“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.
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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

VHAI is federation of 24 State Voluntary Health Associations, linking together more than 4500 health and development institutions across the country.

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 organized by prestigious organizations in India and internationally.
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.

**International collaborations**

- WHO
- World Bank
- International Union for Health Promotion and Education
- Global Fund
- Public Health England
- European Union
- Simavi
- UNICEF
- Civic Engagement Alliance
- Constellation

**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

*Chief Executive, VHAI at the Pre-Budget Consultation meeting organized by the Ministry of Finance*
Key meetings held in the year 2019-20

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 (Advisory Committee) 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 (NAMG)
The National ASHA Mentoring Group (NAMG) was constituted by the Ministry of Health & Family Welfare to serve as a technical and advisory body for the ASHA Programme and to extend support to the Centre and State Governments in overall implementation, mentoring and monitoring of the programme. The group includes experts and practitioners in the field of Community Health representing NGOs, training and research institutions, academia and medical colleges. With the aim to ensure continued improvement in the functioning of ASHAs throughout the country. The NAMG meeting was held on 3rd April 2019 at New Delhi. With VHAI’s active engagement, non-communicable diseases (NCDs) and health promotion have been put on board in the future capacity building of the ASHAs throughout the country.

C. Advisory Group on Community Action (AGCA)
The Advisory Group on Community Action (AGCA) was constituted by the Ministry of Health & Family Welfare, Government of India to provide guidance on community action initiatives under the National Health Mission at the national level. The AGCA meeting was held on 21st August 2019 at New Delhi. 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 Consultation on Tobacco and Lung Health
It was organised on the occasion of ‘World No Tobacco Day’ on 31 May 2019 by the Ministry of Health & Family Welfare, Government of India at New Delhi. The National Consultation aimed to raise awareness on risks posed by tobacco use/smoking and second-hand smoke exposure, especially awareness on the particular dangers of tobacco use/smoking to lung health and emerging evidence on the link between tobacco use and tuberculosis deaths. VHAI actively participated in the consultation.
E. Pre-Budget Meeting 2020-21 with representatives of ‘Social Sector: Health, Education and Rural Development’ group
Pre-budget consultation chaired by Hon’ble Finance Minister Smt. Nirmala Sitharaman was held on 23rd December 2020 with the leading representatives from Health, Education and Rural Development Sectors in connection with the forthcoming General Budget 2020-21. The Chief Executive, VHAI participated in the meeting. She emphasized on increasing the tax on health destroying products like tobacco that will not only reduce their consumption but also generate much needed revenue to strengthen health promotion & prevention programs. A detailed representation was shared by VHAI with the Finance Ministry.

F. Workshop on Tobacco Control at Bangkok
VHAI team participated in three day workshop organised by CTFK at Bangkok, Thailand in June 2019 to understand the new strategies to advance tobacco advertising promotion sponsorship. The workshop was useful to learn on how to use learn the latest resources to monitor and expose marketing tactics to reach youth including point of sale, mobile delivery apps, major retailer relations and social media/online marketing.

G. Civil Society Joint Working Group from Afghanistan
Indian Institute of Public Administration, New Delhi, which has been a major contributor to the knowledge and learning services in India, other parts of South Asia and beyond, organized the Civil Society Joint Working Group’s visit to VHAI on 8th July 2019. This visit was a part of their ‘Experience Sharing Workshop for Afghan Delegation on Public Governance and Advocacy’ and consisted of about 20 members of the Working Group.

H. Meeting with Shri Om Birla, Hon’ble Speaker, Lok Sabha
The Hon’ble Speaker Shri Om Birla invited Chairman (Advisory Committee) on 5th August 2019 to meet and share some of our ideas and recommendations regarding health & development sector of the country.

I. 42nd Annual Day Function of National Institute of Health and Family Welfare, Government of India
The Chairman (Advisory Committee) was invited as a Chief Guest for the annual day celebration of NIHFW, Government of India.

J. 4th Foundation Training Programme (FTP) for General Duty Medical Officers (GDMOs) under Central Health Services (CHS) under at the NIHFW, New Delhi
This training was organized by National Institute of Health and Family Welfare with an objective to orient the General Duty Medical Officers with the functioning of health care delivery system under CHS and their roles and responsibilities in the organization. The Chairman (Advisory Committee) was invited as a guest speaker to take session on effective involvement of local communities in health programmes.
K. National Selection Committee for the 2020-2021 Humphrey Fellowship Programme
Organized by the United States–India Educational Foundation on 13th August 2019 at New Delhi. The Hubert H. Humphrey Fellowship Program, which is a Fulbright program, brings accomplished young and mid-career professionals; who have a public service commitment, demonstrated leadership potential, and commitment to their own country’s development; from developing countries to the United States for ten months of non-degree graduate study and related practical professional experiences. The Chairman (AC) was a member of National Selection Committee.

L. Northern Regional Workshop on Best Practices and Innovations from Poshan Abhiyaan
VHAI participated in the Northern Regional Workshop organised by Ministry of Women and Child Development in collaboration with Observer Research Foundation in December 2020. The purpose of the workshop is to bring to light the motivations, goals and successes of the Poshan Abhiyaan, to discuss the possibility of scaling up best practices and to facilitate cross learning. This workshop aims to bring together multiple stakeholders like NITI Aayog, State Governments, UN Agencies and international and multilateral agencies to commit to accelerate progress to the common goal of a malnutrition free India.

M. Asia Malaria Civil Society Strategic Advocacy Meeting 2019
VHAI participated in Asia malaria civil society advocacy meeting held at Bangkok in August 2019. It was jointly organised by Civil Society for Malaria Elimination (CS4ME) and Global Fund Advocates Network Asia-Pacific (GFAN AP) with an objective to engage CSOs on a regional advocacy action for domestic resource mobilisation and Global Fund Sixth Replenishment as well as to collect feedback on communities/CS needs to inform the CS4ME strategic plan for 2020 – 2023.

N. IUHPE 23rd World Conference on Health Promotion
VHAI participated in World Conference on Health Promotion April last year organized by International Union for Health Promotion and Education at Rotorua, New Zealand in April 2020. Several abstracts for poster and oral presentations were accepted & presented at the conference.
Independent Commission on Development and Health in India (ICDHI)

VHAI was instrumental in setting up the Independent Commission on Health and Development in India (ICDHI) in 1995. ICDHI was set up to assess the current health and development status 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 this commission. The first comprehensive report of the commission was presented to then Prime Minister, Shri Atal Bihari Vajpayee in 1998. Honorable Prime Minister ensured that the major recommendations of the report were incorporated in various programmes, leading to many significant policy changes.

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

In 2019, VHAI with the diverse expertise of ICDHI conducted two field-based studies on recent Government’s initiatives- Aspirational Districts Programme and Health &Wellness Centres (HWCs).
The ‘Transformation of Aspirational Districts’ programme was launched in January 2018 by the National Institution for Transforming India (NITI) Aayog to adopt focused interventions in the selected 117 districts from all over India. Reflecting upon the spirit of cooperative federalism, the programme intends to facilitate development through centre, state and district levels of government. Simultaneously, by challenging the people of different districts to compete with each other, the programme exercises competitive federalism as well. Above all, the programme hopes to emerge as a model of inclusive development, reaching out to the antyodaya, the weakest segments of the population.

VHAI conducted a systematic field research to understand the present state of Aspirational Districts Programme. The objective behind this voluntary effort was to prepare a consolidated and comprehensive report so that our evidence backed recommendations can contribute to the improvement of the ambitious programme on the ground. The focus of the study was to understand the overall functioning of Aspirational District Programme, document the best/innovative practices and challenges faced by the Districts in achieving their goals and highlight the discrepancies if any.

The significant lesson from this study is the diversity of the needs and problems of the districts. The needs and the definition of being an ‘aspirational’ district differed from region to region depending upon various socio-cultural and economic factors. While some districts have been lagging behind solely in terms of physical infrastructure, in a significant number of districts issues like inter-sectionality of culture and religion, both highly patriarchal, have made social change quite a task.

Keeping these differences in mind, the study recommends creation of sub-groups of districts within the programme to ensure that the competitive nature of ADP is based on the principle of egalitarianism: the districts that are in similar circumstances or situations are treated as equals. This would not only aid in competition among the comparable districts but will also give the districts a fair idea about the issues that require their utmost focus. Further, best practices can be shared among the comparable districts. Periodically, the sub-groups could be re-evaluated to ensure that the districts do not remain caged even when they have witnessed transformation in a certain priority area. The feedback VHAI received from the various districts along with the direct observations from the field could become valuable assets in further polishing the programme at policy making and implementation level.

In 2018, as part of Pradhan Mantri Jan Arogya Yojana (PMJAY) or Ayushman Bharat, the Government of India announced the creation of 1,50,000 Health and Wellness Centres (HWCs) by transforming existing Sub Centres and Primary Health Centres. These centres would act as the base pillar of Ayushman Bharat to deliver Comprehensive Primary Health Care
Health and Wellness Centres - Towards Comprehensive Primary Health Care

(CPHC). Recommended under the National Health Policy 2017, the HWCs hope to deliver an expanded range of services at the primary level of healthcare.

Having an active presence all over India, VHAI utilised its cross-country health and development network to gain valuable insights about the functioning and impact of HWCs to advocate dynamic health planning and programme management. A ground level qualitative study was conducted in fifteen HWCs located in eight states—Haryana, Uttar Pradesh, Rajasthan, Odisha, Madhya Pradesh, Uttarakhand, Assam and Bihar.

The study provided insights on several areas. An integral tool of HWCs is to collect relevant data through Information and Communication Technology (ICT). However, the collected data must be utilised as an effective management tool at the community or district level to improve planning and increase the pace of service delivery.

Further, for the success and sustainability of any programme, community participation is of paramount importance. People must be motivated to participate in planning, promotion and utilisation of public services, thereby making the system responsive even if the external support is slowly withdrawn. In this regard, VHAI recommends sustainable partnerships with local Civil Society Organisations (CSOs) as well as larger organisations having deeper reach for effective implementation of the concept of HWCs.

The report has been an attempt to record the major observations from a variety of locations. This can provide valuable insights on the early impact and current ground level condition of the HWCs. VHAI hopes that the report adds more value to the existing programme and contributes to the strengthening of primary health care in India.
Health Promotion & Non-Communicable Diseases
India like most rapidly growing economies is facing a looming threat of non-communicable diseases. NCDs have reached an epidemic proportion in India, largely due to globalization, industrialization, and rapid urbanization with demographic and lifestyle changes. The epidemic of NCDs cannot be halted by simply treating the sick, but also the healthy persons have to be protected by addressing the root causes. Reducing the major risk factors for NCDs by active health promotion activities particularly with young people as visualised in Government’s recent initiative of Health & Wellness Centers under Ayushman Bharat is one of the key focus of VHAI for next two decades.

At the Centre Level

**Safe & Nutritious Food @ Schools:** VHAI is an implementing partner in Safe & Nutritious Food @ Schools - an initiative by Food Safety & Security Authority of India (FSSAI). 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 is actively supporting FSSAI’s in creating awareness among the students on eating healthy and safe food.

**National Technical Working Group on School Health Curriculum under Ayushman Bharat:** VHAI is a member of National Committee on School Health under Ayushman Bharat. 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.

**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 behaviour during childhood is easier and more effective than trying to change unhealthy behaviour 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 Promotion 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, neighbourhood and wider community. They become an agent of change in the society.
VHAI is implementing School Health Promotion Programme in five states, namely Punjab (District Jalandhar and Kapurthala); Odisha (Bhubaneswar City and District Ganjam); Goa (Tiswadi Taluka, North Goa District); Uttar Pradesh (District Lucknow), and Assam (District Kamrup Metropolitan).

**Key Activities**

- Baseline assessment of the schools
- Formation and training of new school health management committee (SHMC) on various issues such as personal hygiene, healthy eating, physical activity, harmful effects of health destroying products
- Strengthening of already formed School Health Management Committee
- Distribution of IEC materials such as leaflets and posters in the local language
- Supply of essential materials such as first aid kits, dustbins, hand soaps, cleaners and dusters
- Organizing competitions on health topics like Green Diwali- Rangoli competition, poster competition on personal hygiene, road safety and healthy eating; Healthy cooking competition
- Nukkad Natak (street plays) on various issues such as unhealthy food and drug addiction
- Regular health check-ups in collaboration with Rashtriya Bal Swasthya Karyakram (RBSK) doctors in few areas
Concept of Nutrition Gardens in the Schools

<table>
<thead>
<tr>
<th>State</th>
<th>Students</th>
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<tbody>
<tr>
<td>Punjab</td>
<td>15500</td>
</tr>
<tr>
<td>Odisha</td>
<td>5600</td>
</tr>
<tr>
<td>Goa</td>
<td>5536</td>
</tr>
<tr>
<td>Lucknow</td>
<td>3400</td>
</tr>
<tr>
<td>Assam</td>
<td>4600</td>
</tr>
<tr>
<td>Total</td>
<td>34,636</td>
</tr>
</tbody>
</table>

Dance rehearsal for children's day celebration
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) have substantially increased leading to elevation in overall disease burden.

Assam and Uttar Pradesh (UP) have experienced a major transition in the incidence of NCDs. Non-communicable diseases in Assam account 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%). Similarly, NCDs in Uttar Pradesh account for 47.9 per cent of the total disease burden. The major risk factors for NCDs in Uttar Pradesh are malnutrition (18.2%), tobacco use (6.2%), dietary risks (5.7%) and high blood pressure (5.1%).

Keeping in view the changing disease pattern in the country, Voluntary Health Association of India and Lal Pathlabs Foundation initiated a comprehensive community based programme. ‘Arogya- A Community Based Intervention on Non-communicable Diseases Prevention & Control’ was initiated in District Kamrup Metropolitan, Assam and District Lucknow, Uttar Pradesh in close consultation with the state governments in the year 2018 and 2019 respectively.
Key Activities

I. Community Awareness on NCDs and its associated risk factors

Regular sensitization of the communities is very essential not only to increase their awareness levels about healthy lifestyle and the risk of NCDs but also to make them aware of the existing facilities and services being provided by the existing government health services and schemes in the state/district especially the new schemes like Health & Wellness Centers (HWCs) and Ayushman Bharat.

Community awareness was done through:

a. Awareness sessions at the community level such as Anganwadi center, community halls, religious places etc.

b. Sensitization meetings with Community leaders, self-groups, patient support groups, women groups, Village Health and Sanitation Committee, ASHAs, ANMs etc.

c. School health awareness activities.

d. Nukkad Natak were organized at the common places to encourage people to adopt healthy lifestyle and prevent NCDs as well as wall paintings.
II. Symptomatic Opportunistic screening

Based upon the Community Based Assessment Checklist (CBAC) of the Government’s National Programme for Cardiovascular Diseases, Diabetes, Stroke (NPCDCS), symptomatic screening of the high-risk cases is done during the awareness camps. Those cases whose (CBAC) score read 4 or more were screened at the screening camps.

III. Screening camps

Screening camps are conducted in difficult to reach and inaccessible pockets of the districts where the following parameters are checked:

a. Random Blood Glucose level
b. Blood Pressure
c. Weight, Height
d. Waistline measurement (for abdominal obesity)
IV. Counselling of patients at the screening camps

Proper counselling of the positive cases as well as high-risk identified was provided by the field team to encourage them to take preventive measures and make lifestyle changes to combat the chronic problem of diabetes/hypertension.

V. Referral & Follow up of the positive cases

Proper referral of the positive cases to the closest government health facilities has been an integral component of the Arogya project. All positive cases of the screening camps were referred to the local government health facilities. The follow up of the cases were closely done by the volunteers or block coordinators who follow up through visits/phone calls or through the local Anganwadi workers (AWWs), Accredited Social Health Activist (ASHAs) etc.
VI. Baseline Survey in Lucknow, Uttar Pradesh

A Knowledge, Attitude, Behavior, Practice (KABP) Study was conducted in the initial phase (September to November 2019) in 700 households of District Lucknow, Uttar Pradesh. Focus Group Discussions (FGDs) were also held to add qualitative aspect to the baseline survey.

Findings of the survey:
VII. Launch of AROGYA in District Lucknow, Uttar Pradesh

AROGYA was officially launched in Lucknow, Uttar Pradesh on 10th February, 2020. Shri Jai Pratap Singh, Hon’ble Minister of Medical Health and Family Welfare, Government of Uttar Pradesh attended the event as a Chief Guest. He appreciated Project Arogya as an effort to strengthen the Government health system by combating NCDs in the State.

Release of Communication Material in collaboration with NHM, Uttar Pradesh
VIII. Media Coverage

Quotes in Leading Newspapers

It is important to diagnose people with NCDs, but at the same time we need a holistic plan to prevent such a situation from occurring by active health promotion activities as visualised in Government’s recent initiative of Health & Wellness Centers under AYUSHMAN Bharat. Arogya in close collaboration with state government will go a long way to tackle the looming threat of NCDs through sensitising and encouraging the general population to adopt a healthy lifestyle. Health promotion will remain a pivotal component of Arogya for cost effective management of NCDs.

- Bhavna B Mukhopadhyay, Chief Executive, VHAI

The objective of the Arogya project is to support and strengthen Government initiatives and programmes for the prevention and control of NCDs, by sensitising communities, screening of high risk groups and ensuring that they are referred to the government health centres for further diagnosis and treatment. Regular follow ups are also done of referred cases. This will go a long way in increasing the footfall in government health centres for NCD treatment.

- Rajesh Kumar Singh, DGM-CS, Lati Pathlabs Foundation
IX. Change in Knowledge, Attitude, Behaviour and Practices among the community members in Assam - Comparison of Baseline (2018) and Endline Survey (2019)

There has been remarkable difference in the knowledge, attitude, behavior & practices of the community members after Arogya project intervention in comparison to baseline survey data. More than 92% of the community members were aware about NCDs, out of which 61 % know about the risk factors of NCDs as compared to 7 % reported in the baseline survey. Our regular community awareness sessions have helped to motivate and encourage the local community members to engage in regular physical activity. Approximately 60% of the community members are now engaged in moderate to heavy physical activities for more than 250 minutes in a week. The knowledge on association of smoking with hypertension has increased from 2% (baseline) to 79% (endline). The percentage of identified diabetic patients taking regular treatment is 72% as compared to 23 % reported in baseline survey. Similarly, the percentage of identified hypertensive patients taking regular treatment is now 62% in comparison to 21% as per baseline data. These figures indicate that the treatment seeking & adherence behaviour of the community has significantly improved post our project intervention.
X. A Set of Information Education Communication (IEC) Material

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

Outcomes achieved till March 2020

<table>
<thead>
<tr>
<th>Key Outcomes</th>
<th>Assam</th>
<th>Uttar Pradesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of populations reached through community-based awareness</td>
<td>7,56,728</td>
<td>3,00,000</td>
</tr>
<tr>
<td>Total number of people screened</td>
<td>1,05,957</td>
<td>55,177</td>
</tr>
<tr>
<td>Total number of high-risk cases tested</td>
<td>30,767</td>
<td>15,239</td>
</tr>
<tr>
<td>Total number of positive cases referred for diagnosis and treatment</td>
<td>23,065</td>
<td>4,593</td>
</tr>
</tbody>
</table>
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 due to rampant habit of tobacco chewing. Over 65% of cancer in India is contributed to tobacco related, breast and cervical cancer. 30% of cancers in head and neck region are caused due to chewable tobacco use 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.

To save the lives of millions of 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 the national and state level based on evidence and best practices. This niche mission has contributed significantly to the overall tobacco control measures in the last decade. VHAI has run many successful campaigns that have received phenomenal appreciation.

The crucial attributes of VHAI’s tobacco control work are building effective partnerships, sensitization of stakeholders, capacity building of state partners and coordinated efforts with civil society organizations.

**A. Key Policy Level Achievements - National**

**I. Taxation**

All tobacco products (cigarettes, bidis and smokeless tobacco) are taxed at the rate of 28% GST. A compensation cess, which varies by product characteristics, applies to cigarettes and smokeless, but not on bidis. In addition, the National Calamity Contingent Duty (NCCD), which predates the GST, continues to apply on all tobacco products under the GST and varies by product characteristics.

VHAI team sensitized various policy makers on the need for increasing taxes on all tobacco products and to include Bidi into the demerit category. Numerous meetings were conducted with different stakeholders to stay abreast with the policy changes and sensitize the key decision makers on public health. Chief Executive, VHAI attended the Pre-Budget Consultation meeting of social sector representatives organized by Ministry of Finance on 23rd December 2019. She emphasized on the issues related to NCDs and to increase taxes on sin products like tobacco. In February 2020 during the budget session, Government of India imposed additional NCCD on Cigarettes and Smokeless Tobacco cigarettes (SLT) resulting in tax increase of 9% on cigarettes and 20% on SLT.
II. COTPA Amendments

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

VHAI team sensitized various policy makers on the lacunae under the Act, which are not only contrary to the global best practices but also International convention to which India is a party.

A few of those glaring gaps in the COTPA Act are

- COTPA, 2003 presently allows smoking in certain public places (restaurant, hotel and airport), in the form of creation of designated smoking area.
- Comprehensive banning of advertisement and display of tobacco products at their point of sale.
- COTPA also has no provision to counter the sale of single cigarettes or flavoring of tobacco products, which is the main reason for youth being attracted to tobacco use.
- Further the penalty for offence under the Act is too inadequate to act as a deterrent.
- Raising the legal age of consumption of tobacco products from current 18 years to 21 years.

III. Parliament passes The Prohibition of E-cigarettes Bill in India

Parliament passed The Prohibition of Electronic Cigarettes Bill, 2019 which sought to prohibit the production, trade, transport, storage and advertisement of electronic cigarettes in the country. The Bill was earlier passed in Lok Sabha preceding its approval in Rajya Sabha on 2nd December, 2019. The government had issued an ordinance to ban E-Cigarettes in September, 2019. The new law would replace the ordinance. Any person who contravenes this provision will be punishable with imprisonment of up to one year, or a fine of up to one lakh rupees, or both. For any subsequent offence, the person will be punishable with an imprisonment of up to three years, along with a fine of up to five lakh rupees.

A sub-committee group constituted by MoHFW, on health effects of ENDS, considered 251 studies/reports and concluded that there is evidence to prove that the ENDS and its variants are harmful to users. According to the committee, there is no evidence to show that ENDS are less harmful, safe and helpful towards cessation efforts. The medical communities across the globe have also questioned the acceptance of ENDS as a harm reduction or tobacco cessation strategy. 36 countries around the world banned the sale of E-cigarettes due to its health harms.
The Indian Council of Medical Research (ICMR) recommended a complete ban on E-cigarettes and other ENDS, based on currently available scientific evidence. As per the ICMR recent paper, it was noted that E-cigarettes and other such devices contained not only nicotine solution, which was highly addictive, but also harmful ingredients such as flavoring agents and vaporisers.

IV. Tiny Targets Study 2.0 Survey
VHAI trained the team on collecting the data of Tiny Targets Study 2.0 using Kobo Tool App. A total of 120 educational institutions including both schools and colleges were mapped in Delhi/NCR & Telangana and data collection was proceeded. The report is in the process of compilation and will be released soon.

V. Sensitization of Stakeholders
The team sensitized various stakeholders on the tobacco control. A policy kit on tobacco control issues was updated and printed for national policy makers. This brief covered all issues such as COTPA amendments, tobacco taxation, alternate livelihoods, use of smokeless tobacco, E-cigarettes etc. 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.

VI. Media
VHAI has played the crucial role of sensitizing journalists on both NCDs and tobacco control at the national and state level. The team utilized opportunities to highlight important public health issues which resulted in over 1100 media stories creating significant public awareness.
VII. Building a supportive ecosystem for bidi workers

To wean bidi rollers away to alternative livelihoods and facilitate the implementation of World Health Organization– Framework Convention on Tobacco Control (WHO-FCTC), VHAI with support from WHO-India initiated a project to build a supportive ecosystem for bidi rollers.

During the project phase from July – December 2019, VHAI implemented the activities in three states, Gujarat, Odisha and Telangana. 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 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.

B. State level Activities

1. Telangana

Telangana is the hub of Tobacco industry, with a huge bidi rolling, tobacco farming and tobacco producing community. There have been many significant achievements through issuance of orders and sensitization of key stakeholders. In Telangana, the Government has collaborated with VHAI to take forward the tobacco control agenda in the state. The aim is to build and strengthen enforcement mechanisms with Police, Health, Education, Tourism, FDA, Transport and other allied Departments. VHAI is also working to strengthen National Tobacco Control Programme (NTCP) in the state by working at ground level in Hyderabad.
1.1 Policy Context:
- VHAI team met various key stakeholders in Telangana and sensitized them on harmful effects of tobacco usage and COTPA laws.
- VHAI team met Dr. Tamilisai Soundararajan, Governor of Telangana and sensitized her on public health issues and tobacco control. She appreciated VHAI’s efforts and extended support towards the cause.

1.2 Department of Health
- **State level Consultation Workshop on World No Tobacco Day 2019- VHAI and Government of Telangana** - Commissionerate of Health & Family Welfare jointly organized a State Level Consultation Workshop to commemorate World No Tobacco Day in Hyderabad on 31st May, 2019. The objective of the consultation was to discuss the status of tobacco consumption & its effects, COTPA regulation in the state and to work towards department wise roadmap for Smoke Free Hyderabad and Tobacco Free Telangana. Shri Etela Rajender, Hon’ble Minister for Medical, Health and Family welfare was the Chief Guest of the event. The key stakeholders in the meeting were- Commissioner, Health & Family Welfare, Commissioner of Police of Hyderabad City, Additional DGP, Additional commissioner (GHMC), Senior officials from Health, Police, Education, FSSAI, District medical officers, Officials from Apollo Hospital, WHO consultants, representatives from IDA, and other NGOs.
- **Orientation sessions** - Various orientation sessions were organized by VHAI. Approximately 50 Medical Officers and 800 ASHA workers were sensitized on tobacco control and COTPA in collaboration with the Health Department.
- **State level orders** - VHAI provided technical assistance in drafting various state level orders. The Health department appreciated our efforts and issued orders on formation of District Level Coordination Committee (DLCC) and its guidelines, formation of Enforcement committees and declaring all health facilities tobacco free. In all the orders issued, it was mentioned that all the concerned officials must contact VHAI, Telangana state team for any technical support.
- **District level coordination committees and enforcement committees** - With the technical support of VHAI, all districts in Telangana formed District Level Coordination and Enforcement committees. Team members participated as resource persons in District Level Coordination Committee meetings in many districts. Challan books for all 33 districts of Telangana have been given to them for the enforcement drives.
- **High-Power committee meeting** - The state team visited the Chief Secretary on 2nd May, 2019, and submitted a representation to constitute a high-power committee with
Principal Secretaries of all relevant departments to monitor and review the tobacco control initiatives in Telangana. As a result, high-power committee meeting was conducted on 1st August, 2019 under the chairmanship of Chief Secretary along with Special Chief Secretary to monitor and review the implementation of Tobacco Control activities in the State. With our technical assistance, Special Chief Secretary, Health sent a circular to the Commissioner, Health and Family Welfare for the implementation of the gazette notification on E-cigarette ban released by the Central Government.

- **Sensitization of District Nodal officers** - VHAI team sensitized 33 nodal officers from all districts on ‘Roles & responsibilities of District Level Coordination Committee members’ and ‘Guidelines for Law Enforcers’ prepared by Ministry of Health & Family Welfare for the implementation of COTPA.

### 1.3 Police

- **Order on COTPA enforcement and inclusion of COTPA in the Monthly Crime Review (MCR)** - VHAI worked closely with the office of Principal Secretary-Home Director General of Police (DGP) for getting an order on COTPA enforcement and inclusion of COTPA in the MCR. As a result of our efforts, Additional Director General of Police, CID, Telangana issued an order directing all the unit officers to enforce COTPA in all the police stations of the state as well as regularly monitor and review COTPA and ensures that it reflects in the MCR.

- Enforcement activities were carried out comprehensively in several districts including Warangal, Adilabad, Nirmal and Mahbubnagar etc.

- **Inclusion of COTPA in training course** - As requested by the Deputy Director, TSPA (Police training course in-charge), VHAI team prepared a module to sensitize trainee police officers on COTPA and other public health aspects.

### 1.4 Education

- **Meeting with Special Chief Secretary** - VHAI team met the Special Chief Secretary, Education and based on available enforcement data, requested her to issue orders to School Education, Intermediate Education and Collegiate Education Departments to implement Tobacco-Free Educational Institution guidelines across the State. The file is being processed by the department and order will be issued soon.

- Team met the Commissioner, Collegiate Education, the Commissioner of Board of Intermediate Education, Commissioner, Board of Secondary Education and discussed Tobacco Free Educational guidelines. The guidelines were circulated to all the Educational institutions and the process of self-declaration of Tobacco Free Educational Institutions by principals was initiated.

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

- Tobacco Free Educational Institution Guidelines has been sent from the Principal Secretary, Education to the Director, State Council of Educational Research and Training (SCERT) for necessary action.

- Capacity building programme - With the support of District Education officer, VHAI coordinated capacity building programme for headmasters of the schools in Hyderabad on 28 January. The training session was successfully conducted on Tobacco control program and Tobacco Free Educational Institution guidelines.

- Wall paintings on Tobacco awareness- DEO and DIEO requested VHAI to support some colleges and schools in Hyderabad in COTPA implementation. The team sensitized principals of 9 colleges and gave technical inputs for wall paintings related to tobacco awareness and healthy lifestyle. With the support of VHAI team, students in many schools and colleges painted their walls on Tobacco awareness.

- Sensitization meetings - VHAI conducted sensitization meetings on COTPA 2003 for 31 District Intermediate Education Officers of the State.

- Chapter on tobacco harms and COTPA - In the High-power committee meeting, it was suggested to include a chapter on tobacco harms and COTPA for the students of class ninth and above. VHAI team prepared the chapter and encouraged the senior officials for its inclusion in the curriculum.

1.6 Tourism
Team sensitized higher officials of many tourist places of Hyderabad on COTPA and importance of tobacco free tourist places to contribute towards a clean and healthy city.

1.7 Municipal Corporation

- As a result of VHAI’s on-going efforts, Greater Hyderabad Municipal Corporation printed ‘No Tobacco’ sign boards which were distributed to hotels and restaurants.

- Team sensitized the members of Hotel Association of Hyderabad on harmful effects of tobacco, Tobacco Control Program and its implementation.

1.8 Transport
VHAI team sensitized the officials at the main bus stations of Hyderabad city (MGBS, JBS, Dilsukhnagar bus stations) on tobacco control program with COTPA guidelines. As a result of which, the Road Transport officials placed ‘No Smoking’ signages at prominent places.

1.9 Baseline Survey
A Baseline survey was conducted in Hyderabad to assess the compliance of Tobacco Free laws in the city. The report was prepared and released by the District Education Officer, Hyderabad. Policy makers were sensitized on the areas that needed strengthening for which they ensured their support.
1.10 Step by Step enforcement guidelines for Enforcement Officers

Step by step enforcement guidelines for enforcement officers for compliance of COTPA was developed both in English and Telugu. Commissioner-Health and Family Welfare has planned to release these guidelines during the second-high power committee meeting.

1.11 Study on assessment of compliance of Points of Sale on ENDS ban

As requested by the Commissioner- Health and Family Welfare, VHAI team conducted an assessment study on compliance of Points of Sale on ENDS ban. Preliminary findings of the study have submitted to Commissionerate for the inputs.
1.12 State Level Media

The media in Telangana considered Tobacco Control a low priority issue, therefore, our main objective was to sensitize the policymakers and 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 networked with senior journalists from various newspapers, magazines and electronic media to write stories on public health issues. The team shared the information on orders, circulars etc. with the journalists for media stories in a few leading English & Telugu Dailies.

Voluntary Health Association of India and Indian Dental Association Deccan organised a media sensitization workshop on 23rd August 2019 in Hyderabad for the journalists. The objective of the workshop was to share insights on recent developments in Tobacco control in the state of Telangana and their role in facilitating the implementation of COTPA and related issues in the state. The workshop was an interactive session wherein the media personals were enlightened on overview of tobacco control, health harms of tobacco use, recent developments, challenges & way forward in tobacco control. Information on the role of the State Tobacco Control Cell (STCC), NGOs & Civil Society and initiatives at the policy level was also provided. A press kit comprising of background materials on tobacco control was given to the media persons. Over 35 representatives from both print and electronic media attended the workshop. The journalists appreciated the initiative and ensured their support.
2. Uttar Pradesh

VHAI initiated tobacco control efforts in Uttar Pradesh from February 2020. VHAI will closely work in collaboration with the state government to support all the TC initiatives in the state. VHAI will also provide technical support to all the key departments in Uttar Pradesh and will technically assist the State Tobacco Control Cell to address tobacco control issues in the State.

C. RCTFI Website as a Medium of Information Tool on Tobacco Control

VHAI’s website on tobacco control, Resource Centre for Tobacco Free India (RCTFI) continues to be a user-friendly and informative platform 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.
Marriage No
Child’s Play
Rooted in traditions, child marriage impacts the physical and psychological wellbeing of children through economic deprivations, societal pressure and prejudiced ideas of family honour. As per National Family Health Survey 4 (2015-16), 26.8 percent women in India aged 20-24 years were married by the age of 18. Marriage: No Child’s Play (MNCP) is a comprehensive programme to avert child marriage in India with support from SIMAVI Netherlands. The programme works under More than Brides Alliance (MTBA) which includes SIMAVI, Save the Children, Oxfam Novib and Population Council.

VHAI is implementing the programme in Khallikote Block, Ganjam District, Odisha as SIMAVI partner. This programme is the continuation of two previous SIMAVI supported programmes that focus on Sexual Reproductive Health Rights (SRHR), namely the ‘Unite for Body Rights’ (UFBR) [2011-2015] and ‘Unite against Child Marriage’ (UACM) [2014-2015].

**Objectives of the Programme**

1. To educate and empower women and girls by providing them an enabling environment through raised health awareness
2. To improve access and better utilization of existing health services, thus, leading to overall improvement in women’s health status
3. To improve RMNCH+ indicators through better availability and increased utilization of health services
4. To improve the implementation and outreach of government services by enhancing access of women and adolescents to entitlements
5. To increase opportunities for education, health and skills for women and adolescents by sustainable public campaigns
1. Youth Empowerment

- Adolescent led primary research was initiated through selected Discussion Leaders (DLs) to assess the condition of water and sanitation, nutrition, education and child protection village/gram panchayat level. The findings were shared with concerned officials at Gram Panchayat, Block and District level.

- Training of adolescent girls on Life Skill Education (LSE), SRHR and financial literacy in order to ensure that they make informed choices on their health and well-being.

- As girls convinced their parents, 284 early marriage proposals were averted. More than 10,000 adolescents were actively involved in awareness generation to prevent child marriage & its adverse effects as well as SRHR issues.

2. Promoting education for girls

- A collective approach was initiated by VHAI to make drop-out free schools in 24 high schools and 35 upper primary schools.

- School Management Committee (SMC) members and Discussion Leaders are analyzing and tracking absentee students on a monthly basis in these schools. During the reporting period, 24 out of these 59 schools ensured zero drop-out.
SMC and Child Parliament members were engaged in 22 schools to enhance girls’ safety in school by ensuring basic facilities such as separate toilet for girls with water provision, provision of first aid kit, regular supply of sanitary napkin, IFA tablet with support from concerned department. Through collective efforts of Parent Teacher Association (PTA), School Management Committee (SMC) members, adolescent group members and community leaders, 31 dropout students were re-enrolled.

3. Economic empowerment for adolescents

Economic empowerment of girls is an important component for overall well-being of girls as well as to prevent child marriage. Significant number of girls get married at an early age due to financial constraints.

VOCATIONAL TRAINING FOR GIRLS:

- Empaneled skill building institutions: Of the 288 potential adolescent girls identified, 176 girls were linked with empaneled skill building institutions at the Block, District and State level for vocational training.
- Computer Training, Hand Embroidery: Similarly, computer training course and hand embroidery training were organised for 40 adolescent girls.
- Provision of start-up support to married girls: Girls have been supported with sewing machine to run tailoring shop and to establish mobile repairing units and grocery shop/fancy store at their respective villages.
- Mobile Repairing Training: Due to patriarchal social norms and stereotypes, parents were reluctant to enroll their daughters in non-conventional training. After a series of consultation with girls and parents, VHAI successfully organized a one-month mobile repairing training course for out of school adolescent girls in two batches.
4. Strengthening child protection systems

A. Community and Village Level

• Execution of Community Based Monitoring Tool (CBMT) to track child marriage cases
• Exposure visit of girls to law enforcement agencies and cross-village visit for Village Health Sanitation & Nutrition Committee (VHSNC) and Gram Panchayat Child Protection Committee (GPCPC) members for mutual learning.
• As a result of collective effort, 24 villages have been declared as ‘Child Marriage Free Village’.

B. District Level: Two Consultation Workshops were organised to strengthen and regularise child protection mechanism.

C. State Level: Consultation meetings were organised with Principal Secretary, Women and Child Development Department; Director, Women and Child Development Department and Chairperson, Odisha State Commission for Protection of Child Rights (OSCPCR) for provision of Child Protection Committee at the village level and implementation of State Child Policy.

5. Increased SRHR access and utilization

• More than 10 health facilities were developed as Adolescent Friendly Health Centres (AFHCs) in order to increase the utilization of SRHR services by adolescents. AFHCs provide SRHR commodities as well as counseling, health check-up and referral facility for adolescents.
• More than 45 Adolescent Health Days were organised with support from local Primary Health Centre. During the event, haemoglobin test, general health check-up with referral facility, counselling and health education session were available.
• Liaisoning with District Administration to ensure regular supply of sanitary napkins for adolescent girls under Menstrual Hygiene Scheme
• At the State level, consultation meetings were organised with Director, Family Welfare; Joint Director and Technical and State Programme Manager, NHM for implementation of all five components of National Adolescent Health Programme and appointment of counsellor in AFHC at Block level.
6. Increased engagement and collective social action against child marriage

- Recognition and Felicitation of 12 Discussion Leaders and adolescent group members as Champions against Child Marriage by the District and State administration.

- 16 Days of Activism: Campaign against gender-based violence through community-based activities such as street play, folk dance, rally, signature campaign etc.

- In order to promote male engagement in SRHR, 24 male groups formed and sensitized in 21 villages.

- Discussion Leaders’ convention organized at the Block level attended by 400 Discussion Leaders who shared their achievements, best practices and issues with District and Block level officials, elected representatives and media personnel. District and Block level officials along with local MLA and Member of Parliament (MP) attended the convention.
7. Supportive rights based legal and policy environment against child marriage

- During 2019-20, VHAI worked closely with the Government departments including the Department of Women and Child Development, Department of Health and Department of Education at District, State (Odisha) & National level.

- A Demand Charter signed by more than 1700 adolescents was given to the Chief Minister of Odisha with 12 points raised by adolescents for overall development of adolescents.

- As a result of our effective liaisoning, State Government has made service provisions on three points of the demand charter- free of cost girls’ education up to post graduation, marriage assistance of Rs. 25,000 for daughters of poor families for marriage at 18 years and above, and education loan at zero percent interest.

Comprehensive Civil Society Response to Accelerate Sexual and Reproductive Health and Rights of Young People in India
SRHR India Alliance is an initiative that works towards a society free of poverty in which all women and men, girls and boys, and marginalized groups have the same rights irrespective of their ethnic, cultural and religious background, age and gender.

As part of SRHR India Alliance, VHAI aims at measurably improving the organisational capacity and leadership of 40 CSOs (12 existing CSO partners and 28 new CSO partners in Odisha) and 50 youth leaders to reach out to a wide range of stakeholders resulting in a strong, inclusive movement for comprehensive YSRHR and reducing barriers at individual, family, social and systemic level.

“Comprehensive Civil Society Response to Accelerate Sexual and Reproductive Health and Rights of Young People in India” envisages amplifying the reach of the child marriage reduction initiatives of SRHR India Alliance. This includes communicating and net working with key stakeholders – NGOs, media, community members, development professionals and Government officials to create greater awareness and to address the legal, cultural and normative factors that influence child marriages.

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

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

Key Activities

- Mitigate gender-based violence
- Increase access to comprehensive reproductive health services
- Promote sexual reproductive health and rights Promote an enabling environment for women and rights
- Strengthen child protection mechanisms
- Reduce stigma, discrimination, stereotypes and
- Build alliances at district and state levels on SRHR and Child Marriage.
- Capacity building training for CSO partners on SRHR with special emphasis on child marriage.
- Capacity building training for CSO partners on Organization Development and Documentation.
- Orientation programme for 80 youth volunteers from 40 partner CSOs on baseline survey on SRHR status at the community level especially on Adolescent Reproductive and Sexual Health.
• Hand holding support to partner CSOs to prepare documents and policies that are essential for submission of project proposal.

• Documentation and preparation of organization-wise base paper on activities carried out on SRHR, issues and challenges related to SRHR for sharing with concerned department and important stakeholders.

• Shared link, Expression of Interest, Call for Proposal documents with partner CSOs and extended hand holding support to establish linkage for partner CSOs with Government and other agencies.

20,500 students and 1,040 teachers, 1,570 elected representatives, 2,200 ASHA and Angan Wadi Workers, 900 community leaders, 230 CBOs & 110 Youth Clubs were reached out and encouraged to raise voice against child marriage through 350 trained staff members from 40 partner CSOs in Bolangir, Rayagada, Kalahandi, Ganjam and Sonepur District. 17,000 adolescents and 25,000 women group members sensitized on SRHR issues through trained CSO staff members.
Community Mobilization for Improved Access to Sexual and Reproductive Health and Right (SRHR) including Safe Abortion Services
Globally, 25 million women and girls undergo unsafe abortions annually. Every day, 13 women die in India due to unsafe abortion-related complications. These deaths source from lack of trained abortion providers, unawareness about the legal aspects, lack of safe abortion services and the social stigma surrounding abortion and the sexual reproductive rights of women.

With the objective of making adolescent girls and young women aware of their sexual reproductive health and rights, VHAI with support from IPAS Development Foundation initiated the project “Community Mobilization for Improved Access to Sexual and Reproductive Health and Rights (SRHR) including Safe Abortion Services” in November 2018 in Assam. Targeting the youth, especially adolescent girls and young women in the age group of 15-24 years, the project is being implemented in the catchment areas of 12 Public Health Facilities in three districts of Assam.

The programme sets forth to strengthen knowledge, attitude and practices among young women on SRH services including safe abortion services. It also focuses on strengthening knowledge and practices of local health providers (doctors) and health intermediaries from public health facilities to improve access to SRH services for young women, particularly keeping in view with the Ministry of Health and Family Welfare, Government of India’s flagship programme for adolescent and young girls – the Rashtriya Kishor Swasthya Karyakram(RKSK)

Geographical Area
VHAI is implementing this programme in three districts of Assam:
Key Activities

It was a challenging task to reach out to the adolescent girls and young women in remote pockets amidst social mores and taboos to make them aware and sensitize them about SRHR as well as to empower them to seek professional medical help in regard to their SRHR needs. However, the committed team of Youth Leaders and Coordinators with timely guidance and mentoring by the national and state project team were successful in drawing out the primary target group (young women) through various strategies and innovative activities.

- **Regular capacity building of female Youth Leaders**

  Youth Leaders (YLs) are responsible for sensitizing 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. They also help in linking the women to the nearby health facilities for health checkup or treatment as and when required. Hence, it was necessary that the Youth Leaders were regularly trained to provide the adolescent girls and young women accurate information with patience and sensitivity.

- **Household-level mapping of young women and groups**: In order to reach out to adolescent girls and young women, it was crucial to identify their population. Hence, household mapping was conducted. A total of 73,503 women were covered in 667 villages. These included 41,897 women between the age of 15 to 19 years and 31,606 women of 20 to 24 years age. The mapping exercise was done with the help of health intermediaries such as ASHAs at village level.
• **Group activities:** After the mapping exercise, the Youth Leaders along with the Coordinators interacted with the identified girls and women through one-to-one and group meetings. During such interactions, the team made use of relatable games & group activities to create a rapport after which the girls gradually started sharing their SRHR issues and concerns with the team. The project has reached out to more than 70,000 targeted young women through group and one-to-one meetings.

• **Referral and Follow-up:** Young women and adolescent girls who wanted to seek professional help were referred to the designated Health Facility wherein their issues were addressed and treated. Periodic follow-up of the referred patients were done by the Youth Leaders. More than 10,000 young women were referred to the health facilities for SRHR issues. The programme helped in establishing a simple and clear referral mechanism between the community youth and designated health facilities which ensured that the youth were able to access SRHR services freely and without any hesitation.

• **Involving other stakeholders:** In order to encourage the young girls and women to share their SRHR problems freely beyond the social taboos, stakeholders such as Self-help group members, PRI Members, ward members, teachers, religious, opinion leaders and youth groups were actively involved. These groups & committees were sensitized on the SRHR issues faced by the young women and adolescent girls. The Youth Leaders actively participated in Gram Sabhas (Village meetings) organized by the Panchayat members- signaling that the project had gained the acceptance even in remote communities.
- **Swasthya Mela**: Swasthya Mela was organised in Dhubri District in December, 2019 to provide a common interactive platform for all the stakeholders especially Youth leaders to share their experiences and learnings in the area of SRHR in the context of Government’s RKSK programme. The programme was attended by various Government officials, 450 adolescents from 25 schools and nearby villages.

Observation of World AIDS Day: The World AIDS Day 2019 themed “Communities Make the Difference” was observed in collaboration with the Red Ribbon Alliance in five facilities in Jakhalabandha, Lumding, Lakhipur, Doboka and Nilbagan. The programmes were attended by adolescents, Community Health Intermediaries (CHIs), teachers, doctors, the community and Border Security Force (BSF) The event was covered extensively through media.
Proper follow-up led to the behavioural change in SRHR

Ms. Anima Bordoloi, the Youth Leader (YL) of Dhing health facility, Nagaon had taken the initiative to bring about behavioural change among her community through regular awareness programmes on SRHR. She referred the young women to Dhing health facility for treatment after awareness and counselling. Post receiving service from the facility, the patients were regularly followed up by Ms Anima. Her dedication has brought remarkable improvement in SRHR knowledge & service utilization by the young girls and women.

“Earlier we never communicated and discussed sexuality topic in a public forum freely. But now, we can state that Sexual and Reproductive Health awareness programme in our village has brought a positive change in the lives of the young women and girls in our locality”, said Ms. Ranima Das of Sologuri.

The behavior changes among the young women in regards to sexual and reproductive health and rights were also observed by the Community Health Intermediaries of Dhing. The ANMs of Mini Public Health Centre of Bartadrawa (Nagaon) said that they have also been observing the consciousness about SRHR amongst the young girls and women in the community.

This programme has impacted the lives of more than 70,000 young women in three districts of Assam by ensuring they have equitable access to SRHR knowledge and services. This programme has immensely contributed towards girls and young women’s increased access to quality, integrated and gender responsive sexual and reproductive health (SRH) youth-friendly services through greater knowledge & better access to SRHR services including safe abortion and family planning.
Tuberculosis (TB) remains a global public health threat with a total of 1.5 million deaths from TB in 2018. India accounts for about a quarter of the global TB burden. In spite of all the efforts, it is still one of the top 10 causes of death and the leading cause of disease from a single infectious agent in India. As per the Global TB report 2019, an estimated 10.0 million people suffered from TB in 2018 globally.

VHAI is implementing Project Axshya since April 2010 as one of the Sub Recipients (SR) to International Union against TB and Lung Diseases with support from Global Fund. It has successfully created a strong network of NGOs and community based organizations (CBOs) to reduce the burden of TB. The current phase since January 2018 is being implemented by VHAI in 25 districts across 4 states in India with the objective to ‘promote early case detection and management of TB patients through active case finding in key affected population (KAP)’.

The project is in alignment with the National programme’s vision under the National Strategic Plan (NSP) framework for TB elimination 2017-25, and to achieve Sustainable Development Goal (SDG) target 3.3, which seeks to ensure healthy lives, promote well-being at all ages and aspires to end epidemic of communicable diseases such as TB by 2020. Since January 2018, the current phase is being implemented by VHAI with the objective “to promote early case detection and to promote the management of TB patients through active case finding in key affected population (KAP)”.

The project has also ensured complete treatment and accessibility for all TB patients diagnosed through regular counselling and motivating them to live a healthy life. The guiding principles for Project Axshya are universal access to quality TB services, community participation and sustainable interventions, which prove beneficial for the marginalized population.
Key Activities

- District-wise mapping of Key Affected Population (KAP) and categorising vulnerable and marginalized populations like people living in hard to reach areas, tribal population, slum dwellers, migrants, people living with HIV, people living in congregate settings, contacts of TB patients and people living with co-morbidities etc. into KAP settings.
- Reaching community at their doorsteps through ‘Axshya Samvad’ for generating awareness on available diagnostic and treatment services for TB.
- Establishing active community surveillance units to enable contact tracing and ensuring new case detection & treatment adherence among notified cases.
- Verbal Screening in high case load OPD facilities such as District Hospital or Medical College in the district for airborne infection prevention and early case detection.
- Health Camps in collaboration with National Tuberculosis Elimination Programme (NTEP) in hard- to-reach pockets for generating awareness among the community and facilitating diagnosis & treatment of cases.

I. District Profiling for Project Axshya Interventions

Under Axshya, Key Affected Population (KAP) refers to vulnerable and marginalised population. In order to successfully implement the project activities, project staff prepares a comprehensive district mapping profile, understands the concept of vulnerable marginalised populations and then map these populations in the district. These populations include contact of TB patients, people living with HIV (PLHIV), migrants/slum dwellers, people from congregate settings like prison, tribal areas, hard-to-reach areas etc. District mapping is the base for all Axshya interventions in the district.

II. Axshya SAMVAD

(Sensitization and Awareness in Marginalised and Vulnerable Areas of the District)
Axshya SAMVAD for “Active TB case Finding” (ACF) is an opportunity to sensitize the population and create awareness on tuberculosis. It also helps to identify presumptive TB patients through house visits. The identified Presumptive TB patients (PTBPs) are then provided referral or sample collection and transportation services; with an objective of early identification and ensuring timely medical treatment of the patents.

III. Active Community Surveillance for TB

Public Health Surveillance (PHS) plays a pivotal role in controlling communicable diseases like TB in the community at the primary stage. Well-performed surveillance is an excellent tool for healthcare workers, public health experts and decision makers to guide and prioritize their actions. It is an essential element in monitoring the effectiveness of interventions aimed at controlling the disease. Active surveillance provides the most accurate and timely information, but it is a challenge to establish a robust system in resource constraint settings. Hence, active community level surveillance for TB has been planned as a key flagship activity in project Axshya during the current grant period.

Project Axshya envisages to:
- establish volunteer based community surveillance system for TB notification
- encourage and aid early TB case notifications through network of community volunteers
IV. Health Camps

Under Project Axshya, health camps are extensively being organized in the project KAP population for active case finding and awareness on TB prevention & care.

Health camps provide general medical screening through Medical Officers (MOs) from revised national tuberculosis control programme (RNTCP) or private qualified provider (wherever MO from RNTCP is not available) and paramedical staff. This platform is also used to provide information on TB infection, transmission, prevention and care; along with information on services of the programme.

Each individual attending the camp is screened for symptoms of TB. Their height, weight, history of previous TB treatment, incidence of comorbidities like diabetes (if known), lifestyle habits like smoking etc. are recorded. Any presumptive TB patient identified through the health camps are linked with Direct Microscopy Centers (DMCs) for sample collection and direct transportation to these centers.

V. Fast tracking of Presumptive TB patients (PTBPs) in high load hospitals

In many studies, it has been noted that 50% of TB patients in India seek treatment from the private sector and the remaining 50% from the public sector. However, patients who reach Government hospitals for other services, have already visited many private doctors and have made multiple visits to other government facilities. This results in delay in early diagnosis of TB patients. To address this gap in diagnosis, project Axshya is implementing screening of all patients attending OPDs of government hospitals and also among patients admitted in the In-patient Department (IPD).

The activity is being conducted in high-load hospitals with an OPD of >200 patients per day, and in hospitals with >100 beds (for IPD intervention) e.g. the District Hospitals of the Government facility, Not-for profit hospitals, Medical colleges etc. Following identification of Presumptive TB patient through verbal screening, the volunteer accompanies them to the hospital DMC for examination; whereas for IPD, the sample is collected from the wards and is examined at the DMC (preferably CBNAAT).

VI. Sensitisation of TB Patients on their rights and responsibilities as per the patient charter

The project has supported the formation of District TB Forums (DTF) to empower and engage the TB affected community. The DTFs have been formed with representatives from TB affected patients (cured /on treatment) and interested civil society members such as local journalists, lawyers, NGO representatives, opinion leaders, people’s representatives etc. The project is empowering and providing an opportunity to the DTFs to interact with the District Programme Managers.
to address the challenges faced by TB patients in accessing quality diagnostic and treatment services. The project has also meaningfully engaged DTF members who have become facilitators in sensitizing TB patients on their rights and responsibilities by using the patient charter.

**VII. Sputum Collection & Transportation (SC&T)**

The diagnostic services of the Designated Microscopy Centres (DMCs) of RNTCP are located mainly at the government health facilities like District Hospitals, Sub-Divisional Hospitals, Community Health Care Centres (CHCs), Block Primary Health Centres (PHCs) etc. As most of the project interventions target KAPs, identified PTBPs from these areas usually find it challenging to reach DMCs. Project has observed that unless there is an established system of sample collection and transportation/ accompanied referrals; most of the presumptive patients do not avail diagnostic and other health care services. Hence, project Axshya is focussing on establishing sample collection, its transport and accompanied referrals for almost all ACF interventions to expedite the process of treatment.

**VIII. Presumptive TB Patients (PTBP) support under Project Axshya**

Project Axshya has demonstrated the need of Sputum Collection & Transportation (SC&T) for almost all the Active Case Finding interventions over all phases of implementation. RNTCP has made smear examination available, free of cost at all government facilities and project Axshya is supporting linkages of identified KAP populations to these laboratories by either SC&T or accompanied referrals. Though central and state ministries recommend free Chest Ray (CXR) for all PTBPs, due to resource constrains, not all CXR) facilities are capable of extending free services. Therefore, project Axshya has provisioned procuring CXR services from private sector wherever indicated as per the project guidelines.

It has also been observed that not all presumptive TB patients (PTBPs) are suitable for extending SC&T support through Community Volunteers, as investigations like CXR; HIV testing etc. are now indicated upfront as per revised pulmonary TB diagnostic algorithm in Axshya districts. As these tests mandate physical presence of PTBPs at the testing laboratory, one CV may not be able to accompany all the identified PTBPs simultaneously to the lab; hence, project Axshya beneficiaries are supported with a lump sum amount of INR 75/- per PTBP for CXR for transport. This is to ensure that a maximum number of these PTBPs are tested for TB diagnosis through CXR. This will aid in early diagnosis and timely medical intervention.
### AXSHYA - KEY QUANTITATIVE OUTCOMES
### JANUARY 2018 - MARCH 2020

<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>127600</td>
</tr>
<tr>
<td>Number of Presumptive TB cases tested through sputum examination, X ray and CBNAAT test</td>
<td>116333</td>
</tr>
<tr>
<td>Number of Notified cases of all forms of TB (ie Bacteriologically confirmed, clinically diagnosed), includes new and relapse cases</td>
<td>15886</td>
</tr>
<tr>
<td>Number of TB cases (all forms) notified among key affected population/high risk groups (other than Prisons)</td>
<td>15886</td>
</tr>
<tr>
<td>Among the identified cases, number of cases put on DOTS</td>
<td>15176</td>
</tr>
<tr>
<td>Number of Active Community Surveillance Units established</td>
<td>723</td>
</tr>
<tr>
<td>Fast tracking Interventions-Number of Hospitals</td>
<td>25</td>
</tr>
<tr>
<td>Number of Households covered under Axshya Samvad (Active Case Finding)</td>
<td>723701</td>
</tr>
<tr>
<td>Total population reached through Axshya Interventions</td>
<td>8180499</td>
</tr>
<tr>
<td>Number of TB Patients sensitized on Patient Charter- Rights and Responsibilities</td>
<td>3950</td>
</tr>
<tr>
<td>Out of Total TB Patients sensitized, number of women patients sensitized on Patient Charter- Rights and Responsibilities</td>
<td>1493</td>
</tr>
</tbody>
</table>

### Key Achievements

- Treatment initiation of almost 96 percent TB patients diagnosed through Axshya and linkage of these patients with Government Welfare Scheme for Nutritional Support.
- Follow-up of TB patients identified by Axshya and ensuring their treatment adherence in coordination with National Tuberculosis Elimination Programme (NTEP).
- Almost 80 percent of TB patients identified from January to March 2018-2019 have been cured.
- Support to NTEP in ensuring Universal Drug Susceptibility Test (U-DST) of TB patients identified through the project.
“District level indicators such as identification, diagnosis, treatment initiation and follow-up of TB cases have increased because of Project Axshya’s constant support and coordination.”

-Dr D N Mishra, District TB Officer, National TB Elimination Program

Axshya’s interventions are conducted in various KAP settings including difficult, distant and hard-to-reach pockets, where community lacks access to health care services to spread community awareness and provide screening & diagnostic facility to the community. District Coordinator Axshya with the help of District TB Officer (DTO) and other supporting staff mapped high risk population areas in the district.

Various activities like Axshya Samvad, Active Community Surveillance Unit and Health camps have been regularly conducted in these areas. NTEP staffs (Senior Treatment Supervisor, Laboratory Technician, Medical Officer) has actively participated in the activities and have provided support in screening of the patients.

In the last one year, almost all symptomatic cases identified have been tested and put on TB treatment. The District Coordinator (DC) and Community Volunteers (CVs) also facilitated the Direct Benefit Transfer (DBT) process and ensured that the patients receive the amount for nutritional support. Efforts of Team Axshya and their intervention were recognised by National TB Elimination Program (NTEP).
Empowering Community-Based Institutions to Increase Routine Immunization Demand
Immunization is the most effective public health strategy for prevention and elimination of serious deadly diseases. Each year, immunization prevents around 2-3 million deaths globally. India’s Universal Immunization Programme is the world’s largest immunization programme, targeting around 26.7 million infants and 29 million pregnant women annually.

Due to extensive efforts of the Government, the percentage of children aged 12-23 months who received all basic vaccinations increased from 44 percent in 2005-06 to 62 percent in 2015-16. Even though there is an increasing trend for complete immunization, India needs consistent efforts to achieve the SDG 3 (Good Health and Wellbeing), a critical component of which is Universal Health Coverage (UHC), which includes vaccines for all.

The key to expanding the immunization coverage is community involvement and mobilisation. Community institutions, both informal and formal, have long been recognized as a key influencer in individual and family behaviours, establishing norms, promoting behavioural practices, and ensuring its compliance.

Initiated in 2019, VHAI and UNICEF have collaborated for the present intervention which aims to empower the community-based organizations (CBOs) to increase immunization coverage in 6 states.

**Implementation strategy**

A model involving the CSOs & CBOs has been piloted in a low performing Block of all the 17 Districts which included capacity building of selected CSOs/CBOs. The trained CBOs are now leading the sensitization and awareness activities to bring the Leftout, Dropout and Resistant (LODOR) population under the umbrella of immunization. This system will be expanded and replicated in other low performing Blocks in phase 2 and the significance of community ownership in increasing the uptake of immunization will be established.
1. Engaging the partner NGOs/CSO at district level for project implementation:

Initially, VHAI carried out the mapping of potential partner NGOs in the districts on the basis of their capacity/experience and geographical presence. The organizations were selected & engaged based on eligibility criteria. The list of partner NGOs in the intervention districts are given in the table below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>States</th>
<th>Districts</th>
<th>Lead District NGOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Odisha</td>
<td>Koraput</td>
<td>EKTA</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Malkangiri</td>
<td>Social Development Society (SDS)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Kandhamal</td>
<td>Orissa Voluntary Health Association (OVHA)</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Balangir</td>
<td>VIKALPA</td>
</tr>
<tr>
<td>5</td>
<td>Andhra Pradesh</td>
<td>Visakhapatnam</td>
<td>V G S S Parishad (SAADHANA)</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Vizianagaram</td>
<td>Andhra Pradesh Voluntary Health Association (APVHA)</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Kadapa</td>
<td>MARGADARSHI Action for Social Service</td>
</tr>
<tr>
<td>8</td>
<td>Assam</td>
<td>Dhubri</td>
<td>North East Research &amp; Social Work Networking (NERSWN)</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Goalpara</td>
<td>Centre for North East Studies &amp; Policy Research (C-NES)</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Barpeta</td>
<td>Rural Women’s Upliftment Association of Assam (RWUAA)</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Hailakandi</td>
<td>Voluntary Health Association of Tripura</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Baksa</td>
<td>Rural Women’s Upliftment Association of Assam (RWUAA)</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>Darrang</td>
<td>SATRA</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>Udalgiri</td>
<td>Bosco Reach Out</td>
</tr>
<tr>
<td>15</td>
<td>Manipur</td>
<td>Chandel</td>
<td>Manipur Voluntary Health Association</td>
</tr>
<tr>
<td>16</td>
<td>Nagaland</td>
<td>Kiphire</td>
<td>North East Institute of Social Science and Research (NEISSR)</td>
</tr>
<tr>
<td>17</td>
<td>Arunachal Pradesh</td>
<td>Namsai</td>
<td>Voluntary Health Association of Arunachal Pradesh</td>
</tr>
</tbody>
</table>

2. Capacity Building of District level NGOs on the project and its interventions:

Two capacity building workshops were organized at Guwahati (for Assam, Arunachal Pradesh, Manipur and Nagaland) and Bhubaneswar (for Orissa and Andhra Pradesh) in September 2019. In these workshops, total 49 participants including the partner NGOs and field staff from all of the 17 districts were oriented on various aspects of immunization, hand washing and role of CBOs in increasing the rate of immunization coverage. They were also equipped with all the relevant technical information that would be required to orient the CBOs at block and village level.
A refresher training was organized for the NGOs working in north eastern states of Assam, Manipur, Arunachal and Nagaland in December to orient them on Leftout, Dropout and Resistant (LODOR) family identification in the intervention areas and communication strategy to be adopted.

3. Mapping of intervention areas:
The NGOs carried out the mapping exercise at district level to identify the low performing blocks where project intervention was needed the most. The mapping exercise covered block PHCs, sub centres and CBOs. Regular meetings were done with the District Immunization Officers, CMOs and other health officials to get their recommendations on low performing blocks and significant presence of LODOR families in the area.
4. Capacity Building of identified CSOs & CBOs

The identified block level NGOs and CBOs such as SHG members, PRIs, youth clubs, VHSNCs, women’s groups, ASHAs/AWWs, influencers and others were involved in the project and their capacity building was done by the lead NGOs. A total of 58 NGOs, 270 CBOs and 85 ASHAs/AWWs were trained in the 17 districts.

<table>
<thead>
<tr>
<th>CSOs/CBOs</th>
<th>No. of people engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block level NGO</td>
<td>58</td>
</tr>
<tr>
<td>Self Help Groups (SHGs)</td>
<td>211</td>
</tr>
<tr>
<td>Youth Clubs</td>
<td>26</td>
</tr>
<tr>
<td>PRIs</td>
<td>22</td>
</tr>
<tr>
<td>VHSNC</td>
<td>11</td>
</tr>
<tr>
<td>ASHAs/AWW</td>
<td>85</td>
</tr>
</tbody>
</table>

5. Identification of LODOR families

Identification of LODOR families is one of the most crucial tasks of the project. With the efforts of trained CBOs, a total of 444 LODOR children were identified and added to the due list of concerned ASHA worker to ensure that these children get immunized in upcoming immunization session.

6. Community mobilization on immunization

During the reporting period, 90 community consultations were organized in the intervention districts to make the communities aware about importance of immunization to ensure a healthy life for the children. It was observed that myths and misconceptions prevented the Resistant communities from availing immunization services. These issues were addressed through interpersonal communication (IPC) and engaging influencers such as religious leaders/Maulvi. Community mobilization activities such as IEC intervention, IPCs/household visits and rallies were also organized to improve community awareness. Invitation cards were given to the parents/caregivers of the children to inform them about the date, time and venue of upcoming immunization sessions. More than 6000 people have been reached through community mobilization activities conducted under the project.
Key Achievements (July 2019 – March 2020)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of intervention states</td>
<td>06</td>
</tr>
<tr>
<td>Number of intervention districts</td>
<td>17</td>
</tr>
<tr>
<td>Number of district level NGOs trained and engaged</td>
<td>17</td>
</tr>
<tr>
<td>Number of block level CSOs-CBOs trained and engaged</td>
<td>330</td>
</tr>
<tr>
<td>Number of frontline workers (ASHAs/AWWs) trained and engaged</td>
<td>85</td>
</tr>
<tr>
<td>Number of LODOR (Left Out, Drop Out, Resistant) children identified and mobilized</td>
<td>444</td>
</tr>
<tr>
<td>Number of community consultations done</td>
<td>90</td>
</tr>
<tr>
<td>Number of people reached</td>
<td>6000</td>
</tr>
</tbody>
</table>

Invitation slips given to the mothers of targeted children informing them about the details of upcoming immunization session.
Realising the Right to Adequate Food and Nutrition
Maternal and child under nutrition still accounts for a high burden of morbidity and mortality in Assam despite consistent efforts. With 36.4% children under 5 years stunted and Infant Mortality Rate (IMR) as high as 48%, Assam continues to perform poorly in this respect. Nearly 37% of children (aged 6-59 months) and almost 45% of pregnant women (aged 15-49 years) are anemic (Source-National Family Health Survey-4), the primary reason for which is inadequate nutritional intake. Keeping in view the incidence of high malnutrition in the state, VHAI & Civic Engagement Alliance are implementing a comprehensive programme, “Realising the Right to Adequate Food and Nutrition” in Assam. The specific objectives of the programme are:

- Enhancing the 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 & convincing stakeholder departments for effective implementation of nutrition related schemes, policy level changes etc. and to formulate a multi-sectoral approach to address the issues of malnutrition.
- Identify and build potential women leaders collective at the community level, inclusion of disability and gender issues in policies and guidelines of the concerned departments/sectors that are involved in improving nutritional status of the population.

The programme emphasizes on equitable access to food & nutrition by pregnant & lactating mothers, adolescent girls & children below 5 years in six districts of Assam: Morigaon, Darrang, Udalguri, Goalpara, Sonitpur & Dhubri.

Nutrition education in schools
A. Convening and Convincing at the District and Block Level

Women Federation members with guidance from the team, actively held dialogues with various Gaon (Village) Panchayats seeking their support to combat malnutrition in their respective areas. Apart from this, proactive convening & convincing with the Social Welfare, Agriculture, CSOs/CBOs and other line departments also proved to be beneficial and has brought desired results towards attaining nutrition security in the state.

B. Proactive Convening and Convincing with Panchayat & Rural Development Department

Women Federation Leaders successfully lobbied with the functionaries of the Panchayat and the Rural Development department to incorporate nutrition security in the Gaon Panchayat Development Plan (GPDP). Owing to this, the Gaon Panchayats have allocated funds in the Annual Budget 2020-21 to carry out specific activities for nutrition security in their areas. This positive development encourages convergence among various stakeholders for achieving nutrition security in the state.

C. Women Federation Leaders become a part of Gaon Panchayat Planning Facilitators Team (GPPFT)

The untiring efforts by the block federation leaders were recognized by the key stakeholders, as a result of which, federation leaders were included in the 15 member Gaon Panchayat Planning Facilitators Team (GPPFT) in different Gaon Panchayats. This recognition of work by the women’s federation will further strengthen and consolidate their C&C initiatives in the state.

D. Development of Model Kitchen Gardens

Continuing the efforts from the previous year, Model Kitchen Gardens developed at the AWCs in the project districts are regularly producing organic vegetables for hot cooked meals served to the children. Surplus produce is being distributed to the pregnant and lactating mothers along with the Take Home Ration (THR).

Women federation members have successfully lobbied with the district and block Agriculture Department to get regular access to free seeds and saplings to develop these Kitchen Gardens. C&C done at the state and the district level by the team has resulted in the Panchayat and Rural Development (P&RD) department initiating a special drive for development of Kitchen Garden throughout the state.
E. Strengthening partnerships with Alliances and Coalitions

A Community Based Assessment (CBA) was conducted in 2 blocks of Goalpara and Udalguri focusing on nutrition security schemes like Integrated Child Development Services (ICDS), Pradhan Mantri Matru Vandana Yojana (PMMVY) etc. in collaboration with Centre for SDGs (Govt. of Assam) and Coalition for Food and Nutrition Security (CFNS). The report was shared with the key Government departments including State Social Welfare, National Health Mission etc.

F. Poshan Maah (Nutrition Month)

Districts such as Goalpara, Sonitpur, Morigaon and Dhubri observed Poshan Maah in the month of September 2019. Awareness meeting, rallies and nutritious food demonstration programmes were extensively carried out involving the youth. The federation members were able to reach to more than 3000 target population including the youth. In Goalpara, Balijana Block Federation was invited by the District Social Welfare department to demonstrate their kitchen garden model in the Nutrition Mela organized by the department.

G. Capacity Building of CSOs, Women Federations and Frontline Workers

Regular capacity building training at the district and state level was organized in collaboration with Government agencies like Food and Nutrition Board, Poshan Abhiyaan and Centre for SDG, Govt. of Assam. Training on preparation of low-cost nutritious recipes as well as the advocacy toolkit developed by VHAI were provided. Orientation on importance of first 1000 days of life, nutrition and health care of pregnant and lactating mothers was held. Exposure visits to other states to study their best practices models related to food and nutrition security were also facilitated.

H. State Level Nutrition Mela

- A State Level Nutrition Mela (Fair) was held in January 2020 in Guwahati with the objectives of showcasing the work being done by women federations, CSOs/NGOs and government departments etc. in the area of food and nutrition security and sensitizing people on the importance of nutritious food. The fair highlighted the kitchen gardens created by women federations on the premises of Anganwadi Centres and at community level.

- Food stalls showcasing organic food and regional cuisines along with mobile exhibition units were set up. Information booths with short films, digital posters, brochures and flyers were put in place to motivate the visitors to adopt safe and nutritious food habits.

State team presenting the policy recommendation paper on food and nutrition security in stakeholders meeting
facilitate dialogues on the gaps, challenges and opportunities at the community in addressing malnutrition.

- Facilitated dialogues with the community, government frontline health workers and healthcare providers to assess malnutrition, utilization and implementation of the on-going government nutrition programmes.

- The study highlighted the grass root level challenges, outcomes of the community efforts, and their perception on how to bring about the change. It realistically assessed the ground reality of the nutrition programmes in the selected districts.

J. National Roundtable to deliberate on the findings of the study- Listening to the ‘Voices from the Field’

VHAI and CEA in collaboration with CFNS organized a National Roundtable on 26th February 2020 in Delhi to address the key findings of the study ‘Voices from the Field’. The roundtable was organized to come up with clear recommendations on Food and Nutrition security issues faced by the community. Dr. Ajay Khera, Commissioner, Ministry of Health and Family Welfare graced the occasion as the Guest of Honor. Eminent professionals from the field of public health and nutrition such as Dr A R Nanda, Dr. Shiela C Vir, Dr. Adarsh Sharma, Mr. Basanta Kar, Dr. Rita Patnaik; state representatives & community leaders provided their valuable inputs during the roundtable.

K. Best Practices in Food and Nutrition: The document is a compilation of best practices conceived at the grass roots by various government and non-government organizations to address malnutrition. The document was compiled with the primary objective to serve as a tool for policy makers, public health organizations, independent researchers and other stakeholders driven to reduce the state of malnutrition in our country.
From Privilege to Right: Their Journey of Inclusion in Panchayats

Aliza, a women federation leader shared her thoughts about her contribution to the programme. She said, “During the capacity building I learned that I could utilize my positive image in the Panchayat for the benefit of our programme. For instance, now the issue of nutrition is regularly highlighted during the Gram Sabhas. I am also the member of Gaon Panchayat Planning Facilitators Team (GPPFT) of Baghjap Panchayat.”

It was through others that we found how significant this membership was; GPPFT is a team of 14-15 members representing the various influential individuals/opinion leaders of the village. It includes retired teachers, Anganwadi Workers, Accredited Social Health Activists (ASHAs), Self Help Groups, etc. Aliza represents civil society in GPPFT. GPPFT is meant to decentralise the process of planning by involving people from the ground level. Recommendations of GPPFT lead to the formulation of the Gaon Panchayat Development Plan (GPDP).

The same Panchayat that earlier didn’t have the time to meet federation members now has representation from the women federation within its planning team. This journey of inclusion in Panchayat is an exemplary achievement.
The Eat Right Movement
A healthy diet is one of the key responses to the rising incidence of non-communicable diseases. Launched in July 2018, ‘The Eat Right Movement’ is aligned with ‘Ayushman Bharat’, ‘Jan-Aandolan’ & ‘Poshan Abhiyaan’. It is an all-encompassing nation-wide campaign with a focus on preventive and promotive healthcare through social and behavioural change on eating healthy and safe food. VHAI is an active & technical partner of FSSAI in the Eat Right Movement.

The Eat Right Toolkit
As 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. It will 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 & food adulteration.

The toolkit through its engaging component aims to target front-line health workers as well as local communities. It will be implemented by front-line health workers like ASHAs, 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.

Pilot Training of Eat Right Toolkit at Meerut, Uttar Pradesh
The first pilot training of Eat Right Toolkit was jointly organised by NHSRC, FSSAI & VHAI at Regional Health and Family Welfare Training Centre, Meerut on 6th August, 2019. More than 50 ASHAs,
Community health officers (CHOs), Medical Officers attended the one-day training.

The pilot training covered the components such as ‘Nutrition During First Thousand Days’, ‘Food Fortification’, ‘Balanced Diet’, ‘Hygiene and Sanitation’ and ‘Food Adulteration’ along with demonstration of simple household tests to check adulteration in food items.

Based on the response and the experience of this pilot session, the suggestions were shared with the Ministry of Health and Family Welfare, Government of India for subsequent training sessions & content of the toolkit.
SUPPORT, APPRECIATE, LEARN & TRANSFER (SALT)
“Every individual and community has the inner strength to envision, to act and to adapt.” Based on the belief, VHAI in collaboration with Constellation is implementing an innovative approach for community mobilisation, termed as the SALT approach.

The approach focuses on empowering the community to consolidate their local ownership for health challenges through Community Led Competence Process (CLCP). Once this sense of ownership gets embedded as a practice at individual and community level, the action they take will not be dependent on external stimulus. This sense of ownership is the foundation of sustainability.

**Community Life Competence Process (CLCP)**

CLCP is a systematic methodology that allows the community to take ownership of their challenges. It is 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 characterized by the acronym SALT (Support, Appreciate, Learn, Transfer).

**Implementation Area**

SALT approach is being implemented in 20 villages of District Kamrup, Rural & Udalguri of Assam. One Facilitator per district with support from the National team has been rolling out CLCP to improve the competence of the community. Prime objective was to leverage the capacity of the community to integrate the process in a comprehensive and sustained manner as well as to document the stories of success.

**Key Activities**

- **Outcome Harvesting Method:** It is always a challenge to understand and document how change happens in complex development programmes that involve multiple social actors. The first workshop was organised from 22-26 July, 2019 followed by the second workshop from 2-6 December, 2019. The Outcome Harvesting tool is highly adaptable and can capture information including evidence on a programme that is not typically found in implementation reports. The information thus collected describes who changed what, when and where, why it matters to the development objective, the significance of the change to the development challenge and context and how the programme contributed to the change.
Key achievements during 2019-2020

- The facilitators as well as the champions visited an average of 15-20 households/per month to follow up on immunisation, school attendance practices etc. Each facilitator reached out to the community through 2-3 visits per village per month.

- Facilitators/champions maintained linkages with ASHAs, ANMs, ASHA supervisors, AWWs in all villages. ASHAs/AWWs from Saikiapara are now convinced that SALT/CLCP is an effective process for community engagement and collective action. They have specially acknowledged the dedicated support of the champions.
• Another significant progress is the empowerment of VHSNCs through CLCP. Facilitators have been consistently following up with VHSNC presidents in 2-4 VHSNCs in both the implementation districts. They now understand that Self-Assessment (SA) provides them a clear picture of the progress they have made.

• Cleanliness drives have been carried out every two months in each village, leading to about 70 such drives in total. Bamboo dustbins have been placed by the community at public places which is an excellent initiative by the community towards keeping their villages clean.

• Regular follow-up with the School Management Committees (SMCs) in Hiragata (Kamrup) and Tarabari (Udalguri), by the facilitators has led to the schools taking initiatives on arrangement of safe drinking water and bamboo fencing for the school compound. SMCs have invited the SALT team to guide them on their action plan. Setting this as an example, facilitators are now following up with other SMCs.

• Proactive efforts by the facilitators has resulted in active participation by women in terms of donating vegetables and fruits for Hot Cooked Meals at Anganwadi Centers (AWCs).

• SALT facilitator in Udalguri shared knowledge and experience of SALT with the POSHAN team at the District level Nutrition Awareness meeting.

• Facilitator in Udalguri sensitised the community about the importance of growth monitoring and its relation to nutrition. Now, mothers groups in some AWCs are supporting Anganwadi workers regularly.

• Another very important activity carried out during this period was documentation of SALT/CLCP exercise using Outcome Harvesting tool in 20 villages. In total 31 outcome harvest compiled statements are being substantiated.
“Lipika Bharali, a SALT Champion from Demow village shared, “In our locality, the iron content in water was high. As a result, people were suffering from stomach problems. The SALT process enabled us to assess the level of our problems and how we could take collective action to improve the situation. For instance, once we identified the harmful effects of high iron content on the health of our people, almost every household started constructing filters with locally available resources to reduce or contain the iron content in our drinking water.”

Amrit Rabha from Kadamguri village, Udalguri shared, “Earlier the practice of open defecation was highly prevalent in our village. People were dependent on the Public Health Engineering Department (PHED) and therefore, did not take any self initiative against this harmful practice. But the SALT process motivated the villagers to an extent that they themselves constructed toilets in their household. Today we feel proud that our village is clean and hygienic, as the result our children are protected from so many diseases.”
Financial Highlights 2019-20

Gross receipts in the Financial year were Rs.10,35,72,835 of which 89.59% were received for implementation of Specific Projects and 10.41% were raised from local resources. Gross Expenditure was Rs.10,41,42,105 of which 86.25% were spent on Anti Tobacco Campaign activities, TB & Malaria Control Activities, Reproductive & Child Health and other specific projects, 4.52% were spent on Publications, Research, Information, Advocacy & Campaigns and 9.23% were spent on Administrative Support Services.

<table>
<thead>
<tr>
<th>Receipts During the Year</th>
<th>Previous Year</th>
<th>Current Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Projects</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CTFK for Tobacco Control Activities</td>
<td>1,75,38,427</td>
<td>1,62,34,618</td>
<td>15.67</td>
</tr>
<tr>
<td>UN agencies / WHO</td>
<td>29,03,327</td>
<td>94,13,154</td>
<td>9.09</td>
</tr>
<tr>
<td>Global Fund for TB Control Work</td>
<td>2,75,96,232</td>
<td>3,47,65,515</td>
<td>33.56</td>
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<tr>
<td>Global Fund for Malaria Control Activities</td>
<td>7,18,506</td>
<td>-</td>
<td>0.00</td>
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<tr>
<td>SIMAVI for Women Health &amp; RCH related activities</td>
<td>76,59,513</td>
<td>1,39,42,226</td>
<td>13.46</td>
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<tr>
<td>Mannion Daniels/Amplify Change for RCH Issues</td>
<td>22,23,216</td>
<td>12,31,200</td>
<td>1.19</td>
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<tr>
<td>Kerk in Actie for Food &amp; Nutrition</td>
<td>53,99,966</td>
<td>36,45,154</td>
<td>3.52</td>
</tr>
<tr>
<td>Ipas Development Found for RCH Issues</td>
<td>10,75,200</td>
<td>35,42,095</td>
<td>3.42</td>
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<tr>
<td>The Constellation - Community Mobilisation</td>
<td>27,25,738</td>
<td>10,02,594</td>
<td>0.97</td>
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<td>CSR Grants - Lal PathLabs Foundation</td>
<td>22,53,000</td>
<td>90,37,500</td>
<td>8.72</td>
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<tr>
<td><strong>Income from other sources</strong></td>
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<td></td>
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<tr>
<td>Funds from Local Agencies</td>
<td>35,47,045</td>
<td>27,50,215</td>
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<tr>
<td>Interest from Bank and Investments</td>
<td>47,77,257</td>
<td>49,84,874</td>
<td>4.81</td>
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<tr>
<td>Distribution of Health Related Materials</td>
<td>1,08,346</td>
<td>75,610</td>
<td>0.07</td>
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<tr>
<td>Other Receipts – Local Fundraising</td>
<td>39,56,613</td>
<td>29,76,871</td>
<td>2.87</td>
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<td><strong>Total Receipts</strong></td>
<td>8,24,82,386</td>
<td>10,35,72,835</td>
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</table>

Amount in Indian Rupees
<table>
<thead>
<tr>
<th>Expenditure During the Year</th>
<th>Previous Year</th>
<th>Current year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up of Rehabilitation Work in Andamans</td>
<td>1,81,887</td>
<td>-</td>
<td>-</td>
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<tr>
<td>TB Control Programme</td>
<td>2,66,29,591</td>
<td>3,13,14,125</td>
<td>30.07</td>
</tr>
<tr>
<td>Tobacco Control Programmes</td>
<td>1,66,67,396</td>
<td>1,66,80,332</td>
<td>16.02</td>
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<tr>
<td>Malaria Control Activities</td>
<td>2,67,566</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Projects Supported by UN agencies / WHO</td>
<td>29,03,327</td>
<td>94,13,154</td>
<td>9.04</td>
</tr>
<tr>
<td>Women Health related activities</td>
<td>1,48,51,278</td>
<td>1,76,04,082</td>
<td>16.90</td>
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<tr>
<td>Right to Adequate Food &amp; Nutrition</td>
<td>28,81,450</td>
<td>61,63,670</td>
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<tr>
<td>Community Mobilisation on Health Issues</td>
<td>27,47,759</td>
<td>9,37,097</td>
<td>0.90</td>
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<tr>
<td>Arogya - Community based Intervention on NCDs</td>
<td>14,26,531</td>
<td>77,12,713</td>
<td>7.41</td>
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<tr>
<td>Policy Research Programmes for better Development</td>
<td>36,80,784</td>
<td>31,36,633</td>
<td>3.01</td>
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<tr>
<td>Support to State VHAs</td>
<td>5,93,331</td>
<td>5,84,196</td>
<td>0.56</td>
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<td>Health programmes in Aspirational Districts</td>
<td>13,58,314</td>
<td>9,83,686</td>
<td>0.94</td>
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<td>Finance Services</td>
<td>28,05,016</td>
<td>31,12,111</td>
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<tr>
<td>Statutory Administrative Expenses</td>
<td>14,34,056</td>
<td>15,11,738</td>
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<tr>
<td>Office Support Costs</td>
<td>53,10,500</td>
<td>49,88,568</td>
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<tr>
<td><strong>Total Programme Expenditure</strong></td>
<td>8,37,38,786</td>
<td>10,41,42,105</td>
<td>100.00</td>
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<tr>
<td><strong>Surplus/(Shortfal) at the end of the year</strong></td>
<td>(12,56,400)</td>
<td>(5,40,479)</td>
<td></td>
</tr>
<tr>
<td><strong>Gratuity Paid to outgoing staff during the year</strong></td>
<td>41,60,044</td>
<td>14,93,306</td>
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<tr>
<td><strong>Capital Cost</strong></td>
<td>6,63,005</td>
<td>49,368</td>
<td></td>
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</tbody>
</table>

- **TB Control Programme, 30.07%**
- **Tobacco Control Programmes, 16.02%**
- **Projects Supported by UN agencies / WHO, 9.04%**
- **Women Health related activities, 16.90%**
- **Right to Adequate Food & Nutrition, 5.92%**
- **Community Mobilisation on Health Issues, 0.90%**
- **Arogya - Community based Intervention on NCDs, 7.41%**
- **Policy Research Programmes for better Development, 3.01%**
- **Support to State VHAs, 0.56%**
- **Finance Services, 2.99%**
- **Statutory Administrative Expenses, 1.45%**
- **Office Support Costs, 4.79%**

Amount in Indian Rupees
Executive Board Members for the Year 2019-

Dr. V.V. Dongre  
A-501, Madhukosh Aptt.  
Opp. Dhayari Phata,  
Sinhagad Road  
PO-Nanded City,  
Pune – 411 068

Vice-President  
Prof. D.K. Ray  
Chief Advisor  
Voluntary Health Association of Tripura  
Circuit House Area, P.O;  
Kunjaban,  
Agartala – 799006

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  
Mr. K.K. Swain  
Member: VHAI Executive Board  
Secretary: Odisha VHA  
Lokaswasthya Bhawan, 165,  
Laxmisagar Square,  
Bhubaneshwar – 751006

Member  
Ms. Shashi Tyagi  
Member: VHAI Executive Board  
Secretary: Gramin Vikas Vigyan Samiti  
458, St. No. 3, Milk Men Colony  
Pal Road, Jodhpur – 342 008

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

Member  
Ms. Anjana Borkakoti  
Member: VHAI Executive Board  
4 A, Nibaas apartments, CID Bylane,  
Dr. B.K. Kakati Road,  
Ulubari, Guwahati – 781007

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

Binoy Mathew
Senior Programme Officer (Communications)

Shibendu Bhattacharjee
Programme Officer (Advocacy)

Dr. Chandravali Madan
Programme Officer (Advocacy)

Dr. Nancepreet Kaur
Senior Programme Officer

Akanksha Bangwal
Research Officer

Ruchika Tripathi
Research Officer

Communicable Diseases

Dr. Priyanka Bhatt
Assistant Programme Manager

Dr. Swapnil Jain
Project Coordinator

Dr. Shyamjee Mishra
Assistant Programme Manager

Satyapal Singh
Assistant Programme Manager

Nishant Kumar
Finance Officer

Virender Singh Rohilla
Finance & Administration Assistant

State Project - Odisha

Debananda Mohanta
State Coordinator

Satyajeet Mahapatro
M & E cum Advocacy Officer

Samir Kumar Sahoo
Programme Officer

Subrat Kumar Bisoy
Field Officer

Deepak Khuntia
Finance and Administrative Officer

Mamta Das
Block Coordinator

Jashobanti Jena
Community Mobilizer

Sudarsann Behera
Block Coordinator

Shisira Kumar Biswal
Community Mobilizer
### State Projects - 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>Arup Saikia</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>Rajashri Saikia</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>Debojit Sahu</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Bhargava K. Bohra</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Raju Roy</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Ariful Islam</td>
<td>Block Coordinator</td>
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</table>

### State Projects - Uttar Pradesh

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Satya Gupta</td>
<td>District Coordinator</td>
</tr>
<tr>
<td>Faiz Faridi</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Vinay Kumar Rai</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>Monika Yadav</td>
<td>Block Coordinator</td>
</tr>
<tr>
<td>J.P. Sharma</td>
<td>Consultant</td>
</tr>
<tr>
<td>Vikram Mishra</td>
<td>Consultant</td>
</tr>
<tr>
<td>Rita Tripathi</td>
<td>Consultant</td>
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</table>

### State Projects - Telangana

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Dr. K. Venkata Rao</td>
<td>State Programme Manager</td>
</tr>
<tr>
<td>Dr. R. Sai Krishna</td>
<td>State Programme Officer</td>
</tr>
<tr>
<td>Dr. Srikanth Ala</td>
<td>Consultant</td>
</tr>
<tr>
<td>Ms. Naga Sirisha</td>
<td>Communication Consultant</td>
</tr>
</tbody>
</table>

### Finance

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noshina Rizvi</td>
<td>Senior Manager (Finance)</td>
</tr>
<tr>
<td>Gaurav Singh</td>
<td>Senior Programme Officer (Finance)</td>
</tr>
</tbody>
</table>

### Administrative & Personnel

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sushil Kumar Vasan</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Subhash Bhaskar</td>
<td>Junior Programme Officer</td>
</tr>
<tr>
<td>Kishore Vaity</td>
<td>Office Assistant</td>
</tr>
<tr>
<td>R.N. Yadav</td>
<td>Sr. Assistant</td>
</tr>
<tr>
<td>Suresh Chand</td>
<td>Sr. Assistant</td>
</tr>
<tr>
<td>U.N. Jha</td>
<td>Assistant</td>
</tr>
<tr>
<td>Virender Kumar</td>
<td>Assistant</td>
</tr>
<tr>
<td>Sanjay Kumar</td>
<td>Assistant</td>
</tr>
<tr>
<td>Bhola Nath</td>
<td>Driver</td>
</tr>
<tr>
<td>Surender Mandal</td>
<td>Driver</td>
</tr>
<tr>
<td>Babu Lal</td>
<td>Helper-cum-Watchman</td>
</tr>
</tbody>
</table>
State Voluntary Health Associations

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

Executive Director  
VHA of Arunachal Pradesh  
Post Box No. 185  
Polo Hospital Complex  
Ganga Market, P.O. Itanagar – 791 111  
ARUNACHAL PRADESH

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

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

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

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

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

Executive Director  
Himachal Pradesh VHA  
B-37, Phase I, Sector II  
New Shimla - 171 009,  
HIMACHAL PRADESH

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

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

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

Dr B. S. Garg  
President  
VHA of Maharashtra  
C/o Dept. of Community Medicine  
MGIMS, Sewagram-442 102  
Dist. Wardha, MAHARASHTRA
Mr. L Suranjoy Singh
Secretary
Manipur VHA
Wangkhei Ningthem Pukhri Mapal,
Imphal - 795 001
MANIPUR

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

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

Executive Director
Orissa Voluntary Health Association,
Lokaswasthya Bhawan,
Plot. No. 165,
Laxmisagar Chaka
Bhubaneswar – 751 006,
ODISHA

Executive Director
Voluntary Health Association of Punjab
Sood Complex, Top Floor,
Near Bank of Baroda,
Opposite Committee Office,
Nayagaon, Tehsil-Kharar,
District-SAS Nagar,
Mohali-160103,
PUNJAB

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

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

The Executive Director
VHA of Tamil Nadu
Plot No. 47 & 48, Sri Balaji Nagar,
Katankulathur, Post-Potheri - 603 203,
Kancheepuram District, TAMIL NADU

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

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

Mr D. P. Poddar
Executive Director
West Bengal Voluntary Health Association
WBVHA Tower, 3rd Floor, 580, Anandapur,
Kolkata – 700 107 WEST BENGAL
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, unsparing devotion to the cause of bringing Health to the poor, Needy, Oppressed and Suppressed. May you continue to carry this noble work with a burning Compassion combined with a sense of urgency. Your alert intelligence, disciplined energy, vision, passion, compassion, conviction combined with scientific strategy will make your “health vision” walk a foot with you.

May your organization continue to grow in strength and outreach in serving the Poor under-privileged. 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