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FROM

THE EXECUTIVE DIRECTOR'S DESK

I am happy to share with you the Annual Report of MAMTA for the year 2002-2003. The year was full of challenges, learning and new initiatives. MAMTA has grown tremendously over the last few years which made us to introspect ourselves on some parameters to sustain the quality in the programmes at every levels. We had lots of discussions among the team and finally reached to a consensus that 'Quality Assurance' should be the key concern for all our efforts.

Although we had faced several challenges in terms of taking ourselves towards sustaining the community actions, but now. It's heartening to observe community involvement at various levels i.e. planning, designing, implementation and also evaluating the programmes. This year we had exciting experience, where the evaluations of some big projects happened and the whole processes brought more focus in our programmes and provided new directions to our efforts. In this regard we would especially thank Sida for the evaluation process and its significant effect on our work force.

We, as an organization are trying to mainstream gender and rights perspective both at programmatic and at organizational level. 'Gender Mainstreaming' in the organization helped us in framing policy guidelines for human resource

management and development. We are also working hard to bring forth 'rights' perspective at various levels.

It is encouraging to receive the state level award from Delhi State government on our efforts toward leading the first 'Community based Care and Support Programme for People living with and Affected by HIV/AIDS' in Delhi State. Taking further our efforts towards HIV/AIDS prevention and care we have taken the initiative to start work on Prevention of Mother to Child Transmission and recently initiated the programme on 'Prevention of MTCT through Safe motherhood Initiatives' in two states i.e. Himachal Pradesh and Delhi

The success of MAMTA's efforts is all due to the dedicated team of peer educators, community workers, middle and senior level staff. I sincerely appreciate the commitment and sensitivity of the whole team. Without you all, MAMTA cannot achieve whatever it sets out to.

In the end let me take this opportunity to thank all the Governing Board members for their constant advise and help. You all have always been a success of inspiration.



Dr. Sunil Mehra
Executive Director

OUR MISSION

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A n n u a l R e p o r t 2 0 0 2 - 2 0 0 3

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

MAMTA Health Institute for Mother and Child
33-A, Saidulajab, M.B. Road, New Delhi -110030

The year 1990 is the foundation year of MAMTA. It was a first move of a Pediatrician (the founder member) towards making his dream to enhance the status of child health by focusing on mothers through their knowledge and skill building. Though, it was a long struggle, we started working in Tigri, a slum in Delhi. Over a period of time, our community-based interventions make us realize that focusing women and child health alone is not sufficient to look for desired change. There is also a need to address family as a unit and larger community environment for enhancing women and child health status. It is through an integrated development approach - focusing on the participation of adolescent, men and other key stakeholders of the community that we started working on. This is necessitated a shift from purely women and child to adolescents/ young people and making them as focal points by adopting a life cycle approach.

Entrepreneurship Development Programme (EDP), which was aimed at enhancing economic capacities of adolescents, was also used as an entry point to address the issues of adolescents/ young people and their health and development. The EDP centre and the Adolescent Development Centre (ADC), where young girls attended non-formal education, helped this young groups especially girls in accessing information on health and education, building skills within the community. In all these initiatives personality development aspects of adolescents became an integral part. Further, it also gave us an opportunity to sensitize young people and their families on range of issues related to reproductive and sexual health and rights.

Widening our Horizons...

Working with communities, more than a decade we learnt a lot, which bring focus in our work and our clarity in the our vision. Commitment towards the cause and support from the various stakeholders made our efforts fruitful and widens the horizon on the followings aspects -

- ♦ Geographically expanded from Delhi to Haryana, Rajasthan, and Karnataka for direct interventions and in Himachal Pradesh, Uttar Pradesh, Bihar, West Bengal, Gujarat, Maharastra and Andhra Pradesh through partner NGOs
- ♦ Mounting with our intervention strategy we have also embraced capacity building, networking, action research, and advocacy as our focal points of working
- ♦ Scaling and strengthening the human resources is decisive for our growth. We are thriving towards being centre of excellence in various areas of health and development.

Working with young people on reproductive and sexual health and rights issue we apprehend the need for a community based care and support programme for people living with and affected by HIV/AIDS.

Our uninterrupted efforts roofed up some core issues such as women and child health, adolescent health and development, women's empowerment, young people's reproductive and sexual health and rights and HIV/AIDS care and support. Sustaining the Community Action is an integral part of all the programmes.

“Our efforts toward gender mainstreaming at programmatic and orgnaisational level has built our perspective to see the whole processes through a gender lens.”

THE

CORE ISSUES WE FOCUS ON...

Women and Child Health

In order to address the inadequately met health problems of the community, a model primary health care service is demonstrated by organizing clinical services for the target groups. These clinics are held bi-weekly at our intervention areas i.e., Sangam Vihar and Tigri (Delhi). It offers gynecology, pediatrician, male clinic, adolescent and counseling services conducted by specialized medical professionals. A minimal fee is charged to instill a sense of responsibility among the health seekers.

Immunization (children of 0-2 years) services are being provided at the center to ensure complete immunization of children under two years. Weight of children in the target group 0-2 years is taken on regular intervals to facilitate early signs of malnourishment among children and provide nutritional counseling for proper growth of the child at right time. To ensure this, MAMTA Aahar (a nutritive diet comprised of high protein, carbohydrate and fat) is provided to the malnourished children, pregnant women, lactating mothers and adolescents of Poorest of the Poor families.

MAMTA Aahar

A Community based nutrition approach where six community women from the community are involved in preparing, packaging and even distribution of this diet. They also participate in the community demonstrating process of the Aahar together with discussion on other locally available low cost foods.

Laboratory services are also a part of the clinical services for providing correct diagnosis for right treatment. Community sensitization on the health issue is an integral part of all health programmes. We are successfully established 'Contraceptive Depots' in the communities to have easy access to contraceptives especially condoms for promoting spacing and safe sex practices.

In response to the felt need of the community, a strategy was worked out to address the concerns of persons with disability (PWD) in the community. The purpose is to mainstream PWDs in the family as well community affairs by creating opportunities for them to be economically



..."Initially, I was so weak that I was not able to sit on my own and my parents were reluctant to send me for PWD training. With constant efforts and regular follow-ups by MAMTA, they agreed to send. Today, after four months of regular training and association with the PWD workshops at MAMTA, I have not only gained confidence to sit on my own but also started coming to the workshop independently. I enjoy making folders and files."

Sunil a 15 years old boy

independent, support their families and improve their confidence levels. Till now 17 persons are identified who are attending the

PWD workshops regularly. This group is named as 'BADHTE KADAM'. While attending these workshops they are gainfully occupied to make greetings cards, folders, file covers. With the sale of these products they are enjoying some monetary gain. Various efforts has been made to build linkages of PWD and their parents with specialized institutions like a multi disciplinary camp was organized with collaboration of 'Amar Jyoti Rehabilitation Center' where an orthopedic and ENT specialist examined the children (approx.100) In all, three children are provided with calipers and five are referred to various institutions for surgical correction.

Adolescent Health and Development

We believe that well-informed adolescents on sexual health and development issues can play a decisive role in the furtherance of better adolescent health in the country. We are focusing on reproductive health and sexual health issues by sensitising them through group meetings, trainings programmes, thematic camps, exposure visits and providing support services through adolescent counselling centre and adolescent friendly clinics. All these aimed at fulfilling their emotional, psychological, physical health and intellectual needs and concerns and help them to be better individuals.

Our initiatives are also addressing immediate concerns of adolescents in the country i.e., delaying early marriage and pregnancy by creating an environment for effective policy and program initiative for enhanced reproductive and sexual health and rights of young people (men and women).

Community Based Entrepreneurship Programme has able to generate participation of more than 150 adolescents. They are

"I live in a family of eleven members with only two earners. I took up course of tailoring and very sincerely finished the course. Today, I am earning and contributing to my family. I have purchased a second hand sewing machine to work independently at home.",

Narrates Shabana...17 years old girl

attending courses on electronic, electrical, beauty-culture, tailoring and cutting besides some other short terms courses. A small group of 14 girls from the community belonging to poorest of the poor families have formed a group of making different products such as tablemats, embroider shawls, kurtas and hankies. They are also going out to the open market for putting up stalls and selling these items. It is providing them opportunity to learn marketing skills at the same time.

World Literacy Day (8th September 2002)

A rally was organized in the community; the participants were peer group and the members of the Nigrani committee (community action group) and key members of the community. The objective of this rally was to generate awareness about the need and essence of education and also the right of the child to attain basic education. The rally was followed by a drama, which stressed on the educational right of the girl child and advantages of the having educated female members in the family and in the community.

Women Empowerment

"After attending the couples meeting, I have been motivated to do lot of thinking. This resulted in my functioning as a volunteer and holding a contraceptive depot at my residence. This not only empowered me to talk about contraception but also enabled me to talk to new couples about the importance of contraception"

Mr. Madanlal,
Primary school teacher....

The process are aiming at enhancing the quality of life of women through increased knowledge and skills, better literacy level and access to services and information to have better negotiating skills towards their health and developmental issues. In the course we realized that men involvement is imperative to have sustainable output and minimum conflicts. The concepts of **couple meetings** and 'workshop interventions' were introduced with the purpose to sensitize the men to take up responsibility for better woman and child health. This is also to ensure gender equity in the programmes.

The concept of **Self Help Groups** (SHGs) among community women was facilitated to encourage women to participate in their development and work towards day-to-day problems. There are issue-based groups have taken shape to promote girl's education, small savings to realize economic freedom and reduce domestic violence - a crucial step towards women's empowerment. Meetings for the formation of new groups and follow-up with the existing groups are a regular feature of the programme. Some of the issues like women's rights, legal rights, domestic violence, community development and their responsibilities, sustainability of community action etc. are also discussed time to time in the ongoing meetings. Interested women

members are also imparted training on money management skills, records keeping, managing bank accounts and SHGs management.

Multi purpose center are established in the community as '**Women Development Centers**' for providing information, education and counseling to women, adolescents and men. It is aiming at building a supportive environment in the community for women who needs help and assistance. We are making efforts to make it women friendly by ensuring presence of women worker at specific hours, keeping information about agencies who provides specialized services in the areas of health and development issues including education, domestic violence, gender, and entrepreneurship development. It also has facilities for imparting education to women and adolescents and has a small reading center.

In one of our communities **Adult literacy centers** are functioning with the objective of facilitating basic literacy to the illiterate and drop out adults mainly women. Reading room facilities are also being provided for developing reading habits among adolescent girls and boys. The community based library network has been initiated with aim of providing access to information and basic reference materials for the target groups.



Young People's Sexual and Reproductive Health and Rights (YSRHR)

Working with adolescent we realise that making our efforts more fruitful it's important to take young people along. With this realisation we have initiated a huge programme keeping the aspect of optimum health and development of young people.

Regular meetings are held to sensitise young people on their sexual, reproductive health and rights issues. IEC material is prepared in the local languages by the community workers (with technical inputs from seniors) that generally used for the awareness generation. Young people expressed the need for place where they can interact with each other. This was especially needed for girls because of mobility restrictions and safety concerns. For that purpose 'Youth Information Centres' (YICs) were introduced in the communities after discussing it with the parents. This is the place where young people can voice their concerns related to their reproductive and sexual health. It helps in maximising the involvement of



young people in the programme. **Saturday Club** as part of YIC involves young people to interact and discuss various issues. This forum has been used during the later part

of the year to impart life skills education. **Summer Camp** was introduced to provide the supportive environment to young people where 48 participants (29 boys and 19 girls) aged 10-14 participated in the singing, dancing, declamation and skits competitions.

Counselling is an important part of the programme as it helped young people to share and seek clarifications about the problem associated with their sexual and reproductive health and rights.

HIV/AIDS Care and Support

HIV/AIDS is one of the important components of our all programmes as we are addressing the reproductive and sexual health issues. Looking at 50% new HIV infections among young people geared us to take the opportunity for initiating community based Care and Support programme for people living with and affected by HIV/AIDS. We initiated this programme in Delhi state as lead organization with eight partner NGOs and calling it 'CBCS network'.

The purpose of the programme to provide appropriate and adequate clinical

and psychosocial support to PLHAs/FAAS/ CAAS through community and home based care. Through this initiative we are able to build a network for generating the collective responses on HIV/AIDS care and support issue in the state. To explore the opportunities to work more closely with women and child, initiative has been taken towards working on 'prevention of Mother to Child Transmission of HIV through Safe-Motherhood Initiatives' in two states i.e. Delhi and Himachal Pradesh.

SUSTAINING THE COMMUNITY ACTION

Existing Action Group and Self-Help Groups (initially facilitated by MAMTA) have been merged with CBOs and further training was imparted to strengthen them to take up issues related to rights and community developmental activities.

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Annual Report 2002 - 2003

Sustainability is a dream of our community mobilisation efforts. We have faced lots of challenges in this regard but now it's comforting to see community involvement in programme planning, implementation, and evaluation process. For building sustainability and bringing greater role of the community in the development process **Community-Based Organizations (CBOs)** were formed in the area. Currently there are 10 CBOs in the population of around 50,000. Existing Action Group and Self-Help Groups (initially facilitated by MAMTA) have been merged with CBOs and further training was imparted to strengthen them to take up issues related to rights and community developmental activities.

Active **involvement of key community stakeholders** i.e. pradhans, anganwadi workers, teachers, community opinion leaders, police etc. in programmatic issues is another beauty of the process, which strengthened and smoothened our efforts towards sustaining the community action.

Peer Educator Approach is adopted in all the intervention areas to sensitise and mobilise the community on health and development issues. Motivated, aware and skilled peer educators are the links for addressing the real concerns and needs of adolescents in particular and community in general. They play a key role in designing, implementation and evaluation of the programme. The National Peer Educators Forum is an outcome of this effort.

Make Community Clean

A highly charged up and motivated group has pressurized the MCD employees to take immediate action regarding waste disposal dump yards and formation of water filled pit inside the park of B block, Tigri, which was causing foul smell in the whole area. With regular visits to the officials and the constant pressure on the local political leaders they succeeded in getting this park clean and filled with mud. This park is now a centre of most of the community activities.

Mahila Vikas Akta Sangthan (CBO)

PROJECTS

AT A GLANCE.....

S.No	Project	Partners	Year of Initiation	Intervention Area
Adolescent Health and development, Women and Child Health, Women's Empowerment				
1.	Integrated Adolescent Development Programmes Towards Women's Empowerment	ActionAid (UK)	1998	J.J. Camp Tigri slum, Delhi
2.	Dimensions of Early Pregnancy in Rural and Urban India	Ministry of Health and Family Welfare, Government of India	2001	Delhi, Uttar Pradesh, Madhya Pradesh, Rajasthan, West Bengal, Karnataka
3.	District Model of Adolescent Health and Development for prevention and management of HIV/AIDS in Rewari District Haryana	UNICEF	2001	Rewari district Haryana
4.	Women's Health and Development through Empowerment with Community Participation in an Urban Poor Setting: An Action Approach	British High Commission	2001	Sangam vihar, resettlement colony Delhi
5.	Specialised Training Programme in Communication under RCH programme for Block Level IEC Personnel of three states	National Institute of Health and Family Welfare (NIHFW)	2000	Haryana, Himachal Pradesh and Jammu & Kashmir
Young People's Sexual and Reproductive Health and Rights				
6.	Evolving Strategies for Better Health and Development of Young People/Adolescent Sexual and Reproductive Health and Rights (YSRHR) in Country Context	Swedish International Development Agency Corporation (Sida)	1999	32 villages in Bawal Haryana. 2 slums in Bangalore Karnataka.
7.	An Action Approach for Reduction of early marriage and pregnancy among young people in Rajasthan	The John D. and Catherine T. MacArthur Foundation, USA	2002	Jhunjhunun and Sawaimadhopur Rajasthan
8.	Advance International Training Course on Sexual and Reproductive Health and Rights of Young people	Swedish International Development Agency Corporation (Sida)	2003	South East Asia
HIV/AIDS Care and Support				
9.	Community Based Care and Support Programme for HIV/AIDS in Delhi state	International/India HIV/AIDS Alliance, UK.	2000	North South, Central and North west district Delhi
10.	An Integrated Approach Towards the Prevention of Mother to Child Transmission of HIV Through Safe Motherhood Initiatives	Australian High Commission (AusAID)	2003	Himachal Pradesh and Delhi
* Projects in Pipeline				
11.	What Every adolescent Has Right To Know	UNICEF		Rajasthan and West Bengal
12.	'Zero violence zone' A pilot initiative in an urban-rural situations	UNIFEM		Delhi and Haryana
13.	Module on Adolescent Health for Out of School and Rural Youth	Ministry of Health and Family Welfare, Government of India		

* By the time this report has gone for printing all three projects have been approved by the concerned agencies.

WE

WORK THROUGH...

Field Implementation

Making a dream true.....

Taking communities along with us in planning, implementation and evaluating the programmes

Capacity Building

To make us stronger....

We believe skilled and motivated staff working for the cause, is the pillar of the organization.

Networking

Collective voices can make a difference....

Working with like minded agencies, institutions, and individuals

Research and Documentation

Designing more responsive programme towards the need of communities.....

Advocacy

Taking the voices from field to policy makers....

Set of targeted actions directed at decision makers in support of the issues concerned

Field Implementation

We are dealing with various facets of community needs in the field of health and development. Some of the key highlights in this regard are given below -

- ♦ The concept of Solid Waste Management (SWM) introduced with close coordination with MCD officials in Tigri, Delhi towards prompting clean and green environment - improving quality of health and gainful employment opportunities for young men and women. Nearly 500 households are participating in this programme.
- ♦ 10 Child Development Centres (CDC) established to promote healthy environment for children below 06 years to ensure their cognitive development. It is also meant to increase girl's enrolment in schools.
- ♦ Yuva Samudaya Jagriti Samooh promoted to involve adolescents and youths for developing community based self-sustainable model at community level.
- ♦ Home-based care team trained on various aspects of care and support for providing services to the people living with and affected by HIV/AIDS in their respective

communities. Care worker also facilitates the process of 'coping up mechanisms' to the client as well as other family members.

- ♦ Team of 60 peer educators in Rajasthan exposed to various developmental issues to ensure their participation in planning, management, and monitoring of the field based programmes on the issue of delaying marriage and pregnancy.
- ♦ Two new Women's Development Center established in urban poor situation to sensitise and aware women on the areas i.e., legal rights, economic empowerment, education. WDC is used as referral points for specialised referrals services in the field of health, education, entrepreneurship development, violence against women
- ♦ Total 114 women enrolled in eleven gali schools - 59 are in the first primer while 14 are in the second primer and 41 are in third primer as per the literacy levels. 13 women completed the course.
- ♦ Youth Friendly Health/ Information Services established in our field areas i.e., Delhi, Bawal and Bangalore.

Capacity Building

MAMTA staff has attended and participated in various forums and national international trainings programmes-

- ♦ A week 'Exposure visit to Tanzania' from 14-22nd September 2002, to learn the peer educator approach towards dealing with YRSHR issue
- ♦ A week meeting on programme forward planning from 14-20th December 2002 at Sweden
- ♦ A week 'Training of Trainers' (TOT) workshop by RFSU Sweden in March 2003 at New Delhi on Gender and Sexuality

- ♦ Two years (2003-2005) master course in social anthropology from Oregon State University, Corvallis, Oregon, USA under the collaboration between MAMTA and Oregon University, USA
- ♦ One Month International course on project management: 30 March -30 April 2003 at Sweden
- ♦ Five day meeting organized by UNAIDS from 26-30th March 2003 at Myanmar, Burma

Capacity Building of other Institutions by MAMTA

Following trainings are provided by MAMTA to other institution on health and



developmental issue -

- ◆ Block Extension Educators (BEEs) trained from the states of Himachal Pradesh, Haryana and Jammu and Kashmir on 'Communication under RCH'
- ◆ Network partners from five states and MAMTA team of Delhi, Sohna, Rewari and Bangalore oriented on the issues of gender and sexuality, Youth Friendly Services etc. The purpose of these trainings is to channelise the issues and concepts in the communities through trained personnel.
- ◆ A Delhi based CBSC network strengthened on various care and support issues such as working with children affected by AIDS, VCT and legal issues around HIV/AIDS
- ◆ Trained peer educators on YSRHR issues from five states and the Working Group of Peer Educators was evolved. This group actively participates in giving inputs at all levels of the programme. Thus making the programme more focused and directed towards the young people.

Networking

We believe that by collaborating and creating an alliance we could strive towards addressing the issue more effectively and on the other hand through networking and linkages we are able to strengthened and share MAMTA's grassroots level work.

Some of the key highlights-

- ◆ Expanded our network in two new states i.e., Gujarat and Maharashtra besides existing five state network (120 NGOs) i.e. Uttar Pradesh, Rajasthan, Bihar, West Bengal and Andhra Pradesh
- ◆ Action plan developed by each of the states for promoting YSRHR issues in their cultural context



Research and Documentation

Some studies were undertaken in our intervention areas, which helped us in making the programmes more need based and focused towards the desired goal. Some of these are given below-

- ♦ A field based study was conducted that focusing on the social, economic, cultural and medical aspects affecting the life of People living with HIV/AIDS
- ♦ Based on the secondary data review a series of working paper (3 issues) were published on Adolescent Growth and Development, Reproductive Tract Infections and Sexually Transmitted Infections: the vulnerability of young people, Sexuality & Gender and Young People
- ♦ Training manual published on Sexuality and Gender and Young People with the supplementary reading material
- ♦ A report published on Programmatic Approach for sustainable Adolescent

Health and Development, based on the review of almost two years programme implemented at field level in Uttar pradesh and Rajasthan.

The findings of the research studies and our field experiences have been selected for presentation in several conferences at national and international level. The papers presented in this year are given below -

- ♦ Two oral presentation on 'Community Based Care and Support Programme with Child Focus' and 'Adolescent Health and Development Policy Initiatives Towards Reducing HIV Infection' at XIV International AIDS Conference, Barcelona from 6-13 July 2002
- ♦ A paper on 'Sexual Behavior among Unmarried Adolescents in Urban Slum of Delhi' was presented in IUSSP Regional Population Conference: Southeast Asia's population in a changing Asian Context, Bangkok from 9-14 June 2002

Advocacy

Our efforts towards taking the field voices to the key stakeholders-

- ♦ Interacted with parliamentarian in the United States of America and delegations from Australia and Sweden.

It provided opportunities for presenting the Indian scenario and advocate for specific development needs of the country

- ♦ Newsletter published on community based care and support for people living with and



affected by HIV/AIDS named- 'CBCS Programme Update, vol-2, 2000, focusing on VCT issue

- ♦ An Advocacy Kit on 'Prevent Mother to Child Transmission of HIV/AIDS' 2002, published and circulated to influence policy makers, service providers and media on PMTCT issue
- ♦ Peer-educator's newsletter 'Arushi- Ek Nai Shuruat' vol-2, 2002, published on YRSHR issues.

advocacy and policy initiatives

Following are the few significant Papers and Technical participation in International forums.

- ♦ WHO Advisory Group Meeting on developing Quality Improvement Toolkit for Adolescent Friendly Health Services at WHO headquarter, Geneva: 21-25 April 2002
- ♦ Participated as a panel speaker in UN General assembly (as a side event to the special session on children) a session was organized by UNICEF on 'Early Marriage in a Human Rights': 6-12th May 2002 at New York

- ♦ A meeting on 'Adolescent Reproductive Health' organized by Uppsala University, Sweden, Department of International Maternal and Child Health at Colombo, Sri Lanka: 10-13th February 2003
- ♦ WHO's Vth Technical Steering committee, Department of Child and adolescent Health and Development at Geneva: 25-29th March 2003
- ♦ Paper presented on 'Sexual Behavior Among Unmarried Adolescents In Urban Slum of Delhi: Influence Of Parental Controls' in IUSSP Regional Population Conference - Southeast Asia's Population in a Changing Asian Context: 9-14 June 2002
- ♦ Two oral presentations in XIV International AIDS Conference, Barcelona, 6-13 July 2002 at Barcelona on 'Adolescent Health and Development Policy Initiatives Towards Reducing HIV Infection' and 'Community Based Care and Support Programme with Child Focus- A Step Towards Ensuring a Future: Experiences from a State-wide Community Based Care and Support Programme in Delhi, India'



YEAR

SPOT LIGHTS

RFSU-MAMTA Twinning

This year has witnessed a significant move when a formal MOU signed between RFSU (The Swedish Association for Sexuality Education) and MAMTA to work together in the years to come on the issues related to young people's sexual and reproductive health and rights.

Advance International Training Course on YSRHR

MAMTA along with RFSU are conducting an international training programme on Sexual and Reproductive Health and Rights for Young People. The objectives of the training programme are to promote a better understanding of YSRHR through experience sharing from the region, strengthening skills of individuals/institutions to work effectively on these issues and to move towards policy initiatives for better implementation of YSRHR in countries of South East Asia Region (SEAR). The course will be held in New Delhi from 14-27 September 2003.

Youth Ambassadors of MAMTA off to New York

Two of the seven Youth Ambassadors of MAMTA, selected through a nation wide essay competition and now working for the cause of YSRHR across the nation have been nominated to represent themselves at a global meet on HIV/AIDS in New York!

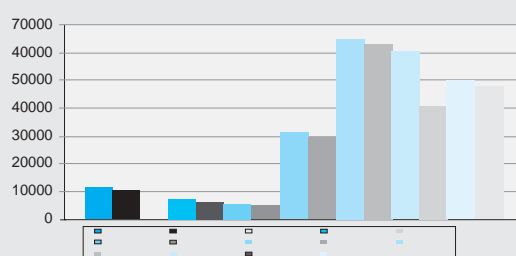
State Awards on HIV/AIDS Initiatives

Received State level award from Honorable Health Minister, Government of India, Mr. Shatrughan Sinha in 2002 for our efforts on HIV/AIDS in the State

Information Centre

Last year MAMTA has launched a young people's portal. The diagram given is showing the hits on the web portal since last year. It is encouraging to see more and more people accessing information and seeking e counseling on our web portal.

Hits on the web portal www.yrshr.org



PUBLICATIONS

THIS YEAR

Following are the documents published by MAMTA in the last year 2002-2003

Training Manuals

- Sexuality & Gender and Young People (2002) a training manual and supplementary reading for facilitators, supported by Sida



Programmatic Documents

- Prevent Mother to Child Transmission of HIV/AIDS (2002) An Advocacy Kit supported by India HIV/AIDS Alliance
- Programmatic Approach for sustainable Adolescent Health and Development (2002) A Review Report, supported by The John D. and Catherine T. MacArthur Foundation



Working Paper Series

- Adolescent Growth and Development (2002) series -1, supported by Sida
- Reproductive Tract Infections & Sexually Transmitted Infections: the vulnerability of young people (2002) series -2 supported by Sida
- Sexual Behaviour among Adolescents and Young People in India- Some emerging trends(2003) series - 3, supported by Sida



Newsletter

- CBCS Programme update vol-1 (2002) a newsletter focusing on VCT in English and Hindi supported by India HIV/AIDS Alliance
- Arushi...Ek Nai Shruat, vol-2 (2002) newsletter (Patrika), supported by Sida



MAMTA's Other Publications

- Adolescent Girl: An Indian Perspective, 1995
- Adolescent Programmes: MAMTA's Experience, 1998
- Bhasha Lahar, 1999, Teaching Aid for Non-Formal Education (in Hindi)
- Adolescent Reproductive Health: Five Training Modules, 1999 (in Hindi and English)
- Adolescent Health and Development in India: An Action Approach, 2001
- Adolescent Needs, Implication for programmes, 2001, Need Assessment of Adolescent in Uttar Pradesh and Rajasthan States of India
- Young People's Reproductive and Sexual Health and Rights: An Analysis of Urban and Rural Setting, 2001
- CBCS Programme Update, vol- 1, 2001, Newsletter
- Ginti Lahar, 2002, Teaching Aid for Non-Formal Education (in Hindi)
- Arushi...Ek Nai Shruat, vol-1, 2001, Newsletter (Patrika)



Government

- ♦ Ministry of Health and Family Welfare, Government of India
- ♦ Ministry of Human Resource Development, Government of India

UN Agencies

- ♦ United Nations Children's Fund (UNICEF)
- ♦ United Nations Development Fund for Women (UNIFEM)
- ♦ United Nations Population Fund (UNFPA)
- ♦ World Health Organisation (WHO)

International Agencies

- ♦ Sida, Sweden
- ♦ The John D. and Catherine T. MacArthur Foundation, USA
- ♦ International/ India HIV/AIDS Alliance, U.K.
- ♦ ActionAid, UK
- ♦ Australian High Commission
- ♦ British High Commission

- ♦ S. M. Sehgal Foundation

International Collaborations

- ♦ RFSU, Swedish Association for Sexuality Education, Sweden
- ♦ Oregon State University, Oregon, USA

National Collaborations

We work with many institutions at national and state. Few of them are

- ♦ National Institute for Health and Family Welfare (NIHFW)
- ♦ National Institute Public Cooperation and Child development (NIPCCD)
- ♦ Indian Academy for Pediatrics and apex Medical Institutions (IAP)
- ♦ National AIDS Control Organization (NACO)
- ♦ State AIDS Control Organizations (DSACS)

Friends of MAMTA

- ♦ Badri Bhagat Jhandewalan Temple Society
- ♦ Standard Chartered Bank
- ♦ Travel Corporation of India (TCI)

We are all also thankful
dedicated small donors
who are contributing
small but valuable drops
in the ocean.

FINANCE

CHARNALLA BHATIA AND GANDHI
Chartered Accountants

MAMTA - HEALTH INSTITUTE FOR MOTHER AND CHILD, NEW DELHI 110 030
BALANCE SHEET AS AT 31ST MARCH 2002

Liabilities	Amount (Rs.)	Assets	Amount (Rs.)
CAPITAL FUND		FIXED ASSETS	
Opening Balance	14,385,859.38	(As per Schedule - A)	
ADD Excess of Income over Expenditure	3,963,971.35	CURRENT ASSETS, LOANS & ADVANCES	
		CURRENT ASSETS	
Corpus Fund		Cash in Hand	300,000.00
		PNB Nizamuddin SB 14989	115,931.50
Staff Welfare Fund		PNB Nizamuddin SB 17548	1,918,835.05
Opening Balance	296,495.00	SBI Sahet SB 47002	409,716.00
Add: Created During the Year	158,503.00	HDFC Bank Ltd.	692,981.63
	454,998.00	PNB Bangalore	86,092.81
Less: Paid During the Year	54,530.00	Fixed Deposits With Standard Chartered Bank	20,451.00
		Fixed Deposits With HDFC	1,177,944.51
CURRENT LIABILITIES		Fixed Deposits With PNB	9,591,368.66
Expenses Payable		Fixed Deposits With S.B.I	2,000,000.00
		Accrued Interest	303,531.00
		ADVANCES	815,316.00
		Advances recoverable in cash or in kind for value to be received	17,126,168.16
		Security Deposit	736,547.05
			190,000.00
			926,547.05
			21,115,480.97
			21,115,480.97

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



Place : New Delhi
Date : 27th July 2002

Arun Bhatia
(Partner)

(Signature)
Dr. Smit Mishra
(Executive Director)

(Signature)
S. N. Dey
(Treasurer)

Governing Board Members

Dr. Lavlin Thadani <i>(President)</i>	Mr. D.P. Agarwal <i>(Member)</i>	Mr. Shekhar Gupta <i>(Member)</i>
Mr. Girish Bhasin <i>(Secretary)</i>	Dr. Prabha Kapoor <i>(Member)</i>	Dr. Subhash C. Arya <i>(Member)</i>
Mr. S.N. Dewevedi <i>(Treasurer)</i>	Ms. Veena Chopra <i>(Member)</i>	Mr. U.K.Khaitan <i>(Member)</i>

MAMTA Pariwar

Executive Director Dr. Sunil Mehra	Director Dr. P. K. Goswami	Health Consultant and Field Administrator Dr. Col. (Retd.) B. Bhardawaj
Asst. Director Ms. Anjali Sakhuja Dr. Sangeeta Kaul	Advisor Dr. P.L.Trakroo	

Health Consultants

Dr. Alka Dhal	Dr. Asim Katiyal	Dr. Vanmala Basu
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Senior Programme Managers

Mr. Ravinder Singh Negi	Ms. Madhu Sharma	Mr. Syed Mukhtar	Ms. R. Savithri
Ms. Iram Saeed	Dr. N. Ravichandran	Dr. Dipti Aggrawal	

Programme Managers

Ms. Mamta Panwar	Dr. Lalita Shukla	Ms. Aruna Grover
Mr. Subir Kole	Mr. Pramod Kumar	Ms. Aditi Puri
Mr. Sanjay Choudhary	Ms. Richa Chopra	Mr. Manoj Das
Mr. Anup Murari Ranjan	Ms. Anjana Matta	Dr. Sudhashankar Das
Pratibha De Mello	D.P.Gokhale	

Senior Programme Officers

Mr. Vikas Kumar	Ms. Kalpana G. Pillay	Mr. Faiyaz Akhtar	Mr. Prashant Pastore
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Programme Officers

Ms. Lachmi Roy	Mr. Srinivas Sridhar	Ms. Vimla Belicatte	Mr. Devender Kumar
Ms. Renu Bala Kamboj	Ms. Ritu Suri	Ms. Sunita Panwar	

Computer Programmer

Mr. Rajesh Kumar Padhy

Web Developer

Mr Pawan Verma

Field Staff

Sunita	Rajwati	Rajjo	Saroj
Geeta	Usha	Indira	Sushma
Kusum	Sauda	Nirmala	Asha
Rukhsana	Sangam Vihar	Sandhya Singh	Kiran Chauhan
Lata	Chhail Kirar	Shabnam	Sangeeta
Dinesh	Meena	Avinash	Sarita

Pawan	Kavita	Sarita
Mange Ram	Mamta	Meenakshi
Indira	Priyanka	Anand Kumar
Vikash	Radhey Shyam	Bobby Monmm
Rinkan	Ajeet Singh	Anita
Madhu Bala	Jagresh	

Office Secretary

Ms Sampati Rawat

Mr. Datta Ram Dewevedi

Drivers

Mr. Puran Mohan

Mr. Shyamal Barua

Support Staff

Mr. Ram Chander

Mr. Rajender Kumar

Strategy, not Policy Adolescents in a Development Agenda

In recent times, there has been a renewed advisory effort to integrate an adolescent policy in India. The need for this attention to the young stage of development cannot be disputed. This process starts with the country, where it is, in terms of GDP, HDI, health, employment or political system, and it is essential to have a vision on them.

In this context, development to achieve requires a national adolescent policy or developmental strategy. And this is not what the other parts are one of the three countries in the world to have a family planning policy. We have a reproductive rate of over one billion.

We believe really India? Policies, it is broadly seen, determine whether the direction and nature of action. They include developmental processes, institutions, implementing rules and regulations, budgetary decisions, and so on. They are the backbone of the state. This is why we have a national adolescent policy and a national adolescent strategy. The strategy is to set the direction, while the policy is to achieve between policies and providing services.

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IN BRIEF

- The strategy focus is on the development of the adolescent population.
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Sexuality Education Let's Talk About it in India

The responsibility surrounding the world sexually in our country has been established at various levels in different forms. Political parties, institutions and parents themselves have been the most significant contributors to the subject of sexuality.

The responsibility of sexuality is influenced by social, economic, cultural, political, religious and moral factors. Socially, it is influenced by the family, the school, the community, the media, and the state. Economically, it is influenced by the level of development, the level of education, and the level of employment. Culturally, it is influenced by the level of civilization, the level of religion, and the level of tradition. Politically, it is influenced by the level of democracy, the level of justice, and the level of freedom.

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City doc to speak on



A city doctor is set to speak at an event on the health of adolescents. The doctor will discuss the importance of early diagnosis and treatment of various health conditions in this age group.

Marriage at UN

A couple has tied the knot in a ceremony held at the United Nations. The wedding was a significant event, symbolizing the union of two nations and the commitment to global peace and cooperation.

GETTING NOTICED

Adolescents are a rising population in India, and a major's role for the first time to formulate a policy on their health and development. *Aradhya Bhat* reports

The number of adolescents in India is increasing rapidly, and this has led to a growing concern for their health and development. The government has taken several steps to address this issue, including the launch of various health and education programs. However, there is still a need for a comprehensive policy that addresses the unique needs of this age group.



'We need to fight ignorance to

People have a tendency to be ignorant about their health and the health of others. This ignorance can lead to various health problems, including sexually transmitted infections and HIV/AIDS. It is essential to educate the public about these issues and to encourage them to take preventive measures.

The government has launched several campaigns to raise awareness about these health issues. However, there is still a need for more targeted and effective education programs. We need to focus on reaching the most vulnerable populations and to provide them with the information and resources they need to protect themselves and their families.

