



**PHRN**



# **ANNUAL REPORT**

## **2023-2024**



**PUBLIC HEALTH RESOURCE SOCIETY**



## Message from **THE VICE PRESIDENT**



Dear friends,

It has been a great pleasure for all of us to see the magnitude of technical support that PHRS has been extending to various organizations both in the government and non-government sectors in PHRN states.

The technical support that we extend to one of our leading network partners “Chaupal” in Chhattisgarh to implement a major project supported by TDH is truly unique. Efforts are on to revive a similar support system in Jharkhand the way it was in last year with the support of UNICEF and other state bodies.

Odisha, over the last seven years, has demonstrated remarkable achievement in areas in reduction of child undernutrition (focusing on under three age group) through the effective implementation of its health and nutrition programme in collaboration with the dept of W&CD, ST-SC development, and the different district administrations is praiseworthy.

The expansion of PHRS’s “community-based crèche model” to a number of government organizations in Odisha such as the DMFs, OMBADC, and department of ST-SC development, and to a large number of civil society organizations is going to bring a revolutionary change in the health and nutrition landscape of the state. The recent expansion of this “community-based creche model” by APF to other states could be considered another important achievement of PHRS as a technical and network-based organization.

The research, studies, technical collaborations, and networking efforts of the national team and national leadership at this critical juncture are great and need appreciation.

The successive visits/meetings of PHRS Delhi, with the commissioner, secretaries, and directors of the concerned departments has been quite effective in bringing a lot of gains for the organization and strengthening the public health system as well. This has also been helpful in bringing some change in the decision-making in the government policy benefiting to the marginalized sections of the society, the tribals, PVTG communities, women and children, poor and tribal in accessing quality health and nutrition services from the public health system. Further the engagement of PHRS in rights groups like the JSA, the Right to food groups and other intellectual networks in different states has given momentum to the on-going people’s health movement.

I wish all the members of our vibrant PHRN network will keep their efforts in intensifying their efforts to sustain the gains as well the public health movement.

**Dr Madan Mohan Pradan**

Vice President

# Message from **THE EXECUTIVE DIRECTOR**



We are honoured to offer our Annual Report for the year 2023-24. As we look back on the previous year, this year has been an equally remarkable characterized by growth, persistence, and a dedication to our core values and basic principles.

Notwithstanding the difficulties we encountered, we have remained steadfastly committed to innovating, adapting, and moving forward. Our ongoing success has been largely attributed to the quality of our team, the confidence of our partners, and the continued support from our stakeholders. Together, we have achieved significant milestones by expanding our reach and enhancing our knowledge base for positive outcomes.

In this report, you will find a comprehensive overview of our programmatic achievements, financial performance, operational highlights, and the impact we have made in the communities we work with. This year we had an opportunity to explore new areas of work that includes- non communicable diseases, mental health among others and we strive to expand further in the coming years. These accomplishments are a direct result of the hard work, passion, and collaboration of our entire team, and we are excited for more such opportunities. Looking ahead, we remain focused on our mission and vision, always striving to do better and create a lasting value system. We are committed to sustainability, innovation, and quality in all the work we do.

Thanks to all our colleagues, friends, donor partners and community members for the ongoing support and partnerships. We look forward to continued support and collaborations.

**Dr. Rupa Prasad**  
Executive Director

# Message from **THE PRINCIPAL TECHNICAL ADVISOR**



Dear friends,

Another year has passed with the highs and lows we have come to associate with our existence as a serious pro-people resource organisation. A large part of the work during this year revolved around supporting grassroots organisations in Odisha to launch and run community based creches with due understanding of nutrition under the Rural Creches Initiative supported by Azim Premji Foundation.

Two very significant studies were also carried out; namely 'A Study to determine the factors affecting treatment adherence for Hypertension and Diabetes in different contexts' and 'Prevalence and causes of malnutrition among under five in selected geographies of India' through partnerships with the National Human Rights Commission and the National Health Systems Resource Centre. Additionally a public health issue relatively new for us; community perspectives on mental health issues, was opened up in partnership with De Montfort University.

Efforts to expand the work are always ongoing and some of these look very promising for the year 2024-25.

**Dr. Vandana Prasad**

Principal Technical Advisor



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# 1. BACKGROUND

Public Health Resource Society (PHRS) is a national level organisation that is registered under Societies Registration Act, 1860 (Act XXI) in Delhi. Public Health Resource Society is a national level resource organization currently working directly in the states of Jharkhand, Chhattisgarh, Odisha, Assam, and Delhi and is committed to the mission of building capacities for public health action towards 'Health for All'. Using a rights-based approach, it has contributed to the on-going work of strengthening public health systems in these and other states including Bihar through its partnerships with institutions. Our areas of work involve women, adolescent and child health and nutrition, tribal health, and health systems strengthening. Our core strategies include model demonstration, community-based research, and program implementation along with advocacy. The organisation maintains a specific focus on working with vulnerable and marginalised communities using participatory principles.

## Principles of Public Health Resource Society

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

## 1.1 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, decentralisation and improving local governance". The State Health Resource Centre (SHRC), Chhattisgarh has been a key facilitator agency for statewide health sector reforms in Chhattisgarh. In many ways, these reforms provided the experience that helped to shape the NRHM. It was felt that the lessons learnt from the SHRC, Chhattisgarh should be used to motivate change in other parts of the country through an active engagement with the NRHM.

It was in this context that the PHRS was brought into being as a documentation and dissemination

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

1. Distance Learning Programme (DLP).
2. Fast track Capacity Building of Public Health Professionals.

3. Post-Graduate Diploma in District Health Management (PGDDHM).
4. Community Health Fellowship (CHF).

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

## 1.2 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 practices.

## 1.3 MISSION

Building Capacities for Public Health Action.

## 1.4 AIMS AND OBJECTIVES

1. To contribute and strengthen the efforts directed towards attaining health for all, including universal access to basic goods, facilities and services related to health and health care; improved working and living conditions for all and all health care services that are necessary for the attainment of the highest levels of physical, mental and social health for all without any discrimination.
2. To provide resource support and technical assistance to all practitioners of public health or those who work for the cause of health for all.
3. To network and build solidarity and promote exchange of views and experiences amongst practitioners of public health and all those who work for the cause of health for all.

4. To assist any governmental or non-governmental agency or social movement in planning for health from the panchayat, block, district and state levels to the national level.
5. To build effective inter-linkages between health and development planning at all levels.
6. To undertake research and other assignments in any aspect of health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
7. To undertake and implement projects or programmes in health or related sectors or any sector related to development as well as the fulfillment of basic rights of citizens.
8. To promote networking and participate in advocacy for better policies and programmes in order to promote the goals and objectives of the society.
9. To provide public health practitioners and students higher education opportunities to increase their capacities and enhance their career growth through various strategies including distance learning programmes.
10. To reach out to those dedicated individuals and organisations for whom health equity is a major concern and share with them essential information and opportunities to contribute to this goal.
11. To support the process of empowering civil society and its organisations for improved and increased public participation in public health planning and management.
12. To act as a national interface to promote best practices and learning and work of various agencies and bodies in Health and Development as decided by the Governing Body.
13. To participate in and to foster cooperation with national and international institutions and associations with similar purpose and to represent nationally and internationally scientific work of the Society in the field of public health.
14. To create and foster subsidiary organisations and institutions dedicated to promoting health.

## 1.5 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
5. Making district planning more equitable and effective by:
  - a) Providing research inputs
  - b) Independent appraisals and evaluations
  - c) Assisting access to information and technical resources
  - d) 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 by 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.



## 1.6 REGISTRATION DETAILS

Legal Status	:	Registered Society
Registration No.	:	S-62225/2008
Income Tax Registration No. (Under Section 12A)	:	AAAAP8517G22DL01
Income Tax Registration No. (Under Section 80G)	:	AAAAP8517GF20091
FCRA Registration No.	:	231661433
Permanent Account No. (PAN)	:	AAAAP8517G
GST Registration No.	:	07AAAAP8517G1ZJ
Registered Office Address	:	C-14, Ground Floor, Hauz Khas, New Delhi-110016
Statutory Auditor	:	V.K. Sabharwal & Co. J-II/38-B, DDA Flats, Kalkaji, New Delhi-110019 e-mail: vksabharwalcarefiffmail.com vertexmentors@gmail.com

## 2. MAJOR PROGRAMMES

### 2.1 MAINSTREAMING CRÈCHES TO REDUCE MALNUTRITION IN ODISHA

Since 2017, mainstreaming crèches to reduce malnutrition in Odisha has been ongoing. This program operates in thirteen blocks across five southern districts: Rayagada, Kalahandi, Malkangiri, Nabarangpur, and Koraput. Out of the 150 crèches, 25 located in PVTG areas across three districts were taken over by the Odisha government in April 2021 under the Odisha PVTG Nutrition Improvement Programme (OPNIP). To further the project's goals of mainstreaming and scaling up community-based crèches in Odisha, the Public Health Resource Society established a State Project Management Unit (SPMU) at the ST & SC Development Department to implement OPNIP and at the Department of Women & Child Development to provide comprehensive support for all crèche initiatives in the state.

With support from the Azim Premji Foundation, 125 crèches continued to operate across thirteen blocks in five southern districts of Odisha. During this phase, multiple meetings and training sessions were held to strengthen the project's implementation, as the project period was nearing its end. Key activities conducted during this period included monthly meetings with the District Programme Management Units (DPMUs) in Rayagada and Bhubaneswar, which were essential for coordinating efforts and assessing progress.

During the reporting period, two District Programme Management Unit (DPMU) meetings were conducted in April and August 2023 to obtain programmatic updates and plan for the upcoming months. The first meeting, held on April 18-19, 2023, at CYSD, Bhubaneswar, involved presentations on enrollment and nutrition status, MIS, referral status, and action plans. Key decisions included addressing discrepancies in weights taken at NRC, purchasing solar bulbs, exploring rent increases, and improving building availability for crèches. Dr. Vandana Prasad suggested including severely anemic children in the red flag category and organizing a Crèche Sammelan. Sessions on early stimulation and non-communicable diseases were also conducted.

The second DPMU review meeting took place from August 23-25, 2023, at CYSD in Bhubaneswar. This three-day session included refresher training on malnutrition management, ECCE, and administrative matters. Major discussions focused on creating monthly village-wise plans, enhancing participation in Village Health and Nutrition Day sessions, resolving building-related concerns, addressing scabies cases, prioritizing early stimulation activities, and improving the aesthetics of crèches. Teams were also tasked with improving photo documentation, minimizing sibling care, and assessing access to services provided by the Amlan and CMAM programs. The PMU would collaborate on refining the model crèche concept and outlining relevant criteria.

## 2.2 STATE PROGRAMME MANAGEMENT UNIT (SPMU) AT ODISHA PVTG NUTRITION IMPROVEMENT PROGRAMME (OPNIP)

OPNIP, initiated by the ST & SC Department in Odisha on April 1, 2021, aims to improve nutrition within the PVTG community. This initiative includes community based creches called Matru Sishu Poshan Kendras (MSPK) cum creches, Maternal Spot Feeding Centres (MSFCs) and Spot-feeding Centers (SFCs) for children. In its first phase, the program took over 25 PHRS crèches in PVTG villages across three districts, and in the second phase, it engaged PVTG SHGs to foster community ownership. Launched across 17 MPAs on March 1, 2022, OPNIP ensures PVTG SHGs receive ICDS entitlements. With the reopening of Anganwadi centers on March 28, 2022, new centers became operational, bringing the total to 61 crèches, 131 SFCs, and 161 MSFCs across 12 districts. The community's enthusiasm underscores the demand for more community-based crèches in the state.

As part of the SPMU, PHRS has been providing technical support to the OPNIP since its inception. Capacity building and programme monitoring remains major activities that the PHRS team stationed as SPMU carries out along with the concerned members of the OPELIP PMU. PHRS team supported the PLA training held from 28th Aug- 1st Sept 2023.

The formal arrangement between OPELIP and PHRS ended on 31st May, 2023. However, PHRS continues to support them by providing guidance and in capacity building, as required from time to time.

In September 2023 (23rd- 29th Sept '23), an evaluation study of OPNIP commissioned by IFAD was undertaken by Ms. Lakshmi Durga Chavva, World Bank consultant. She was accompanied by Diptiranjana Gantayat, Programme Officer (Capacity Building, Gender & Nutrition), OPELIP and Swati Das, Sr. Programme Coordinator, PHRS. They visited four Micro Project Agencies to understand the functioning of the OPNIP interventions.

In November 2023 (20th & 21st Nov'23), Manas Ranjan Padhy, Training & Capacity Building Officer, PHRS supported the State Level Training of Nutrition Coordinators and Gram Panchayat Nutrition Assistants on Early Childhood Care and Development, that was held in Bhubaneswar.

## 2.3 RURAL CRECHE INITIATIVE

After the implementation for more than five years, the project titled "Mainstreaming Creches to Reduce Malnutrition in Odisha" came to an end on 31st August 2023 and a new creche scale-up programme titled "Rural Creche Initiatives (RCI)" was launched by Azim Premji Foundation from 1st September 2023. The already functional 125 creches were absorbed under RCI. The plan was to hand over all the creches running in Kalahandi, Koraput, Malkangiri and Nabarangpur districts to different local NGOs and PHRS to scale up new creches in Rayagada district. With the initiation of the RCI programme, 10 creches in Thuamul Rampur block of Kalahandi district were handed over to Swasthya Swaraj, 30 creches running in Nabarangpur district (in Papadahandi and Jharigaon blocks), and 15 creches in Koraput block of Koraput district were handed over to SOVA organisation and 15 creches in Dasmantpur block in Koraput block were handed over to EKTA organisation and 2 creches of Lanjigarh block in Kalahandi to Gram Vikas from 1st September 2023. Another 10 creches of Golamunda block in Kalahandi were handed over to Karntabya and 10 creches of Chitrakonda block in Malkangiri were handed over to Porevartan from February 2024. PHRS plans to open 40 new creches in Kalyansingpur block of Rayagada district. PHRS has played a dual role in implementing Rural Creche Initiatives, i.e., direct implementation of creches and providing technical support to implementing partner organisations in South Odisha.

### 2.3.1 Technical support to partner organisations

#### Handover to Partner Organizations

The RCI successfully transitioned 92 crèches to partner organizations, including SOVA, EKTA, Gram Vikas, Swasthya Swaraj, Karntabya, and

Porevartan. This process involved in-person meetings with managerial, supervisory, and field teams. Essential resources such as operational documents, certifications, and eKalika application credentials were handed over to ensure seamless continuity. Seven trained block coordinators were transferred to partner organizations across districts in Kalahandi, Koraput, Nabarangpur, and Malkangiri to maintain service quality during the transition.

### **Training and Orientation Programs**

Comprehensive training sessions targeted all levels of functionaries, emphasizing areas such as childcare, nutrition, sanitation, first aid, and record-keeping. Induction and refresher training equipped caregivers and supervisors with the necessary skills for effective operations. Training methods were tailored to accommodate diverse literacy levels, ensuring inclusivity and relevance. Ongoing support through virtual and residential sessions addressed real-time challenges and strengthened the capabilities of crèche teams. Additional training sessions are planned to further enhance competencies across partner organizations.

### **Supportive Supervision Visits**

Regular supportive supervision visits by PHRS and APF representatives ensured high-quality crèche operations. These visits assessed functionality, addressed service gaps, and promoted best practices in nutrition, sanitation, and child development. Community participation, particularly involving mothers, was actively encouraged to strengthen engagement and ownership. Feedback from these visits helped refine operational practices and improve overall service delivery.

### **Technical Support**

The initiative provided robust technical assistance, including developing protocols for anthropometric measurements and equipment calibration. A customized MIS framework was drafted to enhance data tracking and attendance monitoring. Feedback on growth charts, child card formats, and line-listing details was integrated to ensure alignment with program objectives. These measures reinforced operational efficiency and improved data management.

### **Review Meetings**

Review meetings served as a platform to evaluate progress, address challenges, and share best practices among stakeholders. Discussions highlighted achievements and outlined recommendations, including establishing model crèches, enhancing caregiver literacy, and promoting community engagement. Regular block-level review meetings fostered dialogue between teams and caregivers, facilitating continuous improvement and collaboration.

### **2.3.2 Direct implementation of the creche programme**

Under the Direct Implementation, PHRS has been allocated 40 crèches to be set up in K Singhpur block.

#### **Rollout of New Crèches**

##### ***Planning and Scoping***

The rollout of new crèches began with an extensive scoping process in September 2023. The focus was to identify locations with significant gaps in child development services and assess infrastructure readiness. Over 50 villages across ICDS sectors were visited, and data on children aged 0-36 months were collected. By December, 10 villages were finalized for the first phase of implementation, despite challenges in securing suitable buildings. This phase included houselisting and anthropometric measurements to establish baselines. In February 2024, efforts expanded to identify additional villages for the second phase, with 10 out of 15 shortlisted for evaluation.

##### ***Human Resources and Training***

Recruitment of supervisors and caregivers was conducted in multiple phases between September 2023 and March 2024, ensuring skilled personnel were onboarded. Training was a cornerstone of the rollout, with orientation and induction sessions designed to equip staff with practical skills in child care, nutrition, safety, and record-keeping. Supervisors and caregivers attended sessions led by experienced facilitators, such as Swati Das, Shahnawaz Khan, and others. Training emphasized

daily crèche management, fostering a high standard of service delivery. Ongoing support was provided through virtual meetings, residential training, and plans for additional sessions to sustain quality.

### **Procurement and Material Distribution**

From September to January, a meticulous procurement process ensured timely acquisition of essential materials like anthropometric tools, utensils, and other equipment. By January 2024, all resources were packed, transported, and distributed to crèches with the support of the project team, including Niraj Shrivastav. This thorough planning facilitated a smooth setup for the new facilities.

### **Inauguration and Operationalization**

The first phase saw the inauguration of 10 new crèches in K Singhpur block from January 16-30, 2024, covering eight Gram Panchayats. Community leaders and local stakeholders participated enthusiastically in the events. Supervisors closely monitored daily operations, identified areas for caregiver support, and ensured adherence to established protocols. Existing crèches in Rayagada and Bissamcuttack blocks continued seamless operations during this period.

### **Monitoring Visits**

Regular monitoring visits by state and program teams ensured functionality and quality standards. Between November 2023 and March 2024, multiple site visits were conducted to assess operational efficiency, engage with communities, and address challenges. Key findings included the need for better attendance tracking, nutritional improvements, and community engagement. Recommendations were provided, such as adding kitchen gardens, ensuring diverse meals, and enhancing caregiver training.

### **Review Meetings**

**Creche caregivers review meeting:** Monthly block-level review meetings provided a platform for crèche workers and teams to discuss challenges, share best practices, and plan improvements.

**Review meeting:** A significant review and coordination meeting on February 20, 2024, highlighted progress, challenges, and future directions. Dr. Vandana Prasad proposed model

crèches and cross-learning opportunities, emphasizing the importance of community engagement and improved caregiver training.

### **Key Achievements**

- 10 new crèches operationalized across K Singhpur, benefiting children in underserved areas.
- Recruitment and training of crèche supervisors and caregivers completed, with sustained support plans in place.
- Procurement and distribution of resources ensured readiness for operations.
- Ongoing monitoring and reviews facilitated continuous improvement in service delivery.

The rollout marks a pivotal step in expanding early childhood care services, ensuring holistic development, and addressing gaps in underserved communities. Future plans focus on scaling up, enhancing training, and fostering community-driven improvements.

## **2.4 TEJASWINI**

Tejaswini Project was scaled up from two districts of Jharkhand to 17 districts from June 2019 to August 2023 for improvement in the socio-economic status of Adolescent Girls and Young Women (AGYW) of age group 14-24 years. It created an enabling environment for AGYWs within their community and thereby a process was initiated for improvement in completion of their life-skill education, market-driven skills and secondary education for their socio-economic empowerment. The project was supposed to have a second phase for 6 years but due to lack of readiness from the Government of Jharkhand, the project was closed in August 2023.

Tejaswini project was implemented by the Department of Women, Child Development and Social Security (DWCDSS), Government of Jharkhand through Jharkhand Women Development Society (JWDS) with the support of World Bank by involving Community Service Providers and other Service Providers. The project was implemented in the state for AGYWs who suffer from lack of opportunities and poor accessibility to resources like access to quality education, employment opportunities, basic



sexual and reproductive health care and support for mental health issues & disability, protection from violence, abuse & exploitation and forum for active participation. Women face gender disparities in their socio-cultural spheres which adversely affect their overall development. These disparities get reflected in important social development indicators such as health, nutrition, literacy, educational attainment, occupational status, etc.

IGS-PHRN had been facilitating the project in six districts as Community Service Provider. The consortium's presence was in 63 blocks, 1048 panchayats and in 9196 villages. The consortium area was divided into two clusters. Zonal Cluster 1 having Palamau, Kodarma & Chatra districts and Zonal Cluster 5 having Deoghar, Godda & Pakur districts. This consortium had facilitated 4,49,008 AGYW to complete life skill education in 4775 clubs. 3317 AGYW have been linked with NIOS for completing their education. 48,649 AGYWs were linked to vocational or business skill training.

An establishment cost (Rs 5000 one time) and seed grant (Rs 20,000 per year) was provided to clubs. This has provided opportunities for AGYWs to think and act together based on their interest in and around a guideline. This helped the club to play, sing, dance, perform and raise on many of their concerns on child marriage, gender discrimination, dowry, feticide, domestic violence, sexual abuse, nutrition, etc and they participated with enthusiasm on BETI BACHAO BETI PADAW, SWACH BHARAT ABHIYAN, COVID-19 Vaccination etc. This has also helped the AGYWs to address their concern of menstrual hygiene with establishing Pad Bank, nutrition with nutrition garden, education (during covid-19 situation) through library and tuition. From the second installment of seed grant (Rs 20,000) 90% of the grant was allocated to the income generation fund of the club. With proper visioning exercise of the club and aspiration mapping of eligible AGYWs the fund utilization was started by the club.

AGYWs applied for the loan to the club. Club was the approving authority for the loan. Club also took the consent of the loan committee before providing the loan to AGYWs. AGYWs were getting engaged in livestock rearing, agriculture, bangle making, grocery shop, village based snacks & tea center, agarbati making, etc. Education loan was also

included for loan approval criteria. As the project ended in August 2023 SOE of clubs submitted to CDPO offices. All belongings (assets, and documents) was handed over to the CDPO office in 2023 August.

A sample of 67 clubs were taken for assessment of club engagement including participation in government programmes, schemes, abhiyan, life-skill skill education and utilization of fund received from project. The assessment was done in the month of December 2022. Some of the reflection shared to below:

1. 91% of AGYWs perceived these engagements helped them to increase their self-confidence. 78% of AGYWs expressed the engagement in events at club level improved their presentation skill and 73% expressed that these engagements helped them in improvement in articulating their opinion. 70% expressed that it helped in improving their mobility and 67% expressed it reduced restriction from family members.
2. 63% of AGYWs feel that their engagement at the club is ensuring a platform for women empowerment and 45% expressed that it is building their unity and hence towards village based institutions exclusive for addressing their concern.
3. 73% of AGYWs feel that playing games and 69% feel sports is critical in reducing hesitation and fear factor. 61% of AGYWs revealed that competition during events refined their talent. Earlier they hardly had any platform to express their talent. 84% feel that these provided them an opportunity to have fun & joy which is contributing a lot in their mental and physical wellbeing.
4. 51% AGYWs feel positive impact among the community for promotion of girl child and 40% feel it raises awareness on female feticide. 54% sense positive impact on education of girl child and 49% feel awareness on consequences of early marriage. 42% of AGYWs revealed that the club has managed to address their concern at community level against dowry and 43% against domestic violence.
5. With engagement through seed grant (2019-20) clubs established pad bank, initiated events for

community mobilization from 2020 September on health nutrition during Poshan Maha celebration, life skill education and with support of ASHA worker & Angan Wadi Worker AGYWs claimed on adoption of above mentioned health seeking practices due to continued engagement of clubs on the issue. 60% AGYWs claimed for improvement in menstrual hygiene, 76% of AGYWs claimed adoption of better health and nutrition seeking practices.

6. 44% of AGYWs from the sample claimed access to the benefits from the schemes. The major schemes are Sawitri Bai Fule Kishori Samridhi Yojna, Sukanay Samrdhi Youjana, Matri Vandana Yojna etc.
7. 58% of AGYWs claimed that the Income Generation Fund of Club, being established from Seed Grant (2020-21) is acting like SAMBAL TANTRA for them towards economic empowerment.

During April 2023, the focus of engagement was largely on withdrawal strategy. For this purpose a process was initiated to update the club documents before handover to the concerned government offices. Submission of Statement of Expenditure by clubs for second installment of seed grant, completion of bridge education and preparation of exam from NIOS under education component, facilitation of AGYWs for completion of business skill and vocational skill programme.

A framework for detailed closure report preparation was being prepared and oriented to the block and district team. However till April 2023 union of Tejaswini project staff had taken over the charge for advocacy of the second phase with the Government of Jharkhand and most of the front level facilitators and block team were busy showing protest and petition to respective MLAs and ministers of GoJ.

## 2.5 MOBILIZATION AND ADVOCACY FOR THE GIRL CHILD (MAGiC)

Public Health Resource Society undertook a project titled 'Advocacy for Importance of Girl Child through Evidence Generation and Mass Media Campaign

in Jharkhand' in 20 villages of Madhupur block, Deoghar district, Jharkhand. For the purpose of documentation, this project is called 'Mobilization and Advocacy for the Girl Child' (MAGiC). The project aimed to understand the prevalent issues that impact the status of the girl child in selected geographies and mobilize communities through advocacy and innovative mass communication campaigns to act on identified issues. The project came to an end on 31st May 2023. Some major activities undertaken between April to March 2023.

### 2.5.1 'Poshan Pradarshini' (Food stall) event

Mass communication campaign was conducted in the form of a food stall- 'Poshan Pradarshini' event in Jamuni Panchayat of Madhupur block wherein all 20 project villages participated. The aim of the event was to promote the local food culture of Madhupur, showcase the nutritive value of local food, and foster a sense of community spirit. The event saw the presence of various chief guests and stakeholders such as - Ajit Das (Zila Pramukh), Adhir Singh (Panchyat Mukhiya, Jamuni), (Lady Supervisor of aanganwadi) - Priyanka Kumari, Nivedita Natraj, Salwani Hamrat, ASHAs, AWWs, ANMs, community members, and PHRS and Jhpiego team. Food stalls were arranged wherein local foods from 20 villages were demonstrated. Foods like- Til ki chatni, moong dal pakaori, sattu paratha, Nimbu achar, etc., were showcased along with their nutritional value.

### 2.5.2 Endline study

An endline study using quantitative methods was undertaken in May 2023 in twenty villages of Madhupur block. The study found improvement in the knowledge and awareness about PCPNDT Act, biological process of sex determination, and rights and entitlements. During formative study, when asked who contributes to the sex of a child, 30.89% respondents knew that the male partner contributes more to the sex of the child. This rose to 50% during the endline study. While only about 46.75% of the respondents had heard of the PCPNDT Act during the formative study, that number rose to 78.21% during the endline study. The attitude towards prenatal sex determination and female feticide also showed slight improvement. A small but alarming

proportion of respondents (3.25%) were in favor of female feticide during formative study which slightly reduced to 2.94% during endline study. The project successfully changed the perception attitude toward female education and gender equality to a major extent. When asked if the respondents would provide equal educational opportunities for female and male children in their household, over 81% said that they would, while only 8.54% said they would not during the formative study. There was also improvement seen in the awareness of the rights and entitlements of the participants. In the formative study, slightly more than half of the respondents were aware of any government schemes or programs that promote the importance of the girl child. This rose to nearly 75% during the endline study.

## 2.6 GENDER-NUTRITION TDH-BMZ PROJECT IN CHHATTISGARH

PHRS and Chaupal organizations, with support from Terre Des Hommes - BMZ, have been implementing this project in 100 villages of Surguja district, Chhattisgarh from November 2022. aimed at marginalized communities with limited decision-making power, the project focuses on empowering women and children through improved nutrition and food security. The objective of the project is to minimize hunger, combat malnutrition, and increase self-reliance on food and nutrition among marginalized communities, especially women and children.

### 2.6.1 Creche workers capacity building training

20 community-based creches are running in Lakhanpur block of Surguja district. A training and refresher training were organized in the month of June 2023 and December 2023 respectively, to enhance the capacities of the creche workers. The three-day training sessions were attended by 40 creche workers and facilitated by Mr. Rajesh Sriwastawa. The sessions focused on identification and management of malnutrition, safety measures at creche centers, establishment of kitchen gardens.

The creche workers were also trained on creating proper meal plans and conducting activities that support early childhood care and development, including identifying developmental milestones. Some of the recommendations that arose from the training sessions included conducting home visits, maintenance of referral registers, and other creche documents.

### 2.6.2 State consultation in Raipur during March 2024

A one-day state-level consultation was organized by the Public Health Resource Society at Ashirwad Bhawan, Raipur on 21st March 2024 to disseminate the ongoing efforts, learnings, and experiences from the project- 'Gender Nutrition: Equal access to sufficient and healthy food strengthens the food security of women and small children'. A total of 47 participants attended the workshop. The event served as a convergence point for diverse stakeholders including public health practitioners, policymakers, subject-matter experts, and community leaders.

#### Purpose of the consultation

1. Share experiences, learnings, and achievements from ongoing projects in Surguja, Chhattisgarh.
2. Understand the challenges faced by the community and formulate action points for the same.
3. Engage with a diverse range of stakeholders.

The state-level consultation held in Raipur was focused on addressing nutrition and health challenges in Chhattisgarh. Mr. Narayan Tripathi, State Convenor of PHRN, highlighted the importance of gender-sensitive nutrition interventions. Dr. Vandana Prasad, Principal Technical Advisor at PHRS, underscored the critical role of nutrition in community health, advocating for comprehensive approaches to address nutritional challenges among vulnerable populations. Dr. Vikash R. Keshri, Executive Director of the State Health Resource Centre, emphasized the need for coordinated efforts between stakeholders and government agencies at the community level. The event included a detailed project overview presented by the PHRS-Chaupal team outlining initiatives such as community-based

creches and capacity-building activities for frontline workers. Discussions delved into post-creche growth monitoring, intersectoral coordination, and challenges in health infrastructure.

A technical session followed, featuring insights from experts like Dr. Vandana Prasad on disease burden among tribal communities, Dr. Yogesh Jain on gender disparities in malnutrition, and Dr. Yogeshwar Kalkonde on sickle cell anemia. Discussions highlighted the urgent need for decentralized health programs and mental health support for tribal populations.

### 2.6.3 Capacity building training for PLA facilitators

A participatory learning and action approach has been used to engage with the community and gain an in-depth understanding of the community or situation. PHRS has adapted (from other PHRS projects) 17 PLA modules on a range of issues including food and nutrition, early marriage, adolescent health and well being, among others. The PLA facilitators were trained on all the 17 PLA modules through classroom training at Chaupal Resource Centre in the Lundra Block of Surguja District. Monthly meetings were conducted by the PLA facilitators at the village level to transact the module in the community. Approximately 20 participants attend each meeting. The participants include men, women, PRI members, Mitanin, Anganwadi workers, and adolescent groups.

### 2.6.4 TDH partner's workshop in Mumbai in August

A three-day capacity building workshop was conducted by terre des hommes (tdh) in Sarvodaya Capacity Building Centre, Goregaon, Mumbai from 8th to 10th August 2023. Ms. Rishita Maiti, Programme Coordinator, and Mr. Poonam Chand Kurre, MIS officer attended the workshop on behalf of PHRS. The workshop and its outcomes helped in building the capacity and perspectives of the project team in a wide range of public health issues. It also gave the team an opportunity to connect with various organizations working on the ground level in states like Maharashtra, Chhattisgarh, Gujrat, etc.

The workshop focused on the following themes- peace and non-violence, sustainable development, climate change, gender, child safeguarding, rights and entitlements, etc. The broad outline of the workshop on day one was to understand the concept of peace and non-violence; develop skills and perspective for sustainable development; and climate change actions. On the second day the concept of gender integration in projects, FCRA amendments, tdh five-year plan, and opportunities to achieve SDGs were discussed. On the last day, there was a panel discussion on child safeguarding, Uniform Civil Code, New education Policy, and Right to Pee.

## 2.7 MENTAL HEALTH LITERACY PROJECT

The Mental Health Literacy (MHL) project has been undertaken by PHRS with support from De Montfort University (DMU), Leicester, UK. The project kicked off from November 2023 in Delhi, India. The project aims to take forward the findings of the MeHeLP India project (<https://www.mehelp.in/>). MHL project implemented by PHRS aims to engage with public health officials, professionals, students, community members, frontline health workers, and Civil Society Organizations (CSOs) for planning and delivering public health services. The objectives of this project are:

1. To build the capacities of frontline workers, and public health professionals/teams on mental health literacy (MHL).
2. To engage with the community through participatory methods to develop their understanding of MHL.

The project is being undertaken in New Seemapuri, Shahdara, East Delhi, India among the urban slum community. The project has been designed to create an understanding on mental health literacy among youth and adolescents in urban communities, public health professionals, and public health frontline workers. The key interventions to be carried out are as follows:

1. Workshops on mental health literacy with public health professionals from Public Health Resource Society.

2. Workshops on mental health literacy with public health professionals, students, adolescents, and young adults.
3. Development of a Participatory Learning Action (PLA) module on mental health literacy for community and public health workforce.
4. Assess the level of MHL among adolescents and young adults between 15 – 24 years.
5. Initiate conversation on MHL at the community level through participatory approach using structured PLA modules.
6. Conducted campaign on MHL among women, youth, and adolescents in urban slum community.

### 2.7.1 Workshop on Mental Health Literacy with PHRS team

The project started with a five-day workshop with public health professionals from PHRS. A two hours online session each day was organized from 11th December 2023 till 15th December 2023. The training session was facilitated by Prof Raghu Raghavan, Prof Brian Brown, and Dr Deepika Saini from DMU. The workshop was attended by 10-12 PHRS professionals. It focused on the following key aspects:

- Understanding the basics of mental health, MHL, and cultural approach to mental health.
- The signs and symptoms, triggers, and diagnosis of various mental health disorders. These included CMDs and Severe Mental Health Disorders (SMDs); and biopsychosocial model of mental illness.
- Mental health stigma and its harmful effects.
- Various self-help and professional-help approaches for mental well-being.

### 2.7.2 Assessment of MHL among adolescents and young adults

A study was being undertaken in urban slum community of Delhi to assess the knowledge, awareness, and practice related to mental health among adolescents and young adults (15-24 years). It is a mixed-method study. For quantitative data collection, the standard Mental Health Literacy questionnaire (MHLq) developed by DMU is

being used. The tool has been translated into Hindi. For qualitative data collection, a checklist for participants has been developed.

## 2.8 RESEARCH STUDY

### 2.8.1 A Study to determine the factors affecting treatment adherence for Hypertension and Diabetes in different contexts

The study was conceptualized and developed following an invitation from the National Health Systems Resource Centre intending to promote research projects that are more focused along the lines of applied research with the ultimate aim of translating research into action to protect and promote the health of individuals and community members. The study was conducted under the IR-HSS platform of the Ministry of Health and Family Welfare, Government of India collaboration with NHSRC.

The research study was conducted in Delhi (Tier-1 city, urban slum), Puri district in Odisha (Tier- 2 city), Assam (Rural and tribal), Jharkhand (Tribal rural area), and Chhattisgarh (Non-tribal rural areas). The study sites from different parts of the country and different set-ups were selected to provide a more contextual understanding. The study was designed as a largely qualitative, multi-centric mixed-method in-depth study of each context (tribal -rural, non- tribal- rural and urban poor) as a standalone rather than a comparative study between contexts. The learnings from each context may be extrapolated to other such contexts. Additionally, there are common findings that would be applicable across all contexts. Sampling was done with respect to each particular context and is quantitatively adequate for representation of that particular context. It was considered that this would help in planning targeted interventions to address the issue of poor treatment adherence in various specific contexts.

#### Aim and objectives of the study

To assess the proportion of treatment adherence for diabetes and/or hypertension and identify factors associated with treatment adherence by

vulnerable & marginalised communities in India in various contexts.

### Specific Objectives

- To assess the proportion and describe the enablers and barriers affecting treatment adherence among patients diagnosed with diabetes and/or hypertension at health facilities in selected study sites with varying contexts.
- To examine the implementation of interventions planned for treatment adherence under universal screening of NCDs in different settings.
- To formulate general and context-specific recommendations to increase treatment adherence to Hypertension and Diabetes.

### Findings

The study sheds light on the specific circumstances and factors influencing treatment adherence for diabetes and hypertension in each region. Overall, the proportion of patients that took medicine daily for the week preceding the survey stood at a high 81%. The study clearly demonstrates that the HWCs are fully able to conduct the NCD programme relevant to Diabetes Mellitus (DM) and Hypertension (HT) well at primary level provided there is proper health sector governance, as exemplified very convincingly by the case of Assam where there is a near-100% utilization of HWC services with high Treatment Adherence (TA) and low Out of Pocket Expenditures (OOPEs) at one of the HWCs. However, even within Assam, the theoretical sample of a poorer performing HWC with specific challenges of access clearly demonstrates the poorer outcomes on access to medicines and thus on TA. Even for the well-functioning HWC, the data on medicines being always available could be improved from 71%, and saturation was not complete at the time of the study with certain households/hamlets getting left out for geographical and/or social reasons. These included vulnerable individuals such as the elderly as well as specific categories of patients such as those needing insulin or special care for complications such as dialysis.

Despite being in a similar rural area, the HWCs of Jharkhand perform poorly in stark comparison on

every indicator; diagnosis at the HWC (14%), follow up at HWC (22%), availability of medicines (50%) and taking medicines from the HWC (22%). The net result on treatment adherence remains more or less the same, however, coexisting with high utilization of private services as well as high frequency of OOPEs specially on medicines and travel.

Significantly, the ASHA/Sahiyya/Mitanin programme manages to circumvent the problems affecting the HWCs, if any, and out-performs the facilities at the level of the community in the same context. Thus, even in the relatively poorly performing Jharkhand, 57% of the respondents needing assistance to understand treatment plans reported help from ASHA/ Sahiyya, 65% of respondents in Jharkhand said that ASHA visited them for follow up of which 79% patients said ASHA visited monthly. In the better-performing rural areas the ASHA programme also did expectedly well. On the whole, the ASHA programme was found to contribute very significantly to enabling TA by maintaining lists and records, counselling patients, assisting in understanding treatment options and facilitating follow-up.

The well-functioning public sector services appear to outperform the private sector amongst all sites in terms of ease of access, waiting times and availability of drugs as well as significantly on OOPE as expected. Wherever decent public health services are available, evidence suggests that people opt to avail them – as exemplified by the mix of private and public services being used in the sites other than Assam. Even in Jharkhand where the dependency on private sector is high, many more people use the HWC for BP and BS testing than do for treatment, simply because the latter is not as available, with 58% of patients getting their blood pressure test done monthly at the HWC as compared to 28% taking medicines from the same. In all areas, much greater intervention is required to achieve treatment adherence for non-pharmaceutical methods of control; namely achieving changes in diet, exercise and substance abuse.

### Recommendations

1. Since the availability of well-functioning HWCs comes up as the most important and primary factor enabling treatment adherence,

governance of the Ayushman Bharat (AB) programme emerges as the single most important factor.

2. Clear direction needs to be given to reinforce the population-level coverage of the programme with constant effort to identify those that are being left out of registration, regardless of individual choices of service provider. Specific direction and focus needs to be given to register private sector users within the public health system in a more systematic manner though it was found to be happening in some HWCs already.
3. Even within well-functioning HWCs, and for all HWCs; specific direction is required to 'reach the last mile' of households getting left out for geographical or social reasons and to do that not last, but first. This will require specific instruction, action plans, effort and monitoring.
4. Supply side issues for medicines; adequate quantities and frequency need to be monitored more closely for even better treatment adherence on a daily basis.
5. With the HWCs, special attention is needed to enable regular insulin supplies and create mechanisms such as utilizing community commons for storage. Skills for use of insulin need to be enhanced as well creating community volunteers for assistance to the elderly and disabled persons unable to manage injections.
6. Urban areas experience a specific challenge for monitoring and follow-up. This cannot be achieved without hub and spoke models and full-fledged primary health care systems at the level of the community. Dispensaries and Mohalla clinics need a full up-gradation to cover the entire primary care requirements of diabetes and hypertension before treatment adherence can be even examined or evaluated.
7. ASHA programme needs to be fully implemented in urban areas to enable TA considering the complexity and multiplicity of factors affecting TA at household level.
8. Special effort is needed to provide access for the elderly in every community and enable TA.

Interventions such as the provision of a better path, wheelchairs at the HWC and mobilising village youth volunteers that could help the elderly with coordination as well as transport, need to be facilitated by the primary health care teams.

9. Specific interventions need to be planned to enable Participatory Learning and Action (PLA) on social determinants of NCDs; namely diet, exercise and substance abuse. Wellness activities could be a good starting point but need to include community-based action towards creating community resources alongside behaviour change at an individual level. NGOs with skills in these areas may be employed to showcase models for this.
10. The lack of trust between community and public health systems being a bidirectional issue, requires a 'systems' understanding of health seeking behaviour by the health care providers. The results of this study can help the process of appreciating that patients do take responsibility for their own care if circumstances permit; and appreciate and use government services if they find them helpful and effective. Breaking through previous negative experiences by the community would also need a process of re-establishment of trust (for instance in the case of Jharkhand) which is enabled by processes such as exposure visits to the HWCs by community groups: school children, Self-help groups (SHGs) etc., to appreciate it as a community resource.

## 2.8.2 Prevalence and causes of malnutrition among under five in selected geographies of India

Malnutrition remains a significant problem among children under the age of five in India, leading to lifelong consequences, high child mortality and morbidity rates. The first 1000 days, from pregnancy to the child's second birthday, are crucial for effectively addressing malnutrition. According to UNICEF's 2019 report, one in three children in India suffers from visible malnutrition, while one in every two children experiences hidden hunger or micronutrient deficiencies. The prevalence of underweight, stunting, and wasting

in India, as reported by the National Family Health Survey - 5 (2019-2021), is 32.1%, 35.5%, and 19.3%, respectively. Although some progress has been made in reducing underweight and stunting, wasting has shown no significant improvement.

Despite implementing various programs, progress in combating malnutrition among children in India has been slow and inconsistent, with different states showing varying levels of improvement. The existing programs primarily focus on food and diet, while other critical factors such as disease, hygiene, sanitation, poverty, employment, and socio-economic and political contexts receive insufficient attention.

In response to an invitation from the National Human Rights Commission, a study on the prevalence and causes of malnutrition among under-five children was conducted in four selected states of India: Northwest Delhi (Delhi), Kamrup (Assam), Rayagada (Odisha), and Karauli (Rajasthan).

### **Aim and objectives of the study**

**Aim:** To assess the prevalence and determinants of malnutrition among children enrolled in Anganwadi Centres in selected geographies and identify the factors at various levels leading to the poor health and nutritional status of the children.

### **Specific objectives**

- To determine the prevalence of malnutrition among children under five years enrolled in the Anganwadi centres in selected geographies.
- To study the household, community, and systems-level factors associated with malnutrition among underweight children in the Anganwadi centres.
- To assess the service delivery of ICDS in the selected AWCs.
- To identify gaps and formulate targeted recommendations to improve the nutritional status of children under five.

The study utilised mixed methods, including qualitative and quantitative components, to identify household, community, and system-level determinants of malnutrition.

The findings of the study shed light on the specific circumstances and factors influencing malnutrition in each region:

**Kamrup:** This region demonstrated relatively better nutritional trends than the state and national averages. Factors contributing to its success include effective anthropometric practices at the Anganwadi centres (AWCs), providing birth weight data for all children, and delivering supplementary nutrition. Kamrup also displayed good levels of dietary diversity, particularly concerning animal-based proteins. However, food insecurity and low land ownership rates remain significant challenges.

**Karauli:** This region exhibited high levels of underweight (20.8%) and wasting (11.5%). While anthropometric practices at the AWCs were less efficient, the area showed better healthcare services, hygiene practices, and land ownership rates. However, the lack of dietary diversity, especially regarding animal-based proteins, was notable among households with underweight children. The shift from hot cooked meals to packaged rations for children aged 3 to 6 raised concerns.

**Northwest Delhi:** This site recorded a high level of stunting (43.3%), primarily due to issues with height measurements at the AWCs. The region faced challenges related to food insecurity, low land ownership, and poor environmental conditions, such as overcrowding and inadequate water drainage. Despite relatively higher dietary diversity, the consumption of animal-based proteins was insufficient. Cash insufficiency and a high proportion of Scheduled Caste households were also observed.

**Rayagada:** This region exhibited a high prevalence of all forms of malnutrition. While anthropometric data collection for weights was adequate, height measurements were problematic. The delivery of supplementary nutrition services was relatively low, and immunisation levels were the lowest among the study sites. Food insecurity, poor dietary diversity, low hygiene practices, and open defecation were prevalent issues. Multiple determinants, including poverty, landlessness, and limited access to education, contributed to the high levels of malnutrition.

Below table shows the prevalence of childhood undernutrition in the study locations and its comparison with NFHS-5 district level estimates.



		Stunting (%)	Wasting (%)	Underweight (%)
Kamrup (Assam)	NFHS-5	22.6	14.8	19.7
	Study Sample	32.9	6.3	17.4
Karauli (Rajasthan)	NFHS-5	37.6	26.6	37.3
	Study Sample	40.8	11.5	20.8
Rayagada (Odisha)	NFHS-5	43.6	16.1	16.1
	Study Sample	53.3	16.4	31.2
North-West Delhi (Delhi)	NFHS-5	26.9	10.9	22.8
	Study Sample	43.3	19.6	36.5

**Recommendations:** The study’s recommendations emphasize the need for site specific interventions to address malnutrition. It suggests improving the implementation of the Anganwadi scheme by universalizing the ICDS with comprehensive functions, addressing issues related to anthropometry, enhancing capacity building, and ensuring accurate reporting of malnutrition data. Additionally, the study highlights the importance of conducting micro-assessments at the village and Anganwadi centre levels to identify areas and households with high vulnerability to malnutrition, enabling the development of tailored interventions.

Furthermore, the study identifies specific determinants that hinder malnutrition treatment, including socioeconomic inequity and lack of development. To tackle these issues, it recommends interventions such as improving women’s literacy and schooling, providing childcare support to enable women’s participation in education, promoting child dietary diversity with a focus on animal-based proteins, enhancing access to fruits and vegetables through initiatives like kitchen gardens, integrating nutrition requirements into agricultural practices, implementing comprehensive plans for improving living conditions in urban slums, and addressing open defecation issues.

In conclusion, the study underscores the importance of localised and geographical approaches to combat malnutrition. By addressing the limitations in current

programs, conducting thorough assessments, and site-specific determinants, it aims to achieve better outcomes in combating malnutrition and improving overall nutritional status.

### 2.8.3 Review of WHO Growth Standards and their Relevance for India

PHRS conducted a review of the WHO Child Growth Standards. These standards are based on the WHO Multicentre Growth Reference Study (MGRS), which was conducted in six countries across the world to document the growth patterns of children. Since 2008 India has been using these standards both to determine the prevalence of stunting, wasting, and underweight and for regular growth monitoring of children. However, there is a renewed discussion in policy and academic circles in India on whether these are the most appropriate growth standards to be used as the reference for estimation and intervention in the Indian context. While a range of concerns have been raised, the strongest pertain to whether genetic factors are being accounted for sufficiently in these universal growth standards. This review examined the existing evidence both supporting as well as opposing the continued use of WHO Growth Standards in the Indian context.

The review found that the WHO Growth Standards for stunting/linear growth are appropriate for use

in the Indian context. It needs to be foregrounded that standards are, by nature, prescriptive in approach but at the same time, indicate what the potential is. Further, policy must be based on the understanding that stunting, wasting, and underweight are all population-level indicators and there is nothing intrinsically “wrong” with a given child being short or lean, relative to the reference population. In a population with normal growth patterns for children, only about 2.3% of under-five children would be “expected” to be stunted/wasted/underweight (i.e., more than 2 SD below the median level that would be expected in a healthy, well-nourished population) and any significant increase in these figures should be a cause of concern. The use of a standard reference

population (here, the WHO-MGRS sample) as a metric of comparison facilitates the examination of differences in the anthropometric (or nutritional) status of sub-groups in a given population and of changes in nutritional status over a period of time.

As far as interventions are concerned, it is clear that there is a need to focus on the multiple proximal and distal determinants of undernutrition. Stunting is a marker of deficient environments and hence may not only reflect poor diets but also poor economic conditions, unhealthy living conditions, lack of education, low status of women, lack of sanitation facilities and other such determinants. Addressing all of these would reflect in better improvements in stunting, but more importantly, the overall quality of life, of which stunting is only one marker.

# 3. OTHER INITIATIVES AND ACHIEVEMENTS

## 3.1 INTERNSHIP PROGRAMME

PHRS has been successfully running its internship programme to provide orientation and practical exposure to students/volunteers from various

fields and institutions. The organization builds their capacities through involvement of the interns in its ongoing activities to help them develop an understanding of various health, social, and nutrition-related issues.

Sl. No.	Name of the Intern	University	Location-PHRS	Supervisors
1.	Dr. Aparajita Ghosh	IHMR, Jaipur	Bhubaneswar	Ms. Swati Priyambada Das
2.	Ms. Amisha Sachdeva	Dr. B. R. Ambedkar University, Delhi	Delhi	Dr. Rupa Prasad
3.	Ms. Gayathri Arunachalam	Dr. B. R. Ambedkar University, Delhi	Delhi	Dr. Rupa Prasad
4.	Ms. Umi Pandey	Tata Institute of Social Sciences, Guwahati	Delhi	Dr. Rupa Prasad

## 3.2 WORLD BREASTFEEDING TRENDS INITIATIVE ASSESSMENT

As part of the ongoing assessment of India's 6th World Breastfeeding Trends initiative (WBTi), PHRS completed the assessment of Indicators 4 and 5 successfully by December 2023. Dr. Dipa Sinha, Dr. Vandana Prasad, Dr. Rupa Prasad, Ms. Shalmalee Aidoor, and Ms. Rishita Maiti contributed significantly in the assessment for Indicator 4 (Maternity Protection) and Indicator 5 (Health & Nutrition Care System).

For indicator 4, India scored 6 out of 10, which is the same as the last assessment in 2018. Few gaps that were found in this regard were:

- The Maternity Benefit Act does not cover women in the unorganized sector.

- Lack of provision of space for breastfeeding/ expression of breastmilk at the workplace, among others.

For indicator 5, India scored 6 out of 10. The score increased by 1 point since the last assessment in 2018 because inservice training programme materials providing knowledge and skills related to IYCF have been strengthened for all relevant health/nutrition care providers. Few recommendations given for improving the health and nutrition care system of India are:

- Strengthen skill based pre-service training on breastfeeding/IYCF practices for health care providers, including doctors.
- Standards and guidelines for mother-friendly childbirth procedures and support need to be developed and disseminated

to all facilities, including private facilities, where maternity care is provided.

### 3.3 ODISHA PVTG NUTRITION IMPROVEMENT PROGRAMME (OPNIP) WINS SKOCH GOLD AWARD

The ST & SC Development Department, Govt of Odisha has been awarded the SKOCH Gold Award, 2023 for the Odisha PVTG Nutrition Improvement Programme (OPNIP) which showcases community based creches for children under three years and spot feeding centres for pregnant and nursing mothers, and children of 3-6 years in remote tagged villages. Public Health Resource Society (PHRS) is happy to be part of the intervention as technical partner for the programme. PHRS has been providing support right from the inception of this unique programme for improving nutrition and health of the PVTG community in Odisha. As an exemplary initiative piloting an SHG led management of nutrition services in the PVTG areas, OPNIP is a model for mainstreaming creches by the government in Odisha. Most of all, OPNIP has opened up avenues for other departments in the state to take up such interventions and showcase a model wherein the issue of malnutrition could be addressed at the community level through women's collectives. The SKOCH Award encompasses the



best of governance, inclusive growth, excellence in technology and applications, change management, corporate leadership, corporate governance, citizen services delivery, capacity building, empowerment.

### 3.4 PROJECT REVIEW MEETING

A project update and review meeting was conducted online on 21st August 2023. The project staff from Delhi, Odisha, and Chhattisgarh participated in the meeting to give updates on the currently ongoing projects and research studies by PHRS. The group had a thorough review and discussion on the following projects:

1. Tejaswini: Socio-economic empowerment of adolescent girls and women in Jharkhand.
2. Mobilization and Advocacy for Girl Child (MAGiC).
3. Strengthening Suposhit Godda, Breastfeeding and Complementary Feeding in Godda District, Jharkhand.
4. Gender Nutrition: Equal access to sufficient and healthy food strengthens the food security of women and young children in north Chhattisgarh.
5. Capacity Building to improve the health and nutrition status of women/adolescents from underprivileged communities of Puri district.
6. Mainstreaming creches to reduce malnutrition in Odisha.
7. A study to determine the factors affecting treatment adherence for hypertension and diabetes in different contexts.
8. Prevalence and causes of malnutrition among under-five children in selected geographies of India.

### 3.5 WEBINAR BY JAN SWASTHYA ABHIYAN

Jan Swasthya Abhiyan conducted an online session on 'National Medical Commission order to prescribe generic medicines- implications, responses and way forward' on 28th August. Dr. Vandana Prasad was one of the panelists in this meeting. The session

was moderated by Dr. B. Ekbal, JSA Co-Convenor. The other panelists were Mr. Amitava GUHA (JSA Co-Convenor), Dr. Anant Phadke (MFC-Member of JSA-NCC), Ms. Malini Alisola (Aidan, Member of JSA-NCC), Dr. Narendra Gupta (Prayas, JSA Co-Convenor). Dr. Shakeel (JSA Co-Convenor).

### **3.6 FoPL AWARENESS WORKSHOP IN BHUBANESWAR**

A state-level awareness workshop on “High sugar, salt, fat (HFSS) prepackaged food products and front of pack labeling (FOPL) in India” was organized by PHRN on 19th April 2023 at CYSD (Centre for Youth and Social Development), E-1, institutional area, Jaydev Vihar, Bhubaneswar, Odisha in association with breastfeeding promotion network of India (bpni) and Nutrition advocacy in the public interest (NAPi) looking into the increasing trend of the consumption of ultra-processed, high-fat, sugar, and salt food and the consequent burden of non-communicable diseases (NCDs) in the country, PHRS had organized this state-level consultation for a massive awareness among the citizens and to initiate a campaign against that in the state. The major focus of the workshop was to bring a revision in the existing policy and legal framework to check the high consumption of HFSS and to check the entry of many national and transnational companies to produce, promote and market these products. Besides, the speakers in the workshop highlighted the role of civil society organizations to come in a big way to campaign against this trend and playing a constructive role in putting pressure on various legislative bodies, administrative and legal systems to effectively implement the existing law, bring necessary amendments to the existing law, bring new legislations that can protect the consumers from the harmful effect of HFSS.

### **3.7 PARTICIPATION IN EXPLORING PARTNERSHIPS FOR IMPROVING FOOD NUTRITION HEALTH & WASH OUTCOMES**

Dr. Rupa Prasad, Executive Director participated in the partners meeting on food, nutrition, health and WASH integration in DAY-NRLM organised by the

Department of Rural Development, Government of India on 14th December 2023. The meeting was organised for exploring partnerships for improving food, nutrition, health & WASH outcomes. The sessions focused on experiences from FNHW partnership: voices from partners, highlights of FNHW interventions and partnerships from SRLMs, and exploring convergence and possible partnership with DAY NRLM for community engagement on FNHW.

### **3.8 PARTICIPATION IN WORKSHOPS ON GOVERNANCE, PROJECT FINANCE MANAGEMENT AND LEGAL COMPLIANCE**

Azim Premji Foundation organized a one-day workshop on 13th October for the Odisha partners on governance, project finance management, and legal compliances. The workshop was attended by Dr. Rupa Prasad, Executive Director, and Mr. Vivek Goel, Senior Accounts and Admin. The workshop focussed on NGO governance, financial management in NGOs and legal compliances.

### **3.9 TRAINING OF APF'S RESOURCE PERSON ON THE CRECHE PROGRAMME**

Dr. Rupa Prasad was invited to share the Odisha experience of the creche programme. The session was for the newly recruited resource persons of Azim Premji Foundation, who would be providing technical support and monitoring to rural creche initiative in Jharkhand and Odisha.

### **3.10 PHRN'S PARTICIPATION IN THE ODISHA DEVELOPMENT CONCLAVE (ODC)**

The Odisha Development Initiative (ODI), a broad coalition involving CSOs, the Government, the Corporate Sector and Academia drives towards building synergy among stakeholders articulating a transformative development agenda for the State

“Odisha @ 2036”. The conclave is being organized biannually since the year 2018. This year the OVC was organized at hotel Mayfair, convention hall, Bhubaneswar on 7th December 2023. On behalf of PHRN Sri Satya Patnaik had participated in the conclave. The Conclave- a collaborative effort by numerous development organizations within and beyond the state, showcased a unique gathering of like minded organizations, including civil society, government representatives, community-based organizations, PRI members, academia, students, and the media. The collective contributions played a crucial role in making this Conclave a big success. The event was focussed on areas such as 1) School education, 2) Health & Nutrition, 3) Migration and urbanization, 4) Ageing population, 5) Youth, skilling and employment, 6) Localizing SDG in local governance.

### 3.11 OBSERVATION OF CLIMATE CHANGE (GC-26) EVENTS

Public Health Resource Society and Chaupal Gramin Vikas Prashikshan Evam Shodh Sansthan collaborated in conducting environment and climate based awareness workshops and rallies in 17 villages of Chhattisgarh's Surguja district. The events were undertaken under the GC-26 initiative in December 2023. A total of 1044 children, youth, and teachers from primary and middle schools participated in the workshops and rallies, which were focused on the following topics: (1) Water conservation and management, (2) Awareness against the burning plastic (e.g. Menstrual pads, wrappers, etc); (3) Understanding climate change in simple terms; (4) Doing our bit: Promoting cleanliness, starting change at home, speaking about conserving trees and biodiversity, speaking truth to power (at home or in the village or school); (5) Learning more about richly biodiverse forests in forested areas like Surguja. The field staff undertook several activities, including making children clap to mimic a water-patter sound to indicate the importance of turning off taps when not in use. Another activity included asking children to adopt a tree each in their schoolyard and to describe their chosen tree in words or drawings. Children were also included in the mapping of local biodiversity activity that was undertaken by Chaupal staff in 100 of its project villages.

### 3.12 WRITING FEATURED CONTENT FOR MEDIA

A one day workshop was organized by TACC Hub on Writing featured content for media at Hotel Le Lac Sarovar Portico, Ranchi on 17th October 2023 which was attended by Mr. Rajesh Sriwastawa. The aim of this workshop was to understand the key elements of developing the content highlighting stories/ events as suited for media publication. The session was conducted by Faculty / students from Central University Jharkhand. The event will also saw a “Media Meet” where representatives from Print and Electronic Media shared their insights through a panel discussion impacting the young people with respect to the SRH.

### 3.13 STATE LEVEL CSR CONCLAVE

A state-level CSR conclave was organized by TACC Hub at Hotel Le Lac Sarovar Portico, Ranchi. Mr. Rajesh Sriwastawa attended the session on November 30th, 2023. Sri Bhor Singh Yadav, IAS, Director, Department of Industries chaired the event. Various representatives from Federation of Jharkhand Chamber of Commerce and Industries (FJCCI) were also present. The event started with lighting of the Lamp and address by dignitaries. This was followed by Panel Discussion on “Civil Society and; CSRs–exploring areas of collaboration”. The session ended with reflections from Sri Bhor Singh Yadav and concluding thoughts by the Jhpiego team.

### 3.14 PARTICIPATION IN PUBLIC POLICY DIALOGUES 2024

Dr. Vandana Prasad participated in the Public Policy Dialogues 2024. The event was held from 3rd to 5th January at the Indian School of Business campus in Hyderabad. The theme of Public Policy Dialogues 2024 was Human Development and its importance. The event served as a platform for exploring various public policy issues, emphasizing on challenges and innovations, bringing together policymakers, researchers, practitioners, civil society, media, and academia under one roof. Dr. Vandana Prasad participated in the discussion on “Improved Nutritional Outcomes”. This sub-theme

focused on academic and action-oriented ongoing interventions in improving nutritional outcomes. By addressing issues such as malnutrition, food security, and sustainable agriculture, the aim is to ensure everyone can access nutritious food for a healthier, more prosperous life.

### **3.15 PARTICIPATION IN 'THE EMPATHY MANUAL: A RESOURCE BOOK FOR TEACHERS'**

Dr. Vandana Prasad was invited as a chief guest for the launch of book 'The Empathy Manual: A Resource Book for Teachers' on 3rd February 2024 at India International Centre. The event was organized by Project Empathy which is a non-profit organization on a dedicated mission to cultivate a world steeped in empathy by creating awareness among students, teachers, and professionals. "The Empathy Manual: A Resource Book for Teachers', has been created to help teach empathy in schools, for teachers. The concepts are designed to create conversations about emotions, perspectives, boundaries, choices, consent, empathetic joy, resilience and identity.

### **3.16 A CAPACITY BUILDING WORKSHOP ON HEALTH POLICY, FINANCING AND RIGHT TO HEALTH FOR EAST AND CENTRAL REGIONAL STATES**

A capacity building workshop on health policy, financing and right to health for east and central

regional states was organised between 1-4 February 2024 at Red cross Bhawan, Bhubaneswar, Odisha. This workshop was a collaborative effort of All India People's Science Network and OP Jindal global university with the technical support of Public Health Resource Network (PHRN), New Delhi. The workshop brought together leading activists, young and experienced people working on public health issues in various east and central Indian states to foster the discourse on strengthening primary health care, bringing in greater accountability and develop an in depth understanding of various contours of health rights in the region so that this paves ways for strengthening grass roots processes. To understand the ground realities/ the functioning of the public health systems in the state, PHRN had organised a field visit for all the participants. The visit was conducted in coordination with the state health administration. The visit was undertaken in 4 UPHC and 1 CHC. The observations were captured through a facility visit checklist developed by PHRN. In addition to this, PHRN also facilitated a session on community voices, two creche workers from Rayagada block. Rayagada district was invited to share the role and participation of the community in health projects. Based on the deliberations of the panel experts, remarks of the chairs of each session and the field observation report the health manifesto was developed and disseminated among the participants of the workshop.

## 4. PRINTING AND PUBLICATIONS

### **Policy brief: PATHWAYS TO STAKEHOLDER CONVERGENCE FOR UNIVERSALIZATION OF CHILDCARE**

National FORCES · Nov 22, 2023

### **IMPACT OF COVID-19 ON CHILDREN UNDER 3 ENROLLED IN A CRECHE PROGRAMME.**

Children First · Feb 27, 2023

### **ADVERTISING OF PRE-PACKAGED FOODS IN INDIA: A QUALITATIVE ANALYSIS**

Indian Pediatrics · Apr 20, 2023

### **REVIEW OF WHO GROWTH STANDARDS AND THEIR RELEVANCE FOR INDIA**

DOI: 10.13140/RG.2.2.32440.72969

Nov 22, 2023

### **GROWTH CHARTS- WHO STANDARDS VERSUS INDIA CRAFTED**

The Hindu · Dec 28, 2023

### **GLOBAL RELEVANCE OF MGRS GROWTH STANDARDS: THE CASE OF INDIA**

DOI:10.1136/bmjpo-2023-002472

BMJ Open · Mar 15, 2024.



## 5. INTERACTIVE GROUPS

**Executive Committee:** This group supports the Executive Director and the Governing Body of PHRS in all the administrative, financial and related policy decisions.

**Editorial Advisory Group:** The group carries on the responsibility of editing, modifying and generating resource materials such as modules and other publications for PHRN.

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

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

**Institutional Ethics Committee:** An Institutional Ethics Committee (IEC) was constituted and established for PHRN in May 2012. This committee was formed in light of the increasing number of research activities and implementation projects that PHRN undertakes and the arising need to take ethical clearance for research studies or project implementation. The IEC of PHRN is constituted of five members including public health specialists,

social scientists and civil society representatives. The executive director of PHRS serves as the fifth member and member secretary to this committee. The committee elects a chairperson from within on a rotational basis. The IEC has the following responsibilities:

- To protect and safeguard the dignity, rights, safety and well-being of all actual or potential research participants.
- 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 ethics consideration.
- To provide advice to the researchers on all aspects of the welfare and safety of research participants after ensuring the scientific soundness of the proposed research. All the research studies undertaken by PHRN have to receive ethical clearance from the committee.

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

# 6. 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.

## GOVERNING BODY

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

### Details of Governing Body Members as on 31st March 2024

Sl. No.	Name	Position in Governing Body	Profession
1.	Dr. Suranjeen Pallipamula Prasad	President	Public Health Specialist at Jhpiego
2.	Dr. Madan Mohan Pradhan	Vice President	Epidemiologist, Dy. Director of Health Service, NVBDCP, Odisha (Additional Director, Public Health, (Vector borne disease), Dept of H&FW Govt of Odisha
3.	Dr. Rupa Prasad	Secretary	Executive Director, PHRS
4.	Thomas Mathews	Treasurer	Independent Consultant
5.	Dr. Indranil Mukhopadhyay	Member	Health Economist, Associate Professor at OP Jindal Global University, Sonipat, Haryana
6.	Mr. V.R Raman	Member	Public Health Professional, Executive Director at CBGA

Sl. No.	Name	Position in Governing Body	Profession
7.	Ms. Swati Das	Member	Staff Representative-PHRS
8.	Mr. Dinesh Chandra Bhatt	Member	Independent Consultant
9.	Dr. Indira Chakravarthi	Member	Guest Faculty - AUD
10.	Mr. Rafay Eajaz Hussain	Member	Public Health Professional, Head- state office- Save the Children, India
11.	Mr. Haldhar Mahto	Member	Independent Consultant

## EXECUTIVE COMMITTEE

The committee is responsible for strategic and operational integration and institutional development. The committee members at the time were:

1. Dr Vandana Prasad
2. Mr. V. R. Raman
3. Dr. Rupa Prasad
4. Mr. Thomas Mathews
5. Mr. Rafay Eajaz Hussain

## ACCOUNTABILITY AND TRANSPARENCY

- Audited financial documents
- Signed audited statements for the FY 2023-2024 are available. Please see Annexure – I –
- Financial Statements.

## ANNUAL REPORT

The organisation's Annual Report is disseminated to key stakeholders and is always available on request for every year since its inception. The annual reports of the last 10 years, starting from 2009-10, are also available on the organisation's website. The report contains a description of the major activities, review of the progress and results achieved in the year, information on the board members and brief financial details.

## Staff details as on 31st March 2024

Sl. No.	Name	Position
1.	Rupa Prasad	Executive Director
2.	Vandana Prasad	Principal Technical Advisor
3.	Shahnawaz Khan	Senior Program Coordinator
4.	Swati Priyambada Das	Senior Program Coordinator
5.	Sawagata Tarafdar	Programme Coordinator
6.	Debadutta Rout	Programme Coordinator
7.	Rishita Maiti	Programme Coordinator
8.	Manas Ranjan Padhy	Capacity building Manager
9.	Benudhar Suchen	Cluster Coordinator
10.	Saik Fojilalli Doula	Block Coordinator
11.	Luky Miniaka	Creche supervisor
12.	Vivek Anand Goel	Senior Accounts & Administrative Officer
13.	Niraj Kumar Shrivastava	Accounts and Logistics Manager
14.	Sarita Bisht	Accounts Officer
15.	Vijay Kumar Rai	Office Assistant
16.	Sankar Samal	Office Assistant
17.	Tanya Lamba	Consultant
18.	Janeil Yumnam	Consultant
19.	Satya Narayan Patnaik	Consultant
20.	Mr. Srikant Behra	Consultant
21.	Md. Wesal Ahmed	Consultant
22.	Rajeswar Digal	Consultant
23.	Kumar Bibar	Consultant
24.	Kameswar Adangaka	Consultant
25.	Subash Chandra Garadia	Consultant

# 7. OUR PARTNERS

PHRN has strong working relationships with organisations in the public health and nutrition sector.

## Funding organisations/ Donors

- Azim Premji Philanthropic Initiatives (APPI)/ Azim Premji Foundation (APF)
- National Foundation for India (NFI)
- Professional Assistance for Development Action (PRADAN)
- Indian Grameen Services
- World Health Organisation - WHO
- GAIL Gas Limited
- National Human Rights Commission
- Government of Rajasthan
- National Health Systems Resource Centre (NHSRC)

## Other Partners

- Transform Rural India Foundation
- ActionAid
- Breast Feeding Promotion Network of India (BPNI)

- Child Relief and You (CRY)
- Indian Institute of Health Management and Research (IIHMR), Jaipur
- Indian Institute of Management (IIM), Ranchi
- Indira Gandhi National Open University (IGNOU)
- Jan Swasthya Sahayog (JSS)
- Mobile Crèches
- Narotam Sekhsaria Foundation (NSF)
- National Institute of Health and Family Welfare (NIHFW)
- People's University
- SAMA: Resource Group for Women and Health
- Society for Education, Action and Research in Community Health (SEARCH)
- State Health Resource Centre (SHRC), Chhattisgarh
- Support for Advocacy and Training to Health Initiatives (SATHI), Pune
- Tata Institute of Social Sciences (TISS), Mumbai
- Vikas Samvad, Bhopal
- URMUL Trust, Rajasthan

# ANNEXURE-I

## FINANCIAL STATEMENTS (2023-2024)

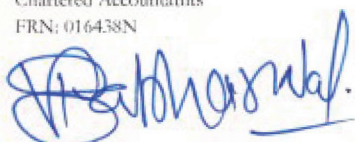
Public Health Resource Society  
C-14, Ground Floor, Hauz Khas, New Delhi - 110016

### CONSOLIDATED BALANCE SHEET AS AT MARCH 31, 2024

Particulars	Schedule Nos	Amount in INR	
		2024	2023
<b>SOURCES OF FUNDS</b>			
Corpus	1	1,54,470	1,54,470
Other Funds	2		
Assets fund (Own and from Restricted Fund)		48,46,937	50,50,726
Un-restricted Fund		1,07,43,045	86,95,709
		1,55,89,982	1,37,46,435
<b>LIABILITIES</b>			
Restricted Project Fund	3	98,18,650	66,56,034
<b>CURRENT LIABILITIES AND PROVISIONS</b>			
Current Liabilities	4	26,90,604	31,15,924
<b>Total</b>		<b>2,82,53,706</b>	<b>2,36,72,863</b>
<b>APPLICATIONS OF FUNDS</b>			
<b>FIXED ASSETS</b>			
Owned Assets	8	48,46,937	50,50,726
Assets from Restricted Fund		19,97,878	20,29,633
		28,49,059	30,21,093
<b>INVESTMENTS</b>			
	5	63,31,038	56,49,522
<b>CURRENT ASSETS, LOANDS AND ADVANCES</b>			
Loans & Advances (Assets)	6	17,94,859	16,95,697
Sundry Receivables		29,96,144	-
Cash & Bank Balances	7	1,22,84,729	1,12,76,918
		1,70,75,732	1,29,72,615
<b>Total</b>		<b>2,82,53,706</b>	<b>2,36,72,863</b>

As per our Report of even date


For V.K. Sabharwal & Co.  
Chartered Accountants  
FRN: 016438N



CA Vinod Kumar Sabharwal  
Proprietor  
M.No. 097093  
UDIN: 24097093BKCIVT5198  
Place New Delhi  
Date: 25.09.2024



For Public Health Resource Society



Dr. Rupa Prasad  
Secretary  
Public Health Resource Society

Thomas Mathew  
Treasurer  
Public Health Resource Society

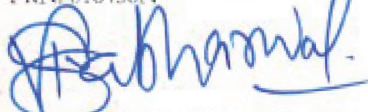


**CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED MARCH 31,**

Particulars	Schedule Nos	Amount in INR	
		2024	2023
<b>INCOME</b>			
Grant Received	9	4,86,96,612	6,15,18,193
Donations	9	1,12,000	98,845
Bank Interest on Specific Grants	9	3,61,265	3,29,805
Bank Interest on Un-Restricted Funds	10	4,80,178	4,43,565
Other Receipts	11	40,41,311	20,60,480
		<b>5,36,91,366</b>	<b>6,44,50,888</b>
<b>EXPENDITURE</b>			
<b>Direct Programme Related Expenses</b>			
Capacity Building & Research Programme	12	54,54,480	10,47,620
Crèche Programme	13	2,20,43,983	2,80,41,032
Travel-Programme	13	23,53,537	24,07,359
Human Resource Cost	14	1,27,31,624	2,21,20,656
Fixed Assets Purchased	8	75,754	1,09,998
<b>Other Administrative Cost</b>			
Office Administration Cost	15	57,94,742	65,96,580
		<b>4,84,54,120</b>	<b>6,03,23,245</b>
<b>Non-Cash Charges</b>			
Depreciation for the year	8	2,65,810	3,13,466
Less: Met out from capital fund		(2,65,810)	(3,13,466)
		-	-
<b>Less: Met out from Restricted Fund</b>		<b>-4,44,92,972</b>	<b>-5,74,46,765</b>
<b>Excess of Income Over Expenditure for the year</b>		<b>52,37,246</b>	<b>41,27,643</b>

As per our Report of even date


For V.K. Sabharwal & Co.  
Chartered Accountants  
FRN: 016438N



CA Vinod Kumar Sabharwal  
Proprietor  
M.No. 097093  
UDIN: 24097093BKCIVT5198  
Place New Delhi  
Date: 25.09.2024



For Public Health Resource Society



Dr. Rupa Prasad  
Secretary  
Public Health Resource Society




Thomas Mathews  
Treasurer  
Public Health Resource Society

CONSOLIDATED RECEIPT AND PAYMENTS ACCOUNT FOR THE YEAR ENDED MARCH 31,

Particulars	Schedule Nos	Amount in INR			
		2024		2023	
<b>OPENING BALANCES</b>					
Bank Balances	7	1,12,76,918		62,67,923	
Cash in Hand	7	-	1,12,76,918	6,824	62,74,747
<b>RECEIPTS</b>					
Restricted Project Fund	16	4,90,57,877		6,18,47,998	
Other Income	17	46,33,489	5,36,91,366	26,02,891	6,44,50,889
<b>Decrease in Current Assets (Advances and Receivables)</b>					6,74,962
			6,49,68,284		7,14,00,598
<b>PAYMENTS</b>					
<b>Direct Programme Related Expenses</b>					
Capacity Building Research Programme	12	54,16,463	54,54,480	10,47,231	
Crèche Programme	13	2,20,43,983	2,20,43,983	2,76,39,060	
Travel Programme	13	23,53,537	23,53,537	24,07,359	
Human Resource Cost-Programme	14	1,13,27,948	1,27,31,624	1,95,08,284	
Capital Expenditure-For Programme	8	75,754	75,754	1,09,998	
<b>Other Administration Expenses</b>					
Office Administration Cost	15	56,44,038	4,68,61,723	63,65,669	5,70,77,601
Previous Year Expenses & Creditor Paid off	18		31,15,925	26,75,476	
Increase in Investments	18		6,81,515	60,674	
Increase in Current Assets (Advances and Receivables)	18		20,24,393	-	
Decrease in Advances			-	3,09,929	30,46,079
<b>CLOSING BALANCES</b>					
Cash in hand	7	-		-	
Bank Balance	7	1,22,84,729	1,22,84,729	1,12,76,918	1,12,76,918
			6,49,68,284		7,14,00,598

As per our Report of even date

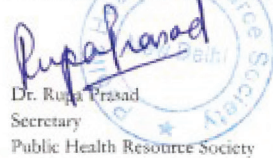
For V.K. Sabharwal & Co.  
Chartered Accountants  
FRN-016438N



CA Vinod Kumar Sabharwal  
Proprietor  
M.No. 097093  
UDIN: 24097093BKCIVT5198  
Place New Delhi  
Date: 25.09.2024



For Public Health Resource Society

  
Dr. Rupa Prasad  
Secretary  
Public Health Resource Society

Thomas Mathews  
Treasurer  
Public Health Resource Society





# ANNEXURE-II

## GLIMPSE OF THE PAST









## **PUBLIC HEALTH RESOURCE SOCIETY**

First floor, K 65, Block P, Hauz Khas Enclave

Hauz Khas, New Delhi, Delhi-110016

Tel: 011 26868118

Email: [delhi@phrnindia.org](mailto:delhi@phrnindia.org)

Website: [www.phrnindia.org](http://www.phrnindia.org)