Voluntary Health Association of India in 2012-13
Voluntary Health Association of India

VHAI is a non-profit, registered society formed in the year 1970. It is a federation of 27 State Voluntary Health Associations, linking together more than 4500 health care institutions and grassroots level community health programmes spread across the country.

VHAI’s primary objective is to “make health a reality for the people of India” by promoting community health, social justice and human rights related to the provision and distribution of health services in India.

VHAI tries to achieve these goals through campaigns, policy research, advocacy, need-based training, media and Parliament interventions, publications and audio-visuals, dissemination of information and running of health and development projects in some difficult areas.

VHAI works for people-centred policies and their effective implementation. It sensitises the general public on important health and development issues for evolving a sustainable health movement in the country with due emphasis on its rich health and cultural heritage.
In the recent history, health has not received as much importance as it has received over the last few years. Initiatives like Macroeconomics Commission on Health, Global Fund, World Bank’s and private foundations’ considerable investments in the health sector in developing countries and the Millennium Development Goals are some of the sincere expressions of concern to improve the health status. But favourable wind is of consequence if the direction of the boat is right.

It is heartening that now in all health forums; the social determinants dimension of health is well recognized. Millennium Development Goals are a very important move in that direction, but unfortunately “we have only 7 and a half years left and one billion people still live in extreme poverty.” More than one billion people lack access to safe drinking water. About 2 billion people have no regular access to reliable energy services. 750 million adults cannot read. And one of the most striking statistics is the odds that “a woman will die from complications in pregnancy in sub-Saharan Africa are 1 in 16 over the course of her lifetime, compared to 1 in 3800 in the developed world.” Until we have made significant progress on these critical areas, health will remain a distant dream for millions of people all over the world.

There can be little doubt that the greatest economic force now sweeping through the health care system worldwide is that of the market. Health is a vital human good and Medicare plays a key role in promoting it. Totally commercializing it even for the sake of choice and efficiency runs a potent risk of submitting it to the market-forces. The integrity of medicine itself is at stake. Thankfully for the poor in most developing countries the State still remains a principal provider in the Health Sector.

We need to look at the financial outlay that is required to meet the unfinished agenda of “Health for All”. Most developing countries, including well performing economies like India and China, invest far less than is required to meet their health goals. Although the situation has started changing recently with the realization that growing economies cannot be sustained without an appropriate public health infrastructure, as was borne out by the outbreak of SARS and Avian Flu. It is estimated that the cost of providing basic health care to the world’s unreached population will be amounting to $25 billion. This is about what Western Europe spends on cosmetics and fraction of $400 billion that the world spends on armaments annually.

Back to national scene, a lot of preparatory work was done by us and other like-minded organizations with considerable support from the Recommendations of the Report of the National Commission on Macroeconomics and Health; we had hoped that we will see substantial increase in the Health budget. To our great disappointment, this did not materialize, partially due to the financial crisis and perhaps subtle pressure by the Private Sector, to restrict the outreach of the Public Sector. Inspite of this disappointment, we hope the government will take the concept of Universal Health Coverage on board, so that we will gradually move towards this important goal, if not fully at least substantially. We have been encouraged by more pro-active role of the State Governments on health related issues, particularly related to Rural Health Mission and our immediate area of concern on Tobacco Control. Since Health is a State subject, ultimately, the health outcome will very much depend on the State Governments and their political will. There cannot be better example of this than Tamil Nadu.
Although Public Non-profit Partnership is an established norm now, from our own experience, we have seen that this partnership, particularly where there are monetary transactions, can turn into a kiss of death for economically fragile non-government sector. We have heard numerous stories of problems with funds release, lethargy of the systems and miss-governance, which makes operational aspect of this partnership extremely complex. VHAI’s own experience in many settings with this partnership has been frustrating as well as economically damaging, although the outcome was outstanding. This is in contrast to matured role of mutual support that we have played vis-à-vis government – both at the Centre and at the States in policy formulating, advocacy, capacity building and partnering during calamities and disasters. VHAI family needs to learn from these lessons to formulate our future strategy in this important area.

From all available information, statistics and data, it is obvious that non-communicable disease will be a significant threat for the health status of our people. We need to work much more proactively for Health Promotion and Prevention. We have considerable experience on this front, but our efforts need to upscale to have significant impact. We can learn from the global lessons and rely on our active partnership with World Health Organization, International Union for Health Promotion and Education and others in our future journey on this road. Globally it is recognized now that to wholesomely address the health challenges, we need to ensure Health in All Policies. “Health in All Policies is an approach to public policies across sectors that systematically take into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.” In the recent time, we have seen significant number of development programmes launched in the country to improve the governance of social and development programmes, which will pay a rich dividend in improving the health status. VHAI family must play significant role in this process.

The energetic collective effort of VHAI and State VHAs has resulted in numerous path breaking achievements during the year, particularly in our effort in Tobacco Control. We have also successfully partnered together to address the problems of Tuberculosis, Malaria, etc. I hope this cumulative action can make a significant change in the health status of our people.

Today the voluntary sector operates in not so congenial atmosphere with dwindling financial support due to gradual withdrawal of INGOs from India. Sustainability of our core programme is a huge challenge in front of us. We need to learn from other sectors on how to optimize our resources to sustain our core activities and concerns.

In many ways, VHAI is a unique organization with incredible outreach, a proven national and international reputation as well as being a futuristic institution. We need to build on this unique strength to ensure that we continue to play a significant role in the changing the health and development status of our people, particularly the unreached and excluded.

**Alok Mukhopadhyay**  
Chief Executive
Our Vision
Making Health a reality for the people of India

Mission
• Promotion of 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 the KHOJ and PACS projects.
• To provide relief and rehabilitation in areas affected by disasters and calamities and help the affected rebuild a better life for themselves.

Organizational Structure
VHAI is governed by an Executive Board consisting of 9 eminent persons elected democratically by its General Body. Elections to the Board are held every two years. There is a decentralized management system headed by the Chief Executive, who is supported by a group of skilled, professional and administrative staff, both at VHAI Headquarters in Delhi and the state project offices. The various programmes and project team performances are monitored at regular intervals during staff meetings and committees, sometimes also by professional evaluators. An evaluation of VHAI takes place every five years. VHAI places a lot of emphasis on upgrading skills and capacities of its staff. For this purpose, need-based trainings are regularly organized. Besides, staff members are also deputed for trainings to other organizations of repute in the country and abroad.

Our Path
• Health Policy Research and Policy interventions for a cost-effective promotive and preventive Health Care System.
• Advocacy and lobbying with policy makers.
• Supporting voluntary efforts through formation and strengthening of similar developmental initiatives.
• Initiating sustainable Health and Development programmes at the grassroots.
• Developing communication strategies aimed at promoting campaigns and Health education.
• Dissemination of information to wide range of audience.
• Effective Networking with Government, UN and voluntary organizations.
• Responding to disasters and calamities.

Functioning Areas
Policy Intervention, Knowledge Development and Advocacy
• International Level
• National Level

Community Level Action
• KHOJ projects
• Aparajita Odisha
• Aparajita Andaman

Disaster Response and Management
• Aparajita Andamans
• J&K VHA: Earthquake disaster management

RCH: Regional Resource centre

Communicable Disease prevention
• GFATM Axshya Project for TB prevention
• Malaria Control and Kala-azar Elimination amongst Vulnerable Communities
• Malaria Control (IMCP-II)

Capacity Building
• Strengthening State VHAs
• Resource Centre
• SIMAVI (SRHR)
• Health Promotion

Development Communication
• VHAI Publications
• Sales and Distribution

Gallery Freedom

Films for Change

VHAI Retreat: The Summit - Centre for Reflection on the Contemporary World
Chief Executive’s Office

The Chief Executive’s Office plays a critical role to strengthen VHAI’s mission to broaden its vision and to make health a reality for all. The Office critically examines, analyses and nurtures new ideas and innovations in all spheres of its activities. This includes conceptualization, resource mobilization, deciding priorities and operation of the projects.

The ongoing activities of the division during the year 2012-13 have been as follows:

Policy Intervention, Knowledge Development and Advocacy

VHAI’s health advocacy efforts emerge from the grassroots with a micro understanding of their health and development problems as well taking the micro concerns to the macro and policy level for formulation of effective policies and strategies to address them.

The organisation finds representation on the international committees of the WHO, World Bank, International Union for Health Promotion and Education (IUHPE)-Paris, etc., and in national and government bodies like National AIDS Control Board (NACO), Task Force on Tobacco Control, Advisory Committee - National Disaster Management Authority (NDMA), National Mentoring Group for ASHA as well as Advisory Group on Community Action (under National Rural Health Mission), National Nutrition Mission, Advisory Committee for National Policy for Children and the Common Review Mission (CRM) of NRHM.

Policy Intervention, Knowledge Development and Advocacy (International Level)

Collaboration with WHO:

- In order to continue fruitful collaboration between VHAI and WHO-SEARO and coordinating their efforts in the South-East Asia Region as well as collaborating closely in matters of common concern, a Memorandum of Understanding was signed between VHAI and WHO-SEARO last year. This has facilitated the attainment of the set objectives of VHAI and WHO-SEARO. As outlined in the MoU, the areas of activities for future cooperation are as follows:
  (a) Health policy research and policy interventions to promote a cost-effective promotive and preventive health care system
  (b) Advocacy, communication and awareness raising activities with policy and opinion makers, media, civil society and communities on health related issues
  (c) Collaboration in the planning, organization and implementation of projects and programmes of mutual interest
  (d) Dissemination of health information
  (e) Cooperating in the organization and conduct of courses, research, seminars, workshops, and symposia related to matters of common
  (f) Health Promotion and Prevention activities
  (g) Partnership in Health
  (h) South-South Collaboration

- The Chief Executive, VHAI is a Member of the Advisory Group for South-East Asia Primary Health Care Innovations Network(SEAPIN), constituted by WHO-SEARO, which has been in operation since August 2010. The objective of the SEAPIN is to support the efforts of Member States in strengthening their health systems through Primary Health Care approach. It is a matter of great pleasure and pride that the Secretariat of this Network, presently located at Institute of Primary Health Care Innovations, Bangkok, Thailand, will be moving to VHAI, New Delhi from August 2013 onwards for a term of 3 years as decided during the 2nd Annual
Meeting of the SEAPIN Members, held at Bangkok, Thailand.

- WHO Regional Office for South-East Asia organized a Meeting of Experts on Health in all Policies in South-East Asia at Bangkok. The Chief Executive, VHAI attended this meeting and shared his experiences in order to develop a Regional Framework on Health in All Policies. The consultation deliberated in detail on the regional situation and progress in the multi-sectoral action and mechanisms that drive health in all policies to address health equity and promote health of populations.

- As one of the major joint collaborative effort between VHAI and WHO, a Regional Consultation of NGOs and Civil Society were held at New Delhi on the theme ‘Post 2015 Health Development Agenda’. The specific objectives included:
  
  (a) developing a shared understanding and a regional perspective among NGOs and civil society organizations in the South-East Asia Region on the positioning of health in the post-2015 development agenda
  
  (b) reviewing the current status of the MDGs in the Region;
  
  (c) discussing the role of health in achieving poverty reduction, sustainable development and human well-being;
  
  (d) Reaching a regional understanding and agreement of the role of NGOs in carrying out the post-2015 health development agenda.

- Mr. Alok Mukhopadhyay attended the 8th Global Conference on Health Promotion (8GCHP), Helsinki, Finland in June 2013. The conference is co-organized by the World Health Organization (WHO) and the Ministry of Social Affairs and Health of Finland (MSAH). VHAI produced a WHO Film “Health in all Policies” in collaboration with Films for Change International which was screened in the conference.

Other International Collaborations:

- Mr. Alok Mukhopadhyay, Chief Executive, VHAI continues to be a Member of the Expert Advisory Committee of the European Union supported project on “Research & Development for a new methodology to evaluate and monitor health related EU-funded interventions in cooperation partner countries (EVAL-Health)”. The project is managed by a Consortium composed of nine participants from
various countries and is coordinated from Spain. The Chief Executive also continues to be a Member of the Board of Trustees, International Union for Health Promotion and Education (IUHPE), Paris.

- VHAI in collaboration with York Institute for Health Research, York University, Canada, implemented a research project, entitled “Health and Empowerment through better sanitation: Promoting awareness at the grassroots level” in the State of Rajasthan with a goal of engaging government, business and local community members to improve sanitation facilities and to develop a sustainable sanitation management plan with shared activities.

**Policy Intervention, Knowledge Development and Advocacy (National Level)**

VHAI has an acceptable voice in the central and state governments and considers it of prime importance to conduct serious action research on various health and development concerns.

- **Independent Commission on Development and Health in India (ICDHI)** - VHAI facilitated the setting up of ICDHI in 1995, as a people’s initiative to assess the current health and development status and facilitate the process of need-based and people-centric sustainable development and health. The Commission consists of distinguished persons from the health and development sectors. Since 1998 then 25 well-researched monographs on various current health and development issues, by eminent social scientists have been published. During the year 2012-13, ICDHI deliberated on the following issues:
  - Restructuring of the Ministry of Health & Family Welfare - to create a new Department of Public Health which will look into prevention, promotion and disease control aspects
  - Understanding the Realities of the National Rural Health Mission;
  - Review of the Report of the High Level Expert Group on Universal Health Care and have drawn out a series of action points to facilitate their early implementation;

- **National Disaster Management Authority (NDMA), Govt. of India** - For achieving the mission of NDMA, an Advisory Committee has been constituted involving eminent personalities from different fields. Appreciating VHAI’s effective work in disaster management programmes and activities during the Odisha Super Cyclone, Bhuj Earthquake, Tsunami and the Earthquake in Kashmir, the Chief Executive, VHAI has been nominated as one of the Members of the Advisory Committee, NDMA, Government of India.

- **Strengthening of National Rural Health Mission** - Since the launch of National Rural Health Mission (NRHM) in April 2005, VHAI has been providing continuous inputs in the functioning of the NRHM at various forums. VHAI has been specifically assigned the states of Jammu & Kashmir, Himachal Pradesh, Assam, Manipur, Nagaland, Sikkim and Tripura; to visit, assess selection, training, and support of ASHA and provide guidance to the States on the constitution of the State Level Mentoring Group.

VHAI is also a Member of:

- **ASHA Mentoring Group**
- **Advisory Group on Community Action under the NRHM & NCSP**
- **Common Review Mission (CRM) of NRHM.**
APARAJITA ANDAMAN

Since the devastating tsunami of 2004, VHAI has been working in Andaman and Nicobar Islands to rebuild the life & livelihoods of the affected communities and strengthening their coping mechanism to face future disasters. In the process of relief and rehabilitation, the team has established a strong partnership with local Government, Panchayati Raj Institutions and grass root level organisations. Following the logical conclusion of the relief and rehabilitation phase, VHAI planned for long term development initiatives to focus on the broad health needs of vulnerable communities and addressing their health determinants. Work was also initiated with local communities for disaster preparedness as well as increased health awareness. Gradually, management of two primary health care centres (PHC) in collaboration with A&N administration was initiated under public-private partnership:

- **PHC Kishori Nagar** located in North & Middle Andaman, was the first PHC handed over to VHAI Aparajita Andamans under Private Public Partnership (PPP) mode in the collaboration with the Andaman Nicobar Administration

- **PHC Chouldari** was inaugurated by Lt. Gen (Retd), Bhopinder Singh, PVSM, AVSM, Hon’ble Lieutenant Governor of Andaman & Nicobar Islands, in March 2012 in the presence of members of Parliament, Shri Bishnupada Roy, Chief Secretary, DHS, Officers of Andaman & Nicobar Administration, PRI members and community members.

Both the PHCs were started with 10 beds, OPD, well-equipped laboratory, X-Ray facilities and an Operation Theatre. VHAI apart from providing curative services also ensured that quality preventive & promotive services are also provided by the PHCs.

**Key Achievements:**

- **Outreach activities:** About 56 campaign activities were conducted in Kishorinagar PHC and 43 in Chouldhari covering TB, malaria, dengue, nutrition, immunization, hepatitis & water-borne diseases, personal hygiene, leprosy, diabetes, arthritis, tobacco control, nutrition, etc. A complete household survey was conducted which helped in assessing the existing health situation. Regular health check-up camps were also organized by the teams in villages & Anganwadi centers.

- **Specialty Clinic:** In PHC Chouldhari, recognizing the fact that daily 15-20 cases of diabetes and hypertension were being reported at the OPD, a weekly afternoon special clinic was organized for such patients and their family members who were educated on preventive steps along with emphasis
on diet and exercise. This proved to be very popular among the community.

- **Vocational training programme:** VHAI conducted the following vocational training courses for the unemployed youths of Chouldhari area in collaboration with Ministry of Labour under Skill Development Initiative Scheme (SDIS) based on Module Employable Skill (MES):

  - **Bedside Assistant:** This was a 450 hour course open to class 10 passes students. After completion of the course, successful candidates can be employed as ward attendants in any hospital setting. During the year, 21 students were enrolled for the course.

  - **Pharmacy Assistant:** This is a 270 hr course open to class 12th pass students. After successful completion of the course, a student can work as an assistant in any pharmacy, including chemist shops. This course is also recognized by A&N administration. Currently 19 students are enrolled for this course.

- A PHC advisory committee was setup under the chairmanship of Prdhan Chouldhari comprising of prominent members of the community and Panchayat. The committee meets every month to discuss various issues affecting the functioning of PHC.

- Other additional activities included tobacco control, which was a major component incorporated in the regular working of PHCs, ensuring timely redressal of patient complaints, improved patient-staff communication and ensuring round the clock availability of services as per specified timings.

### APARAJITA ODISHA

**Vhai-Mdm Health And Development Project, Kalahandi, Odisha.**

VHAI in collaboration with the Government of Odisha and Medicin Du Monde, a French organization is implementing a health and development programme in Thuamul Rampur block of Kalahandi district. This block is one of the most remote areas in the state with poor health and development indicators. The integrated health and development programme in Kalahandi District sets a new direction for primary health care with a greater emphasis on community health, community involvement, health promotion, curative and preventive care.

**The following initiatives were conducted during the year:**

- Presently, there is a full fledged team of doctors, paramedics, health volunteers providing preventive, curative and promotive health services to the community. With support from District Health Administration, services like In-Patient Department (IPD), provision of delivery service, establishment of referral system and ambulance service has been established at the existing health centre with OPD facility.

- In collaboration with District and Block Health Administration, VHAI Aparajita has organized training programmes for ASHAs, Anganwadi workers, Health workers (Male & Female) and paramedics on a regular basis to update their knowledge and skills.

- To address the health needs in remote and distance areas, mobile health camps were organized. During the reporting period, 96 health camps were organized and 3687 patients were diagnosed and treated. Apart from curative services, awareness
Programmes were also organized to sensitize community members on different health issues such as prevention and control of malaria, use of mosquito net, acceptance of IRS, causes, signs, symptoms, diagnosis and treatment facility for tuberculosis, prevention and control of diarrhea, mother and child care, family planning measures etc.

- In collaboration with block health administration, and with active support from PRI members, school teachers and community leaders, male members of the community were sensitized and motivated to go for vasectomy. During the reporting period, 46 male members underwent vasectomy.

- To promote the health seeking behaviour in terms of Reproductive and Child Health, a series of activities were conducted in collaboration with health and ICDS department in all the villages of the project area, that included sensitizing the community on antenatal care, postnatal care, safe delivery, provision of contraceptive for eligible couple and conducting health checkup, de-worming of children in schools, ICDS centers, and adolescent health education programme.

- During this period, a number of sensitization programmes have been organized, for the members of Self Help Groups (136), VHSC members (68), for school children (56), and for PRI members (64). Village leaders, school teachers, youth club members, and other existing CBOs were also sensitized to establish a health service delivery mechanism at the community level through lobbying and advocacy at appropriate levels. A development approach to advocate and involve the communities has been established through innovative ways to create sustainable health for the most disadvantaged.

The main objective of the project is to improve the health condition of the people and provide preventive, promotive, and curative health services through management of primary health centre and sub-centers in Adri area. The project has been successful in reducing barriers to health services by providing free curative services to communities living in poverty.

Key initiatives undertaken through the year:

- The OPD functions 24X 7 hours with an allopathic doctor, ayurvedic doctor and other paramedics. The hospital has established in-patient services for longer duration treatment of mostly critical cases. During the reporting period, 78 critical cases were referred to CHC and District Headquarter Hospital for further treatment.

- As the area is highly malaria-endemic, the project laid emphasis on prevention & control. In the PHC, testing facility for malaria both through RDK and blood slide examination is available and during the reporting period, 985 suspected malaria cases were tested through RDK out of which 376 found positive. Similarly 627 blood slide examinations were done, out of which 243 were found positive.

- The Reproductive and Child Health issue is the most important aspect covered under this programme. Adolescence health, care at antenatal and post natal stage, child health and nutrition is covered by the project. During the project period, 42 pregnant women are provided antenatal care at the PHC, 134 women were provided antenatal care and 138 mothers provided post-natal care during outreach health camps.

- The project works closely with the ICDS centers at the village level. The doctors visit the ICDS centers to diagnose cases of malnourishment, advice for better nutrition supplements, diagnosis and management of anemia, and vitamin A deficiency cases. During the reporting period, the doctor and the project team have made 49 visits covering 26 ICDS centers.

- Apart from curative service at the PHC, emphasis is given on community mobilization and inter-sectoral collaboration to strengthen the health service delivery mechanism in the locality. Other initiatives to improve the overall health scenario were strengthening CBOs such as SHG, GKS & Youth Clubs, development of user-friendly community-based monitoring tools, identification & capacity building of community volunteers and integration with other National Health Programme such as Malaria Control.

Sexual and Reproductive Health Rights

The Sexual and Reproductive Health Rights (SRHR) programme supported by Dutch Alliance is operational in two blocks of Odisha state, Kujang in Jagatsinghpur district and Kahlkote block in Ganjam district. The SRHR Alliance, India is an alliance of five organizations - VHAI, Restless Development, Bihar VHA, Sewa Bharat, and Needs, Jharkhand. The objective is to ensure that sexual and reproductive health rights are a part of the ongoing health activities in the project states through sensitization, capacity building, coalitions, advancing the advocacy agenda, comprehensive sexual health education in schools and out of
school, and networking with likeminded organizations. The programme is for a period of five years.

The Unite for Body Rights (UFBR) programme has been designed by the Sexual and Reproductive Health Rights (SRHR) Alliance. It envisages a society free of poverty in which, women, men, girls, boys and marginalized groups have sexual and reproductive rights irrespective of ethnic, cultural and religious backgrounds, age, gender and sexual orientation. Voluntary Health Association of India implementing the programme in two Districts of Odisha since 2011 with support from Simavi, Netherland. The objective of the programme is to strengthen the capacity of civil society organizations in the areas of sexual and reproductive health and rights. It also promotes access to maternal health and adolescent reproductive health services. The programme also promotes the reproductive rights of vulnerable marginal groups through active engagement with the public service delivery system.

**Key Achievements**

- Initiatives were taken to involve civil societies in the implementation of the project in both the Districts, and 6 NGOs were supported to implement the programme at the community level on a partnership mode. The partner NGOs carried out activities such as street plays, wall writing, adolescent health camps, school health education programmes, capacity building of service providers, sensitization programmes for migrant labourers, PRI members, in collaboration with VHAI, District Health administration and ICDS Department. Some sessions were also conducted with community members, especially on the issues of menstrual hygiene & sanitation, marriageable age, family planning, ante natal care, safe delivery, safe abortion, prevention and treatment of RTI/STI, care & support to people living with HIV/AIDS, for bringing significant change in health seeking behavior.
In collaboration with the Block Health Administration, Adolescent Friendly Health Clinics (AFHC) and Health Resource Centres (HRC) for adolescents were established at CHC and PHC level to sensitize adolescents on SRHR and to address their issues and problems on priority basis.

Capacity building programmes for different health service providers such as health workers (male & female), LHV, pharmacists, laboratory technicians paramedics, ASHA, AWW, as well as staff members of private clinics and hospitals. During the year, 477 health service providers were trained on different aspects of SRHR in both the districts.

School health education programmes on Adolescent Reproductive Sexual Health (ARSH) was conducted in collaboration with partner NGOs and Block Health Administration to sensitize adolescents on topics such as basics of anatomy & physiology of human body, changes during adolescence, processes & functions of reproductive organs, hygiene & sanitation, reproductive tract infection,. During the reporting period 22 schools were covered under the project.

To ensure participation of community members in the programme, peer educators and community educators were identified from within the community and were properly oriented to facilitate education session at the community level on SRHR issues. During the year, 534 peer educators and community educators comprising ASHA, AWW, community leaders, school teachers, PRI members, SHG leaders, CBO representatives, adolescents and youths were engaged as community educators on SRHR issues.

Outreach programmes such as STI screening camp and health camps were conducted in distant villages in collaboration with CSO partners, Health & ICDS Departments. Similarly distribution of condoms to ASHA and AWW were done with support from Orissa State AIDS Control Society. Counselling programmes for eligible couples were organised on family planning, STI/RTI and Planned Parenthood.

Advocacy issues related to SRHR were identified with active participation of community group and community members and these issues were raised and shared with District Health Administration, State and District NRHM authorities, WCD Department, PRI members and elected representatives, Media personnel, RKS members, Odisha State AIDS Control Society. As a result of advocacy initiatives, the following results has achieved:

- Regular visits of Health & ICDS workers to the villages
- Regular organization of VHND, GKS meeting, Immunization camps, Mother support group meetings
- Supply of contraceptive and IFA to ASHA and Sub-centres
- Availability of BP machines and other logistics
- Timely release of incentives to ASHA under different schemes
- Timely release of GKS fund and Proper utilization of GKS and untied fund
- Timely release of JYS and Mamata fund to mothers
- Regularization of VCTC service at CHC level.
- Establishment of Adolescent Friendly Health Clinic at CHC/PHC level

To ensure community participation in the monitoring process of National Health Programmes and other health related flagship programmes, a user-friendly monitoring tool has been developed in consultation with community groups, executed in 30 villages in both the districts by mother support groups.
Tobacco Control

VHAI is one of the pioneers in tobacco control at the State-level, and district level. J&K, Assam, Andhra Pradesh, Himachal Pradesh, Rajasthan, Odisha & Uttar Pradesh are some of the States where VHAI is at the forefront along with our State partners. In the last five years, VHAI has been working on a comprehensive tobacco control programme supported by the Bloomberg Initiative. Last year too, VHAI remained at the forefront of the tobacco control agenda at both national and regional level. Our policy and media advocacy teams has been actively engaging with policy makers, legislators, key bureaucrats, other nodal departments/ministries in the Government of India as well as print and electronic media on key concerns of tobacco control. The key focus areas of VHAI’s Tobacco Control campaign last year have been tax increase on all tobacco products, seeking high level commitment from political administration, creating smoke-free settings, effective implementation of COTPA, gutka ban, picture health warnings, alternative livelihoods for bidi and tobacco workers, smoking in films and development of advocacy materials. A pro-active policy, political, legal and media advocacy by civil society on all the above fronts has led to some significant successes in recent times. These have intensified the tobacco control campaign, led Government efforts and helped India to move forward and place public health over profits.

Key initiatives during the year

- **Tax increase**: VHAI advocated for a rational tax policy on all products tobacco products in the state of Jammu& Kashmir, Himachal Pradesh, Rajasthan, Andhra Pradesh and Orissa. The VHAI team coordinated with the states and shared with them the background materials, actions points. A state wise analysis was conducted on the revenue generated by way of taxation of all forms of tobacco products in the old states and prepared state specific template of the representation taking into consideration the GATS data, revenue generated from tobacco products and the state specific ‘ASKS’. VHAI team held meetings with senior policymakers in the above states and with its state partners, aggressively perused with the governments at all levels to increase the tax on tobacco products. As a result, taxes increased on various tobacco controls in the states of J & K, Odisha, Andhra Pradesh, Uttar Pradesh and Himachal Pradesh. In addition, VHAI also initiated additional activities such as rapid assessments and filing of RTI applications to track the retail price increase in tobacco products at state-level post tax increase on tobacco products.

- **Graphic Health Warnings**: The Ministry of Health & Family Welfare in 2012 notified new pictorial health warnings
for tobacco products and three sets of warnings each were notified for smoking as well as smokeless forms of tobacco. VHAI, as a close partner of the MOHFW, facilitated the process of translation and development of images of the new pack warnings. The translation was done in to 18 languages (Assamese, Bengali, Bodo, Dogri, Gujarati, Kanadada, Konkani, Malayalam, Manipuri, Marathi, Maithali, Nepali, Oriya, Punjabi, Sanskrit, Tamil, Telegu & Urdu) and the prototypes were developed in JPEG format.

- **Smokeless tobacco (Gutka) ban:** Advocacy for implementation of FSSAI Rules 2.3.4 - The new Food Safety and Standards Authority of India notification prohibiting any food product to contain tobacco or nicotine gave a leg-up to VHAI in its initiatives to get the gutka banned in States we are working in, including the high-focused States of J&K and Assam. Besides these two States, VHAI also carried out consistent advocacy efforts with the State governments of Uttar Pradesh, Andhra Pradesh, Odisha and Himachal Pradesh. The new FSSAI Notification was shared with all partners. The issue of complete implementation of FSSAI notification was persistently advocated for at the national and State-level, to ensure sale and manufacture of such smokeless form of tobacco is completely prohibited. As a result of our efforts, Andhra Pradesh, J&K and Odisha banned gutka. In Delhi, a very positive meeting with Chief Minister, Ms. Sheila Dixit was held where all relevant documents/experience of other states on the ban implementation were shared. The team followed-up on the meeting with CM, with media advocacy and, subsequently, received a favourable order from Delhi Government to implement FSSAI Notification.

- **Rapid impact assessments of gutka ban in Madhy P & Maharashtra:** VHAI also worked with the officials of MP and Maharashtra to understand the implementation & enforcement mechanism for Gutka/ Pan Masala ban orders. Rapid Impact assessments were carried out in both the states in order to explore the enforcement practices. The team shared the preliminary results with the stakeholders in Odisha, AP, Assam, J&K and HP, to enable them to understand the processes and mechanisms.

- **Advocacy on Bidi:** A participatory assessment was carried out in District Kannauj in the state of Uttar Pradesh from 5th to 8th March and the study covered 45 bidi rollers and various other stakeholders to study and document the life and work of bidi rollers in this area. A rapid situational analysis of bidi rollers and the manufacturing process also has been carried in Nizamabad district in Telegana, Andhra Pradesh.

- **High-level advocacy for tobacco control in J&K:** The key focus areas included comprehensive implementation of key COTPA provisions and setting up of proper mechanism (administrative) for ensuring state’s commitment to Tobacco control, increase in VAT on tobacco products, situational analysis, mapping of key strategic stakeholders, networking with important political players, setting up/activating high-powered committees and steering committees, Taking forward the Voices of Cancer Victims Campaign, Sensitization and Orientation, Advocacy for rational Taxation system and Media Advocacy.
Major outcomes:

- Chief Post Master General of J&K State issued a postal stamp for tobacco and gutka-free J&K on the occasion of World No Tobacco Day.
- Two important orders from J&K’s Home Department, one issued to all the DMs in various districts and another to SSPs for ensuring instructions are issued for making COTPA violations part of monthly crime review in both Srinagar and Jammu regions.
- Five sensitization and training sessions for more than 200 SHO’s and senior officials initiated including senior officials of Home department, education department and district administration together for the cause of tobacco control.
- VHAI also organised an MLA sensitization meeting through VoTV event for launch of “Tobacco-Free State campaign”, pushing for a gutka ban and effective implementation of COTPA. Chief Minister Omar Abdullah was the Chief Guest and Speaker of the Assembly with other key stakeholders were part of the event; a ‘Charter of Demands’ was given to all MLAs, Speaker of the Assembly, Ministers and Police officials.
- Inclusion of ill effects of tobacco in the curriculum: J & K education board has introduced a chapter on tobacco use hazards in the curriculum of Classes 7 and 8.
- High level advocacy in ASSAM: High level advocacy activities in the state started off with meetings with the Chief Minister where VHAI and Voluntary Health Association of Assam (VHAA) shared key concerns of Tobacco Control and also advocated for tax increase on tobacco products. In the process, the team laid the groundwork and got
the CM on board who was positive and convinced for setting up of a High-Powered Committee on Tobacco Control. Close follow-ups were held with CM’s office for enabling setting up of High-powered committee.

**Major outcomes:**
- Advocacy for activating Kamrup District Steering Committee, enforcement mechanism for violations of key COTPA provisions
- Regular meetings with the Parliamentary Affairs Minister for organizing MLA sensitization programme
- Meeting with Chief Minister organised jointly with CTFK, VHAI and VHAA to raise key concerns especially gutka, activation of inter-departmental committee and implementation of COTPA’s main provisions. This meeting was successful in getting an order issued from the CM to all Deputy Commissioner’s (DCs) for strict enforcement of Section 6.
- As a result of consistent political pressure and advocacy efforts with the department of Home, a series of meetings and consultations, a comprehensive crime review order was issued by the Home & Political department of Assam.
- A sensitization event for 40 SHOs was carried out in Kamrup to get COTPA violations
- **Legal advocacy:** In the last 5 years, the legal pathway has proved to be the game changer for advancing tobacco control in India. Several public interest litigations filed by Health for the Millions Trust, Indian Asthma Care Society and Indian Dental Association to successfully counter industry tactics. Pro-active legal advocacy resulted in the Supreme Court issuing a new order to prohibit Point of Sale advertising by
the industry. This order also removed a huge obstacle in the way of the Government. The order was shared with MoHFW which issued letters to the states to implement the rules.

- **Smoke free:** The VHAI PAT & APPLE PROJECT PHASE IV was initiated since June 2012 and is attempting to consolidate and replicate the successful practices of the previous three phases. The overall objective is to implement Section 4 and 6 (b) of the central tobacco control law on smokefree and tobacco free educational institutions in 8 districts in the states of Jammu & Kashmir and Odisha. The key focus is to safe-guard the public from second hand smoke and preventing children and young adults from initiating tobacco use. The project aims at institutionalizing a strong enforcement mechanism to implement the Smoke Free Rules in order to establishing Smoke Free public places and Tobacco Free Educational Institutions. Further, the project also seeks to strengthen and pro-actively support the National Tobacco Control Programme being implemented by the Government of India. VHAI acts as the central coordinating unit and provides technical & financial support, leadership and mentoring to the state and district teams to build their capacities, guide their efforts and monitor outcomes.

**Major outcomes:**

- The Steering Committees at the district level have been activated; Senior district and Block level officials; Officers in-charge of public places, administrators of educational institutions, Principals, Headmasters and Zonal Education Officers of Education Department have been sensitized in the project districts; Enforcement under section 4 has been initiated in all the districts. Recently compliance survey has been carried out in Reasi and Pulwama districts of J&K.

- Reasi district in J & K has been declared smoke free on the occasion of World No Tobacco Day 31 May 2013. Phulwama district in J & K is also set to become smoke free on 24 June 2013.

- **World No Tobacco Day 2013:** VHAI, Hriday and other public health organization held a National Multi-stakeholder Consultation, titled Closing the Gaps for TAPS” on 28 May 2013 in New Delhi. The consultation marked the inauguration of the “Wall of Shame”, pictorial representation of TAPS violations: release of a publication on Guidelines for Law Enforcers, along with a Resource Kit and film on Prohibition on Tobacco Advertising, Promotion and Sponsorship. The inaugural and plenary session highlights included presentations and talks by Shri Keshav Desiraju, Secretary Health on the importance of multi-sectoral engagement to enforce TAPS, tobacco advertising ban as this year’s theme and the various rules and regulations against advertising, promotion and sponsorship of tobacco under the Tobacco Control Law in India. VHAI along with other NGOs made presentations on the role of civil society, calling for stringent steps by State and District level Monitoring Committees and innovative advocacy campaigns involving victims of tobacco use and the youth.
Regional Resource Centre

For the past several years, RRC – VHAI has been instrumental in providing technical & managerial support to the MNGOs, FNGOs and State Governments from Rajasthan, Uttarakhand, J&K and Delhi. It acts as a facilitator to promote a constant dialogue between NGOs and state governments. From the time of its conception, it has become a forum for FNGOs and MNGOs to address the unmet need for capacity building, networking and strengthening partnerships with state governments and district authorities. Along with this, it has various administrative responsibilities like selection and sanctioning of the MNGOs, conducting field appraisals of short-listed NGOs, facilitate MNGO liaising with state governments, function as an enabling mechanism for networking & sharing of experiences between NGOs at all levels and the government authorities’ by documenting and disseminating successful approaches, best practices, learnt lessons, and innovations in RCH service delivery and community mobilization processes. RRC VHAI also conducts periodic evaluation and assessment by conducting field visits to assess the effectiveness of technical support and training inputs. Presently the RRC initiative is going through a transition period and a new role is being envisaged in the forthcoming 12th five year plan.

Key initiatives during the year:

- **Thematic Workshop on Public Private Partnership to Restore Gender Balance and Ensure Effective Implementation of PC-PNDT Act:** VHAI-RRC in collaboration with National Rural Health Mission, J&K and Ministry of Health & Family Welfare, GOI organized a Thematic Workshop on “Public Private Partnership to Restore Gender Balance and Ensure Effective Implementation of PC-PNDT Act” on 21st July 2012 at Regional Institute of Health and Family Welfare (RIHFW), Nagrota, Jammu. The workshop was attended by Hon’ble State Health Minister, Mission Director, NRHM, J&K; State NGO Coordinator, NRHM, J&K; Officials from SHS, J&K and PC-PNDT Cell, J&K State Govt.; NGOs and senior consultants of various institutions. The workshop dwelt at length on declining sex ratio and measures thereof to capture the trend in light of PC&PNDT Act and Public Private Partnership to restore Gender Balance, Social aspects of PNDT and other related issues in implementing act I letter and spirit.

- **Workshop on Strengthening Community Based Monitoring:**

Major activities performed by RRC – VHAI during the year 2012 – 2013

VHAI-RRC looks after the four states of Rajasthan, Uttarakhand, J&K and Delhi with 51 MNGOs and 212 FNGOs under its ambit. The emphasis is on a decentralized approach, except technical support being relegated to the state governments. Since inception, VHAI-RRC has become a focal point for NGOs to address needs for capacity building, networking and strengthening partnerships with state governments and district authorities. It acts as an enabling mechanism for sharing of experiences by documenting and disseminating successful approaches, learnings and innovations in RCH service delivery in its newsletter, Abhilasha and community mobilization processes. It also conducts periodic evaluation and assessment by conducting field visits to assess the effectiveness of technical support and training inputs.
VHAI organized a Workshop on Strengthening Community Based Monitoring in collaboration with Directorate of Health & Family Welfare, Government of Uttarakhand and MoHFW, Govt. of India on 21 March, 2013 at Conference Hall, Directorate of Health & Family Welfare, Dehradun. The workshop was successful in bringing together all the 13 NGOs implementing Community based monitoring in 13 districts of Uttarakhand and all the District ASHA Resource Centres of Uttarakhand for an exchange of their experiences and views of implementing community based monitoring in Uttarakhand. The workshop could bring forth the areas where the state government officials perceive the involvement of NGOs essential for an improved delivery and outreach of health services.

• **Advocacy:** VHAI – RRC has been advocating the concerns of MNGOs and exploring the various opportunities for the better collaboration of GO-NGO. A series of meetings with the Mission Director and Principal Secretary, Uttarakhand were conducted on the same. For constant support and guidance from the Central Government Health officials, regular meetings were held with the Joint Secretary (P) and Director, NGO Division, NRHM, GoI in the Central Government to share the activities of the RRC and understand its future role and responsibilities. A meeting with the Mission Director and State NGO Coordinator, Delhi was also organized to take forward the concerns of MNGOs in the state and to address the issue of a declining child sex ratio in Delhi. Meeting with the Principal Secretary (Health), Delhi Government was also organized to discuss the possibility of a better involvement of NGOs in the State Health Programmes.
Tuberculosis Prevention

India bears the highest burden of tuberculosis (TB) globally with an annual incidence of 2.2 million new cases. About 2.6 million people live with HIV and 1.2 million are TB-HIV co-infected. India also has one of the highest multidrug-resistant TB (MDR-TB) burdens globally with 99,000 cases annually. MDR-TB in new cases is estimated at 3% and in previously treated cases at 12-17%. (Source: TB India 2012 – Annual Status Report, Central TB Division, Directorate General of Health Services, Ministry of Health and Family welfare).

Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a renewed effort to contribute to the efforts of Revised National Tuberculosis Control Programme (RNTCP) to reduce TB-related morbidity and mortality, and to accelerate progress towards achieving the targets of the Global Stop TB Strategy for 2006-2015. Project, Axshya (meaning “TB Free”) aims at improving the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015 to prevent and control tuberculosis. It also aims at scaling up care and management of Drug Resistant TB (DR-TB) in 35 states/Union Territories of India resulting in the initiation of treatment of 55,350 additional cases of DR-TB by 2015.

The guiding principles for Project Axshya are universal access to quality TB services, community participation in TB care and control, sustainable interventions, and equitable distribution of project benefits with social and gender sensitivity. Project Axshya also aligns with the World Health Organization (WHO) Stop TB Strategy and supports India’s national TB control programme to achieve the Millennium Development Goals (MDGs).

Some of the key highlights/accomplishments during the year:

- **Statistical updates on the progress of the project:** The ground level awareness programmes conducted through Gaon Kalyan Samiti (GKS) and community events have created demand of health services among the unreached pockets and urban slums.
Specific achievements during this period are:

- VHAI Axshya project covers a population of 82,585,809 in 46 districts across 8 states of India.
- The sub district level activities led our outreach to almost 2.5 lakh families and more than 5 million people.
- With a network of 184 NGOs, 458 CBOs and the Rural Health Care Providers across the project area, the mass awareness programme resulted in treatment of 408 TB patients through Axshya.
- Soft skill training of the government health staff, has led to a conducive atmosphere for TB prevention and reduction in the stigma associated with the disease.
- VHAI had an opportunity to conduct one MLA Sensitization workshop in Goa on 12th March 2013 where TB prevention and advocacy issues were discussed at the State level in the presence of the Chief Minister, Deputy Speaker, Chief Executive VHAI, Sr. Consultant, Dr. L.M. Nath and important state dignitaries. The platform was used to reiterate the importance of TB patients leading normal lives and ensuring that full treatment is ensured and need for steps to improve the attitude of the health sector towards TB patients to a more patient benefit approach.
- Interventions in jail premises were another area of activity. The facilities at the jail premises for the treatment of communicable diseases and the

### Health Systems Strengthening

<table>
<thead>
<tr>
<th>Overview of activities 2012-13</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># TB symptomatic referred for sputum examination</td>
<td>7057</td>
</tr>
<tr>
<td># Sputum examinations completed</td>
<td>2728</td>
</tr>
<tr>
<td># Positive</td>
<td>408</td>
</tr>
<tr>
<td># Positive – on DOTS</td>
<td>314</td>
</tr>
<tr>
<td># Sputum samples collected and transported for diagnosis</td>
<td>23,479</td>
</tr>
<tr>
<td># Positive</td>
<td>1922</td>
</tr>
<tr>
<td># Positive – on DOTS</td>
<td>1882</td>
</tr>
<tr>
<td># Patient retrievals</td>
<td></td>
</tr>
<tr>
<td># Initial defaults retrieved</td>
<td>127</td>
</tr>
<tr>
<td># Re-treatment defaults retrieved</td>
<td>102</td>
</tr>
<tr>
<td># Patients Interrupting treatment (missed doses)</td>
<td>174</td>
</tr>
</tbody>
</table>
attitude of the jail staff towards the prisoners were far short of the requirement. Continuous liaising of Axshya Team and RNTCP visits were useful in bringing about a change in the health seeking behavior of inmates and awareness about the need for proper facilities among the jail authorities.

- The Bachda community of Nimuch (Madhya Pradesh) was deprived from TB treatment, being a remote and unreached area. Through Axshya interventions and the initiative of the District Coordinator, the TB symptomatics were identified and positive patients treated. The sputum collection initiative was started from Nimuch and replicated in other pockets of Madhya Pradesh and Axshya project areas.

- World TB day, World Women’s Day, World Health Day were some specific occasions that provided an opportunity for outreach public gatherings and awareness activities
Success Story # 1

Project AXSHYA Success Story: Mr. Aklu

RNVS, Darbhanga organized a VHSNC meeting at Anganwadi Centre, located at Md. Rafiq’s house in the village of Manihas Panchayat- Bharath Block-Singhrwa. This is located in the Darbhanga district of Bihar, which is on the left (South) side of the Darbhanga-Muzaffarpur Road NH-57. On September 1, 2011 during the Sevika meeting, Mrs. Shama Perween informed us about a suspect TB patient Mr. Aklu (aged 40) who had not consulted anyone for treatment despite coughing for more than three weeks and having a loss of appetite. We explained him about the free investigation provided at the PHC on Singhwara Block and he would be provided free medicines by the hospital if the PHC test indicated that he had TB. Our volunteers informed and persuade Mr. Aklu about the treatment and medications provided by the PHC under the RNTCP scheme.

Mr. Aklu’s test confirmed his TB and he was put on medication. After completing his treatment, Mr. Aklu is now back to his normal life and can look after his family properly.

Malaria Control

India is currently under a dual burden of diseases as there has been an upsurge in chronic ailments without the eradication or even control of communicable diseases. Malaria is one such preventable and curable disease but a continuing public health concern in India, accounting for approximately two-thirds of the confirmed cases reported in the South-East Asia region. VHAI GFATM Round 9 Intensified Malaria Control Project –II (IMCP-II) envisages a well-crafted public private partnership model involving NGOs of national repute and having a local presence as well in achieving the targets set under Millennium Development Goals or at least reduction in malaria related morbidity and mortality to 30% by 2015. The IMCP-II leverages the Govt. of India’s efforts to improve malaria prevention and treatment for about 42.5 million people in 86 high endemic districts in the North East states of the country.

VHAI has been running the Intensified Malaria Control Project –II (IMCP II) in 1074 villages spread over 13 high endemic malaria prone districts of four states in North East India from October 1, 2010 onwards. These states are Assam, Arunachal Pradesh, Manipur and Tripura. VHAI is one of the Sub Recipient Partners of the Caritas India Consortium. VHAI has partnered with its state chapters in implementing the project in Assam (VHAA), Arunachal Pradesh (VHAAP) and Tripura (VHAT). In Manipur and three out of five districts in Arunachal Pradesh, VHAI has direct interventions. The objectives of the project include distribution and use of effective preventive measures (LLIN) in high risk project areas; early parasitological diagnosis (using RDT); prompt and effective treatment (using ACT); application of locale and context specific Behaviour Change Communication (BCC) activities (using community outreach
and interpersonal communication); and strengthening of programme planning and management, monitoring and evaluation, coordination and partnership development and training/capacity building to improve service delivery in project areas.

**Key Achievements**

- **LLIN Distribution:** In the current period, VHAI has distributed a total of 6615 LLINs in Goalpara district of Assam (1997), West Siang (426) and East Siang (4192) districts of Arunachal Pradesh. Effective behaviour change communication on the usage, advantage and demonstrations were carried out during each event of LLIN distribution by a team of field level health workers. The distributions were also followed up by monitoring and supervision mechanism.

**Diagnosis and Treatment:**

<table>
<thead>
<tr>
<th>States</th>
<th>Fever cases tested with RDT</th>
<th>Pf cases treated with ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assam</td>
<td>4258</td>
<td>28</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>1972</td>
<td>25</td>
</tr>
<tr>
<td>Tripura</td>
<td>5605</td>
<td>60</td>
</tr>
<tr>
<td>Manipur</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11837</strong></td>
<td><strong>113</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Districts</th>
<th>Rapport Building</th>
<th>Interpersonal Communication</th>
<th>Infotainment Activity</th>
<th>People reached through infotainment activity</th>
<th>Community Message Dissemination Sessions</th>
<th>School Activity</th>
<th>Miking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assam</td>
<td>264</td>
<td>153</td>
<td>212</td>
<td>13193</td>
<td>122</td>
<td>3</td>
<td>762</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>135</td>
<td>122</td>
<td>185</td>
<td>5362</td>
<td>94</td>
<td>5</td>
<td>445</td>
</tr>
<tr>
<td>Tripura</td>
<td>212</td>
<td>222</td>
<td>277</td>
<td>16631</td>
<td>192</td>
<td>3</td>
<td>887</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>611</strong></td>
<td><strong>497</strong></td>
<td><strong>674</strong></td>
<td><strong>35186</strong></td>
<td><strong>408</strong></td>
<td><strong>11</strong></td>
<td><strong>2094</strong></td>
</tr>
</tbody>
</table>
Behaviour Change Communication:

- **Trainings of ASHA / CHVs:** ASHA trainings were carried out in Northeast India in close coordination with the respective States / District VBDCP, based on the numbers of untrained ASHAs on malaria in the respective districts. Altogether, 2795 ASHAs were trained during this period by VHAI’s state partners in different states. Based on the training loads of respective states, 509 ASHAs were trained in Assam; 968 in Tripura; 801 in Meghalaya and 517 in Nagaland.

- **CHV trainings** / refresher trainings also took place in the states of Tripura, Assam and Arunachal Pradesh. A total of 137 CHVs were trained on Malaria in VHAI’s project villages during this period under IMCP II.

- **Monitoring & Evaluation and Supportive Supervisions** are important components of the IMCP II. Altogether 73 Monthly Planning & Review Meetings and 120 supportive supervisory visits at village levels were made during this project period. During such meetings networking and liaisoning with respective VBDCPs officials are arranged to smoothen out any ground level implementation issues including logistical requirements and supplies. These have resulted in better coordination at field level widespread awareness, prompt diagnosis and treatment of fever cases as well as integration of facts and figures with the programme.

The IMCP II Consortium has been regularly an integral stakeholder of the NVBCDP’s Quarterly Regional Reviews and Planning Meetings. These meetings have been important platforms for interface with the government agencies.

Malaria Control and Kala-azar Elimination amongst Vulnerable Communities

The World-Bank supported programme on social mobilization for malaria control and Kala-azar elimination amongst vulnerable communities, initiated in February 2011, works towards directed access to health care services, information, communication and other basic facilities. Initiated with support from Ministry of Health and Family welfare, Government of India, the objective is to strategize, plan, and manage: (i) social mobilization to foster increased and sustained demand for timely and appropriate preventive and curative services; (ii) delivery of timely and quality preventive and curative services in project high endemic districts and (iii) to build capacity of the peripheral health workers involved in malaria control/ kala-azar elimination to sensitize on the needs of vulnerable communities.

The project is currently operational in seven states; Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha and West Bengal. Based on the program objective, activities categorized are mainly two types: (i) Social Mobilization (ii) Service Delivery both for the Malaria and Kala-azar States.
Key activities during this year:

- Under social mobilization, activities such as village community meetings, awareness sessions, door-to-door mobilization drive, campaigns in schools, meetings with ASHAs, PRI members, capacity building training for different stakeholders, among others, were taken up through the district level partners.

- Information about protective measures provided to the community through health education included using fine-mesh bed-nets, environmental cleanliness, cleanliness of cow-sheds, and dairy areas, maintaining clean water sources, etc.
Under Service Delivery programme, community volunteers received RDK and malarial drugs from their respective PHC/CHC and diagnosing suspected cases through RDK and providing age wise treatment to the positive cases. Treatment camps on malaria were organized in some of the most remote and inaccessible areas in coordination with regular health programmes like VHND, ASHA meetings and sector meetings of ICDS.

Service delivery programme for Kala-azar states focused on early detection of cases with sign and symptoms, counseling and referral to hospitals for treatment and also regular follow ups.

VHAI’s role is to facilitate learning at the grassroots; therefore activities also included capacity building of various stakeholders, local volunteers like ASHAs, SAHIYAs and trainings to health service providers (ASHAs/SAHIYAS) at the grassroots level. The community consultation was organized in a participatory manner to strengthen the understanding of the community members and other stakeholders about government interventions on malaria control and kala-azar. All efforts were made to organize this exercise in an exploratory, participatory and consultative manner involving key stakeholders at village, sub-centre, PHC, CHC and the district levels.
Development Communication

The Development Communication division at VHAI focuses on developing communication materials and health-oriented publications as per project requirements. Over the years, the division has built credibility for itself in developing and producing user-friendly, topical, comprehensive health packages, which include books, research reports, manuals and handbooks, documentary films and other forms of audio-visual material. Our publications cater to policymakers, public health experts at one level as well as specific target communities like peer educators, adolescents, hospital administrators, counselors, teachers, women and children. VHAI books are also translated and adapted in regional Indian languages by State Voluntary Health Associations (SVHAs) who then use and disseminate them further. Our outreach spreads even to the remote pockets of the country which are in need of information on health and development issues. We have an in-house design unit and have enriched our panel of editors, translators, designers as well as printers to enhance the range, packaging and quality of our publications.

During the year, the division supported other divisions with specific project-related publications which include:

- **Self Care for Health**: A handbook on self-care in collaboration with WHO-SEARO: During the year, as part of collaborative effort between WHO-SEARO and VHAI, a comprehensive handbook on self care, was developed which aims to provide basic, yet vital information to assist communities in understanding the concept of self care and maintaining health. It also seeks to build the capacity of community-based health workforce to promote self-care, addressing issues like what people need to do to remain healthy and what they can do to prevent and control common diseases prevalent in the South-East Asia Region.
• **Health for the Millions (HFM)** - is a pioneer public health journal published as a bimonthly since 1975. HFM brings together authentic, well-researched and original articles along with insights into innovative and fascinating grassroots level interventions. A quarterly since 2011, HFM enjoys readership among policymakers, public health specialists, medical associations, Universities, civil society and community-based organizations in the country and abroad. Four issues of Health for the Millions were published by the HFM Trust this year.

• **Publication of the RRC Newsletter, Abhilasha in English and Hindi**

• **Film for Change**: Films for Change is an in-house initiative. The objective is to produce films that capture social issues of concern in a popular format. It aims to bring together people who are committed to human and universal development and who have faith in the medium of films as a vehicle of social change. It provides them with a platform to work together in solidarity towards a better world. Over the last 15 years, the Films for Change have perfected the amalgamation of information, entertainment and message of social change. It began with two initial productions – tele-serials such as ‘SHIELA’ and ‘KASBA’; two telefilms, ‘ANANT’ and ‘APARAJITA’, and a political documentary, ‘DISTANT THUNDER’, on the problems of insurgency in the North-East. All these films received huge response leading to their adoption in many regional languages and repeat telecast by Doordarshan and other channels. “PATHS ARE MADE BY WALKING’, made for World Health Organization, as a curtain raiser for Global Conference on Health Promotion in Bangkok received international acclaim. Some of the recent films produced by Films for Change are:
  • “**Health in all Policies**”, a film for WHO which was screened at the 8th Global Conference on Health Promotion (8GCHP), held at Helsinki, Finland in June 2013
  • “**Promises to keep**”, a film for WHO-SEARO.
Sales and Distribution

The outreach of VHAI’s publications materials spreads across the entire country, as it is distributed through NGO’s and reputed agencies and further disseminated among community networks. VHAI also makes every effort to distribute published materials among the SVHAs, partner organizations, health workers, trainers and activists who are part of our programmes. The sales unit regularly participates in important exhibitions and book fairs organized at various parts of the country. This year, VHAI along with State VHAs participated in the following fairs and exhibitions:

- India International Trade Fair Pragati Maidan, New Delhi (Pavilion of Ministry of Health & Family Welfare): Ministry of Health & Family Welfare, Government of India, invited VHAI to participate in the India International Trade Fair 2012 (IIFT). VHAI’s publications and others IEC materials were displayed and sold at the event. Handouts and health messages on HIV/AIDS, sanitation, immunization, nutrition, substance abuse and communicable diseases were distributed.

State VHAs

VHAI is a federation of 27 State Voluntary Health Associations. In a large and culturally diverse country like India, VHAI’s representation at state level enables us to have a macro and national perspective in addressing important health and development issues. Further, this state level network helps us to respond to concerns at the micro level as well. The Chief Executive’s Office at VHAI maintains regular communication with all the state partners. It also offers vital technical and resource support to those in need to strengthen their hands. As VHAI is also working with State VHAs directly on various projects all over the country, there is a significant opportunity to work together on key national goals as well as building the VHAI-SVHA relationship further. During the year, VHAI directly collaborated with the following State VHAs:

Global Fund Integrated Malaria Control Project for North-East
- Arunachal Pradesh
- Assam
- Manipur
- Tripura
Social Mobilisation and Service Delivery Programme for Malaria Control and Kala-Azar Elimination amongst vulnerable Communities

- Andhra Pradesh
- Bihar
- Chhattisgarh
- Jharkhand
- Madhya Pradesh
- Orissa
- Rajasthan
- Tamil Nadu
- Tripura
- Uttar Pradesh

Global Fund TB Project - Akshay Project (Phase II)

- Bihar Punjab
- Goa
- Jammu & Kashmir
- Madhya Pradesh
- Manipur
- Uttar Pradesh

Jammu & Kashmir Voluntary Health & Development Association (J&KVHDA):

JKVHDA organization works to promote community health and social justice in the villages of the state with active participation of the people, advocacy, need-based training, media intervention, publications, seminars, radio talks, dissemination of information and capacity building health and development programmes. The varied activities are carried out with financial and technical support from VHAI, besides support from members of the Managing Committee and through Sales & Distribution of IEC material produced in the local language.

Some of the key activities of JKVHDA during the year 2012-13 are:

- On the basis of the report of the end line survey of public places conducted by District Evaluation and Statistical officer, Srinagar regarding enforcement of provisions of Section 4 and 6 (a&b) of the Tobacco Control Act, survey results and awareness programmes conducted by JK VHDA in collaboration with VHAI and District Administration Srinagar, all public places of Srinagar District were declared as smoke free.
by District Magistrate Srinagar early this year.

- On the occasion of World No Tobacco Day 2012, a seminar was organized at Govt. Medical College, Srinagar under the chairmanship of Hon’ble Minister for Medical Education in which more than 500 students, volunteers, scouts, civil society members and senior citizens participated. The message of the Hon’ble Minister on this occasion was that the youth are the strongest medium of spreading message on hazards of tobacco, tobacco control laws and other measures.

- A high level sensitization of senior level Police officers was conducted on the tobacco control law in collaboration with VHAI and WHO-India New Delhi. The chief guest Mr. S.M. Sahai, IPS, Inspector General of Police force, Kashmir Division gave full assurance to the representatives of JK VHA and VHAI on behalf of all SSPs and SHOs for support of enforcement of the Tobacco Control Laws in the respective zones of Srinagar District along with all possible assistance to the special squads constituted by the District and Divisional Administration for the effective enforcement of the law.

- J&K Voluntary Health Association in collaboration with VHAI organized a sensitization of Hon’ble MLAs under the chairmanship of Hon’ble Chief Minister, on the importance of tobacco control through a campaign by tobacco victims. The CM assured that the govt. would take all necessary steps to check use of cigarettes and other tobacco products in the state which is need of the day for a tobacco free society. He also put importance on mass awareness campaigns to highlight the grave health hazards caused by smoking.

- In order to make a strong appeal to Government of J&K for taking appropriate measures for banning Gutka and other chewable food Products containing Tobacco and Nicotine as ingredients, Ms. Bhavna Mukhopadhyay, Executive Director VHAI, New Delhi met Hon’ble Finance Minister, J&K, who acknowledged the good work done by VHAI and JK VHA. The Executive Director, VHAI also met His Excellency, the Governor of J&K, to brief him about tobacco control activities and progress on the Axshya Project for TB care and control. The Governor was pleased to extend his full support for the activities being undertaken.

- With an aim to spread awareness among the masses on TB and the efforts to prevent and treat this disease, VHAI and J&KVHDA along with the Department of Social Work, University of Kashmir organized a one-day seminar at the Kashmir University Campus. The team also organized a sensitization programme at Govt. Degree College, Sopore in collaboration with District TB Society Baramulla, to observe WORLD TB Day under AXSHYA project for TB Care and Control.
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
Some words of appreciation

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

Mother Teresa

“The Health world of our nation appreciates VHAI’s rigorous, 
unspiring devotion to the cause of bringing Health to the poor. 
Needy, Oppressed and Suppressed. May you continue to carry this 
noble work with a burning Compassion combined with a sense of 
urgency.

Your alert intelligence, disciplined energy, vision, passion, 
compassion, conviction combined with scientific strategy will make 
your “health vision” walk a foot with you.

May your organization continue to grow in strength and outreach in 
serving the Poor under-previleged. Leadership of VHAI did not lack 
behind events in the health field.”

BABA AMTE

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

Dr. APJ Kalam
President of India

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

Dr. Manmohan Singh
Hon’ble Prime Minister of India

“Best wishes to you and your organization.”

Atal Bihari Vajpayee
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
Some words of appreciation

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

Dr. Margaret Chan
Director-General, WHO, Geneva

“I would like to take this opportunity of conveying my best wishes to you for a very healthy and long life, as well as a very progressive work of your Voluntary Health Association of India.
I also express my appreciation to your efforts in producing a video film which was screened at the opening of the Eighth Global Conference on Health Promotion: “Health in All Policies” held in Helsinki in June 2013”

Dr. Samlee Plianbangchang
Regional Director, WHO

“I would like to convey my sincere appreciation for your engagement in this effort.”

Raymond G Chambers

“... India has its heroes, it would be invidious to list them by degree but many unsung ones, all toiling away, and networked together, as in VHAI are adding to the process of incremental change in a silent revolution.”

Prof. Maurice King
The Department of Epidemiology and Clinical Medicine,
University of Leeds, United Kingdom

“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

“We are grateful for the very positive assessment of the Bangkok Conference. Such success would never have been possible without the continuous support of persons like you and an organization like VHAI.”

Catherine La Gales Camus
WHO, Geneva