

ANNUAL REPORT 2021-22



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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 (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 recognized by Government of India as an organisation of national importance



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.

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

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

THE IUHPE EXECUTIVE BOARD

2022-2025



IUHPE
UIPES

www.iuhpe.org



Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI has been elected to the Executive Board of IUHPE 2022-2025. The Executive Board governs and administers the IUHPE on behalf of the General Assembly. The board determines policies, strategies and integrated work programmes for the Organisation. The board is responsible for reviewing and approving triennial integrated Work Plan, financial budgets and approving Global and Regional Bye-Laws along with other administrative roles.

Key Meetings held during the year 2021-22

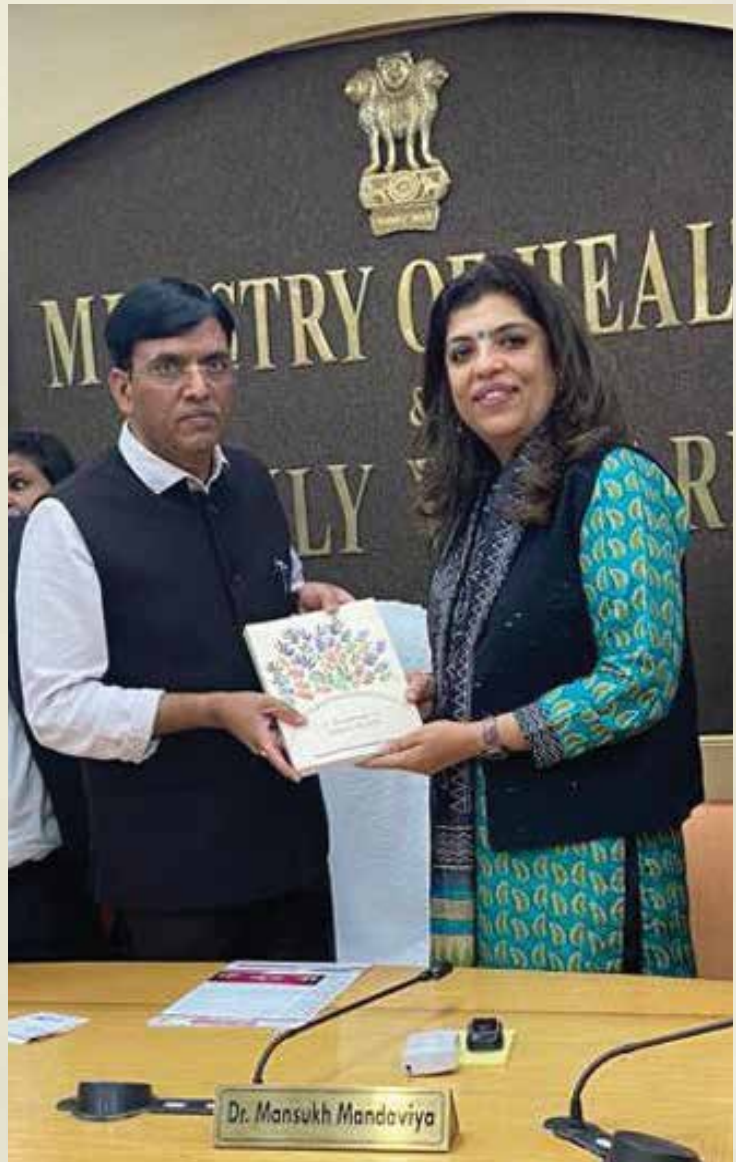


Action on Community Health (AGCA): Mr. Alok Mukhopadhyay, Chairman, VHAI is a Member of the Advisory Group on Community Action (AGCA), which has been constituted by Ministry of Health & Family Welfare, Government of India. During the year 2021-22 a total of three meetings of the AGCA were held. This Group provides guidance on community action initiatives under the National Health Mission. The Group comprising of eminent public health professionals associated with major NGOs, advises the Ministry on developing community partnership and ownership for the Mission; provides feedback based on ground realities; and develops new models of Community Action and recommend for further adoption/extension to the Central and State Governments.



Meeting with the Honorable Minister of Health and Family Welfare, Government of India:

Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI met Shri Mansukh Mandaviya, Hon'ble Health Minister on 26th November 2021. He was apprised about VHAI's ongoing activities and presence of State VHAs and member institutions working across the country. On behalf of VHAI network, we congratulated him and the Government on remarkable achievement of reaching a monumental milestone of administering over 1 billion COVID-19 vaccine doses. We also took this opportunity to discuss some of the recent issues and challenges of the health sector.





Expert Committee for Development of New Specified Health Warnings: Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI attended the first meeting of the Expert Committee for Development of New Specified Health Warnings, held on 7th April 2022. The Expert Committee was constituted by Ministry of Health & Family Welfare, Government of India to recommend the new specified health warnings within the mandate of COTPA, 2003 and in conformity with the guidelines of WHO-FCTC and global best practices.



Technical Advisory and Monitoring Committee on GATS-3: As a Member of the Technical Advisory and Monitoring Committee (TAMC) for the Global Adult Tobacco Survey-3 (GATS- 3), Mr. Alok Mukhopadhyay, Chairman, VHAI attended three meetings during the year 2021. The TAMC has been constituted by the Ministry of Health & Family Welfare, Government of India to facilitate and oversee the GATS-3 India, to be implemented through International Institute of Population Sciences, Mumbai.



Committee for reviewing draft national report of the 4th round of Global Youth Tobacco Survey: Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI met Shri Mansukh Mandaviya, Hon'ble Health Minister on 26th November 2021. He was apprised about VHAI's ongoing activities and presence of State VHAs and member institutions working across the country. On behalf of VHAI network, we congratulated him and the Government on remarkable achievement of reaching a monumental milestone of administering over 1 billion COVID-19 vaccine doses. We also took this opportunity to discuss some of the recent issues and challenges of the health sector.



IUHPE 70th Anniversary Celebratory Event at European Regional Conference on Health Promotion (15-17 June 2021): The Chairman, VHAI has participated as a panellist in IUHPE celebration event's special panel discussion on the role of IUHPE as a Catalyst for Transformative Health Promotion. The panellists exchanged critical insights on the development of health promotion globally and discussed priority areas to guide the future development of the field. Perspectives were shared on the critical role of IUHPE in strengthening health promotion systems and advancing transformative strategies for population health, wellbeing and equity.



Independent Commission on Development and Health in India

VHAI was instrumental in setting up the Independent Commission on Health and Development in India (ICDHI) in 1995. ICDHI was set up to assess the current health and development status as well as facilitate the process of need based and people-centric sustainable health and development plans.

Distinguished individuals from the health and development sector were a part of this commission. The first comprehensive report of the commission was presented to the then Prime Minister, Shri Atal Bihari Vajpayee in 1998. The 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.



State Health Policy

Health systems and policies have a critical role in determining the manner in which health services are delivered, utilized and affect health outcomes. Health is a State subject as per the Constitution of India. The primary responsibility to provide quality health care services to the people including in rural, tribal and hilly areas lies with State/UT Governments.

A relevant State Health Policy under the overall framework of National Health Policy can go a long way in improving systems and services of the State. Health is a State subject and to provide quality universal health care services to the people is the responsibility of the State and Union Government. Recent COVID-19 pandemic has clearly exposed the underbelly of our health systems highlighting the importance of re-organizing, strengthening and prioritizing our health services and the available infrastructure.

Health is a vital human good and the Public Health System needs to play a key role in promoting it. Totally commercializing health care for the sake of choice and efficiency run a potent risk of submitting to the vagaries of market forces. Therefore, it is important that Public Health Systems under States remain the principle provider of health care for the citizens. This was clearly evident during the successful management of health challenges during COVID-19 pandemic.

Keeping the above evidence in mind, every State of India need to have relevant, robust and sustainable Health Policy, which reaches out to the people effectively, meeting the continuous and emerging health challenges. Under the overarching National Health Policy 2017, every State need to formulate an appropriate Health Policy for the State, keeping in mind specific epidemiological challenges as well as various strengths and weaknesses that clearly emerged during the management of COVID-19.



Research Paper on the Status of State Health Policies of Various States

The research team of the Commission has prepared detailed paper on the “Status of State Health Policy of various states” across the country through secondary based research last year and have prepared a research paper that was shared with the Commission Members for their feedback. Based on the feedback and suggestions, the paper was revised.



Way Forward

The Commission proposes to extend technical support to the State Government, who are interested to formulate a new policy or update the existing policy based on new National Health Policy 2017 and learnings of COVID-19 in the next financial year.



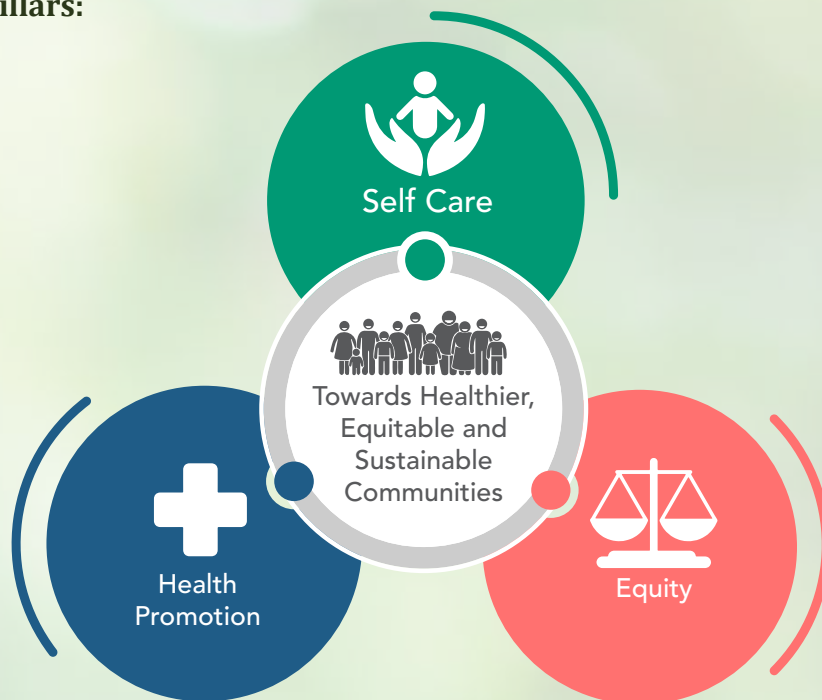


Health Wellbeing and Equity

In a vast multifaceted country like India, making a permanent impact on the health and development scene, particularly to help the vulnerable people, requires a sophisticated and dynamic understanding of the changing development panorama so that the response is prompt and creative. In many ways, VHAJ has fulfilled this demand in the past. Perhaps the situation is getting further complicated with the direct impact of globalization and the COVID-19 pandemic. Learnings from COVID-19 pandemic have further reinforced our agenda.



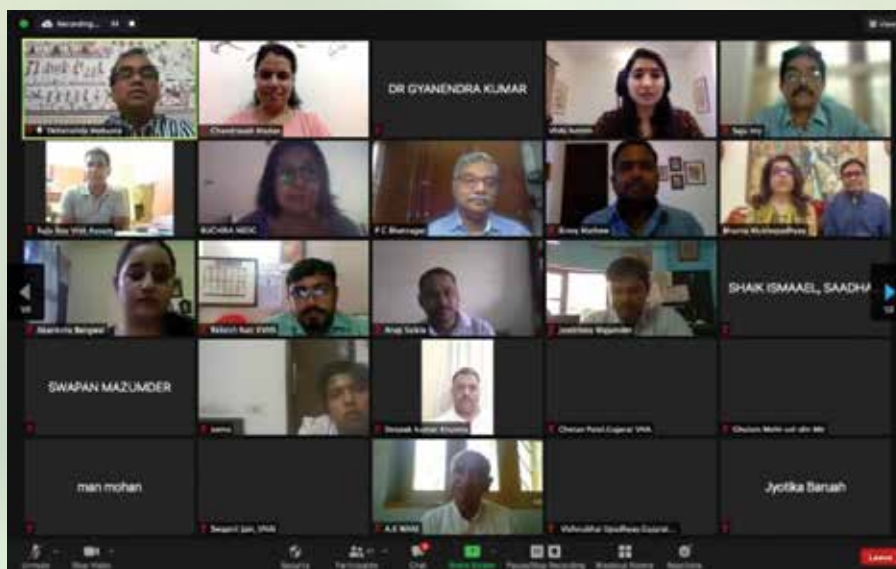
VHAI has developed a new concept on Health, Wellbeing and Equity which is based on three main pillars:



In the period of May-August 2021, the overall concept as well as specific modules on health Promotion and Self Care were developed by VHAI team with specific inputs from various State VHAs.

National Participatory Workshop on Health and Wellbeing

VHAI organized a pan India two day participatory virtual workshop for State VHAs and other partners in the month of September 2021 on the overall concept of health and wellbeing as well as to evolve clear strategies for future action by VHAI and State VHAs on Health Promotion. The workshop focused mainly on first two pillars- Health Promotion, Self-Care for Health and Social Determinants of Health including entitlements.



In a two half-day online sessions, with active participation of State VHAs, a future roadmap of Health & Wellbeing and its integration with our ongoing work on the ground was derived. Around 40 participants from the State VHAs including Executive Directors, Secretary as well as key programme staff actively participated in the workshop. Many State VHA's Executive Directors participated as a key resource persons to share their vast experience on specific public health

issues including Mr. Swapan Mazumdar from BVHA shared his experience on Gender Health and Rights, Mr. Saju V Itty on State level experience on advocacy. Similarly, Ms. Ruchira Neog shared her expertise on Food and Nutrition security. A thorough feedback was received from all the participants post workshop through a feedback form. Based on the feedback and suggestion of the workshop, the modules were further revised and shared.

Regional Workshop on Health & Wellbeing

Based on the outcomes of the National workshop, it was mutually decided with the State VHAs to organize similar workshop for member organizations of the State VHAs. Four regional workshop were proposed for East India, South India North India, Central & West India. Out of these four, three regional workshop were conducted last year till March 2022:

- East India (including Bihar, West Bengal, Jharkhand and Odisha) coordinated by Bihar VHA
- South India (including Tamil Nadu, Andhra Pradesh, Telangana and Kerala) coordinated by Kerala VHS
- North-East India (including Assam, Arunachal Pradesh, Manipur, Nagaland and Meghalaya) regionally coordinated by Assam VHA

These series of online sessions were conducted by VHA and regional State VHAs. The agenda for these workshop were contextualized as per the region keeping in view the local context. Along with the core agenda, the workshop entailed discussions on state level experiences on health promotion, gender empowerment & women rights, supporting & strengthening food & nutrition security, social media promotion, fundraising including crowdfunding platforms. More than 200 participants participated and oriented on the agenda of Health, Wellbeing and Equity. All training resource material were shared with the participants for their easy reference.

VHA's work on Module 3 is under process. We are proposing to hold similar workshop in the next financial year for State partners.



VHAI's Grassroots Intervention on Health, Wellbeing and Equity

It is well recognized for many decades that health status of the people who are economically and socially deprived cannot be improved until some key problems that cause the deprivation are systematically addressed. Realizing this, the Central and the State Governments have come up with varieties of schemes and programmes to address these issues systematically. In the past, reaching these programmes to actual beneficiaries was a complex task and resulted in a lot of leakage. In the recent time, the systematic effort had been made to digitalize the process of identification of such families as well as ensuring that the benefits reach them directly. One major impediment in this transition is bridging the digital divide that exists, where a large percentage of the beneficiaries does not have the digital skills and facilities. This problem is further complicated by the fact that they don't have knowledge and ability to procure necessary documents, which will enable them to get various benefits. This has resulted in a situation where a fairly large portion of the intended beneficiaries are still not being able to access various schemes that have been launched to improve their economic and social conditions.

In view of the above context, VHAI has experimented an initiative in remote areas of Odisha where our field team with the support of local administration, PRI members and Peer educators initiated the process of linking left out beneficiaries with different social welfare and social protection schemes in 30 remote and distant villages in Ganjam District, Odisha.



Major Activities

A. Identification and Linkage of eligible beneficiaries with the Government Social Protection & Social Welfare Scheme in Odisha & Uttar Pradesh



More than 500 households in 18 remote and distant villages were covered in UP and Odisha



More than 1500 beneficiaries were linked with different schemes and programmes and are now availing the benefits of these schemes



More than 2000 E-Shram and ADHAAR cards etc. were distributed to eligible and left out beneficiaries through special camps

B. Community Sensitization on various Government social welfare & protection schemes and programmes:

C: Community Health Promotion:

To promote health seeking behaviour within community members

To create awareness on prevention of NCDs

To develop the model of Kitchen garden at the AWC or common community land



To promote health and wellness at the community level

To facilitate enhanced access to health services

To promote COVID appropriate behaviour within the community

Key activities under community health promotion

- **Special session on Eat Right and WASH:** These sessions were organized during Village Health and Nutrition Day (VHND) in 42 villages covering 610 lactating and pregnant mothers and 195 adolescent girls.
- **Awareness on NCDs Prevention and Control:** It was organized in more than 30 villages in Odisha where more than 2000 community stakeholders.
- **Formation of Anti-COVID-19 squad:** These squads consisting of young girls and boys, local leaders, ASHA & AWW workers at the village for COVID-19 prevention and Control.
- **Orientation Session for Lactating and Pregnant Mothers:** These sessions were organized at the village for COVID-19 prevention and Control.
- **Involvement of Gram Panchayat level SHG federation members:** These federation members were sensitized on various public health issues including importance of hygiene promotion, Food & Nutrition security, COVID appropriate behaviour during their monthly meeting at the GP level.
- **School Health Promotion:** Around 1560 students from 20 schools were sensitized on Eat Right, COVID-19 appropriate behaviour and practice, Nutrition, Hygiene & Sanitation.





Tobacco Control



Tobacco use is responsible for 1.5 lakh cancers, 4.2 million heart diseases and about 3.7 million lung diseases every year in India. India is the oral cancer capital of the world because of rampant habit of tobacco chewing. About 30% of all cancers in India are contributed to tobacco use. India has reduced tobacco use among adults by 17% since 2010 attributed to effective measures by the National and State Governments.

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 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 tobacco control work have been building effective partnerships, sensitization of stakeholders, capacity building of state partners through coordinated efforts with civil society organizations.

Key policy level achievements - National

1. 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 including Shri Pankaj Choudhary, Minister of State for Finance on the need for increasing taxes on all tobacco products and to include Bidi into the demerit category. Team submitted a representation to him on the COTPA amendment bill. Various discussions were held via email & phone with different stakeholders to stay abreast with the policy changes and sensitize the key decision makers on public health.

The Union Budget Consultation was held on 18th December, 2021 virtually and was chaired by the Hon'ble Finance Minister Smt. Nirmala Sitharaman and the Minister of State for Finance, Shri Pankaj Chaudhary. Dr. Rijo John, Economist, presented on behalf of VHAI and shared all our key ASKS on increasing excise on all tobacco products in the Union Budget of 2022-23. Representatives from MoH (Secretary Health Rajesh Bhushan), Niti Aayog (Dr. Vinod Paul), and other officials were also present in the meeting.



Meeting with Finance Minister, Chhattisgarh



Meeting with the Member of Parliament



Pre-Budget Consultation chaired by Hon'ble Finance Minister Smt. Nirmala Sitharaman

VHAI team also met with the Members of the Parliamentary Committee on Finance, Minister of state-Finance, Govt. of India, Finance Ministers, and Commissioner State Tax, Bihar, Chhattisgarh, UP and Jharkhand and submitted the representation on taxation.

2. COTPA Amendments

VHAI was a part of the COTPA amendment committee, set up by the MoHFW in 2014. Unfortunately, no progress was made after the committee gave its recommendations to the Government. The COTPA amendment issue was re-initiated urging the Government to reintroduce the bill with revised and new provisions for tobacco control. VHAI team during the year sensitized various policy makers on the glaring gaps in the COTPA Act. VHAI also sensitized several stakeholders; Medical Professionals, Food and Drug Administration, Education Institutions, Health department, MPs, Media Houses, NGOs, Youth Associations, Individuals, Tourism Department, Municipal Corporation etc. on COTPA amendments and sought their support.

3. VHAI as member of the committees constituted by the MoHFW on Tobacco Control

Ms. Bhavna Mukhopadhyay, Chief Executive, VHAI is a part of the committee for reviewing the draft national report of the 4th round of Global Youth Tobacco Survey-4 (GYTS 4) constituted by the MoHFW, Govt. of India. The committee reviews the draft of the national report on GYTS which assesses tobacco use among children aged 13-15 years in India, before it is finalised. She is also a part of the 'Expert Committee for Development of New Specified Health Warnings' wherein she attended the meetings held at MoHFW under the leadership of Mr. Vikas Sheel, Additional Secretary, MoHFW, to discuss on the next rotation of pack warnings on tobacco products.

State Level | Uttar Pradesh



VHAI initiated its tobacco control efforts in Uttar Pradesh in February 2020 and is providing technical support to all the key departments and technically assisting the State Tobacco Control Cell to address tobacco control issues in Uttar Pradesh.



1. Vendor Licensing: Team VHAI is working in close coordination with the Municipal Corporation officials to revive Tobacco Vendor Licensing in Lucknow. The team has supported the vendors in filling and submission of the forms to the Municipal Corporation. About 1727 vendors have been identified and a total of 143 licenses have been successfully issued to the vendors.



2. Coordination with NTCP & Election Commission on 'Tobacco Free Elections' in UP: To ensure tobacco free elections, the team worked with the State Tobacco Control Cell and Election Commission to issue necessary guidelines and ban tobacco use on polling booths during the Assembly elections in February-March 2022.



3. Tobacco Free Tourist Places: VHAI team worked with the Department of Tourism, UP to ensure a state level order was issued by the Joint Director, Tourism to various districts to declare Tourist Places, Hotels/ Restaurants and Bungalows under their Jurisdiction as 'Tobacco free'.



4. Inclusion of COTPA in Monthly Crime Review (MCR): VHAI worked with the Police department to include COTPA in Monthly Crime Review (MCR) meeting for strict enforcement in UP.



5. Coordination with Trader's and Hospitality Associations: To engage all the relevant stakeholders, VHAI team coordinated with UP Adarsh Vyapar Mandal & UP Hospitality Association and requested for their support and active participation on VHAI's tobacco control activities in Uttar Pradesh.



6. 13th Anniversary of Smoke Free Rules in India: VHAI in collaboration with the State Tobacco Control Cell, organized a webinar on the occasion of '13th Anniversary of Smoke Free Rules in India' on 1st October 2021. A total of 55 participants from the Health Department, NGOs and Medical professionals participated at the webinar.



7. World No Tobacco Day: VHAI organized a webinar in collaboration with the State Tobacco Control Cell, HOPE Initiatives & NSS on WNTD on 31st May 2021. A total of 152 attendees from STCC, Hockey Federation, Health Department, NGOs and Medical professionals participated in the webinar.



8. Sensitization of the youth representatives on tobacco control: VHAI organized the sensitization workshop at KD Singh Babu Stadium, Lucknow on 26th March 2022 and was attended by 140 youths/sports persons and key persons from STCC, Hockey Federation and the Health Department addressed the participants on various aspects of Tobacco control and the role of youths in it.



9. Technical support for Tobacco Control: VHAI team participated as a resource person in a webinar, organized by HOPE Initiatives on the occasion of World Cancer Day on 4th February 2022 on 'Tobacco & its effect on Health'. Total no of 250 youth participated in the webinar. The team also supported DTCC, Lucknow and sensitized 295 officers from the Police department, Health Care service Providers & the health staff from Lucknow Nagar Nigam.

State Level | Telangana



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 the Police, Health, Education, Tourism, FDA, Transport and other allied Departments.

VHAI is also working to strengthen the National Tobacco Control Programme (NTCP) in the state by working at the ground level in Hyderabad.



- 1. Technical support to FSSAI regarding SLT ban:** VHAI team provided all the technical support to FSSAI to make a case in support of the SLT ban after the Gutkha traders filed a petition in Telangana high court to lift the ban. High court of Telangana gave a favourable judgement supporting the ban on SLT products and dismissed all the petitions. FSSAI acknowledged the support given by VHAI.

- 2. Sensitization of policy makers on tobacco taxation:** Team met the State Finance & Health Minister, Shri Thanneeru Harish Rao, State Commissioner, taxes and Sri. K. Ramakrishna Rao, IAS, Principal Secretary, Dept. of Finance and sensitized them on tobacco taxation.



- 3. Engagement with the Department of Health and State Tobacco Control Cell:** Team discussed the Code of Conduct Guidelines on FCTC 5.3 with the Commissioner, Health and Family Welfare and Chief Program Officer, NHM and requested for its dissemination at the State level. The Commissioner, Health approved the note files which were further sent to the Principal Secretary, Health to issue the final order.

VHAI team also provided technical support to the State Tobacco Control Cell in preparing IEC materials during the COVID-19 pandemic.

- 4. Ban on spitting in public places:** The Chief Secretary instructed all the District Collectors to implement the ban order on spitting in public places and use of tobacco products in public places in the view of the spread of COVID-19 infections.



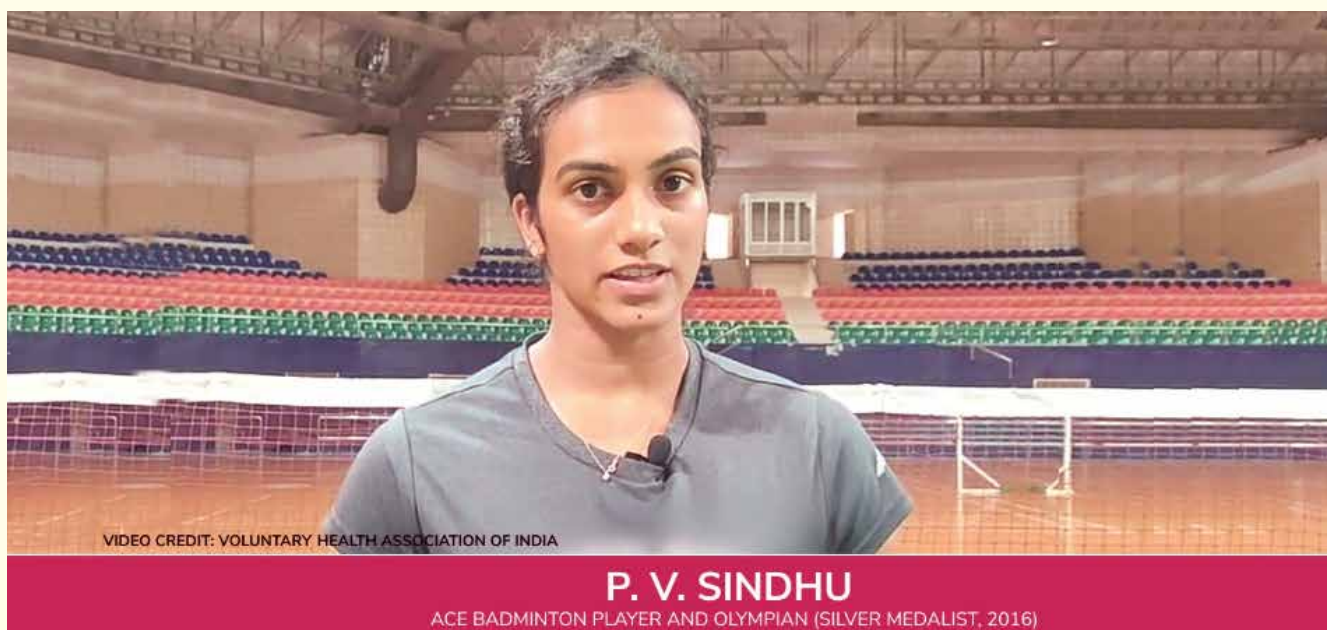
- 5. World No Tobacco Day:** VHAI in collaboration with the Health Department, Government of Telangana organized a consultation through a webinar on World No Tobacco Day on 31st May. The Commissioner along with other officials including State Program Officer and NCD Program Officers from the Health & Family Welfare Department, Telangana participated in the webinar. VHAI sensitized various stakeholders requesting them to make videos/ tweets/ pledges to inspire the community to quit tobacco including:



Meeting with Policy Makers



Sensitization of youth representatives on Tobacco Control



Special Video message on WNTD by Ms. PV Sindhu, Ace Badminton Player, India

A. Mr. Pullela Gopi Chand, Chief National Coach, India national badminton team and Ms. P V Sindhu, Indian badminton player gave video messages which were shared with the MoHFW who further shared it on their twitter handle and Facebook page. The video posts received more than 10k views.

B. Following stakeholders tweeted messages from their personal twitter handle:

- Shri TAMILISAI, Governor of Telangana
- K Sujatha Rao- IAS
- PV Ramesh - IAS
- Dr. Sangitha Reddy, JD -Apollo hospitals
- Ex-President of Federation of Indian Chambers of Commerce and Industry
- Sri D. Sudheer Reddy, MLA-LB Nagar constituency



6. Coordination with NYKS: VHAI in collaboration with NYKS conducted an orientation programme for the youth volunteers in which more than 100 youths participated.

7. Release of the Tiny Target study: VHAI in collaboration with STCC released the Tiny Targets study in Telangana on the occasion of Smoke Free Anniversary on 2nd October, 2021.



Media

VHAI's primary objective on engagement with media was to sensitize the policymakers, involve multiple stakeholders, educate, and raise awareness among the public and support enforcement officials on tobacco control measures in the interest of public health. The team 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 the leading English, Telugu, and Hindi Dailies. Journalists were sensitized by our team and over 950 earned media stories (print, electronic and online) were generated on various issues on Tobacco Control.

'Hike tax on tobacco, reduce affordability & increase revenue'

First India Bureau

Government.

Lucknow: Public health groups along with doctors and economists are urging the GST Council to increase compensation cess on all tobacco products to generate additional revenue for the

In their appeals to GST council before its meeting on September 17, they are urging it to consider an extraordinary measure of levying compensation cess on all tobacco products to get additional revenues.

PROBE ORDER

and 5 and transferred him to Personnel Section 2. Shashikant Mishra has now been replaced by SO Ravindra Kumar who was posted in Personnel Section 2 and while handling the responsibility of Department 3, he has also been handed the additional responsibility of Section 5. At the same time, Amit Singh, the

Review Officer (RO) working in the Appointment Section 3 who too has serious allegations levelled against him was removed from Appointment Section 3 and moved to Appointment Section 6.

He has been replaced by Surbhi Dwivedi who will now handle the responsibility of Appointment Section 3.

बीड़ी बुझाई दे...

भारत में सेकेंड हैंड स्मोकिंग के अध्ययन में सामने आई हैरान करने वाली सच्चाई

तंबाकू उत्पादों की कमाई से भी बड़ा बोझ अप्रत्यक्ष धूम्रपान से

'जर्नल ऑफ निकोटिन एंड टोबैको रिसर्च' में प्रकाशित हुआ शोध

आंक लीजिए नफा-नुकसान

538 अरब रुपए सिगरेट-बीड़ी से कुल टैक्स

567 अरब रुपए अलग-अलग धूम्रपान का बोझ

10 करोड़ लोग लगभग धूम्रपान करते हैं भारत में

12 लाख लोगों की जान जाती है सालाना तंबाकू सेवन से

02 स्थान पर है भारत तंबाकू सेवन करने वालों की संख्या में

जब में आग...

धूम्रपान नहीं करने वाले हर वयस्क पर 705 रुपए प्रति वर्ष का बोझ

स्वास्थ्य पर हम जितना खर्च करते हैं, उसका 8 प्रतिशत

देश की जीडीपी का 0.3 प्रतिशत बोझ इसकी वजह से

प्रभावित होने वाली महिलाओं का औसत पुरुषों के मुकाबले दुगुना

बंद हों स्मोकिंग जोन

होटल, रेस्तराँ, पब्स/कॉफ़ी शॉपों में स्मोकिंग जोन बंद हों। भारत को सी फीसवी तंबाकू मुक्त करने की दिशा में सरकार की ओर से उदात्त गति हर कदम देश को स्वस्थ और समृद्ध बनाएगा। - डॉ. जी.पी. शर्मा, अका. डीपार्टमेंट एग्रीकल्चर ऑफ उत्तर प्रदेश

सार्वजनिक स्थलों पर लगे रोक

इतने बड़े बोझ की बी झुक बजह है। एक तो भारत में तंबाकू का सेवन बहुत है। पुराने सार्वजनिक स्थलों पर अब भी धूम्रपान हो रहा है। सार्वजनिक स्थलों को सी फीसवी धूम्रपान मुक्त करना होगा। - डॉ. राजीव एम. जॉन, होमोपैथ और तंबाकू पर टैक्स लघुवी केन्द्र सरकार की समिति के सदस्य

कम मात्रा भी नुकसानदायक

सेकेंड हैंड धूम्रपान की बीड़ी सुरक्षित सीधा नहीं है। खनी बम धमाके भी होने पर नुकसान करता है। तंबाकू के विस्फोटक कण कानून बना कर भारत लक्ष्य निर्धारित बात सरकार है व अर्धव्यवस्था पर पड़ने वाला बोझ दूर कर सकता है। सार्वजनिक जगहों को धूम्रपान मुक्त किया जाए। - डॉ. फकरुद्दीन, हेड एंड नेक केन्टर के सर्जन, टाट मेमोरियल हॉस्पिटल

हर साल 10 लाख मौतें

- 10 लाख लोगों की जान जाती है भारत में हर साल धूम्रपान से।
- 1990 में मौतों का आंकड़ा 6 लाख था। खनी 30 साल में 58.9 फीसदी की बढ़ी।

पत्रिका अभिषेक

दिल-दिल मारता तंबाकू

एस्ट्रिया.कॉम

नई दिल्ली, तंबाकू उत्पादों की बिक्री से सरकार को होने वाली कमाई बंद करें, अब हमेशा के लिए समाप्त हो जाना चाहिए। सरकार को सिगरेट-बीड़ी से टैक्स में मिलते हैं मात्रा 538 अरब रुपए व सिगरेट अप्रत्यक्ष धूम्रपान यानि सेकेंड हैंड स्मोकिंग से देश पर 567 अरब रुपए का सालाना बोझ बढ़ रहा है। तंबाकू उत्पाद न सिर्फ लोगों की जान से रहे हैं, बल्कि हमें कंगाल भी कर रहे हैं। भारत में अप्रत्यक्ष धूम्रपान के अर्थिक बोझ को लेकर हुए पहले वैज्ञानिक अध्ययन में यह सच्चाई सामने आई है। 'जर्नल ऑफ निकोटिन एंड टोबैको रिसर्च' में प्रकाशित शोध के मुताबिक 15 वर्ष से अधिक उम्र के लोगों की अप्रत्यक्ष धूम्रपान से जो बीमारियां होती हैं, उनमें देश पर हर साल 567 अरब का बोझ पड़ता है।

पढ़ें तंबाकू @ पेज 13

तंबाकू उत्पादों पर टैक्स और राजस्व बढ़ाने की जीएसटी कौंसिल से अपील

नई दिल्ली। चिकित्सकों और अर्थशास्त्रियों के साथ जनस्वास्थ्य समूह जीएसटी कौंसिल से कह रहे हैं कि सभी तंबाकू उत्पादों पर कंपनसेशन (क्षतिपूर्ति) सेस बढ़ा दिया जाए ताकि सरकार के लिए अतिरिक्त राजस्व पैदा हो सके। 17 सितंबर को होने वाली जीएसटी कौंसिल की बैठक से पहले इन सबों ने कौंसिल से अपील की है कि अतिरिक्त राजस्व के लिए सभी तंबाकू उत्पादों पर कंपनसेशन (क्षतिपूर्ति) सेस लगाने के असाधारण उपाय पर विचार किया जाए। तंबाकू से प्राप्त होने वाला यह टैक्स राजस्व महामारी के दौरान संसाधनों की बढ़ी हुई आवश्यकता में अच्छा-खासा योगदान कर सकेगा। इनमें टीकाकरण और स्वास्थ्य संरचना को बेहतर करना शामिल है ताकि संभावित तीसरी लहर की तैयारी की जा सके। इस समूह के मुताबिक आज के चुनौती पूर्ण समयमें तंबाकू पर टैक्स बढ़ाना सबके फायदे की नीति रहेगी। एक तो यह कोविड-19 महामारी से लगे आर्थिक झटके से निपट सकेगा और दूसरे कोविड-19 से होने वाले नुकसान को सीधे कम कर सकेगा। कोविड-19 की दूसरी लहर देश के लिए एक बड़े झटके की तरह रही है और यह पहली लहर से काफी ज्यादा रही है। पहली लहर के बाद अर्थव्यवस्था में तेजी लाने और महामारी के नकारात्मक आर्थिक झटके से प्रभावित लोगों की क्षतिपूर्ति के लिए भारत सरकार ने पहले ही कई वित्तीय और आर्थिक प्रेरक उपायों की घोषणा की है।

11:27 AM ... menglish.sakshi.com/ne

SAKSHI POST

Politics Entertainment Lifestyle Sp

Secondhand Smoke Causes Rs 567 bn Annual Healthcare Costs to India: Report

23 Mar, 2022 19:46 IST | Sakshi Post

Hyderabad: A new study published in the Journal of Nicotine and Tobacco Research has, for the first time, quantified the tremendous economic burden of secondhand smoke exposure in India. According



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DH DECCAN HERALD

Subscribe To Epaper

Passive smoking puts Rs 56,000 crore burden on healthcare

This is on top of the staggering Rs 180,000 crore (\$27.5 billion) in annual economic burden from all types of tobacco use

Kalyan Ray, DHNS, New Delhi, MAR 23 2022, 23:07 IST UPDATED: MAR 24 2022, 08:19 IST



In India, close to 39 per cent of adults are exposed to second-hand smoking at home and 30 per cent at work. Credit: iStock Photo

11:27 AM ... telanganatoday.com/sec

Hyderabad Telangana Andhra Pradesh E-Paper

Second hand smoking impacts the most vulnerable in family, needs to be regulated: Experts

BY TELANGANA TODAY PUBLISHED: PUBLISHED DATE - 07:09 PM, WED - 23 MARCH 22



Hyderabad: Voluntary health organisations, public health advocates and doctors have called for strengthening of laws under Cigarette and Other Tobacco Products Act

TREATMENT EXPENSES HALF OF HEALTH BUDGET

Passive smoking cost: Rs 56,700cr

GS. MUDUR

New Delhi: Despite the ban on public smoking, second hand smoke exposure in India leads to direct annual healthcare costs of Rs 56,700 crore, or more than half the Centre's health budget, a new study has estimated.

The estimate—the first for healthcare costs attributable to illnesses resulting from SHS exposure in the country—is more than twice the estimated healthcare expenditure of Rs 28,300 crore resulting from smoking among adults. The healthcare costs of Rs 56,700 crore is equivalent to 0.33 per cent of India's GDP in 2017. The Union health budget for 2022-23 is Rs 83,600 crore.

The healthcare burden attributable to SHS exposure indicated by the new study highlights the need for urgent policy measures to address passive smoking, according to tobacco policy researchers who conducted the study have said.

Although smoking prevalence declined by around 24 per cent over six years from 2009-15 to 2016-17, India still has the second highest number of smokers in the world with a smoking prevalence of about 16 per cent. The country's tobacco control laws prohibit smoking in public places, but it is permitted in designated areas in airports and hotels with 30 or more rooms and restaurants with a seating capacity of 30 or higher.

"At many places, compliance to the smoking ban is limited, and consent is lax, and SHS exposure remains high," said Rijo John, a health economist at the Rajagiri College of Social Sciences, Kochi, who led the study.

A survey in 2017 had indicated that non-smoking adults are more likely to be exposed to SHS in their homes (38 per cent), followed by their workplaces (30 per cent) and restaurants (7 per cent).

The latest study by John and co-author Estelle Dauchy, associate director for international research at the US-based Campaign for Tobacco Free Kids, has also found that the SHS-linked healthcare costs are larger among Indians from lower socio-economic status groups, consistent with higher smoking prevalence in these groups.



तंबाकू उत्पादों पर टैक्स और राजस्व बढ़ाने की जीएसटी कौंसिल से अपील

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जनस्वास्थ्य समूहों की जीएसटी कौंसिल से मांग

बढ़ पूर्णिमा दिवस का सबसे बड़ा महोत्सव समाजसेवी मोतीलाल के निधन पर शोक



Empowering Community-Based Institutions for Routine Immunization Demand Generation and Supporting Risk Communication and Community Engagement for COVID-19

India has the world's largest immunization programme. Every year the programme targets around **26.7 million infants** and **29 million pregnant women**. In the past years, due to special focus of the government in strengthening the immunization programme, the rate of immunization has significantly improved. But still a lot more needs to be done to reach each and every child in the country. Due to the large population, ignorance & resistance in the communities, and hard to reach areas in many of the states, the rate of immunization is still very low in some of the states. In the north-eastern parts of the country, especially Nagaland, Arunachal and Assam the FIC (Full Immunization Coverage) status is extremely poor (NFHS-4). Also, rate of FIC in many districts of Odisha, Andhra Pradesh and Manipur also falls the national average. In this scenario, it would not be possible to achieve the target of 90% coverage nation-wide, if special focus is not given to these low performing states and districts.

Lack of demand for immunization is also one of the critical factors in low rate of uptake of immunization facilities. Even though the immunization services are available in many pockets of the country, it has been observed that the community refrains from using them due to various fears and misconceptions. The COVID-19 pandemic has further worsened the conditions. During the ongoing COVID-19 pandemic, due to lockdown, several restrictions and engagement of health staff in COVID-19 work, immunization services are hampered in most parts of the country. Therefore, it is the need of the hour that immunization and COVID-19 prevention goes hand in hand.

Community based organizations and community influencers could be of great significance in addressing these issues from within and strengthen the demand side of immunization and improving the demand generation of immunization services in the low performing districts. The CBOs can be helpful in rejuvenation of immunization services by mobilizing the community and also support the health team in carrying out immunization services. Therefore, in the current phase of the project, with the help of partner NGOs, VHAI is engaging and empowering community based organizations to mobilize the communities for the uptake of immunization services along with spreading awareness and eliminating stigmas associated with COVID-19 and vaccination.

Objectives of the Project



To empower the CBOs and influencers on social mobilization and community engagement to promote Routine Immunization, COVID-19 vaccination and COVID Appropriate Behaviours (CAB).

To increase awareness in the community on routine immunization, C-19 vaccination and COVID-19 appropriate behaviours contributing to improved coverage of routine immunization and COVID-19 Vaccination.





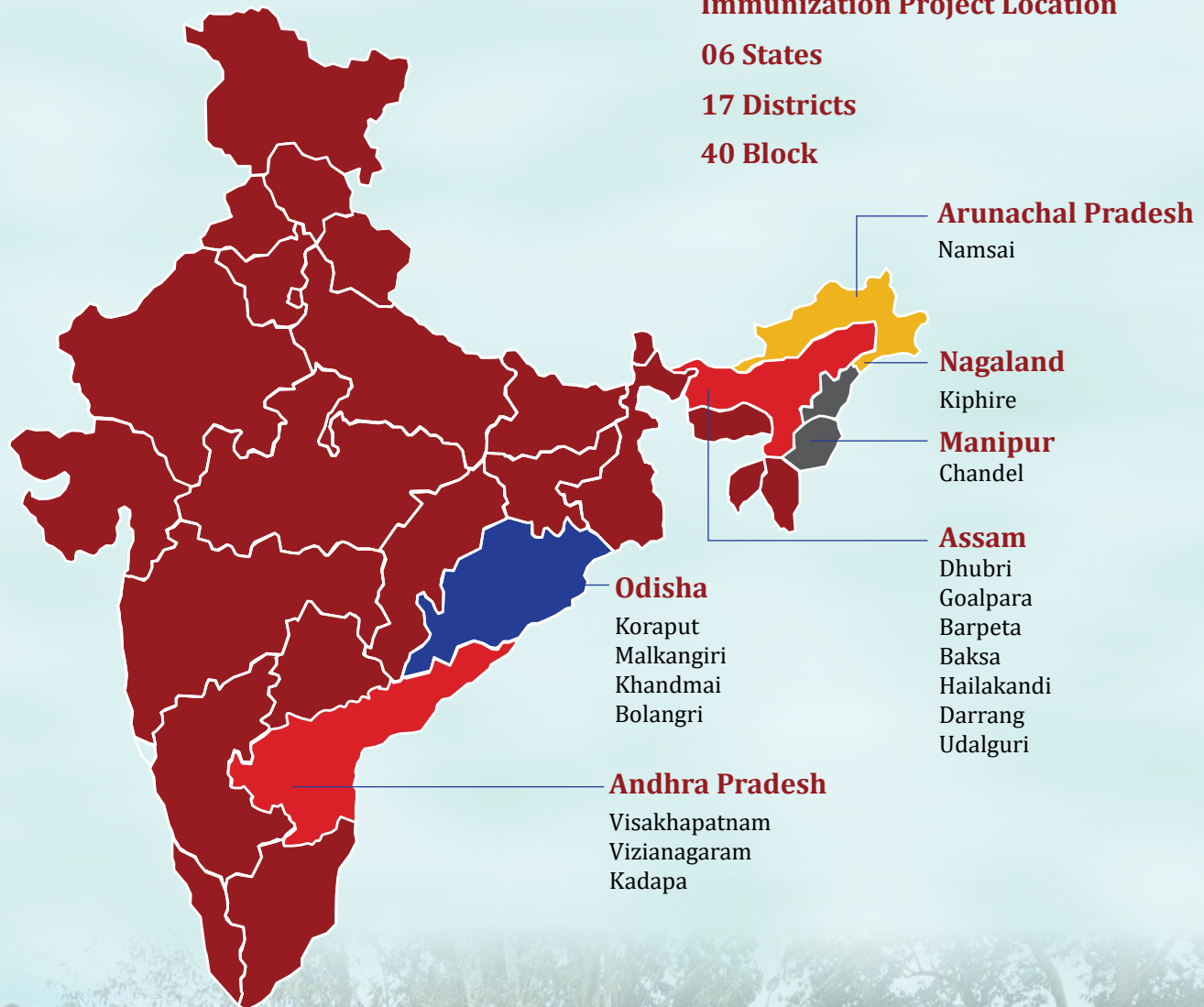
Geographical Coverage

Immunization Project Location

06 States

17 Districts

40 Block



Key Activities

VHAI engaged NGOs in each district as partner NGO. The district level NGOs with the support of block level NGOs engaged the local CBOs and influencers and built their capacity for promoting routine immunization and COVID-19 vaccination in the community.



- 1. Training of Trainers** on Routine immunization COVID-19 communication and C-19 vaccination.



- 2. Mapping of intervention villages** CSOs, CBOs and Influencers to identify the LODOR pockets and population of beneficiaries. At least **15 villages/pockets, 02 NGOs/CSOs, 10 CBOs and 20 influencer** were identified in each intervention block.



- 3. Capacity building** of CBOs and influencer by partner NGOs.



- 4. Community Consultations** by CBO members to address myths and beliefs of the community on immunization, CAB and COVID-19 vaccination. A total of **490 community consultations** were organized in intervention districts.



- 5. Household visits for awareness** on Routine Immunization and COVID-19 vaccination. A total of **34505 Households** were visited.

Number of CSOs and influencers trained by partner NGOs

States	No. of CBOs engaged	No. of CBO Members engaged	No. of Influencers engaged
Andhra	186	693	216
Odisha	131	835	355
Assam	276	645	374
Manipur	20	47	40
Nagaland	25	302	40
Arunachal	25	79	55
Total	663	2601	1080



6. **Support to VHNDs for Immunization and COVID-19 awareness sessions**

A total of **856 VHND sessions** were supported by the CBOs and influencers.



7. **Mass Awareness on Routine Immunization CAB & COVID-19 vaccination**

The intervention blocks in Dhubri & Darrang, Assam were severely impacted with floods during our intervention period. Team VHAI ensured Routine Immunization, COVID-19 vaccination and CAB in these area and conducted mass awareness through boats. More than **60 unreached villages** were covered.



8. **Engagement of local influencer** like Village head, community/tribal leaders and religious leaders to address superstitions and cultural beliefs of the community. More than **1080 influencers** were engaged in all the project areas.



9. **LODOR identification & immunization** through community consultations and household visits The team identified a total of **1823 LODOR children** and **1466 LODOR children** were immunized through the efforts of CBOs and influencers.



Community Consultation



Awareness through *Mobile bani* (Talks through mobile) & folk songs in Odisha

VHAI Team developed a toll free no. 9266657333 through which the community gets awareness messages on Routine Immunization, breast feeding and COVID-19 vaccination through songs in local language. This toll free no. was circulated widely in our intervention areas of Odisha. A person has to just give a missed call on this no. and instantly s/he receives a call back wherein folksong in odia language on Routine Immunization, breast feeding and COVID-19 vaccination is played. The songs used in *Mobile bani* are composed locally by our project team and are used in mikings also.



“This month, I have identified 07 LODOR families in my area and have been able to counsel the parents of the LODOR children to resume their Immunisation. 02 of the LODOR children have already resumed their Immunisation and I will ensure that the others do the same.”

-Maijan Begum, local influencer, Barama Block, Baksa district.

Engaging Buddhist monks in Arunachal Pradesh



In Arunachal Pradesh, the major inhabitants of our intervention district, Namsai are tribal people belonging to Khamti and Singpho tribe who are followers of Buddhism. Our team is engaging Buddhist monks of the area in project as the influencers to motivate the community people for Immunization and importance of handwashing. *In the pictures, VHAI field team celebrating Global Handwashing Day in a Buddhist monastery in Namsai.*

Key Achievements of the Project

Indicator	Achievement
Number of intervention states	06
Number of intervention districts	17
Number of intervention blocks	40
Number of NGOs/CSOs trained on Routine Immunization and COVID-19 prevention	80
Number of CBOs trained on Routine Immunization and COVID-19 prevention	663
Number of local influencers trained on Routine Immunization and COVID-19 prevention	1080
Number of frontline workers (ASHAs/AWWs) trained and engaged	968
Number of LODOR (Left Out, Drop Out, Resistant) children identified and mobilized	1823
Number of community consultations done	490
No. of VHNDs/Immunization sessions supported	856
No. of House hold visits/IPC sessions done to mobilize the people on RI & COVID-19	34505
Number of people reached under the project	380000

Number of Community Consultations, Household visits and VHNDs supported

States	No. of Community Consultations conducted	No. of Households visited	No. of VHNDs supported
Andhra	98	8436	180
Odisha	154	12867	240
Assam	181	9210	313
Manipur	20	1352	44
Nagaland	19	1414	39
Arunachal	18	1226	40
Total	490	34505	856

Around 3,80,000 people were reached through various community mobilization activities in VHAI's intervention areas.



COVID-19 Response in India- Enabling Healthy and Resilient Communities

The COVID-19 pandemic has exposed the fault lines in the health care systems around the world. It highlights the critical need of the hour, a 'health promotion linked roadmap', to boost the nation's capacity. It requires coordinated intervention, which is a collective action of the government and other stakeholders, including local communities.

Against this backdrop, the Voluntary Health Association of India (VHAI), with the support of International Union for Health Promotion and Education (IUHPE) and Vital Strategies, has implemented an innovative community-based health promotion programme with the objective of building the capacity and resilience of the local underserved communities and health systems and developing a sustainable roadmap for COVID-19 prevention. This programme focused on underserved communities in the state of Odisha, India, which has 32.59% of its population below poverty line. This programme is based on a Risk Communication and Community Engagement (RCCE) model of WHO, UNICEF and IRC that has been adapted by IUHPE and partners in Africa.

The programme was implemented by VHAI in 70 villages of Odisha

To build the capacity of the local communities on COVID-19 response and empower them to mitigate its impact.



To facilitate positive behaviour change on COVID-19 prevention and management.

To create peer educator networks and community coalitions for knowledge sharing and to coordinate local responses adapted to the needs of local communities.



To strengthen the ongoing government programmes catering to the needs of the vulnerable population.



To develop a sustainable roadmap for effective management and prevention of COVID-19 /future outbreak.





Priority Areas Addressed

- Barriers including myths, misinformation on COVID-19 including vaccination among the local communities;
- Low access to reliable and authentic information on COVID-19 prevention and control
- Lack of community awareness on available public services and programmes on COVID-19
- Poor coordination & feedback mechanisms, low community involvement in COVID-19 response among others



Key Activities



1. Rapid Baseline Assessment to understand myths and misinformation on COVID-19, including vaccination among the local communities.



2. Behaviour Change and Risk Communication through peer educator networks, Anti-COVID-19 squad* or the pre-existing COVID-19 team, community coalitions such as self-help groups, Village Health Sanitation Nutrition Committee (VHNSCs) as well as the government frontline workers.



3. Development of Communication Material taking into account the findings of the community based assessment as well as inequalities and vulnerabilities of the population.



4. Social Collective Action on health promotion through capacity strengthening of the community groups and active advocacy with the government for pro-vulnerable policies.



The project equipped the Anganwadi Centers to act as 'COVID-19 Information Centers' which run by peer educator groups/community volunteers in close coordination with frontline Government health care workers.



Communication material developed/adopted for Behavior Change and Communication



5. Strengthening ongoing Government programmes through convergence meetings of government departments to strengthen inter sectoral coordination and to address service delivery gaps.



6. Activating two-way feedback mechanism through interface meeting of community members/ groups with the service providers to address the needs and barriers of the community



7. Media Sensitisation and Engagement on updated COVID-19 prevention and control measures including sharing success stories and case studies from the project.





8. Capacity building for the local NGOs and CBOs on preventive measures, myths and misconception on vaccination, stigma and discrimination on COVID-19.



9. Addressing Social Determinants of Health including provision of hand washing facilities and other cross cutting issues like child marriage and gender discrimination.



10. Documenting the evidence and best practices to develop a sustainable future roadmap.



11. Endline Assessment to measure the achievement of the project objectives, capture and document evidence based best practices or lessons learnt and prepare a clear roadmap/ recommendations for the future.



Key Achievements



Reached more than
30,000 population



Capacitated and empowered
368 Peer educators, 156 Anti COVID-19
squads, 204 frontline health workers, and
236 other community stakeholders
on COVID-19

Prevention and control



Helping the Vulnerable Families for COVID-19 relief and entitlements



During COVID-19 pandemic, the Government had rolled out COVID-19 specific relief and benefits for the poor and needy. Most of the eligible beneficiaries availed those entitlements. A 'Ration Card' is an essential document to avail Government relief and other entitlements in India which is provided by the Government to poor households. Due to technical issues, some families did not have the ration card and hence were deprived from these entitlements

VHAI encouraged and provided hand holding support to the Anti COVID squad to identify such families and take appropriate measures. In Sana Madhapur village under B.N. Pur Gram Panchayat, the Anti COVID Squad members Jitendra Behera, Sudarsan Pradhan and Reeta Gouda came forward to help. They identified 7 such households in their village. They collected related documents and met the Block Tehsilder who is authorised with a magistrate power during the COVID-19 pandemic. The Tehsildar assured that appropriate actions would be taken and facilitated the necessary arrangement to issue ration card to these families. This incident inspired Anti COVID squad members in other Gram Panchayats to initiate the process in their respective Gram Panchayats.



VHAI-IUHPE Collaborative Efforts in South East Asia Region

The major cause of disease burden and premature deaths among countries in the South-East Asia Region (SEAR) are communicable and non-communicable diseases as well as the new emerging threats such as COVID-19. Tuberculosis, malaria & HIV/AIDs remain a major public health concern, while non-communicable diseases such as diabetes, cardiovascular diseases and cancers are increasing even among the poor. Furthermore, due to rapid globalization, the countries in the region are experiencing drastic changes in consumption patterns of food, tobacco and alcohol. Added to these are the huge disparities between and within the countries.

As all of us know, Health Promotion is a sustainable strategy to address the underlying causes of the growing disease burden and to reduce premature mortality as well as inequalities. Voluntary Health Association of India (VHAI) and the International Union for Health Promotion and Education (IUHPE) have collaborated to systematically expand IUHPE's Health Promotion agenda in the South East Asia Region (SEAR). The International Post of IUHPE for the SEAR is based at VHAI, New Delhi to carry out collaborative work in the region with specific objectives.

Leveraging existing networks to:



Facilitate the exchange of knowledge on health promotion and specific topics such as non-communicable diseases & horizontal integration of like-minded organizations within the South East Asia region

Liaise with other actors who are proactively working on Health promotion in the region

Carry out a feasibility study, with instrumental support from the IUHPE International Secretariat, outlining best practices in health promotion as well as existing resources and capacity within the South East Asia countries, and proposing training and intervention packages to further strengthen the capacity.

Key Activities



1. **Fund mobilized from Vital Strategies** to implement an integrated health promotion model on “Building Community Resilience on COVID-19 Prevention and Control in India using Risk Communication and Community Engagement (RCCE)”.



2. **Regional Advisory Committee** had a virtual meeting and discussion on health promotion's transformative potential to reach the unreached with active participation from Malaysia, Nepal, Sri Lanka, India and colleagues from IUHPE (Canada).



3. As an important part of the IUHPE Global Membership committee, VHAI actively participated in the monthly meetings of the committee to expand their health promotion agenda systematically in the region.



4. VHAI participated in the IUHPE Mentee-Mentor Programme to provide networking and professional growth opportunity, and sharing of knowledge, in a way that is tailored to career development interests and areas of expertise in IUHPE's health promotion community.



5. Research Article in SAGE Publication VHAI has contributed a research article on “Redefining Health Promotion to reach the unreached: Opportunities for transformative change in South and South East Asia which was published in the Global Health Promotion magazine of IUHPE – 70th anniversary edition as well as in SAGE.

Commentary

Redefining health promotion to reach the unreached: opportunities for transformative change in South and South-East Asia

Alok Mukhopadhyay^{1,2} and Nancepreet Kaur³

Abstract: The pandemic has exposed the vulnerability of our civilization and reinforced the importance of living in harmony with nature, not rampaging it in a conquering mode. South and South-East Asia have a vital role to play in achieving the global goal of 'Health for All' as the regions have a significantly large share of global income and multidimensional poor compared to other regions. Clearly, the progress in health and development outcomes of these regions cannot be achieved without addressing social determinants of health and ensuring active public participation. These regions must collectively address the social determinants of health following a realistic health promotion model. It is indeed a favourable time to look beyond the so-called predominantly reductionist biomedical model of health care to a more holistic model of health, that places humans and the environment at the centre, and emphasizes the importance of promoting health and wellbeing.

Keywords: health promotion, health for all, social determinants of health, health care, sustainable development, South and South East Asia, multidimensional poverty

The regions of South and South-East Asia have a vital role to play in achieving the global goal of 'Health for All'. After all, 24.8% and 8.5% of the world's population resides in South and South-East Asia, respectively (1). Tremendous strides have been made during the last five decades to provide solutions to the problems of health and development within the regions, but these need to be upscaled effectively. The countries in the regions have much in common. Running through them is the thread of a democratic political system. They have given birth to four major religions – Buddhism, Hinduism, Sikhism and Jainism – all of which profess health as one of the main pillars of human enlightenment. This religious underpinning has ensured a well-developed health tradition in the region. Unfortunately, much of this incredibly rich tradition of holistic health has started eroding and it is

imperative that sincere efforts be made to preserve and regenerate it before it is too late. The region also has a vibrant and living tradition of volunteerism and has a large body of volunteers and public health networks like the Voluntary Health Association of India (VHAI) (2). Many of them are highly motivated professionals, well equipped to take on the current and future challenges facing the health sector. Unfortunately, critical issues such as centralized planning, inadequate resource allocation, lack of people's involvement and underutilization of the infrastructure remain unaddressed.

On the one hand, given the enormity of this challenge, there is a long way to go. On the other hand, in many countries of South-East Asia, the importance of health promotion is well recognized. For example, Thailand has established a National Health Commission & Assembly in order to enable

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(This manuscript was submitted on 25 March 2021. Following blind peer review, it was accepted for publication on 15 October 2021.)

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Eat Right India Movement

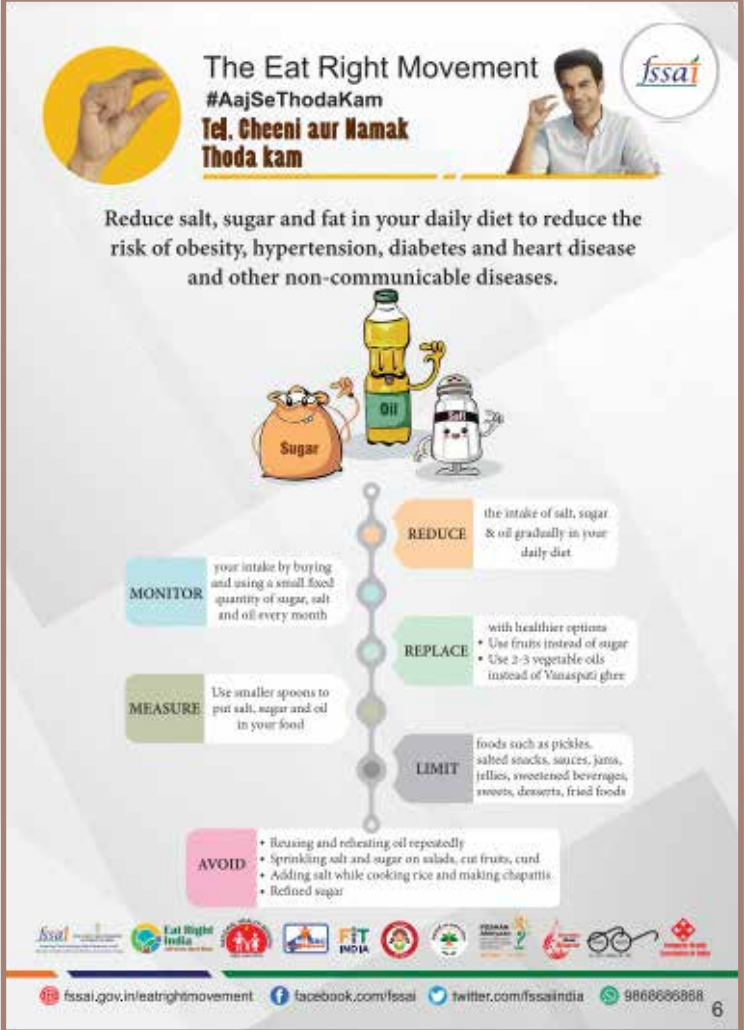


A healthy diet is one of the key responses to the rising incidence of non-communicable diseases. Launched in July 2018, 'The Eat Right Movement' is aligned with 'Ayushman Bharat', 'Jan-Aandolan' & 'Poshan Abhiyaan'. It is an all-encompassing nation-wide campaign with a focus on preventive and promotive healthcare through social and behavioural change on eating healthy and safe food. VHAI is a technical partner of FSSAI in the Eat Right Movement and is actively involved in the programme.

As a part of the movement, the EAT RIGHT toolkit has been co-developed by three organizations- Food Safety and Standards Authority of India (FSSAI), Voluntary Health Association of India (VHAI) & National Health Systems Resource Centers (NHSRC). The toolkit is developed with the aim to complement the existing components on preventive and promotive health. It will reach out to the citizens through the channel of Health & Wellness Centres under AYUSHMAN BHARAT, Ministry of Health & Family Welfare, Government of India. The Eat Right Toolkit is built on two broad pillars- Eat Healthy and Eat Safe, delivering clear and simple messages on eating healthy, foods to eat (balanced diet, nutrition during first 1000 days of life and foods to avoid (high fat, sugar and salt foods). It also includes crucial components on eating safe which deals

with maintaining hygiene (personal and environmental) and food safety & food adulteration. The toolkit through its engaging component aims to target the front-line health workers as well as local communities. It will be implemented by front-line health workers like ASHAs, Anganwadi workers (AWWs), Midlevel health providers and Medical Officers at the 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 and Gujarati.

In the year 2020-21, VHAI along with FSSAI and NSHRC conducted several training workshop for the National trainers and state trainers on Eat Right Toolkit.



The Eat Right Movement
#AajSeThodaKam
Tel. Cheeni aur Namak Thoda kam

Reduce salt, sugar and fat in your daily diet to reduce the risk of obesity, hypertension, diabetes and heart disease and other non-communicable diseases.

MONITOR your intake by buying and using a small fixed quantity of sugar, salt and oil every month

MEASURE Use smaller spoons to put salt, sugar and oil in your food

REDUCE the intake of salt, sugar & oil gradually in your daily diet

REPLACE with healthier options
• Use fruits instead of sugar
• Use 2-3 vegetable oils instead of Vanaspathi ghee

LIMIT foods such as pickles, salted snacks, sauces, jams, jellies, sweetened beverages, sweets, desserts, fried foods

AVOID
• Reusing and reheating oil repeatedly
• Sprinkling salt and sugar on salads, cut fruits, curd
• Adding salt while cooking rice and making chapattis
• Refined sugar

Logos: FSSAI, Eat Right India, NSHRC, FIT INDIA, etc.

Website: fssai.gov.in/eatrightmovement
Facebook: facebook.com/fssai
Twitter: twitter.com/fssaindia
Phone: 9868688888

More than 700 trainers were capacitated on the various aspects of the Eat right toolkit- Eat Healthy, Safe and Sustainable

Key Activities



Training of the State trainers who will thereafter train Medical Officers and Community Health Officers who in turn will further train their team of MPW-F, MPW- M and ASHAs at the facility level.



Eat right toolkit training as a part of VHAI's programmes to the field teams of various projects.

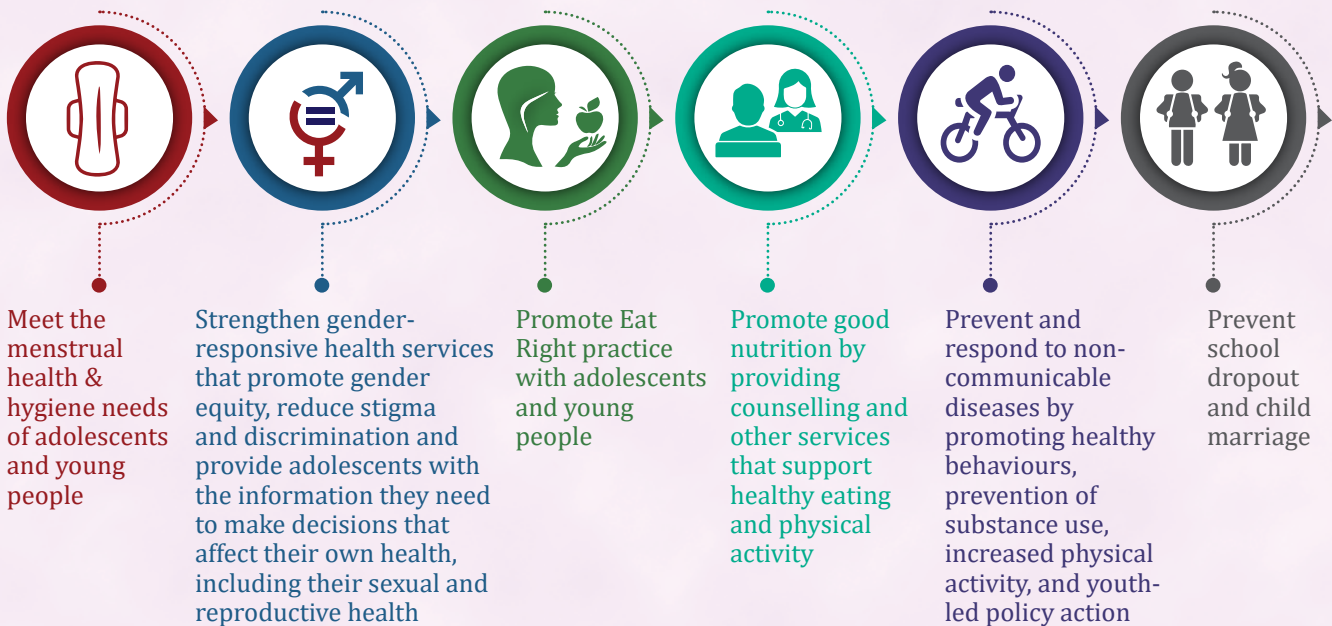


Eat Right India Website
The Eat Right Toolkit and videos are available in English, Hindi and all the regional languages and can be accessed at <https://eatrightindia.gov.in/eatright-toolkit.jsp>



Promoting Adolescent Health during COVID-19 pandemic through Peer Education Model

The COVID-19 pandemic introduced unprecedented changes in the lives of adolescents and youths. These changes brought a sudden loss of structure routine and sense of control. Families faced unique stressors ranging from unexpected illness, sudden unemployment and financial crisis. VHAI took initiatives to promote health seeking behaviour within adolescents and youths in 90 villages in Ganjam district, Odisha with the objective to:



Strengthening Peer Education Model

Identification and capacity building of Peer Educators on SRHR, Life Skill Education, Nutrition, Prevention and management of COVID-19, prevention and management of NCDs was done. They further trained their respective groups.

PEs forums were established for cross learning and sharing of achievements, success stories and challenges among groups. Regular education session and interaction facilitated by Peer Educators at COVID Information Centre developed by VHAI.

Major achievements through Peer Education model



Established and equipped 75 information dissemination centres for adolescents at Anganwadi Centres



Regular health education session through peer educators with support from AWWs and ASHA in 90 villages



Capacity building for 300 Peer Educators



Demonstration session on hand washing, Eat Right, Nutrition in 62 villages.



Village level campaign for COVID-19 vaccination in 26 villages.



Preventing school dropout



VHAI facilitated tuition support for 206 needy and poor girls in 19 remote and distant villages.



Parents of 256 vulnerable students were counselled and 38 girls were linked with scholarship under different social protection schemes.

Preparation of village level COVID response & child protection plan

Adolescent group members with support from women group members, front line health workers, PRI members and Community leaders initiated community awareness activities through small group interaction, interaction with parents of adolescent girls on COVID-19 preventive measures like proper use of mask, hand washing technique, maintaining social distancing along with need and importance of vaccination.



Meeting with the Community leaders on preparation of Child Protection Plan at the Village level



Social Media Snippets



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



Voluntary Health Association of India
Published by Vhai India · February 25 ·

The COVID-19 pandemic has severely disrupted schools and education. Online education entailed several challenges including unavailability of smart phones among vulnerable populations, internet issues and gender based digital divide. This further exposed children, especially girls to dropping out of schools. To address this issue, Peer Educators identified by VHAI in Khallikote Block, Ganjam District, Odisha came forward to provide free coaching to poor students in their villa. [See more](#)



93 People reached · 3 Engagements · -1.4x lower Distribution score

[Boost post](#)

Voluntary Health Association of India
Published by Vhai India · February 2 ·

As a part of UNICEF-VHAI project on increasing routine immunization coverage, the team is regularly conducting community consultations in low performing districts across six states in India. The team addresses common myths and beliefs about immunization along with counselling in the community. The community is also being sensitized on the COVID appropriate behaviours and COVID-19 vaccination hesitancy.

#Immunization #COVID19 #COVIDVaccine #UNICEF



Visit the COVID-19 Information Center for vaccine resources. [Get Vaccine Info](#)

VHAI @vhai_india · 08/10/21

VHAI has facilitated common [#handwashing](#) facilities at public places in rural areas of [#Odisha](#) where water scarcity is a concern. These facilities have helped in creating awareness among the community and has promoted [#COVID19](#) appropriate behavior.

[#COVIDResponseIndia](#)



4 likes

Voluntary Health Association of India
10 Feb ·

Team Arogya in Lucknow conducting counselling of Diabetic and Hypertensive patients identified during the screening camps. The counselling involves education on lifestyle and dietary changes to combat Non-Communicable diseases like Diabetes and Hypertension. The patients are referred to the local government health facility for further treatment.

[#NonCommunicableDiseases](#) [#Diabetes](#) [#DiabetesAwareness](#) [#Hypertension](#) [#HypertensionAwareness](#) [#LifestyleChange](#) [#Nutrition](#) [#Diet](#)



Send Message

Hi! Please let us know how we can help.

Voluntary Health Association of India
9 Mar ·

VHAI with support from PRI members, Community Based Organizations and Peer Educators developed COVID Information Centres at 30 strategic locations... [See more](#)



You and 1 other

VHAI @vhai_india · Oct 26, 2021

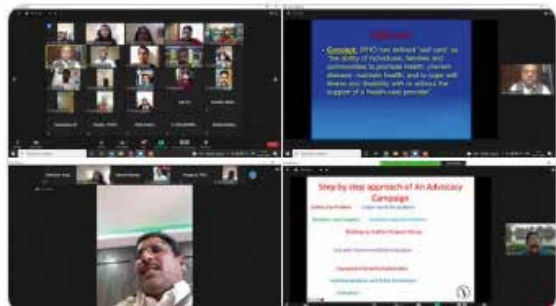
VHAI organized its 47th Annual General Body Meeting virtually on Oct 22, 2021. The AGBM was conducted systematically through technical session on mental health by Dr. Vikram Patel followed by VHAI's key achievements by the Chief Executive along with financial highlights.



1 like

VHAI @vhai_india · Jan 10

VHAI organized a two half-day Virtual Workshop on Health and Wellbeing for South India. Over 50 participants from state VHAs and partner organizations from Tamil Nadu, Andhra Pradesh, Telangans and Kerala participated and developed a future roadmap on [#HealthPromotion](#).



1 like



FINANCIAL HIGHLIGHTS 2021-22

Gross receipts in the Financial year were Rs.5,00,46,723 of which 70.67% were received for implementation of Specific Projects and 29.33% were raised from local resources. Gross Expenditure was Rs.5,03,10,000 of which 70.06% were spent on Anti-Tobacco Campaign activities, TB Control Activities, Immunization programme, COVID relief & control, Reproductive & Child Health and other specific projects, 10.91% were spent on Publications, Research, Information, Advocacy & Campaigns, 15.22% were spent on Administrative Support Services and 3.82% were spent on capital costs & maintenance work of office buildings.

Receipts During the Year	Previous Year	Current year	Percentage	
Specific Projects				
CTFK for Tobacco Control Activities	1,63,25,655	1,82,89,217	36.54	
UN agencies	1,28,48,603	1,05,23,133	21.03	
Global Fund for TB Control Work	2,97,75,470	25,75,317	5.15	
SIMAVI for Women Health & RCH related activities	83,67,108	-	-	
Mannion Daniels/Amplify Change for RCH Issues	5,00,000	-	-	
Kerk in Actie for Food & Nutrition	18,20,000	-	-	
International Union for Health Promotion & Education	-	18,43,275	3.68	
The Constellation - Community Mobilisation	95,619	-	0.00	
CSR Grants - Lal PathLabs Foundation	42,64,756	21,37,000	4.27	70.67
Income from other sources				
Funds from Local Agencies	17,48,982	16,05,582	3.21	
Interest from Bank and Investments	45,95,785	53,11,084	10.61	
Distribution of Health Related Materials	11,458	17,146	0.03	
Other Receipts – Local Fundraising	62,37,819	77,44,969	15.48	29.33
Total Receipts	8,65,91,255	5,00,46,723	100	100.00

Expenditure During the Year	Amount (Rs.)	Amount (Rs.)		
TB Control Programme	2,97,75,293	25,75,494	5.12	
Tobacco Control Programmes	1,63,25,655	1,65,84,371	32.96	
Projects Supported by UN agencies	1,06,70,788	98,49,333	19.58	
Women Health related activities	98,22,936	20,79,015	4.13	
Right to Adequate Food & Nutrition	18,20,000	-	-	
Community Mobilisation on Health Issues	1,39,095	-	-	
Covid Relief, awareness and control	-	41,56,800	8.26	
Arogya - Community based Intervention on NCDs	42,64,756	-	-	70.06
Policy Research Programmes for better Development	31,56,455	31,65,757	6.29	
Support to State VHAs	2,17,861	2,94,846	0.59	
Health programmes in Aspirational Districts	20,57,683	20,27,212	4.03	10.91
Finance Services	31,68,402	24,41,226	4.85	
Statutory Administrative Expenses	14,64,008	13,28,784	2.64	
Office Support Costs	38,21,281	38,86,988	7.73	15.22
Capital Costs & Maintenance of Building		19,20,174	3.82	3.82
Total Programme Expenditure	8,67,04,213	5,03,10,000	100.00	100.00
Surplus/(Shortfal) at the end of the year	(1,12,958)	(2,63,277)		



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Senior Technical Advisor

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Vinay Sharma
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Words of Appreciation

"My prayer & blessings will be with you, God bless you." - Saint 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

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

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

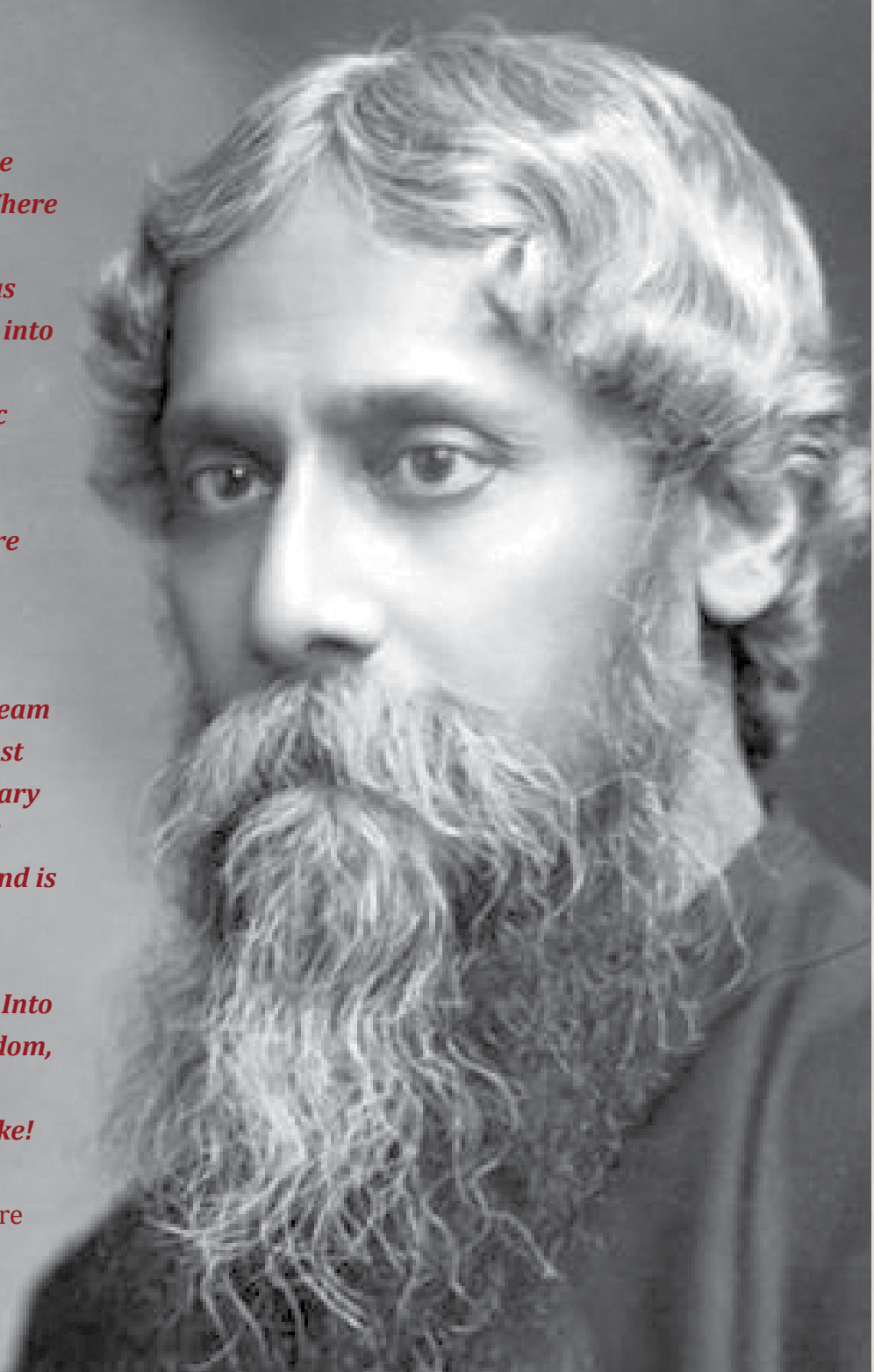
“Congratulations on the COVID-19 report. The report is impressive in its range & scope and indeed the key recommendations resonate with the experiences and consequences of the pandemic across many countries. I very much appreciated the attractive front cover too! Thoroughly enjoyed reading it.”

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

VHAI Anthem

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

- Rabindranath Tagore





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