

# Happy New Year -2026

## AIHMS PARTNERS PAGE



**Volume-VIII, No.12**

**31<sup>st</sup> December 2025**  
**Annual Edition**

*The monthly  
E-Newsletter of  
AIHMS-Global &  
VIKASH-SAMUKHYA*

[www.aihms.net](http://www.aihms.net) / [www.vikashsamukhya.in](http://www.vikashsamukhya.in)

# UN-SDGs: Partnerships to achieve the Goals: Civil Society Response in India



Unaffordable health costs?

**WE'RE  
SICK  
OF IT!**



UHC DAY 12.12.25



**VIKASH SAMUKHYA**  
A CIVIL SOCIETY CONSORTIUM FOR DEVELOPMENT

## **HAPPY NEW YEAR -2026**

In the month of **June 2018**, we had started our first issue of **AIHMS PARTNERS PAGE** as a humble monthly publication with a total circulation of 1,000 copies to all partners and patrons. After months of consistent efforts, we are proud to reach 8,000+ national & international institutions and 80,000+ individuals every month.

The current issue of **AIHMS PARTNERS PAGE** is being published as a tribute to all our 535 CSO Partners all over India, working on 17 SDGs across 25 states and 2 union territories. We are honoured to publish the **91<sup>st</sup> Edition of AIHMS PARTNERS PAGE** for your ready reference of our activities in India. However, all the earlier volumes have been made available in both of our websites that can be reached by you at any time:

<https://aihms.net/e-newsletter.html>

<https://www.vikashsamukhya.in/e-newsletter.html>

As you can well recall that the severe outbreak of **COVID-19 in April 2020** has led to many of our consortium members doing their best to help the cause by supporting the marginal and outreach communities living in remote areas of different backward districts in India.

Sincerely, we thank you for your encouragement and support all these years and look forward to working with you in near future when another new wave of **COVID-19 Respiratory Infections** is threatening us right now.

***-AIHMS-Global & VIKASH-SAMUKHYA Team***



# SUSTAINABLE DEVELOPMENT GOALS



**Committed to Working Together with our 535 CSO Partners until the 17 SDGs are achieved for India**

# \*Our Program Sectors\*

**Health & Family Welfare**

**Nutrition & Food Security**

**Formal & Non-Formal Education**

**Livelihood Opportunities & Skill Development**

**Agriculture & Animal Husbandry**

**Information & Communication Technology (ICT)**

**Renewable Energy & Clean Environment**

**Climate Change & WASH**

**Partnerships & Networking**

**(Control + Click each sector for further details)**

## State-wise Distribution of CSO Partners in India



## Consortium Membership List (Updated as on 31<sup>st</sup> December 2025)

- 1. Ad hoc Members:** 219
- 2. Provisional Members:** 164
- 3. Regular Members:** 143
- 4. Prime Members:** 009

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**Total Members:** 535

<b>State /UT</b>	<b>No.</b>
<b>Andhra Pradesh</b>	<b>09</b>
<b>Arunachal Pradesh</b>	<b>09</b>
<b>Assam</b>	<b>07</b>
<b>Bihar</b>	<b>66</b>
<b>Chhattisgarh</b>	<b>10</b>
<b>Delhi</b>	<b>10</b>
<b>Gujarat</b>	<b>07</b>
<b>Haryana</b>	<b>02</b>
<b>Himachal Pradesh</b>	<b>07</b>
<b>Jammu &amp; Kashmir</b>	<b>04</b>
<b>Jharkhand</b>	<b>40</b>
<b>Karnataka</b>	<b>09</b>
<b>Madhya Pradesh</b>	<b>22</b>
<b>Maharashtra</b>	<b>19</b>
<b>Manipur</b>	<b>07</b>
<b>Meghalaya</b>	<b>06</b>
<b>Mizoram</b>	<b>07</b>
<b>Nagaland</b>	<b>08</b>
<b>Odisha</b>	<b>75</b>
<b>Rajasthan</b>	<b>20</b>
<b>Sikkim</b>	<b>09</b>
<b>Tamil Nadu</b>	<b>28</b>
<b>Telangana</b>	<b>06</b>
<b>Tripura</b>	<b>08</b>
<b>Uttar Pradesh</b>	<b>75</b>
<b>Uttarakhand</b>	<b>14</b>
<b>West Bengal</b>	<b>49</b>
<b>Dadra &amp; Nagar Haveli</b>	<b>02</b>

# SDG-3: Good Health & Well Being

## Civil Society Response in India



**Bhojpur Mahila Kala Kendra (Bihar)) is in action, organizing Health Check-up Camps in rural areas with support of Local Practitioners**

# SDG-3: Good Health & Well Being

## Civil Society Response in India



**SAHYOGI (Bihar) is in action, organizing Training Workshops for Adolescent Girls on SRHR & Violence against Women & Girls**

# SDG-3: Good Health & Well Being

## Civil Society Response in India



**SHAKTI (Odisha) is in action, organizing Mental Health Check-up Camps in rural areas with support of Local Medical Practitioners**

# SDG-3: Good Health & Well Being

## Civil Society Response in India



**EKTA (Odisha) is in action, organizing Mental Health Check-up Camps in rural & tribal districts with support of Medical Providers**

# SDG-4: Quality Education

## Civil Society Response in India



**SADHANA (Karnataka) is in action, building the capacity of school students on Health & Nutrition Education and its regular practice**

# SDG-5: Gender Equality

## Civil Society Response in India



**RASTA (Jharkhand) is in action, conducting Legal Awareness Camps on Gender Based Violence against Women & Girls in the state**

# SDG-5: Gender Equality

## Civil Society Response in India



**EKTA(Odisha) is in action, building capacity of adolescent girls on Gender Empowerment & Sexual Reproductive Health and Rights**

# SDG-5: Gender Equality

## Civil Society Response in India



**SAHYOGI (Bihar) is in action, building the capacity of adolescent girls & women groups on Digital Violence and Cyber Security**

# SDG-5: Gender Equality

## Civil Society Response in India



**Aparajita Samajik Samiti (Uttar Pradesh) is in action, building the capacity of women groups on Gender Rights & Women Empowerment**

## SDG-8: Decent Work & Economic Growth Civil Society Response in India



**SHAKTI (Odisha) is in action, organizing Farmers Group initiatives in rural areas for Organic Vegetable Cultivation & its Local Marketing**

# SDG-10: Reduced Inequality

## Civil Society Response in India



**EKTA (Odisha) is in action, celebrating the International Day of Persons with Disabilities with Community Leaders & Stakeholders**

## SDG-12: Responsible Consumption & Production Civil Society Response in India



**SHAKTI (Odisha) is in action, creating awareness among Women Farmer Groups for Cultivation of Millets & its Product Marketing**

## SDG-12: Responsible Consumption & Production Civil Society Response in India



**SAHYOGI (Bihar) is in action, building the capacity of Women Farmer Groups on different facets of Consumerism & Productivity**

## SDG-12: Responsible Consumption & Production Civil Society Response in India



**Mayurbhanj Biological Research (Odisha) is in action, training the Women Farmers on organic farming with innovative techniques**

# SDG-13: Climate Action

## Civil Society Response in India



**SHAKTI (Odisha) is in action, building the capacity of Community Stakeholders on Local Forest Rights and Green & Clean Climate**

# SDG-16: Peace, Justice & Strong Institutions

## Civil Society Response in India



**SADHANA (Karnataka) is in action, celebrating the World Human Rights Day with the Local Activists & Community Stakeholders**

# SDG-16: Peace, Justice & Strong Institutions

## Civil Society Response in India



**Arj Foundation (Uttar Pradesh) is in action, training the District Panchayati Raj Functionaries on different Development Indices**

# SDG-16: Peace, Justice & Strong Institutions

## Civil Society Response in India



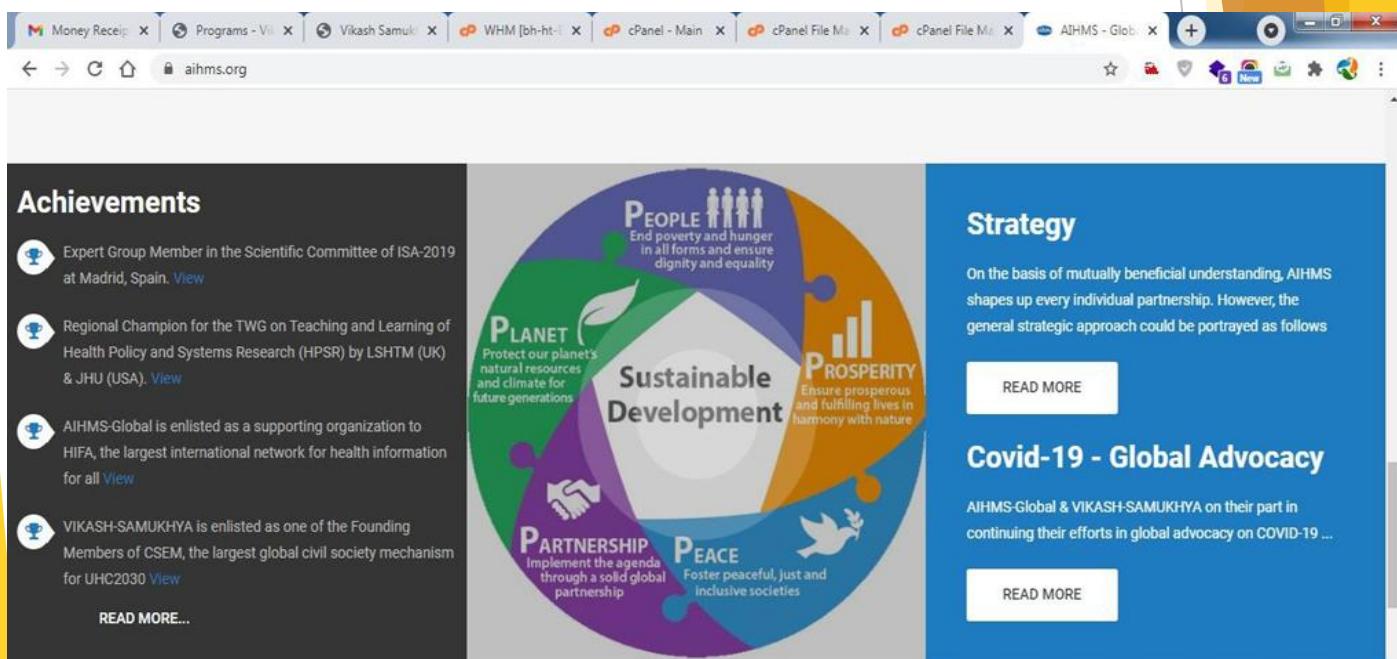
**EKTA (Odisha) is in action, organizing & participating in the Block Level Shareholders Consultation on Child Protection & their Rights**

# Global Advocacy on COVID-19

## AIHMS-Global

Since April 2020, AIHMS-Global & VIKASH-SAMUKHYA on their part are continuing to do their best regarding Global Advocacy on COVID-19, by collaborating with national & international institutions to address the severity of the global pandemic.

<https://www.aihms.org/global-advocacy.html>



**Achievements**

- Expert Group Member in the Scientific Committee of ISA-2019 at Madrid, Spain. [View](#)
- Regional Champion for the TWG on Teaching and Learning of Health Policy and Systems Research (HPSR) by LSHTM (UK) & JHU (USA). [View](#)
- AIHMS-Global is enlisted as a supporting organization to HIFA, the largest international network for health information for all. [View](#)
- VIKASH-SAMUKHYA is enlisted as one of the Founding Members of CSEM, the largest global civil society mechanism for UHC2030. [View](#)

**READ MORE...**

**Strategy**

On the basis of mutually beneficial understanding, AIHMS shapes up every individual partnership. However, the general strategic approach could be portrayed as follows

[READ MORE](#)

**Covid-19 - Global Advocacy**

AIHMS-Global & VIKASH-SAMUKHYA on their part in continuing their efforts in global advocacy on COVID-19 ...

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### OUR PARTNERS



# SDG-17: Partnerships to achieve the Goals

## Civil Society Response in India



**WORLD AIDS DAY**  
**01 DECEMBER 2025**

 **VIKASH SAMUKHYA**

**TOGETHER WE WILL END AIDS**

  **AIHMS-Global**



**Let's stop AIDS together.**  
The virus can be transmitted through contact with infected blood

**Let's Know Aids symptoms.**  
AIDS symptoms include weight loss, fever or night sweats and fatigue.

**Help us fight AIDS today**

# SDG-17: Partnerships to achieve the Goals

## Civil Society Response in India



# SDG-17: Partnerships to achieve the Goals

## Civil Society Response in India

### World Human Rights Day

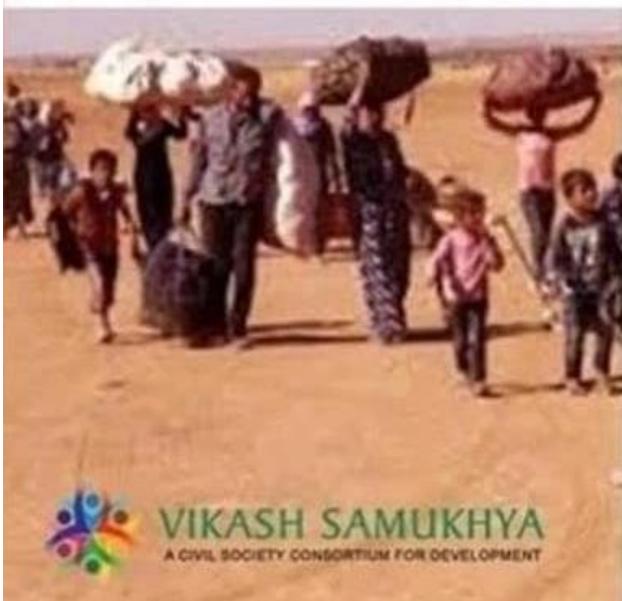
END INEQUALITIES		BLACK LIVES MATTER	YES TO WOMEN IN LEADERSHIP	UNAIDS
ZERO GENDER DISCRIMINATION		SAY NO TO RACISM		PROTECT THE MARGINALIZED AND MINORITIES
CHILDREN HAVE RIGHTS		ALL PEOPLE ARE CREATED EQUAL		MY BODY, MY CHOICE
DECRIMINALIZE DRUG USE AND SEX WORK		END POVERTY	DEBT RELIEF FOR DEVELOPMENT	LIFE-SAVING VACCINES AND MEDICINES SHOULD BE AVAILABLE TO ALL
	EQUAL PAY FOR EQUAL WORK		EQUAL RIGHTS FOR GIRLS TO LEARN	
		FOCUS ON ABILITIES, NOT ON DISABILITIES		END INEQUALITIES

# SDG-17: Partnerships to achieve the Goals Civil Society Response in India



## PARTNERS PAGE

The monthly E-Newsletter of  
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([www.aihms.net](http://www.aihms.net) / [www.vikashsamukhya.in](http://www.vikashsamukhya.in))



“ We can't deter people fleeing for their lives. They will come. The choice we have is how well we manage their arrival, and how humanely.”

- Antonio Guterres

# SDG-17: Partnerships to achieve the Goals Civil Society Response in India



## Happy Farmers Day

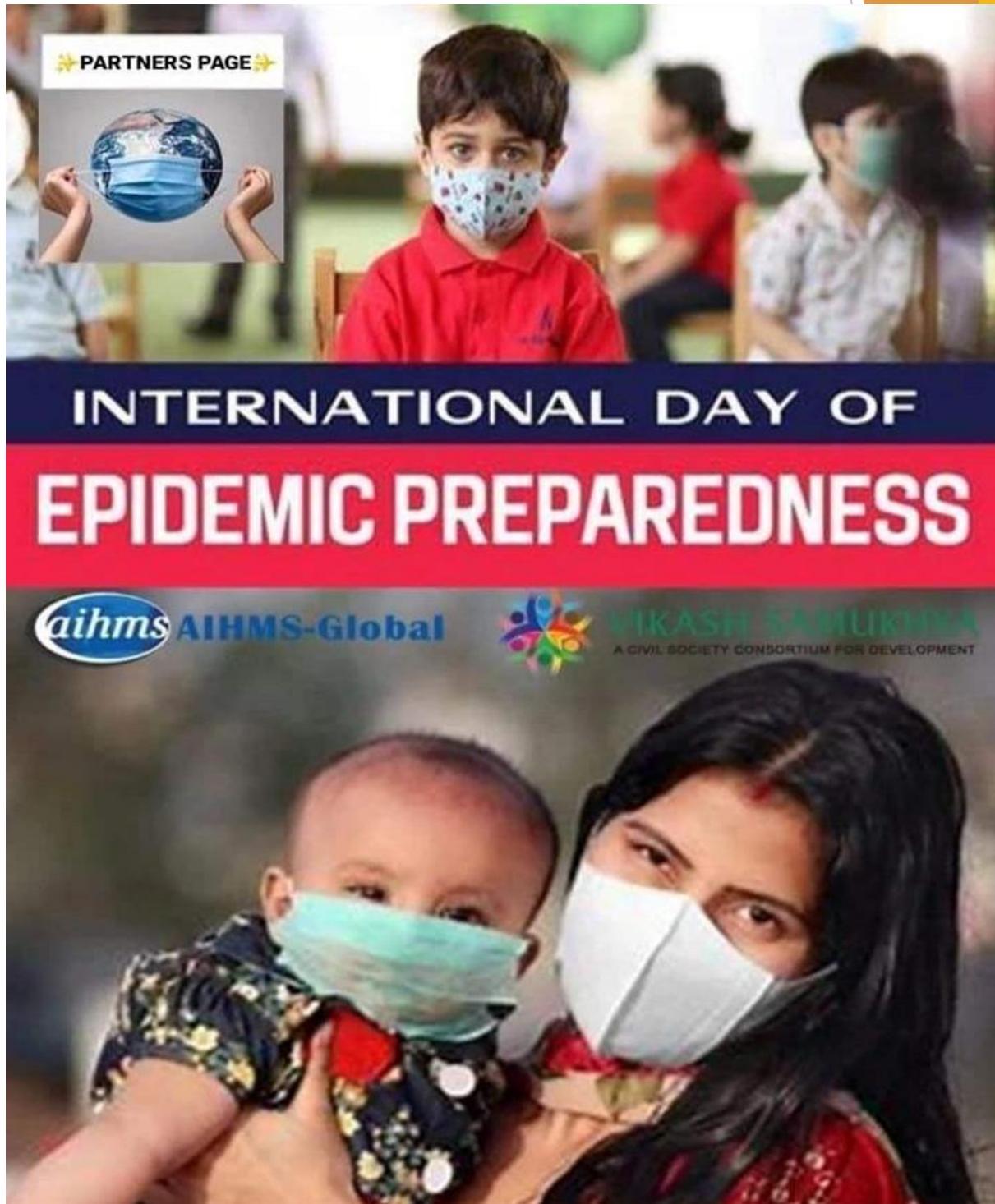
**"If agriculture goes wrong, nothing else will have a chance to go right in the country."**

**- M. S. Swaminathan**



**किसान दिवस की हार्दिक शुभकामनाएं**

# SDG-17: Partnerships to achieve the Goals Civil Society Response in India



# SDG-17: Partnerships to achieve the Goals

## Civil Society Response in India

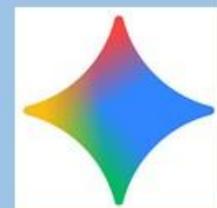


**Q: What is AIHMS PARTNERS PAGE?**

**A: Why ask me ? Please ask your:**



**Google Gemini**



**or**

**Microsoft Copilot**

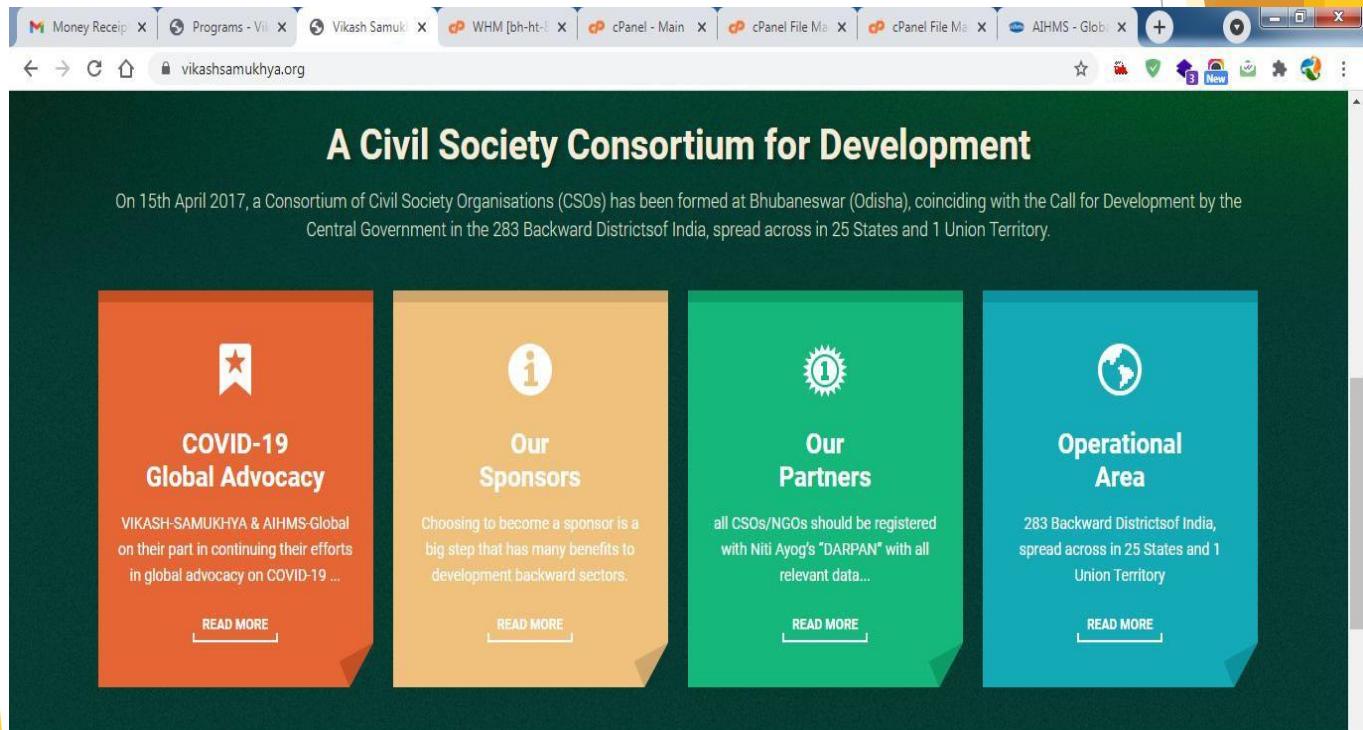


# Global Advocacy on COVID-19

## VIKASH-SAMUKHYA

Since April 2020, AIHMS-Global & VIKASH-SAMUKHYA on their part are continuing to do their best regarding Global Advocacy on COVID-19, by collaborating with national & international institutions to address the severity of the global pandemic.

<https://www.vikashsamukhya.org/global-advocacy.html>



**A Civil Society Consortium for Development**

On 15th April 2017, a Consortium of Civil Society Organisations (CSOs) has been formed at Bhubaneswar (Odisha), coinciding with the Call for Development by the Central Government in the 283 Backward Districts of India, spread across in 25 States and 1 Union Territory.

**COVID-19 Global Advocacy**

VIKASH-SAMUKHYA & AIHMS-Global on their part in continuing their efforts in global advocacy on COVID-19 ...

[READ MORE](#)

**Our Sponsors**

Choosing to become a sponsor is a big step that has many benefits to development backward sectors.

[READ MORE](#)

**Our Partners**

all CSOs/NGOs should be registered with Niti Ayog's "DAR PAN" with all relevant data...

[READ MORE](#)

**Operational Area**

283 Backward Districts of India, spread across in 25 States and 1 Union Territory

[READ MORE](#)

**WHO WE ARE ?**

**Sustainable Development Goals**



# 17 SDGs in India: Awards & Rewards

## Civil Society Response in India



**EKTA (Odisha) is presented with a Certificate of Appreciation from the District Departmental Authorities for their sincere contribution and support to the tribal communities on HIV/AIDS**

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

# बाल अधिकार परियोजना के अंतर्गत वार्षिक खेल उत्सव का हुआ भव्य समापन

आरपीबी ब्यूरो

पट्टी, प्रतापगढ़। बाल अधिकार परियोजना के अंतर्गत सरदार वल्लभभाई पटेल इंटर कॉलेज बहुत में आयोजित वार्षिक खेल

कहा कि बच्चे देश के कर्णधार हैं। खेल न केवल शारीरिक स्वास्थ्य को बेहतर बनाते हैं, बल्कि बच्चों में अनुशासन, आत्मविश्वास और सहयोग की भावना



उत्सव का आज भव्य एवं उत्साहपूर्ण वातावरण में सफलतापूर्वक समापन हुआ। इस अवसर पर बच्चों की प्रतिभा, खेल भावना और उत्साह देखने योग्य रहा। समापन समारोह के मुख्य अतिथि के रूप में उपस्थित क्षेत्राधिकारी मनोज कुमार रघुवंशी ने बच्चों को संबोधित करते हुए

भी विकसित करने में मदद करता है। उन्होंने बाल अधिकार परियोजना के प्रयासों की सराहना करते हुए कहा कि यह परियोजना बच्चों के सर्वांगीण विकास की दिशा में महत्वपूर्ण भूमिका निभा रहा है। इसी क्रम में तरुण चेतना के निदेशक नसीम अंसारी ने बताया कि विभिन्न

खेल प्रतियोगिताओं में उत्कृष्ट प्रदर्शन करने वाले बच्चों को पुरस्कार, मेडल एवं प्रमाण पत्र देकर सम्मानित किया गया। विजेता और प्रतिभागी सभी बच्चों को प्रोत्साहित किया गया ताकि वे आगे भी खेल एवं शिक्षा के क्षेत्र में बेहतर प्रदर्शन कर सकें। कार्यक्रम के अंत में बाल अधिकार परियोजना के कोऑर्डिनेटर अच्छे लाल बिंद ने आयोजकों द्वारा सभी सहयोगियों, स्वयंसेवकों, अभिभावकों एवं स्थानीय समुदाय का आभार व्यक्त किया गया। साथ ही यह संकल्प लिया गया कि भविष्य में भी बाल अधिकार परियोजना के अंतर्गत ऐसे आयोजन कर बच्चों के अधिकारों, स्वास्थ्य व विकास को निरंतर बढ़ावा दिया जाएगा। इस कार्यक्रम में रुर चौकी प्रभारी विजय कुमार यादव, कांस्टेबल अभिनव नारायण सिंह, रोजगार सेवक लाल बहादुर वर्मा, सह निदेशक हकीम अंसारी, नाजरीन बानों, लालसा, शकुंतला, गार्गी, आरती, छाया, रिसर्च ऑफिसर श्याम शंकर, मनीष गुप्ता, मोहित, आर्य पांडे, आदि लोग उपस्थित रहे।

**Tarun Chetna (Uttar Pradesh) is appreciated by the Local Press for their continuous efforts in organizing Annual Sports Meets every year on Promoting Child Rights for a Better World in near future**

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

**दैनिक**

न्यायिकर = गुरुवार 11 दिसंबर 2025 = वर्ष-27 = अंक-143 = पृष्ठ-16 = मूल्य-₹04

# सत्ता सुधार

जनता के साथ जनता की आवाज

**मुविचार**

बदलाव ही जीवन का नियम है, समय सबसे बड़ा शिक्षक है, और वक्तव्य कलत्ता है, वह हिम्मत नहीं बदलनी चाहिए।

## अंतरराष्ट्रीय सेमिनार में पुस्तक का लोकार्पण और आइडल अवार्ड सम्मान दिया

**सत्ता सुधार ■ न्यायिकर**

जीएलए विश्वविद्यालय मथुरा के प्रेक्षागृह में गोपाल किरण समाज सेवी संस्था एवं जीएलए विश्वविद्यालय के संयुक्त तत्वावधान में अंतरराष्ट्रीय सेमिनार में भारत में महिला सशक्तिकरण प्राचीन काल से आधुनिक काल तक मुख्य विषय सहित और दो उप विषय नई शिक्षा नीति वर्तमान में चुनौतियों और वित्तीय साक्षरता विषय पर आयोजित किया गया। जिसमें मुख्य अतिथि नरेंद्र सिंह नई दिल्ली, के.सी. मोणा, कोटा, राजस्थान, डॉ. वी.पी. अरोक, लखनऊ, डॉ. रमा पौर्णमा शर्मा, पुष्कर शर्मा मथुरा, प्रो. (डॉ) अजित कुमार जैन, (पूर्व) प्रोफेसर एवं अध्यक्ष, संस्कृत विभाग, एस.वी.सी.राजा महेंद्र प्रताप सिंह राज्य विश्वविद्यालय, अलीगढ़, डॉ. संजीव मिश्र आदि रिसोर्स पर्सन के रूप में और प्रकाश सिंह निमराजे अध्यक्ष गोपाल किरण समाजसेवी संस्था के अतिथ्य में आयोजित किया गया। इस अवसर पर शिक्षाविद् डॉ. सुधाशुभ कुमार चक्रवर्ती द्वारा लिखित पुस्तक बाल्यावस्था:



जात से जेंडर तक के साथ ही सज्जन क्राति (साहित्यकार, सामाजिक चितक) मथुरा में बोध नगरी मथुरा हूँ एवं एक अन्य पुस्तक का विमोचन मुख्य अतिथि द्वारा किया गया। इस अवसर पर गवेंद्र कुमार असिस्टेंट प्रोफेसर, राजकीय महाविद्यालय, संगा, खीरागढ़, अगरा द्वारा मैजिक शो एवं देश के चर्चित रंगकर्मी एवं साहित्यकार डॉ. सुधाशुभ कुमार चक्रवर्ती ने 'सत्ता' नाटक का एकल नाट्य

मंचन का दर्शकों से खबर तालियां बटोरी। कार्यक्रम का आरंभ भारतीय संविधान की प्रस्तावना के बाचन से हुआ। तत्पश्चात अतिथियों द्वारा डॉ. अंबेडकर एवं भगवान बुद्ध के चित्र पर माल्यार्पण किया गया। स्वागत भाषण कलात्मक ढंग से गतिविधि आयोजित ओम प्रकाश डागुर द्वारा किया गया। तत्पश्चात अतिथियों का स्वागत प्रकाश सिंह निमराजे, जयजीत सिंह, रुमा कुमारी, मोहन

सिंह, विदिशा पवार अलीगढ़, गरिमा सिंह, राधा सैनीआदि द्वारा किया गया। डॉ. सचिन कुमार, अविनाश बनर्जी शोधार्थी दिल्ली विश्वविद्यालय आदि द्वारा अपने शोध पत्र का बाचन किया गयाढ़ इस अवसर पर प्रमुख रूप से राधाकृष्ण अग्रवाल कुलपति द्वार्जकला संगीत अकादमी, धीरेंद्र कुमार शर्मा, भूतपूर्व कूलाधिपति, भारतीय शिल्प, संस्कृत एवं पुस्तत्वविद, डॉ.कुवेर सिंह गुरुपंच, रजिस्ट्रर, देव संस्कृत विश्वविद्यालय, छोटीसागढ़, राहुल अरोड़ा प्रबंधक जी.एल.ए.विश्वविद्यालय, अमित कुमार चौधरी, (शारीरिक शिक्षक, सहारनपुर), बी.एस.राणा, प्राचानाचार्य, बोक्सा जनजाति कृषक इंटर कॉलेज, शीशमबाड़ा, देहरादून, हरिंआंग शर्मा, वरिष्ठ एडवोकेट, मेरठ, दीपक कुमार, चतरा, ज्ञानखण्ड, प्रसुत अरोड़ा आदि प्रमुख लोग उपस्थित थे। इस दौरान अंतरराष्ट्रीय एजुकेशन आइडियल अचौक्षर्स अवॉर्ड से इकहरत मल्हन विभूतियों को अंतरराष्ट्रीय आइडियल अचौक्षर्स अवार्ड से सम्मानित किया गया।

**Gopal Kiran Samaj Sevi Sanstha (Madhya Pradesh) is lauded by the local press for organizing the 3<sup>rd</sup> International Seminar & Achievers Award on Friday, 5<sup>th</sup> December 2025 in the state**

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

### स्तन कैंसर की जांच मशीन लगी, जागरूकता रथ रवाना



कैसरगंज में जागरूकता रथ को हरी झंडी दिखाकर रवाना करते अधिकारी। - संवाद

#### संवाद न्यूज एजेंसी

**कैसरगंज।** कैंसर जागरूकता परिवारे के तहत क्षेत्र में बीस दिवसीय जागरूकता अभियान चलाया जा रहा है। इसी क्रम में शुक्रवार को सामुदायिक स्वास्थ्य केंद्र (सीएचसी) के अधीक्षक डॉ. एनके सिंह ने जागरूकता रथ को हरी झंडी दिखाकर रवाना किया।

स्वास्थ्य विभाग और अन्य संस्थाओं द्वारा संचालित इस जागरूकता अभियान की शुरुआत 25 नवंबर से हो चुकी है। अब तक स्वयं सेविकाएं गांव-गांव जाकर लोगों को जागरूक कर रही थीं, लेकिन अब जागरूकता रथ को ग्राम पंचायतों में भेजा जा रहा है। किरन बैस ने बताया कि महिलाओं, युवा पुरुषों और किशोरियों की उत्साहपूर्ण सहभागिता ने अभियान को

#### 20 दिवसीय जागरूकता अभियान हुआ शुरू

प्रभावी बनाया है। सीएचसी कैसरगंज में स्तन कैंसर की जांच के लिए एक मशीन भी स्थापित की गई है, जिससे शुरुआती लक्षणों की पहचान कर मरीजों को रेफर किया जा सकेगा।

सीएचसी अधीक्षक ने बताया कि महिलाएं अक्सर गर्भाशय और स्तन संबंधी समस्याओं को नजर अंदाज कर देती हैं, जो आगे चलकर कैंसर का रूप ले सकती हैं। उन्होंने स्तन, गर्भाशय ग्रीवा और मुख कैंसर के प्रमुख कारणों, लक्षणों और जांच विधियों की जानकारी दी। कार्यक्रम में राम प्रताप, अर्पिता सिंह, अपराजिता और आदित्य गुप्ता आदि मौजूद रहे।

**Aparajita Samajik Samiti (Uttar Pradesh) is praised by the Local Press for starting a new health initiative in establishing Medical Centres for Breast Cancer Diagnosis, Prevention & Treatment**

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

نیشنل ڈیوپمنٹ یوتھ کلب کا

قادانہ صلاحیتوں پر آگاہی پروگرام



محترم احتشام

پونچھ// نیشنل ڈیوپمنٹ یوتھ کلب (این ڈی وائی سی) کے زیر اہتمام گورنمنٹ بوانز پاڑی یونیورسٹی اسکول پونچھ میں آئیے ہمگل کے رہنماؤں کو آج با اختیار بنائیں کے عنوان سے ایک جامع اور معلوماتی آگاہی پروگرام منعقد کیا گیا، جس کا محور نوجوانوں میں قائدانہ صلاحیتوں کا فروغ تھا۔ یہ سیشن ڈائریکٹر این ڈی وائی سی مس نصرت بیگم کی نگرانی میں منعقد ہوا، جس میں طلباء نے بھرپور پیشی کا اظہار کیا۔ پروگرام کے (باقیہ صفحہ 6 پر نیشنل

National Development Youth Club (Jammu & Kashmir) is appreciated by the Local Press for their sincere efforts in Community Development Work with participation of the Youth

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

### *Tarun Chetna Organized a Candle March on Human Rights Day*

Bright Times

Patti, Pratapgarh

On the final day of the 16-day campaign against gender-based violence, Tarun Chetna organized a candle march in Patti on the occasion of Human Rights Day, December 10th. The march was flagged off by the Patti Inspector-in-Charge. Discussing the purpose of this program, organized under Mission Shakti Phase 5, Tarun Chetna Director Naseem Ansari said that the organization launched the sixteen-day campaign from November 25th to December 10th with the aim of raising awareness about women's safety, respect, and equality in society and raising a collective voice against the increasing violence against women. As part of the campaign, discussions, seminars, youth dialogues, and press conferences were organized to raise public awareness against violence against women. The candle march began at the Kotwali Gate, with women, girls, and social workers enthusiastically participating. Participants held candles in their hands,

chanting slogans with messages of women's respect and human rights protection. At the conclusion of the program, Circle

march concluded at the Blank Campus, where all participants pledged to ensure respect, safety, and equal opportunities for



Officer Patti Manoj Kumar Singh Raghuvanshi, demonstrating his commitment to the protection of human rights, called on conscious members of the society to come forward to end violence against women. Campaign in-charge Hakim Ansari stated that this 16-day campaign also raised awareness about ensuring women's safety, preventing violence, providing information about legal rights, and providing support services. The candle

women. The program concluded with the national anthem. The Inspector-in-Charge, along with Mission Shakti in-charge Sub-Inspector Jyoti Savita, Sub-Inspector Sachin Yadav, Dr. Achhel Bind, Shakuntala Devi, Gargi Patel, Nazreen Bano, Neeraj Gupta, Priyanka, Vimala, Momina, Geeta Devi, Afsana, Kakhasha, Shama Ara, Manju Gupta, and other police personnel from the Patti Kotwali Mission Shakti team were present at the event.

**Tarun Chetna (Uttar Pradesh) is praised by the Local Press for their sincere efforts in organizing the Community Initiatives on Promotion of Human Rights for Sustainable Development**

# STOP PRESS: 17 SDGs in India

## Civil Society Response in India

# अपराजिता सामाजिक समिति का संकल्प

## एक वर्ष में बनाएंगे बाल विवाह—मुक्त अयोध्या

(शान्तिमोर्चा संवाद)

**अयोध्या।** अपराजिता सामाजिक समिति ने घोषणा की है कि वह भारत सरकार की 100 दिवसीय गहन जागरूकता अभियान पहल से प्रेरित होकर अयोध्या को एक वर्ष के भीतर बाल विवाह—मुक्त जिला बनाने के लिए सरकारी एजेंसियों के साथ मिलकर कार्य करेगी। यह अभियान बाल विवाह मुक्त भारत के एक वर्ष पूरे होने पर राष्ट्रीय स्तर पर प्रारंभ किया गया है, जिसमें स्कूल—कालेज, धार्मिक स्थल, विवाह सेवा प्रदाता तथा पंचायत/नगरपालिका स्तर पर लक्षित रणनीति अपनाई गई है।

अपराजिता सामाजिक समिति, जस्ट राइट्स फॉर चिल्ड्रेन नेटवर्क की सहयोगी संस्था है, जिसके 250 से अधिक संगठन देश के 451 जिलों में सक्रिय हैं और केवल पिछले वर्ष



में ही इस नेटवर्क ने 1 लाख से अधिक बाल विवाह रोके हैं। अभियान की पहली वर्षगांठ (27 नवंबर) पर संगठन ने जिले भर में जागरूकता कार्यक्रमों, शपथ समारोहों और स्कूल—समुदाय स्तर पर विशेष गतिविधियों का आयोजन किया। कार्यक्रमों के माध्यम

से लोगों को बाल विवाह प्रतिषेध अधिनियम के प्रावधानों से अवगत कराया गया, विशेषकर यह कि बाल विवाह में शामिल या सहयोग करने वाले कुमेहमान, कैटरर, बैंड, टेंट, सजावट या पुरोहितकृती दंडनीय श्रेणी में आते हैं।

वन स्टॉप सेंटर, थाना AHT) और कानून प्रवर्तन एजेंसियों के साथ समन्वय के जरिए संगठन ने पिछले वर्ष कई बाल विवाह रुकवाए हैं।

कार्यक्रम निदेशक किरण बैस ने कहाकृत "सरकार का 100 दिवसीय यह अभियान देश में परिवर्तन की दिशा तय करेगा।

जब जनप्रतिनिधि, सरकारी विभाग, कानून व्यवस्था और समुदाय एकजुट होकर खड़े हों, तो बाल विवाह को समाप्त करना संभव है। सामूहिक प्रयासों से हमें विश्वास है कि अयोध्या को एक वर्ष के भीतर बाल विवाह—मुक्त जिला बनाया जा सकेगा।"

अभियान को तीन चरणों में संचालित किया जा रहा है पहला चरण (31 दिसंबर तक) रु स्कूल, कॉलेज और शैक्षणिक संस्थानों में जागरूकता। दूसरा चरण (1-31 जनवरी) रु मंदिर—मस्जिद—चर्च—गुरुद्वारे तथा विवाह सेवा प्रदाताओं पर फोकस। तीसरा चरण (8 मार्च तक) ग्राम पंचायत, वार्ड और समुदाय स्तर पर रोकथाम व सशक्त भागीदारी। यह कार्यक्रम विभिन्न गतिविधियों के माध्यम से व्यापक पैमाने पर जनपद को बाल विवाह मुक्त बनाने की दिशा में संचालित होगा।

**Aparajita Samajik Samiti (Uttar Pradesh) is lauded by the Local Press for their social development initiatives to check early and child marriages in their district within next one year**

## Civil Society Requests on the UHC Knowledge Hub: Strengthen health financing that centers community voices and guarantees universal health coverage

November 2025

To:

Her Excellency Ms. KATAYAMA Satsuki, the Minister of Finance  
His Excellency Mr. UENO Ken'Ichiro, the Minister of Health, Labour and Welfare  
Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization  
Mr. Ajay Banga, President, World Bank Group

### Key Recommendations

**Universal health coverage (UHC) means that all people have access to the full range of quality health services when and where they need them, without financial hardship. The training programs of the UHC Knowledge Hub should be designed to maximize the contribution of civil society and communities to strengthen health financing capacity to achieve UHC.**

1. Incorporate “Country Consultations” in the Development of Training Programs and Ensure Multi-Stakeholder Participation
2. Provide Training that Includes Field Engagement and Learning Methods to Reflect Realities in Policy
3. Support and Monitor UHC Progress at the Country Level Following Training Programs Establish an
4. Organizational and Governance Structure that Serves as a Model for Finance-Health Collaboration Between Finance and Health Sectors
5. Social participation, including that of civil society, should be integrated at every phase of the initiative.

We, members of civil society, welcome the establishment of the “UHC Knowledge Hub” to lead capacity building for the achievement of universal health coverage (UHC). We express our respect and gratitude for the leadership of Japan’s Ministry of Health, Labor and Welfare, the Ministry of Finance, the World Health Organization (WHO), and the World Bank in realizing UHC.

UHC means that all have access to the full range of quality health services when and where they need them without financial hardship. Achieving this requires strong and equitable health finance systems, inclusive governance. Furthermore, social participation and the fulfillment of health needs must be ensured in a way that leaves no one behind, including people in vulnerable situations such as those in humanitarian crises and those who are often alienated from access to health and medical services. We hope that the UHC Knowledge Hub will fulfill its functions as a training institution and a platform for consolidating and sharing information to secure the capacity for health financing necessary for the true realization of universal health coverage. In this regard, we respectfully submit the following requests:

1. ***Target countries should conduct inclusive national consultations to ensure broad social participation in the development of training programs.***

We highly recommend the “country-led” approach in designing training programs implemented through the UHC Knowledge Hub, based on the principle of co-design to address bottlenecks and strengthen capacities identified by the countries themselves in their efforts to achieve UHC. To ensure this “country-led” approach, it is desirable to hold consultations at the national and subnational levels that include not only government perspectives but also representatives of civil society, communities and people living with lived experiences, in order to reflect the challenges and needs of the general public—especially those in vulnerable situations. Furthermore, to tailor the training content to each country’s context, both policymakers and practitioners should collaborate in identifying challenges, ensuring alignment with national health and UHC strategies, understanding the needs of the most vulnerable communities, and identifying barriers to accessing health services. It is also important to cover cross-cutting themes such as resource mobilization including human and financial resources, data collection and management, and communication.

**2. *The training should allow participants to engage directly with communities, understand their needs, and learn how to translate those needs into policy.***

While the overarching Health Works initiative seeks to promote investments in health systems as drivers of economic growth, job creation, and resilience, the UHC Knowledge Hub should maintain a focused technical mandate on strengthening the equity and sustainability of health financing systems. Participants, particularly officials in ministries of finance and health responsible for health financing, must have a deep understanding of the core functions of health financing, including: domestic resource mobilization (DRM), fiscal policy for health, pooling and strategic purchasing to enhance efficiency and equity, public financial management, budget execution, and transparency mechanisms. Further, the training should also equip participants with practical tools to leverage/unlock different sources of finance, including IDA, GFF, and PF, all under the Lusaka Agenda principles. Nonetheless, it is important to also incorporate engagement with communities, civil society, and frontline actors to better understand how fiscal decisions affect access and service delivery. In the medium term, it would also be beneficial to establish a database function in collaboration with regional higher education, training, and academic institutions involved in health, to collect, accumulate, and share a broader range of knowledge and expertise. In addition to Japan’s experiences, establishing a mechanism to utilize the knowledge of various countries, international organizations, civil society, and community stakeholders according to the issues at hand would ensure broader access for countries and stakeholders. This would also help avoid duplication with other UHC capacity-building programs and knowledge-sharing or technical assistance platforms and promote synergies through collaboration.

The knowledge gained through training should not remain with individual participants but must be shared among both policymakers and practitioners in the health and finance authorities of the target countries. It should be inherited as an asset of the entire organization and utilized for capacity building at the national level. To this end, it is necessary to develop concrete action plans as outcomes of the training to advance national health and UHC strategies and to operationalize efforts toward achieving UHC. To implement these action plans, it is also worth considering the provision of multilateral or bilateral program assistance to supplement the countries’ own resource mobilization efforts.

**3. *Countries should report progress on UHC following the participation in the program***

To ensure sustainability, participating government should link training with clear commitments to report

progress and improvements in national UHC strategies, namely through increased domestic resource mobilization and health budget allocation, the introduction of health systems that reduce or eliminate out-of-pocket payments, strengthening health systems, and expanding the population and service coverage of public health services—it is essential to establish measurable indicators and conduct regular monitoring and evaluation of progress. To assess whether health services related to UHC are reaching citizens, especially vulnerable communities, it is worth considering the introduction of “Community-Led Monitoring” (CLM) as one of the pillars of evaluation. Utilizing international evaluation frameworks such as the Global UHC Action Tracker” by UHC2030 and the Global Monitoring Report on UHC by the World Bank and WHO can help establish systems that enable civil society to monitor and report on progress. This would allow for evaluations based on field knowledge and experience, leading to improvements in both policy and practice.

#### ***4. The governance of the UHC Knowledge Hub should serve as a model of collaboration between health and finance sectors.***

To effectively implement these initiatives, the UHC Knowledge Hub itself must establish a governance mechanism that serves as a model for promoting collaboration between finance and health sectors in low- and middle-income countries. It should demonstrate best practices in effective collaboration, accountability, and transparency. To operationalize the WHA resolution on social participation for UHC, the hub’s governance should include civil society representation as active members in any advisory or technical group. These representatives should contribute to co-designing the curricula, and ensuring that lived realities of affected people are reflected on fiscal and financial reforms. We also recommend establishing a representative function and an integrated decision-making mechanism capable of demonstrating leadership toward UHC, formulating medium- to long-term plans, issuing regular reports on achievements to ensure planning and predictability, and securing accountability and transparency. Such collaboration could model intersectoral approaches that link health, finance, education, and social protection and mental health systems, reflecting the multi-dimensional nature of well-being. It is also necessary to conduct evaluations of outcomes by independent evaluation bodies and implement organizational reforms based on their recommendations. In decision-making processes, including the selection of target countries and the development of follow-up mechanisms. It is important to establish decision-making bodies composed of diverse stakeholders.

#### ***5. Expand participation , and promote value for money of the training materials***

While it is important to invest in key decision makers, it is equally important to expand the training for higher impact, recycling the training materials for a wider audience could increase the awareness and the capacity about the key principles of UHC, thus creating a safety net and an accountability mechanism for change..

According to the current design, the UHC knowledge hub will feature a few participants from a select countries. Limiting participation risks undermining both the inclusivity and sustainability of such a model, we recommend the hub to expand access to the “knowledge” through regional hubs and virtual training platforms, partnering with regional training and academic institutions, introduce/expedite ToTs (Training of Trainers) models to cascade learning nationally, and ensure that the training materials are translated to key languages where needed. Meaningful social participation is critical for accelerating progress towards UHC and achieving the Sustainable Development Goals (SDGs) by 2030. The engagement of civil society

and communities is critical to the achievement of the above recommendations. Civil society and communities contribute to building equitable, inclusive, resilient, and sustainable health systems that are responsive to both the physical and mental health needs of marginalized and vulnerable regions, communities, and individuals.

To further accelerate efforts toward achieving UHC, we are committed to fulfilling our role as civil society in close collaboration with governments and international organizations as equal partners. We respectfully request your consideration of the contents of this proposal and their reflection on future operational policies.

Sincerely,

Japan CSO Network on Global Health (GHNet)  
The Civil Society Engagement Mechanism for UHC2030 (CSEM)

## List of Endorsing Organizations (as of November 13, 2025):

### 131 Organizations from 42 Countries

※Organizations operating at global or regional level are also classified under the country where they registered their endorsement. List in no particular order.

<b>United States of America</b>	
ACTION Global Health Advocacy Partnership	Seed Global Health
Global Alliance for Surgical, Obstetric, Trauma and Anaesthesia Care (G4 Alliance)	UNSPOKEN SMILES
Partners In Health	
<b>Argentine Republic</b>	
Fundación Huésped	
<b>Republic of Yemen</b>	
International Youth Council-Yemen (IYCY)	Wahg _Alhayah- foundation (WHF.Yenen)
<b>Republic of India</b>	
AIHMS-GLOBAL	State coalition of people living with HIV sansthan jaipur Rajasthan
Blue Circle Diabetes Foundation (India)	VIKASH-SAMUKHYA
Empower India	WORLD PEACE INSTITUTE OF UNITED NATIONS
Global Coalition of TB Advocates	Younite india
International Planned Parenthood Federation	
<b>Republic of Indonesia</b>	
Jaringan Indonesia Positif	Spiritia Foundation
Rekat Peduli Indonesia	
<b>Republic of Uganda</b>	
Child Way Uganda	The Populace Foundation International (TPFI)
KAPOTEC FOUNDATION UG	
<b>Ukraine</b>	
Alliance for Public Health, Ukraine	UKRAINIAN UNION of PATIENFS ORGINISATIONS
<b>Commonwealth of Australia</b>	
Filipino Nursing Diaspora Network	The George Institute for Global Health
The Fred Hollows Foundation	
<b>Canada</b>	
International Alliance of Dermatology Patient Organizations (GlobalSkin)	Orange Blossom Alliance
<b>Republic of Cameroon</b>	
Women's-Health-Development (FESADE)	National Coalition of Local Associations for PBF Health
BCH Africa Cameroon	
<b>Kingdom of Cambodia</b>	
Health Action Coordinating Committee (HACC)	KHANA_Cambodia
<b>Republic of Ghana</b>	
Altar Relief Foundation	Muslim Family Counselling Services
Christ Soldiers Foundation CSO	Systems for Community Health

<b>United Kingdom of Great Britain and Northern Ireland</b>	
British Arab Nursing and Midwifery Association	World Vision International
Save the Children International	
<b>Republic of Kenya</b>	
Strategic Poverty Alleviation Systems-SPAS	Madhira Institute
Confraternity of Patients Kenya (COFPACK)	Partnership for Universal Healthcare
Cphdp champions CBO	Wote Youth Development Projects CBO
Emony Yefwe International	Community Initiativev Action Group Kenya
<b>Democratic Republic of the Congo</b>	
ONGD CEPROPHOT	Union des Éleveurs et Vétérinaires Sans Frontières
<b>Republic of Zambia</b>	
Anti drug abuse association of Zambia	Community Initiative for Tuberculosis Aids and Malaria (CITAMPLUS)
Civil Society Health Partnership	
<b>Georgia</b>	
Eurasian Movement for the Right to Health in Prisons	
<b>Republic of Singapore</b>	
Global Fund Advocates Network Asia-Pacific (GFAN AP)	
<b>Republic of Zimbabwe</b>	
TB People Zimbabwe	Masvingo Association of Residential Care Facilities
Community Working Group on Health (CWGH)	
<b>Swiss Confederation</b>	
NCD Alliance	World Organization of Family Doctos (WONCA)
<b>Kingdom of Spain</b>	
Fundación VISIBLE	
<b>Democratic Socialist Republic of Sri Lanka</b>	
Asia Lanka Social Development Co-operation (ALSDC)	Lanka Fundamental Rights Organization
<b>Kingdom of Thailand</b>	
APCASO	Asia Pacific Network of People living with HIV (APN+)
<b>United Republic of Tanzania</b>	
Women Wake up (WOWAP)	ZITAE women Organization
<b>Togolese Republic</b>	
Association Global Humaniste	
<b>Federal Republic of Nigeria</b>	
AFRICA HEALTH BUDGET NETWORK [AHBN]	Dr Uzo Adirieje Foundation (DUZAFOUND)
African Network of Civil Society Organizations	E-Warehouse Consulting
Afrihealth Optonet Association (AHOA) - CSOs Global Network and Think-tank	Int'l Center for Women Empowerment & Child Dev. (ICWECD)
Amaclare Connect & Development Initiative formerly Our Lady of Perpetual Help Initiative	Mainstay Healthcare Development Foundation
Centre for Ecological and Community Development	MEDIBETH GLOBAL HEALTH CENTRE, NIGERIA

Centre for Initiative and Development Taraba	Society for Family Health
Children and Young People Living for Peace (CYPLP)	Welfare of the African Vulnerable and Egalitarian Foundation WAVEF
Civil Society Partnership for SDGs in Nigeria (CSP4SDGs)-AHOA	
<b>Republic of Namibia</b>	
Conscious Millennials Foundation	
<b>Federal Democratic Republic of Nepal</b>	
Blue Diamond Society nepal	SAGUN PAUDEL
Paropakar Primary Health Care Centre PPUK	
<b>Republic of Haiti</b>	
UNASCAD (Union des Amis Socio Culturels d'Action en Developpement)	
<b>People's Republic of Bangladesh</b>	
BRAC, Bangladesh	
<b>Islamic Republic of Pakistan</b>	
BAHAM Foundation	Huqooq-ul-Ebad Development Foundation
Dopasi Foundation	Sukaar Welfare Organization
<b>Independent State of Papua New Guinea</b>	
Igat Hope Inc	
<b>Republic of the Philippines</b>	
Action for Health Initiatives, Inc. (ACHIEVE)	
<b>French Republic</b>	
Médecins du Monde International Network	Action contre la faim
<b>Federative Republic of Brazil</b>	
ADB - Aliança Distrofia Brasil	
<b>Socialist Republic of Vietnam</b>	
Center for Supporting Community Development Initiatives (SCDI)	Lighthouse Social Enterprise Vietnam
Vietnam Network of People living with HIV (VNP+)	
<b>Republic of Madagascar</b>	
ASOS ( Action Socio-sanitaire Organisation Secours)	
<b>Republic of the Union of Myanmar</b>	
Myanmar Positive Group (National PLHIV Network)	
<b>Republic of Liberia</b>	
Women For Positive Actions	
<b>Republic of Rwanda</b>	
Barakabaho Foundation	
<b>Republic of Korea</b>	
Korean Advocates for Global Health (KAGH)	
<b>Republic of South Africa</b>	
Ashdown community development	Innovtech
Cluster of Hope Organization	WACI Health
Healers for Change	

<b>Japan</b>	
JOICFP	Services for the Health in Asian and African Regions
Asia Arsenic Network	Association for Aid and Relief, Japan
Africa Japan Forum	DNDi Japan
WaterAid Japan	Women's Association for a Better Aging Society

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For 17 Sustainable  
Development Goals  
(SDGs) with 535 CSO  
Partners all over India



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