



**PHRN**

# PUBLIC HEALTH RESOURCE SOCIETY

2017-2018





## **Message from the Executive Director**

Dear Friends,

I am delighted to share with you the Annual Report of the Public Health Resource Society for 2017-18.

It has been an engaging and exciting year at PHRS. As you read this report and reflect upon our activities, you will see that we have forged new partnerships and have expanded our presence in new geographies. A special mention needs to be made about our new initiative in South Odisha. And a good deal of other interesting activities has happened in this period. The national dissemination of AAM project in Delhi and the successful conduct of international conference on the double burden of malnutrition in Delhi are important events and milestones in the organisational timeline.



I would take this opportunity to thank our network members, partners and our generous donors since none of it would have been possible without their kind support and encouragement. And my sincerest appreciation to all my colleagues who have greatly contributed to the growth and development of the organisation.

In recent years, we have also been directly engaged with community-based initiatives. A special thanks to all the communities for trusting and allowing us to enter into their life spaces. It has been a humbling experience. We have gained and learned a lot in working together with communities. We hope to retain and continue this valuable space of engagement in future.

PHRS is a unique organisation and undoubtedly, our work will continue to contribute to the nation's health and nutrition landscape. And it will continue to count on your support for that.

As in the past, a lot of good work can be expected in 2018-2019. Meanwhile, I invite you to review our actions and accomplishments in the financial year 2017 - 2018.

Sincerely,

**Dr. Ganapathy Murugan**

## Message from the **National Convener**

I am pleased to note that PHRN is continuing to grow from strength to strength, and that we are visibly progressing on the strategic directions we had set for ourselves as a group. To illustrate, we were the proud hosts of a major International Conference on "Critical Public Health Consequences of the Double Burden of Malnutrition and the Changing Food Environment in South and South East Asia" at the close of financial year 2017, which was much appreciated and also showcased our abilities as mobilisers and programmers. We have also been engaged in a very significant piece of research with particularly vulnerable tribal groups in partnership with SCTMST, Kerala.



Of course, our tribulations as a (relatively) small and tenuous NGO-led network do continue. We also need to constantly keep the pressure on building and expanding the network of fellow travelers.

Finally, it is our people who tackle all these challenges and as the national convener, I can only express pride and satisfaction in all the voluntary and voluntary contributions of the network members as well as the major contributions of all the full timers.

**Dr. Vandana Prasad**

## **Message from the Vice-President**

It gives me immense pleasure that the Public Health Resource Society (PHRS), Delhi is going to complete its ten years of journey. PHRS, as all of us know, is the nucleus body of our resource network for public health in civil society that supports in achieving its broader objectives apart from fulfilling the organizational mandate as a separate legal entity.



For us the slogan “Health for all now” and basic objectives like making primary health care services easily accessible, affordable and equitable for all, fighting for “health care to always be a state subject” and never fall into the hands of private sectors in the country, building adequate number of public health cadres in the country through capacity building programmes, promotion of public health education, strengthen the public systems working on health nutrition and their allied sectors, studies and evaluation on health, nutrition, health systems research. These have been the prime focus in these past ten years of existence.

We feel proud that with a short span of time the organization (PHRS) could be able to establish itself as a national institution playing facilitative role in accelerating the pace of many innovative interventions in the field of health and nutrition being implemented by several government and non-government organizations and in taking forward the People's Health Movement in different states as well as in the country.

Our focus on addressing the issue of malnutrition, health policy analysis, advocacy and right issues including food and nutrition security have been highly appreciated,

I wish the dedicated team to travel a long way with all success.

**Dr. Madan Mohan Pradhan**





PHRN

# PHRN

ANNUAL REPORT  
2017 - 2018

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## BACKGROUND

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

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

### Principles of Public Health Resource Society

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

The National Rural Health Mission (NRHM) was announced in April 2005 with the stated goal “to promote equity, efficiency, quality and accountability of public health services through community driven approaches, decentralization and improving local governance”. The State Health Resource Centre (SHRC), Chhattisgarh has been a key facilitator agency for state wide health sector reforms in Chhattisgarh. In many ways, these reforms provided the experience that helped to fashion the NRHM. It was felt that

## HISTORY

## VISION

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the lessons learnt from the SHRC should be used to motivate change in other parts of the country through an active engagement with the NRHM.

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

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

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

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

## MISSION

### Building Capacities for Public Health Action

#### **AIMS AND OBJECTIVES**

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

## CORE STRATEGIES

this goal.

11. To support the process of empowering civil society and its organisations for improved and increased public participation in public health planning and management.

12. To act as a national interface to promote best practices and learning and work of various agencies and bodies in Health and Development as decided by the Governing Body.

13. To participate in and to foster co-operation with national and international institutions and associations with similar purpose and to represent nationally and internationally scientific work of the Society in the field of public health.

14. To create and foster subsidiary organisations and institutions dedicated to promote health.

1. Conducting **learning programmes for public health practitioners** both within and outside of government.

2. Promoting **fellowship programmes** to induct and groom interested persons into working towards public health goals.

3. Undertaking **formal teaching programmes** in collaboration with academic institutions.

4. Strengthening **community processes**

- Support to the ASHA programme
- Facilitating effective VHSNC functioning and village health planning
- Facilitating public participation in health management through bodies like Rogi Kalyan Samiti
- Capacity building and support to PRIs' involvement
- Assisting community monitoring processes to improve facilities and services

5. Making **district planning** more equitable and effective by

- Research inputs
- Independent appraisals and evaluations
- Assisting access to information and technical resources

- Organizing peer reviews

6. Promoting **networking** and the emergence of district and state level groups and teams with a high degree of motivation and skill. Holding conventions, seminars, study groups and meetings to facilitate this process.

7. Undertaking **appropriate research and policy advocacy** to further the goal of “Health for All”.

8. Creating **models for scale-up** and **providing systemic inputs** to programmes related to health and nutrition.

## ORGANISATION PROFILE

<b>Legal Status</b>	:	Registered Society
<b>Registration No.</b>	:	S-62225/2008 Dt. 16.05.2008
<b>Income Tax Registration No. (Under Section 12A)</b>	:	DIT (E)/12A/2009-10/P-1351/1576 Dt. 25.03.2010
<b>Income Tax Exemption (Under Section 10 (23C))</b>	:	DGIT (E)/10(23C) (iv)/2010-11 Dt. 06.09.2010 valid from AY.2009-10 onwards
<b>(Under Section 80G)</b>	:	DIT(E)/2014-2015/DEL-PE25259 25062014/5025 Dt. 25.06.2014 valid from AY 2014-15 onwards
<b>FCRA Registration No.</b>	:	231661433 Dt. 26.06.2013
<b>Permanent Account No. (PAN)</b>	:	AAAAP8517G
<b>Service Tax No.</b>	:	AAAAP8517GSD001
<b>Registered Office Address</b>	:	C-14, Ground Floor, Hauz Khas, New Delhi 110016
<b>Statutory Auditor</b>	:	Ashwani & Associates 103 Pratap Bhawan, Bahadur Shah Zafar Marg, New Delhi - 110003

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



# MAJOR PROGRAMMES

## Mainstreaming Crèches to Reduce Malnutrition in Odisha (Porborish Initiative)

PHRN is implementing a community-based nutrition programme in 13 blocks across five districts of Southern Odisha - Rayagada, Kalahandi, Koraput, Nabarangpur and Malkangiri through standalone crèches in Particularly Vulnerable Tribal Group (PVTG) and remote non-PVTG areas, as well as some crèches which will ideally be co-located in the Anganwadi Centres (AWCs) to represent Anganwadi-cum-Creche model. The objective of the programme is to establish and run 150 community-based crèches across these districts and to achieve continuity of care between the community (ICDS, ASHA, ANM) and Nutrition Rehabilitation Centre (NRCs) and is aimed at developing a model supported by the Government of Odisha and Azim Premji Philanthropic Initiatives (APPI) that may eventually be scaled-up by the Government itself.



### Major activities conducted under the programme are:

- A working group was formed between the members of PHRN and APPI. The objective of the working group is to coordinate and streamline the smooth implementation of the programme. Two working group meetings have been held during this phase.



- For the first phase of the programme, crèches have been opened on trial basis in the districts of Kalahandi and Rayagada. As part of the rollout, a Programme Management Unit (PMU) has been formed in Rayagada to anchor the implementation of the programme in the intervening districts. DCPMUs (District Programme Management Units) have also been formed to coordinate the rollout of the programme in the respective districts.
- Orientation and trainings have been provided to all the recruited staff in the programme including the DCPMU teams and the crèche workers.
- The initial draft of the Crèche Manual: Protocols and Guidelines, which will provide the technical and programmatic basis for the programme has been prepared and the same has been submitted to the Government of Odisha for the reviews and comments.
- A robust MIS to track and monitor the programme is in the process of development which is being done by Social Cops. Initial rounds of scoping and trainings have been conducted to check the feasibility of operating the android-based MIS on the ground.
- Process documentation is also an important part of the programme

which will document various activities of the programme from inception till rollout. Initial work on the documentation has started under the guidance of Dr. Nakkeeran from Ambedkar University Delhi (AUD). Oxford Policy Management (OPM) will be doing a process evaluation of the programme.

- Scoping for the identification of sites for opening crèches in the districts of Malkangiri, Koraput and Nabarangpur districts is under process.

### Action Against Malnutrition (AAM)

Action Against Malnutrition (AAM), the flagship programme of Public Health Resource Network is a multi-strategy intervention in seven blocks of four states (Bihar, Jharkhand, Chhattisgarh and Odisha) implemented through a consortium consisting of PHRN, Ekjut, CINI, Idea and Chaupal with the support of Tata Social Welfare Trust. The programme was initiated in June 2012 and completed three years in May 2015. The programme was extended till February 2017 with a fresh grant. Tata Trusts has given further no-cost extension till February 2018. PHRN is actively looking for funds to continue the crèches. A baseline and endline study of the programme has been done by Ekjut. A fresh no-cost extension for another 12 months, up to February 2019 has been approved by Tata Trusts.



### Major activities completed under the programme till now:

Till March 2018, overall 5451 children have been reached through this programme across the seven blocks. Currently, under the programme, 10 crèches are run by PHRN in Nagri Ratu block of Jharkhand with 103 active children in the month of January 2018.

A National Dissemination on Experiences and Learnings from Action Against Malnutrition had been organized on 12th September, 2017 in New Delhi. Around 130 people participated in the event. Overall experiences and findings from the programme have been shared during the event, along with a short film documenting the overall AAM programme which has also been uploaded to YouTube. A video of the national dissemination programme was also prepared.

In addition, a Poshan Mela was



conducted on 19th February 2018 in Ranchi, Jharkhand. About 150 women participated in the event.



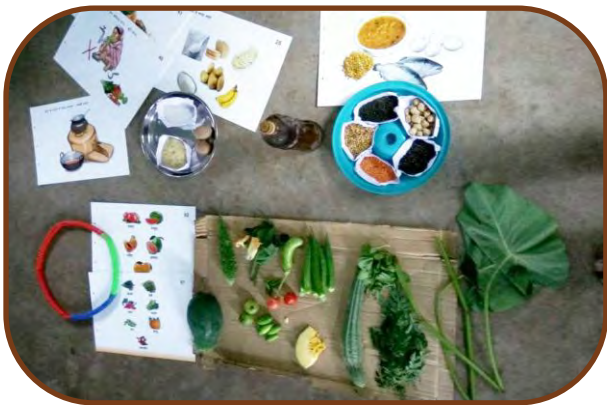
## Facilitating Action Against Malnutrition (FAAM)

## Partnerships for Women's Empowerment and Rights (PoWER)

Public Health Resource Society (PHRS) is in partnership with Professional Assistance for Development Action (PRADAN) to support them to evolve and implement a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices. This collaborative initiative informally known as Facilitated Action Against Malnutrition (FAAM) is supported by BMGF Foundation under the aegis of Partnerships for Women's Empowerment and Rights (PoWER). This project aims to bring positive changes towards health and nutrition of women and children and linking it with agricultural practices and livelihood.

### Major activities in PoWER

- The project has reached 292 villages of five blocks reaching out to approximately 18,000 households.



- There are several actions taking place in the field, and women are discussing the topic of health and nutrition in their SHGs. Improvement in IYCF practices have been documented. Home visits to the households of pregnant and lactating mothers are being done regularly, where the change vectors and mentors talk about proper diet, rest, and importance of ANCs to the mothers. Many women have initiated nutrition gardens at their

households. Health camps were organised in collaboration with the Health department.

- Several case studies have been sent by the Block Programme Coordinators.



- A three-day review meeting cum workshop was organised at Ranchi on 24th - 26th August 2017, where participants from IFPRI, PRADAN and PHRS participated. The block teams presented the status of the village rollouts and discussed the issues and challenges, stories of change, best practices and forthcoming plans. The IFPRI team presented the tools and methodology for the midline survey for WINGS evaluation.
- IFPRI has presented the evaluation of the FAAM programme based on PRADAN's MIS. This meeting was held on 22nd January 2018 with members of IFPRI, PRADAN (Mr. Avijit and Ms. Madhu) and PHRS (Dr. Vandana Prasad, Dr. Ganapathy Murugan, Dr. Aditi Hegde).
- Dr. Ganapathy Murugan also attended a presentation by Sambodhi where the evaluation findings of PRADAN's project were discussed. Sambodhi's presentation depicted a positive outcome which was attributable to the work done by PHRS.
- Training of Trainers (ToT) for Sonua and Kathikund blocks on Pbn2 was



done at Ranchi from 18th – 20th November 2017, and for Balliguda, Nuagaon the training was done on 17th- 19th January 2018, in which the PHRS BPOs, PRADAN nutrition anchors, mentors and external resource person participated.

- Resource materials for PBN1 have been delivered in all the project locations. The printing and designing of the modules and picture cards were done by the Delhi office of PHRS.
- The PBN2 resource materials are developed and published in two languages. For Sonua and Kathikund teams, the materials are developed in Hindi and for Kolnara, Balliguda and K. Nuagaon, the materials are developed in Odiya language. The picture cards have been delivered in all the project locations. PBN2 module (Hindi) has been delivered to Sonua and Kathikund, and PBN2 (Odiya) for the Odisha teams i.e. Balliguda and K. Nuagaon, as well as Kolnara.
- A federation perspective building exercise was held by the TRI/PRIDE project to encourage participation of federations in health and nutrition. The capacity building programme was conducted in Saptrishi Sewa Bhawan, Ranchi on 20th and 21st March 2018. The Block Programme Coordinators from the PoWER project were encouraged to participate in the meeting as it would expose them to the process of perspective building of the federation members. The topics covered under health were governance and health, introduction to health, health and gender, as well as national health mission and community processes. Under nutrition, the themes were food security, nutrition from the lens of the life cycle approach, infant and young child feeding, including complementary feeding, community participation and monitoring, and government programmes related to

nutrition. At the end, a discussion was conducted on “What can federations do?”.

- Training of Trainers (ToT) for Sonua and Kathikund blocks on PBN2 was done at Ranchi from 18th – 20th November 2017, and for Balliguda, Nuagaon the training was done on 17th – 19th January 2018, in which the PHRS BPOs, PRADAN nutrition anchors, mentors and external resource person participated.

### Women's Collective led Process for Impacting Poverty and Malnourishment

- PHRS is in partnership with Professional Assistance for Development Action (PRADAN) to support them to evolve and implement a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices. This collaborative initiative informally known as Facilitated Action Against Malnutrition (FAAM) is supported by IKEA Foundation under the aegis of “Women's Collective Led Processes for Impacting Poverty and Malnourishment”. It aims to bring positive changes towards health and nutrition of women and children and linking it with agricultural practices and livelihood. The project is implemented in four blocks namely Mohgaon, Samnapur, Darbha, and Jhalda from Madhya Pradesh, Chhattisgarh and West Bengal.

### Major activities

- The nutrition intervention is being done in 144 villages of four blocks, reaching out to approximately 16549 households.
- Half yearly reports for the period April 2017 - September 2017 have been submitted to PRADAN.
- Capacity building workshops and refresher trainings have been done

by the respective block teams for the change vectors and mentors at the block level.

- There are several actions taking place in the fields; women are discussing the topic of health and nutrition in their SHGs, women collectives have decided to stop early marriage in the villages, and the change vectors (CVs) along with the mentors are engaged in home visits in the villages where there are pregnant and lactating mothers. The CVs in many cases have identified SAM children and referred them to NRC with the help of the Anganwadi worker. Families have started to incorporate “teen rango ki thali” in their daily diet. Many women have started kitchen garden at their households.
- Several case studies have been shared by the BPOs. A three-day review meeting cum workshop was organised at Ranchi, where participants from IFPRI, PRADAN and PHRS participated 24th- 26th August 2017. The block teams presented the status of the village rollouts and discussed the issues and challenges, stories of change, best practices and forthcoming plans. The IFPRI team presented the tools and methodology for the midline survey for WINGS evaluation.
- Resource materials for PBN1 and PBN2 have been delivered in all the project locations. The printing and designing of the modules and picture cards were done by the Delhi office of PHRS. The modules and picture cards are being used in the fields by the professionals, mentors and the CVs for conducting the meetings in the villages.
- Monthly review meetings with the BPOs are being conducted at the state office.
- Training of Trainers (ToT) for PBN2 was done at Ranchi from 13th - 15th

October 2017, in which the PHRS BPOs, PRADAN nutrition anchors, mentors and external resource person participated.

- Closure report for Women's Collective Led Process for Impacting Poverty and Malnourishment has been submitted to PRADAN on 30th December 2017.

### **SHG led Transformation of Rural Communities through Partnerships (STaRtuP)**

STaRtuP is an initiative supported by IKEA foundation, and will continue to be implemented in the existing four blocks, namely, Mohgaon, Samnapur, Darbha, and Jhalda from Madhya Pradesh, Chhattisgarh and West Bengal.

However, in the later stage, the project will be implemented in 11 blocks of two development cluster i.e. Santhal Parganas Development cluster and Maha Kaushal Development cluster. A proposal and a budget have been sent to PRADAN and a formal MoU was signed by both PRADAN and PHRS.

#### **Major Activities:**

- The intervention has reached 143 villages of four blocks by March 2018, covering approximately 19,500 households. The meetings roll-out process for PBN2 has begun and is resulting in strong actions in the field areas. Home visits and counselling done by the mentors and CVs has also resulted in positive health and nutritional outcomes.
- The concept of kitchen gardens and nutrition sensitive agriculture was well-received by all the stakeholders, and many women have initiated kitchen gardens with the help of the PRADAN team.
- The data regarding BMI which was collected during the project was used to gain an idea about the nutritional

status of the participants, which was useful for the intervention team, and also for the women/men themselves. Regular capacity building exercises, and refresher meetings, were done in the blocks for the change vectors and the mentors, which led to better implementation of the intervention. The block teams also met with different stakeholders, especially government officials, which has led to strengthening of the system, as well as effective implementation of the programme. The federations in the villages were encouraged to include health and nutrition as an initiative, which was highly successful in some blocks.



- New BPOs have been inducted and recruited.
- IFPRI has presented the evaluation of the FAAM programme based on PRADAN's MIS. This meeting was held on 22nd January 2018 with members of IFPRI, PRADAN (Mr. Avijit and Ms. Madhu) and PHRS (Dr. Vandana Prasad, Dr. Ganapathy Murugan, Dr. Aditi Hegde).
- Dr. Ganapathy Murugan also attended a presentation by Sambodhi where the evaluation findings of PRADAN's project were discussed. Sambodhi's presentation depicted a positive outcome which was attributable to the work done by PHRS.
- A federation perspective building exercise was held by the TRI/PRIDE project to encourage participation of

federations in health and nutrition. The capacity building programme was conducted in Saptrishi Sewa Bhawan, Ranchi on 20th and 21st March 2018. BPOs from the STaRtuP project were encouraged to participate in the meeting as it would expose them to the process of perspective building of the federation members. The topics covered under health were governance and health, introduction to health, health and gender, as well as national health mission and community processes. Under nutrition, the themes were food security, nutrition from the lens of the life cycle approach, infant and young child feeding, including complementary feeding, community participation and monitoring, and government programmes related to nutrition. At the end, a discussion was conducted on "What can federations do?".

### Partnership for Rural Integrated Development and Empowerment (PRIDE)

The PRIDE project is a partnership between PHRS, Transform Rural India Foundation (TRIF) and PRADAN (Professional Assistance for Development Action). It aims to develop process protocols to trigger transformation of villages in endemic poverty by adopting scientific practices around health, nutrition and hygiene along with access to quality public health services. The project works towards realizing these goals through a two-pronged approach: first, by developing the perspectives, skills, and knowledge of women in organized collectives to enable them to take responsibility for all members of their Self Help Groups (SHG)s. This is being done by selecting women volunteers and training them on the project themes (described below). These volunteers – called Change Vectors – are selected based on their commitment to drive



change in their respective geographies and SHGs. Secondly, the project engages 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. To begin with, the project is being implemented in geographies where under-nourishment is common among both women and children. The focus areas hence include basic health care and the nutrition needs of pregnant women, young mothers, and infants.

PHRS serves 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 modules for the project. A cascade training strategy has been designed for training SHG members, as well as other tools such as a Community Needs Assessment tool to understand the ground situation before rolling out the project. PHRS has also been implementing the project in select areas where PRADAN'S SHGs are active in the state of Jharkhand (namely Torpa, Gola, Raidih and Poraiyahat). The following project activities have been completed over the last year:

- Development of the first set of three modules (Perspective Building (PB-1) module, and the near completion of the PB-2 module, which is currently under process.
- Training of Master trainers: including programme staff across levels (block, state and national), and external resource persons on PB-1 in Jharkhand, while the national and state level trainers were also trained on PB-2 in a subsequent round.
- Community Needs Assessment (CNA), and Public System Gap Analysis (PSGA) in implementation areas in Jharkhand.
- Transaction of knowledge at the village level by CVs.
- Initiation of kitchen gardens in villages.

- Health camps in Particularly Vulnerable Tribal Group (PVTG) villages.



- Orientation of PRADAN Federation leaders on health and nutrition.
- Two new blocks – Narharpur, Kanker district of Chhattisgarh and Jashipur, Mayurbhanj district, of Odisha – were added to the project. The recruitment process of staff for these areas are underway, along with the preliminary activities. i.e. Community Needs Assessment (CNA) and Public Systems Gap Analysis (PSGA). Further, Change Vectors (CVs) have been selected and oriented in these blocks.
- A workshop for PRADAN federation members from Torpa, Jharkhand was held on 15th -16th March in order to build their capacities on health and nutrition.



# OTHER CAPACITY BUILDING PROGRAMMES

## Internship Programme

Internship programme has been a continuous effort to provide an orientation to our vision & 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 on various social,

health and nutrition related issues. During the period April 2017 to March 2018, a total of 8 candidates were placed in either Ranchi or Delhi for internship with PHRN. The students were supervised by Dr. Ganapathy Murugan, Dr. Vandana Prasad, Dr. Suranjeen Prasad, Mr. Haldhar Mahto, and Ms. Shampa Roy in Jharkhand. Details of the interns are as follows:

Sl. No.	Name of the intern	Affiliation	Internship period
1	Mr. Udit Banerjee	Vishwa Bharati	1st Feb - 28th Feb 2018
2	Mr. Sayantan Majumdar	Vishwa Bharati	1st Feb - 28th Feb 2018
3	Dr. Aditi Hegde	Independent	16th Oct - 30th Nov 2017
4	Dr. Esha Gill	TISS Mumbai	21st Aug - 10th Oct 2017
5	Dr. Tanvi Mahajan	TISS Mumbai	21st Aug - 10th Oct 2017
6	Dr. Prafful Kalla	TISS Mumbai	21st Aug - 10th Oct 2017
7	Dr. Puneet Bhat	TISS Mumbai	21st Aug - 10th Oct 2017
8	Mr. Nilanjan Panda	Azim Premji University, Bangalore	22nd May - 20th June 2017

## Exposure visit to AAM field areas

A team from Sathi Cehat spent three days in Jharkhand, from 1st to 3rd November 2017, visiting and learning about the crèche and PLA component in AAM field areas. This visit was basically to inform Sathi Cehat about their plans in Maharashtra where they have committed to work on alleviating child malnutrition.

## Training of AWWs in Lohardaga, Jharkhand (GoJ & ISSNIP)

PHRS conducted a capacity building of 30 Anganwadi Workers (AWWs) of Senha and Sadar blocks of Lohardaga district. This training was conducted on the 18th and 19th August 2017 by the Jharkhand team of PHRS. This was part of the Poshan Vatika (Nutri Garden) programme under ISSNIP (supported by World Bank) and was conducted in collaboration with the Department of Women and Child Security, Government of Jharkhand. The key

personnel involved were Ms. Shampa Roy, Mr. Rajesh Sriwastwa and Mr. Rahul Chandra. The micromodules from PBn1 were used as resource material.

### **Perspective building of PRADAN team on health and nutrition (Kathikund)**

Regional integrators from the Kathikund PRADAN team had sought the aid of PHRS for a perspective building exercise. A training was conducted in Ranchi for more than 40 professionals of PRADAN working in Santhal-Parghana region and Bihar region. The training was conducted on 5th and 6th August 2017. The key personnel involved were Ms. Shampa Roy, Mr. Rajesh Sriwastwa, Mr. Haldhar Mahto, and Dr. Suranjeen Prasad from PHRS. We also engaged multiple external resource persons - Dr. Simmi Mahesh, Mr. Ashok and Dr. Sanjay. The standard perspective building curriculum of PHRS was used.

### **Perspective building of community leaders in Chaupal on health and nutrition (Ambikapur, Chhattisgarh)**

An extended three-day training was conducted by PHRS for 40 block level mobilizers of Chaupal from 23rd to 25th September 2017. These block level mobilizers have been engaged extensively in empowering the community on entitlements. The main objective of the capacity building was to build perspectives on women's health and nutrition with a focus on social determinants of health and nutrition, infant and young child feeding practices (IYCF) and Life Cycle Approach. The participants will be doing community level meetings at hamlet and village level. The key personnel involved were Ms. Shampa Roy and Mr. Rajesh Sriwastwa. The micromodules from PBn1 was used as resource material.

## RESEARCH

### **Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India [Sree Chitra Tirunal Institute for Medical Sciences and Technology]**

A research study was carried out on “Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India”. This was part of “Closing the gap: health equity research initiative in India” funded by the International Development Research Centre, through the Achutha Menon Centre for Health Sciences Study, Thiruvananthapuram. The key personnel involved in this research project were Ms. Sulakshana Nandi, Dr. Ganapathy Murugan, Ms. Deepika Joshi, Ms. Smruti Sudha Behera, and Mr. Haldhar Mahto. Dr. Vandana Prasad and Dr. Rama Baru served as advisers. The rationale for the study was that PVTG communities are often overlooked or neglected in planning for health programmes, and that there is scarce information regarding this. The study was based on both anthropological and socio-medical healthcare research and used a mixed methods design. The main objectives of the research project were to study the social, cultural, political and economic determinants of health among Baigas and Sabars; to study the access of Baigas and Sabars to government health and allied systems; and to study the experience of health-related events among Baigas and Sabars in Chhattisgarh and Jharkhand. The study has been completed and the results were deliberated under the headings of: nutritional status, self-reported morbidity and hospitalisation, access to health care, reproductive and maternal health, identity, livelihood and

food security, and access to public services. These results were discussed at state dissemination meetings held in Raipur, Chhattisgarh on 3rd November 2017 and in Ranchi, Jharkhand on 6th November 2017. A draft report has been submitted. The final report will be ready for circulation by end of 2018.

### **Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha**

This study was undertaken at the request of the Government of Odisha by PHRS and was commissioned by APPI. The key personnel involved were Ms. Swati Priyambada Das and Mr. Gouranga Mahapatra. Dr. Vandana Prasad provided overall leadership to the project.

The objectives were:

- (i) to assess the existing capacity building/training programme for ICDS workers
- (ii) to critically examine content of training curriculum
- (iii) to examine pedagogy used in trainings and
- (iv) to understand the institutional processes involved in the training

The focus of this research was Anganwadi Training Centres (AWTCs) and ICDS functionaries. The Government of Odisha supported the data collection and all other processes throughout the study period.

The study has been completed; the report is in two parts. The first part entitled “Needs Assessment of the Anganwadi Training Institutions” has been submitted and disseminated to the Government of Odisha during the year 2016-17.



The second part and the consolidated report titled “Needs Assessment of ICDS of the ICDS Frontline Workers has been submitted, in the year 2017-18 and is awaiting dissemination.

### **Study on understanding ICDS governance system in Jharkhand (Mobile Crèches)**

A study was conducted for Exploring Decentralized Implementable Model for Early Childhood Development (ECD). The study took place in different districts and blocks of Jharkhand, Odisha and Delhi, led by a consortium of organisations. In Jharkhand, it was led by PHRS (Ms. Shampa Roy and Ms. Smruti Sudha Behera). The study covered Raidih block of Gumla district and Ratu block of Ranchi district. The study was to understand the status of ECD Services in three states with special reference to institutionalization of democratic decentralization and community participation. The main goal was conceptualization of a base unit as a workable model of convergence for providing holistic services to young children.

The objectives of the study were:

- To enable understanding of the systems and processes involved in different states in the provision of services for young children.
- To examine the respective status of the fundamental elements that contribute towards efficient functioning, for example: convergence, decentralization, mobilization and financial issues.
- To glean insights into key issues and challenges in provision of holistic services for young children.
- To recommend reforms, if any, in the functioning of systems and enabling efficient provision of services through increased interdepartmental convergence, democratic decentralization and community participation. The final report has been submitted to the project coordination team in Mobile Crèches. This report will be disseminated soon.



# ADVOCACY

## Campaign on Availability of Free and Essential Medicines in the Government Health System in Chhattisgarh

PHRS along with Jan Swasthya Abhiyan, Chhattisgarh initiated a campaign on availability of free and essential medicines. In the planning part, a consultation was done with Oxfam, civil society members and State Health Resource Center. Evidence was used on Medicine Budget allocation from the JSA PBI campaign for advocacy. The key personnel involved in the project are Ms. Sulakshana Nandi and Ms. Deepika Joshi. The objectives are (i) to build evidence on the availability of essential medicines in the state and (ii) advocacy with the stakeholders on ensuring the availability of essential medicines in the state.

The major activities completed under the project are:

- The third round of medicine survey on availability of essential medicines in public health facilities was completed.
- Two regional Consultations were held in Bastar on the 28th February 2018 and in Surguja on the 12th March 2018.
- State health assembly was organised on 23rd March 2018 to build pressure and momentum for strengthening of public health services and against the Chhattisgarh state's attempts to privatization. Key findings from the medicine availability survey in CG were shared. 150 people from across the state joined in the share their experiences of denials in health facilities and make the demands for strengthened public system. Ms. Hilda Grace from Centre for Rural

Studies and Development in Andhra Pradesh was invited to talk on the Aarogyasri, PPPs and budgets in AP and its consequences on Out of Pocket expenditure and public health systems. Ms. Grace's presentation was very useful for the audience and helped to build further solidarity and synergy between budget work and campaign of the two states.

- A proposal for the extension of the initiative was submitted to Oxfam.

## Strengthening Public Provisioning of Healthcare in India

The Chhattisgarh state JSA unit is involved in budget analysis activity through PHRS, with Sanket Development Group from Madhya Pradesh, and is financially supported by National Foundation of India. The project which was initiated in 2015 has continued in 2016-17. State and regional workshops were conducted along with Sanket. The members from JSA and PHRS also participated in a budget analysis workshop held by State Health Resource Centre, with Dr. Ravi Duggal, Country Coordinator for International Budget Partnership, as the resource person. The key personnel involved in the project from PHRS are Ms. Sulakshana Nandi and Ms. Deepika Joshi. The objectives were to (i) build evidence on resource gap in health facilities and public health system in Chhattisgarh, especially concerning Human Resource situation and health budgets in the state and (ii) build a public campaign to develop public awareness towards health budgets and capacities of CSO/CBOs involved in JSA and other networks, to hold the state accountable in investing and allocating adequate budget towards public health system and allied sectors.

The major activities are as follows:

- Three regional budget consultations were held: Out of that one was held in this financial year in Bilaspur (Central) on 28th April 2017. The participants included Civil Society organizations from the region, FMRAI representative, non-profit hospitals, organisations providing legal aid, CBOs and the mitanin programme members. The aim was to build capacity of participants in terms of understanding social sector budgets, specifically of the health sector. It also included discussions from the State health report card and discussions on the shortage of Human resources and medicines specifically.
- A charter of demands was prepared post-consultation. This was later shared with the Planning Commission and Health Department, Chhattisgarh.
- A policy brief on status of health and health budget in the state was prepared in Hindi and English. This included district health report cards of Kabeerdham and Kanker district.
- Six articles were written by Ms. Sulakshana Nandi as JSA, Chhattisgarh member in the Nai Duniya newspaper.

- An article titled "In Chhattisgarh, Public Funds for Health Insurance Are Being Diverted to the Private Sector" was published in "The Wire" on February 2018.

#### **Action Plan submitted to NHM as a follow up on the PVTG research study**

Public Health Resource Network and State Health Resource Centre with the support of Achutha Menon Centre for Health Science Studies, Trivandrum undertook a research study on "Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India". Subsequently, when the findings were shared with MD National Health Mission, PHRN and SHRC were requested to develop an action plan for the area based on the study. The Action plan has emerged out of the findings of the study mentioned above and further interactions by the research team with the Baiga community, health workers, NGO workers and district health administration and visits to the study area and discussions in the dissemination event. A comprehensive plan has been submitted to the NHM with solutions around strengthening the public health system were made in the action plan. It is expected that these recommendations will be taken up by the NHM.

## OTHER INITIATIVES

### National, New Delhi

- The Delhi office has initiated an official PHRS newsletter which is being published regularly; four issues are now available. The newsletter is being managed on a voluntary basis by Ms. Radha Holla, who is doing a commendable job in this matter.
- The Delhi office has revamped the PHRS website and the e-group.
- The Delhi office encouraged and supported Mr. Sunandan Kumar and Mr. Ajay Baluja to attend a course on “GST and FCRA compliance” on 19th July, 2017 in New Delhi. They will now be training the other staff members of the Delhi office on the same.
- Mr. Vivek Goel attended and completed a 12-session certification course on GST organised by Aldine Ventures Private Limited from 18th June, 2017 onwards. Monetary support for this was provided by the Delhi office of PHRS.
- The Delhi office conducted a two-day organisational retreat involving core team members of PHRS at Sanskriti Kendra, Delhi on 8th and 9th June, 2017.
- Dr. Osama Ummer attended the “Bhopal Festival: celebration of Diversity, Reason and Resistance” between 26th and 28th November, 2017 as a representative of PHRS. He attended the plenary sessions, plays and skits, film festival, exhibitions, and the youth plenary session.
- Dr. Ganapathy Murugan was a resource person for a meeting on “Empowering Tribal Communities to improve nutrition related services and practices in Selected tribal blocks of Maharashtra” organized by Sathi-Cehat in Mumbai on 15th December 2017.
- PHRN team has attended a National Conference on “Health Inequities in India: Transformative Research for Action”, organized by Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum on 8th -11th January 2018. Dr. Vandana Prasad (National Convenor, PHRN, New Delhi), presented the initiatives and activities of “The Right to Food Movement” in a plenary session: The role of social movements in equity in health and/or its social determinants during the AMCCON 2018 in Thiruvananthapuram as a Resource Person. Dr. Osama Ummer presented a photo essay titled “Pathways to hope” in the non-paper presentation category, and secured the first position.
- Public Health Resources Network (PHRN) along with Jan Swasthya Abhiyan (JSA) and Public Services International (PSI) organised a panel discussion on World Health Day 2017: People over Profit held on 7th April 2017 at Indian International Center, New Delhi. Dr. Vandana Prasad from PHRN chaired the discussion.
- Dr. Vandana Prasad attended an event on Achieving the 2025 Global Target for Stunting: Investing in Food Systems to Prevent Stunting hosted by Committee for Food Security (CFS) of FAO (UN) held in Rome, Italy on 22nd September 2017. She was one of the speakers for the session on “Stunting prevention in specific contexts”.

- Dr. Vandana Prasad attended a National Conference held on May 5th and 6th 2017 in TISS Mumbai on “Evidence for Policy: Better Organization of Service Delivery: Case Studies from across India.” She was the moderator for a plenary session on Theme: Innovators & pioneers in primary health care. The workshop is organized jointly by NHSRC and WHO India.
- Dr. Vandana Prasad was one of the speakers for the parallel session of 21st IPEA Conference “Inclusive and Sustainable Development: Theoretical and Empirical Perspective” held on 9th December 2017 in New Delhi.
- Dr. Ganapathy Murugan was a discussant for the parallel session on Tribal Health on 11th January 2018 during the AMCCON 2018 in Thiruvananthapuram.
- Dr. Aditi Hegde participated in a 5-day certificate course on “Ethics in Public Health Practice” organized by Azim Premji University in Bengaluru between 5th and 9th February 2018.
- An International conference on “Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia” was held at the India International Centre, New Delhi on 28th, 29th and 30th of March 2018. The conference was held under the auspices of People's Health Movement (PHM-Global), Jan Swasthya Abhiyan (PHM-India), Public Health Resource Network (PHRN), World Public Health Nutrition Association (WPHNA), Narotam Sekhsaria Foundation (NSF), International Food Policy Research Institute (IFPRI) and Breastfeeding Promotion Network of India (BPNI). More than 350 people, including 72 invited resource persons and an audience composed of researchers, activists,

practitioners and policy-makers from 13 countries and 21 states in India, met over three days in the International Conference. Five plenary sessions and 13 workshops provided a platform for the sharing of global campaigns, studies, and experiences, including specific country experiences from Brazil, Afghanistan, Thailand, Bangladesh, Nepal, Mexico, South Africa, Malaysia, and India. The workshops discussed issues related to agricultural crises, women's labour, livelihood and nutrition, law, policies, programmes at national and global levels, conflicts of interest, culture and indigenous knowledge, scientific evidence on undernutrition, obesity, non-communicable diseases (NCDs), nutrition and the market, management of acute malnutrition along with the role of community mobilisation, and networking among campaigns at local, national and international levels. The roles and responsibilities of the state and public policy in addressing these structural factors were emphasized. Dr. Vandana Prasad was the convenor and chief administrator of the conference. She also spoke in a plenary session on “Campaigns, Struggles and Practices: Learnings from India”.

### Chhattisgarh

- Ms. Sulakshana was invited as a Plenary speaker at Clairvoyance, the Annual Health Conference of the School of Health System Studies, TISS Mumbai, on 25th November 2017. The plenary was on 21st century leaders in Health Sector..Paragons of inspiration.
- She has presented PHRN's RSBY studies at the National Conference on Health Insurance and Universal Health Care (UHC) in India (13th and 14th October 2017), organized by CEHAT and TISS Mumbai.



- She has participated in Webinar on 'Researching Equity in Access to Health Care' along with Prof. Helen Schneider coordinated by Achutha Menon Centre for Health Science Studies Trivandrum.
- She has participated in the WHO Watch (by PHM and MMI) and attended the 70th World Health Assembly in May 2017.
- The National Conference on Health Inequities in India: Transformative Research for Action was organised by Achutha Menon Centre for Health Sciences and Studies, Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivandrum from 8th to 11th January 2018. Ms. Sulakshana Nandi presented the research study on "Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India" in the plenary on "Dissemination of Research Studies on Health of Adivasi /Tribal Communities in Three Regions of India".
- Ms. Deepika Joshi from PHRN presented learning and experiences from the Campaign on Patient's Rights in Chhattisgarh, at the two days South Asia Learning Exchange Workshop on Patient's Rights from 23rd to 24th January 2018 organised by Support for Advocacy and Training to Health Initiatives (SATHI) and Centre for Health and Social Justice at Mumbai. COPASAH - Community of Practitioners on Accountability and Social Action in Health - is a global network of community of practitioners who share a community –centric vision and human rights-based approach to health, health care and human dignity.
- Ms. Deepika Joshi from JSA Chhattisgarh took part in the media consultation on the Implications of Union Budget 2018-19. The consultation on 20th February 2018 at YMCA Delhi was jointly organised by People's Budget Initiative and Jan Swasthya Abhiyan.

# PRINTING AND PUBLICATIONS

- Prasad, V. (2017). Reading Between the Lines of the RUTF Trial, India. British Medical Journal Global Health. [Letter to the Editor]
- Murugan, G. (2017). Action Against Malnutrition. In V. Xaxa, & R. Tikoo (Ed.), Forest Lanterns - A collection of Essays on Solutions for Nourishing India's Tribal Children (pp. 56-61). Gurgaon: Penguin Random House India
- Nandi, S., Schneider, H., and Dixit, P. (2017) Hospital utilization and out of pocket expenditure in public and private sectors under the universal government health insurance scheme in Chhattisgarh State, India: Lessons for universal health coverage. PoLoS ONE 12(11): e0187904. doi:10.1371/journal.pone.0187904
- Nandi, S. and Garg, S. (2017). Indigenous women's struggles to oppose state-sponsored deforestation in Chhattisgarh, India. Gender and Development; 25 (3): 387-403. <http://dx.doi.org/10.1080/13552074.2017.1379781>
- Prasad, V., Sinha, D., Sengupta, S. and Shukla, A., (2017). "Inept Fiscal Transitions and Budgetary Disruptions in Nutritional Services for Women and Children". Vol 16 (pp. 159-182) Journal of the National Human Rights Commission
- Joshi, D. Nandi, S. Gill, E. and Mahajan, T. (2018). "Is the

Chhattisgarh Rural Medical Corps able to attract & retain health personnel for rural and remote areas? A qualitative study of health personnel's perspectives in Kanker District". February Bulletin. Medico Friend Circle

- Prasad, V., Sinha, D., Chatterjee, P., and Gope, R. (2018) Outcomes of Children with Severe Acute Malnutrition in a Tribal Day-care Setting. 55 (pp. 134-36). Indian Pediatrics

## Newspaper articles:

- Nandi, S. Is the National Health Insurance Scheme in Chhattisgarh Doing More Damage Than Good? The Wire (3rd November 2017)
- Editorials by Nandi, S. in Nayi Duniya (Chhattisgarh)
  - राज्य में हाशिए पर पांच विशेष संरक्षित जनजातियां Nov 2017
  - विकल्प या नया खतरा है इंजेक्टेबल गर्भनिरोधक! Oct 2017
  - छात्रावासों में कब थमेगा मौतों का सिलसिला? Sep 2017
  - योन हिंसा के मामलों में जिम्मेदार बने अस्पताल May 2017
  - नर्सिंग होम एक्ट है तो लाभ भी मिलना चाहिए May 2017

# PHRN INTERACTIVE GROUPS

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

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

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

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

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

**PHRN Ethics Committee:** An Institutional Ethics Committee (IEC) for PHRN was formed and established in May 2012. This committee was formed in light of the increasing number of research activities and implementation projects that PHRN undertakes and the need to take ethical clearance either research studies or implementation projects. PHRN's IEC is constituted of five members including public health specialists, social scientists and civil society representatives. The executive

director of the PHRS serves as the fifth member and member secretary to this committee. The committee elect a chairperson from within on rotation basis.

The IEC has the following responsibilities:

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

All the research studies undertaken by PHRN in 2017-18 have received ethical clearance from the committee.

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

# GOVERNANCE

## General Body

General Body shall be the supreme body of the society with capacities to regulate and give directions to the Governing Body for the enhancement of function of the Society. The general body shall consist of all the standing members of the Society as per rules defined in by laws. The society membership is the General Body (GB) and has the following categories of members:

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

**The 7th Annual General Body Meeting** of the PHRS was held on 26th February 2018 at Hotel Shyama International, C-5/32, Safdarjung Development Area, New Delhi. The following points were discussed in the meeting:

1. Ratification of the Action Taken Report (ATR) on previous General Body Meeting
2. Presentation and discussion on:
  - I) Secretary's Report
  - ii) Treasurer's Report
3. Approval of the provisional organisational budget for the FY 2018-2019
4. Presentation of Annual Report 2016-2017
5. Appointment of Auditors 2018-2019

6. Future Plan: Activities (celebrating ten years of PHRN), collaborations and fundings

## Governing Body

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

The 15th Governing Body meeting was held on 1st December 2017 at Hotel Shyama International, C-5/32, Safdarjung Development Area, New Delhi. The following points were discussed in the meeting:

1. Ratification of Minutes of the previous Governing Body meeting
2. Action Taken Report
3. Audited Financial Statement FY 2016-2017
4. Organisational Updates
5. Appointment / renewal of President
6. Appointment / renewal of Executive Director
7. Celebrating ten years of PHRS
8. Discussion on the new entity
9. Programme Updates
10. Proposed Budget for 2018-2019
11. Funding and potential donors



## Details of Governing Body Members as on 31st March 2018:

Sl. No.	Name	Position in Governing Body	Profession
1	Dr. Suranjeen Pallipamula Prasad	President	Public Health Professional, State Program Manager for Jharkhand at Jhpiego
2	Dr. Madan Mohan Pradan	Vice President	Epidemiologist, Dy. Director of Health Service, NVBCP, Odisha
3	Dr. Ganapathy Murugan	Secretary	Executive Director-PHRS
4	Dr. Dipa Sinha	Treasurer	Assistant Professor, Ambedkar University
5	Mr. Biraj Patnaik	Member	Regional Director, South Asia, Amnesty International
6	Dr. Vandana Prasad	Member	Community Pediatrician and Public Health Expert, Former Member - National Commission for Protection of Child Rights
7	Mr. Dinesh Chandra Bhatt	Member	Independent Consultant
8	Dr. Rajib Dasgupta	Member	Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University
9	Mr. Rafay Eajaz Hussain	Member	Public Health Professional, State Program Manager (Bihar and Odisha) - Save the Children, India
10	Ms. Sulakshana Nandi	Member	Public Health Professional, Founder Member - Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan
11	Dr. Madhurima Nundy	Member	Public Health Professional, Associate Fellow - Institute of Chinese Studies
12	Dr. T. Sundararaman	Member	Dean, School of Health Systems Studies, TISS, Mumbai
13	Mr. Thomas Mathews	Member	Team Leader in Finance and Accounts Unit - PRADAN
14	Dr. Indranil Mukhopadhyay	Member	Health Economist, Senior Research Associate at Health Economics and Financing Unit at Public Health Foundation of India (PHFI)
15	Mr. Haldhar Mahto	Member	National Programme Coordinator - PHRS and Member, State Vigilance and Monitoring Committee, Jharkhand
16	Mr. Rajesh Sriwastawa	Staff Representative	Programme Coordinator, PHRS

## 12. Strategizing for the future

Out of the 16 Governing Body members (as on 1st December 2017), 13 members attended the meeting fulfilling the quorum requirement for conducting the Governing Body meeting.

We also declare that PHRS has not sponsored or made reimbursement to any staff/volunteers/governing body members for any international travel for the organisation. National travels have been done by the staff /volunteers /governing body members and are as per the project requirements only.

### Executive Committee

The committee is responsible for strategic and operational integration and institutional development. During 2017-2018, the Executive Committee meeting have taken place twice. The first meeting took place on 5th June 2017 and the second one on 13th November 2017. The committee members are:

1. Dr. Vandana Prasad
2. Dr. Ganapathy Murugan
3. Dr. Dipa Sinha

## 4. Dr. Madhurima Nundy

### Accountability and Transparency:

#### Audited Financial Report

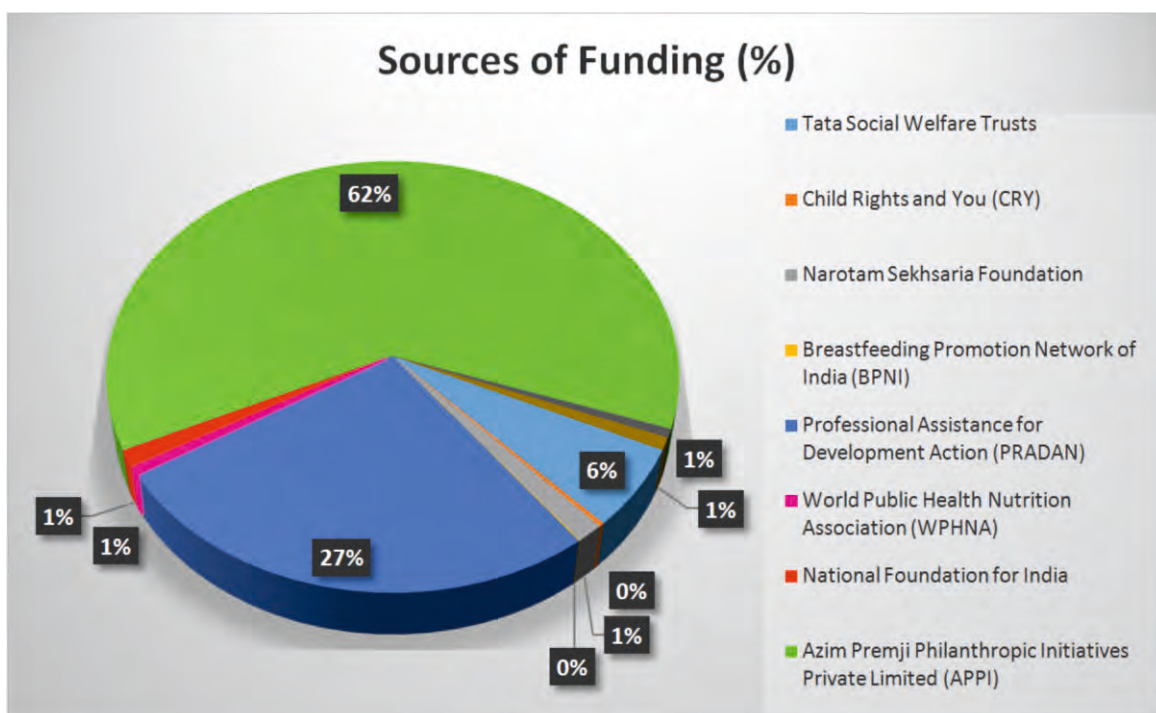
Signed audited statements for the FY 2017-2018 are available: Balance Sheet, Income & Expenditure, Receipt & Payments Account, Schedules to these and Statutory Auditor's Report.

(Please see Annexures – I – Financial Statements)

#### Annual Report

The organisation's Annual Report is disseminated to key stakeholders and is always available on request for every year since its inception. The Annual Reports for the last three years are also available on the organization'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 reimbursement and brief financial details.

### Sources of Funding (%)



## Sources of funding for the financial year 2017-2018 (in %)

Sl. No	Name of the Project	Donor
1	Action Against Malnutrition	Tata Social Welfare Trusts
2	Partnerships for Women's Empowerment & Rights (PoWER)	Professional Assistance for Development Action (PRADAN)
3	Partnerships for Rural Integrated Development and Empowerment (PRIDE)	Professional Assistance for Development Action (PRADAN)
4	Women's Collective led process for Impacting Poverty and Malnourishment	Professional Assistance for Development Action (PRADAN)
5	SHG led Transformation of Rural Communities through Partnerships (STaRtuP)	Professional Assistance for Development Action (PRADAN)
6	International conference: Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia	Child Rights and You (CRY)
7	International conference: Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia	Narotam Sekhsaria Foundation (NSF)
8	International conference: Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia	Breastfeeding Promotion Network of India (BPNI)
9	International conference: Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia	World Public Health Nutrition Association (WPHNA)
10	Strengthening Public Provisioning of Healthcare in Chhattisgarh	National Foundation for India (NFI)
11	Social Accountability of Private Sector in Chhattisgarh	Oxfam India
12	Study on "Assessment of Capacity Building of Front-line Workers in the ICDS in Odisha"	Azim Premji Philanthropic Initiatives Private Limited (APPI)
13	Mainstreaming Crèches to Reduce Malnutrition in Odisha (Porborish Initiative)	Azim Premji Philanthropic Initiatives Private Limited (APPI)
14	Research on Access of Particularly Vulnerable Tribal Groups (PVTGs) to health in Chhattisgarh and Jharkhand states of India	Sree Chitra Tirunal Institute for Medical Sciences and Technology
15	Campaign on Availability of Free and Essential Medicines	Oxfam India

**Staff Details as on March 31st 2018**  
**PHRS Team**

<b>Sl. No.</b>	<b>Name</b>	<b>Designation</b>
<b>Managerial Staff/s</b>		
1	Dr. Ganapathy Murugan	Executive Director
<b>Technical Consultant/s or Advisor</b>		
2	Dr. Vandana Prasad	National Convenor and Technical Advisor
<b>Programme Staff/s</b>		
3	Ms. Sulakshana Nandi	Senior Programme Coordinator (Parttime)
4	Mr. Satya Narayan Patnaik	Programme Coordinator
5	Mr. Rajesh Sriwastwa	Programme Coordinator
6	Ms. Shampa Roy	Programme Coordinator
7	Mr. Md. Shahnawaz Khan	Programme Coordinator
8	Ms. Kandala Singh	Programme Coordinator(Part-Time)
9	Mr. Sayan Jyoti Deori	Programme Coordinator
10	Ms. Priyanka Chatterjee	Programme Coordinator
11	Ms. Deepika Joshi	Programme Coordinator
12	Dr. Muneer Mammi Kutty	Programme Coordinator
13	Dr. Osama Ummer	Programme Coordinator
14	Dr. Aditi Hegde	Programme Coordinator
15	Ms. Smruti Sudha Behera	Programme Coordinator
16	Ms. Pramita Satapathy	Programme Coordinator
17	Mr. Satish Kumar	Programme Coordinator
18	Ms. Sabita Chettri	Programme Coordinator
19	Mr. Sunil Kumar Thakur	Programme Coordinator
20	Mr. Chandan Soren	Programme Coordinator
21	Mr. Rahul Chandra	Programme Coordinator
22	Mr. Avikalp Mishra	Programme Coordinator
23	Ms. Swati Priyambada Das	Programme Coordinator
24	Mr. Anadi Sethi	Programme Coordinator
25	Mr. Manas Ranjan Padhay	Programme Coordinator
26	Mr. Rajesh Kandagere	Programme Coordinator
27	Mr. Aniruddha Bora	Programme Coordinator
28	Mr. Anup Navin Chairas Oraon	Programme Coordinator
29	Mr. Dilip Kumar Basantary	Programme Coordinator
30	Mr. Satyajit Samal	Programme Coordinator
31	Ms. Annesa Sarkar	Programme Coordinator

32	Ms. Smita Roy	Programme Coordinator
33	Ms. Satyamita Sahu	Programme Coordinator
34	Mr. Deepak Kumar	Programme Coordinator
<b>Accounts, Administrations and Supporting Staff/s</b>		
35	Mr. Sunandan Kumar	Senior Accounts and Administrative Officer
36	Mr. Neeraj Shrivastava	Accounts and Administrative Officer
37	Mr. Vivek Anand Goel	Accounts and Administrative Officer
38	Ms. Ghazala Afrin	Executive Assistant
39	Mr. Luky Miniaka	Accounts and Logistics Assistant
40	Mr. Vijay Kumar Rai	Office Assistant
41	Mr. Saroj Kumar Bhoi	Office Assistant
42	Mr. Shankar Samal	Office Assistant
43	Mr. Dildar Hussain	Office Assistant

**Note:** Number of Semi-voluntary Field Staff/s - 166

#### Highest, Second Highest and Lowest – Paid Staff Members (As on 31st March 2018)

Particulars	Designation	Salary (Per Month)
Operational Head of the Organisation	Executive Director	INR 1,14,628
Highest Paid Staff after the Operational Head	Senior Programme Coordinator	INR 57,140
Lowest Paid Staff in the Organisation	Crèche Worker	INR 4,000

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#### Distribution of Staff according to salary levels and gender (as on 31st March 2018)

Slab of CTC to Staff (per month)	Male Staff	Female Staff	Total Staff
Less than 10,000	5	129	134
10,001 – 25,000	14	24	38
25,001 – 50,000	21	10	31
50,001 – 1,00,000	2	3	5
More than 1,00,000	1	0	1
<b>Total Staff</b>	<b>43</b>	<b>166</b>	<b>209</b>

# OUR PARTNERS

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

## **Funding Organisations / Donors**

1. Azim Premji Philanthropic Initiatives (APPI)
2. Institute of Development Studies (IDS), Sussex
3. International Development Research Centre (IDRC), Canada
4. International Food Policy Research Institute (IFPRI)
5. National Foundation for India (NFI)
6. Oxfam India
7. Professional Assistance for Development Action (PRADAN)
8. Public Service International (PSI)
9. Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST)
10. State Health Society (SHS), Bihar
11. Tata Social Welfare Trusts
12. Thought Works India Pvt Limited
13. UNICEF, Bihar

## **Consortium or Implementing Partners**

1. Center for Health, Education, Training and Nutrition Awareness (CHETNA), Ahmedabad
2. Chaupal Gramin Prashikshan Evam Shodh Sansthan (Chaupal)
3. Child In Need Institute (CINI), Jharkhand
4. Ekjut

5. Institute of Developmental Education and Action (IDEA)

## **Network Partners**

1. Action Aid
2. Breast Feeding Promotion Network of India (BPNI)
3. Child Relief and You (CRY)
4. Indian Institute of Health Management and Research (IIHMR), Jaipur
5. Indian Institute of Management (IIM), Ranchi
6. Indira Gandhi National Open University (IGNOU)
7. Jan Swasthya Sahayog (JSS)
8. Mobile Crèches
9. Narotam Sekhsaria Foundation (NSF)
10. National Health Systems Resource Centre (NHSRC)
11. National Institute of Health and Family Welfare (NIHFW)
12. People's University
13. SAMA: Resource Group for Women and Health
14. Society for Education, Action and Research in Community Health (SEARCH)
15. State Health Resource Centre (SHRC), Chhattisgarh
16. Support for Advocacy and Training to Health Initiatives (SATHI), Pune
17. Tata Institute of Social Sciences (TISS), Mumbai
18. URMUL Trust, Rajasthan
19. Vikas Samvad, Bhopal



# ANNEXURE – I:

## FINANCIAL STATEMENTS (2017-2018)

Signed audited statements for the FY 2017-2018 are available in scanned forms: Balance Sheet, Income & Expenditure, Receipt & Payments Account.

### 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	
		2018	2017
<b>SOURCES OF FUNDS</b>			
Corpus	1	6,000	6,000
<b>Other Funds</b>	2		
Assets fund (Own and from Restricted Fund)		51,82,948	27,80,831
Un-restricted Fund		39,48,709	29,81,179
		91,31,657	57,62,010
<b>LIABILITIES</b>	3		
Restricted Project Fund		2,74,51,678	1,09,57,341
<b>CURRENT LIABILITIES AND PROVISIONS</b>	4		
Current Liabilities		35,74,356	12,66,377
<b>Total</b>		<b>4,01,63,691</b>	<b>1,79,91,728</b>
<b>APPLICATIONS OF FUNDS</b>			
<b>FIXED ASSETS</b>	8	51,75,836	27,73,719
<b>INVESTMENTS</b>	5	54,06,356	89,05,498
<b>CURRENT ASSETS, LOANDS AND ADVANCES</b>			
Loans & Advances (Assets)	6	17,76,975	11,69,240
Cash & Bank Balances	7	2,78,04,524	51,43,271
<b>Total</b>		<b>4,01,63,691</b>	<b>1,79,91,728</b>

IN TERMS OF OUR REPORT OF EVEN DATE

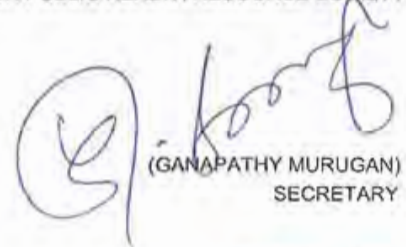
FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN : 000497N)

  
(SANJEEVA NARAYAN)  
PARTNER  
M.No. 084205

Place : New Delhi

Date: 27/09/2018

FOR PUBLIC HEALTH RESOURCE SOCIETY

  
(GANAPATHY MURUGAN)  
SECRETARY

SECRETARY  
PUBLIC HEALTH RESOURCE SOCIETY

# Public Health Resource Society

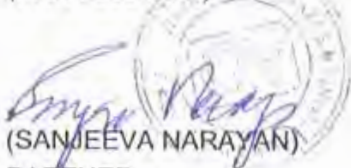
C-14, Ground Floor, Hauz Khas, New Delhi - 110016

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

Particulars	Schedule Nos	Amount in INR	
		2018	2017
<b>INCOME</b>			
Donations	9	8,91,693	5,65,675
Income from Investments	10	2,68,964	-
Other Receipts	11	3,26,012	2,88,769
		<b>14,86,669</b>	<b>8,54,444.00</b>
<b>EXPENDITURE</b>			
Capacity Building Programme	12	1,10,08,078	62,39,829
Creche Programme	13	32,19,600	33,32,552
Human Resource Cost	14	2,67,43,447	1,87,15,832
Office Administration Cost	15	59,00,068	30,54,945
		<b>4,68,71,193</b>	<b>3,13,43,158</b>
<b>Non-Cash Charges</b>			
Depreciation for the year	8	6,49,391	5,25,337
Less: Met out from capital fund		(6,49,391)	(5,25,337)
		-	-
Less: Metout from Restricted Fund		<b>(4,63,52,054)</b>	<b>(3,06,05,548)</b>
<b>Excess of Income Over Expenditure for the year</b>		<b>9,67,530</b>	<b>1,16,834</b>

### IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN : 000497N)

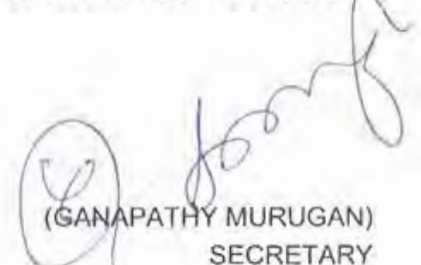
  
(SANJEEVA NARAYAN)  
PARTNER

M.No. 084205

Place : New Delhi

Date: 27/09/2018

FOR PUBLIC HEALTH RESOURCE SOCIETY

  
(GANAPATHY MURUGAN)  
SECRETARY

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			
		2018		2017	
<b>OPENING BALANCES</b>					
Bank Balances	7	51,26,579		1,91,11,662	
Cash in Hand	7	16,692	51,43,271	20,056	1,91,31,718
<b>RECEIPTS</b>					
Restricted Project Fund	16	6,58,97,899		2,51,62,333	
Corpus				3,000	
Other Income	17	14,86,669	6,73,84,568	13,68,307	2,65,33,640
			7,25,27,839		4,56,65,358
<b>PAYMENTS</b>					
<b>Recurring and Programme Expenditure</b>					
Capacity Building Programme	12	1,10,08,078		62,39,829	
Creche Running Programme	13	32,19,600		33,32,552	
Human Resource Cost	14	2,67,43,447		1,87,15,832	
Office Administration Cost	15	59,00,068	4,68,71,193	30,54,945	3,13,43,158
<b>Capital Expenditure</b>					
	8		30,51,508		6,01,027
Increase / Decrease in working capital	18		(51,99,386)		85,77,902
<b>CLOSING BALANCES</b>					
Cash in hand	7	9,450		51,26,579	
Bank Balance	7	2,77,95,074	2,78,04,524	16,692	51,43,271
			7,25,27,839		4,56,65,358

**IN TERMS OF OUR REPORT OF EVEN DATE**

FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN : 000497N)

(SANJEEVA NARAYAN)  
PARTNER

M.No. 084205

Place : New Delhi

Date: 27/09/2018

FOR PUBLIC HEALTH RESOURCE SOCIETY

(GANAPATHY MURUGAN)  
SECRETARY

# GLIMPSES FROM THE PAST

## District Health Trainings



**Fast Track Training Programme on District Health Planning and Management, Ranchi, 2008**



**Fast Track Training Programme on District Health Planning and Management, Namkum, 2008**

Meeting with Community Health Fellows, 2009





# 1st National Convention, Ranchi, 2011



**National Dissemination, Action Against Malnutrition, New Delhi, 2017**











**PUBLIC HEALTH RESOURCE SOCIETY**

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

011 26868118, 011 42576337

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

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