

PUBLIC HEALTH RESOURCE SOCIETY

**ANNUAL REPORT
2013-14**



ANNUAL REPORT 2013 - 2014



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Message from the President

Action Against Malnutrition (AAM) continued to be the major focus of the Public Health Resource Network (PHRN) in the year 2013-14. The AAM project expanded to include Turkaulia block of East Champaran District in Bihar with IDEA, thus stamping its presence in seven blocks of four states. Our internal MIS has shown that there is a significant decline in wasting amongst those children attending our crèches, making them a hub for activities for child care and development. We are also receiving equally encouraging results from areas where we work with communities just with the participatory learning and action cycle.

This experience has encouraged us to consider venturing into adolescent nutrition, especially the rampant anemia seen amongst the girls (and the boys). We are working on a program that would address this complex problem from multiple directions.

PHRN continues to work with National Health Systems Resource Centre (NHSRC). In Bihar PHRN has been successfully providing training to the ASHA trainers as State Training Agency and has provided technical support towards the development of National Framework for National Urban Health Mission (NUHM).

Some of our work has been published by agencies and peer- reviewed journals. The journal 'Social Change' has published our work on RSBY that has been done in collaboration with Jawaharlal Nehru University, Delhi titled "What the good doctor said: a critical examination of design issues of the RSBY through provider perspectives in Chhattisgarh, India". The journal Health Policy and Planning (Oxford) has begun a peer review process on "Addressing the social determinants of health: A case study from the Mitandin (Community Health Worker) programme in India".

We are glad to inform that the Public Health Resource Society (PHRS) has been registered under the Foreign Contribution (Regulation) Act. Rules, 2010 with Ministry of Home Affairs Govt. of India on 26th June 2013.

I would like to place on record the contribution of Dr K R Anthony, as the founding President of the Society. In his tenure PHRS was able to grow and enlarge into an organization that it is now. He also wrote widely on important health issues on behalf of the network and the society.

Dr. Suranjeen Pallipamula Prasad

Message from the Vice President

Dear Friends,

It gives me immense pleasure to extend my thanks and greetings to all the members of PHRN for their valuable contribution for the promotion, expansion and strengthening of the network.

I am glad that the organization has been quite active and focused to its objectives and the activities and has been admired by the government and civil society groups for its efforts towards “health for all” across the states starting from the KBK and coastal region of Odisha to the most inaccessible, underserved and un-served areas of Chhatisgarh, Jharkhand, Bihar and Rajasthan.

The intervention called “Action Against Malnutrition” in states of Jharkhand, Bihar, Odisha and Chhatisgarh has been an example for the government and other development partners in the country and its impact has been well understood. Our collaboration and partnership with like-minded and committed organisations have created space and strengthened our intervention.

The research work on health and nutrition is another area that has added value to our approach and perspective. Working on policy issues in collaboration with many of our good friends is another dimension of our struggle for ensuring “health for all” and making the quality health care equitable, affordable accessible for all.

In the world of globalization where health care for the poor, and the marginalized is going to be out of control from the public system it is high time for all of us to work together to ensure that quality health care of the nation largely remains in the hands of the government and we in PHRN should continue to give all our energy for strengthening our public systems.

Dr. Madan Mohan Pradhan

Message from the National Convener

Dear Friends,

We come to the end of yet another challenging but fruitful year for PHRN. In many ways, this has been a year of consolidating major programs and starting a process of analysis and learning, as well as opening new fronts in programmatic work.

The focus this year has remained on nutrition-related work with the Action Against Malnutrition taking up a major part of our energies with its continuous operational challenges. Work started on creating analytical documentation of the AAM process, with intent to disseminate learnings and conduct further policy advocacy. This year also saw the beginnings of a new and significant collaboration with PRADAN that is likely to lead to a deeper understanding of capacity-building exercises with deep tribal communities. As always, our direct relationships with poor and tribal communities have been a source of hope, inspiration and faith, that our partisanship and our steadfast belief in community-based approaches to public health, are justified.

The small team of full-timers nonetheless found the energy to continue the stream of work on health systems, with well-directed and timely operational research under the leadership of network members. The network also gained strength from closer interaction with Jan Swasthya Abhiyan, within which it now adds significant value, alongside its on-going relationship with the Right to Food Campaign.

The main challenges confronting the network and the organization; its secretariat, remain those of organizational viability. However, the commitment of members and full-timers is to the larger issue of participating in the evolution of our country and society so that we may achieve the vision of equal opportunities for all. In the face of that vision; and our current distance from it, we keep our own selves in perspective and take our organizational difficulties in our stride.

Here is looking forward to another challenging year so that the tough can get tougher, survive and continue to work for those who are not as privileged.

Dr. Vandana Prasad

Message from the Secretary and Executive Director PHRS

It has always been difficult for me to write a message for our annual report and this year is no different. Am I to cheer for the accomplishments of the year that is past or share my despair over the increasing hurdles in the path towards “health for all”? Finally I chose to remain positive and optimistic in the face of this dilemma.

I am happy that we are growing. There are new people who have joined us in the last year. There are conversations underway for new projects and donors. While our single most important project “Action Against Malnutrition” outgrew the initial teething problems, the project itself was challenging and rewarding to the organisation working with multiple partners and directly with community. The project also garnered attention from various civil society organisations. The experience with this project allowed us to expand our core activity of capacity building to the field of nutrition. We did trainings for leading NGOs such as Action Aid and Save the Children. We were approached by PRADAN and IFPRI and began conversations on new partnerships.

Engaging at a policy level, we were very much part of the resource teams that National Health Systems Resource Centre put together to develop a framework for the National Urban Health Mission. At a research level, we tried to consolidate our studies on health insurance and frontline health workers. Public Health Resource Network also formally joined the Indian circle of Peoples Health Movement (Jan Swasthya Abhiyan) and this was only natural since many of the activities of PHRN and JSA are premised over similar understanding and principles. We jointly hosted PHRN’s first public lecture where Prof David Sanders gave a compelling talk on “Global Health Crises”. We also had our second general body meeting bringing in new members, ideas and energy to the network. On the organisational front, the fiscal year 2013-2014 has been very important to Public Health Resource Society. We obtained permission to receive funds under Foreign Contribution Regulation Act, 2010. Keeping in mind our values and principles, we will review on a case to case basis before receiving funds from foreign sources.

We have tried to strengthen the network by rejuvenating the e-group activities. In these challenging times the role of network is very important. We have always believed in health as a basic right and our joint struggle for “Health for All” continues with renewed vigour with every new challenge in our paths. We are grateful to all our donor partners and network friends for their kind support and constant encouragement.

As I invite you to review our actions and accomplishments for the financial year 2013-2014, I would like to add that we anticipate a lot of good work in 2014-2015. What I have seen over the years gives me confidence that with your continued support; we will make our organisation, network and movement stronger.

Dr. Ganapathy Murugan

Messages from the State Conveners

Bihar

"PHRN has been able to do a lot in the health and nutrition sector in the past especially in the states of Bihar, Jharkhand, Odisha and Chhattisgarh. Though, organizationally it has faced transition phase but its work around Action Against Malnutrition (AAM) project and capacity building of ASHA has been brought a lot of positive feedback from the civil society. Last year, many studies and reports done by PHRN have earned laurels from many quarters. I am sure, the results from the AAM project would be a breakthrough for the community based management of malnutrition.

Though, I feel that state teams and network need to be built more strongly and proactively we need to put our energies together for more robust action for better public health and nutrition for people at large."

Mr. Rafay Ejaz Hussain

Chhattisgarh

It is wonderful to see that PHRN has been able to strengthen its work against malnutrition. The gains have been manifold, not only for the children and community receiving benefits, but also in the context of strengthening systems for health and nutrition, evidence building and advocacy for community based action against malnutrition.

It is commendable that PHRN is being increasingly recognized for its work on health systems research both at the state and national levels. The organization has been invited to contribute to committees and working groups at the national level, on the National Urban Health Mission and various aspects of the National Rural Health Mission like the National ASHA Mentoring Group. Alongside this, PHRN has also given inputs and recommendations to critical policies/documents that have been put in the public domain for discussions and feedback. At the state level, the teams have been diligently contributing to these processes both formally and informally.

It is also very satisfying to note that PHRN has increased its engagement with civil society, in terms of their capacity building, providing technical support and undertaking network activities mainly on health and nutrition. I am sure that with such strength, PHRN will in the future be able to forge more partnerships both with government and civil society towards our common vision of a just and healthy society.

Ms. Sulakshana Nandi

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Background

Public Health Resource Network (PHRN) is a growing network of individuals and organizations with a shared vision, common perspective and necessary skills and ready to achieve the goal of 'Health for All'. PHRN's main objective is to contribute and strengthen all efforts directed towards its goal through promotion of public health, social justice and human rights related to the provision and distribution of health services, especially for those who are left underserved.

Public Health Resource Society

Public Health Resource Network is a voluntary network of many hundred concerned public health practitioners who are willing to intervene towards "Health for All" by creating capacities and engaging with the public system and the Public Health Resource Society (PHRS) is the core group that has initiated the network. PHRS is a national level organisation that is registered in Delhi under Societies Registration Act 1860 (Act XXI), to facilitate the initiatives of PHRN with team of full timers. Besides, it has its own set of activities which is designed to support and strengthen the public health systems and work for necessary policy reforms which can benefit to the larger sections of the society. It provides the overall leadership to the network as well as functions as its secretariat. The network constitutes the general body of the society.

PHRS is currently working in the states of Bihar, Chhattisgarh, Jharkhand and Odisha and has contributed to the ongoing work of strengthening public health system in other states through its partnership with other institutions.

Vision

"We believe that appropriate, and responsive public health services are imperative for the health and well-being of our population. Good and ethical public health practice stems from meaningful and well-rounded public health capacities. We are constantly seeking new knowledge and perspective, as much as questioning the existing ones. We seek to deeply engage with public health

practitioners on the frontline of action and the community and seek to facilitate and enable them with core knowledge and competencies that will translate into game-changing practice”.

Mission

Building Capacities for Public Health Action.

Objectives

With a mission of building public health capacities, the objectives of the organization are as follows:

1. Reaching out to dedicated individuals and organizations for whom health equity is a major concern, and providing them access to essential information and opportunities to contribute to this goal.
2. Sharing public health technical resources with existing and potential district health programme managers towards strengthening the public health system in their districts. Assisting in the emergence of state and district level resource groups for this purpose.
3. Empowering civil society to create spaces, and utilizing the spaces being created under the National Rural Health Mission (NRHM), for improving and increasing public participation in health planning and management.
4. Promoting decentralization and horizontal integration at district, block and Gram Panchayat levels by contributing to capacity building at these levels on technical, programmatic, epidemiological and social understandings of health.
5. Strengthening the resource base needed for informed advocacy within the government and within civil society.
6. Facilitating networking and mutual support among public health practitioners.
7. Offering public health related support to rights based campaigns and grass roots organizations.

Core Strategies of PHRN

1. Conducting a certified *Structured Learning Programme* for public health practitioners both within and outside the government.
2. Supporting *Fast Track Capacity Building Programme* on district health planning and management for public health sector managers in partnership with state governments.
3. Conducting *Community Health Fellowship Programme* to induct and groom interested persons into working towards public health goal.
4. Conducting *Post Graduate Diploma in District Health Management (PGDDHM)* in collaboration with the Indira Gandhi National Open University (IGNOU). PHRN is directly conducting the course in five states - Bihar, Chhattisgarh, Delhi, Jharkhand, Odisha and in Rajasthan.
5. Strengthening *community processes* in NRHM
 - Support to the ASHA programme
 - Facilitating effective Village Health and Sanitation Committee (VHSC) functioning and Village Health Planning
 - Facilitating public participation in health management through bodies like Rogi Kalyan Samiti (RKS).
 - Capacity building and support to Panchayati Raj Institutions (PRIs) involvement
 - Assisting community monitoring processes to improve facilities and services
6. Making *district planning* more equitable and effective by
 - Research inputs
 - Independent appraisals and evaluations
 - Assisting access to information and technical resources
 - Organizing peer reviews
 - 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.

- Promoting evidence based *research*, undertaking studies and evaluation for policy reform and better programme designs

Major Programmes

1. Action Against Malnutrition (AAM)

This project focuses on children in the age group of 0-3 years who needs attention and care. The main objective the project is to reduce/combat malnutrition through community mobilization and community based management of malnutrition. AAM is running in seven blocks across four states of India

A detail of the state/district and block where the crèches have been opened under the project and the name of implementing agency have been given below:

State	District	Block	Implementing Agency
Bihar	East Champaran	Turkaulia	IDEA
Chhattisgarh	Sarguja	Lakhanpur	Chaupal
Jharkhand	Ranchi	NagriRatu	PHRS
	Ramgarh	Gola	CINI
	West Singhbhum	Khuntpani	Ekjut
Odisha	Keonjhar	Saharpada	
	Mayurbhanj	Thakurmunda	

Main features of the project at a glance

- Working with children 0-3 years
- Mobilizing communities on malnutrition towards preventive, promotional and curative efforts
- Strengthening public systems, mainly Integrated Child Development Services (ICDS) and National Rural Health Mission(NRHM); but also systems for other social determinants of health and nutrition such as water and sanitation, food security, public distribution system (PDS), rights and entitlement issues, convergence issues for better service delivery

- Making concerted efforts to fill the programmatic gaps for child care and community based management of malnutrition
- Developing a model for scalability
- Influencing the policy environment towards changes that are essential to tackling malnutrition

A full-fledged research protocol and Management Information System (MIS) has been developed to monitor and review this project. One of the objectives of this project is to be able to demonstrate a model with rigorous evidence that can be used as a basis for scaling-up through public programmes such as the 'restructured ICDS'.

Public Health Resource Society hosts the project management unit and manages the overall coordination. An advisory group consisting of experienced and committed individuals along with the participating partner organizations has been formed to periodically review advice and support this project.

Current Status

Crèches

A crèche is a community based centre where mothers leave their children when they are at work. The crèches provide day care services for children for eight hours a day for 6 days in a week. The timings have been decided in each village based on the work timings of the mothers in consultation with the community. Crèches are being run for children between 6 months to 3 years of age in the project area and called with different names in different blocks/areas. These names have been decided based on the local language spoken in the particular block/area. The crèches in Khuntpani are called *Ba-Bagan*, *Balwari* in Gola, *Khade Edepa* in Ratu-Nagri, *Jhula-ghar* in Chhattisgarh and *Aapan Ghar* in Bihar.

In the crèches children are taken care of, provided nutritious food (3 times a day), their growth is monitored, health referrals are made and special focus is given on nutritional care and follow up of children who are severely malnourished or whose growth is faltering. The crèche workers are further trained on conducting age appropriate early learning and stimulation activities for the children.

Crèches also provide an opportunity for early identification of malnourished children and preventing malnutrition in this age group.

The current status of crèches is as follows:

State	District	Block	No of crèches	No of children enrolled
Bihar	East Champaran	Turkaulia	5	48
Chhattisgarh	Sarguja	Lakhanpur	24	394
Jharkhand	Ranchi	NagriRatu	25	493
	Ramgarh	Gola	25	484
	West Singhbhum	Khuntpani	19	359
Odisha	Keonjhar	Saharpada	19	380
	Mayurbhanj	Thakurmunda	19	398

Community Mobilization through Participatory Learning and Action

As report in the previous annual report regular meetings on malnutrition, child care, child health and related issues based on the Participatory Learning and Action (PLA) approach are organised with community people. A cycle of 18 meetings are conducted with each group and additionally two community meetings are held. Each meeting sees participation of 15-20 women, mostly consisting of women in the reproductive age.

Community mobilization also involves facilitating Gram Panchayats in monitoring programmes related to malnutrition and conducting social audits on programmes such as ICDS, PDS and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

System Strengthening under AAM project

The system strengthening aims to improve the delivery mechanism of government programmes through building capacities of communities and service providers addressing malnutrition. The focus is mainly on ICDS, Health services (especially those related to immunization, treatment of childhood illnesses, Nutrition Rehabilitation Centres (NRCs), Village level water and sanitation, Public Distribution System (PDS) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

2. Post Graduate Diploma in District Health Management

The Post Graduate Diploma in District Management (PGDDHM) Programme commenced in March 2008 as a collaborative effort of Public Health Resource Network (PHRN) and Indira Gandhi National Open University (IGNOU). IGNOU and PHRN signed a Memorandum of Understanding (MoU) for running this one year distance learning programme. This MoU was signed for a period of 5 years which came to an end in March 2013.

Presently, this programme is on hold and under review. So far, four batches have been completed under the programme. The second and third contact programmes were organised for the fourth/last batch of PGDDHM between March to May 2013 and the term-end theory exam was held in June 2013. The term-end practical exam was conducted in the last quarter of 2013 at the various Programme Study Centres (PSCs) of PGDDHM.

A total of 495 students were enrolled in the PGDDHM Programme since 2009 to 2012. A state wise detail of the enrolment of students is given below:

State	First Batch	Second Batch	Third Batch	Forth Batch	Total
Assam	08	NIL	05	04	17
Bihar	14	38	45	44	141
Chhattisgarh	22	28	24	18	92

Delhi	25	21	10	20	76
Jharkhand	21	27	10	01	59
Manipur	04	02	NIL	NIL	06
Odisha	35	31	21	17	104
Grand Total	129	147	115	104	495

The government and non-government organisations from various states sponsored 145 candidates in the PGDDHM programme from 2009 to 2012. A state-wise detail in this regard is given below:

Name of the State	No. of Students Sponsored
Bihar	94
Chhattisgarh	32
Delhi	15
Odisha	04
Total	145

Out of 391 students who were enrolled in the first three batches, 184 (47%) students appeared for exams and 123 (31.5% out of total enrolled) (67% out of total appeared) students have qualified the PGDDHM exams. The final result of last (fourth) batch of PGDDHM is still awaited.

Present Status

An Expert Committee Meeting to review the course-curriculum of the PGDDHM Programme was held by School of Health Sciences (SOHS), IGNOU on 29th January 2014. Three PHRN members Dr. Vandana Prasad, Dr. T. Sundararaman and Dr. Rajib Dasgupta participated in the meeting. A revised course-curriculum with changes suggested by the Expert Committee members has been submitted to the SOHS, IGNOU for approval.

3. Health Systems Research

National Office

- Dr. Ganapathy Murugan and Ajay Kumar Chawariya contributed to Accredited Social Health Activist (ASHA) Evaluation in Haryana held in October 2013 in Ambala and Rohtak districts of Haryana. This was commissioned by National Health Systems Resource Centre (NHSRC).
- PHRN and Pension Parishad jointly conducted a research study titled 'A Snapshot of the Health and Nutrition of the Ageing/Elderly Poor' in December 2013

Chhattisgarh

- Carried out an evaluation of Chhattisgarh Rural Medical Corps- with NHSRC and State Health Resource Centre (SHRC), Raipur in July 2013
- Initiated a Study in Nov. 2013 with Chaupal on the topic 'Out of pocket expenditure under Universal Health Insurance Coverage among urban slum population of Chhattisgarh, India.'
- Conducted in Nov. - Dec. 2013 Study of four cities in the States of Chhattisgarh and Andhra Pradesh under Technical Resource Group (TRG) of the National Urban Health Mission (NUHM) along with State Health Resource Centre (SHRC), Chhattisgarh and Chaupal.
- State Convener Ms. Sulakshana participated in National ASHA Evaluation Qualitative Phase in Punjab from 19-26 August 2013.
- Proposal submitted to Oxfam, India for the project "Campaign on Patient's Rights in Chhattisgarh." in Dec. 2013
- Submitted proposal to Oxfam, India Dec. 2013 for the project titled, 'Study on Schemes for Maternal health and Newborn care in the state of Chhattisgarh, India.'
- Submitted a proposal in July 2013 to National Research Foundation (NRF) for India- South Africa joint research on health systems on the topic 'A comparative analysis of health sector reforms in South Africa and India in the context of the global strategy of Universal Health Coverage.'

4. Training/Capacity Building

National Office

- Training of managers of Action Aid and NGO partners in a Workshop on Child Nutrition in Delhi held from 12-13 November 2013

Bihar

- As reported in the previous annual report (2012-13) PHRN has been appointed as State Training Agency for ASHA Training of Trainers and has signed a tripartite MoU in this regard with ASHA Resource Centre, Bihar and NHSRC New Delhi. In the second phase (during the period under report) of ASHA ToT. PHRN Bihar had planned to provide training to 184 district trainers of the 9 districts of Bihar which included Banka Bhagalpur, Begusarai, Samastipur, Darbhanga, Madhubani, Muzaffarpur, Sheikhpura and Khagaria. 9 different batches had to be formed for the training programme. Out of the above 133 district trainers participated in the training programmes which were trained in 6 different batches. Out of which 102 qualified as ASHA Trainer, 27 could qualify as Co- trainer and only 4 candidates out of 133 could not qualify. The Master Trainers also visited the abovementioned districts for supportive supervision. A total of 30 visits for supportive supervision were conducted during the period under report.

Jharkhand

- A capacity building programme based PHRN module was organized from 3rd to 5th September, 2013 for EFICOR Sahibganj and Pakur. 33 participants (field staffs including coordinators and supervisors) were trained during this programme.
- Training on supportive supervision was provided to the nutrition counsellors of Vikas Bharti were provided in September 2013.
- Support provided to ICDS for training of 103 Anganwadi Workers (AWWs) on growth monitoring and promotion in Nagri in August and September 2013.

- Training was provided to 24 District Programme Managers (DPM) on perspective planning for District Health Action Plan (DHAP) and Block Health Action Plan (BHAP) in November, 2013.
- Training and orientation programme on District Health Action Plan and Block Health Action to DPMU and BPMU of Ramgarh district. PHRN provided the necessary technical support to the district during the year 2013-14

Odisha

- Capacity Building on “community based management of malnutrition”- AAM model experiences” - A capacity building programme was organized on 29th June, 2013 for National alliance for rural development (NARD)-a consortium of 12 NGOs in the district of Mayurbhanj.
- Induction programme on PHRN modules “Introduction to Public health systems”, “community participation and community health worker” was organised for community mobilization team in AAM from 4-5 September, 2013. The purpose of the induction program was to make the AAM team understand the communitization processes in the NHM and ICDS implementation framework with the public systems.

Other Activities

National Office

- Members of PHRN were actively involved in providing technical support to NHSRC towards development of the national framework National Urban Health Mission (NUHM). Dr. Vandana Prasad (National Convenor, PHRN) was appointed by GoI as member of Technical Resource Group (TRG) for developing the framework of the NUHM. Ms. Sulakshana Nandi and Dr. Ganapathy contributed as members of the different sub-groups formed under TRG. PHRN module on Urban Health was significantly used in the process.
- PHRN joined Oxford Policy Management as resource partner for a proposal to DFID on ICDS and Urban Health Reforms, August 2013
- PHRN provided technical support to Action Aid in conceptualizing and organizing consultation on Child Nutrition. A consultation workshop in

this regard was organized on 12th and 13th Nov. 2013 at Vishwa Yuvak Kendra, New Delhi

- PHRN agreed to collaborate with Centre for Equity Studies, New Delhi and PHFI on the upcoming India Exclusion Report
- A proposal for capacity building of civil societies for strengthening of national health policies and programmes was developed and submitted for funding to Narotam Sekhsaria Foundation (NSF).
- Included PGDDHM and Community Health Fellowship (CHF) scholars in E-group
- PHRN submitted a set of recommendations to the National Advisory Council, Govt. of India on the draft document on Universal Health Coverage
- PHRN submitted a set of recommendations to the National Advisory Council on the issue of Particularly Vulnerable Tribal Groups (PVTGS) led by Ms. Sulakshana Nandi
- Submitted Project Report to Narotam Sekhsaria Foundation (NSF) on the Project Community Health Fellowship (Rajasthan) on 24th June 2013
- Technical support to IGNOU towards the conduct of Term-end Practical Examination, Paper setting, Moderation and reviewing the courses contact of the PGDDHM Programme for the proposed revision in the course curriculum during the year 2013-14
- Dr. Vandana Prasad participated as a panelist in the National Public Hearing on the Destitution among the Elderly in India held on 17th January 2014 at Constitution Club, New Delhi. The Public Hearing was jointly organized by the Pension Parishad, Tata Institute of Social Sciences (TISS) and HelpAge India
- Became a formal member of JSA and provided support to JSA for its various meetings through the year 2013-2014
- Ongoing support to RTF campaign
- Provided support to Prof. Sanjay Prasad, School of Information Technology, IIT Delhi by arranging a practical/field exposure visit in Rajasthan for some of its Ph. D students in August, 2013 for its project "Foundations of trustworthy and scalable health care", which involved a

collaboration with Dartmouth College and Rice University as well as AIIMS

- Provided support to law interns from Amity University who interned at PHRN Delhi office and they did a comparison of National Food Security Act (NFSA) and Chhattisgarh Food Security Act(CFSA) during the period under report
- Dr. Ganapathy attended the RMNCH+A meeting held on 23rd Jan. 2014 and volunteered to be part of the working group on the role of civil societies in implementing RMNCH+A
- PHRN members were part of the Roundtable Discussion on Infant and Young Child Feeding: Unpacking the 12th Five -year plan: Beginning of the rise of Breastfeeding held in April 2013, New Delhi
- PHRN jointly organized its first public lecture with JSA and SAMA on the topic of Global Health Crisis by Dr. David Sanders in October 2013, New Delhi
- Submitted proposal to IDS Sussex/IFPRI. Dr. Dipa Sinha represented PHRN in soliciting funding support for activities to facilitate knowledge network in Odisha

Bihar

- PHRN Bihar attended a Workshop on “Centrality of family planning for health and development -National and global evidence organized by State Health Society Bihar and Population Foundation of India on 8th May 2013.
- PHRN Bihar attended a meeting organized by Save the Children entitled “Celebrating Motherhood” on the eve of “Mothers Day” to honour the mothers and release seminal report “State of the World Mothers, 2013 on 11th may 2013 at Buddha Heritage, Patliputra colony
- PHRN is a member of SRHR (Sexual and Reproductive Health Rights) Forum. The Forum meet was organized by Bihar Voluntary Health Association (BVHA) on 5th August 2013. PHRN Bihar participated in the meeting as one of members.
- Participated in Working Group meeting on communication was organized by Population Foundation of India at PFI, Patna office.

- PHRN is a member of state public health system strengthening audit body. PHRN Bihar was part of the Audit Body which assessed Primary Health Centre, Parbatta, Khagaria for up gradation of PHC for level -2 on 24th October 2013.
- Held a meeting on 30th Oct. 2013 with Secretary Health-cum- Executive Director, State Health Society, Bihar on State Quality Certification Cum Audit organized by State Health Society to share the audit report of the assessment of the Primary Health Centre, Parbatta, Khagaria.
- Organized a Network meeting with state development partners at PHRN Bihar office on 22nd Dec. 2013. The meeting was attended by the representatives of NHSRC, Population Foundation of India, ADRA India, Koshish Charitable Trust, Bihar Voluntary Health Association, Bihar Mahadalit Mission, BTAST, District Health Society, Patna.
- Attended the State level Convention on Malnutrition, Food Security and Accountability on 1st and 2nd February 2014. The convention was organized in the light of passage of Food Security Act, 2013 by Koshish Charitable Trust.
- As one of the Strategic and Technical Advisory Group (STAG) members PHRN Bihar participated in assessment of one district level NGO and two block level NGO under CBPM programme of State Health Society/PFI. This assessment was carried out from 9th to 11th March 2014 in Darbhanga District.
- Participated as one of the panelists in a Jan Samwad organized by Agravami India in Mohanpur Block on 20th December, 2013 to share the issues of community with service providers and to make decisions for undelivered services. PHRN is a State Technical Advisory Group member of Community Based Planning and Monitoring Body.

Chhattisgarh

- Participation in campaigns by Jan Swasthya Abhiyan (JSA) in Chhattisgarh during the year 2013-14
- Participation in State level Consultation organized by Jan Swasthya Abhiyan (JSA) and SAATHI on Clinical Establishment Act and Patient Rights on 19th-20th October, 2013 at Raipur, Chhattisgarh.

- Submitted comments along with signatures of various organizations and individuals to National Advisory Council's draft recommendation on Particularly Vulnerable Tribal Groups (PVTGs) in July 2013
- Ms. Sulakshana Nandi, State Convenor, PHRN Chhattisgarh contributed as Member, National ASHA Mentoring Group during the year 2013-14
- Became Part of the Evaluation Team for National ASHA Evaluation Qualitative Phase in Punjab held from 19th to 26th Aug. 2013 conducted by NHSRC
- Contributed as Member, Working Group-3 (WG3) on Community Processes and Convergence under the Technical Resource Group (TRG) of NUHM during the year 2013-14
- Provided inputs to the National Village Health Sanitation and Nutrition Committee (VHSNC) training module and ASHA module on violence against women during the period under report
- Ongoing support to groups and advocacy to reinstate reproductive rights of PVTGs.
- Participation in National Commission for Protection of Child Rights (NCPCR) enquiry regarding cases of sexual assault against girls in Kanker district (CG) government hostel, in May and July 2013
- Interaction with team member of Satyamev Jayate and providing contacts in Chhattisgarh and Jharkhand in August 2013.

Jharkhand

- System strengthening with special reference to Family Planning as state resource group to District Programme Management Units (DPMUs) Gumla and Ranchi. PHRN was one of the resource agencies to provide orientation and training to district health systems on family planning services.
- System strengthening (Health Policy Programme) – PHRN provided the training and follow up support to select DPMUs of Giridih, West Singhbhum and Simdega district on health policy programme supported by Futures Group International.
- PRI module developed by PHRN for Village and Panchayat Health plan was submitted to Health Department (NRHM). Contents of the module

were adopted by the Jharkhand Health Society with due acknowledgement to the organization.

- Action Against Malnutrition (AAM) programme learning's and experiences were formally presented by PHRN in two major workshops organized by Poorest Areas Civil Society (PACS), Jharkhand and PAIRVI, New Delhi
- PHRN representative participated in a TV show on Doordarshan and presented their views on the debate discussion on practices to tackle malnutrition – The Community Based Approaches
- Advocacy Support to ongoing Right to Food campaign
- Facilitated Visits - Block Officials for CDPO, BDO and others staffs to Nagri Block understanding AAM.
- PHRN facilitated and field visits of the State Commission for Protection of Child Rights (SCPCR) support and Field Visit to Ramgarh district and Nagri block to understand the ICDS works in field. The teams also got opportunities to see and understand Action against Malnutrition Programme.
- Training and exposure visits were organized by the team to EFFICOR, PRADAN and Society for Promotion of Wasteland Development (SPWD) on malnutrition with special reference to AM programme in Nagri.
- Three rounds of meeting and sharing on AAM was held with the Secretary, Welfare, Govt. of Jharkhand during the period under report.

Odisha

- Sharing of PHRN's work on "System strengthening" in health and nutrition under the program Action Against Malnutrition in a state level conference "State level alliance on maternal health" organized by OXFAM on 31st July 2013. This was attended by representatives from various government and non- government organizations including Dr. A.K Sen, Senior Health Advisor, UNICEF and Dr Amrita Patel of National Alliance for Maternal Health and Human Rights
- Presentation of PHRN perspectives on right to food and Jan Swasthya Abhiyan and the PHRN interventions in nutshell in the "Odisha Jana Mancha on National Food Security Ordinance" held from 1-2 August 2013. This was participated by NGOs and Government representatives

including the state Soochna Commissioner, Mr. Jagadananda Mohanty, Sj Baishnab Charan Parida, member Rajya Sabha and MLA Koraput, Mr. Majhi -KBK, ex-commissioner-cum secretary Mr. Aurobindo Behera, IAS, and Pradeep Majhi, Secretary, Indian youth Congress

- District consultation on “System strengthening for AAM” held on 11, July 2013 in the new blood bank conference hall, Baipada, Mayurbhanj. This was attended by members from the ICDS, health and the members of the NARD foundation.
- Participated in the state malaria control planning meeting organized by NVBDCP on 25th May, 2013, where the PHRN made a presentation about its activities with emphasis on AAM. And it was suggested in the planning meeting that PHRN state unit should be engaged in malaria control activities through its volunteers and full time activists working in the district of Keonjhar and Mayurbhanj.
- Sharing of AAM interventions in the district with the State Women & Child Development (WCD) Department Govt. Of Odisha officials including the Secretary and the Joint Director Nutrition

PHRN Interactive Groups

- **PHRN Core Group:** This group helps the executive and the governing body in all programme related suggestions and decisions.
- **PHRN Executive Committee:** This group helps the executive and the board in all administrative & financial and related policy decisions.
- **PHRN Editorial Advisory Group:** The group has the responsibility of editing, modifying as well as writing PHRN distance education 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. The group has already more than 300 members.

- **PHRN Ethics Committee:** An Institutional Ethics Committee (IEC) for PHRN was formed and established in May 2012. This committee was formed in light of the increasing number of research activities and implementation projects that PHRN undertakes and the need to take ethical clearance either research studies or implementation projects.

PHRN's IEC is constituted of five members including public health specialists, social scientists and civil society representatives. The executive director of the PHRS serves as the fifth member and member secretary to this committee. The committee would elect a chairperson from within on rotation basis.

The **IEC** has the following responsibilities:

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

Publications

Modules

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

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

S. No.	Module Name
Module: 1	Introduction to Public Health Systems
Module: 2	Reduction of Maternal Mortality
Module: 3	Accelerating Child Survival
Module: 4	Community Participation and Community Health Workers
Module: 5	Behaviour Change Communication and Training
Module: 6	Mainstreaming Women's Health Concerns
Module: 7	Community Participation beyond Community Health Workers
Module: 8	Disease Control programme
Module: 9	Convergence
Module: 10	District Health Planning
Module: 11	Convergence
Module: 12	Engaging with the Private Sectors
Module: 13	Legal Obligations of District Health Systems
Module: 14	Key Issues of Governance and Health Sector Reform
Module: 15	Tribal Health
Module: 16	Issues in Urban Health
Module: 17	Public Health Management of Disasters
Module: 18	District Planning for Mental Health

Other Publications

- “What the good doctor said: a critical examination of design issues of the RSBY through provider perspectives in Chhattisgarh, India”- study in collaboration with Jawaharlal Nehru University, Delhi and published in Social Change journal.
- ‘A Snapshot of the Health and Nutrition of the Ageing/Elderly Poor, December 2013,PHRN and Pension Parishad
- “The RSBY experience in CG: what does it mean for health for all?”- publication by SAMA, New Delhi
- “The Emerging Experience of RSBY in Chhattisgarh: What can the Informal Sector Workers Expect?” Published in ‘Medico Friend Circle Bulletin’ Issue 352-354, 2013
- “Slashing of the Health budget: Implications for women health and Health for all” published in Equality Journal, AIDWA.
- Poster Presented on the CRMC study at the Global Public Health Conference, in Feb 2014.
- Submitted manuscripts in Health Policy and Planning journal under Oxford journals in response to call for papers for special issue: 1. Chhattisgarh Rural Medical Corp (CRMC) study 2. Mitanins addressing social determinants of health
- “Addressing the social determinants of health: A case study from the Mitanin (Community Health Worker) programme in India" submitted to and accepted by Health Policy and Planning journal under Oxford journals. Peer review process initiated.
- Studies on RSBY quoted in national media <http://scroll.in/article/659131/Four-reasons-why-the-Congress's-promise-of-insurance-based-Right-to-Health-is-a-bad-idea>
- CRMC evaluation covered by media in Chhattisgarh

Organisational Updates

HR

- Mr. Ramakant was released from his contractual position in Jharkhand from July 2013. He was supporting the Futures Group project in Jharkhand.
- Mr. Prashant Pathak resigned from his post of Programme Coordinator on 20th Jan. 2014. He was supporting AAM Project.
- Ms. Kanica Kanoongo who was previously with PHRS Chhattisgarh office was transferred (w.e.f. 24/10/2013) to PHRS Delhi office
- After a stint as Member, National Commission for Protection of Child Rights (NCPCR) Govt. of India for 13 months, Dr. Vandana Prasad joined back as National Convenor PHRN and Technical Advisor for AAM project on 1st Jan. 2014
- Ms. Nidhi Dhingra joined PHRS in Dec. 2013 as Consultant for process documentation under AAM Project

Administration

- PHRS Governing Body Meeting held on 17th May 2013
- PHRS Governing Body Meeting held on 6th December 2013
- PHRS National Coordination Committee (NCC) Meeting held on 20th February 2014 at NIHF New Delhi
- PHRS 2nd General Body Meeting held on 21st February 2014 at NIHF New Delhi: This was the first time during this General Body Meeting the constitutional and other amendments were proposed. Dr. Ganapathy Murugan, Secretary and Executive Director PHRS proposed the amendments which were discussed and finalized by all the General Body Members. During the Meeting it was reported that Dr. K.R. Antony resigned from the President Office. Dr. Suranjeen Prasad was appointed as president of PHRS.
- Institutional Ethics Committee: In view of increasing number of research activities and with guidance from PHRS Governing Body an Institutional Ethics Committee was also established in 2013. The members of the Institutional Committee are Dr. Ganapathy Murugan, Dr. Rajani Ved, Dr. Mohan Rao, Dr. Mary John and Dr. Enakshi Ganguly Thukral.

Organisational Profile

Governing Body

Name	Designation
Dr. K.R. Antony	President till Dec. 5 th 2013
Dr. Madan Mohan Pradhan	Vice President
Dr. Vandana Prasad	Member from Dec. 5 th 2013
Dr. Ganapathy Murugan	Executive Director and General Secretary
Mr. Dinesh Chandra Bhatt	Treasurer
Mr. Biraj Patnaik	Member
Dr. Rajib Dasgupta	Member
Dipa Sinha	Member
Ms. Sulakshana Nandi	Member
Mr. Rafay Eajaz Hussain	Member
Dr. Suranjeen Prasad	President from Dec. 5 th 2013 onwards
Ms. Dipa Dixit	Member

PHRS Core Team

S. No.	Name	Designation	Posted at
1	Dr. Vandana Prasad	National Convenor and Technical Advisor	New Delhi
2	Dr. Ganapathy Murugan	Executive Director	New Delhi
3	Ms. Dipa Sinha	Technical Head	New Delhi
5	Ms. Soma Sen	Programme Coordinator	New Delhi

6	Mr. Ajay Kumar Chawariya	Programme Coordinator	New Delhi
7	Mr. Sunandan Kumar	Senior Accounts and Administrative Officer	New Delhi
8	Mr. Prashant Pathak	Programme Coordinator	New Delhi
9	Ms. Sulakshana Nandi	Senior Programme Coordinator (Part- time)	New Delhi and Raipur
10	Ms. Kanica Kanungo	Programme Coordinator	New Delhi and Raipur
12	Mr. Haldhar Mahto	Senior Programme Coordinator	Ranchi
13	Ms. Shampa Roy	Programme Coordinator	Ranchi
14	Mr. Rajesh Sriwastwa	Programme Coordinator	Ranchi
15	Mr. Niraj Kumar Shrivastava	Accounts and Administrative Officer	Ranchi
16	Mr. Ramakant Singh	Consultant	Ranchi
17	Mr. Arun Kumar	Senior Programme Coordinator	Patna
18	Ms. Priyanka Kumari	Programme Coordinator	Patna
19	Md. Shahnawaz Khan	Accounts and Administrative Officer	Patna
20	Mr. Satya Patnaik	Programme Coordinator	Bhubaneswar
21	Ms. Sharmistha Nanda	Consultant	Jaipur

Our Partners in Development

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

S. No.	Name of the Organization
1.	Action Aid
2.	Association for Rural Advancement through Voluntary Action and Local Involvement (ARAVALI), Jaipur
3.	Breast Feeding Promotion Network of India (BPNI)
4.	Centre for Equity Studies (CES), New Delhi
5.	Centre for Jawaharlal Nehru Studies, Jamia Millia Islamia University, New Delhi
6.	Centre for Youth and Social Development (CYSD), Bhubaneswar, Odisha
7.	Centre of Social Medicine and Community Health (CSMCH), Jawaharlal Nehru University, New Delhi
8.	Chaupal, Chhattisgarh
9.	Child in Need Institute (CINI), Jharkhand
10.	Department of Health & Family Welfare, Chhattisgarh
11.	Ekjut
12.	Futures Group, USAID
13.	ICICI Foundation for Inclusive Growth- Centre for Child Health and Nutrition
14.	Idea, Bihar
15.	Indian Institute of Health Management Research (IIHMR), Jaipur

16.	Indira Gandhi National Open University (IGNOU)
17.	Institute of Public Health, Jharkhand
18.	Jharkhand Health Society, Jharkhand
19.	Majdoor Kisan Shakti Sangathan (MKSS), Rajasthan
20.	Narotam Sekhsaria Foundation (NSF), Mumbai
21.	National Health Systems Resource Centre (NHSRC)
22.	National Institute of Health and Family Welfare (NIHFW)
23.	National Rural Health Mission (NRHM)
24.	OXFAM
25.	People's University (PU), Manchester, UK
26.	Plan India
27.	Population Foundation of India (Regional Resource Centre for RCH)
28.	Save the Children
29.	SEARCH, Gadchiroli
30.	Sir Dorabji Tata Trust & Allied Trusts
31.	State Health Resource Centre (SHRC), Chhattisgarh
32.	State Health Society, Bihar
33.	State Institute of Health & Family Welfare, Chhattisgarh
34.	State Institute of Health & Family Welfare, Odisha
35.	URMUL, Bikaner, Rajasthan

Finance

Public Health Resource Society has been registered under the Foreign Contribution (Regulation) Act. Rules, 2010 with Ministry of Home Affairs Govt. of India on 26th June 2013. The registration will be valid upto 5 years from the date of registration.

Financial Report

Public Health Resource Society

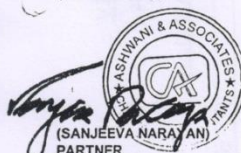
G-46, First Floor, Green Park Main, New Delhi - 110016

Statement of Affairs as on 31.03.2014

CAPITAL & LIABILITIES	AMOUNT (In ₹)		ASSETS	AMOUNT (In ₹)
Corpus			0 FIXED ASSETS	
Opening Balance - PHRS (Reserve and Surplus)	3,798,395		Net Block (Schedule I)	1,014,635
Less: Deficit (As per Statement I & E Annexed)	(558,114)		Land	
Less: Depreciation during the year (ICCHN and SHRC) (Schedule I)	(95,943)	3,144,338	Building under Construction	1,416,000
Assets fund transfer from NSF			CURRENT ASSETS	
Opening Balance	54,272		Loans & Advances (Assets) (Schedule - XIII)	1,516,465
Add: Addition during the year			Sundry Debtors (Schedule XIV)	438,172
Less: Depreciation during the year ((Schedule I)	(14,467)	39,805	Investment (Schedule XV)	1,800,000
Assets fund transfer from SDTT			Cash & Bank Balances (Schedule XVI)	13,312,386
Opening Balance	399,626			
Add: Addition during the year	224,100			
Less: Depreciation during the year ((Schedule I)	(208,299)	415,427		
Unutilized Fund at the end of year		15,491,681		
CURRENT LIABILITIES				
Outstanding Expenses (Schedule XI)		404,407		
Sundry Creditors (Schedule XII)		2,000		
Total (in ₹)		19,497,658	Total (in ₹)	19,497,658

IN TERMS OF OUR REPORT OF EVEN DATE

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



(SANJEEVA NARAYAN)
PARTNER
M.No. 084205
Place : New Delhi
Date : 29.09.2014

(DR. GANAPATHY MURUGAN)
SECRETARY

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society

G-46, First Floor, Green Park Main, New Delhi - 110016

Income & Expenditure Account for the period from 01.04.2013 to 31.03.2014

EXPENDITURE	Other	Project	Total	INCOME	Other	Project	Total
Expenses - State Health Society / ARC (Schedule II)	-	2,673,289	2,673,289	Unutilized Grant at the Beginning	-	14,239,303	14,239,303
Expense - Menstrual Hygiene Study (Schedule III)	-	30,355	30,355	Grant-in-Aid (Schedule IX)	-	19,187,674	19,187,674
Expenses - Action Against Malnutrition (Schedule IV)	-	13,780,961	13,780,961	Indirect Income (Schedule X)	2,927,336	-	2,927,336
Expenses - Save the Children (Schedule V)	-	974,650	974,650	Excess of Expenditure over Income / Deficit	558,114	-	558,114
Expense - PHRS (Schedule VI)	3,485,450	-	3,485,450		-	-	-
Expenses - Community Health Fellowship (Schedule VII)	-	209,654	209,654		-	-	-
Expenses - Future Group (Schedule VIII)	-	266,387	266,387		-	-	-
Unutilized Grant at the end FY 2013-2014	-	15,491,681	15,491,681		-	-	-
TOTAL	3,485,450	33,426,977	36,912,427	TOTAL	3,485,450	33,426,977	36,912,427

IN TERMS OF OUR REPORT OF EVEN DATE

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



(Signature)
PARTNER

(SANJEEVA NARAYAN)
M.No. 084205
Place : New Delhi
Date: 29.09.2014

(Signature)
(DR. GANAPATHY MURUGAN)
SECRETARY

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society



G-46, First Floor, Green Park Main, New Delhi - 110016

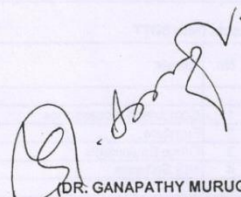
Receipts and Payments Account for the period from 01.04.2013 to 31.03.2014

<u>RECEIPTS</u>	AMOUNT (In Rs.)	<u>PAYMENTS</u>	AMOUNT (In Rs.)
Opening Balance - Cash and Bank	9,901,796	Expenses - State Health Society / ARC (Schedule II)	2,673,289
Grant-in-Aid (Schedule IX)	19,187,674	Expense - Menstrual Hygiene Study (Schedule III)	30,355
Indirect Income (Schedule X)	2,927,336	Expenses - Action Against Malnutrition (Schedule IV)	13,780,961
Loan and Advance (Assets)	155,897	Expenses - Save the Children (Schedule V)	974,650
Sundry Debtor	2,978,362	Expense - PHRS (Schedule VI)	3,470,774
Investments	3,200,000	Expenses - NSF (Schedule VII)	209,654
Assets Fund Received from JTT	224,100	Expenses - Future Group (Schedule VIII)	266,387
		<u>Fixed Assets</u>	
		Land and Building (Under Construction)	600,000
		Assets Purchase from Assets fund PHRS	56,000
		Assets Purchased from fund received from JTT	224,100
		Outstanding Expenses	516,228
		Sundry Creditor	660,381
		FDR created during the year	1,800,000
		PHRS Interstate Accounts	
		Closing Balance - Cash & Bank	13,312,386
Total (in ₹)	38,575,165	Total (in ₹)	38,575,165

IN TERMS OF OUR REPORT OF EVEN DATE

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



 (SANJEEVA NARAYAN)
 PARTNER
 M.No. 084205
 Place : New Delhi
 Date: 29.09.2014


 (DR. GANAPATHY MURUGAN)
 SECRETARY

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

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