Biennial Report
2013-15

Mamta Health Institute for Mother and Child

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From the Desk of the Executive Director

It gives me immense pleasure and satisfaction in presenting this Biennial Report (2013-2015). Each time I write this message, it's time to reflect on not just what we could achieve but also on what's more to reach for, in line with our strategic vision document 'Vision 2020'. As an institution, we continue to consolidate our geographical spread in the country focusing on marginalised and high risk populations to achieve better health and development outcomes; almost touching more than 100 districts across nineteen states in India. Our regional and global outreach continues to strengthen in South and South East Asia with initial footprints in Africa working though partnerships, alliance and technical support.

Our over two decades of work and experience in the field of Sexual Health and Rights placed us favorably with international leaders, and we joined hands with the academia, bilateral, multilateral and national and international corporates besides key community stakeholder, to further our commitment towards creating a safe and healthy space for our 'adolescents'. It gives me a lot of satisfaction to see India launching the National Adolescent Health programme (RKSK), where MAMTA as an institution has contributed to its strategic development and operation. The two decades of advocacy seems to have shown results for our adolescents. This was also the time for us to nurture some freshly sown seeds – 'Non Communicable Diseases' - one of MAMTA's new thematic areas; and also to plant some new saplings – Alliance Center of Adolescent Health and HIV with Regional and Global outreach in 2013. Both the endeavours brought in - fresh energies, talented people, better technologies and a brand new scope for advancement of global health. We are thankful to our partners and donors - Sida (Sweden), Finland (PSR), DFID (UK), WHO (Geneva), UNICEF (India), Elton John AIDS Foundation, FORD Foundation, MacArthur Foundation, BARR Foundation, Bristol-Myers Squibb Foundation, Medtronic Foundation and many others who placed their trust in our capabilities and helped us to make forays into improving global health.

With global funding getting stringent, it was time to redefine our approaches towards garnering support from new age stakeholders and collaborators. And, therefore, MAMTA transitioned to collaborating with the corporate sector under their CSR radar. We are exploring newer horizons and avenues and getting creative with our partnership models and designs.

Strategic vision for MAMTA towards creating new horizons in global heath is - "Grow to Lead and Lead to Grow". In this spirit, I congratulate our team for their consistent efforts and camaraderie and ask them to lead as inspirations that encourage growth and sustainability. As we step into our 25th year of serving communities across the country and even beyond borders, I am sure that MAMTA will continue to move on with enhanced competence and passion.

Best Wishes
Dr. Sunil Mehra

About MAMTA HIMC

Since its inception in 1990, MAMTA Health Institute for Mother and Child (MAMTA) has evolved from being an implementing NGO to a leading multi-pronged national-level institution. The organization initiated its operations from an urban re-settlement colony - Tigri in South Delhi. MAMTA today has reached 19 states of India with its work extending to South and South East Asia and Africa.

Within the span of over two decades, MAMTA has positioned itself as a pan-India institute in program implementation project, management, capacity building, research and advocacy. As a technical support agency for national and international partners, MAMTA extends its work in four thematic areas – Reproductive, Maternal, Newborn, Child and (RMNCH+A), Sexual Reproductive Health and Rights (SRHR), HIV & TB, and Non-Communicable Diseases (NCDs). Other social determinants under MAMTA's purview are gender, poverty and rights. MAMTA works through the mechanism of direct intervention, evidence building, health system strengthening, community mobilization, networking and policy advocacy in close partnership with government and public health systems, civil societies, academic institutions, corporate houses and the community at large. In addition to India, the last decade has observed the spread of MAMTA's work to different government and non government agencies in countries of South and South East Asian region as well.

MAMTA has gained strength as a professional organization, firmly rooted in its culture of transparency, accountability and equality. MAMTA invests in its strengths and looks forward to foraying into emerging areas of concern in the region like climate change, water, sanitation and hygiene. The organization is fully committed towards the development of the most vulnerable and marginalized individuals, groups and communities by means of adopting an inclusive approach. Innovation and quality with a focus on evidence generation, are the basis of its actions. However, the focal point still remains program implementation, initiatives on capacity building, training and advocacy with different stakeholders and development agencies. MAMTA continues to follow the principle accountability and sustainability in all its technical, programmatic and fiscal matters.

Over the years, MAMTA has developed strong partnerships with a large number of development partners—both nationally and internationally - that include various State and Central governments, bilateral and international development agencies and reputed corporate houses. MAMTA is proud to be the mentor of over 300 NGOs/CSOs as its implementation partners in India and other countries of South and South East Asia.

2013-15 MAMTA's Reach - India

Direct Reach
33,83,700

Indirect Reach
1,19,50,300

Total Reach
1,53,34,000

National

Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Odisha, Punjab, Rajasthan, Uttarakhand, Uttar Pradesh, West Bengal

International

Afghanistan, Bangladesh, Burundi, Cambodia, Laos, Myanmar, Nepal, Philippines, Sri Lanka, Thailand, Vietnam

Strategies

Community Outreach

MAMTA has always strived to be one with the community to be able to serve them better

Capacity Building & Systems Strengthening

MAMTA believes in bringing out the best in people and systems

Evidence Based Advocacy

MAMTA generates evidence to influence policies and chart out action plans

Global Partnerships

MAMTA forges ahead bringing the world closer to global health and development issues

Networking

MAMTA brings the strength of civil society, media and corporate together

RMNCHN + A

MAMTA is one of the front runners in the country to have brought policy level attention and efforts towards adolescents in order to reduce infant and maternal mortality rate. The RMNCHN+A strategic approach has been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. MAMTA's low-tech, evidence-based, cost-effective, community based interventions ensure safe pregnancies, motherhood and childhood.

MAMTA focuses more on horizontal and family centric approaches rather than only vertical to ensure a comprehensive and sustainable healthcare model. While the institute aims for women and children to have access to high-quality maternal and child health services, it also work with health functionaries, opinion leaders and communities to understand and address the challenges contributing to high maternal and child morbidity.

Strengthening the capacities of district public health services towards improved reproductive health choices for young married couples (2011-14)

Funded by MacArthur Foundation and operational at Saharanpur district, Uttar Pradesh and Sri Ganganagar district, Rajasthan, the project aimed at strengthening the then district health system through provisioning of health services and referrals to improve the reproductive health of young married women. The Mean age of early pregnancy increased significantly by 12 months (Saharanpur) and 10 months (Sri Ganganagar). Couple communication on reproductive health issues was also improved. The proportion of young married women availing 3 or more ANCs increased significantly. There was a rise in young married women 'consumption of IFA tablets. Use of contraception too improved by 29% in Saharanpur and by 24% in Sri Ganganagar.

> "I lost my child during my first pregnancy. I was ignorant about the health services and uptake of appropriate medicines and vaccines at right time. My mother-in-law was very orthodox and I was kept isolated during the entire pregnancy period. My husband wanted to support me but due to cultural stigmas he was unable to do so. We were helpless but thanks to ASHA didi and MAMTA team – they brought about a change within me and my family through their regular group meetings."
>
> ***Sushila, Young married woman, 19 years.***

Mainstreaming the 'Continuum of Care' Approach into the National RMNCHN+A Initiatives for improved maternal health outcomes of the Young Married Women–A District Design (Ongoing from Oct 2014)

Funded by MacArthur Foundation and Barr Foundation, USA, and operational at in Muzaffarnagar and Saharanpur districts of Uttar Pradesh and Churu and Jalore districts Rajasthan. Project carried out to strengthen the district health-systems for mainstreaming the 'Continuum of Care' approach into the National RMNCHN+A initiatives for improved maternal health outcomes of young married women. Special efforts are made towards enhancing capacities of public healthcare providers for health service delivery; ensuring universal access to quality maternal care, equitable distribution and uptake of maternal healthcare and products and entitlements to young married women through mentoring and supportive supervision; strengthening existing health systems by building convergence with similar government initiatives at district level for increased coverage of maternal health services through advocacy, integrated use of mobile-based technology [Interactive Voice Response System-IVRS] by frontline functionaries. The IVRS used for improving the counseling skills and delivery of messages to young married women.

The project targets to reach 8,400 healthcare providers as direct/primary beneficiary (Program Manager, Medical Officer, Master Trainers and Frontline Functionaries like ANM, ASHA, AWW) of 4308 villages. Impact of the program shall be measured by the end-line evaluation to be done by Population Council in 2017.

"The training provided us with an opportunity to learn about the importance of Pre-conception care in improving overall maternal health. We got aware of issues and facts that we were not aware of earlier."

ANM, Saharanpur

Preventing Parent to Child Transmission (PPTCT) through early identification, care and support of Pregnant Women for Improving Maternal Health Outcomes in two High HIV prevalence districts of India (2013-2015)

Funded by International HIV Alliance with Mahatma Gandhi Institute of Medical Sciences, MGIMS, Wardha as partner organization. Operational at two high prevalent HIV districts of Maharashtra and Andhra Pradesh, this intervention research project was implemented for early screening of HIV and linkages to maternal/PPTCT health services among pregnant women in rural areas. The project strengthened point of care services among pregnant women in rural areas by testing the feasibility of OraQuick, a non-invasive oral fluid based rapid HIV screening test among pregnant women and feasibility of this test in community settings by frontline functionaries.

The intervention showed that it is highly feasible to use OraQuick® rapid oral based HIV tests for early screening of HIV by CHWs among pregnant women in inaccessible areas. Moreover, the integrated maternal health package to strengthen health system and community mobilization has improved reproductive health knowledge and behavior as well as utilization of health services among vulnerable pregnant women in rural areas.

Lives Impacted

4020 pregnant women targeted in 173 villages in the age group of 18-35 years. Supervised self-testing performed on 202 pregnant women 900 women got screened for HIV through Ora-quick under supervision of ANMs. 1166 pregnant women tested at ICTC and 964 pregnant women tested at private hospital/clinic or CHC/PHC. 275 ASHA, 72 ANMs trained. 167 support groups formed with support of frontline functionaries consisting married and pregnant women in village. 811 husbands and 441 mothers-in-law given one-to-one counseling by frontline workers.

Improving Maternal and Child Health Services and Livelihood opportunities for 37,280 poor women in two districts of Uttar Pradesh (2012-15).

Funded by DFID-UK the project was aimed to achieve improved maternal and child health outcomes through an inclusive and life cycle approach for 37,280 poor and marginalised women by focusing on scheduled castes and other backward classes from BPL families. Sensitization sessions were conducted with women on MCH needs. Behaviour Change Communication sessions were facilitated for their linkages with MGNREGA, Government of India's flagship livelihood program as well as with health department schemes under the NRHM. Mobilisation and orientation of government frontline health functionaries (ASHAs, AWWs and ANMs) and Rozgar Mitras (MGNREGA staff) was also conducted in order to sustain the process of knowledge transfer among marginalised communities. This has resulted in an efficient uptake of the social welfare schemes. A Participatory Beneficiary Feedback Mechanism (BFM) was added on as a satellite project on the main project to receive feedback from beneficiaries on the services provided. BFM responses were helpful in mid-course strategy corrections.

Lives Impacted

1593 women group leaders, 541 peer educators and 119 Village Health Sanitation and Nutrition Committee (VHSNCs) were trained and activated.

Improving Neonatal and Maternal Outcomes by Strengthening Labour Room and Intra-partum Technologies in Delivery Care (2014-17)

Funded by Jiv Daya Foundation (JDF) the project is operational at OBGYN Departments of 15 Medical Colleges across India - 7 MAMTA sites, 8 sites directly funded by JDF. MAMTA provides implementing and Technical support across all sites.

The project envisages reducing the neonatal and maternal mortality rates by strengthening quality of and access to specialized neonatal and maternal care through capacity building of labour room through provisioning of human resource, logistics and technology. Depending upon the local needs provisions like equipment, technologies, salary support and/or training for physicians, nurses, social workers, counselors and data managers were ensured.

The provisioning of added staff like nurses, counselors, data managers, has improved the quality of care at facilities. Better outcomes have been noticed through use of electronic exclusive maternity databases, equipment and logistics.

Use of intrapartum technologies like electronic partograph and Feotal Doppler's has further strengthened monitoring during labour by early recognition of complications. Most of the project hospitals are Government facilities with high volumes, around 6000-12000 deliveries per year.

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

Young people (10-24 years) represent about one third of India's total population. At 253 million, India has the largest share of this adolescent population in the world. The vulnerabilities to poor sexual and reproductive health are high, especially among girls, young women and the marginalised. Yet, young people are the most neglected segment in the public health system in India. MAMTA piloted interventions and advocated with the government to include the issues of adolescent health into their agenda and policies.

MAMTA follows the life cycle approach keeping gender, sexuality and rights as the guiding principles for its interventions. Some of the key interventions include sensitizing young people towards accessing the ARSH services; broadening the ARSH model to introduce components like substance abuse, mental health child marriage etc; strengthening the RKSK model highlighting the peer led approach.

Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage and Delaying First Pregnancy (2009-13)

This European Union supported project was led by MAMTA and implemented at eighteen sites across three countries of South Asian region viz., Bangladesh, India and Nepal.

The mean age (in years) at marriage increased for young men by 1.04, 1.01, 0.63 and young women by 0.92, 0.81 and 0.22 in India, Nepal and Bangladesh respectively. The age at first conception in the project intervention sites was considerably below the stipulated age. However, there was an increase in the age at first conception for married females compared to their older sister by 0.85, 1.21 and 1.25 in India, Nepal and Bangladesh respectively. Participation in YIC activities and being a member of a youth group emerged as strong predictors of young people continuing school education and marriage after legal age. The mean years of schooling too increased by 1.23, 2.04, 3.08 years among boys and 1.62, 1.49 and 2.72 among girls in comparison to older siblings in India, Nepal and Bangladesh respectively. The project was successfully able to position the issue of early marriage among girls. Through its working and strengthening of the programmatic context, project has strengthened the socio- political context that secures and advances rights of young people at the local (typically block/district) level. The advancement of rights of young people, thus not only finds expression in young people's understanding and conduct but also draws strength from a sensitized and more conducive socio- political climate.

Lives Impacted

34096 young people in India, 23105 in Nepal, 22736 in Bangladesh were reached through peer group sessions.

Transcending Silence - Strengthening Youth Friendly Health Services through Community-Based Interventions in Rural India (2013-2015)

Funded by PSR-Finland (Physicians for Social Responsibility), based in Helsinki, Finland. Transcending information gaps, social and economic barriers, to improve young people's access to health information and services in select districts (Allahabad and Varanasi - rural districts of Uttar Pradesh and Bangalore rural of Karnataka). The endeavour was also to support the state and district authorities in establishing adolescent health services and create an uptake for the services being provided.

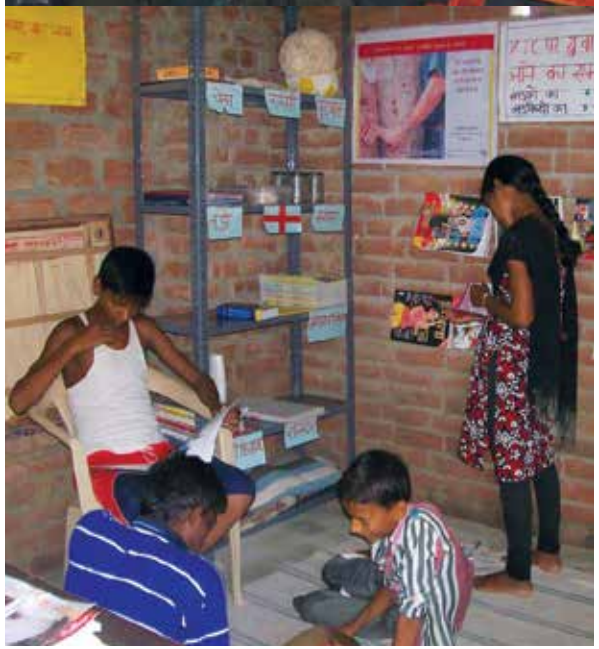
MAMTA assisted the state and district health systems to establish ARSH clinics based on national and state guidelines; and at the same time strengthen outreach by mobilizing community support in promoting young people's health, with emphasis on gender, equity and empowerment of marginalized youth. An interesting observation was the uptake and acceptance of reproductive and sexual health services and information by the community stakeholders. The initiative was then scaled up in other districts as well.

Youth Empowered

A comprehensive SRH information package helped in reducing young people's misconceptions on SRH issues. A demand for better hygiene and health facilities was observed with noticeable increase in communication between boys and girls. There was an increase in the access to YICs and Adolescent Friendly Health Services (AFHS) with increased referrals by ASHAs and school teachers.

Lives Impacted

27,000 adolescents in the age group of 15-24 were positively impacted. Also Indirectly benefited 400 teachers; 100 to accredited social health activists (ASHAs); 500 peer educators; and 30 district Programme Managers.

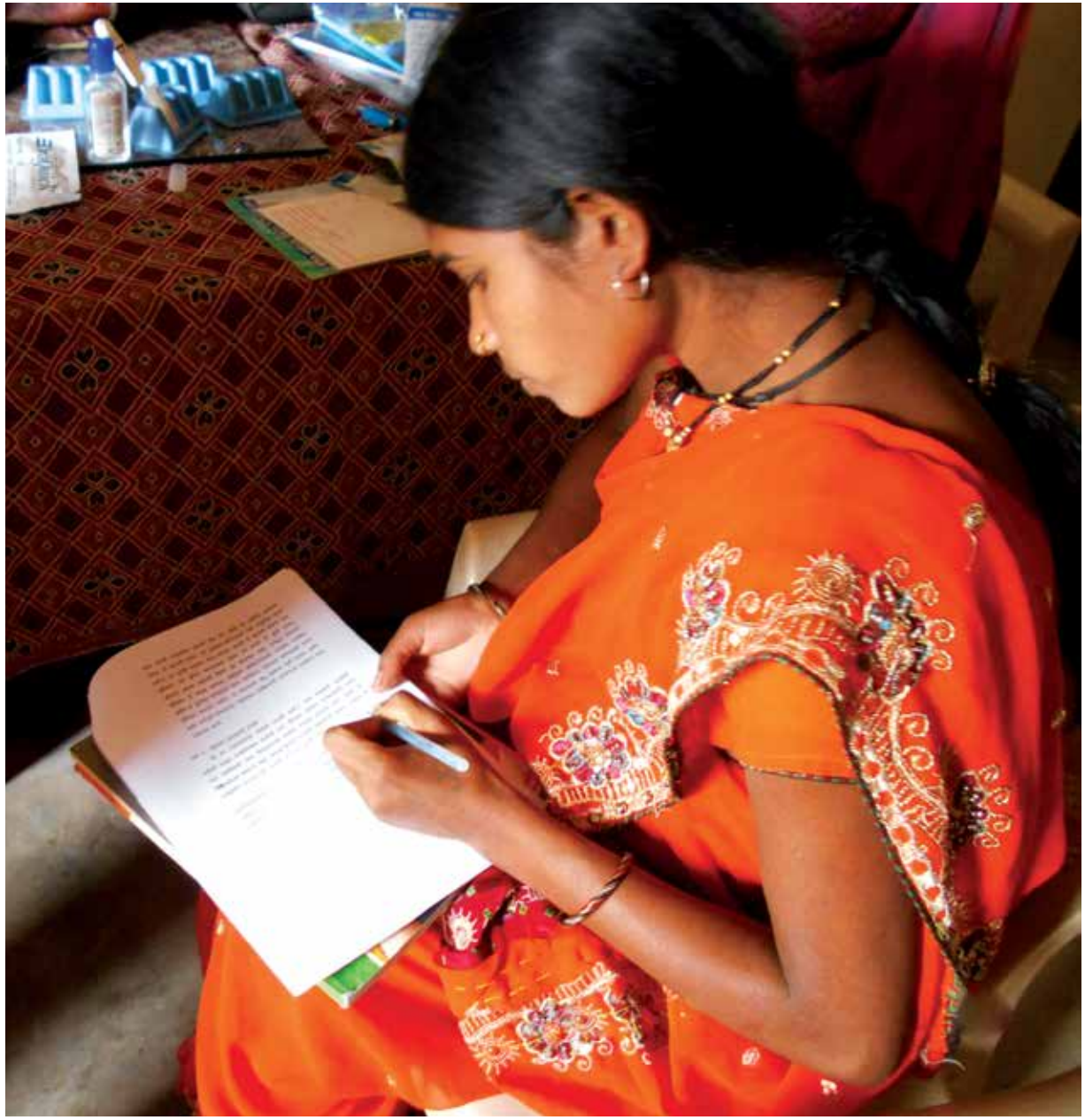


Training of Anganwadi Workers on Inter-personal Counselling for Menstrual Hygiene Management in Uttar Pradesh - Project Garima (2014-15)

Funded by UNICEF in partnership with IKEA Foundation, the project was aimed at contributing to the larger goal of empowering adolescent girls with information and skills on menstrual hygiene management by building capacity of frontline workers in Mirzapur district (9 blocks) of Uttar Pradesh. A social and behavior change communication strategy on menstrual hygiene management (MHM) was practiced with rural adolescent girls of 10-19 years. It was observed that working on interpersonal communication and group counseling skills of the frontline workers positively impacted the roll out of the behavior change models. Gender and cultural components were seamlessly weaved into the programme. This was an important exercise towards empowering adolescent girls with information and skills on menstrual hygiene management and busting many a myth.

Lives Impacted

1500 AWWs and Mukhiya Sewikas were trained across 9 blocks in Mirzapur district.



Know your (HIV) status - Meri Life Meri Choice (2011-16)

Funded by Elton John AIDS Foundation (EJAF) Implementing Partners: Anupama Education Society, Satna and Lok Sewa Smriti Sansthan, Allahabad operational at Uttar Pradesh (Allahabad and Banda) and Madhya Pradesh (Rewa and Satna).The implementation was carried out in 883 villages across 14 blocks in four districts.

Girls and women, especially in rural areas are vulnerable to HIV. And, the patriarchal tradition of the Indian society further limits girls' access to correct information or quality services. To top it all, traditional practices like child marriage exacerbate the situation. The national HIV data indicated that the infection is on the rise amongst women and girls with 39% females being infected. MAMTA scaled up its safe space peer led model of Youth Information Centres (YIC) in Gosainganj, Uttar Pradesh (UNFPA supported) with linkages to services for the young at the Primary/Community Health Centres (CHC); Primary Health Centre (PHC) and Integrated Counselling and Testing Centres (ICTCs). MLMC used a peer led, safe space model with a gender transformative approach to reduce the vulnerabilities of girls to HIV. The project was designed to bring girls (unmarried out of school, married with migrant husbands, brothers and husbands) out of their homes into a safe space called the Gender Resource Centre (GRC). In GRCs the trained peer mentors interacted with the members through a structured curriculum and encouraged them to articulate their thoughts, feelings and opinions about their health and wellbeing.

Attitudes Changed

Through MLMC I have learnt about gender. Before MLMC I used to tease girls on the road along with my friends. But now I have realized that this is also a type of violence against women. I have stopped doing it and am trying to get my friends to do the same!

Unmarried male peer mentor (15-19 years old), Uttar Pradesh

Lives Impacted

1,365 Gender Resource Centres (GRC) were established to reach 21,166 unmarried adolescent girls, 12,782 married girls between 15-21 years, and 4,307 married women between 15-35 years. Boys and husbands (23,868) and migrant husbands (8,349) were also engaged with. 9,591 unmarried adolescent girls, 7,831 married women came to know their status apart from 3,797 boys and husbands.

Strengthening Collective Response of the Government to End Child Marriage through a District Level Convergence Approach (2012-2015)

The Ford Foundation supported project was implemented in two high child marriage prevalent districts, Jamui in Bihar and Sawai Madhopur in Rajasthan. The project aimed to test feasibility of inter-sectoral convergence at a district level to address the problem of child marriage.

Finding

In both the districts, the project contributed to raising the profile of child marriage prevention and to increasing the activities of individual departments. The Project's efforts at the district level led to more concerted actions by block-level officials of different departments. The stimulation and support of block-level officials contributed to amplifying the family and community mobilization work of panchayati raj institutions and frontline workers. Tangible inter-sectoral convergence occurred at the village. Among PRI members, 57% in Jamui and 64% in Sawaimadhopur while 98% of frontline workers surveyed in Jamui and 99% in Sawaimadhopur reported that the training sessions and mentoring meetings changed the way they approached child marriage previously. It was based on better understanding of the situations and more in line with their respective mandates. Supportive leadership moved district and block authorities and panchayati raj institutions to take additional actions on child marriage. The endline evaluation recommended a long term vision and working with district systems on applying national policies and strategies.

Senior officials from all relevant departments participated in the meetings and facilitated addition of child marriage specific actions in their department plan. A substantial proportion of Panchayati Raj Members (94% in Jamui and 87% in Sawaimadhopur) and frontline workers mainly ANM, Anganwadi Workers and ASHAs (70% in Jamui and 83% in Sawaimadhopur) had been reached through trainings, orientation workshops and mentoring support in monthly review meetings.

Preventing Child Marriage as an Approach to Reduce Gender Based Violence by Strengthening Community and System based Interventions and Empowering Young Girls and Boys (2013-16)

The Ford Foundation supported project is being implemented in high child marriage prevalent districts of Nawada, East Champaran in Bihar and Siddharth Nagar in Uttar Pradesh.

Adolescent girls and boys were sensitized through peer led sessions and provided with an access to gender resource centers (GRC). Parents and even members of local governance were involved to deal with the problems of child marriages.

Lives Impacted

10,201 girls and 8449 boys between 10-20 years of age were reached across 251 intervention villages in the three districts. 240 boys and girls trained as peer educators; 2160 PRI members oriented across 148 Gram Panchayats; almost all ANMs, AWW and ASHAs and 2329 teachers reached in the intervention areas through trainings and mentoring support.

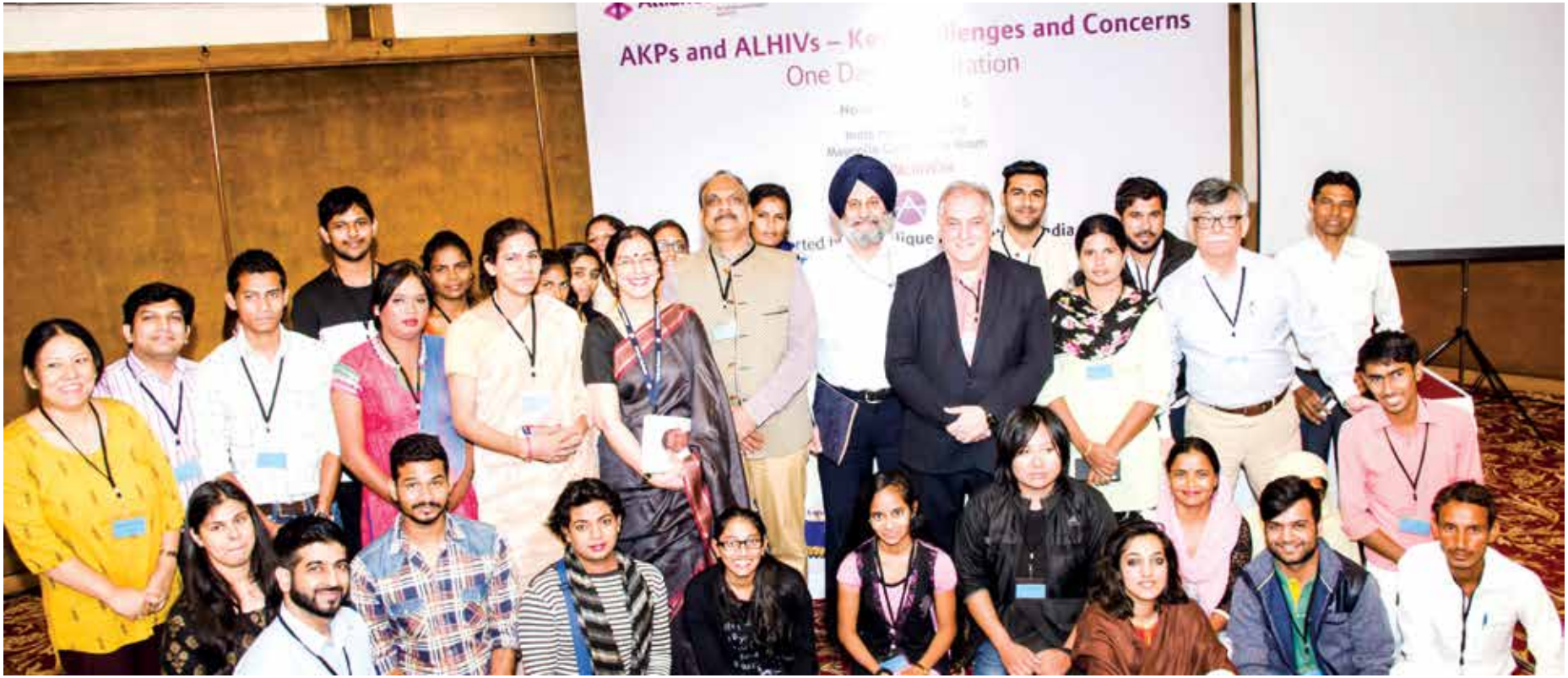
Gender Transformative Approaches for Improving Sexual and Reproductive Health of Young People in Nepal (2012-14)

Funded by Physicians for Social Responsibility, Finland, the project worked towards improving sexual and reproductive health of the youth through 'gender transformative approaches'. The programme witnessed remarkable attitudinal shift among young men and women in terms of SRH rights and was able to fill the knowledge gap on RTI/STI.

Lives Impacted

A total of 75,000 people were reached in three districts of Nepal and about 3,600 young men and women in the age group of 15-24 years were directly impacted through structured group education activities and community-based gender-focused social campaigns.

Alliance Center of Adolescent Health and HIV



In order to strengthen adolescent health and HIV programme and policy response in Low and Middle Income Countries (LMIC), the Alliance Center of Adolescent Health and HIV was initiated by the International HIV/AIDS Alliance in 2013. The journey followed a participatory process with select Linking Organisation (LOs) as collaborators. MAMTA was selected to establish the centre focused around SRHR and HIV for adolescents/young people. Angelique Foundation, India (as part of their corporate social responsibility programme) and MAMTA initiated a six months programme that focused on HIV to reach out to most at risk adolescents from within the Key Population (KP) groups in India. The key strategic objectives of the programme were to effectively engage with KP networks/groups and promote inclusion of marginalized young and adolescent key populations with the national civil society groups. The Centre undertook activities to participate in international exchange meetings on Adolescent Sexual and Reproductive Health and HIV (ASRH/HIV) programming in South Asian and African region for appropriate replication and effective scale up. The Centre also partnered with International HIV/AIDS Alliance and their country Linking Organizations (LOs).

Communicable Diseases

Communicable diseases like HIV-AIDS and TB are one of the major challenges towards achieving the SDG of ending the epidemics of communicable diseases by 2030. TB and HIV-AIDS have a fuelling effect and impact on each other, and therefore, MAMTA's interventions focus on these infections.

MAMTA invests in coherent health response to TB/HIV-AIDS care and concentrates its efforts towards an increased access for comprehensive healthcare, support and treatment services among marginalized communities and people at large.

MAMTA's HIV-AIDS interventions promote quality and accessibility to prevention, care, support and treatment services for people living with HIV, people affected with HIV and High Risk Groups (HRGs). The TB initiative supports Government of India's Revised National Tuberculosis Control Programme (RNTCP) to expand its reach, visibility, and effectiveness, and to engage community-based providers to improve TB services, especially for women and children, marginalized, vulnerable and TB-HIV co-infected populations. Its guiding principles are promotion of universal access to quality TB care, community participation, sustainable interventions, and equitable distribution with gender and social sensitivity.

Targeted Intervention among MSMs and FSWs in Mewat District

National AIDS Control Programme (NACP IV) to reduce new infections by 50% (2007 Baseline of NACP III) and provide comprehensive care, support and treatment to all persons living with HIV/AIDS (Ongoing from 2012).

Funded by Haryana State AIDS Control Society, MAMTA supplemented National AIDS control Program with components such as Behaviour Change Communication; Condom promotion; STI management; Advocacy; Community Mobilisation, and Referrals and Linkages. With a focus on delivering direct care and services to Female Sex Workers (FSWs) and Men who have Sex with Men (MSMs) in Mewat district of Haryana the programme provided STI, HIV/AIDS prevention services to FSW and MSM, mobilized communities to prevent new HIV infection and linked identified PLHIV HRG to ART centres.

Lives Impacted

500 FSWs and 270 MSMs were registered in 2015; 9000 IPC sessions were conducted; service provided to 600 HRGs at least twice a month; 600 HRGs visited NGO/ Govt. clinic during one quarter for routine medical check-ups; 2100 counseling sessions conducted; 600 HRGs tested for syphlis in 6 months; 600 HRGs referred and tested for HIV in ICTC in 6 months; 100% of PLHIV HRGs identified during project period and linked with ART centre; 50,000 condoms distributed among registered FSWs and MSMs.

Tackling the TB - AXSHYA (2010-17)

Funded by Global Fund, MAMTA was the second largest sub recipient in India covering 62 Districts in 7 States - Uttar Pradesh, Bihar, Rajasthan, Maharashtra, Delhi, Chhattisgarh and Haryana and 7 Urban sites (Ongoing from 2010)

This funded project was technically supported by “International Union against Lung disease and TB - The UNION”. AXSHYA is an ‘advocacy, communication and social mobilisation’ (ACSM) project that mobilizes and engages civil society organizations actively in TB Care and Control, bringing in community ownership and strengthening sustainable intervention. Support has been provided to Govt. of India’s Revised National Tuberculosis Control Program (RNTCP) for early detection; and to provide free, complete and successful treatment to the TB patients; and strengthen community systems for both HIV and TB care and reduction in stigma and discrimination.

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

Lives Impacted

MAMTA reached 1.4 million households through Axshya Samvad. 130,000 persons symptomatic of tuberculosis were identified and referred to Designated Microscopy Centers. In addition, 99,000 TB-symptomatic persons were assisted through sputum collection and transport. Over 11,000 previously unidentified TB patients were recognized through the intervention and put on Direct Observed Treatment (DOTS). The intervention is expected to prevent further transmission to15 new TB cases per year per TB case identified.

Linking services for PLHIV – a holistic approach

VIHAAN (2013-17)

Funded by The Global Fund with India HIV-AIDS Alliance (principal recipient) and MAMTA (sub recipient) and operational in Jammu & Kashmir, Uttarakhand and Himachal Pradesh, this nationwide initiative provides expanded and holistic care and support services for people living with HIV (PLHIV). In order to put in place a quality care and support system that complements HIV prevention and treatment program already in place, VIHAAN is designed to enhance access to essential services, support, treatment adherence, reduce stigma and discrimination, and improve the survival and quality of life of the PLHIV. Through its unique approaches of counseling, outreach, home based care and linkages, the project is improving treatment adherence, survival and quality life for the PLHIV. The project has been acclaimed by State AIDS Control Society (SACS) and NACO as the best initiative to improve the survival and quality of life of PLHIV.

Lives Impacted

5727 PLHIV have registered in ART Centre. 628 PLHIV got at least one family member or sexual partner referred for HIV testing and even obtained results. 1212 PLHIV screened for TB symptoms.

THE TIMES OF INDIA, CHANDIGARH
THURSDAY, SEPTEMBER 10, 2015

HIV stigma mars life ahead for patients

Shimla: In Himachal Pradesh, being HIV positive is still a social stigma and in most cases, if a family members who are suffering people living with HIV to discrimination. This came to light during a media sensitization workshop in Shimla wherein HIV positive people shared their experiences.

The workshop was organized by Mamta Health Institute for Mother and Child, New Delhi, to collaboration with Himachal Pradesh State AIDS Control Society and Himachal Pradesh Voluntary Health Association.

Shraddha (name changed), a woman from Kangra district, was thrown out of her house by her in-laws on coming to know about her HIV positive status. This despite the fact that she was infected by her husband, a truck driver and was forced to live in misery along with her two children. However, she was lucky to get help of village panchayats and a local NGO. Today she is heading an organization that works in association with panchayati raj institutions to create awareness about HIV positive people. In 2011, she was also awarded the best social worker award.

Bhago (name changed), another HIV positive woman from Kangra district, was passed on the infection by her husband. However, the damage catapulted as by the time she came to know about her being HIV positive she had three children from her marriage. She earns her livelihood by working as daily wage and fear of being stigmatized by the society is not letting her reveal her status.

उजाला हमारा हिमाचल

हजारों एचआईवी पीड़ितों को पेंशन, बस पास देने की तैयारी

स्वास्थ्य विभाग ने सरकार को भेजा प्रस्ताव, प्रदेश में 8,091 लोग एचआईवी पॉजिटिव, दस लाख लोगों की जांच

परिवार को बताने में लग गए पांच साल

स्टेटस बताना जरूरी नहीं

45 year old Gayatri Devi is a WLHIV-widow living with her two children in Himachal Pradesh. Her husband was a trucker who died 10 years ago. Initially he would report sick for work often and then gradually became very ill to retain his job. On being tested he and Gayatri Devi were found HIV positive. Even before the treatment began, her husband passed away. During a visit to ARTC, Gayatri Devi came in contact with a staff from CSC Hamirpur (SSR) who gave her information on services available to PLHIV and her children. CSC Hamirpur (SSR) linked the child with financial assistance scheme of SACS and also linked the mother (Gaytri Devi) with widow pension scheme of DSW. She was also linked with MGNREGA.

Non Communicable Diseases

Non Communicable Diseases (NCDs) account for 63% of total deaths globally, with 40 million deaths estimated occurring annually. MAMTA as a part of its commitment to the global target of a 25% reduction in premature mortality from NCDs by 2025, aims to expand access to chronic disease care for the underserved worldwide. Since 2011, MAMTA has designed and implemented integrated-intervention models that are aligned to existing global and national health and development strategic plans.

Arogya Kiran - Prevent through Early Detection (2012-16)

Arogya Kiran supported by Bristol-Myers Squibb Foundation operational in Andhra Pradesh, the project introduced a strategic prevention initiative for identification of undiagnosed cases in selected districts of India.

Lives Impacted

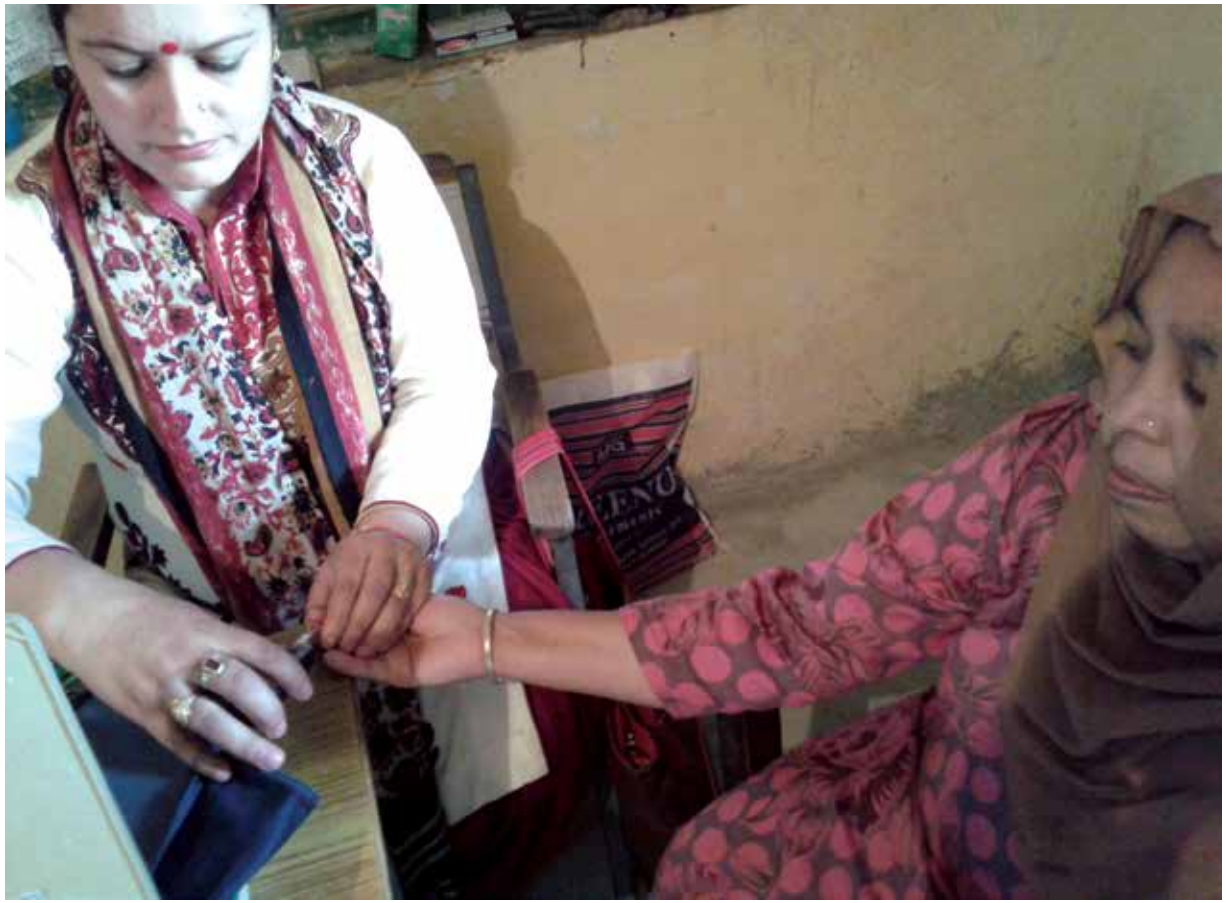
The model involved 600 community volunteers, 200 school teachers, 600,000 adult men and women of both rural and urban areas, 20,000 adolescent students (from 100 schools) and 3,000 employees from 30 workplaces.

As compared to the baseline, 1.36% relative increase was contributed by Arogya Kiran in identifying at-risk individuals for diabetes and hypertension, and in connecting them to healthcare providers for final diagnosis and treatment. The model paved a way in understanding to move towards a comprehensive, coordinated, and efficient community based program, a step forward to realize the vision of a fully integrated system for patients, families, and clinicians across the continuum of care.

District Design for Mainstreaming ARSH and Non-Communicable Conditions in Youth Friendly Health Services in Himachal Pradesh, India- Sida supported (2012-14)

Lund University (Sweden), National Institute for Health and Family Welfare (NIHFW), India and MAMTA aimed at creating a district model for mainstreaming interventions on Adolescent's Reproductive and Sexual Health (ARSH) and Non-Communicable Conditions (NCC) interventions within youth friendly health services (also called Yuva Swasthya Paramarsh Kendra or YSPKs) across three districts of the State (Shimla, Chamba, Mandi). The main objective was to enhance the capacity for healthcare providers and managers to address ARSH and lifestyle issues; to demonstrate the convergence of ARSH and positive lifestyle health services through an Innovative Intervention Project (IIP) at the district health unit level, particularly focusing on health service delivery; and to conduct an evaluation of the skills shift of health care providers and managers, and the quality of services rendered by them to young people.

As a result, the capacity of ARSH and NCC issues among Program Managers and health care personnel increased by 89% during the project duration. The quality of services rendered



improved by 33% compared to baseline figures. These are both important pre-requisites to improve the health outcomes of young people. The intervention also facilitated government health officers to closely study the Swedish Health Policy for a better pick up of policy and programme level changes.

Continuum of Care Framework – Community based study for Chronic Diseases (2013-14)

Funded by the Medtronic Foundation, it was a comprehensive, community-based, patient-centred needs assessment study in two selected districts of Shimla - Himachal Pradesh and Udaipur – Rajasthan. Continuum

of Care framework was applied, which enabled a systematic assessment of barriers and opportunities within communities and health systems. The study revealed that at the individual level, there was a lack of knowledge on risk factors and inconsistent compliance with treatment. Strengthening behaviour change communications as well as focusing on counseling skills for healthcare professionals could improve upon these gap areas. At the system level, people in need of care generally access district and medical college hospitals. However, this increases the load of medical care. Hence by providing facilities and building capacities at CHCs and PHCs, not so complicated cases could be managed early. Also, health expenditure through insurance and government schemes could be scaled up to reach marginalized communities. Understanding the needs of communities in Shimla and Udaipur was a critical step to advancing State and National level NCD goals.

Prevention and Early Management of Viral Hepatitis B and C amongst High Risk Population (2014-17)

Funded by Bristol Myers Squibb Foundation (BMSF) the programme is operational in two states of India, viz Punjab (Amritsar) and Manipur (Imphal). The entry point for the proposed

intervention was through existing programs of Government of India, viz., National AIDS Control Program (NACP). Through community mobilisation, beneficiary groups i.e. Injecting Drug Users (IDUs) were reached out. Education sessions were conducted to promote risk reduction practices and early management of the infection by timely screening and referral for further counseling and treatment.

Lives Impacted

1679 IDUs assessed; 510 IDUs vaccinated for HBV; 707 IDUs screened for HCV; 11 clients put on treatment as per their need and condition; 400 stakeholders benefited through technical sessions and community meetings; 150 health care providers trained on prevention of viral hepatitis B and C; 40 doctors attended CME; 896 IDUs covered so far through the education sessions.

Papers and Articles

Published in Peer-reviewed Journals

SRH- (Adolescents/ Young Married Women)

- *Sarkar A, Chandra-Mouli V, Jain K, Behera J, Mishra SK, Mehra S. Community based reproductive health interventions for young married couples in resource-constrained settings: a systematic review. BMC Public Health 2015;15:1037. http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2352-7*
- *Sarkar A, Mehra S, Behera J, Chaubey SK, Mishra SK. Youth Friends' Clinic at Tigri slum, Delhi: A Perspective on Service Utilization of Youths with Special Reference to Sexual and Reproductive Health. Indian Journal of Youth & Adolescent Health. 2015;1(3&4):44-50. http://medical.adrpublications.com/index.php/IJoYAH/article/view/88/155*
- *Mehra S, Ruchi S, Vandana N, Ramanad T, Kaushlendra D. Determinants of Youth Friendly Services Influencing Client Satisfaction: A Study of Client's Perspectives in India. Indian Journal of Public Health Research & Development 2013;4(2):221-226.*
- *Mehra S, Sogarwal R, Chandra M, Integrating adolescent-friendly health services into the public health system: an experience from rural India. WHO South-East Asia Journal of Public Health 2013; 2(3-4):165-173. http://www.searo.who.int/publications/journals/seajph/seajphv2n(3-4)p165.pdf*

HIV

Sogarwal R, Mehra S. Approaches to Address NCD among PLHIV in Low and Middle Income Counties. Journal of AIDS and Clinical Research 2015;6:472.

Non Communicable Diseases

Sogarwal R and Mehra S. Arogya Kiran model for early detection of diabetes and hypertension: an initiative for the community and by the community in India. BMC Health Services Research 2014,14, (Suppl 2):P113http://www.biomedcentral.com/1472-6963/14/S2/P113

Presented in International Conferences

- International AIDS Conference 2015, Vancouver
  - *Feasibility of supervised Self-Testing using an Oral Fluid-based HIV Rapid Testing method among pregnant women in Rural India. A. Sarkar, G. Mburu, J. Behara, P. Sharma, S.K. Mishra, S. Mehra*
  - *Awareness, Utilization and Access to HIV and maternal health care services for pregnant women in two high HIV prevalence districts of India: A Baseline evaluation. J. Behara, A. Sarkar, G. Mburu, P. Sharma, S.K. Mishra, S. Mehra*
  - *Engaging frontline community health workers to provide oral rapid HIV testing to pregnant women in rural India. S. Mehra1, A. Sarkar1, G. Mburu2, P. Sharma1, J. Behara1, S.K. Mishra1*
- Indian Association for Study on Population, Thiruvananthapuram, Kerala, 2014
  - *Encouraging young married women to improve intra-spousal communication and contraceptive usage - an insight from a community based intervention package in Uttar Pradesh and Rajasthan. Jagannath Behera, Archana Sarkar, S K Mishra, Sikha S, Rupak M, Sunil Mehra, Sonali M*

Partnerships 2013-15

- American Jewish World Service (AJWS)
- Banaras Hindu University (Department of Community Medicine)
- BARR Foundation
- Bristol - Myers Squibb Foundation (BMSF)
- Department of Women & Child Development (GoI)
- Govt. of NCT, of Delhi
- David and Lucile Packard Foundation
- DFID - Department for International Development
- Elton John Aids Foundation
- European Commission
- Ford Foundation
- Global Fund (Round 9)
- Greenlam Ltd.
- Haryana State Aids Control Society (HSACS)
- India HIV / AIDS Alliance (EC)
- International HIV/Aids Alliance (UK)
- International Union Against Tuberculosis & Lung Disease
- Jiv Daya Foundation
- Lund University, Sweden
- MacArthur Foundation
- Medtronic Foundation
- Ministry of Health and Family Welfare (Centre)
- Ministry of Health and Family Welfare (State)
- Nestle India Ltd
- Oregon State University, USA
- Physicians for Social Responsibility (Finland)
- SAIEVAC (SAARC)
- Sida (Sweden)
- State Health Society, Punjab
- UNICEF (India)
- UNICHARM India Pvt. Ltd.
- WHO (Geneva)

Financial Statements 2014-15

CHARNALIA BHATIA AND GANDHI
Chartered Accountants

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2015

LIABILITIES		Amount 31.03.2015	ASSETS		Amount 31.03.2015
CAPITAL FUND			**FIXED ASSETS**		
Opening Balance	255,808,111.25		(As per Schedule (A))		25,116,995.18
ADD Excess of Income over Expenditure	51,651,674.95		**CURRENT ASSETS, LOANS & ADVANCES**		
		307,459,786.20	**CURRENT ASSETS**		
CORPUS FUND		300,000.00	Cash in Hand	269,475.05	
			Cash at Bank (as per Shedule B)	66,151,706.09	66,421,181.14
STAFF WELFARE FUND					
Opening Balance	11,527,137.00				
ADD: Created during the year	4,239,981.00		**FIXED DEPOSIT**		
	15,767,118.00		With HDFC	5,200,000.00	
Less: Utilised During the Year	843,519.00	14,923,599.00	With P.N.B	173,902,853.00	
			With Yes Bank	24,000,000.00	
			With Indian Bank	23,500,000.00	
CURRENT LIABILITIES			Accrued Interest	6,235,721.60	
Expenses Payable		8,441,050.20	**ADVANCES**		232,838,574.60
			Advances recoverable in cash or in kind for value to be received	6,620,234.48	
			Security Deposit	127,450.00	
					6,747,684.48
Total ..... Rs.		**331,124,435.40**	**Total ..... Rs.**		**331,124,435.40**

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

ARUN BHATIA
Partner

Place : New Delhi
Date : 14 August 2015

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sunil Mehra
Executive Director

Girish Bhasin
Secratery

Financial Statements 2013-14

CHARNALIA BHATIA AND GANDHI
Chartered Accountants

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048
BALANCE SHEET AS AT 31ST MARCH 2014

LIABILITIES		Amount 31.3.2014	ASSETS		Amount 31.3.2014
CAPITAL FUND			**FIXED ASSETS**		
Opening Balance	215,523,658.39		(As per Schedule (A)		26,017,344.18
Grants in Aid Returned					
ADD Excess of Income over Expenditure	40,284,452.86		**CURRENT ASSETS, LOANS & ADVANCES**		
		255,808,111.25	**CURRENT ASSETS**		
CORPUS FUND		300,000.00	Cash in Hand	243,197.55	
			Cash at Bank (as per Shedule B)	58,957,601.87	59,200,799.42
STAFF WELFARE FUND					
Opening Balance	9,219,533.00				
ADD: Created during the year	3,740,581.00		**FIXED DEPOSIT**		
	12,960,114.00	-	With ICICI Bank	-	
Less: Utilised During the Year	1,432,977.00	11,527,137.00	With HDFC	46,500,000.00	
			With P.N.B	100,261,178.00	
CURRENT LIABILITIES			With Indian Bank	29,789,880.00	
Expenses Payable		11,024,537.74	Accrued Interest	12,142,860.01	188,693,918.01
			ADVANCES		
			Advances recoverable in cash or in kind for value to be received	4,646,774.38	
			Security Deposit	100,950.00	4,747,724.38
					-
Total ..... Rs.		**278,659,785.99**	**Total ..... Rs.**		**278,659,785.99**

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

ARUN BHATIA
Partner

Charnalia Bhatia & Gandhi · New Delhi · Chartered Accountants

Place : New Delhi
Date : 23 August 2014

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Dr. Sonu Mehra
Executive Director

Girish Bhasin
Secretary