

ANNUAL REPORT
2015 - 2016



PUBLIC HEALTH RESOURCE SOCIETY

www.phrsindia.org

Message from the President

Malnutrition continues to remain a wicked problem. Despite rapid economic growth, India remains the home to a vast number of undernourished children. According, to the Global Hunger Index Report 2015, India ranks 80th out of 104 countries based on the four indicators related to undernourishment, wasting, stunting, and child mortality. This clearly reflects that the strategies adopted by the government are far from effective. The efforts done so far are scattered and there is also lack of a comprehensive strategy that aims at improving nutritional status of children and women.

The focus area of the Public Health Resource Society in 2015-16 continued to be the fight against malnutrition. The Project “Action Against Malnutrition” (AAM) has shown positive results for addressing malnutrition amongst children. It has given us an enriching experience of working with the community. Our sincere thanks to Tata Social Welfare Trust for supporting this important endeavor since its inception. Thanks to the contribution of our dedicated team working at the field level, state level and the leadership of the consortium members of CINI, Ekjut, Chaupal and IDEA. A special mention should go out to Dr. Vandana Prasad, Technical Advisor PHRS for constantly bringing new ideas and helping in creating the evidence base for policy advocacy.

As malnutrition is a complex problem, to approach it more holistically, PHRN and PRADAN through the platform of Facilitated Action Against Malnutrition aims to establish a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices. We have also worked with the active support of IFPRI to create a network of stakeholders working at block and districts through its project Partnership and Opportunities to Strengthen and Harmonise Actions in Nutrition (POSHAN).

We have continued to advocate for “Universal health coverage” and the ‘right to health’. PHRN jointly with JSA engaged with the National Human Rights Commission (NHRC) with the objective to review human Rights violation in the context of public health care services in India and successfully conducted a public hearing for the Western India region. PHRN also worked on Capacity Building of Civil Society Health Advocates for Strengthening National Health Policies and Programme supported by ThoughtWorks India Pvt. Ltd. and Strengthening Public Provisioning of Healthcare in Chhattisgarh supported by National Foundation of India.

Some of the studies undertaken this year includes Contribution of Civil Society For “Health for All” supported by IDRC, Health Rights Advocacy for Social Accountability and Regulation of Private Medical Sector supported by Oxfam, India, Access of Particularly Vulnerable Tribal Groups (PVTGs) To Health in Chhattisgarh And Jharkhand States of India supported by IDRC through Achutha Menon Centre for Health Science Studies, Trivandrum. World Breast Feeding Trends initiative (WBTi) reassessment was carried out in 2015 in collaboration with Breast Feeding

Promotion Network (BPNI)/IBFAN Asia. In Bihar, PHRN continues to play the role of State Training Agency- ASHA Resource Centre.

PHRN is committed to work towards the cause of public health and nutrition and to protect the rights of poor and most vulnerable.

Dr. Suranjeen Pallipamula Prasad

Message from the Vice President

Dear Members,

I am glad to know that the organization has been able to have quite effective interventions in some of the deeper and sensitive areas of health, nutrition, and related areas.

The community based management of malnutrition through a flagship program Action Against Malnutrition, capacity building of rural and tribal women on nutrition and nutrition sensitive agriculture, development of training modules/materials, health systems research and policy advocacy are some of the candid examples of its achievements.

In the field of advocacy and policy reform our partnership with International Food Policy Research Institute (IFPRI) is noteworthy. The preparation of district nutrition profile for all the 30 districts of the state is expected to induce the policy makers to design necessary policies and implementation frameworks so that under nutrition in the state get appropriately addressed.

The strategic alliance with new partners, national and international agencies are some of important steps towards its expansion.

I believe in the coming days the members of the organization/network including the national and state team will carry forward their endeavor to make the basic quality health care services affordable, equitable and easily accessible for all and try to ensure that basic health care services remain a state responsibility and not with the private sectors.

Dr. Madan Mohan Pradhan

Message from the National Convener

Dear Friends,

2015-16 has been another dramatic year for PHRN. We responded ably to the challenge of financial uncertainty by utilising our programme strengths to attract new partners as well as further consolidate existing relationships.

We had noted the need to build new links with government and UN bodies and some ground was broken in this regards as well, which is likely to lead to concrete partnerships in the near future.

Where technical skills are concerned, the shift in focus from child health to women's health as a part of women's empowerment has led to key learnings for the group in terms of content as well as content-transaction with rural / tribal women. Thus, building capacities remains our main strategy. Meanwhile the focus on health systems also continues as a stream in close collaboration with Jan Swasthya Abhiyan as well as through specific research projects.

In this phase, we have been required to expand rapidly while maintaining the quality of our human resource and this remains our major organizational concern. Of course, the network is a big source of support and we continue to draw resources from it.

I would like to think that PHRN members are proud of it, and even more ready to face up to working towards 'health for all' and not just a privileged few. Please keep pushing us to do more and better.

Dr. Vandana Prasad

Message from the Executive Director

It gives me great pleasure to present the Annual Report of Public Health Resource Society for the financial year 2015-2016. As you read this report and reflect upon our activities, I would take this opportunity to thank our network members, partners and our generous donors since none of it would have been possible without their kind support and encouragement.

It was quite an action-packed year. We had mobilized and organized a major convention under the project banner “Action Against Malnutrition” in Ranchi. This apart, there have been new alliances, new partners, and exciting new work. As you read our report, I am sure you will see that we have been able achieve and accomplish many things.

What I have seen over the years makes me optimistic that with your continued support and work together; we will make our organization and network stronger. As in the past, a lot of good work can be expected in 2016-2017.

I invite you to review our actions and accomplishments in the financial year 2015 - 2016.

Dr. Ganapathy Murugan

Messages from the State Conveners

Bihar

Over the years PHRN/PHRS has contributed towards achieving its goal *Health for all*. Action Against Malnutrition (AAM) or Facilitating Action Against Malnutrition (FAAM) are some of the initiatives of PHRS towards establishing sustainable solution for community action to combat malnutrition. I thank our partners: Tata Social Welfare Trust, Ekjut, CINI, IDEA, Chaupal and PRADAN who have been friends in action in reaching out to most marginalized community.

On one hand PHRN has supported Bihar government's effort to capacitate its front-line health worker (ASHA) in twelve districts, it must be appreciated in supporting and documenting the People's Health Movement (PHM) in its activities as a social movement that promotes 'Health for All', while locating health in an understanding that embraces the structural and social determinants. PHRN along with NHRC and Jan Swasthya Abhiyan (JSA) have been able to draw attention towards key systemic and policy related issues in context of public and private health care services in India and its recommendations could facilitate in adopting various measures required to ensure protection of health rights. Health rights advocacy for social accountability and regulation of private medical sector in Bihar, Chhattisgarh and Delhi, capacity building of civil society health advocates for strengthening national health policies & programmes, strengthening public provisioning of healthcare in Chhattisgarh with support from National Foundation for India are some of the commendable work done so far.

Mr. Rafay Ejaz Hussain

Chhattisgarh

In the last year PHRN has contributed greatly to the cause of public health and nutrition. The teams in the states have been involved in capacity building, research, implementation, and advocacy on critical issues in health and nutrition, with continued emphasis on the poor and vulnerable groups. I am proud to be part of the ever-growing PHRN team and I wish the PHRN team and members of the network all the best for the year to come.

Ms. Sulakshana Nandi

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BACKGROUND

Public Health Resource Network (PHRN) is a growing network of individuals and organizations with the perspective of strengthening technical and management capacities to take action towards the common goal of 'Health for All' through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are generally left underserved. PHRN is currently working directly in the states of Bihar, Chhattisgarh, Jharkhand and Odisha and has contributed to the on-going work of strengthening public health systems in other states through its partnerships with other institutions.

PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society (PHRS) is a national level organization that is registered under Societies Registration Act, 1860 (Act XXI) in Delhi. It comprises of a small group of members and full timers. PHRS is the core group that has initiated the network PHRN and provides leadership to the network as well as functions as its secretariat.

Principles of Public Health Resource Society

PHRS works and provides assistance on the basis of need, regardless of race, creed or religion addressing the rights of vulnerable groups and disadvantaged populations, particularly women and children. At PHRS, we value equality and diversity at all times. We are committed to work together creating an inclusive environment of mutual respect and consideration valuing everyone's contribution.

HISTORY

The National Rural Health Mission (NRHM) was announced in April 2005 with the stated goal "to promote equity, efficiency, quality and accountability of public health services through community driven approaches, decentralization and improving local governance". The State Health Resource Centre (SHRC), Chhattisgarh has been a key facilitator agency for state wide health sector reforms in Chhattisgarh. In many ways, these reforms provided the experience that helped to fashion the NRHM. It was felt that the lessons learnt from the SHRC should be used to motivate change in other parts of the country through an active engagement with the NRHM.

It was in this context that the PHRS was brought into being as a documentation and dissemination initiative of the SHRC, Chhattisgarh with the support of the Social Initiatives Group (ICICI). It subsequently launched a pilot programme for capacity-building through a modular course on issues related to District Health Management in the states of Bihar, Chhattisgarh, Jharkhand, and Odisha in order to accelerate and consolidate the potential gains from the NRHM. In particular, it focused on the NRHM elements of decentralized planning and communitisation that it considered could truly change the health scenario of disadvantaged people. Some of the capacity building programmes conducted by PHRS are as follows (for detail, please see our website www.phrsindia.org).

1. Distance Learning Programme (DLP)
2. Fast track Capacity Building of Public Health Professionals

3. Post-Graduate Diploma in District Health Management (PGDDHM)
4. Community Health Fellowship (CHF)

PHRS has refined and redefined its objectives and strategies periodically in accordance with the circumstances of its work as well as its experience. Currently, the major areas of work of PHRS are capacity building, model building, advocacy, research, publication and networking.

VISION

We believe that appropriate, and responsive public health services are imperative for the health and well-being of our population. Good and ethical public health practice stems from meaningful and well-rounded public health capacities. We are constantly seeking new knowledge and perspective, as much as questioning the existing ones. We seek to deeply engage with public health practitioners on the frontline of action and the community and seek to facilitate and enable them with core knowledge and competencies that will translate into game-changing practice.

MISSION

Building Capacities for Public Health Action.

AIMS AND OBJECTIVES

1. To contribute and strengthen the efforts directed towards attaining health for all including universal access to basic goods, facilities and services related to health and health care, improved working and living conditions for all and all health care services that are necessary for the attainment of the highest levels of physical, mental and social health for all without any discrimination.
2. To provide resource support and technical assistance to all practitioners of public health or those who work for the cause of health for all.
3. To network and build solidarity and promote exchange of views and experiences amongst practitioners of public health and all those who work for the cause of health for all.
4. To assist any governmental or non-governmental agency or social movement in planning for health from the panchayat, block, district and state levels to the national level.
5. To build effective inter-linkages between health and development planning at all levels.
6. To undertake research and other assignments in any aspect of health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
7. To undertake and implement projects or programmes in health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
8. To promote networking and participate in advocacy for better policies and programmes in order to promote the goals and objectives of the society.
9. To provide public health practitioners and students higher education opportunities to increase their capacities and enhance their career growth through various strategies including distance learning programmes.
10. To reach out to those dedicated individuals and organizations for whom health equity is major concern, and share with them essential information and opportunities to contribute to this goal.

11. To support the process of empowering civil society and its organizations for improved and increased public participation in public health planning and management.
12. To act as a national interface to promote best practices and learning and work of various agencies and bodies in Health and Development as decided by the Governing Body.
13. To participate in and to foster co-operation with national and international institutions and associations with similar purpose and to represent nationally and internationally scientific work of the Society in the field of public health.
14. To create and foster subsidiary organizations and institutions dedicated to promote health.

CORE STRATEGIES

1. Conducting *learning programmes for public health practitioners* both within and outside of government.
2. Promoting *Fellowship Programmes* to induct and groom interested persons into working towards public health goals.
3. Undertaking formal teaching programmes in collaboration with academic institutions.
4. Strengthening *community processes*
 - Support to the ASHA programme
 - Facilitating effective VHSNC functioning and village health planning
 - Facilitating public participation in health management through bodies like Rogi Kalyan Samiti
 - Capacity building and support to PRIs' involvement
 - Assisting community monitoring processes to improve facilities and services
5. Making *district planning* more equitable and effective by
 - Research inputs
 - Independent appraisals and evaluations
 - Assisting access to information and technical resources
 - Organising peer reviews
6. Promoting *networking* and the emergence of district and state level groups and teams with a high degree of motivation and skill. Holding conventions, seminars, study groups and meetings to facilitate this process.
7. Undertaking appropriate research and policy advocacy to further the goal of "Health for All".
8. Creating models for scale-up and providing systemic inputs to programmes related to health and nutrition.

ORGANISATION PROFILE

Legal Status	:	Registered Society
Registration No.	:	S-62225/2008 Dt. 16.05.2008
Income Tax Registration No.	:	
(Under Section 12A)	:	DIT (E)/12A/2009-10/P-1351/1576 Dt. 25.03.2010
Income Tax Exemption	:	
(Under Section 10 (23C))	:	DGIT (E)/10(23C)(iv)/2010-11 Dt. 06.09.2010 valid from AY. 2009-10 onwards
(Under Section 80G)	:	DIT(E)/2014-2015/DEL-PE25259-25062014/5025 Dt. 25.06.2014 valid from AY 2014-15 onwards
FCRA Registration No.	:	231661433 Dt. 26.06.2013
Permanent Account No. (PAN)	:	AAAAP8517G
Registered Office Address	:	C-14, Ground Floor, Hauz Khas, New Delhi – 110016
Statutory Auditor	:	Ashwani & Associates 103 Pratap Bhawan, Bahadur Shah Zafar Marg, New Delhi – 110003

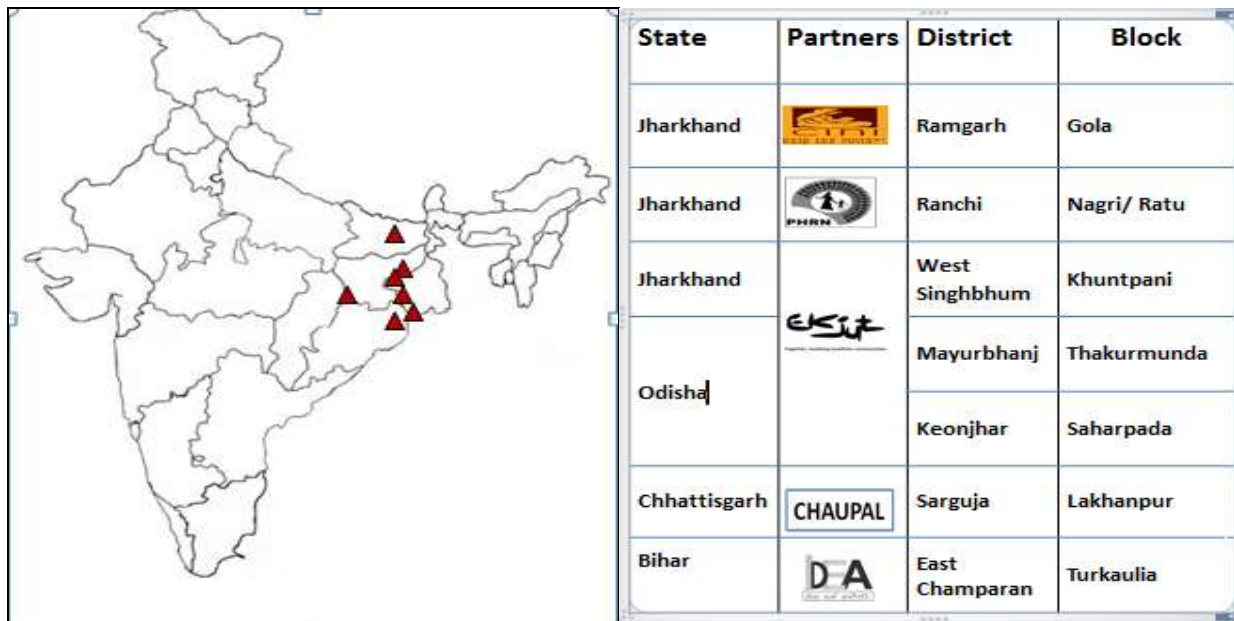
PHRS has been accredited by Credibility Alliance and recognized as a Member of Credibility Alliance for five years from 29th June 2015 to 28th June 2020.

MAJOR PROGRAMMES

Action Against Malnutrition (AAM)

Action Against Malnutrition (AAM) is an initiative for addressing malnutrition in some of the remotest pockets of the country, using multiple community based strategies that have been tried, tested and validated through experience over many decades. Thus, the AAM project has been conceived as a model to demonstrate the importance and effectiveness of community mobilization, systems strengthening and specific community-based management of malnutrition. This multi-strategy intervention is currently being implemented collaboratively by Public Health Resource Society, Ekjut, Child In Need Institute (CINI), Chaupal Gramin Prashikshan Evam Shodh Sanathan (Chaupal), and Institute For Developmental Education and Action (IDEA) in seven blocks spread across the states of Bihar, Chhattisgarh, Jharkhand and Odisha. The endeavor is supported by Tata Social Welfare Trust. Initiated in June 2012, the project completed three years in May 2015. It was extended till April 2016, and then again for the period of May 2016 to February 2017.

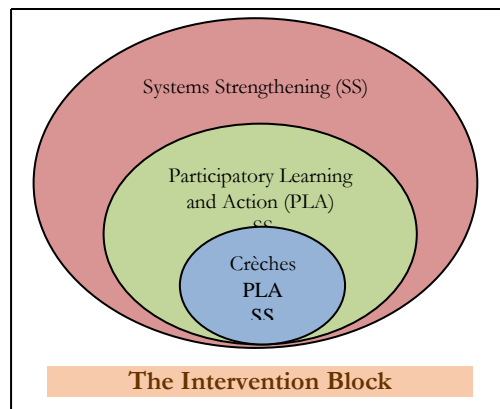
Coverage



Target Group: Children in the age group of zero to three years.

Strategies: A three-pronged intervention has been adopted, which includes:

- Community mobilization
- Crèche intervention
- Systems Strengthening



Main Features

- Working with children in the 0-3 age group
- Mobilizing communities towards preventive, promotional and curative efforts to tackle malnutrition
- Strengthening public systems, mainly ICDS and Health Systems, also systems of social determinants of malnutrition such as Village Level Water and Sanitation, Mahatma Gandhi National Rural Employment Guarantee Schemes (MNREGA) for better service delivery
- Identifying and filling the programmatic gaps on child care and community based management of malnutrition
- Developing a scalable model
- Influencing the policy environment towards changes that are essential to tackling malnutrition on the basis of this project

A full-fledged research protocol and MIS have been developed to monitor and review this project. Public Health Resource Society, which hosts the Project Management Unit, is in charge of the overall coordination. An advisory group consisting of experienced and committed individuals along with the head of the participating partner organizations has been formed to periodically review, offer advice and support this project. Ethical clearance is obtained from the Institutional Ethics Committee. This is a demonstrative model and has vast potential for scale-up, especially in the context of recently restructured ICDS programme which includes the component of Anganwadi-cum-Crèches in up to 5% of its centers.

A total of 4518 children and an almost equal number of mothers were reached through crèche programme and more than 25,0000 mothers through community mobilization.

In order to advocate the crèche strategy, AAM work was shared in various forums. Some of the details are given below:

- Meeting with Ms. Vani Sethi, Nutrition Specialist, UNICEF India, on September 1, 2015
- Banyan Academy of Leadership in Mental Health (BALM), October, 2015
- Murugan, G., R. Gope, and N. Dhingra. 2015. **Improving Complementary Feeding through Community-Based Management of Malnutrition in Rural India**. POSHAN Implementation Note No. 14. New Delhi: International Food Policy Research Institute (IFPRI).
- Meeting with Secretary, WCD Mr. Vinoy Choubey and Mr. Sanjay Kumar, Principal Secretary to Chief Minister, Jharkhand on 2nd November, 2015
- Meeting with Dr. Louis Marandi, Minister, WCD, and Shri Saryu Rai, Minister, Food & Civil Supplies, Govt of Jharkhand, November, 2015
- Meeting with Mr Navin Jaisawal, MLA, Nagri, Jharkhand November, 2015
- Meeting with Shivshankar Oraon, MLA, Gumla Jharkhand on 22 February and 23 February, 2016

- Meeting with Secretary, housing Mr. K.K. SOAN for crèches on 7 June 2016
- Meeting with Mr. Sanjay Kumar, Principal Secretary to Chief Minister on 22 June 2016 and 28 September, 2016
- Meeting with Director General, Nutrition Mission, Jharkhand on 17 June 2016, 27 August 2016 and 28 September 2016

AAM Sabha

‘AAM Sabha’ was organized under the auspices of Action Against Malnutrition on 5-6 November, 2015 in Ranchi. It was a two-day celebration with the rural people, who have been most central to the programme, towards acknowledging and recognizing the community’s efforts towards managing child malnutrition and demonstrating early childhood care and development at village level despite of numerous constraints.

Over 500 members from rural areas across four states involved with the programme, like crèche workers, community mobilisers, mothers, frontline health workers, panchayat members and other members of civil society participated in this event. They shared their experiences of learning, evolving, achievements and struggle through storytelling, songs, dances, skits and plays. A number of stalls were put up by all seven block teams involved in AAM. In addition, stalls were also put up by PRADAN and PRAVAH to show-case their work.

The Minister for Food and Civil Supplies and Minister for Women and Child Development attended the meeting and addressed the gathering. Both the ministers spent considerable time in the stalls put up by the AAM partners and in understanding the AAM programme. They appreciated the importance and need for attention to each childhood period (birth-three years), lauded the work done under AAM and promised to visit the programme sites.

Sri Saryu Rai, Minister for Food and Civil Supplies, informed that it is already being considered in Jharkhand to supply pulses and oil through the Public Distribution System. Dr. Louis Marandi, Minister, Women and Child Development, Government of Jharkhand appreciated the Early Childhood Care Development activities in the AAM programme. She informed the participants about the launch of Nutrition Mission and a new cadre of community workers “Poshan Sakhi” by the government in Jharkhand. She invited civil society organisations to be part of the initiative and share their rich experiences in making the nutrition initiative a success. She also encouraged the participants from Jharkhand to take up a few panchayats in Jharkhand to transform them into model panchayats by make them free of child malnutrition so that the experiences in these panchayats can inform the larger state initiatives and actions.

The message from the AAM Sabha to politicians and bureaucrats was loud and clear – urgent measures are required to address child nutrition and that it can be done through community-based interventions.

AAM Sabha Resolution

On 5-6th November 2015, we, over 500 women have come together at Bagaicha, Namkum, Ranchi, Jharkhand, from the remote & rural hinterland of India. We are crèche workers, community mobilizers, mothers, frontline health & anganwadi workers, panchayat members and other members of civil society of the Action Against Malnutrition Programme (AAM).

We are concerned about the high levels of child malnutrition in our villages, and we have spent the last three years in trying to tackle this issue through discussions in women's groups and families, running crèches and strengthening the delivery of health and nutrition services.

We are also concerned about the underlying causes of malnutrition, like poverty, political marginalization, gender discrimination, and violence against women and recognize that there is a need for building capacities within communities for action on these issues.

We as families and communities are committed to improve the health, nutrition and well being of children, especially those under three years of age. We have also show-cased that we have the capacity and willingness to work on this issue, provided we are given support.

We demand:

- Universalisation of ICDS services with quality and effective implementation of all entitled services
- Expansion and strengthening of the ICDS services by increasing the working hours of the anganwadi center to 8 hours, introduction of eggs and other locally available food items in the menu, and involving the community in decision making and monitoring
- That the Anganwadis should adequately cater to malnourished children and the capacities of the ICDS workers should be built in order to do so
- That the Government should open crèches in all villages to decrease malnutrition of children aged 6 months-3 years
- Improved and people-friendly health services from village to facility level
- Provision of clean drinking water and toilets that are usable in every village
- Livelihood generation for families through trainings, jobs and loans for women and unemployed youth
- Promotion of locally available foods rather than packaged foods in government programmes
- Promotion of local agricultural produce and its procurement by government programmes

Facilitating Action Against Malnutrition (FAAM)

The project **Facilitating Action against Malnutrition (FAAM)** under the aegis of "Partnerships for Women's Empowerment and Rights" (PoWER) aims to bring positive changes towards health and nutrition of women and children. PRADAN and PHRN are in partnership to support PRADAN to evolve and implement a comprehensive strategy that links health and nutrition with existing agriculture and other livelihood practices in the field areas of Pradan, namely Kathikund block in Dumka district, Sonua block in West Singhbhum district of Jharkhand and Balliguda block

of Kandhamal district in Odisha. FAAM intends to reach out to all women and children below 3 years of age across the identified areas with the following objectives:

- To increase awareness among women to understand the underlying causes and practices related to malnutrition
- To increase access to government interventions especially of ICDS, water and sanitation and health department
- Reduce malnutrition among women and children in the area

The strategies adopted to achieve the above-mentioned objectives include:

- Capacity building of PRADAN team members to sharpen their understanding in nutrition sensitive engagement and to help them build leadership & expertise in nutrition of the SHG collectives.
- To identify pathways/processes to take ahead the nutrition agenda in the community through the SHG collectives.

The activities included the development of 3 modules and picture cards, organizing conceptual and technical training sessions with PRADAN teams, perspective building exercises of Community Resource Persons (CRPs), and handholding and supportive supervision to CRPs and respective PRADAN team members.

Nutrition as an agenda has been well accepted across the three locations, both within the PRADAN team and among the CRPs. Trained CRPs and VOs have taken ownership of the nutrition agenda. Nutrition interventions by the federation have been recognised and appreciated by the Jharkhand State Livelihood Promotion Society (JSLPS) in Kathikund. PRADAN Koderma also has shown interest in implementing the nutrition and health modules with two of the Women Federations, which have 12000 members.

Partnerships and Opportunities to Strengthen and Harmonize Actions in Nutrition (POSHAN) in India

PHRS in partnership with Institute for Development Studies (IDS), Sussex and International Food Policy Research Institute (IFPRI) started a knowledge networking initiative in Mayurbhanj and Keonjhar districts of Odisha under the POSHAN project. The overall goal of POSHAN is to improve and support policy and program decisions and actions to accelerate reductions in maternal and child under nutrition in India, through an inclusive process of evidence synthesis, knowledge generation, and knowledge mobilization. The programme (POSHAN) was initiated in the state of Odisha in the year 2014 with the following objectives:

- To conduct knowledge mobilization activities around issues of malnutrition
- To create a network of Civil Society Organisations (CSOs) and government functionaries working on nutrition related issues, beginning with two identified districts and possibly at the state level

- To share the experiences and findings from the knowledge network with other stakeholders in the nutrition community
- To develop knowledge products on POSHAN themes

After consultation meetings at state and district levels, a Community Needs Assessment (CNA) was conducted in two districts. A Village Health Plan was also developed based on the findings of the CNA. The process of developing nutrition profiles for all thirty districts of Odisha and its dissemination are underway.

State Training Agency for ASHA Resource Centre

Public Health Resource Society has been playing the role of State Training Agency to roll out ASHA Modules 5, 6 and 7 to train ASHA trainers since 2011 through a tripartite agreement with National Health Systems Resource Center (NHSRC) and State Health Society, Bihar. As per the agreement, PHRS plays a role of a state training agency in Bihar and provides technical support to on-going ASHA trainings in the state. During 2015–16, PHRS provided a third-round training to district ASHA trainers in 12 districts of Muzaffarpur, Darbhanga, Samastipur, Madhubani, Begusarai, Khagaria, Bhagalpur, Banka, Sheikpura, Sahasa, Purnia and Madhapura. In addition to providing on-site support to the District Training Agency to roll out ASHA trainings at the district training sites, PHRS also supported the ASHA trainers and District Training Agencies (DTAs) from allocated districts in developing district-specific training plans and a training calendar for ASHAs. A total of 91 district trainers were trained in 4 batches between July-October 2015. In addition, supportive supervision was also done of 11 trainings across five districts during this period.

Contribution of Civil Society For “Health for All” In India

PHRN has undertaken a study titled “Contribution of Civil Society For ‘Health for All’ In India” on behalf of Jan Swasthya Abhiyan. This study is a part of a larger, 3 year long research study. The aim of the study is to document (and support) the People’s Health Movement (PHM) in its activities as a social movement that promotes ‘Health for All’, while locating health in an understanding that embraces the structural and social determinants. Much of this work is centered around 6 countries where PHM has activist groups, namely Brazil, India, South Africa, Italy, Colombia and the Democratic Republic of Congo. The overall coordination of the study is done by PHM, through a small group of personnel located in three of its offices: India, South Africa and Egypt. The country-specific research under this project is centered on key themes related to successful campaigns, movements; knowledge generation, capacity building and networking that promote “Health for All”.

In India this project is housed in PHRS and is steered by a research group (consisting of Amit Sengupta, N Sarojini, Deepa V, Joe Varghese, Indranil Mukhopadhyay, VR Raman, Ganapathy Murugan, Susana Barria, Kajal Bhardwaj, Rohan Matthews and Vandana Prasad).

The study includes in-depth interviews of JSA members and members of the broader ‘health movement’ based on their involvement at the state or national level on specific themes.

Development of data collection protocols, ethical clearance and review of the secondary literature were completed and data collection is currently underway.

Health Rights Advocacy for Social Accountability and Regulation of Private Medical Sector

As part of its campaign on Social Accountability of Private Health Sector, that is funded and supported by Oxfam, PHRN has been conducting campaign meetings at district and state level with civil society, mitanin programme team, District Legal Services Authority etc. to raise awareness on the Clinical Establishment Act and patient's rights to plan the activities in the district etc. at the same time advocating with the government on the proper implementation of the act especially the patient's rights provision.

Also as part of this campaign, PHRS undertook a research study titled “**Study on the impact of privatization of public health services (including Public-Private Partnerships)**” in the three states of Bihar, Chhattisgarh, and Delhi. This study was commissioned by Oxfam India, and entails the development of four case studies describing the status and impact of privatization on public sector health care services. State specific topics chosen for the study include: diagnostic services being run in PPP mode in Bihar, and the outsourcing of dialysis facilities in Delhi. In Chhattisgarh, two areas were chosen (i) outsourcing the recruitment and management of human resources to private agencies to remote and conflict areas, and (ii) outsourcing mobile medical units.

Capacity Building of Civil Society Health Advocates for Strengthening National Health Policies and Programmes

A capacity building programme titled **Capacity Building of Civil Society Health Advocates for Strengthening National Health Policies and Programmes** towards achieving Equity in Access to Health has undertaken by the PHRS with the support of ThoughtWorks Technologies (India) Private Limited. The major activities under this project included organizing two capacity building workshops in the thematic areas: strengthening the public sector; women's health rights and gender equity; access to medicines and rational use of medicines; privatization of health services and the commercialization of health care, and social determinants of health. The other activity was to develop materials on the specific thematic areas for dissemination. Two capacity building workshops were organized: “Right to Health” dated 7-8 June 2015 and “Towards Regulation of Private Medical Sector and Promotion of Patient's Rights” dated 12-13 October 2015. On developing resource material, PHRS discussed with JSA and decided to develop a module on nutrition since, currently, there aren't any modules on nutrition that comprehensively discusses the technical and political aspect of the subject.

Strengthening Public Provisioning of Healthcare in Chhattisgarh

The Chhattisgarh state JSA unit, PHRS and the Sanket Development Group from Madhya Pradesh were jointly involved in undertaking a budget analysis. The National Foundation of India support this project.

Activities conducted under the project are as follows:

- a. A three-day workshop organized by Center for Budget and Governance Accountability was attended by members of PHRN and Sanket Development Group on 8-10 June 2015. The plan of activity in the state was discussed with participants from other states as well as senior JSA members. Feedback was gathered and possible challenges in the process were also discussed.
- b. A consultation on budget primer development in Chhattisgarh was jointly organized by PHRS Chhattisgarh and SANKET-budget development group, at Raipur, Chhattisgarh on 18th August 2015.
- c. A 'pre-budget consultation' was jointly organized by PHRS, Chhattisgarh and the SANKET-budget development group, Chhattisgarh on 15th October 2015 at Raipur. The participants were representatives from district civil society and networks of non-profit institutions.
- d. Visits were made to Charam and Pandariya blocks and district health departments to collect health related budget data. Currently, a dialogue is being initiated with the Director, Health Services to enlist support for the data collection process at district and state level.

Access of Particularly Vulnerable Tribal Groups (PVTGs) to Health in Chhattisgarh and Jharkhand States of India

Public Health Resource Society is undertaking a research study titled 'Access of Particularly Vulnerable Tribal Groups (PVTGs) to health in Chhattisgarh and Jharkhand states of India' as part of "Closing the gap: health equity research initiative in India" funded by IDRC, through the Achutha Menon Centre for Health Science Studies, Trivandrum. The first workshop of partners was held on 29th February to 4th March, 2016 in Thiruvananthapuram.

NHRC-JSA Regional Public Hearings

National Human Rights Commission (NHRC), Public Health Recourse Society (PHRS) and Jan Swasthya Abhiyan signed an MoU on 13th October 2015 to conduct six regional public hearings on the right to health care across the country. The main objective of the public hearing was to review human rights violations in the context of public and private health care services in India and to draw attention towards key systemic and policy related issues along with the formulation of a range of related recommendations. The recommendations will facilitate the adoption of various measures required to ensure the protection of health rights of the people in the country.

Six regional hearings were planned across the country. The first hearing was held at Tata Institute of Social Sciences, Mumbai on 6th and 7th January 2016, covering Maharashtra, Gujarat and Rajasthan from the western region. A report on the hearing has been submitted to NHRC.

Other Initiatives:

1. Short Term Capacity Building

- **Training workshop on Qualitative Research Methodology (QRM)** under AAM project was organized from 7-9th April 2015 in Ranchi by PHRS. Twenty-five members

from the AAM consortium, including PHRS, CINI, CHAUPAL, Ekjut and IDEA participated in this workshop. The resource person was Dr. N. Nakkeeran from Indian Institute of Public Health (IIPH), Gandhinagar, Gujarat.

- **Capacity Building workshop of civil society organization on Community Based Model on Malnutrition:** A two-day long training workshop was organized from 15-16th October, 2015 in Delhi. Twenty-one members participated in this workshop. Five participants from PHRN (Haldhar Mahto, Shampa Roy, Shahnawaz Khan, Srishti Mediratta and Allam Ashraf) attended, along with representatives from CRY, Vikas Samvad, BPNI, and Mobile Crèches. The lead resource persons were Dr. Vandana Prasad and Dr. Dipa Sinha
- **Exposure visit to AAM field areas-**Two exposure visits were organised during 2015-2016:
 - a. Visit by Banyan Academy of Leadership in Mental Health (BALM) team from Chennai
 - b. Team from Mobile Crèches, New Delhi

ADVOCACY

World Breast Feeding Trends Initiatives (WBTi) 2015

PHRS collaborated with Breast Feeding Promotion Network (BPNI)/IBFAN Asia for the WBTi reassessment in India in 2015. The assessment was based on 10 specific indicators using the WBTi tool. This is a part of the global initiative to measure the progress of nations based on the framework of action in the Global Strategy for Infant and Young Child Feeding.

WBTi is currently being implemented in more than 100 countries, supported by the Norwegian Agency for Development Cooperation (NORAD) and the Swedish International Development Cooperation Agency (SIDA). It serves as a lens to identify gaps in policy and programmes at the national level, and to help nations initiate action to bridge the gaps.

PHRS was involved in the assessment of three indicators:

- Health and Nutrition Care Systems (in support of breastfeeding & IYCF)
- Mother Support and community outreach: community-based support for the pregnant and breastfeeding mother
- Mechanisms of Monitoring and Evaluation System.

PHRS was also responsible for coordination, communication, and report writing. An assessment report titled “Arrested Development” was published on 1st of September, 2015 at Deputy Speakers Hall, Constitution Club, New Delhi.

RESEARCH AND PUBLICATIONS

- i. Protocols and Guidelines for Crèches- available in English, Hindi and Odiya.
- ii. Combating Malnutrition- A process documentation in English.

- iii. Guideline for Community Based Monitoring- “Samuday Adharit Nigrani Ke Liye Disha Niradesh” in Hindi and Odiya
- iv. Report card “Samuday Adharit Nigrani Ke Liye Disha Niradesh” in Hindi and Odiya.
- v. Picture Cards for Perspective Building exercise I and II under FAAM on the themes- Infant and Young Child Feeding (IYCF), Life Cycle Approach (LCA), Malnutrition, Food Diversity, Health and Illnesses.
- vi. Dr. Vandana Prasad and Dr. Dipa Sinha contributed a chapter titled “The Reluctant State: Lacunae in Current Child Health and Nutrition Policies and Programmes in India” in the Social Development Report 2014
- vii. “ ANMs: Are the Skills and Capacities Adequate?” authored by Rajib Dasgupta., Dipa Sinha., Ganapathy., Murugan., and Madhurima Nundy published in the book "National Rural Health Mission: An Unfinished Agenda", by Suresh Sharma and William Joe (Eds), Eastern Books, 2015.
- viii. Prasad. V, Sinha D, Potentials, Experiences and Outcomes of a Comprehensive Community Based Programme to Address Malnutrition in Tribal India, International Journal of Child Health and Nutrition, 2015, 4, 151-162
- ix. S. Nandi, M. Nundy, V. Prasad, K. Kanungo, H. Khan, S. Haripriya, T. Mishra and S. Garg. (2015). Ch.6- Implementing of RSBY in Chhattisgarh, India: A Study of the Durg District. In Medical Insurance Schemes for the Poor Who Benefits? Rama V. Baru (Ed.). Academic Foundation
- x. Lisam S., Nandi S., Kanungo K., Verma P., Mishra J.P., Mairembam D. S. (2015). Strategies for Attraction and Retention of Health Workers in Remote and Difficult-to-Access Areas of Chhattisgarh, India: Do they work? Indian Journal of Public Health. 59 (3): 189-195
- xi. “Envisioning an Expanded Role for Frontline Workers for Universal Coverage”, a paper authored by Rajib Dasgupta, Anjali Chikersal, Ganapathy Murugan, Nidhi Dhingra, Priyanka Roy, Reena Nain, and Shalini Ahuja was presented at the International Conference on “Public Health Infrastructure in Transition: Challenges and A Way Forward”, on February 18th -20th, 2015, organized by the Department of Social Work, Jamia Millia Islamia (A Central University), New Delhi and School of Public Health, University of Minnesota, Minneapolis, USA
- xii. 'Contrived Confusions: No Contradictions between PCPNDT and MTP Acts' authored by Dr. Vandana Prasad, published in EPW commentary section on 7th March, 2015.
- xiii. Murugan, G., R. Gope, and N. Dhingra. 2015. Improving Complementary Feeding through Community-Based Management of Malnutrition in Rural India. POSHAN Implementation Note No. 14. New Delhi: International Food Policy Research Institute, November 2015.
- xiv. Nandi S., Dasgupta R., Garg S., Sinha D., Sahu S., Mahobe R. (2016). Uncovering Coverage: Utilisation of the Universal Health Insurance Scheme, Chhattisgarh by Women in Slums of Raipur. Indian Journal of Gender Studies, 23 (1): 43-68

- xv. Nandi S., Dasgupta R., Garg S., Sinha D., Sahu S., Mahobe R. (2016). How Inclusive is the Universalised Insurance Scheme (RSBY) in Chhattisgarh?
- xvi. Experience of Urban Poor Women in Slums of Raipur. Medico Friend Circle Bulletin, 367-368: 50-51 Available: <http://www.mfcindia.org/curissue.pdf>

INTERNSHIP PROGRAMME

The internship programme has been a continuous effort to provide field exposure to the students from various academic fields and institutions. The organization builds their capacities through the involvement of interns in its ongoing activities to help them develop an understanding on various issues related to social, health and nutrition. During the period 2015-16, a total of nine candidates were placed in Jharkhand and Chhattisgarh for their internship with PHRN. The students were supervised by Dr. Vandana Prasad, Dr. Suranjeen Prasad, Haldhar Mahto, Shampa Roy and Rajesh Sriwastwa in Jharkhand and Sulakshana Nandi in Chhattisgarh. Details of the interns are as follows:

S. No.	Name	Name of the institute	Placement
1	Ms Priyanka Subarno	TISS, Mumbai	Jharkhand
2	Ms. Shruti Shahu	Amity Institute of Public Health Amity University, Noida	Jharkhand
3	Mr. Raghu Aggarwal	Macalester College	Jharkhand
4	Ms. Neha Bhosle	Tata Administrative Services	Jharkhand
5	Mr. Nirpesh Agrawal	Tata Administrative Services	Jharkhand
6	Mr. Aditya Goswami	BIMTECH, Greater Noida	Chhattisgarh
7	Mr. Rahul Gupta	B.R. Ambedkar University, Delhi	Jharkhand
8	Mr. Rahul Talukdar	B.R. Ambedkar University, Delhi	Jharkhand
9	Mr. Prateek	B.R. Ambedkar University, Delhi	Jharkhand

NETWORK INITIATIVES

National Office, Delhi

1. Dr. Ganapathy was involved in the evaluation of NGOs who have applied to become district ASHA Resource Centres in Uttarakhand. Dr. Ganapathy participated in the evaluation between 4-8 May, 2015.
2. Dr. Vandana Prasad, Dr. Ganapathy and Priyanka Chatterjee attended a day-long meeting to discuss the three models of community based management of malnutrition run in Chhattisgarh by SHRC, JSS and the AAM consortium on June 4, 2015 in Raipur.
3. PHRN collaborated with JSA in launching Global Health Watch 4 on June 7, 2015 at India International Centre, Delhi.
4. Dr. Ganapathy had a meeting with Dr. Vikram Gupta from The Banyan Academy of Leadership in Mental Health (BALM), on August 21, 2015 in Ranchi. The agenda of the meeting was to discuss the possibility of working together, especially in the AAM field sites focusing on mental health.
5. PHRN and BPNI co-organised the release of WBTi India Report 2015 on September 1, 2015, at Constitutional Club, New Delhi.

6. Dr. Ganapathy and Ashraf Allam represented PHRN in Delhi JSA meeting on September 19, 2015 at the SAMA office, New Delhi. The agenda of the meeting was to revive the Delhi-JSA and gear up preparations for the upcoming NHRC-JSA public hearing on Right to Health Care.
7. PHRN co-organized a capacity building of public health professionals on regulation of private sector in health care on 12-13 October, 2015 at India Social Institute, New Delhi. The public health professionals were also oriented on the preparations for NHRC-JSA public hearing on Right to Health Care.
8. Dr. Vandana Prasad, Dr. Ganapathy, Haldhar Mahto, and Srishti Mediratta represented PHRN as a technical group in a meeting on 19-20 November 2015 at Zorba the Buddha, Delhi organized by PRADAN. The aim of the meeting was to assess the prospects of extending the FAAM project to 4 years and to evaluate the effectiveness of the intervention by establishing linkages of existing PRADAN work with nutrition through capacity building of the community on nutrition-sensitive agriculture.

The evaluation study, undertaken by International Food Policy Research Institute (IFPRI), was based on the following indicators:

- Agriculture (nutrition sensitive)
 - Public entitlements
 - Health (WASH and Nutrition)
 - Gender (age at marriage, intra family differences)
9. Dr. Vandana Prasad was invited as a speaker to two Center of Indian Trade Unions (CITU) Conventions: Federations of the Anganwadi Workers, as well as the ASHA workers.
 10. Dr. Vandana Prasad was invited as public health expert in a conference CONCLAVE on Gender Equality and Child Rights: Sharing Knowledge and Developing an Agenda for Action, on 28-30 January, 2016. The conference was organized by National Gender Centre, Lal Bahadur Shastri National Academy of Administration, Mussorie. CONCLAVE is a joint initiative of the Academy, UN-Women and UNICEF.

Chhattisgarh

1. Social accountability of the private sector: PHRS has been conducting meetings to raise awareness on the Clinical Establishment Act (CEA) and Patient Rights in various parts of Chhattisgarh.
2. Documentation on the implementation of the Chhattisgarh Clinical Establishment Act: In continuation of the study on CEA, interviews were conducted with the CMHOs on 13 July 2015 and 14 July 2015 in Mahasamund and Bilaspur and districts respectively to get an update on the implementation status of the CEA. Health departments in the districts were also contacted to document cases of denial of health rights or violations.
3. Media Advocacy by Jan Swasthya Members against the flouting of norms under the Act as well as the growing trend of privatization of health facilities. Apart from this, PHRS has also

been keeping track of media reports on violations and unethical treatment in healthcare settings.

4. PHRS submitted recommendations to the Expert Committee on Tribal Health jointly with HAQ: Centre for Child Rights

Jharkhand

1. Capacity Building of DPMU members: A session on Leadership and Management of District Health Services was facilitated by Haldhar Mahto as a visiting faculty member of Institute of Public Health (IPH), Ranchi, on 16-17 April, 2015.
2. Capacity Building of the NGO partners of Save the Children on Village and Panchayat Health Plan Development on 29-30 June 2014.
3. Team members along with other PHRS state teams participated in the preparatory workshop for Public Hearings of NHRC on 27 July 2015 in Ranchi.
4. Symposium on Mental Health with BALM was organised jointly by PHRN and BALM on 21st August 2015 at IPH Namkum. Mission Director, National Health Mission (NHM) was the Chief Guest. An initiative was taken by the Director to resolve the issues with the nodal persons of Mental Health and Community Participation Cell in the state. Some of the important issues discussed were referrals of Schizophrenic cases, incorporating mental health component in ASHA training curriculum, and availability of drugs for mentally ill patients in the districts etc.
5. A conference regarding Nutrition in Jharkhand titled *Poshan Gointh* was organized by the Right to Food Campaign on 29-30 September 2015 in Ranchi. PHRN played an important role in facilitating the conference and conducting parallel sessions on Integrated Child Development Schemes (Services) ICDS, Mid-Day Meal (MDM), Food Security Schemes, and Role of Panchayats/Community in addressing nutrition issues.
6. As a Member of the State ASHA Mentoring Group, Haldhar Mahto represented PHRN in the Groups's meeting on 2nd December, 2015. He also participated in a workshop on Organisational Development on 6-8 October 2015 at HIDEF, Bangalore.
7. PHRS Jharkhand voluntarily supported the State and District Trainers team of ASHAs to systematically organize the structure to deliver their responsibilities as community mobilisers, and mentored them in vision development and engagement in future.

Odisha

1. Participated in a dissemination workshop on Maternal Health Status in Odisha on 19th April 2015 organised by the OXFAM-UK Aid-CYSD
2. Participated in a preparatory meeting on Conducting Community Based Monitoring of Health Services in the state on 1st May and 31st August 2015.
3. Participated in the preparatory meeting for NHRC Public Hearings on Peoples Right to Health on 27-28-July-2015 in Bhubaneswar.

4. Supported a study on “*Jaan Aabar*” in the district of Kandhamal on 9-10 September 2015 undertaken by Jayshree Nandi a Delhi based Times of India correspondent.
5. As a resource person Satya Patnaik contributed in the Training/capacity building workshop of the Lady Supervisors, ICDS on indicator based monitoring on 25 September 2015 in Patana block of Keonjhar district
6. Participated in the State Level Meeting with NVBDCP (Malaria) for reviewing the incidence of malaria cases in the district of Kandhamal, on October 8, 2015.
7. State Resource Group/Advisory Group Meeting was organised on October 18, 2015
8. A study was undertaken in collaboration with the Department of Health & Family Welfare, Government of Odisha on “Understanding the Community Behavior in Malaria in High Endemic Areas” with regard to exposure to the bite of malaria transmitting vectors, poor acceptance of IRS, IEC and BCC activities” on November 1-6, 2015.
9. A meeting with program officers of Azim Premji Foundation in Bhubaneswar; was organised to explore the possibility of financial support on nutrition intervention project for the children 0-3 years in Odisha. The initiative was taken by Dr. M. M. Pradhan.
10. Participated in the launch of the Global Nutrition Report jointly organized by UNICEF and Department of Women and Child Development, Government of Odisha.
11. Participated in a meeting on “Emerging Health issues in the Country” at Red Cross Bhavan, Bhubaneswar

Bihar

1. Participated in the preparatory meeting on ‘NHRC-JSA Hearings on Health Rights’ and workshop on Private Medical Sector regulation and Clinical Establishment Act on 27-28 July, 2015 in Ranchi.
2. Attended a symposium on Mental Health on August 8, 2015 in Ranchi. The symposium was jointly organized by PHRS and BALM
3. Meeting with Mr. Rupesh Kumar, Advisor to the Supreme Court Commissioner, on Right to Food, to discuss the condition of ICDS facilities in AAM area on August 25, 2015
4. Attended a meeting to discuss the role of civil society organizations in Bihar Assembly Election 2015 organized by Koshish Charitable Trust on August 27, 2015 at A N Sinha Institute of Social Studies, Patna.
5. Meeting with Ms. Vani Sethi, Nutrition Specialist, UNICEF to brief about the AAM project on September 1, 2015
6. Participated in a presentation of peoples’ manifesto for Bihar Assembly Election 2015 on October 6, 2015 organized by OXFAM, Patna
7. Participated in Development Partners’ meet on “Setting Common Agenda for Accelerating and Synchronizing Actions for Nourishing Bihar’s Children” on October 8-9 October, 2015, jointly organized by UNICEF and AIIMS in Patna.
8. Attended JSA Core Committee meeting to deliberate the preparation of proposed regional public hearings on health services to be held in Raipur, Chhattisgarh, on November 20, 2015.

9. Participated in the dissemination of a report on the findings of a survey on access to free drugs and diagnostics in Bihar organized by CHARM on 14 December 2015.
10. Participated in a project planning meeting and technical consultation jointly organized by UNICEF and Rajendra Agricultural University, Pusa on enhancing diet diversity through nutri-kitchen gardens in school, homes and anganwadis and nutri-farms on December 17, 2015.
11. Participated in a meeting to share the findings of a survey on "Social Exclusion in Health and Nutrition Services in Bihar" on January 5, 2016 organised by CHARM.
12. Participated in one day state level meeting to strengthen the complementary feeding status through Annaprashan and Incremental Learning Approach (ILA) under ISSNIP program on 20 January 2016 organized by ICDS, Bihar.

PHRN INTERACTIVE GROUPS

PHRN Core Group: This group helps the Executive and the Governing Body of PHRS in all programme related suggestions and decisions.

PHRN Executive Committee: This group helps the Executive and the Governing Body of PHRS in all administrative & financial and related policy decisions.

PHRN Editorial Advisory Group: The group has the responsibility of editing, modifying as well as writing PHRN modules and other publications.

PHRN Organizational Group: It consists of all PHRN staff members.

PHRN E-discussion group: The E-group was launched in 2006 to facilitate free discussions, experience sharing and informing the members about important national and international events in the area of health and development. The group is broad based and welcomes all individuals interested in health and development. The group has already more than 300 members.

PHRN Ethics Committee: An Institutional Ethics Committee (IEC) for PHRN was formed and established in May 2012. This committee was formed in light of the increasing number of research activities and implementation projects that PHRN undertakes and the need to take ethical clearance either research studies or implementation projects. PHRN's IEC is constituted of five members including public health specialists, social scientists and civil society representatives. The executive director of the PHRS serves as the fifth member and member secretary to this committee. The committee elect a chairperson from within on rotation basis.

The IEC has the following responsibilities:

1. To protect and safeguard the dignity, rights, safety and well-being of all actual or potential research participants.
2. To consider the principle of justice, that the benefits and burdens of research be distributed fairly among all groups and classes in society taking into account age, gender, economic status, culture and ethic consideration.
3. To provide advice to the researchers on all aspects of the welfare and safety of research participants after ensuring the scientific soundness of the proposed research.

PHRN Committee for Gender Sensitivity and Prevention of Sexual Harassment at Work Place: A three-member committee has been constituted for gender sensitivity and prevention of sexual harassment at work place.

GOVERNANCE

General Body

The society membership is the General Body (GB) and has the following categories of members:

- i) General Members
- ii) Life Members
- iii) Student Members : Non-voting members
- iv) Associate Members
- v) Affiliate Members: The Governing Body may invite members as an affiliate member without voting rights and membership fee.

The 5th Annual General Body Meeting of the PHRS was held on 9th March 2016 at Hotel Shyama International, SDA Market, New Delhi:110016. The following points were discussed in the meeting:

1. Ratification of the Action Taken Report (ATR) on previous General Body Meeting
2. Presentation and discussion on:
 - i) Secretary's Report
 - ii) Treasurer's Report
3. Approval of the provisional organizational budget for the FY 2016-2017
4. Presentation and Approval of Annual Report 2014-2015
5. Appointment of Auditors
6. Governing Body:
 - i) Resignations
 - ii) Election of New Governing Body Members
7. Future Plan: Activities, Collaborations and Fundings

Governing Body

The Governing Body leads and guides the organisation to ensure that the aims and objectives of the organisation are achieved. The current Governing Body has a term of three years, after that fresh election will be held and new Governing Body shall be constituted. The members of outgoing Governing Body have the right to be re-elected for any number of terms by the General Body. All the Governing Body members are elected by the General Body from within its membership. The Governing Body members are not related by blood or marriage.

Details of Governing Body Members as on 31st March 2016:

Sl. No.	Name	Position in Governing Body	Profession
1	Dr. Suranjeen Pallipamula Prasad	President	Public Health Professional, State Program Manager for Jharkhand at Jhpiego

2	Dr. Madan Mohan Pradan	Vice President	Epidemiologist, Dy. Director of Health Service, NVBCP, Odisha
3	Dr. Ganapathy Murugan	Secretary	Executive Director-PHRS
4	Mr. Biraj Patnaik	Treasurer	Principal Adviser to the Supreme Court Commissioners on the Right to Food
5	Dr. Vandana Prasad	Member	Community Pediatrician and Public Health Expert, Former Member – National Commission for Protection of Child Rights
6	Dr. K. R. Antony	Member	Public Health Expert, Former Director - SHRC, Health and Nutrition specialist UNICEF india
7	Mr. Dinesh Chandra Bhatt	Member	Management
8	Dr. Rajib Dasgupta	Member	Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University
9	Mr. Rafay Ejaz Hussain	Member	Public Health Professional, State Program Manager (Bihar and Odisha) - Save the Children, India
10	Ms. Sulakshana Nandi	Member	Public Health Professional, Founder Member – Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan
11	Dr. Dipa Sinha	Member	Development Economist, Member, Advisory Group – Right to Food Campaign
12	Dr. Madhurima Nundy	Member	Public Health Professional, Associate Fellow – Institute of Chinese Studies
13	Dr. T. Sundararaman	Member	Dean, School of Health Systems Studies, TISS, Mumbai
14	Mr. Thomas Mathews	Member	Team Leader in Finance and Accounts Unit – PRADAN
15	Dr. Indranil Mukhopadhyay	Member	Health Economist, Senior Research Associate at Health Economics and Financing Unit at Public Health Foundation of India (PHFI)
16	Mr. Haldhar Mahto	Staff Representative	National Programme Coordinator – PHRS and Member, State Vigilance and Monitoring Committee, Jharkhand

The Governing Body meeting was held on 11th December 2015 at PHRS National Office, Delhi. The following points were discussed in the meeting:

1. Ratification of Minutes of the previous Governing Body meeting
2. Action Taken Report
3. Audit Report 2014-2015
4. Organizational Updates
5. Proposed Budget for 2016-2017
6. Auditor's Appointment
7. Programme Updates
8. Sustainability, funding and potential donors

Out of the 16 Governing Body members (as on 11th December 2015), 9 members attended the meeting fulfilling the quorum requirement for conducting the Governing Body meeting.

We also declare that PHRS has not funded or financially supported any international travel undertaken either by its staff or governing body members.

Executive Committee

The committee is responsible for strategic and operational integration and institutional development. During 2015-2016, the Executive Committee members met once on 10th July 2015. The committee members are:

1. Dr. Vandana Prasad
2. Dr. Ganapathy Murugan
3. Dr. Dipa Sinha
4. Dr. Madhurima Nundy

ACCOUNTABILITY AND TRANSPARENCY

Audited Financials

Signed audited statements for the FY 2015-2016 are available: Balance Sheet, Income & Expenditure, Receipt & Payments Account, Schedules to these and Statutory Auditor's Report. **(Please see Annexures – I – Financial Statements)**

Annual Report

The organization's Annual Report is disseminated/communicated to key stakeholders and is always available on request for every year since its inception. The Annual Report contains a description of the main activities, a review of the progress and results achieved in the year and information on the Board members' names, position in the Board, remuneration or reimbursement and brief financial details.

STAFF DETAILS**PHRS Core Team**

Sl. No.	Name	Designation	Location
1	Dr. Vandana Prasad	National Convenor and Technical Advisor	New Delhi
2	Dr. Ganapathy Murugan	Executive Director	New Delhi
3	Dr. Dipa Sinha	Technical Head	New Delhi
4	Mr. Sunandan Kumar	Senior Accounts and Administrative Officer	New Delhi
5	Ms. Soma Sen	Programme Coordinator	New Delhi
6	Mr. Ajay Kumar Chawariya	Programme Coordinator	New Delhi
7	Ms. Nidhi Dhingra	Programme Coordinator	New Delhi
8	Ms. Priyanka Chatterjee	Programme Coordinator	New Delhi
9	Ms. Sanya Maniktala	Programme Coordinator	New Delhi
10	Mr. Vijay Kumar Rai	Peon / Office Boy	New Delhi
11	Mr. Allam Ashraf	Consultant	New Delhi
12	Ms. Indira Chakravarthi	Consultant	New Delhi
13	Ms. Srishti Mediratta	Programme Coordinator	New Delhi
14	Ms. Priyanka Kumari	Programme Coordinator	Patna
15	Mr. Shahnawaj Khan	Programme Coordinator	Patna
16	Mr. Sharvan Prasad	Office Boy	Patna
17	Mr. Haldhar Mahto	Senior Programme Coordinator	Ranchi
18	Ms. Shampa Roy	Programme Coordinator	Ranchi
19	Mr. Rajesh Sriwastwa	Programme Coordinator	Ranchi
20	Mr. Neeraj Shrivastava	Accounts and Administrative Officer	Ranchi
21	Mr. Deepak George Minz	Consultant	Ranchi
22	Ms. Rishita Bhattacharya	Programme Coordinator	Ranchi
23	Ms. Sulakshana Nandi	Senior Programme Coordinator (Part-time)	Raipur
24	Ms. Deepika Joshi	Consultant	Raipur

25	Mr. Rajesh Kumar Dubey	Programme Coordinator	Raipur
26	Mr. Satya Narayan Patnaik	Programme Coordinator	Bhubaneswar
27	Mr. Kamlesh Mohanta	Consultant	Bhubaneswar
28	Mr. Aashirbad Pradhan	Consultant	Bhubaneswar
29	Mr. Saroj Kumar Bhoi	Office Boy	Bhubaneswar
30	Dr. Bijaya Kumar Sahu	Consultant	Bhubaneswar

Highest, Second Highest and Lowest – Paid Staff Members (As on 31st March 2016)

Particulars	Name of Staff	Designation	Salary (Per Month)
Operational Head of the Organisation	Dr. Ganapathy Murugan	Executive Director	₹. 86,795.00
Highest Paid Staff after the Operational Head	Mr. Haldhar Mahto	Senior Programme Coordinator	₹. 58,299.00
Lowest Paid Staff in the Organisation	Mr. Saroj Kumar Bhoi	Office Boy- Bhubaneswar	₹. 4,000.00

Distribution of Staff according to salary levels and gender (as on 31st March 2016)

Slab of CTC to Staff (₹. per month)	Male Staff	Female Staff	Total Staff
Less than 5,000	2	-	2
5,001 – 10,000	-	-	-
10,001 – 25,000	1	2	3
25,001 – 50,000	12	11	23
50,001 – 1,00,000	2	-	2
Total Staff	17	13	30

OUR PARTNERS

PHRN has working relationships with several front ranking organizations in public health and nutrition for financial support, technical support, and guidance for its projects and programmes. The organisations are listed below:

Funding Organisations / Donors

1. ActionAid
2. Breast Feeding Promotion Network of India (BPNI)
3. Child Relief and You (CRY)
4. Institute of Development Studies (IDS), Sussex
5. International Development Research Centre (IDRC), Canada
6. International Food Policy Research Institute (IFPRI)
7. Narotam Sekhsaria Foundation (NSF)
8. National Foundation of India (NFI)
9. Oxfam India
10. Professional Assistance for Development Action (PRADAN)
11. State Health Society (SHS), Bihar
12. Tata Social Welfare Trust
13. Thoughtworks Technologies India Pvt Limited

Consortium Partners

1. Chaupal Gramin Prashikshan Evam Shodh Sansthan (Chaupal)
2. Child In Need Institute (CINI), Jharkhand
3. Ekjut
4. Institute For Developmental Education and Action (IDEA)

Network Partners

1. Indian Institute of Health Management and Research (IIHMR), Jaipur
2. Indian Institute of Management (IIM), Ranchi
3. Indira Gandhi National Open University (IGNOU)
4. Jan Swasthya Sahyog (JSS)
5. Mobile Crèches
6. National Health Systems Resource Centre (NHSRC)
7. National Institute of Health and Family Welfare (NIHFW)
8. People's University

9. SAMA: Resource Group for Women and Health
10. Society for Education, Action and Research in Community Health (SEARCH)
11. State Health Resource Centre (SHRC), Chhattisgarh
12. Tata Institute of Social Sciences (TISS), Mumbai
13. URMUL Trust, Rajasthan
14. Vikas Samvad, Bhopal

Sources of funding for the financial year 2015-2016 (in %)

Sl. No	Name of the Project	Donor	% of Total Funding
1	Action Against Malnutrition	Tata Social Welfare Trust	75%
2	Partnerships for Women's Empowerment & Rights (PoWER)	Professional Assistance for Development Action (PRADAN)	6%
3	Roll out Module 5, 6 and 7: Costs for State Training Site PHRN (Training for ASHA trainers from 9 districts in 07 batches)	State Health Society, Bihar	3%
4	Social Accountability of Private Sector in Chhattisgarh	Oxfam India	3%
5	Study on impact of privatization of public health services (including public private partnerships)	Oxfam India	2%
6	NHRC-JSA Regional Public Hearing on right to health care	National Human Rights Commission	3%
7	Capacity Building for Equity in Access to Health	ThoughtWorks Technologies (India) Private Limited	3%
8	Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN)	International Food Policy Research Institute (IFPRI)	2%
9	Contribution of Civil Society to Health for All	Medecine PourLe Tier Monde (M3M)	2%
10	Strengthening Public Provisioning of Healthcare in Chhattisgarh	National Foundation for India (NFI)	1%
11	Research on Access of Particularly Vulnerable Tribal Groups (PVTGs) to health in Chhattisgarh and Jharkhand states of India	Sree Chitra Tirunal Institute for Medical Sciences and Technology	1%

ANNEXURE-1 : FINANCIAL STATEMENTS

FORM NO. 10B

[See rule 17B]

Audit report under section 12A(b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

We have examined the balance sheet of Public Health Resource Society , AAAAP8517G [name and PAN of the trust or institution] as at 31/03/2016 and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said trust or institution.

We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit. In our opinion, proper books of account have been kept by the head office and the branches of the abovenamed trust visited by us so far as appears from our examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by us , subject to the comments given below:



In our opinion and to the best of our information, and according to information given to us , the said accounts give a true and fair view-

- (i) in the case of the balance sheet, of the state of affairs of the above named trust as at 31/03/2016 and
- (ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31/03/2016

The prescribed particulars are annexed hereto.

Place NEW DELHI
Date 29/09/2016

Name
Membership Number
FRN (Firm Registration Number)
Address



SANJEV NARAYAN
084205
000497N
103, PRATAP BAIWAN, BAH
ADUR SHAH ZAFAR MARG,
NEW DELHI- 110002

FORM NO. 10BB

[See rule 16CC]

Audit report under section 10(23C) of the Income-tax Act, 1961, in the case of any fund or trust or institution or any university or other educational institution or any hospital or other medical institution referred to in sub-clause (iv) or sub-clause (v) or sub-clause (vi) or sub-clause (via) of section 10(23C).

- (i) We have examined the Balance Sheet as at **31/03/2016** and the Income and Expenditure or Profit and Loss Account for the year ended on that date attached herewith of **Public Health Resource Society . AAAAP8517G** (name and PAN of fund or trust or institution or any university or other educational institution or any hospital or other medical institution).
- (ii) We certify that the Balance Sheet and the Income and Expenditure Account or Profit and Loss Account are in agreement with the books of account maintained by the head office at **C-14, GROUND FLOOR, HAUZ KHAS, DELHI** and 4 branches.
- (iii) Subject to comments below
- (a) We have obtained all the information and explanations which to the best of **our** knowledge and belief were necessary for the purpose of the audit.
- (b) In **our** opinion, proper books of account have been kept by the head office and branches of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution so far as appears from **our** examination of the books of account.
- (c) In **our** opinion and to the best of **our** information and according to the information given to **us** , the said accounts read with notes thereon, if any, give a true and fair view -
- (1) In the case of the Balance Sheet, of the state of affairs of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution as at **31/03/2016** and
- (2) In the case of Income and Expenditure Account or Profit and Loss Account, surplus or deficit or profit or loss for the year ended on that date.

The prescribed particulars are annexed herewith:

Place **NEW DELHI**
Date **29/09/2016**

Name **SANDEEVA NARAYAN**
Membership No. **084205**
FRN (Firm Registration Number) **000497N**
Address **103, PRATAP BHAWAN, BAHADUR SHAH ZAFAR MARG, NEW DELHI- 110002**



Public Health Resource Society

C-14, Ground Floor, Hauz Khas, New Delhi - 110016

Statement of Affairs as on 31.03.2016

Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of financial year 2015-2016			Figures at the end of financial year 2014-2015		
		Domestic (PHRS + Project)	Project - FCRA	Total	Domestic (PHRS + Project)	Project - FCRA	Total
LIABILITIES							
Corpus	X	3,000	-	3,000	-	-	-
Reserve and Surplus							
Opening Balance		55,31,042	-	55,31,042	31,44,338	-	31,44,338
Add: Transfer from un-utilized fund		-	1,22,433	1,22,433	37,34,102	-	37,34,102
Less: Excess of Expenditure Over Income (As per Statement I & E Annexed)	I & E	(3,75,843)	-	(3,75,843)	(12,50,045)	-	(12,50,045)
Less: Depreciation during the year	I	(84,357)	-	(84,357)	(97,353)	-	(97,353)
Assets fund transfer from NSF							
Opening Balance		31,987	-	31,987	39,805	-	39,805
Add: Addition during the year	I	-	-	-	-	-	-
Less: Depreciation during the year	I	(4,921)	-	(4,921)	(7,818)	-	(7,818)
Assets fund transfer from SDTT / JTT							
Opening Balance		3,27,061	-	3,27,061	4,15,427	-	4,15,427
Add: Addition during the year	I	-	-	-	50,400	-	50,400
Less: Depreciation during the year	I	(81,793)	-	(81,793)	(1,38,766)	-	(1,38,766)
Assets fund transfer from PRADAN							
Opening Balance		-	1,53,046	1,53,046	-	-	-
Add: Addition during the year	I	-	-	-	-	2,18,637	2,18,637
Less: Depreciation during the year	I	-	(91,828)	(91,828)	-	(65,591)	(65,591)
Assets fund transfer from ThoughtWorks							
Opening Balance		-	-	-	-	-	-
Add: Addition during the year	I	-	50,000	50,000	-	-	-
Less: Depreciation during the year	I	-	(15,000)	(15,000)	-	-	-
Unutilized Fund at the end of year (As per Statement I & E Annexed)	I & E	1,58,07,352	6,90,449	1,64,97,801	66,52,771	19,97,939	86,50,710
Outstanding Expenses	II	8,50,273	9,41,310	17,91,583	7,64,962	2,75,319	10,40,281
Sundry Creditors	III	2,23,206	2,33,436	4,56,642	59,033	-	59,033
Total Liabilities		2,22,27,007	20,83,846	2,43,10,853	1,33,66,856	24,26,304	1,57,93,160
ASSETS							
Fixed Assets							
Gross Block	I	9,76,883	2,03,046	11,79,929	11,63,129	2,18,637	13,81,866
Less: Accumulated Depreciation	I	(1,71,071)	(1,06,828)	(2,77,899)	(2,43,937)	(65,591)	(3,09,528)
Land							
Building under Construction		18,16,000	-	18,16,000	14,16,000	-	14,16,000
Investments	IV	4,00,000	-	4,00,000	20,00,000	-	20,00,000
Current Assets & Loan and Advances							
Loans & Advances (Assets)	V	7,76,854	12,39,679	20,16,533	17,88,948	31,697	18,20,645
Sundry Debtors	VI	44,572	-	44,572	44,572	-	44,572
Cash & Bank Balances	VII	1,83,83,769	7,47,949	1,91,31,718	71,98,044	22,41,561	94,39,605
Total Assets		2,22,27,007	20,83,846	2,43,10,853	1,33,66,856	24,26,304	1,57,93,160

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FRN: 000993)



(SANDEEP NARAYAN)
PARTNER
M.No. 084205
Place: New Delhi
Date: 30-09-2016

FOR PUBLIC HEALTH RESOURCE SOCIETY



(GANAPATHY MURUGAN)
SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society

C-14, Ground Floor, Hauz Khas, New Delhi - 110016

Income and Expenditure Account as on 31.03.2016

Particulars	Schedule Nos	Amount in ₹							
		Figures at the end of financial year 2015-2016				Figures at the end of financial year 2014-2015			
		Domestic		Project - FCRA	Total	Domestic		Project - FCRA	Total
Other / PHRS	Project - Domestic	Other / PHRS	Project - Domestic						
INCOME									
Unutilized Grant at the Beginning		-	86,50,710	19,97,939	1,06,48,649	-	1,54,91,681	-	1,54,91,681
Grant-in-Aid	VIII	-	2,08,55,251	62,69,999	3,81,25,250	-	1,36,04,841	55,79,468	1,91,84,309
Indirect Income	IX	6,82,003	2,99,155	82,240	10,63,398	7,31,082	-	19,415	7,50,497
Excess of Expenditure over Income / Deficit		3,75,843	-	-	3,75,843	12,50,045	-	-	12,50,045
TOTAL		10,57,846	3,58,05,116	83,50,178	4,52,13,140	19,81,127	2,90,96,522	55,98,883	3,66,76,532
EXPENDITURES									
Expenses - State Health Society / ARC	XI	-	22,19,179	-	22,19,179	-	18,96,525	-	18,96,525
Expense - Capacity Building of Civil Society Health Advocate (NSF)	XII	-	40,433	-	40,433	-	6,07,567	-	6,07,567
Expenses - Action Against Malnutrition	XIII	-	1,49,30,420	-	1,49,30,420	-	1,42,52,543	-	1,42,52,543
Expenses - Save the Children		-	-	-	-	-	12,39,611	-	12,39,611
Expense - PHRS	XIV	10,57,846	-	-	10,57,846	18,81,127	-	-	19,81,127
Expenses - Maternal Health and Newborn Care in the State of Chhattisgarh		-	-	-	-	-	7,13,403	-	7,13,403
Expenses - Social Accountability of Private Sector in Chhattisgarh (Oxfam India)	XV	-	-	7,57,495	7,57,495	-	-	8,58,485	8,58,485
Expenses - POWER (PRADAN)	XVI	-	-	33,52,262	33,52,262	-	-	19,52,790	19,52,790
Expenses - Contribution of Civil Society to Health for All (M3M)	XVII	-	-	4,70,911	4,70,911	-	-	690	690
Expenses - POSHAN (IFPRI)	XVIII	-	-	10,83,433	10,83,433	-	-	7,88,979	7,88,979
Expenses - NFI	XIX	-	-	1,70,751	1,70,751	-	-	-	-
Expenses - ThoughtWorks	XX	-	-	8,44,239	8,44,239	-	-	-	-
Expenses - PPP	XXI	-	-	9,44,481	9,44,481	-	-	-	-
Expenses - see chitra	XXII	-	-	742	742	-	-	-	-
Expenses - NHRC-JSA Public Hearing	XXIII	-	8,09,793	-	8,09,793	-	-	-	-
Transfer against unutilised grant		-	-	35,415	35,415	-	-	-	-
Transfer to General Reserve		-	-	-	-	-	37,34,102	-	37,34,102
Unutilized Grant at the end		-	1,78,05,291	6,90,449	1,84,95,740	-	66,52,771	19,97,939	86,50,710
Total		10,57,846	3,58,05,116	83,50,178	4,44,03,347	19,81,127	2,90,96,522	55,98,883	3,66,76,532

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FRN - 003687N)


(SANDEEP NARAYAN)
PARTNER
M No. 084209
Place - New Delhi
Date - 30-09-2016

FOR PUBLIC HEALTH RESOURCE SOCIETY



(GANAPATHY MURUGAN)
SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society

C-14, Ground Floor, Hauz Khas, New Delhi - 110016

Receipts and Payments Account as on 31.03.2016

Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of financial year 2015-2016			Figures at the end of financial year 2014-2015		
		Domestic (PHRS + Project)	FCRA	Total	Domestic (PHRS + Project)	FCRA	Total
RECEIPTS							
Opening Balance - Cash and Bank		71,98,044	22,41,382	94,39,605	1,33,12,388	-	1,33,12,388
Grants-in-Aid	VIII	2,68,55,251	62,69,988	3,31,25,250	1,35,04,841	55,79,668	1,90,84,509
Indirect Income	IX	9,84,158	82,240	10,66,398	7,81,082	19,415	7,50,467
Recover from Unutilised fund		-	1,22,433	1,22,433	-	-	-
Fund Received for Fixed Assets from Funder		-	50,000	50,000	50,400	2,18,837	2,69,237
Sundry Creditor	III	1,64,273	2,38,436	3,57,509	37,033	-	37,033
Outstanding Expenses	II	85,311	6,68,891	7,51,302	8,80,555	2,75,319	6,30,874
TOTAL		8,52,86,937	96,65,680	4,49,52,597	2,81,16,297	90,92,839	3,42,09,136
PAYMENTS							
Expenses - State Health Society / ARC	XI	22,19,179	-	22,19,179	18,96,528	-	18,96,528
Expense - Capacity Building of Civil Society Health Advocate (NSF)	XII	40,433	-	40,433	4,07,567	-	4,07,567
Expenses - Action Against Malnutrition	XIII	1,49,30,420	-	1,49,30,420	1,42,82,141	-	1,42,82,141
Expenses - Save the Children		-	-	-	12,38,611	-	12,38,611
Expense - PHRS	XIV	10,57,846	-	10,57,846	19,81,127	-	19,81,127
Expenses - NHRC-USA Public Hearing	XVIII	8,08,793	-	8,08,793	-	-	-
Expenses - Maternal Health and Newborn Care in the State of Chhattisgarh		-	-	-	7,13,403	-	7,13,403
Expenses - Social Accountability of Private Sector in Chhattisgarh (Orfam India)	XV	-	7,57,495	7,57,495	-	8,58,485	8,58,485
Expenses - PoWER (PRADAN)	XVI	-	33,52,262	33,52,262	-	19,52,790	19,52,790
Expenses - Contributor of Civil Society in Health for All (MGM)	XVII	-	4,70,911	4,70,911	-	690	690
Expenses - POSHAN (IFPRI)	XVIII	-	10,83,433	10,83,433	-	7,68,979	7,68,979
Expenses - NFI	XIX	-	1,70,751	1,70,751	-	-	-
Expenses - Thoughtworks Technologies India Pvt Ltd	XX	-	8,44,239	8,44,239	-	-	-
Expenses - PPP	XXI	-	9,44,481	9,44,481	-	-	-
Expenses - Sree Chitra	XXII	-	742	742	-	-	-
Investments		(16,00,000)	-	(16,00,000)	2,00,000	-	2,00,000
Sundry Debtors		-	-	-	(3,91,600)	-	(3,91,600)
Transfer Against Unutilised Fund		-	35,413	35,413	-	-	-
Loan and Advances (Assets)		(10,12,094)	12,07,382	1,95,888	2,72,483	31,867	1,04,180
Fixed Assets - Additions	I	4,37,391	50,000	5,07,391	1,48,594	2,18,837	3,67,431
Closing Balance - Cash and Bank		1,83,82,769	7,47,969	1,91,31,738	71,98,044	22,41,381	94,39,605
Total		8,52,86,937	96,65,680	4,49,52,597	2,81,16,297	90,92,839	3,42,09,136

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FIRN-604971)


SAKSHI KALNARIYAN
PARTNER
M No. 004971
Place - New Delhi
Date - 30-09-2016

FOR PUBLIC HEALTH RESOURCE SOCIETY


GANARATH MURUGAN
(SECRETARY)

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY