efforts related to immunization of women and children.

- Awareness generation and provision of facilities of vaccination.
- No separate staff hired. The staff engaged in other projects being used for mobilization of the beneficiaries.
- Pamphlets giving information about the timings and days of vaccination are distributed on a regular basis.
- From April 2011 to March 2013, a total of 3510 children in age group of 0-2 years and above were vaccinated against BCG, DPT 1, and DPT II, DPT III, and Hepatitis-1, Hepatitis-II, hepatitis-III, and DT. 758 TT vaccinations were administered during antenatal check up.

2. Gender Resource Centre

The project covered 11 blocks of Tigri slums, Tigri colony, Tigri extension, Khanpur extension, Nai Basti, Deoli, Duggal Colony and Sangam Vihar (A and B blocks) aiming at:

- Evolving strategies for sustainable empowerment of women in the field of health, literacy, legal awareness and skill development.
- Greater convergence of women welfare programmes and activities of Government and other agencies.
- Single window information and facilitation centre for the community women to provide wider exposure of services available and better placement opportunities.
- Enabling women to access social justice channels and redress against violence and gender discrimination.

The important milestones achieved by this project are:

- Single window information desk set up to provide information on government schemes.
- Under health component bimonthly health camps, nutrition camps and Gynae clinics are organized in field areas with help of professionals.
- Awareness meetings and trainings on water and sanitation.
- Distribution of Sanitary napkins among married and unmarried women.
- Under education component classes - Non-formal education, remedial education and adult education were conducted as per prescribed syllabus by the Delhi government.
- Under vocational trainings-6-month courses in two trades for girls and women are conducted as per syllabus of the Delhi government. Young people (both girls and boys) also received trainings and job placements in government run Institutes under SJSRY scheme.



Adult education and information on Govt schemes

- SHG groups were formed and interloaning as per needs of the members at lower interest rates is organized.
- The select women leaders actively participated in the regular camps organized by Samajik Suvidha Sangam such as Rashtriya Swasthya Bima Yozna, Dilli Annshri yozna, Adhar enrolment scheme etc.
- Legal counseling and awareness for the victims of domestic violence.

3. Strengthening Community Based Mechanism for Enhancing Maternal and Child Health in Bihar

The programme was implemented in Bihar's East Champaran, Nawada and Vaishali district with the support of Sir Dorabji Tata Trust from 2009-12 with following objectives:

- Promotion of participatory health education while creating sustainable community based approach for better MCH status in the community.
- Create an enabling environment in the community by removing the barriers which helps in increasing accessibility of women to health services.
- Strengthening existing public health care system for meeting the MCH needs of the community.
- Addressing gender issues for enhanced involvement of men in the community for MCH.

The project effectively worked at three levels-family, community and at institutional levels. With the agenda of improving MCH, the project had reached successfully to underprivileged section of the society. 95% of beneficiaries were from socially unprivileged classes. (30% of schedule castes, 48% of other backward classes and 17% from minorities groups). A few encouraging observations out of this implementation are as follows:

- Intervention resulted in service demand generation at public health systems.
- Apart from group meetings, 'Self Help Groups' (Revolving Funds) of beneficiaries (Pregnant and Lactating women) from SC/ST/minorities from difficult to reach location were very effective and innovative.
- Apart from working for direct beneficiaries -pregnant and lactating women-the project also targeted adolescent girls and boys as preventive steps which showed overwhelming response.
- The project thoughtfully managed lactating women as well as other men to improve maternal child health in the community.



The important milestones achieved by this project are:

This project achieved demonstrating milestones through intensive community and stake holders engagement besides continous capacity building of health service providers at government facilities. A few highlights:

- Overall increase of 5.75% in women taking up complete ANC.
- 13.39% increase in intake of Iron suppliment among pregnant women.
- 10.25% increase in Immunizatioin against Tetanus Toxide among the pregnant women.
- The institutional deliveries have increased to 68.64% from 58.73%.
- At the end of the project, 91.74% of mothers found practicing breast feeding within one hour of delivery and 39.27% mothers found practicing breast feeding for first 6 months after the child birth.

4. 10K Club

MAMTA established the 10K club to take the benefits of health care to the most marginalized and vulnerable communities in India. The 10K Club is a new local centric, people-owned development initiative, which aims to improve health and development of the most underserved people in India. The 10K Club aims at taking the basic science of good health practices back to the most vulnerable communities in India through evidence based low tech, cost effective measures.

It all means providing suitable skills to mothers and their families around pregnancy care and the first two years of the child's life on preventive and promotive health practices

for newborns and children. It is also about equipping adolescents with adequate knowledge and skills to make informed choices for healthy life. It also focuses on strengthening existing health systems and establishes linkages between them and community. It also creates enabling environment for right health decisions and gain access to existing health resources and facilities.



'10K club' is an ambitious initiative of MAMTA open for individuals and corporates to adopt most vulnerable identified pockets on addressing MNCH issues. At present, it is operational in slum areas of Nihal Vihar (Delhi), Sikar (Rajasthan) and Ujhani (Uttar Pradesh)

The important milestones achieved by this project are:

- 83% of women were motivated and mobilized to complete their antenatal check ups for safe delivery.
- 91% women were prevented from unsafe childbirth and were motivated for delivery care in public health facilities.
- 83% newborn babies were breastfed within one hour of delivery due to constant intervention activities and 87% babies were exclusively breastfed.
- To avoid inevitable consequence of child marriage, 10 early marriages, 24 'Gaund' of adolescent under 18yrs and 33 early pregnancy cases were delayed.
- 6424 adolescents were benefited by community based life skills and reproductive and sexual health and 72 adolescents out of 104 school dropout adolescents were enrolled back to school.
- 10 medical officers, 103 Anganwadi/ASHA workers and 39 paramedical staff were trained on the issues of maternal, newborn and child health and adolescent reproductive health services.

5. Improvement of Reproductive and Child Health through a Participatory Approach in Urban Poor Scenario

The project aims at improving reproductive and child health through participatory approach in urban poor population of Delhi-50,000 in Tegri slums, 28,000 in Nizamuddin basti, Kali Sarai Khan (south Delhi) and in 55,000 in Janta Colony, Chauhan Banger Jafrabad (East Delhi).

The main aims of the project are:

- To mobilize and encourage the participation of key community groups on the issues around reproductive and child health.
- To enhance the knowledge & skills of the community based groups on women's reproductive and child health.
- To facilitate community based mechanisms to address barriers that restrict women access to health services.
- To enhance service utilization for better reproductive health of young people.

The project covered three resettlement colonies of Delhi, through support from Sir Jamsetji Tata Trust, Mumbai. It was implemented from August 2009 to July 2012

The important milestones achieved by this project are:

- Ante natal check up visits (3 checkups) has increased from 83% to 90% in the target population.
- The TT drop outs has reduced by 6 percent in endline from 13 percentage in baseline.
- The overall complication rate has decreased to 11.8 percent in the endline as compared to 39.6 percent in baseline.
- The overall percent of home deliveries in the three intervention areas is 27.3 percent as compared to 30 percent in the baseline findings, whereas the percent of safe deliveries has increased to 83.9 percent from 71.7 percent in the baseline.
- Post partum check up (within 6 weeks of delivery) in the project showed increase from 16.6 percent at baseline to 60% at the endline.
- The percentage of mothers who squeezed out their first milk was 31.8 percent in the baseline survey while the findings of endline survey is 4.4 percent.
- 85.1 percent of the women initiated breast feeding within two hours of delivery as compared to 46.6 percent in baseline.
- Awareness of the diarrhoea management has increased in all the three intervention areas. The awareness of usage of ORS has increased to 100 percent from 78 percent in Tigri; to 97.9 percentage from 78 percent in Jafrabad and to 98.4 percentage from 87 percent in Nizamuddin.
- The coverage of Measels has increased by almost 4 percent in all three intervention areas. DPT-III shows improvement of about 20 percent and OPV-III by 23 percent in the endline findings.

6. Gender Transformative Approaches for Improving Sexual and Reproductive Health of Young People in Nepal

Gender transformative approach to sexual and reproductive health education emphasizes gender roles as well as perceptions of masculinity and femininity compared to traditionally used education methods.

The project approaches include structured group education activities and community-based gender-focused "lifestyle" social campaigns better known as behavioral change communication (BCC) campaign. The project is being implemented in three districts of Kathmandu Valley; Lalitpur, Bhaktapur and Kavre by the Nepalese NGOs: AMK, FPAN and SOLID Nepal, respectively.

The duration of the project was 36 months (from Jan 2010 till Sep 2013) with grant support of Ministry for Foreign Affairs of Finland. PSR-Finland is responsible of the overall content and financial monitoring of the project, evaluation of the project. MAMTA Health Institute for Mother and Child- India is providing technical support to three implementing partners (AMK, FPAN and Solid Nepal) and monitoring of the project activities.

Beneficiaries Reached

- 721 girls and 752 boys, total 1473 young people.
- 57 girls and 59 boys, total 116 peer leaders.
- 134 staffs from department of health.
- 434 Village Development Committee (VDC) members.

The important milestones achieved by this project are:

- A training module called "Saathi Sanghi" was prepared to build capacity of young boys and girls to address biased gender norms.
- Selected boys and girls from the community were provided training to build their capacity to address gender inequality.
- Behavioural Change Campaign (BCC) message and its dissemination strategy was prepared for community awareness to provide support to young men and women on their changed gender behavior.
- Service providers (medical and VDC members) were trained to identify and serve SRH needs of young people and render their support in addressing cases of Gender Based Violence (GBV).

Success Story

Followings are some of the verbatims that highlight how programme helped in openness of young people on biased gender social norms that was an obstacle in access to information and services related to reproductive and sexual health of young people:

"All of the misconceptions related to sex, sexuality, and gender have been clarified. I can now help my peers in finding the right information regarding SRH" – *Suman Katwal, Peer educator, Dhulikhel.*

"I am a teenager who is going through all these changes of adolescence. The peer education training has helped me in understanding and managing these changes and now I can help my peers in managing these changes as well" – *Bhabishya Khadka, Peer educator, Panchkhal.*

"I used to feel so awkward while discussing on SRH issues as a result which all of my SRH related queries were unanswered and problems were unsolved. But after I participated in the peer education training, all of my queries have been solved. Now I am able to discuss and share my knowledge regarding SRH to my peers" – *Pancha Tamang, Peer educator, Dhulikhel.*

7. Meri Life Meri Choice (MLMC)

This project was supported by Elton John AIDS Foundation in two districts of Madhya Pradesh and Uttar Pradesh each from the period of 2011–2015. To fulfil these objectives, a peer led behaviour change communication approach is used with both girls and boys to increase their knowledge on HIV/AIDS, SRHR and the relevant services and also to improve their financial literacy and life skills. Gender Resource Centres (or the 'Safe Spaces') are established at village level where trained peer leaders hold group education sessions with the adolescents.



On the other side, efforts are made with adolescents' families, the community and health providers for supporting adolescents in exercising safe behaviour and accessing SRH services.

The adolescents are linked with government services for accessing SRH services and with government & non-govt schemes for receiving vocational training and accessing livelihood options.

Behaviour Change Communication (BCC) at individual level and group level was an important strategy to reach out to adolescents and their families on sensitive issues of sexuality, HIV, condom use and others.

MLMC aims to reduce the vulnerabilities of rural adolescent girls towards HIV by:

Enhancing their knowledge and skills for addressing HIV vulnerabilities.

Developing supporting environment around them for exercising 'safe behaviour'

Enhancing utilization of government SRH services by adolescent boys and girls.

The important milestones achieved by this project are:

- A total of 12977 girls and 9262 boys in the age group of 15-19 years have been reached so far directly through 589 GRCs. 5158 adolescents in the age group of 10-14 years were reached in the GRC.
- 727 adolescents with symptoms of RTI/STI linked with appropriate services.
- GRCs identified (through external evaluation) as a major source for adolescents in accessing information and improving adolescents' social horizon.
- A total of 1798 adolescents have been motivated to open savings accounts.
- The model has been recognized for its success, making it possible to initiate a second spell of the project.
- Lives touched: Girls/women of 10-19 years: 15191, Boys of 10-19 years and husbands of 15-24 years: 13526, Parents of adolescents: 7187.

8. Youth Friendly Health Services for the Young People

Youth Friendly Health Services for the Young People at Tigri slums of Delhi was funded by Sida, Sweden under National Training Programme between 2011-2013

This project aimed to provide clinical and information services in a youth-friendly manner; targeting young people in the age group of 10-24 years between April 2011 to March 2013. The objective were to:

- Raise awareness about young people's health issues and needs (including SRH).
- Raise awareness about the centre's activities.
- Promote open discussions on SRH.
- Reduce barriers for young people to attend the services and activities.

The important milestones achieved by this project are:

- Total 188 clinics were conducted with 783 (475 females and 308 males) patients by the medical doctors. 268 counselling sessions were conducted by female and male counsellors.
- Through monthly quiz competitions separately for males and females, SRH needs of 998 people were addressed.
- 553 parents were sensitized about the sexual reproductive health issues of young people in parents' meetings being organized every month.
- Every month peer educators meetings were organized. 1300 participants were covered in the peer educators meetings.
- Through 96 meetings, 1751 young people were sensitized on SRHR issues.



9. Target Intervention among MSM

The project was funded by DSACS for East Delhi district from 2008-2012

East Delhi consists of a major part of the total population of Delhi. Two of the major colonies of East Delhi, Gandhi Nagar & Jhilmil are known for its very high density of MSM population. Majority of population are migrants from the states such as Bihar, Uttar Pradesh, Uttarakhand and Madhya Pradesh.



These areas are known for the huge cluster of small scale industries. Gandhi Nagar is exclusively manufacturer's market for garments, stitching works, colors, plastic items etc. These small scale industries provide employments to the thousands of migrants from Uttar Pradesh, Bihar, Rajasthan, Uttarakhand and Madhya Pradesh. On an average, monthly income level of these migrant workers vary from Rs.3000-6000. Most of them are seasonal employees and they go back to their respective villages when the season is over.

MAMTA-HIMC was assigned Gandhi Nagar and Jhilmil areas as targeted sites in East Delhi. The project sites spread around 8-10 kms. The project was designed to intervene in the lives of MSM with regards to reduce stigma & discrimination and to prevent HIV/STIs among MSM community.

The important milestones achieved by this project are:

- Registered 1200 HRGs (MSM) and associated them with project services & facilities.
- Provided Project services (ICTC, PT, Counselling, Condoms, Regular contacts etc) to the registered target population as per project guidelines.
- Established satellite clinics nearby hotspots apart from one static clinic.
- Established condom outlets at all the hot spots.
- Sensitized market associations and district level police personnel on HIV and MSM issues and engaged them in the project.

10. Composite Targeted Intervention Among MSM and FSWs

The project is supported by HSACS for Mewat district (Haryana) since 2008

Mewat district of Haryana is situated in the middle of Delhi -Haryana and Haryana-Rajasthan borders. Mewat has five blocks namely Nuh, Tauru, Nagina, Ferozpur Jhirka and Punana. The district has around 1.4 million population and majority of the population belongs to "Meo" Muslim community. This part of Haryana is known for its high density of MSM and FSWs. Majority of population migrates daily from one state to other states such as Delhi and Rajasthan.

The target population, particularly FSWs (25%) daily commute to border areas to make a living and rest 75% are street and home based. More than 80% of total married FSW's husbands are truck drivers who generally stay away from their families for 2-3 months at a stretch and hardly stay at home for 1-2 days in a quarter. The MSM target population is also home based. Around 25% visit the border or transport areas for gratification of their sexual needs.

The project aimed to create an enabling environment for organizing FSWs and MSM in the district and facilitating their access to control, preventive and treatment services to stop and reverse the spread of STIs, HIV & AIDS; to strengthen their knowledge and understanding, to promote acceptance and usage of condoms amongst FSWs and MSM through free distribution and social marketing approach and to create and strengthen referral services to ICTCs and for early diagnosis and management of STIs.

The important milestones achieved by this project are:

- Registered 900 HRGs (MSM & FSWs) and associated them with project services & facilities.
- Provided Project services (ICTC, PT, Counselling, Condoms, Regular contacts etc) to the registered target population as per project guidelines.
- Trained PPPs (5) and established satellite STI clinics in five blocks of Mewat.
- Trained Peer Educators in five blocks and built their capacity to achieve project target as per guidelines.
- Established condom outlets at all the hot spots of HRGs/Target population.

11. AXSHYA Civil Society Involvement in TB Care and Control in India

Project 'Axshya' means 'free of TB with clear strategy Advocacy, Communication and Social Mobilisation (ACSM) towards universal access to TB care. Axshya adds a new dimension to TB care & control in India through community 'ownership' and civil society-led public health programming, Awareness and community sensitization through GKS (Gaon Kalyan Samiti) meeting at village level, building the capacity of various stakeholders in the districts and states, formation of District level TB forum for advocacy in each district, Community led Sputum collection and transportation and defaulter retrieval with the massive support from the private practitioners (RHCP), community volunteers, PNGOs etc.,

"AXSHYA project interventions are designed to scale-up DR-TB diagnosis and management capacity under programme conditions and prevent emergence of drug resistance through improved access to quality TB care through strengthened civil society engagement" with proven approaches of community interventions that have already contributed to RNTCP in different parts of India.

Through concerted efforts by civil society and other community stakeholders AXSHYA project served and transformed the lives of the MARPs which was recognized by GFATM and further the project extended for the second phase from 2013-2015.



Number of GKS and Community Meetings organized	11347
Number of Mid Media Events conducted	2198
Number of Private Practitioners/RHCP Trained	1758
Number of Community Volunteers Trained	2670
Number of Health Staff trained on Soft Skills	2742
Number of NGOs trained on RNTCP schemes & project Axshya	151
Number of TB symptomatic Diagnosed through referrals and Sputum collection	49271
Number of TB symptomatic found positive and put on DOTS	4475
Number of Defaulters retrieved	1616
Number of Axshya Villages formed	290

The important milestones achieved by this project are:

The project's ACSM focus has been a very successful and strategic complement to the national program and has allowed people access to TB services in hitherto untapped ways. Some unique project interventions have worked towards:

Strengthening engagement of non-programme providers and communities: More than 200 PNGOs have been sensitized on RNTCP schemes, and increased civil society involvement under the project has led to complementary programme efforts in human resource development, supervision and monitoring, access to diagnostics, increased commitment to DR-TB and TB-HIV from all levels.

Engaging Village Health and Nutrition Committees: The project has systematically targeted the Gaon Kalyan Samitis (Village Health, Sanitation and Nutrition Committees) constituted under the National Rural Health Mission (NRHM) and informed them about TB with simple messages on identification of TB symptomatics and sputum testing at the nearest RNTCP microscopy centre. More than 10,000 such meetings have been held.

Establishing sputum collection and transport mechanisms in difficult to reach areas, to ensure that sputum is collected from the patient and transported to the designated microscopic centre by an identified community volunteer, who also delivers the result to the patient. If the patient is suffering from TB, s/he is linked for treatment initiation thus closing the loop.

Facilitating the creation of TB forums at districts level to give a voice to the affected community and advocate with the programme managers for resolution of challenges faced by TB patients in accessing services.

Soft skills training for public health system healthcare workers: More than 2700 health staff have undergone trainings focused on interpersonal communication and behaviour change that help health care workers empathise with patients and address their needs. This has resulted in greater patient satisfaction and improved treatment adherence.

Success Story

Ms. Fatima, daughter of Mr. Fazruddin and wife of Mr. Rashid Khan, lives in Tauru block of Mewat in Haryana. In December 2012, Fatima developed TB symptoms (cough and chest pain for more than 1 month) and each member of her family had denied to take her for a TB test.

Being discriminated at in-laws family, she came to her parent's house at Faridabad. Her father shared her daughter's health problem with Mr. Kuldeep, a RHCP trained by AXSHYA Project (MAMTA). With his help and intervention, Fatima's treatment was started from DTC-Faridabad.

Fatima was too weak to walk to DOTs centre and hence advocacy was made with DTO/STS by Kuldeep. For the proper care and comfort of the patient, the DOTs medicine box of Fatima was kept with Kuldeep, on his assurance that she will complete the course.

Meanwhile, Kuldeep also met Fatima's husband and counselled him for taking care of his wife under such circumstances. Rashid understood and allowed his wife to stay with her parents till the completion of her TB treatment.

Kuldeep, with his unrelenting efforts, not only facilitated Fatima's TB treatment but also changed the outlook of her in-laws towards a TB patient. She successfully completed her treatment for TB in August 2013 and presently lives happily with her family in Tauru block, Mewat.



12. Integrating Mother and Child Health Services with Prevention and Control of Diabetes and Hypertension

The project is being supported by Bristol Meyers Squibb (BMS) Foundation to improve early detection of hypertension and diabetes mainly involving primary healthcare level through integration into ongoing mother and child health. The project was implemented across three Districts of Andhra Pradesh namely Nellore, Prakasam and Krishna. The project duration was from September 2012 till December 2014.

The important milestones achieved by this project are:

- District officials and medical officers were trained about the programme in all the intervention districts.
- Flickered critical dialogues on integration within existing national health programs and prospects with education department to address hypertension and diabetes management based on Arogya Kiran Model in Andhra Pradesh.
- Across 3 districts, 600 Arogya Kiran were identified from the community; 200 school teachers identified from 100 schools; and 18 workplace mentors were identified and trained.
- 18 trainers were trained to give training to community volunteers.
- From community, a total of 25,880 families were registered and a total of 58,409 individuals screened by Arogya Kiran.
- IEC materials including training manuals and flip book were developed.
- Process documentation of challenges, lessons learned and experience of Arogya Kiran was published in Annual Report of BMS.
- Development of web-enabled MIS Software for proper reporting, tracking and regular monitoring of interventions.

13. Primary Health Care Programme-IGD

Institute for Global Development (IGD) is a sister concern of Mamta-Health Institute for Mother & Child-Delhi, and working on Rural Primary Health Care Services and Maternal and Child Health issues in three states namely-Punjab, Haryana & Himachal Pradesh.

- The project aims at providing quality primary health care services to poor, marginalized population around PHC villages with special focus on women, children and young people.
- Another key focus of the project is to educate the population on various preventive and promotive health care issues and build human resource amongst the community to disseminate knowledge and awareness regarding best health care practices for sustainability.

This DLF, Haryana supported initiative is operational from 2008 till today. The project is being implemented in the rural areas of Gurgaon district (Haryana) and Dhanouran (Punjab)

The important milestones achieved by this project are:

- The initiative started with a one health centre in the year 2008 and at present is operating 5 such centres in Haryana and Punjab.
- Wiped out scabies and other skin infections from the catchment areas through promotion of personal hygiene and cleanliness.
- Awareness of school children on nutrition, personal hygiene and health screening.
- Considerable changes in health seeking behaviour of community level is evident.
- Significant increase in the utilization of health services of Govt. Primary Health Centres-Ante Natal Services, Hospital Delivery, Immunization Services for Children.



New Horizons...

2011 - MAMTA oriented Policy Makers, Development Strategists and Health Service Providers from Africa and Scandivian nations on Policy Empowerment/Formulation pertaining to public health issues in ITP Seminar organized by University of Lund, Stockholm, Sweden

2011 - Advocacy Capacity building of Khana Partners of International HIV/AIDS Alliance in Cambodia on SRH and HIV Convergence

2012 - MAMTA signed a Memorandum of Understanding (MoU) with the Government of Burundi on making efforts for the country for improving health indicators especially for Maternal and Child Health.



2012 - Member of the national level core group on 'Declining Sex Ratio' formed by the Ministry of Women and Child, Government of India

2012 - MAMTA has added new thematic area ' Non Communicable Diseases (NCDs)' into its existing thematic areas. The thematic section was established with the support of prestigious development agencies such as Sida (Sweden), Bristol Meyers Squibb Foundation (BMS) and Medtronic Foundation, USA.



2013 - MAMTA-HIMC represented by its Executive Director is member of the national level core group on 'Child Marriage' formed by the Ministry of Women and Child, Government of India to develop the National Strategy and National Plan of Action on Child Marriage, 2013.

2013 - Member of NACG (National Alliance Coordination Group)-India under SAIEVAC (South Asia Initiative to Eliminate Violence Against Children-an apex body of SAARC) and is leading the thematic group on Child Marriage. India NACG formation has been initiated in year 2013. India is represented in SAIEVAC by the Ministry of Women and Child Development, MoWCD as its one of the governing board members.

Papers & Conferences

- Sunil Mehra, Ruchi Sogarwal et.al. - Determinants of Youth Friendly Services Influencing Client Satisfaction: A Study of Client's Perspectives in India. (Indian Journal of Public Health Research & Development, 2013).
- Sunil Mehra, Ruchi Sogarwal and Murari Chandra - Integrating Youth Friendly Health Services into the Public Health System in Rural India. (WHO Southeast Asia Journal of Public Health, 2013).
- Ruchi Sogarwal, Sunil Mehra and Murari Chandra - Youth Friendly Health Services and Role of Community Based Approach in India. (Open Journal of Preventive Medicine, 2013).
- Ruchi Sogarwal, Damodar Bachani, Bharath Kumar and Sanjay Gupta - Risk Factors of Non-Communicable Diseases among Higher Secondary School Students in India. (American Journal of Public Health Research, 2013).

Papers accepted for upcoming International Conferences:

- Rehman, Ataur - Reaching the unreached through community strengthening, World Lung Health Conference, Paris, 2013
- Rehman, Ataur - Improving Cross Referrals of TB & HIV through community follow up, World Lung Health Conference, Paris, 2013
- Tanupriya, Bharath Kumar and Ruchi Sogarwal - Safe spaces for addressing sexual and reproductive health and rights of vulnerable rural adolescents. 20th International AIDS Conference, Melbourne, Australia, 2014.
- Ruchi Sogarwal and Damodar Bachani - Policies and priorities to combat NCD challenges in India. Health Services Research: Evidence based Practice, London 2014
- Ruchi Sogarwal and Sunil Mehra - Arogya Kiran Model for Early Detection of Diabetes and Hypertension: An Initiative for the Community and by the Community in India. BMC Health Services, 2014

MAMTA's Internship Programs

Internship at MAMTA provides a unique opportunity for students interested in gaining practical hands-on experience on the broader relationship between health and culture and public policy, especially for the youth population in India and South Asia. Students can use the internship experience as a service learning opportunity and apply their classroom learning to practical aspects of public health and policy. The broad range of internship opportunities at MAMTA allows prospective interns to select any the following areas to gain professional experience: Adolescent health, HIV, Sexual health, Reproductive health, Child health, Tuberculosis, and Vocational trainings.

MAMTA offers a 10 week internship programme but can tailor it for greater or lesser period of time. MAMTA prefers interns to spend at least eight weeks with the organization. MAMTA responds to individual requests for internship and also has formal MoUs with Universities like University of Laval, Oregon State University and Washington University.

Organization has reached out to 22 students which included three national and 17 international students. Five were school students from Sweden. One national intern is now an employee with MAMTA.

Long term agreement with Oregon State University for their Public Health students is a significant achievement. Every semester students from OSU come to MAMTA in batches.

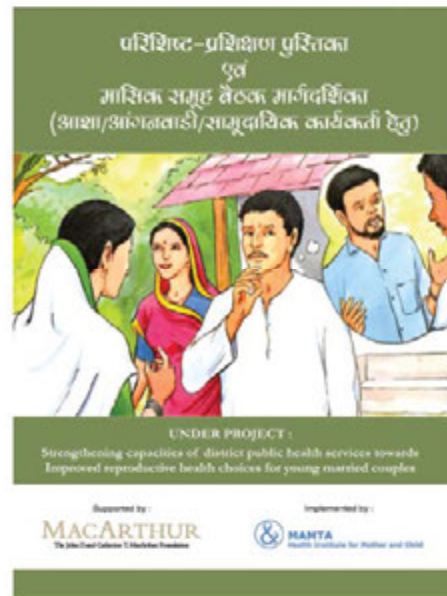
Publications

Training Modules



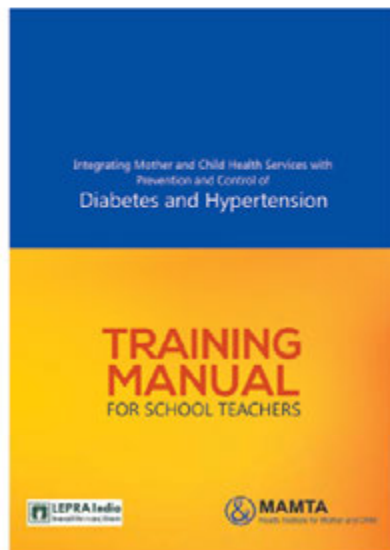
Prakshishan Pustika

This is a Training Module; developed to train the district level cadre (ANMs and AWW Supervisors) which has been used in Training of Trainers (ToT) to capacitate them to further train the frontline functionaries (ASHA and AWWs). This module has sessions on - purpose of training, behavior change communication, safe motherhood



Masik Samuh Baithak Margdarshika

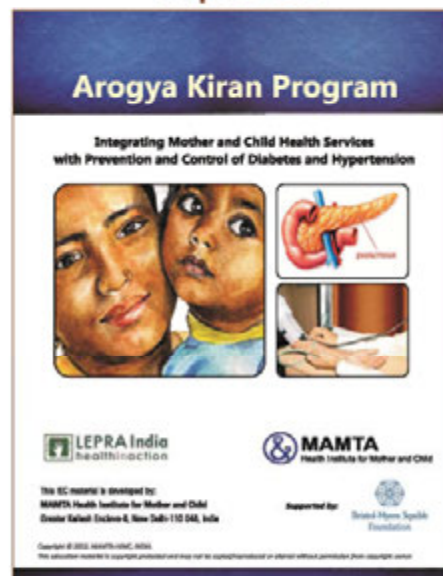
This booklet is a guideline for conducting meetings of young married women, husbands, mother/sister in laws and other community stakeholders on safe motherhood, early pregnancy, birth spacing, contraception, causes and results of repeated pregnancy, safe abortion, gender and sex; and government schemes related to sexual and reproductive health.



Training Manual for Community Arogya Kiran

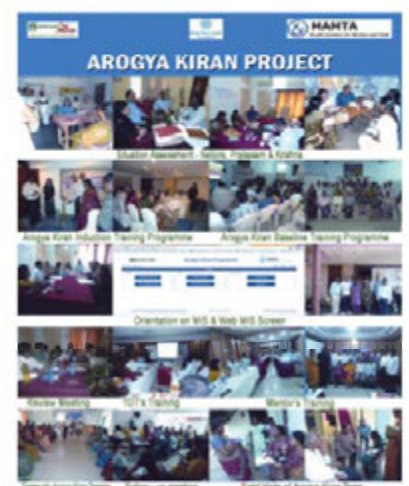
This training manual aims to provide basic understanding on lifestyle diseases, Arogya Kiran programme, and role of community members and activities that need to be carried out under the programme in order to promote prevention of lifestyle diseases within the community.

Flipbook



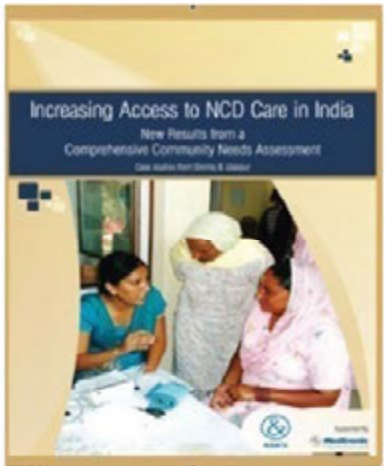
This flipbook is to create awareness among community members by Arogya Kiran (Peer Leaders) and among adolescents by school teachers on diabetes, hypertension and their management.

Posters/Leaflets



Posters/Leaflets on Healthy Life Styles and Safe Sexual Practices

Reports



A Baseline Report on knowledge and practices on lifestyle, community perception and health system infrastructure in Andhra Pradesh.

A report on comprehensive community needs assessment in Shimla and Udaipur on increasing awareness to NCD care in India.

Mamta Parivar

Dr. Sunil Mehra
Executive Director

Mr. Rajesh Ranjan Singh
Chief Operating Officer (COO)

Dr. Surendra Kumar Mishra
Sr. Technical Advisor

Dr. Ruchi Sogarwal
Sr. Technical Advisor

Dr. P. K. Goswami
Sr. Technical Advisor

Dr. E. Mohamed Rafique
Deputy Director (Programmes)

Mr. Syed Mukhtar
*Deputy Director
(Finance & Administration)*

Dr. (Col.) B. Bhardwaj
Chief Admin.

Mr. Rajan Mahajan
Project Director

Assistant Directors

Mr. Prashant Pastore

Ms Vandana Nair

Mr. D. Ramesh Babu

Ms Iram Saeed

Dr. Subha Sankar Das

Dr. Anand Das

Ms Morli Pandya

Dr. Abhilash Malik

Regional Managers

Mr. Murari Chandra

Dr. Archana Sarkar

Ms Priyanka Sreenath

Mr. Faiyaz Akhtar

Ms Mahasweta Satpati

Mr. Ramanand Tiwari

Dr. Ankita Prasad

Dr. Shashi Chandra

Dr. Vivek Khurana

Ms Anjana Matta

Mr. Sanjay Choudhary

Mr. Rajesh Padhy

Mr. Sanket Hindurao Vetam

Dr. Qazi Najmuddin

Mr. K. S. Bharat Kumar

Mr. Kaushlendra Kumar

Mr. Deepu RV

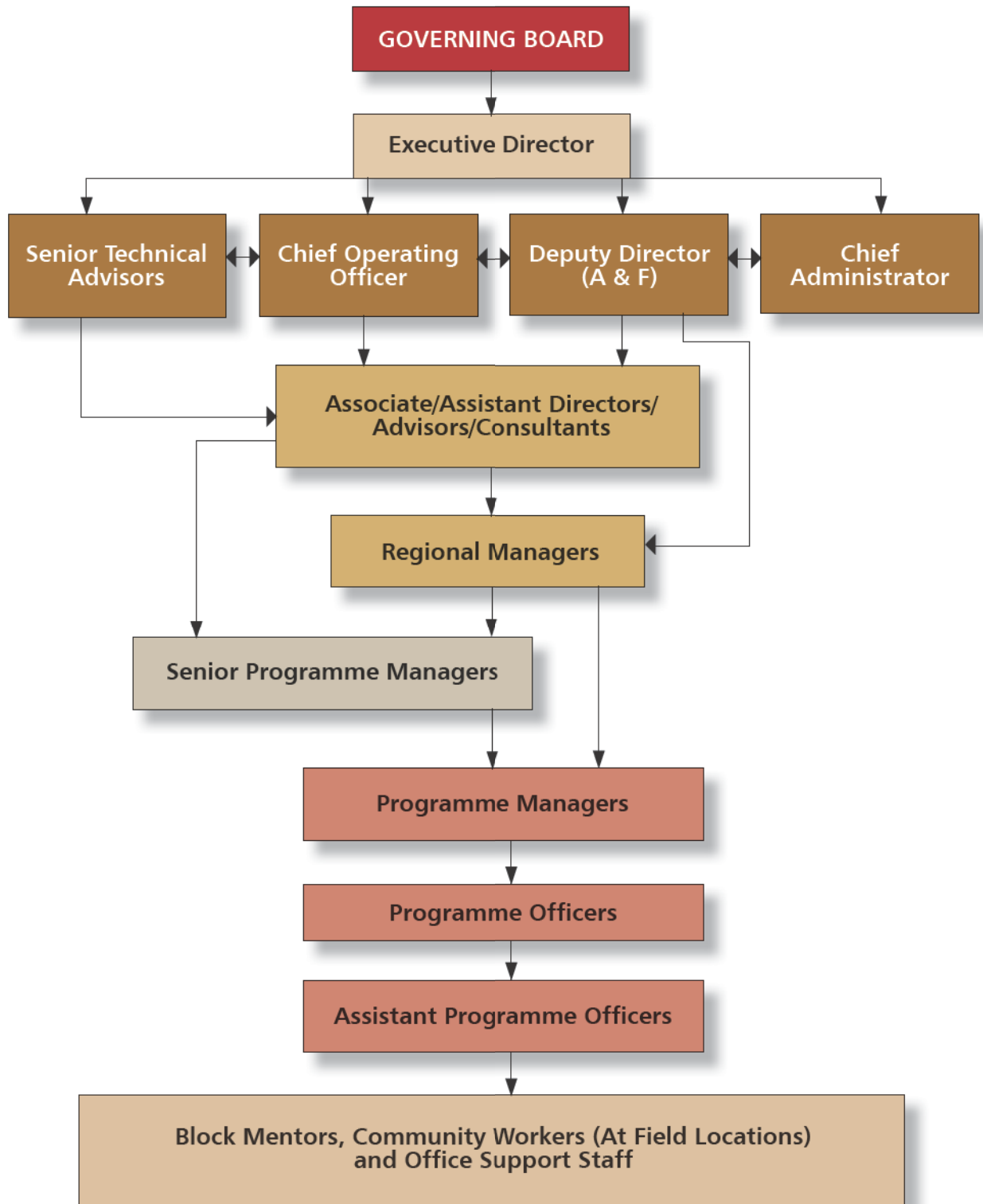
Ms Shikha Shukla

Mr. Praveer Goyal

Mr. Vijay Kumar Halder

Mr. Anand Sharma

ORGANIZATIONAL STRUCTURE



Financial Statement

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2013

CHARNALJA BHATIA AND GANDHI
Chartered Accountants

LIABILITIES	Amount 31.3.2013	ASSETS	Amount 31.3.2013
CAPITAL FUND		FIXED ASSETS	
Opening Balance	200,718,202.58	(As per Schedule A)	27,059,996.18
Grants in Aid Returned	(112,210.00)		
ADD Excess of Income over Expenditure	14,917,665.81	CURRENT ASSETS, LOANS & ADVANCES	
CORPUS FUND		CURRENT ASSETS	
	215,523,658.39	Cash in Hand	300,091.55
	300,000.00	Cash at Bank (as per Schedule B)	15,720,499.85
STAFF WELFARE FUND			
Opening Balance	7,301,349.00	FIXED DEPOSIT	
ADD: Created during the year	3,209,450.00	With ICICI Bank	11,200,000.00
	10,510,799.00	With HDFC	13,000,000.00
Less: Utilised During the Year	1,291,266.00	With P.N.B	120,970,834.00
	9,219,533.00	With State Bank of India	-
	7,090,713.01	With Indian Bank	29,789,880.00
CURRENT LIABILITIES		Accrued Interest	6,777,903.31
Expenses Payable		ADVANCES	
		Advances recoverable in cash or in kind for value to be received	5,218,249.51
		Security Deposit	96,450.00
			5,314,699.51
Total	232,133,904.40	Total	232,133,904.40

Total Rs. 232,133,904.40

Total Rs. 232,133,904.40



Place : New Delhi
Date : 3rd August 2013

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

Arun Bhatia

ARUN BHATIA
Partner

Dr. Shilpi Mehra

Dr. Shilpi Mehra
Executive Director

Girish Bhasin

Girish Bhasin
Secretary

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Financial Statement

CHARNALIA BHATIA AND GANDHI
Chartered Accountants
MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2012

LIABILITIES	Amount 31.3.2012	ASSETS	Amount 31.3.2012
<u>CAPITAL FUND</u>		<u>FIXED ASSETS</u>	
Opening Balance	188,777,180.45	(As per Schedule A)	27,950,394.05
Grants in Aid Returned	(2,879,422.00)		
ADD Excess of Income over Expenditure	14,820,444.13	<u>CURRENT ASSETS, LOANS &</u>	
	200,718,202.58	<u>CURRENT ASSETS</u>	
<u>CORPUS FUND</u>	300,000.00	Cash in Hand	209,946.55
		Cash at Bank (as per Schedule B)	31,696,546.30
<u>STAFF WELFARE FUND</u>			
Opening Balance	5,670,050.00	<u>FIXED DEPOSIT</u>	
ADD: Created during the year	2,479,840.00	With ICICI Bank	15,000,000.00
	8,149,890.00	With HDFC	51,000,000.00
Less: Utilised During the Year	848,541.00	With P.N.B	48,225,165.00
	7,301,349.00	With Indian Bank	26,200,000.00
<u>CURRENT LIABILITIES</u>		Accrued Interest	9,217,994.81
Expenses Payable	4,764,827.64	<u>ADVANCES</u>	
		Advances recoverable in cash or in kind for value to be received	3,499,832.51
		Security Deposit	84,500.00
Total	213,084,379.22	Total	213,084,379.22

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



Arun Bhatia
ARUN BHATIA
Partner

Place : New Delhi
Date : 20th July 2012

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sanil Mebra
Dr. Sanil Mebra
Executive Director

Dr. (Col.) B. Bhargava
Dr. (Col.) B. Bhargava
Treasurer

We Appreciate your Patronage

International Donors

PATH

DFID, UK

UNICEF

UNDP

USAID

IPPF

European Union

The Union-Global Fund Round-9 (Tuberculosis)

Ministry of Foreign Affairs, Finland in partnership with Physicians for Social Responsibility, Finland

Swedish International Development Cooperation (Sida)

RFSU, Sweden

Elton John AIDS Foundation, UK

Mac Arthur Foundation, USA

Ford Foundation, USA

International HIV Alliance, UK

Bristol-Myers Squibb Foundation, USA

National Donors

Ministry of Health & Family Welfare, Govt. of India

Department of Social Welfare, Govt. of India

Directorate of Family Welfare, Govt. of NCT of Delhi

Delhi State AIDS Control Society (DSACS)

Haryana State AIDS Control Society (HSACS)

National AIDS Control Organization

India HIV/AIDS Alliance

World Vision, India

Corporates

Sir Jamset ji TATA Trust, Mumbai

DLF, Haryana

Medtronic Foundation, USA

MAMTA at Technical Platform: Global, National, and Regional Level

National Level Policies and Programmes

Inputs into policy/strategy/action plan

- MoHFW (e.g. Adolescent Health Strategy, Technical Resource Group (Adolescent Health, RCH 2)
- MWCD (e.g. Early Marriage, Child Sex Ratio)
- Planning Commission (e.g. National 10th and 11th five year plans)
- NACO (e.g. Sub-group on child, youth, women and gender of NACP III and sub-group on youth and link-workers NACP IV)
- MOYAS (e.g. Advisory Board, RGNIYD)

Technical assistance, capacity development and programme support tools/guidelines

- Training materials for NACO link-workers
- Materials for "Adolescent Education" programmes
- Peer Education training materials
- Inputs for the planned NIHFW training materials/programme
- Trained people in key positions at national and state levels through NTP, ITP, Srijan network and MAMTA staff
- Implementation of ASRHR interventions in 9 states and 136-plus NGOs active on ASRH-related issues

Specific technical inputs in the National Committees and Sub-groups

- Member of the National Technical Committee on Child Health, MoHFW, to guide the effort towards achieving the National Population Policy Goals [2001]
- Member of the Core Committee for Midterm appraisal of 10th Five Year Plan for Health Sector, Planning Commission, Government of India [2003]
- Convenor and professional designate for subgroup on children, adolescents, women and gender in National AIDS Control Programme (NACP)-III [2005]
- Lead consultant organization for preparation of operational guidelines for Link Worker Scheme under NACP-III, HOHFW. [2006-07]
- Member of the Committee for 11th & 12th Five Year Plan as a lead organization for Health-HIV and Nutrition (2007-11 & 2012-17)

Regional and Global Contributions

Regional Level Contributions

- Development of human resource development plans and guidelines for Capacity Development of Reproductive Health Initiative for Youth in Asia (RHIYA) partners in Bangladesh [2005, UNFPA]
- Preparation of a standardized culturally appropriate clinical service delivery package and 'Developing Sustainability Strategies' for phasing out procedures for RHIYA partner NGOs in Bangladesh [2005, Marie Stopes Clinic Society]
- Collaboration with International Federation for Red Cross and Red Crescent Societies to provide technical support to multiple stakeholders (2007), including: contributing to the training during Bangladesh Red Crescent Regional Meeting on life skills education (LSE) and HIV; advocacy skills building training for the Sri Lanka Red Cross meeting; customized training on LSE and RH for Afghanistan Red Crescent Peer leaders
- Development of Peer Education Manual & Adolescent Parenting Manual and Conduct TOT for Strengthening Adolescent Reproductive Health in Dhaka, Bangladesh [2009, Plan International, Bangladesh]
- Development of Advocacy Training Module for the Stakeholders for India and Bangladesh on HIV-SRH Convergence in Dhaka, Bangladesh [2010, International HIV/AIDS Alliance, UK]
- Development of Peer Module on Gender Transformative Approach for Implementing Partners in Nepal, 2010
- Advanced Training on Young people's Sexual and Reproductive Health and Rights for CSOs & policy makers through collaboration with CCRHTIT (China Centre for Reproductive Health Technical Instruction and Training) in Shanghai, China [2005, UNFPA]
- Technical Support to South East Asia and Pacific Hub Partners of Khana, Cambodia, on SRH-HIV Convergence [2010, International HIV/AIDS Alliance, UK]

Global Level Contributions

- Technical Steering Committee of WHO, Geneva, on Child and Adolescent Health [2003 – 05]
- Regional Technical Steering Committee of WHO, SEARO, on Child and Adolescent Health [2005]
- Scientific Committee for 4th Asia Pacific Conference on Sexual and Reproductive Health [2006-07]
- Expert for finalisation of GFTAM Round Six proposal for CCM approval [2006]
- Co-Chair (Officiating Chair) for 4th Asia Pacific Conference on Sexual and Reproductive Health [2007]
- Strategic and Technical Advisory Committee for HIV/AIDS (STAC-HIV), Department of HIV/AIDS, WHO, Geneva [2007-09]
- Prevention Reference Group on HIV/AIDS, UNAIDS [2009]

Acronyms/Abbreviations

● ARSH	Adolescent Reproductive and Sexual Health
● ASRH	Adolescent Sexual and Reproductive Health
● ASRHR	Adolescent Sexual Reproductive Health and Rights
● AFHS	Adolescent-friendly Health Services
● CCRHTIT	China Centre for Reproductive Health Technical Instruction and Training
● FGD	Focus Group discussion
● GBV	Gender-based Violence
● GFATM	Global Fund for AIDS, TB and Malaria
● GOI	Government of India
● HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
● ICPD	International Conference on Population and Development
● ITP	International Training Programme
● KII	Key Informant interviews
● LGBT	Lesbian Gay Bisexual Transgender
● LSE	Life Skills Education
● MAMTA-HIMC	MAMTA Health Institute for Mother and Child
● MoHFW	Ministry of Health and Family Welfare
● MoYAS	Ministry of Youth Affairs and Sports
● MWCD	Ministry of Women and Child Development
● NACO	National AIDS Control Organisation
● NACP	National Aids Control Programme
● NCDs	Non-Communicable Diseases
● NFHS	National Family Health Survey
● NGO	Non-Governmental Organization
● NIHFWS	National Institute for Health and Family Welfare
● NRHM	National Rural Health Mission
● NTP	National Training Programme
● PIP	Programme Implementation Plan
● PGD	Shared Responsibility – Sweden's Policy for Global Development
● RBSK	Rashtriya Bal Swasthya Karyakram
● RGI	Registrar General of India
● RCH	Reproductive and Child Health
● RHIYA	Reproductive Health Initiative for Youth in Asia
● RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
● RFSU	Riksförbundet för sexuell upplysning - the Swedish Association for Sexuality Education
● RKSK	Rashtriya Kishor Swasthya Karyakram
● SIDA	Swedish International Development Cooperation Agency
● SRH	Sexual and Reproductive Health
● SRHR	Sexual and Reproductive Health and Rights
● SRIJAN	Sexual and Reproductive Health Initiative for Joint Action Network
● STIs	Sexually Transmitted Infections
● TOT	Training of Trainers
● UN	United Nations
● UNFPA	United Nations Fund for Population Activities
● UNICEF	United Nations Children's Fund
● UP	Uttar Pradesh
● WB	West Bengal
● WHO	World Health Organization
● YFHS	Youth-friendly Health Services
● YIC	Youth Information Centre
● YRSHR	Young People's Reproductive and Sexual Health and Rights

COLLAGE

जनवाणी

11 13

कार्यक्रियों को दिया प्रशिक्षण



प्रशिक्षण कार्यक्रम का आयोजन...

State cabinet gives nod to ICPS

THE TIMES OF INDIA, LUCKNOW
WEDNESDAY, NOVEMBER 24, 2010

State cabinet has given its approval to the Centre's proposal to set up a State Child Protection Society (ICPS) in Uttar Pradesh. The cabinet meeting was held on Tuesday. The Centre's proposal is to set up ICPS in every district to protect the children in distress. The state government will create a mechanism in every district to protect the children in distress. The Centre's proposal is to set up ICPS in every district to protect the children in distress. The state government will create a mechanism in every district to protect the children in distress.

Meet on HIV+ people's rights held in city

PROJECT BANGALORE



कार्यक्रम में भाग लेने वाले लोगों को HIV/AIDS के बारे में जानकारी दी गई।

नवनिर्वाचितों को सेहत की रखवाली का पाठ पढ़ाया

अमर उजाला

नवनिर्वाचितों को सेहत की रखवाली का पाठ पढ़ाया।

राष्ट्रीय सहारा

40 सदस्यीय प्रादेशिक युवा सहभागी मंच गठित

युनाइटेड भारत



डफरिनमें परिवार कल्याण स्वास्थ्य मेला में 362 महिलाओं की हुई जांच

आज

डफरिनमें परिवार कल्याण स्वास्थ्य मेला में 362 महिलाओं की हुई जांच

युनाइटेड भारत

इलाहाबाद, सोमवार, 05 मार्च 2012

स्वास्थ्य विभाग भी मनायेगा युवा दिवस : डा. रमेश

जनसंदेश टाइम्स

राज्य विवाह कैसी नादानी, जीवनमर ओलों में घानी

स्वास्थ्य मेले में उमड़ी भीड़

विद्युत जनसंख्या दिवस पर



श्रीमती प्रद्युम्ना मिहता

पुस्तक और प्रकाशन संस्थान

पुस्तकें - जीवन और अधिकारी, प्रकाशन...

सादासपुर जिला बचत बँक लिमिटेड, इटावा

पुस्तकें - जीवन और अधिकारी, प्रकाशन...

MAMTA - Health Institute for mother and child is a Non-Profit, Non-Government organization aiming to improve Sexual and Reproductive Health of current and future generations through rights based approach. Through its various interventions the organization continuously strives to bring about an equitable and sustainable change in the lives of women, children and young people in India and other countries in South East Asia. In addition to sexual reproductive Health and Rights, MAMTA had a significant focus on Maternal, Newborn, Child Health and Nutrition, HIV & TB and Non-communicable diseases (NCDs). The programs are being implemented in the context of poverty, gender and rights as cross-cutting issues.

Established in 1990, presently MAMTA has its implementation programmes in 18 states in India, Nepal and Bangladesh. Having its headquarters located in New Delhi, the organization has its state offices in Lucknow, Chandigarh, Jaipur and Bangaluru. Ours reach across the region has been made possible through partnerships with more than 300 Civil Society Organizations (CSOs) across India and South East Asia.



MAMTA – Health Institute for Mother and Child

B-5 Greater Kailash Enclave II

New Delhi-110048

Tel.: 91-11-29220210, 220, 230

Fax: 91-11-29220575

Email: mamta@ndf.vsnl.net.in

Website: www.mamta-himc.org, www.yrshr.org, www.12teen.org