



MAMTA

# Biennial Report 2007-09



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

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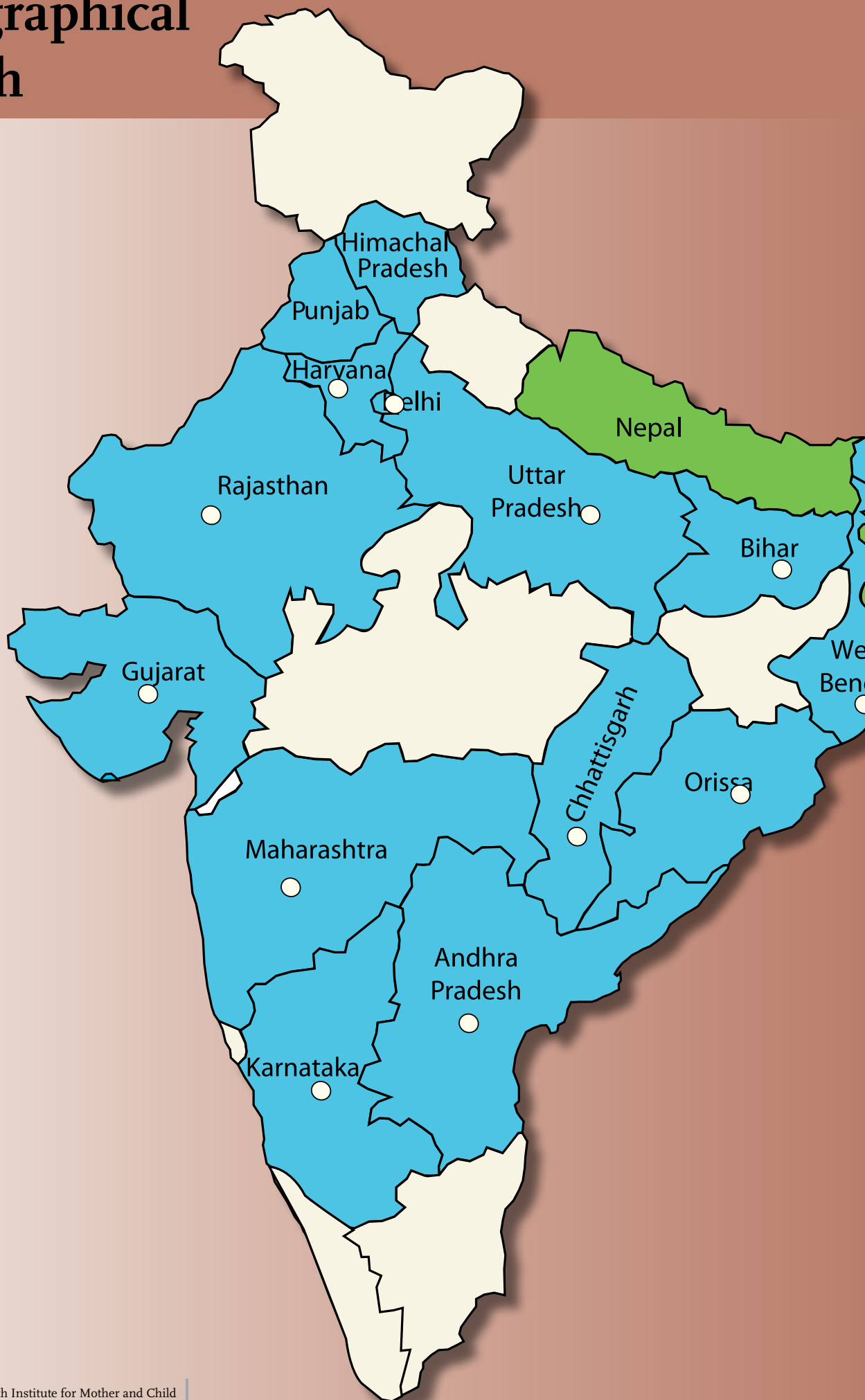
Website: [www.mamta-himc.org](http://www.mamta-himc.org), [www.yrshr.org](http://www.yrshr.org), [www.12teen.org](http://www.12teen.org)

*Designed and printed by: AspireDesign*

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# Geographical Reach





## *Our Mission*

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

# Biennial Report 2007 - 2009

# MAMTA at Eighteen: From Executive Director's Desk



*India has witnessed a strong and sustainable economic development in the last decade or so. At the same time it has not seen any significant change in its status on Human Development Index. There is a very evident dichotomy between haves and have not. If poverty index is changing from USD 1 to USD 2, India is likely to have almost 40% of its population below poverty line. At the same time, demography is in our favor. We are a young India, ready to change century for good and be inclusive in ones growth for all sectors of society.*

MAMTA – Health Institute for Mother and Child, over the years has been working towards health and well being of ‘the underserved and marginalized individuals and communities’. In retrospect, in the last two years MAMTA has been strategic with its development initiatives and institutional growth. While we have strengthened our foot hold in the country operations, we have made significant progress through our work in the sub continent - initiatives in Afghanistan, intervention on early marriage and health outcomes of youth in India, Nepal and Bangladesh and so on.

In the last two years MAMTA has started shifting its paradigm from pure intervention to technical support agency; issues covered in its work have increased and it witnessed a going back to mother and child health programs. The strong network of PNGOs has given us the opportunity to have access to more evidences from the field and to work in those areas of the country which had been till now less accessible. At the same time we have extended our reach beyond national borders. We can proudly say that MAMTA is part of the new boundary-less world.

The beginning of the year 2009 witnessed a dissemination exercise in Key Stakeholders Meet – Making a case for India through culmination of project strategies, release of key intervention findings and publication of process documents supported by Swedish International Development Cooperation Agency (Sida). Significant participation of Government functionaries, members from Planning Commission, Development Aid Agencies, Foundations, UN systems, partner NGO's and youth, together made a meaningful

conglomerate of stake-owners and beneficiaries.

The event gave a view of the institutional journey scaling new heights, contribution to National level policy and programming initiatives, implementing development initiatives, capacity building programs on health and development in the country and sub-continent among others.

While I present to you the Biennial Report for 2007-2009, I take the opportunity to THANK all our Donors, Partners, Government stakeholders at state and central level and colleagues at MAMTA for being part of this journey which has been truly enriching and satisfying one.

MAMTA continues to remain a ‘learning organisation’ with its heart close to the ground listening to the voices of women, adolescent and children in the disadvantaged communities, trying to do justice to their rights.

This wishes to be also a statement of purpose for the years ahead: working through an integrated approach with strong sense of accountability for the betterment of society; pursuing those policies and strategies which can have an impact on the life of million of young people, children and women in the region.

The journey shall continue with renewed rigor...

With best wishes

*Sunil Mehra.*

# MAMTA: A learning organization

*Over these years, MAMTA - Health Institute for Mother and Child, through focused approach, commitment and strategic partnerships has acquired proficiency not only in project implementation but also mastered the art in capacity building, networking, research and advocacy on core issues of young people's sexual and reproductive health, maternal and child health, HIV and AIDS, gender and rights.*

Though it is difficult to categorize development projects by fixed compartments, MAMTA carries forward its work through three units: Sexual Reproductive Health and Rights (SRHR), Maternal and Child Health (MCH) and HIV/AIDS. As shown in the briefs which follow, the work of the three units is intertwined. This is the challenge and the excitement of the development world and the strength of our institution: working through an integrated approach for convergence of issues.

The organization started capacity building programmes in close collaboration with apex training institutions in the country (National Institute of Health and Family Welfare, National Institute of Public Cooperation and Child Development and National Council of Educational Research and Training). MAMTA is now working closely with government and non-government organizations in the training of public and private health service providers (medical and paramedical), government functionaries, schoolteachers, traditional birth attendants, NGO functionaries and peer educators (young people).

MAMTA's work focuses also on strengthening different stakeholders at various levels of the community like Community Based Organizations, Village Health and Sanitation Committees, Panchayati Raj Institutions, health and education system as well as media. These efforts aim at enhancing the knowledge and skills on various issues of sexual reproductive health and rights, HIV and AIDS, maternal and child health,

violence, education, livelihoods, life skills, social marketing and entrepreneurship development, with special emphasis on gender and equity.

For implementation of its projects the organization has developed partnership with many National and State Government Ministries and Agencies, UN bodies, WHO, bilateral and multilateral agencies, private foundations, technical resource organizations.

The experience gained over the years has helped MAMTA in extending its reach to the regional level. This new journey has been fairly exciting and enriching with MAMTA providing technical support on SRH and Youth Friendly Health Services in countries like Afghanistan, Nepal, Bangladesh, and Sri Lanka. Besides, the institution has also seen expansion of intervention programs jointly with partner NGO's in Nepal and Bangladesh on a five year project in age at marriage and SRH outcomes of adolescents.

The organization today works in advisory capacity to Planning Commission subcommittees, to Ministry of Health & Family Welfare, Ministry of Youth Affairs and different line Ministries at State and National level. At international level it is part of WHO-HIV/AIDS, Strategic and Technical Advisory Commission (2007-2009), Geneva; part of International Prevention Reference Groups, UNAIDS (2008 onwards); and also regularly invited into different international advocacy platforms.

# Milestones of MAMTA - Health Institute for Mother and Child

- |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1990      | Work started at J.J. Camp, Tigri, formation and registration under Societies Act 1860                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1999 | Collaboration with National Institutions: NIHFW and NIPCED<br><br>Adolescent Health and Development Project supported by The John D and Catherine T Mac Arthur Foundation, USA<br><br>Collaboration with International Institutions RFSU (Sweden), Oregon State University (USA)                                                                                                                                                    |
| 1992      | Urban based project on Integrated health and development in resettlement colony of Tigri, South Delhi covering 60000 population                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2000 | International Award from White Ribbon Alliance on Safe Motherhood Program in urban poor scenario, awarded by Delhi Government for Women Empowerment in the State                                                                                                                                                                                                                                                                    |
| 1995-2002 | “Integrated Development of Adolescent Girls towards Women Empowerment” project implemented in Tigri J.J.Colony, South Delhi with the support of Action Aid, UK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2001 | Research project with World Health Organization, RHRO, Geneva on Sexual Behavior Pattern among Adolescents (15-19 years) in urban slums<br><br>UNICEF and Ministry of Health & Family Welfare supported District Model for Safe Motherhood through Adolescent Health and Development and Right, Rewari District, Haryana<br><br>WHO SEARO funded module for Health Workers on Adolescent Reproductive Health and Development (ARHD) |
| 1997-1998 | First Research Project: Assessment of contraceptive technology update (CTC) workshop for Medical Officers from public sector in Uttar Pradesh supported by future project (USAID)<br><br>First Urban RCH project : Reproductive and Child Health Project for urban poor - Funded by British High Commission<br><br>STD/HIV prevention for youth and women in Urban Poor Scenario – Funded by Royal Norwegian Embassy (NORAD)<br><br>With support from Government of India: Community based approach to combat under nutrition (in children 0-2 yrs.) & adolescents (10-18 yrs.) in urban poor scenario – Funded by Ministry of Women and Child Development, Ministry HRD - GOI<br><br>UN Partnership: Adolescent Health and Development in India – An Action Approach (Project Review)- Supported by UNFPA and Ministry of Health & Family Welfare, Government of India<br><br>Rural project : Integrated Adolescent Reproductive Health in Public Health System, Haryana Government, Rewari District, Bwal Block<br><br>First UNFPA supported Adolescent Health Integration in Public Health by an NGO in the country. | 2002 | First Advance International Training Course on Sexual and Reproductive Health and Rights of Young People- Supported by Swedish International Development Cooperation Agency (SIDA)<br><br>First International HIV/AIDS Alliance support for Community Based Care and Support Program                                                                                                                                                |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2003 | Database on Young People in India (www.yrshr.org ) for the use of NGOs, GOs, INGOs, researchers, bureaucrat, educational institutions supported by SIDA<br><br>SRIJAN Network ( Sexual and Reproductive Health Initiative for Joint Action Network) in 102 districts involving 143 partners                                                                                                                                         |
|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2005 | MAMTA recognized as Regional Resource Center in Reproductive and Child Health by Ministry of Health and Family Welfare, GOI                                                                                                                                                                                                                                                                                                         |

- for Punjab, Haryana and Chandigarh
- NACO, GOI supported project on Assessing Rural Vulnerability to HIV/AIDS other than targeted intervention districts (in six districts)
- 2006 DFID supported Project on Establishing Intervention HIV Communication Strategies and models for Young People
- PATH (USA) and Bill and Melinda Gates Foundation supported project on Maternal and Child Health- Sure Start in Hardoi, Uttar Pradesh
- Rajiv Gandhi Foundation supported project “Health for All” in Rae Bareli District
- Policy Project UP, supported study of Types and Level of Hospital Autonomy in Uttrakhand , Rajasthan and Madhya Pradesh (Health System Project Unit, UP)
- 2007 Training Agency to train Public Health Functionaries of Haryana under National Rural Health Mission
- Designated by NACO as National Technical Resource Institute for roll out of Link Worker Scheme under NACP III in 25 districts of 5 States
- 2008 Collaboration with Lund University, Sweden on National Training Program on mainstreaming Sexual Reproductive Health and Rights through Youth Friendly Health Services in India
- Gender Resource Center with the support of Delhi Government, Ministry of Social Welfare
- Phillips Electronic supported project on Maternal and Child Health for urban population in Delhi
- Sir Dorabji Tata Trust supported project on Maternal and Child Health for urban poor in Delhi
- DLF supported project on primary health care in Gurgaon District, Haryana
- Delhi AIDS Control Society and Haryana AIDS Control Society supported targeted intervention project with MSM and FSWs
- Technical support for SACH- supported by NRHM, Government of Uttar Pradesh
- First European Commission Supported project on “Improving Reproductive and Sexual Health of Young People by increasing the age of marriage in India, Nepal and Bangladesh”.

# Projects

## 2007-2009

Sl.No	Name of the Project	Duration	Supporting Agency	Geographical Reach
<b>Sexual Reproductive Health And Rights</b>				
1.	Young people's health and development : A Reproductive and sexual health centered action approach	2003-2009	Swedish International Development Cooperation Agency (Sida)	Andhra Pradesh, Bihar, Gujarat, Haryana, Karnataka, Maharashtra, Rajasthan, Uttar Pradesh, West Bengal
2.	Achieving optimum age of marriage and delaying first pregnancy while enhancing sexual and reproductive health of youth (10-24) in India	2008-2011	Mac Arthur Foundation, USA	Andhra Pradesh, Maharashtra, Rajasthan, Uttar Pradesh
3.	Integrating youth friendly health services into public health system in rural India	2008-2010	Ministry of Foreign Affairs, Finland	Karnataka, Uttar Pradesh
4	Providing technical support for the Scheme for Adolescent Counseling for Health (SACH)	2008-2009	State Innovations in Family Planning Services Project Agency (SIFPSA)	Uttar Pradesh
5.	Improving reproductive and sexual health of young people by increasing the age at marriage in India, Nepal & Bangladesh	2009-2013	European Commission	Bihar, Uttar Pradesh, Bangladesh and Nepal
6	National Training Program on mainstreaming sexual and reproductive health and rights through youth friendly health services in India	2008-2009	Swedish International Development Cooperation Agency (Sida)	Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Maharashtra, New Delhi
<b>HIV &amp; AIDS Prevention Care Support and Treatment</b>				
7	Improve care and support services to Children living with HIV/AIDS and (CLHA/CAA) and enable interventions, which keep them with their parents or extended families (CHAHA Project)	2007-2011	Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)	Maharashtra
8	Community Reach – HIV Migration	2008-2009	Pact (USAID)	Uttar Pradesh
9	Targeted intervention programme for Men who have Sex with Men (MSM)	2008-2009	Delhi State Aids Control Society	Delhi
10	Composite targeted intervention programme for men who have sex with men & female sex workers	2008-2011	Haryana State Aids Control Society	Haryana
11	Community based care & support programme – Abbot Fund 2009	2008-2009	Abbott Fund (USA)	Delhi
12	An integrated approach towards prevention of parent to child transmission of HIV through safe motherhood initiatives	2003-2009	Australian High Commission	Delhi, Himachal Pradesh
13	National Technical Resource Institute for the roll out of Link Worker Scheme under NACP III	2007-2009	UNDP / NACO	Bihar, Chattisgarh, Orissa, Rajasthan, Uttar Pradesh
14	STOP TB	2007-2008	WHO	Uttar Pradesh

Sl.No	Name of the Project	Duration	Supporting Agency	Geographical Reach
<b>Sexual Reproductive Health And Rights</b>				
15	Advocacy, communication and social mobilization project for TB control	2009	The International Union Against Tuberculosis and Lung Disease	Bihar
<b>Maternal and Child Health</b>				
16	National Rural Health Mission- Training of Functionaries of ASHA, ANMs, LHVs under Haryana Health Society, Haryana Government of Haryana	2008-2009	Government of Haryana	Haryana
17	Improvement of reproductive and child health through a participatory approach in urban poor scenario	2008-2011	Sir Dorabji Tata Trust	Delhi
18	Regional Resource Center – MAMTA Health Institute for Mother and Child	2005-2011	Ministry of Health and Family Welfare, Government of India	Chandigarh, Haryana, Punjab
19	Gender Resource Centre	2007-2010	Department of Women & Child Development, Govt. of NCT. of Delhi	Delhi
20	Mahila panchayat and legal literacy	2004-2009	Delhi Commission for Women	Delhi
21	Universal immunization programme	2007-2011	Directorate of Family Welfare, Government of NCR of Delhi	Delhi
22	Women centric approach for enhancing maternal and child health in urban poor population	2008-2011	PHILIPS Electronics India	Delhi
23	Sure Start	2006-2010	PATH, India	Uttar Pradesh
24	Primary Health Centre	2008-2009	DLF	Haryana
25	Technical assistance for community based newborn care in five districts of Uttar Pradesh	2008-2011	Intra Health Vistaar Project	Uttar Pradesh
26	Strengthening community based mechanisms for enhancing maternal and child health in Bihar	2009-2012	Sir Jamsetji TATA Trust	Bihar

# Sexual and Reproductive Health and Rights Programmes

## I. Young People's Health and Development: A Reproductive and Sexual Health Centered Approach (2003- 2009)

Supporting Agency:	Sida , Swedish Development Cooperation Agency
Key Beneficiaries:	Young People between the age group of 10-24 years
Geographical Reach:	Andhra Pradesh, Bihar, Gujarat, Maharashtra, Rajasthan, Uttar Pradesh, West Bengal (total 90 districts)
Key Strategies:	Networking, Advocacy, Phased Interventions, Informatics, Research and Documentation

MAMTA in partnership of RFSU (The Swedish Association for Sexuality Education), Sweden has implemented a program on adolescent / Youth Sexual Reproductive Health and Rights. The key focus being to pilot programme addressing sexuality and reproductive needs of youth with a gender sensitive rights perspective. This effort was supported by Sida.

The twinning partner RFSU has a long history for advocating and promoting sexuality and needs and concerns of young people across the globe. Sweden is one country that has a national policy on Sexual Reproductive Health and Rights.

The MAMTA- RFSU twinning resulted in MAMTA, as an institution, gaining technical capacities on the thematic areas of young people, sexuality and sexual orientation, services and policy advocacy on issues of YRSHR (Youth Reproductive, Sexual Health and Rights) as a human right. Six core areas of operation were identified for focused development interventions namely,

- Prevention of Early Marriage and Early Pregnancy,
- Youth and HIV,
- Sexuality Education,
- Youth friendly services,

- Retention of children in educational institutions and,
- Addressing adverse sex ratio.

Six strategies - Advocacy, Networking, Pilot initiatives (later evolved into Phased intervention), Informatics (to facilitate Knowledge Management) and Research and Documentation were key to this initiative. A participatory process evolved into the Sexual Reproductive Initiative for Joint Action Network (SRIJAN) of partner organizations (NGO's/CBO's and civil society institutions) in order to maximize programme reach to different stakeholders and beneficiaries.

In a country where sexuality is a taboo subject for public discussion, the project initiatives worked towards mainstreaming and bringing sexuality closer to individuals and making them comfortable and realize that a better understanding of one's reproductive health and sexuality would enable one to understand their own bodies as well as respect others. It worked towards helping public health care providers understand the sexuality and reproductive health related needs and concerns of youth, especially adolescents.

MAMTA in partnership with RFSU worked towards building the capacities of a network of 134 NGOs



and different state level stakeholders and health care providers to understand the elements of YSRHR in terms of early marriage and early pregnancy, unwanted pregnancy, vulnerability of youth to HIV, sexuality education as a prevention tool and convergence between SRH and HIV.

Further, in the context of India's traditional norms and mindsets, besides taking up the core area of sexuality, gender and rights, this network took upon itself the responsibility of creating awareness on young people's issues as an integrated health and development approach.

As a cohesive force of civil society institutions, the network worked through different audiences at the centre and state. The efforts precipitated to bring in local grassroots issues from the states and district into policies and program at the National level. Some significant inroads were made on developing the Youth Friendly Health Services matrix in RCH-II, designing a national level adolescent health and development module for basic health functionaries, positioning adolescent issues in 10th & 11th five year Plan and bringing in the youth perspective in NACP-III (through participation in advisory committees).

Sustaining the momentum of the network in around 94 districts in seven states through 134 NGOs consistently for last eight years has been a real challenge and also a worthy experience. They are working on the agenda of young people at

the village, at Panchayats, in primary health centre (service delivery point and facility) at district level.

The National Youth Forum and Positive Speaker Forum bring HIV Positive young people on a platform and sharing their experiences with service providers and policy makers has been one of the most gratifying experiences.

The project underwent a rigorous evaluation process in 2004, 2006 & 2009. The final evaluation quoted the project to be effective and has had its resultant impact on the identified group of target population. Some changes that have resulted from the project are sustainable like knowledge gained by young people, peer educators, positive speakers and youth forum members. These mental and attitudinal changes will remain with people. The momentum of the network needs to be maintained was one of the recommendations, since its activities have made significant visibility of youth health and development issues across various sectors.

The project was one of the significant milestones in the institutional progression of MAMTA and witnessed organizational development, with technical strength and managerial capabilities. Decentralization of decision making and strategic visioning to take upon newer challenges and up-coming developmental issues like, public health systems strengthening, Climate change and Public health are some of the fortunate side-effects.



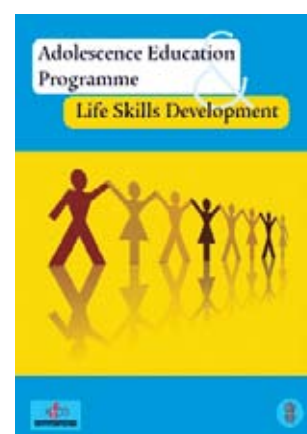
STRATEGIES	KEY ACTIVITIES (2007-2009)	MILESTONES ACHIEVED
Networking	Consolidation of SRIJAN partners and their activities at state and district level Advocacy initiatives in the states by network partners.	Network partners have independently taken up initiatives at state and district levels.
Advocacy	National and State level convergence of advocacy initiatives on friendly services for youth and need for life skill education. Advocating for Friendly services for young people through taking down advocacy efforts to districts. Connecting Parliamentarians to youth issues on health and development.	Adolescent Education Program tool kit prepared with NACO and group of technical experts. Network partner advocacy initiatives and collateral efforts with National Training Program has resulted in AFHS implementation in some states.
Research and Documentation	Creating database on key indicators of young people in India.  Community based youth friendly clinic in urban re-settlement colony of South Delhi.  Cluster Randomized Control Trial to influence Adolescent pregnancy.	Age and Gender specific dis-aggregated data-base prepared on young people and e-link uploaded. Free for access.  FRIENDs Clinic established and is operational in South Delhi re-settlement colony (Tigri). Out-reach activities generate the momentum for widening access and larger up-take.  The research design finalised with Karolinska Institute (Sweden) is being implemented.
Informatics	Establishing State resource centre(s) and maximizing outreach to stakeholders.  Creating a core group of master trainers on Gender, Sexuality and Rights within SRIJAN partners.	Three state resource Center's were established in Bihar, Rajasthan and U.P.  A group of fifteen core trainers in house at MAMTA and within SRIJAN.
Global Partnerships	Institutional collaboration with Karolinska institute on technical support for research initiatives on Adolescent Pregnancy.  Collaboration with The Nossal Institute for Global health, University of Melbourne for developing and implementation of curriculum on Sexuality education.  Collaboration with Oregon State University, Washington U.S.A.	Support from K.I. on RCT study implementation in Bawal block of Rewari district, Haryana state.  Memorandum with OSU was signed. The President and faculty official visit to MAMTA. Mentored interns from the university
Phased Intervention	Implementation of Young People's Sexual Reproductive health and Rights programs through community intervention approach  Sexuality education curriculum developed and program implemented in identified field area.  Youth sexual reproductive health program model tested and implemented.	Twenty three youth groups have been formed and registered with Nehru Yuvak Kendra Sangathan (NYKS) Dist bodies.  Fifteen Youth information centres (YIC), community PHC/private clinic linked counseling facilities under the project activities.

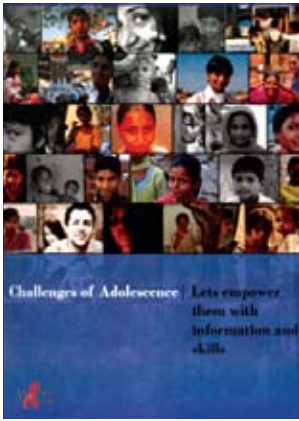
## 2. Achieving optimum 'legal' age at marriage for boys and girls and delaying subsequent pregnancy while enhancing sexual reproductive health of youth (10-24) in India (2008-2011)

Supporting Agency:	The John D. and Catherine T. Mac Arthur Foundation (USA)
Key Beneficiaries:	Adolescents and Youth
Geographical Reach:	Andhra Pradesh, Maharashtra, Rajasthan, Uttar Pradesh (total 40 districts)
Key Strategies:	Advocacy, Networking

A scale up to 40 districts across 4 states of a previous project funded by MacArthur Foundation in Rajasthan through a network of PNGOs at district level, the present phase is promoting intensive

advocacy efforts for young people sexual reproductive health and rights. Programme roll out of three national policies - the 'Integrated Child Protection Scheme' (ICPS); Adolescent Education Programme in secondary schools





and implementation of Adolescent Friendly Health Services under NRHM, RCH II - represent a development which shall have a significant impact on YRSHR. The project includes capacity building on advocacy skills; sensitization of identified stakeholders; and most importantly enhances capacities of young people. Among other achievements, in the first year of the project, MAMTA has collaborated with NACO as facilitator for the development of the training manual on Adolescent Education Programme (AEP); and with the Ministry Women and Child Development for conducting Capacity building workshops on the Prohibition of Child Marriage Act, 2006 in five states.

Advocacy with the key stakeholders and line departments is carried out through a consortium of NGOs at district, state and national level on reinforcing laws and provision for improving young people sexual reproductive health and rights.

### 3. Integrating Youth Friendly Health Services into the Public Health System in Rural India (2008 – 2010)

Supporting Agency:	Ministry of Foreign Affairs, Finland in partnership with Physicians for Social Responsibility, Finland
Key Beneficiaries:	Young People between the age group of 10-24 years.
Geographical Reach:	Karnataka, Uttar Pradesh

With the help of Ministry of Foreign Affairs, Finland in partnership with Physicians for Social Responsibility, Finland, the project has been initiated

as a pilot intervention, in the selected two Primary Health Centres (PHCs) with an aim to create a supportive environment for sexual and reproductive health (SRH) services for young people in the states of Uttar Pradesh and Karnataka. It involves strengthening public health system by creating an enabling environment right from health system to community level; building the capacity of service providers to initiate youth friendly services; creating awareness among youth to use the health services for their reproductive and sexual health and creation of standard operating system for integration and sustainability of the initiative.

The pilot project is an innovative strategy initiated by MAMTA, to strengthen the existing primary health centres for promotion of adolescents reproductive and sexual health issues under the public, private



partnership (PPP) concept. This was based on the assumption that strengthening the existing system would lead to replicability of the project learning's as well as its sustainability.

On completion of one and half year, the project has been able to create supportive environment for SRH services within the community. At the district and block level the issues have been advocated and networks have been established to provide SRH services to young people. Similarly, capacity of the existing public health system has been enhanced by providing trainings on the issue of establishment of functional youth friendly health services. Conducive environment for the Sexual Reproductive Health (SRH) at the community level supported by enhanced

level of knowledge among young people has resulted into better health seeking behaviour, with young people approaching service providers at the PHCs.

The initiatives taken at the project level have translated into positive changes at the service delivery system. At the district level, the importance of establishment of YFHS has been realized and the respective health departments have issued orders to establish YFHS at the selected primary health centres in both the states. Similarly, the programme is being integrated with school and other government programmes, functioning at grass root level for larger reach out and service delivery to larger population of youth. Regular interaction with the health department and sharing of project learning with them has raised their interest and participation in the project.

The project, as a pilot initiative, requires commitment from the administration and health department to replicate the learning at the district as well at the state level for larger interest and benefit of the young people.

#### 4. Technical support for Scheme for Adolescent Counseling for Health (SACH) (2008-2009)

Supporting Agency:	State Innovations in Family Planning Services Project Agency (SIFPSA) and NRHM, Government of Uttar Pradesh
Key Beneficiaries:	Out of school adolescents between 15-19 years
Geographical Reach:	Uttar Pradesh
Key Strategies:	Capacity Building, Community Mobilization, Referral arrangements, Awareness generation

SACH (Scheme for Adolescent Counseling for Health) is a project addressing the age-specific (15-19 years) and gender specific needs of out of school adolescent boys and girls. The goal of SACH is to equip adolescents with emphasis on out of school with information and skills for developing as healthy individuals through integrated information and counseling services in the state of Uttar Pradesh



and facilitate their access to health care facilities through referrals and counseling. SACH focuses on communication activities for awareness generation and a service delivery mechanism for providing Adolescent Friendly Reproductive and Sexual Health Services through the existing public health system. SACH is being piloted in Meerut and Allahabad district which, upon approval from Government of India, shall be up-scaled to 16 districts. MAMTA has been selected as Technical Resource Institution to provide technical support to ensure effective implementation of the SACH scheme. The technical support including assistance to SIFPSA/SPMU, NRHM in selection of DNGOs; coordination with various agencies; developing printing and supply of resource materials viz., Operational Guidelines, Training Manual and Handbook for ASHA and SACH Mitra; capacity building; procurement of resource materials for YICs; establish linkages for supply; MIS development; monitoring and supportive supervision; quality checks: and documentation and reporting. The establishing of Youth Information and Counseling Centers is expected to contribute to personality development and gender equality and enhance the utilization of services by both adolescent girls and boys. In the long run, this is likely to lead to outcomes in terms of enhanced maternal & child health; improved nutrition and at the same decrease the disease (infection) burden; thus contributing in achieving of Millennium Development Goals.

#### 5. Improving Reproductive and Sexual Health of Young People by Increasing the Age at Marriage in India, Nepal and Bangladesh (2009 - 2013)

Supporting Agency:	European Commission
Key Beneficiaries:	Young People (10-24)
Geographical Reach:	Bihar, Uttar Pradesh, Bangladesh, Nepal (total 18 districts)
Key Strategies:	Community Mobilization, Capacity Building, Networking, Advocacy, MIS, Technical Support

Early marriage is a traditionally rooted custom in Bangladesh, India and Nepal. It is still widely prevalent in some parts of these countries, despite legal bindings against marriage before certain age. Strong



social pressures, such as boycott and sanctions, are instrumental in enforcing the conventional (early) age for marriage, especially in the case of girls. The pressure of early marriage remains a powerful force that shapes the alternatives young people have and constrains their access to resources like education. In the long-term, this results in reduction in their opportunities for personal and social development, as well as productive employment. Early marriage and consequent early pregnancy is also the root cause of most reproductive and sexual health (RSH) complications for young people in these countries.

As envisaged, young girls & boys are primary stakeholders and will play a central role through the stages of planning, implementation & evaluation. Other stakeholders will be parents/in-laws, community gatekeepers, district functionaries from health & education sector and opinion builders like religious leaders.

The project is getting implemented in 18 rural districts of Bangladesh, India and Nepal. The districts in Bangladesh are Dhaka, Gazipur, Tangail, Khulna & Magura; in India are Nalanda, Nawada, Paschim Champaran and Vaishali in state of Bihar; Chitrakoot, Gonda, Hardoi and Siddharathnagar in state of Uttar Pradesh; in Nepal are Dolkha, Lalitpur, Nuwakot, Rasuwa, Sindhupalchowk. While the project is routed through country level NGO partners Society for local Integrated development SOLID in Nepal and Concerned Women for Family Development (CWFD) in Bangladesh; in India, implementing agencies are local partner NGOs; in U.P. JKMS, G.B. Pant Institute for Rural Development, AWARD and SES; and in Bihar- GENVP, NIDAN, IDEA and Mansi.

The initiative is aimed at improving Reproductive and Sexual Health of Young People by increasing

the Age at Marriage in the three countries. MAMTA is the technical agency, facilitating generation of base line through PLA techniques and policy and program review for the three countries. The capacities of the partner organization would be built on Gender, Sexuality and Rights, Advocacy, Media Monitoring and MIS. A 5 days inception meeting with all partners was organized to ensure common understanding and directions to this five years initiative. A baseline is being designed through PLA approach in all 18 intervention sites.

## 6. National Training Program (2008- 2009)

Supporting Agency:	Sida and Collaboration Partner - Lund University, Sweden
Key Beneficiaries:	Medical Officers , Service Providers and Training institutions
Geographical Reach:	Andhra Pradesh, Assam, Bihar, Himachal Pradesh, Maharashtra, New Delhi
Key Strategies:	Capacity building, Networking, Documentation of best practices from change project model and advocacy with Central and State Government

The National Training Program is aimed at facilitating roll out of Adolescent/Youth Friendly Health Services, as stated under the National Rural Health Mission (NRHM), through technical support for capacity building, especially focusing on NRHM priority states. It was envisaged that this will yield dividends of reduction of teenage pregnancy, prevention and management of obstetric complications including access to early and safe abortion services and reduction of unsafe sexual behaviour . The Adolescent Reproductive and Sexual Health (ARSH) goals and objectives under RCH II



have been the guiding principles for developing the contents of the training programme.

The National Training programme was jointly organised by MAMTA, and the Department of Social Medicine and Global Health, Lund University, Sweden.

The programme was designed for health service providers with a medical degree (MBBS) mainly from the public health system, and programme managers responsible for NRHM or RCH II programme at the state and/or district level. The programme was also open to private practitioners, faculty of teaching colleges, members of the Indian Academy of Paediatrics (IAP) and Federation of Obstetricians and Gynaecologists of India (FOGSI).

This was the first of its kind, a National Training programme in India that provided the scope for developing skills and being exposed to best practises in two countries (India and Sweden) in respect to ARSH. A comprehensive four weeks training programme transacted through innovative,

participatory methodologies based on adult learning principles in three phases.

The course includes two weeks of training in India, and the one-week in Sweden (in continuation). Participants at the end of the three weeks training firm up their individual change projects' to be implemented under their operational jurisdiction. Each participant is supported by mentors.

It was envisaged that focus states would have a pool of trained human resources (Service Providers/ Program Managers) whose knowledge and skills can be drawn upon when the Adolescent health initiatives are rolled out in the states.

Outcome of the training was measured on behaviour and self efficacy scale, to understand the change in each individual participant towards ARSH and the issue itself. The study is in progress, initial results have demonstrated interesting trends. State machinery at different levels are now charged to take up youth friendly clinic initiatives in their respective states and districts.

# HIV & AIDS, TB Prevention Care Support and Treatment Programmes

**7. Improve care and support services to Children living with HIV/AIDS and Children Affected by HIV/AIDS (CLHA/CAA) and enable interventions, which keep them with their parents or extended families (CHAHA Project) (2007- 2011)**

Supporting Agency:	Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM)
Key Beneficiaries:	Children living with HIV/AIDS and Affected by HIV/AIDS
Geographical Reach:	Maharashtra (Total four districts)
Key Strategies:	Capacity Building, Advocacy, Community Mobilization, to develop Information Systems and conduct operational research

CHAHA is a child-centered, community based care and support program which aims to reduce HIV related morbidity and mortality in children and adults. CHAHA is focused at mitigating the impact of HIV/AIDS on CAA and CLHIV and their families, through strengthening and expanding care and support models (including access to treatment) thereby improving the quality of life and uphold their rights. In order to achieve the goal, CLHIV and CAA are identified and linked to the support system pertaining to nutritional, educational, household, income generation, psycho-social, life skill education and health/medical care. Up to March 2009 nearly 1298 CLHIVs and CAAs have been identified in the intervention sites in Maharashtra, among them 105 cases been referred to ART centre. During this phase 22 children support groups have been formed in order to provide attitudinal transformation and building confidence among CLHIV and CAA.

**8. Community Reach – HIV and Migrants (2008- 2009)**

Supporting Agency:	Pact - USAID
Key Beneficiaries:	Uttar Pradesh (Total four districts)
Geographical Reach:	Migrant population
Key Strategies:	Technical support

The project aims at providing technical assistance to five implementing NGOs of Eastern Uttar Pradesh in implementing the “Pact-USAID” supported Community Reach project on HIV and AIDS among migrant population. The intervention districts - Gorakhpur, Basti, Azamgarh and Jaunpur, - have very high numbers of out migrants of young people, especially male, in search of livelihood to urban commercial centers of Maharashtra and Gujarat in western India.



MAMTA through its technical support has developed the capacities of NGOs in designing culturally sensitive strategies, planning, and implementation of program. A Rapid Need Assessment tool was developed through a workshop with all PNGOs where the NACP-III tool was customized for the use in the intervention districts. Modalities of its applications were also finalized in a workshop for the implementing NGOs on Rapid Needs Assessment (RNA) and RNA tools for data collection in the implementation districts. Based on RNA exercise and experience, gaps were identified and Project

Implementation Plan was revisited in order to add specific activities on the need base. Thematic capacity building workshops for implementing NGOs on BCC related to stigma and discrimination, IEC, Monitoring & Evaluation, Community Mobilization and Advocacy shall be also organized during the project.

### 9. Targeted intervention programme for Men who have Sex with Men (MSM) (2008-2009)

Supporting Agency:	Delhi State AIDS Control Society (DSACS)
Key Beneficiaries:	Men who have sex with men
Geographical Reach:	Delhi
Key Strategies:	Mobilizing Men who are having Sex with Men (MSM), Referral, Knowledge Strengthening on HIV/AIDS, networking

The project is focusing on improvement of sexual health and reduction of vulnerability towards HIV infection through gender and rights based approach of 500 men who have sex with men (MSM) in East Delhi District. Through outreach activities 270 MSM have been identified. Nearly 97 MSM were provided counseling and 68 were referred to ICTCs, 33 MSM underwent HIV test and 3 were found HIV positive. Thematic issues related meetings were held for the target group at DIC. The project team comprises of project coordinator, counselor, two out reach workers, three peer educators and eighteen volunteers who have been groomed. The project has also established five condom outlets at hot spots of the project for free distribution of condoms among the target population.

Apart from these, advocacy meetings were held with community stake holders and stake holders in Health and Police Government Departments. Nine



capacity building workshops were also organized for the Project Staff.

### 10. Composite Targeted Intervention Program for Men who have Sex with Men (MSM) & Female Sex Worker (FSW) (2008- 2011)

Supporting Agency:	Haryana State AIDS Control Society (HSACS)
Key Beneficiaries:	Female Sex Workers and Men who have sex with Men
Geographical Reach:	Haryana
Key Strategies:	Mobilizing Female Sex Workers and Men who are having Sex with Men (MSM), Referrals, Knowledge Strengthening on HIV/AIDS, networking

Project aims to restrict and reduce STIs amongst female sex workers (FSWs) and Men who have sex with Men (MSM) by 10 % in the urban areas of Mewat District of Haryana by 2011 through gender and rights based approach.

Through outreach activities 79 MSM and 99 FSWs have been identified, through DIC proper counseling, treatment and referral/linkages system strengthened. Nearly fourteen theme based meetings with MSM and thirteen theme based meetings with FSWs were organized in which issues related to HIV/AIDS and stigma and discrimination related to MSM and FSWs were discussed. During the project period 8 peer educators and 55 volunteers were groomed, who are now playing vital roles in increasing the condom usage among the target population and enhancing their knowledge. Project has also established 7 condom outlets at the hot



spots of the project for free distribution of condoms among the Target Population. MAMTA organized 3 Capacity building workshops for the Project Staff. Apart from these regular advocacy meetings were held with Community Stake holders and Government stakeholders.

## II. Community Based Care & Support Program – Abbott Fund 2009 (2008-2009)

Supporting Agency:	Abbott Funds U.S.A.
Key Beneficiaries:	People Living with and affected by HIV/AIDS especially focused on women and children
Geographical Reach:	Delhi
Key Strategies:	Community Mobilization, Capacity Building and Advocacy

The Community Based Care and Support (CBCS) programme aims to mitigate the impact of HIV and AIDS on women and children through strengthening capacities of PLHIV and their families to facilitate treatment, care and support services in community.

### Coverage 2008-09

Indicators	Male	Female	Total
Registered (CLHIV/CAA/Vulnerable)	753	370	1123
CLHIV Registered (Children Living with HIV)	56	32	88
CLHIV/CAA Provided direct support for Education	80	66	146
CLHIV/CAA Provided direct support for Nutrition	129	96	225
CLHIV/CAA Provided direct support for Medical	71	66	137
CLHIV/CAA Linked to Educational Support	86	50	136
CLHIV/CAA Linked to Nutritional Support	409	146	555
CLHIV/CAA Linked to STI/STD Clinics & ICTC	91	50	141
CLHIV Linked to ART	25	13	38
PLHIV Registered (Adult)	297	181	478
PLHIV Linked to ART (Adult)	75	32	107
Pregnant Women Registered			2016
Pregnant women tested HIV Positive		3	3
Support Groups (formed & strengthened)			90
Community Inducer Inducted	213	257	470
Positive Speakers (Adult)	22	24	46
Positive Speaker (Children)	3	1	4
Health Care Providers Sensitized			400

The programme is being implemented with 6 partner NGOs in Delhi. It provides direct supports and linkages for CLHIV & CAA and vulnerable children, by providing relevant treatment, care and support services. It also focuses on women in reproductive age groups and their spouses / partners to promote prevention of parent to child transmission of HIV. Strengthening services for supportive environment to positive people is another key investment of this programme.

## 12. An Integrated approach towards prevention of parent to child transmission of HIV through safe motherhood initiatives (2003- 2009)

Supporting Agency:	Australian High Commission
Key Beneficiaries:	Pregnant Women and Eligible couples
Geographical Reach:	Delhi and Himachal Pradesh (total three districts)
Key Strategies:	Capacity Building, Community Mobilization, Advocacy, Involvement of PLHA.

The integrated approach towards Prevention of Parent to Child Transmission (PPTCT) through safe motherhood initiatives is being undertaken in an urban slum of Delhi and two districts of Himachal Pradesh. The program approach is mainly awareness generation among the target group population (women and men of the reproductive age group) and sensitizing service providers as well as state and district level government functionaries to mainstream PPTCT of HIV in the existing public health system. MAMTA has organized district level advocacy



workshop on PPTCT with health functionaries at Solan, Shimla & Hamirpur districts in Himachal Pradesh. For involving PLHAs, there are plans to organize a State level GIPA workshop at Shimla and form Himachal Pradesh Network of PLHIV (HPNP+) to be registered as a state level network.

### 13. National Technical Resource Institute for the roll out of Link Worker Scheme under NACP III (Dec 2007- August 2009)

Supporting Agency:	UNDP
Key Beneficiaries:	High Risk Groups (FSW, MSM & IDUs), women, children and especially young people
Geographical Reach:	Bihar, Chattisgarh, Orissa, Rajasthan, Uttar Pradesh (total 25 districts)
Key Strategies:	Capacity Building

MAMTA was designated as National Technical Resource Institute by National AIDS Control Organization, to provide technical support and to facilitate the roll out of 'Link workers Scheme' (LWS) proposed under NACP III in 25 districts of five states i.e. Uttar Pradesh, Bihar, Chhatisgarh, Orissa and Rajasthan. These states are supported by UNDP to specifically address populations with high-risk behaviours (including High Risk Groups and Bridge Populations) with the premise that there are significant numbers in rural areas. The scheme will also cover young people.

MAMTA has been part of the scheme from the very beginning in developing 'Operational Guideline', Training Modules, 'Job Aid Kit' for Link workers, with UNDP and NACO.



The SACs, SMUs and the lead NGOs representative were oriented on the scheme. All the district resource persons and supervisor are trained by MAMTA in regional and state level trainings. For quality assurance, MAMTA also made its presence in 8 district level trainings of link workers.

### 14. STOP TB (2007- 2008)

Supporting Agency:	WHO
Key Beneficiaries:	TB patients
Geographical Reach:	Uttar Pradesh (total 6 districts)
Key Strategies:	Advocacy, Community Mobilization, Capacity Building and Technical support

The project was implemented towards enhancing the Directly Observed Treatment Short-Course (DOTS) compliance and advocate for the need of education and counseling to all TB patients at DOTS centers. The intervention was carried out in Uttar Pradesh one of the most populous states in the country with high density of population including high poverty.



The state has a poorly developed primary health care infrastructure. Widespread malnutrition, low level of education, gender discrimination and high level of migration are some of the key features of the intervention districts. Report confirms that tobacco intake is very high in these districts. These features are enough to bring high annual risk of tuberculosis infection (ARI) in Uttar Pradesh. This socio-health conditions influence also the high susceptibility rate for the prevalence of HIV/AIDS. Community mobilization, capacity building and technical support with the help of district level sensitization programme, the PLA findings were shared with more than 200 functionaries including DTO, MOTC,

STS, STLs, and PLHAs in order to understand the magnitude of the problem.

More than 13,500 people were touch-based through in excess of 150 community meetings to discuss issues on TB and its prevention. The capacities of the 6 NGO partners of the project were enhanced on vulnerability of TB and its control and available services.

## 15. Advocacy, Communication and Social Mobilization for TB Control (2009)

Supporting Agency:	The International Union against Tuberculosis and Lung disease (The Union)/World Vision/ USAID
Key Beneficiaries:	TB Patients and vulnerable community
Geographical Reach:	Bihar (total 6 districts)
Key Strategies:	Community Awareness and Mobilization, Capacity Building, Support Forum, Advocacy

The project is implemented with an objective to enhance the DOTS compliance, engage and empower communities in addressing problems and improve access of TB services by engaging private practitioners. It further seeks to advocate with the policy and decision makers on the TB related issues. The project is implemented in Bihar which has high number of TB cases. The need for this initiative become more relevant for Bihar as it has largest number of people living below poverty line, which makes them more susceptible to TB, HIV and AIDS. In addition, this state is plagued with poorly developed primary health care infrastructure, widespread malnutrition, and low levels of education, gender restriction and high migration. These demographic and economic features contribute to high Annual Risk of Tuberculosis Infection (ARI) in the state which also influences the susceptibility of HIV/AIDS.



During the initial stage, Participatory Learning Assessment (PLA) exercise was conducted with the objective of assessing the problems of TB in the project sites. For this, focussed group discussion (FGD) was conducted with DOTS providers and family members and IDI with the TB patients and defaulters. Further during the preparatory and roll out stage, 6 local partner NGOs were oriented on the revised RNTCP guidelines with specific reference to advocacy, communication and social mobilization on TB control. Implementation is carried forward at three levels i.e. community, service providers and district administration. Through 62 community meetings, more than 9000 people participated in the awareness programs on TB and DOTs. A total of 8 block level support groups were formed. At the service providers' level 448 Mahila Mandal/SHG were sensitized on TB, identification of suspected patients and referrals, 57 ANMs and 257 Anganwadi Workers were also capacitated. Further 53 families/ care givers of TB patients were contacted during home visits and provided motivational and psychological counseling.

# Maternal and Child Health Programmes

## 16. National Rural Health Mission- Training of Functionaries of ASHA, ANMs, LHV's under Haryana Health Society, Haryana Government (2008-2009)

Supporting Agency:	Haryana Government
Key Beneficiaries:	ASHA , ANMs , LHV's of Haryana Government Public Health System
Geographical Reach:	Haryana (total 7 districts)
Key Strategies:	Training

The initiative aimed at enhancing the capacities of medical officers, ASHA, ANMs, and LHV's on maternal and child health in selected 10 districts of Haryana in order to facilitate successful rolling out of National Rural Health Mission in the state.

Four categories of trainings were conducted with the health functionaries in all the intervention districts. All these trainings were TOT in nature. ASHAs and volunteers at block levels were trained on maternal and child health while other block level health functionaries such as ANMs, LHV's, MPW's, AWW's were trained on maternal and child health with special focus on IMNCI (Integrated Management of Neonatal and Childhood illnesses). Medical Officers of intervention districts were trained on adolescent friendly reproductive and sexual health services.

Stakeholders	No of Trainings	Coverage
ASHA	15	368
DTOs,DPM,POs,NT	1	15
LHV/ANM	5	153
ANMs/LHV's/AWW	17	421

## 17. Improvement of reproductive and child health through a participatory approach in urban poor scenario (2008- 2011)

Supporting Agency:	Sir Dorabjee TATA Trust- Mumbai
Key Beneficiaries:	Women (15-29 years), Children (0-5 years), Adolescents
Geographical Reach:	Delhi
Key Strategies:	Community Mobilization, Capacity Building, Networking, Documentation

The project aims at enhancement of knowledge and skills on women reproductive health among community based groups; reducing barriers in access to health services by women and enhance overall utilization of health services by pregnant and lactating women, children and young people. The key interventions include issue based meetings with pregnant and lactating mothers, workplace interventions with men and young people to enlist their participation on women & child health issues. Formation of CBOs, identification of master trainers and facilitating their orientation to take up issues further with other women in the groups is the base of this project. At the same time, networking and advocacy with like minded NGOs and service providers are well entrenched components of this initiative. In order to sustain the initiative, referral mechanism are being developed i.e., CBO take up



initiative to refer women and children from the community to the existing health services. These CBOs are also engaged in saving money to be self dependent in case of emergency situations as well as starting small enterprises. Many examples have been set up by these CBO members for the rest of the women in the community. Till March, 2009, 33 groups were formed comprising 312 women. These groups have been converted in to 6-8 CBOs in each intervention site of the project. In order to sustain capacity building activities 8 master trainers were identified and trained in each three sites.

## 18. Regional Resource Center – MAMTA Health Institute for Mother and Child (2005 - 2011)

Supporting Agency:	Ministry of Health and Family Welfare, Govt of India
Key Beneficiaries:	NGOs at Grassroots
Geographical Reach:	Chandigarh, Haryana, Punjab
Key Strategies:	Capacity Building; Documentation

MAMTA has been nominated by Ministry of Health and Family Welfare (MOHFW), Government of India, as Regional Resource Center (RRC) for Haryana, Punjab and Union Territory of Chandigarh under reproductive and child health programme / NRHM and is functional since 2005 at Chandigarh.

RRC is established to build the capacities of the Mother NGOs/Field NGO on RCH and related issues. It also provides support to the state governments in developing policy matters in reproductive health and related issues under NRHM. It provides information on health related data, resource institutions and individuals, NGOs,



literature/IEC material related to RCH issues. The RRC acts as link between the State government and Central government on matters related to NGOs under MNGO/SNGO scheme.

RRC has built the capacities 10 MNGOs and 52 FNGOs covering 14 districts of Punjab, 10 MNGOs and 55 FNGOs covering 16 districts of Haryana at various levels of project implementation i.e. Trainings on RCH issues, MIS, implementation and monitoring, appraisal of performance, Monitoring visits and financial management are being facilitated on regular basis. RRC publishes and distributes a quarterly Newsletter “Manthan” to the policy makers, MNGOs, FNGOs and service providers. Manthan contains issue based coverage, case studies and voices from the field. In this reporting period the thematic issues of the newsletter revolve around mainly on Malnutrition, Family Planning, female feticide, Gender & Health, Adolescent Health & Young People

RRC is strongly advocating on the issue of declining sex ratio in Punjab, Haryana and UT Chandigarh. In order to sensitize the policy makers, community stakeholders and service providers RRC conducted 7 district level workshops on this issue. RRC has conducted 14 capacities building workshops, 2 advocacy workshops and had conducted field appraisal of 11 NGOs for MNGO status, 4 NGOs for Service NGO status and made field visit to 30 districts during the reporting period.

## 19. Gender Resource Centre (2007- 2010)

Supporting Agency:	Department of Women and Child Development, Govt of NCT of Delhi
Key Beneficiaries:	Girls and women for all the services; under Govt schemes assistance for whole family is being given
Geographical Reach:	Delhi
Key Strategies:	Social Mobilization, Sensitization, Capacity Building, Formation of Support Groups, Advocacy

Gender Resource Centre (GRC) was established in order to evolve strategies for sustainable empowerment of women in the field of health, literacy, legal awareness and skill development and greater convergence of women welfare programme

and activities of Government and other agencies. It gives special focus on enabling women to access social justice channels and redress against violence and gender discrimination. Through the same initiative, 'single window' information & facilitation centre has been established for the community women to provide wider exposure of services available and better placement opportunities.

Through the services of GRC, 495 beneficiaries (girls and women) were covered in vocational trades of candle making, beauty culture and cutting and tailoring. Their examination was conducted with help of Jan Shiksha Sansthan Prayas. The facility of adult education, Non-formal education for illiterate and remedial education for school drop outs was also provided and further linked with open school for mainstreamed education.



2,793 persons including women, girls and men were provided information through Community Information Desk on health issues including maternal & child health, adolescent health and legal aid, schemes of the Govt of India for poor persons like old age pension, widows' pension and schemes for the girls child etc., education and health services of local NGOs. Since October 2007 GRC strengthened itself by establishing Samajik Suvidha Kendra. A formal survey of the area was conducted to identify the vulnerable population who are in need of availing economic benefit from the Govt schemes. 285 were referred to avail assistance under Govt schemes and also to be benefited from health, education, violence components of GRC.

Monthly Nutrition Camp is another interesting feature under GRC activities. The idea is to show how to prepare low cost diets to adolescent girls and, pregnant & lactating women who are generally affected

by anemia. Till now 1389 women and girls have been covered from October 2007 to March '09.

Twenty three self help groups, both financial and social, have been formed and initiatives are being taken to help them to develop saving habits. Women started taking loans to start self employment activities to contribute in family income.

Every month health camp is also organized at GRC catchments area. The services of health check up, medicines dispensing and routine lab tests are provided. The services of pediatrician, physician and gynecologist are hired to provide expert consultancy. More than 100 patients are seen in each health camp by the consultants.

## 20. Mahila Panchayat and Legal Literacy (2004- 2009)

Supporting Agency:	Delhi Commission for Women
Key Beneficiaries:	Women
Geographical Reach:	Delhi
Key Strategies:	Capacity Building, Linkages, Counseling, Case handling and case settlement

MAMTA was chosen to become member of Mahila Panchayat network in November 2004. Since then the support group prepared to solve cases on violence against women was merged into Mahila Panchayat. At present four centres of Mahila Panchayats are functional. One centre is in Tigri slums and other three are in Sangam Vihar resettlement colony of South Delhi.

Weekly meetings on case hearing, discussion and settlement are regular features of Mahila Panchayat. The paralegal workers keep registering the cases,



pay home visits, make neighborhood enquiry and then counsel the cases. Legal awareness camps are being organized on regular basis to sensitize new members on issues of domestic violence, Hindu and Muslim marriage laws, Dowry Act, maintenance and custody of the child, along with issues around gender, reproductive and sexual health and rights of women. MAMTA organized over a dozen capacity building programmes for the Mahila Panchayat members on women's rights issues, gender, gender based violence, sexual violence counseling, rights of women related to police, accessibility and reporting to the police and administration. Awareness sessions related to premarital counseling were organized in each of the target area. The cases in need of premarital counseling were identified and then referred to the counselor for regular sessions.

During 2007-09 out of 229 registered cases, 115 cases were settled by Mahila Panchayats. 38 cases were referred to DCW, Patiala House, Crime Against Women Cell, Delhi Legal Services Authority, Shaktishalini. 297 notices were sent to the opposite parties to call them for case hearing.

## 21. Universal Immunization Program (2007- 2011)

Supporting Agency:	Directorate of Family Welfare, Govt of NCT of Delhi
Key Beneficiaries:	Children and pregnant women
Geographical Reach:	Delhi
Key Strategies:	Community awareness

Key objective of the programme is to provide protection from communicable disease to infants, children and pregnant women in the intervention site. Every month 20 sessions of vaccination are organized in the intervention site with help of trained workers, lab technician and MAMTA doctors. Children in the age group of 0-2 years and above are vaccinated against BCG, DPT 1, DPT II, DPT III, and Hepatitis- I, II & III. The initiative's prime focus is to bridge the gap between DT and regular updates were furnished to the Directorate of government efforts to provide services of immunization under Family Welfare. 360 TT vaccinations were administered during 'Universal Immunization Programme' and the beneficiary. The antenatal check-up of pregnant women is also

conducted under this programme. This is a small but an important part of the clinical services extended by MAMTA to poor sections of the community.

## 22. Women centric approach for enhancing maternal and child health in urban poor population (2008- 2011)

Supporting Agency:	PHILIPS Electronics India Ltd.
Key Beneficiaries:	Women, children (0-5 years), young people
Geographical Reach:	Delhi
Key Strategies:	Community Mobilization, Formation of CBOs, Capacity Building, Networking and Advocacy

The project aims at reducing maternal and child morbidity and mortality rates. The project is working towards strengthening and enhancing the capacities of community based organizations (CBOs) and to develop linkages with public health system to improve the maternal and child health status in the communities working towards a sustainable change. The key activities in the programme include community mobilization meetings, formation and strengthening of women's groups (CBOs), capacity building of master trainers, establishing 'Suraksha Samooh 24x 7', free condom depots and networking and advocacy with the public health systems. Capacity building of public health service providers (Medical Officers & ANMs from Delhi- south district) is integral part of the programme.

During the reporting period, 25 groups comprising 303 women are operational in all the three intervention sites. 11 CBOs were formed in while 132 people acquired membership.

## 23. Sure Start (2006- 2010)

Supporting Agency:	PATH ( Program for Appropriate Technology in Health), India
Key Beneficiaries:	Mother and New born
Geographical Reach:	Uttar Pradesh (Hardoi)
Key Strategies:	Advocacy; Networking & Liaison; Capacity Building; Communication

Sure Start is a unique maternal and neonatal health (MNH) programme designed by PATH supported



by the Bill & Melinda Gates Foundation. This MNH initiative is designed to complement the National Rural Health Mission and MDG-4 (reduce child mortality) and MDG-5 (improve maternal health). Sure Start aimed at significantly reducing maternal and newborn mortality and morbidity in seven rural districts of Uttar Pradesh and peri-urban areas of Maharashtra by mobilizing individual, household and community action to catalyze the efforts. Sure Start is a development health initiative to develop and demonstrate a model of channeling financial and technical resources to the community level to support effective community action on public health priorities. The key activities in Sure Start are community mobilization through a set pattern of meetings with mothers' group and village health and sanitation committee.

MAMTA has been associated with PATH as Lead Partner to implement the project in Hardoi; MAMTA is partnering with seven NGOs to implement the project in all 19 Blocks of Hardoi covering (40%) 12 million population. The objectives of the project are (1) to significantly increase individual, household and community action that directly & indirectly improves maternal and newborn health; (2) to enhance systems and institutional capabilities for sustained improvement in maternal and newborn care and health status; and (3) document evidence based pragmatic approaches for bringing down maternal and neonatal mortality. Advocacy, communication, capacity building and networking and partnership development are key strategies. The project has rejuvenated 448 Village Health and Sanitation Committees, 19 Rogi Kalyan Samitis besides close engagement with District Health Society and Sanjhi Sehat which are regularly meeting and maternal and health issues are discussed as priority agenda in these NRHM forums in the district. At the village level 1258 Mothers Groups were activated in 740 villages targeting to cover all pregnant women. Remote majra, purve were given special attention to enhance the coverage. Under the guidance of MAMTA,

a District MNH Consortia is emerging as a platform to further key public health initiatives including maternal and neonatal health as priority in the district.

Sure Start has entered into sustainability phase where emphasis is laid on identification and referral of pregnant women with danger signs and bad/ complicated obstetric history; emergency transport system, home visits of third trimester pregnant women, capacity building of ASHA, introduction of books and registers and HMIS system were significant developments. Besides routine intervention with the beneficiaries and service providers, World Breast Feeding Week, Safe Motherhood Day' were celebrated in the district; on this occasion 72 % MGs were sensitized on immediate breast feeding and Janani Suraksha Yojna to enhance institutional delivery. In February '09, Hardoi had the privilege of hosting cross learning visit of implementation partners from the six Sure Start districts of Uttar Pradesh.

## 24. Primary Health Centre (2008-2009)

Supporting Agency:	DLF
Key Beneficiaries:	Women, Children, Young people and Adults
Geographical Reach:	Haryana
Key Strategies:	Community Mobilization, Awareness generation, Access to quality services

The project aims at providing quality primary health care services to population around PHC villages with special focus on women, children and young people while achieving and maintaining low cost quality health care. Another key focus of the project is to educate the population on various preventive and promotive health care issues and build human resource amongst the community to disseminate knowledge and awareness regarding best health care practices for sustainability. Infrastructural improvements were carried out in all Primary Health Centres (PHCs) including provision for inverters. Outdoor services and clinics functioned smoothly as per the above mentioned schedule during the reporting period. More than 6,000 people have availed the facilities of PHCs during the reporting period. Free of cost laboratory test within the premises has been initiated.

Issue based awareness and information about the clinics in the target villages is done through group awareness programmes and regular interactions with the key stakeholders in the village.

With the help of PRI members and other key stakeholders, regular community meetings were organized in the villages where medics and para-medical staff sensitized the participants on various preventive and promotive health care issues. Topics ranged from nutrition, immunization, breast feeding, polio drops to anemia and other general health topics.

## 25. Technical Assistance in Community Based Newborn Care in Five Districts of Uttar Pradesh-Vistaar Project (2008- 2011)

Supporting Agency:	Intra Health International-The Vistaar Project
Key Beneficiaries:	Pregnant mothers and newborns.
Geographical Reach:	Uttar Pradesh (5 districts).
Key Strategies:	<p>Strengthening the IPC and operational skills of ASHAs Strengthening local supportive networks for ASHAs</p> <p>Strengthening of Village Health and Nutrition Days</p> <p>Strengthening Village Health Sanitation Committees (in Varanasi)</p>

Improving newborn health in community using interventions directed both at front line service providers viz. Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwife (ANMs) and Lady Health Visitors (LHVs), and service delivery mechanisms National Rural Health Mission (NRHM), Comprehensive Child Survival Program (CCSP), Village Health and Nutrition Day (VHND) and Village Health and Sanitation Committee (VHSC) are the key objectives of this project.

After ensuring setting up of infrastructure and human resource at state level and district levels, an introductory meeting for sensitization of officials of all 5 districts was conducted on the goals and objectives, strategies for the implementation and expected outputs/outcome by implementing the Project. Implementation of project began with the development of field tested RNA tools and conducting and sharing of rapid assessment result to district level key stakeholders. A pool of thematic master facilitators has been identified at state level and capacities of ASHA, supervisory cadre developed on IPC skills. State level master facilitators' training on VHSC was taken up followed by the district level VHSC facilitator trainings in Varanasi.

For mentoring ASHAs, preliminary consultations at various levels in the districts, data collection on ASHA monthly meetings, regularization of ASHA monthly meetings and observation of ASHA's monthly performances were followed up systematically.

Another key component of the project is operationalizing VHNDs and VHSCs. As Technical Assistance agency, MAMTA has facilitated the development of VHND micro plan for the districts using fixed day, fixed site approach and facilitating convergence meetings of the RCH and ICDS functionaries.

## 26. Strengthening community based mechanisms for enhancing maternal and child health in Bihar

Supporting agency	Sir Jamsetji TATA Trust
Key Beneficiaries	Adolescents/Youth, Women 15-49 yrs, Children 0-5 yrs
Geographical reach	Bihar (3 districts)
Key Strategies	Capacity building, Group Formation, partnerships Building

The project design includes formation of community women's groups and men's group. These groups will be capacitated on importance of safe motherhood; sexual and reproductive health of adolescents, early marriage and its implications, importance of male involvement; referral; health services and, exposure visits to the health facilities; communication and advocacy skills

By the end of three years each area will have at least 20 Lead CBOs –a sustainable resource available in the community for pursuing the agenda for improving maternal and child health. CBO members will be trained on project issues; Reproductive and Child Health; Pregnancy complications, precautions, family planning, SRH needs of young people and consequences of early marriage and early pregnancy, gender and rights. CBOs will be mobilized to interact directly with the health functionaries and authorities to facilitate the service delivery. On the other hand, CBO will focus on promoting best practices related to pregnancy, delivery and child care as well as SRH issues of adolescents. In addition to linkage with healthy facility, project teams will establish the linkages with traditional birth attendants (Dai), Anganwari Workers (AWW), and Accredited Social and Health Activist (ASHA) at the community level. Group meetings with adolescents, men and women especially pregnant and lactating women will be organized. The community level stakeholders including parents and parents in law and key decision makers in the community will also be sensitized. Advocacy, networking and liaisoning with the district and State Health Officials will be an ongoing process. The existing public health system would also be sensitized/ capacitated towards the emerging needs of the community.

# Conferences and Paper Presentation

1. Das, Subha Sankar (2007) "Intervention addressing masculinities among young men in Gorakhpur, India" accepted as an oral presentation at The 8th International Congress on AIDS in Asia and the Pacific, Colombo

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2. Agrawal, Deepti (2007) "Integrating sexual and reproductive health in youth-friendly health services in an urban slum" oral presentation at The 8th International Congress on AIDS in Asia and the Pacific, Colombo

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3. Agrawal, Deepti (2007) "Evidencing Sexuality Education in Indian context" presented at the conference on Investing in Young people's Health and Development: Research that improves Policies and Programs, Abuja, Nigeria organized by Gates Foundation

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4. Akhtar, Faiyaz (2007) "Sexuality Education that works" presented at 8th International Congress on AIDS in Asia and the Pacific, Colombo

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5. Kumar, Jayant (2007) 'Sustaining Young People's SRH Initiatives with community support' presented at the conference on Investing in Young people's Health and Development: Research that improves Policies and Programs, Abuja, Nigeria organized by Gates Foundation

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6. Das, Subha Sankar (2008) "Working with men, Gorakhpur, India" accepted for oral presentation at the Investing in Young People's Health and Development: Research That Improves Policies and Programs Conference held in Abuja, Nigeria

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7. Skill Building session organized on "Communicating with Young People (10-24 years) on Sexuality and Rights for addressing HIV and AIDS" at 8th International Congress on AIDS in Asia and Pacific, Colombo, 19-23 August 2007

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# MAMTA's Collaborations

MAMTA has technical partnerships with University of Uppsala (Sweden), Karolinska Institute (Sweden), Lund University (Sweden), Oregon State University (USA), Population Council (USA) and Australian International Health Institute, University of Melbourne (Australia).

The project with inputs from Karolinska Institute (Sweden), is with a community based randomized control trial to find impact of group education sessions on the skill and capacity to cope and take action to delay age at first pregnancy among married women and reduce unwanted sexual initiation and/or use of 'correct protective decisions' for unmarried adolescent developed among a cohort in the intervention areas.

Collaboration with Lund University (Sweden) concentrates on the National Training programme of service providers and programme managers within the public health domains responsible to roll out the adolescent friendly health services under the National Health Mission from selected states of India. Lund University is involved in



*'Signing Memorandum of Understanding with Oregon State University, U.S.A. This co-operation is aimed at moving the issue of sexual and reproductive health and maternal and child health through cross learning between academia and field based professionals in health and development'.*

the three week training programme as resource person and also hosts the Sweden leg of training and exposure. As course partner Lund faculties also mentor change projects of the participants to the course along with Indian counterparts from MAMTA. The evidence building of the training involve a stage of change model to identify changes in behaviors of individual trainees attending the training programme in pre, post and post-post design of cohort follow up.

## Other Assignments

### Development of Gender Action Plan

After NACP III, (2007-2012) National Program Implementation plan was drawn out; developing the Gender Action plan for NACP III in partnership with UNIFEM was another task, which MAMTA was designated to undertake. This was mainly because of the key role the organization played in the drafting of NACP III especially as the convener of the Sub group on Gender youth Adolescent and Children. The process for this followed through formulation of Technical Advisory Committee, and UNIFEM provided the desired inputs and support for this action.

Extensive desk review, interaction with stakeholders, communities from Targeted Intervention population were part of the review process to capture voices and build not just evidence from

the field, but bring out grass-root realities (real life case stories) within policy processes. This created an echo of the thoughts and felt (unmet) need of women, adolescents and other gendered identities the people affected by the virus.

For the new gender action plan there was the need to build upon past experiences, with particular reference to NACP – II (wherein messages had a medical orientation and fear approach to raise awareness levels, encourage use of condoms and motivate behaviour change ) and create a broad spectrum of advocacy programs for social mobilization supported by a new genre of communication materials.

Some of the issues that were addressed in the Gender Action Plan suggested for NACP III to include gender specific needs of positive women under the

program components for prevention care treatment and support, strategic action plan was drawn up to integrate HIV and AIDS with NRHM with gender lens. Other recommendations comprised of IEC and advocacy guidelines with regards to engendering all aspects of NACP, a prototype for drawing up action plans for key ministries and departments towards mainstreaming gender and HIV in their ongoing programs and finally a suggestive format for gender monitoring and

evaluation as a strategic information monitoring and evaluation tool under NACP III .

The exercise undertaken by MAMTA was an enriching experience wherein one had to critically look into the NACP III and analyze its components from a gender lens followed by proposing workable approaches to enhance capacities within the existing framework to address gender and human rights for all interventions.

## Open house discussion on Lesbian, Gay, Bisexual, Transgender (LGBT) Rights (June 2007)

An open lecture on 'LGBT rights in a Human rights perspective' was organized by MAMTA together with RFSU. The Swedish Ombudsman against Sexual Discrimination Mr. Hans Ytterberg gave a presentation on LGBT issues in a Human rights perspective and shared his Swedish experience and challenges faced at the office. Mr. Ashok Row Kavi, Founder Chairperson Humsafar Trust, Mumbai & Technical Advisor, MSM interventions, UNAIDS presented on LGBT issues in the Indian context.



Apart from the workshop participants around 20 organizations working on HIV/AIDS, human rights, LGBT issues such as CREA, PATH, AIF, DNP+, TARSHI participated in the event.

## Working in the South and South East Asia region with IFRC and its partner country societies

Technical support in the form of training was extended to partner national societies of International Federation for Red Cross and Red Crescent Society of Afghanistan, Bangladesh in particular and South Asian countries at large.

### Sri Lanka (October 2007)

*Technical Resource:*

**Dr Deepti Agrawal, Ms Smita Mitra**

MAMTA was invited to take up training and skill building sessions on advocacy for creating an enabling environment for prevention of HIV in youth. In light of the humanitarian aid provided by the IFRC and its partner national society to



different facets of development, crisis management, disaster preparedness advocacy was identified as an important function to work with- identifying a wide range of stakeholders, garnering their support and moving towards a co-operation in the desired direction.

The meaning and interpretation of various definitions of advocacy was explained, approaches discussed and its subsequent impact explained.

The importance of stakeholders in advocacy was highlighted. Practical sessions were conducted on drawing up a stakeholder matrix based on a common relevant issue. A practical session on the packaging and design of relevant messages was also held.

The session concluded with participants dividing themselves into three groups for a role-play on delivering effective messages based on evidence. A documentary film PRATIBIMB was screened as an example of evidence based advocacy.

Understanding the difference between proactive and reactive advocacy was deliberated upon and it was also clarified that activism did not usually have a long-term impact and an activist mode does not help when one wants to work within the system.

Further in conclusion it was summarized that advocacy needs to have a long term and short-term indicators and has to be integrated into the programme at all levels. Processes are as important in advocacy as outputs. It was also suggested that in the partner society members need to bring a humanitarian perspective to their respective advocacy initiatives on various issues.

## Afghanistan (December 2007)

*Technical Resource:*

**Dr P.K. Goswami, Ms Iram Saeed**

In a conflict-laden country, with scarcity of resources, health care facilities being limited, young people are amongst the vulnerable group of population. Hence educating them on reproductive health is cost effective and a sustainable approach to instill safe behaviors and to create supportive environment for responsible and positive health seeking behaviour. With this aim the IFRC supported MAMTA to facilitate a workshop for Afghanistan Red Cross Society held at Kabul (7-9 December 2007). The workshop focused on Life

skills mainly while raising discussions around issues related to gender, sexuality, HIV. 26 participants attended this workshop which comprised of school teachers, HIV coordinators and young Peer Educators out of which few of them are working as trainers for young people. MAMTA team used interactive methodologies i.e., Forum Play, value games, group work, power point presentations, team building exercises and audio/visual shows so as to give opportunities to participants to practice their learning along with working on their personal values. Working in Afghanistan was the first of its kind experience for MAMTA. Though challenging it served to be a learning experience of working in a conflict ridden country on issues of youth health and development which still remain partially addressed. Peer education and adolescent parenting.

## India (March 2009)

*Technical Resource:*

**Ms Jyoti Sehgal**

A workshop was organised by IFRC SARD to determine the knowledge levels about HIV and AIDS amongst its employees and to make them comfortable to discuss the issue with their children. MAMTA facilitated the session on “How to talk about HIV/AIDS with children”.

Through this session participants were made to understand various aspects regarding open talk on HIV/AIDS. Following topics were touched upon: why it is important to discuss about HIV and AIDS; what are the barriers because of which we are unable to talk about these issues; ice-breaking with children; how to discuss with children about traditionally difficult topics; and parents-children communication strategies.

The session triggered off variety of response from the participants and followed through sharing of experiences.

## Peer Education and Adolescent Parenting, Bangladesh (January- March 2009)

*Technical Resource:*

Dr Sunil Mehra, Ms Smita Mitra, Dr Arti Sharma



Technical support was provided to Plan International Bangladesh and its program implementation partners on peer education and adolescent parenting for a project on 'Strengthening Adolescent Reproductive Health in Bangladesh' supported by Canadian International Development agency, (CIDA) Asia office.

The group of participants consisted of project implementation team from Radda Barmen Concerned Women for Family Development (CWFD), Marrie Stopes, Population Services and Training Centre (PSTC), Dushtha Shasthya Kendra (DSK), Lutheran Aid to Medicine

Bangladesh (LAMB), and Young Power in Social Action (YPSA). They were introduced to the basic tenets of Peer education and youth participation. Its relevance to a program based on adolescent sexual reproductive health and the need for involving young people as peer educators.

The project was based on improving reproductive health of adolescent (especially girls) by reducing inequalities in access to and control over the resources (Health) and benefits in the selected areas of Bangladesh. Peer Education training, was followed up by providing Hand book and Training of Trainers Module, followed by preparation of a Module on Adolescent Parenting. This addressed using of Adult to Adult peer approach in enhancing reproductive health of adolescent. The Adolescent Parenting Module was shared with select group of participants from project team in Plan International and its partners, complemented by a site visit to MAMTA 's program intervention in slum re-settlement colonies of South Delhi. The Adolescent Parenting Module was supported by an Operational framework as a guiding tool for program implementation.

## SRIJAN partners' visit to Sweden



*MAMTA and SRIJAN partners on a study visit to RFSU*

RFSU (Sweden) extended an invitation to SRIJAN partners to visit Sweden in February 2008. The purpose of this visit was to offer PNGOs the opportunity of exposure to Sexuality Education Program and Youth Friendly Health Services implemented in Sweden – recognized as one of the best models of the world. Ten representatives of SRIJAN partners from seven states were selected for the visit. This exposure resulted in strong sensitization on Youth Friendly Health Services. The visit's learning was shared to the larger network and many NGO partners started since then an intensive advocacy campaign for demanding Youth Friendly Health Services in to public health delivery system in their intervention area.

## Governing Board's Visit to Sweden



MAMTA has been consistently working with Swedish Institutions and Swedish International Development Co-operation Agency (Sida) for implementing health and development programs in India, along with its network of NGO partners. As a part of the collaborative project on Youth Health and Development a sexual reproductive health centred action approach, MAMTA-RFSU facilitated a 5-day study visit on youth's health and development for a seven member delegation of Governing Board Member of MAMTA to Sweden.

Sweden, one of the largest Scandinavian countries has consistently maintained a high ranking on Human Development Index and on the Gender Development Index.

The delegation comprised of chief of corporate conglomerate, legal luminaries, media professionals, issue based experts of gender, development and education.

The delegation visited select institutions like, LAFA – the Stockholm County AIDS Prevention

Programme, the Swedish Film Institute (SFI), and the National Board of Health and Welfare, a Swedish Governmental agency under the Ministry of Health and Social Affairs.

Besides, a series of interaction(s) were organised with Swedish Parliamentarians. Ms. Cecilia Wikström, a Parliamentarian member of the Parliamentary Committee on Health and Welfare and then Deputy Chair of the Parliamentary Committee on Cultural Affairs, had visited India in the past as a part of Swedish Parliamentary Members exchange visits under the MAMTA-RFSU, YRSR Project. The discussions helped lend a perspective to the Governing Board Members on Swedish systems and operational mechanism on issues of gender, rights, sexuality and reproductive health and development of youth in the country.

Discussion with RFSU Governing Board members and RFSU-AB (the corporate wing) was organised and led to an enriching experience for MAMTA's Governing Board members. The long standing collaboration with RFSU and support from Sida had significantly contributed to the institutional growth and issue based thematic progression of MAMTA. The Governing Board members, often confined to four hourly discussions at regular six monthly intervals and publications of MAMTA in the form of project documents, annual and binneal reports, had for the first time the opportunity to interact, discuss and witness the capability of MAMTA - which was constantly growing and increasing its domain of work nationally and internationally.

# Way forward

*MAMTA has been fortunate to have National and International collaborations across the world. Its time for us to scale up our interventions with better evidence. MAMTA has transcended cross borders in countries like Nepal and Bangladesh and in South and South East Asia as it continues to work in different, cultures, systems and policies even if the development issues are similar.*

*Strengthening and developing meaningful partnership with public health system in India has been MAMTA 's endeavour. We shall continue to focus on Youth Health and development (especially with focus on Youth Friendly Health Services) and Maternal and child health under NRHM. The SRH and HIV convergence agenda, which we have worked throughout for some years especially for young people and Prevention of Parent To Child Transmission (PPTCT), is ready for scale up and we hope we get enough opportunities to carry it forward.*

*With the holistic health and development dogma, emerging threats of climate change and public health preparedness is the domain where MAMTA is building its capacities and intervention base. Environmental crisis has further increased vulnerability of women and adolescents health and development within a resource inequitable public health system. With the growing momentum in national and international platforms on Climate change and Health, MAMTA is exploring opportunities to learn and implement mitigation adaptation through technical supports and collaborations.*

# Publications (2007-2009)

## Kishore Youn evam Prajnan Swasthaye per Prashikshan Pustak 2007 Set of 4 books (Hindi)

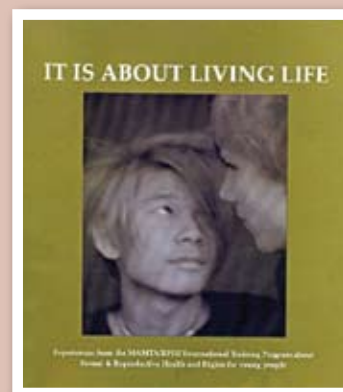
1-Kishoron Me Vriddhi Evam Vikas, 2- HIV Evam AIDS, 3-Kishore Garbhavastha, Garbhapat Evam Kam Bhar Ke Shishu ka Janm, 4. Kishoron Ke Liye Garbh Nirodhan.

This Kit contains four training modules which help to impart knowledge to the adolescents especially in the area of adolescent reproductive health. The various issues are dealt with, in detail, intermingled with games, activities and instructions for the trainers along with relevant visuals to make the learning interesting and interactive. Issues like adolescent health and development; menstruation; adolescent pregnancy, abortion, contraception; reproductive tract infections; sexually transmitted diseases/HIV/AIDS and maternal and child health has been discussed and dealt within these modules.



## It is about living life 2008 (English)

This book documents the experiences from the MAMTA/RFSU International Training Programme about Sexual & Reproductive Health and Rights for Young People. This two weeks training programme was organized for a period of five years (2003-2007) and consisted of participants from 10 countries in South and South east Asia. This book is built on the content from the courses in hope to provide a useful resource in order to get an understanding of the learning process and the different methods for working with sexuality, gender, rights and sexuality education.



## Bol ri Kathputali 2008 (Hindi; English)

This puppetry manual is about the use of puppetry in disseminating knowledge on social issues among people of all age group but especially youth. It contains information related to making and manipulation of puppets. This publication was prepared with the hope that not only teachers but also health workers and social workers would make use of puppetry as tool to reach out to different age groups and inform them of various issues, particularly sensitive issues like sexual and reproductive health.



## ‘Young People’s Health and Development: A Sexual and Reproductive Health Centered Action Approach, 2003-2008’ 2009 (English)

A set of seven publications that are documentation of learning experiences of some of the key strategies and research initiatives under the project funded by Sida. These documents are complemented by an ‘Overview’ of the project that provides a comprehensive understanding about the entire project and interface between its different strategies and components.

The set contains following documents:



1. Young Peoples’ Health and Development: A Sexual and Reproductive Health Centered Action Approach, 2003-2008 – Project Overview
2. Sometimes All They Need is a Voice – Advocating for Young People’s Sexual and Reproductive Health and Rights
3. Partnerships for Change- Evolution of SRIJAN- Sexual and Reproductive Initiative For Joint Actions Network
4. A Culture of Trust and Confidence- ‘Friends’, Youth Friendly Health Center
5. Touching Lives Empowering Communities – Evidences from Pilot Interventions
6. When Knowledge is Power to Prevent – School Based Sexuality Education Programme
7. Building Trust- A Report on How to Mobilize Communities to Increase Young People’s Reproductive and Sexual Health in India.

The documents would be useful to all professionals engaged in health and development of young people to design and implement similar interventions aiming for Sexual and Reproductive Health and Rights of Young People in the country. For electronic copy log on to [www.yrshr.org](http://www.yrshr.org)

### Posters for Advocacy



**Bal vivah ke unchahe uphaar**  
(Hindi, Telugu, Bangla)



**Upyukt Youn Shiksha : Naye Dour Ki Nai Jaroorat**  
(Hindi, Telugu, Bangla)



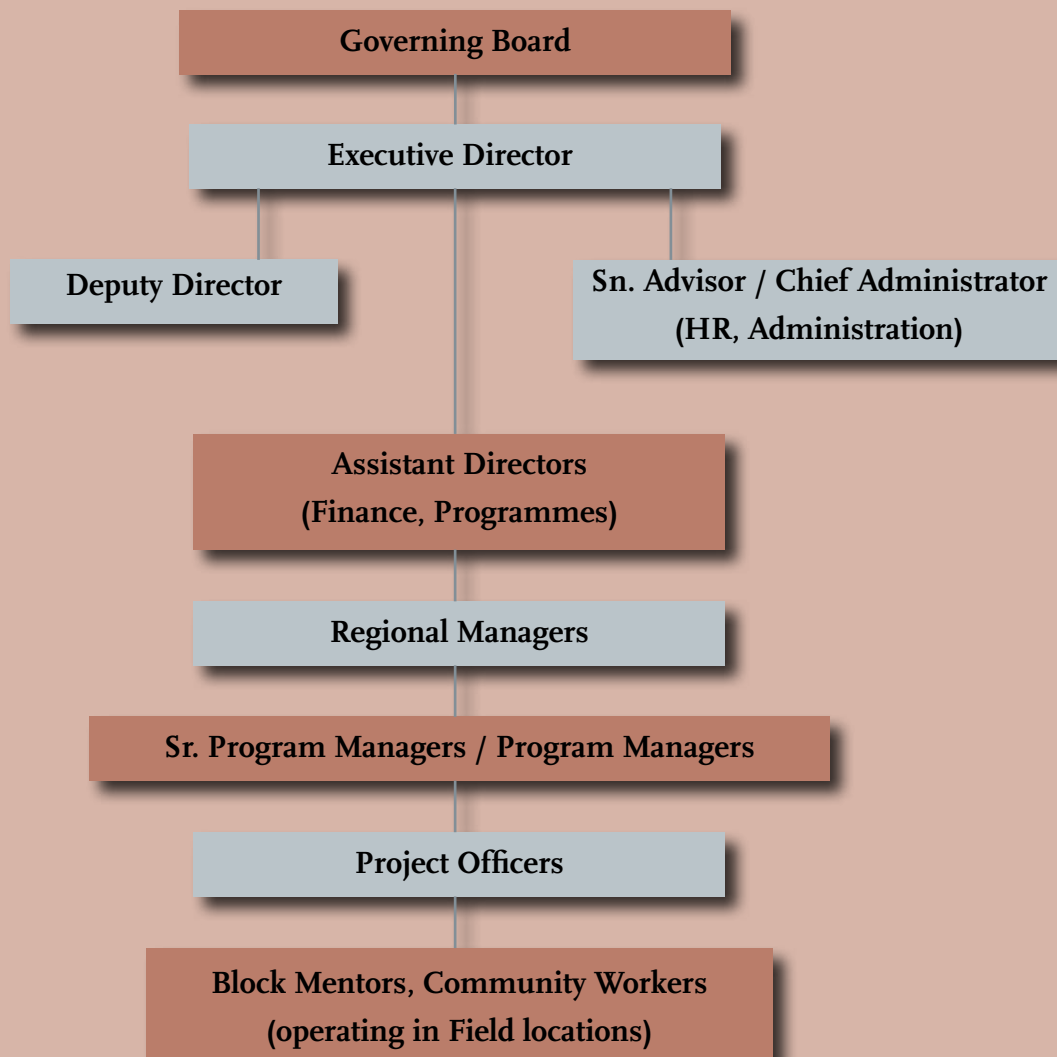
**Jindagi Na Ho Adhuri Is liye Suraksha Hai Jaroori**  
(Hindi, Telugu, Bangla)



**Haldi Ki Jaldi Kyon** (Hindi, Telugu, Bangla)

# MAMTA Parivar

Governing Board		
1	Mr U.K. Khaitan	President
2	Mr Girish Bhasin	Secretary
3	Dr P.K. Goswami	Treasurer
4	Mr D.P. Agarwal	Member
5	Dr Lavlin Thadani	Member
6	Dr Subhash C. Arya	Member
7	Mrs Harita Gupta	Member
8	Mr Shekhar Gupta	Member
9	Dr Suneeta Singh	Member



A team of committed professionals at MAMTA manages different functions like human resource, administration, financial management, training, program implementation, advocacy and communication, networking, research and documentation, statistical analysis etc. The pool of human resources is rich in terms of academic and professional background comprising of pediatricians, gynecologists, social scientists, demographers, anthropologists, social workers, researchers, HR managers, web developers and financial experts just to mention few. With clearly defined roles and responsibilities, the institution adheres to operational policies and procedures documented in its HR Manual. The manual ensures efficient, fair, sound systematic implementation in the organization, keeping in view of its strategic goals and mission.

MAMTA is managing more than hundred partner NGOs spread across the country implementing various projects on young people SRH, adolescent health and development, women and child health etc. The selection process of NGO partners for aforementioned programme implementation is clearly defined, transparent, fair and competitive.

MAMTA is a diverse (gendered and geographically) and equal opportunity employer with systems driven process providing scope for personal and professional growth and development. It maintains financial and systemic transparency as strong pillars of good governance not just in the field of development but also as an institution.

# Balance Sheet 2008

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048  
BALANCE SHEET AS AT 31ST MARCH 2008

CHARNALLIA BHATIA AND GANDHI  
Chartered Accountants

Liabilities	Amount	Assets	Amount
<b>CAPITAL FUND</b>		<b>FIXED ASSETS</b>	
Opening Balance	103,850,298.34	(As per Schedule (A))	
ADD: Excess of Income over Expenditure	24,446,705.26	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
		<b>CURRENT ASSETS</b>	
<b>CORPUS FUND</b>		Cash in Hand	147,257.50
		Cash at Bank at	
<b>STAFF WELFARE FUND</b>		PNB Nizamuddin SB 149893	8,589,704.27
Opening Balance	1,641,381.00	PNB Nizamuddin SB 175481	507,613.92
ADD: Created during the year	1,099,467.00	SBI Saket SB 47002	122,740.39
Less: Utilised During the Year	2,740,848.00	PNB, Bangalore Cant. SB	134,920.00
	601,121.00	PNB, Sujapur Tira, H.P	48,236.00
		HDFC Bank Ltd.G.K.N.Delhi (RRC)	981,556.38
<b>CURRENT LIABILITIES</b>		HDFC Bank Ltd.G.K.N.Delhi	1,326,378.01
Expenses Payable		HDFC Bank Ltd. (Jaipur)	110,633.85
		HDFC Bank Ltd. (Chandigarh)	277,196.62
		HDFC Bank Ltd. (Lucknow)	163,743.82
		HDFC Bank Ltd. Lucknow (RGF)	56,734.05
		HDFC Bank Ltd. (NAGPUR)	56,952.71
		HDFC Bank Ltd. (SHIMLA)	35,023.53
		HDFC Bank Ltd.G.K. I (CA)	20,000.00
		Indian Bank, Zamrudpur	5,000.00
		ICICI Bank, G.K II	63,963.00
		HDFC Bank Ltd. G.K. I (GRC)	93,777.20
		<b>FIXED DEPOSIT</b>	
		With ICICI Bank	32,314,665.00
		With HDFC	19,069,610.89
		With P.N.B	7,500,000.00
		Indian Bank	20,000,000.00
		Other Deposits	5,000,000.00
		Accrued Interest	4,718,899.40
		<b>ADVANCES</b>	
		Advances recoverable in cash or in kind for value to be received	2,010,624.47
		Security Deposit	123,000.00
<b>Total</b>	<b>134,336,202.89</b>	<b>Total</b>	<b>134,336,202.89</b>

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



Arun Bhatia  
Partner

Dr. Sushil Mishra  
Executive Director

Girish Bhasin  
Secretary

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

Place : New Delhi  
Date : 19 / 07 / 2008

# Balance Sheet 2009

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI - 110 048  
BALANCE SHEET AS AT 31ST MARCH 2009

CHARNALIA BHATIA AND GANDHI  
Chartered Accountants

Liabilities		Assets	
	Amount		Amount
<b>CAPITAL FUND</b>		<b>FIXED ASSETS</b>	
Opening Balance	128,297,003.60	(As per Schedule A)	
ADD Excess of Income over Expenditure	22,913,796.98	<b>CURRENT ASSETS, LOANS &amp; ADVANCES</b>	
		<b>CURRENT ASSETS</b>	
<b>CORPUS FUND</b>	151,210,800.58	Cash at Hand	291,136.55
	300,000.00	PNB Nizamuddin SB 14989	3,278,867.65
<b>STAFF WELFARE FUND</b>		PNB Nizamuddin SB 17548	493,865.92
Opening Balance	2,139,727.00	SBI Saket SB 47002	5,445.39
ADD: Created during the year	1,525,884.00	PNB, Bangalore Cant. SB	481,285.00
Less: Utilised During the Year	3,665,611.00	PNB, Sujapur Tira, H.P	80,668.00
	1,018,287.00	HDFC Bank Ltd. G.K.N. Delhi (RRC)	841,413.33
<b>CURRENT LIABILITIES</b>		HDFC Bank Ltd. (Delpur)	2,711,047.25
Expenses Payable	5,226,924.50	HDFC Bank Ltd. (Chandigarh)	212,566.68
		HDFC Bank Ltd. (Lucknow)	99,618.98
		HDFC Bank Ltd. Lucknow (RGF)	1,018,078.80
		HDFC Bank Ltd. (NAGPUR)	141,757.82
		HDFC Bank Ltd. (SHIMLA)	136,693.25
		HDFC Bank Ltd. G.K. I (CA)	13,545.50
		Indian Bank, Zamnapur	229,523.00
		ICICI Bank, G.K. II	4,850.00
		HDFC Bank HSACS	596,083.00
		HDFC Bank TATA	293,375.43
		HDFC Bank Varanasi	2,358,866.31
		HDFC Bank Ltd. G.K. I (GRC)	301,440.02
			249,755.54
		<b>FIXED DEPOSIT</b>	
		With ICICI Bank	30,000,000.00
		With HDFC	22,306,988.94
		With P.N.B	8,000,000.00
		Indian Bank, Zamnapur	
		With State Bank of India	38,500,000.00
		Other Deposits	5,000,000.00
		Accrued Interest	8,608,631.35
		<b>ADVANCES</b>	
		Advances recoverable in cash or in kind for value to be received	3,560,092.81
		Security Deposit	88,000.00
		<b>Total</b>	<b>159,385,049.08</b>
			0.00

FOR MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD

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



*Dr. Pooja Mehra*  
Executive Director

*Girish Bhasia*  
Secretary

Place : New Delhi  
Date : 11th July 2009

ARUN BHATIA  
Partner



# Acronyms and Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retroviral Treatment
AWW	Anganwadi Worker
BCC	Behaviour Change Communication
CAA	Children Affected by AIDS
CCSP	Comprehensive Child Survival Program
CLHIV	Children Living with HIV
CBO	Community Based Organization
DFID	UK Department for International Development
DOTS	Directly Observed Treatment Short-Course
FNGO	Field Non Governmental Organization
FSW	Female Sex Worker
GO	Governmental Organization
GoI	Government of India
GRC	Gender Resource Centre
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
INGO	International Non Governmental Organization
INR	Indian Rupee
IPPF	International Planned Parenthood Federation
LGBT	Lesbian, Gay, Bisexual, Transgender
LHV	Lady Health Visitors
MIS	Management Information System
MNGO	Mother Non Governmental Organization
MOHFW	Ministry and Health and Family Welfare
MOYAS	Ministry of Youth Affairs and Sports
MSM	Men who have sex with men
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme

NCW	National Commission for Women
NGO	Non Governmental Organization
NHRC	National Human Rights Commission
NIHFW	National Institute for Health & Family Welfare
NIPCED	National Institute of Public Cooperation and Child Development
NRHM	National Rural Health Mission
NTP	National Training Programme
PHC	Primary Health Centre
PI	Phased Intervention
PLA	Participatory Learning and Action
PPTCT	Prevention of Parent To Child Transmission
PRI	Panchayati Raj Institution
R&D	Research and Documentation
RCH	Reproductive and Child Health
RFSU	The Swedish Association for Sexuality Education
RTI	Reproductive Tract Infection
SACS	State AIDS Control Society
SFA	State Facilitating Agency
SIDA	Swedish International Development Cooperation Agency
SRIJAN	Sexual and Reproductive Health Initiative for Joint Action Network
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
ToT	Training (or Trainer) of Trainers
UN	United Nations
UNFPA	United Nation Population Fund
USAID	United States Agency for International Development
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee
WCD	Women and Child Development
WHO	World Health Organization
YFHS	Youth Friendly Health Services
YIC	Youth Information Centre
YSRHR	Young People's Sexual Reproductive Health and Rights







**MAMTA**

MAMTA – Health Institute for mother and child is a Non -Profit, Non - Government organisation aiming to improve Sexual and Reproductive Health of current and future generations through rights based approach. Through its various interventions the organisation constantly strives to bring about an equitable and sustainable change in the lives of young people in India and in South Asia. In addition to Sexual reproductive Health and Rights, MAMTA has a significant focus on Maternal and child health and HIV prevention care and support programs. working in the context of poverty and addressing gender and rights issues is a common mandate within all areas of work.

Established in 1991, MAMTA presently has interventions located in three countries (India, Nepal and Bangladesh) and 14 states in India. Its head quarters are located in New Delhi with state offices in Lucknow, Chandigarh and Jaipur. MAMTA's interventions are made possible through partnerships with more than 150 organisations across India and South Asia.



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