



**MAMTA HIMC**  
BRIDGE TO HEALTH & BEYOND

# BIENNIAL REPORT

2021-23



# Biennial Report

## 2021-2023



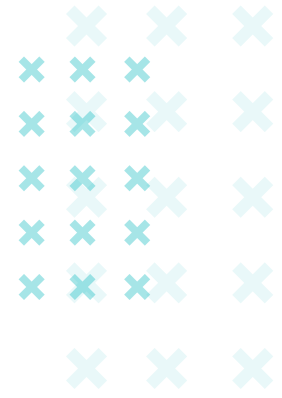
**MAMTA HIMC**  
BRIDGE TO HEALTH & BEYOND

Mamta Health Institute for Mother and Child

Published by  
Mamta Health Institute for Mother and Child  
B-5, Greater Kailash Enclave-II New Delhi 110048 India  
© 2023. Mamta Health Institute for Mother and Child

This document may be reproduced in whole or in part without permission of the Mamta Health Institute for Mother and Child provided full source citation is given and the reproduction is not for commercial purposes.

# Table of Content



From Executive Director's Desk	07
Genesis, Vision, Mission and New Logo	09
Thematic Journey and Conceptual Framework	10
Our Impact and Footprint	10
Thematic Notes	13
<i>MNCHN</i>	15
<i>Adolescent and SRHR</i>	21
<i>Communicable Disease</i>	26
<i>Covid Response</i>	28
<i>Non-communicable Disease</i>	31
<i>System Strengthening</i>	34
<i>Skilling and Livelihood</i>	39
<i>Innovation</i>	42
<i>Climate Change</i>	44
<i>Research and Evidence Generation</i>	47
Management and Finance	49
Our Governing Board	51
Senior Leadership Team	51
Financial Statements	53





## From Executive Director's Desk

Every time when I get this opportunity to put in my words for our biennial report, it makes me full of pride and a sense of fulfilment to relive the journey of 32 years of Mamta Health Institute for Mother and Child (Mamta). In the course of this journey of over three decades we have expanded our geographical reach while encompassing emerging thematic domains. While doing so it has contributed to National and International targets (SGD's) in its modest way with ever changing Demographic and Epidemiological scenario.

This biennial report corresponds to the years 2021-22 and 2022-23 which saw Mamta strengthen its COVID response while also adapting other interventions to ensure continuity and impact in spite of the limitations due to the epidemic. Through our interventions we have always strived to optimize reach which is inclusive and impact through innovations built into the program design and ensuring quality in implementation. All of our programs are aligned with the government schemes and policies and draw immensely from our rich evaluation and research.

In this reporting years of 2021-23, Mamta had undertaken quite a few programs which deserve a mention for the innovation in strategy, evolved practices in implementation and creativity in its outcomes.

Two of such projects were on Covid resilience – an intervention around community mobilisation for vaccination in Punjab using customized strategy of combination of tools and another one was using new technology to develop and support virtual ICU in collaboration with SGPGI, Lucknow. We have an intervention that revolves around addressing the mental well-being and adolescents and young married women while at the same time through another one in Maharashtra mild acute malnutrition in children under-five are being provide with millet based nutrition. Mamta's effort in system

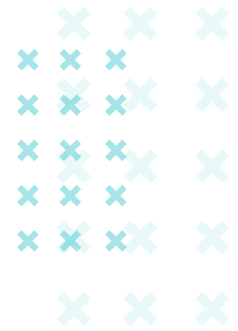


strengthening reflects in the work done in Uttar Pradesh involving infusion of modern technologies including solarization of health facilities. Getting innovation and technology together under mHealth, we developed a mobile app for peer educators under Rashtriya Kishor Swasthya Karyakram (RKSK), in the process of getting scaled up in many states in partnership with MoHFW.

This document showcases in greater detail many such initiatives which helped to think out of the box and walk an extra mile. I would like to thank all our partners and co-travelers who have been a source of strength and inspiration in this journey, most importantly to my colleagues of Mamta who have been dedicated to the cause and are the drivers of what all is documented here and more.

With Warm Wishes

**Dr. Sunil Mehra**  
Executive Director







## Genesis

Mamta Health Institute for Mother and Child (Mamta) was established in New Delhi in 1990 by Dr Sunil Mehra, a medical doctor with specialization in paediatrics.



## Vision

We are committed to working together in building a world that is just, equitable and inclusive.



## Mission

We work to empower the underserved, marginalized individuals and community through gender-sensitive participatory processes for achieving optimal and sustainable health and development.



## Our New Refreshed Logo

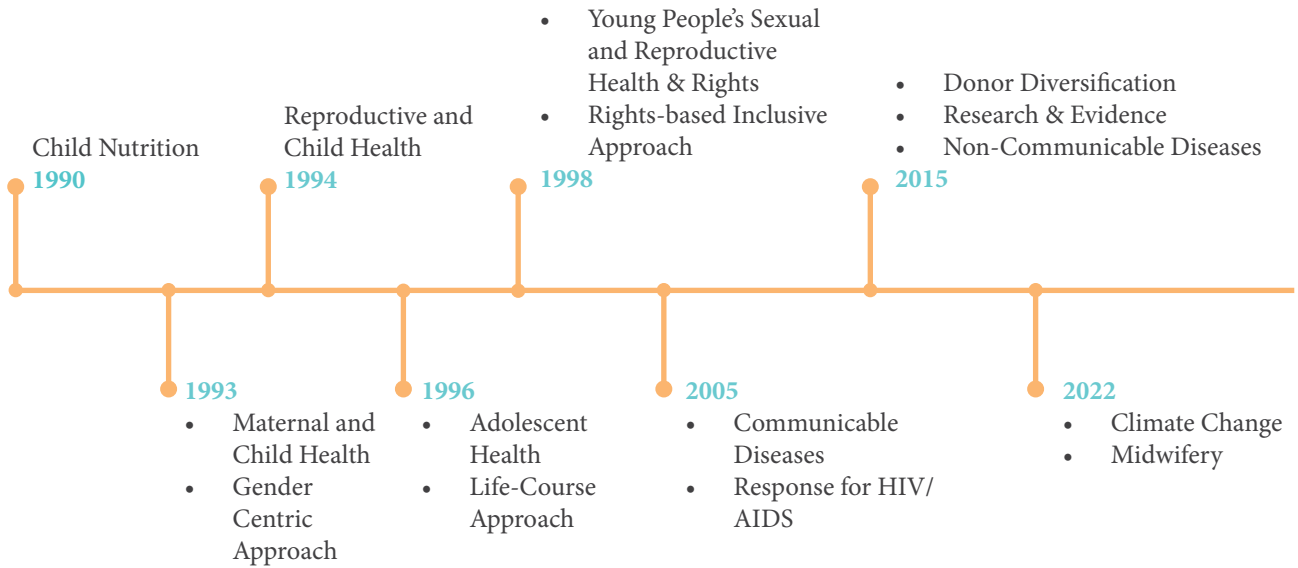
Mamta has successfully completed 32 years in its journey towards its vision and mission. We have now a new logo to convey who we are and also symbolize our future. The new refreshed logo reflects the change.



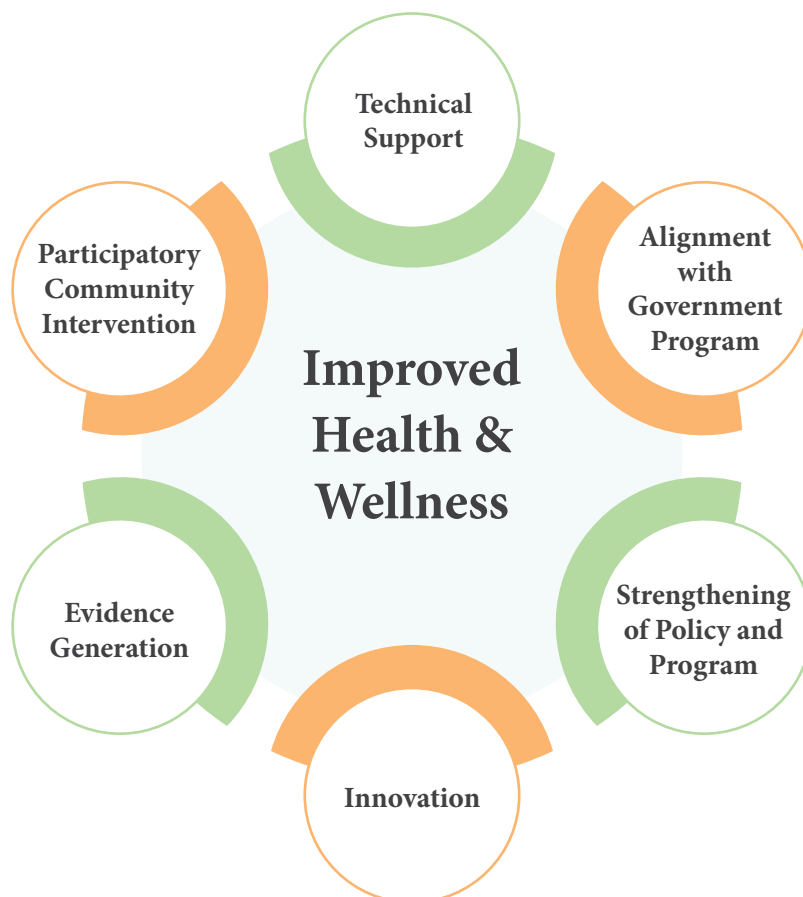
The logo presents a pictorial mark around the well-being of humans. The hands at the bottom symbolise the main motto of the organisation which is the health and well being of people. The encompassing circle represents the “sun” which represents the changing climate, which is influencing the health ecosystem in our world today and the geometric shapes evoke precision, stability and dependability.



## Over Three Decades of Thematic Journey



## Our Conceptual Framework



# Our Impact and Footprint

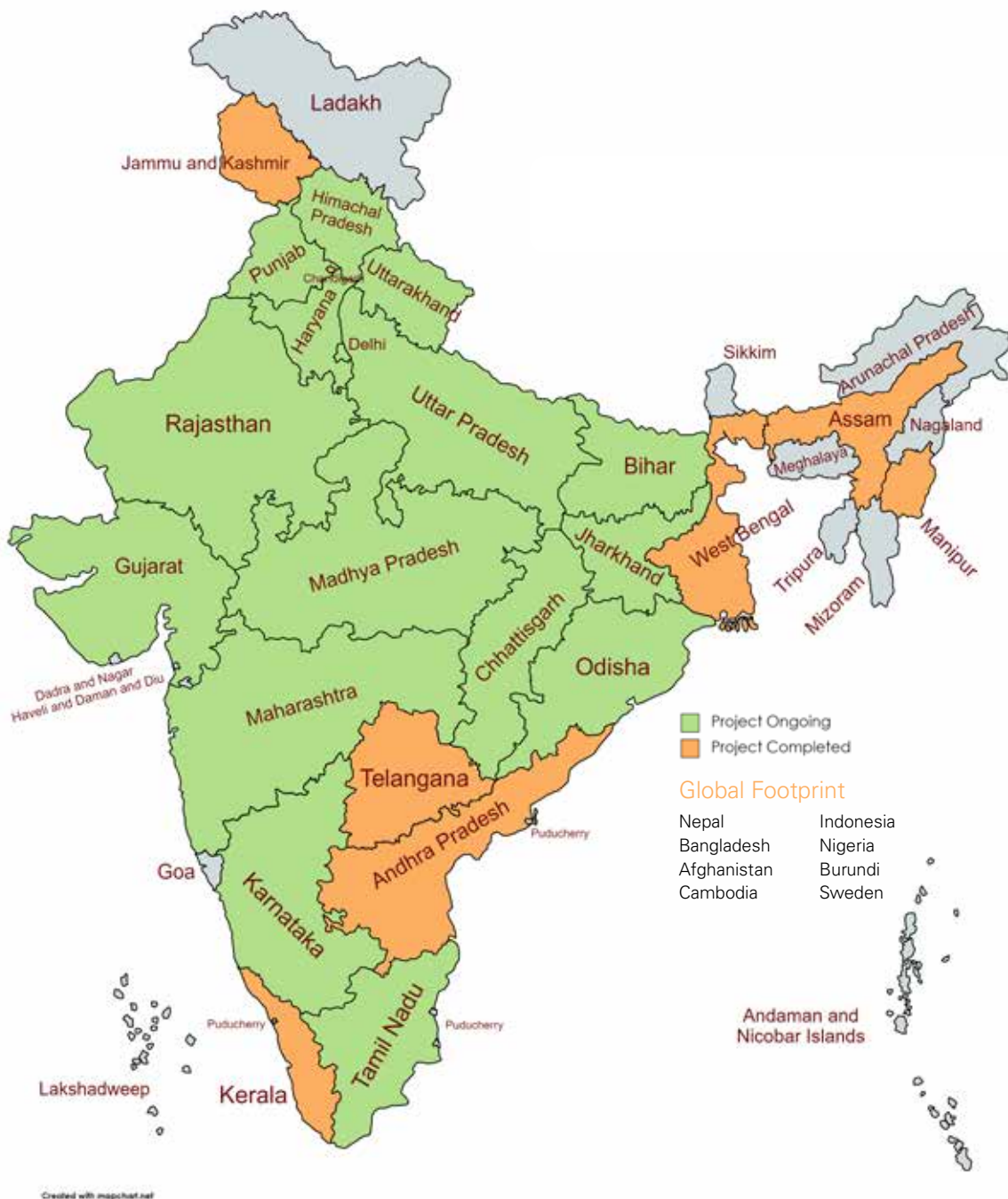
Lives touched:  
**3.6+ million**

National Footprint:  
**26 states/UTs**

Global Footprint:  
**8 countries**

Human Resource:  
**800+**

Research Papers:  
**84+** in peer reviewed journals



Created with mapchart.net





# Thematic Notes





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

## *Ensuring a better birth and a healthy life*

Improving maternal, newborn, and child healthcare, along with nutrition, is a foundational component of public health and development. By prioritizing these themes, societies can improve the well-being of individuals, break the cycles of poverty, and foster healthier and more prosperous communities. Investing in these areas is also a cost-effective way of improving the health of the population at large. When these interventions are properly implemented, the health benefits far outweigh the costs. Therefore, prioritizing maternal, newborn, and child healthcare and nutrition should be a top priority for all nations. Ensuring the healthcare and nutrition of mothers, newborns, and children during their critical phase can have lifelong positive effects on their overall health, development, and well-being.

To achieve the objectives and the impact the approaches that are built into our MNCHN interventions include **Equitable Access to Quality Healthcare; Antenatal and Postnatal Care; Safe Childbirth Practices; Early Childhood Nutrition; Immunization Programs; Integrated Services; Community Engagement and Empowerment; Digital Health Solutions; Focus on Adolescent Health; Mental Health Support; Emergency Preparedness; Health Equity; Collaboration and Partnerships; Data-Driven Decision-Making**. Use of Social Behaviour Change Communication tools is intrinsic to the design to support the mobilization and provide the required nudge for the desired change.

During the years 2021 – 23, Mamta had been implementing 61 projects on MNCHN across varied geographies and communities.





## Promoting and Improving Respectful Maternity Care and Healthy Birthing Through Midwifery

Mamta had identified the need of extensive investments in midwifery initiative to promote and improve respectful maternity care and healthy birthing. Thus, we initiated a multi-pronged approach ranging from research, advocacy to implementation in midwifery to take forward the agenda since the year 2017.

A Multi Country Midwifery Initiative (MMI) was conceptualized and spearheaded by Mamta, Lund University, and Global Academy of SRHR, Sweden in the year 2022 and implemented in 6 countries (India, Cambodia, South Sudan, Zimbabwe, Uganda and Liberia). MMI was an advocacy credit course Program around Midwifery with the aim of creating a pool of Midwifery champions/ advocates. In India, 9 participants were selected from key positions and different states to move the agenda in their respective policy domains. Simultaneously, with support from two of the midwifery advocates who were in the leadership positions in the state of Himachal Pradesh identified the unutilized budget earmarked for Midwifery Program initiation in the State.

The desk review revealed the need and the policy decision to establish at least five State Midwifery Training Institutes (SMTI) in the state. The efforts led to our collaboration with M.K Hamied Foundation as their implementation partners in establishing the State's first SMTI. Furthermore, State NHM solicited technical and operational support from us to establish the State's first SMTI. Thus, a Midwifery Technical Unit (MTU) was formed by Mamta comprising of experts and advisors.

The MTU was formed with the aim of establishing a SMTI in the state to initiate the implementation of Midwifery-Led Care model in the State. Tripartite collaboration between State NHM, Mamta, and M.K Hamied Foundation, laid a strong foundation for propagating the midwifery initiative.



Plans for the upcoming months holds the preliminary facility assessment of the institution selected to assess the severity of the gaps as per a standard checklist, developing an action plan for fulfilling the identified gaps, strengthening the labour room and nursing college to prepare these areas for training Nurse Practitioner in Midwifery (NPM) trainees, identifying and selecting State Midwifery Educators (NPM educators) and training them in a suitable National Midwifery Training Institute (NMTI) who will then return and train the NPMs at the SMTI.

*In a state where midwifery agenda was moving at a slower pace, we strategically employed the advocacy Program (MMI) as the foundational element to catalyze the inception of midwifery training Program. This, in turn, generated a snowball effect, prompting the state to actively seek budgetary allocations for the establishment of the next State Midwifery Training Institute (SMTI).*







## Prescription for Play – Investing in Early Childhood Development

The 'Countdown to 2030' global distribution of 'children at risk of poor development' indicates the need for urgent action and investment in Early Childhood Development (ECD). Nurturing care enhances ECD, even in adversities. The 'quality of early years' settings impacts children's development. Development of children and provision for extra-familial care of young children is considered as an essential area of interest in the national planning process in India. Prescription for Play (P4P) is a relatively new concept in India. To understand the feasibility of the concept, a 7-months pilot program was implemented in one block each of Palwal district in Haryana and Barmer district of Rajasthan. The goal of the pilot was to assess the feasibility & compliance among parents on play based behaviour change communication and to assess the feasibility of introducing play-based interventions within the existing framework of Integrated Child Development Scheme (ICDS). Based on the learnings of the pilot, a more comprehensive project is being implemented in 3 blocks each of Palwal and Faridabad districts of Haryana and Balotra district of Rajasthan.



The implementation of this entire projected is routed within the existing ICDS under WCD department of the State Government to ensure sustainability of the interventions. The ultimate objective of the project is to promote importance of play as well as responsive caregiving. Special activity Kits have been designed for the caregivers of children aged 18-36 months that can guide them on how to engage child in playful activities, with the focus on holistic development. Additionally, monthly sessions are given to the caregivers of the above mentioned age-group with the help of Anganwadi workers, highlighting various types of developments happening in the child and importance of play as well as responsive caregiving in that. The project is supported by the system in all the intervention areas with the target of reaching 30000 caregivers of children aged 18-36 months.





## Millets – an Intrinsic Part of Nutrition Initiatives

Food and Agriculture Organisation (FAO) has declared 2023 as the International Year of the Millets on the request of India. This has brought millets back to the dining tables across the world. India, however, has a long history of using millets as major food source. Taking a cue from this tradition Mamta is strengthening its nutrition initiatives by integrating millets in the mix of food choices.



One of such intervention is the **Bowl of Growth** which is designed to provide Fortified Multigrain & Millet based Supplementation to Address Malnutrition in 3-5 years old children in Rural Communities in Maharashtra. To combat child malnutrition, the State of Maharashtra has implemented the Rajmata Jijau Health and Nutrition Mission under the flagship of Department of Women and Child Development. This mission focuses on the critical first 1000 days from conception to 2 years of age and aims to address severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) in children. As of now, there is no specific program to tackle mild acute malnutrition in children under-five.

Recognizing this gap, the Mamta Health Institute for Mother and Child, has initiated the project in Mawal and Mulshi blocks of Pune district. This program focuses on three pillars- early identification and Nutritional supplementation with fortified

multigrain and millet-based Panjiri for identified children, structured, focused nutrition education intervention Awareness and Education, for parents/ caregivers of identified children.

The primary goal is to assess the impact of this nutritional intervention on the growth of children. By addressing the existing gap in programs targeting mild acute malnutrition, the project aims to contribute significantly to the broader mission of improving child nutrition in rural Maharashtra.



Another intervention worth mentioning here is a campaign named **MILLIE (Millet Intake Education Campaign)** under **Project Jagriti** to improve the uptake of millets among adults for 2 months in 15 districts of India. The campaign was designed to impart messages through four different approaches such as recipe demonstration of the millet-based recipes by the nutritionist/dietician, showcasing nukkad natak or roadshows, conducting stakeholder meetings on improving millets use in villages in various forms and promoting their growth and cultivation, sending SMS and 2 to 3-minutes phone calls to beneficiaries. At the end of the sessions or plays, five questions were asked and those answered correctly were rewarded with the packets of millets consisting of jowar, bajra and ragi to motivate them to increase the consumption of millets.





## Fostering Dietary Diversity Through Nutri-Gardens

Under Project *Jagriti*, we conducted *MUNNI (Micronutrient Uptake and Nutrition Increment)* campaign to improve dietary diversity among women of reproductive age group (15-49 years) through promoting nutri-garden and health education in 11 districts of India. The campaign encompassed four different approaches, primarily training beneficiaries on nutri-gardens, distributing seasonal seeds to the beneficiaries (12 types of seeds), and conducting educational role plays and video shows. Later, the yield of the fruits and vegetables grown in the nutri-garden was obtained and recorded in a monitoring format for 3 months after sowing seeds. The effectiveness of the campaign was assessed by comparing the dietary diversity among mothers and girls who grew or did not grow nutri-garden. We observed a difference of 3% in percentage of girls who had a dietary diversity score of  $\geq 5$  between those who grew and those who did not grow nutri-garden.



## Effectiveness of Double Fortified Salt in Improving Iron Biomarkers

Mamta conducted its first double-blind Randomized Control Trial to assess the effectiveness of double fortified salt in improving iron biomarkers and hemoglobin concentration with nearly 600 adolescent girls (15-19 years) in 27 villages of the *Chandauli* district. The baseline assessment was conducted at the field-level before starting the intervention. The 6-months intervention includes hemoglobin testing, venous sample collection and enrollment of anemic adolescent girls in the study. We supplied at least 2 kg of salt (double fortified or iodized salt) to every household at the start of the month until 4.5-5.0 months. The samples were tested in the labs of Banaras Hindu University (BHU).

Behaviour change intervention includes six structured nutrition education session along with community-based activities such as showcasing videos and role plays. Subsequently, during the endline assessment of iron markers and hemoglobin levels, it was found that consistent consumption of double fortified salt significantly improved serum iron levels compared to iodized salt when consumed continuously for at least 5 months ( $p < 0.05$ ), along with positive impacts on various other iron markers over an extended duration.



## Care Companion Program

Care Companion Program 'for empowering & educating the people (Caregivers) to be agents of their own health & wellbeing' is being implemented in the state of Himachal Pradesh. The main aim of the project is to engage patient's/mother's family members from ANC, PNC & SNCU by training them in basic skills that have the highest impact for improving a patient's recovery. The project is being implemented in 21 high load delivery points including Medical Colleges, District hospitals, Civil hospitals and Community Health Centres (CHCs). To ensure sustainability, the program is utilizing the health department's existing infrastructure and staff to engage with the patients and their family members who approach the facilities to seek health services.

Many creative approaches have been introduced in different facilities to improve the outreach and

performance of the project. These include Inclusion of Department of Community Medicine at a few medical colleges to distribute the workload of the nurses, formation of committees in various facilities to monitor the project performance within the facilities, training of all staff nurses to ensure proper knowledge dissemination and training of MCH wing staff including Health Supervisors and Female health workers to ensure that pregnant women coming for ANC visits are also catered to via sessions and organising session during Pradhan Mantri Surakshit Matritva Abhiyan Day celebrations. In addition to these interventions, High Risk Pregnancy Information Boards have also been installed in all the health facilities after discussion with the officials from the State Government & various health facilities.



# Adolescent/Youth and SRHR

## *Strengthening the Demographic Dividend*

Mamta has been the pioneer in promoting health and development of adolescent and young people (AYA) from gender and rights perspective in the country. The institutional work initiated way-back in the 2000 on SRHR areas such as child marriage and adolescent pregnancy, men engagement, HIV/AIDS, sexuality education in schools, etc. The learning and exchange on these areas was defined by our partnership with international institutions like SIDA, European Union, McArthur, Promundo, International Centre for Research on Women, Lund University, Sweden, Karolinska University, Sweden and NIGH, the University of Melbourne. Embracing newer theories of transformational development and life-cycle approaches, **Mamta extended its focus on the integration of evidence-based, peer-led approaches and Youth Friendly Health Approaches within the health systems framework in the subsequent years.**

In the last two years, **Mamta has made concerted efforts to establish Centre of Excellence in Adolescent Health in India and facilitating implementation of Rashtriya Kishor Swasthya Karyakram (RKSK)** through a GO-NGO (Government-Non-Government) partnership in different states.

**A novel initiative of Mamta in the domain of adolescent mental health is the strategic implementation of the WHO wellbeing QOL-5 and General Health Questionnaire-12 to screen and link adolescent to care and treatment for anxiety and depression among adolescents in rural and urban settings.** The overarching goal of this initiative is to fortify the mental health component within various national adolescent health programs throughout the country, emphasizing a comprehensive and proactive approach to address the mental well-being of the AYAs.

**The initiation of a school-based adolescent health survey under the auspices of the state government of Himachal Pradesh is a significant cornerstone of the institutions' commitment to adolescent health and wellbeing.** As a state deeply dedicated to advancing adolescent health, this survey holds immense promise as it lays the groundwork for evidence-based policymaking. The data garnered from the survey will provide insights into the health status and needs of adolescents in Himachal Pradesh and will empower policymakers to strategically allocate resources within the framework of the School Health and Wellness Program (SHWP) initiated by the Government of India.

Furthermore, **Mamta has initiated a pivotal partnership with the state government to launch a flagship program aligned with the Sustainable Development Goal (SDG) target 3.6.** This ambitious program is hinged on raising awareness among school children to prevent road traffic injuries while actively promoting road safety. This partnership underscores our commitment to not only local but also global health priorities, showcasing our institution's dedication to making a tangible impact on critical public health issues.

**The institutional commitment to collaborative efforts extends beyond boundaries, as evidenced by the institution's active engagement with medical colleges and academic institutions in the country and abroad.** By forging partnerships and alliances, we have created a network that supports and enhances adolescent health initiatives. Mamta's visionary leadership has further expanded our reach globally, with noteworthy South-South collaboration that specifically targets the critical issue of child marriage. **Another significant milestone in this effort has been the recognition of Executive Director of Mamta as advisor to the Global Action for Measurement of Adolescent Health (GAMA) in the World Health Organization (WHO).** Through this collaboration, we have actively contributed to shaping global indicators for adolescent health and well-being.



## Improved Uptake of Modern Contraceptive Methods in Young and Low Parity Couples

Family Planning (FP) has always been seen as a low priority item in the health domain. In the project “Accelerating efforts for improved uptake of modern contraceptive methods for spacing in young and low parity couples in Uttar Pradesh”

we set out to unblock this challenge by ensuring commitment from the topmost stakeholders. We were able to build support with top level Ministerial and Bureaucratic leadership by constant evidence based engagement and this provided the impetus that the program needed. We steadily brought the FP program team on board and also ensured interactions with other related program teams like maternal health, child health, Quality Assurance, adolescent health etc. We also facilitated Interactions with academicians & International experts for information exchange on FP to be abreast with the global issues and solutions.

We persistently advocated for better Monitoring and review processes in the State which led to State led meetings with the State program team to understand the gaps and needs of the State. We were requested from the State to share easy to use monthly factsheets and these are shared with all the districts on a monthly basis in the form of a letter from MD-NHM UP. We also advocated with the State to conduct State Quality



Assurance (SQAC) meeting after a gap of 5 years. We played an important role in Institutionalization of FP Program reviews which led to reviews at different levels. (State/Regional/Divisional/ District). This also led to more decentralized understanding of the issues. We led and facilitated regular Partner interactions to build a strong alliance at the state level for advocating common issues leading to strong state level FP Collective. The State of UP innovated with FP specific Initiatives like Khushaal Parivar Diwas (21st of every month), Antaraal Diwas (observed on Wednesday every week), Mr. Smart Sammelan, Saas Beta Bahu Sammelan etc. World contraception day has been celebrated every year by the state & districts for the past 5 years despite the event not being in the official list of NHM days to be celebrated.





## Changing Social Norms Through Gender Transformative Approaches

In a concerted effort to combat the deeply ingrained challenges of child and early marriage, Mamta has focussed on a transformative initiative, with a particular emphasis on dismantling biased gender and cultural norms that act as formidable obstacles to empower girls and building their agency. The initiative, unfolds in three strategic phases, each designed to empower girls and boys, enabling them to make informed decisions.



The initial phase, implemented in Madhya Pradesh and Rajasthan, engaged 1,840 girls and 811 boys through the creation of community safe spaces known as “Swabhiman Kendra – Social Lab for transforming norms.” Introducing innovative Gender Transformative Approach (GTA) tools such as “Snakes-and-Ladders” and “Gender Tree,” stakeholders found effective ways to dismantle biased norms, including early marriage, early pregnancy, and school dropout. Breakthrough plays, such as forming girls’ cricket and football teams, shattered mobility norms, enhancing the visibility and participation of girls. The application of these tools and plays empowered adolescent groups, fostering informed decision-making, negotiation skills, and agency, notably reflected in increased girls’ enrolment in school, vocational course linkages, and workplace engagement. The community’s active involvement played a pivotal role in normalizing these positive changes, laying the groundwork for lasting transformation.

Integrating the learning of first phase, the second phase empowered 470 frontline functionaries in the National Adolescent Health Program. Comprehensive



training for health workers, teachers, and community members created a robust ecosystem to prevent child marriages, impacting 22,149 adolescents, 44,200 parents, and indirectly influencing around 1.2 lakh people. This phase demonstrated the effectiveness of improved self-efficacy of functionaries, showcasing increased engagements with adolescents and enhanced self-efficacy in addressing normative structural inequalities.

The concluding phase, in Rajsamand, concentrated on digital literacy. This ground breaking element impacted 400 frontline functionaries and 10,000 women and adolescents, integrating digital skills for empowerment, informed decision-making, and improved access to vital information on education, employment, and reproductive health. Seamlessly



linking with prior phases, the digital literacy component ensured the project’s sustainability and scalability in the ever-evolving technological landscape. The success of this integrated approach, rooted in Gender Transformative Approach, can now be seamlessly integrated into the government system, ensuring a low-cost transition to frontline workers. This innovative model has empowered women and young girls to access services previously beyond reach, fostering more equitable societies.



## Addressing Sexual Violence and Improving Health Rights

Project SAWERA designed in the ecological model, applies Gender Transformative Approach (GTA) to address sexual violence and to improve the health rights of the young people in the age group of 15–24 years.

The Project is being implemented in 15 Gram Panchayats of Balha Block of Bahraich district in Uttar Pradesh & 5 wards of Jaipur district in Rajasthan.

The strategies adopted by the project has proved to be really effective as in terms of both being sustainable and scalable:



**Transforming archaic social gender norms** through awareness generation amongst adolescents (aged 15 to 24) and their parents at the grass-root levels with time facilitated practice of gender equitable norms within the families. This led to end gender based discrimination within the family setup and shaped up a supportive environment. The changed canvas built the confidence of the members to break the silence and report sexual violence cases, contributing in more reporting with the service providers.

**Engaging** the community and **strengthening** the system level stakeholders through sensitization meetings helped to increase their capacity to recognize and address sexual violence enabling stronger support systems. Their responsible and active participation accelerated grass root innovations to tackle violence in the communities. The Village Health and Social Justice Committees acknowledged the intervention efforts and started helping and bringing the GBV issue in prominence at all local forums and meetings.

**Integrating** the different departments and key stakeholders, such as CBOs, law enforcers, police, teachers and health officials with the community, strengthened and leveraged the linkage and referral process which increased case flows at the OSC over the period. This contributed towards a change within the system of being more inclusive and collaborative. The shared responsibility eventually steered up a firm commitment from the system to be more adaptive, provide adequate and required support to the violence survivors.



### Jaspreet Singh (Ward 139, Jaipur)

'I did the painting so that the people of my community can recognize violence against girls and women and raise their voice against the atrocities with them. The girls and boys of my community will be affected and will understand that someone is standing in their support. The boys would learn that they should respect girls and raise their voice against the atrocities happening and stop violence.'







## Rashtriya Kishor Swasthya Karyakram (RKSK) Peer Educator Mobile Application

A collaborative effort of Department of Adolescent Health, MoHFW and Mamta

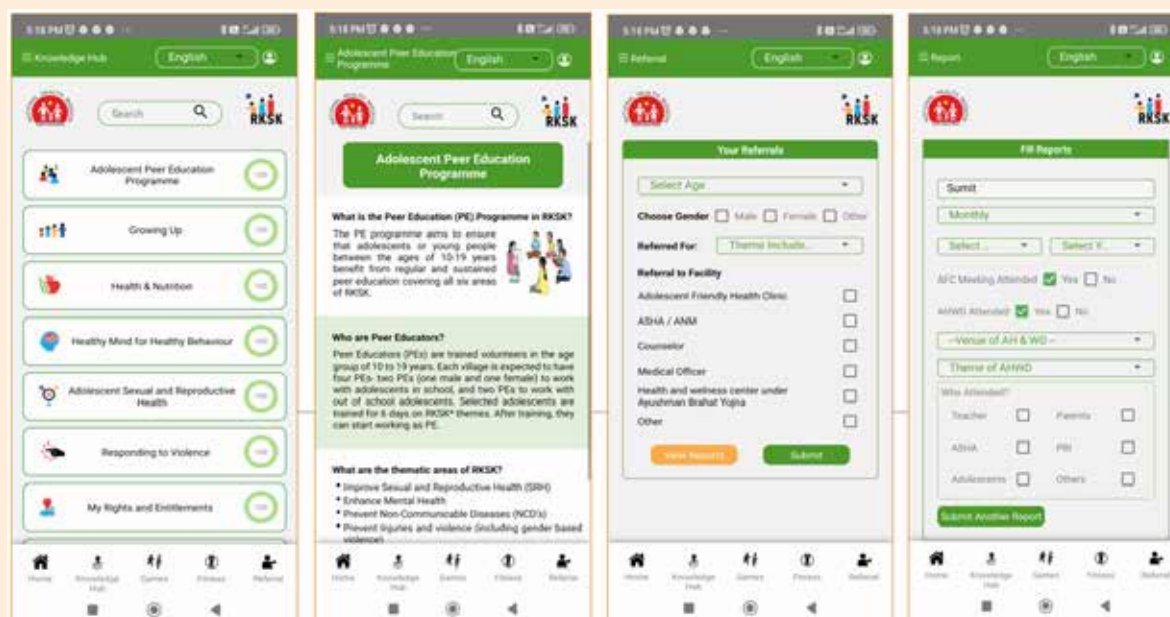
**Introduction to the RKSK Program of Government of India:** The Rashtriya Kishor Swasthya Karyakram (RKSK) Peer Educator Program is a dynamic initiative of Government of India, designed to engage and educate adolescents in communities. Through the Peer Education (PE) Program under RKSK, selected Peer Educators ensure that adolescents receive consistent and meaningful peer education. This approach aims not only to reach school-going adolescents but also out-of-school adolescents.

**RKSK Program Structure:** Under the PE Program, four peer educators, comprising two boys and two girls, are selected for every village, 1000 population, or Accredited Social Health Activist (ASHA) habitation. These peer educators form groups of 15-20 boys or girls from their community, conducting weekly participatory sessions. Their primary focus is to sensitize adolescents about their health, disseminate information on available adolescent-friendly health services, and foster a sense of community well-being. Additionally, the peer educators facilitate quarterly Adolescent Health and Wellness Days (AHDW) and actively participate in Adolescent Friendly Club (AFC) meetings.

### *An overview of the Application*

**Innovation through Technology:** The RKSK Peer Educator Mobile Application was developed in Hindi and English. This application offers modules covering various themes, including Adolescent Peer Education Program, Growing Up, Health & Nutrition, Healthy Mind for Healthy Behavior, Adolescent Sexual and Reproductive Health, Responding to Violence, My Rights and Entitlements, Health and Environment, Social Media and Internet Use, and COVID-19. The application is equipped with interactive features such as games, quizzes, and certification, making the learning experience engaging and enjoyable. It provides valuable information about national helplines, a seamless system for submitting weekly and monthly reports, and a referral system.

In 2021, the application was Rolled-out in Uttar Pradesh (5 districts) and the Evaluation study findings shared with MoHFW. In 2022, MoHFW adopted the application and conducted roll-out consultation in 10 states. Finally, in 2023, it was rolled-out in 4 states and the data was presented at the G-20 Co-branded Event on Health and Well-being of Adolescents and Youth organized by Ministry of Health and Family Welfare in collaboration with Partnership for Maternal, Newborn, Child Health (PMNCH). The application is entering into next phase of roll-out in the country.



# Communicable Diseases (CD)

## *From Prevention to Preparedness*

Communicable diseases such as tuberculosis, malaria, dengue, chikungunya, and hepatitis have high disease burden. These diseases contribute significantly to morbidity and mortality in the country. Mamta has been managing interventions that promote high-quality access to care, prevention and support treatment services and over the years has achieved the status as a leading technical support provider.

Our strategy to achieve the desired impact revolves around the following key areas viz. **Establish robust surveillance systems; Use modern data analytics and modeling techniques; Develop and implement vaccination programs to ensure high vaccination coverage rates; Address vaccine hesitancy; Implement vector control programs to mitigate diseases transmitted by vectors; Raise public awareness about vector-borne diseases and protective measures; Conduct public health campaigns; Provide ongoing training and education to healthcare workers.**



### Championing the Cause of Awareness and Support on TB

Mamta is implementing Global Fund project named Unite to ACT in 30 districts of 3 states namely Gujarat, Madhya Pradesh and Rajasthan. Project is technically and financially supported by REACH as Sub recipient and FIND India as Principal recipient.

Project aimed at building capacities of TB survivors and engage these TB champions in providing support to People with TB (PWTB).

Mamta in coordination with State and District NTEP, trained 557 TB champions in 30 districts and 354 TB champions were engaged in 6 months' mentorship

program where these TB champions reached out to 33904 PWTB and provided them patient centric services with an aim to maintain drug adherence which resulted into successful treatment outcome.

In second intervention, Mamta developed 60 Support Hub in 3 states where TB champions were placed at facility and provided patient centric services including psycho social support. In addition to it, TB champions also conducted home visit of the PWTB and conducted community awareness meeting in community for reducing stigma and discrimination and making community aware about TB.





## Dettol School Hygiene Education Program

Dettol Banega Swasth India, Reckitt's flagship social initiative, has been championing the cause of hygiene and sanitation in India since 2014. Experiencing the expeditious impact on children's behaviour, its primary target is Children of 5 to 15 years of age under formal setups with a focus on the School Hygiene Education Program that lays emphasis on hand hygiene.



The Dettol School Hygiene Education Program seeks to drive behaviour change through a multifaceted approach, which targets schools and the community at large. It also aims to build teacher capacities in understanding and imparting a curriculum that builds students' critical thinking, decision making and analytical skills, in the most experiential and interactive way.



Major interventions introduced under the Program are:

- **Hygiene Curriculum:** To impart WASH related messages with the help of Student's Workbook and Teacher Curriculum Manual.
- **Hygiene Corner:** A dedicated corner to teach WASH practices using science based messages, etc.
- **Adoption of Games and Experiential Learning Methods:** Gamification helps to make learning fun and day-to-day application leads to experimentation of the lessons learnt at home and in school.
- **Distribution of Hygiene Kits:** Access to soaps and sanitizers.
- **Soap Banks:** Soap kept near toilets and wash basins for use before and after meals or after using the toilet.
- **Folk music & puppet show:** Engage students and convey hygiene message through music and art
- **Wall Painting:** Wall painting on proper handwashing steps in schools
- **Child Parliament:** Elected students identify and prioritize WASH related issues in the schools

Mamta recently launched the "Banega Swasth India Campaign" signifying a commitment to improving hygiene practices initially in 600 Government Schools of 6 districts namely **Jaipur, Kota, Bharatpur, Jodhpur, Udaipur & Bikaner**





## COVID Response



### Transformative Healthcare: Tele-ICU Hub and Spoke Model in Uttar Pradesh

In Uttar Pradesh, the persistent challenges faced by healthcare facilities are exacerbated by lack of skilled human resource and specialized doctors. This critical deficit hampers the state's ability to provide advanced healthcare facilities across all medical colleges. Recognizing this issue, Mamta, in visionary collaboration with Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGI) in Lucknow and Power Grid Corporation, has facilitated a transformative Tele-ICU Hub and Spoke Model. Inaugurated by the hon'ble Chief minister in December 2020, this innovative solution aims to strategically address the existing gaps in healthcare accessibility. The model comprises a 100-bedded network, featuring a 30-bedded ICU hub at SGPGI and spokes with 70 ICU beds at six old

medical colleges. Leveraging advanced technologies, the initiative transcends geographical constraints, and noteworthy progress includes the successful setup completion in the network medical colleges. Driven by the belief that advanced clinical care should not be bound by distance or resource limitations, the project is resiliently addressing challenges during implementation. Looking forward, the team envisions the successful implementation of specialized medical care in network hospitals, setting the stage for potential replication and scalability globally. This initiative not only marks a paradigm shift in healthcare accessibility but also serves as a proactive response to the critical shortage of skilled healthcare professionals in the state.



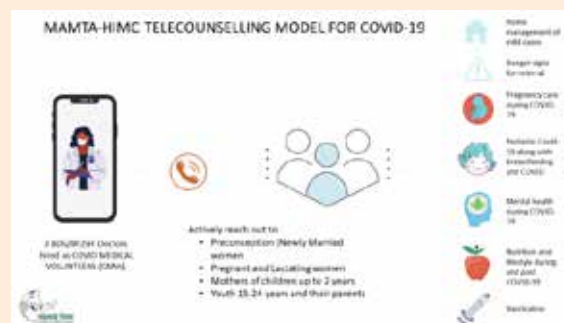
### Tele counselling: Bahraich, Palwal

During the Covid-19 wave, it was apparent that there was a lack of health care services. Though moderate to severe and severe cases were getting hospitalized, mild cases were not being provided adequate consultation and support for home management. MoHFW had released number of guidelines but the dissemination from a reliable source was lacking.

There was an acute shortage of medical human resource and a need for covid-19 patients to reach out regularly with simple queries pertaining to on-going treatment. Since AIIMS and ICMR had released an algorithm on management, this was utilized for ramping up the human resources by training allied medical services personnel. BDS and AYUSH doctors were recruited and trained on:

- Covid-19 disease overview
- Home management of mild cases
- Danger signs for referral
- Managing co-morbidities amidst Pandemic
- Pregnancy care during COVID 19
- COVID-19 and Pediatric care
- Nutrition and lifestyle during COVID-19
- Vaccination and COVID-19
- Mental health during COVID-19

We reached **8316** Beneficiaries (direct and indirect) through teleservices by making about **4811** calls. During the call the most common themes discussed self-care, Home-care, Elderly care, and community-based testing protocols.





### Support to Health Facilities: Panipat, Palwal, Lucknow, Shravasti, Delhi

As part of COVID-19 Response Initiative in Rural India, our team supported the health facility and their staff by providing them COVID 19 management equipment & relief material. Meetings with the CMO in Palwal, Panipat, Bahraich, Lucknow, and Shravasti were conducted to discuss on the project related activities.

District hospitals were supported with supply of safety equipment's which included mask, gloves, sanitizer, face shields. It also included supply of treatment related equipment's such as oxygen concentrator, oxygen cylinder, electric suction snit, infra-red

thermometer, pulse-oximeter for uninterrupted treatment and fast recovery of the marginalized and vulnerable population during COVID-19 times. The number was decided based on the demand by authorities and best available budget.

Additionally, ART & CSC staff received a 2-day online training in 4 batches through experts who had extensive experience in their respective fields. Since it was online training, along with ART and CSC staff, other personnel in Mamta were invited and around 579 (ART, CSC & Mamta staff) participants attended the online training in all four batches



### Community Engagement in Response to Emerging COVID-19 Priorities

A 18 months 'Gender Integrated COVID-19 Response' was implemented in 25 districts across 6 States with focus on three areas as strengthening prevention and response to Gender Based Violence, Enhancing capacities at sub district health facilities on emergency response to COVID with mild and moderate respiratory illness and enhancing health seeking for mental health among the front line health care providers.

Mamta was the technical agency on strengthening systems for prevention and response to gender based violence. A training resource pool was created across the two key departments of health and the women and child development with 796 Sector Supervisors from Department of Social Welfare (Women and Child Development) and 1007 district and block level staff from health department were trained as master trainers on strengthening GBV prevention and response. Project reached out with participatory assessment and supportive supervision to twelve Sakhi-One Stop Centres and provided refresher trainings to 105 OSC staff, serving GBV survivors, in different capacities. Besides training on Protection of Women from Domestic Violence Act 2005 was conducted for 257 Protection Officers and OSC staff in partnership with District Legal Services Authority (DLSA). Health

facility being a key entry point for the survivors of GBV, a total of 191 Medical officers, doctors and 187 staff nurses were trained with focus on forensic evidence collection in medico legal cases of sexual violence. The trainings were further cascaded down to the cadre of community health officer (CHOs) and ANMs/RHOs in two states covering 1927 staffs (418 CHOs and 1509 ANMs /RHOs). A major achievement has been the training of the frontline cadre, the community health workers. A total of 22355 Anganwadi workers and 12988 ASHAs were trained, covering over 90% of the existing CHWs in the intervention districts.

In addition, volunteers were identified, trained and mentored as community gender champions to support efforts for gender equitable society and strengthen linkages and referrals for GBV survivors. A total of 2477 youth volunteers (1350 women and 1127 men) and 1642 men for engaging men as partners were enlisted and trained. Community women were engaged through 3030 self-help groups and other community sensitization meetings. Similarly, 171 members of panchayati raj in the selected villages were oriented.

The project efforts showed a significant increase in knowledge and attitude of the participants and increase in reported cases at the Sakhi One Stop Centres.



## Equitable Access to Covid-19 Vaccines

Mamta, formulated a strategy to enhance equitable and unbiased availability of COVID-19 vaccination in 6 districts of Punjab. In March 2023, regular immunization was included as a part of the third phase of interventions in the Union territory of Chandigarh.

To enhance community mobilization and accelerate the immunization process, crucial associations were established. The Indian Medical Association (IMA) and the Federation of Obstetric and Gynaecological Societies of India (FOGSI) assisted in targeting pregnant or breastfeeding women who were hesitant to receive vaccinations. Religious communities were aided by faith-based organizations in curbing the dissemination of misinformation and facilitating access to immunizations. The decision was made to involve PRI and MAS instead of contacting individuals who are susceptible, such as the elderly and those with multiple ailments. Additionally, a civil society organization that focuses on high-risk and vulnerable populations was enlisted to help reach out to individuals with special needs, drug users, and those who identify as LGBTQI.



The outreach plan encompassed the utilization of videos via WhatsApp to engage the community through ASHAs and MAS members. Additionally, it involved the implementation of Nukad natak at both the community level and schools, as well as health camps that provided free transportation for the vulnerable population. Furthermore, messaging was disseminated through selfie points in colleges and schools, along with the use of helium balloons. Local vaccination unit vehicles were utilized to administer vaccinations in remote and inaccessible regions with the assistance of support.

The intervention successfully reached a total of 118,835 individuals through effective messaging and gave a total of 637,906 vaccination doses across six districts in Punjab.



# Non-Communicable Diseases (NCD)

## *Decreasing the Burden of Disease*

According to WHO, the NCDs are collectively responsible for more than 74 percent of all deaths worldwide while for India this accounts for 63%: cardiovascular diseases (CVD) leading to 27% overall mortality followed by chronic respiratory diseases (11%), cancers (9%), diabetes (3%) and others (13%). CVD is responsible for 13.6% of total DALYs in India. CVD epidemic in Indians is characterized by a higher relative risk burden, earlier age at onset, higher case fatality and premature deaths.

Mamta has designed and implemented integrated-intervention models that are aligned to existing global and national health and development strategic plans. It is committed to the global target of reducing NCDs by 25 percent by 2025 and continues to support interventions implemented by national and state governments.

Non-communicable diseases (NCDs) have four behavioural risk factors: an unhealthy diet, a lack of physical activity, and the use of tobacco and alcohol and requires a comprehensive and multi-pronged approach that involves various sectors of society. Infrastructure support plays a crucial role in creating an environment that promotes health, prevents NCDs, and ensures effective management. Continuing with its Continuum of Care approach in all its intervention strategies, NCDs have been included within these integrated intervention models.

Prevention and management of NCDs depend on addressing the focus areas such as **Promote healthy lifestyles and behaviors; Encourage individuals to adopt healthy diets, engage in regular physical activity, reduce tobacco and alcohol consumption, and manage stress; Ensure equitable access to healthcare services; Expand healthcare infrastructure and facilities to provide diagnosis and treatment for NCDs; Strengthen primary healthcare facilities; Train healthcare providers to manage NCDs; Establish robust data collection and surveillance systems to monitor the prevalence and trends of NCDs. Integrate NCD care into the existing healthcare system to provide comprehensive and continuous care for patients; Collaborate with private sector organizations and civil society.**





## Promoting Positive Mental Health Among Adolescents through Awareness, Counselling and Referral Approach

Mamta has implemented community-level mental health intervention (developed during the phase 1 of the Project) among adolescents in two districts of Uttar Pradesh using the existing peer-led service delivery model under the Rashtriya Kishor Swasthya Karyakram (RKSK). The project's focus was also on improving the knowledge of parents, teachers, health care workers (ASHAs, ANMs & MOs) on mental health challenges among adolescents along with the primary beneficiaries i.e. The Adolescents. To bring a more scientific calibration to the approach, to mental health screening tools recommended by WHO (GHQ12&WHO5) was introduced in the later phases of the project.



The purpose of this project was to demonstrate the use of the existing peer-led model for addressing psychosocial wellbeing of adolescents in the age group of 15-19. In the Phase I (2019-20) of the project, Mamta worked on the way to the development of a comprehensive package for addressing the psychosocial well-being of adolescents (15-19 years). The package was being implemented in a pilot form in low resource settings using a peer-led model in



urban and rural environment. This package was formulated considering the lack of knowledge and awareness on mental health issues among adolescents and their parents, the stigma associated with mental health and reluctance in health-seeking behaviour for mental health issues. In phase 2 (2021-23), the project was implemented at two districts of Uttar Pradesh-Sitapur (Mishrikh Block covering 17 villages) and Lakhimpur Kheri (Behjam Block, covering 8 villages). In this phase, the comprehensive package developed in the phase-1 was implemented in real contexts. The program successfully catered to 1345 adolescents (7 touch points) through peer-led group sessions and Mental Health Well-being screening through GHQ12 tool as recommended by WHO. The learnings and the acquired insights from Phase 1 was integrated in the Phase 2 of the project. As a part of system strengthening, Medical Officers, ANMs and nursing staff along with parents and teachers were also included in Phase 2 of the project.

Through peer-led learning sessions, this initiative was able to bring sustained understanding on common mental health issues amongst adolescents and their ecosystem.





## Improving Mental Well-being and Resilience

Mamta has embarked on a new concept of addressing the mental health component, a step towards achieving SDG Target 3.4 by integrating mental health into the RMNCH+A GOI framework, aimed towards early identification and prompt referral processes. The focus on the enhancement of mental health knowledge through social behavioural communication change (SBCC) among adolescents and young married individuals has brought about notable and impactful changes.

Our mental health project was successfully implemented in the low resource setting geographies and reached over **98470** individuals and successfully screened more than **77%** of individuals, resulting in **6%** of individuals reporting common mental health challenges and nearly **3%** of individuals being referred to a higher facility for further care, treatment and services.

The **Peer-Led approach** has been shown an effective strategy in the improvement of knowledge on mental health and addressing the issues among peers. This platform indicates a positive shift in the knowledge, understanding or performance, suggesting one of the effective approaches of conducting BCC (Behavior Change Communication) sessions in enhancing knowledge during the specified period. A total of **1265** Peer leaders trained in the project tenure which helped in reducing stigma surrounding sensitive topics like mental health and making interventions more sustainable towards the community.



Establishing the **Gender Resource Centre** has been an impactful strategy which provided an opportunity for Adolescents and young women who preferred to discuss personal and health-related issues with their peers outside their households in a safe space like GRC so that addressing their issues while maintaining confidentiality.

By crafting the narrative, it has been observed that these above-mentioned strategies had been effective in achievements and played a significant role in improving mental health.



# System Strengthening

## *Robust Health Systems Lead to Better Service Delivery*

For many years, Mamta has been involved in Health System Strengthening (HSS), an initiative aimed at enhancing the overall effectiveness and capability of healthcare facilities to address the public's health requirements. Among our many services is the evaluation of public health institutions' physical infrastructure, medical equipment, and health information systems to ensure they are up-to-date and adequately maintained. Community Engagement, which prioritizes teamwork and cooperation with local communities and other stakeholders, is one of our areas of strength when it comes to enhancing health systems.

As part of this effort, members of the community are involved in healthcare decision-making, planning, and health promotion and education. Our efforts to strengthen the health system have also placed a heavy emphasis on human resources, particularly on the training and education of healthcare workers (doctors, nurses, and support personnel) and their ongoing professional development. Improving information systems within public health institutions is another crucial part of our efforts to strengthen the health system, along with community engagement and human resource development.

Our goal is to improve healthcare decision-making and results by establishing dependable information systems that will improve data collecting, processing, and reporting. To further simplify operations and increase accessibility to healthcare services for beneficiaries and providers alike, we put emphasis on integrating digital solutions and technology. We have always put emphasis on continuous quality improvement. We are a firm believer in using methods that have been proven effective. Quality Monitoring and Evaluation of Healthcare Services and Research and Innovation are two areas where we are stepping up our efforts.





## A Holistic Approach to Early Childhood Development

India faces a critical challenge of childhood malnutrition, contributing to high mortality rates and hindering physical and cognitive development. Nearly every third child in India is under-nourished – underweight (32.1 percent) or stunted (35.5 percent) and 19.3 percent of children under five years are wasted as per NFHS-5, 2019-21.

Despite large number of government schemes and Programs for children like the Integrated Child Development Scheme (ICDS), challenges persist, including infrastructural issues and awareness gaps.

supervision.

In collaboration with Anil Aggarwal Foundation, Mamta facilitates operations at 2374 Nand Ghars spread across Rajasthan, Himachal Pradesh, Uttar Pradesh, Punjab, Gujarat, Haryana and Uttarakhand.

This partnership, working towards strengthening community ownership, addressing health, malnutrition, sanitation, and hygiene issues, along with skill development and economic empowerment, has demonstrated significant progress, positively affecting child health, nutrition, and early education.



*Happy to be at Nand Ghar!*

Nand Ghar project, an Anil Aggarwal Foundation initiative partnered with the Ministry of Women and Child Development, stands as a testament to the power of collaborative community engagement. Nand Ghar is not merely a project but a model for transformative change. It showcases tangible outcomes and achievements that extend beyond statistics, illustrating the impact not only on child health, nutrition, and early education, but also stands as a beacon for women empowerment, skill training, community linkage to government schemes and awareness generation, and functioning as the resource centres. A key pillar of Nand Ghar's success is the active involvement of stakeholders and a robust Corporate Social Responsibility (CSR) model characterised by meticulous monitoring and

The improvements in sanitation, water facilities, skill training, and community engagement make it a transformative initiative for the well-being and development of rural children and women in India.

Nandghar project is a strategic intervention to enhance the effectiveness of existing schemes and foster holistic community development.





## e-learning Platform for Medical Officers on RKSK in State of Himachal Pradesh

The state of Himachal Pradesh has taken a novel initiative to introduce RKSK e-learning digital platform for medical officers. The main aim to develop is to improve knowledge and enhance capacities of medical officers on existing modules under RKSK and evaluate the shifts in knowledge.

Mamta Health Institute for Mother and Child received a request was from the State Health Mission of Himachal Pradesh (aligned with Ministry of Health and Family Welfare, New Delhi) to develop an e-learning platform. The request was to create an e-learning platform aimed at enhancing the knowledge and capacities of Medical Officers participating in the national Adolescent Health Program, Rashtriya Kishor Swasthya Karyakram (RKSK).

The goal is to pilot the e-modules and platform, evaluating changes in knowledge and skills, as well as assessing user-friendliness. This initiative falls under the WHO's Technical Assistance Mechanism, with both Mamta and Pathfinder International/India serving as partner organizations to develop the platform. These partner institutions have a substantial

presence in India, bringing expertise in Adolescent and Youth Sexual and Reproductive Health (AYSRH), training, and various aspects of digital health. Mamta serves as the coordinating entity for this Technical Assistance Program.

The e-learning platform breaks geographical barriers, providing Medical Officers in remote areas of Himachal Pradesh with access to high-quality training modules. It ensures that healthcare professionals across the state, even in the most distant locations, have equitable access to standardized and up-to-date information on adolescent friendly health approaches. Another advantage of the e-learning platform is that the medical Officers can engage with the training modules at their own pace and convenience, accommodating their busy schedules and allowing for better work-life balance and finally, the elearning platform is scalable and can accommodate large numbers of learners simultaneously, making it efficient for the state governments to train a large workforce in a cost effective way.

**E Learning Platform**  
for Training of Medical Officers on Adolescent Friendly Health Services

**GET STARTED**

**Facilitator's Guide**  
For Training of Medical officers on Adolescent Friendly Health Services

**About us**  
Welcome to eLEARNING

The E-Learning platform for AYSRH module is an important component for Medical Officers, providing convenient access to the latest Adolescent Health guidelines. It serves to enhance the knowledge and capacity of medical professionals by incorporating a training module on Adolescent Health Friendly Centers, from Ministry of Health and Family Welfare. The platform enables Medical Officers to conveniently access educational material at their own pace, facilitating continuous learning.

**Dr. Anjali Chaudhan**  
State Program Officer AYSRH HP



## Ensuring Sustainable Power Supply at Health Facility Through Solarisation

The labor room of the Urban Community Health Center (UCHC) in Lucknow underwent a groundbreaking transformation with the implementation of solarisation. This innovative initiative aimed to harness the abundant solar energy in the region to power essential electrical systems within the labor room, enhancing its functionality and reliability.

The solarisation in all 5 UCHCs involved the installation of solar panels on the roof, converting sunlight into electricity to meet the facility's power needs. This strategic move not only addressed the intermittent power supply issues prevalent in the area but also contributed to a more sustainable and eco-friendly healthcare infrastructure. The solar-powered UCHC labor room in Lucknow exemplified the convergence of healthcare and renewable energy, showcasing a model for other healthcare facilities to emulate. By reducing dependency on conventional grid electricity, the solarisation initiative ensured a consistent and reliable power supply during critical moments, such as childbirth.



This not only improved the overall efficiency of healthcare services but also highlighted the potential of renewable energy in bolstering the resilience of essential infrastructure.

The success of the solarisation project in the labor room not only underscored the importance of sustainable healthcare practices but also set a precedent for future endeavors in merging technology, healthcare, and environmental consciousness. UCHCs have undergone advancements beyond solarisation, embracing cutting-edge technologies to enhance outreach to underserved populations. Noteworthy upgrades include the installation of baby warmers, fetal Dopplers, KMC units, and various medical equipment, fostering increased efficiency in healthcare services at UCHCs.





## The Ripple Effect of Innovation: A Parivartan Model Story

In the serene district of Laksar, nestled within Haridwar, a quiet revolution was underway. The Parivartan model, a beacon of innovation, had breathed new life into the government schools, setting in motion a wave of transformation that rippled through the community.

At the heart of this model lay its simplicity and effectiveness. It was designed to be easy to operate, cost-effective, and readily replicable, earning the acceptance and support of the state education department. This endorsement paved the way for its widespread adoption, signalling a new era for school education in India.

The School Management Committee (SMC) members, once existing but distant figures, found themselves at the forefront of change. The model had succeeded in nurturing a sense of ownership and accountability among them, igniting a collective drive for the school's development. Their newfound dedication became the cornerstone of progress, propelling the school toward a brighter future.

The involvement of adolescents from the community through the formation of youth clubs had a profound impact. These young individuals, brimming with enthusiasm and passion, became staunch advocates for the school's development. Their unwavering commitment elevated their stakeholdership, infusing the community with a sense of shared responsibility for the school's well-being.



The Bal Sansad, a student club, emerged as a powerful force for change. Empowered and guided, the students took on the mantle of maintaining



hygiene practices within the school. Their heightened accountability became a driving force, fostering a culture of cleanliness and responsibility.

The teachers, inspired by the Anandam training, embraced a joyful learning approach in the classroom. Their classrooms became vibrant hubs of curiosity and discovery, where learning was not just a task but a joyous adventure. The impact was palpable, as students eagerly embraced the thrill of learning in this newfound environment.

The school itself underwent a remarkable transformation, with the integration of edutainment through built-in learning aids (BaLA) wall paintings and the installation of swings. The once mundane surroundings were now infused with color and excitement, creating a fun and engaging space for children to learn and thrive.

The ripple effect of these innovative methods was undeniable. Student enrolment surged, and the school echoed with the laughter and chatter of eager learners. Regular attendance became the norm as students revealed in the joy of learning, their thirst for knowledge unquenchable.

The Parivartan model had not only revitalized the educational landscape but had also become a testament to the power of innovation and community-driven change. Its success had set the stage for a new chapter in school education, one where optimal outcomes were not just a vision but a tangible reality.

## Skilling and Livelihood

### *Ensuring health and well-being through livelihood*

Enhancing skills and ensuring livelihood helps the woman to plan and invest in better education and health for herself and as well as her family. Evidence shows that economic empowerment of woman leads to improved gender and health indicators of the community. This is the philosophy behind Mamta's initiatives on skill development and economic empowerment of women.

Women and girls often face lower employability compared to men because of lower educational attainment, limited vocational skills, and reduced decision-making power, limited access to vocational training programs contributes to the low rate of employment of women. **Addressing these challenges requires comprehensive efforts to promote vocational training programs tailored for women and girls, and our initiatives aim to foster economic empowerment, skill development by increasing the knowledge of women and girls about financial literacy, decision-making capacity, soft skills, knowledge about savings-related government schemes, and connecting women and girls with jobs to enhance their livelihoods.** Acknowledging the importance of practical skills, the projects also equip women and girls with the hands-on workshops providing tangible skills for potential employment. This strategic focus on skill development enhances employability and opens avenues for self-employment.





## Empowerment Through Skill Development and Livelihood

Women waste collectors in India, which constitute nearly half of the workforce in this sector, encounter significant health risks associated with their work in landfills and disposal sites, making them more susceptible to infections and respiratory illnesses due to poor working conditions. Beyond their health issues, the women waste pickers also lack financial literacy knowledge, life skills, and awareness about hygiene and health. Dhridhta is designed to empower these women and girls socially and financially.

A holistic approach is taken through Dhridhta to uplift the socio-economic status of women in this sector, fostering a positive impact on both their personal and professional lives. As we educate them on financial literacy, life skills, and health and hygiene aspects focusing on savings, banking, investments, insurance, communication skills, decision-making skills, maintaining hygiene, HIV/AIDS, self-care, nutrition, and self-defence by delivering community-based sessions and equipping them with the necessary knowledge, the project empowers women waste pickers to make informed decisions about their livelihoods and well-being.



By enhancing their economic independence and knowledge base, the project not only improves the overall well-being of women waste pickers but also contributes to a healthier and more sustainable community. Through its multifaceted approach, Dhridhta strives to be a catalyst for positive change, leaving a lasting impact on the lives of the women it seeks to empower.







## Financial and Social Empowerment

The project 'Samarthya' aims to fostering economic empowerment, skill development, and community engagement by increasing the knowledge of women and girls (18-35 years of age) about financial literacy, decision-making capacity, soft skills, investing in savings-related government schemes, and connecting them with the start-ups and jobs to enhance the livelihoods, and creating a sustainable and inclusive environment that enables women and girls to become self-reliant in Behror, Rajasthan.

Through the financial literacy sessions, the project is empowering women with essential knowledge about savings and investments, and equipping them to make informed financial decisions, ultimately fostering economic resilience. Additionally, life skill sessions impacting the women and girl's self-esteem and adaptability in various life situations.

Acknowledging the importance of practical skills, the project also equips women and girls with the hands-on workshops in stitching and beautician training,



providing tangible skills for potential employment. This strategic focus on skill development enhances employability and opens avenues for self-employment. Furthermore, the project extends its support to start-ups, specifically in *Agarbatti*, *Papad Making*, *Dona Pattal*, and *Soya Milk* production, which contributes to the strengthening of local economies and the establishment of women-led micro-enterprises, thereby fostering community development.



# Innovation

## Charting New Pathways

Mamta has embarked on an impressive and transformative journey over the past five years in integrating technological and digital solutions to achieve health outcomes, particularly in response to the COVID-19 pandemic. The institution's expanded reach is underpinned by strategic partnerships with both national and international organisations seek interwoven ideas to reach the last mile.



Mamta's progress in Indo-Swedish relations has accelerated since the Institution's Executive Director was awarded the Royal Order of Seraphim and the Royal Order of Polar Star by Their Majesties the King and Queen of Sweden for outstanding contributions to health and strengthening Indo-Swedish collaboration.

**A collaboration with Thermaiscan is underway to examine the viability of a thermal sensing AI-based medical device for breast screening among women in India. MedcardApps from Sweden is also forming a partnership to digitise health records in India's public health institutions.** These initiatives demonstrate Mamta's dedication to use digital technologies for preventative care and improved healthcare management. In line with our institutional commitment to climate change activities, **the Nordic Centre for Sustainable Health Care in Sweden was invited to collaborate with Mamta and host an international webinar titled "Transforming Indian Health Facilities to be Climate-Smart / Energy-Efficient"**. Senior health officials from many states attended this interactive webinar. Closer home, Mamta initiated collaboration with United Medcity Hospital and Medical College to establish a telemedicine infrastructure in Uttar Pradesh to increase the capacity of primary health care centres. **Our partnership with the Sanjay Gandhi Post Graduate Institute of Medical Sciences to establish a virtual ICU Hub & Spoke model in Uttar Pradesh has yielded tangible results, amplifying ICU capacities in peripheral medical colleges, elevating patient experience.**

In the realm of behavioural interventions, Mamta has forged collaboration with Triggerise Stitching (a global institution delivering positive health impact at scale), strategically utilizing technology platforms to connect adolescent girls and young mothers with crucial sexual and reproductive health services, including antenatal care. This innovative approach transcends traditional methods, leveraging digital means to enhance accessibility to healthcare services.



Our strategic collaborations, both past and present, have underscored our commitment to evidence-based policy recommendations and importance of encouraging adoption of evidence-based solutions within health systems. **A testament to this commitment is our ongoing technical assistance provision to the state government of Himachal Pradesh, to the establishment of the first state Midwifery training institute and a skills lab tailored for midwives.** Furthermore, our involvement in forging a multi-country midwifery research network, connecting India, Nepal, Sweden, and Canada, underscores our dedication to evidence-driven

strategies aimed at fortifying midwifery implementation in India.

A special mention must be given to our work with WHO Geneva, Pathfinder India and State Government of Himachal Pradesh to prepare an e-learning platform for Medical Officers within the Rashtriya Kishor Swasthya Karyakram (RKSK). This initiative not only speaks of our commitment to embracing technological advancements but also holds-up to our vision of enhancing the skills and knowledge of health functionaries. Through this initiative we are ensuring that capabilities of medical professionals to address the health challenges faced by adolescents are upgraded consistently.



The recent institutional engagement with the Azim Premji Foundation aims to accelerate learning and exchange insights on High Risk Pregnancies (HRPs) within the national framework of PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan).



Our work on the Care Companion Program to improve maternal and child health outcomes speaks of institutional commitment to new-age strategies for optimising efficiency in healthcare delivery. Our most recent collaboration with the Lego Group in Denmark is aimed at piloting play-based interventions in Early Childhood Development with the goal of institutionalising milestone tracking within India's Integrated Child Development Systems.

Our institution has developed a multi-layered Management and Information System for digitizing data, facilitating the registration of beneficiaries to the tune of about 3.5 million individuals every year. This is for the purposes of compiling large data set in country context for evidence generation to inform strategies for public health.

# Climate Change

## *Building Climate Resilient Communities*

India is the third largest emitter of carbon dioxide, after China and the US and India's healthcare sector has the seventh-largest absolute health sector climate footprint in the world. As such, Mamta has initiated several Programs to further the net zero agenda.

One of the initiatives is focused on **building a coalition with sustainable healthcare experts and Indian private and public health institutions to build climate-resilient and environmentally sustainable healthcare facilities**. Through sharing of policies and preparedness plans by the Nordic Centre for Sustainable Health-Care, the aim is to make facilities in India energy and climate-smart. Secondly, Mamta is working towards focusing on the specific **benefits of solarisation in creating energy-efficient and climate-friendly hospitals**. Solarisation not only increases utilization and positive health outcomes by reducing the power outage frequency and duration but also reduces environmental hazards due to the use of diesel generators. Mamta has also initiated a project to pilot **circular models for hospital waste management** in AIIMS, Jodhpur. Mamta will develop a model with Swedish agencies that will enable the transition to a circular economy for waste management, including biomedical waste.

Further, in our interventions we continuously focus on addressing the environment and climate change by integrating technology and behavior change to develop resilience and also minimize the carbon footprint by building in specific outcomes and indicators to enable the activities and measure the impact. The initiatives range from **addressing the indoor pollution to deterring use of single use plastic, from enabling rain water harvesting to raising awareness on ground water pollution**. Besides, all interventions designed on WASH inherently address issues pertaining to environment directly or indirectly.

**Going forward, Mamta will be building on its strength and capacity around climate change and climate resilience. Apart from taking up new projects on this domain, all our interventions pertaining to other domains too will include a strong component build around our focus on climate and environment.**





## Energy Efficient and Climate Friendly Hospitals Through Solarization

The contribution of the healthcare system to climate-friendly and energy-efficient systems through solarization still remains a less focused area. In this backdrop Mamta took up the intervention to understand the effect of solarization in the healthcare system. This survey, was intended to pave the path for boosting solarisation in the Primary healthcare sector in the country. This will help in creating enabling environment to understand the barriers in the regular supply of electricity to improve health outcomes.

The project was implemented in Varanasi and Mirzapur districts of Uttar Pradesh. A total of 20 blocks in the two districts were identified for intervention under this program. The broader objective of the project was to understand energy-efficient and climate-friendly health care systems.

The survey revealed that solarisation of health facilities had both barriers as well as significant drivers. It was observed that most hospitals experience power outages, and as a result, more DG Sets are being used. Due to the widespread usage of DG Set, carbon emissions are significant, causing pollution that has a negative impact on both the environment and human health. Many hospitals require a backup power source of some kind, but getting the necessary information from the right source is either challenging or not available.

Individual meetings and sensitization sessions with the ground team as well as the District Level Consultation Workshop helped to create positive relationships in both districts and increase support for green energy. The staff now knows who to contact in the majority of hospitals if they need solar energy plants. The government may decide to solarize every public healthcare facility. The NGOs are expected to design green energy awareness campaigns, and financiers must be prepared to provide hassle-free financing for the installation of plants at a price that is affordable to the recipients, such as hospitals.

With the aforementioned endeavour, if both the public and private sectors cooperate, we can reduce the carbon emissions caused by the extensive use of DG sets in facilities and create a healthy, pollution-free environment.





## Transforming Indian Health Facilities to be Climate Smart/Energy-Efficient

The aim of building climate-resilient and environmentally sustainable health care facilities is to enhance their capacity to protect and improve the health of their target communities amidst an unstable and changing climate. This is an important component of universal health coverage.

Mamta Health Institute for Mother and Child, India, and Nordic Center for Sustainable Health Care, Sweden partnered to conduct an international webinar: Transforming Indian Health Facilities to be climate- Smart / Energy - Efficient on 19th of Oct 2021. The international webinar was hosted to accelerate the knowledge-led dialogues between the thematic experts and administrative leaders. It was a platform to exchange experiences around the latest and most compatible energy- efficient solutions in the healthcare set-ups. The myriad of information-sharing and knowledge-building sessions will benefit the Public/Private health institutions for a more strategic response for transformation and energy-efficient solutions.

The webinar revealed that though work for climate-resilient health care system has been started, this needs a full force implementation work in every sector to achieve the goal of climate-smart health care systems.

We have seen how and in what ways Swedish agencies have achieved these goals and what can be incorporated in the context of India jointly implementing resiliency and de- carbonization strategies within the health sector, climate- smart health care can reduce emissions. This will strengthen the health sector as well as communities while ensuring access to clean-independent energy, safe water, clean transport, and clean waste disposal mechanisms. This approach can form a foundation from which health care can contribute to broader policy initiatives aiming at both global climate and health goals. Most of the presentations reiterated that Swedish solutions need to be customized to the Indian environment. The Swedish companies have to research and rework their products to make them locally adaptable to the Indian climate.



Strengthening the capacity of health staff



Improving awareness and capacity of the community



Developing and implementing early warning systems



Promoting inter-sectoral and international collaboration



Strengthening scientific research



Adapting health services to improve management of climate-sensitive diseases



# Research and Evidence Generation

## *Generating Evidence for Effective Implementation*

Mamta, functioning as an Implementation Research Organization, is committed to producing evidence to address implementation challenges affecting public health programs, policies, and systems across India. The process of evidence generation is guided by the implementation of interventions grounded in theoretical frameworks, quality research using scientific robust methodologies, ensuring contextual acceptability through continuous consultation with the Central and State governments.

The research team at Mamta possesses extensive experience including maternal, newborn, and child health, adolescent health, sexual and reproductive health and rights, communicable diseases, non-communicable diseases, sustainable energy, and climate change. Adhering to the highest scientific standards and following the ICMR ethical guidelines, the team produces results and identifies the sustainable solutions. **Findings are shared with broader audience including policy makers, academicians, researchers through peer-reviewed journals, policy brief and participation in national and international conferences. In the past two years, we have published 25 articles in peer reviewed journals including BMC Public Health and PLoSOne both known for their high impact factor.**

At Mamta, we underscore the importance of protecting the welfare, rights, and privacy of human subjects recruited to participate in any research project. To ensure this, there is an Institutional Ethics Committee that provides guidance and promotes ethical conduct in all research projects conducted by team members at Mamta. With involvement of nine members (external =4 and internal =5), there is a thorough reviewing of all research proposals and ensuring adherence to ethical considerations. As an institution, there is a dedicated effort to equip researchers with a solid understanding of essential concepts, principles, procedures, and tools that aid in resolving ethical dilemmas encountered during their work.

To advance the adolescent health agenda we have commenced “**Mamta Research Scholarship Excellence Awards**” in 2015 to promote adolescent health research with Academic and medical institutes in India. The **scholarship aims to promote health, socio-behavioural and policy research in priority areas that impact adolescents of India.** This scholarship is an opportunity for postgraduates and PhD students in India to contribute to adolescent health research advancing adolescent’s development and well-being. The evidence generated will facilitate strengthening program and policy implementation promoting adolescent health in the Indian context. In past two years, we have awarded 11 scholarships to candidates across India and till now 10 research articles have been published in peer reviewed journals.



## Mamta Health Institute for Mother and Child Research Scholarship Excellence Awards

Scholarship for Clinical Services and Public Health Research  
Promoting Adolescent Health and Well-being

**CALL FOR APPLICATION 2021**

### >> About the Scholarship

Mamta Health Institute for Mother and Child is offering scholarship to develop excellence in clinical services and research domains of adolescent health, promoting adolescent health and well-being within the academy and beyond.

### >> Who Can Apply

The applicant must be enrolled for a full time MD/PhD degree or early career researchers (with in four years after post-graduation/ PhD) in a relevant discipline of medical science. Mentor or faculty from a recognized university/ institution in India.

### >> Scholarship Grant

Each scholarship entails a grant of upto Rs.1,00,000/- and an additional support of upto Rs. 50,000/- for publication in peer-reviewed journals.

### >> Research Methodology Training

Capacity-building around adolescent health research for scholarship awardees and their mentors.

### >> Suggested Areas for Research Proposals

- Clinical Services in Adolescent Health
- Domains of National Adolescent Health Programme
  - Nutrition
  - Sexual and Reproductive Health
  - Mental Health
  - Non-communicable Disease
  - Substance Misuse
  - Injuries and Violence
- Climate Change

### >> How to Apply

Refer scholarship guideline document at <https://mamtahimc.in/get-involved.html>

Send the complete application and detailed proposal to [mamtascholarship@mamtahimc.in](mailto:mamtascholarship@mamtahimc.in)

For more info  
scan the QR:



For any query, reach out to us at:  
Tel: +91 11 41069597 / 41720210 / 43535440



## Mamta Health Institute for Mother and Child

B 5, Greater Kailash Enclave II, New Delhi 110048  
Tel: +91 11 41069597 / 41720210 / 43535440







# Management and Finance





## Our Governing Board

Mrs. Harita Gupta	President
Mr. Rajiv Kapoor	Secretary
Dr. Provat Kumar Goswami	Treasurer
Mr. Dharam Pal Aggarwal	Member
Mr. Umesh Kumar Khaitan	Member
Dr. Lavlin Thadani	Member
Prof. (Dr.) Navin Dang	Member
Mrs. Sukanya Poddar	Member

## Senior Leadership Team

Dr. Sunil Mehra	Executive Director
Sanjeev Dham	Deputy CEO
Syed Mukhtar	Deputy Director
Dr. Subha Shankar Das	Deputy Director
Priyanka Sreenath	Deputy Director
Faiyaz Akhtar	Deputy Director
Murari Chandra	Deputy Director
Dr. Shantanu Sharma	Deputy Director
Dr. Amit Yadav	State Lead – Uttar Pradesh
Dr. Shachi Adesh	State Lead – Rajasthan
Dr. Gaurav Sethi	State Lead – Himachal Pradesh
Dr. Mukesh Sahoo	State Lead - Odisha



# Financial Statements 2021-22

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048  
 BALANCE SHEET AS AT 31ST MARCH 2022

CHARNALIA BHATIA AND GANDHI  
 CHARTERED ACCOUNTANTS

LIABILITIES	Amount 31.03.2022	ASSETS	Amount 31.03.2022
<b>CAPITAL FUND</b>		<b>PROPERTY, PLANT &amp; EQUIPMENTS</b>	
Opening Balance	46,88,69,687	(As per Schedule (A))	2,46,49,745
Add: Excess of Income over Expenditure during the Year	(1,48,57,247)	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
		<b>CURRENT ASSETS</b>	
<b>CORPUS FUND</b>		Cash in Hand	1,09,029
		Cash at Bank (as per Schedule B)	9,05,51,823
<b>CURRENT LIABILITIES</b>		<b>INVESTMENTS</b>	
Expenses Payable	3,10,34,375	Fixed Deposits	38,34,54,506
		Mutual Funds	1,73,33,315
<b>STAFF WELFARE FUND</b>		Accrued Interest:	40,07,87,821
		<b>ADVANCES</b>	
Opening Balance	4,86,87,507	Advances recoverable in cash or in kind for value to be received	2,85,00,818
ADD: Created during the year	1,57,30,563	Security Deposit	6,84,778
Less: Utilised During the Year	6,44,18,070		
	44,80,871		
<b>Total</b> .....	<b>Rs. 54,52,84,014</b>	<b>Total</b> .....	<b>Rs. 54,52,84,014</b>

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

*Arun Bhatia*  
 ARUN BHATIA  
 Partner

Place : New Delhi  
 Date : 03/09/2022  
 UDIN : 220302481920114356Y



FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Dr. Sanil Mehra*  
 Dr. Sanil Mehra  
 Executive Director

*Rajiv Kapoor*  
 Rajiv Kapoor  
 Secretary

**CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS**

**MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD , NEW DELHI-110 048**  
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 ST MARCH 2022

EXPENDITURE	Amount in Rs. 31.03.2022	INCOME	Amount in Rs. 31.03.2022
To Salaries and Allowances	28,00,68,972	By Grants Received	42,11,89,386
To Training ,Workshops Cost	6,25,18,122	By Interest Received	3,16,81,529
To Printing & Stationery	29,41,934	By Contribution & Donation	76,72,034
To Conveyance	1,84,83,632	By Excess of Expenditure over Income during the Year	1,48,57,247
To Medicine Expenses	7,13,053		
To Office Repairs & Maintenance	73,18,127		
To Rent	80,99,368		
To Travelling Expenses	85,58,490		
To Conference, Meeting & Seminar	1,07,88,543		
To Printing & Publication	98,59,347		
To Books & Periodicals	1,80,192		
To IEC Material	8,15,511		
To Research & Documentation	23,29,723		
To Telephone & Fax	26,06,650		
To Postage & Telegram	9,94,311		
To Vehicle Repair & Maintenance	5,61,890		
To Consultancy Charges	2,78,35,286		
To Water & Electricity	14,31,571		
To Staff Welfare	1,57,30,563		
To Grant in Aid Returned	20,17,134		
To Covid 19 Awareness Expenses	39,89,765		
To Recruitment Expenses	8,66,809		
To Insurance	3,58,024		
To Bank Charges	1,39,111		
To Photocopy Expenses	4,32,035		
To Generator Maintenance	3,630		
To Audit Fees	2,36,000		
To Assets Written Off	12,61,619		
To Depreciation	42,60,783		
Total .....	<u>47,54,00,195</u>	Total .....	<u>47,54,00,195</u>

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

FOR MAMTA-HEALTH INSTITUTE  
FOR MOTHER AND CHILD

Place : New Delhi  
Date : 03/09/2022  
UDIN :22082789A20YLK4561



*Arun Bhatia*  
**ARUN BHATIA**  
Partner

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

*Rajiv Kapoor*  
**Rajiv Kapoor**  
Secretary

**CHARNALIA BHATIA AND GANDHI**  
CHARTERED ACCOUNTANTS

**MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048**  
**SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2022 PROPERTY, PLANT & EQUIPMENTS**

Particulars	Rate of Depreciation	Balance as 1.4.2021	Addition Before Sep 2021	Addition After Sep 2021	Sale of Assets	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2022
Land & Building G.K.Enclave	5%	1,27,96,062	-	-	-	1,27,96,062	6,39,803	-	1,21,56,259
Air Conditioner	15%	5,82,979	-	-	-	5,82,979	87,447	-	4,95,532
Computer	40%	30,77,430	10,35,804	21,81,959	1,04,900	61,90,293	19,54,300	3,69,094	38,66,899
Cooler	15%	2,17,628	36,480	26,740	7,950	2,72,898	32,477	43,013	1,97,408
Electrical Equipments	15%	1,69,533	-	23,399	-	1,92,932	27,185	-	1,65,747
Acquaguapd	15%	21,547	-	-	-	21,547	3,232	-	18,315
Fan	15%	1,48,127	8,254	6,047	3,855	1,58,573	21,397	12,896	1,24,280
Fax Machine	15%	744	-	-	-	744	112	-	632
Furniture & Fixture	10%	24,92,884	97,605	1,61,450	19,915	27,32,024	2,53,037	1,58,848	23,20,139
Generator	15%	56,212	-	-	-	56,212	8,431	-	47,781
EPBX System	15%	43,490	-	-	-	43,490	6,524	-	36,966
Land & Building (TIGRI)	5%	1,46,826	-	-	-	1,46,826	7,341	-	1,39,485
Medical Equipments	15%	1,28,015	-	-	-	1,28,015	11,304	-	1,16,711
Inverter	15%	4,79,432	-	27,840	19,700	4,87,572	55,996	1,00,343	3,31,233
Photocopy Machine	15%	24,824	-	-	-	24,824	3,723	-	21,101
Refrigerator	15%	86,168	-	-	-	86,168	12,925	-	73,243
Tablets	40%	9,26,972	1,13,823	7,42,657	-	17,83,452	5,64,850	-	12,18,602
Television	15%	3,22,592	-	-	-	3,22,592	48,389	-	2,74,203
V.C.P AND CAMERA	15%	1,69,158	22,399	15,989	-	2,07,546	29,932	-	1,77,614
Voice Recorder/ Home Theater	15%	86,667	-	-	-	86,667	13,000	-	73,667
Mobile Phone/ Data Card	15%	1,34,393	81,186	15,999	-	2,31,578	33,537	-	1,98,041
Multy Media Projector	15%	4,72,489	53,940	1,38,904	-	6,65,333	89,382	-	5,75,951
Water Cooler/ Purifire	15%	41,182	14,800	-	-	55,982	8,397	-	47,585
Vehicles	15%	37,46,039	-	-	8,48,200	28,97,839	3,48,062	5,77,425	19,72,352
<b>TOTAL</b>		<b>2,63,71,392</b>	<b>14,64,291</b>	<b>33,40,984</b>	<b>10,04,520</b>	<b>3,01,72,147</b>	<b>42,60,783</b>	<b>12,61,619</b>	<b>2,46,49,745</b>

TOTAL .....Rs.

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

CHARTERED ACCOUNTANTS

FRN No. 012006N



*Arun Bhatia*

ARUN BHATIA  
Partner

Place : New Delhi  
Date : 03/09/2022  
UDIN :

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

*Rajiv Kapoor*

Rajiv Kapoor  
Secretary

# Financial Statements 2022-23

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048  
BALANCE SHEET AS AT 31ST MARCH 2023

CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS

LIABILITIES	Amount 31.03.2023	ASSETS	Amount 31.03.2023
<b>CAPITAL FUND</b>		<b>PROPERTY, PLANT &amp; EQUIPMENTS</b>	
Opening Balance	454,012,440.28	(As per Schedule (A))	24,170,551.95
Add: Excess of Income over Expenditure during the Year	16,034,496.45	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
		<b>CURRENT ASSETS</b>	
<b>CORPUS FUND</b>		Cash in Hand	88,136.83
		Cash at Bank (as per Schedule B)	140,417,785.99
		<b>INVESTMENTS</b>	
<b>CURRENT LIABILITIES</b>		Fixed Deposits	356,552,000.00
Expenses Payable	25,061,729.03	Mutual Funds	
		Accrued Interest	18,537,017.11
<b>STAFF WELFARE FUND</b>		<b>ADVANCES</b>	
Opening Balance	59,937,199.00	Advances recoverable in cash or in kind for value to be received	29,114,821.87
ADD: Created during the year	17,336,469.00	Security Deposit	718,628.00
	77,273,668.00		
Less: Utilised During the Year	3,083,392.01		
	74,190,275.99		

Total Amount (Rs.) 569,598,941.75

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

FRN No. 012006N

Place : New Delhi

Date : 24/7/2023

UDIN : 23082789B6156Z H1008

ARUN BHATIA  
Partner

*Arun Bhatia*



FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Total Amount (Rs.) 569,598,941.75

Dr. Sushil Mehra  
Executive Director

*Sushil Mehra*

Rajiv Kapoor  
Secretary

*Rajiv Kapoor*



**CHARNALIA BHATIA AND GANDHII**  
CHARTERED ACCOUNTANTS

**MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048**  
**SCHEDULE "A" TO BALANCE SHEET AS AT 31.03.2023 PROPERTY, PLANT & EQUIPMENTS**

Particulars	Rate of Depreciation	Balance as 1.4.2022	Addition Before Sep 2022	Addition After Sep 2022	Sale of Assets	Total	Depreciation	Written off / Loss on Sale	WDV as on 31.03.2023
Land & Building G.K. Enclave	5%	12,156,258.73	-	-	-	12,156,258.73	607,813.00	-	11,548,445.73
Air Conditioner	15%	495,532.02	75,840.00	-	-	571,372.02	85,706.00	-	485,666.02
Computer	40%	3,866,899.03	830,283.00	1,392,182.00	-	6,089,364.03	2,157,309.00	12,431.00	3,919,624.03
Cooler	15%	197,407.98	-	-	2,000.00	199,407.98	29,611.00	4,394.00	161,402.98
Electrical Equipments	15%	165,747.21	32,199.00	52,500.00	3,500.00	246,946.21	33,630.00	5,322.00	207,994.21
Aesquiguard	15%	18,315.06	-	-	-	18,315.06	2,747.00	-	15,568.06
Fan	15%	124,280.32	20,100.00	28,278.00	-	172,658.32	23,778.00	-	148,880.32
Fax Machine	15%	631.74	-	-	-	631.74	95.00	-	536.74
Furniture & Fixture	10%	2,320,138.81	165,956.00	538,189.00	4,500.00	3,019,783.81	275,520.00	15,237.00	2,729,026.81
Generator	15%	47,781.00	-	-	-	47,781.00	7,167.00	-	40,614.00
EPBX System	15%	36,966.00	-	-	-	36,966.00	5,545.00	-	31,421.00
Land & Building (TIGRI)	5%	139,484.85	-	-	-	139,484.85	6,974.00	-	132,510.85
Medical Equipments	15%	116,710.54	-	-	-	116,710.54	17,507.00	-	99,203.54
Inverter	15%	331,232.51	42,700.00	-	-	373,932.51	56,090.00	1,082.00	316,760.51
Photocopy Machine	15%	21,100.80	-	-	-	21,100.80	3,165.00	-	17,935.80
Projector	15%	119,245.00	-	-	-	119,245.00	17,887.00	-	101,358.00
Refrigerator	15%	73,242.80	13,600.00	-	3,000.00	83,842.80	13,026.00	298.00	70,518.80
Tablets	40%	1,218,602.00	27,900.00	135,399.00	-	1,381,901.00	525,682.00	5,114.00	851,105.00
Television	15%	274,203.33	90,990.00	13,490.00	-	378,683.33	55,791.00	-	322,892.33
V.C.P AND CAMERA	15%	177,613.89	405,840.00	-	-	583,453.89	87,517.00	-	495,936.89
Voice Recorder/ Home Theater	15%	73,667.00	-	-	-	73,667.00	11,050.00	-	62,617.00
Mobile Phone/ Data Card	15%	198,041.06	21,980.00	13,048.00	-	233,069.06	33,981.00	-	199,088.06
Multy Media Projector	15%	456,706.23	62,388.00	57,588.00	-	576,682.23	82,183.00	-	494,499.23
Water Cooler/ Purifire	15%	47,585.04	-	-	-	47,585.04	7,138.00	-	40,447.04
Vehicles	15%	1,972,352.00	-	-	-	1,972,352.00	295,853.00	-	1,676,499.00
<b>Total Amount (Rs.)</b>		<b>24,649,744.95</b>	<b>1,789,776.00</b>	<b>2,230,674.00</b>	<b>13,000.00</b>	<b>28,657,194.95</b>	<b>4,442,765.00</b>	<b>43,878.00</b>	<b>24,170,551.95</b>

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

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

FRN No. 012006X

*Arun Bhatia*  
ARUN BHATIA  
Partner



Place : New Delhi  
Date : 24/7/2023  
UDIN : 2308278969582 H1008

*Dr. Sush Mehra*  
Dr. Sush Mehra  
Executive Director

*Rajiv Kapoor*  
Rajiv Kapoor  
Secretary

**CHARNALIA BHATIA AND GANDHI  
CHARTERED ACCOUNTANTS**

**MAMTA-HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI-110 048**  
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 ST MARCH 2023

<b>EXPENDITURE</b>	<b>Amount in Rs. 31.03.2023</b>	<b>INCOME</b>	<b>Amount in Rs. 31.03.2023</b>
To Salaries and Allowances	297,083,313.00	By Grants Received	535,232,971.86
To Training ,Workshops Cost	105,825,272.68	By Interest Received	29,778,624.12
To Printing & Stationery	2,855,919.06	By Contribution & Donation	4,259,969.50
To Conveyance	20,507,778.97		
To Medicine Expenses	589,735.00		
To Office Repairs & Maintenance	7,776,521.61		
To Rent	9,003,856.00		
To Travelling Expenses	22,460,806.20		
To Conference, Meeting & Seminar	12,366,496.01		
To Printing & Publication	4,974,711.48		
To Books & Periodicals	428,467.19		
To IEC Material	3,986,995.00		
To Research & Documentation	1,007,670.00		
To Telephone & Fax	3,856,252.30		
To Postage & Telegram	720,735.50		
To Vehicle Repair & Maintenance	644,370.00		
To Consultancy Charges	33,254,307.01		
To Water & Electricity	1,644,040.20		
To Staff Welfare Exp	17,336,469.00		
To Grant in Aid Returned	225,835.52		
To Recruitment Expenses	820,405.30		
To Insurance	491,855.00		
To Bank Charges	164,374.40		
To Photocopy Expenses	266,309.00		
To Generator Maintenance	7,169.60		
To Audit Fees	450,760.00		
To Assets Written Off	43,878.00		
To Depreciation	4,442,766.00		
To Excess of Income over Expenditure during the Year	16,034,496.45		
<b>Total Amount (Rs.)</b>	<b>569,271,565.48</b>	<b>Total Amount (Rs.)</b>	<b>569,271,565.48</b>

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

FRN No. 012006N

*Arun Bhatia*

**ARUN BHATIA**  
Partner

FOR MAMTA-HEALTH INSTITUTE  
FOR MOTHER AND CHILD

*Dr. Sunil Mehra*

**Dr. Sunil Mehra**  
Executive Director

*Rajiv Kapoor*

**Rajiv Kapoor**  
Secretary

Place : New Delhi

Date : 24/7/2023

UDIN : 2308278986450211008







**MAMTA HIMC**  
BRIDGE TO HEALTH & BEYOND

B-5, Greater Kailash Enclave-II, New Delhi 110048

Tel: +91 11 41069597 / 41720210 / 43535440

Email: Mamta@Mamtahimc.in

Website: www.mamtahimc.in

Visit us:

