

ANNUAL REPORT

2014 - 2015



PHRN

PUBLIC HEALTH RESOURCE SOCIETY

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Message from the President

“India is the only country in the world which is trying to become a global economic power with an uneducated and unhealthy labour force”. Amartya Sen

Malnutrition continues to be an enigma in the Indian sub-continent. Our neighbours like Bangladesh¹ seem to be doing well, with reports mentioning that determinants like equitable wealth accumulation and parental education could be the major forces, while reduced fertility, better health services and availability of sanitation also played independent roles in reducing the same. The recent RSOC data goes to show that the present strategies that are being implemented by the government of India have not made much of an impact on malnutrition. There is a paucity of ideas and a poverty of experimental interventions in India to contribute to the discussion on what needs to be done to improve the nutrition status of India’s children and adolescents.

The Public Health Resource Network continued its focus on childhood malnutrition through 2014-15. The ‘Action Against Malnutrition’ project being implemented through a consortium in seven blocks across four states, has provided us with an experience on working with community crèches and community engagement through a participatory learning action cycle. Thanks to the dedication of our workers at the field level; leaders within our consortium from the Tata Trusts, Ekjut, CINI Chaupal and Idea; and the passionate push from Dr. Vandana Prasad, this effort will be coming to fruit in due season. As a network, our experience has contributed to the debate on the Nations Nutritional Policy².

As malnutrition is a complex problem that will have to be dealt from many fronts, PHRN with support from IFPRI actively engaged with communities and stakeholders in governance to seek partnerships and opportunities to Strengthen and harmonize Actions in nutrition at the block level in Orissa. PHRN also sought to work with PRADAN and its staff to facilitate women groups to act against the forces that cause under nutrition.

At Bihar, PHRN continues to engage with the ASHA in ensuring quality learning and action in the field and at Chhattisgarh we have been actively working with Civil Societies in helping them engage effectively with the government on enabling the ‘Clinical Establishment Act’ in the state.

At PHRN we pride ourselves in bringing about a people centric research on Public Health. We acknowledge Sulakshana Nandi’s work on the social determinant’s of health that got published in the prestigious journal ‘Health Policy and Planning’³. Our work on Human Resources for Health ensured that a paper on ANMs - their skills and capacities - by Prof Rajib Dasgupta and team has been published and presented. Our team continues to engage in the debate surrounding ‘Universal Health Coverage’ and the health insurance program. At PHRN, we shall continue to strive to help people effectively articulate their experiences and work towards making health a reality for the masses.

Dr. Suranjeen Pallipamula Prasad

¹ Headey D, et al, The other Asian Enigma: Explaining the rapid reduction of undernutrition in Bangladesh. World Development Vol. 66, pp. 749–761, 2015. <http://dx.doi.org/10.1016/j.worlddev.2014.09.022>

² Dr. Vandana Prasad and Dr. Dipa Sinha contributed a chapter titled “The Reluctant State: Lacunae in Current Child Health and Nutrition Policies And Programmes In India” for the Social Development Report 2014. Paper titled “International Aid Agencies in the shaping of nutrition programmes in India”. authored by Dr. Vandana Prasad, Dr. T. Sundararaman, Dr. Dipa Sinha, and Dr. M. Ganapathy presented by Dr. T. Sundararaman at the International Symposium of Global Governance in JNU, New Delhi.

³ Health Policy and Planning, 29 (suppl 2): ii71-ii81

Message from the Vice President

Dear Members,

The year 2014-15 has been a year of learning and achievement for all of us. This has become possible because of individual and collective efforts with commitment. Our achievements in areas like capacity building, research and publications, innovative interventions in health and nutrition, collaboration with National and International organizations is worth remembering. I believe the recently concluded “AAM SABHA” is a true reflection of all our activities and achievements.

I am also grateful to the National and state teams who have been extremely sincere in discharging their responsibilities to achieve desired objectives. The way they have worked to overcome many difficult situations is praise worthy. The effort of the National team in organizing different academic programs and workshops for building the capacity of our team members working in various states is another achievement. This has given an opportunity to our team members in improving their skill, knowledge and the understanding in issues on public health.

I believe that the experiences, we gained from our most crucial interventions such as “AAM” (A model for community based management of malnutrition of children under 3) will lead us to take up the issue of “under nutrition” in a more systematic manner in other areas in the coming days but looking into the context.

The contribution of PHRN in accelerating the pace of the PHM (People’s health movement) through “*Jan Swasthya Abhiyan*” particularly in this year is appreciated.

Still I would like highlight that all the PHRN members should continue to give support for strengthening the existing public systems in the country market forces will not be able to hijack and millions of poor will not be sidelined in getting desired health services.

Dr. Madan Mohan Pradhan

Message from the National Convener

Dark is the sky

And the night still long

But we have a campfire

And tribesmen to tend it

Shift after shift

Till night breaks to dawn

I congratulate PHRN for its perseverance, attention to quality and hard work in the last year in the face of many a challenge. We pledge to continue to strive for a society where social justice prevails in the arena of public health rather than the grim inequity of the current situation.

Dr. Vandana Prasad

Message from the Executive Director

It gives me great pleasure to present the Annual Report of Public Health Resource Society for the financial year 2014-2015. As you read this report and reflect upon our activities, 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. I am sure you will see that we have been able achieve and accomplish many things.

What I have seen over the years makes me optimistic that with your continued support and work together; we will make our organisation and network stronger. As in the past, a lot of good work can be expected in 2015-2016.

I invite you to review our actions and accomplishments in the financial year 2014 - 2015.

Dr. Ganapathy Murugan

Messages from the State Conveners

Bihar

Over the years, Research and action for Public Health and Nutrition has taken up attention of civil society, administrators and few well-meaning politicians throughout the length and breadth of the nation. Since its inception PHRN/PHRS has been coming out with novel ideas, new finding through researches and finding innovative models of interventions for creation of evidences to influence the policies and programs for larger public good. I must congratulate the entire team for doing a great job towards accomplishing the vision and mission of the organization. In a time when the world is framing new goals under "Sustainable Development Goals" and analyzing the achievement of targets set under MDGs, it is time again to repeat our commitment towards building a better health and nutrition status for most vulnerable children and women and their families.

I would like to say Kudos to all who have contributed towards making "Action Against Malnutrition" project a success and am sure that the results and findings of the project would pave the way for better programming for community based management of malnutrition in the country. The interventions of Crèches, Participatory Learning and Action and System Strengthening under the project presents an integrated and full spectrum approach towards managing malnutrition and the initial research findings are also very encouraging. Above all the community participation and ownership well represented during lifespan of the project and also during the recently organized "Aam Sabha" is clear indication of its acceptance amongst the communities. Let us keep this great work going in the coming years and contribute our bit....."

Mr. Rafay Ejaz Hussain

Chhattisgarh

In the last year PHRN has contributed greatly in contributed to the cause of public health and nutrition. The teams in the states have been involved in capacity building, research, implementation and advocacy on critical issues in health and nutrition, with continued emphasis on the poor and vulnerable groups. I am proud to be part of the ever-growing PHRN team and I wish the PHRN team and members of the network all the best for the year to come.

Ms. Sulakshana Nandi

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BACKGROUND

Public Health Resource Network (PHRN) is a growing network of individuals and organizations with the perspective of strengthening technical and management capacities to take action towards the common 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 organization 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 PHRN and provides leadership to the network as well as functions as its secretariat.

Principle

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

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

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, blocks, districts and state levels to the national level.
5. To build effective inter-linkages between health and development planning at all levels.
6. To undertake research and other assignments in any aspect of health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
7. To undertake and implement projects or programmes in health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
8. To promote networking and participate in advocacy for better policies and programmes in order to promote the goals and objectives of the society.
9. To provide public health practitioners and students higher education opportunities to increase their capacities and enhance their career growth through various strategies including distance learning programmes.

10. To reach out to those dedicated individuals and organizations for whom health equity is major concern, and share with them essential information and opportunities to contribute to this goal.
11. To support the process of empowering civil society and its organizations for improved and increased public participation in public health planning and management.
12. To act as a national interface to promote best practices and learning and work of various agencies and bodies in Health and Development as decided by the Governing Body.
13. To participate in and to foster co-operation with national and international institutions and associations with similar purpose and to represent nationally and internationally scientific work of the Society in the field of public health.
14. To create and foster subsidiary organizations and institutions dedicated to promote health.

CORE STRATEGIES

1. Conducting *learning programmes for public health practitioners* both within and outside of government.
2. Promoting *Fellowship Programmes* to induct and groom interested persons into working towards public health goals.
3. Undertaking formal teaching programmes in collaboration with academic institutions.
4. Strengthening *community processes*
 - Support to the ASHA programme
 - Facilitating effective VHSC functioning and village health planning
 - Facilitating public participation in health management through bodies like Rogi Kalyan Samiti
 - Capacity building and support to PRIs' involvement
 - Assisting community monitoring processes to improve facilities and services
5. Making *district planning* more equitable and effective by
 - Research inputs
 - Independent appraisals and evaluations
 - Assisting access to information and technical resources
 - Organising peer reviews
6. Promoting *networking* and the emergence of district and state level groups and teams with a high degree of motivation and skill. Holding conventions, seminars, study groups and meetings to facilitate this process.
7. Undertaking appropriate research and policy advocacy to further the goal of "Health for All".
8. Creating models for scale-up and providing systemic inputs to programmes related to health and nutrition.

ORGANISATION PROFILE







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

MAJOR PROGRAMMES

1. Action Against Malnutrition (AAM)

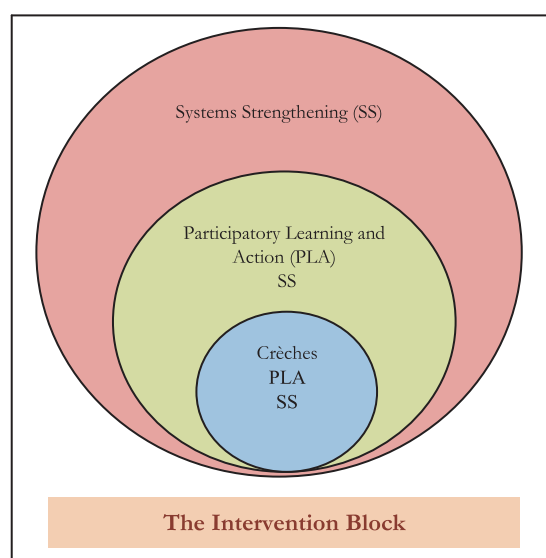
Action Against Malnutrition (AAM) is a collaborative project for addressing malnutrition in some of the remotest pockets of the country, using multiple community based strategies that have been tried, tested and validated through experience over many decades. Thus, the AAM project has been conceived as a model to demonstrate the importance/effectiveness of community mobilization, systems strengthening and specific community-based management of malnutrition. This multi-strategy intervention is being collaboratively implemented by Public Health Resource Society, Ekjut, Child In Need Institute, Chaupal Gramin Prashikshan Evam Shodh Sanathan, and Institute of Development Education and Action (IDEA) in seven blocks spread across the states of Bihar, Chhattisgarh, Jharkhand and Odisha. The financial support to this endeavor is being provided by the Tata Trusts.

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

Target Group: Children in the age group of birth to three years

Strategies: Building on the collective experience of the Public Health Resource Society, Ekjut and Jan Swasthya Sahyog, a three-pronged intervention has been developed.



Systems Strengthening: The main strategy is to improve the delivery mechanism of government programmes through building capacities of communities and service providers addressing malnutrition. The focus is mainly on Integrated Child Development Services (ICDS), Health services (especially those related to immunization, treatment of childhood illnesses, Nutrition Rehabilitation Centers (NRCs), Village level Water and Sanitation, Public Distribution System (PDS) and Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA).

Community Mobilisation: Regular meetings are facilitated in the community on malnutrition, child care, child health and related issues based on the Participatory Learning and Action (PLA) approach. In the meetings, information on nutrition, growth monitoring & related issues are discussed to facilitate community action including finding local solutions outside of current schemes and programmes. A cycle of 18 meetings are conducted with each group which comprises of 15-20 women, mostly in the reproductive age and 2 community meetings. Community mobilization also involves facilitating Gram Panchayats in monitoring programmes related to malnutrition and conducting social audits on programmes such as ICDS, PDS and MGNREGA.

Crèches: An overall environment of 'Care' that can adequately house interventions related to nutrition and health has long been understood to be critical to be able to make an impact on malnutrition. In a context where poor women spend much time and energy working for wages, doing housework, working on land-holdings, looking after cattle and also their children, this determinant of care becomes all the more critical.

Crèches are provided for children under three years with special focus on regular growth monitoring, managing at risk and malnourished children and early stimulation. Children are fed three times a day, with special nutritional care, based on local food items for malnourished children and children whose growth has faltered. The crèches are supported by the community at every level including identification of location and workers, provision of space, deciding on the menus and participation in the management and supervision. Health check-ups are organized in partnership with the government and it is ensured that children access ICDS and health services that they are entitled to.

Main Features

- Working with children 0-3 years
- Mobilizing communities on malnutrition towards preventive, promotional and curative efforts
- Strengthening public systems, mainly ICDS and Health; but also systems for other social determinants of malnutrition such as water and sanitation, for better service delivery
- Attempting to fill the programmatic gaps for child care and community based management of malnutrition
- Developing a scalable model
- Influencing the policy environment towards changes that are essential to tackling malnutrition, on the basis of this project.

A full-fledged research protocol and MIS have 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 basis for scale-up through public programmes such as the ‘restructured ICDS’.

Implementation framework of the project corresponds to the existing state government protocols for Malnutrition Treatment Centers/Nutrition Rehabilitation Centers and related efforts are adhered to and followed without duplicating state government services. We believe this project will complement all the efforts that the government is making in Bihar, Chhattisgarh, Jharkhand, and Odisha on malnutrition and will lead to further model-building and greater operational understanding.

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 head of the participating partner organizations has been formed to periodically review, advice and support this project. Ethical clearance is obtained through Institutional Ethics Committee

AAM reached out to 4100 children in the age group of 6 months to 3 years and more than 20000 women. We are engaged in capacity building of 302 field workers and 87 community mobilizers on community based management of malnutrition. We have trained 165 anganwadi workers on growth monitoring and 65 Sahiyaas on MUAC measurement. We have also involved frontline health workers and PRI members in meetings with women’s group on various issues on malnutrition

Crèches run by PHRS

PHRS has been running crèches for last three years in Ratu-Nagri block of Ranchi district of Jharkhand. The crèches began in a phased manner between November 2012 and March 2013. At present, PHRS is running 24 crèches with 56 trained crèche workers to take care of children for eight hours for 6 days in a week. So far, we have reached to 819 children and worked with approximately same number of mothers in the crèche areas through constant interaction and home visits to build their capacities on child care and feeding. On an average there are 12 children in one crèche. Through crèches we were able to cover around 75% of the total children in the same age group in the village.

In AAM crèches, nutritious food is provided three times in a day, morning snack, hot cooked meal in the afternoon and evening snack. This covers 70% of the daily energy requirement of children. Varieties of food items are provided namely AAM *sattu* (mixture of roasted ground wheat, rice, black gram) mixed with sugar and oil, sooji with sugar, *gulgula* (a kind of laddoo made out of wheat atta, and jaggery and deep fried in oil), *dal chilla*, *dal roti*/ *dal parantha* etc. Lunch mainly consists of rice, dal, and vegetables in different combinations. One egg is also provided twice in a week to each child. Sometime milk and chicken are also provided as per the decisions taken by the mothers. Severely malnourished and growth faltered children get special care, with increased frequency of feeding and extra on top oil with each meal as per the tolerance of the child. The children are also exposed to age appropriate developmental activities. Crèche workers are especially trained on Early Childhood Care and Development (ECCD).

Weight is measured for each child in every month and heights are taken at the time of entry and then twice in a year in May and November to monitor their growth. Critical children (severely malnourished with complications and seriously ill) are referred based on protocol to health facilities for treatment. All records related to anthropometric measurements, illness, referral, action taken at crèches and home visits are maintained at crèches level. Each crèche is provided with toys, games and a first aid kit. The daily cost of food at the crèche amounts to approximately Rs.12 per child per day (0.20\$).



The programme depends upon government systems for health checkups, treatment for illnesses and micronutrient supplementation. Referral & admission of SAM children were done through establishing linkages with Anganwadi Workers (AWW) and Panchayat representatives. However, services from the facilities have been difficult to access due to lack of robust child health systems in general and in remote tribal pockets in particular.

Some positive outcomes

AAM crèches continue to bring positive changes in the community. Child health and child malnutrition are considered to be an area of concern. Mothers got a platform to share the health and nutrition issues of children as well as their own. The community has started taking ownership of the processes. Children attending crèches are healthier and happier and their mothers feel happy to see their children getting good nutritious food, and under proper care. Elder siblings have gone back to school, not having to look after the younger siblings. Mothers of crèche children have started to go out to work without worrying of their children and thus in turn able to supplement family income which has brought some improvement in their life especially in food consumption and clothes. The evidence also suggested that there is an improvement in the growth and general wellbeing of the children.

Through the project's advocacy work some qualitative changes in the system like demand for extra ration for severely malnourished children, supply of medicines and drugs, regularization of health facilities etc. have been possible.

Poshan Sammelan

*Around 350 women especially mothers and 50 men with their children participated in the **Poshan Sammelan** organized on January 12, 2015 in Pandu Tikra in Pandu Village in Nagri block of Ranchi district by PHRS, Jharkhand. The AAM team crèche workers, PLA facilitators and block team members were also present to share their experiences. The primary objective of the programme was to enable community, women and crèche workers to share among themselves their experiences on the key factors responsible for impacting the indicators of malnutrition i.e feeding, care and health services. The efforts of the crèche workers and mothers in initiating small activities/ enterprises were appreciated. At the end, women took resolution towards better health and nutrition care of their children.*

Way forward

AAM is a unique and innovative project that has provided the organization a deep understanding and experience of directly tackling the issues of malnutrition at community level. Since the programme was designed to allow documentation and analysis, there is also valuable data to track progress of crèche children over three years. This data can further be used to see the effect of seasonality, migration on growth pattern of children. Qualitative documentation can also be used to see the importance of crèche as a community support. This is a demonstrative model and has the vast potential for scaling up especially in the context of recent programme of restructured ICDS which includes the component of Anganwadi-cum-Crèches in up to 5% of its centres.

To gift a child a healthy childhood and a better life in underserved area, PHRS wants to continue its fight against malnutrition through its crèche programme. Our constant believes are that through this programme we will be able to save many children from getting into the trap of malnutrition as well as saving their lives. But, the current financial support for this unique innovative and inclusive programme is coming to an end in February 2016.

In this context, PHRS is exploring the possibility of soliciting support from individuals and esteemed organizations under corporate social responsibility in continuing the existing crèches programme in Jharkhand. We are earnestly aiming for a commitment minimum for three years to make some impact on ground in terms of solutions and services.

2. Facilitated Action Against Malnutrition (FAAM)

PHRS has been providing technical support to Professional Assistance for Development Action (PRADAN) to evolve and implement a comprehensive strategy that interlinks health and nutrition with agriculture and other livelihood practices being implemented in the field areas of PRADAN. The project Facilitating Action Against Malnutrition (FAAM) under the PoWER (Partnerships for Women's Empowerment and Rights), funded to PRADAN by Bill and Melinda Gates Foundation (BMGF). This project of PRADAN aims to bring positive changes towards health and nutrition of women and children and linking it with agricultural practices and livelihood. The project is being implemented through a participatory process involving women SHGs through interactive sessions and participatory meeting.

Objectives

FAAM intends to reach out to all women and children below 3 years of age across the identified areas with the following objectives:

- Increase awareness among women to understand the underlying causes and practices related to malnutrition

- Increase access to government interventions especially of ICDS, water and sanitation and health department
- Reduce malnutrition among women and children

The strategies towards the above objectives include:

- Capacity building of PRADAN and sharpen their understanding in nutrition sensitive engagement and help them to build leadership & expertise of the SHG collectives in nutrition.
- To identify pathways/processes to take ahead the nutrition agenda in the community through the SHG collectives.

Current Demographic Coverage

The project is being implemented in the following areas

- Kathikund block in Dumka district of Jharkhand
- Sonua block in West Singhbhum district of Jharkhand
- Balliguda block in Kandhamal district of Odisha

The project was started in March 2014 and it is expected to expand in 2016.

Capacity Building

The project is piloted over a period of one year in the above areas beginning with a Community Needs Assessment (CNA) in the project areas that has provided a situational analysis and useful inputs for developing the implementation strategy at different levels. Post situational analysis PHRN has developed a cycle of perspective building exercises for engaging with PRADAN and their SHG collectives. This phase also entails engaging closely with PRADAN to understand the process of integration of nutrition component into its existing livelihood programme.

Topics covered in each of the perspective building exercises are listed in the table below:

PB I	PB II	PB III
i. Aspects of malnutrition and social determinants ii. Basics of malnutrition iii. Understanding social determinants of health and nutrition infant and young child feeding (IYCF) iv. Food diversity	i. Aspects of malnutrition and social determinants – focus on Life Cycle Approach (LCA) ii. Infant and Young Child Feeding (IYCF) iii. Growth Monitoring (anthropometry, growth charts etc) iv. Food Diversity: nutrition sensitive agriculture with	i. Introducing the concept of Entitlements ii. Health Service entitlements a. Role of ASHA/ANM b. Actual entitlement at village level, PHC and CHC

	a focus v. Reinforce consumption of production vi. Women's Health- anemia and malaria vii. Child's care and neonatal health viii. Public Entitlements Health & Drinking Water & Sanitation, ICDS & MDM, MNREGA, PDS	c. Provisions under JSY d. Provisions under JSSK iii. Food Security a. PDS-NFSA b. ICDS c. Mid Day Meal (MDM) d. Maternity Entitlements iv. Work & Wages a. Acts and entitlements b. Permissible works and convergence c. Maternity benefits for women under MGNREGA v. Monitoring, grievance redressal mechanisms, social audit
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Three modules have been developed so far keeping the pedagogy as participatory and experiential learning. These modules are articulated through perspective building workshops and in this phase, PHRS and PRADAN have reached out to 3 blocks of 3 districts of Jharkhand and Odisha with an outreach of directly working with 90 community leaders (Community Resource Persons-CRPs). These CRPs will in turn reach out to 900 – 1000 SHGs and to 13,500 – 15,000 families.

The prime purpose of the workshops is to elicit interest amongst the participating women, to get them thinking about nutrition, and not to merely transfer information. The training participants are community leaders, including of Self Help Groups (SHGs) members and leaders, in each of the blocks. Each module is transacted in the community by conducting three days workshop. Time gap between deliveries of each module is utilized by re-enforcement of the information imparted during the training. The process of knowledge delivery is a 2 tier cascade model, i.e:

1. Imparting knowledge to the CRPs: The PHRS-PRADAN team facilitates this process by making use of modules.
2. Imparting knowledge by CRP to the community: The CRPs facilitate this process by utilizing the knowledge retained during the first step. To assist CRPs in this process PHRS-PRADAN block teams are by their side for hand holding support.

There was recent review of the programme and it has shown very encouraging prospects for moving ahead on this.



Following is the list of activities undertaken during the year 2014- 2015:

S. No.	Activity	Date
1.	Community Needs Assessment (CNA)	
i.	<i>Dumka</i>	2 - 3 July, 2014
ii.	<i>West Singhbhum</i>	7 - 9 August, 2014
iii.	<i>Kandhamal</i>	12 - 13 August, 2014
2.	Nutrition Workshop to sensitize and orient PRADAN team members on nutrition and related aspects at New Delhi and Ranchi	
i.	<i>New Delhi</i>	21 - 23 August, 2014
ii.	<i>Ranchi</i>	5 - 6 January, 2015
3.	Planning and Material Development Workshop for Phase I	9 -10 October, 2014
4.	Perspective Building Workshop, Phase I	
5.	<i>Balliguda, Kandhamal, Odisha</i>	13-15 November, 2014
6.	<i>Kathikund, Dumka, Jharkhand</i>	15-17 November, 2014
7.	<i>Sonua, West Singhbhum, Jharkhand</i>	17-19 November, 2014
8.	Material Development Workshop for PHASE II, Perspective Building exercise	9-10 January, 2015
9.	Perspective Building Workshop, Phase II	23 - 25 March, 2015

3. State Training Agency for ASHA Resource Centre

Public Health Resource Society has been playing the role of State Training Agency to roll out ASHA Modules 5, 6 and 7 to train ASHA trainers in 12 districts (Muzaffarpur, Darbhanga, Samastipur, Madhubani, Begusarai, Khagaria, Bhagalpur, Banka, Sheikpura, Sahasa, Purnia, Madhapura) in Bihar through a tripartite agreement with State Health Society, Bihar and National Health System Resource Centre (NHSRC) for the year 2014-15. It also supports the ASHA trainers and District Training Agency from allocated districts in developing a district specific training plan and a training calendar for ASHA in addition to support the District Training Agency to roll out ASHA training at the district training sites.

The 3rd round training of state trainers was held on 25 -29 September, 2014 at National Institute of Health and Family Welfare (NIHFW), New Delhi. First and second round of ASHA Training of Trainers (ToT) was also completed. The 1st batch of 3rd round ToT was conducted on 9-13 March, 2015. Supportive supervisions were provided in four districts Madhubani, Muzaffarpur, Sheikpura and Begusarai during May- July 2014 as per the detail given below:

S. No.	Date	Supportive Supervision
1.	3 - 8 May, 2014	Madhubani district training site DTA-GPSVS
2.	2 - 7 June, 2014	Muzaffarpur district training site DTA-GJKP
3.	18 - 23 June, 2014	Sheikpura district (field visit)
4.	25 - 30 June, 2014	Begusarai district
5.	27 June - 2 July, 2014	Madhubani district training site DTA-GPSVS
6.	16 - 21 July, 2014	Muzaffarpur

Future Plan: Technical assistance to fourth round of ASHA training.

4. Building awareness and capacities of Community Based Organisations (CBOs) for work on Patients' Rights and effective implementation of the Chhattisgarh Clinical Establishment Act (CEA).

PHRN in Chhattisgarh, with support from Oxfam, has been engaged in an initiative to empower civil society and initiated processes towards Social Accountability of Private Sector in Chhattisgarh through a campaign on Patient's Rights and proper implementation of the Chhattisgarh Nursing Home Act. Under this campaign, series of capacity building workshops were organised all over the state mainly done through existing network partners of PHRN and Jan Swasthya Abhiyan member organisations. The details of the capacity building workshops are as follows:

i. State level training and orientation on the Chhattisgarh Clinical Establishments Act.

State level capacity training workshop for NGO and CBO representatives was organised on 23rd-24th September 2014. Dr. Arun Gadre from SAATHI Pune was the main Resource Person, along with Dr. Rajesh Sharma, Nodal Officer for implementation of the CEA in Chhattisgarh and Dr. Prabir Chatterjee, Executive Director, State Health Resource Centre (SHRC) Chhattisgarh. The aim of the training was to orient the civil society organisations on the provisions of the Chhattisgarh CEA and facilitate further activities at the district level.

ii. District level workshops held on increasing awareness of CBOs and media on patients' rights and regulation of the private health sector, in collaboration with the district health administration and JSA

Nine district level awareness building workshops were conducted with various stakeholders. In 2014-15, 15 districts were covered with participants from CBOs, private medical practitioners, non-profit hospitals, RMPs, Mitani/Swasthya panchayat program team, and government functionaries

involved in the Act at the district level. The media and various socially active individuals like lawyers, teachers and community members also participated in the workshop. A common schedule was followed in all these meetings. An information pamphlet on the Act was prepared by PHRS for dissemination of information to the participants. First session provided a context and framework for the need for Patient's Rights and regulation of the private sector, including eliciting responses from the participants on their experiences with the private sector followed by orientation on the specific Chhattisgarh CEA Act and its provisions on patient's rights. Participants discussed in groups and formulated an Action Plan for their respective districts. In two of the district events, Dr. Abhijeet More from SAATHI, Pune participated as a resource person while in others Sulakshana Nandi and Deepika Joshi of PHRS facilitated the sessions.

District Level Workshops 2014-15

District	Date	Co-organisers	Number of Participants
Janjgir	February 11, 2015	Jan Jagaran Samiti and District Health Administration	55
Kawardha	February 12, 2015	Astha Samiti and District health administration	30
Mahasamund	February 18, 2015	Sajag	70
Raigarh	February 19, 2015	Jan Chetna	30
Kanker	February 20, 2015	Sahabhagi	30
Surguja	February 25, 2015	Chaupal	25
Koriya	March 4, 2015	Adivasi Adhikar Samiti	500
Jagdulpur	March 27, 2015	Mitanin district team	30
Durg	March 29, 2015	Sandhaan	35

iii. State level workshop on Social Accountability of the Private Sector and Patient's Rights

The District Level workshops culminated into a state level event on 30-31st March, 2015. District civil society representatives, network of non-profit institutions, and government health department participated in the workshop. Resource Persons were Dr. Rajesh Sharma Nodal officer for CEA, Dr. Abhijeet More of Saathi Pune, and Dr. Prabir Chatterjee. Mr. Prasana, Director of Health Services attended the workshop on day two and responded to the queries of the participants. National representatives, including Executive Director, Christian Coalition for Health, Executive Director Catholic Bishops' Conference of India- Coalition for AIDS and Related Diseases (CBCI-CARD) and Health Secretary, CBCI participated along with their partner organisations in Chhattisgarh.

a. Coverage Dossier

Date	Newspapers	Events Covered
October 10, 2014	Hitavada	State level Workshop on Nursing Home
February 19, 2015	Haribhoomi	Mahasamund- District Level Workshop on Nursing Home
February 20, 2015	Patrika	Raigarh- District Level Workshop on Nursing Home
February 20, 2015	Dainik Bhaskar	Raigarh- District Level Workshop on Nursing Home
February 22, 2015	Dainik Bhaskar	Kanker- District Level Workshop on Nursing Home
February 22, 2015	Patrika	Kanker- District Level Workshop on Nursing Home
March 31, 2015	Sunday Campus	Durg- District Level Workshop on Nursing Home, Provisions of the Act
March 30, 2015	Haribhumi	Durg- District Level Workshop on Nursing Home Act
March 30, 2015	Chhattisgarh	Durg- District Level Workshop on Nursing Home Act (Patient right of privacy during treatment)
March 30, 2015	Mahakaushal	Durg- District Level Workshop on Nursing Home Act (workshop on patients rights)
March 30, 2015	Chintak	Durg- District Level Workshop on Nursing Home Act
March 31, 2015	Deshbandhu	Durg- District Level Workshop on Nursing Home Act
March 31, 2015	Bhilai-Durg Bhaskar (Dainik Bhaskar)	Voluntary organizations will create awareness on Nursing Home Act.

b. Coverage topic

Date	Newspaper	Issues Covered
October, 2014	Hitavada	Issuing of licenses for 12 districts in the Raipur district
March 25, 2015	Dainik Bhaskar, Raigarh	Incomplete registrations of Clinical establishments in the district under the Nursing Home Act, non-compliance of the maintenance of register of the list of registered Clinical establishments in the district. Provisions of the act.
April 3, 2015	Navbharat Times	Majority Hospitals in the Raipur city not operating under Nursing Home Rules
March 29, 2015	Durg	Action taken on the erring and defaulting hospitals in RSBY/MSBY scheme by the team under Nursing Home Act.

5. Partnerships and opportunities to Strengthen and Harmonize Actions in Nutrition (POSHAN) in India

PHRS in partnerships 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.

Objectives

1. To conduct knowledge mobilization activities around the issues of malnutrition
2. 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,
3. To share the experiences and findings from the knowledge network with other stakeholders in the nutrition community and
4. To develop knowledge products on POSHAN themes.

The activities conducted under POSHAN included

- (i) State level launch meeting of POSHAN project in Bhubaneswar
- (ii) Formation of e-group of nutrition stakeholders at the state, district and block levels
- (iii) Facilitating online discussions on the e-forum.

Pre-consultation meetings were convened for planning, networking, identification of thematic areas (Thematic/Knowledge sharing) and discussion & dissemination of issues with the district and block officials in two districts. Meetings were organized with various functionaries- Secretary, Women and Child Development, Directors and Joint Directors, District Social Welfare Officers and Chief District Medical Officers and Executive Engineers and Assistant Engineers of Rural Water Supply and Sanitation Department, Chairpersons of the Zila Parishad, Child Development Project Officers and two Civil Society Organisations from the districts. Block level consultations were also organized in Patna 1 and Patna 2 blocks of Keonjhar district in Odisha.



Detail of consultations

Consultations	Place	Date	Number of participants
State level	Bhubaneswar	August 11, 2014	33
District level	Keonjhar	September 26, 2014	42
	Mayurbhanj	December 9, 2014	79
Block level	Patna- I	October 30, 2014	97
	Patna- II	January 30, 2015	115
		February 9, 2015	-
Total			366

Post consultation, dialogue has been initiated with the district and block officials to provide routine MIS data for analysis and providing feedback to the respective offices for further improvement.

POSHAN initiative is being recognised by the government functionaries. They have shown keen interest in opening discussions towards improvement to address the challenges in their areas to tackle malnutrition.

TRAINING/CAPACITY BUILDING

PHRN has been invited to build capacities of many organizations, networks and government functionaries to support grass-root level actions. Details are as follows:

1. Capacity Building of civil society organizations on Malnutrition

A three day training workshop was organized on 13-15 November, 2014, to provide technical support to Mobile Crèches (MC) team by PHRN, at Mobile Crèches, New Delhi. The objectives of the workshop were to conduct Training of Trainers (ToT) of Mobile Crèches team on the basics of nutrition. In addition, crèche protocols and guidelines and the process of programme monitoring based on MIS and growth monitoring in Action Against Malnutrition (AAM) project were also shared. Twenty eight members from Mobile Crèches -Programme Managers, Programme Officers, Trainers and Supervisors were trained in this workshop

A two-day training workshop on MIS for Mobile Crèches MIS team was also conducted on 11- 12 December, 2014. The objectives of this workshop were to understand purpose of MIS and to share AAM MIS format, process of data entry, and feedback given based on reports generated through MIS. Seven members from MIS team of Mobile Crèche were trained on MIS.



2. Capacity Building on Health Policies and Programmes

- i. A two-day **Capacity Building workshop for members of the All India Democratic Women's Association (AIDWA)** was organized on 14 and 15 July, 2014. The workshop was designed, facilitated and supported by PHRS. The objectives of the workshop were to

strengthen campaigns and struggles around health related issues at the local level. Dr. T. Sunadararaman and Dr. Vandana Prasad were chiefly involved in designing and conducting this workshop.

- ii. **Capacity Building Programme of Civil Society Advocates for Strengthening National Health Policies and Programmes.** PHRS did capacity building of public health professionals associated with civil society organizations. This was organized in Indian Social Institute on 29th and 30th of November 2015. The focus of the workshop was consolidating the regional initiatives of various civil society organizations and reviewing the health policies and plans of the new national government. This initiative was financially supported by the Narottam Sekhsaria Foundation (NSF), Mumbai.
- iii. **Capacity Building for Equity in Access to Health** has been undertaken by the PHRS with the support of ThoughtWorks Technologies (India) Private Limited. Major activities under this project will be organising two capacity building workshops in the thematic areas on strengthening the public sector, women's health rights and gender equity, access to medicines and rationale use to medicines, privatisation of health services and the commercialization of health care and social determinants of health. The other activity will be developing materials on the specific thematic areas for dissemination.

3. Post Graduate Diploma in District Health Management (PGDDHM)

The first Memorandum of Understanding (MoU) signed between PHRN and IGNOU on 8th March 2008 for a period of 5 years came to an end in March 2013. During March 2013, as a policy decision, Indira Gandhi National Open University (IGNOU) also suspended all courses, run in collaboration with private partners. PGDDHM course was also one of the courses that got affected due to this decision and our new MoU with IGNOU got suspended. In an effort to lift the suspension on the course, an initiative was taken by PHRN, to revive the course. This led to a call for an Expert Committee meeting by IGNOU on January 29, 2014 to review and revise PGDDHM course, as all IGNOU courses are reviewed and revised in every five years. Dr. Vandana Prasad, Dr. T. Sundararaman and Dr. Rajib Dasgupta from PHRN participated in the meeting. A strong case was presented and one of the major decisions of the committee was to review the course content of PGDDHM programme before reintroducing it. Accordingly, the courses of PGDDHM were distributed among Dr. Vandana Prasad, Dr. T. Sundararaman, Dr. Rajib Dasgupta, Dr. Sanjay Chaturvedi, Dr. Sandip Ray and Dr. K. Madan Gopal for review. They also submitted their suggestions regarding the changes with the School of Health Sciences (SoHS), IGNOU. The next step was to get approval from the School Board. We have been in communication with Prof. S. B. Arora, Programme Coordinator of PGDDHM and have requested him to once discuss the issue with the newly appointed Director of SOHS in IGNOU.

Activities undertaken- Practical examination of PGDDHM session 2012-13 was completed on April 5, 2014 in Bihar. The number of total participants was 35.

4. Internship Programme

Internship programme has been a continuous effort to provide a practical exposure to the students from various fields and institutions. The organization builds their capacities through their involvement in its ongoing activities and helps them to develop an understanding on various social, health and nutrition related issues. During the period 2014-15, a total of six candidates were placed in Jharkhand and Chhattisgarh for internship with PHRS.

Details of the interns

S. No.	Name	Name of the institute	Placement
1	Ms Priyanka Subarno	TISS, Mumbai	Jharkhand
2	Ms. Shruti Shahu	Amity Institute of Public Health Amity University, Noida	Jharkhand
3	Raghu Aggarwal	Macalester College	Jharkhand
4	Ms. Neha Bhosle	Tata Administrative services	Jharkhand
5	Mr. Nirpesh Agrawal	Tata Administrative services	Jharkhand
6	Mr. Aditya Goswami	BIMTECH, Greater Noida	Chhattisgarh

Ms. Priyanka Subarno, Ms. Shruti Shahu and Mr. Raghu Aggarwal were supervised by Mr. Haldhar Mahto and Ms. Neha Bhosle and Mr. Nirpesh Agrawal were guided by Dr. Suranjeen Prasad. These five students were mainly involved in AAM project. The assignment of Mr. Aditya Goswami was an evaluation of Janani Suraksha Yojana (JSY) and Janani-Shishu Suraksha Karyakram (JSSK) in the district of Raipur under the guidance of Ms. Sulakshana Nandi.

RESEARCH

PHRS national and state offices have undertaken a number of research studies during April 2014 to March 2015 which are as follows:

National Office, Delhi

- i. Contribution of Civil Society for “Health for All” in collaboration with JSA with the financial support of Medecine pour le Tiers Monda (M3M) during November 2014 to November 2015.
- ii. A study to Review of Human Resources for Health (HRH) for Frontline Health Workers (FHWs) in Delhi and Uttar Pradesh commissioned by Save the children during May to November 2014
- iii. A Rapid Situational Analysis in Lahunipada block in Sundargarh district of Odisha in December 2014 with the financial support of ActionAid.
- iv. Malnutrition status in the Sahariya Community- A Rapid Situational Analysis in Shivpuri district of Madhya Pradesh supported by ActioAid.
- v. Community Needs Assessment in Dumka, and West Singhbhum districts in Jharkhand and Kandhamal district on Odisha under the project facilitated Action Against Malnutrition in collaboration with PRADAN in May-June 2014.



Chhattisgarh

- i. Study of Ashramshalas in Chhattisgarh in collaboration with Chaupal and J. N. Dixit Foundation.
- ii. Services for Maternal Health and Newborn care in the state of Chhattisgarh.
- iii. Study on the status of implementation of the Chhattisgarh Clinical Establishment Act.

PRESENTATIONS IN CONFERENCES, SEMINARS, WORKSHOPS

- Poster Presented on the CRMC study at the Global Public Health Conference, in February 2014 at Chennai.
- Paper titled “Accessing health care in slums of Raipur under the Universal Health Insurance, Chhattisgarh: Implications for universal health coverage” selected for the workshop on National Health Mission: Achievement and Challenges held at IEG from 8-12 September 2014.
- Incentives for health workers in remote and conflict affected areas: Outcomes and challenges- A case study from Chhattisgarh, India- Poster Presentation on 1st October, 2014 at the Third Global Symposium on Health Systems Research- Sulakshana Nandi & Kanika Kanungo, PHRS- Co-authors
- Sulakshana Nandi was a panelist at the launch of the Health Policy and Planning special supplement on the Science and Practice of People-centered health systems held on 2nd October 2014, at the Third Global Symposium on Health Systems Research. A poster presentation ‘May I help you’ - First step towards a people friendly public health facility: A case study from West Bengal, India- was also done on 2nd October, 2014 at the Third Global Symposium on Health Systems Research.
- Poster presentation: “Community Awareness to Advocacy; Building a movement for Nutritional Reforms-The experience of JASHN” by Haldhar Mahto at International Symposium of Global Governance in JNU, New Delhi.
- Poster presentation: “Positive Outcomes from a Comprehensive Programme for Community Based Management of Malnutrition in Rural India” based on AAM work, in Together for Nutrition organized by IFPRI.
- Poster Presentation on AAM work at the 10th One Asia Breastfeeding Partners Forum (OABPF) in Brunei by Dr. Vandana Prasad.
- Paper Presentation: International Aid Agencies in the shaping of nutrition programmes in India authored by Vandana Prasad, T. Sundararaman*, Dipa Sinha, M. Ganapathy at the International Symposium on Global Governance and Commercialisation of Public Health in India on September 7, 2014.
- Oral presentation by Haldhar Mahto in the conference Together for Nutrition – Mobilizing Cross Sectional Action for Nutrition – Role of Civil Society October 29-30, New Delhi, India
- Poster Presentation by Nidhi Dhingra in the conference Together for Nutrition 2014- Working Across Sectors to Improve Nutrition in India, October 29-30, New Delhi, India
- Dissemination of study findings on Maternal Health Schemes in Chhattisgarh on February 26, 2015 at State Health Resource Centre, Raipur.

ADVOCACY

National Office, Delhi

- i. Dr. Vandana Prasad participated as a panelist on “Opportunities and Key Recommendations for Saving Newborn Lives in Bihar”. The panel discussion was part of a consultation with MPs/MLAs on Maternal and Child health (with specific focus on newborns) held on 20 July 2014 in Patna. Dr. Vandana Prasad shared the experience of AAM project in this meeting.
- ii. Towards advocacy of crèche strategy, AAM work was presented on various forums by the by Dr. Vandana Prasad. Details are as follows:

S. No.	Detail	Date
1	Meeting with Ms. Arti Ahuja, Secretary, Department of Health, Government of Odisha.	11 August, 2014
2	Meeting with Prof. Chandrakanth Pandav, Head of the Department, Community Medicine and Prof. Vinod Paul, Head of the Department, Paediatrics, AIIMS and also members of the National Nutrition Mission.	September 19, 2014.
3	Meeting with Mr. Lov Verma, Principal Secretary, Ministry of Health and Family Welfare.	October, 2014.
4.	Meeting with Ms. Manisha Panwar, Joint Secretary, Ministry of Women and Child Development.	December 31, 2014.

- iii. Partnering with BPNI/IBFAN Asia for the India WBTi reassessment in 2015

Chhattisgarh

- i. Under the campaign on Patient's Rights and proper implementation of the Chhattisgarh Clinical Established Act (CEA), PHRS in Chhattisgarh was able to advocate for proper implementation and pro people changes in the CEA by involving the government in the various districts and state level workshops. In the National Co-ordination Committee (NCC) meeting of the JSA held in November in New Delhi, the JSA convener for the state of Chhattisgarh raised the issue and shared the experiences of the current initiative.
- ii. Media coverage of Campaign on Patient's Rights and proper implementation of Chhattisgarh CEA highlighted in this campaign. PHRN also provided orientation to the media on this issue. The media reported on the workshops in many districts and subsequently following up these issues.
- iii. The findings of the Study on Services for Maternal health and Newborn care in Chhattisgarh were shared in a consultation in State Health Resource Centre on 26th February 2015. Based on the findings recommendations were made with regards to

improving access of pregnant women and sick new born to free entitlements in government health facilities.

- iv. Ongoing support to groups and advocacy to reinstate reproductive rights of Particularly Vulnerable Tribal Groups (PVTGs).

Jharkhand

- i. As a member of right to Food advocacy for including eggs in MDM and Anganwadi.



NETWORK ACTIVITIES

Bihar

- i. Visited Jehanabad under CBPM program for strengthening the health system at district level through dialogue with the health functionaries in the interest of general mass on April 17, 2014
- ii. Participated as a member of assessment team for field assessment of CBPM program in Darbhanga on 27th and 28th May, 2014. 'CHARM' and 'Gramodaya Veethi and Sarvo Prayas Sansthan' were assessed under the program.
- iii. Participated in 7th STAG meeting on Community Based Planning and Monitoring (CBPM) as STAG member by PFI and SHS, Bihar on May 30, 2014 at SIHFW, Patna
- iv. Attended the workshop for sharing the lesson Learnt from the project 'Children Alliance for Realization of Child Rights' organized by Save The Children at Buddha Heritage, Patna on June 30, 2014
- v. Participated in Core Group Meeting of Jan Swasthya Abhiyan (JSA) at JSA Secretariat, CHARM office, Patna on July 08, 2014.
- vi. Participated in 'RTI Activists and Human Series Resistance March' by National Campaign of People's Right to Information (NCPRI), Bihar Campaign Committee on July 31, 2014
- vii. Attended 'State Launch of Alliance for Immunization in India' Bihar Chapter on August 08, 2014 at Buddha Heritage, Patna
- viii. Was a part of 'Discussion on National Food Security Act 2013' organized by Koshish Charitable Trust on August 18, 2014
- ix. Participated in consultation workshop on Diarrhoea Prevention and Control Programme on August 26, 2014 at Hotel Chanakya, Patna, organized by Save the Children.

Chhattisgarh

- i. Participation in campaign by Jan Swastha Abhiyan (JSA) on "Regional Orientation & Consultation on ensuring Access to Medicines for all" on 11th November 2014 at Bhubaneswar, Orissa.
- ii. Participation in State level Consultation organised by State Health Resource Centre (SHRC), Raipur on "Developing an integrated Health and Nutrition Strategy for Chhattisgarh" on 9th February, 2015 at New Circuit House, Raipur, Chhattisgarh.
- iii. Participation in a three day event organized by Oxfam India in partners meet from 2nd to 4th February 2015.
- iv. State Convener contributed as Member, National ASHA Mentoring Group
- v. Attended NAMG meetings on 20th August, 2014 and on 10th -11th March 2015
- vi. Ongoing support to groups and advocacy to reinstate reproductive rights of PVTGs.
- vii. Participated in workshop on Tribal Sub Plan on 28-30 January 2015, at Raipur, organized by OXFAM, India.
- viii. Attended two days training on POCSO Act on 22-23 Feb 2015 at Raipur, organized by Chaupal.

- ix. Participated in roundtable organized by Chaupal and SAMA, Delhi on “Gender-based violence and the role of the health system in Chhattisgarh: Current issues and future opportunities” on 26th February 2015 at JNM Medical College, Raipur.
- x. Participation in events prior to the sterilization deaths of women in Bilaspur.
- xi. Interaction with faculty at the Department of Community and Family Medicine at AIIMS Raipur in April 2014 and February 2015.
- xii. Sulakshana Nandi participated in the Winter School at the University of the Western Cape and attended a course on Complex Health Systems.
- xiii. Internship from India Centre for Public Policy (ICPP), Birla Institute of Management Technology (BIMTECH), Greater Noida.

Jharkhand

- i. Co-ordination of JSA activities in Jharkhand.
- ii. Participation in ASHA Mentoring Group Meeting 5 August 2014 at RCH, Namkum, Ranchi.
- iii. Participation in a meeting towards advocacy of inclusion of eggs in MDM and Anganwadi on 3 August 2014 organised by Right to Food.
- iv. Participation in Inter Agency Group Meeting on 15 May 2014 at Plan India office, Ranchi.

Odisha

- i. Participated in State Resource group and Civil Society Organisation meeting on “Event on public health” at Ranchi” on 2 April 2014.
- ii. Collaboration with Jhpiego Odisha team for doing ASHA training on family planning on 13 April 2014
- iii. Participation in the Technical and Management Support Team (TMST) meeting at nursing directorate in Odisha on 7 May 2014
- iv. Meeting with National Vector Borne Disease Control Programme (NVBDCP) for submission of a proposal for supporting to Comprehensive Case Management (CCM) program on 13 May 2014.
- v. Participation in “state consultation on “Maternal health practices of tribal women who deliver in the home” by-Center for health and social justice on 6 June 2014
- vi. Participated in *Jan Swasthya Abhiyan* (JSA) meet on access to essential medicines 11 November 2014
- vii. Participation in the meeting of Community based Management of Acute Malnutrition (CMCM) piloting in Kandhamal by Technical and Management Support Team (TMST) on 13 November 2014
- viii. Participation in JSA consultation on the Current trends in government in reshaping the health policies, 30 December 2014

OTHER IMPORTANT ACTIVITIES

- i. Dr. Vandana Prasad represented the Peoples Health Movement for the Expert Consultation in Kobe on Inter-sectoral Action on Health, on 29-30th May, 2014 convened and hosted by the WHO. In this expert consultation, she made a presentation on “Engaging the Civil Society in inter-sectoral action for health”?
- ii. Dr. Vandana Prasad is member of various important committees and expert panel
 - a. Task Force on Human Resources for Health & Training, Government of India,
 - b. Governing Body of Atal Bal Mission, Government of Madhya Pradesh
 - c. CRY fellowship expert panel (2014-2015).
 - d. Advisory group member of IFPRI and she attended two of their meetings.
- iii. Took training session for state deputy director and state consultant – maternal health, district nodal officers-MDR, chief medical officers and AYUSH medical officers at the Chhattisgarh Administration Academy on ‘Issues of Women’s health in Chhattisgarh’ on 28 August 2014
- iv. Dr. Vandana Prasad and Dr. Antony represented PHRN in a meeting “Opportunities in Health Care and Crises in Public Health Research” on November 30, 2014 organized by TISS and made a presentation on “Crises in Public Health Research”.
- v. Dr. Vandana Prasad attended "Consultation on National Nutrition Mission in India: Accelerating Essential Nutrition Actions", organised by the Ministry of Women and Child Development jointly with the Ministry of Health and Family Welfare and Centre for Community Medicine, Department of Pediatrics, All India Institute of Medical Sciences, New Delhi from 22- 23 September, 2014 at Vigyan Bhavan, New Delhi
- vi. Dr. Vandana Prasad was a speaker at two CITU conventions (2014, 2015) on Anganwadi federation, ASHA workers.
- vii. Dr. Vandana Prasad invited as Panelist-Speaker, Global Nutrition Report Roundtable Event in Bhubaneswar, held on 6 February 2015
- viii. Dr. Ganapathy Murugan participated and presented “about AAM project” in State level Consultation organised by State Health Resource Centre (SHRC), Raipur on "Developing an Integrated Health and Nutrition Strategy for Chhattisgarh" on February 9, 2015 at New Circuit House, Raipur, Chhattisgarh.
- ix. Ms. Sulakshana Nandi is the member of National ASHA Mentoring group.
- x. Mr. Haldhar Mahto is the Member of the National Inspection & Monitoring Committee
 - a. (NIMC), PC& PNDT, State Review Mission, NHM, Jharkhand, and State ASHA Mentoring group.
- xi. PHRN, Jharkhand, is a member of Jharkhand IAG on Disaster Management and Response Team.
- xii. PHRN is in the process of revamping its website.

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:

Modules	Name
Module: 1	Introduction to Public Health Systems
Module: 2	Reducing Maternal Mortality Module
Module: 3	Accelerating Child Survival Module
Module: 4	Community Participation and Community Health Workers: with Special Reference to ASHA
Module: 5	Behaviour Change Communication and Training for Health
Module: 6	Mainstreaming Women's Health Concerns
Module: 7	Community Participation
Module: 8	Disease Control Programmes
Module: 9	District Health Management
Module: 10	Convergence
Module: 11	District Health Planning
Module: 12	Engaging the Private Sector
Module: 13	Legal Obligations of District Health System
Module: 14	Issues of Governance and Health Sector Reform
Module: 15	Tribal Health
Module: 16	Issues in Urban Health
Module: 17	Public Health Management of Disasters
Module: 18	District Planning for Mental Health

Other publications

- i. Nandi S., and Schneider H. (2014). Addressing the social determinants of health: a case study from the Mitandin (community health worker) programme in India. Health Policy and Planning, 29 (suppl 2): ii71-ii81
- ii. Paper titled “ ANMs: Are the Skills and Capacities Adequate?” by Rajib Dasgupta, Dipa Sinha, Ganapathy Murugan and Madhurima Nundy got published in the book "National Rural Health Mission: An Unfinished Agenda"
- iii. Protocols and Guidelines for Crèches, October 2014, New Delhi, by Public Health Resource Society on behalf of AAM consortium
- iv. Paper titled “International Aid Agencies in the shaping of nutrition programmes in India”. authored by Dr. Vandana Prasad, Dr. T. Sundararaman, Dr. Dipa Sinha, and Dr. M.

- Ganapathy presented by Dr. T. Sundararaman at the International Symposium of Global Governance in JNU, New Delhi.
- v. Ms. Sulakshana Nandi was invited as a Peer Reviewer for 'Public Health', an international, multidisciplinary peer-reviewed journal.
 - vi. "Envisioning an Expanded Role for Frontline Workers for Universal Coverage", a paper authored by Rajib Dasgupta, Anjali Chikersal, Ganapathy Murugan, Nidhi Dhingra, Priyanka Roy, Reena Nain, and Shalini Ahuja was presented at the International Conference on "Public Health Infrastructure in Transition: Challenges and A Way Forward", on February 18th -20th, 2015, organized by the Department of Social Work, Jamia Millia Islamia (A Central University), New Delhi and School of Public Health, University of Minnesota, Minneapolis, USA
 - vii. Dr. Vandana Prasad and Dr. Dipa Sinha contributed a chapter titled "The Reluctant State: Lacunae in Current Child Health and Nutrition Policies and Programmes in India" for the Social Development Report 2014.
 - viii. An article 'Contrived Confusions: No Contradictions between PCPNDT and MTP Acts' authored by Dr. Vandana Prasad, published in EPW commentary section on 7th March, 2015.
 - ix. Uncovering coverage: Utilisation of the Universal Health Insurance Scheme, Chhattisgarh by women in slums of Raipur- Article submitted for publication in the Indian Journal of Gender Studies. Authors- Sulakshana Nandi, Rajib Dasgupta, Samir Garg, Dipa Sinha, Sangeeta Sahu, Reeti Mahobe.
 - x. PHRN paper 'Implementing of RSBY in Chhattisgarh, India: A Study of the Durg District' ready for re-publication as a chapter in 'Medical insurance Schemes for the Poor: Who benefits?' Edited by Rama Baru.

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 Governing Body 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.

GOVERNANCE

General Body

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

1. General Members
2. Life Members
3. Student Members : Non-voting members
4. Associate Members
5. Affiliate Members: The Governing Body may invite members as an affiliate member without voting rights and membership fee.

The 4th Annual General Body Meeting of the PHRS was held on 11th March 2015 at Zorba the Buddha, Ghitorni, Mehrauli-Gurgaon Road, Delhi. The following points were discussed in the meeting:

1. Ratification of the Action Taken Report (ATR) on previous General Body Meeting
2. Approval of Audited Financial Report FY 2013-2014
3. Discussion on:
 - i. Secretary's Report
 - ii. Treasurer's Report
4. Approval of the provisional organizational budget for the FY 2015-2016
5. Approval of the Statutory Auditor for 2015-2016
6. Presentation and Approval Annual Report 2013-2014
7. Presentation of New Memorandum of Association (MoA)
8. Governing Body
 - i. Resignations
 - ii. Election of New Governing Body Members

Governing Body

The Governing Body guides the organisation in ensuring the aims and objectives of the organisation are achieved. The 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 form within its membership. The Governing Body members are not related by blood or marriage.

Details of Governing Body Members as on 31st March 2015:

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	Mr. Biraj Patnaik	Treasurer	Principal Adviser to the Supreme Court Commissioners on the Right to Food
5	Dr. Vandana Prasad	Member	Community Pediatrician and Public Health Expert , Former Member – National Commission for Protection of Child Rights
6	Dr. K. R. Antony	Member	Public Health Expert, Former Director - SHRC, Health and Nutrition specialist UNICEF india
7	Mr. Dinesh Chandra Bhatt	Member	Management
8	Dr. Rajib Dasgupta	Member	Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University
9	Mr. Rafay Ejaz Hussain	Member	Public Health Professional, State Program Manager (Bihar and Odisha) - Save the Children, India
10	Ms. Sulakshana Nandi	Member	Public Health Professional, Founder Member – Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan
11	Dr. Dipa Sinha	Member	Development Economist, Member, Advisory Group – Right to Food Campaign
12	Ms. Dipa Dixit	Member	Legal Expert in Child Rights and Former Member – National

			Commission for Protection of Child Rights
13	Dr. Madhurima Nundy	Member	Public Health Professional, Associate Fellow – Institute of Chinese Studies
14	Dr. T. Sundararaman	Member	Former Executive Director – NHSRC,
15	Mr. Thomas Mathews	Member	Team Leader in Finance and Accounts Unit - PRADAN
16	Dr. Indranil Mukhopadhyay	Member	Health Economist ,Senior Research Associate at Health Economics and Financing Unit at Public Health Foundation of India (PHFI)
17	Mr. Haldhar Mahto	Staff Representative	Senior Programme Coordinator – PHRS and Member, State Vigilance and Monitoring Committee, Jharkhand

In 2014-2015, the Governing Body meeting held on 17th October, 2014 at PHRS National office, Delhi. The following points were discussed in the meeting:

1. Audited Financial Statements for the financial year 2013-2014
2. Organisation update : HR update, Financial update, Others
3. Amendments in Financial Policy
4. New Terms to Governing Body and Office Bearers
5. Programme Updates
6. Sustainability, funding and potential donors
7. Guidelines on acceptable funding for PHRS
8. Strengthening Network

Out of the 12 Governing Body members (as on 17th October 2014), 7 members attended the meeting fulfilling the quorum requirement for the Governing Body meeting.

It is declared that in financial year 2014-15, there has not been any international travel by staff / volunteers/ governing body members for the organisation and there has been national travel by staff / volunteers / governing body members as per project requirements.

Details of payments to Governing Body Members during financial year 2014-2015

Sl. No.	Name	Age	Gender	Form of payment salary / consultancy/ remuneration (*)
1	Dr. Suranjeen Pallipamula Prasad	41	Male	Nil
2	Dr. Madan Mohan Pradan	54	Male	Nil
3	Dr. Ganapathy Murugan	40	Male	9,41,478.00
4	Mr. Biraj Patnaik	41	Male	Nil
5	Dr. Vandana Prasad	51	Female	6,98,500.00
6	Dr. K. R. Antony	62	Male	Nil
7	Mr. Dinesh Chandra Bhatt	67	Male	Nil
8	Dr. Rajib Dasgupta	48	Male	1,87,500.00
9	Mr. Rafay Ejaz Hussain	42	Male	Nil
10	Ms. Sulakshana Nandi	41	Female	3,30,000.00
11	Dr. Dipa Sinha	37	Female	1,38,235.00
12	Ms. Dipa Dixit	49	Female	Nil
13	Dr. Madhurima Nundy	39	Female	Nil
14	Dr. T. Sundararaman	60	Male	Nil
15	Mr. Thomas Mathews	57	Male	Nil
16	Dr. Indranil Mukhopadhyay	35	Male	Nil
17	Mr. Haldhar Mahto	49	Male	6,56,966.00

Note: (*) This includes the salary paid to the full-time Executive Director, who is also the Secretary to the Governing Body of PHRS and Senior Programme Coordinator, who is also the member as staff representative to the Governing Body of PHRS. Payments to certain governing body members are consultancy fees for hiring them as experts in specific fields related to the particular project/s based on ToR/s with clear deliverables.

Executive Committee

The committee is responsible for strategic and operational integration and institutional development. During 2014-2015, the Executive Committee members met once on 18th July 2014. The core agenda for the meeting are discussing the HR issues, financial issues, new project and consultancies update, printing and publications, requirement of assets, accreditation with Credibility Alliance and revamping the organizational webpage, etc.

The committee consists of the following members:

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

Accountability and Transparency

- **Audited Statements**

Signed audited statements for the FY 2014-2015 are available: Balance Sheet, Income & Expenditure, Receipt & Payments Account, Schedules to these and Statutory Auditor's Report. **(Please see Annexures – I – Financial Statements)**

- **Annual Report**

The organization's Annual Report is disseminated/communicated 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 Core Team

Sl. No.	Name	Designation	Location
1	Dr. Vandana Prasad	National Convenor and Technical Advisor	New Delhi
2	Dr. Ganapathy Murugan	Executive Director	New Delhi
3	Dr. Dipa Sinha	Technical Head	New Delhi
4	Mr. Sunandan Kumar	Senior Accounts and Administrative Officer	New Delhi
5	Ms. Soma Sen	Programme Coordinator	New Delhi
6	Mr. Ajay Kumar Chawariya	Programme Coordinator	New Delhi

7	Mr. Vijay Kumar Rai	Peon / Office Boy	New Delhi
8	Ms. Nidhi Dhingra	Programme Coordinator	New Delhi
9	Ms. Sanya Maniktala	Consultant	New Delhi
10	Ms. Priyanka Chatterjee	Programme Coordinator	New Delhi
11	Ms. Minashree Horo	Consultant	Ranchi
12	Ms. Monmita Buragohain	Programme Coordinator	Ranchi
13	Mr. Arun Kumar	Senior Programme Coordinator	Patna
14	Mr. Shahnawaj Khan	Accounts and Administrative Officer (till Oct-2014) Programme Coordinator (Nov-2014 onwards)	Patna
15	Ms. Priyanka Kumari	Programme Coordinator	Patna
16	Mr. Satya Narayan Patnaik	Programme Coordinator	Bhubaneswar
17	Mr. Kamlesh Mohanta	Consultant	Bhubaneswar
18	Ms. Sulakshana Nandi	Senior Programme Coordinator (Part- time)	New Delhi and Raipur
19	Ms. Deepika Joshi	Consultant-Project Coordination	Raipur
20	Mr. Rajesh Dubey	Programme Coordinator	Raipur
21	Mr. Niraj Kumar Shrivastava	Accounts and Administrative Officer	Ranchi
22	Ms. Shampa Roy	Programme Coordinator	Ranchi
23	Mr. Haldhar Mahto	Senior Programme Coordinator	Ranchi
24	Mr. Rajesh Sriwastwa	Programme Coordinator	Ranchi
25	Mr. Deepak George Minz	Consultant	Ranchi
26	Mr. Aashirbad Pradan	Consultant	Bhubaneswar

Highest, Second Highest and Lowest – Paid Staff Members (as on 31st March 2015)

Particulars	Name of Staff	Designation	Salary (Per Month)
Operational Head of the Organisation	Dr. Ganapathy Murugan	Executive Director	Rs. 78,479.00
Highest Paid Staff after the Operational Head	Mr. Haldhar Mahto	Sr. Programme Coordinator	Rs. 54,747.00
Lowest Paid Staff in the Organisation	Mr. Vijay Kumar Rai	Peon / Office Boy	Rs. 10,000.00

Distribution of Staff according to Salary levels and gender (as on 31st March 2015)

Slab of CTC to Staff (INR per month)	Male Staff	Female Staff	Total Staff
Less than 5,000	-	-	-
5001-10,000	1	-	1
10,001 – 25,000	2	3	5
25,001 – 50,000	8	7	15
50,001 – 1,00,000	2	-	2
Total Staff	13	10	23

OUR PARTNERS

PHRN has working relationships with a number of front ranking organizations 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. ActionAid
2. Breast Feeding Promotion Network of India (BPNI)
3. Institute of Development Studies (IDS), Sussex
4. International Food Policy Research Institute (IFPRI)
5. Narotam Sekhsaria Foundation (NSF)
6. Oxfam India
7. Professional Assistance for Development Action (PRADAN)
8. State Health Society (SHS), Bihar
9. Tata Trusts

Consortium Partners

1. Chaupal Gramin Prashikshan Evam Shodh Sansthan (Chaupal)
2. Child In Need Institute (CINI), Jharkhand
3. Ekjut
4. Institute of Developmental Education and Action (IDEA)

Network Partners

1. Indian Institute of Health Management and Research (IIHMR), Jaipur
2. Indian Institute of Management (IIM), Ranchi
3. Indira Gandhi National Open University (IGNOU)
4. Jan Swasthya Sahayog (JSS)
5. Mobile Crèches
6. National Health Systems Resource Centre (NHSRC)
7. National Institute of Health and Family Welfare (NIHFW)
8. People's University
9. SAMA: Resource Group for Women and Health
10. Society for Education, Action and Research in Community Health (SEARCH)
11. State Health Resource Centre (SHRC), Chhattisgarh
12. Tata Institute of Social Sciences (TISS), Mumbai
13. URMUL Trust, Rajasthan
14. Vikas Samvad, Bhopal

FINANCIAL STATEMENTS

ashwani & associates
chartered accountants

103, prajap Shahari, Bahadur Shah Zafar Marg, New Delhi - 110002
voice: +91-11-23353639, +91-11-23324672
facsimile: +91-11-23738558
mail: info@ashwaniasociates.in
web: www.ashwaniasociates.in

FORM NO 10 B

**AUDIT REPORT UNDER SECTION 12A(b) OF THE INCOME TAX ACT, 1961 IN
THE CASE OF CHARITABLE OR RELIGIOUS SOCIETY OR INSTITUTIONS**

We have examined the Balance Sheet of Public Health Resource Society, G-46, First Floor, Green Park Main, New Delhi - 110016 as at 31-3-2015 and the Income and Expenditure Account for the year ended on that date which are in agreement with the books of account maintained by the said Society.

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. 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

- in the case of the Balance Sheet of the state of affairs of the above named Society as at 31-3-2015; and
- in the case of the Income and Expenditure Account of the deficit of Income over Expenditure for the accounting year ended 31-3-2015.

The prescribed particulars are annexed hereto.

For ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FRN No. 000497N)

Sanjeeva Narayan
(SANJEEVA NARAYAN)
PARTNER
M NO. 84205

Place: New Delhi
Dated: 24/09/2015

Ludhiana | New Delhi | Chandigarh

FORM NO. 10BB

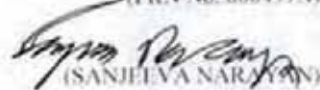
[See rule 16CC]

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 31.03.2015 and the Income and Expenditure or Profit and Loss Account for the year ended on that date attached herewith of Public Health Resource Society, G-46, First Floor, Green Park Main, New Delhi - 110016.
- (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 said Society.
- (iii) 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. 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:-
- (1) In the case of the Balance Sheet, of the state of affairs of the above-named Society as at 31.03.2015; and
- (2) In the case of the Income and Expenditure Account of the deficit of Income over expenditure for the accounting year ended 31.03.2015.

The prescribed particulars are annexed hereto.

For ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FRN No. 000497N)


(SANJEEVA NARAYAN)
PARTNER
M.NO.84205

Place: New Delhi

Date: 24/09/2015

Public Health Resource Society G-46, First Floor, Green Park Main, New Delhi - 110016							
Statement of Affairs as on 31.03.2015							
Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of current financial year 2014-2015			Figures at the end of previous financial year 2013-2014		
		Domestic (PHRS + Project)	Project - FCRA	Total	Domestic (PHRS + Project)	Project - FCRA	Total
LIABILITIES							
Corpus		-	-	-	-	-	-
Reserve and Surplus							
Opening Balance - PHRS		3,144,338	-	3,144,338	3,798,395	-	3,798,395
Add: Transfer from un-utilized fund		3,734,102	-	3,734,102	-	-	-
Less: Excess of Expenditure Over Income (As per Statement I & E Annexed)		(1,250,045)	-	(1,250,045)	(558,114)	-	(558,114)
Less: Depreciation during the year	I	(97,353)	-	(97,353)	(95,943)	-	(95,943)
Assets fund transfer from NSF							
Opening Balance - NSF		39,805	-	39,805	54,272	-	54,272
Add: Addition during the year	I	-	-	-	-	-	-
Less: Depreciation during the year	I	(7,818)	-	(7,818)	(14,467)	-	(14,467)
Assets fund transfer from SDTT / JTT							
Opening Balance - SDTT / JTT		415,427	-	415,427	399,626	-	399,626
Add: Addition during the year	I	50,400	-	50,400	224,100	-	224,100
Less: Depreciation during the year	I	(138,766)	-	(138,766)	(208,299)	-	(208,299)
Assets fund transfer from PRADAN							
Opening Balance - SDTT / JTT		-	-	-	-	-	-
Add: Addition during the year	I	-	218,637	218,637	-	-	-
Less: Depreciation during the year	I	-	(65,591)	(65,591)	-	-	-
Unutilized Fund at the end of year (As per Statement I & E Annexed)		6,652,771	1,997,939	8,650,710	15,491,681	-	15,491,681
Outstanding Expenses	II	764,962	275,319	1,040,281	404,407	-	404,407
Sundry Creditors	III	59,033	-	59,033	2,000	-	2,000
Total Liabilities		13,366,856	2,426,304	15,793,160	19,497,658	-	19,497,658
ASSETS							
Fixed Assets							
Gross Block	I	1,163,229	218,637	1,381,866	1,014,635	-	1,014,635
Less: Accumulated Depreciation	I	(243,937)	(65,591)	(309,528)	-	-	-
Land							
Building under Construction		1,416,000	-	1,416,000	1,416,000	-	1,416,000
Investments	IV	2,000,000	-	2,000,000	1,800,000	-	1,800,000
Current Assets & Loan and Advances							
Loans & Advances (Assets)	V	1,788,948	31,697	1,820,645	1,516,465	-	1,516,465
Sundry Debtors	VI	44,572	-	44,572	438,172	-	438,172
Cash & Bank Balances	VII	7,198,044	2,241,561	9,439,605	13,312,386	-	13,312,386
Total Assets		13,366,856	2,426,304	15,793,160	19,497,658	-	19,497,658

IN TERMS OF OUR REPORT OF EVEN DATE.

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


(SANJEEVA NARAYAN)
PARTNER
M.No. 084205
Place : New Delhi
Date: 24/09/2015

FOR PUBLIC HEALTH RESOURCE SOCIETY


(GANAPATHY MURUGAN)
(SECRETARY)

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society

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

Income and Expenditure Account as on 31.03.2015

Particulars	Schedule Nos	Amount in ₹							
		Figures at the end of current financial year 2014-2015				Figures at the end of previous financial year 2013-2014			
		Domestic		Project - FCRA	Total	Domestic		Project - FCRA	Total
		Other / PHRS	Project - Domestic			Other / PHRS	Project - Domestic		
INCOME									
Unutilized Grant at the Beginning		-	15,491,681	-	15,491,681	-	14,239,303	-	14,239,303
Grant-in-Aid	VIII	-	13,604,841	5,579,468	19,184,309	-	19,187,674	-	19,187,674
Indirect income	IX	731,082	-	19,415	750,497	2,927,336	-	-	2,927,336
Excess of Expenditure over income / Deficit		1,250,045	-	-	1,250,045	558,114	-	-	558,114
TOTAL		1,981,127	29,096,522	5,598,883	36,676,532	3,485,450	33,426,977	-	36,912,427
EXPENDITURES									
Expenses - State Health Society / AHC	X	-	1,896,325	-	1,896,325	-	2,673,289	-	2,673,289
Expense - Menstrual Hygiene Study		-	-	-	-	-	30,355	-	30,355
Expense - Capacity Building of Civil Society Health Advocate (NSF)	XI	-	607,567	-	607,567	-	-	-	-
Expenses - Action Against Malnutrition	XII	-	14,252,543	-	14,252,543	-	13,780,961	-	13,780,961
Expenses - Save the Children	XIII	-	1,239,611	-	1,239,611	-	974,650	-	974,650
Expense - PHRS	XIV	1,981,127	-	-	1,981,127	3,485,450	-	-	3,485,450
Expenses - Community Health Fellowship		-	-	-	-	-	209,654	-	209,654
Expenses - Future Group		-	-	-	-	-	266,387	-	266,387
Expenses - Maternal Health and Newborn Care in the State of Chhattisgarh	XV	-	713,403	-	713,403	-	-	-	-
Expenses - Social Accountability of Private Sector in Chhattisgarh (Oxfam India)	XVI	-	-	858,485	858,485	-	-	-	-
Expenses - PoWER (PRADAN)	XVII	-	-	1,952,790	1,952,790	-	-	-	-
Expenses - Contribution of Civil Society to Health for All (M3M)	XVIII	-	-	690	690	-	-	-	-
Expenses - POSHAN (FPMI)	XIX	-	-	788,979	788,979	-	-	-	-
Transfer to General Reserve		-	3,734,102	-	3,734,102	-	-	-	-
Unutilized Grant at the end		-	6,652,771	1,997,939	8,650,710	-	15,491,681	-	15,491,681
Total		1,981,127	29,096,522	5,598,883	36,676,532	3,485,450	33,426,977	-	36,912,427

IN TERMS OF OUR REPORT OF EVEN DATE

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


(SANJEEVA NARAYAN)
PARTNER

M.No. 064205

Place : New Delhi

Date:

24/09/2015

FOR PUBLIC HEALTH RESOURCE SOCIETY


(GANAPATHY MURUGAN)
(SECRETARY)

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society

G-48, First Floor, Green Park Main, New Delhi - 110016

Receipts and Payments Account as on 31.03.2015

Particulars	Schedule Nos	Amount in ₹					
		Figures at the end of current financial year 2014-2015			Figures at the end of previous financial year 2013-2014		
		Domestic (PHRS + Project)	FCRA	Total	Domestic (PHRS + Project)	FCRA	Total
RECEIPTS							
Opening Balance - Cash and Bank		11,312,386.00	-	11,312,386.00	9,901,796.00	-	9,901,796.00
Grants-in-Aid	VII	11,604,841.00	5,579,468.00	19,184,309.00	19,187,674.00	-	19,187,674.00
Interest Income	IX	731,082.00	19,415.00	750,497.00	2,927,336.00	-	2,927,336.00
Fund Received for Fixed Assets from Funder	I	50,400.00	218,637.00	269,037.00	224,100.00	-	224,100.00
Sundry Creditors		57,033.00	-	57,033.00	(560,381.00)	-	(600,381.00)
Outstanding Expenses		360,555.00	279,319.00	639,874.00	(116,228.00)	-	(516,228.00)
TOTAL		28,116,297.00	8,092,839.00	34,209,136.00	11,064,297.00	-	11,064,297.00
PAYMENTS							
Expenses - State Health Society / ARC	II	1,896,525.00	-	1,896,525.00	2,673,289.00	-	2,673,289.00
Expense - Menstrual Hygiene Study		-	-	-	30,355.00	-	30,355.00
Expense - Capacity Building of Civil Society Health Advocate (NSP)	XI	607,567.00	-	607,567.00	-	-	-
Expenses - Action Against Malaria	XII	14,252,543.00	-	14,252,543.00	13,780,961.00	-	13,780,961.00
Expenses - Save the Children	XIII	1,239,611.00	-	1,239,611.00	978,650.00	-	978,650.00
Expense - PHRS	XIV	1,981,127.00	-	1,981,127.00	3,470,774.00	-	3,470,774.00
Expenses - Community Health Fellowship		-	-	-	209,654.00	-	209,654.00
Expenses - Future Group		-	-	-	266,387.00	-	266,387.00
Expenses - Maternal Health and Newborn Care in the State of Chattisgarh	XV	713,603.00	-	713,603.00	-	-	-
Expenses - Social Accountability of Private Sector in Chattisgarh (Osman India)	XVI	-	858,485.00	858,485.00	-	-	-
Expenses - POWER (PRADAN)	XVII	-	1,952,790.00	1,952,790.00	-	-	-
Expenses - Contribution of Civil Society to Health for All (M3M)	XVIII	-	690.12	690.12	-	-	-
Expenses - PCOI-Mtz (FTIR)	XIX	-	788,978.90	788,978.90	-	-	-
Investments		200,000.00	-	200,000.00	(1,400,000.00)	-	(1,400,000.00)
Sundry Debtors		(389,600.00)	-	(389,600.00)	(2,978,962.00)	-	(2,978,962.00)
Loan and Advances (Assets)		272,483.00	31,697.00	304,180.00	(155,897.00)	-	(155,897.00)
Fixed Assets - Additions	I	148,594.00	218,637.00	367,231.00	880,100.00	-	880,100.00
Closing Balance - Cash and Bank	VII	7,138,044.00	2,241,560.98	9,379,604.98	11,312,386.00	-	11,312,386.00
Total		28,116,297.00	8,092,839.00	34,209,136.00	11,064,297.00	-	11,064,297.00

IN TERMS OF OUR REPORT OF EVEN DATE

FOR ASHWINI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FIRM NO. 000487N)


(SANJEEVA NARAYAN)
PARTNER

M No. 084205
Place: New Delhi
Date: 24/09/2015

FOR PUBLIC HEALTH RESOURCE SOCIETY


(GANAPATHY NARAYAN)
(SECRETARY)

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY

Public Health Resource Society
G-46, First Floor, Green Park Main, New Delhi - 110016

Schedule for Depreciation as per Income Tax Act from 1st April 2013 to 31st March 2014

Schedule I - Consolidated

(in ₹)

Sl. No.	Assets	Rate	WDV as on 01.04.2014	Addition > 180 Days	Addition < 180 Days	Sale	Total	Depreciation	WDV as on 01.04.2015
1	Computer & Accessories	60%	125,300	26,400	218,637	-	370,337	156,611	213,726
2	Furniture	10%	387,715	-	-	-	387,715	38,772	348,943
3	Office Equipments	15%	360,870	47,950	5,300	-	414,120	61,721	352,399
4	MIS Software	25%	140,750	68,944	-	-	209,694	52,424	157,270
Total			1,014,635	143,294	223,937	0	1,381,866	309,528	1,072,338

PHRS

(in ₹)

Sl. No.	Assets	Rate	WDV as on 01.04.2014	Addition > 180 Days	Addition < 180 Days	Sale	Total	Depreciation	WDV as on 01.04.2015
1	Computer & Accessories	60%	25,758	-	-	-	25,758	15,455	10,303
2	Furniture	10%	339,482	-	-	-	339,482	33,948	305,534
3	Office Equipments	15%	194,163	47,950	5,300	-	247,413	36,714	210,699
4	MIS Software	25%	-	44,944	-	-	44,944	11,236	33,708
Total			559,403	92,894	5,300	0	657,597	97,353	560,244

Assets from NSF

(in ₹)

Sl. No.	Assets	Rate	WDV as on 01.04.2014	Addition > 180 Days	Addition < 180 Days	Sale	Total	Depreciation	WDV as on 01.04.2015
1	Computer & Accessories	60%	6,840	-	-	-	6,840	4,104	2,736
2	Furniture	10%	24,835	-	-	-	24,835	2,484	22,351
3	Office Equipments	15%	8,330	-	-	-	8,330	1,250	7,080
4	MIS Software	25%	-	-	-	-	-	0	0
Total			39,805	0	0	0	39,805	7,838	31,967

Assets from SDTT / JTT

(in ₹)

Sl. No.	Assets	Rate	WDV as on 01.04.2014	Addition > 180 Days	Addition < 180 Days	Sale	Total	Depreciation	WDV as on 01.04.2015
1	Computer & Accessories	60%	92,702	26,400	-	-	119,102	71,461	47,641
2	Furniture	10%	23,598	-	-	-	23,598	2,360	21,238
3	Office Equipments	15%	158,377	-	-	-	158,377	23,767	134,610
4	MIS Software	25%	140,750	24,000	-	-	164,750	41,188	123,562
Total			415,427	50,400	0	0	465,827	138,786	327,041

Assets from PRADAN

(in ₹)

Sl. No.	Assets	Rate	WDV as on 01.04.2014	Addition > 180 Days	Addition < 180 Days	Sale	Total	Depreciation	WDV as on 01.04.2015
1	Computer & Accessories	60%	-	-	218,637	-	218,637	65,591	153,046
2	Furniture	10%	-	-	-	-	-	0	0
3	Office Equipments	15%	-	-	-	-	-	0	0
4	MIS Software	25%	-	-	-	-	-	0	0
Total			0	0	218,637	0	218,637	65,591	153,046

IN TERMS OF OUR REPORT OF EVE
FOR ASHWANI & ASSOCIATES
CHARTERED ACCOUNTANTS
(FRN : 000497N)


(SANJEEVA NARAYAN)
PARTNER
M.No. 084205
Place : New Delhi
Date: 24/09/2015

FOR PUBLIC HEALTH RESOURCE SOCIETY


(GANAPATHY MURLUGAN)
(SECRETARY)

SECRETARY
PUBLIC HEALTH RESOURCE SOCIETY



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