Our Vision
To make health and development a reality for people of India

Our Mission
To promote social justice, equity and human rights in the provision and distribution of health services for all, with emphasis on the less privileged sections.

To promote and strengthen a medically rational, culturally acceptable and economically sustainable healthcare system in the country.

To develop sustainable and innovative strategies to ensure health and overall community development in remote, vulnerable and poorest areas through several interventions, community action and participation.

To provide relief and rehabilitation in areas affected by disasters & calamities and help the affected rebuild a better life for themselves.
Organization and Structure
Voluntary Health Association of India (VHAI) is a non-profit, registered society formed in the year 1970. We are one of the largest health and development networks in the world. VHAI advocates people-centered policies for dynamic health planning and programme management in India. We initiate and support innovative health and development programmes at the grassroots with the active participation of the people. VHAI strives to build a strong health movement in the country for a cost-effective, preventive, promotive and rehabilitative health care system. We work towards a responsive public health sector and responsible private sector with accountability and quality service.

VHAI promotes health issue of human right and development. The beneficiaries of VHAI’s programme include health professionals, researchers, social activists, government functionaries, media personnel and of course communities at large.

VHAI is governed by an Executive Board that includes 9 members. These distinguished members are elected by the General Body through board elections conducted every alternate year. The Chief Executive heads a decentralized management system which is supported by highly skilled, proficient technical and administrative staff in Delhi and regional offices. The planning, execution and performance of various projects is monitored regularly through staff meetings and on ground visits. VHAI invests in regular capacity building of staff by conducting need analysis and frequent in-house trainings. The staff is also encouraged to attend conferences, workshop and seminars organized by prestigious organizations in India and internationally.
Health Policy
Knowledge
Development & Partnership
Voluntary Health Association of India has successfully broadened the horizons of public health at the grassroot, national and international level. VHAI collaborates with a number of distinguished international & national agencies.

International Collaborations

- WHO
- World Bank
- International Union for Health Promotion and Education
- Global Fund
- Public Health England
- European Union
- Simavi
- UNICEF
- Civic Engagement Alliance
- Constellation
- Other International Agencies
Key Meetings Held during the Year 2020-21

Advisory Group on Community Action (AGCA)
Ministry of Health & Family Welfare, Government of India had constituted this Group to provide guidance on community action initiatives under the National Health Mission at the national level. The Group comprising of eminent public health professionals associated with major NGOs, advises the Ministry on developing community partnership and ownership for the Mission; provides feedback based on ground realities; and develops new models of Community Action and recommend for further adoption/extension to the Central and State Governments. As a member of AGCA, VHAI participated in the meeting of AGCA on 7th May 2020 and provided insights on the importance of community participation and involvement in order to ensure effective implementation of State Programme Implementation Plan (PIP)s especially during the current COVID-19 crisis following the principle of “Sabka Saath-Sabka Vikas”.

Governing Body of National Institute of Health & Family Welfare (NIHFW)
NIHFW is an autonomous technical body set up by the Ministry of Health & Family Welfare, Government of India for promoting Health and Family Welfare Programmes in the country through Education, Training, Services, Research and Evaluation, etc. The Chairman, VHAI is a member of the Governing Body of NIHFW. The 40th Meeting of Governing board was held at Nirman Bhawan on 18th February 2021 chaired by Hon’ble Union Minister for Health & Family Welfare, Government of India where Chairman, VHAI shared the feedback on the strategic implementation plan of NIHFW emphasising on key thrust areas. He highlighted the fact that the current health challenge in the country requires a strong role by important national institutes like NIHFW to strengthen government hands for the ongoing programmes as well during the crisis of this nature.

VHAI’s Significant Presence in the Advisory Committees of National & Government Bodies
- Advisory Group on Community Action under National Rural Health Mission
- ASHA Mentoring Group
- Governing Body of National Institute of Health and Family Welfare
- Technical Expert Committee for National Programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
- Common Review Mission of NRHM
- National Technical Working Group on School Health Curriculum under AYUSHMAN Bharat
- Task Force on Nasha Mukti Abhiyan
- Task Force on Tobacco Control
- Technical Advisory Committee (TAC) on Vector Borne Diseases and the Ethical Committee
- Monitoring and Review Committee for Maternal Death Surveillance & Response, Government of NCT of Delhi
- National Advisory Committee to review the progress of Kala-Azar elimination
- Committee to Review COTPA and suggest appropriate amendments
- Technical Advisory and Monitoring Committee regarding 2nd Round of Global Adult Tobacco Survey
- National AIDS Control Board
- National Disaster Management Authority
- National Nutrition Mission
- National Policy for Children
ASHA Mentoring Group

The National ASHA Mentoring Group (NAMG) was constituted by the Ministry of Health & Family Welfare to serve as a technical and advisory body for the ASHA Programme and to extend support to the Centre and State Governments in overall implementation, mentoring and monitoring of the programme. The Group includes experts and practitioners in the field of Community Health representing NGOs, training and research institutions, academia and medical colleges. VHAI participated in NAMG meetings held on 25th August 2020 virtually which mainly focused on ASHAs role in COVID-19 pandemic including supportive supervision, social security covers, challenges and good practices on the ground.

Online Health Care Conclave on COVID-19

Mr. Alok Mukhopadhyay, attended the Online Health Care Conclave on COVID-19, as a Guest of Honour, organized by FORE School of Management, New Delhi on 21st December 2020. The Conclave was organized in association with Principal Director, Southern Command focussing on role of technology in combating Ground-level Challenges and Drivers in Administering Healthcare Entities During COVID-19 - Role of Technology. About 50 doctors from various Cantonments across the country participated and shared their experiences on COVID-19 prevention and management in the Conclave.

Prebudget Consultation (2021-22) with Honorable Finance Minister Nirmala Sitharaman

Ms. Bhavna B. Mukhopadhyay, Chief Executive, VHAI, participated in the Pre-Budget Consultation organised by the Ministry of Finance under the chairmanship of Hon'ble Finance Minister, Smt. Nirmala Sitharaman. The meeting was held virtually on 17th December 2020 in view of the General Budget 2021-22. Eminent policy makers like Sh. Ajay Bhushan Pandey, Finance Secretary, Ministry of Finance. Sh. Tarun Bajaj, Secretary Economic Affairs, MoF, CEA KV Subhramaniam attended the consultation along with senior officials from the Ministry of Health and Family Welfare and Women & Child Development and Education along with representatives from FICCI, CII, UN, BMGF and other international and Indian organizations. Prior to the Union Budget of 2021-22, the Finance Minister sought suggestions from experts from the social sector on various key issues which needs to be addressed in the budget. Ms. Bhavna was given an opportunity to put forward her views, she proposed on exhibiting and supporting utilizing taxation as a tool to help millions of tobacco users to quit and fight the current and future public health challenges. She also highlighted the need to invest significantly in public policy measures to encourage healthier choices given the huge burden of NCDs in India. Increasing the tax on junk food (Foods high in sugar, fat and salt) and health destroying products like tobacco will reduce their consumption and generate the much needed revenue to strengthen the health promotion and prevention programme in India.

World Tuberculosis Day

VHAI participated in an important event organized by Ministry of Health & Family Welfare, Government of India to commemorate the ‘World Tuberculosis Day’, on 24th March 2021 at New Delhi. The main objective of the meeting was to appreciate the contribution made by the Partners in National Tuberculosis Elimination Programme (NTEP) over the years and to make an appeal for strengthening the collaboration and support NTEP to make TB elimination as a Jan-Andolan.
Youth Leadership for Tobacco Free World - World No Tobacco Day 2020

VHAI participated in ‘Youth leadership for Tobacco Free World’ webinar organized by Jindal Global Law School on 31st May 2020 on the occasion of World No Tobacco Day. Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI, was invited to speak on ‘Protecting Youth from Industry Manipulation and preventing them from Tobacco and Nicotine use’. Her presentation involved Health harms of Tobacco among youth, Industry tactics to allure youth into tobacco use and role of Educational Institutions in reducing tobacco use among youth.

Interactive Virtual Session with CSOs /NGOs by Hon’ble Minister for Ministry of Health on COVID-19 Prevention and Control

VHAI actively participated in the interactive session organised by MoHFW and NITI Aayog chaired by Dr. Harsh Vardhan, Hon’ble Minister of Health and Family Welfare and Shri Amitabh Kant CEO, NITI Aayog on 30th April 2020 for seeking suggestions and views from Non-government organisation on COVID-19 related issues. VHAI has sent a detailed representation to the Minister on how to tackle COVID-19 situation effectively including formation of Anti-COVID-squads, COVID-19 healing centres at the community level and active community participation.

TB Mukt Bharat

VHAI participated in the monthly meetings of TB Mukt Bharat chaired by Dr. Harsh Vardhan, Hon’ble Minister of Health & Family Welfare with consultants and organisations working TB from across the country through Video Conference. During the monthly meetings, partners discuss about the progress of the programme, share ideas and disseminate action plan for the future.

APPG on Access to Medicines and Medical Devices-Future of International Medicine Regulation

All Party Parliamentary Group (UK) chaired by Anne Marie Morris, Member of Parliament (House of Commons, London) organised a virtual meeting in January 2021 on future for the international regulation of medicines and medical devices, where they have asked health experts from various countries to share their views about international regulation of medicine and medical devices. The Chairman, VHAI gave his valuable insights on the importance of horizontal integration of Commonwealth countries. He expressed that the platform of Commonwealth has become frayed over the years but it can be revived to meet the present challenges for more horizontal integration of the global efforts in many aspects of health care, including research and innovation, creating production facilities for the essential drugs and vaccines as well as the regulatory process.

Mr. Alok Mukhopadhyay participated in the Meeting of All Party Parliamentary Group (UK) on the Future of International Regulations
Independent Commission on Development & Health in India
VHAI was instrumental in setting up the Independent Commission on Health and Development in India (ICDHI) in 1995. ICDHI was set up to assess the current health and development status as well as facilitate the process of need-based and people-centric sustainable health and development plans.

Distinguished individuals from the health and development sector were a part of this commission. The first comprehensive report of the commission was presented to then Prime Minister, Shri Atal Bihari Vajpayee in 1998. Honorable Prime Minister ensured that the major recommendations of the report were incorporated in various programmes, leading to many significant policy changes.

This resulted in the formation of the National Rural Health Mission to overhaul the rural health services. Since 1998, the commission has released a significant number of reports on specific health problems faced by the country.

**COVID-19 Global & National Response: Lessons for the Future**

In 2020, the Commission reviewed the global pandemic of COVID-19 as it engulfed the entire world by the first quarter of 2020, unleashing a global biological and socio-economic chaos. The Commission conducted a comprehensive study of the continuously changing situation; compiling data, analysis and recommendations on a range of global as well as national concerns arising out of COVID-19. Distinguished domain experts, public health professionals and researchers from around the world have contributed to this report.

The COVID-19 pandemic has presented a myriad of social, economic, political and strategic implications, inflicting enormous challenges on individuals, societies and states. The report systematically discusses the pandemic through two major sections - Global and National Response.

The ‘Global Response’ begins with an inter country comparative analysis of about 165 countries from around the world, to evaluate the COVID-19 spread and fatality. The confirmed cases and case fatality rates of various countries have been analysed on the basis of geo-political regions, age and sex. The impact of COVID-19 on top ten public healthcare systems has also been studied. This is followed by an analysis of the various strategies & containment model implemented around the world including complete lockdown, partial lockdown and alternative strategies, which were largely adopted by various countries to protect their citizens from the pandemic. ‘Global Response’ also includes a kaleidoscope of COVID-19 stories from around the world. These stories provide an insider’s view on the pandemic situation and subsequent management in Norway, the United Kingdom, the United States of America, Sri Lanka, Nepal, Latin America and Africa.

The report chronologically traces the role and response of the World Health Organisation (WHO) in the COVID-19 crisis followed by a critical analysis. The report further briefs about the response of other specialised international organisations to support countries, in facing the current medical and socio-economic crisis.
The report goes on to discuss the direct effects of disruption of value chains due to COVID-19 on aspects of the global economy such as GDP, employment, trade, etc. and the responses of governments and major international organisations to ameliorate the adverse effects. Recommendations to deal with similar occurrences in the future follow suit.

Finally, ‘Global Response’ in the report captures the worldwide endeavour to swiftly create safe and effective COVID-19 drugs and vaccines. This section also discusses the Indian vaccine and other drug therapy efforts. The scientists working in the vaccine front have almost done a miracle by coming out with effective vaccines in such a short time. They have added a glorious chapter in the history of science.

The second half of the report deals with the story of the pandemic in our home country- India. National response begins with a comprehensive situational analysis, which includes a comparative analysis of COVID-19 spread, fatality and testing in 28 States and 7 Union Territories.

The section further analyses the Government’s response to the pandemic, specifically the initial response, inter-state coordination, centre-state relationship, and the involvement of other stakeholders. It becomes apparent that the participation of the communities was limited. Our efforts would have been far more effective, if we had involved them right from the planning stage and ensured that they continued to play important role in decentralised management of the disease. Similarly, efficient mechanism for active participation of non-government organisations were not created. We have seen in the past, during global outbreak of HIV/AIDS, how much value they add to the government effort, if an enabling environment is created.

The report also discusses the role played by some of the key organisations in India, such as ICMR, IDSP, NDMA, para-military forces and various other departments in combating COVID-19. This section also contains a dedicated chapter on the Indian testing scenario which discusses India’s progress, its performance as compared to other countries, inter-state performance and India’s response to overcome the bottlenecks in boosting testing.

The ‘Indian Scenario’ section discusses in detail the impact of COVID-19 on our national economy. It also includes some valuable recommendations to revive our economy, especially keeping in mind the most vulnerable population. The report also documents the impact of COVID-19 on mental health and increased substance abuse. Due to the pandemic, the education system has gone through traumatic change resulting in dropout of millions of children throughout the developing world who are not beneficiaries of digitalisation. Many of them are going back to child labour.

The COVID-19 pandemic has several lessons for a healthcare legal framework in India that will effectively address the health needs of its people. The report analyses the Epidemics & Diseases (EDA) Act, 1897 and the Disaster Management Act (DMA), 2005, post which some key recommendations have been suggested.

**Recommendations**

Now with the successful vaccines in the horizon, this nightmarish chapter might come to an end, but we need to deeply internalise the lessons of this tough journey and prepare ourselves adequately for the future. During this crisis, the fault lines of the health systems all over the world became clear. They can be summarised as follows:

> In most countries, human resources in health sector are inadequate. The problem is not only limited to developing countries, but also in developed countries going through demographic transition. A long-term solution of this critical problem need to be evolved with a sense of urgency.
In the developing countries, both financial resources and health infrastructures are awfully inadequate. It is evident that a country’s economic, social as well as political stability depends on the investment that it makes in their health care. Health budget should not be treated as an expenditure, but an essential investment for sustainable development.

The pandemic showed how more than one third of the global population, living in urban slums and rural settlements without proper infrastructure have hardly any chance to preserve themselves from the spread of communicable diseases. Underbelly of all urban centres showed how little we have done in improving the living conditions of the economically disadvantaged.

People lost their livelihood overnight due to sudden lockdown and had to undertake long inhuman journeys to their native places for their survival. Similarly, a huge number of self-employed people lost their livelihood. It is imperative that we address the challenges of social determinants of health, to ensure the health and development of whole population.

In the management of the pandemic, the government infrastructure played the most critical role reinforcing our belief that health is a merit good and should not be totally put in the market place. The government health systems should continue to be the backbone of health services.

The non-health actors in most countries are not trained in the basics of health care. We need to ensure that during the initiation to the service all cadres of government and non-government organisations’ go through simple training on basics of health and wellbeing.

In the management of the pandemic, the participation of the communities was limited. Similarly, efficient mechanism for active participation of non-government organisations were not created. We have seen in the past, during global outbreak of HIV/AIDS, how much value they add to the government effort, if an enabling environment is created.

The resistance of the citizens all over the world to simple preventive steps like using of masks or maintaining social distancing, brought to the light the fact that preventive and promotive health care should be an important health agenda for the future, so that our citizens practice the basics of healthy living.

We need a strong global weather station to pro-actively monitor the emerging health emergencies, sufficiently in advance so that vulnerable nations can get time to prepare for it. The WHO is supposed to play this role but somehow in the recent years, it’s not so pro-active response to the outbreak of Ebola and similar situations have dented its credibility.

It is imperative to frame stricter international laws, which makes it mandatory for Member States of the United Nations to report such incidents promptly, so that it does not lead to far graver situations with global ramification.

Due to the pandemic, the education system has gone through traumatic change resulting in dropout of millions of children. It is essential that we find ways and means to open our educational institutions at the earliest with enough precautions.

There is a huge digital divide between the urban and rural areas. We need significant push towards digitalisation both from the government and the private sector, to fill this unacceptable gap.

We need to look at the financial outlay that is required to meet the unfinished agenda of ‘Health for All’. Most developing countries, including well performing economies, like India and China, invest far less than it is required to meet their health goals. Also, a healthy nation is the sum total of the health of its citizens, communities and settlements in which they live. Therefore, it is only feasible if there is total participation of its citizens towards this goal. We have to look beyond the so-called predominantly reductionist bio-medical model of health care, to a holistic model of health care, which puts the human and the environment in the centre.
Some Words of Appreciation

Shri Vijay Rupani, Hon’ble Chief Minister, Gujarat
“"I extend my heartiest best wishes to the team of the Independent Commission on Development and Health in India (ICDHI) for the taking pains for studying and preparing the report which will be a guiding beacon in this adverse situation. I am sure this Report will be very useful to all the fraternities active in fending off the COVID”

Dr. Manmohan Singh, Former Prime Minister of India
I appreciate your kind gesture and look forward to going through the Report with great interest.

Prof Maurice Mittelmark, Emeritus Professor, University of Bergen
Congratulations. What a fine publication!

Shri A L Hek, Minister of Health and Family Welfare, Meghalaya
This report is an eye opener for all particularly our policy makers, health workers and bureaucrats to put our efforts and responsibilities to overcome the crisis of the present COVID-19 situation and the future journey for sustainable developments to prevent any future disaster

Capt. Amarinder Singh, Chief Minister, Punjab
“I congratulate you on the excellent report which encapsulates almost all aspects of health policy in the country. I have requested the State’s Principal Secretary, Health & Family Welfare to constitute a team to examine the report and to prepare an action plan on implementing its salient findings. We hope to have the benefit of your expertise in improving the State’s health systems.”

Professor Margaret Barry, President, International Union for Health Promotion and Education
“Congratulations on the COVID-19 report. The report is impressive in its range & scope and indeed the key recommendations resonate with the experiences and consequences of the pandemic across many countries. I very much appreciated the attractive front cover too! Thoroughly enjoyed reading it.”
Arogya
A Community Based Intervention on Prevention and Control of NCDs
NCDs are one of the major challenges for public health in the 21st century, not only in terms of human suffering caused but also the harm inflicted on the socioeconomic development of the country. In India, nearly 5.8 million people die from NCDs (heart and lung diseases, stroke, cancer and diabetes) every year. In other words, 1 in 4 Indians has a risk of dying from an NCD before they reach the age of 70. In the recent years, there has been renewed interest in effectively tackling this issue with the launch of Health & Wellness Centers by Government of India. However, public spending on NCDs and health promotion is abysmal.

The situation became far more complicated since the COVID-19 outbreak. People living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19. One of the serious concerns faced by our country last year was that many people living with NCDs were not able to receive an appropriate guidance or access to treatment and medicines during the pandemic.

Informing populations about these health risks posed by COVID-19 is critical. In addition, health services need to be adapted to maintain essential NCD services to ensure continuity of care during the COVID-19 pandemic.

‘AROGYA’- Our community based programme on prevention and control of NCDs, played a significant role during the last year in sensitization, screening and timely treatment of NCDs patients despite the extremely challenging situation on ground.

VHAI in close collaboration with the State Governments is implementing ‘Project Arogya’ District Kamrup Metropolitan, Assam and District Lucknow, Uttar Pradesh with the support of Lal Pathlabs Foundation since 2018 and 2019 respectively.
Specific Objectives

- To sensitize, educate and empower the target population about their health & wellbeing and risk factors associated with NCDs.
- To motivate them to adopt healthy lifestyle and food habits through behavior change and communication.
- To screen the high-risk population for common risk factors for NCDs, proper referral at the local government health facilities and ensure follow up.
- To sensitize various key stakeholders of the district on NCDs and associated risk factors.
- To strengthen the relationship between the community and government health system.

Key Activities Conducted during the Year 2020-21

- Community Awareness
- Symptomatic Opportunistic Screening
- Referrals of Positive Cases
- Follow up of the Patients
- Covid-19 Awareness
Regular sensitization of the communities is essential not only to increase their awareness levels about healthy lifestyle and the risk factors of NCDs but also its correlation with COVID-19. The local communities were also sensitized about the existing facilities and services being provided in the state/district under the new schemes like Health & Wellness Centers (HWCs) and Ayushman Bharat.

Regular whatsapp awareness messages to the local communities, who are already linked with Arogya programme and also database obtained from local health facilities.

The existing NCD related IEC materials such as flip book, posters, leaflets etc. were used to create awareness among the local communities.

Community Awareness on NCDs and its Associated Risk Factors

Community Awareness was done through

Small group meetings ((10-15 people) were organized at community level such as Anganwadi centers, community halls, religious places etc.

Door-to-door sensitization was also done by our community volunteers.

Sensitization meetings (one-one meeting and virtual) with Community leaders, self-groups, patient support groups, women groups, Village Health and Sanitation Committee etc.

Liaisoning with Accredited Social Health Activist (ASHAs), Auxiliary Nurse Midwife (ANMs) or other government frontline workers.
Based upon the Community Based Assessment Check-list (CBAC) of the Government’s National Programme for Cardiovascular Diseases, Diabetes, Stroke (NPCDCS), Arogya team has conducted screening of the high-risk cases who have attended our awareness sessions. CBAC screening was also done by our volunteers through home visits. Those cases whose (CBAC) score read 4 or more were screened at the screening camps.

Symptomatic Opportunistic Screening

In the screening camps, usually there are one or two community volunteers, field coordinator, lab technician, doctor (if required). The parameters of the screening are as follows:

1. Random Blood Glucose level
2. Blood Pressure
3. Weight, Height
4. Waistline measurement (for abdominal obesity)

The screening camps were being conducted in the pockets of the districts such in rural blocks and slum pockets etc. and catering to the vulnerable communities who may be working throughout the day. Hence camps were also conducted over the weekends, when the men folk in the communities find it easier to attend.
Proper counseling of the positive cases as well as high-risk identified patients was done by the field team during the screening camps as well as follow-up of the patient in order to encourage them to take preventive measures and make lifestyle changes to combat the chronic problem of diabetes/hypertension.

**Patient Counseling**
Proper counseling of the positive cases as well as high-risk identified patients was done by the field team during the screening camps as well as follow-up of the patient in order to encourage them to take preventive measures and make lifestyle changes to combat the chronic problem of diabetes/hypertension.

**Proper Referral of the Positive Cases**
Proper referral of the positive cases to the closest government health facilities has been an integral component of the Arogya project. Most of the positive cases from the screening camps were referred to the local government health facilities.

**Tele-Consultation Session**
In extraordinary situations where patients were not able to avail the services at PHCs/CHCs due to disrupted services or lockdown restrictions, the patients were connected with the doctor for a virtual consultation. Tele-consultation sessions through conference call were provided for at least two days in a week. The patients usually consulted doctor for queries on their treatment protocols including changes in medicine dosage, immunity boosting tips, COVID-19 related issues etc. facilitated by the Block Coordinators.

**Follow-Up of the Identified Patients or High Risk Cases**
Proper referral of the positive cases to the closest government health facilities has been an integral component of the Arogya project. Most of the positive cases from the screening camps were referred to the local government health facilities.
Patient Support Groups

In the last year, we have formed WhatsApp groups for identified patients (facilitated by field Coordinators) in order to promptly cater to the needs of the patients for effective management of their diabetes/hypertension. This platform was also utilized to keep them informed with the regular updates on COVID-19 situation and its correlation with their disease.

Mass Media Awareness Activities on NCDs Correlation with COVID-19

Mass awareness campaign was initiated in close collaboration with the State National Health Mission to create awareness on the impact of COVID-19 on patients with NCDs. Awareness material was developed on the importance of standard preventive guidelines to be followed along with Do's and Don’ts for diabetic and hypertensive patients. This campaign also focused on the importance of mental health as well as tips for boosting immunity during the COVID-19 times at home.

These were published in E-newspapers (like Dainik Jagran) & weekend editions of other leading newspapers. These media coverage captured the valuable insights and suggestions of senior officials of NHM, and experienced doctors from King George Medical. VHAI also collaborated with Radio Mirchi and other radio channels for mass awareness especially in the state of Assam.

Through these mass media awareness activities, we have reached out to more than 4,65,000 people in the state of UP and Assam.
There has been remarkable difference in the knowledge, attitude, behaviour & practices of the community after Project Arogya intervention in comparison to the baseline survey data. Our regular community awareness sessions have helped to motivate and encourage the community members to engage regular physical activity and adopt healthy lifestyle practices.

In District Lucknow (Uttar Pradesh), more than 92% of the community members were aware about NCDs, out of which 81% knew about the risk factors of NCDs as compared to 5% reported in the baseline survey. The percentage of people who were consuming vegetables and fruits once daily were 87% and 46% respectively. The consumption of fruits and vegetables has significantly increased from 18% to 87% in the period. Approximately 37% of community members are now engaged in doing moderate to heavy physical activities for more than 250 minutes in a week. The knowledge about the association of smoking and chewing tobacco with hypertension has increased from 10% (baseline) to 88% (endline). The percentage of identified diabetic patients taking regular treatment is 81% as compared to 6% reported in the baseline survey. Similarly, the percentage of identified hypertensive patients taking regular treatment is now 72% in comparison to 3% as per baseline data.

In District Kamrup Metropolitan (Assam), more than 95% of the community members were found to be aware about NCDs, out of which 64% knew about the risk factors of NCDs as compared to 7% reported in the baseline survey. The percentage of identified diabetic patients taking regular treatment was 78% as compared to 23% reported in the baseline survey. Similarly, the percentage of identified hypertensive patients taking regular treatment increased to 71% in comparison to 21% as per the BLS data. These figures indicate that the treatment seeking & adherence behaviour has improved significantly amongst the local community.
## Comparison of Baseline and Endline Data

<table>
<thead>
<tr>
<th>Indicators</th>
<th>District Lucknow, UP</th>
<th>District Kamrup (M), Assam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of People who have knowledge about four major risk factors of NCDs</td>
<td>5% 81%</td>
<td>7% 64%</td>
</tr>
<tr>
<td>Percentage of people consuming vegetables more than once daily</td>
<td>18% 87%</td>
<td>25% 76%</td>
</tr>
<tr>
<td>Percentage of respondent engaged in doing moderate to Heavy physical activities for more than 250 minutes in a week</td>
<td>2% 37%</td>
<td>23% 63%</td>
</tr>
<tr>
<td>Percentage of respondents aware about association of smoking with Hypertension</td>
<td>10% 88%</td>
<td>2% 80%</td>
</tr>
<tr>
<td>Percentage of identified Diabetics taking regular treatment</td>
<td>6% 81%</td>
<td>23% 78%</td>
</tr>
<tr>
<td>Percentage of identified Hypertensives taking regular treatment</td>
<td>3% 72%</td>
<td>21% 71%</td>
</tr>
</tbody>
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## A Set of Information Education Communication (IEC) Material

VHAI has developed a comprehensive IEC material to strengthen and support the project activities. This set of IEC material is available in Hindi, Assamese and English and can be used by community health workers, NGOs, educational institutes and other key stakeholders to sensitize the general population on NCDs and their risk factors.
Support from the State Governments

The contribution of Department of Health & Family Welfare and National Health Mission, of both the states (Assam and UP), in the implementation of project has been remarkable. The departments were supportive in extending all possible help in strengthening the efforts towards the implementation of project. As a part of Project Arogya implementation process, the Arogya team has been continuously liasoning with the government health functionaries at all levels. Discussions/meetings have been held with the Honorable Health Minister, Government of Uttar Pradesh; Secretary Health, Assam; AMD NHMUP; DGMNCD, NHMUP; CMO Lucknow & Kamrup, Vice Chancellor King George Medical University; alongside interactions with the grassroot level functionaries like the ANMs, ASHAs and MPWs, Pradhan, MLC so that the implementation of Arogya is effective and is insynchrony with the NHM and the Health Department, mandate on prevention and control of NCDs in the state.

Impact and Outcomes of the Programme

During last year, VHAI has been able to sensitize approximately more than a million population through community awareness programmes on NCDs prevention and control in UP and Assam. More than 150,000 people, (male- 40% and female- 60%), were screened for diabetes and hypertension through Arogya screening camps. We have been able to help more than 15000 identified patients in early diagnosis and effective management of the disease including adoption of healthy lifestyle through timely referral and counselling.

10,76,107 Total number of populations reached through community-based awareness

150,757 Total number of people screened

49,359 Total number of high-risk cases tested and referred to health facilities

15,943 Total number of follow ups
Tobacco Control
Tobacco use is responsible for **1.5 lakh cancers, 4.2 million heart diseases, 3.7 million lung diseases and over 1 million deaths every year in India.** India is the oral cancer capital of the world because of rampant habit of tobacco chewing among people. Over, 65% of cancers in India is constituted to oral, breast and cervical cancer. 30% of cancers arise in head and neck region are caused due to smokeless tobacco used in India. India has reduced tobacco use among adults by 17% since 2010 due to stringent measures taken by the National and State Governments along with other key stakeholders.

Tobacco use in all forms, whether smoking or chewing, is significantly associated with severe COVID-19 manifestation and adverse outcomes. It vastly increases susceptibility and spread of COVID-19. Smoking impairs immunity, making smokers particularly vulnerable to COVID-19. The Indian government has previously put out an advisory for smokers and smokeless tobacco users regarding their greater risk for COVID-19 susceptibility and complications. The current pandemic provides a teachable moment to break the cycle of tobacco addiction and accelerate national tobacco control programs to achieve a tobacco-free world.

VHAI has been implementing a comprehensive tobacco control programme at the National and State level. The purpose of the programme is to strengthen tobacco control policies through strong policy initiative building & media partnerships and commitment at the national and state level based on evidence and best practices. This niche mission has contributed significantly to overall tobacco control measures in the last decade. VHAI has run many successful campaigns that have received phenomenal appreciation.

The crucial attributes of VHAI tobacco control work have been building effective partnerships, sensitization of stakeholders, capacity building of state partners coordinated efforts with the civil society organizations.
Key Policy Level Achievements - National

**Taxation**

All tobacco products (cigarettes, bidis and smokeless tobacco) are taxed at the rate of 28% GST. A compensation cess, which varies by product characteristics, applies to cigarettes and smokeless, but not on bidis. In addition, the National Calamity Contingent Duty (NCCD), which predates the GST, continues to apply on all tobacco products under the GST and varies by product characteristics. The Chief Executive, participated in a Pre-Budget Consultation organized by the Ministry of Finance under the chairmanship of Smt. Nirmala Sitharaman, Hon’ble Finance Minister on 17th December 2020. The meeting was attended by Ajay Bhushan Pandey - Finance Secretary, MoF, Tarun Bajaj - Secretary Economic Affairs, Ministry of Finance, Rajesh Bhushan - Secretary MoHFW, Secretary, Women & Child Development, Secretary, School Education, Secretary, Higher Education and Representatives from FICCI, CII, UN, BMGF, other international and Indian organizations. The Chief Executive spoke on various aspects of public health including tobacco taxation.

**COTPA Amendments**

VHAI was a part of the COTPA amendment committee, set up by Ministry of Health and Family Welfare (MoHFW) in 2014. Unfortunately, no progress was made after the committee gave its recommendations to the Government. The COTPA amendment issue was re-initiated urging the Government to reintroduce the bill with revised and new provisions for tobacco control.

VHAI team during the year sensitized various policy makers on the glaring gaps in the COTPA Act such as:

- COTPA, 2003 presently allows smoking in certain public places (restaurant, hotel and airport), in the form of creation of designated smoking area which must be dissolved.
- Advertisement and display of tobacco products at their point of sale should be comprehensively banned.
- COTPA also has no provision to counter sale of single cigarettes or flavoring of tobacco products, which is the main reason for youth being attracted for tobacco use.
- Further the penalty for offence under the Act is too inadequate to act as a deterrent.
- Raising the legal age of consumption of tobacco products from current 18 years to 21 years.
VHAI sensitized various stakeholders like Policy Makers, Medical Professionals (Doctors Government/Private & Medical institutions), Food and Drug Administration, Education Institutions, Health Department, Media Houses, NGOs, Associations, Individuals, Tourism department, Municipal Corporation etc. on COTPA amendments and sought their support for the same.

**Government of India Banned the use of Tobacco Products in Public Places to Control the Spread of COVID-19**

The Ministry of Health and Family Welfare, Government of India, as per an appeal made by the ICMR issued a letter to all the states and union territories to prohibit the use and spitting of tobacco in public places to prevent the spread of the COVID-19 infection. We closely worked with the state governments for effective implementation of the advisory and to generate awareness among the general public on health harms of tobacco during the COVID-19 pandemic.

**Telangana**

Telangana is the hub of Tobacco industry, with a huge bidi rolling, tobacco farming and tobacco producing community. There have been significant achievements through issuance of orders and sensitization of sub national actors. In Telangana, the Government has collaborated with VHAI to take forward the tobacco control agenda in the state. The aim is to build and strengthen enforcement mechanisms with Police, Health, Education, Tourism, FDA, Transport and other allied Departments. VHAI is also working to strengthen National Tobacco Control Programme (NTCP) in the state by working at the ground level in Hyderabad.

**Policy Context**

**Messages by the Health Minister**

The team discussed the state progress in implementing Tobacco Control Initiatives with the Honorable Health Minister of Telangana. He gave a motivational message to the youth on World No Tobacco Day 2020. He also gave a special message to the enforcement officers which was shared in the Step by Step enforcement guidelines booklet on compliance of COTPA, developed by VHAI in collaboration with State Tobacco Control Cell, Telangana.
In order to prevent the spread of COVID-19 infection, the Special Chief Secretary issued an order on the ban of spitting of chewable tobacco or non-tobacco products, spitting in Public Places and Institutions. The order was copied to all District collectors, District Medical and Health officers, Commissioners of Health and Family Welfare, Municipal corporation, and Police department.

**Sensitization of Policy Makers**
VHAI sensitized various policy makers and stakeholders on Tobacco Control initiatives.

**Inclusion of Tobacco in COVID-19 Guidelines**
Government of Telangana released the COVID-19 home isolation guidelines in English & Telugu and included a guideline suggested by VHAI to avoid smoking as the virus primarily impacts respiratory system and smoking may affect the recovery post infection.

**Increase Taxes on Sin Products and Save Lives**
VHAI sensitized various policy makers on increasing taxes on Sin products like tobacco for additional tax revenue which could fund the COVID-19 stimulus package as well as to address the public health concerns and curb overall tobacco use in India. The team sensitized the Commissioner, Commercial Taxes about the proposal on introducing COVID/increase in compensation cess on tobacco products.
Orders on Implementation of FCTC 5.3 and Ban on Hookah bars
Team discussed the Code of Conduct Guidelines on FCTC 5.3 with the Commissioner, Health and Family Welfare and Chief Program Officer, NHM. We requested for its dissemination at State level. Draft model order on FCTC article 5.3 was also shared. The files are in process.

Technical Partner of State Tobacco Control Cell
VHAI’s technical support was duly recognised by STCC, Government of Telangana in the implementation of Tobacco Control initiatives.

Review of COTPA in Monthly Crime Review (MCR)
The Commissioner Health wrote to DGP requesting to issue a directive to all the station houses to review and report COTPA in MCR on a regular basis to the STCC.

World No Tobacco Day 2020
With more than 200 registrations, team successfully conducted a webinar on the WNTD theme. Health Minister’s message was highlighted and with the support of Educational officer, students were sensitized on tobacco harms. Students made posters on the WNTD theme to create awareness.

12th Smoke Free Anniversary
A webinar was organized to commemorate the 12th anniversary of Smoke Free rules on 30th September 2020 with excellent participation & presentations from STCC, State Nodal Officer, NCD, Principal, Teachers, Students and Parents. Around 100 students including staff of educational academy participated in the webinar and made it a grand success. During the webinar, State Nodal Officer appreciated the efforts of VHAI in implementing Tobacco control initiatives in Telangana and ensured support to strengthen enforcement near Educational Institutions.
**Inclusion of COTPA in MCR**

The Additional Director General of Police, CID, Telangana issued an order directing all the unit officers of Telangana to enforce COTPA in all the police stations of Telangana and regularly monitor and review COTPA and the same should reflect in MCR. The order was signed by the Additional DGP in Nov 2019. It was then sent for ratification to PS-Home.

**Enforcement Drives**

The Police Department conducted frequent enforcement drives in Telangana to prevent the spread of COVID-19 infection through spitting in public places.

**Awareness Message**

The Commissioner of Police, Hyderabad released an excellent message to public through his twitter account on the health harms of tobacco use urging the people to quit tobacco. The message tweeted from his twitter account got millions of views.

**Education**

**Sensitization of Policy Makers**

Team met the Special Chief Secretary and Education Secretary of Intermediate Education to present data of last three years on implementation of COTPA near Educational Institutions in Telangana.

**Tobacco Free Educational Institutions**

An order has been issued by the Commissioner, Intermediate Education as a follow-up of MoHFW Tobacco-Free Educational Institution (TFEI) guidelines to display “No Smoking/Smokeless tobacco” signage as well as to submit a self-declaration. Also, it was instructed to colleges to take initiatives and leadership for necessary activities in this regard. VHAI has been mentioned in the order having being provided technical assistance for TFEI.

**Order on Implementation of FCTC 5.3 Guidelines**

The Commissioner issued a detailed order on the implementation of FCTC 5.3 guidelines in the State.
Tourism

**Tobacco Free Tourist Attractions**

The team sensitized higher officials of many tourist places of Hyderabad on COTPA and importance of tobacco free tourist places to contribute towards a healthy city. The Principal Secretary, Department of Tourism issued instructions on not allowing tourists to use and spit tobacco in public places. The Commissioner issued a circular to all the concerned officials for the display of IEC material/posters at all tourist attractions creating awareness on ban on public spitting. As a result, major tourist attractions in Hyderabad have been declared as Tobacco Free.

Municipal Corporation

**Ban on Spitting in Public**

In order to prevent the spread of COVID-19, the Principal Secretary, Tourism and Greater Hyderabad Municipal Corporation (GHMC) issued instructions to the drivers and owners of cabs, autos, buses and transport vehicles not to allow passengers to use and spit tobacco products. The instructions have been added by GHMC in the detailed guidelines on SOP for preventive measures to contain the spread of COVID-19 in offices.

Transport

**Tobacco Free Bus Stations**

The Principal Secretary, Transport, Telangana issued instructions to the owners and drivers of cabs, autos, buses and transport vehicles to restrict the passengers from using tobacco products and spitting in public places. Commissioner transport issued a circular to all the concerned officials for the display of IEC material/posters at bus stations on ban of public spitting. As a result, all major bus stations have installed “No Smoking” signages.
Food Safety and Standards Authority of India (FSSAI)

Smokeless Tobacco Ban in Telangana

FSSAI issued an order banning SLT products for one year in the State. Petitioner from tobacco industry challenged this order in the high court. FSSAI filed the counter as per the guidance and information provided by VHAI. Chief justice of the Telangana High Court disposed the petition saying that the High Court cannot admit the case suggesting the petitioner to file the case in Supreme Court. FSSAI considered this as a big win because in the past several years’ petitioners were getting stay orders and SLT products were sold everywhere. With the high court order, a full-fledged ban on SLT products would be in place. Director, FSSAI and Food Controller, Telangana thanked VHAI for providing appropriate technical support in the case.

Vendor Licensing

A Baseline survey was conducted in Hyderabad to assess the gaps of Tobacco Control Laws and State level reforms in Telangana. The copy of report is shared with the Municipal Corporation department with recommendation to consider Vendor licensing in Telangana.

Team reviewed Telangana Municipality Act and Shops & Establishments Act. A note was prepared with useful words, sections to push vendor licensing.
VHAI initiated tobacco control efforts in Uttar Pradesh from February 2020 and is closely working in collaboration with the State Government to support all TC initiatives in the state. VHAI provided technical support to all the key departments in the state and technically assisting the State Tobacco Control Cell to address tobacco control issues in Uttar Pradesh.

**Policy Context**

**Sensitization of Policy Makers**
The team sensitized various policy makers on Tobacco Control initiatives.

**Increase Taxes on Sin Products**
The team sensitized various policy makers on increasing taxes on Sin products including tobacco for additional revenue which could fund the COVID-19 stimulus package and will address the public health concerns and curb overall tobacco use in India.
Department of Health

**Ban on Sale of Tobacco Products and Spitting in Public**
In order to prevent the spread of COVID-19 infection, the State Government banned the sale of tobacco products and spitting in public places in Uttar Pradesh.

**Inclusion of COTPA in Monthly Crime Review (MCR)**
The Director, Health issued a letter to all the Chief Medical Officers for effective implementation of the MCR as per order issued by the SP Crime.

**Awareness on Tobacco and Coronavirus**
Team VHAI developed awareness posters on Tobacco harms and COVID 19 in Hindi for U.P and requested STCC for its circulation at the state level. Approximately, 27 DTCC used the poster for the purpose of awareness generation during World No Tobacco Day 2020.

**World No Tobacco Day 2020**
With more than 200 registrations, the team successfully conducted a webinar on the WNTD theme. The Health minister's message was also highlighted in webinars and in the media stories generated.

**12th Smoke Free Anniversary**
A webinar was conducted on the “12th Anniversary of Smoke Free Rules in India” in collaboration with the State Tobacco Control Cell. The State coordinated with doctors, nurses, Government officials, medical professional, civil societies for supporting the cause and urged them to encourage Smoke Free environments by posting messages and tagging Ministry of Health and Family Welfare on social media.

**Ban on Hookah Bars**
The Hon'ble High Court of Allahabad ordered to ban sale and use of illegal hookahs with or without tobacco in the state of Uttar Pradesh in order to prevent the spread of COVID-19 infection. Considering the seriousness of the issue, the Director Health on behalf of DGHS issued a letter to all the CMOs for strict implementation of the letter issued by Chief Secretary to ban the sale & use of hookahs at Hotels, Restaurants, bars and violation must be reported to the Nodal Officer, STCC. Regular enforcements drive on ban on Hookah bars has been conducted by Police & FDA officials at the district level.

**Implementation of FCTC 5.3 Guidelines**
The team shared the FCTC 5.3 guidelines issued by MoHFW with PS Health requesting to revise the guidelines and to further share it with the department.
The DGP Police issued an order to include COTPA in MCR to the Police Commissioner Lucknow & GB Nagar & all zonal ADG by SP Crime Head Quarters. The follow-up letter has also been issued by the districts for urging for a strong action on the letter & report to the concern officer in stipulated time.

**Election Department**

**Tobacco Free Elections**

The State Election Commissioner, Uttar Pradesh issued a SOP for three tier Panchayat General Election 2021. Keeping in view the COVID-19 pandemic, State Election Commissioner declared a ban on use of tobacco & spitting at public places which would be a punishable offence as per guidelines issued by the Centre and the State Government.

**Education**

**Implementation of FCTC 5.3 Guidelines**

The Director, Middle School Education issued a letter to all Joint Education Director Zonal & DIOS to not to support & organize program with the organizations who receive funds from the Tobacco Industry.

**Transport**

**Ban of Tobacco Products and Spitting in Bus Stations**

The Principal Secretary, Transport issued instructions to the owners and drivers of cabs, autos, buses and transport vehicles to restrict passengers from using tobacco products and spitting in public places. An order regarding the ban on use of tobacco products & spitting at bus stations, buses & authorized dhabas has been issued by the GM (Marketing) from MD UPSRTC office. CMO, Allahabad also issued a letter to Regional Manager UPSRTC & DRM for the ban on use of SLT and spitting in public places. DTCC Moradabad provided Challan Book to the Assistant Regional Manager for the enforcement of ban on spitting in public places.
Team sensitized various stakeholders like Medical Professionals (Doctors Government/Private & Medical institutions), Food and Drug Administration, Education Institutions, Health department, Media Houses, NGOs, Associations, Individuals, Tourism department, Municipal Corporation etc. on COTPA amendments.

**Vendor Licensing**

**Tobacco Vendor Licensing in Lucknow**

The Municipal Corporation, Lucknow issued a letter to all the Zonal Officers to restart registration of Tobacco vendors licensing in Lucknow and to share the status of the registration issued till date.

**State Level Vendor Licensing**

The Principal Secretary, Urban Development held a meeting of the relevant departments for discussion on State Vendor Licensing and issued a letter to the Municipal Corporation, to submit a detailed status report on Vendor licensing implementation in Lucknow. Our team provided technical support to the Municipal Corporation and Health department. The Government of Uttar Pradesh issued an order to the Municipal Corporations of the State to implement Vendor Licensing before 31st July, 2021.

**Tiny Targets Study 2.0**

In order to document instances of tobacco companies advertising, selling, displaying or incentivizing the sale of tobacco products within 100 yards of educational institutions in India, Voluntary Health Association of India and Consumer Voice, undertook the study titled ‘Big Tobacco, Tiny Targets’. The study was undertaken from October 2019 to December 2019 in 25 cities across India. A total of 1011 Educational Institutions and 885 points of sale were investigated. Team is working on the release of state findings of Telangana and Uttar Pradesh.
The media considered Tobacco Control a low priority issue, therefore, our main objective was to sensitize the policymakers, involve multiple stakeholders, educate, and raise awareness among the public and support enforcement officials on tobacco control measures in the interest of public health. The team sensitized senior journalists from various newspapers, magazines, and electronic media on public health issues. The team shared the information on orders, circulars etc. with the journalists for media stories in the leading English, Telugu, and Hindi Dailies. Journalists have been sensitized by our team and over 500 news stories (print, electronic and online) have appeared on issues such as COVID and Smoking, appeal issued by ICMR to the general public on quitting tobacco and spitting in public keeping in view the COVID-19 pandemic, MoHFW's letter to all the States and Union Territories to prohibit the use and spitting of smokeless tobacco in public places to prevent the spread of the novel coronavirus, Home Ministry Guidelines on the ban of use of tobacco products, States banning use of SLT and Spitting in Public Places, Tiny Targets study, release of International Tax Scorecard, Code of Conduct Guidelines 5.3, Tobacco Industry Interference, implementation of new pack warnings, COTPA amendments and enforcement on seizure of illegal tobacco products, etc.
Marriage No Child’s Play
Rooted in traditions, child marriage impacts the physical and psychological wellbeing of children through economic deprivations, societal pressure and prejudiced ideas of family honour. As per National Family Health Survey 4 (2015-16), 26.8 percent women in India aged 20-24 years were married by the age of 18.

The current COVID-19 health crisis has exacerbated some of the main social and economic drivers of early marriage, such as limited access to education, early pregnancies and poverty. COVID-19-related school closures have interrupted the education of approximately 1.6 billion children worldwide.

Marriage: No Child’s Play (MNCP) is a comprehensive programme to avert child marriage in India with support from SIMAVI Netherlands. The programme works under More than Brides Alliance (MTBA) which includes SIMAVI, Save the Children, Oxfam Novib and Population Council. VHAI is implementing the programme in Khallikote Block, Ganjam District, Odisha as SIMAVI partner. This programme is the continuation of two previous SIMAVI supported programmes that focus on Sexual Reproductive Health Rights (SRHR), namely the ‘Unite for Body Rights’ (UFBR) [2011-2015] and ‘Unite against Child Marriage’ (UACM) [2014-2015].

### Objectives of the Programme

1. To educate and empower women and girls by providing them an enabling environment through raised health awareness.
2. To improve access and better utilization of existing health services, thus, leading to overall improvement in women’s health status.
3. To improve RMNCH+ indicators through better availability and increased utilization of health services.
4. To improve the implementation and outreach of government services by enhancing access of women and adolescents to entitlements.
5. To increase opportunities for education, health and skills for women and adolescents by sustainable public campaigns.
COVID-19 has caused major disruptions in the implementation of the programme in the initial few months of the pandemic and has consequently impacted the girls, their families & the local communities as well. Despite these challenging times, our field staff and Discussion Leaders have been proactively working under the programme to keep our boat safe and afloat. During the COVID-19 situation, many new approaches have been tried on trial-and-error basis to test the real implication in the field. We have succeeded to mobilise 250 girls to adopt digital and social media like Whatsapp and Facebook. Timely creation of local helpline number to address the queries of adolescents and the local communities has gained popularity in the block & the communities rely on it for authentic & relevant information on SRHR, COVID-19 prevention and management.

Key Achievements for the Year 2020-21

1. **Youth Empowerment**

   **Formation and Capacity Building of Adolescent Groups**

   Through MNCP project, VHAI have formed and capacitated 550 girls and boys groups covering more than 15,000 adolescents. Each group has an average 20-25 members at the village level. Adolescents were provided reliable information and resources on SRHR & Life Skill Education.

   **Regular Group Meetings at Information Dissemination Centers (IDCs)**

   - Information Dissemination Centers, resource hubs created at the village level, provided space for adolescent groups to discuss & reflect on harmful social norms such as child marriage with their peer groups, and enable them to develop the necessary life skills to make informed decisions about their own Sexual reproductive health and rights.

   - In the last year, approx. 70 Information Dissemination Centres (IDCs) were equipped with innovative resource material, which is updated on a regular basis. These IDCs centers have played a significant role during COVID-19 times to keep adolescent groups connected and also provide relevant information on COVID-19 prevention and management.

   - Facilitated discussion group interaction among adolescents on SRHR and LSE & sensitized them on protection schemes such as National Adolescent Health Program, Integrated Child Development Services, Integrated Child Protection Schemes.
Keeping in view the current situation, digital literacy skills have become far more critical than ever. VHAI has equipped the adolescents groups, especially girls with basics of digital applications and use of social media. We have reached out to more than 450 girls through Digital literacy training programmes organised in the remote villages of District Ganjam.

**Virtual Group Sessions/Discussions**
To keep the interactions and learning process with adolescent girls active despite the restrictions, virtual group interaction/discussions were also organised to share relevant information on COVID-19 and SRHR through creation of whatsapp groups as well as online group discussion.

**Involvement of Young Girls in Decision-Making Process of Village Committee & Council**
Empowerment of young girls as a discussion leader as well as active laisioning and sensitisation of the village/community leaders has helped in securing active participation of young girls in decision making process of their Village Committees and Council such as VHSNCs (Village Health Sanitation Nutrition Committee) & GPDP (GramPanchayat Development Plan). In few places, they have voiced their rights and were able to convince the committees to include Child Marriage issues as a part of their village plan.

**Interface of Adolescent group Members with Policy Makers and Officials**
At Block, District and State level, interface was created to address the issues and challenges related to adolescent reproductive sexual health and rights.
2. Promoting Education for Girls

Since schools were closed from mid-March last year, school based activities were not conducted. However, the project adopted the following measures in order to ensure continuation of education for girls in our interventions areas.

- Advocacy at District and State level for creating online learning platforms/online classes that are easily available for the students, especially for ensuring the continuation of girls' education.
- Sensitization of parents in 38 villages about existing provisions and modalities by the State government for online education.
- Regular Counseling of parents of the drop-out girls by ANMs, AWWs & PTAmembers.
- Project also facilitated formation of coaching centre at the village level for girls belonging to below poverty line families. In the last year, Project MNCP provided tuition support to 152 needy girls in 15 remote and distant villages. The coaching classes were provided by our qualified community based volunteers at the village.
- Regular Sensitization of School Management Committee (SMC) members to keep track on school students attending online education session as well as to monitor & report the proposed child marriage cases in their respective village if any.
- Awareness generation on girl's education and related government schemes through discussions in community- based gr groups meetings in 38 villages during Village Health Sanitation & Nutrition Committee (VHSNC) and women Self-Help Groups meetings in small groups.
- Sensitization of religious & tribal leaders and local opinion leaders on online and digital education so that they can motivate parents on the same.
Economic empowerment of girls is an important component for their overall well-being and also to prevent child marriage. Significant number of girls get married at an early age due to financial constraints. Further, COVID-19 pandemic and government measures to contain the spread of the virus like lockdowns have been particularly devastating for rural migrant workers families. While everyone is facing unprecedented challenges, adolescent girls and women are bearing the brunt of the economic and social fallout of COVID-19. Project MNCP is continuously supporting the young girls and women during this time of upheaval and uncertain times by providing them vocational in the following areas.

**3. Economic Empowerment for Adolescents**

Economic empowerment of girls is an important component for their overall well-being and also to prevent child marriage. Significant number of girls get married at an early age due to financial constraints. Further, COVID-19 pandemic and government measures to contain the spread of the virus like lockdowns have been particularly devastating for rural migrant workers families. While everyone is facing unprecedented challenges, adolescent girls and women are bearing the brunt of the economic and social fallout of COVID-19. Project MNCP is continuously supporting the young girls and women during this time of upheaval and uncertain times by providing them vocational in the following areas.

**Preparation of Sanitary Napkins**

VHAI has helped the young girls and women in mastering the art of preparing sanitary napkins at home. Project MNCP facilitated training of about 102 girls on preparation of homemade sanitary napkins. Start-up support to prepare sanitary napkins were also provided to them. Out of 102 trained girls 58 are preparing sanitary napkins for themselves and their family members. About 44 girls are preparing sanitary napkins in small groups on a commercial basis, project MNCP is extending hand holding support for marketing their products at the local level. This has worked out as a sustainable economic model that serves a dual purpose of earning livelihood as well as selfuse during their periods, thus encouraging good menstrual hygiene.

**Mobile Repairing Training**

In September 2020, the project organised a one month mobile repairing training for 20 girls belonging to vulnerable families. After completion of the training, 4 girls have started a mobile repairing unit at their respective villages with the start-up cash support from the project and are now financially supporting their families.

**Stitching Masks at Home**

Project took initiative to support economic livelihoods of girls-at-risk during the current COVID-19 scenario. About 155 vulnerable girls were trained on stitching masks through virtual sessions and were provided raw materials to prepare the mask. This initiative ensured livelihood for adolescent girls & their families during the lockdown when most of them were unemployed.
Promotion of Kitchen Gardening

Project with support from the concerned government department organised training for about 73 girls on promotion of kitchen gardens at the village level and provided seeds/saplings and other materials to initiate the kitchen gardens. Till now, about 46 trained girls have developed a kitchen garden.

Start-up Support to Married Girls

About 20 girls have been supported with sewing machines to run their tailoring shop, establish mobile repairing units and grocery shops in their villages.

4. Strengthening Child Protection Systems at Various Levels

A. Community and Village Level

- Due to the lockdown, the existing block level Government Help Line for children and adolescents had become irregular. To address this issue, project MNCP made provision for dedicated local helpline for adolescent group members & local communities for their queries related to SRHR, COVID-19 and reporting of child marriage/abuse cases. We have received more than 4500 calls in the period from May 2020 to March 2021.
- Sensitization of GPCPC (Gram Panchayat Child Protection Committee) members with support from concerned Sarpanch in 10 Gram Panchayats on child protection with special emphasis on prevention of child marriage
VHAI empowered women and adolescent group members to ensure child protection and prevention of child marriage at the village level during COVID-19 pandemic. Women group members, VHSNC members and adolescent group members prepared the action plan for child protection during COVID-19 times.

Exposure visits of girls to law enforcement agencies and cross-village visit for Village Health Sanitation & Nutrition Committee (VHSNC) and Gram Panchayat Child Protection Committee (GPCPC) members for mutual learning were facilitated.

B. District Level

Consultation Workshops were organised for district level child protection authorities from CWC, DCPU, Child Line, JJ board, Child Care Institutes and also for CSO members to strengthen and regularise child protection mechanism during the COVID-19 pandemic.

C. State Level

Consultation meetings were organised with Odisha State Commission for Protection of Child Rights (OSCPCR) and Odisha State Child Protection Society (OSCPS) to share issues related on child protection during the COVID-19 pandemic.

5. Increased SRHR Access and Utilization

- Due to the COVID-19 pandemic, the supply of SRHR commodities had been severely hampered in the project area and the girls were deprived of IFA tablets and sanitary napkins which they usually receive from the frontline health workers at the village level. The project staff members apprised the block and District level health officials about the issue and successfully advocated to ensure regular supply of SRHR commodities at the community level. The project has distributed more than 28000 sanitary napkins to the needy girls living in remote and distant areas with sanitary till government supply was resumed.

- In order to increase the utilization of SRHR services by adolescents and make health centres adolescent friendly, health facilities were developed as Adolescent Friendly Health Centres (AFHCs). In these centres, dedicated space was created for adolescents with display kits for contraceptives, SRHR commodities, IEC materials, medical equipment and essential drugs.

- More than 30 Adolescent Health Days were organised with support from the local Primary Health Centre. During the event, haemoglobin test, general health check-up with referral facility, counselling and health education session were provided.

- Convergence meetings at the Sector level were organised on SRHR and Child Protection issues. The officials from concerned government departments, Media, Community Leaders, Youth Club, Parents, local CBO and DLs along with group members participated in the meetings to address service delivery gaps. Issues such as regular supply of IFA, sanitary napkins, contraceptives and participation of adolescent girls during Village Health and Nutrition Days (VHND) were successfully addressed through the meetings.
6. Increased Engagement and Collective Social Action against Child Marriage

MNCP project laid emphasis on capacity building and empowering different stakeholders for social collective action, lobby and advocacy to address service gaps and influencing important stakeholders to change in practice and behaviour of harmful social norms and traditions.

Project laid emphasis on capacity building and meaningful engagement of existing local CSOs, Youth Clubs and CBOs in COVID-19 response and taking care of SRHR issues during the COVID-19 pandemic. Important stakeholders like PRI members, Elected representatives, Service providers, Community leaders, Media personnel were consulted and appraised on a regular basis on issues and challenges faced by girls as well as their family members due to COVID-19 pandemic and lockdown.

Virtual sessions were organised with local CSOs and youth club members to identify challenges and remedial measures related to child marriage and child protection during the COVID-19 pandemic. Local CSOs were encouraged to advocate with the district and block officials to ensure that the supply of essential services is resumed.

Local media houses were apprised on the initiatives taken by the adolescent group members as well as issues and challenges faced by girls during COVID-19 pandemic.

Sensitization meeting with community leaders were organised at the village and gram panchayat level on tracking proposed child marriage cases and child abuse cases along with promotion of girls education, personal hygiene and sanitation.

Facilitated pledge and oath taking by men and boys groups on child marriage and child protection.

Caste panchayats (caste councils) have members of particular castes who follow caste-based social norms, rules, religious values and settle conflict among its own members. In certain communities it is essential to get permission from caste panchayat for marriage. Project took initiatives to sensitize caste panchayat on child marriage, its repercussions and the right age of marriage.

7. Supportive Rights Based Legal and Policy Environment against Child Marriage

VHAI as a member of District NGO Coordination Committee regularly participated in coordination meetings organized by District & Block COVID-19 cell and appraised the field situation and issues & challenges faced by adolescent girls due to COVID-19 pandemic and lockdown. To ensure coordination and collaboration on COVID-19 response, VHAI organized three virtual sessions with District level SRHR Alliance partners on different themes like child protection, Adolescent health-need & priorities during pandemic & mental health.

The following activities were conducted to garner policy and departmental support:

- Coordination meeting organized at Block level to strengthen inter-departmental convergence on SRHR and child marriage scheme implementation.
- Exposure visit for adolescents to law enforcement institutions organised at Block and District level and facilitated interface with duty bearers. Adolescents shared their view points in terms of child protection and prevention of child marriage with duty bearers.
- VHAI State team had participated in the virtual sessions organised by Odisha State Commission for Protection of Child Rights (OSCP), District Child Protection Unit and shared issues related to child marriage and child protection with COVID-19 pandemic.
- At the National level, a letter was written to the Hon’ble Prime Minister of India Mr. Narendra Modi & other important officials in Health Ministry & Niti Aayog by the Chairman, VHAI emphasizing on importance to restore the routine health services & programme such as immunization, SRHR which got disrupted during COVID-19 lockdown situation & its impact.
Impact

Declaration of Child Marriage Free Village

Social collective action by the local communities along with adolescent group, discussion Leaders, ASHAs, ANMs with support of MNCP staff has helped to make many villages child marriage free in the intervention area. These has a remarkable success of the programme as it has helped to break the ancient tradition of early marriages and has been able to bring positive change in the behaviour of local communities. As a result of collective effort, 34 villages have been declared as ‘Child Marriage Free Village’.

Drop-out Free Schools

MNCP Project had laid emphasis on preventing girls drop out from school with active support from SMC members, Parent Teacher Association (PTA) members, adolescent group members and community leaders. A collective approach was initiated by these community stakeholders with hand holding support from MNCP project to make drop out free schools in 18 high schools and 28 upper primary schools. In these schools, SMC members and DLs are analysing and tracking absentee students on a monthly basis. If any student is found to be regularly absent, the above members with support from project staff visit and counsel the parents of such students on importance of education. 28 out of these 46 schools ensured zero drop-out (as dated March 2021).
Comprehensive Civil Society Response to Accelerate Sexual and Reproductive Health and Rights of Young People in India
SRHR India Alliance is an initiative that works towards a society free of poverty in which all women and men, girls and boys, and marginalized groups have the same rights irrespective of their ethnic, cultural and religious background, age and gender. As a part of SRHR India Alliance, VHAI aims at measurably improving the organisational capacity and leadership of 40 CSOs (12 existing CSO partners and 28 new CSO partners in Odisha) and 80 youth leaders to reach out to a wide range of stakeholders resulting in a strong, inclusive movement for comprehensive YSRHR and reducing barriers at individual, family, social and systemic level. “Comprehensive Civil Society Response to Accelerate Sexual and Reproductive Health and Rights of Young People in India” envisages amplifying the reach of the child marriage reduction initiatives of SRHR India Alliance. This includes communicating and networking with key stakeholders – NGOs, media, community members, development professionals and Government officials to create greater awareness and to address the legal, cultural and normative factors that influence child marriages.

The programme is being implemented in Bolangir, Rayagada, Sonepur, Ganjam and Kalahandi Districts of Odisha with the following objectives.

- Amplifying the reach of the child marriage initiatives of SRHR Alliance by enabling a coalition of NGOs
- Capacity Building to address the legal, cultural and normative factors that influence child marriages
Key Activities

- Mitigate gender-based violence
- Reduce stigma, discrimination, stereotypes.
- Build alliances at district and state levels on SRHR and Child Marriage.
- Capacity building training for CSO partners on SRHR with special emphasis on child marriage.
- Capacity building training for CSO partners on Organization Development and Documentation.
- A State Level Consultation workshop was conducted in Bhubaneswar on 9th February 2021 to accelerate the collective process initiated under Amplify Change, develop a way forward to promote SRHR and combat child marriage and also to develop a road map for proper convergence within important stakeholders. Further course of action for State SRHR Alliance was discussed and decided during the workshop. About 37 participants from 34 partner CSOs participated in the workshop and shared best practices undertaken at the field level along with issues and challenges.
- Research study on impact of COVID-19 on children’s learning and child protection in Odisha was conducted in District Balangir and Ganjam in collaboration with Odisha State Commission for Protection for Child Rights (OSCPCR).
- Training programmes for Youth Leaders on SRHR and allied issues were organized in District Balangir, Rayagada and Ganjam with the objective to enhance youth leader’s knowledge and skills on SRHR and child marriage. It also aimed to develop their leadership and communication skills in addressing ASRHR related issues amongst young people. About 82 youth leaders participated in these training programs.
- Sensitization programmes were organized at the community level through trained youth leaders on preventive measures for COVID 19, Government entitlements, schemes and programmes.
- About 80 youth volunteers from 40 partner CSOs were capacitated on COVID-19 through Whatsapp group communication and virtual training.
- Hand holding support to partner CSOs was provided to prepare documents and policies that are essential for submission of project proposal.
- Linkages for partner CSOs with Government and other agencies for COVID 19 response activities was established.
- Hand holding support to partner CSOs on documentation of success stories and case study was provided.
- Volunteers, PRI members, youth volunteers, teachers, ASHAs and AWWs were sensitized to mitigate gender-based violence during the COVID-19 pandemic.
- Mapping of skilled migrant labors was done in 3 blocks of Sonepur and Rayagada district by 4 CSO partners with support from the district administration.

25,000 students and 1,540 teachers, 1,820 elected representatives, 2,600 ASHA and Anganwadi Workers, 1100 community leaders, 260 CBOs & 125 Youth Clubs were reached out and encouraged to raise voice against child marriage through 375 trained staff members from 40 partner CSOs in District Bolangir, Rayagada, Kalahandi, Ganjam and Sonepur. 19,000 adolescents and 27,000 women group members sensitized on SRHR issues through trained CSO staff members.
Axshya
Tuberculosis
Prevention and
Control
Tuberculosis (TB) remains a global public health threat with a total of 1.5 million deaths from TB in 2018. India accounts for about a quarter of the global TB burden. In spite of all the efforts, it is still one of the top 10 causes of death and the leading cause of disease from a single infectious agent in India. As per the Global TB report 2019, an estimated 10.0 million people suffered from TB in 2018 globally.

The current COVID-19 pandemic poses to be a greater risk for patients with TB, both tuberculosis and COVID-19 are infectious diseases that attack primarily the lungs. People ill with both TB and COVID-19 may have poorer treatment outcomes, especially if the TB treatment is interrupted. Hence, it becomes imperative that TB programmes are actively engaged in ensuring an effective and rapid response to COVID-19.

Project Axshya is being implemented by Voluntary Health Association of India as one of the Sub Recipient (SR) to The International Union Against Tuberculosis and Lung Disease (The Union South East Asia Office) with support from The Global Fund since 2010. The project works to improve access to quality TB care and control through a partnership between government and civil society. It supports India’s National TB Elimination Program (NTEP) to expand its reach, visibility and effectiveness.

Project Axshya engages community-based providers to improve TB services, especially for women, children, and vulnerable populations. Advocacy, communication and social mobilisation are major focus areas for the project. The focus is on vulnerable and marginalised communities which include slum dwellers, tribal populations, PLHIVs, migrants, people living in hard-to-reach areas with poor access to healthcare services, occupationally predisposed groups such as miners and stone quarry workers.
Key Activities

- District-wise mapping of Key Affected Population and categorising vulnerable and marginalized population such as people living in hard to reach areas, tribal, slum dwellers, migrants, people living with HIV, congregate settings, contacts of TB patients and people living with co-morbidities etc. into KAP settings.
- Reaching community at their doorsteps for generating awareness among them for available diagnostic and treatment services through Axshya Samvad.
- Establish active community surveillance units. Enable contact tracing and ensure new case detection and treatment adherence among notified cases.
- Verbal Screening in high case load OPD facilities such as District Hospital or Medical College in the district for air-borne infection prevention and early case detection.
- Health Camps in collaboration with NTEP to reach hard to reach pockets for generating awareness among community and facilitating diagnosis and treatment of cases.
- COVID-19 relief and support to the vulnerable communities.
KEY ACHIEVEMENTS JANUARY, 2018 - MARCH 2021

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Achievements</th>
</tr>
</thead>
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<tr>
<td>No. of Households covered through Axshya Samvad</td>
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</tr>
<tr>
<td>No. of Health camps conducted</td>
<td>602</td>
</tr>
<tr>
<td>No. of SCT facilitated</td>
<td>104137</td>
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<tr>
<td>No. of Project Supported X rays facilitated</td>
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</tr>
<tr>
<td>No. of TB patients diagnosed from Surveillance Units</td>
<td>6951</td>
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<tr>
<td>No. of TB patients Diagnosed from District Hospital Intervention</td>
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<tr>
<td>No. of TB patient sensitization meetings conducted</td>
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</tr>
<tr>
<td>No. of TB cases diagnosed (Bacteriological+Clinical)</td>
<td>21657</td>
</tr>
<tr>
<td>No. of TB patients diagnosed from KAP area</td>
<td>21191</td>
</tr>
<tr>
<td>Treatment outcome (Cured+treatment completed)</td>
<td>9772</td>
</tr>
</tbody>
</table>

**Key Programme Impact**

Project Axshya’s extensive advocacy, communication and social mobilisation interventions have had a far reaching impact. Since Jan 2018, the project has covered 1 million households and reached almost 5 million population through Axshya Samvad with TB information and services.

- The project has identified more than 1.6 lakh Presumptive TB patients and facilitated testing of over 93% identified presumptive TB patients through Smear and CBNAAT testing resulting in diagnosis of more than 21000 TB patients, among whom more than 90 percent patients were put on treatment.
- More than 50 local level NGOs and almost 1000 individual community volunteers have been engaged with the project and these NGOs and volunteers were given trainings on awareness generation, active case finding for early diagnosis and treatment at the doorstep for hard-to-reach communities.
- More than 750 Active community surveillance units have been established across 25 Districts with the goal of creating awareness about TB and prevention of new TB cases.

- The project has engaged 32 project supported X-ray Labs at the District level to facilitate free of cost X-ray diagnosis to vulnerable and hard to reach communities. More than 2200 patients were linked to project supported X-ray facilities and out of which 30% were found to be positive and were put on treatment.
- Over 4500 TB patients were empowered by making them aware of their rights and responsibilities, more than 37% of whom were women.

**COVID-19 Intervention and Support**

Project Axshya has been actively involved in providing support at the grassroots during the COVID-19 pandemic. All the 25 District Coordinators and Assistant Project Managers in the intervention areas were virtually trained on preventive measure like use of masks, handwashing techniques and maintaining physical distancing. Detailed IEC materials were also shared with them. The district coordinators further trained the field staff on these COVID-19 appropriate behaviours who further carried out awareness activities in the community. PPE kits consisting of face masks and hand sanitizers were distributed to all the coordinators and field staff.

Team Axshya conducted a series of virtual training for the community leaders and members of SRIJAN in February-March, 2021 on COVID-19 prevention and control. Under Phase 1: Training of Trainers, four trainings were given to about 30 participants in each training from SRIJAN-Rajasthan, Madhya Pradesh and Chhatisgarh. Under Phase 2: Eight one-on-one demo trainings were given at the village level with online support from VHAI Axshya Team. The demo training was conducted for the leaders on how to disseminate information among the community. IEC materials on COVID-19 prevention, control and management were also shared with all the participants. The Team Leader of SRIJAN, Delhi appreciated the team VHAI for conducting the trainings amid this challenging situation within a short period of two months.
Empowering Community Based Institutions to Increase Vaccine Confidence and Routine Immunization Demand
India has the world’s largest immunization programme. But due to the large population, difficult terrains, ignorance & resistance in the communities the rate of immunization is still very low in some of the states. The COVID-19 pandemic has further worsened the conditions. Due to several lockdown restrictions and engagement of health staff in COVID-19 work, immunization services are hampered in most parts of the country. It is imperative that immunization and COVID-19 prevention goes hand in hand. Community based organizations and community influencers can significantly contribute in addressing the issues and increase the demand of immunization services in low performing districts. The CBOs can be helpful in mobilizing community for the uptake of immunization services and support the health team in carrying out services. Therefore, in the current phase of the project, with the help of partner NGOs, VHAI is engaging and empowering the community based organizations to mobilize the communities for the uptake of immunization services along with spreading awareness and eliminating stigmas associated with COVID-19.

Geographical Coverage of the Project

Through the project, VHAI is reaching to 17 districts in 06 states of Assam, Andhra, Odisha, Nagaland, Manipur and Arunachal Pradesh. In these 17 districts, we are working in 40 blocks in total. VHAI has done MoU with 17 district level NGOs for the field level project implementation.

Key Activities

The major objective of the current phase of the project was to empower the local CSOs, CBOs and influencers on routine immunization and COVID-19 prevention and with their support mobilize the community members in the intervention areas for increasing the demand of immunization services and promotion of CAB. To achieve this objective, VHAI engaged the district level NGOs as partner NGO. These NGOs with the support from the block level NGOs engaged the local CBOs and influencers and built their capacity for promoting immunization and COVID-19 appropriate behaviours in the community. The account of major activities conducted during the reporting period is given below.
Identification and Capacity Building of Local CSOs, CBOs and Influencers

The district level partners identified active CSOs, CBOs and influencers in the intervention blocks with support of BPM (NHM) and other government officials and trained them on promotion of routine immunization and COVID-19 prevention. The CBOs, SHGs, Youth Clubs, VHSNCs, PRIs and women’s groups were trained and engaged in the project. Religious leaders, priests, moulvis, community leaders, village heads, local doctors, traditional healers, teachers etc. were engaged as influencers in intervention areas. The capacity building involved health officials and subject matter specialists such as DIOs, MOICs, UNICEF consultants, ANMs, ASHAs etc. A total of 177 local NGOs/CSOs and 1290 CBOs were engaged and trained under the project. VHAI has trained 510 NGO members, 3920 CBO members and 1359 influencers on routine immunization and COVID-19 prevention during the project duration. To ensure the sustainability of project activities, VHAI has done capacity building of more than 1000 ASHAs/AWWs on routine immunization and COVID-19 prevention.

Community Consultations & Meetings

Community consultations provide an opportunity to interact with the community and make them aware on important issues like Immunization and COVID-19 prevention. Community consultations served as an important platform that helped in fostering demand generation for routine immunization by improving community vaccine confidence and gather ‘real time’ feedback from end beneficiaries (vulnerable communities). During community consultations, the team also got to know about the LODOR children in the area who were not getting immunization. The teams have engaged the MOICs, ASHAs, ANMs and local influencers of the area to motivate people on the issues of immunization and COVID-19. The teams share the LODOR data with the community during the meeting and seek their support in getting the LODOR children immunized. The CBOs and influencers play an important role in the community meetings. They provide support in organizing the meeting and encourage people to attend the meeting and also persuade the community members to uptake the immunization services in local language.

A total of 600 community consultations have been conducted in different locations during the project duration.

In Goalpara district of Assam, four SHG leaders, Sokina Khatun, Sahara Khatun, Nureza Khatun and Korimon Ness, who are also ASHA workers have taken the initiative of organizing the community consultation in remote areas. They encouraged the local community members for immunization using local languages like Bangla and addressed their misconceptions regarding immunization. After the meeting, the community people were assured to commit themselves for getting their children immunized. As a result, 7 LODOR children were identified by the villagers themselves, who were immunized in the next VHND session.
**House Hold (HH) Visits/IPC**

To mobilize the families who are either ignorant or resistant for immunization, house hold visits are very crucial. The CBOs engaged in the project have supported in conducting house visits to directly reach the beneficiaries and the LODOR families. The team got the support of influencers like village leaders, religious leaders, teachers and Sarpanchs to persuade the LODOR families.

In some cases, the families who are already accessing the immunization services for their children also helped in convincing the LODOR families and emerged as influencers. Apart from promoting immunization, the project teams have conducted household visits to also make the community aware about the COVID-19 prevention and control. A total of 11185 HH visits were conducted during the reporting period.

**Support in VHNDs/Immunization Days**

After a brief halt in routine immunization services due to the COVID-19 lockdown, the immunization services resumed in the country by the month of May. The field teams including the district coordinator, CBOs & influencers supported the health staff in organizing VHNDs and immunization sessions in the villages. The support in VHNDs was given by helping the health staff in identifying the locations for outreach sessions and maintaining the In Goalpara district of Assam, four SHG leaders, Sokina Khatun, Sahara Khatun, Nureza Khatun and Korimon Ness, who are also ASHA workers have taken the initiative of organizing the community consultation in remote areas. They encouraged the local community members for immunization using local languages like Bangla and addressed their misconceptions regarding immunization. After the meeting, the community people were assured to commit themselves for getting their children immunized. As a result, 7 LODOR children were identified by the villagers themselves, who were immunized in the next VHND session. COVID-19 protocols such as physical distancing, mask usage etc.

Hand washing kit comprising of one bucket, a mug and hand wash liquid soap was also provided to the health teams at the Sub-centre. Handwashing demonstrations were conducted for proper handwashing techniques. The teams also provided IEC material to the immunization centres in the intervention villages. A total of 1182 VHNDs & immunization sessions were supported by the project teams in all the intervention districts.

**Dissemination of Key Messages through IEC Material, Wall Paintings, WhatsApp, Social Media Platforms & Mikings**

Under the project, the project teams have disseminated key messages on immunization, COVID-19 and Hand Washing through the existing WhatsApp groups in intervention districts and blocks. The key messages were uploaded in the existing FB pages, organizations’ websites and social media platforms to reach a larger number of people. In Assam and Andhra Pradesh, miking (loudspeaker announcements through a moving vehicle) was also conducted in public places of the intervention blocks for maximum reach of the key messages. In conducting all these activities, CSO/CBO members have played a very active role.
Promotion of Handwashing Practices

Handwashing Demonstrations: Through the project, VHAI has been continuously working on sensitizing people in intervention areas on the importance of handwashing, correct ways of handwashing and critical time of handwashing. In the context of the COVID-19 outbreak, VHAI teams have intensified efforts and are ensuring that majority of the population is aware about the importance of handwashing and are following it to prevent COVID-19 spread. The trained CBOs have conducted more than 2000 handwashing demonstrations in different intervention villages during the project tenure.

Celebration of Global Handwashing Day: Acknowledging the importance of handwashing in disease prevention, the project teams have celebrated Global Handwashing Day throughout the week from 12th to 17th October 2020 with the theme of ‘Hand hygiene for all’. The major activities conducted during GHD were awareness meetings, handwashing demonstrations, rallies, drawing and quiz competition, signature campaigns, street plays and IEC display & distribution. More than 9700 people were reached through various activities and 473 government officials and community leaders were actively engaged in GHD activities.

Identification of LODOR Children and their Immunization

The field teams, with the support of local CBOs identified the LODOR children who were missing their immunization as per the schedule. During community consultations or household visits the team got to know about the LODOR children in the intervention villages. The District Coordinators (DCs) with the help of CBOs identified the LODOR children in the villages and got their name registered for immunization with the ASHA worker. The LODOR families were persuaded regularly through phone calls and house visits to ensure that children (as per the due list of ASHA) are reaching the VHND sites on the given immunization day. In the case of resistant families, support of influencers was taken. The major reasons of missing immunizations, which emerged out from VHAI’s intervention were lack of awareness, migration, difficult terrains especially in North Eastern states, misconceptions and lack of service delivery.

<table>
<thead>
<tr>
<th>States</th>
<th>No. of LODOR Children identified</th>
<th>No. of LODOR Children immunized</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andhra</td>
<td>Girls</td>
<td>266</td>
</tr>
<tr>
<td>Odisha</td>
<td>Girls</td>
<td>297</td>
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<td>Assam</td>
<td>Girls</td>
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<tr>
<td>Manipur</td>
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<tr>
<td>Nagaland</td>
<td>Girls</td>
<td>14</td>
</tr>
<tr>
<td>Arunachal</td>
<td>Girls</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>Girls</td>
<td>856</td>
</tr>
</tbody>
</table>

Number of LODOR children identified & brought under immunization
Government of India started the COVID-19 vaccination drive for Healthcare workers from 16th January, 2021 which was later expanded to include people above 60 and people above 45 years with comorbidities from 1st March 2021. Therefore, from March onwards, VHAI with the support of health officials conducted COVID-19 vaccine sensitization sessions for the health workers, frontline workers and those eligible for vaccine in the intervention districts. During the sessions, the team engaged medical officers and vaccinated healthcare workers to motivate other health workers, FLWs and community members for vaccination. Around 67 COVID-19 vaccine awareness sessions were conducted in six intervention states in the month of March & April.

During these sessions, several misconceptions were raised by the community which were addressed by the health staff. After the awareness sessions, there was an increased awareness in the community regarding COVID-19 vaccine. The community is now more receptive of vaccination. Along with these sessions, the teams disseminated the COVID-19 vaccine messages and sensitized the health workers, FLWs and the community during Sector/monthly meetings, community meetings and VHND sessions.
In March, VHAI conducted a dipstick study to understand the perception of the health workers, frontline workers and people eligible for vaccine on COVID-19 vaccine and reasons of vaccine hesitancy. The study was conducted in 17 districts of Andhra Pradesh, Assam, Odisha, Manipur, Arunachal Pradesh & Nagaland. The finding of this study will be useful in strategizing and designing the community mobilization interventions which would be helpful for the government agencies in bringing more people under the umbrella of COVID-19 vaccination. At the same time, the findings will be helpful in uninterrupted implementation of the vaccination programme in a phased manner by addressing the eagerness within the community.

**Achievements of the Project in terms of Community Engagement**

Building partnership with the Government: Through this project, our state and district teams have built good partnership with the government agencies. The DIOs, Health department and NHM officials have provided their support and participated in community mobilization activities in all the intervention areas. The Gram Sarpanchs and other PRI members have also supported in identification of local CBOs and low immunization pockets in their panchayats.

**Community Ownership**

The main objective of the project was to make the community accountable for the uptake of immunization services provided by the government. It is being observed in many intervention areas that the community is now not only more aware regarding the immunization of their children but also demanding for them. For instance, in the Patnagarh block of Bolangir district of Odisha, the village leaders along with CBOs have made themselves responsible for coordinating regularly with the health staff about COVID-19 vaccine awareness programme the upcoming VHNDs and ensure that the VHND happens as per schedule in the village. They support the health staff in setting up the immunization sessions and also supervise that all the eligible children in the village gets immunized as per their schedule.
Initiatives by CBOs and Influencers

After their engagement in the project, the CBOs and influencers are playing a great role in increasing the awareness in their communities. For instance:

- The SHG groups in the high migration areas of Odisha are keeping a track of the migrant families who have children under 5 years of age. They are maintaining a database of these families and following up with the migrant families to ensure immunization.

- The tribal groups in the remote areas of Koraput and Malkangiri in Odisha are playing an active part and ensuring the immunization of children in tribal community.

- The SHG Group in the Murmela village of Baksa district of Assam are spreading awareness on immunization and handwashing. They are now being approached by the community for any query on immunization.

- In Manipur & Nagaland, the church priests and pastors are delivering the messages on immunization and COVID-19 awareness and persuading the community people to take COVID-19 vaccine during the church service on Sundays and also otherwise.

- The influencers such as Fr. Raj and Md. Kashim Ali are leading the awareness campaigns in the District Baksa and Goalpara, Assam, respectively.

- In Barpeta, Assam, Muslim clerics (Maulvi) were engaged in the Muslim predominant areas. The Maulvis address the Muslim community members after Friday’s Namaz (prayer) on uptake of immunization and supporting the health team in getting their children immunized.

- In Andhra Pradesh, after their engagement in the project, the leaders of fisherman community are identifying the LODOR in their areas and mobilizing the community members.

- In Darrang district of Assam, the community based groups are raising the issues related to immunization in the gram panchayat meetings and due to this immunization has become an important topic of discussion during the panchayat meetings.

Engaging Child Champions for Promotion of CAB

In Malkangiri district of Odisha, the project team has engaged school teachers in the project and trained them on COVID-19 prevention and control. The teachers are now promoting COVID-19 appropriate behaviours in their school and making children aware about COVID-19 disease and its prevention. The teachers are educating children on the importance of handwashing and hand washing technique with soap. The children in turn are making their parents aware about the importance of mask, maintaining physical distancing and handwashing and motivating them to follow COVID appropriate behaviours.
### Key Achievements of the Project

<table>
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<tr>
<th>Indicator</th>
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<td>Number of intervention states</td>
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<tr>
<td>Number of intervention districts</td>
<td>17</td>
</tr>
<tr>
<td>Number of intervention blocks</td>
<td>40</td>
</tr>
<tr>
<td>Number of NGOs/CSOs trained on Routine Immunization and COVID-19 prevention</td>
<td>194</td>
</tr>
<tr>
<td>Number of CBOs trained on Routine Immunization and COVID-19 prevention</td>
<td>1290</td>
</tr>
<tr>
<td>Number of local influencers trained on Routine Immunization and COVID-19 prevention</td>
<td>1359</td>
</tr>
<tr>
<td>Number of frontline workers (ASHAs/AWWs) trained and engaged</td>
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<tr>
<td>Number of LODOR (Left Out, Drop Out, Resistant) children identified and mobilized</td>
<td>1615</td>
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<tr>
<td>Number of community consultations done</td>
<td>600</td>
</tr>
<tr>
<td>No. of VHNDs/Immunization sessions supported</td>
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<tr>
<td>No. of House hold visits/IPC sessions done to mobilize the people on RI &amp; COVID-19</td>
<td>11185</td>
</tr>
<tr>
<td>Number of people reached under the project</td>
<td>280000</td>
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</tbody>
</table>
Realising the Right to Adequate Food and Nutrition
The project “Realising the Right to Adequate Food and Nutrition” is being implemented by VHAI with support from CEA- Civic Engagement Alliance. CEA is a strategic Partnership Program supported by The Netherlands Ministry of Foreign Affairs (MOFA). The partnership aims to ensure that in and by this partnership, the Civil Society Organisations and the civil society at large, both in the ‘global south’ as well as the overall global context, can contribute to reducing inequality and injustice for fair economic and social development. Central in this partnership are the women as (productive) actors in their communities, as well as caretakers and consumers who have specific needs. Under the CEA program, one of the important pathways is ‘Right to adequate food and nutrition’ with special emphasis on equitable access to nutrition by pregnant and lactating mother and children below 5 years. In Assam, maternal and child under nutrition still accounts for a high burden of morbidity and mortality in the state. According to National Family Health Survey (NFHS)-5, 35.3% children <5 years are stunted, or too short for their age, which indicates that they may have been undernourished. 21.7% children are wasted, or too thin for their height, which may result from inadequate recent food intake. 32.8% are underweight which can be accounted to both chronic and acute under nutrition. 68.4 % of Children < 5 years are still suffering from nutritional anaemia due to poor diet or poor intake of food whereas about 54.2% pregnant women in the age group of 15-49 years are anaemic. COVID-19 pandemic and its detrimental consequences like rising unemployment, disrupted chain of food supply, a downturn in trade, etc. pose serious challenges to the already precarious Indian food and nutrition security. Women and children continues to bear a disproportionate burden of the pandemic-accelerated health and food crisis. Keeping in view the incidence of high malnutrition in the state, VHAI & Civic Engagement Alliance are implementing a comprehensive programme, “Realising the Right to Adequate Food and Nutrition” in Assam. The specific objectives of the programme are.

- Enhancing capacities of NGOs and Women Federations for addressing the issues of malnutrition, and contributing towards achieving the SDG 2 (Zero Hunger), SDG 5 (Gender Equality) and SDG 10 (Reduce Inequality)
- Convening and convincing stakeholder departments for effective implementation of nutrition related schemes, policy level changes etc. and a multi-sectoral approach to addressing the issues of malnutrition.
- Identify and build up potential women leaders collective at the community level, Inclusion of disability and gender issues in policies and guidelines of concerned departments/sectors that are involved in improving nutritional status of the population.
- Facilitating COVID-19 response in the community in view of the large scale damage caused at all fronts due the ongoing pandemic.
**Key Activities for the Year 2020-21**

**Capacity Building on COVID-19 for PW2 Team:** The first phase of capacity building of PW2 team on prevention and management of COVID-19 was conducted by VHAI in March-April 2020 through online training sessions. Subsequently, detailed trainings on COVID-19 response and prevention were imparted by experts from UNICEF through a series of online training sessions in April, 2020. The PW2 team also participated as resource persons in online trainings organised for master trainers (CSO/CBO members). These CSO and CBO members later collaborated with Women Federations in sensitizing people on COVID-19 prevention & control and nutrition security at the community level.

**Capacity Building of Women Federations on the Challenges of Food and Nutrition Security Posed by COVID-19:** PW2 Team regularly coordinated with the Federation Leaders of six districts- Dhubri, Goalpara, Morigaon, Darrang, Udalguri and Sonitpur since the initial lockdown to guide them on activities to support COVID-19 responses in their respective areas. However, the team felt that a proper training for the Federation members on COVID-19 was needed. After trainings from the UNICEF experts, PW2 state team started the process of online training of the Federation Leaders from April till May 2020. The Federation Leaders then started awareness drives on COVID-19 in their respective areas following COVID-19 appropriate behaviours. Some of them are now participating as local resource persons in community level consultations on COVID-19 organised by district level NGO partners.

**Convening and Convincing Activities on COVID-19 and Nutrition Security at the District and Block level:** Federation Leaders with guidance from the PW2 team carried out supportive supervision of distribution of groceries/ration to the vulnerable people. The COVID-19 protocols laid down by the State Health Department were strictly followed during the activity. Federation leaders at district and block levels prepared lists of vulnerable families including persons with disabilities and families who were not included in the list of BPL beneficiaries. The list was then handed over to the concerned local authorities at block level.
Liasoning with the Local Panchayats to Provide Ration and other Essential Items to the Community During the Lockdown Period: The Women Federations mobilised funds locally to distribute relief materials in their respective areas. Fresh vegetables from the community kitchen gardens was distributed to homes of lactating mothers, pregnant women and children below 5 years during lockdown and post lockdown period. They were also successful in mobilising resources and engaging their members in production of masks which were distributed to the poor and vulnerable sections in the communities. During the post lockdown period (June-July, 2020), women federations with guidance from the PW2 team carried out regular awareness activities on COVID-19 prevention and control and nutrition security by collaborating with local Panchayat Bodies. Federation members also organised hand washing demonstrations in the community to sensitize people on proper handwashing techniques. In their COVID-19 response, the Federation members ensured the inclusion of women, children and the differently abled in their interventions. The Women Federation Leaders provided support to frontline heath workers (ASHA/ANM) during the regular Village Health and Nutrition Day (VHND) sessions and apprised the beneficiaries on COVID-19 appropriate behaviours and locally available immunity boosting foods.

Ensuring Regular Supply of Take Home Ration to Children and Pregnant Mother: ICDS and anganwadi services got disrupted due to COVID-19 and lockdown. Our women federation members continuously advocated with the district and block officials in order to ensure the food supply is restored at their local Anganwadi centers. Our women federation members have facilitated Anganwadi workers in door step delivery of Take Home Ration (THR) to the children below 3 years, pregnant and lactating mothers.
Partnership with NGOs and CBOs to Tackle COVID-19 Induced Nutrition Security Issues: A group of likeminded NGOs/CBOs to tackle COVID-19 induced nutrition security issues at the block and district level was formed which are working actively in Darrang, Dhubri, Goalpara and Udalguri district. Under the partnership, the NGOs, CBOs (like SHGs) and Women Federations are working together for creating mass awareness on COVID-19 prevention and control focussing on the importance of boosting immunity through locally available nutritious foods. Various activities like consultations, awareness sessions on government COVID relief, sensitization of PRI members, and support during VHND sessions were conducted under the partnership. The group also facilitated Community kitchen gardens at Anganwadi centers identification of beneficiaries for COVID-19 relief distribution and flood relief. These activities were carried out during the unlock period between May- July, 2020. Currently the following NGOs like Centre for Northeast Studies (CNES) at Goalpara district, SATRA at Darrang, Bosco Reachout at Udalguri and NERSWN at Dhubri are working under this partnership.

COVID-19 Support Service: A COVID-19 Support Helpline service was initiated in all the six project districts to sensitize the communities on COVID-19 prevention and control and for enquiries on government and other services available on COVID-19 response. The support helpline service started operating from June, 2020 and till 30th of September, 2020. The Women Federation teams collaborated with Gaon Panchayats to increase its reach by circulating official letters, Leaflets and posters at Panchayat offices. The federation leaders also kept daily call records. All the district level call operators were trained by the PW2 team during the month of May, 2020. The Federation members with guidance from the PW2 team have reached out to around 30,000 community members during the lockdown period through telephonic calls, WhatsApp messages, etc. to sensitize them on the ‘Dos and Don’ts’ of safeguarding themselves, their families and communities from the COVID 19 virus. Campaign by the women federation in six districts of Assam on the occasion of National Nutrition Month (Poshan Maah) was observed in the month of September 2020. They created awareness among the local communities about the importance of eating healthy food as well as also on various government food entitlements programmes and social welfare schemes.
Healthy diet is one of the key responses to the rising incidence of non-communicable diseases. Launched in July 2018, ‘The Eat Right Movement’ is aligned with ‘Ayushman Bharat’, ‘Jan-Aandolan’ & ‘Poshan Abhiyaan’. It is an all-encompassing nation-wide campaign with a focus on preventive and promotive healthcare through social and behavioural change on eating healthy and safe food. VHAI is a technical partner of FSSAI in the Eat Right Movement and is actively involved in the programme.

**Training of State Master Trainer:** The online training to the state master trainers was provided by the trained national trainers facilitated by the core team from NHSRC, VHAI and FSSAI in various batches last year between August-December 2020. We have provided the training to more than 750 master trainers from 29 states of our country. These trained State Trainers will thereafter train the Medical Officers and Community Health Officers at PHC and SHC Health and Wellness Centres respectively. The MOs and CHO’s are to then train their team of MPW-F, MPW-M and ASHAs at the facility level.

As a part of the movement, the EAT RIGHT toolkit has been co-developed by three organizations- Food Safety and Standards Authority of India (FSSAI), Voluntary Health Association of India (VHAI) & National Health Systems Resource Centers (NHSRC). The toolkit is developed with the aim to complement the existing components on preventive and promotive health. It will reach out to the citizens through the channel of Health & Wellness Centres under AYUSHMAN BHARAT, Ministry of Health & Family Welfare, Government of India. The Eat Right Toolkit is built on two broad pillars- Eat Healthy and Eat Safe, delivering clear and simple messages on eating healthy, foods to eat (balanced diet, nutrition during first 1000 days of life and foods to avoid (high fat, sugar and salt foods). It also includes crucial components on eating safe which deals with maintaining hygiene (personal and environmental), food safety & food adulteration. The toolkit through its engaging component aims to target the front-line health workers as well as local communities. It will be implemented by front-line health workers like ASHAs, Anganwadi workers (AWWs Midlevel health providers and Medical Officers at Primary Health Centers (PHCs) and Health & Wellness Centers (HWCs). This toolkit has been contextualized and translated by VHAI in five languages- Hindi, Punjabi, Oriya, Assamese & Gujarati.
Key Activities for the Year 2020-21

Revisions in the Toolkit Contextualized in Gujarati, Assamese and Punjabi: Based on the feedback of the Ministry of Health & Family Welfare and the State Health Missions, the revisions were made in the toolkit which were shared with NHSRC and the office of Joint Secretary, Shri Vikas Sheel.

Finalization of the Training Modules for National Trainer and Master Trainer at the State Level: The core team for Eat Right Toolkit campaign from NHSRC, VHAI and FSSAI finalized the structure of the two day training including lesson plans, session-wise training methods in close consultation with the MoHFW.

Training of National Trainers on Eat Right Toolkit: Around 39 National trainers across the country have been trained online on the Eat Right Toolkit collectively by NHSRC, FSSAI and VHAI. The two-day training programme was held on 2nd and 3rd July 2020 which captured all the aspects of Eat Right Toolkit including eating healthy, safe and sustainable food in the form of a participatory workshop including feedback from the participants. These National trainers are meant to provide the training to the State Trainers under the supervision of FSSAI, NHSRC and VHAI. Based on the feedback from National trainers, the training session for the States was planned for three days.

<table>
<thead>
<tr>
<th>Date of the Trainings</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20 August 2020</td>
<td>Haryana, Chattisgarh, Jharkhand</td>
</tr>
<tr>
<td>25th-27th August 2020</td>
<td>Andhra Pradesh</td>
</tr>
<tr>
<td>31 Aug- 2 September</td>
<td>Assam, Tripura, Meghalaya, Sikkim</td>
</tr>
<tr>
<td>3rd-5th September</td>
<td>Punjab, Rajasthan and Madhya Pradesh</td>
</tr>
<tr>
<td>6th to 18th September 2020</td>
<td>J&amp;K, Uttarakhand, Mizoram and D&amp;D</td>
</tr>
<tr>
<td>22nd-24th September 2020</td>
<td>Gujarat (first batch), MP, Telangana, Nagaland and Arunachal Pradesh</td>
</tr>
<tr>
<td>29th Sept to 1st October 2020</td>
<td>Haryana, Chattisgarh, Jharkhand</td>
</tr>
<tr>
<td>7th to 9th October 2020</td>
<td>Gujarat (second batch)</td>
</tr>
<tr>
<td>21-23rd December 2020</td>
<td>Karnataka, Goa, Kerala, Puducherry and Kerala</td>
</tr>
</tbody>
</table>

Eat Right India Website: The website has been created by FSSAI and MoHFW on Eat Right India Movement. The eat right toolkit and all videos are available in English, Hindi and all regional languages. It can be accessed at [https://eatrightindia.gov.in/eatright-toolkit.jsp](https://eatrightindia.gov.in/eatright-toolkit.jsp)
VHAI-IUHPE Collaborative Efforts In South East Asia Region
The major cause of disease burden and premature deaths among countries in the South-East Asia Region (SEAR) are communicable and non-communicable diseases as well as the new emerging threats such as COVID-19. Tuberculosis, malaria & HIV/AIDS remain a major public health concern, while non-communicable diseases such as diabetes, cardiovascular diseases and cancers are increasing even among the poor. Furthermore, due to rapid globalization, the countries in the region are experiencing drastic changes in consumption patterns of food, tobacco and alcohol. Added to these are the huge disparities between and within the countries. As all of us know, Health Promotion is a sustainable strategy to address the underlying causes of the growing disease burden and to reduce premature mortality as well as inequalities.

Voluntary Health Association of India (VHAI) and the International Union for Health Promotion and Education (IUHPE) have collaborated to systematically expand IUHPE’s Health Promotion agenda in the South East Asia Region (SEAR). The International Post of IUHPE for the SEAR is based at VHAI, New Delhi to carry out collaborative work in the region with specific objectives.

- Leveraging existing networks to:
  - Facilitate the exchange of knowledge on health promotion and specific topics such as non-communicable diseases & horizontal integration of like-minded organizations within the South East Asia region
  - Liaise with other actors who are proactively working on Health promotion in the region
  - Formation of an IUHPE Regional Committee with key representatives from various countries of the region

- Carry out a feasibility study, with instrumental support from the IUHPE International Secretariat, outlining best practices in health promotion as well as existing resources and capacity within the South East Asia countries, and proposing training and intervention packages to further strengthen the capacity.
Formation of the Regional Advisory Committee: In the context of the reality within SEAR, VHAI-IUHPE has formed a Regional Advisory Committee. The committee have representatives from various countries of the region who have a deep understanding and experience on Health Promotion. The main role of the Advisory Committee is to guide, foster, and evolve potential partnerships within the South East Asia to take this important public health agenda forward.

First Meeting of the Regional Advisory Committee: The first meeting of the Regional Advisory Committee was held virtually on 9th February 2020 with active participation from Malaysia, Nepal, Sri Lanka, India and colleagues from IUHPE (Canada). The main purpose of the meeting was to introduce IUHPE-VHAI collaboration to expand their health promotion agenda in the South-East Asia region as well as to get valuable insights from the members on health promotion priorities of the countries & bringing a health promotion perspective to COVID-19 response in the region.
Voluntary Health Association of India in close coordination with State Governments and District Authorities has stopped on to provide COVID-19 relief support to the vulnerable families.

Our Outreach

- 612,334 Populations Reached
- 36,174 Sanitary Napkin Distributed
- 23,450 PPE Kits Distributed
- 10,560 Grocery Kits Distributed
- 8,700 Livelihood Support

VHAI & its 21 State VHAs along with 4000 member organizations across the country have been actively working on all aspects of prevention and management of COVID-19 since the March 2020. VHAI continues to focus on the following broad areas:

➤ As a member of the Governing Body of NIHFW & member of National ASHA Mentoring Group, VHAI is working to ensure these institutions at the Centre & State level play a significant role in management of COVID-19 throughout the country along with their other agenda. Similarly, as a member of the Advisory Group on Community Action, Government of India, we are pushing for more active participation of the communities & CBOs in COVID-19 related activities.

➤ We are working to strengthen the Health & Wellness Centers. PHCs, CHCs particularly in the Aspirational Districts.

➤ We are augmenting the Government’s effort in public education, care & support of the patients & their families as well as looking after elderly & vulnerable population. We have also created local helpline numbers in some areas and work as “Weather Station”, updating the district administration on various developments.

➤ We are working closely with District & Block Administrations in various settings of the country in order to ensure other essential health programmes like tuberculosis control, immunization, SRHR etc. doesn’t get disrupted & there is a free flow of essential supplies, ensuring Government subsidy reaches the beneficiaries without the bottle neck as well as monitoring the affected families.

➤ Dissemination of simple user-friendly communication materials as well as videos using Information & Technology to reach the awareness messages to the communities widely throughout the country.

➤ Ensuring food and nutrition security to the vulnerable communities.
Capacity Building

VHAI has facilitated regular capacity building of the core project staff, field team, peer educators, women federation members as well as partner NGOs and CBOs on promotion of COVID-19 appropriate behaviours through virtual trainings. Around 200 local NGOs/CSOs, 1500 CBOs and over 3000 peer educators have been sensitised and trained on prevention and management of COVID-19. They are assisting government frontline workers in sensitisation of the local communities on COVID-19.

Community Awareness on COVID-19 Prevention and Management

Community awareness has been an integral part of VHAI’s COVID-19 intervention and management. Awareness on COVID-19 virus, preventive measures and management is being regularly conducted in the community through group awareness sessions, door to door visits, miking, printed IEC material, wall paintings and social media platforms like WhatsApp groups and Facebook. Mass awareness campaign was initiated in close collaboration with the State National Health Mission in Uttar Pradesh and Assam to create awareness on the impact of COVID-19 on patients with NCDs. This campaign also focused on the importance of mental health as well as tips for boosting immunity during the COVID-19 at home. The articles were published in E-newspapers (like Dainik Jagran) & weekend editions of other leading newspapers. Around 4,65,000 people in the state of UP and Assam were reached through these mass media awareness activities. Relevant information on COVID-19 and SRHR through WhatsApp groups having over 250 adolescents from rural areas of Odisha was also shared.

Dedicated helplines have been created for medical support for patients to address the gap in treatment due to the lockdown. Community is also being sensitized on COVID-19 vaccination. Medical officers and vaccinated healthcare workers are engaging and motivating the community on the importance of vaccine and also addressing the associated myths. Information on vaccination schedule, procedure and common side effects is also being disseminated during these sessions.
Patient Support

VHAI through its various projects had been catering to patients who have suffered because of interruption in their treatment due to the COVID-19 lockdown. In five Districts (3 districts of Uttar Pradesh & 2 districts of Madhya Pradesh), Project Axshya team is actively following up through door-to-door visits on treatment and are also providing medicines to the TB patients during lock down. They have facilitated DBT and Nutritional Support to these TB patients. Project Arogya in Assam and UP, where patients with NCDs were not able to avail the services at PHCs/CHCs due to disrupted services, they were connected with the doctor through virtual consultation. Teleconsultation sessions through conference call were provided for at least two days in a week. The patients usually consulted the doctor for queries on their treatment protocols including changes in medicine dosage, immunity boosting tips, COVID-19 related issues etc. facilitated by the Block Coordinators.

Supporting Vulnerable Families

VHAI has been actively involved in supporting vulnerable communities in rural areas of the country. Our field staff is engaging with District & Block Administrations as well as with Gram Panchayats in identifying vulnerable families including households without ration card or who have technical issues in their ration cards, women headed poor households, elderly couples staying alone and specially abled person. VHAI endeavored to distribute dry ration to these families. Dry ration packets were distributed at the doorstep of elderly couples and specially abled people. Apart from dry ration, distribution of face mask and hand sanitizers to the community with the help of local NGOs was also done. Our women federation members in Assam have facilitated Anganwadi workers in door step delivery of Take Home Ration (THR) to the homes of children below 3 years, pregnant and lactating mothers.
Rebuilding Livelihoods

COVID-19 has had serious implications on livelihoods of people especially belonging to the informal sector. Loss of jobs have pushed millions of people at risk of falling into extreme poverty the repercussions of which are well known. VHAI has endeavoured to Distribution of dry ration to vulnerable families Distribution of sanitary napkins to adolescent girls provide livelihood support to vulnerable families who have been severely impacted due to COVID-19. We have linked more than 5050 vulnerable families to local livelihood options as well as social protection schemes.

Vocational Training to the Girls

VHAI has provided vocational training to more than 3500 girls belonging to below poverty line families in rural areas. VHAI has helped the young girls and women in mastering the art of preparing sanitary napkins and face masks. Start-up support to prepare sanitary napkins were also provided to them. More than 70 adolescent girls & self-help group members are making face masks at the home & we are supplying the face masks to the essential staff gram panchayats for the distribution among the needy. About 15000 hand-made masks have been distributed till now. VHAI has equipped adolescent’s groups, especially girls with basics of digital applications and use of social media and have reached out to more than 450 girls through Digital literacy training programmes. Mobile repairing training for girls belonging to vulnerable families was also undertaken. After completion of the training, 4 girls have started a mobile repairing unit at their respective villages with the start-up support from the project. VHAI has provided start-up support to more than 150 women entrepreneurs to initiate their business at the local level.
Support to Rural Primary Health Centres

VHAI is closely working with the government health care staff to strengthen government COVID-19 programmes & other health services in hard-to-reach areas. VHAI is working with UNICEF to increase immunization coverage in 17 districts of Andhra Pradesh, Arunachal Pradesh, Assam, Manipur, Nagaland and Odisha. VHAI is working Training on preparation of sanitary napkins on Capacity building of district and block level CSOs and CBOs (SHGs, PRIs & youth clubs) on Handwashing, social distancing and cough etiquettes along with Government frontline workers. We are extending support to the health centres in order to ensure regular functioning of immunization services at the community level.

Protecting Frontline COVID-19 Warriors

We are providing PPE kits to frontline workers. We have distributed more than 23,450 three layered surgical masks, sanitizers and face shields to the frontline health care workers in the rural areas.

Catering to the Needs of Vulnerable Girls and Women

We are ensuring girls’ and young women’s unique needs are addressed and not side-lined during the emergency response. We are running a campaign against child marriage and gender based violence in rural areas of Odisha. VHAI empowered women and adolescent group members to ensure child protection and prevention of child marriage at the village level during the COVID 19 pandemic. Women group members, VHSNC members and adolescent group members prepared the COVID response and action plan for child protection and prevention of child marriage. Till now, we have capacitated more than 3000 peer educators who are working at the grassroots to support our cause.
Creation of Local Helpline Numbers in Odisha and Assam
Due to lockdown in several states, the existing block level Government Help Line for children, adolescents and women became irregular. To address this issue & in order to ensure the queries of adolescent girls & women or local communities are addressed in time, VHAI in consultation with adolescent group members and women federation members decided to make provision for a dedicated local helpline for the group members & local communities. The queries on COVID-19, SRHR issues, reporting of child marriage cases, food and nutrition security are answered between 7 am to 9 pm six days a week. Till now, we have received more than 10,000 calls on issues such as COVID-19 prevention, immunity boosting tips, menstrual irregularities, non-availability of Take home rations, mid-meal and non-availability of sanitary napkins.

Improving Access to Handwashing
VHAI has created hand washing facilities at common public places in rural areas in order to emphasize on the importance of handwashing in preventing COVID-19. This is done in the areas where there is scarcity of water. We have created handwashing facilities in 150 villages.

Development of IEC Material
VHAI has developed IEC material on various aspects of COVID-19 including importance of hygiene duringCOVID-19 times, immunity boosting tips, how to take care of your mental health and wellbeing during lockdown among others. These material was contextualised and translated in five languages: English, Hindi, Oriya, Telugu and Assamese. The IEC material was widely disseminated through mass awareness on COVID-19.
Distribution of IEC material on COVID-19 prevention and management to the community

Handwashing facility at public places by VHAI

Peer educators during an awareness session at VHAI facilitated COVID Information Centre

Wall Paintings for community awareness
OTHER ACTIVITIES

Discussion on FCRA Law and its Amendments with the State Voluntary Health Associations

During the last AGBM in September 2020, Ms. Noshina Rizvi, Sr. Manager - Finance, gave a comprehensive presentation on recent Amendments in FCRA law and their impact on NGOs in general and VHAI network in particular. Among many other changes, the amendments mandated that all the FCRA registered organisations need to open their FCRA designated bank account in a specified branch of State Bank of India. The amended FCRA law was passed by both the houses of parliament, President’s assent and notified in the gazette within a week’s time. The effective date will most likely be the next financial year. The discussion was around the major changes in the law like No Sub granting which will impact organisations like VHAI working through networks and seriously starve the local field-based organisations who receive funds for project implementation from National level organisations. Discussion on reduction on Cap on Administrative Expenses from 50% to 20% which will have huge implication on research & Awareness projects which are staff intensive. Other areas of discussion were Mandatory Aadhar for all office bearers, Public Servants Prohibited from receiving foreign funds, suspension in case of contravention and a FCRA Bank account in a specified branch of SBI, Delhi only which could put extraordinary hardship on NGOs not operating from Delhi.

Hand Holding Support to the State Voluntary Health Associations

VHAI regularly shared all the required information with the state VHA’s and provided all the necessary support and clarifications to them from time to time.
Social Media Snippets

The Social Media team at VHAI regularly updated VHAI’s social media handles on Facebook, Twitter and LinkedIn. Updates on project activities, observation of important days and social media campaigns were regularly posted on the social media handles.

Awareness on COVID-19 and NCDs

VHAI participated in the Social Media Campaign by UNICEF India

Observation of Global Hand Washing Day 2020

Videos of P Gopichand & PV Sindhu addressing the youth on World No Tobacco Day 2021. These videos were shared and retweeted by MoHFW

National Youth Day 2021 updates on Twitter

IUHPE 70th Anniversary celebrations on Facebook Live

Awareness on Mental Health during COVID-19

IUHPE 70th Anniversary
Financial Highlights 2020-21

Gross receipts in the Financial year were Rs.8,65,91,255 of which 85.46% were received for implementation of Specific Projects and 14.54% were raised from local resources. Gross Expenditure was Rs.8,67,04,213 of which 83.99% were spent on Anti Tobacco Campaign activities, TB Control Activities, Immunisation programmes, Reproductive & Child Health and other specific projects, 6.26% were spent on Publications, Research, Information, Advocacy & Campaigns and 9.75% were spent on Administrative Support Services.

<table>
<thead>
<tr>
<th>Receipts During the Year Specific Projects</th>
<th>Previous Year</th>
<th>Current year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTFK for Tobacco Control Activities</td>
<td>1,62,34,618</td>
<td>1,63,25,655</td>
<td>18.85</td>
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<tr>
<td>UN agencies</td>
<td>94,13,154</td>
<td>1,28,48,603</td>
<td>14.84</td>
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<tr>
<td>Global Fund for TB Control Work</td>
<td>3,47,65,515</td>
<td>2,97,75,470</td>
<td>34.39</td>
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<tr>
<td>SIMAVI for Women Health &amp; RCH related activities</td>
<td>1,39,42,226</td>
<td>83,67,108</td>
<td>9.66</td>
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<tr>
<td>Mannion Daniels/Amplify Change for RCH Issues</td>
<td>12,31,200</td>
<td>5,00,000</td>
<td>0.58</td>
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<tr>
<td>Kerk in Actie for Food &amp; Nutrition</td>
<td>36,45,154</td>
<td>18,20,000</td>
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<tr>
<td>Ipas Development Found for RCH Issues</td>
<td>35,42,095</td>
<td>-</td>
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<td>The Constellation - Community Mobilisation</td>
<td>10,02,594</td>
<td>95,619</td>
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<td>CSR Grants - Lal PathLabs Foundation</td>
<td>90,37,500</td>
<td>42,64,756</td>
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<table>
<thead>
<tr>
<th>Income from other sources</th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Funds from Local Agencies</td>
<td>27,50,215</td>
<td>17,48,982</td>
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<tr>
<td>Interest from Bank and Investments</td>
<td>49,56,083</td>
<td>45,95,785</td>
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</tr>
<tr>
<td>Distribution of Health Related Materials</td>
<td>75,610</td>
<td>11,458</td>
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<tr>
<td>Other Receipts – Local Fundraising</td>
<td>29,76,871</td>
<td>62,37,819</td>
<td>7.20</td>
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| Total Receipts                                                                   | 10,35,72,835  | 8,65,91,255  | 100        |

Amount in Indian Rupees
<table>
<thead>
<tr>
<th>Expenditure During the Year</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Control Programme</td>
<td>3,13,14,125</td>
<td>2,97,75,293</td>
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<tr>
<td>Tobacco Control Programmes</td>
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<td>1,63,25,655</td>
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<td>Projects Supported by UN agencies</td>
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<td>1,06,70,788</td>
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<tr>
<td>Women Health related activities</td>
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<td>98,22,936</td>
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<td>Right to Adequate Food &amp; Nutrition</td>
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<td>18,20,000</td>
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<td>Community Mobilisation on Health Issues</td>
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<td>Arogya - Community based Intervention on NCDs</td>
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<td>Policy Research Programmes for better Development</td>
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<td>Support to State VHAs</td>
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<td>Health programmes in Aspirational Districts</td>
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<td>Finance Services</td>
<td>31,12,111</td>
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<tr>
<td>Statutory Administrative Expenses</td>
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<td>14,64,008</td>
<td>1.69</td>
</tr>
<tr>
<td>Office Support Costs</td>
<td>49,88,568</td>
<td>38,21,281</td>
<td>4.41</td>
</tr>
<tr>
<td><strong>Total Programme Expenditure</strong></td>
<td>10,41,42,105</td>
<td>8,67,04,213</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Surplus/(Shortfall) at the end of the year</strong></td>
<td>(5,69,270)</td>
<td>(1,12,958)</td>
<td></td>
</tr>
</tbody>
</table>

Amount in Indian Rupees

---

![Pie chart](chart.png)
### Executive Board Members for the Year 2020-21

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Dr. V.V. Dongre</td>
<td>A-501, Madhukosh Aptt. Opp. Dhayari Phata, Sinhagad Road, PO-Nanded City, Pune – 411 068</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Mr. Raj Vaidya</td>
<td>Community Pharmacist Hindu Pharmacy, Cunha Rivara Road, PANAJI - GOA - 403001</td>
</tr>
<tr>
<td>Member</td>
<td>Ms. Andamma Mani</td>
<td>Administrator, Mitraniketan Hospital, Vagamon – 685 503 Kottayam Dist. Kerala</td>
</tr>
<tr>
<td>Member</td>
<td>Dr. H.K. Jain</td>
<td>Member: VHAI Executive Board E-56 Anurag Nagar Extension Near Press Complex, A.B. Road Indore – 452 008</td>
</tr>
<tr>
<td>Member</td>
<td>Ms. Anjana Borkakoti</td>
<td>Member: VHAI Executive Board 4 A, Nibaas apartments, CID Bylane, Dr. B.K. Kakati Road, Ulubari, Guwahati – 781007</td>
</tr>
<tr>
<td>Member</td>
<td>Mr. K.K. Swain</td>
<td>Member: VHAI Executive Board Secretary: Odisha VHA Lokaswasthya Bhawan, 165, Laxmisagar Square, Bhubaneshwar – 751006</td>
</tr>
<tr>
<td>Ex-officio Member</td>
<td>Ms. Bhavna B. Mukhopadhyay</td>
<td>Chief Executive Voluntary Health Association of India B-40, Qutab Institutional Area, New Delhi-110016</td>
</tr>
<tr>
<td>Vice-President</td>
<td>Prof. D.K. Ray</td>
<td>Chief Advisor Voluntary Health Association of Tripura Circuit House Area, P.O; Kunjaban, Agartala – 799006</td>
</tr>
<tr>
<td>Secretary</td>
<td>Dr. Mridul Kumar Sahani</td>
<td>Research Institute of Sahni Drug Transmission &amp; Homeopathy Shivpuri (Behind A.N. College) Patna – 800 023</td>
</tr>
<tr>
<td>Ex-officio Member</td>
<td>Ms. Bhavna B. Mukhopadhyay</td>
<td>Chief Executive Voluntary Health Association of India B-40, Qutab Institutional Area, New Delhi-110016</td>
</tr>
</tbody>
</table>

Voluntary Health Association of India
B-40, Qutab Institutional Area, New Delhi-110016
### State Projects and Regional Office - Odisha

**Debananda Mohanta**  
Programme Officer  
**Deepak Khuntia**  
Programme Assistant  
**Shisira Kumar Biswal**  
Field Supervisor  
**Samir Sahu**  
State Coordinator  
**Durjayadhan Raout**  
District Coordinator  
**Anupam Sinha**  
District Coordinator  
**Prasonna B. Singh**  
District Coordinator  
**Sudhanshu Sekhar Nag**  
District Coordinator

### State Projects - Assam

**Ruchira Neog**  
State Coordinator  
**Arup Saikia**  
Programme Officer  
**Priyanka Boro**  
District Coordinator  
**Noor Jamal Haque**  
District Coordinator  
**Simon Bordoloi**  
District Coordinator  
**Pijush Kumar Deb**  
District Coordinator  
**Sachindra Sharma**  
District Coordinator  
**Romeo Dmone**  
District Coordinator

### State Projects - Uttar Pradesh

**J.P. Sharma**  
Consultant  
**Dr. Satya Gupta**  
District Coordinator  
**Vikram Mishra**  
Consultant  
**Rita Tripathi**  
Consultant  
**Mumtaj Ali**  
Field Officer

### State Projects - Telangana

**Dr. K. Venkata Rao**  
State Programme Manager  
**Dr. R. Sai Krishna**  
State Programme Officer  
**Ms. Naga Sirisha**  
Communication Consultant
State Projects - Andhra Pradesh

R. Manmohan  
State Coordinator

G. Satyanarayana  
District Coordinator

B. Surya Bhaskar  
District Coordinator

B. Srinivas  
District Coordinator

State Projects - Manipur

Suranjoy Singh  
State Focal

S. Angila Aimol  
District Coordinator

State Projects - Arunachal Pradesh

Dr. Biman Natung  
State Focal

Chou Siwaka Mannou  
District Coordinator

State Projects - Nagaland

Zephyry L.  
State Focal

Ato Sangtam  
District Coordinator

Support Services

U.N. Jha  
Assistant

Virender Kumar  
Assistant

Sanjay Kumar  
Assistant

Bhola Nath  
Driver

Babu Lal  
Helper-cum-Watchman

(As on 31st March 2021)
State Voluntary Health Associations

Mr. R. Manmohan  
Coordinator, Andhra Pradesh VHA,  
157/6, Gun Rock Enclave West  
Secunderabad - 500 003  
ANDHRA PRADESH

Dr. Biman Natung  
Chief Functionary, VHA of Arunachal Pradesh,  
VHA of Arunachal Pradesh  
Post Box No. 185 Polo Hospital Complex Ganga Market,  
P.O. Itanagar - 791 111  
ARUNACHAL PRADESH

Ms. Ruchira Neog  
Executive Director, VHA of Assam,  
East Jyotinagar, Guwahati College Road Bamunimaidam  
P.O. -Near Haldi Mill, Guwahati  
781021, ASSAM

Mr. Swapan Mazumder  
Executive Director, Bihar Voluntary Health Association,  
West of Ganga Apartment, LCT Ghat, Mainpura, Patna  
800 001, BIHAR

Dr. Gyanendra Kumar  
Secretary, Voluntary Health Association of Delhi,  
CB-64A, Naraina  
New Delhi -110 028

Mr. Raj Vaidya  
President, Voluntary Health Association of Goa,  
Models Residency, Bldg. no. 3, Flat no. T-1, opp. St. Inez Church, St. Inez, Panaji - 403001, GOA

Mr. Vishnubhai Upadhyay  
Secretary, Gujarat Voluntary Health,  
Association F-1, Sterling City, Bopal Ahmedabad – 380022, GUJARAT

Shri. Mohan Lal Sharma  
Secretary, Himachal Pradesh VHA  
B-37, Phase I, Sector II  
New Shimla - 171 009, HIMACHAL PRADESH

Mr. Ali Mohammed Mir  
Executive Director, J & K Voluntary Health & Development Association,  
Mir Manzil, Pandrethan Srinagar - 191 101, JAMMU AND KASHMIR

Mr. Saju V. Itty  
Executive Officer, Kerala VHS Mullankuzhi, Collectorate P.O.  
Kottayam - 686 002, KERALA

Mr. Mukesh Kumar Sinha  
Executive Director, Madhya Pradesh VHA Post Kasturbagram Khandwa Road, (Near Bilawali Lake)  
Indore - 452 020, MADHYA PRADESH

Mr. B. S. Garg  
President, VHA of Maharashtra, C/o Dept. of Community Medicine MGIMS, Sewagram 442 102 Dist. Wardha, MAHARASHTRA

Mr. L Suranjoy Singh  
Secretary, Manipur VHA  
Wangkhei Ningthem Pukhri Mapal, Imphal - 795 001 MANIPUR

Ms. Eudora Warjri  
Executive Secretary, VHA of Meghalaya,  
Adj. to Eden Bless Residential School Umkdait, Nongmynsong Shillong – 793 019 MEGHALAYA

Ms. Daisy Mezhur  
President, Nagaland VHA,  
NST Building, 2nd Floor Kohima - 797 001, NAGALAND

Mr. K.K. Swain  
Secretary, Odisha Voluntary Health Association,  
Lokaswasthya Bhawan, Plot. No. 165, Laxmisagar Chaka Bhubaneswar – 751 006, ODISHA

Mr. B.C. Sharma  
President, VHA of Punjab,  
Sood Complex, Top Floor, Near Bank of Baroda, Opposite Committee Office, Naya,goan, Tehsil-Kharar, District-SAS Nagar, Mohali-160103, PUNJAB

Mr. Satyen Chaturvedi  
Executive Director, Rajasthan VHA,  
A-12/B, Mahaveer Udyam Path Bajaj Nagar, Jaipur-302015, RAJASTHAN

Dr. B. B. Rai  
Executive Director, VHA of Sikkim,  
Tadong, Gangtok -737102 EAST SIKKIM

Dr. S. Moorthi  
Secretary,Tamil Nadu VHA, Plot No. 47 & 48,  
Sri Balaji Nagar, Katankulathur, Post-Potheri  
603 203, Kancheepuram District, TAMIL NADU

Dr. Sreelekha Ray  
Executive Director, Tripura VHA, Circuit House Area Opp. Bangladesh Visa Office P.O. Kunjabhan, Agartala - 799 006, TRIPURA

Mr. Vivek Awasthi  
Executive Director, Uttar Pradesh VHA,  
5/459, ViramKhand, Gomti Nagar Lucknow - 226 010, UTTAR PRADESH

Mr. D. P. Poddar  
Executive Director, West Bengal Voluntary, Health Association WBVHA Tower, 3rd Floor,  
580, Anandapur, Kolkata – 700 107 WEST BENGAL
“My prayer & blessings will be with you, God bless you.”

- Mother Teresa

“The Health world of our nation appreciates VHAI’s rigorous, unsparing devotion to the cause of bringing Health to the poor. Needy, Oppressed and Suppressed. May you continue to carry this noble work with a burning Compassion combined with a sense of urgency. Your alert intelligence, disciplined energy, vision, passion, compassion, conviction combined with scientific strategy will make your “health vision” walka foot with you. May your organization continue to grow in strength and outreach in serving the Poor under- previleged. Leadership of VHAI did not lack behind events in the health field.”

- Baba Amte

“VHAI is indeed a good mission. My best wishes.”

- Dr. APJ Kalam, President of India

“I extend my best wishes to VHAI for success in all its endeavours.”

- Dr. Manmohan Singh Hon’ble Prime (Minister of India)

“I congratulate you on your decision to prepare a comprehensive report on India’s marginalized, neglected and vulnerable children. A mapping exercise of this nature will help us to be more aware of the full dimensions of the problem and how government and civil society can work together towards ameliorating their lot.”

- Sonia Gandhi Chairperson, UPA

“Best wishes to you and your organization.”

- Atal Bihari Vajpayee Hon’ble (Prime Minister of India)

“National Profile on Women, Health and Development is of great interest to me. I am delighted to get the Report.”

- Prof. Amartya Sen Economist & Nobel (Prize Winner)

“I extend my heartiest best wishes to the team of the Independent Commission on Development and Health in India (ICDHI) for the taking pains for studying and preparing the report which will be a guiding beacon in this adverse situation. I am sure this Report will be very useful to all the fraternities active in fending off the COVID.”

- Shri Vijay Rupani, Hon’ble Chief Minister, Gujarat

“Congratulations on the COVID-19 report. The report is impressive in its range & scope and indeed the key recommendations resonate with the experiences and consequences of the pandemic across many countries. I very much appreciated the attractive front cover too! Thoroughly enjoyed reading it.”

- Professor Margaret Barry, President, International Union for Health Promotion and Education
VHAI Anthem

Where the mind is without fear and the head is held high
Where knowledge is free
Where the world has not been broken up into fragments
By narrow domestic walls Where words come out from the depth of truth
Where tireless striving stretches its arms towards perfection
Where the clear stream of reason has not lost its way
Into the dreary desert sand of dead habit
Where the mind is led forward by thee
Into ever-widening thought and action
Into that heaven of freedom, my Father, let my country awake!

Rabindranath Tagore
Voluntary Health Association of India
B - 40, Qutab Institutional Area, New Delhi-110 016, India
Email: admin@vhai.org; healthpromotion@vhai.org
Website: www.vhai.org; Tel: +91-11-47004300