Case Study

Kushee Mamta

A programme of Mata Jai Kaur Maternal and Child Health Centre

A deep dive into the journey, organisational structure, service model, and population supported by Mata Jai Kaur through its programme Khushee Mamta, with reflections on its impact and key lessons learnt



Kushee Mamta

A programme of Mata Jai Kaur

City	Village 35BB
District	Sri Ganganagar
Country	India
Region	Asia Pacific





> **MJK aims to build a sustainable community of care while creating meaningful social and economic opportunities for local women counsellors.**

Organisational profile

Team size	Small (11-50 people)
Age of programme	6-10 years

Key aspects of our work

Primary contextual issue	Pregnancy & motherhood, Depression & anxiety, Remote/ rural populations, Poverty affected & economically disadvantaged population
Life stage	Adolescents & Young Adults (13-24) Adults (25-64)
Gender focus	Women
Level of intervention	Assessment & direct care
Annual Reach	1300+ people

Contextual issue

Mata Jai Kaur Maternal & Child Health Care Centre (MJK) works in Sri Ganganagar district in northern Rajasthan, a remote and underserved border region along the India–Pakistan frontier. **MJK serves a catchment area of 562 villages** within a 25-kilometre radius, **reaching an estimated 80,000 women of childbearing age.** The region is shaped by **limited public infrastructure, seasonal agriculture, water scarcity, climate extremes, sparse health services,** long distances to government facilities, and fragile trust in formal systems. MJK's origins are rooted in a family history of maternal loss: the Founder's mother gave birth to most of her children in unsafe conditions at the site where the clinic now stands and later died from postpartum infection. This history continues to resonate in a region where women still face serious barriers to safe pregnancy, childbirth, and postnatal care. MJK's work has also shown that maternal health cannot be separated from mental health.

Many women experience pregnancy and early motherhood amid adolescent marriage, isolation after marriage, pressure to bear sons, economic insecurity, gender-based violence, and limited household autonomy. To address this gap, MJK implemented Khushee Mamta, a community-based, task-shared maternal mental health and women's empowerment programme.

Objectives

MJK's overarching objective is to improve the health and wellbeing of vulnerable women and children by providing integrated, high-quality maternal, child, and mental health care in a safe, trusted, women-centred environment. The organisation addresses medical risk while also attending to the social and emotional conditions that shape pregnancy and motherhood in this border region. Within this mission, Khushee Mamta ("Happy Motherhood") addresses the critical gap in psychological and psychosocial care for pregnant and postpartum women. Initially adapted from the WHO's Thinking Healthy Programme and subsequently expanded through local implementation learning, the programme trains women from local communities as lay counsellors who provide structured, evidence-based, and culturally grounded support for depression, anxiety, violence, and suicidal distress through home visits that reduce barriers of distance, cost, and stigma. **MJK aims to build a sustainable community of care while creating meaningful social and economic opportunities for local women counsellors.**

Journey

WHEN?

When was the organisation established?
MJK began as a grassroots maternal and child health clinic in 2010, formally registered as an NGO in 2014, and launched Khushee Mamta in 2018.

WHERE?

Where did the organisation start implementing its activities?
MJK began in Village 35BB, Sri Ganganagar district, Rajasthan, along the India–Pakistan border. Its outreach now extends across 562 villages and rural towns within 25 km.

WHY?

Why did the organisation start its activities?
MJK emerged from a family history of maternal loss, transforming the site where the founder's mother gave birth in unsafe conditions into a centre for women's care and psychosocial support.

WHAT?

What did the organisation do in its initial stages?
From its inception, MJK ran a weekly village-based clinic providing free prenatal care, medicines, diagnostics, and safe childbirth support, reducing social, financial, and logistical barriers to care.

WHO?

Who started the organisation?
In its initial stages, MJK was shaped by local community leaders, farmers, clinicians, diaspora supporters, and family members connected to the region and committed to maternal health.

HOW?

How was the organisation's work started?
MJK began through support from Prominent Homes Charitable Organization (PHCO), a Canadian charitable organization, individual donors, volunteer clinicians, and local community members whose contributions established clinic infrastructure, outreach, and trust.

Governance & finance

Organisational structure

MJK is governed by a five-member Board of Trustees in India, including founder Deep Shergill and trustees rooted in the local context. **Day-to-day work is led through the clinic, local leadership team, clinical staff, and Khushee Mamta programme team, including community-based counsellors.** Khushee Mamta is implemented with **Sangath as a key partner,** providing technical, administrative, and financial support for specific grants. Prominent Homes Charitable Organization (PHCO) in Canada supports fundraising and donor engagement. **Strategic decisions are made by the MJK Board, with input from programme leadership, Sangath, PHCO, clinical staff, and local team members where relevant.**

Financial management

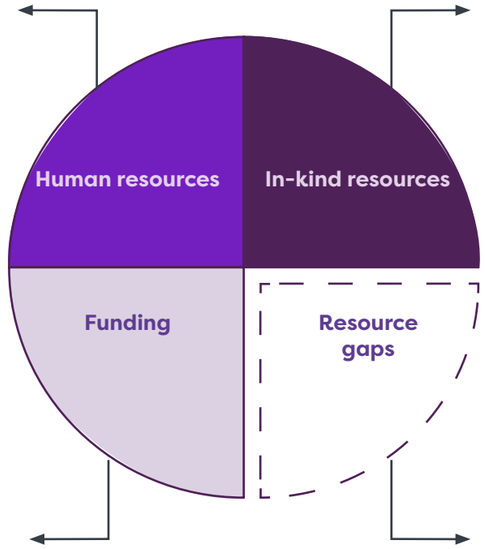
MJK manages its resources through its finance team in India, with oversight from the Board of Trustees and support from a licensed Chartered Accountant who prepares annual audited financial reports. These audits review income, expenditure, and financial controls, helping ensure compliance with Indian regulatory requirements, donor expectations, and transparent financial practice.

For funding that supports Khushee Mamta, **MJK works closely with Sangath, a long-standing implementing partner.** Sangath supports compliance with donor requirements, foreign contribution regulations, budgeting, expenditure tracking, and reporting standards. Prominent Homes Charitable Organization (PHCO) in Canada also supports financial administration for Canadian contributions.

Programme budgets are developed around grant objectives and monitored through coordination between MJK leadership, Sangath, and PHCO. Strengthening financial systems, improving forecasting, diversifying funding, and building long-term sustainability remain key organisational priorities.

Resources

MJK has a core team of 6, including management staff, a gynecologist, and a psychiatrist. Khushee Mamta currently works with 8 peer counsellors, 3 community facilitators, 11 former counsellors, and an extended volunteer clinical, research, and advisory network of 10+ local and international collaborators.



MJK and Khushee Mamta benefit from significant in-kind resources, including volunteer clinical, research, and technical support from local and international professionals; community networks through ASHA workers, former counsellors, and village leaders; and use of MJK's clinic infrastructure, local relationships, and trusted reputation to support outreach and programme delivery.

MJK's 2025–26 budget is US$261,000, with clinical services primarily supported by PHCO and Canadian fundraising, and Khushee Mamta funded through implementation and research grants. Current confirmed KM funding is US$50,000; an expanded annual KM budget of US$150,000–200,000 is needed, with US$500,000 supporting multi-year sustainability.

Key resource gaps include limited long-term funding, which reduced the counsellor cohort from 19 to 8 and limits sustainability and scale. Transportation remains difficult across the 25 km rural catchment area. MJK also needs stronger digital tools and longitudinal clinical data systems to track outcomes and improve care.

Model & activities

Target population

MJK and Khushee Mamta primarily **serve low-income pregnant and postpartum women in Sri Ganganagar district, Rajasthan,** across a catchment of 562 villages and rural towns, including an estimated 80,000 women **of reproductive age aged 15–49**.

Many women live in remote agricultural communities, often in marital households, and face barriers linked to distance, poverty, gender norms, limited autonomy, and restricted access to quality maternal and mental health care.

MJK supports women who would otherwise struggle to access safe, affordable care. Khushee Mamta focuses on women experiencing perinatal depression, anxiety, suicidal ideation, gender-based violence, grief, family conflict, and related psychosocial distress.



Services or interventions

MJK uses an integrated, clinical and community-based care model for vulnerable women in rural Rajasthan. The approach brings together accessible maternal health services, evidence-based psychosocial support, local knowledge, women's empowerment, and referral pathways for higher levels of care. It is designed to address the medical, social, and emotional conditions that shape pregnancy, childbirth, motherhood, and mental wellbeing by creating a community of care.

MJK provides free or highly subsidized maternal and child health care through its village-based clinic.
Services include antenatal check-ups, consultations with clinical staff, medicines, diagnostics, childbirth support, and assistance with referrals, hospital admissions, and surgical procedures when required. By reducing financial, logistical, and social barriers to care, the clinic has become a trusted entry point for women and families across the catchment area.

Khushee Mamta is MJK's community-based perinatal mental health programme.
Initially adapted from the WHO's Thinking Healthy Programme and subsequently expanded through local implementation learning, it supports pregnant and postpartum women experiencing depression, anxiety, suicidal distress, gender-based violence, grief, family conflict, and other forms of psychosocial suffering. The programme is delivered by trained women lay counsellors from local communities, many of whom share language, social context, and lived experience with the women they support.

Counsellors conduct regular home visits and provide structured, evidence-based, and culturally grounded psychosocial support.
Their work includes basic counselling skills, problem-solving, active listening, behavioural activation, family engagement where appropriate, safety planning, and support with navigating government schemes and social services. The home-based model reduces barriers of distance, cost, stigma, and household mobility restrictions, while allowing counsellors to understand women's distress in the context of family, kinship, work, violence, poverty, and social expectations.

The programme follows a stepped approach to care. Most women receive support from trained counsellors in the community. Women experiencing severe distress, suicidal ideation, or complex clinical needs are referred to specialist mental health professionals, including psychologists and psychiatrists. When gender-based violence is identified, the team supports women to access legal, social, and protection services wherever possible, while prioritizing safety, confidentiality, and women's own decision-making.

A central feature of the model is the recruitment, training, and supervision of local women as counsellors. This allows care to be delivered by trusted peers while creating meaningful social and economic opportunities for women in the area. Counsellors gain skills, income, mobility, confidence, and recognition, strengthening both individual livelihoods and local capacity for care. Ongoing supervision, peer learning, and reflective practice are essential to maintaining quality, supporting counsellor wellbeing, and preventing burnout.

Khushee Mamta also functions as a learning and research platform for community-based maternal mental health.
Through qualitative, participatory, and implementation research, including methods such as photovoice, the programme centres the voices of women, counsellors, and local communities. This combination of direct care, community trust, referral pathways, and continuous learning allows the model to respond flexibly to women's changing needs. Looking ahead, MJK and Khushee Mamta aim to deepen this model by integrating climate and mental health, recognizing how heat, water insecurity, and agricultural stress increasingly shape women's wellbeing in the region.

Impact

Key desired outcomes



Improved maternal and psychosocial wellbeing among vulnerable pregnant and postpartum women, including reduced depression, anxiety, suicidal distress, and pregnancy-related health risks.

Increased access to trusted, affordable, community-based maternal health, mental health, referral, and safety support for women facing poverty, isolation, stigma, and social marginalization.

Strengthened local community of care through trained women counsellors, family engagement, clinical referral pathways, and women's increased confidence, mobility, recognition, and support.

Methods

- **MJK and Khushee Mamta use mixed methods,** including quantitative clinical/programme data, qualitative case notes, ethnographic research, photography, and film. MJK collects weekly patient intake, maternal health, medication, visit, and birth outcome data through clinic staff.
- **Khushee Mamta counsellors collect screening and follow-up data,** including sociodemographic information, pregnancy history, depression screening, and programme questions. Counsellors and managers also maintain handwritten case notes, especially for complex cases requiring referral or additional support.
- **KM data is reviewed weekly by programme leadership,** while MJK clinic data is usually analyzed annually for reporting, learning, and service improvement.

Information systems

- MJK currently uses a **combination of paper-based and digital systems.** Clinic data is first collected by hand during weekly Sunday clinics and later digitized in Excel. This system is low-cost and practical, but creates delays and limits real-time monitoring.
- **Khushee Mamta uses a digital CommCare-based app** developed for the programme, allowing counsellors and programme staff to collect screening, follow-up, and service delivery data more regularly.
- KM data is easier to monitor weekly, but **the organisation still needs stronger electronic medical records, integrated dashboards, and data analysis capacity** to improve longitudinal tracking, evaluation, reporting, and dissemination.

Reflections on impact so far

MJK and Khushee Mamta have brought maternal and psychosocial care to women with little or no access to affordable, trusted services. **MJK's clinic serves a catchment of 562 villages and rural towns, supporting safe pregnancies, childbirth, referrals, and follow-up for families facing poverty, isolation, and complex medical needs.** Most deliveries involve complicated or high-risk pregnancies among women who would otherwise struggle to access needed care, and the vast majority of maternal and neonatal outcomes are positive.

Khushee Mamta has introduced home-based psychosocial support where such care was previously unavailable. At its peak, 20 counsellors reached approximately 250 villages; the current 8 counsellors cover around 135 villages. **Earlier programme analysis indicated over 80% remission among women treated for perinatal depression. Beyond clinical outcomes, KM has built a community of care, strengthened referral pathways, empowered local women counsellors, and contributed to wider awareness of psychosocial care and mental health implementation.**

Learnings

Strengths or drivers

MJK and Khushee Mamta's main strength lies in their trusted, community-based "community of care" model, which integrates maternal health, perinatal mental health, women's empowerment, and local knowledge. Long-standing relationships in Sri Ganganagar enable access to women often missed by formal systems.

Recruiting local women counsellors strengthens trust, cultural relevance, and sustainability, while partnerships with Sangath and wider clinical/research collaborators add rigor, innovation, and implementation expertise.

Challenges

A key challenge is meeting growing demand for maternal mental health support across a large rural catchment with limited staff and funding. Geographic distance, heat, household restrictions, and transport barriers make regular follow-up difficult. Women's distress is often shaped by intersecting issues such as gender-based violence and oppression, caste discrimination, poverty, family conflict, and suicidal ideation, requiring careful supervision, safety planning, and collaboration across health, legal, and social systems.

Limitations

MJK and Khushee Mamta are limited mainly by short-term funding and lean staffing, which reduced the counsellor cohort from 19 to 8 and constrains supervision, outreach, and scale. While the programme has strong quantitative, qualitative, ethnographic, and visual data, we need greater capacity to analyze and translate these learnings into publications, policy engagement, fundraising, and collaborative learning with other community-based mental health centres.

Opportunities

A major opportunity is to strengthen Khushee Mamta as an innovative, scalable model linking maternal health, mental health, women's empowerment, and climate resilience. MJK has not yet fully tapped India-based philanthropy, CSR funding, private-sector partnerships, or government support. Its trusted community base, empowerment model, and implementation learning create strong potential for funding, policy engagement, climate-focused innovation, and scaling through collaboration with other community-based organisations.



Partnership Journey with Ember

Initial healthcheck assessment

At the beginning of the Ember partnership, Khushee Mamta was already a strong and trusted community-based programme with a clear vision, a compelling model, and deep alignment across the team. The initial assessment highlighted several areas that were already working well.

- These included the programme's strong sense of purpose, its integration of maternal health, mental health, and women's empowerment, and its grounded understanding of the communities it serves. The model itself was also identified as a major strength: Khushee Mamta had already demonstrated that local women counsellors could provide meaningful psychosocial support in settings where formal mental health services are largely unavailable. It has also shown local acceptance and buy-in, as there has been very little attrition among counsellors, who also have continued their work through periods of uncertainty, such as periods of underfunding and COVID-19.

- The assessment also identified several areas where the organisation had made good progress but could continue to improve. These included counsellor wellbeing, fundraising, storytelling, and network-building. The team recognized that while wellbeing had been discussed from the beginning of the programme, it needed to become more structured and intentional, especially given the emotional demands placed on counsellors. Storytelling was also identified as an area of focus to ensure that the story of Khushee Mamta could be told independently to that of MJK as the programme grows. Network-building was seen as both a strength and an opportunity: international connections had been built, but there was a need to strengthen local networks and explore collaboration with other community-based mental health organisations.

- The healthcheck also surfaced areas requiring more focused attention. These included organisational structure and finance. The organisation was in a period of transition, with some flux in roles, leadership, and relationships between MJK, Khushee Mamta, Sangath, and supporting partners. Clarifying decision-making structures, supervision systems, and operational responsibilities was therefore identified as an important next step. Finance was also a central concern. Considerable effort had gone into securing funding, but the team recognized the need for a stronger fundraising strategy, better engagement with India-based philanthropy and CSR opportunities, and clearer internal ownership of financial planning.

Key achievements

Across the partnership, Ember supported Khushee Mamta through regular reflective conversations, branding support, fundraising discussions, network-building, and wellbeing planning. The collaboration came at a difficult but important moment for the programme. Funding constraints required Khushee Mamta to furlough staff and scale down from a larger counsellor cohort, creating a period of uncertainty and reflection. Ember's facilitation helped the team use this moment not only as a setback, but as an opportunity to pause, reflect, and clarify what is essential for the next phase of the programme.

- Key areas of support included organizational reflection, counsellor wellbeing, fundraising strategy, communications and design, network-building, andstorytelling. Ember helped the team articulate Khushee Mamta's model as a "community of care," linking maternal health, mental health, women's empowerment, and local capacity-building. Conversations also helped clarify the need for stronger organizational structures, improved management systems, and more intentional planning around supervision and counsellor wellbeing.

- Practical areas of collaboration included support around a fundraising pitch, design and communications materials, preparation for funding opportunities (including Grand Challenges Canada and others), reflection on an Indian Development Review article, and networking opportunities, including engagement connected to the Bangalore conference earlier in the year. Some outputs are still being finalized, including design work and follow-up around wellbeing planning, but the partnership has already helped Khushee Mamta sharpen its language, priorities, and external positioning.

- The main achievement of the partnership has been helping Khushee Mamta move from a period of crisis and contraction into a more reflective and strategic phase. The programme entered the partnership with a strong model and compelling evidence, but also with urgent questions about sustainability. Specific outputs and areas of progress included a clearer articulation of the Khushee Mamta model, the development of the "community of care" framing, reflection on counsellor wellbeing and burnout, support for fundraising and grant positioning and initial design and branding work,. The partnership also supported network-building, helping the team think beyond survival funding toward collaborations with other community-based organizations, funders, and partners in India and internationally.

- Overall, Ember's support helped Khushee Mamta see its current transition as part of a longer organizational journey: consolidating what has been built, caring for the team that delivers the work, and preparing for a more sustainable and scalable future.





