

samvad

Oct-Dec 2015 Issue

Who Decides for Me?

(A report on HLFPTT participation at various international forums)

- Global Maternal Newborn Health Conference 2015, Mexico
- Global Female Condom Conference 2015, South Africa
- XXI FIGO World Congress of Gynaecology and Obstetrics, Canada



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Our Presence



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The Momentum Must Continue

The transition from MDGs to SDGs marks a historic milestone for global development agenda. While HLFPPT has been a significant contributor to India's commitment on health MDGs, it is time to continue the legacy & support the new mission for sustainable growth

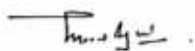
It was in 2000 when 189 UN Member States had committed for eight Millennium Development Goals (MDGs) to achieve by 2015. The past 15 years witnessed zealous missions with varied success rates that were undertaken by countries to meet the global targets. According to the World Health Organization, 'although the health MDGs missed a number of global targets, the overall results were impressive. The past 15 years witnessed major declines in child and maternal mortality and progress in the fight against HIV, TB and malaria in developing countries'.

The world has now reached at Post-2015 Agenda, making a historic transition from 8 MDGs to 17 Sustainable Development Goals (SDGs) and 169 targets to be achieved by 2030. Goal 3 is primary from health perspective – 'to ensure healthy lives and promote well-being for all at all ages'. This includes 13 targets encompassing entire spectrum of healthcare. The 2030 agenda strongly pledges to: Reduce the global MMR to less than 70 per 100,000 live births; Reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births; End the epidemics of AIDS, TB, malaria and neglected tropical diseases; Ensure universal access to sexual and reproductive healthcare services; etc.

It is this crucial phase where countries across the world need to ensure that the momentum generated by MDGs continues with renewed vigour.

At national level, India has made progressive improvements in its health indicators while trying to meet the health MDGs – Goal 4 (Reduce child mortality), Goal 5 (Improve maternal health) and Goal 6 (Combat HIV/AIDS, malaria, and other diseases). However, a lot more remains to be achieved. For Post-2015 Agenda, Union Health Minister, Shri JP Nadda has committed that India will work closely with global partners to advance the cause of ending preventable child and maternal deaths.

As an organisation committed to RMNCH+A issues, HLFPPT has been both a witness and an active contributor to those efforts of the government. In our mission to serve communities with quality healthcare, we have forged partnerships with government bodies, donor agencies, iNGOs and local CBOs, PSUs and private sector. It is time to strengthen those partnerships and focus on 'sustaining' the impact of our programmes. As we enter the New Year, let us work together and stay committed to achieve renewed goals and targets.



Sharad Agarwal
CEO
HLFPPT



Sharad Agarwal, CEO, HLFPT

LAUNCHES



Orphan Minors Get Life Skills Training

Kerala Chief Minister, Oommen Chandy inaugurated HLPPT's Life Skills Education & Career Guidance Programme for vulnerable & orphan adolescents on 19th December 2015 in Kottayam district, Kerala. Being funded by Social Security Mission, Government of Kerala, this three-month project intends to build competencies among adolescents that will enhance their decision-making and leadership abilities. Under this project, HLPPT will conduct two-day trainings based on its Life Skills Training Manual across all 14 districts. So far, 28 batches of training have been conducted, benefitting 1,232 students. This project is targeted at the beneficiaries of SSM's Snehapoorvam Scheme that is supporting 52,000 orphan students who are living with their relatives in the state.

Reducing HIV Transmission among Newborns

Prevention of Parent to Child Transmission (PPTCT) of HIV/AIDS is a primary concern for most HIV prevention programmes. In order to accelerate uptake of PPTCT services among pregnant women, a unique programme, titled IAPSI (Improving Access to Public Sector PPTCT Services in India) has been launched in 218 high-priority districts across 9 states. It is being funded by The Global Fund through Plan International India as Principal Recipient. As a Sub-Recipient, HLPPT shall implement the programme across 58 districts in Bihar, Chhattisgarh and Odisha for 27 months (October 2015 to December 2017). Through this, HLPPT intends to: Cover nearly 2 million ANC cases with HIV screening; Provide ART and Care & Support to HIV positive mothers and their babies; and Build capacity of HSPs and frontline workers in PPTCT.



HLPPT Inaugurates 5th Merrysilver Clinic

Building on its innovative model of Merrysilver Clinics, HLPPT inaugurated its 5th Rural Primary Health Centre at Begur Village, Hoskote Taluk, Bengaluru (Rural) in Karnataka, on 18th November 2015. This Clinic has been set up under the Community Development Initiative of coatings and specialty chemicals manufacturer, Akzo Nobel India Ltd. The clinic shall provide preventive, promotive and primary health services to communities living in Begur and five adjoining villages (Bheemakanahalli, Emutsandra, Kamblipura, Mutakadahalli & Sonnebychanahalli), covering a population of 6,500. It shall focus on Maternal & Child Health through medical consultations, health counselling, basic diagnostics and outreach. Under the project, HLPPT has also adopted 2 Anganwadi Centres. HLPPT has been operating four other Merrysilver Clinics, catering to urban poor, in Gurgaon in alliance with DLF Foundation.

COLLABORATION

Govt Family Planning Services at Pvt. Facilities

To promote involvement of the private sector in provision of Family Planning products & services in Uttar Pradesh, HLPPT has partnered with the National Health Mission-UP for a programme titled, 'Family Planning Public Private Engagement Agency (FPPPEA)'. This one-year programme has set a target of motivating 1,000 private health facilities across UP for providing FP services as per govt norms. Under FPPPEA, HLPPT shall: Motivate private providers to get accredited under govt FP schemes; Build capacity of private providers on FP services; Mobilise community; and Conduct medical audits to ensure quality adherence. Accreditation will not only help consumers with standardised rate & quality of FP services & products, but it will also increase credibility of private facilities, thus increasing footfall.

**Apollo Tyres Targets Truckers' Health**

HLPPT has partnered with Apollo Tyres Foundation to set up a Healthcare Centre at Yeshwanthpur – the transport hub in Bengaluru. This centre shall offer health services with a focus on creating HIV/AIDS awareness among truckers, helpers, mechanics, migrant workers and commercial sex workers in Yeshwanthpur. It shall also serve as an information centre on HIV/AIDS and work towards creating a non-stigmatised environment for HIV and other STIs. This project intends to establish linkages with other health programmes of the government; increase awareness on various communicable and lifestyle diseases; and promote healthy behaviours among the target population. Recently, HLPPT has also partnered with Apollo Tyres Foundation for Anaemia Control Project in Perambra (Kozhikode) and Kalamassery Municipality (Ernakulam) in Kerala since August 2015.

Strengthening Ties with DLF Foundation

Taking its existing alliance with DLF Foundation a step ahead, HLPPT has initiated yet another CSR project by the foundation – Merrymobile (mobile medical unit) – in Noida from November 2015 onwards. Merrymobile shall reach out to three *jhuggi jhopri* clusters (in sectors 16, 17 and 18) and three villages (Harola, Bhangel and Chhalera) in Noida, covering a population of more than 30,000. It shall offer primary healthcare services, generate awareness on health & hygiene and enable an attitudinal shift among the target population. The project is expected to continue till March 2017. Moreover, HLPPT expanded its cooperation with the Foundation in December 2015 to manage two DLF Wellness Centres in Gurgaon. This is in addition to the four Merrysilver Clinics that HLPPT has already established in Gurgaon (Sikanderpur Ghosi, Nathupur, Kanhai and Chakkarpur) with support from DLF Foundation.



PROJECT EXPANSION



IUCD Programme Expanded to Madhya Pradesh

Capacity Building of Health Service Providers (HSPs) on IUCD programme by HLFPPPT has now entered Madhya Pradesh from October 2015 onwards. Being implemented under the guidance of National Health Mission, this programme has made progressive expansions across 12 states since its inception in 2012. These include Assam, Bihar, Chhattisgarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh & Uttarakhand. One of the main objectives of the programme is to provide knowledge and skill-based training on IUCD insertions and PTC to ANMs, LHVs, Staff Nurses and Medical Officers posted at Sub Centres, Primary Health Centres (PHCs) and Community Health Centre (CHCs). As many as 2.8 lakh IUCD insertions have been reported and nearly 25,000 HSPs trained under the programme (data till 31st Dec 2015).

CSR Projects with Cairn India Extended

Energy giant, Cairn India has granted one-year extension for its two CSR projects that are being implemented by HLFPPPT in Surat district, Gujarat, since 2011. These include Community Health Intervention Project (*Arogya*) and Anganwadi Centre Improvement Project (*Nanhe Kadam*). Both the projects aim to improve the health and nutritional status of community members in Surat (Choryashi & Olpad blocks), with the latter focussing specifically on the health of women and children. Intervention villages include Suvali, Junagam, Tena and Tena Raang. As per the extension plan, both the projects shall remain operational for another year, till December 2016. This move marks yet another testimony for HLFPPPT's increased credibility as a CSR partner.



HLFPPT to Manage Vihaan in Rajasthan Too

Buoyed by its successful management of Project Vihaan in Punjab, Chhattisgarh, Haryana and Chandigarh, HLFPPPT has now been entrusted the additional responsibility of managing the project in Rajasthan as a Sub Recipient. The expansion came into effect from 1st October 2015, whereby HLFPPPT shall support 16 Care and Support Centres (CSCs) in the state to improve treatment adherence among PLHIV (People Living with HIV/AIDS) and enhance their overall survival and quality of life. This comes as a big move after Haryana and Chandigarh were recently awarded to HLFPPPT in April 2015. With this, HLFPPPT shall now manage a total of 30 CSCs – Punjab (7), Chhattisgarh (5), Haryana (1), Chandigarh (1) and Rajasthan (16) – and increase its contribution in Project Vihaan, which is being implemented in 32 states since 2013. So far, HLFPPPT has enabled 58,260 PLHIV to successfully register with CSCs (data till Dec 2015).

RECOGNITION

CSC Patiala Wins Best Performance Award

The Care and Support Centre (CSC) in Patiala, Punjab, has been recognised as the state's "Best Performing CSC" by Punjab State AIDS Control Society (PSACS) for its incredible outreach under Project Vihaan. The felicitation came from Surjit Kumar Jiyani, Minister of Health and Family Welfare, Govt of Punjab, during an event organised by PSACS on World AIDS Day 2015. CSC Patiala is being supported by HLFPPPT (as Sub Recipient) and operated by Indian Red Cross Society, Punjab State Branch (as Sub-Sub Recipient) under Project Vihaan that aims to improve the survival and quality of life of PLHIV (People Living with HIV/AIDS) by establishing CSCs. HLFPPPT is managing Project Vihaan as SR in Punjab, Chandigarh, Haryana, Chhattisgarh and Rajasthan through 30 CSCs. Since its establishment in Sept 2013, CSC Patiala has provided services to more than 4,300 PLHIV (data till Dec 2015).

**Canopy & Flashmob Mark World AIDS Day**

Ujjwal Merrygold and IAPSI projects participated in World AIDS Day celebrations on 1st December 2015, organised under the guidance of Odisha State AIDS Control Society (OSACS). Project team put up a canopy displaying IEC/BCC materials, distributed free condoms and provided counselling to participants at the programme. "We are planning to change the way we observe World AIDS Day by placing more focus on success stories from PLHIV," said Chandrika Prasad Das, Additional Project Manager, OSACS. In Chandigarh, Project Vihaan and Chandigarh State AIDS Control Society organised a Signature Campaign to sensitise civil society about HIV/AIDS. A flashmob on HIV/AIDS awareness was also performed by college students apart from Support Group Meetings for community members by CSC Chandigarh.

IDEAS EXCHANGE

Merck Team Visits MGHN in Lucknow

A senior delegation from Merck for Mothers visited Greenfield Merrygold Hospital in Lucknow on 3rd December 2015, to see the functioning of Merrygold Health Network (MGHN) Model. The delegation included Dr Naveen Rao, Lead, Merck for Mothers; Dr Priya Agrawal, Executive Director, Merck for Mothers; Adele Ambrose, Senior VP & Chief Communications Officer, Merck; Muna Bhanji, President, Hospital and Specialty Care, MSD; Hwee Peng Chua, Office of General Counsel; Cathryn Gunther, VP, Global Population Health, Merck; Samina Kanwar, Global Population Health, Latin America Region; Ratnesh Lal, MSD India; Krishna Kumari, MSD India (TBC); and Sarah Hanck, VP, Rabin Martin. They interacted with Merrytarang members, doctors & franchise owners; reviewed the services being offered;

understood the difference between MGHN models in UP and Rajasthan; and learnt ways for scaling up MGHN in Rajasthan. Moreover, they met officials from the Department of Health & Family Welfare, Govt of UP, to understand the reasons for including MGHN in the State Programme Implementation Plan (PIP) and for adopting Public Private Partnership (PPP) mode. Additionally, they visited HLFPPPT's Merrylife Clinic (an upcoming reproductive healthcare centre) and Skill Development Centre in the city.



Sharing Experiences of Decades at Global Platforms



(L to R): Katja Iversen, Women Deliver; Priya Agrawal, MSD; Sharad Agarwal, HLPPT; France Donnay, Consultant; Margaret Kruk, Harvard School of Public Health; and Richard Horton, The Lancet, at a session on 'First Attempt in Learning' in GMNHC '15

The third quarter of FY 15-16 brought multiple opportunities for HLPPT to participate in prestigious forums worldwide that validated the expertise of HLPPT on RMNCH+A issues, and also gave tremendous scope to bring home global best practices

If you are success-conscious, you have to start acknowledging your failures and learn from them – this was the central message given by HLPPT CEO, Sharad Agarwal, to an audience comprising researchers, policymakers, funders, implementers, and other stakeholders at the **Global Maternal Newborn Health Conference** held at Mexico City during 18-21st October 2015. He was speaking at a Plenary Session on 'FAIL: First Attempt in Learning – Learning from What doesn't Work in Maternal and Newborn Health', specifically on HLPPT's experience with instituting Merrygold Health Network (MGHN). He was sharing the dais with Katja Iversen (Moderator), CEO, Women Deliver; Priya Agrawal, Executive Director, Merck for Mothers;

France Donnay, Consultant, Women's Health; Margaret Kruk, Associate Professor of Global Health, Harvard TH Chan School of Public Health; and Richard Horton, Editor-in-Chief, The Lancet. The session was introduced by Koki Agarwal, Director, USAID's Maternal and Child Survival Program.

Destigmatise Failure

Recalling the initial hiccups faced with MGHN, Mr Agarwal shared how the decision of involving untrained, informal providers / rural practitioners with the network had proved wrong initially as the quality of services was deteriorating. "At one point we faced the dilemma of either firing our cadre of 5,000 members or lose credibility among donors, clients and community members forever. We chose

the former and created a new cadre of practitioners (Merrytarang Members) who were open to learn," said the CEO.

Stressing on the need for destigmatising 'failure', he said: "What started with 3 demonstration sites in Uttar Pradesh in 2004 has today transformed into a network of 504 hospitals across India, making us the largest social franchising network in the country. This has been possible because we were committed to serve the community and considered failures as opportunities for mid course-corrections."

Affordable Quality Care

The three-day GMNH Conference gave further opportunity to showcase our expertise. Dr Abha Jha, National Manager - Medical Services, HLPPT, made an

Global Female Condom Conference 2015, South Africa



It was her presentation titled, "Who Decides for Me" narrating real-life stories of women, their vulnerabilities, perceived need for Female Condom (FC) and their stories of empowerment after adoption of FC that left the audience silent and awestruck. Dr Anasua Bagehi, Head-TSD, HLPPT, was speaking at the 3rd Global Female Condom Conference 2015, hosted by UAFC (Universal Access to Female Condoms) along with PSI, CHANGE and MatCH Research in Durban, South Africa, during 1st-3rd December 2015.

"Let's Take the Female Condoms to the Next Level" was the theme of the conference that was attended by Government Authorities, Donors Agencies, Policy Makers, Implementers, Manufacturers, Community Members as well as Educational and Research Institutes and Advocates from more than 20 countries. In a Track on 'Advocacy, Campaigning & Communication', Dr Bagchi emphasised on the larger need for Advocacy for FC and sharing of similar experiences across countries.

The three-day conference witnessed active participation from HLPPT. HLL's Velvet Female Condom and HLPPT's Female Condom Communication Materials were among the learning tools, IEC materials and products displayed in the exhibition area.

Moreover, in a Plenary Session on 'Variety in the Market with Manufacturers', on behalf of HLL Lifecare Ltd, HLPPT presented HLL's Velvet product details, marketing strategy and shared vision of

HLL for making the product cost-effective and available to all. A short film on the FC journey in India and its implication in women's life was screened. HLL's FC Promotional Plan in India and at global platform was shared too. Additional perspective on the product status and WHO pre-qualification was shared by Mr Sajeev Joseph from HLL Lifecare Ltd. Many participants endorsed that HLL's vision of making the product available to all was not only a business proposition but a genuine call to make this unique product available to the community at large. Other panelists included Luuk Jan Boon (Moderator), i+solutions, Netherlands; Om Garg, Cupid Ltd, India; Denise Van Dijk, Female Health Company, UK; representative of PATH.

The conference: Established Recognition of HLL Lifecare Ltd and HLPPT as major stakeholders in UAFC in global promotion; Invoked Global Interest in HLL product and HLPPT's programming; Positioned them as committed SRH Promoters and Advocate in India with global vision. ; Professional and Strategic Relationship building with PATH International, African representatives and USA-based Female Condom Coalition Advocacy Body.

abstract presentation titled, 'Scaling Affordable Quality Care through a Financially Sustainable Social Franchise in India'. She explained the strategy adopted under MGHN that has enabled delivery of quality services at affordable prices (50-60% less than the market price).

HLPPT trains franchisee staff on a range of topics including Maternal and Newborn Healthcare (MNH) and Family Planning, Infection Prevention, Quality Assurance, and Reporting and Documentation via Health Management Information System (HMIS), informed Dr Jha.

This has resulted in wide recognition. "The Government of India has recognised MGHN as the only PPP model under National Health Mission and has given HLPPT the mandate to support 1,000 private providers in UP for providing Reproductive and Child Healthcare (RCH) services," she stated.

FIGO World Congress, Canada

Further, Mr Agarwal represented HLPPT in the 21st FIGO (International Federation of Gynaecology and Obstetrics) World Congress of

Gynaecology and Obstetrics, held during 4th-9th October 2015 in Vancouver, Canada, whereby he emphasised on how quality of care has been integrated into a high-volume, scalable and sustainable social franchise model called Merrygold Health Network. He informed how MGHN is offering affordable maternal health and family planning services across multiple states in India. He was speaking at a session on "Enabling Sustainable Quality Care among Local Private Providers in India and Uganda". This session focussed on the role of the local private sector in maternal healthcare, highlighting key challenges and lessons learned in integrating quality assurance & quality improvement efforts into various private provider models and explored mechanisms to enable sustainable quality maternal care in the local private health sector.

The key objectives of the session were to: Enhance understanding of the size and scope of the local private health sector in offering maternal health and family planning services; Share how different types of private providers with varying case loads, human resource capacities,

and business models are improving quality of care; and Showcase a practical quality of care toolkit on how to integrate quality standards for improving intrapartum care in private care settings.

Mr Agarwal mentioned that under MGHN, engaging the private sector is seen as the key strategy for improving Reproductive & Child Healthcare Outcomes. Other panellists included Dr Priya Agrawal from Merck for Mothers, who set context and overview of the session; Dr Frank Kaharuzza from AOGU (Association of Obstetricians and Gynaecologists of Uganda) and Dr Dorothy Balaba from PACE (PSI's Uganda affiliate), who demonstrated how social franchising has expanded the service offerings of small, rural private providers from family planning to include intrapartum care and improved service quality in Rural and Peri-urban Uganda. Dr Hema Divakar from FOGSI (Federation of Obstetric and Gynaecological Societies of India) and Dr Somesh Kumar from Jhpiego India presented practical Toolkit developed for improving the quality of intrapartum care in local private care settings. ■

Convergence Model for Community Mobilisation



Group of tribal women clients after successful IUCD placement at District Hospital, Jashpur in Chhattisgarh

HLFPPT's Programme "Capacity Building of HSPs on IUCD and PTC" is leveraging the collaborative influence of ANMS, ASHAs and AWWs for enabling community members make an informed choice for family planning, reaching unmet need, and ensuring that quality services being provided are well utilised

Community-level collaboration among Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwife (ANMs) and Anganwadi Workers (AWWs) by the Department of Health and Family Welfare (DHFV) and Department of Women and Child Development (DWCD) has proven to be successful for promoting inter-sectoral coordination in Reproductive and Child Healthcare. Small and large-scale convergence efforts have been attempted across various states that have produced models of success under programmes on

nutrition, health and women empowerment.

As a unique initiative, HLPPT's Programme – Capacity Building of Health Service Providers (HSPs) on IUCD Insertions and Pregnancy Test Cards (PTCs) – has devised a Convergence Model that is leveraging the combined power of ASHAs, ANMs and AWWs for enabling community members to make an informed choice about family planning, thus adding to the success of the training programme and also popularising IUCD as a Spacing Method.

The convergence model has introduced the component of demand generation for quality IUCD services under the programme, which is essentially meant for improving service delivery at the supply side. With this model in place, the programme now ensures an end-to-end quality service delivery. On the supply side, the programme is improving better provision of IUCD services through training HSPs at health facilities, while on the other hand the convergence model is triggering higher demand for quality service delivery from community.

The Model

The central idea of the programme is to train HSPs on IUCD. However, to increase the service delivery output of trained HSPs, the team has gone beyond the realm of the programme for mobilising community members, especially women, and increasing IUCD client footfall at health facilities by creating conducive environment for them to utilise the enhanced skills of trained HSPs. This requires: increasing awareness level among women in communities about contraception, particularly IUCD as a safe reversible method; convincing them to opt for or consider IUCD as an alternative; dispel their myths regarding IUCD; informing them about availability of trained HSPs; and ultimately motivating them to reach health facilities for IUCD insertions.

To achieve this, the team has created a Convergence Model, whereby it is utilising the combined forces of ANMs and other influential stakeholders – such as ASHAs, AWWs and Panchayati Raj Institutions – who, though not directly

associated with the programme, have a strong influence on women in their respective communities. These stakeholders are otherwise working in silos. However, community women happen to be their common point of contact. Incidentally, community women are an important stakeholder on whom success of the programme hinges, because trained HSPs ultimately need to apply their newly-acquired skills on eligible women candidates. Hence, the programme team is leveraging the combined forces of ANMs, AWWs, ASHAs and other influencing agencies like PRIs to meet its ultimate objective and gradually creating a continuum of care in family planning in communities, with a special focus on IUCD.

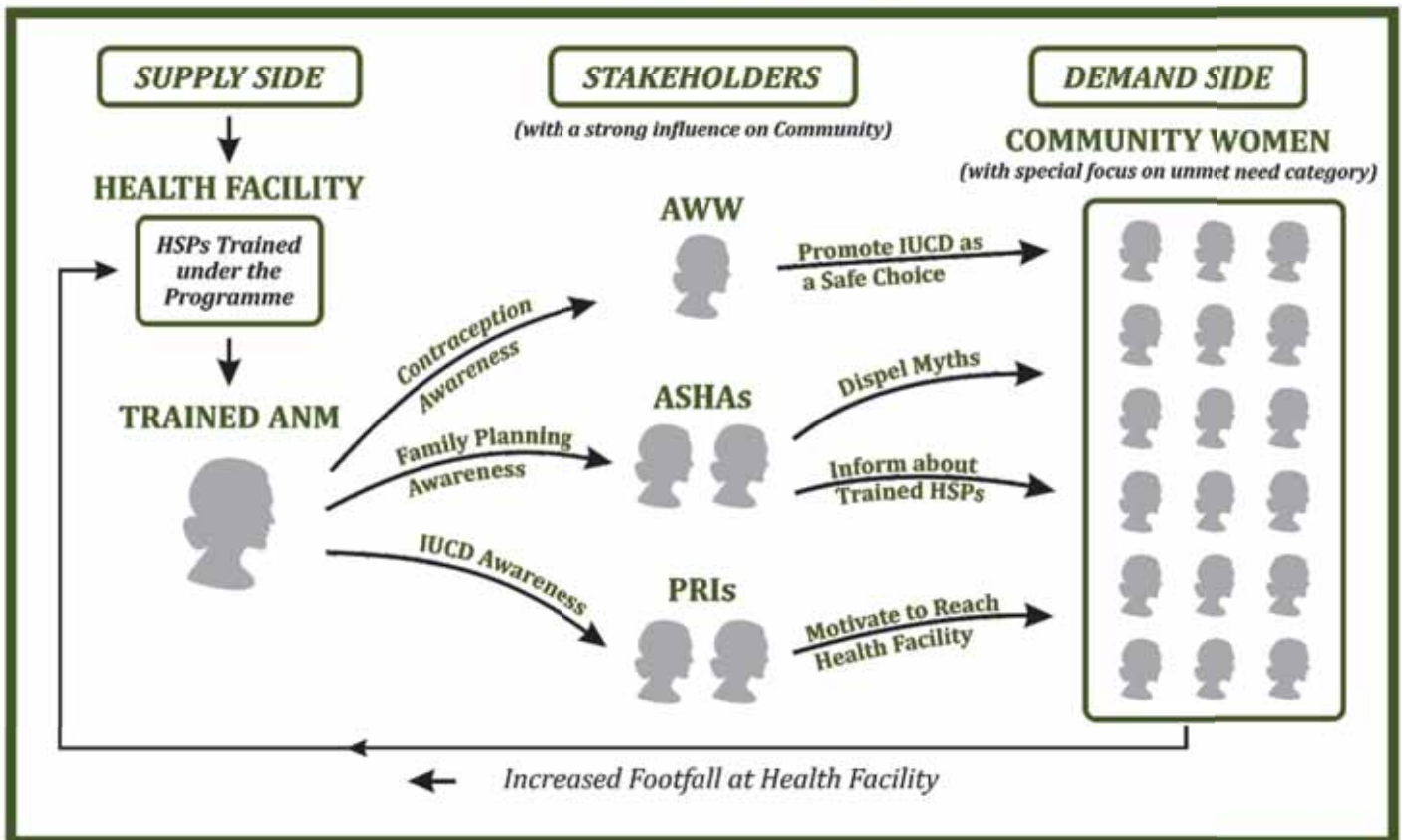
Proven Successful

This model has brought a huge difference to the programme's success wherever it has been adopted including Jammu & Kashmir, Uttar Pradesh and most recently in Chhattisgarh. In all these states, the programme team has found that client

footfall increased wherever they included AWWs and ASHAs along with ANMs to popularise IUCD among community members.

For instance, during training sessions of 30 HSPs at District Hospital, Jashpur in Chhattisgarh this year, the programme team adopted Convergence Model to mobilise IUCD volunteers. The trainings were conducted in three batches between February and March 2015. Surprisingly, a large number of 120 women volunteers from nearby tribal communities turned up for IUCD insertions at the conclusion of the training, thanks to the influence of the Convergence Model. This large turnout gave the newly trained HSPs wide exposure on issues such as counselling of candidates on spacing method, selecting eligible candidates for IUCD placement and practical experience, thus boosting their confidence level. After initial screening, 62 volunteers were selected for supervised IUCD placement. This is no mean feat, considering the slim chances of practical experience trainees usually get during IUCD training programme. ■

CONVERGENCE MODEL



OUR PARTNERS



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