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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.
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
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.
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.
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, VHAI 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:

- Health Promotion
- Self Care
- Equity

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
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 VHAI 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.

VHAI’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

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

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

- **2000 E-Shram**
  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 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.
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.

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**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.

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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.
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:
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.
VHAI’s primary objective on engagement with media was to sensitize 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 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

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 Government.

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

PROBE ORDER

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 4, 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 5.

He has been replaced by Surbhi Dwivedi who will now handle the responsibility of Appointment Section 3.
Passive smoking puts Rs 56,000 crore burden on healthcare

This is on top of the staggering Rs 150,000 crore (S$27.5 billion) in annual economic burden from all types of tobacco use.

Kalyan Ray, DHNS, New Delhi,
MAR 23, 2023, 23:07 IST | UPDATED: MAR 24, 2023, 08:19 IST

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 to the study, the annual economic burden of secondhand smoke exposure in India amounts to Rs 56,000 crore (approximately S$27.5 billion), which is equivalent to 10% of the country’s annual Gross Domestic Product (GDP).

The study, conducted by researchers at the Indian Council of Medical Research (ICMR) and the Indian Institute of Astrophysics (IIA), is the first of its kind in India and is based on a comprehensive analysis of various economic factors associated with secondhand smoke exposure.

The study found that the economic burden of secondhand smoke exposure in India is significant and affects not only the individual health outcomes but also the overall economic productivity of the country.

The researchers estimated that the economic burden of secondhand smoke exposure is equivalent to 10% of India’s annual GDP, making it a major economic concern.

The study highlights the need for stronger policies and interventions to reduce secondhand smoke exposure and mitigate its economic impact.

The results of the study have important implications for policymakers and stakeholders in the healthcare sector, as they provide a robust economic rationale for the need to adopt evidence-based policies to address secondhand smoke exposure.

The study also emphasizes the importance of addressing the issue of secondhand smoke exposure in a comprehensive manner, encompassing both public health and economic perspectives.

The findings of the study are particularly relevant in the context of the ongoing COVID-19 pandemic, as secondhand smoke exposure is associated with increased risk of severe illness and mortality.

The study recommends the implementation of comprehensive tobacco control policies and the promotion of smoking cessation programs as a means of mitigating the economic burden of secondhand smoke exposure.

Overall, the study underscores the urgent need for a coordinated multi-sectoral approach to address the issue of secondhand smoke exposure in India, aiming to reduce the economic burden associated with this public health concern.

The study was published in the Journal of Nicotine and Tobacco Research, and the full results are available for further reference.
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

Arunachal Pradesh
Namsai

Nagaland
Kiphire

Manipur
Chandel

Assam
Dhubri
Goalpara
Barpeta
Baksa
Halakandi
Darrang
Udalguri

Odisha
Koraput
Malkangiri
Khandmai
Bolangri

Andhra Pradesh
Visakhapatnam
Vizianagaram
Kadapa
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

<table>
<thead>
<tr>
<th>States</th>
<th>No. of CBOs engaged</th>
<th>No. of CBO Members engaged</th>
<th>No. of Influencers engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra</td>
<td>186</td>
<td>693</td>
<td>216</td>
</tr>
<tr>
<td>Odisha</td>
<td>131</td>
<td>835</td>
<td>355</td>
</tr>
<tr>
<td>Assam</td>
<td>276</td>
<td>645</td>
<td>374</td>
</tr>
<tr>
<td>Manipur</td>
<td>20</td>
<td>47</td>
<td>40</td>
</tr>
<tr>
<td>Nagaland</td>
<td>25</td>
<td>302</td>
<td>40</td>
</tr>
<tr>
<td>Arunachal</td>
<td>25</td>
<td>79</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>663</strong></td>
<td><strong>2601</strong></td>
<td><strong>1080</strong></td>
</tr>
</tbody>
</table>
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.
**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 odiya 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

<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 intervention blocks</td>
<td>40</td>
</tr>
<tr>
<td>Number of NGOs/CSOs trained on Routine Immunization and COVID-19 prevention</td>
<td>80</td>
</tr>
<tr>
<td>Number of CBOs trained on Routine Immunization and COVID-19 prevention</td>
<td>663</td>
</tr>
<tr>
<td>Number of local influencers trained on Routine Immunization and COVID-19 prevention</td>
<td>1080</td>
</tr>
<tr>
<td>Number of frontline workers (ASHAs/AWWs) trained and engaged</td>
<td>968</td>
</tr>
<tr>
<td>Number of LODOR (Left Out, Drop Out, Resistant) children identified and mobilized</td>
<td>1823</td>
</tr>
<tr>
<td>Number of community consultations done</td>
<td>490</td>
</tr>
<tr>
<td>No. of VHNDs/Immunization sessions supported</td>
<td>856</td>
</tr>
<tr>
<td>No. of Household visits /IPC sessions done to mobilize the people on RI &amp; COVID-19</td>
<td>34505</td>
</tr>
<tr>
<td>Number of people reached under the project</td>
<td>380000</td>
</tr>
</tbody>
</table>

Number of Community Consultations, Household visits and VHNDs supported

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

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 create peer educator networks and community coalitions for knowledge sharing and to coordinate local responses adapted to the needs of local communities.
- To develop a sustainable roadmap for effective management and prevention of COVID-19 /future outbreak.
- To facilitate positive behaviour change on COVID-19 prevention and management.
- To strengthen the ongoing government programmes catering to the needs of the vulnerable population.
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.
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
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.
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.

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**Commentary**

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

Alekh Mukhopadhyay and Nanceept Kaur

Abstract: The pandemics has exposed the vulnerability of our civilization and reinforced the importance of living in harmony with nature, not rampaging it as a conquering mode. South and South-East Asia have a vital role to play in achieving the global goal of Health for All. The regions have a significantly large share of global income and significant population compared to other regions. Clearly, the progress in health and development outcomes in these regions cannot be achieved without addressing the 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 public/medical 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 well-being.

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. 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 Janism – 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 rejuvenate it before it is too late. The regions also have a vibrant and rising tradition of voluntarism and has a large body of volunteers and public health networks like the Voluntary Health Association of India (VHAI) (3). Many of them are highly motivated professionals, well equipped to take on the current and future challenges facing the health sector. Unfortunately, several issues such as unsuitable 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...
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.

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 behavior within adolescents and youths in 90 villages in Ganjam district, Odisha with the objective to:

- Meet the menstrual health & hygiene needs of adolescents and young people
- Strengthen gender-responsive health services that promote gender equity, reduce stigma and discrimination and provide adolescents with the information they need to make decisions that affect their own health, including their sexual and reproductive health
- Promote Eat Right practice with adolescents and young people
- Promote good nutrition by providing counseling and other services that support healthy eating and physical activity
- Prevent and respond to non-communicable diseases by promoting healthy behaviors, prevention of substance use, increased physical activity, and youth-led policy action
- Prevent school dropout and child marriage

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.
Voluntary Health Association of India

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.
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 VHA in February 23

The COVID-19 pandemic has severely disrupted schools and education. Online education entailed several challenges, including unavailability of smartphones 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 Bhagalpur, Gajipur District, Odisha, came forward to provide free coaching to poor students in their area. See more.

Voluntary Health Association of India

Published by VHA in February 2

As part of UNICEF-VHAI project on increasing routine immunization coverage, the team is regularly conducting community mobilizations in low-performing districts across six states in India. The team assesses community myths and beliefs about immunization along with counseling the community. The community is also being sensitized on the COVID appropriate behaviors and COVID-19 vaccination. See more.

Voluntary Health Association of India

Published by VHA in February 22

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

Voluntary Health Association of India

Published by VHA in February 21

Team Ayogya 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
#Get

Voluntary Health Association of India

Published by VHA in February 20

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

Voluntary Health Association of India

Published by VHA in February 19

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 Chair Executive along with financial highlights.

Voluntary Health Association of India

Published by VHA in February 18

VHAI organized a two half-day Virtual Workshop on Health and Wellbeing
for South India. Over 100 participants from state VHAs and partner
organizations from Tamil Nadu, Andhra Pradesh, Telangana and Kerala
participated and developed a future roadmap on #HealthPrevention.
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.

<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>1,63,25,655</td>
<td>1,82,89,217</td>
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<tr>
<td>UN agencies</td>
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<tr>
<td>Global Fund for TB Control Work</td>
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<tr>
<td>SIMAVI for Women Health &amp; RCH related activities</td>
<td>83,67,108</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Mannion Daniels/Amplify Change for RCH Issues</td>
<td>5,00,000</td>
<td>-</td>
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<tr>
<td>Kerk in Actie for Food &amp; Nutrition</td>
<td>18,20,000</td>
<td>-</td>
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<td>International Union for Health Promotion &amp; Education</td>
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<td>The Constellation - Community Mobilisation</td>
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<td>0.00</td>
</tr>
<tr>
<td>CSR Grants - Lal PathLabs Foundation</td>
<td>42,64,756</td>
<td>21,37,000</td>
<td>4.27</td>
</tr>
<tr>
<td><strong>Income from other sources</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds from Local Agencies</td>
<td>17,48,982</td>
<td>16,05,582</td>
<td>3.21</td>
</tr>
<tr>
<td>Interest from Bank and Investments</td>
<td>45,95,785</td>
<td>53,11,084</td>
<td>10.61</td>
</tr>
<tr>
<td>Distribution of Health Related Materials</td>
<td>11,458</td>
<td>17,146</td>
<td>0.03</td>
</tr>
<tr>
<td>Other Receipts – Local Fundraising</td>
<td>62,37,819</td>
<td>77,44,969</td>
<td>15.48</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td><strong>8,65,91,255</strong></td>
<td><strong>5,00,46,723</strong></td>
<td>100</td>
</tr>
<tr>
<td>Expenditure During the Year</td>
<td>Amount (Rs.)</td>
<td>Amount (Rs.)</td>
<td>Amount (%)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>------------</td>
</tr>
<tr>
<td>TB Control Programme</td>
<td>2,97,75,293</td>
<td>25,75,494</td>
<td>5.12</td>
</tr>
<tr>
<td>Tobacco Control Programmes</td>
<td>1,63,25,655</td>
<td>1,65,84,371</td>
<td>32.96</td>
</tr>
<tr>
<td>Projects Supported by UN agencies</td>
<td>1,06,70,788</td>
<td>98,49,333</td>
<td>19.58</td>
</tr>
<tr>
<td>Women Health related activities</td>
<td>98,22,936</td>
<td>20,79,015</td>
<td>4.13</td>
</tr>
<tr>
<td>Right to Adequate Food &amp; Nutrition</td>
<td>18,20,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Community Mobilisation on Health Issues</td>
<td>1,39,095</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Covid Relief, awareness and control</td>
<td>-</td>
<td>41,56,800</td>
<td>8.26</td>
</tr>
<tr>
<td>Arogya - Community based Intervention on NCDs</td>
<td>42,64,756</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Policy Research Programmes for better Development</td>
<td>31,56,455</td>
<td>31,65,757</td>
<td>6.29</td>
</tr>
<tr>
<td>Support to State VHAs</td>
<td>2,17,861</td>
<td>2,94,846</td>
<td>0.59</td>
</tr>
<tr>
<td>Health programmes in Aspirational Districts</td>
<td>20,57,683</td>
<td>20,27,212</td>
<td>4.03</td>
</tr>
<tr>
<td>Finance Services</td>
<td>31,68,402</td>
<td>24,41,226</td>
<td>4.85</td>
</tr>
<tr>
<td>Statutory Administrative Expenses</td>
<td>14,64,008</td>
<td>13,28,784</td>
<td>2.64</td>
</tr>
<tr>
<td>Office Support Costs</td>
<td>38,21,281</td>
<td>38,86,988</td>
<td>7.73</td>
</tr>
<tr>
<td>Capital Costs &amp; Maintenance of Building</td>
<td></td>
<td>19,20,174</td>
<td>3.82</td>
</tr>
<tr>
<td>Total Programme Expenditure</td>
<td>8,67,04,213</td>
<td>5,03,10,000</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Surplus/(Shortfall) at the end of the year</strong></td>
<td><strong>(1,12,958)</strong></td>
<td><strong>(2,63,277)</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
VHAI Executive Board Member 2021-23

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

Sr. Jancy Jacob
Member
Navjeevan Educational & Social Welfare Society, Fair Field Colony, Digha Ghat, P.O.-Digha, Patna – 800 011

Ms. Anjana Borkakoti
Vice-President
4 A, Nibaas apartments,
CID Bylane, Dr. B.K. Kakati Road,
Ulubari, Guwahati - 781007

Ms. Ezabir Ali
Member
Mir Manzil, Pandrethan
Srinagar – 191101
Jammu & Kashmir

Prof. D.K. Ray
Secretary
Voluntary Health Association of Tripura
Circuit House Area, P.O. Kunjaban
Agartala – 799006

Mr. Satyen Chaturvedi
Member
70/170 Mansarovar
Jaipur – 302020
Rajasthan

Mr. K.K. Swain
Treasure
Odisha VHA
Lokaswasthya Bhawan
165, Laxmisagar Square
Bhubaneshwar – 751006

Mr. Shaik Ismail
Member
Flat No: 403, ROYAL LUXURY APARTMENT
Nr. Hon’ble C M Camp Office / Bharatmatha Statue
Tadepalli - 522 502
GUNTUR DISTRICT,
Andhra Pradesh

Mr. O.J. Paul
Member
Ookken House
Parakkadavu, Kurumassery
Ernakulam, Kerala-683579

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

(As on 31st March 2022)
# VHAi Team

## National Programme Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alok Mukhopadhyay</td>
<td>Chairman (Advisory Committee)</td>
</tr>
<tr>
<td>Bhavna B. Mukhopadhyay</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Dr. P.C. Bhatnagar</td>
<td>Senior Technical Advisor</td>
</tr>
<tr>
<td>Binoy Mathew</td>
<td>Programme Manager (Advocacy and Communications)</td>
</tr>
<tr>
<td>Dr. Swapnil Jain</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td>Akanksha Bangwal</td>
<td></td>
</tr>
<tr>
<td>Dr. Nancepreet Kaur</td>
<td>Programme Manager</td>
</tr>
<tr>
<td>Shibendu Bhattacharjee</td>
<td>Programme Officer (Advocacy)</td>
</tr>
</tbody>
</table>

## State Projects – Odisha

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debananda Mohanta</td>
<td>Programme Officer</td>
</tr>
<tr>
<td>Shisira Kumar Biswal</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Deepak Khuntia</td>
<td>Programme Assistant</td>
</tr>
<tr>
<td>Abhishek Kumar Tiwari</td>
<td>Field Officer</td>
</tr>
</tbody>
</table>

## State Projects – Uttar Pradesh

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.P. Sharma</td>
<td>Consultant</td>
</tr>
<tr>
<td>Vikram Mishra</td>
<td>Consultant</td>
</tr>
<tr>
<td>Mumtaj Ali</td>
<td>Field Officer</td>
</tr>
<tr>
<td>Abhishek Kumar Tiwari</td>
<td>Field Officer</td>
</tr>
</tbody>
</table>

## 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>
</tbody>
</table>

## State Project – Telangana

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. K. Venkata Rao</td>
<td>State Programme Manager</td>
</tr>
<tr>
<td>V. Narahari</td>
<td>State Programme Officer</td>
</tr>
<tr>
<td>Ms. Naga Sirisha</td>
<td>Communication Consultant</td>
</tr>
</tbody>
</table>

## State Projects – Odisha

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>V.H.Ai Team</td>
<td></td>
</tr>
<tr>
<td>Mumtaj Ali</td>
<td>Field Officer</td>
</tr>
<tr>
<td>Abhishek Kumar Tiwari</td>
<td>Field Officer</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>Vinay Sharma</td>
<td>Finance &amp; Accounts Officer</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 (Administration &amp; Personnel)</td>
</tr>
<tr>
<td>Sanjay Kumar</td>
<td>Assistant</td>
</tr>
<tr>
<td>Subhash Bhaskar</td>
<td>Junior Programme Officer</td>
</tr>
<tr>
<td>Bhola Nath</td>
<td>Driver</td>
</tr>
<tr>
<td>U.N. Jha</td>
<td>Assistant</td>
</tr>
<tr>
<td>Rakesh Kumar Jha</td>
<td>Helper</td>
</tr>
<tr>
<td>Virender Kumar</td>
<td>Assistant</td>
</tr>
<tr>
<td>State Voluntary Health Association</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **Mr R. Manmohan**  
Coordinator  
Andhra Pradesh VHA  
157/6, Gun Rock Enclave West Secunderabad - 500 003  
ANDHRA PRADESH |
| **Mr Ali Mohammed Mir**  
Executive Director  
J & K Voluntary Health & Development Association  
Mir Manzil, Pandrethan  
Srinagar - 191 101, JAMMU AND KASHMIR |
| **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 |
| **Dr. Biman Natung**  
Executive Director  
VHA of Arunachal Pradesh  
Post Box No. 185  
Polo Hospital Complex  
Ganga Market, P.O. Itanagar – 791 111  
ARUNACHAL PRADESH |
| **Mr Saju V. Itty**  
Executive Officer  
Kerala VHS  
Mullankuzhi, Collectorate P.O.  
Kottayam - 686 002, KERALA |
| **Mr Satyen Chaturvedi**  
Executive Director  
Rajasthan VHA  
A-12/B, MahaveerUdyan Path  
Bajaj Nagar, Jaipur-302015  
RAJASTHAN |
| **Ms. Ruchira Neog**  
Executive Director  
VHA of Assam  
East Jyotinagar, Guwahati College Road  
Bamunimaidam P.O  
Near Haldi Mill, Guwahati i - 781021,  
ASSAM |
| **Mr Mukesh Kumar Sinha**  
Executive Director  
Madhya Pradesh VHA  
Post Kasturbagram  
Khandwa Road, (Near Bilawali Lake)  
Indore - 452 020, MADHYA PRADESH |
| **Mr Dr. B. B. Rai**  
Executive Director  
VHA of Sikkim  
Tadong, Gangtok – 737102  
EAST SIKKIM |
| **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 Mr. L Suranjoy Singh**  
Secretary  
Manipur VHA  
Wangkhei Ningthem Pukhri Mapal,  
Imphal - 795 001, MANIPUR |
| **The Executive Director**  
VHA of Tamil Nadu  
Plot No. 47 & 48, Sri Balaji Nagar,  
Katankulathur, Post-Potheri - 603 203,  
Kancheepuram District, TAMIL NADU |
| **Executive Director**  
VHA of Meghalaya  
Adj. to Eden Bless Residential School  
Umkdait, Nongmynsong  
Shillong – 793 019  
MEGHALAYA |
| **Dr Sreelekhya Ray**  
Executive Director  
Tripura VHA  
Circuit House Area  
Opp. Bangladesh Visa Office  
P.O. Kunjaban, Agartala - 799 006,  
TRIPURA |
| **Mr Swapan Mazumder**  
Executive Director  
Bihar Voluntary Health Association  
West of Ganga Apartment, LCT Ghat, Mainpura,  
Patna – 800 001, BIHAR |
| **Executive Secretary**  
VHA of Meghalaya  
Adj. to Eden Bless Residential School  
Umkdait, Nongmynsong  
Shillong – 793 019  
MEGHALAYA |
| **Mr Vivek Awasthi**  
Executive Director  
Uttar Pradesh VHA  
5/459, ViramKhand,  
Gomti Nagar  
Lucknow - 226 010, UTTAR PRADESH |
| **Mr R. Manmohan**  
Coordinator  
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Kerala VHS  
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Kottayam - 686 002, KERALA |
| **Mr Satyen Chaturvedi**  
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New Delhi -110 028 |
| **Mr Mr. L Suranjoy Singh**  
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| **Executive Secretary**  
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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.” - 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” walka 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