“Paths are made by walking”

The ability to adapt to the changing developmental needs of the country’s neediest, is the hallmark of any progressive organization. This ideology has been the driving force behind all VHAI’s activities and has helped us emerge as a leading health & development organization in the country. As a sensitive developmental agency, VHAI consider its sacred duty to be with the people suffering, when they need it most. Hence, in the wake of Tsunami, Gujarat and Odisha disasters, VHAI tried to build on people’s strength to turn these disasters into development initiatives. The two-pronged expansion effort – one towards the policy space and the other towards the grassroots– has made definite strides which are capable of leaving lasting imprints on the voluntary health and development spectrum on the nation. This is the cumulative effect of the interplay of a shared vision, cohesive policies and comprehensive programmes.
Message by the Chief Executive

During the last two years, significant steps have been taken by Government of India to strengthen health systems and services. This includes major initiatives like Ayushman Bharat and Health & Wellness Centres. Besides these measures of the Central Government, many States have also taken pro-active steps to strengthen their health services. This will certainly lead to significant improvement in the health status of the country. On the other hand, dwindling resources for NGOs are causing significant disruption of their on-going activities which is emerging as a major challenge.

Keeping this backdrop in mind, VHAI focused to mobilize resources from alternative sources, addressing the health challenges related to both communicable and Non-communicable Diseases. Due to the quality of our work and evidence based impact, VHAI continues to receive support from existing partners as well as new partners. This has enabled us to address the continuing threat of Tuberculosis, issues related to Non-communicable Diseases and Health Promotion, Gender issues particularly focusing on adolescents as well as partnering with UN Agencies to meet Sustainable Development Goals. To be able to address the above agenda adequately, we have developed a core team of young and qualified staff. In many of these initiatives, State VHAs are also actively involved.

In the current scenario, there is a substantial shift in planning and implementing of the social development programmes with the State Governments playing a more significant role. This opens up a range of a possibility for the State VHAs to develop collaborative relationship with their respective State Governments, particularly through Project Implementation Plans as well as inter-departmental programmes for holistic development of Aspirational Districts.

VHAI continues to play significant role in all policy making forums of the Government related to Health & Development Sectors. Our experiential based learning is fed into Government system while developing new national programmes and policies. We also have close collaborative relationship with UN Agencies, which ensures that our voices are shared in both Regional and Global forums.

This journey could not have been traversed successfully without the hard work of colleagues at VHAI, guidance of the Executive Board as well as collaboration with the State VHAs. We are sure that many of the new seeds that we have planted today will flourish into significant ventures tomorrow.

Bhavna B Mukhopadhyay
Chief Executive
1. The Organization and the Structure

2. Health Policy Knowledge Development and Partnership

3. Independent Commission on Development and Health in India

4. Health Promotion and Non-communicable Diseases

5. Arogya – A Community-based Intervention on Prevention and Control of NCDs

6. Tobacco Control

7. Marriage No Child’s Play

8. Integrated Response to Reduce Child Marriage in India

9. Community Mobilization for Improved Access to Sexual and Reproductive Health and Right (SRHR)

10. Axshya

11. Realising the Right to Adequate Food and Nutrition

12. Eat Right Movement

13. SALT


17. Executive Board Members

18. VHAI team

19. State Voluntary Health Associations

20. Our Partners

21. Words of Appreciation

22. VHAI Anthem
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.
The Organization and the Structure
Voluntary Health Association of India

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 recognised by Government of India as an organisation of national importance.
We are one of the largest health and development networks in the world.

VHAI’s Outreach & Presence

Organizational Structure

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. The Chief Executive is supported by highly skilled & proficient technical and administrative staff in Delhi and the 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 organised by prestigious organizations in India and internationally.
2 Health Policy Knowledge Development and Partnership
Voluntary Health Association of India has successfully broadened the horizons of public health at the grass root, national and international level. VHAI collaborates with a number of distinguished international & national agencies.

**VHAI's significant presence in the Advisory committees of National and Government bodies**

- National AIDS Control Board
- Task Force on Tobacco Control
- Task Force on Nasha Mukti Abhiyan
- Community Action under the National Rural Health Mission
- ASHA Mentoring Group
- National Disaster Management Authority
- National Nutrition Mission
- National Policy for Children
- Governing Body of National Institute of Health and Family Welfare
- Technical Committee for National Programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
- Common Review Mission of NRHM
- Technical Review Committee of School Health under AYUSHMAN Bharat
- Technical Advisory Committee (TAC) on Vector Borne Diseases and the Ethical Committee

**Our collaborations**

- WHO
- UNICEF
- International Union for Health Promotion and Education
- Global Fund
- Public Health England
- European Union
- Simavi
- Civic Engagement Alliance
- World Bank
- Govt. of India
- State governments
- FSSAI
- Niti Aayog
- NHSRC
- NIHFW
- Constellation

Meeting with Shri Venkaiah Naidu, Hon’ble Vice President of India
Key meetings held in the year 2018-19

A. Nasha Mukti Abhiyan Task Force
Set up by the Government of India, the focus is on energizing tobacco control work based on the findings of Global Adults Tobacco Survey 2 (GATS-2). Work was also done to curb the growing threat of alcohol, drugs and other opioids. As an active Member of the Task Force, the Chairman (AC) played pro-active roles in the Working Group on Curative Aspects and the Working Group on Preventive Aspects under Nasha Mukhti Abhiyan. The recommendations of these groups form the foundation of the National and State level initiatives to address these problems in more systematic manner.

B. National ASHA Mentoring Group
Set up by the Government of India to ensure continued improvement in the functioning of ASHAs throughout the country. With VHAI’s active engagement, Non-communicable diseases (NCD)s and health promotion has been put on board in the future capacity building of the ASHAs throughout the country.

C. Advisory Group on Community Action (AGCA)
As a member of AGCA, VHAI played an important role to ensure that community participation and involvement becomes an integral part of the State Programme Implementation Plan (PIP)s following the principle of “Sabka Saath Sabka Vikas”. This committee played an important role in providing training to many states in the community involvement process.

D. National Institute of Health & Family Welfare (NIHFW) and Heath & Wellness Centers
The Chairman (Advisory Committee, VHAI) played an active role to ensure that NIHFW and the State institutes are fully involved in the effective implementation of the programmes related to Health and Wellness Centres throughout the country. There is an on-going discussion with the Ministry of Health & Family Welfare to formalize this process so that NIHFW is the nodal point for further strengthening HWCs through the country. This matter is being systematically deliberated with the Mission Director, National Health Mission.
F. Communicable Diseases

VHAI had an initial discussion with UNICEF regarding strengthening the immunization programmes in aspirational districts, where the present status of the programme is unsatisfactory. Following this, a programme is being formalized out between UNICEF and GAVI to launch an intense immunization drive and a campaign for Hand Washing in selected districts, keeping VHAI as a nodal agency and selected State Voluntary Health Associations (VHAs) as partners. This programme will be launched in July 2019.

G. Report on ‘A Road map to India’s Health’

Several meetings took place with Dr. Vinod Kumar Paul, Member, NITI Aayog; Dr. Poonam Khetrapal Singh, Regional Director, WHO-SEARO; Dr. Henk Bekedam, Country Representative, WHO; and senior government officials. Together, all offices have been studying the recommendations of the report for implementation.

The Chairman (AC) was invited by Shri Hardeep Singh Puri, Honorable Union Minister for Housing and Urban Affairs, who was in-charge of the drafting the Social Development section of the manifesto of the ruling party. Similar deliberations also took place with other political parties.

The Chairman’s office continues to provide its creative and visionary inputs in all programmes of VHAI, including Tuberculosis, Reproductive Child Health as well as Non-communicable Diseases. It also provides an overview to the Chief Executive to ensure effective implementation of statutory and administrative obligations.
Independent Commission on Development and Health in India
Independent Commission on Development and Health in India (ICDHI)

VHAI was instrumental in setting up the Independent Commission on Development and Health in India (ICDHI) in 1995. ICDHI was set up to assess the current health and development status and 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 the 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.

One such comprehensive report was the Roadmap to India’s Health which addresses health challenges faced by the country. It was officially presented to Shri Venkaiah Naidu, Vice President of India in April 2018.
1. **Good Governance:** This is basic and critical factor in the realization of the complex set of aims and objectives laid down in the National Health Policy 2017. At present, the governance in health lacks clarity and institutional accountability. Decentralized health planning with active involvement of states and district health bodies, engaging the communities and other stakeholders is mandatory in improving accountability and governance of public health sector.

2. **Adequate Resources:** Inadequate resources have continued to plague our health sector. India’s public health expenditure (1.2%) is among the lowest in the world (world average- 6%). Hypothecated taxes such as sin tax, fat or sugar tax, which is being implemented by many countries, can be used to generate additional revenue for public health expenditure. These measures will also promote healthier lifestyle.

3. **Health is a State Subject:** We need to deeply internalize that Health is a State Subject and it cannot continue to be dominated by top-down approach from the Centre. We need to have an active national forum where cumulative knowledge of the states can be shared, or technical expertise gained by states become easily available as a national resource.

4. **Nutritional Concerns:** Despite economic growth and high public investment in food and nutrition, 14.5% of the Indian population is hungry and undernourished. India ranked a lowly 100 among 119 developing countries. In order to address malnutrition in all forms and in a life course approach with a focus on first 1000 days of life, it is important to strengthen the capacity building of functionaries, supportive supervision as well as prioritizing interventions for the most vulnerable groups in the hotspot areas of malnutrition. In the existing Government programmes such as ICDS, it is recommended to consider locally made, culturally appropriate safe and nutritious food and promote dietary diversity to address protein hunger and micro nutrient deficiencies.
5. **Women’s health and development:** Sadly, India still ranks very poorly in the global health index i.e. 15% of global maternal deaths and 20% of child deaths occur in India. Even our neighbours, Bangladesh and Nepal are doing better in this area. The report emphasis on missing links between women, health and development. The gender specific issues need to be understood in their complete context, not just merely as a problem of reproductive health. The Government should effectively implement the National Policy on Empowerment of Women to mandate strengthening of all sectoral policies ensuring equity and justice for all.

6. **Implementing Clinical Establishment Act:** The private health care sector has grown by leap and bound over the last two decades. The private health sector needs huge reformation both structural and functional. Like in most of the developed countries except US, the private health sector needs to be put on a path of socialization wherein it is subservient to the needs of public health.

7. **Enabling the Environment for Voluntary Sector:** Involvement of NGOs/ CBOs and other important stakeholders in health programme planning and implementation is equally crucial. In past few decades, non-government organizations played an impressive role in combating HIV/AIDS, leprosy, revamping the health services for remote/ under served areas through public non-profit partnership with the Government.

8. **Health Information System:** Too Much Data, Too Little Action – Time for Change? There is an urgent need to integrate health information system in the country by identifying an existing agency responsible for maintaining health information systems in the country. It is also important to strengthen the ease of collection of data at the base of the information pyramid i.e. village/ sub-centre level so that it is being used for local action at the grass root level.

9. **Non-Communicable Diseases:** Recently released report of WHO as well as mortality report of State level burden of Non-communicable diseases clearly show the looming threat of Non-communicable diseases in all states of India. We are yet to begin systematic work in this front. Given the gravity of the situation, it requires much more focused attention and adequate budget before it becomes too late.
10. **Promoting Health Research in India**: Focus, Consolidate and Think Big
   - Although there is plethora of health research institution in India, there is little synergy between them. There is also limited role of these institutions in formulation of major health policies and programmes. There is need to look at the possibility of merging some of these institutions and providing them with adequate budget, infrastructure and human resources, particularly to address the key national issues.

11. **Urban health**: An area of major concern is environmental degradation. Pollution levels in most of our cities have reached alarming proportion and we are just waking up to this major health threat. Almost half of our urban population doesn’t have basic civic amenities. We have almost forty crore people living in urban settings in India. But unfortunately, the urban health mission is yet to effectively begin its work at a large scale. Effective implementation of Swacch Bharat can go a long way in addressing many of these concerns.

12. **Innovations in Health Care**: Over the past several decades, health care has experienced an explosion of innovations designed to improve life expectancy and quality of life. India’s health care system needs to harness technology and innovation—but also allow for a customized and flexible approach based on our current and evolving socio-economic and human contexts.

13. **Inter-Sectoral Coordination**: To address the growing burden of communicable and noncommunicable diseases effectively, the multi-sectoral approach is necessary which involve whole of government and whole of society. Establishing inter-sectoral linkages is important to facilitate joint efforts at all the levels.

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**Words of appreciation**

Thank you for sharing the report *A Roadmap to India’s Health*, which addressed health challenges and how best to tackle them on evidence based experiences

- Shri Jagat Prakash Nadda, Minister of Health and Family Welfare, Government of India

I congratulate you on the excellent report which encapsulated almost all aspects of health policy in the country. I have requested the State’s Principal Secretary to constitute a team to examine the report and implement the salient findings. We hope to have the benefit of your expertise in improving the State’s health systems

- Shri Amarinder Singh, Chief Minister, Punjab
Health Promotion & Non-Communicable Diseases
The recent report on mortality and State level burden of Non-communicable diseases (NCDs) by ICMR clearly shows the looming threat of NCDs in all states of India. It is important to diagnose people suffering from NCDs but at the same time, We need a holistic plan to prevent such a situation from occurring by active health promotion activities particularly with young people as visualised in Government’s recent initiative of Health & Wellness centers under Ayushman Bharat.

Keeping in view the growing burden of NCDs, health promotion is a core agenda of VHAI for next two decades. Key activities for the year 2018-19 in this area are as follows:

**At the Centre Level**

**National Technical Working Group on School Health Curriculum under Ayushman Bharat:** VHAI is a member of National Committee on School Health under Ayushman Bharat. National Council for Educational Research and Training (NCERT) has been nodal agency for development of school health curriculum in collaboration with Ministry of Health & Family Welfare. VHAI has played a significant role in development of school health curriculum by sharing experiences of its work on School Health at the grass root level.

**Safe & Nutritious Food @ Schools:** VHAI is an implementing partner in Safe & Nutritious Food @ Schools - an initiative by Food Safety & Security Authority of India. Safe and Nutritious Food at School’ is a nation-wide campaign to help school children inculcate the habit of eating safe and right food. The Yellow Book has been developed to help children learn about safe and wholesome food in a fun and interactive way, through curricular and extra-curricular activities. VHAI actively supported FSSAI’s Eat Right Creativity Challenge and got an appreciation award from Ministry of Health & Family Welfare, Government of India & FSSAI for the same.

**Nasha Mukti Abhiyan:** VHAI is an active member of the task force on Nasha Mukti Abhiyan set up by Ministry of Health & Family Welfare, Government of India.

**At the Grassroot level**

School Health Promotion Programme: Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Children spend about 6 hours in the classroom every day for up to 13 years which are also the most formative years of their lives. School in partnership with parents and communities can be powerful agents to promote health and prevent disease.
The basic objective of the School Health programme is to create awareness and inculcate healthy habits among school going children. And to ensure that children take these health messages and practices to their home, share it with their peer groups and neighborhood and wider community. They become an agent of change in the society.

VHAI is implementing School Health Promotion Programme in four states, namely District Jalandhar and Kapurthala Punjab, Bhubaneswar City and District Ganjam Odisha, Tiswadi Taluka, North Goa District Goa District Kottayam Kerala.

The activities carried out last year were:

a) Baseline assessment of the schools.

b) Formation and training of school health management committee (SHMC) on various issues such as personal hygiene, healthy eating, physical activity, harmful effects of health destroying products.

c) Ongoing regular training of School Health Management Committees.

d) Distribution of IEC materials such as leaflets and posters in the local language.

e) Supply of essential materials such as first aid kits, dustbins, hand soaps, cleaners and dusters.

f) Organizing competitions on health topics like Green Diwali- Rangoli competition, poster competition on personal hygiene, road safety and healthy eating; Healthy cooking competition.

g) Nukkad Natak on various issues such as unhealthy food and drug addiction.

h) Regular health checkups
Total number of students & teachers sensitised through school health programme in four states

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUNJAB</td>
<td>17757</td>
</tr>
<tr>
<td>ODISHA</td>
<td>3502</td>
</tr>
<tr>
<td>GOA</td>
<td>5536</td>
</tr>
<tr>
<td>KERALA</td>
<td>2500</td>
</tr>
<tr>
<td>TOTAL</td>
<td>29295</td>
</tr>
</tbody>
</table>

Poster competition organised at Ekam Public School, Punjab
Arogya
A Community-based Intervention on Prevention and Control of NCDs
India, as a nation is undergoing rapid epidemiological, demographic, economic and nutritional transition. Over the past 26 years, the country’s disease pattern has shifted. Mortality due to communicable and maternal diseases has declined while non-communicable diseases (NCDs) has substantially increased leading to elevation in overall disease burden.

Non-communicable diseases in Assam accounts for 51.2% of the total disease burden in the state. The major risk factors for NCDs in Assam are Malnutrition (17.4%), High blood pressure (7.6%), Dietary risks (6.9%) and Tobacco (5.7%).

Keeping in view the changing disease pattern in the state, Voluntary Health Association of India and Lal Pathlabs Foundation in close consultation with Government of Assam has initiated Arogya- A Community Based Intervention on Non-communicable diseases for prevention & control in District Kamrup Metropolitan, Assam last year.

Objectives

- To sensitize, educate and empower 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 and help them in getting proper treatment at the local government health facilities and follow up.
Baseline Survey

A Knowledge, Attitude, Behavior, Practice (KABP) Study was conducted in 600 households with 60% coverage in urban areas and 40% in rural areas of District Kamrup Metropolitan.

Focus Group Discussions (FGDs) were also held to add the qualitative aspect to the baseline survey.

Findings of the survey

- High level of knowledge about NCDs (63%) but a very low level of knowledge about risk factors - 93% people unaware about risk factors of NCDs.
- General lack of understanding about tobacco use as a risk factor for NCDs like harmful effects of chewing tobacco and effect of passive smoking inside homes in the presence of children.
- Insufficient intake of fruits and vegetables- 23% consumed fruits & vegetables 2-3 times a week, none consumed daily.
- A significant portion of the population lacks recommended levels of physical activity.
- Very few people have reliable information about NCDs. Most respondents are willing to receive more information.
- Most respondents are aware they need to seek medical treatment for themselves, their family members or a friend who has an NCD, but a significant proportion does not do so due to various reasons.

AROGYA was officially launched on February 12, 2019 at Guwahati, Assam. Shri Anurag Goel, Secretary & Commissioner, Ministry of Health and Family Welfare, Government of Assam attended the event as a Chief Guest.
Community awareness on health promotion and NCDs

Awareness programmes are conducted regularly at the community level and in educational institutions like schools and colleges by the team in consultation with the community.

Screening of high risk group for diabetes, hypertension

The parameters of the screening are as follows:

- a. Random blood glucose level
- b. Blood pressure
- c. Weight, Height
- d. Waistline measurement (for abdominal obesity)

Follow up of the patients

The follow up of the cases is closely monitored by the volunteers or our team through home visits, phone calls or through the local AWWs, ASHAs etc.

Proper referrals of the positive cases

Our team ensures a proper referral of the positive cases to the closest government health facilities for early diagnosis and treatment of the patient.
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 Assamese and English and can be used by community health workers, NGOs, educational institutes and other key stakeholders etc. to sensitize general population on NCDs and its risk factors.

<table>
<thead>
<tr>
<th>Key Outcomes till March 2019</th>
<th>No. of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people through community-based awareness</td>
<td>1,67,875</td>
</tr>
<tr>
<td>Total number of people screened</td>
<td>15100</td>
</tr>
<tr>
<td>Total number of high-risk cases tested</td>
<td>4218</td>
</tr>
<tr>
<td>Total number of positive cases referred for diagnosis and treatment</td>
<td>1186</td>
</tr>
</tbody>
</table>
Tobacco Control
To save the lives of million people, 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 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 civil society organizations.

Tobacco use is responsible for 1.5 lakh cancers, 4.2 million heart diseases, 3.7 million lung diseases every year in India. India is the oral cancer capital of the world because of rampant habit of tobacco chewing. Over, 65% of cancer in India is contributed due to tobacco related, breast and cervical cancer. 30% of cancers arise in head and neck region are caused due to non-smoking tobacco used in India. India has reduced tobacco use among adults by 17 per cent since 2010 due to strong steps taken by National and State Governments along with other key stakeholders.
A. Taxation

All tobacco products taxed at the highest demerit rate of 28% + Cess* The new GST regime has been the single biggest policy reform that influenced the tax rates of tobacco products prices. However, there is still ambiguity around bidis being in the demerit category and without any levy of Cess.

VHAI team sensitized various policy makers on the need for levy of Cess on bidis and imposing a central excise on all tobacco products over and above the GST. Numerous meetings were conducted with different stakeholders to stay abreast with the policy changes and sensitize the key decision makers on public health.
B. COTPA Amendments and Pack Warnings

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.

A snap survey was undertaken by the team in Delhi and Telangana to check the compliance of new pictorial health warnings with quit-line number implemented on all tobacco products w.e.f September 1, 2018. Samples of cigarettes, bidi and smokeless tobacco products were collected. It was observed that no foreign brands carried the new pack warnings or quit line number. These findings were shared with all the stakeholders.

C. Release of the Tiny Targets report

VHAI organized the release of the “Big Tobacco Tiny Targets” study at the Constitution Club, New Delhi on 16th January 2019.

The event was a huge success with participants from WHO, MoHFW, civil society organizations, students, teachers from Delhi Schools, All India Parents Association, Govt School Teachers Association for Delhi, Nursery Admissions Forum, Childline Foundation and Delhi Commission for Protection of Child Rights. Govt. of NCT of Delhi, Shri Vijay Goel, Hon’ble Minister of State for Parliamentary Affairs & Statistics and Programme Implementation, inaugurated the event. He spoke about protecting youth from tobacco use.

Professor M.V. Rajeev Gowda, Hon’ble Member of Parliament, Rajya Sabha, spoke of his journey of tobacco use and how in India one has come a long way banning smoking in public places. He said our efforts need a lot of strengthening to protect youth from tobacco use. He also talked about the tobacco industry tactics observed globally and warned that students are easy targets. He engaged with the students and audience very well.

Dr Pawan Gupta, Surgical Oncologist at Max Hospitals spoke about health hazards of tobacco use. Mr. Gaurav Bhatura, a cancer survivor also spoke on the occasion and shared his views and experience of fight against cancer.

Other speakers included Advocate Ashok Agarwal, National President of All India Parents Association, Shri C.P. Singh, President, Govt. School Teachers Association, Ms Rita Singh, Member, Delhi Commission for Protection of Child Rights.
Students and teachers spoke about the aggressive marketing tactics used by tobacco companies to lure and target children and young adults. They shared how important it is for schools to generate awareness about the harmful use of tobacco. 25 representatives were present from different media houses, both electronic and print and the event was widely covered. The Tiny Targets study report was shared with Shri Vikas Sheel, IAS, Joint Secretary, Ministry of Health & Family Welfare and with the Delhi State Tobacco Control Nodal Officer to take appropriate action on the violations highlighted around schools in Delhi.

D. Sensitization of Stakeholders

The team sensitized various stakeholders on the tobacco control issues. A policy kit on tobacco control issues was prepared, designed and printed for national policy makers. This brief covered all issues – COTPA Amendments, Tobacco Taxation, alternate livelihoods and use of smokeless tobacco. This tool kit is an extremely useful resource for sensitizing the key stakeholders. It has received great appreciation, both at the national and the state level from tobacco control advocates and has also been translated in regional languages. Inclusion of Tobacco Control and NCDs in the election manifesto of Key Political parties: To ensure inclusion of NCDS & Tobacco Control issues in the election manifesto. VHAI engaged with various political parties on the emerging challenges of NCDs and tobacco control. The political parties were requested to include this public health issue as a priority in their party's Election Manifesto.

E. Media

VHAI has played the crucial role of sensitizing journalists on both NCDs and tobacco control at national and state level. The team utilized opportunities to highlight important public health issues which resulted in over 1200 media stories creating significant public awareness about the issues.
F. Release of Global Adult Tobacco Survey (GATS 2) State Fact Sheets

VHAI coordinated the release of Global Adult Tobacco Survey 2016-17 (GATS) survey conducted by MoHFW. This was done with the support of WHO-India in the states of Andhra Pradesh, Goa, Puducherry, Kerala, Chandigarh, Haryana, Punjab, Jammu & Kashmir, Himachal Pradesh, Telangana and Tamil Nadu.

- Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

- Global Adult Tobacco Survey 2 (GATS 2) was a household survey of 74,037 persons, aged 15 or more, conducted in all 30 states of India and two union territories.

- The results of the survey found a 6% decline in tobacco use prevalence, from 34.6% in GATS 1 (2009-10) to 28.6% in GATS 2 (2016-17).

- The prevalence of tobacco use among the young population aged 15-24 got reduced from 18.4% in GATS 1 to 12.4% in GATS 2 which is a 33% relative reduction.

- The prevalence of tobacco use among minors aged 15-17 & adolescents aged 18-24 has a relative reduction of 54% and 28% respectively.

- There is an increase of one year in the mean age at initiation of tobacco use from 17.9 years in GATS 1 to 18.9 years in GATS 2.
To wean away bidi rollers to alternative livelihoods and facilitate the implementation of WHO FCTC, (World Health Organization– Framework Convention on Tobacco Control (FCTC), VHAI with support from WHO-India initiated a project to build a supportive ecosystem for bidi rollers.

The key objectives were:

- To provide a sub-national ground level support to the project initiated by Ministry of Labour & Employment, Government of India.
- To generate greater demand for skill development schemes and alternate vocations by mobilizing beedi rollers and their families.
- To support the process of transition into alternate livelihoods through building capacities and interests of bidi workers.
VHAI implemented these activities in three states namely Gujarat, Odisha and Uttar Pradesh. VHAI reached out and supported registered bidi workers through rapport-building and sensitizing them on health hazards, legal rights and importance of shifting to alternative vocations. The team facilitated the linkage of the bidi rollers & their family members with training programs/institutions through the Welfare Commissioner’s Office.

A Core Committee was formed in all three states under the Chairmanship of the Welfare Commissioner with members from Skill Development, State Tobacco Control Cell, Medical Officers, NGO partners and training institutions. “Stories of Change” were documented of bidi rollers/families who shifted to alternative livelihoods as a result of this initiative.
Key Highlights of completion of Tobacco Control initiatives in Uttar Pradesh.

- VHAI provided technical support to all key departments in Uttar Pradesh towards tobacco control which has lead to significantly control on usage of tobacco in the state. This was acknowledged at the national level, when the state nodal officer of Uttar Pradesh was asked to present details of partnership with NGOs during the World No Tobacco Day event in Delhi on 08 June, 2018.

- A two-pronged strategy of top down and bottom up approach was undertaken. While the state team under guidance from the National team facilitated building sustainable monitoring and review mechanisms of COTPA+, the city level team activated these mechanisms and built model practices that could be duplicated across the state.
• VHAI completed all key tasks for state level interventions in the state of UP. The team sensitized the highest level of policy makers in Uttar Pradesh to gain their support. State level review mechanisms were established under the leadership of Mission Director, National Health Mission, and VHAI presented the key achievements, challenges and way forward on tobacco control. Key decisions to take forward the agenda, extending the yellow line campaign across the entire state, work on twin packaging, strengthening of District Tobacco Control Cells (DTCCs), declaration of tobacco free districts and establishing mechanisms for coordination between various departments.

The city of Noida was declared Tobacco free by the end of September, headed by a strong sensitized collector. Kanpur was geared towards being tobacco free and Agra DTCC and Police Dept. were taking on the leadership for strengthening of enforcements mechanisms.

• A comprehensive order, amongst the best in the country was issued by the Principal Secretary Home UP Government on COTPA enforcement, inclusion of COTPA in the Monthly Crime Review Meetings, training, inclusion in police training manual, ban on E-cigarette, Hooka bars, enforcement of the provisions of DSA, appointment of Nodal Officers at State and District level etc.

• VHAI worked closely with the State Tobacco Control Cell to release the Global Adult Tobacco Survey 2016-17 (GATS-2) of Uttar Pradesh and Uttarakhand. The team provided logistical support and appraised the Honorable Health Minister as well as the PS Health, MD, NHM on GATS 2 findings advising on the way forward on tobacco control policies and initiatives. This event was organized with support of WHO. It provided an excellent platform to network with civil society organisations and project collective policy initiatives to the highest authorities within the health department. Steps towards effective State Tobacco Control Cell (STCC), with District Tobacco Control Cells (DTCCs) are being initiated too. On the suggestion of the MD, NHM, a short snap survey was undertaken. One high income and one low income areas in Hyderabad were selected. One town and one
Working towards Tobacco Free Telangana

State Level Consultation on World No Tobacco Day at Hyderabad. Shri Etela Rajender, Hon’ble Health Minister; Commissioner, Health & Family Welfare and Commissioner, Police and other dignitaries & stakeholders attended the meeting.
Signature campaign: Young students pledging to protect themselves and the environment from tobacco
VHAI initiated the tobacco control work in the state of Telangana in August 2018. Telangana state is the hub of Tobacco industry, with a huge bidi rolling, tobacco farming and tobacco producing community. A scope of work report was prepared to outline key activities and strategies. The work in Telangana has now gained momentum and there have been some significant achievements through issuance of orders and sensitization of key stakeholders. In Telangana, the Government is collaborating 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 NTCP at the state level and initiate ground level work in Hyderabad.

I. Department of Health:

- The team works closely with office of Commissioner, Health to address the tobacco control issues of the State. Technical support is being provided to the Commissioner’s officer on regular basis.

- The team met the Chief Secretary several times last year and sensitized him on COTPA, GATS Survey and also submitted a detailed representation on making all Government offices tobacco free, forming a State Level High Powered Committee under his Chairmanship and also urged him to write to the Principal Secretary, Health to issue the E-cigarette ban order. The Chief Secretary wrote to the Principal Secretary, Health with a copy to Director, Health to make all offices Tobacco Free and also to take action on E-cigarette ban order.

- To ensure a multi-stakeholder partnership in tobacco control, the team has been working closely with the office of Commissioner, Health to organize a programme with Departments of Health, Education, Police, Tourism and also Hyderabad City level Administration to commemorate World No Tobacco Day, 2019.

- Various sensitization sessions were organized on Tobacco control and NCDs for 2000 ASHAs, 200 Medical Officers, Urban health specialists in collaboration with Commissioner Health’s office.

- On the request of MD, NHM, a short snap survey was undertaken by the team in and around Hyderabad city. A report with clear recommendations was prepared and submitted to MD, NHM.

II. Education Department: Department of education is divided in to five departments to facilitate effective administration.

    a) Department of collegiate education
    b) Board of Intermediate Education & Technical Education (Polytechnic )
    c) Board of Secondary Education
    d) Department of Medical Education
    e) Department of Technical Education(Engineering & Pharmacy)
• Director, Education issued an order in November 2018 to all head masters of Govt/Aided/Private Schools to make all schools as Tobacco Free.

• Commissionerate of Collegiate Education issued an order in October 2018 to all Principals of Government Degree Colleges to declare all Degree colleges as Tobacco Free and to display the mandatory signage boards.

• Commissioner of Intermediate Education issued an order in October 2018 to all Principals of Government/Aided/ Private colleges to declare all junior colleges as Tobacco Free.

• An order was issued by Drug Control Authority, Telangana in December 2018 declaring all Pharmacy colleges as “Tobacco Free”

III. Police Department: Tobacco control activity was initiated in police department and it was decided to monitor the activity in monthly crime report review. The Director General of Police (DGP), Telangana was briefed about the status of violations, and requested for a state level order. Meetings were held with the Additional DGP & Director of Telangana State Police Academy (TSPA) and requested to include COTPA module in the police training syllabus. They have assured of their support and inclusion of COTPA in the upcoming trainings to be held this year.

IV. Tourism department: Commissioner of Tourism department issued a circular in December 2018 declaring all the tourism departments/resorts as tobacco free. All key tourists’ spots will soon have signages followed by enforcement drives.

V. Making Hyderabad City Tobacco Free: Post the mapping of the key stakeholders, in-person meetings were held with stakeholders and sensitizations of officials were done. The District Medical & Health Officer (DMHO), Hyderabad district proposed to make Hyderabad city tobacco free and issued a circular to make all the health facilities as tobacco free in Hyderabad district, establish a review mechanism to effectively implement COTPA Act.

VI. All Polling Booths declared as Tobacco Free in Telangana: In order to protect the health of people of Telangana from the health hazards of passive smoking, the Chief Electoral Officer, Telangana declared all polling stations in Telangana as “No-smoking Zones” during the state assembly elections in Telangana in November 2018. Orders were issued to all the district collectors, district electoral officers and returning officers to ensure all the polling booths under their jurisdiction should ensure that “No Smoking” stickers are put up inside and outside the polling booths.

VII. Baseline Survey: To check the compliance to the key provisions of COTPA, a baseline survey was conducted in 2 municipal corporation wards of Hyderabad in collaboration with Rhode Mistry College of social work. The final report findings will be presented to all key stakeholders to take the Hyderabad Tobacco free city initiative forward.

VIII. IEC Material: The COTPA booklet was contextualized to the situation in Telangana and printed in Telugu for distribution in all training programmes. The advocacy kit developed by VHAI has now become the part of Government IEC Materials, with the logo of Telangana State and is being distributed to all key stakeholders. This is a big milestone as it will help to sensitize various departments and strengthen the key ASKS mentioned in the advocacy kit.
IX. State Level Media: The media in Telangana considered Tobacco Control as low priority issue and hardly any stories appeared on TC issues in the past. So after our intervention in the state of Telangana, our main objective was to involve 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 then started to identify and network with senior journalists from newspapers, magazines and electronic media who write stories on public health issues and one to one meetings were held with them. The team shared the information with the journalists like orders, circulars etc. for media stories in few leading English & Telugu Dailies.

Voluntary Health Association of India & Indian Dental Association Deccan Branch organised a media sensitization workshop on March 13 in Hyderabad for the journalists on Tobacco Control Laws – COTPA. The objective of the workshop was to sensitize the state level key media persons on the various aspects of tobacco control measures and issues related to enforcement of law.

Media stories were planned to support all the advocacy activities. Eg: COTPA enforcement & implementation, tobacco free educational institutions, violations, challans, orders, letters, circulars, notifications etc. As a result of these efforts, stories on tobacco control are regularly being published in the leading Telangana newspapers.

RCTFI Website as a Medium of Information Tool on Tobacco Control

VHAI’s website on tobacco control namely, Resource Centre for Tobacco Free India (RCTFI) continues to be a user-friendly and informative- exclusively on tobacco control-related issues pertaining to India.

It is an effective information portal for latest updates, knowledge-sharing and information dissemination on tobacco control activities in India. The website is regularly updated with policy, media and resource-based information so that it continues to serve as an important medium for policymakers, senior Government officials, journalists, and partner organizations campaigning on the issue.

To know more please visit our website
www.rctfi.org
Over 1200 media stories were generated last year
7 Marriage No Child’s Play
India accounted for 19% (56,000 in numbers) of all global maternal deaths & nearly 20% of the world’s child deaths. Globally, every year 15 million girls are married as children, denied their rights to health, education and opportunity and are robbed of their childhood. According to the 2011 census, India has 5 million child brides (women marrying under 18 years of age) against 380,000 in 2001 - an increase of 4.56 million in 1 years. The poor indicators of RMNCH+A are symbolic of health and gender inequities faced women & adolescents and reflect on both, pre-birth and post-birth discrimination manifested against girls.

Marriage No Child’s Play is a comprehensive programme to avert child marriage in India with support from SIMAVI Netherlands. This programme works under More than Brides Alliance (MTBA). These alliances includes SIMAVI, Save the Children, Oxfam Novib and Population Council.

VHAI is implementing the programme in District Ganjam, Odisha. 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].

The programme focusses on seven outcome areas:

- SRHR access and utilization
- Education
- Economic empowerment
- Increased child protection systems
- Enhanced collective social action
- Supportive rights based legal environment.
- SRHR service delivery
Youth Empowerment

To achieve this outcome, young people need access to comprehensive sexuality education (CSE), SRHR information and LSE, delivered by teachers and peer educators who have the capacity to do so. Young people need to be part of peer support groups to enable them to voice their needs and rights.

- 864 young discussion leaders/peer educators were identified and equipped with knowledge on SRHR, comprehensive sexuality education, life skills and child protection.

- 432 adolescent groups were formed at the village level and regular education session on SRHR and Life skill education (LSE) were initiated through 864 trained discussion leaders/peer educators. In the process, project reached 10028 adolescents through group activities in the operational area.

- 42 Adolescent groups have initiated community action on SRHR issues such as wall paintings, street plays, signature campaigns, door to door campaign and rallies with support from VHSNCs, SHGs, and Youth Clubs and SMC members.

- 28 Information dissemination centres have been equipped with educative materials, book materials, sitting mats, wall clock, sports materials, dart games, which act as a knowledge hub for the adolescents.

- 12 discussion leaders have been awarded in the state, district and block level functions for their outstanding contribution in prevention of child marriage cases. This has motivated them to become more committed for this social cause.
Promoting education for girls

To ensure girls access and stay in school, school safety needs to be enhanced and drop-out needs to be prevented; parents need to understand the value of educating girls; and financial barriers need to be removed.

With the support of the Block education department, the project developed a roadmap and initiated the process of tracking girls dropping out of school and their re-enrolment in 172 upper primary and high schools.

- Two block level orientation programmes were organised for 416 teachers, school management committee (SMC), Parent teacher association (PTA) members and students to promote school enrolment, safety of girls, enrolment of girls in social protection schemes and to prevent school dropout amongst girls.

- 59 parent-teachers associations, school management committees and child parliaments were engaged by the project to promote safety of girls and school re-enrolment.

- A collective approach was initiated by the project as a result of which 6 schools ensured zero drop out in 2018. These stakeholders collectively analysed and tracked the absentee students on a monthly basis.

- 198 girls at risk were sensitized on social protection schemes and 46 girls were linked with scholarship under different schemes.

- School health promotion activities were initiated in 12 schools and different activities for students on different aspect of SRHR, health education, health check-up was organized with support from local health authority.
Economic empowerment for adolescents

To enhance economic opportunities for girls and their families, they need access to income generating opportunities. Girls need financial literacy training to increase their ability and power in financial decision-making.

• The project extended support for computer training to 40 girls at risk to pursue their career and be economically independent.

• A Market and Labour Study was conducted to assess the economic opportunities and skills for adolescent girls in the intervention area.

• Based on the recommendations of the labour market study, 318 potential adolescent girls were identified for vocational training, out of which 157 girls are linked with 6 empanelled skill building institutions at the Local and State level for vocational training.

• The project organized vocational training for 20 married adolescent girls on making papad, pickle, curry powder, jam, jelly, sauce. This was followed by provision of raw material as a start-up support to the group for sustainable livelihood.

• 8 married adolescent girls were supported for micro entrepreneurship, out of which received a sewing machine to run tailoring shop and 6 with a start-up support to have grocery shop/fancy store at their respective villages, which has resulted in the improvement of their financial empowerment.

• 264 girls at risk or affected by child marriage were provided financial literacy training and computer training.
Strengthening child protection mechanisms at different levels & collective social action against child marriage

Community child protection systems are strengthened to ensure preventive and response measures are taken, through developing capacity of child protection officers, service providers, and community groups in case management, reporting, and cross-sectoral referral.

- 8 VHSNCs were capacitated to act as village level child protection committee. 6 villages are declared child marriage free in presence of personnel from block and district administration. The Project initiated process of declaring child marriage free villages in 22 villages during the reporting period. 156 proposed child marriage cases were averted as a collective effort of different stakeholders.

- To strengthen and regularise child protection mechanism consultation cum advocacy workshop on child protection were organized at district and state level. Road map and way forward for strict implementation of Prohibition of Child Marriage Act and Dowry Prohibition Act, Strengthening and regularizing GPCPC, inter sectoral coordination, Capacitating VHSNC to act as village level CPC were developed.

- 6000 students from various school and colleges, 236 teachers, 830 SMC members, 3200 PTA members, 316 elected representatives, 136 ASHA, 262 Anganwadi Workers, 340 community leaders, 74 CBOs & 36 Youth Clubs were capacitated and encouraged to raise voice against child marriage.
SRHR access and utilization

To achieve this outcome, SRHR services need to be available, affordable, acceptable and appropriate. Communities need to allow unmarried and married young people to access SRH services, and healthcare providers need to be able to deliver quality youth-friendly SRHR services. Young people can be linked to services through outreach and voucher system.

The project organised 17 Adolescent Health Day programmes at Gram Panchayat level with support from local Primary Health Centre, haemoglobin test, general health check-up, counselling and health education session were organised during the event.

- Interface between Adolescents, District Level Officials, Elected representatives and Media were organised on SRHR issues such as Adolescent Health Day (AHD), Adolescent Friendly Health Clinic (AFHC), Birth registration in order to ensure effective implementation of RKSK programme at the field level. More than 70% adolescent girls started using sanitary napkin and consuming Iron Folic acid tablets(IFA) regularly.

- Community Based Monitoring Tool is being implemented in 29 villages to assess the government outreach activities, SRHR status and functioning of Anganwadi Centers (AWC) and Village health sanitation nutrition committee (VHSNC) in the village.

- Project team facilitated supportive supervision in 1 Adolescent friendly health clinic (AFHC), 1 primary health center (PHC) and 9 health sub centres and equipped these health facilities with IEC materials, books, booklets, leaflets, newsletters on SRHR components to make it adolescent friendly.
Integrated Response to Reduce Child Marriage in India
Core activities under the Project

- Strengthening capacity of partner civil society organisations on SRHR issues and prevention of child marriage.
- Improving access to SRHR service delivery.
- Networking and liaisoning with key stakeholder departments.
- Awareness generation among the local community on SRHR and child marriage prevention.

Impact

The programme has been able to reach more than 10460 students, 635 teachers, 70 youth clubs and 6000 women group members on SRHR issues and prevention of child marriage. VHAI has also built the capacity of 160 community based organisations (CBOs) on SRHR issues.
9 Community mobilization for improved access to sexual and reproductive health and right (SRHR)
Unsafe abortion is the third leading cause of maternal deaths in the country, contributes eight per cent of all such deaths annually. Every day 13 women die in India due to unsafe abortion-related causes. Thousands of deaths are reported from unsafe abortions due to lack of trained abortion providers, lack of knowledge about the legality of abortion and availability of safe services, compounded by the social stigma surrounding abortion.

VHAI, with support from IPAS Development Foundation initiated this programme in November 2018 in three districts of Assam. The goal of the programme is to strengthen young women's knowledge, capacity, and ability to exercise their right to sexual and reproductive health (SRH), including safe abortion services.

<table>
<thead>
<tr>
<th>Target population &amp; Primary audience</th>
<th>Secondary audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young women in the age group 15-25 years, married and unmarried</td>
<td>• Young men</td>
</tr>
<tr>
<td></td>
<td>• Selected CAC &amp; CCC trained government health providers</td>
</tr>
<tr>
<td></td>
<td>• Health Intermediaries (AWW, ASHA, ANM) and Community Opinion Leaders</td>
</tr>
<tr>
<td></td>
<td>• Family and Friends.</td>
</tr>
</tbody>
</table>

**Strategy for implementation**

- Partnering with the youth to sensitize young women in the community.

- Use of existing IEC available with Rashtriya Kishor Swasthya Karyakram (RKSK) and family planning division of the state. Need based adaptation and designing of required communication material and tools to suit local needs.

- Intensive community outreach by trained youths (Youth Leaders) with young women in the catchment area of selected public health facilities.
a. **Selection & regular capacity building of female youth leaders (YLs):** YLs are responsible to sensitize the young women’s groups (15-24 years) on various SRHR issues including safe abortion services. They work within a defined catchment area, around the selected health facilities on issues. They also help to link the women to the nearby health facilities for checkup or treatment as and when required.

b. **Household-level mapping of young women and groups:** During the household mapping to identify the target group, the project covered 667 villages with 73,503 target women within the catchment areas of 12 facilities. Out of those, 41,897 women between the age of 15-19 years and 31,606 between the age of 20-24 years were mapped. The household mapping was done with the help of Health Intermediaries like the Accredited Social Health Activists (ASHAs) at village level.

c. **Mobilization of IEC material:** The existing and available IEC material with the state government under various schemes like RKSK, Family Planning etc. was adapted. Need based designing and adaptation of communication material was done as per broader community outreach strategy and local needs through YLs.

d. **Group meetings:** Group meetings were organized at the community level to sensitize the women, parents, self-help groups about the SRHR issues and concerns.

e. **Orientation of health Intermediaries:** (like ANMs, ASHAs & AWWs), at the sub center level and community opinion leaders have been working on youth friendly SRH services. Their role is to promote awareness on these issues among community youth. Monthly follow up with these intermediaries is done for referral cases.

f. **Establishment of a simple and clear referral mechanism:** This process between community youth and designated health facilities ensures that the youth access SRH services freely and without any hesitation.

g. **Regular/periodic follow up:** The follow up with the health providers at government health facilities is done for program feedback, case load information and experience sharing. The project has reached 24,800 targeted young women through group meetings and one-to-one meetings. Out of these, 4,487 young women were referred to the health facilities for SRH issues.
Tuberculosis (TB) remains one of the world’s deadliest communicable diseases. Globally 10 million people developed TB in 2017 out of which 3.5 percent are the new TB cases and 18 percent are the previously treated ones who developed into multi-drug resistant (MDR) and India contributed for 27% of the Global burden of Tuberculosis. TB kills an estimated 480,000 Indians every year and more than 1,400 every day. India also has more than a million ‘missing’ cases every year.

VHAI is continuing implementing AXSHYA Project 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. The project initiated in 2010 has successfully completed its 7th year and has entered the 8th year of implementation. The project is receiving A+/A ratings from The Global Fund for its successful implementation. With the emphasis on END TB by 2025, the project is committed to touch the untreated patients diagnosed TB patients and to ensure their complete treatment under the project.

**Geographical Coverage**

VHAI has been working in 4 states and 25 districts, namely-Bihar (10 districts), Madhya Pradesh (5 districts), Punjab (4 districts) and Uttar Pradesh (6 districts).
• Identifying and mapping of Key Affected Populations (KAP): Key affected population refers to vulnerable and marginalized population. It also refers to people living in difficult to each areas, tribals, slum dwellers, migrants, people living in congregate settings like prisons, shelter homes, orphanages, remand homes etc. KAP also includes people in contact of TB patients, living with HIV/AIDS patients, those with co-morbidity like diabetes, smokers and Occupational Lung Diseases (OLD) etc.

• Axshya SAMVAD: Undertaking community awareness about TB and the available diagnostic and treatment services through Axshya SAMVAD and empowering the communities especially, KAP to seek appropriate and timely services.

• Actively under taking case findings among KAP in campaign mode.

• Establishing active community surveillance systems to not only ensure new case detection but also for treatment adherence among identified patients.

• Working in high case load settings like OPD in medical colleges, district hospitals etc. for air borne infection prevention and early identification of presumptive TB cases.

• Organizing health camps in collaboration with Revised national tuberculosis control programme (RNTCP) and/or National Health Mission (NHM) for case detection in remote and difficult to reach pockets.

Key Activities

Under the project, various interventions were undertaken in consultation with District Revised National Tuberculosis Control programme (RNTCP) team involving community members and village opinion leaders.
# AXSHYA - KEY OUTCOMES

April 2018 – March 2019

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Presumptive TB cases identified through all activities</td>
<td>59013</td>
</tr>
<tr>
<td>Number of Presumptive TB cases tested through sputum examination, x-ray</td>
<td>53871</td>
</tr>
<tr>
<td>and CBNAAT tests</td>
<td></td>
</tr>
<tr>
<td>Number of notified cases of all forms of TB- (i.e. bacteriologically</td>
<td>6804</td>
</tr>
<tr>
<td>confirmed + clinically diagnosed), includes new and relapse cases</td>
<td></td>
</tr>
<tr>
<td>Number of TB cases (all forms) notified among key affected populations/high</td>
<td>6804</td>
</tr>
<tr>
<td>risk groups (other than prisoners)</td>
<td></td>
</tr>
<tr>
<td>Among the identified cases, number of cases put on DOTS</td>
<td>6219</td>
</tr>
<tr>
<td>Number of Active Community Surveillance Units Established</td>
<td>506</td>
</tr>
<tr>
<td>Fast Tracking Intervention- No. of hospitals</td>
<td>24</td>
</tr>
<tr>
<td>No. of households covered under Axshya Samvad (Active Case Finding)</td>
<td>334345</td>
</tr>
<tr>
<td>No. of Population Reached through Axshya Interventions</td>
<td>2026637</td>
</tr>
<tr>
<td>Number of TB patients sensitized on patient’s charter–Right &amp; Responsibilities.</td>
<td>1792</td>
</tr>
<tr>
<td>Out of total number of TB patients sensitized, number of Women TB patients sensitized on Patient Charter during the reporting quarter</td>
<td>672</td>
</tr>
</tbody>
</table>
• All TB patients identified through Axshya interventions have been linked with the government welfare scheme and got Rs.500 per month for nutritional support during the treatment, which has in turn helped them maintain continuity.

• Axshya Samvad has been replicated at a large scale by the Government of India for the difficult to reach population.

• Regular dialogue with and motivation of TB patients for complete treatment has improved TB cure rate and this will significantly lead to END TB in the selected challenging pockets.

• Community ownership for undertaking TB prevention efforts has been increased through involving cured TB patients for motivating their peers and community to take care of themselves.

• The RNTCP staff takes care of TB patients through their participation in the TB patients’ sensitization meetings and carefully resolves their problems on DOTS.

REWA – A success story

“You sensitize the community & motivate them to take for their check-up and I will ensure attending myself these health camps to make TB free Rewa in reality irrespective of distance, location and the OPD load I have.”

~ Dr. B.L. Mishra, District TB Officer, Rewa.

The exemplary efforts of the project team and district TB Officer has been recognized at the state level and such replications were requested from other parts of the Madhya Pradesh.

Through its various interventions VHAI-Axshya was able to reach more than 2 million people from vulnerable and marginalized population in 25 districts spread over 4 states including through visits to roughly 335000 households creating awareness about TB, actively identifying people with symptoms of TB and linking them with diagnostic and treatment services.

Around 54000 people from vulnerable and marginalized population identified as presumptive TB cases undergoing diagnostic tests like sputum examination, chest x-ray, CBNAAT for Tuberculosis.

Conducting health camps has been recognized as an effective tool to reach the vulnerable pockets of the district. In Rewa, Madhya Pradesh, Axshya project team in close association with District TB Officer, organized regular health camps in remote and difficult to reach pockets of the district. These camps were attended by DTO himself with the RNTCP &Axshya team.

Over the period of four months, (Sep - Dec 18), nine health camps were organized where 949 patients were examined. 336 patients of these were identified as probable TB cases and tested. Out of these, 37 TB were declared positive cases and their treatment was immediately started.

Around 6800 persons being diagnosed as suffering from Tuberculosis and put on DOTS More than 200 defaulters/treatment interrupters brought back to the RNTCP services and motivated to continue treatment.
Realising the Right to Adequate Food and Nutrition

11
India has witnessed economic growth in the last few decades. However, despite the growth and high public investment in food and nutrition, 14.5% of the Indian population remain hungry and undernourished (Hunger Report-2017). The country is home to over one-third of the world's stunted (chronically malnourished) children and 7.2 crore children in India are anaemic.

The state of Assam situated in the north-east of India, has a considerable percentage of its population under the poverty line. This marginalized population depends upon food entitlements mandated under the National Food Security Act (NFSA), 2013. Despite numerous developmental measures which were actioned, Assam has not shown much improvement in its health and nutrition indicators. With 36.4% children under 5 years stunted and Infant Mortality Rate (IMR) as high as of 48 (Source-NFHS-4), Assam continues to be on the list of bottom five states of the country in this respect.

Keeping in view the high burden of malnutrition in the State, a comprehensive programme Realizing the Right to Adequate Food and Nutrition is being implemented by VHAI with support from Civic Engagement Alliance (CEA) to utilize the strength of local communities. To combat growing problem of malnutrition, the focus is on the women networks.

CEA is a strategic partnership program which aims to ensure that the civil society organizations and the civil society at large, in the ‘global south’ and ‘overall global context’ can contribute. The aim is to reduce the inequality and injustice for fair economic and social development.

Central to this partnership are the women, since they are the most productive stakeholders in these communities. They also are the primary caretakers and consumers who have define specific needs.

**The specific objectives of this 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 key stakeholder departments for effective implementation of nutrition related schemes, policy level changes etc. and to formulate a multi-sectoral approach for addressing the issues of malnutrition.

- Identify and build potential women leaders collective at community level, inclusion of disability and gender issues in policies and guidelines of concerned departments/sectors that are involved in improving nutritional status.

The programme emphasizes on equitable access to food & nutrition by pregnant & lactating mothers, adolescent girls & children below 5 years in six districts of Assam.
Capacity Building of Women Federations

Members of the Women Federations were trained in several rounds across the year on various issues related to Food and Nutrition Security, Inclusion, Community mobilization, Communication methodology and planning for action. Till March 2019, more than 3000 women federation members have been trained.

Women groups linked with the Government schemes and policies

The women federations are linked with various schemes of the Agriculture and Horticulture Department, Social Welfare, Food and Civil Supplies Department, etc. Kitchen Gardens are being developed at Anganwadi Centres and at community level by taking benefits of schemes of the Agri-Horticulture Department.
Formation of state level women federation forum

State level forum of the women federation members was formed on August, 2018. The forum consists of federations formed under the National Mahila Samakhaya Scheme under the aegis of the Assam State Rural Livelihood Mission (ASRLM).

The prime objective of the forum is to bring in the federation leaders from the six identified districts (Goalpara, Sonitpur, Morigaon, Darrang, Dhubri and Udalguri) to form a common platform to achieve the goal of providing food & nutrition security to pregnant women, lactating mothers and children below five years of age. More than 70 women federations members were brought together.

Memorandum by Women Federation Forum

During the State level women federation consultation with Government departments, the forum of women federation, comprising of 6 districts-Goalpara, Dhubri, Morigaon, Darrang and Udalguri submitted the memorandum to the Government of Assam.

The memorandum was received by Dr. R M Dubey, Professor and Head, Centre for Sustainable Development Goals (SDGs), Govt of Assam on behalf of the State Government.

The memorandum emphasized on linking the existing schemes of the Gaon Panchayats with the issues related to food and nutrition security. It also appealed for provision of safe drinking water and proper sanitation facilities in all the Anganwadi Centres of the State.

Dr. Dubey assured that the points will be represented with the concerned departmental heads of the State government.
The State level multi-Actor working committee was formed comprising of members from Government Departments, Non-Govt bodies, academic institutions, UN bodies, Quasi-Judicial bodies and other autonomous institutions. Its meetings were organized three times last year.

The role of MAWC

- Providing timely suggestions and advice for implementation of the project
- Mentoring the project staff
- Liaisoning with the key stakeholders to mitigate the existing gaps on policies related to nutrition.
- Providing a space to learn from each other in the committee.

Institutes like NIPCCD, TISS, OKDISC also provide evidence-based facts, information and statistics, research findings from time to time which will help in bringing the desired changes in the nutrition landscape of the state.
Policy Recommendation Document

A policy recommendation document for improvement of nutritional status in Assam has been developed. It details the recommendations of key stakeholders in the Government departments, like-minded Non-Government bodies and academic institutions.

The MAWC has played a major role in developing this document. This document highlights the need for Assam State Policy for Access and Right to Adequate Food & Nutrition prioritizing the vulnerable districts with high nutritional deficiency, and to draw up strategies for systematic intervention focusing on the specific deficits of the districts.

The document has clear recommendations that will soon be shared with the Government of Assam. This document will help the Government in formulating State Specific Nutrition Policy.

The Policy Recommendation Document has prioritized the following focus areas-

- Livelihood and security for nutritional security with food security
- Maternal care, nutrition and Health
- Infant and young child care
- Adolescent care, nutrition and health
- Addressing micro nutrient deficiencies - including Anaemia
- Community nutrition (Interventions addressing the community)
- Inclusion of vulnerable sections especially those with disability in provision of adequate nutrition.
Meetings with the candidates of the Panchayat elections

One-to-one-meetings were organized by women federation members in the district of Dhubri, Goalpara, Morigaon before the recently concluded Panchayat polls in the state. The federation members and local community apprised the candidates about some of the problems related to food and nutrition security in their areas and urged them to work on it after their election. Most of the candidates admitted that they were not fully aware of the gravity of problems related to malnutrition and other nutrition related issues. However, they assured that they will work hand in hand with federations and community to address these issues post-election.

Development of kitchen garden at the community level

Women federation members, local community member and anganwadi workers have developed kitchen gardens with support from Agri-Horticulture department and Pathway 2 team. These kitchen gardens are located at anganwadi centers or community land to provide fresh, organic vegetables for nutritious hot cooked meals for children at the centres.

**Toolkit on Food & Nutrition**

A toolkit on Food & Nutrition has been developed for women groups, public health professionals, and of course community at large. With this kit, the key messages on food nutrition can be delivered in an interesting and effective way. The toolkit covers a wide range of information on importance of dietary diversification like- nutrition during first 1000 days of life, safe food practices, government programmes & policies on food and nutrition and convening & convincing for food and nutrition security.

**The toolkit has 3 sections:**

- **Eat Healthy & Safe Food**
- **Government's Policies and Programmes on Food and Nutrition**
- **Call for Action: Convening and Convincing for Food and Nutrition Security.**

**Kitchen garden at Anganwadi center of Goalpara**
12 The Eat Right Movement
A healthy diet is one of the key responses to the rising incidence of non-communicable diseases. Both supply and demand sided interventions are needed to ensure that citizens have access to and eat healthy food. FSSAI has initiated a series of action in this regard. On the supply side, food business houses are being influenced to reduce the levels of salt, sugar and trans-fat in packaged foods and in catering. They are also being persuaded to eliminate industrial trans-fat in a phased manner. At the same time, on the demand-side, the citizens are being nudged to consume less sugar, salt and oil in their daily diet.

‘The Eat Right Movement’ was launched on 10th July 2018. Aligned with ‘Ayushman Bharat’ and Jan-Andolan, 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 safe and healthy food. VHAI is an active and technical partner of FSSAI in the Eat Right Movement.

**The Eat Right Toolkit**

As a part of this 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 and reach out to the citizens through the channel of Health & Wellness Centres under AYUSHMAN BHARAT platform of the 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 food 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 and sanitation & food adulteration.

The toolkit through its engaging component aims to target front-line health workers as well as beneficiaries. It will be implemented by front-line health workers like ASHAs (Accredited Social Health Activists), Anganwadi workers (AWWs), Mid-level 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.
The Eat Right Mela

FSSAI had organized Eat Right Mela from 14-16 December, 2018 at the Indira Gandhi National Centre for the Arts (INGCA), New Delhi in collaboration with National Street Food Festival. VHAI was invited as a resource organization to take orientation session on EAT RIGHT toolkit. 670 ASHAs, 530 ANMS and 800 nodal teachers of Mid-meal programme were oriented. The session included discussion on the importance of healthy eating, ways to improve the nutrition, how to detect food adulteration at home by simple tests, importance of nutrition during first 1000 days of life, encouraging ASHA & ANMs to spread awareness about their communities using Eat Right Toolkit.

The Eat Right Award

VHAI got an appreciation award from Ministry of Health & Family Welfare, Government of India & FSSAI for its remarkable work on the EAT RIGHT MOVEMENT & SWASTH BHARAT YATRA. The Eat Right Award ceremony was organized by FSSAI at Central Park, Connaught Place, New Delhi at 29th January 2019

Shri Ashwini Choubey, Minister of State for Health and Smt. Preeti Sudan, Secretary Healthy, MoHFW, GoI; Mr. Henk Bekedam, WHO Representative to India were invited as the Chief guest and the Guests of honour, respectively
13 SUPPORT, APPRECIATE, LEARN & TRANSFER (SALT)
“Every individual and community has the inner strength to envision, to act and to adapt.” Based on the same belief, VHAI in collaboration with constellation had the opportunity to implement an innovative approach for community mobilisation in the year 2018-19. It was termed as the SALT approach.

The starting point for the SALT approach, as developed by the Constellation, is that when people take ownership of their health challenges, they will take action to deal with those challenges. The best dividend of this approach is that once this sense of ownership gets embedded as a practice at individual and community level, the action that they take will not be dependent on external stimulus. This sense of ownership is the foundation of sustainability.

Community Life Competence Process

For application in the field areas, a systematic step-by step methodology that allows the community to take ownership of their challenge which is called as the Community Life Competence Process (CLCP). In short, CLCP is a kind of a learning cycle that allows the community to take action and learn from its experience. Learning becomes the basis for another round of action and learning. The cycle goes on indefinitely: there is no end point. Facilitators accompany the community as it moves towards ownership of their identified challenges with an appreciative approach that is characterised by the acronym SALT (Support, Appreciate, Learn, Transfer).

Implementation Area

VHAI along with the Constellation are implementing SALT approach in 60 villages of District Kamrup, Rural & Udalguri of Assam. A team of two District Coordinators and 6 Facilitators were engaged with support from National team to rollout the CLCP to improve the competence of community. The aim was to improve immunization coverage, sanitation, nutrition or other issues in selected villages of Assam.
Steps of Community Life Competence Process (CLCP)

STEP I: Who are we?

The preliminary step of the learning cycle is for the community to get to know each other and to understand why it is making the journey. The purpose is to create and to hold a space of trust where members of the community can express themselves freely, share and connect to each other through their strengths, vulnerabilities and concerns. The role of the facilitator is to generate this atmosphere of trust and confidence that allows people to connect as human beings and also to create a safe space that allows members of the communities to recognize their own strengths.

STEP II: Where do we want to go?

The second step in the process is where the community describes its destination. The tool that is used to define the destination is called ‘Building the shared dream’. During this step, the community describes a world where it deals with the challenge as part of its day-to-day activity. It is not a world where everything is perfect, but one where the community is competent to deal with all aspects of the challenge.

‘When we dream alone, it is only a dream
When we are dreaming with others, it is the beginning of reality.’
Dom Helder Camara

The Common dreams of the communities emerged during the last year were Good health of children, Immunization, Education, Nutrition, Scope for sports & Cultural activities, Safe drinking water, Availability of Toilets, Clean Village etc

STEP III: What skills do we need to get there?

When we build our shared dream, we decide where we want to be and what it will be like to be there. This is not a world that is free from all problems. It is a world where we are able to deal with the challenges that we have to face. We can now look at this description of the world in which we wish to live and ask ourselves what are the skills and talents that we will need to get us there and to keep us there. At this step, the role of the facilitator is to help the community to move from the world of the shared dream to a set of specific actions that the community will use to move them towards their dream. In CLCP, we call these actions ‘Surfacing the Practices’
STEP IV: Where are we now?

In this step, the challenge for the community is to understand its current position. In ‘The Constellation’, a tool called Self-Assessments is used to get a good understanding of our current position with respect to our challenge. When we understand where we are now and where we want to be, we can think about the action that we can take that will move us in the right direction.

The Self-Assessment framework invites the community to assess itself on the set of practices defined by the community from Level 1 to Level 5 where Level 1 indicates a low level of competence and Level 5 indicates a high level of competence.

Step V: What are we going to do?

In this step, the community chooses three priority practices where it feels that it can make some progress in a short time. The conversation during the Self-Assessment is usually a good guide to the areas where they can make progress. For each of the three priority practices, the community defines in one sentence how it sees itself at its current level and where it will be after it has carried out the Action Plan.

<table>
<thead>
<tr>
<th>Actions?</th>
<th>What action are we going to take?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who?</td>
<td>Who is going to be responsible for the action?</td>
</tr>
<tr>
<td></td>
<td>And/or Which people will take the action?</td>
</tr>
<tr>
<td>When?</td>
<td>When will the action take place? or What is the schedule Indicator?</td>
</tr>
<tr>
<td>How?</td>
<td>How will we know that we have made progress?</td>
</tr>
</tbody>
</table>

STEP VI: Just do It!

There is an Action Plan and the challenge for the community is to take the actions in the Action Plan. It is at this stage that everybody involved in the process should remind themselves of the idea of SALT.
We need to Support each other. 
We need to Appreciate the strengths of others and our own strengths 
We need to Learn from each other. 
We need to Trust each other.

This is the responsibility of everybody in the community who cares about the plan. But, it is the particular responsibility of the facilitator. The community must own the actions that they take, the facilitator must support them as they take those actions.

STEP VII  Where did we get to? What did we learn? What can we share?

Now is the time for the community to look back, over the journey that they have made together. One good reason to do this is to celebrate the progress that they have made. During the year, it is easy to focus on the problems that they had with the Action Plan and to disregard the progress that they have made. So, it is worthwhile to stop, to recognise the progress that has been made and to celebrate that progress! A review of the progress during the year is also a good starting point to decide where to go next.
Key Achievements during the year 2018 -19

- Emergence of local champions in each village

- Good community ownership that opens the possibility to leverage existing resources to deliver better results at lower cost

- Positive realisation at the level of frontline health workers that community and individual ownership of health challenges is not a challenge to existing systems. Rather it strengthens bonding and brings in constructive input. ASHAs, AWWs have observed remarkable changes in attitude and involvement of parents in immunization after community being introduced with the SALT / CLCP.

- Men who were not involved in immunization of their children have started to share responsibility with their wives leading to increased male involvement in ensuring immunisation of women and children.

- A phenomenal change in responsibility sharing in almost all 60 villages for Better immunisation coverage such as in some villages in Udalguri. Women have taken the step to inform one to another mother and thus making it easier for ASHAs, in some villages sensitisation on small group discussion on immunization schedule and its importance where as in another village in Kamrup, they posted a tag at a visible place at home to remind the upcoming date of immunization.

- Community led campaign for safe drinking water, Clean village, Clean School and Anganwadi, Plantation of fruit bearing trees at Anganwadi Centres, engagement of a sports instructor by community, active engagement with VHSNCs and School management (SMC) committees etc.

- Approximately 2000 SALT visits were made to households of community. Service providers and key stakeholders at village level which was instrumental in rapport building as well as in facilitating the concept of SALT/ CLCP.
Finding Community solutions by adopting SALT

After the rapport building with community, SALT team convenes a community level meeting in each village and all village people were invited so that they could discuss their problems and identify their common dreams for their respective villages. Community then were facilitated to assess their present status in context to dreams they have built. Based on the self-assessment, an Action plan is developed as it become clearer to communities what actions to be taken, who will be responsible, by what time actions to completed. This approach has led to a realization that local responses to Local Concerns are more acceptable and possible by the community.
# Financial Highlights 2018-19

Gross receipts in the Financial year were Rs.8,24,82,386 of which 82.25% were received for implementation of Specific Projects and 17.75% were raised from local resources. Gross Expenditure was Rs.8,37,38,786 of which 81.87% were spent on Anti Tobacco Campaign activities, TB & Malaria Control Activities, Reproductive & Child Health and other specific projects, 6.73% were spent on Publications, Research, Information, Advocacy & Campaigns and 11.40% were spent on Administrative Support Services.

## Receipts During the Year

<table>
<thead>
<tr>
<th>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>1,59,12,479</td>
<td>1,75,38,427</td>
<td>21.26%</td>
</tr>
<tr>
<td>UN agencies / WHO</td>
<td>35,50,737</td>
<td>29,03,327</td>
<td>3.52%</td>
</tr>
<tr>
<td>Global Fund for TB Control Work</td>
<td>3,54,54,123</td>
<td>2,75,96,232</td>
<td>33.46%</td>
</tr>
<tr>
<td>Global Fund for Malaria Control Activities</td>
<td>2,33,44,231</td>
<td>7,18,506</td>
<td>8.07%</td>
</tr>
<tr>
<td>SIMAVI for Women Health &amp; RCH related activities</td>
<td>1,19,39,242</td>
<td>76,59,513</td>
<td>9.29%</td>
</tr>
<tr>
<td>Mannion Daniels/Amplify Change for RCH Issues</td>
<td>19,60,000</td>
<td>22,23,216</td>
<td>2.70%</td>
</tr>
<tr>
<td>Ipas Development Found for RCH Issues</td>
<td>-</td>
<td>10,75,200</td>
<td>1.30%</td>
</tr>
<tr>
<td>The Constellation - Community Mobilisation</td>
<td>-</td>
<td>27,25,738</td>
<td>3.30%</td>
</tr>
</tbody>
</table>

## Income from other sources

<p>| CSR Grants - Lal PathLabs Foundation           | -             | 22,53,000    | 2.73%      |
| Funds from Local Agencies                     | 20,83,782     | 35,47,045    | 4.30%      |
| Interest from Bank and Investments            | 53,73,264     | 47,77,257    | 5.79%      |
| Distribution of Health Related Materials      | 73,917        | 1,08,346     | 0.13%      |
| Other Receipts – Local Fundraising            | 41,96,368     | 39,56,613    | 4.80%      |
| <strong>Total Receipts</strong>                            | 10,38,88,143  | 8,24,82,386  | 100%       |</p>
<table>
<thead>
<tr>
<th>Expenditure During the Year</th>
<th>Amount (Rs.)</th>
<th>Amount (Rs.)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up of Rehabilitation Work in Andamans</td>
<td>4,67,082</td>
<td>1,81,887</td>
<td>0.22</td>
</tr>
<tr>
<td>TB Control Programme</td>
<td>3,54,51,123</td>
<td>2,66,29,591</td>
<td>31.80</td>
</tr>
<tr>
<td>Tobacco Control Programmes</td>
<td>1,52,62,494</td>
<td>1,66,67,396</td>
<td>19.90</td>
</tr>
<tr>
<td>Malaria Control Activities</td>
<td>2,46,03,619</td>
<td>2,67,566</td>
<td>0.32</td>
</tr>
<tr>
<td>Projects Supported by UN agencies / WHO</td>
<td>23,23,906</td>
<td>29,03,327</td>
<td>3.47</td>
</tr>
<tr>
<td>Women Health related activities</td>
<td>1,34,63,707</td>
<td>1,48,61,278</td>
<td>17.74</td>
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<tr>
<td>Right to Adequate Food &amp; Nutrition</td>
<td>-</td>
<td>28,81,450</td>
<td>3.44</td>
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<tr>
<td>Community Mobilisation on Health Issues</td>
<td>-</td>
<td>27,47,759</td>
<td>3.28</td>
</tr>
<tr>
<td>Arogya - Community based Intervention on NCDs</td>
<td>-</td>
<td>14,26,531</td>
<td>1.70</td>
</tr>
<tr>
<td>Policy Research Programmes for better Development</td>
<td>33,18,331</td>
<td>36,80,784</td>
<td>4.40</td>
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<tr>
<td>Support to State VHAs</td>
<td>1,19,448</td>
<td>5,93,331</td>
<td>0.71</td>
</tr>
<tr>
<td>Health Promotion, Non Communicable Diseases &amp; Distribution of Health Education Material</td>
<td>16,37,675</td>
<td>13,58,314</td>
<td>1.62</td>
</tr>
<tr>
<td>Finance Services</td>
<td>27,58,509</td>
<td>28,05,016</td>
<td>3.35</td>
</tr>
<tr>
<td>Statutory Administrative Expenses</td>
<td>12,13,911</td>
<td>14,34,056</td>
<td>1.71</td>
</tr>
<tr>
<td>Office Support Costs</td>
<td>46,07,843</td>
<td>53,10,500</td>
<td>6.34</td>
</tr>
<tr>
<td>Total Programme Expenditure</td>
<td>10,52,30,648</td>
<td>8,37,38,786</td>
<td>100.00</td>
</tr>
<tr>
<td>Surplus/(Shortfall) during the year</td>
<td>(13,42,505)</td>
<td>(12,56,400)</td>
<td></td>
</tr>
<tr>
<td>Gratuity Paid to outgoing staff during the year</td>
<td>5,14,680</td>
<td>41,60,044</td>
<td></td>
</tr>
<tr>
<td>Capital Cost</td>
<td>6,00,681</td>
<td>6,63,005</td>
<td></td>
</tr>
</tbody>
</table>
# Executive Board Members for the Year 2017-19

**President**  
Dr. B.S. Garg  
Director-Professor of Community Medicine  
Director, DrSushilaNayar School of Public Health  
Mahatma Gandhi Institute of Medical Sciences  
Sewagram-442102, Wardha, Maharashtra

**Vice-President**  
Prof. G.Q. Allaqaband  
Ex-Principal, Govt. Medical College  
Karan Nagar, Bal Garden,  
Srinagar-190010

**Secretary**  
Dr. Mridul Kumar Sahani  
Research Institute of Sahni Drug Transmission & Homeopathy  
Shivpuri (Behind A.N. College)  
Patna – 800 023

**Treasurer**  
Mr. Raj Vaidya  
Community Pharmacist  
Hindu Pharmacy,  
Cunha Rivara Road,  
PANAJI - GOA - 403001

**Member**  
Dr. Vivek S. Agrawal  
Trustee Secretary,  
Center for Development Communications  
4/52, SFS, Mansarovar  
Jaipur – 302 020

**Member**  
Mr. Ranjan K. Mohanty  
PECUC Coordination Office  
Plot No. -63,Phase-2, Indraprastha  
Pokhariput, Bhubaneswar-751020

**Member**  
Ms. Sikha Saha  
C/O. Dr. T. K. Das  
5, Thakur Palli Road, Krishnanagar, Agartala  
Tripura - 799001

**Member**  
Ms. Andamma Mani  
Administrator,  
Mitraniketan Hospital,  
Vagamon – 685 503  
Kottayam Dist.  
Kerala

**Ex-officio Member**  
Ms. Bhavna B. Mukhopadhyay  
Chief Executive  
Voluntary Health Association of India  
B-40, Qutab Institutional Area  
New Delhi-110016

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## VHAI Team

Alok Mukhopadhyay  
Chairman (Advisory Committee)

Bhavna B. Mukhopadhyay  
Chief Executive

Dr. P.C. Bhatnagar  
Senior Director (Programme)
### Health Promotion and Non Communicable Diseases

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Binoy Mathew</td>
<td>Senior Programme Officer (Communications)</td>
</tr>
<tr>
<td>Dr. Chandravali Madan</td>
<td>Programme Officer (Advocacy)</td>
</tr>
<tr>
<td>Shibendu Bhattacharjee</td>
<td>Programme Officer (Advocacy)</td>
</tr>
<tr>
<td>Dr. Nancepreet Kaur</td>
<td>Senior Programme Officer</td>
</tr>
<tr>
<td>Shibendu Bhattacharjee</td>
<td>Programme Officer (Advocacy)</td>
</tr>
</tbody>
</table>

### Maternal, Adolescent & Child Health

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pooja Sharma</td>
<td>Project Coordinator</td>
</tr>
</tbody>
</table>

### Regional Office (Bhubaneshwar)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debananda Mohanta</td>
<td>State Coordinator</td>
</tr>
<tr>
<td>Samir Kumar Sahoo</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>Deepak Khuntia</td>
<td>Finance and Administrative Officer</td>
</tr>
<tr>
<td>Mamta Das</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Jashobanti Jena</td>
<td>Community Mobilizer</td>
</tr>
<tr>
<td>Satyajeet Mahapatro</td>
<td>M &amp; E cum Advocacy Officer</td>
</tr>
<tr>
<td>Subrat Kumar Bisoy</td>
<td>Field Officer</td>
</tr>
<tr>
<td>Sudarsann Behera</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Shisira Kumar Biswal</td>
<td>Community Mobilizer</td>
</tr>
</tbody>
</table>

### Communicable Diseases

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>U N Bajpai</td>
<td>Assistant Programme Manager</td>
</tr>
<tr>
<td>Dr. Shyamjee Mishra</td>
<td>Assistant Programme Manager</td>
</tr>
<tr>
<td>Virender Singh Rohilla</td>
<td>Finance &amp; Administration Assistant</td>
</tr>
<tr>
<td>Dr. Priyanka Bhatt</td>
<td>Assistant Programme Manager</td>
</tr>
<tr>
<td>Gaurav Singh</td>
<td>Finance &amp; Administrative Officer</td>
</tr>
</tbody>
</table>

### State Project – Assam

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruchira Neog</td>
<td>State Coordinator</td>
</tr>
<tr>
<td>Jyotika Baruah</td>
<td>Programme Coordinator</td>
</tr>
</tbody>
</table>
Arup Saikia
Programme Officer

Rajashri Saikia
Programme Officer

State Project – Uttar Pradesh

Dr. Satya Gupta
District Coordinator

State Project – Telangana

Dr. K. Venkata Rao
State Programme Manager

Dr. Srikanth Ala
Consultant

Dr. R. Sai Krishna
State Programme Officer

Ms. Naga Sirisha
Communication Consultant

Finance

Noshina Rizvi
Senior Manager (Finance)

Priya Vadhera
Finance and Account Officer

Satyapal Singh
Programme Officer

Administrative & Personnel

Sushil Kumar Vasan
Senior Manager

Subhash Bhaskar
Junior Programme Officer

Support Services

Kishore Vaity
Office Assistant

Sanjay Kumar
Assistant

R.N. Yadav
Sr. Assistant

Bhola Nath
Assistant

Suresh Chand
Sr. Assistant

Surender Mandal
Assistant

U.N. Jha
Assistant

Babu Lal
Helper-cum-Watchman

Virender Kumar
Assistant

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WEST BENGAL
VHAI have great pleasure working with Government of India, State Governments as well as several national and international organisations from public and private sector including UN agencies, WHO, corporations, not-for-profit organisations and foundations.

Through their support, VHAI is able to continue its work in health and development sector at the various levels with active participation of local community.
Words of Appreciation

“My prayer & blessings will be with you, God bless you.”

- Mother Teresa

“The Health world of our nation appreciates VHAI’s rigorous, unspiring 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

“Your kind words and good wishes are very much appreciated and WHO appreciates the work being undertaken by organizations such as yours.”

- Dr. Margaret Chan Director-General, WHO, Geneva

“Your publication entitled ‘Health For the Millions’ is noteworthy.”

- Montek Singh Ahluwalia Dy. Chair man, Planning Commission

“Help provide by voluntary organizations like yours is really invaluable.”

- Oomen Chandy Chief Minister, Kerala
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