

Annual Report 2010-11



PUBLIC HEALTH RESOURCE NETWORK

(A Programme of Public Health Resource Society)
www.phrnindia.org

Building Capacities for Public Health Action.



WORKSHOP ON RESEARCH FOR SOCIAL ACTION
Organized by Public Health Resource Network

From January 28th to 30th, 2010 Venue: Mir Anis Hall, Administrative Building, Jamia Millia Islamia, New Delhi

In Collaboration with Centre for Jawaharlal Nehru Studies

Supported By

Jamia Millia Islamia
PHRN
SEARCH
ICICI Centre for Child Health and Nutrition



Message from the President

On a long march to realise a healthy India without discrimination to the marginalised or poor, one year is too short a period to account for. Nevertheless several of such years make significant history if the vision is clear and goals are continuously kept in mind.

Annual report gives the readers a chance to judge for themselves whether we are in the right track. In this report we are taking pride in what we have done and the hardships we have overcome as well as the challenges we face in carrying out our mission.

We deeply appreciate in letting us know what we could have done better.

We seek the blessings and solidarity of our well wishers and supporters.

Dr. K.R. Antony





Message from the Vice President (State Convener, PHRN, Odisha)

Dear Friends

Greetings from PHRN!

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

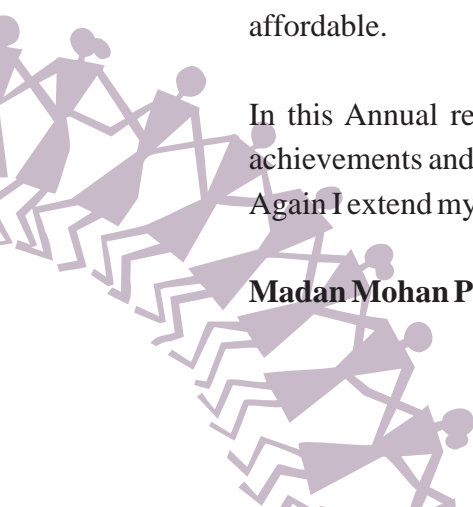
Time has come now to revitalise our energy and get ourselves equipped to combat the emerging needs of strengthening the public health system. It requires a stable mind, concerted effort, mutual respect and recognition among the members and partners of the network to translate the dreams to reality. Further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

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

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

In this Annual report of 2010-11, we have tried to highlight our major activities and achievements and we are glad to share this report with all our supporters and stake holders. Again I extend my thanks to all the network members, associated friends and supporters.

Madan Mohan Pradhan



Message from Secretary PHRS (National Convener PHRN)

Dear Friends,

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

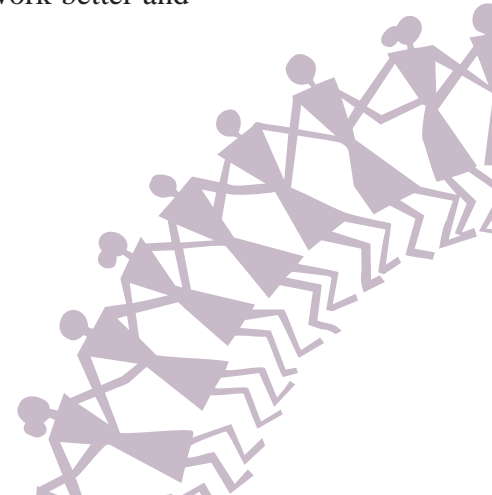
Our understanding, in PHRN, is that good quality services are eminently possible through the public health system provided there is intent, followed with adequate support through capacity building, proper human resource planning and decent allocations of financial resources. We also understand, as a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

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

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

With warm regards,

Vandana





Message from the Executive Director

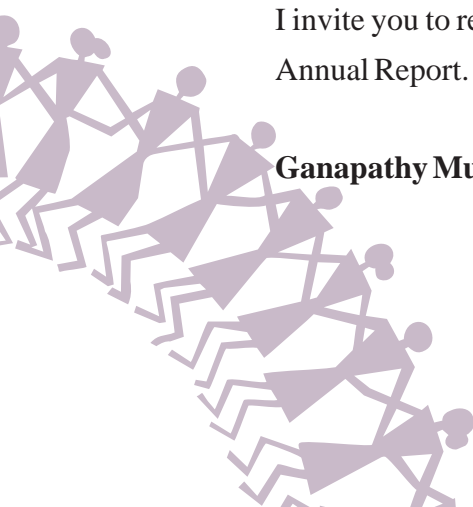
Welcome, I am proud to present the Annual report of Public Health Resource Society for the Financial Year 2010-11. As you read this report, I am sure you will conclude, as I have, that this has been a particularly busy and productive year for PHRS. In particular, I would like to draw your attention to the following highlights:

- 1 We successfully brought out the first batch of Community Health Fellows. All our Fellows got well placed in Health and Allied sectors adding pride to the network.
- 1 PHRS was actively involved in research, especially leading towards policy advocacy. To name a few, we did studies on Maternity entitlements, food security of homeless urban population.
- 1 We successfully organised a state level convention in the state of Chhattisgarh.
- 1 PHRS co-organised the National Bioethics conference.
- 1 We energetically supported the government and civil society efforts in realizing the goals of NRHM.
- 1 PHRS was increasingly involved in issues of Malnutrition especially with the Right to Food movement and campaign. With this we reiterated our commitment towards a social determinants understanding of Health

As we look to the future, we continually adapt ourselves to maximize our contribution to understanding the complexities of the Health Sector. None of this would have been possible but for the support from our strong network. As you read this report, I hope you share our sense of excitement and expectation for significant progress in the future.

I invite you to review our accomplishments and plans in the Financial Year 2010-2011 Annual Report.

Ganapathy Murugan



Messages from the State Conveners

It is wonderful to see PHRN grow in leaps and bounds both geographically and in terms of the issues and the network. Wishing PHRN all the best for the year ahead.

Ms. Sulakshana Nandi
State Convener, Chhattisgarh

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

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

Dr Suranjeen Prasad
State Convener, Jharkhand

"PHRN has stood up to various challenges in the past year and has strengthened its network. The state government has focused prominently on strengthening capacities within the health services system at various levels and has given this opportunity to PHRN to support these initiatives. Despite several challenges we remain committed to assisting public health system strengthening through our work with the government and our mission of building capacities for public health action. We are also thankful to all those who have supported us in fulfilling our commitments"

Mr. Rafay Ejaz Hussain,
State Convener, Bihar





Messages from PHRN Friends and Network Members

PHRN has made its presence felt in the area of public health through its sincere effort of capacity building of health professionals in the state and facilitate the process of district planning.

I wish all the success to them through their continuous support.

Gurjeet Singh

Program Manager, Village Health Committee and Sahiyya Resource Centre (VSRC), Jharkhand

We are happy to share our association with PHRN Odisha in the district of Nayagarh. PHRN's effort in sensitising the community on various public health issues is very much unique. During the community health fellowship programme in the district we were involved in almost all the programmes of NRHM and had raised many community level health issues systematically before the district health committee with support of the CHF and the state PHRN team. We hope PHRN shall continue its effort in strengthening the district health system and wish PHRN Odisha all success in its future endeavour.

NISWARTH

Nayagarh, Odisha

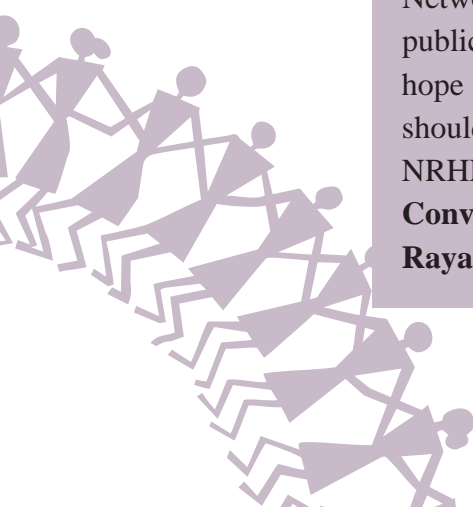
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**(State Advisor to the Commissioners
of the Supreme Court for Jharkhand)**

It gives us a great pleasure that we have been a part of the Public Health Resource Network-an all India initiative for ensuring an equitable, affordable and accessible public health system in our country through a cadre based people's movement. We hope PHRN in the coming days should expand its interventions in the district and should strengthen the public health systems in the district in collaboration with the NRHM.

Convener, District Resource Group

Rayagada



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Background:

Public Health Resource Network is a growing network of individuals and organisations with the perspective, 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 its goal through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are left underserved. PHRN is currently working in the states of Bihar, Chhattisgarh, Jharkhand, Odisha and Rajasthan and has contributed to the ongoing work of strengthening public health system in other states through its partnerships with other institutions.

Public Health Resource Society:

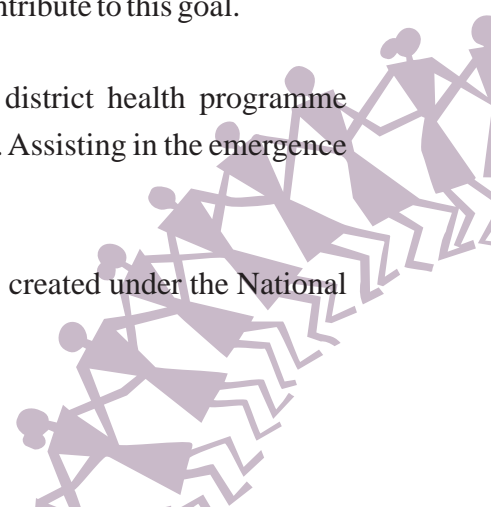
Whereas PHRN is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards "Health for All" by creating capacities and engaging with the public system, the Public Health Resource Society (PHRS) is the core group that has initiated the network. It comprises of a small group of members and full timers that provides leadership to the network as well as its function at the secretariat. The network is intended to constitute the general body of the society.

Public Health Resource Society (PHRS) has been receiving its core funding from ICICI Foundation for Inclusive Growth- Centre for child and Health and Nutrition from July 2008 onwards.

Mission :
Building Capacities for Public Health Action.

Objectives

1. Reaching out to dedicated individuals and organisations for whom health equity is a major concern, and providing them access to essential information and opportunities to contribute to this goal.
2. Sharing public health technical resources with existing and potential district health programme managers towards strengthening the public health system in their districts. Assisting in the emergence of state and district level resource groups for this purpose.
3. Empowering civil society to create spaces, and utilising the spaces being created under the National





Rural Health Mission (NRHM), for improving and increasing public participation in health planning and management.

4. Promoting decentralisation and horizontal integration at district, block and gram panchayat levels by contributing to capacity building at these levels on technical, programmatic, epidemiological and social understandings of health.
5. Strengthening the resource base needed for informed advocacy within the government and within civil society.
6. Facilitating networking and mutual support among public health practitioners.
7. Offering public health related support to rights based campaigns and grass roots organisations.

Initiatives of PHRN/ Core strategies

1. Conducting **Distance Learning Programme** for public health practitioners both within and outside the government.
2. Supporting **Fast Track Capacity Building Programme** on district health planning and management for public health sector employees in partnership with state governments.
3. Conducting **Community Health Fellowship Programme** to induct and groom interested persons into working towards public health goal.
4. Conducting **Post Graduate Diploma in District Health Management (PGDDHM)** in collaboration with the Indira Gandhi National Open University (IGNOU). PHRN is directly conducting the course in five states - Bihar, Chhattisgarh, Delhi, Jharkhand and Odisha. In Rajasthan, PHRN is planning to start its new batch of PGDDHM in the month of January 2012.
5. Strengthening *community processes* in NRHM
 - o Support to the ASHA programme
 - o Facilitating effective Village Health and Sanitation Committee (VHSC) functioning and Village Health Planning
 - o Facilitating public participation in health management through bodies like Rogi Kalyan Samiti (RKS).

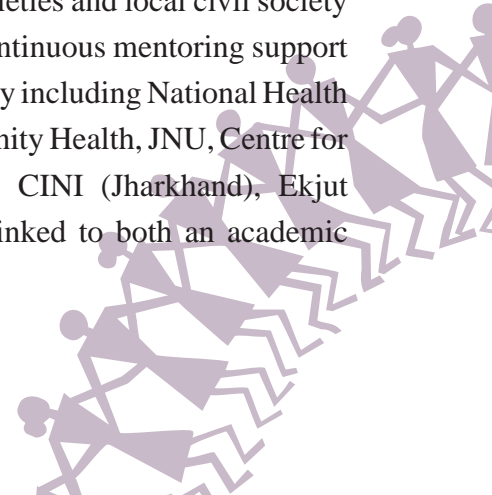
- o Capacity building and support to Panchayati Raj Institutions (PRIs)' involvement
 - o Assisting community monitoring processes to improve facilities and services
6. Making **district planning** more equitable and effective by
- o Research inputs
 - o Independent appraisals and evaluations
 - o Assisting access to information and technical resources
 - o Organising peer reviews
 - o Demonstrating quality district health plans through intensive work in 3-4 districts of Bihar, Chhattisgarh, Jharkhand, and Odisha.
7. Promoting **networking** and the emergence of district and state level groups and teams with a high degree of motivation and skill.
8. Holding conventions, seminars, study groups and meetings to facilitate these processes.

Major Programmes

1. Community Health Fellowship Programme:

The Community Health Fellowship programme (CHF) was launched in 2008, to strengthen the capacities of and participation of civil society in NRHM. PHRN ran this two year long programme in partnership with the National Health Systems Resource Centre (NHSRC)- the technical support institute for NRHM, SEARCH- a pioneer NGO and the ICICI Foundation For Inclusive Growth- Centre for Child Health and Nutrition (ICCHN), a funding and research group. The CHF programme was intended to impart multidisciplinary knowledge to the young professionals. The focus is to build a team of young professionals and dedicated youth with high motivation and technical competence to work with people, civil societies and the state to achieve the goal - Health for All.

These Fellows get placed in districts and are linked to both District Health Societies and local civil society groups. The fellows are provided an induction programme and a strong and continuous mentoring support from a network of resource individuals and organisations from across the country including National Health Systems Resource Centre (NHSRC), Centre for Social Medicine and Community Health, JNU, Centre for Jawaharlal Nehru Studies, (Jamia Milia Islamia), SEARCH (Gadchiroli), CINI (Jharkhand), Ekjut (Jharkhand), Prayas (Rajasthan), and Aravalli (Rajasthan). Each fellow is linked to both an academic mentor and a field level mentor.



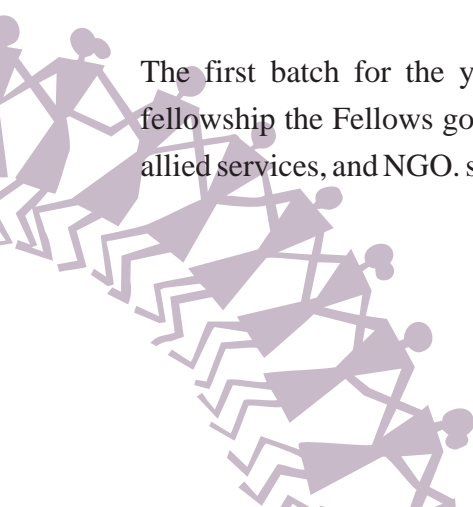


Activities of the Community Health Fellow:

- 1 Conducting formative studies that help to design communication programme and improve training curriculum documentation of ongoing processes
- 1 Attending training programme and serving as a trainer.
- 1 Assisting in training of ASHAs and Village Health and Sanitation Committee members and of local NGOs involved in the operational work of NRHM.
- 1 Organising post training follow up and support. Their role could also be concerned with providing assistance with training logistics, feedback in training quality- both content and method (especially the ASHA programme).
- 1 Undertaking small evaluation studies to feed into local programme planning
- 1 Analytical programme documentation
- 1 Drawing attention of the concerned authorities towards gap in the programme and to provide help regarding incentive payments, drug kit refills and referral support.
- 1 Facilitating visits by national and state mentoring group members.
- 1 Networking with local institutions, rights based groups, issue based alliances and NGOs to support and strengthen all community level processes in the districts through advocacy with district administration and Panchayati Raj Institutions and local NGOs.
- 1 Ensuring spirit of the programme is present in the district and blocks
- 1 Facilitate participatory processes of block and district health planning and ensuring participation of community representations and civil societies.

Current Status:

The first batch for the year 2009-2010 had 32 CHF's successfully completed the programme. Post-fellowship the Fellows got placement immediately in the respective fields e.g. NRHM associated, job in allied services, and NGO. some fellows started to work with PHRN.



Placement details of Community Health Fellows, post-fellowship programme for three states is given:

State	Name	Placement
Bihar	Jai Krishna	Cavitas India
	Rajiv R Singh	RPMU, Munger
	Nazis Ahmed Niyaz	Hospital Manager, Farbes ganj
	Shweta	National ASHA trainee, NHSRC
	Seema	Hospital Manager, Danapur
	Jalal Khan	SMC, Polio, UNICEF
	Arun K Singh	SPM, Mahadalit Mission, Government of Bihar
	Shefali	PHRN Bihar
	Odisha	Trishna Pani
Dr. Anup Abhishek		State School Child health coordinator- NRHM
Surath Chandra Biswal		District maternal child health Coordinator under NRHM
Jharkhand	Sandip Mitra	Executive Documentation and Planning State Health Society
	Manir Ahmed	Sahiyya Training Coordinator, SHRC, Jharkhand
	Gajendra	Monitoring and Evaluation Officer, EFICOR
	Manoneer Alam	State Trainer, Sahiyya programme, VSRC
	Jyotsna Tishey	State Trainer, Sahiyya programme, VSRC
	Pooja	National Trainer Sahiyya Module, NHSRC and SEARCH
	Annie	Consultant, CINI





Documentation of the Fellowship Programme:

PHRN in collaboration with Centre for Jawaharlal Nehru Studies, Jamia Milia Islamia has undertaken a study titled "**Analysing Strategies for Community participation in National Rural Health Mission- A documentation of action research in four states.**" The study is supported by The Indian Council for Social Science Research. This process documentation will look at potential and desirability for scaling up, as well as an assessment of output. The final outcome would be published and this would include a primer on action research for public health, as well as an edited volume of the work done by the fellows.

2. Distance Learning Programme on Decentralised Public Health Management:

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

The course has been designed as a module based distance learning education programme, to be completed optimally within an 18 months period, accompanied by at least one contact programme in each quarter and a number of informal contact opportunities. Another aspect of the programme is interactive activities and projects to strengthen the quality of knowledge. The contact programme provides a platform to analyse the ongoing district health planning and also to assess the opportunities for participation in existing and future health planning and programmes in the district

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

A core team of state level programme coordinators and a number of voluntary programme associates/experts act as resource persons for assisting in the learning process and in promoting networking and mutual support. In order to receive a certificate at the end of the course, participants should submit their monthly feedback forms, undertake and complete all course activities and or attend the contact programme regularly. The assessment of participants is an ongoing process aimed at aiding both the participants and the course coordinators to gauge their own progress and identify areas for further development.

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

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

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

Current Status:

A total of **1051** students have completed the **Distance Learning Programme** across four states till March 2011. This includes those from government and other professions.

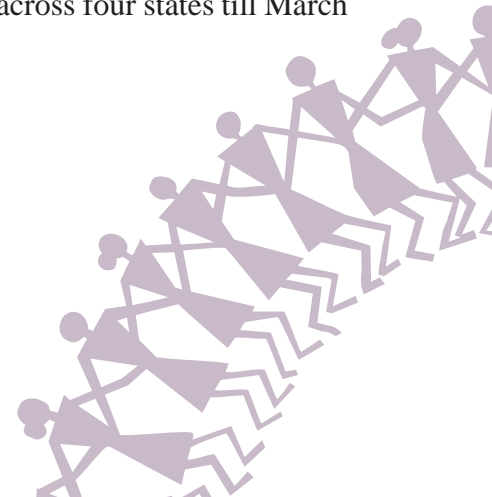


Table : Total number trained under Distance Learning Programme

States	Number of Students
Bihar	121
Chhattisgarh	229
Jharkhand	427
Odisha	274
Total	1051



3. Fast Track Process Capacity Building Programme (Support to District Health Action Plan)

The capacity building initiative focuses on building the capacities of government personnel and other stakeholders working with the NRHM for effective district health planning and management. The idea is to create district level resource persons within the public health system who with the support of a team of state level resource persons can formulate a district health plan which reflects the need of the community.

PHRN started its capacity building programme and waited for DHAP to start. Finally state level consultation on DHAP started to be held followed by district and block level consultations. In the whole process PHRN has been involved in providing technical support to the district in preparation of DHAP, by means of designing simplified templates for planning, listing out activities and orienting the district team on the same.

The designing of the Fast Track programme is built on the line of the pre-existing DLP. The fast track capacity building programme, is to be completed in three rounds for a particular batch. Each round is for six

days with a gap of three to four months. The training covers a well defined syllabus comprised of theory and practical application. PHRN attempts to systematically follow up after the training programme to look into the application of the knowledge imparted to the participants.

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

Current Status:

898 students have been undergone training programme over the past three years across four states. Following table shows state-wise distribution of students trained under Fast Track Capacity Building.

Table : Number of students trained under Fast Track Capacity Building

States	Number trained
Bihar	325
Chhattisgarh	289
Jharkhand	246
Odisha	38
Total	898





4. Post Graduate Diploma in District Health Management (PGDDHM); in collaboration with IGNOU.

PGDDHM is an important joint endeavour of PHRN and School of Health Sciences, IGNOU in the direction of realising National Rural health Mission's vision of creating adequate public health personnel at all levels. PGDDHM aims to support public health practitioner's work in all aspects of public health systems. This distance learning programme was launched in July 2009 in the PHRN states - Bihar, Chhattisgarh, Jharkhand, Odisha and Delhi, Assam and Manipur. PHRN is also planning to extend its PGDDHM programme in Rajasthan and Uttar Pradesh.

It is a 32 credit programme (24 credits for theory and 8 credits for practical) including project work. The programme uses a variety of teaching materials and methods including audio visual material. Teleconferences are organised in IGNOU for all the participants in alternate months.

Current status:

The Programme is running in the states of Assam, Bihar, Chhattisgarh, Delhi, Jharkhand, Odisha, and Manipur. Many state governments have sponsored candidates involved in District Health Management for this course. So far 275 students have enrolled under PGDDHM.

Table : Number of students enrolled under Post Graduate Diploma in District Health Management (PGDDHM).

PGDDHM Batch	Assam	Bihar	Chhattisgarh	Delhi	Jharkhand	Manipur	Odisha	Total
First Batch (2009-2010)	8	14	22	25	21	4	35	129
Second Batch (2010-2011)	0	38	28	21	27	2	30	146
Total	8	52	50	46	48	6	65	275

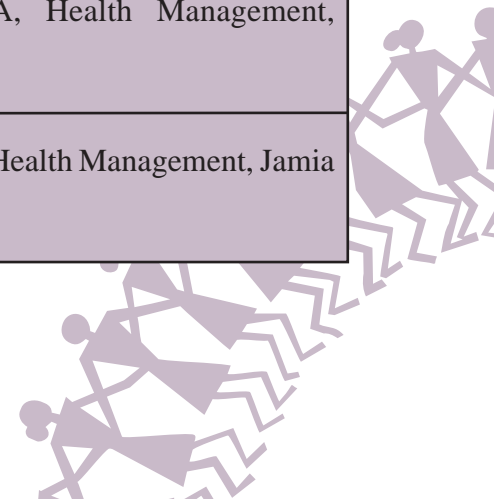


5. Internship Programme:

PHRN encourages young public health professionals to join its one year internship programme to gain hands on field experience in public health while also supporting NRHM. Internship is available in all PHRN states.

Placement of Interns in states in 2010-11:

State	Name	Placement
Bihar	Kundan Lal Shah	Coordinator, CHARM
	Mukund Singh Munda	NGO
Odisha	Madhumita Pati	District Coordinator, Rayagada, PHRN
	Uttaranu Choudhury	District Coordinator, Mayurbhanj PHRN
Jharkhand	Shakti Pandey	Editor, Sahiyya Sandesh, VSRC
Chhattisgarh	Kanika Kanungoo	Student intern, MBA, Health Management, Hamdard University
Jamia	Md. Hashim Khan	Student intern, MBA, Health Management, Jamia Hamdard University





6. Health Systems Research Collaboration

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

- 1 **Towards Universalisation of Maternity Entitlements:** An exploratory case study of Dr. Muthulaksmi Maternity Assistance Scheme, Tamil Nadu in collaboration with M.S. Swaminathan Research Foundation and Tamil Nadu -FORCES.
- 1 **Food security of the Homeless in Delhi:** A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi in collaboration with Centre for Equity Studies (CES), New Delhi. The report was published in April 2010
- 1 **Assessment of Inaccessibility of Health Facilities:** This was done in collaboration with the National Health Systems Resource Centre (NHSRC) in the state of Chhattisgarh with the objective of creating a database of difficult, most difficult and inaccessible areas. The database created follows a standard format and will be used universally across the entire country.
- 1 **Assessment of status of Village Health and Sanitation Committee** in the states of Bihar, Chhattisgarh, Jharkhand and Odisha
- 1 **Situation Analysis/ Evaluation of ASHA programme:** It was done in three states of Bihar, Odisha and Jharkhand in collaboration with the National Health Systems Resource Centre (NHSRC)
- 1 **Evaluation of Janani Suraksha Yojana Phase II:** The evaluation was done by PHRS Chhattisgarh team in Bastar district with the support of the National Health Systems Resource Centre (NHSRC)
- 1 **Strategies of Children under 6- Framework:** A Joint publications with other organisations for the 11th Plan.
- 1 **Glimpses from Grassroots:** This is a compilation of short projects submitted under the Distance Learning programme in Chhattisgarh
- 1 **Mitanin Referral System in Chhattisgarh:** This study looked at the role of Mitanin in a referral system.
- 1 **Implementation of RSBY in Chhattisgarh:** The study was undertaken in Durg district of Chhattisgarh.

7. Networking

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

PHRN Interactive Groups

- 1 **PHRN Core Group:** the group helps the executive and the board in policy decisions.
- 1 **PHRN Editorial Advisory Group :** the group has the responsibility of editing, modifying as well as writing PHRN distance education modules
- 1 **PHRN Organisational Group :** It consists of all PHRN full time and part time workers and others supporting the organisation to sustain itself and expand
- 1 **PHRN E-discussion group :** The E-group was launched in 2006 to facilitate 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.



National Coordination Committee (NCC): this consists of all core group members along with full-timers and part time workers. It meets every three months to reflect over the programme activities of every quarter as well as prepare for the next quarter.

PHRN had a National Coordination Committee Meeting at Bodhgaya, Bihar on the 14th and 15th of January, 2011.





Other Activities

Bihar:

- 1 ASHA evaluation (Phase Two) in Khagaria and Purnia, March-April and October, 2010 supported by NHSRC
- 1 Supported JSY evaluation by NHSRC in Samastipur and Nalanda
- 1 Capacity Building Workshop for ASHA and AWW, organised by KVT in Khagaria and BREAD in Nalanda, August 2010
- 1 Orientation programme for Information Resource and Advocacy Forum Fellows in Muzaffarpur , June 2010
- 1 PHRN took sessions on "Focus Group Discussion (FGD): Methodology and Practices" for Staff Members of Bhagidari Project, UNICEF and WDC (Bihar), November 2010
- 1 Community Leadership Program organised by IDF, in Vaishali, December-January 2010-11
- 1 District level Kala Azar Technical Supervisors Orientation Program and Block Level Kala Azar Technical Supervisors Orientation Program, Jehanabad, September, 2010
- 1 Orientation of ANMs on Village Health Action Plan (VHAP), Jehanabad, November, 2010
- 1 Orientation of health staff and PRI members on VHSC, Rohtas, December 2010
- 1 Financial and Administration Management Workshop, September 2010
- 1 RKS orientation was conducted in all 38 districts in Bihar, out of which PHRN was involved directly in the 22 districts and with partners in the rest of the two districts (East Champaran and West Champaran)
- 1 VHSC orientation in Rohtas, Jehanabad and Vaishali.
- 1 PHRN has been made a part in the State Technical Advisory Group on Community Monitoring, initiated in three districts presently (Nawada, Darbhanga and Bhagalpur) and is a member of ASHA Mentoring Group formed in the state.
- 1 Meeting on Disaster Risk Management- A Development Perspective (October, 2010) organised by Inter-Agency Group, Bihar
- 1 Workshop on Organisational Development, PHRN, Ranchi (May 2010)
- 1 State Level Workshop on Lessons and Learning and process documentation by GPSVS, May 2010
- 1 Leadership in Reproductive Health Sector: Leading with Head and Heart (IIE), March 2010

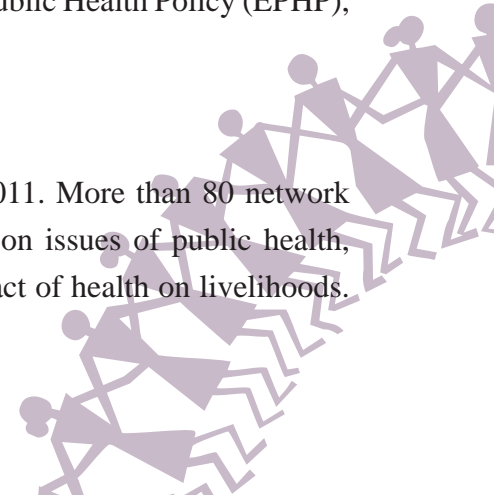
- 1 Meeting on Food Security and Health, organised by Koshish
- 1 Conference on Health Care in Bihar- Current Status and the Way Forward, organised by Confederation of Indian Industries with Department of Health, Bihar, August 2010
- 1 State consultation on Bihar State Rules for Free and Compulsory Education (RTE) organised by CARE, PLAN and Save The Children India, December 2010)
- 1 National Bioethics Conference, New Delhi, November 2010
- 1 Workshop on CHF program, (Bhopal) October, 2010
- 1 Rally on RTF, organised by Koshish in October, against the rotting of grains in FCI
- 1 National Leaders Meet of LDM Fellows organised by SIIE and Packard Foundation, Kolkata, December 2010

Chhattisgarh:

- 1 Capacity Building Of AYUSH District Officials- 56 AYUSH officials trained from 16 districts
- 1 Network meetings in Sarguja, Koriya, Bastar, Kanker, Durg, Raipur, Dhamtari
- 1 Facilitated State and District PIPs
- 1 A Study on Assessing the Mitamin Referral System (with MPH student from Oxford) was brought out as a report
- 1 Study to Analyse Implementation of Rashtriya Swasthya Bima Yojana in Chhattisgarh- ready to publish (with Interns from Jamia Hamdard)
- 1 Study on Inaccessibility of health facilities in Chhattisgarh in collaboration with NHSRC
- 1 National JSY evaluation (2nd phase) in Chhattisgarh supported by NHSRC
- 1 Participation in Jan Sunwai on right to health in Raigarh by Jan Chetna
- 1 Co-organised workshop on Gender and Infertility with Chaupal and Sama
- 1 Participation in MFC meet
- 1 Paper presentation at National Conference to Bringing Evidence into Public Health Policy (EPHP), 2010 in Bangalore on "Implementation of RSBY in Chhattisgarh"

Bastar Convention

The Chhattisgarh PHRN State Convention took place at Bastar in March 2011. More than 80 network members participated from Government and civil society. Main focus was on issues of public health, including malnutrition, access to health services and food schemes, and impact of health on livelihoods.





There was also sharing of experiences in addressing issues of health, food and employment through community mobilisation, and Village Health Planning. Studies were presented regarding RSBY, Rural Medical Assistant, Community Level New Born Care, Maternal Mortality, Convergence in District Health Planning, and some dimensions of Mitanins' Effectiveness. During the convention Certificate of Achievements were given to 18 students of PHRN Distance Learning Programme.



Jharkhand:

- 1 VSRC - VHC, Sahiyya training and Village Health Plan module development
- 1 KAP (Sahiyya) tools finalisation - Child Health Programme - UNICEF
- 1 Right to Food - in NREGA, compilation of Food Survey report for 12th report to the commissioners office
- 1 State level RTI commissioners public hearing with RTI Forum, Jharkhand
- 1 Mid Day Meal social audits and public hearings for Ranchi district
- 1 CHC service strengthening - from 5 IDs to more than 25 a month at Gola in Ramgarh district, using RTI, community interface and systemic support
- 1 Shakti Pandey, Media Fellow was interviewed by DD news that was telecasted thrice.
- 1 Strengthening the state and district network in Godda, Sahebganj, Bokaro, Dhanbad, Ramgarh, Latehar, Khunti, Simdega, East and West Singhbhum
- 1 Paper presentation at National Conference in to Bringing Evidence into Public Health Policy (EHPH), 2010 in Bangalore on "Equipping Missionaries for the Mission: Case study of the Capacity Building Initiatives by Public Health Resource Network and the Decentralised Health Planning under NRHM in Jharkhand State, India"
- 1 Preparation for the PHRN National Convention to be held in Ranchi in April-May 2011.

Odisha:

- 1 Support to NHSRC for evaluation ASHA Evaluation-II
- 1 Supporting NHSRC regarding the piloting of JSY evaluation study at Mayurbhanj
- 1 Organising four networking meetings at the state and district level
- 1 Newsletter "RASHMI" printed for three quarters of 2010 and disseminated.
- 1 Supporting Indian and Spanish Red Cross for developing IEC/BCC materials on the management of diarrhoea
- 1 Supporting proposal development for network members on Arogya plus.
- 1 Organising state level sharing session among networking members of learning's from HBNC - Gadchiroli by one of the CHF's who attended the training programme
- 1 Designing LLIN- BCC monitoring formats in consultation with NVBDCP.
- 1 Monitoring of LLIN- BCC activities and submitting reports in the district of Rayagada, Bargarh, Nuapada, Mayurbhanj, Dhenkanal and Angul.
- 1 Participation in Right to food Campaign held at Rourkela, Odisha

Delhi and National

- 1 Towards Universalisation of Maternity Entitlements: An Exploratory Case Study of the Dr. Muthulakshmi Maternity Assistance Scheme, Tamil Nadu" - collaborative study by PHRN/MSSRF/TN-FORCES was disseminated at the Planning Commission in June 2010
- 1 Food Security of the Homeless in Delhi - Report completed and brought out as PHRN and CES (Centre for Equity Studies) collaborative study
- 1 PHRN is supporting a distance programme in Masters in Public Health for four of its members from University of Western Cape
- 1 Dr. Vandana Prasad was part of Common Review Mission IV, and is part of National ASHA Mentoring Group
- 1 PHRN also represented in the workshop on Complex Interventions in Goa, November 2010
- 1 PHRN was a collaborating organisation at the National Bioethics Conference, October 2010
- 1 Preparation for the PHRN National Convention at Ranchi to be held in April-May 2011.
- 1 Dr. Vandana Prasad is also part of the editorial team of the Global Health Watch III.





PHRN Publications

Modules

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

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

S. No.	Detail
Module: 1	Introduction to Public Health Systems
Module: 2	Reducing Maternal Mortality
Module: 3	Accelerating Child Survival
Module: 4	Community Participation and Community Health Workers (with special reference to ASHA)
Module: 5	Behaviour Change Communication and Training for Health
Module: 6	Mainstreaming Women's Health Concerns
Module: 7	Community Participation beyond Community Health Worker
Module: 8	Disease Control Programmes
Module: 9	Convergence
Module: 10	District Health Planning
Module: 11	District Health Management
Module: 12	Engaging the Private Sectors
Module: 13	Legal Obligations of District Health System
Module: 14	Issues of Governance and Health Sector Reform
Module: 15	Tribal Health
Module: 16	Issues in Urban Health

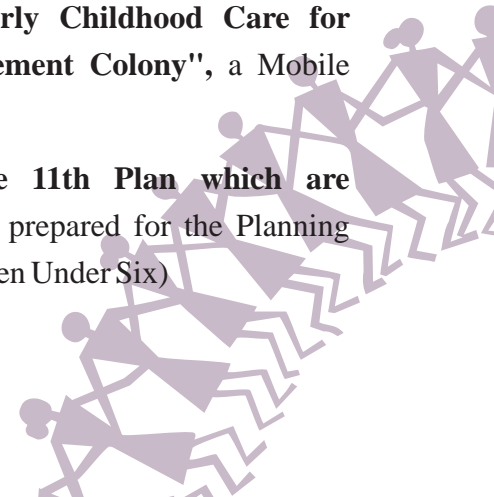
Modules in the pipe line:

Module 17: Public Health Management of Disasters

Module 18: District Planning for Mental Health

Other Publications

1. A Report of the **Village Health and Sanitation Committee**
2. Report on **Rapid Assessment of the District Health Profiles by Community Health Fellows** in the states of Bihar, Jharkhand and Odisha, 2010
3. **A Rapid Assessment of the Communitisation Processes of the National Rural Health Mission** in Jharkhand, Odisha and Bihar, 2009
4. **Empowering Health Personnel for Decentralised Health Planning in India: The Public Health Resource Network** by Anuska Kalita, Sarover Zaidi, Vandana Prasad and V.R. Raman; Human Resources for Health, 7:57, 2009
5. **Towards Universalisation of Maternity Entitlements: An Exploratory Case Study of Dr. Muthulakshmi Maternity Assistance Scheme**, Tamil Nadu, (in collaboration with MSSRF and Tamil Nadu-FORCES), 2010
6. **Food Security Of The Homeless In Delhi: A study of the nutritional status and dietary intakes of adult homeless persons in New Delhi**, (in collaboration with Centre for Equity Studies), 2010
7. **Glimpses from Grassroots: A Compilation of Short Projects submitted under the Distance Learning Programme in Chhattisgarh**, 2011
8. **A Study to assess the Mitandin Referral System in Chhattisgarh**, 2011
9. **Tackling Malnutrition for Children Under Six: Evidence from Two Micro Studies**, a Mobile Crèches publication (Dr. Vandana Prasad - co-author), 2009
10. **Distress Migration Identity and Entitlements: "A study on migrant construction workers and the health status of their children in the National Capital Region 2007-2008"**, a Mobile Crèches Publication on migration workers involved in temporary, seasonal work and involved in frequent movement. (Dr. Vandana Prasad - co-author)
11. **Action for Young Children: "Study of interventions in Early Childhood Care for Development and Behavioural Changes in an Urban Resettlement Colony"**, a Mobile Crèches Publication (Dr. Vandana Prasad, co-author for the study).
12. **Strategies for Children Under Six: A framework for the 11th Plan which are recommendations on interventions to the 11th Five Year Plan** prepared for the Planning Commission (Dr. Vandana Prasad - Member of Working Group Children Under Six)





Organisational profile

The organisation has been registered under Society Registration Act 1860 and for PAN and TAN. As well as Registration under IT Act 12A and Sec U/s 10(23(C)).

Our main Auditors: M/s Ashwani & Associates, 103 Pratap Bhavan, Bahadur Shah Zafar Marg, New Delhi 110002.

PHRS Team:

S. No.	Name	Designation	Posted at
1	Dr. Vandana Prasad	Programme Advisor (Part Time)	PHRN, Delhi
2	Dr. Ganapathy Murugan	Executive Director	PHRN, Delhi
3	Mr. Dinesh C Bhatt	Head, HR	PHRN, Delhi
4	Dr. Madhurima Nundy	Senior Programme Coordinator	PHRN, Delhi
5	Ms. Soibam Haripriya	Programme Coordinator	PHRN, Delhi
6	Mr. Ajay Chawariya	Programme Coordinator	PHRN, Delhi
7	Mr. Sunandan Kumar	Senior Accounts Officer	PHRN, Delhi
8	Ms. Sulakshana Nandi	Senior Programme Coordinator (Part time)	PHRN Delhi and Chhattisgarh
9	Dr. Anjum Soni	Senior Programme Coordinator	PHRN, Chhattisgarh
10	Mr. Pratik Phadkule	Programme Coordinator	PHRN, Chhattisgarh
11	Ms. Tarang Misra	Programme Coordinator	PHRN, Chhattisgarh
12	Mr. Prakash Sharma	Accounts and Administrative Officer	PHRN, Chhattisgarh
13	Mr. Haldhar Mahto	Senior Programme Coordinator	PHRN, Jharkhand
14	Ms. Shampa Roy	Programme Coordinator	PHRN, Jharkhand
15	Mr. Alexander Kerketta	Programme Coordinator	PHRN, Jharkhand
16	Ms. Nivedita Prasad	Programme Coordinator	PHRN, Jharkhand
17	Mr. Neeraj Kumar Shrivastava	Accounts and Administrative Officer	PHRN, Jharkhand
18	Mr. Arun Kumar	Senior Programme Coordinator	PHRN, Bihar
19	Mr. Ajay Singh	Programme Coordinator	PHRN, Bihar
20	Ms. Sharmistha Nanda	Programme Coordinator	PHRN, Bihar
21	Ms. Sucheta Kumari	Programme Coordinator	PHRN, Bihar
22	Md. Shahnawaz	Accounts and Administrative Officer	PHRN, Bihar
23	Mr. Satya Patnaik	Programme Coordinator	PHRN, Odisha
24	Mr. Subhasis Panda	Programme Coordinator	PHRN, Odisha
25	Mr. Jayadeep Achariya	Accounts and Administrative Officer	PHRN, Odisha
26	Ms. Susrita Roy	Programme Coordinator	PHRN, Rajasthan

PHRS Governing Body

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

PHRS Partners in Development

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

S. No.	Name of the organisation
1	Breast Feeding Promotion Network of India (BPNI)
2	Centre for Equity Studies, New Delhi (CES)
3	Centre for Jawaharlal Nehru Studies, (Jamia Milia Islamia University)
4	Centre of Social Medicine and Community Health (CSMCH), Jawaharlal Nehru University.
5	Child in Need Institute (CINI), Jharkhand
6	Department of Health & Family Welfare, Chhattisgarh
7	ICICI Foundation for Inclusive Growth- Centre for Child Health and Nutrition
8	Indian Institute of Health Management Research (IIHMR), Jaipur
9	Indira Gandhi National Open University (IGNOU)





10	Institute of Public Health, Jharkhand
11	Jharkhand Health Society
12	National Health Systems Resource Centre (NHSRC)
13	National Institute of Health and Family Welfare (NIHFW)
14	National Rural Health Mission (NRHM)
15	Population Foundation of India (Regional Resource Centre for RCH)
16	SEARCH, Gadchiroli
17	State Health Resource Centre (SHRC), Chhattisgarh
18	State Institute of Health & Family Welfare, Chhattisgarh
19	State Institute of Health & Family Welfare, Odisha



Financial Statement, 2010-2011

Public Health Resource Society			
5A, Jungi House, Ground Floor, Shahpur Jat, New Delhi - 110049			
Statement of Affairs (Consolidated) as on 31.03.2011			
CAPITAL & LIABILITIES	AMOUNT (In Rs.)	ASSETS	AMOUNT (In Rs.)
Corpus		FIXED ASSETS	
Opening Balance	41,693	Gross Block	865,411
Add: Surplus (As per Statement Annexed)	812,386		
: Depreciation	46,990	CURRENT ASSETS	
	807,089	Loans & Advances	400,976
Assets fund transfer from ICCHN		Sundry Debtors	1,102,481
Opening Balance	729,341		
Add: Addition during the year	356,830	CASH AND BANK BALANCES	420,867
Less: Depreciation during the year	354,237		
	731,934	TDS Receivable (AY 2011-12)	67,116
Unutilized Fund 2010-2011	110,984		
CURRENT LIABILITIES		TOTAL Rs	2,856,851
Outstanding Expenses	1,099,500		
Sundry Creditors	107,344		
TOTAL Rs	2,856,851		

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS

(SANJEEV NARAYAN)
PARTNER
M.No. 205
Place : New Delhi
Date: 27/09/2011

(GANAPATHY M)
EXECUTIVE DIRECTOR

(DINESH BHATT)
TREASURER





Public Health Resource Society

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

Income & Expenditure Account for the period from 01.04.2010 to 31.03.2011

EXPENDITURE	Other	Project	Total	INCOME	Other	Project	Total
HR	754,853	6,793,677	7,548,530	Unutilized Grant at the Beginning	-	3,830,766	3,830,766
Travel	204,000	1,836,000	2,040,000	Grant-in-Aid	-	21,043,783	21,043,783
Resource Library	-	25,232	25,232	Indirect income	486,392	-	486,392
Meetings	-	836,545	836,545	Recovery from Project	1,342,850	-	1,342,850
Office Recurring Cost	229,315	2,063,838	2,293,151	Voluntary Contribution	178,593	-	178,593
Contingency	-	368,792	368,792				
Workshops & Conferences	-	364,952	364,952				
Research & District Planning	-	142,568	142,568				
Material Development	-	2,703,064	2,703,064				
Community Health Fellowship	-	5,521,248	5,521,248				
IGNOU Collaboration	-	365,471	365,471				
ASHA Evaluation	-	1,148,234	1,148,234				
Fast Track Capacity Building Programme	-	507,779	507,779				
PGDDHM Internship	-	1,574,324	1,574,324				
IDF Training	-	30,000	30,000				
PGDDHM Course-IGNOU	-	44,241	44,241				
JSY Evaluation Phase-II	-	434,802	434,802				
Depreciation	7,281	-	7,281				
Unutilized Grant at the end	-	110,984	110,984				
Excess of Income over Expenditure	812,386	-	812,386				
TOTAL	2,007,836	24,874,549	26,882,384	TOTAL	2,007,836	24,874,549	26,882,384

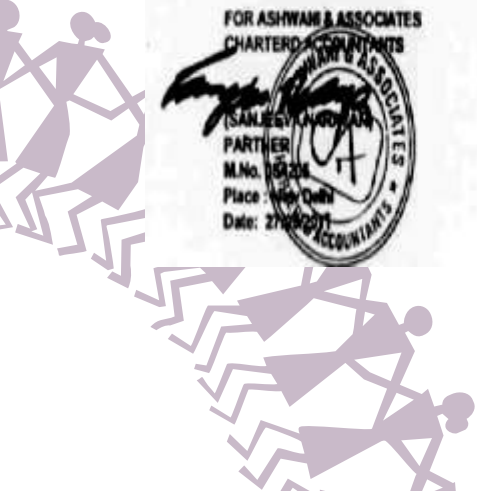
IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS

(SANJEEV ANAND) PARTNER
M.No. 158204
Place: New Delhi
Date: 27/03/2011

(GANDHATHI M)
EXECUTIVE DIRECTOR

(DINESH BHATT)
TREASURER





PHRN

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PHRN

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