

# ANNUAL REPORT

## 2012-2013



### **PUBLIC HEALTH RESOURCE NETWORK**

(A programme of Public Health Resource Society)

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

*Building Capacities for Public Health Action*



## *Message from the President*

"Each year has been a new phase of achievement for us, repeating what we did most successfully, consolidating what we are learning to do well and venturing into new areas with optimism and desire to succeed.

We had always done well in providing platform for distance learning in Public Health and building capacities in District health management. We had mentored Community Health Fellows and nurtured them to take up challenging tasks in future.

What is special this year is the early gains in the "AAM" the action against malnutrition scourge. Probably the care of the very young child at neighbourhood level is a great relief for mothers struggling for their livelihood and daily wages and great blessing for those children who would have otherwise deteriorated in their nutritional status. Apart from this, AAM strategies are going to be trend-setter in the feasible programmatic design of care of very young child in India.

I am sure that our annual report this year will be informative and inspiring to all the readers."

Dr. K.R. Antony

## *Message from the Vice President*

It gives me a great pleasure that PHRN over the years has been able to significantly contribute to the public health initiatives in association with different government and non government organizations working in different states.

Besides, capacity building measures such as public health education in collaboration with IGNOU, training and orientation activities through number of projects and programmes continues to be our key features. Many PHRN states have been able to focus on a number of studies and publications in the field of public health and allied subjects. This will definitely help us in understanding the major health issues in our states and taking up the larger issues to the policy makers to bring desired changes.

Further to accelerate the pace of the peoples' health movement the members of the network have sincerely worked at different level and in different capacities. New collaborations have been established. New opportunities and possibilities have been explored. Our recent intervention in nutrition through a programme called AAM (Action Against Malnutrition) in four states is definitely is an opportunity. We are hopeful of having more such collaborations in the coming years and build our resource network stronger.

Dr. Madan Mohan Pradhan

## *Message from the Executive Director and Secretary*

The fiscal year 2012-2013 has been very important to Public Health Resource Society. Our core funding from ICICI Foundation for Inclusive Growth came to an end in 2011-2012 and a new era of project/activity based multi-donor/multi-grant funding was ushered in. While retaining our core activity of capacity building, we as an organization have consciously diversified. We have involved ourselves in activities of direct implementation for the first time. In many ways, the project "Action Against Malnutrition", supported by Sir Dorabji Tata Trust and Allied Trust, marks the beginning of a new phase for the organization. Our organization has been involved with important research activities, notably studies on Rashtriya Swasthya Bhima Yojana and frontline health workers.

We have tried to strengthen the network by rejuvenating the e-group activities. In these challenging times and the role of network has gained significance. We have always believed in universal health care that is defined and delivered by a transparent, high quality, rational, responsive and responsible public sector services that are focused on the health care needs of the neediest and disadvantaged people. Our struggle for "Health for All" continues with renewed vigour with every new challenge in our paths. We are grateful to all our donor partners and network friends for the kind support and constant encouragement.

As in the past, a lot of good work is anticipated in 2013-2014. I invite you to review our actions and accomplishments for the financial year 2012-2013. What I have seen over the years gives me confidence that with your continued support; we will make our organisation and network stronger.

Dr. Ganapathy Murugan

## *Messages from the State Convenors*

### Bihar

"Public Health Resource Network in Bihar has continued to work with government & civil society organizations for improving the public health system in the state. It has diversified its efforts in strengthening the nutritional interventions in the state as well by facilitating social audits of ICDS scheme implementation in many districts along with partner organizations. Social audit has now been institutionalized within the ICDS system. The new project on "Action Against Malnutrition" in Bihar would go a long way in providing evidence for community based interventions to tackle malnutrition nationally.

PHRN has also taken initiative to revive Jan Swasthya Abhiyan (JSA) in the state which now is quite active under the convenership of CHARM.

I wish all the very best to all attached with PHRN for continuing this great efforts on, with missionaries zeal."

Mr. Rafay Eajaz Hussain

### Chhattisgarh

I congratulate the PHRN Team on facilitating a very important programme against malnutrition in four of the most impoverished states- Chhattisgarh, Bihar, Orissa and Jharkhand. The AAM (Action Against Malnutrition) programme is on its way to becoming a model for comprehensive action against malnutrition. I wish the team members and associated organisations more success in this endeavour.

It is also wonderful to see that PHRN has engaged in research and advocacy on critical aspects of public health policy. As a result of its excellence, today, PHRN is much respected in the field of public health. I wish PHRN all the best in continuing the good quality work towards attaining health for all.

Ms. Sulakshana Nandi

Jharkhand

"You must be the change you want to see in the world."

At PHRN we had always been concerned about the vast extent of malnutrition amongst children here. As individual members we had worked on understanding the causes of malnutrition and various ways to address it. Member of PHRN have been active for long in many forums advocating for better strategies in addressing malnutrition.

In the last one year we decided to roll up our sleeves and begin to put some of our ideas into practice. This has led to the Action Against Malnutrition (AAM) project that has brought many like-minded partners together. Our grass-roots experiences have allowed us to understand how communities organise themselves and how they use knowledge that come their way to improve their children's health and nutrition status.

At Jharkhand we have continued to work with various community groups and civil societies through 'Jharkhand's Action for Sustainable Health and Nutrition' (JASHN) campaign where over 1500 villages prepared a community report card on nutrition and had a public dialogue with block and district officials.

This hands-on experience gained by our members will help our network advocate with much more clarity and vigour for better health outcomes for our children, women and communities. PHRN at Jharkhand also worked closely with the National Rural Health Mission to strengthen district health systems to respond to the growing demand for reproductive needs of women and families. This effort was jointly carried out with CINI under the 'Health Policy Project'.

PHRN would continue to strengthen its network with individuals and organisations in ensuring that experiential learning's in strengthening health and nutrition programs are shared and used to build the networks capacity to be the change.

Dr. Suranjeen Pallipamula Prasad





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## 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 in Delhi under Societies Registration Act 1860 (Act XXI), Registration No.S/62225/2008 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.

## 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.

## Logo



## 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 *Structured 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 and Odisha.

5. Strengthening *community processes* in NRHM
  - o Support to the ASHA programme
  - o Facilitating effective Village Health and Sanitation Committee (VHSC) functioning and Village Health Planning
  - o Facilitating public participation in health management through bodies like Rogi Kalyan Samiti (RKS).
  - o Capacity building and support to Panchayati Raj Institutions (PRIs') involvement
  - o Assisting community monitoring processes to improve facilities and services
6. Making *district planning* more equitable and effective by
  - o Research inputs
  - o Independent appraisals and evaluations
  - o Assisting access to information and technical resources
  - o Organizing peer reviews
  - o 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

### 1. Community Health Fellowship Programme

PHRS successfully completed the second batch of Community Health Fellowship (CHF) Programme in January 2013. The Community Health Fellowship Programme was aimed at strengthening capacities of field level civil society participation in the NRHM and in the process to build a team of young professionals and dedicated youths with perspectives and skills to contribute to pro-poor community development. This was a one year Fellowship Programme which commenced in February 2012 with the financial support from Narotam Sekhsaria Foundation (NSF), Mumbai and was implemented in the state of Rajasthan. Initially, 10 Fellows had joined the Fellowship Programme but after attrition 8 successfully completed.

#### Profile of the Fellows

The Fellows who joined the programme have rich experience, ranging from three to 12 years of working in the field of public health and the related issues. They have diverse educational background, varying from Sociology, Masters in Social Work (MSW) and Post Graduation in Management. The details of their deputation in the programme are as follows:

S. No.	Name of the Mentoring Organisation	District of Placement
1.	Prakriti Sansthan Malpura, Rajasthan	Tonk
2.	The School of Desert Sciences, Jodhpur	Jodhpur
3.	Shiv Shiksha Samiti Ranoli, Tonk	Tonk
4.	Sahyog Sikshan Avam Prasikshan Sansthan, Bharatpur	Bharatpur
5.	NIDAAN, Jaipur	Dausa
6.	Jan Alok Society, Kishorpura, Jaipur	Sikar
7.	Family Planning Association of India Jaipur	Jaipur
8.	Sankat Mochan Seva Samiti, Udaipur	Udaipur

### Training workshops

During this one year, the Fellows attended training workshops on different themes and conducted field activities in their respective districts based on the same.

Three training workshops were organised periodically in the month of April, June and November 2012 on the topics of Maternal and Child Health, Behaviour Change

Communication (BCC), Adolescent Reproductive and Sexual Health (ARSH) & Mainstreaming Women's Health Concerns and National Disease Control Programme. Based on these themes they had to accomplish certain assignment/field activity in their respective districts.



*(Fellows attending a session during training workshop)*

## Major Activities conducted by the Fellows

The details of major activities conducted by the Fellows in their respective districts are given below:

Activity	Work done
Participatory Rural Appraisal (PRA)	<ul style="list-style-type: none"> <li>1 Gathered information on socio-economic and demographic profile of the villages located in their intervention area</li> <li>1 Extensively collected information on health status of community people, natural resources, and infrastructure and health facilities available at the village level</li> </ul>
Facility Survey	<ul style="list-style-type: none"> <li>1 Conducted surveys at CHCs, PHCs, SCs and District Hospital</li> </ul>
Assessment of Nutritional Status of Children	<ul style="list-style-type: none"> <li>1 Involved in the growth monitoring process at Anaganwadi Centres</li> <li>1 Provided counselling to the parents of the malnourished children and helped them for rehabilitation</li> </ul>
Maternal Death Review	<ul style="list-style-type: none"> <li>1 Conducted verbal autopsy for maternal death in respective areas</li> </ul>



Village Health Planning	1 Prepared model village health plans with PRI members, VHSC members and community people
Activities related to Behaviour Change Communication (BCC)	1 Prepared BCC plans based on specific health issues like early marriage and early pregnancy, management of malnutrition, importance of ASHAs and anaemia and implemented the same in their respective field areas with the help of AWWs, ASHAs, CDPO and community
Activities related to Adolescent Reproductive and Sexual Health (ARSH)	1 Formed adolescents groups and provided ARSH counselling to them
Activities based on National Disease Control Programmes	1 Reviewed National Disease Control Programmes like HIV/AIDS, TB 1 Identified common diseases prevailing in their respective field areas and prepared disease control plan based on the same

## Review Meetings

There were four review meetings that were conducted regularly. These four bi-monthly meetings were organized in the month of May, July, September and December 2012 to review work done by the Fellows they had undertaken in the field and provide them feedback and suggestions on the same so as to help them for further improvement and strengthen their work. The resource persons/experts from local institutes, NGOs/GOs like IIMR, ARAVALI, PRAYAS and State NRHM also participated in the review meetings and provided their valuable feedback and suggestions to the Fellows.



*(The fellows during a review meeting)*

## Supportive Supervisory Field Visits

Apart from regular monitoring and supervision, three supportive supervisory field visits were conducted in the month of July and October 2012 and January 2013 in Dausa, Sikar, Jaipur, Tonk and Bharatpur.

## Theoretical Training

All the 8 Fellows joined the Post Graduate Diploma in District Health Management Programme of IGNOU in July 2012. They attended the contact programmes and submitted the assignments.

After the completion of the Fellowship Programme, the Fellows have been placed at government offices or different NGOs.

## 2. Action Against Malnutrition

PHRS in collaboration with its partners (Child In Need Institute, Ekjut, Chaupal and Jan Swasthya Sahyog) has initiated a project named "Action against Malnutrition: a multi-strategy intervention in six blocks of four states". It is a three year project financially supported by Sir Dorabji Tata Trust and Allied Trusts. Initially, it is being implemented in 6 blocks in the states of Chhattisgarh (1 block), Jharkhand (3 blocks), and Odisha (2 blocks). In Bihar, only the system strengthening activities have started.

State	District	Block	Implementing Agency
Chhattisgarh	Sarguja	Lakhanpur	Chaupal
Jharkhand	Ranchi	Nagri Ratu	PHRN
	Ramgarh	Gola	CINI
	West Singhbhum	Khuntpani	Ekjut
Odisha	Keonjhar	Saharpada	Ekjut
	Mayurbhanj	Thakurmunda	Ekjut

The project focuses on children and child nutrition in the age group of six months to three years, who need additional attention and care under any government scheme. The objective of the project is to reduce/combat malnutrition through community mobilization and community based management of malnutrition.

The project addresses issues of:

- 1 Adequate and quality food
  - o Every child is exclusively breastfed from birth to six months
  - o Complimentary feeding for 6 months - 3 yrs with dietary diversity
  - o All children with malnutrition get locally produced calorie dense, protein rich foods
  - o Pregnancy and maternal care
- 1 Disease prevention, treatment and rehabilitation
  - o Convergence between WCD and Health Department (ICDS and NRHM) for referral to NRC/MTC and follow up of children discharged from the same, as well as treatment of childhood diseases and immunization
- 1 Care and stimulation

The specific objectives of the project are:

1. Working with children 0-3 years
2. Mobilizing communities on malnutrition towards preventive, promotional and curative efforts
3. Strengthening public systems, mainly ICDS and NRHM; but also systems for other social determinants of malnutrition such as water and sanitation, for better service delivery
4. Attempting to fill the programmatic gaps for child care and community based management of malnutrition
5. Developing a model for scalability
6. Influencing the policy environment towards changes that are essential to tackling malnutrition, on the basis of this programme

This is done through strategies of working with government systems, community mobilization and directly running child care facilities (20-30 crèches per block) in some selected villages with specific vulnerability.

## Specific Strategies

1. Community mobilization and sharing of information through Participatory Learning Activity (PLA)
2. Crèches/Day Care Centres - early stimulation; managing risk and malnourished children; regular growth monitoring.

3. System strengthening and policy advocacy - functional Anganwadi centres/mother's committee/VHSC/VHND, effective referral services; convergence; community based monitoring; social audits; networking
4. Research and Documentation for creating evidence base

PHRS feels that this small model will help to inform the state governments towards developing and modifying its own strategy. Since this is being done as action research, a full-fledged research protocol and MIS is being developed that will also provide helpful data in a situation where there are large time gaps between national and state surveys. While implementing this project, we intend to respect state government protocols for Malnutrition Treatment Centres (MTC)/Nutrition Rehabilitation Centres (NRC) and related efforts and not duplicate state government services. We believe this programme will complement all the efforts that the government is taking in Chhattisgarh, Jharkhand and Odisha on malnutrition and will lead to model-building and greater operational understanding.

## Preparatory Phase

PHRS is playing the role of Programme Management Unit (PMU) for AAM by setting up Programme Management Cell and responsible for coordinating this project. An advisory group has been formed to provide regular guidance to the group. It is the PMU's responsibility to keep the advisory group informed and liaise between the advisory group and all the partners in the consortium.

AAM was initiated in June 2012 and a preparatory workshop was organised to plan for the activities of the first six months to arrive at a common understanding among the partners. Along with representatives of all the partner organisations of AAM, some resource persons from other organisations such as Jan Swasthya Sahyog and Mobile Crèches were also invited for the workshop.

The main objectives of this workshop were to:

- 1 Define and list the activities to be completed during the first year and identify the team responsible for those activities
- 1 Prepare a calendar (timeline) for one year
- 1 Developing protocols for each component and
- 1 Developing a uniformity of understanding on different components and strategies of the project.

Following the preparatory workshop, PMU took a lead role in development of recruitment guidelines and job description for the different cadre involved in the project and also the recruitment of staff at different level. Ekjut took the lead role for the cadre related to the community mobilization and baseline components.

## Current Status

### Crèches

At present, a total of 122 crèches are running across six blocks and the number of enrolled children is 1675. Two hundred and forty four trained crèche workers are taking care of the children for approximately eight hours. During their stay in crèches, the children are provided with two snacks -sattu in the morning and sooji in the evening and one hot cooked meal along with one egg twice in a week. A system has been set up to take weight of children once in a month and height/length six monthly. Following is the detail of crèches across six blocks.

State	District	Block	No of crèches	No. of children Enrolled
Chhattisgarh	Sarguja	Lakhanpur	26	257
Jharkhand	Ranchi	Nagri Ratu	21	276
	Ramgarh	Gola	22	369
	West Singhbhum	Khuntpani	18	239
Odisha	Keonjhar	Saharpada	17	270
	Mayurbhanj	Thakurmunda	18	264
Total			122	1675



*(The crèche worker measuring the length of a child during growth monitoring)*



*(The children are having food at a crèche)*

## Development of Guidelines and Protocols

Following protocols and guidelines have been developed for different aspects of crèche functioning and monitoring children.

1. Entry register for children getting admitted in the crèche
2. Attendance register for the crèche
3. Follow up protocol for Severe Acute Malnourished (SAM) children in the crèche
4. Follow up protocol for children with Growth Faltering in the crèche
5. Follow up protocol for Severely Stunted children in the crèche
6. Referral protocol to follow with guidelines on when children in the crèche should be taken/sent to a health centre
7. Illness and Referral register for records of crèche children who fall ill
8. Child health report card for crèche children which will be kept with the parents
9. A health check-up form with details of report to be taken from the doctor when a crèche child's health check-up is carried out initially.
10. Meal planning document with guidelines on how to plan for the meals in the crèche for all children and also specifically for malnourished children.

All these protocols set the standards to be followed in the crèche and it is expected that how these get translated into action and documentation of this experience will be a resource for all working on child malnutrition.

## Community Mobilisation through Participatory Learning and Action

As a part of community mobilization, the team is working in 81 clusters across six blocks, with 8-10 women's group in each cluster. One community mobiliser is responsible for 8-10 women's group. They meet once in a month with each group to discuss the issues related to malnutrition. So far 3685 meetings have been conducted across six blocks. In addition to this, the mobilisers also go for home visit of malnourished children for counselling. About 45 home visits are planned for each month.



*(The participants during a PL A meeting)*

## System Strengthening

For system strengthening, efforts are being made to facilitate the community to demand services from Anganwadi Centres; participate in VHND, accessing referral services (especially MTC/ NRC) and so on. Contacts have been established with frontline workers and also block level workers in most places and these people have also visited crèches and participated in community mobilisation meetings. In the initial stage, the strategy for system strengthening is to establish contact with the government functionaries, sensitise them about the AAM programme and create conditions for sharing of feedback and information from the grassroots to the system. Referrals and admissions of severely malnourished children to MTC/ NRC have started under system strengthening.

## Baseline Research

In order to evaluate impact of the programme initiatives, baseline and end-line surveys covering six blocks have been planned to detect changes in under-nutrition (underweight, wasting, and stunting) among children 6-35 months as well as changes in feeding practices, health care seeking behaviour, hygiene and home care practices.

The training for the baseline survey has been completed in five blocks and data collection is ongoing.

## MIS and Documentation

MIS software has been developed and introduced at field level. The team members are trained on using this software. Through the MIS, each individual child's growth is tracked centrally by PMU. The analysis of data from MIS is used for monitoring whether protocols are being followed, for giving feedback to the block teams on how things are going and to take corrective measures as we go along. The decisions for follow up and care are made locally as soon as a malnourished child is identified. The MIS data at the PMU will be analysed using SPSS software. For the anthropometry, the WHO Anthro software provided for free by the WHO will be used.

## 3. Post Graduate Diploma in District Health Management (PGDDHM)

PHRN entered into partnership with IGNOU by signing a MoU in March 2008 to jointly run a PGDDHM. This is a one year distance learning programme that aims to support public health practitioners working in the districts in all aspects of Public Health Systems. This distance learning programme complements regular trainings and thus contributes to meet the

immense training need of public health practitioners. The course is intended to strengthen the public health services in general and 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. A state-wise enrolment at the PGDDHM Programme Study Centres (PSC) for the fourth batch (2012-13) is given below:

State	Fourth Batch
Assam	04
Bihar	44
Chhattisgarh	18
Delhi	20
Jharkhand	01
Manipur	NIL
Odisha	17
Grand Total	104

PGDDHM has been recognised by the state government and various NGOs which reflect from their decision for sponsoring their employees for this training programme so as to help them to develop managerial skills in the field of public health. A state-wise detail of the students sponsored by various NGOs and state governments for the Fourth Batch of PGDDHM is given below:

State	Batch	Number of Students	Sponsored by
Bihar	Fourth	37	State Health Society, Bihar
Delhi	Fourth	07	Save the Children
Odisha	Fourth	04	Save the Children
Total		48	

A 21 days contact programme is organised for the students in three different spell each of 7 days. It helps the students learn issues and concepts in public health and also give practical exposure to various health facilities etc. The academic counsellors conduct sessions on various topics during the contact programme based on the curriculum and answer the queries of the students.



A state wise detail of the students who appeared in Term-End Theory and Practical Examination held in 2012 and successfully qualified the exam has been given below:

S. No.	State	Students Enrolled	Students Appeared in Theory Exam	Students Appeared in Practical Exam	Students Qualified
1	Assam	05	05	04	03
2	Bihar	45	37	19	14
3	Chhattisgarh	25	15	12	10
4	Delhi	10	07	08	05
5	Jharkhand	10	07	07	0
6	Manipur	NIL	0	03 (from previous batch)	01
7	Odisha	21	09	07	05
	Total	116	80	60	38

## Other Activities

- 1 Held meetings with the School of Health Sciences (SOHS) IGNOU regarding the renewal of the MoU between PHRN and IGNOU (which expired in March 2013) for future collaboration for PGDDHM Programme.
- 1 Follow up with IGNOU Head Quarter and the regional centre for activation of new PGDDHM Programme Study Centre in Uttar Pradesh and Rajasthan
- 1 A teleconference on Introduction to PGDDHM Programme held on 22nd October 2012 at Electronic and Media Production Centre (EMPC), IGNOU.
- 1 A state level meeting was held between Dr S.B. Arora and Dr M.M. Pradhan, State Convenor, PHRS Odisha for improving the teaching-learning methods in the PGDDHM Programme. A discussion was also held to plan the strategies to approach the state health department for sponsored candidates.



*(The students attending a session during PGDDHM contact programme)*

## HEALTH SYSTEMS RESEARCH COLLABORATION

PHRN has been involved in health systems research at national level as well as in states. Some of the recent research studies are as follows:

### National Office

- 1 A research study on Impact Assessment of Community Health Centre, Rangpuri, New Delhi (June 2012) run by Bal Vikas Dhara was conducted which was supported by Plan India.
- 1 A study was conducted on Front line Health Human Resources- ANM, AWW and ASHA: Are the Number and Capacities Adequate? This study was conducted in Bihar, Odhisa and Rajasthan and was commissioned by Save the Children.
- 1 A Study on Health of Women and Children in Bihar was conducted for a chapter, supported by SEWA Bharat.

### Bihar

- 1 Conducted Social Audit of seven Anganwadi Centers of Nagdaha Panchayat, Areraj Block, East Champaran District. (2012) in collaboration with Department of Social Welfare, Government of Bihar.
- 1 Conducted Social Audit of eight Anganwadi Centers of Purvi Thatha Panchayat, Mansi Block, Khagaria District from 13th to 31st March, 2013 in collaboration with Department of Social Welfare, Government of Bihar.

### Chhattisgarh

- 1 A research study was conducted on Particularly Vulnerable Tribal Groups (PVTG) in collaboration with State Health Resource Centre (SHRC), Chhattisgarh and local NGOs working with the PVTG communities of Baiga, Pahari Korwa and Kamar. This study was funded by NRHM, Chhattisgarh.
- 1 Evaluation of Chhattisgarh Rural Medical Corp (CRMC) was conducted by National Health System Resource Centre (NHSRC), New Delhi, PHRS and SHRC, Chhattisgarh. The study was implemented in three districts of Chhattisgarh; Kanker, Jashpur and Gariyaband.
- 1 A case study was carried out on the functioning of Jeevan Deep Samitis (JDS) in Chhattisgarh by Ms. Ruqaiya for her Summer Internship at Jamia Hamdard, New Delhi.

## Jharkhand

- 1 ICMR study with JNU: provided support to JNU to conduct a study on "Community Responses to Nutritional Rehabilitation in Jharkhand".

## Odisha

- 1 A study commissioned by NHSRC was conducted on Menstrual Hygiene in the state.
- 1 A preliminary Study of Effectiveness of Financial Incentives for Recruitment and Retention of skilled Health Professionals for Public Health System in Odisha was conducted in September 2012.



*(The researcher interviewing a respondent during data collection for the above mentioned research study)*

## Rajasthan

- 1 A draft report was prepared on the Community Fellowship programme for NSF. This report comprises five chapters namely Community Participation Health; The Community Health Fellowship Programme; Participatory Rural Appraisal and Village Health Planning; Tackling Issues of Maternal and Child Health at Panchayat and Adolescent Reproductive and Sexual Health. These chapters also include the intervention the Fellows had made in their respective districts while working on the specific themes. This draft report will be finalized soon and submitted to the NSF.

## TRAINING/CAPACITY BUILDING

### National Office

- 1 Training for health workers of Aman Ghar, Centre for Equity Study (CES) was organized on 23rd and 24th July 2012 at Indian Social Institute, New Delhi on the basics of Food and Nutrition, Growth Monitoring, Management of Common Childhood Illnesses and MIS and Documentation.
- 1 Training was organized for health workers of Aman Ghar, CES on Primary Trauma Care (PTC) at Apollo Hospital, New Delhi on 6th Sept 2012.
- 1 Provided Technical Support in Capacity Building of Frontline Health Workers in the state of Bihar supported by Save the Children.
- 1 A State Level Nutrition Workshop was organized in collaboration with Action Aid on 11th and 12 Jan, 2013 at A. N. Sinha Institute of Social Studies, Patna.

### Bihar

- 1 PHRN is one of the State Training Agencies for ASHA Training of Trainers and has signed tripartite MoU with ASHA Resource Centre, Bihar and NHSRC. PHRN has been given responsibility of 9 Districts (Muzaffarpur, Samastipur, Madhubani, Darbhanga, Banka, Sheikhpura Khagaria, Begusarai and Bhagalpur). So far, it has organized training for 11 batches in 1st Phase of ASHA ToT program and has trained a total number of 260 District trainers in nine allotted districts.
- 1 A State level consultation workshop was organised on 11- 12 Dec. 2012 on Nutrition and Health, Issues of Children under Six.
- 1 State consultation on Role of Frontline Health Workers in improving MNCHN services and need for capacity building held on 14th February 2013, in Patna which was organized in collaboration with Save the Children.
- 1 Organized Workshop on strengthening of VHSC representatives on 5th Nov, 2012 involving NGOs of five states UP, Gujarat, West Bengal, Jharkhand and Bihar.
- 1 A Formative Workshop from 19th July to 21st July 2012 under Study on Front line Health Workers of Riga Block of Sitamarhi and Mohanpur Block of Gaya District was organized which was supported by Save The Children
- 1 A three days training on Decentralized Planning and Health Plan was organized from 8th to 10th November 2012 on facilitating VHAP, BHAP and DHAP under CBPM Programme in Bihar

## Jharkhand

- 1 Organised State Level TOT under system strengthening for 15 master trainers; 3 State Family Planning cells; SHSRC; 5 Districts; 3 NGOs and for 3 PHRN-CINI master Trainers.
- 1 Developed training curriculum for Futures Group with CINI under Health Policy Project in September-October 2012
- 1 Organised district level trainings (in cascade mode) where all the BPMs, MOIC's, DPM, DDM and DPC's from three districts namely Simdega, West Singhbhum and Giridih participated. A total number of 93 persons were trained during the training programme.
- 1 Public Hearing - As Resource Person, Social Audit of MGNREGA, Ramgarh district, provided training to the district functionaries to carry out Social Audit process in the district in April-June, 2012.
- 1 Provided platform to IIM students of PGDM for their "Rural Immersion Programme" in PHRN. 18 students went through an orientation about PHRN and its activities and facilitated a field visit for them.

## Odisha

- 1 Completed PLAN India training on water, sanitation and hygiene with focus on nutrition. The title of the study was -A training program on addressing water, sanitation, hygiene and nutrition issues during emergency. It was held from February 25, 2012 to 1st March 2012
- 1 Organized National module development workshop in Bhubaneswar. It was organized in the CYSD conference hall in Bhubaneswar on 21-22 May 2011. The objectives of the meeting were to develop the nutrition modules for the upcoming nutrition project to be implemented in four states in a consortium approach. The workshop was attended by Ms. Radha Holla, Dr. Madhurima Nundy, Haldhar Mahto, Soma Sen and two more representatives including one medical doctor from Jharkhand. From the state the DFID supported TMST representative Ms. Birajlaxmi Saranghi and two senior members from the Department of Women and Child Development participated in the process of module development and setting of protocols for the proposed nutrition intervention for 0-3 years of children
- 1 Organised capacity building programme on Health and Nutrition for the district network members. The purpose was to enable the members who could support to our AAM program in the district

## OTHER ACTIVITIES

### National Office

- 1 Brought out a research paper on Design issues in Rashtriya Swasthya Bima Yojana: Mapping provider perspectives (study conducted in collaboration with JNU) was presented in JSA Convention in November 2012, EPHP (IPH Bangalore) in October 2012, in International Conference on Public Policy and Governance in September 2012 and in Planning Commission in August 2012.
- 1 An Ethics Committee was formed with members Dr. Mohan Rao (Chair), Dr. Mary John, Dr. Rajani Ved, Dr. Eanakshi Thukral and Dr. Ganapathy (Secretary). So far, two ethics committee meetings have been held to clear AAM project and Health Human Resources study.
- 1 Gender sensitive committee was formed with three members (Ms. Sulakshana Nandi (Chair), Dr. Ritu Priya and Dr. Madhurima Nundy)
- 1 National Coordination Committee Meeting was conducted on 19th February 2013 at Council for Social Development, New Delhi
- 1 PHRS Monthly Planner was printed in January, 2013
- 1 Provided support to various activities conducted by JSA
- 1 Printed Indian edition of "Plot against NHS"
- 1 Dr. K.R. Antony, President PHRS participated in WHO -ICIUM at Antalya, Turkey on Study of Essential Medicines for Children
- 1 Dr. Antony also attended WHO-Global Public Health Symposium at Beijing on Procurement and Supply system for Essential Medicines.
- 1 Dr. Antony also made presentations at Kolkota, Indian Public Health Association's Annual Convention.

### Bihar

- 1 Conducted an orientation programme for VHND members on 14th May 2012 at Sadar Hospital, Nawada. The participants were ANMs and ASHAs.
- 1 STAG members Meeting held on 15th January 2013 at SIHFW Building, Sheikhpura, Patna.
- 1 A network meeting called on by the NGOs network at Ragho Seva Sansthan, Chandani Chowk, Sheikhpura on 25th November 2012. The meeting was chaired by Ms. Nirmala Kumari, Secretary, Ragho Seva Sansthan, Chandni Chowk, Sheikhpura.

- 1 Participated as panelist in the JANSAMVAD organized at Bhagalpur and Gaya district on 23rd December and 27th December 2012 under CBPM program.

## Chhattisgarh

- 1 Advocacy on Public health to reinstate reproductive rights of PVTGs in Chhattisgarh in December 2012.
- 1 Submitted one proposal on Study on Improving Access of Vulnerable Rural Communities to Healthcare and Nutrition Services to NRHM and another proposal on Community Health Fellowship Programme for Evidence Based Health Planning and Advocacy to SRTT
- 1 Participated in JSA National Convention held in New Delhi from 28-30 November 2012
- 1 Participated in JSA State Convention held on 31st January 2013
- 1 Participated in secondary research activity on SEWA in Bihar
- 1 The State Convenor participated in the 6th Common Review Mission (CRM) as a Team Member for Tripura state in October 2012
- 1 The State Convenor also participated in Cochrane Workshop on Systematic Reviews at CMC Vellore, August 2012

## Jharkhand

- 1 Member Technical, State Review Mission, Jharkhand- As member SRM- actively involved in review of health services of Pakur, Koderma and Palamu district.
- 1 Member Technical, State Quality Assurance Committee-As member SQAC participated and contributed in quality SQAC meetings and on policies for Quality Assurance of Health Services.
- 1 Member Governing Body of State Health Resource Centre (SHRC) , Inducted as member, SHSRC, Jharkhand participated in the 2nd Governing Board Meeting of SHRC
- 1 Participated in the workshop organized by Adolescent Resource Centre, Jharkhand
- 1 PHRN was actively involved with JASHN and state Jan Samvad as member of the Nutrition Campaign programme in Jharkhand. Conducted and prepared Report card for Garhwa district and also led the Jan Samvads organised in East Singhbhum and Ramgarh districts from April- July, 2012
- 1 PHRN Members were a part of the NCPCR team that visited West Singhbhum district in September 2012.

## Odisha

- 1 Issued certificates to the DLP course participants
- 1 State resource group/Advisory group meeting held
- 1 Meeting was held with Director WCD for necessary cooperation to AAM
- 1 Participated in the National TOT on PLA and crèche workers at Ranchi and in Bilaspur
- 1 Also participated in the National meet at NHSRC
- 1 Organized one state level meeting with the state advisory group
- 1 Held two district level meetings on AAM
- 1 Held State level meeting with OXFAM
- 1 State level meeting was held with Save the Children team



## PHRN INTERACTIVE GROUPS

- 1 PHRN Core Group: This group helps the executive and the board in all programme related suggestions and decisions.
- 1 PHRN Executive Committee: This group helps the executive and the board in all administrative & financial and related policy decisions.
- 1 PHRN Editorial Advisory Group: The group has the responsibility of editing, modifying as well as writing PHRN distance education modules and other publications.
- 1 PHRN Organizational Group: It consists of all PHRN staff members.
- 1 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.
- 1 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 would 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.
- 1 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.

## 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	Convergence
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. *Global Health Watch*, 2011: Dr. Vandana Prasad as part of the Editorial team.
2. Dr. Vandana's paper along with two authors in *Indian Pediatrics* "*Falling Between Two Stools: Operational Inconsistencies between ICDS and NRHM in the Management of Severe Malnutrition*"
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.
4. *A Report of the Village Health and Sanitation Committee*
5. *Report on Rapid Assessment of the District Health Profiles by Community Health Fellows* in the states of Bihar, Jharkhand and Orissa, 2010
6. *A Rapid Assessment of the Communitization Processes of the National Rural Health Mission* in Jharkhand, Orissa and Bihar, 2009
7. *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
8. *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
9. *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
10. *Glimpses from Grassroots: A Compilation of Short Projects submitted under the Distance Learning Program in Chhattisgarh*, 2011
11. *A Study to assess the Mitadin Referral System in Chhattisgarh*, 2011
12. *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
13. *PHRN National Convention Report*, 2011
14. *Universal Access to Healthcare: Threats and Opportunities* in the *Economic and Political Weekly*, Vo. 46, No. 26 & 27, June 2011 (NHSRC-PHRN-JNU)
15. *Tackling Malnutrition for Children Under Six: Evidence from Two Micro Studies*, a Mobile Crèches publication (Dr. Vandana Prasad - co-author), 2009

16. *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)
17. *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).
18. *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)
19. BioMed Central, 2012: *Challenges in Achieving universal Health Coverage (UHC): Empirical findings from RSBY in Chhattisgarh*
20. Medico Friend Circle Bulletin, 2013: *The Emerging Experience of RSBY in Chhattisgarh: What can the Informal Sector Workers Expect?*
21. *Design issues in Rashtriya Swasthya Bima Yojana: Mapping provider perspectives* (in collaboration with JNU). Paper was Submitted for publication in Social Change, CSD
22. PHRN brought out an Indian edition (in November 2012) of *The Plot against the NHS*, Colin Leys and Stewart Player, 2011
23. Coordinated printing of all AAM material

## ORGANISATIONAL PROFILE

### Governing Body

Name	Designation
Dr. K.R. Antony	President
Dr. Madan Mohan Pradhan	Vice President
Dr. Ganapathy Murugan	Executive Director and Secretary
Mr. Dinesh Chandra Bhatt	Treasurer
Dr. Vandana Prasad	Secretary and National Convenor (Resigned in August 2012)
Mr. Biraj Patnaik	Member
Dr. Kamlesh Jain	Member
Dr. Rajib Das Gupta	Member
Ms. Dipa Sinha	Member
Ms. N. Sarojini	Member
Ms. Sulakshana Nandi	Member
Mr. Rafay Eajaz Hussain	Member
Dr. Suranjeen Pallipamula Prasad	Member

### Core Team

S. No.	Name	Designation	Posted at
1	Dr. Vandana Prasad	National Convenor & Technical Advisor	PHRN, Delhi (Resigned in August 2012)
2	Dr. Ganapathy Murugan	Executive Director	PHRN, Delhi
3	Ms. Dipa Sinha	Technical Head	PHRN, Delhi
4	Mr. Dinesh Chandra Bhatt	Head, HR	PHRN, Delhi
5	Ms. Soma Sen	Programme Coordinator	PHRN, Delhi
6	Mr. Ajay Kumar Chawariya	Programme Coordinator	PHRN, Delhi
7	Mr. Sunandan Kumar	Senior Accounts & Administrative Officer	PHRN, Delhi

8	Mr. Prashant Pathak	Programme Coordinator	PHRN, Delhi
9	Ms. Sulakshana Nandi	Senior Programme Coordinator	PHRN, Chhattisgarh
10	Ms. Kanica 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. Niraj Kumar Shrivastava	Accounts and Administrative Officer	PHRN, Jharkhand
16	Mr. Ramakant Singh	Consultant	PHRN, Jharkhand
17	Mr. Arun Kumar	Senior Programme Coordinator	PHRN, Bihar
18	Ms. Priyanka Kumari	Programme Coordinator	PHRN, Bihar
19	Md. Shahnawaz Khan	Accounts and Administrative Officer	PHRN, Bihar
20	Mr. Satya Patnaik	Programme Coordinator	PHRN, Odisha
21	Mr. Jayadeep Achariya	Accounts and Administrative Officer	PHRN, Odisha
22	Mr. Rahul Bansawal	Programme Coordinator	PHRN, Rajasthan
23	Ms. Sharmistha Nanda	Consultant	PHRN, Rajasthan

## OUR 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.	Action Aid
2.	Association for Rural Advancement through Voluntary Action and Local Involvement (ARAVALI), Jaipur
3.	Breast Feeding Promotion Network of India (BPNI)
4.	Centre for Equity Studies (CES), New Delhi
5.	Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia University, New Delhi
6.	Centre for Youth and Social Development (CYSD), Bhubaneswar, Odisha
7.	Centre of Social Medicine and Community Health (CSMCH), Jawaharlal Nehru University, New Delhi
8.	Chaupal, Chhattisgarh
9.	Child in Need Institute (CINI), Jharkhand
10.	Department of Health & Family Welfare, Chhattisgarh
11.	Ekjut
12.	Futures Group, USAID
13.	ICICI Foundation for Inclusive Growth- Centre for Child Health and Nutrition
14.	Idea, Bihar
15.	Indian Institute of Health Management Research (IIHMR), Jaipur
16.	Indira Gandhi National Open University (IGNOU)
17.	Institute of Public Health, Jharkhand
18.	Jharkhand Health Society, Jharkhand
19.	Majdoor Kisan Shakti Sangathan (MKSS), Rajasthan
20.	Narotam Sekhsaria Foundation (NSF), Mumbai
21.	National Health Systems Resource Centre (NHSRC)
22.	National Institute of Health and Family Welfare (NIHFW)
23.	National Rural Health Mission (NRHM)

24.	OXFAM
25.	People's University (PU), Manchester, UK
26.	Plan India
27.	Population Foundation of India (Regional Resource Centre for RCH)
28.	Save the Children
29.	SEARCH, Gadchiroli
30.	Sir Dorabji Tata Trust & Allied Trusts
31.	State Health Resource Centre (SHRC), Chhattisgarh
32.	State Health Society, Bihar
33.	State Institute of Health & Family Welfare, Chhattisgarh
34.	State Institute of Health & Family Welfare, Odisha
35.	URMUL, Bikaner, Rajasthan



# FINANCIAL REPORT

## Public Health Resource Society

E-39, First Floor, Lajpat Nagar - III, New Delhi - 110024

### Statement of Affairs (Consolidated) as on 31.03.2013

(Figure in ₹)

CAPITAL & LIABILITIES		AMOUNT	ASSETS		AMOUNT
<b>Corpus</b>			<b>FIXED ASSETS</b>		
Opening Balance	2,216,041		Gross Block		1,067,920
Add: Surplus (As per Statement Annexed)	1,088,433		Land		816,000
Less: Depreciation during the year (Schedule I)	(15,033)	3,289,441	Building under Construction		
			<b>CURRENT ASSETS</b>		
<b>Assets fund transfer from ICCHN</b>			Loans & Advances		583,354
Opening Balance	649,317		Sundry Debtors (Schedule XX)		3,416,534
Add: Addition during the year		508,954	Fixed Deposit with Scheduled Bank		3,200,000
Less: Depreciation during the year	(140,363)		<b>CASH AND BANK BALANCES</b>		9,901,796
			<b>Interest Accrued but not received</b>		146,401
<b>Assets fund transfer from NSF</b>			Prepaid Expenses		41,126
Opening Balance	30,413		Income tax paid (including TDS)		235,526
Add: Addition during the year	54,280	54,272	TDS Receivable (AY 2013-14)		665,955
Less: Depreciation during the year (Schedule I)	(30,421)				
<b>Assets fund transfer from SDTT</b>					
Opening Balance	546,575	399,626			
Add: Addition during the year					
Less: Depreciation during the year (Schedule I)	(146,949)				
Unutilized Fund 2011-2012		14,239,303			
<b>CURRENT LIABILITIES</b>					
Outstanding Expenses (Schedule XVIII)		920,635			
Sundry Creditors (Schedule XIX)		662,381			
<b>TOTAL Rs</b>		<b>20,074,612</b>	<b>TOTAL Rs</b>		<b>20,074,612</b>

  
 (GANAPATHY M)  
 EXECUTIVE DIRECTOR

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
 CHARTERED ACCOUNTANTS

(FRN: 000497NFCO) NEW DELHI

  
 (SANGEETA NARAYAN)  
 PARTNER  
 M No. 084205  
 Place: New Delhi  
 Date: 16.06.2013

**Public Health Resource Society**  
E-38, First Floor, Lapat Nagar - II, New Delhi - 110024

**Income & Expenditure Account for the financial year 01.01.2012 to 31.03.2012**

EXPENDITURE	Income		Expenditure		Balance B/F
	Other	Project	Total	INCOME	
Income - Social Audit (Schedule III)	-	89,265	89,265	Un-aided Grant from the Government	0,328,738
Expenses - Social Audit Society (APC) (Schedule III)	-	3,73,278	3,73,278	Grant from A.S. (Schedule VIII)	22,747,406
Expenses - NHRC (Family Planning) (Schedule VI)	-	64,933	64,933	Interest income (Schedule XIV)	7,81,659
Expenses on (NGO) (Schedule VI)	274,483	-	274,483	Rescuey from Project	39,272
Expenses - PTC (Main Convention) (Schedule VI)	-	45,024	45,024	Voluntary Contribution	8,414
Expenses on PST (Schedule VIII)	-	12,300	12,300		39,240
Expenses - Municipal Xing Study (Schedule VIII)	-	74,382	74,382		54,700
Expenses - SUT (Schedule XI)	-	7,823,376	7,823,376		
Expenses - Save the Children (Schedule XI)	3,518,351	-	3,518,351		
PHRS - Expenses (Schedule XII)	3,500,358	-	3,500,358		
Expenses - NSF (Schedule XII)	-	2,804,573	2,804,573		
Expenses - Family Guidance (Schedule XIII)	-	554,777	554,777		
Expenses - Welfare Child (Schedule XIV)	-	38,400	38,400		
Expenses - Action Aid (Schedule XV)	-	137,275	137,275		
Depreciation (Schedule II)	5,653	-	5,653		
Wear and Tear	-	89,788	89,788		
Print & Stationery	-	475,687	475,687		
Un-aided Grant at the end	-	12,286,293	12,286,293		
Excess of income over Expenditure	4,288,422	-	4,288,422		
<b>TOTAL</b>	<b>7,957,313</b>	<b>31,073,754</b>	<b>39,031,067</b>	<b>TOTAL</b>	<b>31,073,754</b>
					<b>38,923,067</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWARI & ASSOCIATES  
 CHARTERED ACCOUNTANTS  
 (FRN: 400497N)  
 101, JALMAHAR ROAD,  
 WARD 20A/20B,  
 PUNJAB SQUARE,  
 DELHI - 110029

*(Signature)*  
 EXECUTIVE DIRECTOR

**Public Health Resource Society**  
E-39, First Floor, Lajpat Nagar - II, New Delhi - 110024

Receipts and Payments Account for the period from 01.04.2012 to 31.03.2013

(Figure in ₹)

RECEIPTS	AMOUNT	PAYMENTS	AMOUNT
Opening Balance			
Cash and Bank	9,314,898		
Grant in Aid	22,347,801	Expenses - Social Audit	98,258
Indirect Income	7,840,899	Expenses - State Health Society / ARC	3,731,278
Voluntary Contribution	6,414	Expenses - NHRSC Family Planning	84,950
Current Liabilities		Expenses on IGNOU	274,480
Outstanding Expenses	674,028	Expenses - PTG Mitran Convention	45,375
Sundry Creditor	648,948	Expenses on PST	12,600
Current Assets	0	Expense - Menstrual Hygiene Study	72,322
Loan and Advance (Assets)	184,103	Expenses - SDTT	7,828,376
		Expenses - Save the Children	2,878,381
		PHRS Expense	3,900,216
		Expenses - NSF	2,808,673
		Expenses - Future Group	639,677
		Expenses - Bal Vikas Dhara	38,600
		Expenses - Action Aid	137,275
		Repayment of Grant	891,768
		Prior Period Adjustment	479,681
		Fixed Assets	
		Land and Building (Under Construction)	816,000
		Gross Block	621,192
		Fixed Deposit	3,200,000
		Current Assets	
		Sundry Debtor	3,036,734
		Prepaid Expenses	530,151
		Cash & Bank Balance	9,001,796
<b>Total Rs</b>	<b>41,695,189</b>	<b>Total Rs</b>	<b>41,695,189</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERED ACCOUNTANTS  
(FRN : 000497/N)

(SANJEEVA NARAYAN)  
PARTNER  
M.No. 084205  
Place : New Delhi  
Date : 16.09.2013

(ANAPATHY M)  
EXECUTIVE DIRECTOR

## PHRS CONTACT DETAILS

### National Office

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

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Patna, Bihar- 800013  
Phone: 0612-2260108  
E-mail: [bihar@phrnindia.org](mailto:bihar@phrnindia.org)

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1st Floor, House of Mrs.Sunita Malviya,  
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Chhattisgarh State office  
Quarter No. 28, New Panchsheel Nagar,  
Near Katora Talab, Civil Line, Raipur  
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Odisha State office  
Plot No. 253/586, Palika Nagar (west)  
P.O. Baramunda, Bhubneshwar  
Odisha- 751003  
Phone: 0674-6531770  
E-mail: [orissa@phrnindia.org](mailto:orissa@phrnindia.org)

Rajasthan State Office  
Plot No. 357 Ground Floor,  
Opposite IHITC, Gayatri Nagar 1st,  
Maharani Farm, Durgapura,  
Jaipur-302018, Rajasthan  
Phone: 09999043048  
E-mail: [rajasthan@phrnindia.org](mailto:rajasthan@phrnindia.org)