

# ANNUAL REPORT 2011-2012



PHRN

**PUBLIC HEALTH RESOURCE NETWORK**

(A programme of Public Health Resource Society)

[www.phrnindia.org](http://www.phrnindia.org)

Building Capacities for Public Health Action



# ANNUAL REPORT 2011-2012



## Message from the President

It is a great privilege for any organization to present an account of what we struggled through to achieve our goal last year. Successful conduct of a first ever National Convention and General Body meeting at Ranchi was a landmark in our history. We were encouraged by a number of partners and supporters joining us expressing their solidarity and exploring new avenues of collaboration.

Recent transition of receiving financial support from single donor to multiple donors, calls for our growth and maturity to functional adaptation and readiness to accommodate different priorities. Nutrition intervention for public health is one such priority.

On the capacity building front, two modules on Mental Health and Disaster Management are new contribution for the Public Health training in India.

My compliments to all who worked hard for these achievements.

Dr. K.R. Antony

## Message from the Vice President

Dear Friends,

Greetings from PHRN!

I am extremely happy that during the years PHRN states have been quite active in intervening in the public health systems in collaboration with a number of individuals and institutions in a significant manner. The active participation of PHRN in the DHAP processes, fast track capacity building, planning of disease control programmes, evaluation of RSBY, capacity building of ASHA, IGNOU accredited PGDDHM programme and research and studies on various public health issues are incomparable. The community health fellowship programme has also brought a distinct identity of PHRN within the policy makers and the planners in the state and in the districts.

Time has come now to revitalize our energy and get ourselves equipped to combat the emerging needs of strengthening the public health system. It requires a stable mind, concerted effort, mutual respect and recognition among the members and partners of the network to translate the dreams to reality. Further resource generation, rational spending and voluntary spirit is also indispensable to uphold the spirit of the network.

I believe that the members of the organization are fully aware of the kind of challenges that Nation is going to face in ensuring an equitable, affordable and accessible health care delivery in the near future. With the advent of more and more private enterprises coming up to control the health care systems of the country the possibility of having an access to an equitable and affordable health care service by public authority seems to be a distant dream.

The only way out to overcome this is to initiate collective actions for strengthening the public health systems through decentralized planning, bridging up the capacity gaps of key stakeholders and developing infrastructure that provides health care services that are affordable.

In this Annual report of 2011-12, we have tried to highlight our major activities and achievements and we are glad to share this report with all our supporters and stakeholders. Again I extend my thanks to all the network members, associated friends and supporters.

Dr. Madan Mohan Pradhan

## Message from the National Convenor & Secretary

Dear Friends,

Eight years after the start of NRHM, the health scenario in India is in a critical phase requiring our attention like never before: the attempt to strengthen public health systems has led to a greater demand and expectation that is largely unfulfilled due to a slow pace of health sector reforms and general lack of quality of services. Simultaneously, the push for privatisation has also gained strength and the poor quality of services in the public health system is contributing to lay arguments for sifting of public funds to private institutions for the provisioning of services to bring about 'universalisation of health care'.

Our understanding, in PHRN, is that good quality services are eminently possible through the public health system provided there is intent, followed with adequate support through capacity building, proper human resource planning and decent allocation of financial resources. We also understand, as a result of scientific enquiry, that, on the whole, the poor of this country can only be served through a universalised, good quality, case-less at point of delivery public health system, with private not-for-profit providers playing a limited role in certain contexts.

We emphasise the importance of basic needs and rights of people over food, education, livelihoods, safe water and sanitation and information as a fundamental requirement of health.

It has been a pleasure to see PHRN friends engaged in the process of moving forward on these fronts, and look forward to a phase of even greater energy and commitment to our role in helping the public health systems to work better and achieve their full potential.

With warm regards,

Dr. Vandana Prasad

## Message from the Executive Director

Welcome, I am proud to present the Annual Report of Public Health Resource Society for the financial year 2011-2012. As you read this report, I am sure you will conclude that from its humble beginnings in 2006 to the present, Public Health Resource Network (PHRN) through a variety of programmes and actions has continued to appeal to public health professionals and practitioners all over and none of this would be possible if it were not for our dedicated group of volunteers. It is very unusual in this day and age to be able to function independently on volunteerism and PHRN is proud of the fact that it is entirely self-sufficient in this respect.

Public Health Resource Society that has initiated and supported this Network is also most grateful to the community of volunteers who form the Network at large for its support. We are grateful to all our donor partners and network friends for the kind support and encouragement. It has been a pleasure working with you throughout the year. What I have seen over the years makes me optimistic that with your continued support and work together; we will make our organisation and network stronger. As in the past, a lot of good work can be expected in 2012-2013.

I invite you to review our actions and accomplishments in the financial year 2011-2012.

Dr. Ganapathy Murugan

## Messages from the State Conveners

"It has been a tough time with PHRN as we had to complete one project and look for other projects in different states. I must say that we have crossed this critical phase quite well and have completed the old projects and have embarked on the new ones with new vigor & enthusiasm. I congratulate one and all who have contributed to make this happen and look forward to new initiatives especially the one on nutrition i.e. "Action Against Malnutrition" (AAM).

The work done on public health in different states especially the one to strengthen the public health delivery system and community processes under NRHM may not have earned so much kudos from expected quarters but I must say that it has been a landmark work which will continue to bear fruits in the times to come as well. The "Post Graduate Diploma in District Health Management" course that we have been conducting in partnership with IGNOU has become quite favourite among the practitioners/professionals of public health. State governments/State Health societies have also extended full support to such initiatives by sponsoring candidates from the state/districts to the course.

Mr. Rafay Eajaz Hussain,  
State Convener, Bihar

It is great to see that PHRN as an organization has been able to overcome the challenges it faced this year. I want to congratulate all members of PHRN for their contribution and perseverance. I think PHRN has emerged stronger and more united than ever. It is wonderful to see that now PHRN is about to embark upon a new initiative on malnutrition. I am sure that the learnings will help not only the partner organizations, but anyone working on this issue, to consolidate action against malnutrition. It also reinforces the significance of social determinants of health. I hope PHRN all the success in this and other endeavours.

Ms. Sulakshana Nandi  
State Convener, Chhattisgarh

PHRN in Jharkhand has been able to strengthen district networks, partners with civil society for nutrition, support to NRHM in DHAP and mentoring Block Programme Managers and DDMs. PHRN has also been able to successfully scale up its community initiative to strengthen the health services at block level using right to information in health in East Singhbhum district through its district level network. These are the new dimensions of PHRN and next year we will be able to strengthen in Jharkhand.

I wish PHRN will be able to set a new dimension in academics too on community and public health and establish itself as resource base on community and public health.

Dr. Suranjeen Prasad  
State Convener, Jharkhand

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# Mission:

Building Capacities for Public Health Action

## Background:

Public Health Resource Network (PHRN) is a growing network of individuals and organizations with a shared vision, common perspective and necessary skills and ready to achieve the goal of 'Health for All'. PHRN's main objective is to contribute and strengthen all efforts directed towards its goal through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are left underserved. PHRN is currently working in the states of Bihar, Chhattisgarh, Jharkhand, Odisha and Rajasthan and has contributed to the ongoing work of strengthening public health system in other states through its partnership with other institutions.

### Public Health Resource Society:

Public Health Resource Network is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards "Health for All" by creating capacities and engaging with the public system and the Public Health Resource Society (PHRS) is the core group that has initiated the network. PHRS is a national level organisation that is registered an organisation registered in Delhi under Societies Registration Act 1860 (Act XXI), to facilitate the initiatives of PHRN with team of full timers. Besides it has its own set of activities which is designed to support and strengthen the public health systems and work for necessary policy reforms which can benefit to the larger sections of the society. It provides the overall leadership to the network as well as functions as its secretariat. The network is intended to constitute the general body of the society.

Public Health Resource Society received its core funding from ICICI Foundation for Inclusive Growth- Centre for child and Health and Nutrition till 31st March 2012.

## Objectives

With a mission of building public health capacities, the objectives of the organization are as follows:

1. Reaching out to dedicated individuals and organizations for whom health equity is a major concern, and providing them access to essential information and opportunities to contribute to this goal.
2. Sharing public health technical resources with existing and potential district health programme managers towards strengthening the public health system in their districts. Assisting in the emergence of state and district level resource groups for this purpose.
3. Empowering civil society to create spaces, and utilizing the spaces being created under the National Rural Health Mission (NRHM), for improving and increasing public participation in health planning and management.
4. Promoting decentralization and horizontal integration at district, block and gram panchayat levels by contributing to capacity building at these levels on technical, programmatic, epidemiological and social understandings of health.
5. Strengthening the resource base needed for informed advocacy within the government and within civil society.
6. Facilitating networking and mutual support among public health practitioners.
7. Offering public health related support to rights based campaigns and grass roots organizations.

## Core Strategies of PHRN

1. Conducting a certified Distance Learning Programme for public health practitioners both within and outside the government.
2. Supporting Fast Track Capacity Building Programme on district health planning and management for public health sector managers in partnership with state governments.
3. Conducting Community Health Fellowship Programme to induct and groom interested persons into working towards public health goal.
4. Conducting Post Graduate Diploma in District Health Management (PGDDHM) in collaboration with the Indira Gandhi National Open University (IGNOU). PHRN is directly conducting the course in five states - Bihar, Chhattisgarh, Delhi, Jharkhand, Odisha and in Rajasthan.
5. Strengthening community processes in NRHM
  - Support to the ASHA programme
  - Facilitating effective Village Health and Sanitation Committee (VHSC) functioning and Village Health Planning
  - Facilitating public participation in health management through bodies like Rogi Kalyan Samiti (RKS).
  - Capacity building and support to Panchayati Raj Institutions (PRIs) involvement
  - Assisting community monitoring processes to improve facilities and services
6. Making district planning more equitable and effective by
  - Research inputs
  - Independent appraisals and evaluations
  - Assisting access to information and technical resources
  - Organizing peer reviews
  - Demonstrating quality district health plans through intensive work in 3-4 districts of Bihar, Chhattisgarh, Jharkhand, and Odisha.
7. Promoting networking and the emergence of district and state level groups and teams with a high degree of motivation and skill.
8. Holding conventions, seminars, study groups and meetings to facilitate these processes.
9. Promoting evidence based research, undertaking studies and evaluation for policy reform and better programme designs.

## Major Programmes:

### Community Health Fellowship Programme:



Public Health Resource Network (PHRN), Delhi with the financial support from NarottamSeksaria Foundation (NSF), Mumbai started a Community Health Fellowship (CHF) Programme in Rajasthan in February, 2012. The aim of the CHF programme is to nurture, groom and

educate the young minds for enhancing and strengthening community processes in the NRHM at the district and grassroots level to accelerate and consolidate the potential gains from the NRHM that can truly change the health scenario of disadvantaged people in the state. This is a one year (February 2012 to January 2013) fellowship programme. Nine fellows have been selected for this programme and are placed in the rural areas of 8 districts for evaluation for policy reform and better programme designs



The fellows will also enroll in July 2012 to pursue a Post Graduate Diploma in District Health Management (PGDDHM) Programme, from IGNOU. This is a distance learning programme and is an integral training component of the fellowship programme.

## Documentation of the Fellowship Programme:

PHRN in collaboration with Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia undertook a study titled “Analysing Strategies for Community participation in National Rural Health Mission-A documentation of action research in four states.” The study was supported by the Indian Council for Social Science Research (ICSSR). This process documentation comprehensively looked at the first batch of two year fellowships(2009-2010) run by PHRN in collaboration with National Health Systems Resource Centre (NHSRC) and SEARCH, Gadchiroli and the potential and desirability for scaling up, as well as an assessment of output. The final outcome that was submitted to ICSSR includes an analysis of the fellowship programme, as well as an edited volume of the work done by the fellows.

## Distance Learning Programme on Decentralized Public Health Management:

PHRN provides technical support to public health practitioners working in the districts in all aspects of district health planning and public health management, especially under the context of National Rural Health Mission. PHRN supports this capacity building programme through distance learning mode for those who would like to enhance their knowledge and skills in public health but are not able to attend a full time formal programme on the same.

The course has been designed as a module based distance learning education programme, to be completed optimally within an 18 months period, accompanied by at least one contact programme in each quarter and a number of informal contact opportunities. Another aspect of the programme is interactive activities and projects to strengthen the quality of knowledge. The contact programme provides a platform to analyze the on-going district health planning and also to assess the opportunities for participation in existing and future health planning and programmes in the district. The contact programmes are usually held in the respective state headquarters and some of them in the district headquarters called as outreach contact sessions but depending upon the number of course participants in the districts.

Faculty for developing training materials and conducting contact programmes comprises of senior experts of state level and regional health resource centres and technical agencies working in the EAG states- the State Health Systems Resource Centre, Chhattisgarh, Population Foundation of India, Child in Need Institute (CINI), ICICI Centre for Child Health and Nutrition and agencies like UNICEF and from NGO networks. The course is being coordinated by the Public Health Resource Network, Delhi office.

The DLP has formed the basis of the formal PGDDHM which is in collaboration with IGNOU as well as the Fast Track Programme to support the formation of District Health Action Plan (DHAP) at state level.

DLP has been continuing since 2006 in four states of Bihar, Chhattisgarh, Jharkhand and Odisha. Across these states this programme has had very useful outcomes that have influenced the entire capacity building approach in NRHM.

Key processes that have contributed to the success of DLP have been regular sharing of resource materials and keeping participants in the formation of a loop; keeping them connected to Community Health Fellows. The participants also form an integral part of the District Resource Group (DRG) and they facilitate the inclusion of new members and work for the sustenance of the group. There have been efforts to communicate district health administration and DPMs regarding the participant's involvement in the programme and the possible contributions they can provide in the District Health Action Plan.

Status:

A total of 1051 students have completed the Distance Learning Programme across four state still date. This includes public health professional those from both within government and civil society organisations.

Table 1: New students enrolled since September 2011

States	No. of Students
<b>Bihar</b>	<b>23</b>
<b>Jharkhand</b>	<b>35</b>
<b>Odisha</b>	<b>55</b>
<b>Total</b>	<b>113</b>

## Fast Track Capacity Building Programme:

The capacity building initiatives focuses on building the capacities of government personnel and other stakeholders working with the National Rural Health Mission (NRHM) for effective district health planning and management. The idea is to create district level resource persons who with the support of a team of state level resource persons can formulate a district health plan which reflect the need of the community.

PHRN through its capacity building programme supported the process of District Health Action Planning (DHAP). PHRN was actively involved in state, district and block level consultations on DHAP. In the whole process PHRN has been actively involved in providing technical support to the district in preparation of DHAP, through designing simplified templates for planning, listing out activities and orienting the district team on the process of managing, creating and monitoring for the DHAPs.

The designing of the Capacity Building programme was built on the line of the pre-existing DLP. The fast track capacity building programme is to be completed in three rounds for a particular batch. Each round is for six days with a gap of three to four months. The training covers a well-defined syllabus comprised of theory and practical components. PHRN attempts to systematically follow up after the training programme to look into the application of the knowledge imparted to the participants.

This programme is supported by the National Health Systems Resource Centre (NHSRC), and the state and regional level technical support/ resource agencies. In the North-East there has been collaboration between Regional Resource Centre (RRC), National Health Systems Resource Centre (NHSRC) and PHRN. Bihar is the first PHRN State to have completed all three rounds of the Fast-track Capacity Building Program for three batches. In Chhattisgarh also, all three rounds have been completed.

Status: The programme is going on in three states- Bihar, Chhattisgarh and Jharkhand. A total of 1296 participants have been trained under the programme till March 2012. Following table shows state-wise distribution of students trained under Fast Track Capacity Building.

Table 2: Number of students trained under Fast Track Capacity Building

<b>States</b>	<b>Phases completed</b>	<b>District covered</b>	<b>Number of participants</b>
<b>Bihar</b>	<b>3</b>	<b>37</b>	<b>582</b>
<b>Chhattisgarh</b>	<b>3</b>	<b>24</b>	<b>325</b>
<b>Jharkhand</b>	<b>2</b>	<b>23</b>	<b>239</b>
<b>Total</b>			<b>1296</b>

### Post Graduate Diploma in District Health Management (PGDDHM) in collaboration with IGNOU:

PHRN entered into partnership with Indira Gandhi National Open University (IGNOU) by signing a MoU in March 2008 to jointly run a P.G. Diploma in District Health Management (PGDDHM). This is a one year distance learning programme aims to support public health practitioners working in the districts in all aspects of Public Health Systems. This distance learning programme compliments regular trainings and thus contributes to meeting this immense training need of Public health practitioners. The course is intended to strengthen the public health services in general and the National Rural Health Mission (NRHM) in particular.

PGDDHM is a 32 credit programme including project work. The minimum duration of the programme is 1 year and the maximum period for the completion of the programme is 3 years.

Table 3: State wise detail of the students enrolled in the second and third batch of PGDDHM

State	Second Batch	Third Batch
Delhi	21	10
Jharkhand	27	10
Chhattisgarh	28	24
Odisha	31	21
Bihar	38	45
Assam	NIL	05
Manipur	02	NIL
<b>Grand Total</b>	<b>147</b>	<b>115</b>

In the second batch 56 students appeared for the final exams and 42 qualified the exam.

#### Teleconference:

It is a two-way audio and one-way video system where student can see the teachers over television screen and interact with them to clarify their doubts over telephone. PHRN organized 6 sessions (see table below) through teleconferencing for the students of PGDDHM during the period under report.



(Gyan Darshan - I - A satellite based TV channel devoted to educational and developmental needs of the society. A bouquet of four channels providing round the clock service aiming at primary, secondary, higher and technical education.

Gyan Darshan-II / Edusat - An exclusive educational satellite to provide interactive education using DVB-RCS technology. It offers distance education through Virtual Class Room mode and provides access to digital repository of educational content hosted at IGNOU.)

Table 4: Teleconference

Session	Topic	Name of Resource Person/Speaker
1	Introduction to Public Health	Dr.Vandana Prasad
2	Introduction to Post Graduate Diploma in District Health Management	Dr. S.B. Arora
3	Public Health Approach to Vector Borne Diseases (Dengue Chikungunya, Japanese Encephalitis & Swine Flu)	Dr. S.B. Arora
4	National Disease Control Programme	Dr. S.B. Arora
5	HIV/AIDS- Epidemiology of Disease	Dr.Anuradha Jain
6	Programme Management Structure at District and National Level in HIV/AIDS	Dr.Anuradha Jain

More activities on IGNOU front

- PHRN Rajasthan has submitted an application with the IGNOU Regional Centre Jaipur for the Activation of PHRN Rajasthan Programme Study Centre.
- Meetings with Sanjay Gandhi Post Graduate Institute of Medical Sciences (SGPGIMS) and IGNOU Regional Centre, Lucknow to start a new PGDDHM Programme Study Centre at SGPGIMS have held. The centre activation proposal has been submitted by SGPGIMS and the application is under process.

## Health Systems Research Collaborations

PHRN has been involved in health systems research at national level as well as in states. In addition some of the research projects have been submitted by students and fellows. Some of the recent research studies are as follows:

### National Office:

- **Towards Universalization of Maternity Entitlements: An exploratory case study of Dr.Muthulaksmi Maternity Assistance Scheme, Tamil Nadu in collaboration with M.S. Swaminathan Research Foundation and Tamil Nadu -FORCES.**
- **Food security of the Homeless in Delhi: A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi in collaboration with Centre for Equity Studies (CES), New Delhi. The report was published in April 2010.**
- **Assessment of status of village health and sanitation committee in the states of Bihar, Chhattisgarh, Jharkhand and Odisha.**
- **Situation Analysis/ Evaluation of ASHA programme: It was done in three states of Bihar, Odisha and Jharkhand in collaboration with the National Health Systems Resource Centre (NHSRC).**
- **A report was submitted on “Analysing Strategies for Community Participation in National Rural Health Mission: A Documentation of Action Research in Four States” based on the first community health fellowship program concluded in 2010 supported by ICSSR.**
- **Dr. Vandana Prasad was the Advisor to Prayas- study on Out of Pocket Expenditure in Health Care.**
- **Joint research publications with other organizations include Strategies of Children under 6- Framework for 11th Plan, the WBTi report card on breast feeding.**

### Chhattisgarh:

- **Study on effectiveness of strategies addressing unmet need for contraception (supported by NHSRC).**
- **Study on effectiveness of Mitanin and other service providers in provision of contraceptive services in tribal context (supported by NHSRC)**

- Evaluation Study of Fast Track Capacity Building Programme in Chhattisgarh.
- Study on the Out of Pocket Expenditure in Bastar, report submitted to the Director SHRC and Director Health Services.
- Design issues of Rashtriya Swasthya Bima Yojana: Mapping provider perspectives. (in collaboration with JNU).
- Assessment of Inaccessibility of Health Facilities: This was done in collaboration with the National Health Systems Resource Centre (NHSRC) in the state of Chhattisgarh with the objective of creating a database of difficult, most difficult and inaccessible areas. The database created follows a standard format and will be used universally across the entire country.
- Glimpses from Grassroots: A compilation of short projects submitted under the Distance Learning programme in Chhattisgarh.

### Jharkhand:

- Supported Future's Group for Assessment of Reproductive and child health (RCH) camps , community health centre facilities in West-Singhbhum, August 2011.
- Supported CINI in the study of existing human resources (HR) policies of health department and capturing opinion of Health Professionals on their HR related issues, September 2011 .

### Odisha:

- Baseline review of the status, Systematic Capacity Building and initiating health related intervention through the Gaon Kalyan Samiti (GKS/VHSC) in pilot sub centres.
- Study on status, capacity and perception of GKS in preparation of Village Health (VHMP).
- Study on breast feeding practices in Mayurbhanj and Rayagada district.
- Study on the assessment of ANC services in the tribal dominated block of Angul district of Odisha.
- Study on “Effectiveness of financial incentives for retention of skilled health professionals in rural areas in Odisha”, supported by NHSRC. The study districts were Kalahandi, Koraput and Mayurbhanj.
- Monitoring the GKS and ASHA training for NRHMin the districts of Rayagada, Kalahandi, Angul and Mayurbhanj.

## Training Support:

### Bihar:

- State Training Agency: PHRS has entered into anMoU with ASHA Resource Centre - State Health Society Bihar & NHSRC to implement ASHA training on module 5th, 6th & 7th as State Training Agency (STA). A total of 311 district level ASHA Trainers will be trained from 9 districts of Bihar during the project period of 15 months. Sewa Sadan, Muzaffarpur is hired by PHRS for hosting the training Centre.

The training of trainers (TOT) was started on 17th January 2012 and trainees of six districts namely Muzaffarpur, Samastipur, Khagaria, Banka, Sheikhpura and Darbhanga received training on module 5, 6 and 7. Three batches of training were completed in which 70 trainees received training.

- Block Community Mobiliser/District Community Mobiliser's Training facilitated in Bhagalpur, Munger and Purnea Divisions Division from 18th to 21st April 2011.
- PHRN has facilitated training of AYUSH Practitioners for Mainstreaming AYUSH in collaboration with State Health society (SHSB) at State as well as District level from 5th to 7th July, from 24th to 26th July and on 15th November 2011.
- Members of Community Based organization (CBO) were imparted training on community based Monitoring as Part of Community leadership program organized by IDF at SHS Patna during August 2011.

### Chhattisgarh:

- Training for newly recruited Block Programme Managers (64 BPMs) and District Training Coordinators (12 DTCs) conducted in two batches in January-February 2012. They were trained decentralized health planning and management.
- Two days NGO Training on Public health system, Maternal Health and various programmes under NRHM, Malnutrition and RSBY, March 2012

### Jharkhand:

- Three days residential training conducted on PHRN modules 1, 2, 3, 5.8 and 10 towards Capacity building of EFFICOR team, Sahenjanj (30 Cluster Supervisors and 3 Block Coordinators), in Ranchi, September 2011
- District planning workshop for DDM, March 2012

## Odisha:

- Organizing district level TOT on RTI at Mayurbhanj and Rayagada
- PHRN was one of the partners in the preparation of training manual and one day orientation training of trainers (TOT) followed by seven days training to the community members on WASH in the district of Kendrapa. It was for the community members, PRIs and the members of the women's SHGs. It was in collaboration with PLAN India and the training materials and the training manual was prepared by PHRN state resource group members Dr Sanghamitra Panda, Prof Kaushik Mishra and Prof Mahua Biswas.
- Capacity building training for the VHSC (Gaon Kalyan Samiti in Odisha) members for developing village health micro plans.
- Supported NRHM district and block units for imparting training on module-5 and also the refresher training to the ASHAs on module 1-5.

## National Office:

- The National Office was involved in all the training activities across all PHRN States.

## Other activities

### Bihar:

- PHRN has facilitated the Network meeting of Grass root NGOs at Sheikhpura District on 13th and on 16th April, 2011 at Jehanabad District.
- PHRN has facilitated the Right To Information (RTI) Workshop Held at Muskan (NGO) on 13th April 2011 in Jehanabad District.
- PHRN has facilitated the orientation workshop of ASHA, Auxiliary Nursing Midwife (ANM) & members of Panchayati Raj Institution (PRI) for properly organizing Village Health Sanitation & Nutrition Day (VHSND) at Noorsarai Nalanda District and at Barbiga, Sheikhpura District on 14th May and 21st May, 2011 respectively.
- Jan Swasthya Abhiyan Coordination committee meeting organized at CHARM office, Patna on 28th October 2011 and at PHRN Patna office on 29th of November 2011.
- PHRN has conducted Social Audit of Aanganwadi Centre in East Champaran District from 27th May to 2nd June and from 10th June to 18th June 2011.
- One day orientation of health functionaries for streamlining Adolescent Health clinic at Primary Health Centre (PHC), Noorsarai, Nalanda District on 7th April and 21st May 2011.
- PHRN has been nominated as member of State Technical Advisory Group (STAG) under Community Based Planning & Monitoring Program by State Health Society Bihar (SHSB) during April 2011.
- PHRN has organised one day Kala Azar consultative meet on 24th March 2012 at Anugrah Narain Sinha Institute of Social studies, Gandhi Maidan, Patna.
- Extended support to strengthen Nalanda Adolescents' Health clinic on continuous basis.
- VHSND orientation program were facilitated in Barbiga, Sheikhpura and Noorsarai.
- PHRN is a member of State Technical Advisory Group (STAG) for community based planning and monitoring.
- PHRN was also involved in the process of appraisal of NGOs, testing of tools under Community Based Planning and Monitoring (CBPM) Programme in collaboration of Population Foundation of India, Bihar.

- Facilitated the process of Social Audit on ICDS and MNREGA in District Araria.
- Documentation of VHSC functioning in one Panchayat in each district Kishanganj and Sitamarhi.
- Advocating for right to free treatment for universal access to health care organized by Bihar Voluntary Health Association, (BVHA), supported by Oxfam.
- PHRN supported JNU students in visiting health facilities at Madhubani District.
- Mr. Arun Srivastav attended a “scaling up” workshop organized by Population Foundation of India at Delhi.

## Chhattisgarh:

- State convention on Malnutrition and Right to Food, 29th March 2012



- Strengthening of Particularly Vulnerable Tribal Communities to health and nutrition services in support with SHRC and local NGOs, in March-April 2012.
- PTG-Mitanin Convention in 3 blocks: March 2012.
- Workshop on RTI in relation with Right to food and Right to Health was conducted in May 2011.
- Conducted a workshop on Domestic Violence – A Public Health Issue with SAMA, New Delhi and Chaupal, Raipur, Chhattisgarh in August 2011.
- Attended State level seminar and given presentation on - Verbal Autopsies of Maternal Deaths in Bastar region and Implementation of RSBY in Chhattisgarh in the State level Seminar in Chhattisgarh.

- Presentation on Design issues of Rashtriya Swasthya Bima Yojana: Mapping of Provider Perspectives to Chhattisgarh government, on March 2012 and on UCH in JSA consultation District Consultation in Sarguja district on status of health and challenges, March 2012.

## Jharkhand:

- Awareness generation on strategies and ensuring their participation in Malaria control by capacity building and handholding of Sahiyyas and improving service delivery in the remote areas by Public Health Department (CHC).
- Community intervention in Gola ( continue) and Jamshedpur ( new initiative with a local group).
- Piloting of PRI training module for village health plan.
- Study on institutional delivery by the network members mostly DLP participants .
- Nutrition Report card – an assessment of status of nutrition related programmes in Garhwa (7 blocks).
- PHRN was part of the team of Community based maternal death audit in Sundarpahari-Godda, January 2012.
- Capacity Need Assessment of Family Planning Programmes in Jharkhand, supported by Futures group, USAID.



- Involvement of PHRN, in the State PIP, District Health Action Plan and Block Health Action Plan.
- PHRN was part of the State Review Mission Team.

- Participated in other forums e.g. National Commission for Protection of Child Rights (NCPCR) meeting, USAID- meetings, nutrition campaign plan with other network members and MNREGA programme as ombudsman.
- Training cum sensitization of PRI members on putting Nutrition in Panchayat agenda.
- Participated in JSA meeting in Nagpur and Ranchi
- Participated in the 12th five year plan exercises by Government of Jharkhand- Health and Social Welfare department.
- Participated in the State ASHA Mentoring Group meeting.
- District level consultation on institutional delivery - preliminary status report with district administration, March 2012.
- State level consultation workshop on status report of nutrition report cards/PRI Health Plan/ Malaria

#### Odisha:

- News Letter “RASHMI” printed for 2 Quarters of 2011.
- Organized sensitization meeting at community level on RTI in the pilot sub centre's.
- Organizing a National Planning meeting at Puri, July 2011.
- State level consultation on strategizing maternal and child health in the district health action plan (DHAP) and similar consultations in the districts of Mayurbhanj, Rayagada and Kalahandi.
- Participated in the workshop on developing strategy for urban health organized by Population Foundation of India (PFI).
- Participated in the meeting on World Population Day organized by the Government of Odisha in collaboration with UNFPA.
- Meeting attended on involvement of Civil Society Organization in malaria control organized by Regional Resource Centre (RRC).
- Attended a course on “qualitative research” at MGM Medical College Wardha.
- Organized district level consultation on child health in Mayurbhanj, Kalahandi and Rayagada.

## National Office:

- Dr. Vandana Prasad and Dr. Ganapathy participated in a consultation organized by Public Health Foundation of India on “Recruitment processes related to human resources in Health”.
- Dr. Vandana Prasad was part of the Advisory group on IGMSY – Planning Committee Advocacy (with NAMHHR).
- Dr. Vandana Prasad was part of the working group on Nutrition (2 sub-groups) for Ministry of Women and Child Development and the Planning Commission of India.
- Training session with MASUM on malnutrition for grassroots activists by Dr. Vandana Prasad.
- Dr. Vandana Prasad was consulted by NSF Mumbai on malnutrition strategies.
- Dr. Vandana Prasad chaired the session on Gaps and Gains: Citizen's Reports on Health Programmes Implementation in India 2011' (CHSJ).
- Dr. Vandana Prasad was a member of the Advisory group of Mobile Crèches on Research and Advocacy.
- Consultation on “People's Right to Food and Nutrition” (Oxfam): Dr. presentation on Ensuring Nutrition Rights through Maternal and Early Childhood Interventions.
- Organizational meeting on strategies and planning for future, in Puri, Odisha, June 2011.
- Participated in the Second Expert Group Meeting on Developing Competency Framework for Public Health Professionals in India, November 2011.
- Organized workshop to discuss scope of partnership with the People's Uni Manchester, UK, - Strengthening Affordable Access to formal Public Health Training in Needy and Underserved Areas, January 2012.
- Participated in a meeting on Social Determinants on Health organized by Ministry of Health and Family Welfare.
- Participated in CES meeting on street medicine and sharing of experiences from other cities on homelessness.
- Presentation by Dr. Vandana at PHFI on civil society initiatives on HR issues in health.

- NISTADS International Seminar on Innovation, Sustainability and Development: Dr. Vandana Prasad was the speaker on Health, Medicines and Technology.
- National Consultation for Reviewing the NRHM: Through a Gender and Rights Lens (SAMA-Prayas-Sahaj-Commonhealth): Presentation on orphaned issues in women's health by Dr. Vandana Prasad.
- Dr. Vandana Prasad participated in the Asia Pacific Conference on Child Abuse and Neglect: Organized and conducted master class on 'From Grassroots to Policy'.
- Prayas- Oxfam National Conference on Universal Access to Health: impediments and solutions”: Dr. Vandana Prasad chaired session 'Free Treatment' in the Private Sector: Myth or Reality'.
- PHFI seminar on recruitment: presentation on 'civil society perspectives on HR issues by Dr. Vandana Prasad.
- Dr. Vandana Prasad participated in the NAC consultations on Right to Food Bill, Homeless Scheme.
- Dr. Ganapathy participated in a training course on epidemiology at CMC Vellore.

## Network:

One of the important activities of PHRN is networking with like-minded individuals and organizations who are actively involved with the public health to bring them together on a common platform. This is achieved by various strategies including promoting general body membership, networking through sharing experiences on E- group and by extending partnership with various organizations for different programmes as well as collaborating with them for research activities. PHRN also provide support to field based organizations and other networks and campaigns.

### PHRN Interactive Groups

- PHRN Core Group: This group helps the executive and the board in all programme related suggestions and decisions.
- PHRN Executive Committee: This group helps the executive and the board 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 distance education modules and other publications.
- PHRN Organizational Group : It consists all PHRN staff Members
- PHRN E-discussion group : The E-group was launched in 2006 to facilitate free and frank 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 had two National Coordination Committee (NCC) meetings on 16th-17th December 2011 in Delhi, and 13th-14th March 2012 in Ranchi, Jharkhand.

### Bihar:

- The meeting of Jan SwasthyaAbhiyan (JSA)Bihar was organized, and a core group was formed.
- RTI Workshop held with Jehanabad Network
- Facilitated the formation of a District level Network of Grass root NGOs in Sheikhpura, Samastipur, Araria and Jehanabad who are committed to gear up improvement of Public Health Service delivery system in the District.

## Chhattisgarh:

- Annual Sammelan of Adivasi Adhikar Samiti, Koriya.
- JSA Chhattisgarh meeting.
- Patient Safety Workshop organized by Quality Council of India (QCI) in Mumbai.
- Medico Friend Circle annual meet.
- JSY study: after the RTI training (support from Chaupal).

## Jharkhand:

- Network strengthening, meetings and field support in Godda.
- National convention and regional meetings, April-May 2011.
- Visioning exercise for VSRC (support as resource person).
- Meetings on Right to information and health held in East Singhbhum, February 2012, and participated in the campaign in district and blocks.
- MahilaSamakhya – included as a new network member.
- MNREGA convention – 12-14 February 2012.
- JSA convention.

## Odisha:

- Building relationship with Sookhana Adhikar Manch Odisha and Commissionerate to support our RTI initiatives.
- Organized regional workshop on RTI for improving public health system at Mayurbhanj and Rayagada.
- Block level TOT/networking meeting in Mayurbhanj for GKS.
- District TOT/networking meeting in Rayagada for ASHAs.
- Regular presence in VHND.

## National Office:

- Dr. Vandana Prasad and Dr. Ganapathy participated in the JSA core group meeting at Nagpur.
- Participated in Bhopal Convention on Children's Right to Food, January 2012.
- Participated in India-PHEIN meeting, November 2011.
- Medico Friend Circle annual meet.

## National Convention:

The first PHRN National Convention took place from the 29th of April to the 1st of May 2011 in Ranchi, Jharkhand. The three day convention started with the Jharkhand State Convention that raised issues on health specific to Jharkhand. The second and the third day was the national convention that had seven technical sessions and 11 parallel sessions. These sessions attempted to cover all issues relevant to public health today. While the technical sessions touched upon the broader themes on public health, the parallel sessions were broken into specific topics based on the themes of the technical sessions. We are very thankful to more than five hundred participants belonging to Public Health Resource Network across civil society, academics, public health system and across many Indian states for their enthusiastic participation and making the Convention a huge success. We have also brought out a separate report on the National Convention.

## Convention Resolutions:

Based on the two-day deliberations during the first PHRN National Convention, we call on the government to strengthen the NRHM and improve on its designs to achieve the objectives of providing free, non discriminatory, universal access to comprehensive and quality health services to all. Listed below are the resolutions passed at the end of the convention;

- On many of the core architectural corrections envisaged under NRHM, not enough progress has been made - especially in increasing the scope of civil society, communities and Panchayati Raj institutions in planning, implementation and monitoring at every level.
- A road map should be prepared to honour the legal commitments for devolution of power to PRIs in health and its determinants.
- There is a need to reinforce the importance of social determinants that have implications for health status and equity. For this there should be greater inter-sectoral coordination between health & related sectors towards improving health. Urban health, food security, safe water, health planning for disability and mental health are public health issues that need urgent attention.
- Central to the corrections needed, there is a need to abolish user fees as well as through a concerted effort to decrease and phase out all out of pocket expenditure in the public hospital.
- Government has to develop adequate qualified health human resources at different levels by creating enough publicly financed professional and technical educational institutions to produce such human resources in health as are needed.

- Every state should put in place a human resource policy for retention of skilled human resources in the public health system and to generate human resources who are more oriented to public service for under-serviced areas and communities.
- There is need for recognition and role-clarity of non-doctor health professionals. There should be better representation of the nursing cadre in the directorate and role in decision making process and senior management. Nursing councils need to be strengthened. Similarly, all other non-doctor health professionals should have more roles in decision making process and senior management. There should be better avenues of skill up gradation of non-doctor health professionals as well as for lateral entry and promotion to senior posts.
- Due importance should be given to developing different cadres of community health workers with skills for the provision of primary health care. Consensus of understanding should be built on this, respecting traditional professional concerns and views but also respecting the need for universal health care.
- There is a need to further develop the ASHA programme to make her effective as a vehicle for empowerment of the people to achieve their health rights and as a community level health care provider equipped with necessary skills and medicines. For this the necessary support and training should be ensured and the ASHA's rights need to be taken into account
- There is need to recognise women not only as mothers but as individuals with rights and entitlements and with differing needs as per age and their social environment. Therefore there is need for programmes to address women's health beyond the narrow focus of maternal health, which should include issues of violence, gender discrimination, adolescents, single women, aged, mental health and nutrition.
- Programmes for safe deliveries need to address and ensure the whole range of interventions- quality ANC/PNC, safe home deliveries, Dai trainings, referral transport, ability of facilities to handle deliveries and complications, neonatal care, nutrition of women, maternity entitlements and JSY. The ultimate aim must be to ensure quality of care and safety for pregnant women regardless of their place of delivery, parity, class or age.
- Intense efforts are required to mobilise communities for social transformation in favour of health. Processes allowing community ownership and decentralisation of the public health systems have remained weak and needs urgent strengthening with more efforts by all agencies concerned.
- Community monitoring has proved to be an important mechanism to demand accountability. This should be made mandatory in all states and extended to include health insurance programmes like RSBY, public-private partnership,

implementation of regulation related to private sector as well. There should also be a grievance redressal system which is responsive and time bound, and which can look at public and private providers.

- All Public Health Facilities should be assessed on yearly basis for meeting established norms. Facilities should be graded/ accredited after third party audit of minimum assured services, infrastructure, equipments, human resources and hospital processes at the facility. In particular, lab services need to be strengthened. Adequate safeguards for quality of care need to be formulated and strictly followed.
- There should be universal access to and national self reliance for essential medicines and medical technologies , including a progressive patents policy and drug price control on all essential drugs
- The Right to Health Bill draft which was circulated for consultations should be taken forward, finalised with proper consultations and introduced by the winter session of parliament.
- PHRN Commitments - All these issues will be taken up by PHRN through its research, capacity building and network. This would include:
  - Frame critical analysis about the rapid changes happening in the health sector
  - Facilitate public opinion on the issues of health as a basic fundamental right
  - Engage in dialogue with policy planners and Govt. functionaries for ensuring health to all
  - Build campaigns on critical health policy issues as mentioned above
  - Mobilise community for people's monitoring of health systems
  - Explore and promote the use of local cultural methods as an additional communication tool for community level campaigns on health issues.
- PHRN will continue and accelerate its efforts in terms of education/training of core public health staff towards public health and health action analysis and planning.
- Now that the DHAP process is fairly well established, PHRN will move towards greater monitoring of outcomes.

## PHRN Publications

### Modules

PHRN constantly develops and updates resource material for public health practitioners in the form of training modules. The curriculum for the capacity building processes for various programmes are incorporated in a set of modules which have then been adapted to meet state specific needs for fast track training, as well as adapted within IGNOU framework for PGDDHM.

Eighteen modules have been developed so far in English and Sixteen Modules in Hindi which are listed below:

S. No.	Module Name
Module: 1	Introduction to Public Health Systems
Module: 2	Reduction of Maternal Mortality
Module: 3	Accelerating Child Survival
Module: 4	Community Participation and Community Health Workers
Module: 5	Behaviour Change Communication and Training
Module: 6	Mainstreaming Women's Health Concerns
Module: 7	Community Participation beyond Community Health Workers
Module: 8	Disease Control programme
Module: 9	Convergence
Module: 10	District Health Planning
Module: 11	District Health Management
Module: 12	Engaging with the Private Sectors
Module: 13	Legal Obligations of District Health Systems
Module: 14	Key Issues of Governance and Health Sector Reform
Module: 15	Tribal Health
Module: 16	Issues in Urban Health
Module: 17	Public Health Management of Disasters
Module: 18	District Planning for Mental Health

### Other publications

1. V. Prasad (2012), Translating Universal Care for the Homeless: Barriers and potential facilitating factors for accessing health care amongst street dwellers in India, Health System Dynamics and Barriers, Health, Culture and Society, Vol 2, No.1

2. Falling Between Two stools: Operational Inconsistencies Between ICDS and NRHM in the Management of Severe Malnutrition, by V Prasad, D. Sinha and S. Sridhar published in Indian Pediatrics, Vol 49-March 16, 2012
3. Staying Alive: A study to understand the Barriers and Facilitating factors for Accessing Health Care amongst Adult Street Dwellers in New Delhi by Dr. Vandana Prasad, 2012.
4. Strategies for Children Under Six: A framework for the 12th Plan which are recommendations on interventions to the 12th Five Year Plan prepared for the Planning Commission (Dr. Vandana Prasad – Member of Working Group Children Under Six), 2012.
5. Global Health Watch, 2011 (Dr. Vandana Prasad part of the Editorial team).
6. Glimpses from Grassroots: A Compilation of Short Projects submitted under the Distance Learning Program in Chhattisgarh, 2011.
7. A Study to assess the Mitamin Referral System in Chhattisgarh, 2011.
8. The Health Program for Homeless Children in Residential Care: A Handbook for Program Managers, by Dr. Vandana Prasad and Dr. Madhurima Nundy (in collaboration with Centre for Equity Studies), 2011.
9. PHRN National Convention Report, 2011.
10. Universal Access to Healthcare: Threats and Opportunities in the Economic and Political Weekly, Vo. 46, No. 26 & 27, June 2011 (NHSRC-PHRN-JNU).
11. Report on Rapid Assessment of the District Health Profiles by Community Health Fellows in the states of Bihar, Jharkhand and Orissa, 2010.
12. Towards Universalisation of Maternity Entitlements: An Exploratory Case Study of the Dr. Muthulakshmi Maternity Assistance Scheme, Tamil Nadu, (in collaboration with MSSRF and Tamil Nadu-FORCES), 2010.
13. Food Security Of The Homeless In Delhi: A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi, (in collaboration with Centre for Equity Studies), 2010.

14. A Rapid Assessment of the Communitization Processes of the National Rural Health Mission in Jharkhand, Orissa and Bihar, 2009.
15. Empowering health personnel for decentralized health planning in India: The Public Health Resource Network by Anuska Kalita, Sarover Zaidi, Vandana Prasad and V.R. Raman; Human Resources for Health, 7:57, 2009.
16. Tackling Malnutrition for Children Under Six: Evidence from Two Micro Studies, a Mobile Crèches publication (Dr. Vandana Prasad – co-author), 2009.
17. Distress Migration Identity and Entitlements: “A study on migrant construction workers and the health status of their children in the National Capital Region 2007-2008”, a Mobile Crèches Publication on migration workers involved in temporary, seasonal work and involved in frequent movement. (Dr. Vandana Prasad – co-author), 2009.
18. A Report of the Village Health and Sanitation Committee, 2008.
19. Strategies for Children Under Six: A framework for the 11th Plan which are recommendations on interventions to the 11th Five Year Plan prepared for the Planning Commission (Dr. Vandana Prasad – Member of Working Group Children Under Six), 2008.
20. Action for Young Children: “Study of interventions in Early Childhood Care for Development and Behavioral Changes in an Urban Resettlement Colony”, a Mobile Crèches Publication (Dr. Vandana Prasad, co-author for the study).

## Organizational profile

The organization has been registered under Society Registration Act 1860

### Governing Body

<b>Name</b>	<b>Designation</b>
<b>Dr. K.R. Antony</b>	<b>President</b>
<b>Dr. Madan Mohan Pradhan</b>	<b>Vice President</b>
<b>Dr. Vandana Prasad</b>	<b>Secretary</b>
<b>Dr. Ganapathy Murugan</b>	<b>Executive Director and Member Secretary</b>
<b>Mr. Dinesh Chandra Bhatt</b>	<b>Treasurer</b>
<b>Mr. Biraj Patnaik</b>	<b>Member</b>
<b>Dr. Kamlesh Jain</b>	<b>Member</b>
<b>Dr. Rajib Das Gupta</b>	<b>Member</b>
<b>Ms. Dipa Sinha</b>	<b>Member</b>
<b>Ms. N. Sarojini</b>	<b>Member</b>
<b>Ms. Sulakshana Nandi</b>	<b>Member</b>
<b>Mr. Rafay Eajaz Hussain</b>	<b>Member</b>
<b>Dr. Suranjeen Prasad</b>	<b>Member</b>

**Staff:**

S. No.	Name	Designation	Posted at
1	Dr. Vandana Prasad	National Convenor and Technical Advisor	PHRN, Delhi
2	Dr. Ganapathy Murugan	Executive Director	PHRN, Delhi
3	Mr. Dinesh C Bhatt	Head, HR	PHRN, Delhi
4	Dr. Madhurima Nundy	Senior Programme Coordinator	PHRN, Delhi
5	Ms. Soma Sen	Programme Coordinator	PHRN, Delhi
6	Mr. Ajay Chawariya	Programme coordinator	PHRN, Delhi
7	Mr. Sunandan Kumar	Senior Accounts and Administrative Officer	PHRN, Delhi
8	Ms. Sulakshana Nandi	Senior Programme Coordinator (Part time)	PHRN Delhi and Chhattisgarh
9	Mr. Pratik Phadkule	Programme Coordinator	PHRN, Chhattisgarh
10	Ms. Kanika Kanungo	Programme Coordinator	PHRN, Chhattisgarh
11	Mr. Prakash Sharma	Accounts and Administrative Officer	PHRN, Chhattisgarh
12	Mr. Haldhar Mahto	Senior Programme Coordinator	PHRN, Jharkhand
13	Ms. Shampa Roy	Programme Coordinator	PHRN, Jharkhand
14	Mr. Rajesh Sriwastwa	Programme Coordinator	PHRN, Jharkhand
15	Mr. Neeraj Kumar Shrivastava	Accounts and Administrative Officer	PHRN, Jharkhand
16	Mr. Arun Kumar	Senior Programme Coordinator	PHRN, Bihar
17	Mr. Ajay Singh	Programme Coordinator	PHRN, Bihar
18	Ms. Sharmistha Nanda	Programme coordinator	PHRN, Bihar
19	Md. Shahnawaz Khan	Accounts and Administrative Officer	PHRN, Bihar
20	Mr. Satya Patnaik	Programme Coordinator	PHRN, Odisha
21.	Mr. Subhasis Panda	Programme Coordinator	PHRN, Odisha
22	Mr. Jayadeep Achariya	Accounts and Administrative Officer	PHRN, Odisha

## PHRS Partners in Development

PHRN enjoys cordial relationships with a number of leading organizations in public health that extend its technical support and guidance for various programmes, mainly the distance education programme in public health, community fellowship programme, and research studies. Some of these relationships have been expressed through MoUs of mutual support.

S. No.	Name of the organization
1.	Association for Rural Advancement through Voluntary Action and Local Involvement (ARAVALI), Jaipur
2.	Breast Feeding Promotion Network of India (BPNI)
3.	Centre for Equity Studies (CES), New Delhi
4.	Centre for Jawaharlal Nehru Studies, (Jamia Millia Islamia)
5.	Centre of Social Medicine and Community Health (CSMCH), Jawaharlal Nehru University.
6.	Child in Need Institute (CINI), Jharkhand
7.	Centre for Youth and Social Development (CYSD), Bhubaneswar, Odisha
8.	Department of Health & Family Welfare, Chhattisgarh
9.	Futures Group, USAID
10.	ICICI Foundation for Inclusive Growth- Centre for Child Health and Nutrition
11.	Indian Institute of Health Management Research (IIHMR), Jaipur
12.	Indira Gandhi National Open University (IGNOU)
13.	Institute of Public Health, Jharkhand
14.	Jharkhand Health Society
15.	Majdoor Kisan Shakti Sangathan (MKSS), Rajasthan
16.	NarottamSeksaria Foundation (NSF), Mumbai
17.	National Health Systems Resource Centre (NHSRC)
18.	National Institute of Health and Family Welfare (NIHFW)
19.	National Rural Health Mission (NRHM)
20.	Plan India
21.	People's University (PU), Manchester, UK
22.	Population Foundation of India (Regional Resource Centre for RCH)
23.	SEARCH, Gadchiroli
24.	State Health Resource Centre (SHRC), Chhattisgarh
25.	State Institute of Health & Family Welfare, Chhattisgarh
26.	State Institute of Health & Family Welfare, Odisha
27.	URMUL, Bikaner, Rajasthan

# Financial Statement, 2011-2012

## Public Health Resource Society

5A, Jungi House, Ground Floor, Shahpur Jat, New Delhi - 110049

### Statement of Affairs (Consolidated) as on 31.03.2012

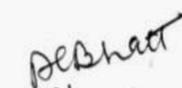
CAPITAL & LIABILITIES		AMOUNT (In Rs.)	ASSETS	AMOUNT (In Rs.)
<b>Corpus</b>			<b>FIXED ASSETS</b>	
Opening Balance		807,089	Gross Block	785,489
Add: Surplus (As per Statement Annexed)		1,433,548		
Less: Depreciation during the year		<u>(24,596)</u>	<b>CURRENT ASSETS</b>	
		2,216,041	Loans & Advances	1,238,261
<b>Assets fund transfer from ICCHN</b>			Sundry Debtors	379,800
Opening Balance		731,934		
Add: Addition during the year		135,517	<b>CASH AND BANK BALANCES</b>	9,014,898
Less: Depreciation during the year		<u>(218,134)</u>		
		649,317		
<b>Assets fund transfer from NSF</b>				
Opening Balance		-		
Add: Addition during the year		32,014		
Less: Depreciation during the year		<u>(1,601)</u>		
		30,413		
Unutilized Fund 2011-2012		8,328,709	Prepaid Expenses	957
<b>CURRENT LIABILITIES</b>			TDS Receivable (A/Y 2011-12)	67,116
Outstanding Expenses		246,606		
Sundry Creditors		15,435		
<b>TOTAL Rs</b>		<u><u>11,486,521</u></u>	<b>TOTAL Rs</b>	<u><u>11,486,525</u></u>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN 000497N)

  
(SANGEETA NARAYAN)  
PARTNER  
M.No. 084205  
Place : New Delhi  
Date: 28/09/2012

  
(GANAPATHY M)  
EXECUTIVE DIRECTOR

  
(DINESH BHATT)  
TREASURER

## Public Health Resource Society

5A, Jungi House, Ground Floor, Shahpur Jat, New Delhi - 110049

Income & Expenditure Account for the period from 01.04.2011 to 31.03.2012

EXPENDITURE	Other	Project	Total	INCOME	Other	Project	Total
HR	901,730	8,115,569	9,017,299	Utilized Grant at the Beginning	-	110,984	110,984
Travel	173,768	1,563,912	1,737,680	Grant-in-Aid	-	30,441,867	30,441,867
Resource Library	-	84,307	84,307	Indirect Income	2,282,938	-	2,282,938
Meetings	-	1,148,596	1,148,596	Recovery from Project	487,630	-	487,630
Office Recurring Cost	258,400	2,325,599	2,583,999	Voluntary Contribution	-	371,732	371,732
Contingency	-	144,688	144,688				
Workshops & Conferences	-	714,170	714,170				
Research & District Planning	-	307,295	307,295				
Material Development	-	1,841,092	1,841,092				
Community Health Fellowship	-	-	-				
IGNOU Collaboration	-	608,366	608,366				
Expenses on SOT	-	186,479	186,479				
ASHA Evaluation & Training	-	1,293,050	1,293,050				
PGDDHM Internship/Intern Exp	-	389,044	389,044				
PGDDHM- Course-IGNOU	-	24,127	24,127				
PHRN Core Exp	-	14,459	14,459				
Outreach Program	-	44,598	44,598				
Expenses on NSF	-	472,485	472,485				
Maintenance & House Keeping Exp	-	18,021	18,021				
Internship Expenses	-	65,876	65,876				

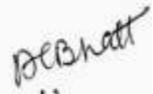


Expenses on IGNOU	-	5,617	5,617			
Fast Track Capacity Building Programme	-	971,837	971,837			
Expenses on PST	-	1,029,105	1,029,105			
NHRSC family Project	-	613,879	613,879			
PHRS Delhi Expense	-	613,704	613,704			
Depreciation	3,122	-	3,122			
Unused Grant at the end	-	8,328,708	8,328,708			
Excess of Income over Expenditure	1,433,548	-	1,433,548			
<b>TOTAL</b>	<b>2,770,568</b>	<b>30,924,583</b>	<b>33,695,151</b>	<b>TOTAL</b>	<b>2,770,568</b>	<b>30,924,583</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
 CHARTERED ACCOUNTANTS  
 (FIRM NO. 00497N)  
  
 (SANGEETA DATTA)  
 PARTNER  
 M.No. 084205  
 Place : New Delhi  
 Date: 28/09/2012

  
 (GANAPATHY M)  
 EXECUTIVE DIRECTOR

  
 (DINESH BHATT)  
 TREASURER

## Public Health Resource Society

5A, Jungi House, Ground Floor, Shahpur Jat, New Delhi - 110049

Receipts and Payments Account for the period from 01.04.2011 to 31.03.2012

<u>RECEIPTS</u>	<u>AMOUNT (In Rs.)</u>	<u>PAYMENTS</u>	<u>AMOUNT (In Rs.)</u>
Opening Balance			
Cash and Bank	420,867	HR	9,017,299
Grant in Aid	30,441,867	Travel	1,738,680
Indirect Income	2,770,568	Rsource Library	84,307
Voluntary Contribution	371,732	Meetings	1,193,194
Sundry Debtor	802,881	Office Recurring Cost	2,583,999
		Contingency	159,147
		Workshop & Conferences	714,170
		Research & District Planning	307,295
		Material Development	1,812,292
		IGNOU collaboration	608,366
		Expenses SDTT	186,479
		Loans & Advances (Assets)	634,113
		Administraive Expensees	613,704
		Narotam Seksaria Foundation	472,485
		Expanses on Jaipur	18,021
		Internship Exp\Internship Program	454,920
		Sundry Creditor	91,909
		Outstanding Exp	902,894
		Asha Expenses	1,293,050
		PGDDHM- Course-IGNOU	29,744
		Prepaid Expensess	50,728
		Deposit (Assets)	211,400
		Expenses onNHSRC	613,879
		Expenses on PST	1,029,105
		Expenses on Fast Track	971,837
		Cash & Bank Balance	9,014,898
<b>Total Rs</b>	<b>34,807,915</b>	<b>Total Rs</b>	<b>34,807,915</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN - 009497N)

(SANJEEVA NARAYAN)  
PARTNER  
M.No. 084205  
Place : New Delhi  
Date: 28/09/2012

(GANAPATHY M)  
EXECUTIVE DIRECTOR

(DINESH BHATT)  
TREASURER

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