

2018-2019 ANNUAL REPORT

**PUBLIC
HEALTH
RESOURCE
SOCIETY**



Message from the President

The Public Health Resource Network was born out of deep yearning to help the common people to be able to articulate their health and nutrition and address them through the use of public health principles and tools. Over 160 participants, that included community health workers and local public health resource persons, to public health and nutrition activists, professionals and academicians, who came together at Raipur, on the 21st of September 2018 to recollect and share our experience of the journey that we began ten years back. The main theme of the Decennial Celebration was 'Health of the Tribal Communities in India', where Prof Rajib Dasgupta presented Morbidity Patterns among Tribal Populations in India. Ms. Anju Khewar spoke on the Experience of the Mitandin Programme in Tribal Population, and Dr. Abhay Bang shared the Tribal Health in India Report that he chaired.



Thanks to the dedicated leadership from Dr Vandana Prasad, our major focus of the Public Health Resource Society this year remained malnutrition amongst children under five and its determinants. We have been able to partner with some of the most vulnerable communities across Odisha, Jharkhand, Chhattisgarh, Madhya Pradesh and West Bengal in working together on addressing malnutrition especially in children under five. We have ensured that through this experiential learning and understanding alongside organizations such as PRADAN, Transform Rural India Foundation, Azim Premji Philanthropic Initiative among others, we have been able to foster a joint learning agenda that would help us, the women we work with, our partners, donors, and local governments address malnutrition and its determinants holistically. We have been able to show that such joint endeavors can bring down malnutrition levels substantially.

Our understanding on the major determinants of malnutrition led us to organize and chair an International conference on "Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia". The conference held on the 28th to 30th of March 2018 in collaboration with the People's Health Movement (PHM-Global), Jan Swasthya Abhiyan (PHM-India), World Public Health Nutrition Association (WPHNA), Narotam Sekhsaria Foundation (NSF) and International Food Policy Research Institute (IFPRI) was attended by participants across the globe.

PHRN played an important part in both the National Health Assembly at Raipur in September 2018 and the Peoples Health Assembly at Dhaka in Dec 2018. We were able to bring in and foster the discourse around peoples and local governments actions to address malnutrition and other health issues.

We held a consultation on Current Advances in Malaria Management and Implications for Malnutrition in the month of January 2019 in Bhubaneswar. This consultation, attended by approximately 60 people consisting of eminent public health practitioners, researchers, doctors, civil society representatives and public health students, endeavored to understand the relationship between malaria and malnutrition better, and discussed how the learnings from Odisha on malaria could be integrated in all community-based malnutrition programmes across the country where malaria is key determinant. We also worked with CHAUPAL, SAMA and Oxfam to understand the various facets of gender and the intersectionality that exists between gender and health and bring in a peoples understanding to this important determinant that affects health and nutrition.

With a field presence of over 350 staff, an annual budget of Rs. 5.5 crores for experiential learning and being a catalyst of change we look forward to continuing being a change in the world.

Dr. Suranjeen's

Message from the National Convener & Executive Director

As 2018 draws to a close, PHRN has a number of feathers to add to its cap. One of the most significant events convened by PHRN with the help of several partners was the international conference on “Critical Public Health Consequences of Double Burden of Malnutrition and the Changing Food Environment in South and South-East Asia” organised at India International Centre, New Delhi on 28th, 29th and 30th of March 2018. The conference was conducted by PHRN members in collaboration with the People's Health Movement (PHM-Global), Jan Swasthya Abhiyan (PHM-India), World Public Health Nutrition Association (WPHNA), Narotam Sekhsaria Foundation (NSF) and International Food Policy Research Institute (IFPRI). This was the first time that PHRN has ever conducted an international event of this scale. More than 350 individuals participated from over 13 countries and 21 states in India alone. The conference was highly appreciated as being one of the first to raise the issue of the double burden of nutrition amongst civil society participants in India, combining technical and social issues in a comprehensive manner and giving space to both academics and practitioners to contribute equally.



It was also the year for PHRN to celebrate 10 years of PHRS through rough and smooth times and take heart from its journey collectively over a year of celebration through various events including a large consultation on tribal health in Raipur on 21st September 2018 which was attended by 160 participants including resource persons. Towards the end of the year, significant transitions occurred with the sitting ED leaving on a year's sabbatical and the senior accounts officer also having to leave the organisation and PHRN once again tightened its belt to tackle this challenge.

Though there have been some organisational challenges, we look forward to the year ahead with our usual fortitude keeping in mind that when things get tough the tough get going.

Dr. Vandana Prasad

National Convener, Technical Advisor and ED.



PHRN

PHRN

ANNUAL REPORT
2018 - 2019

CONTENT

1.	PUBLIC HEALTH RESOURCE SOCIETY	1
2.	HISTORY	1
3.	VISION	2
4.	MISSION	3
5.	AIMS AND OBJECTIVES	3
5.	CORE STRATEGIES	4
6.	ORGANISATION PROFILE	5
7.	MAJOR PROGRAMMES	6
	• Action Against Malnutrition	6
	• Facilitating Action Against Malnutrition	6
	> Partnerships for Women's Empowerment and Rights (PoWER)	6
	> SHG led Transformation of Rural Communities through Partnerships (STaRtUP)	8
	• Mainstreaming Crèches to Reduce Malnutrition in Odisha (Porborish Initiative)	10
	• Partnership for Rural Integrated Development and Empowerment (PRIDE)	12
	• Strengthening Public Provisioning of Healthcare in Chhattisgarh (Campaign in collaboration with PBI-JSA)	15
	• Building ownership and momentum for effective implementation of SDG 2, target 2.2 and WHA nutrition targets	17
8.	OTHER CAPACITY BUILDING PROGRAMMES	18
	• Internship Programme	18
9.	OTHER INITIATIVES	18
10.	PRINTING and PUBLICATIONS	22
11.	PHRN INTERACTIVE GROUPS	25
12.	GOVERNANCE	26
13.	OUR PARTNERS	32

BACKGROUND

Public Health Resource Network (PHRN) is a growing network of individuals and organizations with the perspective of strengthening technical and management capacities to act 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 Chhattisgarh, Jharkhand and Odisha and has contributed to the on-going work of strengthening public health systems in other states through its partnerships with other institutions.

Public Health Resource Society

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

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 work together towards creating an inclusive environment of mutual respect and consideration while valuing everyone's contribution.

HISTORY

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

VISION

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. It focused on the NRHM elements of decentralized planning and communitisation that it considered could truly change the health scenario of disadvantaged people. Some of the capacity building programmes conducted by PHRS are as follows (for detail, please see our website www.phrsindia.org).

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

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

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

MISSION

Building Capacities for Public Health Action

AIMS AND OBJECTIVES

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

CORE STRATEGIES

information and opportunities to contribute to this goal.

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

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

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

14. To create and foster subsidiary organizations and institutions dedicated to promoting 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

o Assisting access to information and technical resources

o 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

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
Service Tax No.	:	AAAAP8517GSD001
GST Registration No.	:	07AAAAP8517G1ZJ
Registered Office Address	:	C-14, Ground Floor, Hauz Khas, New Delhi 110016
Statutory Auditor	:	Ashwani & Associates 103 Pratap Bhawan, Bahadur Shah Zafar Marg, New Delhi - 110003

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

MAJOR PROGRAMMES

Action Against Malnutrition (AAM)

PHRN Creche is being continued in Kota Village of Nagri Block of Ranchi District. The crèche is one of the 28 creches of Action Against Malnutrition Programme (AAM) that is being supported by TATA TRUST (the then Sir Dorabji Tata Trust (SDTT)) since 2012 to 2019 in different villages of Ratu and Nagri blocks.

The Creche at Kota is around 4 years old. It was initiated in February 2015. Nested in Anganwadi Centre of Kota, it is one of its kind as it is being managed by the support of community and group of mothers of children. Around 41 children have been enrolled in the crèche while 10 children have graduated from the crèche to AWC. There are presently 16 children in the crèche who are being cared and supported by 2 creche workers.

The children are progressing in the indicators of nutrition i.e. out of 16 children presently coming to the crèche, 50% remained normal over a period of 4 months from November 2018 to March 2019. The protocols related to growth faltering are adhered to by the crèche workers and extra feeding, weekly weight and MUAC monitoring are being done.

The crèche workers have just initiated the process preparing Sattu at the crèche level. This they do in consultation with mothers and have begun preparing AAM sattu for children comprising of rice, wheat and black gram. They have also planned to include ragi once it is available in the village.

Most of the mothers of the children are engaged as wage earners either in the village itself or go to the city for work. They consider the crèche as a boon and are running it as a co-operative effort of the crèche workers, anganwadi sevika, sahayika and mothers.

Creche at Kota village in Nagri Block of Ranchi District



Facilitating Action Against Malnutrition (FAAM)

Partnerships for Women's Empowerment and Rights (PoWER)

This collaborative project between PHRN and PRADAN is supported by Bill and Melinda Gates Foundation. The project aims to bring positive changes towards health and nutrition of women and children while linking it with agricultural practices and livelihood. This programme is also a platform for cross-learning with other similar projects where PHRN is involved: SHG-led Transformation of Rural Communities through Partnerships (STaRtuP) and Partnerships for Rural Integrated Development and Empowerment (PRIDE).

Geography: The project is being implemented in 270 villages of five blocks across two states – Kolnara, Balliguda and K. Nuagaon (Odisha), Sonua and Kathikund (Jharkhand). Over 18,500 households are covered by the intervention.



Women in Jhalda with their “lohe ka kadhais”



A didi with her kitchen garden in Kathikund

Major activities in PoWER

- The module development for Perspective Building Module 3 (PBn3) was done in Delhi. PBn3 consists of four micromodules and covers the topics of early marriage, adolescent health and well-being, community-based monitoring, and social audit. The translation, designing, illustration, and printing, of the modules and picture cards is taking place through the National Office in Delhi.
- A set of three revision modules (RMs) was created by deriving key messages from PB1 and PB2 module sets.

These revision modules seek to reinforce the messages and action points using existing picture cards, and through series of activities. These are being implemented from January 2019.

- A two-day orientation and capacity building exercise on health and nutrition was undertaken for the PRADAN Executives of the South Odisha Development Cluster (SODC) and Santhal Pargana Development Cluster (SPDC). The topics covered were introduction to health and public health; health inequities; gender and women's health issues; health structures and systems in India; community-based monitoring and the mid-line dissemination for the WINGS evaluation was conducted in Ranchi, Jharkhand on 17th and 18th July 2018. The meeting was attended by International Food Policy Research Institute (IFPRI), Professional Assistance for Development Action (PRADAN) and PHRN professionals. It was a two-day dissemination event in which IFPRI presented the process evaluation results to the entire house consisting of PHRN, PRADAN and IFPRI. The results presented were discussed by all the partners (IFPRI-PRADAN-PHRN) and a way forward for the future activities and implementation plan was drawn.
- Follow-up meetings with the evaluation team were held on 16th August 2018, 16th October 2018, and 7th March 2019.
- A PHRN-PRADAN working group meeting was held on 4th September 2018 at the Delhi NCR PRADAN office. A follow-up meeting was conducted at the PHRN Delhi office on the 24th of October 2018. The meeting was attended by Avijit Choudhury from PRADAN, and the PHRN representatives Dr. Vandana Prasad, Shampa Roy, Rajesh Sriwastwa, and Aditi Hegde. The

objectives were to design the rollout, finalize content and process for trainings, discuss human resource issues, and devise strategies for working with adolescents.

- A national capacity building event was conducted from 21st to 23rd September 2018 and was attended by block, state and national level consultants. The first day was co-terminus with the decennial celebration of PHRN and the theme for the day was 'Health of the Tribal Communities in India'. On the second and third day, various plenaries and workshops covered issues of health and nutrition. Both macrolevel and microlevel perspectives were covered. It was also an opportunity to interact with representatives of various organizations.
- The fifth PoWER Advisory Board Meeting was conducted on 20th November 2018 at India International Centre, New Delhi. Dr. Vandana Prasad represented PHRN at this meeting where the larger programmatic update was shared. Sambodhi, the evaluation agency for PoWER, presented its midline findings. Other thematic partners such as Jagori and Gram Vikas were also present and shared their experiences.

Project period: The project was supposed to be completed in September 2018, but a no cost extension was approved by PRADAN till March 2019.

SHG led Transformation of Rural Communities through Partnerships (STaRtuP)

This collaborative project between PHRN and PRADAN is supported by IKEA Foundation under the aegis of “SHG led Transformation of Rural Communities through Partnerships” (STaRtuP). The project objectives are

to build the perspective, knowledge and skills among the PRADAN staff around the issues of health and nutrition and sharpen their understanding around nutrition sensitive engagements, increase awareness among women to help understand the underlying causes and practices related to malnutrition, increase access to government interventions, especially to ICDS, water and sanitation, and health department, as well as reduce malnutrition and anaemia among women and children. Initially, the project was being implemented in four blocks across three states – Darbha (Chhattisgarh), Jhalda (West Bengal), Mohgaon and Samnapur (Madhya Pradesh), in 133 villages. As of March 31st, 2019, we are reaching out to 16,028 households in 135 villages. The broader reach of the programme, through mass events such as rallies, melas, picnics, etc., is far greater.

The project has now grown to cover new geographic areas, namely, Amarpur, Paraswada and Lamta (Madhya Pradesh), Mahagama and Godda (Jharkhand), Katoria and Chakai (Bihar). At the same time, adolescent health and well-being has been added as a new theme in the intervention.

Major activities

- The module development for Perspective Building Module 3 (PBn3) was done in Delhi. PBn3 consists of four micromodules and covers the topics of early marriage, adolescent health and well-being, community-based monitoring, and social audit. The translation, designing, illustration, and printing, of the modules and picture cards is taking place through the National Office in Delhi.
- A set of three revision modules (RMs) was created by deriving key messages from PB1 and PB2 module sets.

These revision modules seek to reinforce the messages and action points using existing picture cards, and through series of activities. These are being implemented from January 2019.

- An orientation and capacity building exercise on health and nutrition was undertaken for the Maha Kaushal Development Cluster (MKDC) and Santhal Pargana Development Cluster (SPDC). The topics covered were introduction to health and public health; health inequities; gender and women's health issues; health structures and systems in India; community-based monitoring and social audit; food, nutrition and food systems: an introduction; understanding food and nutrition and their relationship with health; the lifecycle approach and the first 1000 days; interventions for food and nutrition. This was followed by a planning exercise. All the discussed issues were contextualized to the districts of the development clusters.
- The mid-line dissemination for the WINGS evaluation was conducted in Ranchi, Jharkhand on 17th and 18th July 2018. The meeting was attended by IFPRI, PRADAN and PHRN professionals. It was a two-day dissemination event in which IFPRI presented the process evaluation results to the entire house. The results presented were discussed by all the partners (IFPRI-PRADAN-PHRN) and a way forward for the future activities and implementation plan was drawn. Follow-up meetings with the evaluation team were held on 16th August 2018, 16th October 2018, and 7th March 2019.
- A PHRN-PRADAN working group meeting was held on 4th September 2018 at the Delhi NCR PRADAN office. A follow-up meeting was conducted at the PHRN Delhi office on the 24th of October 2018. The meeting was attended by Avijit Choudhury as a representative of

PRADAN, and the PHRN representatives Vandana Prasad, Shampa Roy, Rajesh Sriwastwa, and Aditi Hegde. The objectives were to design the rollout, finalize content and process for trainings, discuss human resource issues, and devise strategies for working with adolescents.

- A national capacity building event was conducted from 21st to 23rd September 2018 and was attended by block, state and national level consultants. The first day was co-terminus with the decennial celebration of PHRN and the theme for the day was 'Health of the Tribal Communities in India'. On the second and third day, various plenaries and workshops covered issues of health and nutrition. Both macrolevel and microlevel perspectives were covered. It was also an opportunity to interact with representatives of various organizations.
- Community needs assessments (CNAs) were initiated in the new areas covered by the STaRtuP intervention. CNAs were conducted mainly through focus group discussions with members of SHGs and VOs in the villages, and also with adolescents. An array of communities was covered including tribal and non-tribal populations, as well as religious minorities. The process involved discussions, probing and observations during the meetings. All the questions were open-ended and allowed for participants to put forth their opinions, knowledge and practices clearly. The broad domains that were covered were dietary assessment and food security, infant and young child feeding, childcare practices, utilizations of schemes and services, and adolescent health and wellbeing. The exercise began in August 2018 and continued through November 2018. Aditi Hegde, a PHRN

consultant, and Kuntalika Kumbhakar (PRADAN), pilot-tested a tool for CNA with adolescent girls in Mahagama from 4th to 6th December 2018. A one-day session was organized on CNA sharing and orientation in SPDC on the 27th of September with the team members from Godda, Chakai, Katoria and Shikharipara participated.

- To plan the strategy for the roll-out of health and nutrition meetings in the new STaRtuP areas, planning meetings were conducted in both the PRADAN development clusters – SPDC and MKDC. The Integrators of the development clusters, the block team leaders and other PRADAN executives, and PHRN consultants were participants in these meetings. The agenda included presentation of the CNAs from each block, orientation to the project, strategizing the roll-out, process of mentor and CV selection, experience sharing, planning the engagement with adolescent girls, as well as discussing the way forward. The meetings were held on 16th November 2018 in Deoghar for SPDC, and 21st, 22nd December 2018 in Jabalpur for MKDC.
- A key decision taken during the working group meeting in October was that the rollout process in new areas begin with a three-day federation orientation. The orientation followed the health and nutrition theme. 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?”. In SPDC, the orientation was conducted on 11th and 12th December 2018. This event was also a ToT for other blocks teams under SPDC. For MKDC, the federation orientations were conducted between 5th to 6th January 2019 in Paraswada, 19th to 20th January in Amarpur, and 23rd to 25th January in Lamta.

- In the new areas, the federation orientation was followed by mentor selection. The mentors then received an orientation and induction training on health and nutrition. The event aimed to build the perspective of our mentors on key issues such as food security, health care, etc., apart from building their technical capacities around nutrition. Such trainings were conducted on 13th and 14th December 2018 in SPDC, and 7th and 8th February in Paraswada for three blocks of MKDC.
- Mentors also received training on Pbn1 (state-level trainings). These three-day trainings were conducted in Deoghar (SPDC) between 28th to 30th January 2019, and Paraswada (MKDC) between 23rd and 25th February.

Project period: The project is to be completed by September 2019.

Mainstreaming Crèches to Reduce Malnutrition in Odisha

Public Health Resource Network (PHRN) 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 GoO itself. 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 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 5 most vulnerable districts of Odisha that will eventually be scaled-up by GoO. Another objective is to achieve continuity of care between the community Integrated Child Development Scheme (ICDS), Accredited Social Health Activist (ASHA), Auxiliary Nurse Midwife (ANM) and Nutrition Rehabilitation Centres (NRCs) and develop a model supported by GoO and Azim Premji Philanthropic Initiatives (APPI).



Major activities conducted under the programme are:

- The remaining 44 crèches out of 150 crèches were opened in the districts of Koraput, Malkangiri, Nabarangpur and Kalahandi. During this intensive phase of crèche opening i.e. from November 2018 to February 2019, the programme team received immense support from the government departments at all levels of administration.
- PHRN team visited two crèches under District Mineral Foundation (DMF) in Keonjhar in the month of January 2019 and had a joint meeting with the DMF team members, as well as a representative from Ekjut. It has been decided to pursue 3 Anugul district for running crèches under

DMF funds and await further expression of interest from Keonjhar.

- PHRN attended a meeting held in the month of February 2019 under the chairpersonship of Secretary, Women and Child Development and Mission Shakti Department (WCD & MS) where the Oxford Policy Management (OPM) team disseminated their findings from the process evaluation. Feedback was received from the Secretary.
- PHRN's crèche programme has been highlighted in the Annual Activity Report 2017-18 released by the District Child Protection Unit, Malkangiri. The crèche programme has been extensively covered in local media reports.
- Some innovations in the crèches that have been implemented are smokeless chulhas for cooking, handwashing stations, solar lighting facilities, community growth chart, attendance calendar and kitchen gardens.
- In order to maintain hygiene in the crèche, handwashing stations were installed in all 150 crèches. These stations are portable, economical, and easy to maintain. To address the issue of lighting and ventilation, three models of solar power-based light system have been piloted in 11 crèches out of which one model has been selected for implementation in the remaining crèches.
- PHRN will be acting as a resource agency by providing the technical support to crèches under the District Mineral Foundation (DMF) funds in districts like Rayagada and Anugul across the state.
- A meeting was held with the Director of WCD Department, PHRN and APPI team members, in which it was mentioned to scale up to 2400 crèches from the Odisha Mineral Bearing Areas

Development Corporation (OMBADC) districts of the state and decision was taken to open crèches in the working women's hostel at Bhubaneswar.

- A Crèche Resource Centre (CRC) which has been established in Bhubaneswar for disseminating technical knowledge on crèches, as well acting as a resource group is also providing inputs to other states, agencies (Leeds University for Jharkhand) and other partners in Odisha (CINI, SPREAD, PRADAN). There are also strong demands in the neighboring villages of the crèches.
- A consultation on “Current Advances in Malaria Management and Implications for Malnutrition” was organized by PHRN in the month of January 2019 in Bhubaneswar to understand the relationship between malaria and malnutrition better, so that malaria control may be integrated in all community-based malnutrition programmes across the country. This was attended by approximately 60 people consisting of eminent public health practitioners, researchers, doctors, civil society representatives and public health students.
- PHRN has proposed an action research on the benefits of livelihood programmes such as backyard poultry and kitchen garden on the nutrition level of the children. The technical support on the livelihood aspects will be provided by Harsha Trust. PHRN is also planning to do a dietary diversity study to understand the food consumption and nutritional status of mothers belonging to Particularly Vulnerable Tribal Group (PVTG) communities.
- A standardized calibration policy has been developed for adoption in all the crèches. It calls for monthly

calibration of weighing scales and quarterly calibration of stadiometers and infantometer. This, along with training of district team on anthropometry (to be undertaken in May 2019), is expected to greatly enhance the accuracy of anthropometric measurements.

- ECCD has always been an integral part of our crèche programme which aims in developing the children holistically. In view of this, a three-day ECCD training was conducted in Rayagada district in the month of March 2019 by experts from Mobile Crèches. The objective of the three days intensive training was to build understanding on early childhood care and practices, importance of early childhood, development domains and age appropriate milestones, principles of learning, linking ECCD with our crèche programme, safety and security.



Partnership for Rural Integrated Development and Empowerment (PRIDE)

The PRIDE project is a partnership between PHRS, Transform Rural India Foundation (TRIF) and PRADAN. 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 (RCH, Nutrition sufficiency & security and Communicable/Endemic diseases). These volunteers – called Change Vectors (CVs) – 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, Shikaripara and Poreyahat). Narharpur in Kanker, Chhattisgarh and Jashipur in Mayurbhanj, Odisha are also under the PRIDE project. The following project activities have been completed over the last year:

- The National Hub undertook and completed the development, production and distribution of perspective building PB-II module.

- Conceptualizing and drafting the PB-III modules was undertaken in the period between April 2018 to March 2019.
- In October 2018, training of Master trainers including programme coordinators, Block Programme Officers (BPO), external resource persons, and mentors on the PB-III.
- Community Needs Assessment (CNA), and Public System Gap Analysis (PSGA) in new implementation areas.
- Transaction of knowledge at the village level by CVs. Currently, over 600 CVs operate across the seven programme blocks. Through them, the programme has reached over 2800 SHGs.
- Initiation of Kitchen gardens in the villages.
- Orientation of Federation leaders on health and nutrition.
- One new block– Shikaripara in Dumka district of Jharkhand – has been added to the project. A new BPO, team and mentors have been recruited for this block.
- Building and piloting new strategies for the following: how to scale up the intervention within each block, how to engage with public systems, etc.
- Knowledge generation activities: the Hub has engaged in planning and conceptualizing knowledge generation activities based on the field: by capturing and recording the richness of processes in the field through process documentation and process protocols (manuals on the project), and by pieces of qualitative, action research based on the actions emerging from the modules in the field. Work on the process protocols and process documentation began in this reporting period, along with ideations on possible topics of research.

- Ms. Madhulika Masih has joined the PRIDE team to undertake work related to Process Documentation.
- Translation in Hindi of power point presentations for the capacity building of Village Organizations.
- Tying up with the school programme to conduct meetings on adolescent health – menstrual health and nutrition – in four blocks of Jharkhand, namely Gola, Torpa, Raidih and Poreyahat



Meeting on adolescent health in a school in Torpa

- In September 2018, all the Jharkhand block teams participated in celebrating 'Nutrition Month' in collaboration with the Department of Health and Family Welfare. In each block, multiple nutrition events were organized – in Panchayats, Anganwadi Centres, and with the Village Organization – to spread awareness on health and nutrition.



Meeting on adolescent health in a school in Torpaz

- A two-day long planning meeting-cum-workshop to plan the content of PB (TRI) III was held in New Delhi from 19th-20th April 2018. The workshop was organized by the Health Sector Council and hosted by the hub of the Health and Nutrition Sector Council hosted in PHRS. The final content of the PB(TRI) III module consists of the following sessions: Early Marriage, Domestic Violence, Malaria, Tuberculosis (TB), Rights and Entitlements, Community-Based Monitoring and Social Audits. The broad content of each chapter was agreed upon, and the Hub took up the responsibility of drafting the module.
- Capacity Building of the entire PRIDE team: In order to strengthen the technical capacities of the PRIDE team, a three-day internal capacity-building event in Raipur between 21st and 23rd September 2018 was organized by PHRS. Apart from deepening the entire team's understanding of health and nutrition – the core of the PRIDE intervention – attending this event also increased the entire team's levels of motivation.



Capacity building training of Change Vectors, Narharpur block, Kanker district, Chhattisgarh, Change Vectors.

Strengthening Public Provisioning of Healthcare in Chhattisgarh

Campaign in collaboration with People Budget Initiatives (PBI)-Jan Swasthya Abhiyan (JSA) by National Foundation of India (NFI)

The campaign on 'Strengthening Public Provisioning of Health Care in Chhattisgarh' was initiated in 2015 in collaboration with the People's Budget Initiative and Jan Swasthya Abhiyan. The objectives of the project were to: 1) Build evidence on resource gap in health facilities and public health system in Chhattisgarh, with special focus on human resource and health budgets and 2) Build a public campaign for public awareness towards health budgets and build capacities of CSO/CBOs in analyzing budgets related to health and allied sectors. The following activities were undertaken as part of the project in 2018-19:

- An analysis of the Chhattisgarh state health budget 2018-19 was carried out and it was disseminated along with a state health policy brief at various forums. They were also translated in Hindi and circulated to media and to health groups and networks.
- Two regional meetings on health budgets and the right to health were held at Kawardha district on 30th October and Kanker district on 31st November 2018 respectively. The meetings focused on the importance of health budget, role of panchayats in preparing budget document, and strengthening of public sector health care.
- A study was undertaken on resource gap mapping of health facilities, with special focus on "Health and Wellness Centres" in Korba district of Chhattisgarh in June 2018. This pilot study undertaken in seven HWCs, aimed to understand the role of HWCs in increasing access to health care services, patient experience, issues in facilitating new services, and gaps in its functionality in terms of human resources, medicines etc. The research findings were used to provide inputs to state government on strengthening the HWCs.
- A medicine survey was undertaken in partnership with network partner, State Health Resource Centre (SHRC). The study was conducted in 20 public health facilities of Chhattisgarh between August 2018 and October 2018. Prescription audits were undertaken as part of the survey in order to understand the prescription patterns and rationality in patient care.
- Campaign on availability of free and essential medicines in the government health system in Chhattisgarh (Campaign in collaboration with Chaupal)
- PHRN Chhattisgarh and Chaupal collaborated with JSA Chhattisgarh on a campaign aiming to realize the Right To Health in Chhattisgarh. The following activities were undertaken jointly:
 - A survey was conducted on the status of medicine availability in 18 blocks of 18 districts in the state, along with one urban programme in Raipur district. In each block, two Sub centres, two PHCs and one CHC were surveyed.
 - In order to understand the grievance redressal mechanism, RTI applications was submitted and subsequently analysed to understand the issues regarding unavailability of medicines in public and private health sector under publicly-funded health insurance schemes.
 - Regional consultations were held in Sarguja, Bilaspur and Kanker. The regional consultations saw participation from the respective regions who shared their experiences of navigating the public and private sector and experiences related to RSBY/MSBY. The consultations were covered by local media as well.

Programme in collaboration with other organizations

- PHRN and CHAUPAL in collaboration with SAMA and Oxfam organized a four day training workshop that was held on “Gender and Right to Health” at Hotel Madhuban in Raipur from 24-27th March, 2019 which saw participation of 40 grassroots workers hailing from 10 districts of the State. The participants comprised women, men and members of the transgender community belonging to different age groups, including adolescents and from tribal, dalit and other communities. The primary objective of the workshop was to understand the various facets of gender and the intersectionality that exists between gender and health.



- PHRN, Chaupal and Oxfam India organised a state level meeting on “Health Inequity” on 28th March, 2019 at Hotel Simran Pride in Raipur

that focused on the existing inequalities in the State which saw almost 60 participants from various civil society organizations. This meeting was attended by members of various organizations working on health, Adivasi and Dalit issues as well as members of research organizations, legal-aid organizations, trade unions, patients' rights groups, transgender issues and other community-based organizations. This meeting focused on the existing inequalities in the State and importance of right to health in addressing these inequalities. Panel discussions that were organized, had, amongst others, representatives from tribal and dalit communities, people living in conflict areas, transgender persons, persons living with HIV and AIDS, representatives of domestic worker union, and activists working on forest rights, environmental pollution and unorganized sector.



Building ownership and momentum for effective implementation of SDG 2, target 2.2 and WHA nutrition targets

- The goal of this project is to build awareness and ownership on nutrition related goals (aligned with SDG-2, target 2.2 and the WHA nutrition targets) by state governments and multi stakeholder partnerships.
- National Foundation for India is anchoring this project with PHRN as its resource group. In the year 2018, PHRN was responsible for review of partner proposals, visiting each of the state partners, enhancing their capacities, facilitation of Social Audits and Coordinate with MLE consultant in designing MLE Model and Tools.
- PHRN team visited the five state partners in the month of August and September 2018 to identify and understand the state specific, partner specific requirements for resources, need for capacity building, and to discuss and come to a mutual understanding of the various parameters of the programme, especially what is feasible and what are the challenges to the programme. A guided questionnaire was used throughout the discussions. A detail report has been submitted to the NFI.
- A Social Audit workshop was conducted on 22nd September 2018 at Raipur during the National health assembly. The discussions mostly took

place around the importance of ICDS and its relevance to health and nutrition, the existing problems, the importance and process of Community Based Monitoring (CBM) and social audit, and about its theory and practice. The queries from participants revolved around how the process would address systemic issues of quantity and quality of Take Home Ration (THR) for instance, and the experience of conducting a CBM activity. The panel responded to these questions in detail.

- As mentioned above, one of the key roles of PHRN as a resource group to the preparatory phase of the programme was capacity enhancement of the state partners. A 2-days training was conducted at the India International Centre, New Delhi by PHRN consultants on the 30-31 October 2018. There were 26 participants and 4 resource persons present for the capacity building workshop. The participants were mostly district coordinators and project coordinators from five state partner's i.e. Association for Social and Health Advancement (ASHA) West Bengal; CINI Jharkhand; Centre for Child and Law (CCL) Karnataka; Chaupal Chhattisgarh and Vikas Samvad Madhya Pradesh. Taking on from the training and capacity building workshop, Dr Vandana Prasad had highlighted certain ways forward and identified some issues around state level advocacy.



OTHER CAPACITY BUILDING PROGRAMMES

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 organization 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 2018 to March 2019, a total of 2 candidates were placed in either Jharkhand, and Chattisgarh for internship with PHRN. The students were supervised by Ms. Shampa Roy in Jharkhand, and Ms. Sulaskhna Nandi in Chattisgarh. Details of the interns are as follows:

Sl. No.	Name of the intern	Affiliation	Internship period
1	E Lokesh Kumar,	O P Jindal Global University	1st June to 31st July 2018
2	Anupama Ramchairy	TISS, Mumbai (Master of Health Administration)	20th August to 12th October 2018
3	Bhawsh Jha	ITISS, Mumbai (Master of Health	20th August to 12th October 2018
4	Rahul Rabhadiya	TISS, Mumbai (Master of Health	20th August to 12th October 2018

OTHER INITIATIVES

National, New Delhi

DECENNIAL CELEBRATIONS OF PHRS

Public Health Resource Society (PHRS) has entered the tenth year of its operations this year. The day-long decennial celebration was held at Aashirvad Bhawan, Raipur, Chhattisgarh on Friday, 21st September 2018 and was attended by 160 participants including resource persons. 'Health of the Tribal Communities in India' was the core theme of the celebration, which ended with a cultural performance.

Dr. Suranjeen Pallipamula Prasad, President of PHRN, and Ms. Sulakshana Nandi chaired the session on experience sharing by network members, team members, students, and community members. Prof Rajib Dasgupta presented Morbidity Patterns among Tribal Populations in India. Ms. Anju Khewar presented on the Experience of the Mitandin Programme in Tribal Population, while Dr. Abhay Bang presented the Tribal Health in India Report. Prof. T. Sundararaman dwelt on PHRN's contribution in Shaping the Public Understanding and Discourse on Health and Healthcare and Dr. Kamlesh Jain released the Health Policy Primers.

The day was partly spent discussing PHRN's work and its contribution to public health discourse. Dr. Ganapathy spoke about PHRN's journey, outlining PHRN's core strategies and approach to work. Dr. Vandana Prasad, National Convenor and Executive Director, then introduced the four state conveners of PHRN: Ms. Sulakshana Nandi in Chhattisgarh, Dr. Suranjeen Prasad in Jharkhand, Dr. Madan Pradan and Mr. Haldhar Mahto in Orissa, Mr. Rafay Eajaz Hussain in Bihar. Several network members and well-wishers of PHRN who were present shared their experiences. For example, women volunteers from the community - change vectors from different blocks in Orissa, West Bengal and Jharkhand - shared that they have learnt a lot about a range of issues: malaria, pneumonia, the importance of tri-colored food, etc., thanks to the training they have received from PHRN. Devika Singh from Mobile Crèches spoke about the long association between PHRN and Mobile Crèches and said that both organizations share similar values. She emphasized the importance of crèches as a means not only to improve child health, but as a necessary step to empower women. Prof. Sundararaman spoke about PHRN's contribution to public health discourse. He opined that by interrogating dominant discourse from a pro-people, academically rigorous and evidence-based platform and building the capacities of public health practitioners to do the same, PHRN has had an important role to play in shaping discourse. Dr. Sundararaman and Dr. Ganapathy Murugan extolled Dr. Vandana Prasad's decade long support to the organisation, acknowledging that her expertise was integral to the growth of PHRS.

A large part of the discussion focused on tribal health. Prof. Xaxa spoke about inequities in tribal health from a historical and politico-economical perspective. Dr. Abhay Bang shared the

key findings of the recently released Tribal Health in India Report with the audience, while Ms. Anju Khewar shared learnings from the maintain programme and its role in tribal health in Chhattisgarh.

Dr. Kamlesh Jain from Pandit Jawarharlal Nehru College, Raipur then invited to release five public health policy primers prepared by PHRN and its partners. Dr. Vandana Prasad shared that the illustrations have been done by Dr. Indranil Mukhopadhyay and Mr. Bashir.

Maternity Entitlements Consultation

The Right to Food Campaign (RTFC) and Public Health Resource Network (PHRN), together with several other organizations, have been raising the issue of the right to maternity entitlements for all women at various levels. A consultation was organized on 10th January 2019 in Indian Social Institute, Delhi to bring together the various groups working on Maternity Benefits in India.

The Maternity Benefits Act, despite the amendments in 2017, continues to be limited in scope as it leaves most women in India who are working in the informal sector involved in paid and/or unpaid work. The Pradhan Mantri Matru Vandana Yojana (PMMVY) launched to implement the entitlement under the National Food Security Act (NFSA) of at least Rs. 6000 for all pregnant and lactating women (except those in government and public sector employment), dilutes the provisions of the Act by limiting the benefits for only the first live birth and with other conditions. Further, the amount has also been reduced to Rs. 5000. The NFSA entitlement is also not linked to wages in any manner and the amount is too low.

Some women workers are eligible for maternity entitlements through other provisions such as the welfare boards

under the Construction Workers Act. There is however no mechanism in place to monitor and implement these legislations and it is not clear how the employers are to be held accountable in case of violations. In some cases, the entitlements themselves or the system of accessing them remain unclear not only to the beneficiaries but also to the relevant departments and officials. Meanwhile, interactions (including a prolonged RTI process) with the Labour Ministry reveals a complete lack of information, systems and readiness to tackle this issue.

This consultation on Maternity Entitlements was set in the above context and aimed to bring together rights activists, trade union members, representatives of women's organizations, as well as legal and academic experts, to discuss the various legal and systemic issues involved in ensuring universal maternity entitlements. It was attended by more than 40 individuals from over 25 organizations and representing various sectors, including a representative from the Ministry of Labour, Mr. V. Srikanth, Joint Director.

The report of the consultation was prepared and circulated widely.

World Breastfeeding Trends Initiative

The World Breastfeeding Trends Initiative (WBTi), developed by International Baby Foods Action Network (IBFAN) Asia, is a tool used to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. In India, the process is led by Breastfeeding Promotion Network of India (BPNI), and the first assessment was conducted in 2005, followed by 2008, 2012, and 2015. Public Health Resource Network has been involved in each of these assessments. This time Dr. Vandana Prasad, Dr. Aditi Hegde, and Dr. Osama

Ummer were part of the assessment team.

The launch of the final report was held on 7th August 2018 at India International Centre, and was attended by academicians, practitioners, civil society members, and government personnel. Dr. Vandana Prasad, Dr. Ganapathy Murugan, Dr. Aditi Hegde and Ms. Elasha Bose represented PHRN at this event. A summary of the findings of the report was presented by Dr. Vandana Prasad, and she was also part of the media briefing. As part of the event, a panel discussion was conducted on the way forward. A media campaign on 'Breastfeeding: Nourishment for Life' was also launched at the same time.

National Health Assembly

Participants from PHRS, and many more from the Network, attended the National Health Assembly in Raipur, Chhattisgarh on 22nd and 23rd September 2018. The assembly consisted of various plenaries and workshops covering issues of health and nutrition. Both macrolevel and microlevel perspectives were covered over two days. It was also an opportunity to interact with representatives of various organisations.

Network activity

- A National Hindi Course on Gender, Health and Rights was organized by Sama - Resource Group for Women and Health in Patna, Bihar from the 16th to 22nd December 2018. On 19th December, Dr. Aditi Hegde represented PHRN as a resource person for a session on 'Understanding food, nutrition and food security as a critical determinant of health and struggles within the right to food and its linkages with health rights'. The session covered a conceptual and theoretical overview of food,

nutrition, food security and malnutrition, including contemporary debates regarding food systems and food processing. The discussion also revolved around nutrition and health, women's nutrition, NFSA and the demands of the Right to Food Campaign. To sum up the session, the participants analyzed case studies from the Right to Food Campaign and presented the same. The course was attended by 45 participants from grassroots organizations and community-based activists from Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Haryana, and West Bengal.

- PHRN members from Delhi and Chhattisgarh, namely, Dr. Vandana Prasad, Ms. Kandala Singh, Dr. Priyanka Chatterjee, Dr. Aditi Hegde, Ms. Sulakshana Nandi, Mr. Deepak Kumar, Ms. Neelanjana Das, and Ms. Deepika Joshi participated in the People's Health Assembly in Dhaka during 16th - 19th November 2018.
- Ms. Sulakshana Nandi (Chhattisgarh State Convener) participated in the 'Consultative Meeting on Health System Financing Policy in India' at New Delhi on 27th February organized by PGI Chandigarh, GIZ, University of York and GCRF and presented on publicly funded health insurance.
- JSA NCC meeting in Delhi in February 2019 was attended by Ms. Sulakshana Nandi and Ms. Deepika Joshi.
- NFI- Building ownership and momentum for effective implementation of SDG 2, target 2.2 and WHA nutrition targets- Training and Capacity building workshop held on 30 – 31st October at IIC for Project Coordinators and District Coordinators of five partner organizations. The resource persons

for this workshop were Dr. Vandana Prasad, Mr. Rajkishor Mishra, Ms. Elasha Bose and Dr. Aditi Hegde.

Chhattisgarh

- PHRN attended the UHC meeting in Chhattisgarh. Workshop on 'Strengthening Public Health System for realizing Universal Health Care in Chhattisgarh' on 20th February organized by the Department of Health and Family Welfare, Government of Chhattisgarh.
- PHRN attended the seminar on the 'Way forward for District Mineral Foundation Trust in Chhattisgarh' held in Raipur on 9th March organized by the Directorate of Geology & Mining, Chhattisgarh and participated in the workshop on "Challenges in Health care/Health care, Welfare of women & Children, Welfare of aged and disable people" to develop recommendations for DMF from the health sector.
- PHRN members attended "National Convention on Health for All" for realizing Universal Health Care on March 14-15, 2019 organized by the state Health department.
- Members of PHRN Chhattisgarh participated in state JSA meetings during the year.
- Sulakshana (Chhattisgarh State Convener) attended the Prince Mahidol Awards Conference- "The Political Economy of NCDs: A Whole of Society Approach" at Bangkok, Thailand from 29th January to 3rd February 2019.
- Ms. Deepika Joshi and Ms. Neelanjana Das attended the IPHU course "Struggle for Health", specializing in "Access to Medicines" and "Gender" stream respectively in November 2018 at Savar, Bangladesh.

PRINTING AND PUBLICATIONS

Studies undertaken and post-research action

- PHRN is undertaking a case study on 'Retention of human resources for health (HRH) in remote and rural areas of Chhattisgarh' along with State Health Resource Centre (SHRC) Chhattisgarh and World Health Organization (WHO).
- An Action plan was drafted along with SHRC based on the findings of the study "Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India" which was approved by NHM in September 2018. This study was undertaken by PHRN in 2016-

2017 with the help of Achutha Menon Centre for Health Science Studies, Trivandrum. This Action plan is currently being implemented at Pandariya block in Kabeerdham district of Chhattisgarh.

Papers presented at Conferences

1. Presentations by PHRN in Fifth Global Symposium on Health Systems Research held at Liverpool in October 2018.
- Nutritional Status and its determinants amongst the Sabar community' was selected in photovoice exhibition at the symposium.
 - Poster presentation on 'Analysing formulation and performance of Public Private Partnerships in health: Evidence from four case studies in India' at the Symposium. The study is authored by Sulakshana Nandi, Vandana Prasad, Deepika Joshi, Indira Chakravarty, Ganapathy Murugan, Pallavi Gupta, Chandan Kumar, Shahnawaz Khan, Md Allam Ashraf.
 - Oral presentation in the symposium on the theme 'Is private sector the answer to achieving effective coverage and financial protection under publicly funded health insurance? Evidence from Chhattisgarh, India' authored by Sulakshana Nandi et al.
 - PHRN was part of the following research studies that were presented at the 14th World Congress of Bioethics, December 5-7, 2018 at Bengaluru:

Analysing formulation & performance of Public Private Partnerships in health: Evidence from four case studies in India

Public Health Resource Network and An Swasthya Abhiyan (PHM India)

Background

In India, central and state governments have entered into Public Private Partnerships (PPPs) for healthcare. Current evidence points to their mixed performance. Objective of this formative research was to study the formulation, implementation & performance of four PPPs in three states- Odisha (1) Radiology services in Bhubaneswar, (2) Human Resource and (3) Rural Mobile Medical Units (MMLU) in Chhattisgarh and (4) Hemodialysis services in Delhi.

Methods	Results & Discussion
<ul style="list-style-type: none"> Qualitative study, using the multiple case study method Individual and four group interviews with health officials and staff 16 individual and one group interviews with community Programme data, media reports and grey literature were reviewed Cases first analysed individually and then together, an emerging theme Public Health Resource Centre Institutional Ethics Committee gave ethical clearance Informed consent was taken verbally Names of respondents, and some designations kept confidential Methodology got revised as per need and availability of data Biggest challenge was in accessing data and information from government 	<ul style="list-style-type: none"> Prior Situation <ul style="list-style-type: none"> Situation leading up to the PPPs highlights critical gaps in health system functioning However, evidence in the health system was a consequence of the government's own policies and functioning Initiation of the PPPs <ul style="list-style-type: none"> PPPs were introduced as a solution and to substitute government health services But mostly without adequate situation analysis Significant role played by NHM in pushing for PPPs Implementation <ul style="list-style-type: none"> Not all PPPs were implemented but quality issues and issues did not adhere to the contract Number of provision (issues/problems) remained the same Seen as a way to circumvent government while the state reservation Issues to the government and people Termination or closure of some PPPs PPPs filled the identified gap to an extent But they addressed selective gaps, while the core and larger health system issues remained unaddressed Monitoring and accountability <ul style="list-style-type: none"> No systems for monitoring, grievance redressal or evaluation No capacity building or orientation to the staff of private entities on principles of public provision Non transparency and lack of information regarding PPPs in public domain

Conceptual framework on the impact of PPPs on the government health system

Learning for further research

- Need to evaluate rationale & evidence based PPPs along with implementation & performance
- Need to study using a health systems framework- how is it affecting the whole system? Is it weakening or strengthening it?

Conclusion

The PPPs filled a gap in health system functioning for some time and in some cases provided services that were absent till then. However there were serious issues regarding their quality and performance. The study raises concerns on the long-term implications of PPPs on the government health system and their sustainability.

Sulakshana Nandi, Vandana Prasad, Deepika Joshi, Indira Chakravarty, Ganapathy Murugan, Pallavi Gupta, Chandan Kumar, Shahnawaz Khan, Md Allam Ashraf
Funding: Datta India, Sonnet | shrn@an.org.in



Case Study

- Poster- "Restriction to Contraception Services a Violation of Human Rights

of Baiga Community" by Deepika Joshi et al.

- Oral- "Geographical inequity in availability of hospital services under the state funded health insurance scheme in a central Indian state" Sulakshana Nandi et al.
- Oral- "Understanding health inequities in tribal communities: Reflections on some ethical issues" by Closing the Gap – Tribal Health Inequities Research Group. Presented by Sulakshana Nandi and Renu Khanna.



Picture: Ms. Neelanjana Das and Ms. Deepika Joshi from PHRN, as well as other participants of the International People's Health University (IPHU) held in Bangladesh

PUBLICATIONS

- Nandi S., Joshi D., Gurung P., Yadav C. & Murugan G. (2018). Denying access of Particularly Vulnerable Tribal Groups to contraceptive services: a case study among the Baiga community in Chhattisgarh, India. *Reproductive Health Matters*.26:54, 84-97.
- Contributed to- “Health Inequities and health of tribal communities in India” Research Team. (2018). Historical exclusion, conflict, health systems and Ill health among tribal communities in India: A synthesis of three studies. Closing the gap: Health equity Research Initiative in India. Trivandrum: AMCHSS, SCTIMST.
- Nandi S., Schneider H. & Garg S. (2018). Assessing geographical inequity in availability of hospital services under the state-funded universal health insurance scheme in Chhattisgarh state, India, using a composite vulnerability index. *Global Health Action*. 11:1.
- PHRN developed five primers for the National Health Assembly 2018 which are as follows:

P-1: The Alma ATA Declaration to UHC

P-2: Strengthening public health system

P-3: Government Funded Health Insurance Schemes: Promises and reality

P-4: Public private partnerships

P-5: Comprehensive primary health care in the context of health and wellness centre initiative.

- <https://scroll.in/pulse/891907/chhattisgarh-is-outsourcing-diagnostic-services-to-the-private-sector-despite-having-adequate-staff>
- <https://scroll.in/pulse/891906/chhattisgarh-plan-to-build-6-hospitals-under-public-private-model-shows-disregard-for-past-failures>

- <https://www.indiatoday.in/magazine/up-front/story/20181008-modicare-more-business-less-care-1350008-2018-09-28>
- <https://thewire.in/228126/chhattisgarh-public-funds-health-insurance-diverted-private-sector/>
- PHRN representatives were interviewed and quoted in several articles and reports:
- <http://www.bbc.com/news/world-asia-india-42914071>
- [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30241-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30241-1/abstract)
- <http://worldhealthpartners.org/2018/02/national-health-protection-scheme-revealed-in-india/>
- <https://www.europe-solidaire.org/spip.php?article43401>

PHRN INTERACTIVE GROUPS

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

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

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

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

PHRN E-discussion group: The E-group was launched in 2006 to facilitate free discussions, experience sharing and informing the members about important national and international events in the area of health and development. The group is broad based and welcomes all individuals interested in health and development. It has over 300 members as of 2018.

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 elects 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 ethical 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 2018-2019 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

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 8th Annual General Body Meeting of the PHRS was held on 8th February 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:

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. Appointment of Auditors 2018-2019
4. Approval of the provisional organizational budget for the FY 2018-2019
5. Presentation of Annual Report 2017-2018
6. Future Plan: Activities, collaborations and funding
7. PHRN representation to JSA
8. Any other Business (AOB)

-Suggestion for nomination of new members in Governing Body

Governing Body

The Governing Body leads and guides the organization to ensure that the aims and objectives of the organization 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.

Details of Governing Body Members as on 31st March 2019:

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. Vandana Prasad	National Convenor and Member	Community Pediatrician and Public Health Expert, Former Member – National Commission for Protection of Child Rights
5	Dr. Dipa Sinha	Member	Assistant Professor, Ambedkar University
6	Mr. Biraj Patnaik	Member	Regional Director, South Asia, Amnesty International
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 Ejaz Hussain	Member	Public Health Professional, State Program Manager (Bihar and Odisha) - Save the Children, India
10	Ms. Sulakshana Nandi	Member	Public Health Professional, Founder Member - Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan
11	Dr. 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	Treasurer	Team Leader in Finance and Accounts Unit – PRADAN and Finance & Accounts &
14	Dr. Indranil Mukhopadhyay	Member	Health Economist, Senior Research Associate at Health Economics and Financing Unit at Public Health Foundation
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

The 16th Governing Body meeting was held on 17th August 2018 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:

1. Ratification of Minutes of the previous Governing Body meeting
2. Action Taken Report
3. Audited Financial Statement FY 2017-2018
4. Organizational Updates
5. Proposal for a plan during sabbatical leave by ED
6. Proposal for board of advisors
7. Proposal for rotation of governing body
8. Celebrating ten years of PHRS
9. Update on forming on new entity
10. Programme Updates
11. Proposed Budget for 2018-2019
12. Funding and potential donors
13. Any other items

Out of the 16 Governing Body members (as on 17th August, 2018), 13 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. During 2018-2019, the Executive Committee meeting have taken place twice. The first meeting took place on 12th June 2018. The committee members at the time were:

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

The second meeting was held on 19th March 2019. The committee members are:

1. Dr. Vandana Prasad
2. Dr. Dipa Sinha
3. Dr. Madhurima Nundy
4. Mr. Manojit Biswas (as observer)

Accountability and Transparency

Audited Financial Report

Signed audited statements for the FY 2018-2019 are available: Balance Sheet, Income & Expenditure, Receipt & Payments Account, Schedules to these and Statutory Auditor's Report. (Please see Annexures – I – Financial Statements)

Annual Report

The organization's Annual Report is disseminated to key stakeholders and is always available on request for every year since its inception. The Annual Reports for the last nine years, starting from 2009-10, 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 for the financial year 2018-2019 (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	Strengthening Public Provisioning of Healthcare in Chhattisgarh	National Foundation for India (NFI)
5	World Breastfeeding Trends Initiative (WBTi)	Breastfeeding Promotion Network of India (BPNI)
6	Mainstreaming of creches to reduce malnutrition in Odisha	Azim Premji Philanthropic Initiatives Private Limited (APPI)
7	SHG led Transformation of Rural Communities through Partnerships (STaRtuP)	Professional Assistance for Development Action (PRADAN)
8	Building ownership and momentum for effective implementation of SDG 2, target 2.2 and WHA nutrition targets	National Foundation for India (NFI)

Staff Details as on March 31st 2019
PHRS Team

Sl. No.	Name	Designation
Managerial Staff/s		
1	Dr. Vandana Prasad	Executive Director
2	Mr. Manojit Biswas	Deputy Director
Technical Consultant/s or Advisor		
3	Dr. Vandana Prasad	National Convenor and Technical Advisor
Programme Staff/s		
4	Ms. Sulakshana Nandi	Senior Programme Coordinator (Parttime)
5	Mr. Satya Narayan Patnaik	Programme Coordinator
6	Mr. Rajesh Sriwastwa	Programme Coordinator
7	Ms. Shampa Roy	Programme Coordinator
8	Md. Shahnawaz Khan	Programme Coordinator
9	Ms. Kandala Singh	Programme Coordinator (Parttime)
10	Ms. Priyanka Chatterjee	Programme Coordinator
11	Dr. Aditi Hegde	Programme Coordinator
12	Ms. Pramita Satapathy	Programme Coordinator
13	Mr. Sunil Kumar Thakur	Programme Coordinator
14	Mr. Rahul Chandra	Programme Coordinator
15	Ms. Swati Priyambada Das	Programme Coordinator
16	Mr. Manas Ranjan Padhay	Programme Coordinator
17	Mr. Rajesh Kandagere	Programme Coordinator
18	Mr. Aniruddha Bora	Programme Coordinator
19	Mr. Dilip Kumar Basantary	Programme Coordinator
20	Mr. Satyajit Samal	Programme Coordinator
21	Ms. Satyamita Sahu	Programme Coordinator
22	Mr Deepak Kumar	Programme Coordinator
Accounts, Administrations and Supporting Staff/s		
23	Mr. Nirraj Shrivastava	Accounts and Administrative Officer
24	Mr. Vivek Goel	Accounts and Administrative Officer
25	Ms. Ghazala Afrin	Executive Assistant
26	Mr. Luky Miniaka	Account and Logistics Assistant
27	Mr. Vijay Kumar Rai	Office Assistant
28	Mr. Saroj Kumar Bhoi	OfficeAssistant
29	Mr. Shankar Samal	Office Assistant
30	Mr. Dildar Hussain	Office Assistant

Highest, Second Highest and Lowest – Paid Staff Members (As on 31st March 2019)

Particulars	Designation	Salary (Per Month)
Operational Head of the Organization	Executive Director	INR 1,47,000
Highest Paid Staff after the Operational Head	Deputy Director	INR 91,950
Lowest Paid Staff in the Organization	Creche Worker	INR 6,000

Distribution of Staff according to salary levels and gender (as on 31st March 2019)

Slab of CTC to Staff (per month)	Male Staff	Female Staff	Total Staff
Less than 10,000	14	302	303
10,001 – 25,000	11	0	11
25,001 – 50,000	13	5	18
50,001 – 1,00,000	4	2	6
More than 1,00,000	0	0	0
Total Staff	29	309	338

OUR PARTNERS

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

Funding Organisations / Donors

1. Azim Premji Philanthropic Initiatives (APPI)
2. National Foundation for India (NFI)
3. Professional Assistance for Development Action (PRADAN)

Consortium or Implementing Partners

1. Transform Rural India Foundation
2. Center for Health, Education, Training and Nutrition Awareness (CHETNA), Ahmedabad
3. Chaupal Gramin Prashikshan Evam Shodh Sansthan (Chaupal)
4. Child In Need Institute (CINI), Jharkhand
5. Ekjut
6. Institute of Developmental Education and Action (IDEA)

Network Partners

1. ActionAid
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 (2018-2019)

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			
		2019		2018	
SOURCES OF FUNDS					
Corpus	1	6,000		6,000	
Other Funds	2				
Assets fund (Own and from Restricted Fund)		6,967,743		5,182,948	
Un-restricted Fund		3,509,371	10,477,114	3,948,709	9,131,657
LIABILITIES	3				
Restricted Project Fund		19,337,038		27,451,678	
CURRENT LIABILITIES AND PROVISIONS	4				
Current Liabilities		5,570,132		3,574,356	
Total		35,390,283		40,163,691	
APPLICATIONS OF FUNDS					
FIXED ASSETS	8				
Owned Assets		2,203,136	6,960,631	2,200,830	5,175,836
Assets from Restricted Fund		4,757,495	-	2,975,006	-
INVESTMENTS	5	3,231,946		5,406,356	
CURRENT ASSETS, LOANDS AND ADVANCES					
Loans & Advances (Assets)	6	1,367,402		1,731,693	
Grant Receivables		1,095,253		45,282	
Cash & Bank Balances	7	22,735,051	25,197,706	27,804,524	29,581,499
Total		35,390,283		40,163,691	

Notes forming integral part of financial statements

19

IN TERMS OF OUR REPORT OF EVEN DATE

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


(SAMEER NARAIN)
PARTNER
M.No. 084205
Place : New Delhi
Date: 25.10.2019

UDIN: 19084205AAAANX3354

FOR PUBLIC HEALTH RESOURCE SOCIETY




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	
		2019	2018
INCOME			
Donations	9	575,732	891,693
Income from Investments	10	281,292	268,964
Other Receipts	11	259,645	326,012
		1,116,669	1,486,669
EXPENDITURE			
Capacity Building Programme	12	9,658,335	11,008,078
Crèche Programme	13	19,225,654	3,219,600
Human Resource Cost	14	22,877,756	26,743,447
Office Administration Cost	15	3,349,109	5,900,068
		55,110,854	46,871,193
Non-Cash Charges			
Depreciation for the year	8	803,531	917,722
Less: Met out from capital fund		(803,531)	(917,722)
		-	-
Less: Met out from Restricted Fund		(53,554,847)	(46,352,054)
Excess of Income Over Expenditure for the year			967,530
Excess of Expenditure Over Income for the year		(439,338)	

34

Notes forming integral part of financial statements

19

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERD ACCOUNTANTS
(FRN : 000497)

FOR PUBLIC HEALTH RESOURCE SOCIETY


(SANJEEVA)
PARTNER

M.No. 084205
Place : New Delhi
Date: 25.10.2019




SECRETARY

DDFN: 19084205 AAAANX 3354

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			
		2019		2018	
OPENING BALANCES					
Bank Balances	7	27,795,074		5,126,579	
Cash in Hand	7	9,450	27,804,524	16,692	5,143,271
RECEIPTS					
Restricted Project Fund	16	48,028,533		65,897,899	
Other Income	17	1,116,669	49,145,202	1,486,669	67,384,568
			76,949,725		72,527,839
PAYMENTS					
Recurring and Programme Expenditure					
Capacity Building Programme	12	9,658,335		11,008,078	
Crèche Running Programme	13	19,225,654		3,219,600	
Human Resource Cost	14	22,877,756		26,743,447	
Office Administration Cost	15	3,349,109	55,110,854	5,900,068	46,871,193
Capital Expenditure					
	8		2,588,326		3,051,508
Increase / Decrease in working capital					
	18		(3,484,506)		(5,199,386)
CLOSING BALANCES					
Cash in hand	7	12,977		9,450	
Bank Balance	7	22,722,074	22,735,051	27,795,074	27,804,524
			76,949,725		72,527,839

IN TERMS OF OUR REPORT OF EVEN DATE

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


(SANJEEVA AGRAWAL)
PARTNER
M.No. 084205
Place : New Delhi
Date: 25.10.2019

UDFN: 19084205AAAAAX3354

FOR PUBLIC HEALTH RESOURCE SOCIETY




SECRETARY

GLIMPSES FROM THE PAST



36





PUBLIC HEALTH RESOURCE SOCIETY

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

011 26868118, 011 42576337

delhi@phrnindia.org

www.phrnindia.org