

# **ANNUAL REPORT 2016 - 2017**



**PUBLIC HEALTH RESOURCE SOCIETY**

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



## Message from the **Executive Director**

Dear Friends,

I am delighted to share with you the Annual Report of the Public Health Resource Society for 2016-17.



As always, this was an especially productive year at PHRS. As you read this report and reflect upon our activities, you will see that we have forged new partnerships and have expanded our presence in new geographies. Also, you will see that we have been able to achieve and accomplish many things. I would take this opportunity to thank our network members, partners and our generous donors since none of it would have been possible without their kind support and encouragement. And my sincerest appreciation to all my colleagues who have greatly contributed to the growth and development of the organisation.

We are a unique organisation and undoubtedly, will continue to remain a significant presence on India's health and nutrition landscape. And it will continue to count on your support for that.

As in the past, a lot of good work can be expected in 2017-2018. Meanwhile, I invite you to review our actions and accomplishments in the financial year 2016 -2017

A handwritten signature in blue ink, appearing to read 'G. Ganapathy Murugan'.

**Dr. Ganapathy Murugan**





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## BACKGROUND

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

## PUBLIC HEALTH RESOURCE SOCIETY

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

### Principles of Public Health Resource Society

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

## HISTORY

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

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

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

PHRS has refined and redefined its objectives and strategies periodically in accordance with the circumstances of its work as well as its experience. **Currently, the major areas of**

**work of PHRS are capacity building, model building, advocacy, research, publication and networking.**

## **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.

## **AIMS AND OBJECTIVES**

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



## ORGANISATION PROFILE

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

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



## MAJOR PROGRAMMES

### Action Against Malnutrition (AAM)

Action Against Malnutrition (AAM), the flagship programme of PHRS is a multi-strategy intervention in seven blocks of four states – Bihar, Jharkhand, Chhattisgarh and Odisha through a consortium consisting of Public Health Resource Society (PHRS), Ekjut, Child in Need Institute(CINI), Chaupal Gramin Prashikshan Evam Shodh Sanathan (Chaupal), and Institute of Development Education and Action (IDEA). The programme is supported by Tata Social Welfare Trust. The AAM programme has been conceived as a model to demonstrate the importance and effectiveness of community mobilization, working with Systems and specific community-based management of malnutrition. The target group of the programme is children from zero to three years of age. This was initiated in June 2012 and completed in three years in May 2015. An extension was approved to continue the project till April 2016 by the Trusts with unspent funds from previous grant and a small bridge grant being allotted for the extension period which was extended till February 2017 with a fresh grant. Tata Trusts has given further no-cost extension till February 2018. However, PHRS is actively looking for funds to continue the crèches.



### Coverage

State	Partners	District	Block
Jharkhand		Ramgarh	Gola
Jharkhand		Ranchi	Nagri/ Ratu
Jharkhand		West Singhbhum	Khuntpani
Odisha		Mayurbhanj	Thakurmunda
		Keonjhar	Saharpada
Chhattisgarh		Sarguja	Lakhanpur
Bihar		East Champaran	Turkaulia

A total of 5384 children and an almost equal number of mothers were reached through crèche programme till March 2017. As on 31st March 2017, 10 creches were running in Nagri & Ratu field areas with 118 active children.





### Major Events in AAM:

- Two Review and advisory meetings of the consortium members were held on 18th - 19th October 2016 and 21st February 2017 in New Delhi.
- A meeting with the Tata Trust was organised on 1st July, 2016 to disseminate AAM work and to share the preliminary findings from the evaluation study. All the consortium partners, senior representatives from various donor & technical agencies and representatives from the Trust attended the team. The PHRS team was represented by Dr. Vandana Prasad, Dr. Suranjeen Prasad and Dr. Ganapathy Murugan.
- Two state level dissemination of AAM project was held in Bhubaneswar on 16th January 2017 and Ranchi on 14th February 2017. Both the meetings had participation from government, development partners, civil society groups and community members.

### As part of advocacy, the AAM project was shared in various forums like

- Meeting with Secretary, Mr. K.K. Soan for crèches on 7th June 2016 – Mr. Haldhar Mahto and Balramji attended the meeting
- Meeting with Mr. Sanjay Kumar, Principal Secretary to Chief Minister on 22nd June 2016 and 28th September, 2016. The first meeting was attended by Mr. Haldhar Mahto and the second meeting was attended by Dr. Vandana Prasad, Mr. Haldhar Mahto and Dr. Ganapathy Murugan.

- Meeting with Director General, Nutrition Mission, Jharkhand on 17th June 2016, 27th August 2016 and 28th September 2016. This meeting was attended by Mr. Haldhar Mahto.



- The AAM work was also shared in the National Convention of Right to Food in Ranchi held on 23rd – 25th September 2016.

### Facilitated Action Against Malnutrition Partnerships for Women's Empowerment and Rights (PoWER)

Public Health Resource Society (PHRS) is in partnership with Professional Assistance for



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

The following strategy is being adopted to achieve the intended outcomes.



- Working with Women's group
- Working with Systems
- Leveraging agriculture and livelihood practices towards improving health and nutrition by the following strategies
  - ⊙ Facilitating production and distribution of more nutritious staple crops and improving consumption of nutritious food
  - ⊙ Increase access to nutritious food and improve intake of nutritious food among women and children

The project was initially first piloted at Kathikund block in Dumka district, Sonua block in West Singhbhum district of Jharkhand and Balliguda block of Kandhamal district in Odisha where various tools were tested. It was found that the Community Resource Person (CRPs) found it difficult to facilitate the meetings

because it was a challenge for them in the fields to travel to different villages for these meetings. Dropout rate of CRPs were very high, thus a new ground strategy which involves change vectors (CV) supported by paid mentors was conceived. A mentor will be a paid PHRN staff who will help in hand holding and supporting the change vectors in conducting meetings in the villages/SHGs. One mentor would be guiding and enabling a team of 20 change vectors to achieve the intended outcomes, and with the new strategy two new blocks have been added to the project. The new blocks are Jaykapur and K. Nuagaon in Odisha. The project has two programme coordinators, one based out of Delhi, and one from Ranchi. Each block has a Block Programme Coordinator (BPO).

#### Major activities in PoWER

- Recruitment of project personnel in all the blocks have been done and they were inducted about the project.
- Training of trainers (TOT) is completed for the BPO's PRADAN nutrition anchors, mentors and members from NARC.
- Block level trainings for the change vectors is completed in all the blocks.
- PBN1 resource materials were finalized. The PBN1 module covered broadly on the themes of social determinants of malnutrition, life cycle approach, food diversity and nutrition sensitive agriculture.
- Rolling out of micro modules in village meetings have been started in all the blocks
- Review meetings with PRADAN teams

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

PHRS is in partnership with Professional Assistance for Development Action (PRADAN) to support them to evolve and implement a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices. This collaborative initiative informally known as Facilitated Action Against



Malnutrition (FAAM) is supported by IKEA Foundation under the aegis of “Women's Collective Led Processes for Impacting Poverty and Malnourishment”. It aims to bring positive changes towards health and nutrition of women and children and linking it with agricultural practices and livelihood. The project is implemented in four blocks namely Mohgaon, Samnapur, Darbha, and Jhalda from Madhya Pradesh, Chhattisgarh and West Bengal.

For this project the change vector (CV) is the change agent. The CVs are selected from the SHGs and they are on voluntary basis. They undergo training at the block level on the PB modules, and the same will be facilitated by them in the community level in their respective SHGs. To help them in facilitation there are mentors, who is a paid PHRN staff. The mentors will help in hand holding and supporting the change vectors throughout the rolling out. One mentor would be guiding and enabling a team of 20 change vectors. There are BPOs who coordinates the project from the block. They are

placed within the PRADAN team.

The objectives of the project are as follows:

- Building perspective, knowledge and skills among the PRADAN staff around the issues of health and nutrition and sharpen their understanding around nutrition sensitive engagements.
- Increase awareness among women to help understand the underlying causes and practices related to malnutrition
- Increase access to government interventions, especially to ICDS, water and sanitation and Health department
- Reduction of malnutrition and anaemia among women and children

To achieve the following objectives, the strategies adopted are:

- Working with Women's group
- Working with Systems
- Leveraging agriculture and livelihood practices towards improving health and nutrition by the following strategies
  - ⊙ Facilitate production and distribution of more nutritious staple crops and improving consumption of nutritious food
  - ⊙ Increase access to nutritious food and improve intake of nutritious food among women and children

#### Major activities

- Recruitment of project personnel in all the blocks have been done and they were inducted about the project.
- Community Needs Assessment (CNA) done in the blocks.
- Training of trainers (TOT) is completed for the BPO's PRADAN nutrition anchors, mentors and members from NARC.
- Block level trainings for the change vectors is completed in all the blocks.
- PBN1 resource materials were finalized. The PBN1 module covered broadly on the themes of social determinants of malnutrition, life

cycle approach, food diversity and nutrition sensitive agriculture.

- Rolling out of Micro modules in village meetings
- Review meetings with PRADAN teams

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

PHRS is working with Transform Rural India Foundation (TRIF) and PRADAN (Professional Assistance for Development Action) on the PRIDE project. It aims to develop process protocols to trigger transformation of villages in endemic poverty by adopting scientific practices around health, nutrition and hygiene along with access to quality public health services.

The project works towards realizing these goals through a two-pronged approach: first, by developing perspectives, skills, and knowledge of women in organized collectives to enable them to take responsibility for all members of SHGs and their collectives. This is being done by selecting women volunteers and training them on the project themes (described below). These women volunteers called Change Vectors are selected based on their commitment to make change happen in their respective geographies and SHGs. Secondly, the project engages with the public system to build the capabilities of frontline staff and work at the state level to ensure the smooth fund flows around basic services. It is initially being implemented in geographies where under-nourishment is common among both women and children. Hence the focus areas include the basic health care and nutrition needs of pregnant women, young mothers, and infants.

PHRS has been developing the process protocols for the project. A cascade training strategy has been designed for training SHG members, as well as other tools – such as a Community Needs Assessment tool to understand the ground situation before rolling out the project. PHRS is also implementing the project in four areas

where PRADAN's SHGs are active in Jharkhand: namely Torpa, Gola, Raidih and Poraiyahat. Field staff has been recruited in most of these areas, and is currently undergoing immersion in the project field. The following project activities have also been completed over the last year:

- Development of the first of three sets of modules, i.e. Perspective Building (TRI) I
- Nurturing partnerships with technical partners on the project: CHETNA (Centre for Health, Training, Education and Nutrition Awareness), CINI (Child in Need Institute) and
- FFHIT (Freedom for Hunger India Trust).
- Training of Master trainers, including programme coordinators, Block Programme Officers (BPO), external resource persons and mentors in PB (TRI) I
- Community Needs Assessment (CNA) and Public System Gap Analysis (PSGA) in implementation area.
- Facilitating the selection of CVs in select blocks
- Training Preparedness exercise for CVs
- Health camps in Particularly Vulnerable Tribal Group (PVTG) villages

### **Partnerships and opportunities to Strengthen and Harmonize Actions in Nutrition (POSHAN) in India**

PHRS in partnership with Institute for Development Studies (IDS), Sussex and International Food Policy Research Institute (IFPRI) has initiated a knowledge networking project in Mayurbhanj and Keonjhar districts of Odisha. The project is for generation of knowledge on nutrition specific and nutrition sensitive interventions; and their mobilization and dissemination among various stakeholders at different levels. The aim of this networking is to initiate/achieve effective multi-sectoral convergence in delivering nutritional services.

The objectives of the programme are as follows:

- To conduct knowledge mobilization activities around the issues of malnutrition

- To create a network of Civil Society Organisations (CSOs) and government functionaries working on nutrition related issues, beginning with two identified districts and possibly at the state level
- To share the experiences and findings from the knowledge network with other stakeholders in the nutrition community
- To develop knowledge products on POSHAN themes.

The activities conducted under POSHAN included (i) Development of 30 District Nutrition profile and widely disseminating them (ii) State level consultation on 21st May, 2016. This project formally came to a close on 31st May 2016.

### **Strengthening Crèche Services for Children of Working Mothers in Bihar (AWC Cum Crèche, Crèches Under the Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers and Crèches Under MGNREGA)**

PHRS was in partnership with UNICEF to provide technical support in Strengthening Crèche Services for Children of Working Mothers in Bihar. The activities included development of Bihar specific guideline of crèches, development of comprehensive training module for crèche workers, development of job aids and development of Rapid Assessment Tools for crèches. The technical support for this assignment was provided by Dr. Yogesh Jain from JSS. PHRS team was led by Dr. Vandana Prasad and the other team members were Soma Sen, Srishti Mediratta and Shahnawaz Khan. As per the agreement, the documents were submitted to UNICEF on 31st August, 2016 and the accounts was also settled.

## **OTHER CAPACITY BUILDING PROGRAMMES**

### **Internship Programme**

Internship programme has been a continuous effort to provide an orientation to our vision & approach and practical exposure to students from various fields and institutions. The organisation builds their capacities through the involvement of interns in its ongoing activities to help them develop an understanding on various social, health and nutrition related issues. During the period April 2016 to March 2017, a total of seven candidates were placed in Jharkhand and New Delhi for internship with PHRN. The students were supervised by Dr. Ganapathy, Dr. Vandana Prasad, Dr. Suranjeen Prasad, Haldhar Mahto, and Shampa Roy in Jharkhand. Details of the interns are as follows:

S. No.	Name	Name of the institute	Placement
1	Ketki Shah	TISS, Mumbai	Jharkhand
2	Triratna Chakma	TISS, Guwahati	Jharkhand
3	Birkhang Basumatary	TISS, Guwahati	Jharkhand
4	Cecil Stanley	IIPH, Gandhinagar	Jharkhand
5	Emily Audet	Scripps College, USA & World School for International Training	New Delhi
6	Ms. Richa Sahu	TISS Guwahati	Jharkhand
7	Dr. Arup Bhattacharya	Viswa Bharti	Jharkhand

### **Exposure visit to AAM field areas**

A team of members from Azim Premji Philanthropic Initiatives (APPI) spent two days in Jharkhand visiting and learning about the crèche component in AAM field areas in early September 2016. This visit was basically to inform APPI about their plans in Odisha where they have committed to work on alleviating child malnutrition.

## RESEARCH

### Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case Studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India

A research study was carried out on “Exploring health inequities amongst Particularly Vulnerable Tribal Groups: Case studies of Baiga and Sabar in Chhattisgarh and Jharkhand states of India”. This was part of “Closing the gap: health equity research initiative in India” funded by the International Development

Research Centre, through the Achutha Menon Centre for Health Sciences Study, Thiruvananthapuram. The rationale for the study was that PVTG communities are often overlooked or neglected in planning for health programmes, and that there is scarce information regarding this. The main objectives of the research

project were to study the social, cultural, political and economic determinants of health among Baigas and Sabars; to study the access of Baigas and Sabars to government health and allied systems; and to study the experience of health-related events among Baigas and Sabars in Chhattisgarh and Jharkhand.



The qualitative and quantitative data collection has been completed and PHRN is in the process of analysing the data and writing the report. During data collection, interventions by the research team on helping community to access their ration and health entitlements were also made with the support of Right to Food Campaign and Mitandin programme members. The initial findings of the research were shared in the meeting held on 2nd – 4th March 2017 in Trivandrum. Feedback and suggestions were given by various other partners and mentors. The draft of the report will be submitted by September 2017.

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

A research study has been taken up with the following objectives (i) To assess the existing capacity building/training programme for ICDS workers (ii) To critically examine content of training curriculum (iii) To examine pedagogy used in trainings and (iv) To understand the institutional processes involved in the training. This study was commissioned by APPI and was designed and developed with the support from Government of Odisha. The focus of this research is Anganwadi Training Centres (AWTCs) and ICDS functionaries. Currently, data collection is in progress and we aim to complete this study in the next quarter.



### **Contribution of Civil Society for “Health for All” in India: PHRN-JSA**

This research project was undertaken by PHRN on behalf of Jan Swasthya Abhiyan. It is part of a larger three-year research with the support of IDRC. This project is intended to document (and support) the People’s Health Movement (PHM) in its activities as a social movement that promotes 'Health for All', while locating health in an understanding that embraces the structural and social determinants. Much of this work is centred around 6 countries where PHM has activist groups: Brazil, India, South Africa, Italy, Colombia and the Democratic Republic of Congo. The overall coordination of this (action) research project will be undertaken by PHM globally, through a small group of personnel located in three offices of the PHM: India, South Africa and Egypt.

The country-specific research part of this project is centred on key themes related to successful campaigns, movements; knowledge generation, capacity building and networking that promote “Health for All. This research project in India was housed in PHRS and it was steered by a research group (consisting of Amit Sengupta, N Sarojini, Deepa V, Joe Varghese, Indranil Mukhopadhyay, VR Raman, Ganapathy Murugan, Susana Barria, Kajal Bhardwaj, Rohan Matthews and Vandana Prasad).

The data collection for this study included in-depth interviews with a number of JSA members/members of the broad 'health movement', of any significant activities at the state or national level that they or their organisation may have initiated or participated on specific key themes. The study was successfully conducted and concluded.

### **Study on working condition in a Multinational Health-care Corporation in India-PSI**

PHRN was commissioned by Public Services International (PSI) to undertake a research titled "Study on Working Conditions in a Multinational Health-care Corporation in India". This project was intended to explore and document the working conditions in big private hospitals, and inform PSI on the process and consequences of privatization.

This was an exploratory study and had a very brief timeline. Therefore, a few interviews with the staff in the hospital (across various cadres) was done to understand the terrain and to aid in doing a larger full-fledged study planned in the near future. The study focused on employment conditions (kinds of contracts, outsourced departments) and how they impact perceived ability to perform and quality of care (which is linked to conditions of work too), as well as on perceptions of unionizing and trade unions. This research study was led by a research group with Dr. Indira Chakravarthi as the lead investigator. The study is completed, and the report has been submitted.

### **Advocacy**

#### **Strengthening Public provisioning of Healthcare in India – National Foundation of India**

The Chhattisgarh state Jan Swasthya Abhiyan (JSA) unit is involved in budget analysis activity through PHRS with Sanket Development Group from Madhya Pradesh and is financially supported by National Foundation of India. The project was initiated in 2015 and continued in 2016-17. State and regional workshops were conducted along with Sanket. The members from Jan Swasthya Abhiyan and PHRN also participated in a budget analysis workshop held by State Health Resource Centre, with Dr. Ravi Duggal, Country Coordinator for International Budget Partnership, as the resource person.



## Major Activities:

- A pre-budget consultation was held in Raipur on 10th December 2016 followed by two regional budget consultations: in Kanker (South) on 10th March 2017 and Ambikapur (North) on 11th March 2017. The participants included Civil Society organisations from the region, FMRAI representative, non-profit hospitals, organisations providing legal aid, CBOs and the Mitandin programme members. The aim was to build capacity of participants in terms of understanding social sector budgets, specifically of the health sector. It also included discussions from the State health report card and discussions on the shortage of Human resources and medicines specifically. The participants were very enthusiastic about knowing about the importance of budgets in the social sector. Few of them also took the responsibility of putting RTIs in the specific field they work on and which is being followed up by PHRN. A charter of demand was prepared post consultation which was later shared with the State Planning Commission and Health Department, Chhattisgarh.
- The CBGA- JSA partners meet held on 17th and 18th January, 2017 was attended by Ms. Deepika Joshi, Ms. Sulakshana Nandi, and Mr. Chandrakant.

## Health Rights Advocacy For Social Accountability And Regulation Of Private Medical Sector

PHRS has undertaken a research study titled "Health Rights Advocacy For Social Accountability And Regulation Of Private Medical Sector" in the states of Bihar, Chhattisgarh, and Delhi. This study has been commissioned by Oxfam India, and entails the development of four case studies describing the status and impact of privatization on public sector health care services. State specific topics chosen for the study include: diagnostic services being run in PPP mode in Bihar, and the outsourcing of dialysis

facilities in Delhi. In Chhattisgarh, two areas were chosen (i) outsourcing the recruitment and management of Human Resources to private agencies to remote and conflict areas, and (ii) outsourcing mobile medical units. The study was completed and disseminated at a national seminar on 20th January, 2017 at India International Centre, New Delhi.

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

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

*The major activities completed under the project are:*

1. Public health facilities were sampled, and a medicine survey was conducted in 7 districts through a checklist based on the Essential Drug List of Chhattisgarh government. From facility surveys of 31 facilities (SHCs, PHCs and CHCs), shortages were found in the availability of essential medicines, with Primary Health Centres faring the worst. Many facilities shared that they receive medicines less than they have demanded, and also reported long delays in actual supply after putting demand for medicines.
2. Case studies of two facilities in Kabeerdham and Kanker were done to understand the medicine supply and arising issues.
3. Other activities included meeting government officials, visiting CGMSC and the office of the helpline 104 in the whole

process to monitor the grievances against the non-availability of medicine. RTI application was submitted to access information regarding the grievances and their resolution status.

4. A consultation was organised jointly by PHRS and JSA, with support from Oxfam India, on 'Availability of essential free medicines in public sector' on 29th March 2017 at Hotel Simran Pride, Pandri. The consultation focussed on dissemination of the findings of various studies undertaken on the issue of availability of medicines and sharing of experiences from procurement and supply of medicines, to availability for patients. As a positive outcome of the meeting, the issue of non-supply of ART medicines was resolved, with the CGMSC buying the medicines for CGSACS.
5. A review of newspaper articles on the issue at hand was conducted. Ms. Sulakshana Nandi has published several editorials in Nai Duniya on the same issue.

## OTHER INITIATIVES

### National, New Delhi

- Dr. Vandana Prasad was invited as a plenary speaker in the World Nutrition Congress, Cape Town held on 30th August to 3rd September, 2016. She spoke on community management of malnutrition.
- Public Health Resource Network in collaboration with Jan Swasthya Abhiyan and Centre of Social Medicine and Community Health, JNU organized a Public lecture titled "The Double Burden of Malnutrition, Non-Communicable Diseases and Food Systems In The Era Of Neoliberal Globalisation" by Professor David Sanders, Emeritus Professor, School of Public Health, University of Western Cape, South Africa. Professor David Sanders is one of the founders of the People's Health Movement, an eminent scholar and teacher, and was also closely associated with the struggle against the apartheid regime in South Africa. The Public Lecture was

successfully delivered to a packed audience on 21st November 2016 in JNU.

### Chhattisgarh

- State Convener reviewed study report on Rajiv Gandhi Jeevandayi Aarogya Yojana in Maharashtra by Cehat in March 2016
- State Convener reviewed chapter on Urban health for book titled "The Art of the Possible: Understanding and Acting on Social Determinants of Health in India", in September to be published by the Public Health Foundation of India.
- PHRN Chhattisgarh participated in preparation of Stock taking report after one year of Bilaspur sterilization tragedy in terms of relief provided to victims, issues still being faced by them and suggestion/demands made towards the Family Planning programme.
- Support to Human Rights Law Network to file a PIL on Restriction on sterilization services for the PVTG group.
- Facilitated documentation and Media Advocacy by Jan Swasthya Members against the flouting of norms under the Chhattisgarh Clinical Establishment Act as well as the growing trend of privatization of health facilities.
- Participation by state convener in National ASHA mentoring Group.
- State Convener invited to be part of Technical Advisory Group, MoHFW for development of modules for ASHAs and other health workers for the National Non-Communicable Disease Programme.
- Participation by state convener in World Public Health Nutrition Congress in Cape Town from 30th August to 3rd September, 2016.
- Sulakshana Nandi participated in the Prince Mahidol Award Conference in Thailand from 29th January to 3rd February 2017 and presented in plenary on "Vulnerable Populations: WHO, Where and Why?" and parallel session on "Women and Children First (Urban RSBY)".

- Study titled 'Monitoring the Regulation of Clinical Establishments: Integrating Multistakeholder Perspectives through a campaign and a study' presented at Fourth Global Symposium on Health Systems Research, Vancouver, November 2016.
- Outsourcing of Human Resources for health: A case study from Chhattisgarh - presented at the 5th conference of the Indian Health Economics and Policy Association (IHEPA) organised by Institute of Development Studies Kolkata & Azim Premji University, Bengaluru

### Odisha

- State level POSHAN dissemination event on 21st May in Bhubaneswar.
- State level dissemination of AAM project was held in Bhubaneswar on 16th January 2017. Both the meetings had participation from government, development partners, civil society groups and community members. This dissemination event was coordinated and led by Ekjut and PHRN.

### Bihar

- State level consultation meeting with ICDS on Bagiya Creches. This consultation was organised by UNICEF on 30th June and 1st July in Patna, Bihar.
- Participated in the JSA core committee meeting on 12th January 2017 in Patna, Bihar. This consultation was organised by CHARM to plan, strategize and take ahead the campaign on "Access to free drugs".

### Jharkhand

- State level dissemination of AAM project was held in Ranchi on 14th February 2017. Both the meetings had participation from government, development partners, civil society groups and community members. This dissemination event was coordinated and led by Ekjut, PHRN and CINI.
- Our senior Programme Coordinator, Mr. Haldhar Mahto completed MPH from university of Western Cape, South Africa.

### PRINTING & PUBLICATIONS

- An article titled Action Against Malnutrition (AAM): a community based approach to bridge child care and nutrition, 369-370, Medico Friend Circle bulletin, May 2016 – July 2016, page 13-15 by Soma Sen.
- Development and printing of Picture cards for PB II and III under FAAM
- Development and production of nutrition module titled, Understanding Nutrition, Managing Malnutrition: A module for Programme Managers. Production of this module has been supported by Thought Works Technologies (India) Private Limited, as part of the project Capacity Building for Equity in Access to Health.
- Development and publication of 30 District Nutrition profiles in Odisha under POSHAN.
- Oxfam India has published all the case studies of PPP for advocacy and wider dissemination.
- Dr. Vandana Prasad (February 2017) published a letter in BMJ Global Health, On the India RUTF trial - Reading between the lines of the RUTF trial, India. Refer: <http://gh.bmj.com/content/1/4/e000144.e-letters>

### Newspaper articles:

- Sterilisation deaths: The doctor is off the hook and the Chhattisgarh government's apathy continues. Scroll.in (4th March 2017)
- Left, Right and Centre: Are injectable contraceptives advisable? The Hindu (17th March 2017)
- Editorials in Naidunia (Chhattisgarh)
  - ⊙ प्रदेश में कुपोषण में कुछ उपलब्धियां लेकिन बहुत दूर और जाना है March 2017
  - ⊙ डॉक्टरों की निजी प्रैक्टिस पर नियंत्रण बहुत ज़रूरी Feb 2017
  - ⊙ स्वास्थ्य बीमा योजना में धांदली को रोकना होगा Dec 2016
  - ⊙ प्रदेश में मातृत्व अधिकारों की अनदेखी कब तक? Nov 2016
  - ⊙ स्वच्छ छत्तीसगढ़: सरकार व समाज की साझी जिम्मेदारी Oct 2016
  - ⊙ प्रदेश में स्वास्थ्य सेवाएं: अधिकार या व्यापार Sep 2016

## PHRN INTERACTIVE GROUPS

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

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

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

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

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

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

The IEC has the following responsibilities:

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

All the research studies undertaken by PHRN in 2016-17 have received ethical clearance from the committee.

## PHRN Committee for Gender Sensitivity and Prevention of Sexual Harassment at Work Place:

A three-member committee has been constituted for gender sensitivity and prevention of sexual harassment at work place. The committee consists of Ms. Sulakshana Nandi, Prof. Ritu Priya, Ms. Shampa Roy and is assisted by the ED.

## GOVERNANCE

### General Body

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

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

**The 6th Annual General Body Meeting** of the PHRS was held on 22nd February 2017 at Indian Social Institute, Lodhi Road, New Delhi - 110003.

The following points were discussed in the meeting:

1. Ratification of the Action Taken Report (ATR) on previous General Body Meeting
2. Presentation and discussion on:
  - i) Secretary's Report
  - ii) Treasurer's Report
3. Approval of the provisional organisational budget for the FY 2017-2018
4. Presentation of Annual Report 2015-2016
5. Appointment of Auditors
6. Future Plan: Activities, Collaborations and Fundings

### Governing Body

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

### Details of Governing Body Members as on 31st March 2017:

Sl. No.	Name	Position in Governing Body	Profession
1	Dr. Suranjeen Pallipamula Prasad	President	Public Health Professional, State Program Manager for Jharkhand at Jhpiego
2	Dr. Madan Mohan Pradan	Vice President	Epidemiologist, Dy. Director of Health Service, NVBCP, Odisha
3	Dr. Ganapathy Murugan	Secretary	Executive Director-PHRS
4	Dr. Dipa Sinha	Treasurer	Assistant Professor, Ambedkar University
5	Mr. Biraj Patnaik	Member	Regional Director, South Asia, Amnesty International
6	Dr. Vandana Prasad	Member & National Convenor	Community Pediatrician and Public Health Expert, Former Member - National Commission for Protection of Child Rights
7	Dr. K. R. Antony	Member	Public Health Expert, Former Director - SHRC, Health and Nutrition specialist UNICEF india
8	Mr. Dinesh Chandra Bhatt	Member	Independent Consultant
9	Dr. Rajib Dasgupta	Member	Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University
10	Mr. Rafay Eajaz Hussain	Member	Public Health Professional, State Program Manager (Bihar and Odisha) - Save the Children, India

11	Ms. Sulakshana Nandi	Member	Public Health Professional, Founder Member - Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan
12	Dr. Madhurima Nundy	Member	Public Health Professional, Associate Fellow - Institute of Chinese Studies
13	Dr. T. Sundararaman	Member	Dean, School of Health Systems Studies, TISS, Mumbai
14	Mr. Thomas Mathews	Member	Team Leader in Finance and Accounts Unit - PRADAN
15	Dr. Indranil Mukhopadhyay	Member	Health Economist, Senior Research Associate at Health Economics and Financing Unit at Public Health Foundation of India (PHFI)
16	Mr. Haldhar Mahto	Staff Representative	National Programme Coordinator - PHRS and Member, State Vigilance and Monitoring Committee, Jharkhand

**The Governing Body meeting was held on 19th December 2016 at PHRS National Office, Delhi. The following points were discussed in the meeting:**

1. Ratification of Minutes of the previous Governing Body meeting
2. Action Taken Report
3. Audited Financial Statement FY 2015-2016
4. Organisational Updates
5. Appointment / renewal of President
6. Appointment / renewal of Executive Director
7. Celebrating ten years of PHRS
8. Discussion on the new entity
9. Programme Updates
10. Proposed Budget for 2017-2018
11. Funding and potential donors
12. Strategizing for the future

Out of the 16 Governing Body members (as on 19th December 2016), 12 members attended the meeting fulfilling the quorum requirement for conducting the Governing Body meeting.

We hereby declare that the organisation has neither funded nor sponsored fully or partially any international travel undertaken by its staff or governing body members.

**Executive Committee**

The committee is responsible for strategic and operational integration and institutional development. During 2016-2017, the Executive Committee members met once on 16th August 2016. The committee members are:

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

**Accountability and Transparency:**

**Audited Financials**

Signed audited statements for the FY 2016-2017 are available: Balance Sheet, Income & Expenditure, Receipt & Payments Account, Schedules to these and Statutory Auditor's Report. (Please see Annexures - I - Financial Statements)

**Annual Report**

The organisation's Annual Report is disseminated to key stakeholders and is always available on request for every year since its inception. The Annual Report contains a description of the main activities, a review of the progress and results achieved in the year and information on the Board members' names, position in the Board, remuneration or reimbursement and brief financial details.

## Staff Details

### PHRS Team

Sl. No.	Name	Designation
<b>Managerial Staff/s</b>		
1	Dr. Ganapathy Murugan	Executive Director
<b>Technical Consultant/s or Advisor</b>		
2	Dr. Vandana Prasad	National Convenor and Technical Advisor
3	Deepika Joshi	Consultant
4	Priyanka Chatterjee	Consultant – MIS
5	Ekata Bakshi	Consultant
<b>Programme Staff/s</b>		
6	Haldhar Mahto	Senior Programme Coordinator
7	Sulakshana Nandi	Senior Programme Coordinator (Part-time)
8	Satya Narayan Patnaik	Programme Coordinator
9	Rajesh Sriwastwa	Programme Coordinator
10	Shampa Roy	Programme Coordinator
11	Md. Shahnawaj Khan	Programme Coordinator
12	Kandala Singh	Programme Coordinator (Part-Time)
13	Shilpa Maiya	Programme Coordinator
14	Srishti Mediratta	Programme Coordinator
15	Sayan Jyoti Deori	Programme Coordinator
16	Smruti Sudha Behera	Programme Coordinator
17	Deepak Geroge Minz	Programme Coordinator
18	Pramita Satapa	Programme Coordinator
19	Satish Kumar	Programme Coordinator
20	Alolika Dutta	Programme Coordinator
21	Sabita Chettri	Programme Coordinator
22	Ravnish Kumar	Programme Coordinator
23	Saurabh Kumar Gupta	Programme Coordinator
24	Sunil Kumar Thakur	Programme Coordinator
25	Chandan Soren	Programme Coordinator
26	Rahul Chandra	Programme Coordinator
27	Avikalp Mishra	Programme Coordinator
28	Swati Priyambada Das	Programme Coordinator



<b>Accounts, Administrations and Supporting Staff/s</b>		
29	Sunandan Kumar	Senior Accounts and Administrative Officer
30	Neeraj Shrivastava	Accounts and Administrative Officer
31	Vivek Goel	Accounts Officer
32	Vijay Kumar Rai	Office Assistant
33	Saroj Kumar Bhoi	Office Boy
34	Sharvan Prasad	Office Boy
<b>Field Staff/s</b>		
35	Dildar Hussain	Crèche Coordinator
36	Anup Navin Chairas Oraon	PLA Coordinator
37	Sita Keraketta	PLA Facilitator
38	Paulina Herenj	PLA Facilitator
39	Rahila Kachhap	PLA Facilitator
40	Taramani Kachhap	PLA Facilitator
41	Amrita Devi	PLA Facilitator
42	Saira Khatun	PLA Facilitator
43	Sancharia Lakra	PLA Facilitator
44	Sugan Devi	PLA Facilitator
45	Radhika Devi	PLA Facilitator
46	Titli Orain	Crèche Worker
47	Manju Devi	Creche Worker
48	Sunita Devi	Crèche Worker
49	Rinki Devi	Crèche Worker
50	Karmi Devi	Crèche Worker
51	Pratima Horo	Crèche Worker
52	Anita Kujur	Crèche Worker
53	Chari Tirkey	Crèche Worker
54	Shobha Tirkey	Crèche Worker
55	Pabila Tirkey	Crèche Worker
56	Pushpa Devi	Crèche Worker
57	Runiya Devi	Crèche Worker
58	Suman Devi	Crèche Worker
59	Anita Devi	Crèche Worker
60	Anita Tirkey	Crèche Worker
61	Sonamati Devi	Crèche Worker

62	Nilima Tigga	Créche Worker
63	Munita Devi	Créche Worker
64	Pramila Tirkey	Créche Worker
65	Anita Tirkey	Créche Worker
66	Phuli Lohrain	Créche Worker
67	Kripa Linda	Créche Worker
68	Kueli Uraeen	Créche Worker
69	Ashini Kumar Mahato	Mentor
70	Dipak Mahato	Mentor
71	Biswanath Mahato	Mentor
72	Hiran Mahato	Mentor
73	Sikha Mahato	Mentor
74	Sanjay Kumar Mahato	Mentor
75	Somari Kadiyari	Mentor
76	Mangla Poyam	Mentor
77	Sangita Murlidhar	Mentor
78	Deenmani Besra	Mentor
79	Raimati Manjhi	Mentor
80	Godavari Maravi	Mentor
81	Dropti Bai Paraste	Mentor
82	Reenu Singh Dhurwey	Mentor
83	Pushpalata Markam	Mentor
84	Janki Bai Maravi	Mentor
85	Indira Yadav	Mentor
86	Nelu Karayat	Mentor
87	Bhuneshwari Maravi	Mentor
88	Hemlata Vyouhar	Mentor
89	Dhirajan Singh	Mentor
90	Nidhi Bhavedi	Mentor
91	Radhika Yadav	Mentor
92	Subhadra Maravi	Mentor
93	Meena Dhurve	Mentor
94	Purnima Purty	Mentor

95	Deep Shikha Mahto	Mentor
96	Pratima Mahato	Mentor
97	Sandhya Munda	Mentor
98	Rubi Mahto	Mentor
99	Kishori Soren	Mentor
100	Smita Pradan	Mentor
101	Dibakar Parichha	Mentor
102	Rashmita Kumari Mohanty	Mentor
103	Jayanti Majhi	Mentor
104	Roji Gajendra	Mentor
105	Sarita Nayak	Mentor
106	Arkamitra Ganguli	Mentor
107	Swaruparani Dhal	Mentor
108	Pallavi Mishra	Mentor
109	Majanti Mallick	Mentor
110	Sweety Digal	Mentor
111	Chandrama Mallik	Mentor
112	Mandakini Digal	Mentor
113	Ribika Digal	Mentor
114	Sarmita Pradhan	Mentor
115	Rindurekha Mallik	Mentor
116	Sima Mahato	Mentor



### Highest, Second Highest and Lowest – Paid Staff Members (As on 31st March 2017)

Particulars	Designation	Salary (Per Month)
Operational Head of the Organisation	Executive Director	99,383
Highest Paid Staff after the Operational Head	Senior Programme Coordinator	66,153
Lowest Paid Staff in the Organisation	Office Boy- Bhubaneswar	4,000

### Distribution of Staff according to salary levels and gender (as on 31st March 2017)

Slab of CTC to Staff (₹ . per month)	Male Staff	Female Staff	Total Staff
Less than 5,000	2	32	34
5,001 – 10,000	7	38	45
10,001 – 25,000	4	1	4
25,001 – 50,000	11	9	20
50,001 – 1,00,000	3	2	3
<b>Total Staff</b>	<b>27</b>	<b>82</b>	<b>109</b>

## OUR PARTNERS

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

### Funding Organisations / Donors

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

### Consortium Partners

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

### Network Partners

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



## ANNEXURE-1 : FINANCIAL STATEMENTS

FORM NO. 10B

[ See rule 17B]

Audit report under section 12A(b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions

We have examined the balance sheet of **Public Health Resource Society, C-14, Ground Floor, Hauz Khas, New Delhi - 110016** . AAAAP8517G [name and PAN of the trust or institution] as at **31/03/2017** and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said trust or institution.

We have obtained all the information and explanations which to the best of **our** knowledge and belief were necessary for the purposes of the audit. In **our** opinion, proper books of account have been kept by the head office and the branches of the abovenamed **trust** visited by **us** so far as appears from **our** examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by **us** , subject to the comments given below:

In **our** opinion and to the best of **our** information, and according to information given to **us** , the said accounts give a true and fair view-

- (i) in the case of the balance sheet, of the state of affairs of the above named **trust** as at **31/03/2017** and
- (ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on **31/03/2017**

The prescribed particulars are annexed hereto.

Place **NEW DELHI**  
Date **29/09/2017**

Name  
Membership Number  
FRN (Firm Registration Number)  
Address

  
SANJEEV NARAYAN  
084205  
00004978  
Chartered Accountants  
103, PRATAP BHAWAN, BAH  
ADUR SHAH ZAFAR MARG,  
NEW DELHI-110002

### ANNEXURE Statement of particulars

#### I. APPLICATION OF INCOME FOR CHARITABLE OR RELIGIOUS PURPOSES

1.	Amount of income of the previous year applied to charitable or religious purposes in India during that year ( ₹ )	737610
2.	Whether the <b>trust</b> has exercised the option under clause (2) of the Explanation to section 11(1) ? If so, the details of the amount of income deemed to have been applied to charitable or religious purposes in India during the previous year ( ₹ )	No
3.	Amount of income <b>accumulated or set apart</b> for application to charitable or religious purposes, to the extent it does not exceed 15 per cent of the income derived from property held under trust <b>wholly</b> for such purposes. ( ₹ )	Yes 128167
4.	Amount of income eligible for exemption under section 11(1)(c) (Give details)	No
5.	Amount of income, in addition to the amount referred to in item 3 above, accumulated or set apart for specified purposes under section 11(2) ( ₹ )	0
6.	Whether the amount of income mentioned in item 5 above has been invested or deposited in the manner laid down in section 11(2)(b) ? If so, the details thereof.	Not Applicable
7.	Whether any part of the income in respect of which an option was exercised under clause (2) of the Explanation to section 11(1) in any earlier year is deemed to be income of the previous year under section 11(1B) ? If so, the details thereof ( ₹ )	No
8.	Whether, during the previous year, any part of income accumulated or set apart for specified purposes under section 11(2) in any earlier year-	
(a)	has been applied for purposes other than charitable or religious purposes or has ceased to be accumulated or set apart for application thereto, or	No
(b)	has ceased to remain invested in any security referred to in section 11(2)(b)(i) or deposited in any account referred to in section 11(2)(b)(ii) or section 11(2)(b)(iii), or	No
(c)	has not been utilised for purposes for which it was accumulated or set apart during the period for which	No



it was to be accumulated or set apart, or in the year immediately following the expiry thereof? If so, the details thereof

## II. APPLICATION OR USE OF INCOME OR PROPERTY FOR THE BENEFIT OF PERSONS REFERRED TO IN SECTION 13(3)

1.	Whether any part of the income or property of the trust was lent, or continues to be lent, in the previous year to any person referred to in section 13(3) (hereinafter referred to in this Annexure as such person)? If so, give details of the amount, rate of interest charged and the nature of security, if any.	No
2.	Whether any part of the income or property of the trust was made, or continued to be made, available for the use of any such person during the previous year? If so, give details of the property and the amount of rent or compensation charged, if any.	No
3.	Whether any payment was made to any such person during the previous year by way of salary, allowance or otherwise? If so, give details	Yes
Details		Amount(₹)
Salary and Consultancies to Board Members		3404289
4.	Whether the services of the trust were made available to any such person during the previous year? If so, give details thereof together with remuneration or compensation received, if any	No
5.	Whether any share, security or other property was purchased by or on behalf of the trust during the previous year from any such person? If so, give details thereof together with the consideration paid	No
6.	Whether any share, security or other property was sold by or on behalf of the trust during the previous year to any such person? If so, give details thereof together with the consideration received	No
7.	Whether any income or property of the trust was diverted during the previous year in favour of any such person? If so, give details thereof together with the amount of income or value of property so diverted	No
8.	Whether the income or property of the trust was used or applied during the previous year for the benefit of any such person in any other manner? If so, give details	No

## III. INVESTMENTS HELD AT ANY TIME DURING THE PREVIOUS YEAR(S) IN CONCERNS IN WHICH PERSONS REFERRED TO IN SECTION 13(3) HAVE A SUBSTANTIAL INTEREST

S. No.	Name and address of the concern	Where the concern is a company, number and class of shares held	Nominal value of the investment(₹)	Income from the investment(₹)	Whether the amount in col. 4 exceeded 5 per cent of the capital of the concern during the previous year-say, Yes/No
1	0	0	0	0	No
<b>Total</b>					

Place **NEW DELHI**  
Date **29/09/2017**

Name  
Membership Number  
FRN (Firm Registration Number)  
Address

  
ANIL KUMAR NARAYAN  
084205  
000497N  
103, PRATAP BHAWAN, BAH  
ADUR SHAH ZAFAR MARG,  
NEW DELHI-110002

### Form Filing Details

Revision/Original Original

**FORM NO. 10BB**

[ See rule 16CC ]

**Audit report under section 10(23C) of the Income-tax Act, 1961, in the case of any fund or trust or institution or any university or other educational institution or any hospital or other medical institution referred to in sub-clause (iv) or sub-clause (v) or sub-clause (vi) or sub-clause (via) of section 10(23C).**

- (i) **We** have examined the Balance Sheet as at **31/03/2017** and the Income and Expenditure or Profit and Loss Account for the year ended on that date attached herewith of **Public Health Resource Society** , **AAAAP8517G** (name and PAN of fund or trust or institution or any university or other educational institution or any hospital or other medical institution).
- (ii) **We** certify that the Balance Sheet and the Income and Expenditure Account or Profit and Loss Account are in agreement with the books of account maintained by the head office at **C-14, GROUND FLOOR, HAUZ KHAS, DELHI** and **4** branches.
- (iii) Subject to comments below
- (a) **We** have obtained all the information and explanations which to the best of **our** knowledge and belief were necessary for the purpose of the audit.
- (b) In **our** opinion, proper books of account have been kept by the head office and branches of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution so far as appears from **our** examination of the books of account.
- (c) In **our** opinion and to the best of **our** information and according to the information given to **us** , the said accounts read with notes thereon, if any, give a true and fair view -
- (1) In the case of the Balance Sheet, of the state of affairs of the above-named fund, or trust, or institution or any university or other educational institution or any hospital or other medical institution as at **31/03/2017** and
- (2) In the case of Income and Expenditure Account or Profit and Loss Account, surplus or deficit or profit or loss for the year ended on that date.

The prescribed particulars are annexed herewith:

Place **NEW DELHI**  
Date **29/09/2017**

Name **SANJEEV NARAYAN**  
Membership No. **084205**  
FRN (Firm Registration Number) **0000497N**  
Address **103, PRATAP BHAWAN, BAHADUR SHAH ZAFAR MARG, NEW DELHI-11002**



Comments

**ANNEXURE**  
**Statement of particulars**  
**PART A**  
**GENERAL**

1.	Name of the fund or trust or institution or any university or other educational institution or any hospital or other medical institution.	<b>Public Health Resource Society</b>
2.	Address	
	Flat/ Door/ Block No.	<b>C-14</b>
	Name of premises/ Building/ Village	<b>Ground Floor</b>
	Road/ Street /Post Office	
	Area/ Locality	<b>Hauz Khas</b>
	Town/ City / District	<b>NEW DELHI</b>
	State	<b>DELHI</b>
	Pin Code	<b>110016</b>
3.	Permanent Account Number	<b>AAAAP8517G</b>
4.	Assessment Year	<b>2017 - 18</b>
5.	Sub-clause of section 10(23C) under which the fund or trust or institution or any university or other educational institution or any hospital or other medical institution is seeking exemption.	<b>(iv)</b>
6.	Number and date of notification/approval of the fund or trust or institution or any university or other educational institution or any hospital or other medical institution.	
	Number of notification /approval	Date of notification/approval
	<b>DGIT(E)/10(23C)(iv)/2010-11/673</b>	<b>2010-09-06</b>

**PART B -**



**Public Health Resource Society**

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

Statement of Affairs as on 31.03.2017

Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of financial year 2016-2017			Figures at the end of financial year 2015-2016		
		Domestic (PHRS + Project)	Project - FCRA 2016-2017	Total	Domestic (PHRS + Project)	Project - FCRA 2015-2016	Total
<b>LIABILITIES</b>							
<b>Corpus</b>							
Opening Balance		3,000	-	3,000	-	-	
Add: Received During the Year	X	3,000	-	3,000	3,000	-	
<b>Reserve and Surplus</b>							
Opening Balance		50,70,842	1,22,433	51,93,275	55,31,042	-	
Add: Transfer from un-utilized fund		-	-	-	-	1,22,433	
Add: Excess of Income Over Expenditure (As per Statement I & E Annexed)	I & E	1,16,834	-	1,16,834	(3,75,843)	-	
Less: Depreciation during the year	I	(69,818)	-	(69,818)	(84,357)	-	
<b>Assets fund transfer from NSF</b>							
Opening Balance		27,066	-	27,066	31,987	-	
Add: Addition during the year	I	-	-	-	-	-	
Less: Depreciation during the year	I	(1,995)	-	(1,995)	(4,921)	-	
<b>Assets fund transfer from AAM Project</b>							
Opening Balance		2,45,268	-	2,45,268	3,27,061	-	
Add: Addition/Sale during the year	I	-	-	-	-	-	
Less: Depreciation during the year	I	(53,678)	-	(53,678)	(81,793)	-	
<b>Assets fund transfer from PoWER Project</b>							
Opening Balance		-	61,218	61,218	-	1,53,046	
Add: Addition during the year	I	-	40,800	40,800	-	-	
Less: Depreciation during the year	I	-	(61,211)	(61,211)	-	(91,828)	
<b>Assets fund transfer from IKEA funding Project</b>							
Opening Balance		-	-	-	-	-	
Add: Addition during the year	I	-	2,07,700	2,07,700	-	-	
Less: Depreciation during the year	I	-	(1,24,620)	(1,24,620)	-	-	
<b>Assets fund transfer from PRIDE Project</b>							
Opening Balance		-	-	-	-	-	
Add: Addition during the year	I	-	3,60,188	3,60,188	-	-	
Less: Depreciation during the year	I	-	(1,93,017)	(1,93,017)	-	-	
<b>Assets fund transfer from ThoughtWorks</b>							
Opening Balance		-	35,000	35,000	-	-	
Add: Addition during the year	I	-	-	-	-	50,000	
Less: Depreciation during the year	I	-	(21,000)	(21,000)	-	(15,000)	
<b>Unutilized Fund at the end of year (As per Statement I&amp;E Annexed)</b>	I & E	72,74,964	36,82,377	1,09,57,341	1,58,07,352	6,90,449	
<b>Outstanding Expenses</b>	II	5,98,515	6,64,546	12,63,061	8,50,273	9,41,310	
<b>Sundry Creditors</b>	III	-	3,316	3,316	2,23,206	2,33,436	
<b>Total Liabilities</b>		<b>1,32,13,998</b>	<b>47,77,730</b>	<b>1,79,91,728</b>	<b>2,22,27,007</b>	<b>20,83,846</b>	
<b>ASSETS</b>							
<b>Fixed Assets</b>							
Gross Block	I	8,05,812	96,218	9,02,030	9,76,883	2,03,046	
Less: Addition / Sale of Assets	I	(27,662)	6,08,688	5,81,026	-	-	
Less: Accumulated Depreciation	I	(1,25,490)	(3,99,847)	(5,25,337)	(1,71,071)	(1,06,828)	
<b>Land</b>							
Building under Construction		18,16,000	-	18,16,000	18,16,000	-	
<b>Investments</b>	IV	89,05,498	-	89,05,498	4,00,000	-	
<b>Current Assets &amp; Loan and Advances</b>							
Loans & Advances (Assets)	V	9,16,752	2,07,936	11,24,668	7,76,854	12,39,679	
Sundry Debtors	VI	44,572	-	44,572	44,572	-	
Cash & Bank Balances	VII	8,78,516	42,64,755	51,43,271	1,83,83,769	7,47,949	
<b>Total Assets</b>		<b>1,32,13,998</b>	<b>47,77,730</b>	<b>1,79,91,728</b>	<b>2,22,27,007</b>	<b>20,83,846</b>	


IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
 CHARTERED ACCOUNTANTS  
 (FRN: 000487A)  
  
 (SANDEEP NARAYAN)  
 PARTNER  
 M.No. 004265  
 Place: New Delhi

Date

29/09/2017

FOR PUBLIC HEALTH RESOURCE SOCIETY

  
 (GANAPATHY MURUGAN)  
 (SECRETARY)

SECRETARY  
 PUBLIC HEALTH RESOURCE SOCIETY

## Public Health Resource Society

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

Income and Expenditure Account as on 31.03.2017

Particulars	Schedule Nos	Amount in ₹							
		Figures at the end of financial year 2016-2017				Figures at the end of financial year 2015-2016			
		Domestic		Project - FCRA	Total	Domestic		Project - FCRA	Total
Other / PHRS	Project - Domestic	2016-2017		Other / PHRS	Project - Domestic	2015-2016			
<b>INCOME</b>									
Unutilized Grant at the Beginning		-	1,58,07,352	6,90,449	1,64,97,801	-	66,52,771	19,97,939	86,50,710
Grant-in-Aid	VIII	-	45,71,920	1,98,88,801	2,44,60,721	-	2,68,55,251	62,69,999	3,31,25,250
Indirect Income	IX	8,54,444	5,11,442	1,83,132	15,49,018	6,82,003	2,99,155	82,240	10,63,398
<b>TOTAL</b>		<b>8,54,444</b>	<b>2,08,90,714</b>	<b>2,07,62,382</b>	<b>4,25,07,540</b>	<b>6,82,003</b>	<b>3,38,07,177</b>	<b>83,50,178</b>	<b>4,28,39,358</b>
<b>EXPENDITURES</b>									
Expenses - State Health Society / ARC		-	-	-	-	-	22,19,179	-	22,19,179
Expense - Capacity Building of Civil Society Health Advocate (NSF)		-	-	-	-	-	40,433	-	40,433
Expenses - Project - Action Against Malnutrition (Tala Trust)	XIV	-	1,16,13,615	-	1,16,13,615	-	1,49,30,420	-	1,49,30,420
Expense - PHRS	XXIII	7,37,610	-	-	7,37,610	10,57,846	-	-	10,57,846
Expenses - Social Accountability of Private Sector in Chhattisgarh (Oxfam India)		-	-	-	-	-	-	7,57,495	7,57,495
Expenses - Campaign on Availability of Free and Essential Medicines (Oxfam)	XI	-	-	4,04,216	4,04,216	-	-	-	-
Expenses - PoWER (PRADAN)	XV	-	-	51,65,313	51,65,313	-	-	33,52,262	33,52,262
Expenses - Contribution of Civil Society to Health for All (M3M)	XIII	-	-	3,13,500	3,13,500	-	-	4,70,911	4,70,911
Expenses - POSHAN (IPRI)	XIV	-	-	6,91,368	6,91,368	-	-	10,83,433	10,83,433
Expenses - Strengthening Public Provisioning of Healthcare in India (NFI)	XVIII	-	-	2,72,002	2,72,002	-	-	1,70,751	1,70,751
Expenses - Capacity Building for Equity in Access to Health (ThoughtWorks Technologies (India) Private Limited)	XII	-	-	12,061	12,061	-	-	8,44,239	8,44,239
Expenses - PPP		-	-	-	-	-	-	9,44,481	9,44,481
Expenses - PVTGs (Sree Chitra)	XVII	-	-	11,40,735	11,40,735	-	-	742	742
Expenses - NHRC-JSA Public Hearing	XXV	-	981	-	981	-	8,09,793	-	8,09,793
Expenses - Study on "Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha" (APPI)	XXI	-	16,01,462	-	16,01,462	-	-	-	-
Expenses - Project title "Strengthening for Children of Working Mothers in Bihar (UNICEF)	XXII	-	3,09,485	-	3,09,485	-	-	-	-
Expenses - Study for Public Service International (PSI)	XX	-	-	1,46,709	1,46,709	-	-	-	-
Expenses - Partnership for Rural Integrated Development and Empowerment (PRIDE)	XVI	-	-	49,66,913	49,66,913	-	-	-	-
Expenses - Women's Collective led processes for Impacting Poverty and Malnourishment under IKEA Funding (PRADAN)	XIX	-	-	39,67,188	39,67,188	-	-	-	-
Transfer against unutilised grant		-	90,207	-	90,207	-	-	35,415	35,415
Excess of Income over Expenditure		1,16,834	-	-	1,16,834	(3,75,843)	-	-	(3,75,843)
Unutilized Grant at the end		-	72,74,964	36,82,377	1,09,57,341	-	1,58,07,352	6,90,449	1,64,97,801
<b>Total</b>		<b>8,54,444</b>	<b>2,08,90,714</b>	<b>2,07,62,382</b>	<b>4,25,07,540</b>	<b>6,82,003</b>	<b>3,38,07,177</b>	<b>83,50,178</b>	<b>4,28,39,358</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERED ACCOUNTANTS

(SRN: 00046241)

(SANGEETA NARAYAN)  
PARTNER  
M.No. 084205  
Place - New Delhi  
Date: 29/09/2017

FOR PUBLIC HEALTH RESOURCE SOCIETY

(GANAPATHY MURUGAN)  
(SECRETARY)

**SECRETARY**  
**PUBLIC HEALTH RESOURCE SOCIETY**

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

Receipts and Payments Account as on 31.03.2017

Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of financial year 2016-2017			Figures at the end of financial year 2015-2016		
		Domestic (PHRS + Project)	FCRA 2016-2017	Total	Domestic (PHRS + Project)	FCRA 2015-2016	Total
<b>RECEIPTS</b>							
Opening Balance - Cash and Bank		1,83,83,769	7,47,949	1,91,31,718	71,98,044	22,41,561	94,39,605
Grant-in-Aid	VIII	45,71,920	1,98,88,801	2,44,60,721	2,68,55,251	62,69,999	3,31,25,250
Indirect Income	IX	13,65,886	1,83,132	15,49,018	9,84,158	82,240	10,66,398
Recover from Unutilised fund				-		1,22,433	1,22,433
Corpus Donation	X	3,000		3,000			
Fund Received for Fixed Assets from Funder	I		6,08,688	6,08,688	-	50,000	50,000
Sundry Creditor	III	(2,23,206)	(2,30,120)	(4,53,326)	1,84,173	2,33,436	3,97,609
Outstanding Expenses	II	(2,51,758)	(2,76,764)	(5,28,522)	85,311	6,65,991	7,51,302
<b>TOTAL</b>		<b>2,38,49,611</b>	<b>2,09,21,686</b>	<b>4,47,71,297</b>	<b>3,52,86,937</b>	<b>96,65,660</b>	<b>4,49,52,597</b>
<b>PAYMENTS</b>							
Expenses - State Health Society / ARC				-	22,19,179	-	22,19,179
Expense - Capacity Building of Civil Society Health Advocate (NSF)				-	40,433	-	40,433
Expenses - Project - Action Against Malnutrition (Tata Trust)	XIV	1,16,13,615		1,16,13,615	1,49,30,420	-	1,49,30,420
Expense - PHRS	XXIII	7,37,610		7,37,610	10,57,846	-	10,57,846
Expenses - NHRC-JSA Public Hearing		981		981	8,09,793		8,09,793
Expenses - Campaign on Availability of Free and Essential Medicines (Oxfam)	XI		4,04,216	4,04,216			
Expenses - Social Accountability of Private Sector in Chhattisgarh (Oxfam India)				-	-	7,57,495	7,57,495
Expenses - PoWER (PRADAN)	XV		51,65,313	51,65,313		33,52,262	33,52,262
Expenses - Contribution of Civil Society to Health for All (M3M)	XIII		3,13,500	3,13,500		4,70,911	4,70,911
Expenses - POSHAN (IFPRI)	XIV		6,91,368	6,91,368		10,83,433	10,83,433
Expenses - Strengthening Public Provisioning of Healthcare in India (NFI)	XVIII		2,72,002	2,72,002		1,70,751	1,70,751
Expenses - Capacity Building for Equity in Access to Health (ThoughtWorks Technologies (India) Private Limited)	XII		12,061	12,061		8,44,239	8,44,239
Expenses - PPP				-		9,44,481	9,44,481
Expenses - PVTGs (Sree Chitra)	XVII		11,40,735	11,40,735		742	742
Expenses - Study on "Assessment of Capacity Building of Frontline Workers in the ICDS in Odisha" (APPI)	XXI	16,01,462		16,01,462			
Expenses - Project title "Strengthening for Children of Working Mothers in Bihar (UNICEF)	XXII	3,09,485		3,09,485			
Expenses - Study for Public Service International (PSI)	XX		1,46,709	1,46,709			
Expenses - Partnership for Rural Integrated Development and Empowerment (PRIDE)	XVI		49,66,913	49,66,913			
Expenses - Women's Collective led processes for Impacting Poverty and Malnourishment under IKEA Funding (PRADAN)	XIX		39,67,188	39,67,188			
Investments	IV	85,05,498		85,05,498	(16,00,000)		(16,00,000)
Transfer Agasint Unutilised Fund		90,207		90,207		35,415	35,415
Loan and Advances (Assets)	V	1,39,899	(10,31,762)	(8,91,863)	(10,12,094)	12,07,982	1,95,888
Fixed Assets - Additions	I	(27,662)	6,08,688	5,81,026	4,57,591	50,000	5,07,591
Closing Balance - Cash and Bank	VII	8,78,516	42,64,755	51,43,271	1,83,83,769	7,47,949	1,91,31,718
<b>Total</b>		<b>2,38,49,611</b>	<b>2,09,21,686</b>	<b>4,47,71,297</b>	<b>3,52,86,937</b>	<b>96,65,660</b>	<b>4,49,52,597</b>

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWANI & ASSOCIATES  
CHARTERD ACCOUNTANTS  
(FRN: 00043274)  
(SANGHVI NARAYAN)  
PARTNER  
M.No. 084205  
Place: New Delhi  
Date: 29/09/2017

FOR PUBLIC HEALTH RESOURCE SOCIETY

(GANGAPATHY MURUGAN)  
(SECRETARY)

SECRETARY  
PUBLIC HEALTH RESOURCE SOCIETY



**PHRN**

**Public Health Resource Society**

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

011 26868118, 011 42576337

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