



# ANNUAL REPORT

## 2019-2020



PUBLIC HEALTH RESOURCE SOCIETY



# Message from THE NATIONAL CONVENOR



It is an important time in history when the Public Health Resource Society (PHRS), the host organisation of the Public Health Resource Network (PHRN), is presenting its annual report for the financial year 2019-20. With the pandemic at its peak, the PHRS and PHRN, in different ways, is trying to address the situation and to address the challenge in the most needy areas. While not covering those activities, this report takes us to the gateways of the COVID-19 pandemic.

2019-20 has been an important year for both PHRS and PHRN:

- Its initiatives for the nutrition of the under three children got major recognition and a large-scale programme to deal with it has been operational in the state of Odisha.
- Linking up health and nutrition with livelihoods was one other initiative it has been driving in Jharkhand.
- In Chhattisgarh, it carried forward a series of activities keeping rights to health and health care at the core of its activities. Health of the tribal groups living in conflict areas has been another important initiative.
- It took up few important pieces of work on some of the important aspects of the health systems strengthening.
- It could contribute some important pieces of evidence to the larger body of knowledge as well.
- At the organisational level, both PHRN and PHRS went through leadership transitions. While I took over from the able hands of Vandana Prasad as the National Convenor of the Network, Rupa Prasad took over as the new Executive Director of the Society. At the state level, Haldhar Mahto took over as the State Convenor in Jharkhand. It has a great team across states too.

Having been one of the founders of the PHRN and PHRS, it was not a new premise for me, when I took over some months back. But I am closely witnessing the growth that the organisation and the network has recorded over the last one dozen of years that this collective and its past leadership has built up, and the associated challenges. We will continue to build on the strengths and gains and to expand them, as well as to critically examine, address, and minimise the weaker areas and challenges, to achieve the vision and mission for which the network and society was formed. I am sure all the fellow travellers and well-wishers will be extending their support hands to us in this journey. Glad to present this report of activities to all of you.

My sincere thanks to Rupa Prasad, Executive Director, PHRS and the entire team members at the state and national level, for contributing towards building up of this report. I am sure this will help all of us to revisit our past and to build a better future.

We look forward to having your valuable comments, suggestions, and criticisms, to strengthen the society, the network, and their initiatives.

Thanks, and Best Regards,

**V R Raman**  
National Convenor, Public Health Resource Network

# Message from THE EXECUTIVE DIRECTOR



Dear Friends,

It is an honour for me to take up this challenging role and support the overall growth and development of the organisation. I express my heartfelt gratitude to the governing board members, senior colleagues, and mentors for having trust in me. It gives immense pleasure to present before you the PHRS annual report 2019-2020. The report brings out the critical highlights of our implementation projects, research assignments and advocacy initiative taken by the society and the network.

Apart from the programme and projects undertaken by the organisation in the reporting period, it has also been a very intense year for the organisation in terms of organisational development. Under the guidance of the governing board members, former Executive Director and Secretary – Dr. Vandana Prasad and Mr Thomas Mathew – Finance Advisor, along with the accounts team initiated a critical process of review and reorganisation of the financial, accounting and administration systems of the organisation.

One of the key challenges that have always confronted us is to keep the balance between the fact that we are a value-driven small organisation without enormous financial resources or stability. We keep on striving for funds and donations to keep up the work that we are committed to do. I would thank all the team members for great deal of hard work they put in for scouting the opportunities and working towards it. I am thankful to all my team members, network partners and friends for supporting PHRN grow on the shared value systems.

I invite you to review our actions and accomplishments for the financial year 2019-2020. We look forward for your valuable inputs and suggestion to help the network and society grow stronger.

With warm regards,

**Rupa Prasad**  
Executive Director, Public Health Resource Society





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# 1. BACKGROUND

## PUBLIC HEALTH RESOURCE NETWORK

PHRN is a growing network of individuals and organisations with the perspective of strengthening technical and management capacities to act towards the common goal of 'Health for All'. The foremost objective of PHRN is to contribute and strengthen all efforts directed towards the goal of 'Health for All', through promotion of public health, social justice and human rights associated to the provision and distribution of health services, especially for those who are left underserved. PHRN is currently working directly in the states of Chhattisgarh, Jharkhand and Odisha and has contributed to the on-going work of strengthening public health systems in other states through its partnerships with other institutions and civil society organisations.

## PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society (PHRS) is a national level organisation that is registered under Societies Registration Act, 1860 (Act XXI) in Delhi. It comprises a small group of members and full-time employees.

### Principles of Public Health Resource Society

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

## 1.1 HISTORY

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

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

- Distance Learning Programme (DLP)
- Fast track Capacity Building of Public Health Professionals
- Post-Graduate Diploma in District Health Management (PGDDHM)
- Community Health Fellowship (CHF)

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

## 1.2 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 perspectives as much as questioning the existing ones. We seek to deeply engage with public health practitioners on the frontline of action and the community. We seek to facilitate and enable them with core knowledge and competencies that will translate into game-changing practices.

## 1.3 MISSION

Building Capacities for Public Health Action



## 1.4 AIMS AND OBJECTIVES

- To contribute and strengthen the efforts directed towards attaining health for all, including universal access to basic goods, facilities and services related to health and health care; improved working and living conditions for all and all health care services that are necessary for the attainment of the highest levels of physical, mental and social health for all without any discrimination.
- To provide resource support and technical assistance to all practitioners of public health or those who work for the cause of health for all.
- To network and build solidarity and promote exchange of views and experiences amongst practitioners of public health and all those who work for the cause of health for all.
- To assist any governmental or non-governmental agency or social movement in planning for health from the panchayat, block, district and state levels to the national level.
- To build effective inter-linkages between health and development planning at all levels.
- To undertake research and other assignments in any aspect of health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
- To undertake and implement projects or programmes in health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
- To promote networking and participate in advocacy for better policies and programmes in order to promote the goals and objectives of the society.
- To provide public health practitioners and students higher education opportunities to increase their capacities and enhance their career growth through various strategies including distance learning programmes.
- To reach out to those dedicated individuals and organisations for whom health equity is a major concern and share with them essential information and opportunities to contribute towards this goal.
- To support the process of empowering civil society and its organisations for improved and increased public participation in public health planning and management.
- To act as a national interface to promote best practices, learning and work of various agencies and bodies in health and development as decided by the governing body.
- To participate in and to foster co-operation with national and international institutions and associations with a similar purpose and to represent nationally and internationally the scientific work of the society in the field of public health.
- To create and foster subsidiary organisations and institutions dedicated to promoting health.

## 1.5 CORE STRATEGIES

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

## 1.6 REGISTRATION DETAILS

Legal Status	: Registered Society
Registration No.	: S-62225/2008 Dt. 16.05.2008
Income Tax Registration No. (Under Section 12A)	: DIT (E)/12A/2009-10/P-1351/1576 Dt. 25.03.2010
Income Tax Exemption (Under Section 10 (23C))	: DGIT (E)/10(23C) (iv)/2010-11 Dt. 06.09.2010 valid from AY 2009-10 onwards
(Under Section 80G)	: DIT(E)/2014-2015/DEL-PE25259-25062014/5025 Dt. 25.06.2014 valid from AY 2014-15 onwards
FCRA Registration No.	: 231661433 Dt. 26.06.2013
Permanent Account No. (PAN)	: AAAAP8517G
GST Registration No.	: 07AAAAP8517G1ZJ
Registered Office Address	: C-14, Ground Floor, Hauz Khas, New Delhi – 110016
Statutory Auditor	: Kumar Samantaray & Associates A-201-202, RG City Centre, Plot No-04 DDA Community Centre, Motiakhani Desh Bandhu Gupta Road Paharganj, New Delhi-110055





## 2. ACTIVITIES AND PROGRAMMES

### 2.1 MAINSTREAMING CRÈCHES TO REDUCE MALNUTRITION IN ODISHA

PHRS is implementing a community-based nutrition programme and is aimed at developing a model supported by the Government of Odisha (GoO) that may eventually be scaled-up by the state government. The programme is being implemented in thirteen blocks of five districts – Rayagada, Kalahandi, Malkangiri, Nabarangpur and Koraput – of southern Odisha through standalone crèches in Particularly Vulnerable Tribal Group (PVTG), and remote ten non-PVTG areas, as well as some crèches, which are co-located in the Anganwadi centres (AWCs). The objective of the programme is to establish and run 150 community-based crèches across five most vulnerable districts of Odisha that will eventually be scaled-up by the GoO. Another objective is to achieve continuity of care between the Integrated Child Development Scheme (ICDS), Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Nutrition Rehabilitation Centres (NRCs), and to

develop a model supported by GoO and Azim Premji Philanthropic Initiatives (APPI).

#### Major activities conducted under the programme during this period

- **Pusti Varta - Transforming Nutrition Outcomes in Odisha – State consultation, Bhubaneswar:** PHRN and APPI jointly supported the Department of Women and Child Development and Mission Shakti (DWCD & MS), GoO in organising a state level consultation on “*Transforming Nutrition Outcomes in Odisha*” on 5th September, 2019. The convention was inaugurated by Smt. Tukuni Sahu, Honourable Minister of DWCD & MS, and was convened by Anu Garg, IAS, Principal Secretary DWCD & MS. It was attended by more than 200 participants including national and state level experts,





senior policy makers, representatives from state Governments, District Collectors, District Social Welfare Officers (DSWO) and Child Development Project Officers (CDPO) from all 30 districts, representatives from United Nations International Children's Education Fund (UNICEF), United Nations Population Fund (UNFPA), and other funding agencies. Six parallel sessions on different aspects of nutrition were held. A photo exhibition on the crèche programme was also put up, along with the display of a small crèche model during the convention. Dr. Vandana Prasad along with the Odisha team (Crèche Resource Centre-CRC and Project Management Unit-PMU) attended the convention.

- **Visit of Union Secretary, MWCD, GoI, Sh. Rabindra Panwar:** On 16th Jan, 2020, the Union Secretary visited the Home Economic Training Centre (HETC), Bhubaneswar, where the Crèche Resource Centre is to be housed. HETC currently houses the government-run training centre for Anganwadi Workers (AWW) and other ICDS personnel. A model crèche representing the Odisha crèche model was on display there. Mr. Panwar was accompanied by Ms. Anu Garg, Principal Secretary, DWCD & MS, GoO, Director and JS, DWCD & MS, GoO and other dignitaries. He showed great interest in our demo crèche stall and was quite convinced to take this initiative further. CRC team members along with PMU-Rayagada block coordinators and two crèche workers from Rayagada were present to facilitate the Secretary's visit.
- **A great achievement for PHRS has been the launch of SOPAN (Strategy for Odisha's**

**Pathway to Accelerate Nutrition)** by the Department of Women & Child Development (DWCD) and Mission Shakti, GoO on 8th March 2020 by the Honourable Chief Minister, Shri. Naveen Patnaik. Community-based crèches for children under three years of age, is one of the key components of the nutrition strategy stated as integral to transforming nutritional outcomes in the state. This has been the result of PHRS's long standing advocacy efforts towards universalising childcare services through community-based crèches. The DWCD & MS, GoO will be implementing the strategy in 125 (priority) blocks of 22 districts. The launch was attended by Dr. Vandana Prasad and Ms. Rupa Prasad from PHRS.

- Following a joint review by JS DWCD, APPI team and PHRS, the crèche manual-protocols and guidelines, have been submitted to the department for finalisation and vetting (June 2019). Discussions on setting up of the CRC at the HETC have also been ongoing.
- The launch of the Odisha crèche programme named 'Kalika' is to include all the Odisha Mineral Bearing Areas Development Corporation (OMBADC) crèches, is under process.
- **Global Symposium on Citizenship, Governance and Social Accountability:** A global symposium was organised by Community of Practitioners on Accountability and Social Action in Health (COPASAH) in Delhi from 15-18 October, 2019. As the Mainstreaming Crèches to Reduce Malnutrition in Odisha programme is mainly a community-based programme, a poster of the same was displayed at the global symposium.



- **During this period, a short film on the crèche programme in Odisha, has been developed:** Both, English and *Odia* versions, are available. The film was shown at the state convention in September, 2019.
- **Process evaluation:** Oxford Policy Management (OPM) is evaluating the crèche programme in Odisha. In this regard, the OPM team shared the findings of the light-touch report and in-depth report prepared by them based on their field survey. This presentation was conducted on 28 August 2019 at the PHRN Delhi office. It was attended by Vandana Prasad, Priyanka Chatterjee and Aditi Hegde from PHRN, and Ankur Agarwal from APPI via video conference.
- At the field level, we are happy to share that we received a request from DSWO, Koraput, for opening five new crèches with financial support from Hindustan Aeronautics Limited (HAL). The PHRS team attended a meeting on 16 July, 2019 and 9 August, 2020 at Koraput DSWO office, with representatives from HAL, DSWO Koraput, Nutrition Operation Plan (NOP) manager, Aspirational District Fellow and PHRS team members. PHRS is to provide technical support for setting up the crèches.
- Also, the DM, Malkangiri appreciated how crèches are working in the PVTG areas. Taking this forward, he asked us to submit a proposal for setting up AWC-cum-Crèches in the Mudulipada area in December, 2019. The same has been submitted to him along with a proposed budget. His approval is awaited.
- During the course of the programme, we have observed that some crèche workers were able to take anthropometric measurements on their own. Thus, efforts were made to build the capacities of such crèche workers and in fact create a pool across five districts. These crèche workers are able to conduct the complete process of anthropometry i.e. taking measurements to documenting them properly as per the standard processes. We are happy to share that the trained 108 crèche workers are able to take anthropometric measurements on their own while 145 conduct crèche committee meetings independently.
- **Launch of Poshan Samvaad - Participatory Learning and Action on IYCF in crèche villages:** PHRS has incorporated an abbreviated course of Participatory Learning Action (PLA) in the on-going programme. Before starting the PLA process, community members were engaged in a discussion on their interest and motivation to participate in the same. Master trainings were conducted as mentioned below, and training of crèche workers on the first phase themes was also completed by March 2020. Only one module could be transacted at the village level due to COVID-19 restrictions.
- **Linking Livelihoods Actions to Nutritional Outcomes (LLANO)** – An action research study initiated by PHRS, with technical support from Harsha Trust has now reached the implementation stage. The baseline survey interviews for all the sample households (116) have been completed. The data entry process has also been completed.

## Trainings

- **Anthropometry training** was conducted from 23-25 May, 2019 in Rayagada. Members from the national team, CRC and district teams were a part of this training. The objective of this training was to strengthen the anthropometry measurement protocols with the field team.
- **Livelihood and nutrition workshop:** A two-day livelihood and nutrition workshop was organised by PHRN at IMAGE office Bhubaneswar on 11 and 12 July, 2019. The aim of this workshop was two fold – to understand the different models of livelihood programmes and activities being implemented by Harsha Trust and to help Harsha Trust understand the concept of nutrition and nutrition-sensitive activities implemented by PHRN.



- **Baseline tools training for LLANO study:** To discuss the baseline tools of LLANO study, a training was conducted on 17-18 July, 2019. It was attended by Dr. Indranil, Principal Investigator, Rayagada PMU, CRC and District Programme Management Unit (DPMU) team members. The baseline questionnaire consisted of 16 modules and each module was discussed with the team members for arriving at a better understanding.
- **Dietary Diversity workshop** The dietary diversity workshop was organised on 23-24 July, 2019 in Delhi. The participants included an external resource Dr. Richa Malik (a Public Health consultant from Delhi University), team members from the National Office Delhi, CRC, PMU, Rayagada, and DPMU. In total, 30 participants attended the workshop. The two-day workshop was led by Dr. Richa Malik and Ms. Saman Zaman.
- **Early Childhood Care Development (ECCD) workshop:** An ECCD workshop was held at Bhubaneswar on 11-12 June, 2019 in which team members from CRC, PMU Rayagada and participants from each district were present. The objective of the workshop was to develop a proforma for rolling out ECCD activities in the field, age-specific ECCD activities and ECCD activity calendar for three months.
- **PLA master training:** A three-day PLA training was organised at IMAGE, Bhubaneswar, Odisha on 3-5 January, 2020. It was attended by DPMU team members, PMU and the National team. This training was facilitated by Ms. Pramita Satapathy and Dr. Aditi Hegde.

## Visits

- **Visit of Principal Secretary, Agriculture and Farmers' Empowerment to Padampur Crèche, Koraput:** Shri Saurav Garg, Principal

Secretary (PS) visited the Padampur crèche of Koraput block in Koraput district on 20 December, 2019.

- **Visit from the Department of Women and Child Development to Kodapadu Crèche:** Ms. Nandita Nayak from WCD, Bhubaneswar and Mr. Akshay from UNICEF visited the Kodapadu crèche in Rayagada block. DSWO, NOP Manager, BDO, ABDO, CDPO and representatives from the panchayat were also present during the visit.
- **Engagement with University of East Anglia (UEA) and Kalinga Institute of Social Sciences (KISS)-video documentation at Padampur crèche, Koraput:** The team from UEA and KISS visited the Padampur crèche, Koraput on 5 March 2020 for video documentation of crèche activities. Audio and video bytes about the crèche opening and its entire operational process were recorded. The objective was to cover the crèche as aiding women's work participation and employment opportunities.

## Mainstreaming

- A meeting was held with CSR head of JK papers on 6 February, 2020 at Jaykaypur, Rayagada. It was attended by Ms. Pramita, Mr. Sanjeeb, Mr. Rajendra from PHRS and Mr. Prafulla Kumar Dhala, General Manager (GM), CSR unit, JK Papers. PHRS presented the crèche programme's objectives, as well as its outcomes and benefits to the community.
- The PHRS team met with the ITDA, Rayagada Project Manager on 7 November 2019. During the meeting, efforts were made to explore the budgetary provisions for running crèches under the ITDA guidelines. However, this did not seem feasible. ITDA has instead suggested they may support kitchen gardens in the existing or new crèches.

## 2.2 PARTNERSHIP FOR RURAL INTEGRATED DEVELOPMENT AND EMPOWERMENT (PRIDE) IN JHARKHAND

The PRIDE project is a partnership between Transform Rural India Foundation (TRIF), and PRADAN. It is aimed at developing process protocols to trigger transformation of villages in endemic poverty by adopting scientific practices around health, nutrition, and hygiene along with facilitating access to quality public health services.

For realising these goals, the project followed a two-pronged approach. Firstly, by developing the perspectives, skills, and knowledge of women in organised collectives to enable them to take responsibility for all members of their Self-Help Groups (SHGs). This was done by selecting women volunteers and training them on the project themes: Reproductive and Child Health (RCH), nutrition sufficiency, security and communicable/endemic diseases etc. These volunteers – called Change Vectors (CVs) – were selected based on their commitment to drive change in their respective geographies and SHGs. Secondly, the project engaged with the public system to build the capabilities of frontline staff and work at the state level to ensure a smooth flow of funds around basic services.

PHRS served as the technical hub and lead of the project. As part of its role as the hub, PHRS has been leading the process of developing process protocols and process modules for the project.

A cascade training strategy has been designed for training SHG members, along with other tools such as a Community Needs Assessment to understand the ground situation before rolling out the project.

Initially, PHRS implemented the project in select areas where PRADAN's SHGs were active, namely in Torpa, Gola, Raidih, Sikaripara and Poreyahat (Jharkhand), at Narharpur in Kanker (Chhattisgarh), and Jashipur in Mayurbhanj (Odisha).

Currently, the PRIDE intervention covers five blocks-Torpa, Raidih, Gola, Sikaripara and Poreyahat. During the intervention based on the mid-term assessment, it was agreed to focus on antenatal care, immunisation, and complementary feeding through Village Health Nutrition Day (VHND) observation. Our earlier plan was to mentor Village Organisation (VO) sub-committee for anchoring the change process with the objective of VHND strengthening, but due to the COVID-19 pandemic, the team moved towards targeted intervention to improve our coverage in spite of the limitations.

### Our focus has been on:

- Capacity building of 318 CVs from four blocks on Perspective Building (PB) III module for disseminating the module at the village level.



*Dissemination of PB module in Gola Block*



*Capacity building of VO subcommittee at Gola Block*



- Knowledge sharing at village level through CVs till the COVID-19 pandemic is prevalent.
- Intervention through establishing Kitchen Gardens in the villages.
- PRIDE project has come to an end in Jashipur block in the month of December, 2019. During the project cycle, the project witnessed active participation of 448 SHG women, 125 CVs and 42 Village Level Cluster (VLCs) representatives.
- There has been capacity building of VO subcommittee members regarding health and nutrition. This activity was conducted for 263 members in five blocks (Gola, Torpa, Poreyahat, Sikaripara and Raidih).
- IKEA (corporate team) undertook field immersion visit for learning about IKEA Foundation's work from 7-9 January 2020 in Torpa Block. Delegates from China, the Netherlands and Portugal came visiting as part of their I-Witness Program. In this visit, 13 delegates from IKEA had come to meet the community members in remote villages of the block. This exposure visit had been organised through IKEA Foundation to enable their staff from different parts of the world to understand the changes that their development programmes (in partnership with PRADAN) are triggering, and to see real

transformation in the lives of a large number of families in the area of livelihood, health & nutrition.



*Participation of IKEA team in hamlet level health meeting*

PHRN's block team including Block Programme Officers (BPOs) and mentors extended their support in preparation and facilitation along with PRADAN team with regard to health and nutrition-related interventions in Lohajimi village. During this visit, IKEA team also visited AWC in Lohajimi village where they interacted with children in AWC and learned about plotting growth chart and its importance in identifying malnourished children in the village. In addition, in the village they participated in roll out of MM-2 carried out by CV named Magdali Mundu and interacted with mentor Paulina Herenz about this intervention. They also learnt about food diversity available at the local level that could enable good nutrition for people.



*Team of IKEA and Torpa team*



- The Health Sector Council has completed process documentation to show how exactly the PRIDE programme has achieved its objectives.
- Dipstick survey has been conducted among 282 lactating mothers as participants across four blocks of Jharkhand (Gola, Torpa, Poreyahat, and Raidih) to understand the impact of dissemination, opportunities, and behavioral changes among the community regarding the adoption of family planning methods.
- *Swasthya Melas* (fairs) have been organised across eight panchayats during the months of September, October, and November 2019, where the importance of tri-colour food consumption (namely white, yellow and green foods), using iron utensils for cooking



*COVID-19 module dissemination at VO forum*

(*lohe ki kadahi*), benefits of complementary feeding along with adolescent health and well-being were taken up as themes for demonstration to the community.

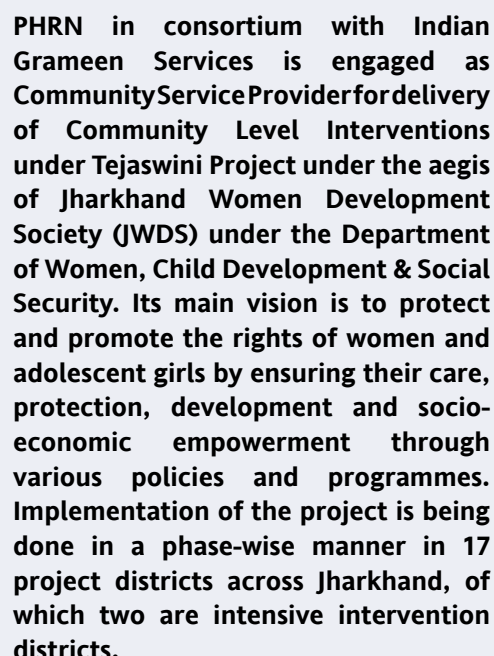
- Mid-term assessment for PRIDE was conducted and findings were shared with respective teams for stock taking.
- Orientation of BPOs, mentors and change animators was conducted with regard to the COVID-19 module in the month of June 2020. The COVID-19 related orientation included themes such as on behavioral change, prevention, nutrition, advocacy, and sensitisation during the pandemic. It was conceptualised by TRIF with the support from CHETNA. This initiative of virtual training was organised by PHRS with the support of TRIF for five PRADAN blocks.
- In July 2020, orientation programmes for BPOs and mentors on counseling through home visit with pregnant and lactating mother focusing on three indicators ANC, immunisation and complementary feeding have been conducted.
- VHND observation by VO subcommittee members with the support of mentors was organised along with disseminating these observations in different village forums like VOs and Cluster Level Federations.

## 2.3 TEJASWINI

In response to this critical developmental challenge of empowering women and addressing a major bottleneck to Jharkhand's overall prospects, the Government of Jharkhand with the financial and technical assistance of the World Bank is implementing a five-year project called Tejaswini: Socio-economic Empowerment of Adolescent Girls & Young Women (AGYW). The Jharkhand Women Development Society (JWDS), is implementing the Tejaswini project in the State with an objective of improving completion of market-driven skill training and secondary education for AGYW in the selected districts of Jharkhand in the age group

14-24 years in 17 selected districts of Jharkhand. The project was initiated in August 2019.

Tejaswini project emphasises two basic levels of intervention. The first is at the community-level through community-based platforms (clubs and cluster centers) and secondly, at the institution-level, where partner institutions deliver vocational skill training, business skill training and non-formal education to a subset of AGYW through performance-based contracts. This creates an enabling environment and ensures AGYW's participation by addressing the critical constraints faced by them.



**Tejaswini Clubs** are organised around two AWCs and they are supported by community cadres called Youth Facilitators. The Youth Facilitators

**Tejaswini Poshan Bari:** The AGYW have been motivated around the issues of health and nutrition and this is one of the most important life skill issues discussed with the Tejaswini Club members. TCs regularly discuss the importance of locally available fruits and vegetables especially “saag”. Many of the club members have discussed the issue in their respective families and have planted papaya and green vegetables in their “bari”.



## GLIMPSE OF THE TEJASWANI PROJECT

Tejaswini Trainings



Tejaswini Club sports



Tejaswini Tution



Tejaswini Club



Tejaswini Pustakalay



Tejaswini Bari



Tejaswini Sanitary Pad Bank





The following table (Table 1.1) shows some progress indicators since the time the project became operational last year:

S.No.	Progress Indicators	Zonal Cluster-I			Zonal Cluster-V			Total
		Palamu	Chatra	Koderma	Deoghar	Godda	Pakur	
1	Number of panchayats	289	154	106	194	201	128	1072
2	Number of villages	1958	1472	708	2354	1670	1144	9306
3	Number of blocks	20	12	6	10	9	6	63
4	Number of cluster personnel	165	79	50	98	115	70	577
5	Number of youth facilitators	676	305	211	410	449	294	2345
6	Number of household listed	274352	144501	82333	181375	218960	152890	1054411
7	Number of Tejaswini Clubs constituted	1361	594	404	834	956	625	4774
8	Number of AGYW registered in clubs as member	140782	69799	47799	88899	76164	44826	468269
9	Number of Tejaswini Clubs with bank account	1362	594	404	834	956	625	4775
10	Number of AGYWs trained on resilience and soft skills training	8001	4533	-	2440	8942	-	96114

## 2.4 REDUCING INEQUALITY IN HEALTHCARE IN CHHATTISGARH

Public Health Resource Network is implementing the project on “Reducing Inequality in Health Care in Chhattisgarh”, funded by Oxfam India. The aim of the project is to strengthen public health services and improve equity in health. The following activities were undertaken during 2019-20.

### Capacity building with regard to the Right to Health and other public health issues

PHRN conducted capacity-building programmes for Community Based Organisations (CBOs) and Civil Society Organisations (CSOs) in Bilaspur, Kawardha, Bastar and Surguja regions of Chhattisgarh. PHRN has conducted four regional meetings in 2019 for Surguja, Bilaspur, Kawardha and Bastar regions. There was a participation of nearly 150 members from research organisations, legal-aid organisations, trade unions, patients’ rights groups, organisations of transgender persons, activists from *Safai Karmachari Andolan*, youth groups and from other community based organisations. Issues related to health, food security, and nutrition were discussed, and information about the existing laws and policies on health and nutrition were disseminated.

The training covered essential topics such as nutrition and local food availability, especially in terms of changing landscapes and accessibility



*One of the participants from Kanker making a presentation about health issues pertaining to their region at a Bastar workshop*



*Participants at Training in Surguja district*

in tribal areas, various food schemes that have been implemented in the state and importance of adolescent health, the availability of various health services, issues of PMJAY and the universal healthcare scheme of the state, out of pocket expenditure in private hospitals, and patient's rights.

### State-level consultation on regulation of private health care sector and health insurance

A state-level consultation was held in Raipur on 3-4 January, 2020. Participants from various districts like Surguja, Korba, Bilaspur, Kanker, Kawardha, Janjgir and Champa participated in this consultation, who work on various issues related to adivasi communities, women, particularly vulnerable tribal groups, farmers' issues, forest rights, etc. The discussion was focused on understanding the new or revised schemes of the government, such as the universal healthcare scheme named "*Khoobchand Baghel Swasthya Sahayta Yojana*" and "*Mukhya Vishesh Swasthya Sahayta Yojana*". Certain positive initiatives by state government in improving the public health systems such as extended new OPD timings in the public health system were also discussed. Legal aid organisations

shared about the cases filed on health rights in the Bilaspur High Court and the implications of the judgments. Participants also shared their experiences of accessing healthcare in the private and public sectors.

### Research activities

Research was undertaken to throw light upon the ground realities of existing health inequalities. a). Case studies were developed regarding patient's rights violation as per the Clinical Establishment Act and instances where the patient had suffered catastrophic health expenses due to hospitalisation. The data collection for research study was done in phases with interns from institutions like Azim Premji University, Bangalore, and Tata Institute of Social Sciences (Mumbai & Guwahati campus) along with our regional coordinator from Bastar region. Special focus was given to areas having marginalised and vulnerable populations. b) A survey was carried out in 15 districts to assess the status of medicine availability across Sub-Health Centres (SHCs) and/or Health and Wellness Centres (HWCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs). The regional coordinator along with external surveyors were involved in the data collection process.



Participants engaging with a legal advisor in a Q&A session



## 2.5 FACILITATING ACTION AGAINST MALNUTRITION (DARBHA, BASTAR)

The programme coordinator initiated discussion among women to start cooking in iron utensils after the federation training in June 2019. Federation members then spoke in their own villages and SHGs came together to buy iron utensils by raising a small fund. Mentors and

CVs also helped in facilitating the entire process. Seventy two women from Alwa village and 36 women from Fulpadar bought iron utensils and took an oath: “*aami sapay didi, roj loha kadhai ne randhun khawan*” (We promise to cook food in iron utensils every day).



Women at Alwa village in Bastar with their newly purchased iron utensils

### Media coverage for FAAM project

## फूलपदर गांव की 36 महिलाओं को वितरित की गई लोहे की कढ़ाई बस्तर में कुपोषण को जड़ से दूर करने नई पहल, लोहे की कढ़ाई से दूर करेंगे एनीमिया

पत्रिका न्यूज नेटवर्क

patrika.com

जगदलपुर, फूलपदर गांव की 36 महिलाओं ने लोहे की कढ़ाई लेकर यह सपना सांझा किया कि वो अबसे सच्ची लोहे की कढ़ाई में ही खाना पकाएंगी। अब दूसरी महिला समूह भी इस पहल से जुड़ गए हैं। दरअसल बस्तर में कुपोषण दूर करने की पब्लिक हेल्थ रिसर्च नेटवर्क, प्रधान संस्था ने अभिनव पहल करते हुए लोहे की कढ़ाई महिलाओं को वितरित किया है। जबकि इस कढ़ाई में बने आहार से कुपोषण व एनीमिया रोग को दूर किया जा सके। पिछले तीन वर्षों से पब्लिक हेल्थ रिसर्च नेटवर्क, प्रधान संस्था स्वास्थ्य व पोषण के ऊपर बस्तर संभाग में कुल 14 गांव में काम किया जा रहा है। विशेष तौर पर कुपोषण दूर करने महिला समूह को चुना गया है।

समूह से जुड़ी हुई हो और वह स्वच्छ से इन विषयों पर लोगों को जागरूक कर रही हैं। उसी समय और पोषण के विभिन्न मुद्दों पर पब्लिक हेल्थ रिसर्च नेटवर्क की ओर



फूलपदर गांव की 36 महिलाओं ने लोहे की कढ़ाई लेकर यह सपना सांझा किया कि वो अबसे सच्ची लोहे की कढ़ाई में ही खाना पकाएंगी।

से प्रशिक्षण दिया गया है। गांव में इन्हें बदलाव दीदी या सीबी दीदी योजना के तहत से जाना जाता है। बदलाव दीदी अलग-अलग घास में समूह के दूसरी महिलाओं के साथ मिलकर हर सप्ताह स्वास्थ्य और

पोषण संबंधित विषयों पर चर्चा करती हैं। यह पहल 184 महिला समूहों में शुरू की गई थी। अब 158 समूहों में निश्चित रूप से स्वास्थ्य और पोषण संबंधित विषयों पर चर्चा हो रही है। इस पहल में

करीबन 72 सीबी दीदी और 4 सेंटर जुड़े हुए हैं।

बस्तर में कुपोषण को रोकने का काम जारी है। एनएचएस के तहत 60 पोसरी बच्चे एवं 68 फोसदी महिलाएं एनीमिक हैं।

एनीमिया से लड़ने के लिए स्वास्थ्य और पोषण बेंचमार्क में महिलाओं ने कई बातें चर्चा की। जहां उन्हें संतुलित गुणवत्तापूर्ण आहार सेवन के लिए प्रोत्साहित किया है। महिलाओं को तिरंगा भोजन विटामिन सी के स्रोतों का सेवन और अन्य कई उपाय बताये गए हैं। इसमें से लोहे की कढ़ाई में खाना बनाने की सलाह भी दी गई है। सीबी दीदी और सेंटर में साथ में इस बात को महिला समूहों के समक्ष रखा और कई महिलाओं ने खुद से पैसा इकट्ठा करके, लोहे की कढ़ाई खरीदने का निर्णय लिया।

समूह से जुड़ी महिला सुलझाव बताती हैं। हमारे बच्चे-बुढ़े कहेंगे कि सच्ची बनने के बाद लोहे का चम्मच उसमें रख दो पर उसमें क्या लपक होता है। हमें पता ही नहीं था। हमें स्वास्थ्य बेंचमार्क में सीबी दीदी ने बताया कि लोहे की कढ़ाई में भाजी या सब्जी बनाने से अप्सर की कुछ मात्रा भोजन में मिल जाती है।

## 2.6 WORKSHOPS/MEETINGS/CONFERENCES

- Sulakshana Nandi was invited to speak at the 127th WHO Global Health Histories Seminar organised by FMES in collaboration with Centre for Global Health Histories, University of York, United Kingdom; the Centre for Law and Society, School of Law, Rights and Constitutional Governance & the Centre for Public Health, School of Health Systems Studies, Tata Institute of Social Sciences, Mumbai; and Centre for Policy Studies, IIT Bombay. The seminar, titled “Towards Universal Health Care: History of ‘Health for All’ Struggles in India” was held at TISS on 18th June, 2019. She made a presentation on “*Equity, access and utilisation under state-funded universal health insurance schemes: Implications for tribal communities*”.
- Neelanjana Das from PHRN Chhattisgarh was selected for the Short Duration Intensive Training Programme in Social Science and Public Health Research Ethics organised by Forum for Medical Ethics Society, Health Ethics and Law (HEAL) Institute of Training, Research and Advocacy and *Nabakrushna Choudhury Centre* for Development Studies in Bhubaneswar from 26-30 June, 2019.
- The five-day training course on “Social Science and Public Health Research Ethics” in Bhubaneswar was an enriching experience for the participant where a plethora of topics like informed consent, conflict of interest, ethics of collaborative research, ‘dual loyalties and social purpose of medicines’, types of misconduct etc. was discussed.
- Neelanjana attended the public meeting on District Mineral Fund in Chhattisgarh on 12 September, 2019 that was organised by the Centre for Science and Environment to reflect upon how DMF can be used for fostering the health and nutrition of affected communities.
- Neelanjana presented a paper on “*A glimpse into Health and Wellness Centres in Chhattisgarh: Can it be the way forward?*” at Health Systems Global Asia Workshop, Delhi on 15 October, 2019.
- PHRN members took part in the Right To Food (RTF) Regional Meet on 28-29 May, 2019, and in the 7th National convention from 20-22 September, 2019 in Raipur. Sulakshana Nandi was one of the sub-plenary speakers in RTF regional meet on “Nutrition and Health”. Neelanjana from PHRN Chhattisgarh also shared her findings on the status of Nutrition Rehabilitation Centres in the state.



Participants at Public Health Research Ethics Workshop in Bhubaneswar



- Sulakshana Nandi made a presentation on “Publicly funded health insurance (PFHI) schemes: A cautionary tale from India”, at the COPASAH Satellite session titled ‘Healthcare through Insurance and “Strategic Purchasing”: Need for Re-orienting the Discourse towards Public Provisioning’ organised by People’s Health Movement on 15 October 2019.
- Under the PRIDE initiative, Neelanjana from PHRN participated as a resource person for second perspective building training (PB2 training) organised by PRADAN on 1-2 November, 2019, for training around 30 CVs in Narharpur Block, Kanker. The training included various topics like adolescent health and well-being, addressing malnutrition through life cycle approach and IYCF, prevention and management of childhood diseases such as diarrhoea, pneumonia etc. and importance of immunisation.
- Sulakshana Nandi attended the Prince Mahidol Awards Conference (PMAC) at Bangkok in January 2020 and presented on the following topics:
  - When publicly-funded health insurance schemes fail to provide financial protection: An in-depth study of patients’ experiences from urban slums of Chhattisgarh, India.
  - Using research for action towards achieving UHC and SDGs: A case study among the Baiga Particularly Vulnerable Tribal Group in India.
  - Geographical inequity in availability of hospital services under a publicly-funded universal health insurance scheme in India.

## 2.7 RESEARCH

### PHRN developed a case study on ‘Retention of Human Resources for Health (HRH) in remote and rural areas of Chhattisgarh’ in collaboration with SHRC Chhattisgarh and WHO

PHRN was involved in developing a case study on retention of human resources for health in the remote and rural areas of Chhattisgarh along with State Health Resource Centre (SHRC) Chhattisgarh and World Health Organisation (WHO). The initiatives of Government of Chhattisgarh towards retention of human resources for health which were studied include:

- Three-year medical course and incorporating the graduates (RMAs/AMOs) into government service.
- Chhattisgarh Rural Medical Corp (CRMC), which incentivises specialists, medical officers, assistant medical officers, nurses working in health facilities according to ‘difficulty’ and ‘inaccessibility’.
- Initiative to improve availability of medical officers and specialists in Left Wing Extremism affected districts of Bijapur, Dantewada and Sukma this initiative, which started from Bijapur District Hospital in 2016, includes a bundle of interventions (existing and new provisions) to retain HRH. The interventions include the following:
  - Financial incentives.
  - Bonus marks for PG admission for working in ‘difficult’ areas.
  - Increase in the bond money against compulsory service in rural areas after completing MBBS.
  - Provision/facilitation of residential, transport and other facilities.
  - Strengthening of health facilities - Health centres upgraded and renovated with improved availability of equipment, diagnostics, medicines and support staff.
  - Improvement in organisational culture, delegation of duties and tasks, increase in motivation, autonomy and flexible leave policy etc.
  - Decentralised recruitment, and use of social media.



The intervention led to increases in the availability of MBBS doctors and specialists in health facilities, in the type of services being provided and in the number of persons availing services at the facilities in these three districts.

The main highlights from the study were presented to the Health Secretary and MD

NHM, Chhattisgarh and was also be presented at PMAC, Bangkok, in a side meeting organised by WHO. Publication of the study report is underway.

Photos of improvements made at the health facilities:



*Operation Theatre  
at the Maternity  
Hospital, Bijapur*



*Bijapur District  
Hospital*

PHRN has completed this case study and presented highlights from it to the Health Secretary and Mission Director, National Health Mission, Chhattisgarh on 30 August, 2019. The study is available at this link: <https://apps.who.int/iris/handle/10665/334227>

### **Demand side assessment study of primary healthcare in Chhattisgarh**

PHRN Chhattisgarh was part of a demand side assessment study of primary healthcare in Chhattisgarh in collaboration with State Health Resource Centre and World Health Organisation that was carried out between October 2019 and May 2020. The study aimed to examine the unmet needs of the population, the health seeking behaviour of the population and the financial and other barriers in accessing the healthcare.

This in turn helped in devising recommendations for systemic interventions. The purpose

of the study was also to understand the perspective of communities in order to develop recommendations for improving access to services they need, especially in the context of Comprehensive Primary Health Care.

It was a mixed-methods study undertaken in five districts of Chhattisgarh to ensure geographical representation. The quantitative survey was carried out in 39 villages and 11 urban wards while the qualitative study was carried out in three districts of the sample.

More specifically, the study shed light upon the healthcare needs of the population depending upon various morbidities that existed, the community's perception of the healthcare needs and morbidity, healthcare seeking behaviour pattern and gaps within it, choice of provider and its determinants, access to safe drinking water, toilets and other public health care facilities as well as enablers and barriers to utilisation faced by vulnerable and marginalised sections.



*Group discussion with  
Pardih community in  
Kondagaon district*



*Data collection in a Health  
and Wellness Centre in  
Surguja district*





## 2.8 OTHER CAPACITY BUILDING PROGRAMMES

Our Internship Programme has been a continuous effort to provide an orientation to our vision and approach and practical exposure to students from various fields and institutions. The organisation builds their capacities through the involvement of interns in its ongoing activities to help them develop an understanding of various social, health and nutrition-related issues. During the period between April 2019 to March 2020, a total of four candidates were placed in Chhattisgarh for internship with PHRN. The students were supervised by Dr. Sulakshana Nandi. Details of the interns are as follows:

### Interns at Chhattisgarh

- Muazzam Ansari from Azim Premji University
- Piyush and Azin Mir from TISS Mumbai
- Ishita Ghosh, Puja Choudhury and Bharti Paikra from TISS Guwahati
- Pritam Kumar Roy from JIPMER University







## 3. PRINTING AND PUBLICATIONS

### Publications

- Sanders, D., Nandi, S., Labonte, R., Vance, C. and Damme, W. V. (2019), “From primary health care to universal health coverage—one step forward and two steps back,” *The Lancet*. doi: 10.1016/S0140-6736(19)31831-8.
- Nandi, S. and Schneider, H. (2019), “When state-funded health insurance schemes fail to provide financial protection: An in-depth exploration of the experiences of patients from urban slums of Chhattisgarh, India.” *Global Public Health*. doi: 10.1080/17441692.2019.1651369.

**The abstracts and posters presented at PMAC are as follows:**

#### **Using research for action towards achieving Universal Health Coverage and Sustainable Development Goals equitably: A case study among the Baiga Particularly Vulnerable Tribal Group of India**

*Baigas are Particularly Vulnerable Tribal Groups (PVTGs), who are among the most marginalised indigenous groups of India. Lack of evidence regarding their situation has led to their ‘invisibility’ in all programmes. This study aimed to assess their health and nutritional status and its determinants in Chhattisgarh state. The study used mixed methods that included a quantitative household survey among 289 Baiga households, using a structured questionnaire along with an in-depth inquiry of their lives to add the qualitative dimension. Verbal informed*

*consent was taken and ethical clearance given by the Institutional Ethics Committee of PHRS. Underweight (56%) and stunting (56%) among children under five years, proportion of adults between 15-49 years (56%) with BMI under 18.5 and self-reported morbidity 15 days prior to study were much higher than state averages. Malaria and diarrhoea led to numerous deaths annually. Most went to informal private practitioners and village health workers for ambulatory care and to public sector for hospitalisations. Most incurred out of pocket expenditure for healthcare. Their access to contraceptive services was restricted by a ‘ban’ (?). Many habitations were excluded from regular health and nutrition services. Lack of potable water was a major concern. Depletion of forests and forced displacement have affected their livelihoods and diet. Baigas were worse off in terms of access to public programmes and faced discrimination, abuse and victim blaming. A policy push towards ‘assimilation’ has meant loss of their identity and culture. The determinants of health inequities included food insecurity, ‘politics of development’, culture, identity, gender, geography and social welfare programmes. There were gaps in availability, affordability and acceptability of health services. An action plan was developed at the behest of the government that included recommendations about strengthening the public health system, intersectoral convergence and provision of respectful and responsive services. The study paves the path for more rigorous work among vulnerable communities towards achieving Universal Health Coverage and towards fulfilling Sustainable Development Goals.*



## Using research for action towards achieving UHC and SDGs: A case study among the Baiga Particularly Vulnerable Tribal Group in India

Deepika Joshi, Sulakshama Nandi, Preeti Gurung, Chandrakant and Vandana Prasad  
(Public Health Resource Network, State Health Resource Centre, Chhattisgarh, Astha Samiti)  
Contact: chhattisgarh@phrnindia.org; deepikajoshi2008@gmail.com

### Background

Baigas are Particularly Vulnerable Tribal Groups (PVTGs), who are among the most marginalised indigenous groups or Scheduled Tribes (STs) in India. The lack of evidence regarding their situation has led to their 'invisibility' in all programmes. They have been subject to discriminatory practices like restricted access to contraceptive services. This study aimed to assess the health and nutrition status of Baiga PVTGs in Chhattisgarh state and document their experiences in accessing health and nutrition services.

### Methodology

Mixed methods study with a quantitative household survey (among 289 Baiga households) using a structured questionnaire and in-depth qualitative study. Verbal informed consent was taken and ethical clearance given by the Institutional Ethics Committee of PHRS.

### Findings

- Malnutrition & morbidity rates much higher than state averages
- Malaria and Diarrhea leading cause of deaths
- Many habitations excluded from regular health & nutrition services mostly due to 'remote' location
- Lack of potable water a major concern
- High dependence on village level informal healthcare providers followed by hamlet level Community Health Workers (Mitani/ASHAs) for ambulatory care
- High dependence on government hospitals for hospitalisations
- Baigas were worse off in terms of access to public welfare programmes
- They faced discrimination, abuse and victim blaming when accessing services
- Deforestation, dispossession & force displacement have affected their livelihoods & diet

### Conclusion/Policy Recommendations

Study found gaps in availability, affordability and acceptability of health services. Determinants of health inequities included food insecurity, 'politics of development', culture, identity, gender, geography and social welfare programmes. An action plan was developed at the behest of the government which the government has started implementing. It included recommendations on strengthening the public health system, intersectoral convergence and provision of respectful and responsive services. The study paves the path for more rigorous work among vulnerable communities towards achieving UHC and SDGs.

### Action on Recommendations

- Creches (Phulwaris) for children under 3 and meals for pregnant & lactating women
- Provision of Eggs in school and pre-school meals
- Recruitment of health workers and teachers, including from Baiga community
- Selection of additional CHWs (Mitani/ASHAs) from Baiga community
- Increase in availability of safe drinking water through installation of handpumps
- Ambulance bikes for hilly areas
- Maternity waiting homes near health center for women living in the hilly regions
- Restrictions on contraceptive services removed through court case by community

### Anthropometry being done during the study



### Crèches being run for children under 3 years & meals for mothers



### Baiga CHW testing with Malaria Rapid Detection Kit



### Funding

IDRC Canada and Achutha Menon Centre for Health Science Studies, SCTIMST, Trivandrum

## When publicly-funded health insurance schemes fail to provide financial protection: An in-depth study of patients' experiences from urban slums of Chhattisgarh, India

*In LMICs, state-funded health insurance schemes are increasingly being promoted as vehicles to achieve UHC. Evidence on financial risk protection through such schemes is mixed. Studies in the context of UHC have focused on utilisation and financial protection (or the affordability dimension of access), and less on how this relates to subjective dimensions (acceptability dimension). This study explores the dynamics of access under the publicly-funded universal health insurance scheme in Chhattisgarh, India, and specifically the relationship between choice, affordability and acceptability. A qualitative study was undertaken of eight purposively selected patients from the slums of Raipur City incurring significant health expenditure despite using insurance. It examined the way these patients and their families sought to navigate and negotiate hospitalisation under the scheme. Patients were hospitalised for a range*

*of reasons and all families, except for one, went into debt as a result of the hospitalisation and use of health insurance. Patients and their family members exercised agency to the extent that they could, engaging in constant negotiation and efforts to navigate the system, from admission to post-hospitalisation. The families faced mounting costs, and increasingly harsh interactions with providers. The research revealed the dynamics underlying failures in promoting affordability and the interactions between choice, affordability and acceptability. The outcomes were produced by a combination of failures of key regulatory mechanisms (the smart card), dominant norms of care as a market transaction (rather than a right), and wider cultural acceptance of illegal informal healthcare payments. The unfavourable normative and cultural context of the private sector provisioning in India needs to be recognised by policy makers seeking to ensure financial risk protection through publicly-funded health insurance. The insights gained from this study have relevance for other states in India and for LMICs with mixed health systems that have introduced publicly-funded health insurance programmes.*





# When publicly-funded health insurance schemes fail to provide financial protection: An indepth study of patients' experiences from urban slums of Chhattisgarh, India

Sulakshana Nandi and Helen Schneider

(Public Health Resource Network Chhattisgarh; School of Public Health, UWC, South Africa)

## Background

In LMICs, state-funded health insurance (PFHI) schemes are increasingly being promoted as vehicles to achieve UHC. Studies in the context of PFHI schemes and UHC have focused mostly on utilisation and financial protection (affordability), and less on how this relates to subjective dimensions (acceptability dimension).

## Methods

A qualitative study was undertaken of eight purposefully selected instances of patients (families) from urban slums in Chhattisgarh, who had incurred significant health expenditure despite using PFHI scheme (RSBY/MSBY) in private hospitals. This study examined the way they sought to navigate and negotiate hospitalisation under the scheme.

## Results

- Negotiations with the hospital started before admission. In most cases, the hospital and family also had the conversation about impermissible payment and length of treatment.
- Despite the prior negotiations, and use of PFHI scheme, families were confronted with escalating, unanticipated charges at each stage of hospitalisation.
- The process of discharge, was a fraught one. Families reported facing abuse, humiliation and threat if they expressed inability to pay what was demanded.
- Biometric smart card failed to protect patients from OOP payments.



Conceptual framework of access and factors influencing this under state-funded health insurance schemes

## Discussion and Conclusion

Patients and their family exercised their agency to the extent that they could. Negotiations of payments took place at every stage. Once admitted, however, families rapidly lost the initiative, and faced mounting costs, and increasingly harsh interactions with providers. These outcomes were produced by a combination of:

- failures of key regulatory mechanisms (notably the 'smart card').
- dominant norms of care as a market transaction (rather than a right),
- wider cultural acceptance of illegal informal healthcare payments.

Functioning of such schemes cannot be divorced from the institutions and social structures in which they are embedded. The unfavourable normative and cultural context of (especially) private sector provisioning needs to be recognised by policy makers seeking to ensure financial risk protection through PFHI such as PMJAY.

Nandi, S. and Schneide, H. (2019). 'When state-funded health insurance schemes fail to provide financial protection: An indepth exploration of the experiences of patients from urban slums of Chhattisgarh, India', Global Public Health. doi: 10.1080/17441692.20191651369

## 4. PHRN LINKAGES - JAN SWASTHYA ABHIYAN

**PHRN Chhattisgarh** contributed to JSA's work by collating case studies on patient rights violation and catastrophic health expenditure being incurred by the vulnerable and marginalised groups when they accessed private health care. This data was subsequently used by JSA for advocacy.

The Chhattisgarh team also helped in gathering data about health system preparedness for COVID-19. The team comprising the programme coordinator and an intern from JIPMER helped in evidence synthesis by collating information from state government websites, newspapers and other relevant sources. The data reflected the measures taken by the state government in combating

COVID-19 along with action plans for preventing acute exacerbations due to COVID-19.

This information in turn helped in drafting statements by PHM for proposing recommendations for advocating the strengthening of the public health system. Neelanjana also helped in collecting case stories of human rights violations during the lockdown phase and sent it to the National Human Rights Commission COVID-19 Committee.

**PHRN, Delhi** undertook a study on the employment and working conditions of nurses in private hospitals in Delhi. The study was jointly conducted by PHRS along with JSA-Delhi, Public Services International, and WHO-India.

## 5. INTERACTIVE GROUPS

**Core Group:** This group supports the Executive Committee and the Governing Body of PHRS aiding in all programme related decisions.

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

**Editorial Advisory Group:** The group carry on the responsibility of editing, modifying and generating resource materials such as modules and other publications for PHRN.

**Organisational Group:** It consists of all PHRN staff members.

**e-discussion Group:** The e-group was launched in 2006 to facilitate free discussions, experience sharing and capacity building by 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. It has over 300 members as of 2018.

**Institutional Ethics Committee:** An Institutional Ethics Committee (IEC) was constituted and established for PHRN in May 2012. This committee was formed in light of the increasing number of research activities and implementation projects that PHRN undertakes and the arising need to take ethical clearance for research studies or project implementation. The IEC of PHRN is constituted of five members including public health specialists, social scientists and civil society representatives. The Executive Director of PHRS serves as the fifth member and member secretary to this committee. The committee elects a chairperson from within on a rotational basis. The IEC has the following responsibilities:

- To protect and safeguard the dignity, rights, safety and well-being of all actual or potential research participants.
- 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 ethical consideration.

- 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. All the research studies undertaken by PHRN in 2018-2019 have received ethical clearance from the committee.

**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. The committee consists of Ms. Sulakshana Nandi, Prof. Ritu Priya, and Ms. Shampa Roy, and is assisted by the ED.

## 6. GOVERNANCE

Mr. V.R. Raman took over as the National Convenor of PHRN, and Ms. Rupa Prasad joined as the Executive Director of PHRS on 1st January, 2020.

### General Body

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

- General members
- Life members
- Student members: Non-voting members
- Associate members
- Affiliate members: The Governing Body may invite members as an affiliate member without voting rights and membership fee.

The 9th Annual General Body Meeting of the PHRS was held on 18th November 2019 at PHD Chamber of Commerce and Industry, 4/2, August Kranti Marg, Siri Institutional Area, Block A, NIPCCD Campus, Hauz Khas, New Delhi – 110016. The following points were discussed in the meeting:

- Ratification of the Action Taken Report (ATR) on previous General Body Meeting
- Presentation and discussion on:
  - Secretary's report
  - Treasurer's report

- Programme updates
- Human Resource updates
- Audited Financial Statement FY 2018-2019
- Any other business (AOB)
  - Life Membership: those life members who have completed 10 years of tenure required their membership to be renewed and should be requested to pay membership fees again.
  - Dr. Mekhla Krishnamurthy will be requested to join the Governing Board and General Body. Dr. Suranjeen will write to her to formalise her introduction.

### Governing Body

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



## Details of Governing Body Members as on 31st March 2020

Sl. No.	Name	Position in the Governing Body	Profession
1	Dr. Suranjeen Pallipamula Prasad	President	Public Health Specialist at Jhpiego, Jharkhand
2	Dr. Madan Mohan Pradan	Vice President	Epidemiologist, Deputy Director of Health Service, NVBDCP, Odisha
3	Ms. Rupa Prasad	Secretary	Executive Director, PHRS
4	Dr. Vandana Prasad	Member	Community Pediatrician and Public Health Expert, Former Member – National Commission for Protection of Child Rights
5	Mr. Thomas Mathews	Treasurer	Independent Consultant
6	Dr. Dipa Sinha	Member	Assistant Professor, Ambedkar University, Delhi
7	Mr. Biraj Patnaik	Member	Executive Director – National foundation of India
8	Mr. Dinesh Chandra Bhatt	Member	Independent Consultant
9	Dr. Rajib Dasgupta	Member	Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi
10	Mr. Rafay Ejaz Hussain	Member	Public Health Professional, Head – State office – Save The Children, India
11	Dr. Sulakshana Nandi	Member	Public Health Professional, Founder Member – Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan, Chhattisgarh
12	Dr. Madhurima Nundy	Member	Public Health Professional, Associate fellow, Institute of Chinese Studies, Delhi
13	Dr. Indranil Mukhopadhyay	Member	Health Economist, Associate Professor at O P Jindal Global University, Sonapat, Haryana
14	Mr. Haldhar Mahto	Member	Member, State Food Commission, Jharkhand
15	Mr. Rajesh Sriwastwa	Staff representative	Sr. Programme Coordinator, Public Health Resource Society, Jharkhand

The Governing Board meeting have taken place twice in the financial year 2019-20. The 8th Governing Body meeting was held on 14th June 2019 at PHD Chamber of Commerce and Industry, 4/2, August Kranti Marg, Siri Institutional Area, Block A, NIPCCD Campus, Hauz Khas, New Delhi – 110016. The following points were discussed in the meeting:

- Ratification of minutes of the previous Governing Body meeting
- Action Taken report
- Secretary's report
- Treasurer's report
- Organisational updates
- Programme updates
- Any other items

Out of the 15 Governing Body members (as on 14th June, 2019), 10 members attended the meeting fulfilling the quorum requirement for conducting the Governing Body meeting

The 9th Governing Body meeting was held 18th November 2019 at PHD Chamber of Commerce and Industry, 4/2, August Kranti Marg, Siri Institutional Area, Block A, NIPCCD Campus, Hauz Khas, New Delhi – 110016. The following points were discussed in the meeting:

- Ratification of minutes of the previous Governing Body meeting
- Action Taken report
- Secretary's report
- Treasurer's report
- Appointment of new auditor
- Programme updates
- Audited Financial Statement FY 2018-2019
- Any other items

Out of the 15 Governing Body members (as on 18th November, 2019), 10 members attended the meeting fulfilling the quorum requirement for conducting the Governing Body meeting.

## Executive Committee

The committee is responsible for strategic and operational integration and institutional development. The committee members at the time were:

- Dr. Sulakshana Nandi
- Mr. V. R. Raman
- Dr. Dipa Sinha
- Dr. Madhurima Nundy
- Mr. Thomas Mathews

## Accountability and Transparency

### Audited Financial Documents

Signed audited statements for the FY 2019-2020 are available: (Please see Annexures – I – Financial Statements)

### Annual Report

The organisation's annual report is disseminated to key stakeholders and is always available on request for every year since its inception. The annual report of last 10 years, starting from 2009-10, are also available on the organisation's website. The annual report contains a description of the main activities, a review of the progress and results achieved in the year and information on the board members' names, position in the board, remuneration or reimbursements and brief financial details.

## Staff details as on 31st March 2020

Sl. No.	Name	Designation
<b>Managerial staff</b>		
1	Ms. Rupa Prasad	Executive Director
Technical Advisor		
2	Dr. Vandana Prasad	Principal Technical Advisor
<b>Programme staff</b>		
3	Dr. Sulakshana Nandi	Senior Programme Coordinator
4	Mr. Satya Narayan Patnaik	Senior Programme Coordinator
5	Mr. Rajesh Sriwastwa	Senior Programme Coordinator
6	Ms. Shampa Roy	Senior Programme Coordinator
7	Mr. Shahnawaz Khan	Senior Programme Coordinator
8	Mr. Rajendra Narayan Mahapatra	Senior Programme Coordinator
9	Ms. Swati Priyambada Das	Senior Programme Coordinator
10	Mr. Aniruddha Bora	Programme Coordinator
11	Mr. Dilip Kumar Basantary	Programme Coordinator
12	Mr. Manas Ranjan Padhy	Programme Coordinator
13	Ms. Pramita Satapathy	Programme Coordinator
14	Ms. Saman Zaman	Programme Coordinator
15	Mr. Abhi Nayak	Programme Coordinator
16	Mr. Arup Bhattacharjee	Programme Coordinator
17	Mr. Ashok Kumar Maharana	Programme Coordinator
18	Mr. Benudhar Suchen	Programme Coordinator
19	Mr. Deepak Kumar	Programme Coordinator
20	Mr. Dillip Kumar Swain	Programme Coordinator
21	Mr. Kameswar Adangaka	Programme Coordinator
22	Mr. Manas Ranjan Kata	Programme Coordinator
23	Mr. Mrutunjaya Behera	Programme Coordinator
24	Mr. Mukesh Kumar Behera	Programme Coordinator
25	Ms. Namita Sahu	Programme Coordinator
26	Mr. Prasan Kumar Nayak	Programme Coordinator
27	Mr. Rahul Chandra	Programme Coordinator
28	Mr. Rajesh Kumar Behera	Programme Coordinator



29	Mr. Rajesh Kumar Patnaik	Programme Coordinator
30	Mr. Ranjit Kumar Pradhan	Programme Coordinator
31	Mr. Rohini Kumar Turuku	Programme Coordinator
32	Mr. Rohit Kumar Rai	Programme Coordinator
33	Mr. Sanjeeb Kumar Nayak	Programme Coordinator
34	Mr. Sheshdev Maharana	Programme Coordinator
35	Mr. Sunil Kumar Thakur	Programme Coordinator
36	Mr. Suryakant Nayak	Programme Coordinator
37	Dr. Aditi Hegde	Programme Coordinator
38	Mr. Suraj Kumar Digal	Programme Coordinator
39	Ms. Neelanjana Das	Programme Coordinator
<b>Accounts, Administrations and Supporting staff</b>		
40	Mr. Vivek Goel	Senior Accounts and Administrative officer
41	Mr. Niraj Shriwastawa	Accounts and Administrative Officer
42	Mr. Md. Mudassar	Accounts Officer
43	Ms. Suchendra Nag	Executive Assistant
44	Mr. Vijay Kumar Rai	Office Assistant
45	Mr. Saroj Kumar Bhoi	Office Assistant
46	Mr. Shankar Samal	Office Assistant
47	Mr. Sanjay Kumar Bisoyee	Accounts and Logistic Assistant
48	Mr. Saik Fojilalli Doula	Accounts and Logistic Assistant
49	Mr. Rushimani Gahir	Accounts and Logistic Assistant
50	Mr. Luky Miniaka	Accounts and Logistic Assistant
51	Mr. Chinmaya Patra	Accounts and Logistic Assistant
<b>Consultants</b>		
52	Mr. Arjun Sen	Full time Consultant
53	Mr. Padmanava Chatterjee	Full time Consultant
54	Mr. Rajmani Dharmani Bhaskara	Full time Consultant
55	Mr. Kishlay Anand	Full time Consultant
56	Ms. Manisha Kabra	Full time Consultant
57	Dr. Indira Chakravarthi	Full time Consultant
58	Dr. Ipsha Chand	Full time Consultant
59	Dr. Priyanka Chatterjee	Part Time Consultant
60	Ms. Madhulika Maish	Full time Consultant

## Highest, second highest and lowest paid staff members (as on 31st March 2020)

Particulars	Designation	Salary (per month)
Operational head of the organisation	Executive Director	<b>INR 1,52,310.00</b>
Highest paid staff after the operational head	Senior Programme Coordinator	<b>INR 77,660.00</b>
Lowest paid staff in the organisation	Crèche Worker	<b>INR 6,000.00</b>

## Distribution of staff according to salary levels and gender (as on 31st March 2020)

Slab of CTC to staff (per month)	Male staff	Female staff	Total staff
Less than 10,000	0	300	300
10,001 – 25,000	9	0	9
25,001 – 50,000	21	6	27
50,001 – 1,00,000	5	3	8
More than 1,00,000	0	1	1
<b>Total staff</b>	<b>35</b>	<b>310</b>	<b>345</b>

## 7. OUR PARTNERS

PHRN has strong working relationships with organisations in public health and nutrition sector. The organisations are listed below:

### Funding Organisations/Donors

- Azim Premji Philanthropic Initiatives (APPI)
- National Foundation for India (NFI)
- Professional Assistance for Development Action (PRADAN)
- Oxfam India
- Indian Grameen services
- World Health Organisation - WHO
- State Health Resource Centre (SHRC), Chhattisgarh
- National Human Rights Commission

### Consortium or Implementing Partners

- Transform Rural India Foundation

### Network Partners

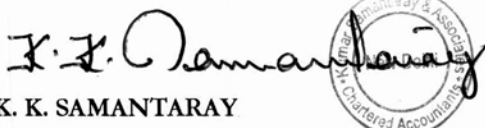
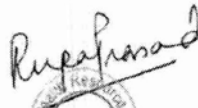

- ActionAid
- Breast Feeding Promotion Network of India (BPNI)
- Child Relief and You (CRY)
- Indian Institute of Health Management and Research (IIHMR), Jaipur

- Indian Institute of Management (IIM), Ranchi
- Indira Gandhi National Open University (IGNOU)
- Jan Swasthya Sahayog (JSS)
- Mobile Crèches
- Narotam Sekhsaria Foundation (NSF)
- National Health Systems Resource Centre (NHSRC)
- National Institute of Health and Family Welfare (NIHFW)
- People's University
- SAMA: Resource Group for Women and Health
- Society for Education, Action and Research in Community Health (SEARCH)
- State Health Resource Centre (SHRC), Chhattisgarh
- Support for Advocacy and Training to Health Initiatives (SATHI), Pune
- Tata Institute of Social Sciences (TISS), Mumbai
- Vikas Samvad, Bhopal
- URMUL Trust, Rajasthan
- Jan Swasthya Abhiyaan
- Right to Food



# ANNEXURE-I

## Financial Statements (2019-2020)

Public Health Resource Society					
C-14, Ground Floor, Hauz Khas, New Delhi - 110016					
BALANCE SHEET AS AT MARCH 31,					
Particulars	Schedule Nos	Amount in INR			
		2020		2019	
<b>SOURCES OF FUNDS</b>					
Corpus	1		55,000		6,000
Other Funds	2				
Assets fund (Own and from Restricted Fund)		6,588,384		6,967,743	
Un-restricted Fund		6,235,683	12,824,067	3,509,371	10,477,114
LIABILITIES	3				
Restricted Project Fund			14,201,985		19,337,038
CURRENT LIABILITIES AND PROVISIONS	4				
Current Liabilities			4,321,955		5,570,132
Total			31,403,006		35,390,283
<b>APPLICATIONS OF FUNDS</b>					
FIXED ASSETS	8				
Owned Assets		2,160,618		2,203,136	
Assets from Restricted Fund		4,427,766	6,588,384	4,757,495	6,960,631
INVESTMENTS	5		6,091,188		3,231,946
CURRENT ASSETS, LOANDS AND ADVANCES	6				
Loans & Advances (Assets)		2,721,843		1,367,402	
Grant Receivables		373,824		1,095,253	
Cash & Bank Balances	7	15,627,767	18,723,434	22,735,051	25,197,706
Total			31,403,006		35,390,283
Notes forming integral part of financial statements		19			
As per our Report of even date for KUMAR SAMANTARAY & ASSOCIATES Chartered Accountants		FOR PUBLIC HEALTH RESOURCE SOCIETY			
 K. K. SAMANTARAY Partner M. No. 504362 FRN 0020310N UDIN: 21504362AAAAAP6120 Place: New Delhi Date: 31.12.2020		  SECRETARY			

**Public Health Resource Society**  
C-14, Ground Floor, Hauz Khas, New Delhi - 110016

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31,**

Particulars	Schedule Nos	Amount in INR	
		2020	2019
<b>INCOME</b>			
Donations	9	462,590	575,732
Income from Investments	10	1,238	281,292
Other Receipts	11	2,985,291	259,645
		<b>3,449,119</b>	<b>1,116,669</b>
<b>EXPENDITURE</b>			
Capacity Building Programme	12	9,900,599	9,658,335
Crèche Programme	13	33,816,425	19,225,654
Human Resource Cost	14	32,010,206	22,877,756
Office Administration Cost	15	4,041,158	3,349,109
		<b>79,768,388</b>	<b>55,110,854</b>
<b>Non-Cash Charges</b>			
Depreciation for the year	8	757,836	803,531
Less: Met out from capital fund		(757,836)	(803,531)
		-	-
<b>Less: Met out from Restricted Fund</b>		<b>(79,045,581)</b>	<b>(53,554,847)</b>
<b>Excess of Income Over Expenditure for the year</b>		<b>2,726,312</b>	<b>-439,338</b>

Notes forming integral part of financial statements

19

As per our Report of even date  
for **KUMAR SAMANTARAY & ASSOCIATES**  
Chartered Accountants

FOR PUBLIC HEALTH RESOURCE SOCIETY

*K. K. Samantaray*

**K. K. SAMANTARAY**

Partner

M. No. 504362

FRN 0020310N

UDIN: 21504362AAAAAP6120

Place: New Delhi

Date: 31.12.2020



*Rupakumar*  
**SECRETARY**

**Public Health Resource Society**  
C-14, Ground Floor, Hauz Khas, New Delhi - 110016

**RECEIPT AND PAYMENTS ACCOUNT FOR THE YEAR ENDED MARCH 31,**

Particulars	Schedule Nos	Amount in INR			
		2020		2019	
<b>OPENING BALANCES</b>					
Bank Balances	7	22,722,074		27,795,074	
Cash in Hand	7	12,977	22,735,051	9,450	27,804,524
<b>RECEIPTS</b>					
Restricted Project Fund	16	74,289,005		48,028,533	
Corpus		49,000		-	
Other Income	17	3,449,119	77,787,124	1,116,669	49,145,202
			100,522,175		76,949,725
<b>PAYMENTS</b>					
<b>Recurring and Programme Expenditure</b>					
Capacity Building Programme	12	9,900,599		9,658,335	
Crèche Running Programme	13	33,816,425		19,225,654	
Human Resource Cost	14	32,010,206		22,877,756	
Office Administration Cost	15	4,041,158	79,768,388	3,349,109	55,110,854
<b>Capital Expenditure</b>	8		378,477		2,588,326
<b>Increase / Decrease in working capital</b>	18		4,747,543		-3,484,506
<b>CLOSING BALANCES</b>					
Cash in hand	7	25,512		12,977	
Bank Balance	7	15,602,255	15,627,767	22,722,074	22,735,051
			100,522,175		76,949,725

Notes forming integral part of financial statements

19

As per our Report of even date  
for **KUMAR SAMANTARAY & ASSOCIATES**  
Chartered Accountants

FOR PUBLIC HEALTH RESOURCE SOCIETY

*K. K. Samantaray*  
**K. K. SAMANTARAY**

Partner

M. No. 504362

FRN 0020310N

UDIN: 21504362AAAAAP6120

Place: New Delhi

Date: 31.12.2020



*Rupesh*  
**SECRETARY**





## ANNEXURE-II: GLIMPSES OF THE PAST











**PUBLIC HEALTH RESOURCE SOCIETY**

2/42, First Floor, Sarvapriya Vihar, New Delhi-110016

Contact No.: 011 26868118, 011 42576337

Email: [delhi@phrnindia.org](mailto:delhi@phrnindia.org)

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