

The Institute of Health Systems.

Director's Combined Report, 2003-04 to 2005-06.

Annual General-Body Meeting, 29 December, 2006

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this eleventh annual general body meeting. At the outset, I apologise for the undue delay in convening the general body meeting. The last AGM was held in January 2004, at which the Director's Report for 2002-03 was presented. Unfortunately we were not in a position to convene the AGM to take stock of the Institute's work during the years 2003-04 and 2004-05. This was quite a difficult period for the Institute. Our financial situation was very bleak with our debt including 10 months arrears of staff salary exceeding Rs. 65 lakhs, at one point of time. In the resultant scenario many of our staff left or had to be relieved to cut costs and we had to really struggle to keep the Institute running. Today, I am happy to inform you that the Institute is in a much more stable position. We have cleared most of our dues and we have taken up research projects that will bring in revenues in excess of our outstanding dues and projected expenditure. For this, I am thankful to our core staff who has stood by the Institute through its trying times and whose dedication and hard work has made it possible for me to present this report. I also gratefully acknowledge the support given by the members of the governing bodies of the Institute. While some provided financial support by way of donations or hand loans, others contributed their time in supporting our research work. I am especially grateful to Dr. Prasanta Mahapatra and Dr. Dayakar Thota, both of whom had served as Director of the Institute for part of the reporting period. Dr. Mahapatra completed his five year deputation to the Institute on 19th August 2003. As the President of the Institute, his visionary zeal and enterprise continues to steer the Institute. Dr. Dayakar safely piloted the Institute through one of the most difficult periods in its history, between 1st October 2004 and 29th February 2005. He continues to serve the Institute as a Consultant. On all our behalf, I extend our heartfelt gratitude to both of them for their continuing services to the Institute.

As in the past, I first present about the Institute's Faculty and their contributions. Next I will give an overview of activities during the reporting period. Thereafter, I will briefly touch upon developments during the current year. We will then a review time trend of the Institute's financial performance and consider possible directions for the future. Finally I will seek your comments and approval of the audited accounts of the Institute

I. Institute's Faculty:

As on date we have a total of 35 persons in various categories as shown in Table-1.

Annex-1 provides more details about the current faculty and personnel profile of the Institute. Our faculty and staff participated in many workshops, seminars and conferences, details of which are provided in Annex-2. A list

Table-1: IHS Faculty and Staff Position as on 29 Dec. 2006

Category of Personnel	Persons
Full Time Faculty	2
Consultants	2
Visiting Faculty	6
Research Associates	4
Research Fellows	4
General Support: Executives and Staff	6
Interns & Apprentices	11
All	35

of outgoing faculty and personnel is given in Annex-3. During the reporting period the Institute has contributed towards health systems development through active involvement of its representatives in national and state level bodies (Annex-4).

II. Reporting Period (2003-04 to 2005-06) Events and Activities:

As you are all aware, the Institute pursues five broad type of activities towards improvement of public health. These are;

- a. Research and Consultancy
- b. Academic Programmes
- c. Training Services
- d. Public Services, and
- e. Institute Publications

A. Research and Consultancy

Seven projects as shown in Table-2 were completed during the reporting period. A brief summary of each of these projects is given in Annex-5.

Table -2: Projects Completed in the Reporting Period

Sl	Project Title	Sponsor
1	Developing State Health Accounts for AP	DfID, Government of UK
2	Integrated Environmental Strategies (IES) Hyderabad, India Project. Health Effects Analysis & Economic Valuation of Health Effects	USEPA and EPTRI
3	Burden of Disease and Socioeconomic Impact of HIV/AIDS	UNDP/National AIDS Control Organization (GoI)
4	Frontiers Prevention Program (FPP) Outcome Evaluation: Baseline Study	International HIV/AIDS Alliance/ Population Council
5	Institutional Assessment of the National AIDS Control Program	NACO (GoI)
6	Health Care Financing and Expenditure of Non-Profit Organizations in India	WHO and Ministry of Health and Family Welfare (GoI)
7	Medium Term Expenditure Framework (MTEF) for Health in Andhra Pradesh	Department of Health and Family Welfare (GoAP)

Seven projects as shown in Table-3, which were taken up in the reporting period are continuing in the current year. A brief summary of each of these projects is given in Annex-6

Table-3: Projects Taken Up in Reporting Period and Continuing in the Current Year

Sl	Project	Sponsor
1	Epidemiology of Road Traffic Accidents	Indian Council of Med. Res. (GoI)
2	Air Pollution and Cause of Deaths in Hyderabad	Ministry of Env. & Forests (GoI)
3	Cause of Death Coding for AP Rural Health Initiative	Byrraju Foundation
4	Public Private Partnership for Monitoring of Water Quality in Reservoirs of Hyderabad City	HMWWSB (GoAP)
5	Public-Private Partnership for Prevention of Waterborne Diseases in Urban Slums of Hyderabad	HMWWSB (GoAP)
6	Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation	APYP (GoAP)
7	Assessment of Critical Gaps in Rural Health Care System of AP	Department of Planning (GoAP)

B. Academic Programs:

1. Advanced Studies in Public Health (APH):

Given the paucity of institutional mechanisms to develop public health manpower with multidisciplinary and interdisciplinary skills, and the long term objective of the Institute to develop itself into a college of public health, the Institute has been focussing its attention on consolidating its efforts in public health capacity building and developing a long term, masters level programme in public health. The Advanced Studies in Public Health programme builds on the Institute's past work and represents our future aspirations for improved public health capacity in the country. The programme aims to create deeply committed public health professionals, well equipped with essential public health competencies in such areas as health care management, policy analysis and health systems research.

As was mentioned in the previous Director's report we had four students in the first batch. They completed the programme in January 2005. Given our financial and manpower situation conducting the programme was a challenging task. However, we are greatly encouraged by the fact that all the four students have been well placed. One has been appointed to a key public health post by the Government of Gujarat, two are coordinating large projects with reputed NGOs and the fourth is working with the World Health Organization. Further, all four have given a very positive feedback about the programme and its relevance to their careers. A detailed report of the APH program is enclosed. This has been released as an Institute publication to share the Institute's experience with others seeking to health system capacity in India.

We had notified admissions for the 2nd batch in July 2003 through national and local dailies. We had also approached central ministry of Health and Family Welfare, state government departments, quasi government organizations and charitable trusts to consider sponsoring students for the APH programme. We received 101 enquiries about the programme and sold 11 prospectuses. However only one prospective student applied to the programme. Poor response to the programme could to an extent be attributed to lack of affiliation of the programme offered by the Institute. Since we were awaiting a positive

response to our request for affiliation from the NTRUHS, it was decided to defer the 2nd batch to a time when circumstances are more conducive to offer the programme.

Following our request for affiliation, the VC and Joint Registrar, the NTRUHS visited the Institute on 30th of April 2004. An inspection committee was then constituted to inspect the Institute and submit its report on syllabus for the proposed MPH course, regulations and other requirements. The Inspection Committee visited the IHS on 13th of August, 2003 and verified the facilities, detailed syllabus of the course, examination pattern and other information relevant information with regard to Masters level course in Public Health. Based on the report of the Committee, the Executive Committee of the NTRUHS resolved to grant provisional affiliation and authorised the VC to appoint a multidisciplinary committee to prepare the syllabus and regulations for the course.

The course has now been included under the purview of the Board of Studies for paramedical courses. Dr. Prasanta Mahapatra, President, IHS has been nominated to the Board by the Vice Chancellor. The Board met on 24/12/04 and entrusted Dr. Mahapatra the task of preparing the statutes for recognising a school of public health and affiliating the Masters in Public Health Programme. The same has been submitted to the University.

2. The Advanced Diploma in Health System Informatics (ADHSI) Programme:

Recognising the success of the Institute's Certificate in Health Intranet System Administration program, the State Board of Technical Education and Training (SBTET) have accredited the IHS for an Advanced Diploma course in Health System Informatics (ADHSI). This is a full time, 18 months course. The course consists of three semesters, two semesters each of 3 months duration and third semester comprising of an internship of one year. The third semester is devoted to a stipendiary internship and guided on the job training in appropriate organizations. We have deferred offering of the programme to a time when circumstances are more conducive to offer the programme.

3. Institutional Capacity Building:

The Ford Foundation provided a grant towards expanding institutional capacity for the APH program and to setting up a public health laboratory. Three faculty chairs in Public Health, Nutrition, Environmental Health, and Public Health Lab Sciences are being supported by this grant. Capital expenses and operating expenses of the Public Health Laboratory were met from this grant.

4. IHS- University of Iowa Collaboration

The Institute has entered into a tie-up with the University of Iowa, US. The University of Iowa, is a comprehensive public university, established in 1847, with about 1700 faculty, 6000 professional and scientific staff and three hundred thousand students, spread over 13 colleges. The College of Public Health of the University is accredited by the American Council for Education in Public Health and is a leading public health training and research agency in the United States of America. A copy of the MoU with the University of Iowa (UI) and the Memorandum of Agreement with the College of Public Health, UI, is attached as enclosures 2 and 3.

The collaboration is in furtherance of the Memorandum of Cooperation between the State of Iowa and the Government of Andhra Pradesh. The collaboration will focus on:

- i. Joint educational, training and/or research activities.
- ii. Exchange of invitations to scholars (faculty, research personnel, and graduate students) for lectures, visits and sharing of experiences.

- iii. Exchange of invitations to scholars for participation in conferences, symposia and seminars.
- iv. Exchange of information in fields of interest to both parties.
- v. Exchange of faculty, research personnel, and graduate and undergraduate students for study and research.
- vi. Practical training in pre-identified or otherwise selected field sites.

C. Training Services:

1. Managing Primary Health Care in Remote Areas (MPHCR):

This two week training program has been designed by the IHS to develop technical and managerial skills of PHC medical officers and other staff working in tribal and remote areas. Coverage includes primary health care organisation, program management, monitoring and evaluation, working in tribal communities and remote areas, accounting & financial management, disciplinary procedures and conduct rules, office procedures, specific disease control programmes and use of computers in health management. The Department of Tribal Welfare had agreed to sponsor 9 MPHCR training programmes for 280 medical officers from tribal areas. 4 training programmes have been completed. The Department of Tribal Welfare has put on hold sponsorship of the remaining programmes, citing paucity of funds. The Department of Women Development and Child Welfare sponsored 8 candidates for the training programme

Table-4: IHS Training Services Delivered During the Reporting Period

Dates		Program Title	No. of Students
From	To		
09-02-04	24-02-04	Managing Primary Health Care in Remote areas	22
03-05-04	12-05-04	Managing Primary Health Care in Remote areas	12
24-05-04	05-06-04	Managing Primary Health Care in Remote areas	25
14-06-04	26-06-05	Managing Primary Health Care in Remote areas	15
All Programs Total			74

2. Delivering Primary Health Care in Remote Areas (DPHCR):

This two week training program has been designed by the IHS to bring participants updated with practice guidelines, service delivery standards, health and disease control programmes. The course has been specifically designed as a “Continuing Medical Education” programme for Health Care Delivery personnel working in Remote, Rural & Tribal Areas. The Department of Tribal Welfare had agreed to sponsor 9 DPHCR training programmes for 280 medical officers from tribal areas. However, the Department has put on hold sponsorship of the remaining programmes, citing paucity of funds.

D. Public Services:

1. Public Health Laboratory:

- i. Establishment: The Public Health Laboratory (PHL) is bring set up in a phased manner. In the first stage, the PHL has been set up to offer Water Quality Testing Services. The Secretary, Ministry of Health and Family Welfare, Government of India, inaugurated the IHS Water Quality Testing Services, on 16th March, 2004. The following background work was done to make the laboratory operational.

- a. An extensive review of literature was carried out on water and food quality tests for identification of important parameters for testing services to be offered by the PHL. A comprehensive list of testing services to be offered by the IHS PHL was drawn. Based on the tests to be conducted a detailed list of equipment, reagents, glassware etc. needed was prepared.
 - b. The concerned Faculty visited many laboratories across Hyderabad to have a first hand information and understanding for setting up the PHL. The Faculty also attended a workshop on Good Laboratory Practices workshop to better understand the functioning of PHL.
 - c. The Institute has constituted a Technical Advisory Committee (TAC), to support in setting up the lab, periodic advise on PHL activities etc. Experts from Universities, public health laboratories were invited as members and resource persons in the TAC. Prof. Subramaniam, a well known scientist is the chairman of the committee.
 - d. Smt. G. Shyamala, retired Chief Water Analyst, the Institute of Preventive Medicine, Government of Andhra Pradesh was recruited to head the Water Quality Testing Services at the Institute. The laboratory was set up under her direct supervision. In addition, the laboratory was staffed with the requisite complement of microbiologists, biochemists and lab attendants.
 - e. The IHS Catalogue of “Water Quality Testing Services” which provides information to clients about various tests done at the Laboratory has been prepared. The Catalogue contains information on what will be done under each test, what kind of report can the consumer expect, in what situation the test is recommended, nature of sample required, time required for completion of test and reporting of results etc.
 - f. A consumers guide to collection of water samples from (a) Eateries, shops and establishments and (b) Households have been developed.
 - g. The IHS Water Quality Testing Manual which contains detailed steps to be followed from receipt of samples to giving of report and follow up action, if any, has been developed.
 - h. A key innovation by the laboratory is the design of Water Sample Collection Kit. Presterilized bottles are packed in polythene bags along with Water Sample Collection guides, Sample Collection Record, Test Requisition Form and a carry bag to easily transport the sample to the laboratory. These bottles are available from the IHS Front Office, round-the-clock.
- ii. Operation: The water quality testing services was fully operational since March 2004. Testing services were made available to general public and housing colonies. Water quality testing services are also being rendered to educational and social service organizations like Nandi Foundation, Aga Khan Foundation, Indian School of Business etc., business establishments etc., for a reasonable fee. Demonstration of water quality testing was conducted for high school students and their teachers from various schools in Hyderabad. Water testing facilities were provided to manufacturers of water purification systems to test their products.
- iii. Public-Private Partnerships:
- a. The Institute conducted a pilot study for the Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB) in Addagutta, an urban slum in Hyderabad, to explore the feasibility of assessing water quality and associated risks in high priority areas such as slums.
 - b. The Water Quality Lab played a significant role in the response to the outbreak of hepatitis in Hyderabad, in March 2005. Water samples in affected areas were

- tested, key water quality issues identified and feedback was provided to the government for required action. In addition field teams educated residents of these areas on measures to prevent hepatitis and other waterborne diseases.
- c. The above mentioned activities led to formalising of a more regular public-private partnership in the areas described above.
 - iv. Partnerships with Consumer Organisations and other NGOs
 - a. The IHS has signed a Memorandum with the Consumer Health Foundation (CHF), a nonprofit organisation working to protect consumer health, for complete analysis of water samples being procured and handed over by CHF on a regular basis
 - b. The Institute hosted a delegation of consumer organizations working in Hyderabad, lead by the Commissioner of Civil Supplies, Government of AP, to explore partnerships in the area of water and food quality testing.
 - v. Steps to create awareness regarding IHS Water Quality Testing Services
 - a. To increase awareness among the public, about the need for testing of drinking water and services available at the Institute, we are making efforts to publicise the IHS Water Quality Testing Services through press briefs, press interviews, advertisements, posters, pamphlets, signboards etc. Efforts are also being made to canvass institutional clients for availing services at the Institute.
 - b. The IHS participated in the "Every thing about Water, Expo 2004 International Exhibition and Conference on Water and Waste Water Management" held at Hyderabad on 19& 20th November 2004. By putting up a Water Quality Testing Services Stall at the exhibition site, we aimed to educate the public on prevention of waterborne diseases, spread awareness regarding utility of periodic water testing as a cost-effective preventive measure and generate interest in the Institute's testing services. The stall received much attention from the public and consumer rights organizations.
 - vi. The laboratory facilitated training of about hundred doctors and other key public health staff working in remote and rural areas of the State in key issues pertaining to water quality, prevention of waterborne diseases and testing of water quality.
 - vii. A proposal for expansion of the PHL over a five year time period has been developed and funding sought from other organizations and funding agencies. But commitments are yet to materialise.

2. Public Health Symposia:

The IHS symposia are an effort to address broad issues in Public Health. Symposia provide the platform for generation and sharing of ideas among representatives from the Government, Administrators, Policy makers, Public Health experts, Researchers, and the Media. A topic of current importance is chosen, and many experts are invited to present on various aspects of that topic. Symposia last the whole day, and include poster presentations, a book exhibition, an inaugural session, speaker presentations, a question & answer interaction, and a valedictory session. A report of the proceedings is published along with a review of literature concerning the topic. For the year 2004, topic of the Public Health Symposium was **"Road Safety: Let's Act Before It's Too Late"**. Health, transport and education officials, road safety professionals, and injury experts, were brought together in an effort to improve road safety in our city and country.

3. Public Health Debates:

Two Public Health Debates were held at the Institute on 7th September and 1st October 2004 on Quality of Food. The debates were an effort to bring together health, food & nutrition professionals and consumers, to improve quality and pricing of food. A key focus of

the debates was to improve the public availability and consumer understanding of up-to-date information on how food quality can affect health. The debate afforded an opportunity to disseminate information on the various aspects of food , quality and safety to consumers with a view to enabling them to adopt and facilitate implementation of the best food practices. Delegates from ANGARU, IPM, Consumer Health Foundation, IH&FW, other Universities and colleges participated in the debates.

4. Public Health Lectures: The Institute organised two Public Health Lectures (Table-5) in the reporting period.

Table-5: Public Health Lectures Organised by IHS during the Reporting Period

Date	Title	Speakers
18 Aug 2003	The Epidemic of Corruption in Health Services	Dr. Hanumappa Sudarshan, Vigilance Director, Karnataka Lokayukta (Health)
06 June 2003	The Future of Primary Health Care	Prof. Susan Beth Rifkin, London School of Hygiene, London

5. Library:

The IHS has made concerted efforts to build its library services to support the Institutes academic programmes and serve the wider community with state of the art literature on various aspects of public health. People are gradually recognising the bibliographic niche being cultivated by the IHS library. Although the IHS library is small, it has some collections in the area of health economics, health system research etc. not easily available elsewhere in Hyderabad. The library is building up a collection of official documents (ODC) relevant to public health and related sectors. Our Library mission is to serve the Institute’s Academic Community, Extramural Academic Community and the General Public with bibliographic resources for the study and of various aspects of health systems, public health and all related knowledge areas. The IHS Library is used by (a) the Faculty and Personnel of the Institute, (b) Students, (c) Participants of Training Programmes at the IHS, and (d) Postgraduate students, Ph.D. Scholars and Researchers from other institutions at Hyderabad, (e) Health Care and Service Professionals, (f) Journalists, and other Members of Public. Given the financial constraints faced by the IHS Library, the scope for proactive acquisition of bibliographic resources has been limited. In addition, lack of space and a full time librarian is a key constraint in developing the library services.

6. AP Health Institutions Database (APHIDB):

We continued to maintain the database of Health Care Institutions (HCIs) in AP. Currently the database contains basic identifying information about 19,824 HCIs in the public, private for profit and nonprofit sector. To help enforce Biomedical Waste Regulation, the AP Pollution Control Board utilised the database service for district wise inventorisation of HCI’s.

E. Institute Publications:

IHS brings out working papers, reports, monographs, books, data sets and compilations based on IHS work. All publications are priced, to cover publication and distribution costs and make them available to public on a sustainable basis. Till date we have published 40 reports, of which 11 were published after the last AGM. In the reporting period we have also published 8 working papers. Details of IHS publications are given in Annex-7.

IHS personnel has also contributed to outside publications and presented papers at national and international conferences and workshops, details of which are given in Annex-8.

III. Current Year (2006-07) Developments

A. Research and Consultancy:

So far, nine new projects as shown in Table-6, have been taken up in the current year. Of these three have been completed. Brief summary of each project is provided in Annex-9. In addition, 7 projects taken up in the previous years are continuing in the present year.

Table -6: Projects Taken Up in Current Year (2006-07)

No:	Project	Sponsor
1	Out of Pocket Expenditure in Public Hospitals of India	WHO - India Country Office
2	Development of NHA Manual for India	WHO - India Country Office
3	National Rural Health Mission: Preparation of District Health Action Plan	Commissionerate of Family Welfare, GoAP
4	Frontiers Prevention Program (FPP) Outcome Evaluation: Second Round	International HIV/AIDS Alliance/ Population Council
5	Health Equity in Andhra Pradesh	WHO Headquarters, Geneva
6	Trends and Analysis of Health Status in AP	WHO Headquarters, Geneva
7	Medium Term Expenditure Framework for Health in MP	DfID, Government of UK
8	RCH-II Baseline Survey	Comm. of Family Welfare, GoAP
9	Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts	Taylor Nelson Sosres (TNS) India Pvt. Ltd.

B. Project Proposals Under Consideration:

Six project proposals submitted by the Institute are under consideration by different funding agencies (Table-7). Brief summary of each proposal is provided in Annex-10.

Table-7: Project Proposals Under Consideration

No:	Project	Sponsor
1	Baseline Survey for Water Safety Plans in Hyderabad	WHO, India Office
2	National Conference on HRD for Public Health	UIowa, Plg Commission, DoHMFV (GoAP)
3	Food, Livelihoods and HIV/AIDS in India	UNDP
4	Health Impact Assessment of Water Safety Plans in Three Pilot Sites of Hyderabad Metropolitan Area	Global Dev. Network (GDN)
5	Health Impact Assessment of Amberpet waste water treatment plant	Global Dev. Network (GDN)
6	Technical Consultancy on Data Management for Field Trial to Assess Impact of Systemic Changes in Provision and Promotion of Health Care on Neonatal Mortality in Nagarkurnool Division of Mahabubnagar District of AP	Naandi Foundation

C. Academic Programs:

1. University of Iowa Collaboration

The Institute provided summer placement for a student from the School of Medicine, University of Iowa. Both the Institute and University of Iowa has benefited from the placement. Recently Prof. Paul GRE enough of the University of Iowa, a key player in the IHS-UI collaboration visited the Institute to plan taking the collaboration forward. The following proposals are now being considered:

- i. Strengthen visit of UIowa students to the IHS. The UIowa faculty guiding the students coming to IHS should ensure that the student submits a pre identified deliverable to the Institute on his / her work. This can be in the form of a report about the experience and activity or a paper on research work done etc.
- ii. Start a faculty exchange programme. These faculty exchanges should lead to submission of joint research proposals to funding agencies. Some of the areas where collaborative work could be taken up include:
 - a. Water Quality and Water Borne Disease Epidemiology.
 - b. National Health Accounts and Health Expenditure
 - c. Health Care in Rural and Remote Areas
 - d. Human Resource Environment in Health Systems,
 - e. Health Care Professionals' Availability
 - f. Empowering Local Communities for Better Access to Health Care
 - g. Vital Statistics and Civil Registration Systems
 - h. Archival and Dissemination of Health System Related Official Documents and Grey Literature on Health System Research Activities in India.
 - i. GIS and Health Institutions Database,
 - j. Quality Assurance in Health
- iii. Pursue a Jointly offered Master's degree under which students enrolled in India receive part of their education at the IHS and complete the rest at UIowa. Some of our faculty could teach courses at UIowa on Joint Appointment / Faculty Exchange Basis. Similarly UIowa faculty could come to IHS and teach some courses during the first year of the Masters course.
- iv. Pursue the HRD for Health Planning Workshop
- v. Visit of Dean of College of Public Health to Hyderabad.

2. Academic Affiliations:

The Institute is provisionally affiliated to the NTRUHS for offering an Masters in Public Health course. We are currently awaiting finalization of rules and regulations for the course by the University.

IV. Taking stock of the Institute's progress so far:

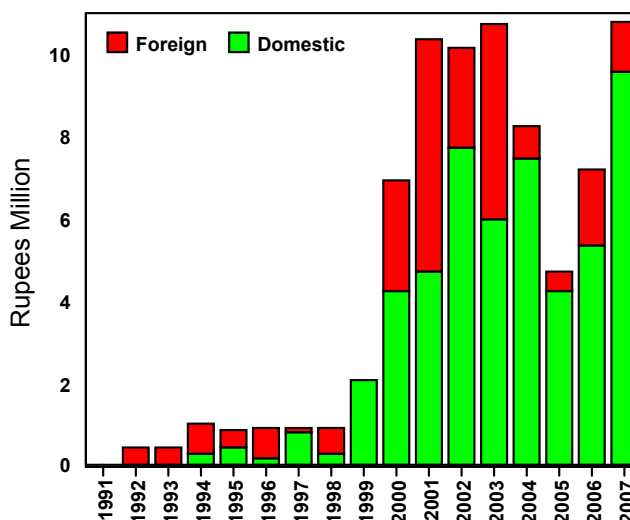
The Institute has appointed M/s. Prasad & Prasad to audit the Institute's accounts, for the financial years 2002-03 and 2003-04. For the years 2004-05 and 2005-06 the Institute has appointed M/s Akasham and Associates. They have given valuable suggestions with regard to streamlining of our accounting systems and improving the accounting practices of the Institute.

Here I will summarise the gross revenue generated by the Institute from the date of its inception. As is evident, there has been a decline in receipts in the year 2004-05. This has necessitated several cost cutting measures such as giving up rental space, liquidation of assets and going slow on recruitment of staff. The position substantially improved in 2005-06. We

expect a significant increase in current year revenues to around Rs. 1.08 crore. The share of foreign sources in the total receipts of the Institute was around 10% for the years 2003-04 and 2004-05. In the year 2005-06, share of foreign sources increased to about 25%.

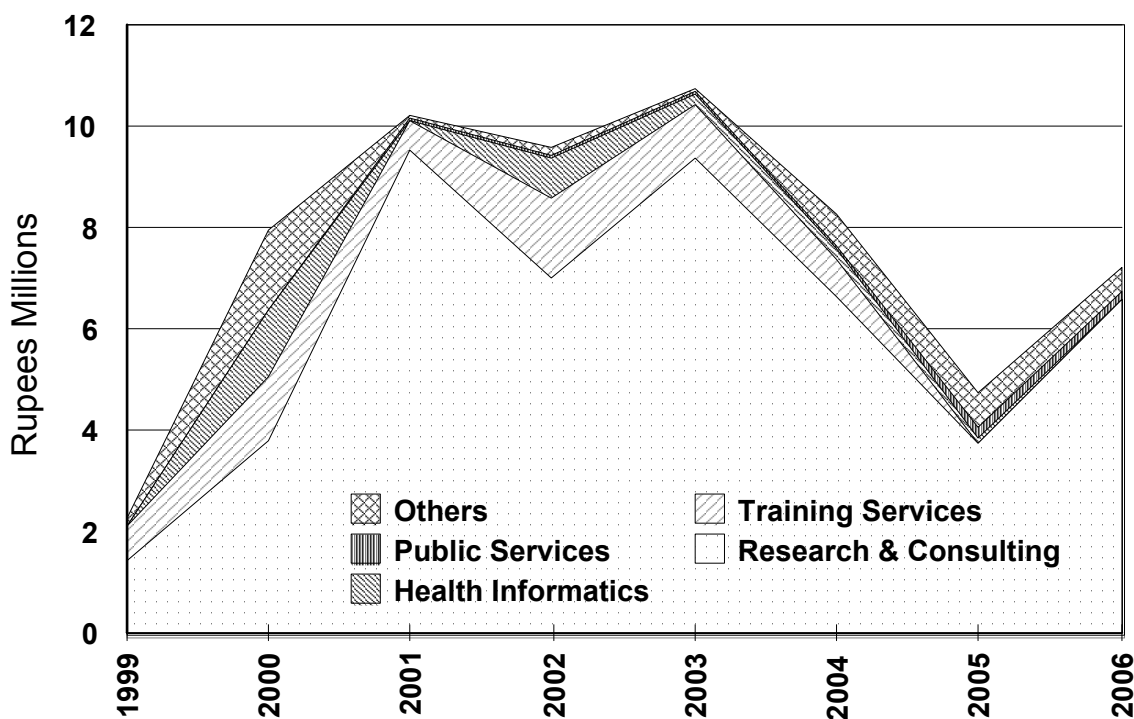
Fin. Year	IHS gross revenue in rupees		
	Domestic	Foreign	Total
1991	43905	0	43905
1992	0	424088	424088
1993	50000	380000	430000
1994	275042	774568	1049610
1995	445517	403604	849121
1996	160186	768447	928633
1997	835250	103612	938862
1998	305100	599266	904366
1999	2066525	0	2066525
2000	4249243	2720925	6970168
2001	4717788	5668363	10386151
2002	7733308	2451095	10184403
2003	5981260	4784857	10766117
2004	7474586	826263	8300949
2005	4278826	470160	4748986
2006	5367832	1845761	7213593
2007	9620302	1200000	10820302

Figure-1: IHS Gross Revenue Trend Since Inception



¹ Institute's financial years are from April to March. Here each financial year is represented by the calendar year in which the financial year ends. Figures for 2007 are anticipated revenues

Figure-2: The IHS receipts since inception by broad area of activities



As is evident from Figure-2, in recent years most of our revenue has been contributed by Research and Consultancy. We have been able to manage our research work with a small complement of core staff and by taking on consultants for some projects. This has resulted in over-reliance on a few persons and may not be a sustainable model of functioning. While consultants bring in expertise that is not readily available, in-house resources are necessary as many projects require development of project proposals and often protracted negotiations with the sponsors before they are finalised. Given the paucity of human resources in public health research and training, there is less likelihood of getting such resources “off-the-shelf”. The Institute therefore needs to focus on developing faculty resources in-house with a long term perspective. Recently we have been able to recruit a faculty in health financing. However we require at least one faculty each from social, behavioural and medical sciences, additionally. We have been making concerted efforts to identify and recruit these resources.

Since the last AGM, we have taken up 23 new projects. While these projects may not bring much financial returns to the Institute, many a time they require intensive involvement of faculty resources. This has stretched our limited faculty base and has curtailed exploration of potential funding sources. Therefore in recent times, as I have described earlier, we have been focussing on developing proposals for larger studies.

Our receipts from academic and training programmes have severely declined in the past few years. While we have received provisional affiliation from the NTRUHS to offer a Masters in Public Health program, constraints of human resources and physical infrastructure along with the lack of financial resources to invest in the same have affected our capacity to deliver such programmes. Though our current position may not very suited to conduct a Masters level programme, there are compelling reasons why the Institute must continue to further its efforts in this regard. The Government of India has committed itself to develop public health capacity in the country and has set up the Public Health Foundation. We are well placed to provide the necessary support to this endeavor. Based on our experience with the first batch we been able to develop syllabus, courses and the identify necessary resources both human and material. We have already prepared a set of guidelines for recognising a school of public health and affiliating the Masters in Public Health Programme. Further, feedback from our students, albeit quite small in number, bear testimony to the relevance of our efforts. Our collaboration with the University of Iowa is complementary to these efforts and hence needs to be strengthened in recent years.

A key focus of the Institute’s work in recent years has been on providing water quality testing services. The laboratory has been able to sustain itself from revenue generated by its services. These services have been accessed by multiple sources in the private, public and nonprofit sector and are provided at rates comparable to those of the government. Our efforts in this regard played a role in improving quality of water supplied by public institutions and mitigating impact of waterborne epidemics. Availability of such services has empowered people for testing and has provided support to consumer organizations in their efforts to ensure quality of drinking water. However, the number of private citizens accessing such services is still very less. There is need to build more awareness about these services among general public. There is also demand for other public health laboratory services like testing of food samples. This needs to be considered in the next phase of expansion of the laboratory.

I believe that we are in a crucial phase of the Institute’s development. Despite difficult times we have been able to work on a variety of public health areas and sustain the quality of our work. This is borne by the fact that significant proportion of our projects are

from repeat clients. We have also been actively engaged with a wide spectrum of stakeholders in the field of public health and have contributed to policy development within the country. We have tied up a number of projects and are actively pursuing new areas of funding. I am quite confident that our efforts will enable the Institute to sustain itself. However, we will still have to cover a lot of ground before we are well on track to achieve the Institute's goals and objectives. The initiatives that I have outlined above are key in keeping the Institute on this track. However, lack of land and building and a corpus fund to invest in these activities are constraining factors for the further development of the Institute. I look forward for your guidance in addressing these important issues.

V. Accounts and Audit Report:

The audited accounts of the Institute have been enclosed. I now request you to consider the same and give your approval with suggestions if any.

Finally I thank you for having spared the time to participate in this meeting. Your presence is a great inspiration to me, and my colleagues.

I would now request you to consider this report and give your valuable advise and guidance for further development of the Institute. We would like to assure you that we will do our best to translate your ideas and suggestions into action.

Date: 29 Dec 2006

Dr. C.K. George
Director

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Annex -1

IHS Faculty and Personnel Profile, Dec. 2006.

Full Time Faculty:

C K George

Dr. C K George, Director and Faculty in Health Policy holds a masters degree in Community Health (MCH) from the Centre for Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi. He graduated in Medicine and Surgery (MBBS) from Government Medical College, Trivandrum, the University of Kerala. At the Institute, he coordinates multidisciplinary research and capacity building work for state and national governments, local and international NGOs and international agencies, including the WHO, UN Development Programme, International HIV/AIDS Alliance, Population Council and the British Department for International Development (DfID). His current research includes burden of disease studies; descriptive epidemiological studies; evaluation of public health programmes implemented by government and NGOs; and policy research related to financing and delivery of health care at state and national levels. He also serves as a resource person for Central and State Ministries of Health, Planning Commission, WHO (India) and WHO (SEARO). Prior to his tenure at the IHS, he has served as a primary care physician in rural areas of Kerala and was also a public health consultant to the Indian Medical Association, Kerala.

Prof. (Lt. Col.) Dayakar Thota

Prof. Thota, who is the Chief Consultant of the Institute is a medical doctor by profession and served in the Indian Armed Forces in various capacities from April 1971 to Sept. 1994. He graduated in medicine from Kakatiya Medical College, Warangal (Osmania University) in 1968 and was in a Private Medical Practice at Peddapalli (AP) till Apr '71. He did his M. Sc. (Defence Sciences) from Madras University in 1981 and post graduation in Hospital Administration (MHA) from University of Poona in 1986. He passed staff college from Defence Services Staff College (D S S C), Wellington and has undergone training as Lead Quality Assessor from A Q A, Hyderabad. After taking voluntary retirement from Army in 1994, he had held many important Medico-administrative appointments such as M S of Nizam's Institute of Medical Sciences, Hyderabad, CEO, Lokmanya Hospital, Chinchwad, Pune, Additional Director, Dhirubhai Ambani Hospital, Lodhivali, Consultant to M G M Medical College Hospital, Aurangabad & Ellen Hospital, Coimbatore etc. He was Professor & Head of the department of Hospital Administration at NIMS, Hyderabad and MAHE, Manipal and Director, The Institute of Health Systems. He also serves as a P G examiner in Hospital Administration for AIIMS, AFMC, MAHE, NIMS, DNBE and IGNOU. He is a life member of a number of professional bodies and was a member of academic Board of School of Health of IGNOU and Board of Specialties in Hospital & Health Administration of National Board of Examinations.

Subodh Kandamuthan

Dr Subodh Kandamuthan holds a Masters degree in Development Economics from Pondicherry University, M Phil Degree in Applied Economics from Centre for Development Studies and Ph.D in Economics from the Institute of Social and Economic Change. Prior to joining IHS, he was an Assistant Professor at the Health Policy Research Unit at Institute for Economic Growth, Delhi. Dr. Subodh's primary area of interest is on Health Economics with

focus on Health financing and Cost of Illness. He is also interested in economic valuation of environmental health impact. His doctorate was on the health costs incurred by the fishing community affected by Radiation Induced Pollution in Coastal Kerala. He has worked on projects relating to Economic Impact of Cardiovascular diseases in India, Costs of Anti Retroviral therapy in India, New Health Technologies like Hepatitis B immunization and Equity issues in health. His current projects include development of a Medium Term Financing Strategy for Health for Madhya Pradesh and Out of Pocket Expenditure on Drugs in Public Hospitals in India.

Visiting Faculty:

Prasanta Mahapatra

Dr. Prasanta Mahapatra, President of the Institute is a physician civil servant. He is a Takemi Fellow in International Health and has a Ph.D. in International Health and Economics from the Harvard School of Public Health. He is currently the Commissioner of Enquiries of the Government of Andhra Pradesh. Dr. Mahapatra established, for government of AP, the first University of Health Sciences (APUHS) in India, at Vijayawada and became its first Registrar. As Registrar of the APUHS and Director Medical Education, he was responsible for state wide co-ordination and management of tertiary hospitals and medical education services. He was Commissioner, Commissionerate of Medical Services (AP Vaidya Vidhana Parishad), Joint/Addl Secretary Health in Govt. of AP. The health system development projects in various states funded by the World Bank based on the work done by Dr. Mahapatra in Andhra Pradesh. As collector of Nellore, he introduced a collectors office manual, streamlined the public grievance redressal system, conceived and implemented land development projects integrating cadastral survey with soil conservation concepts. He has experience in disaster distress relief management, rural development, general administration and information technology applications in government. Between 1991-1993 he was an International Health Policy Program Fellow and a Takemi Fellow at the Harvard School of Public Health. His research work, during this period, included measurement of public hospital performance, accreditation systems for health care organisations, traditional and herbal medicine etc. Dr. Mahapatra has been a member of the Harvard Burden of Disease Unit from its inception and contributed to the Global Burden of Disease estimates published in the World Bank's World Development Report, 1993. As a faculty in the Administrative Staff College of India, he started a study to estimate burden of disease in AP. He has written books and published articles in research journals. His work include, the book on Estimating National Burden of Diseases, Structure and Dynamics of Private Health Sector, Malaria and GE Manuals, research papers on Cause of Death Reporting System, Health State Valuation, Summary Measures of Population Levels, Health Systems Performance Assessment, Patient Satisfaction Survey etc. He teaches, mathematics, biostatistics, epidemiology, research methodology, health care management, and health informatics. His research interests include, burden of disease and cost-effectiveness studies, health care financing, health sector reform, health system performance assessment, health care quality assurance etc.

V Raman Kutty

Dr. V Raman Kutty, holds a Masters in Public Health from the Harvard University (1988), another Masters in Applied Economics from the JNU (1987) and MD in Paediatrics. He has been a member of the ICMR-ICSSR joint panel on health from 1993, Task force of the Kerala state planning board on health (1987, 1996). He has been a consultant to the World Bank, Govt. Of India Ministry of Health, the DfID-India, and the European

Commission, Dryefus Foundation New York, Kerala Research Program for Local level development, on various public health issues. He was formerly, Associate Professor in Achutha Menon Centre for Health Science Studies, at the Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum. Dr. Raman Kutty has conducted a wide range of public health research and has published many journal articles. His research works cover; epidemiology of non communicable diseases, communicable diseases, socioeconomic determinants of health and mortality, health seeking behaviour, reproductive and child health programs, and health sector reform. Dr. Raman Kutty is currently the Executive Director of Health Action by People (HAP), which is a nonprofit organisation conducting original research in areas of public health. HAP is linked to the Dreyfus Health Foundation, New York, and facilitates health information access and diffusion among professionals, organises workshops and seminars on research methodology and intervention programs in health. It networks with NGOs for initiating action programs and actively participates in policy debates in health. Dr. Raman Kutty has taught epidemiology at the IHS.

Sundeep K Naik

Mr. Sundeep K Nayak is a distinguished civil servant from the Jammu and Kashmir cadre of the Indian Administrative Service and an accomplished academician. A gold medalist from IIT, Kharagpur with a Masters in Science. He holds additional Masters Degree on Population and Development from the London School of Economics, and yet another Masters in International Policy Studies from the Monterey Institute of International Studies, USA. He has attended The Maxwell School of Citizenship (Syracuse University, USA) program on teaching and writing public policy cases, the Executive Management Program on Infrastructure Development and Financing at the IIM, Ahmedabad and many other programs on public administration and training technology. He taught Public Administration to Indian Administrative Service Officers, at the LBS National Academy of Administration and has directed many courses for civil servants. He was instrumental in strengthening of State Training Institutions by developing a module on negotiations for the GOI-UNDP project. His areas of interest include demography, population policy, negotiation, gender studies, and empowerment of women. He is contributing as an expert, in the area of gender, health, population and development, for preparation of the Jammu and Kashmir State Development report by the Planning Commission of India. Mr. Naik has volunteered his time at the IHS and has taught demography and population policy in the Advanced Studies in Public Health Program. He is currently posted as Director, National Security Council.

Amar Jesani

Amar Jesani is Coordinator of the CSER - Centre for Studies in Ethics and Rights (an institute of Anusandhan Trust), Mumbai, India. In November 2005 he coordinated the 1st National Bioethics Conference of the Indian Journal of Medical Ethics in Mumbai, in collaboration with 20 institutions from different parts of the country and was attended by over 350 persons. He is one of the national faculty of the ICMR for its NIH supported research bioethics training programme and a visiting faculty at the Achutha Menon Centre for Health Science Studies (Trivandrum). He is a member of the Board of Trustees (Anusandhan Trust) and in that capacity, on the Governing Boards of the CEHAT - Centre for Enquiry into Health and Allied Themes (Mumbai), SATHI-CEHAT (Pune) and CSER (Mumbai). He is also Governing Board member of the Centre for Health and Social Justice (New Delhi) and a member of the National Advisory Board of the Packard Foundation.

He began his career in 1979 in the research secretariat of ICMR/ICSSR joint committee that drafted "Health for all: An alternative Strategy", at the Foundation for Research in Community Health (FRCH, Mumbai) where he thereafter continued to work for 15 years. He was the founding Director/Coordinator (1994-99) of the CEHAT, a health research institute in Mumbai. In 1998-2000, he coordinated a national committee to formulate for the first time in India the "Ethical Guidelines for Social Science Research in Health". He is also one of the founders of the Forum for Medical Ethics Society and its journal - the only journal on medical ethics in India, Indian Journal of Medical Ethics and presently he is on its editorial board. From December 2001 to June 2003, he served as Programme Coordinator of the Achutha Menon Centre for Health Science Studies at the Sree Chitra Tirunal Institute of Medical Sciences and Technology, Trivandrum, Kerala. He has co-authored and co-edited six books. His latest edited book, Amar Jesani and Tejal Barai-Jaitly, "Ethics in health research: A social science perspective" was released on November 27, 2005 in the valedictory session of the National Bioethics Conference in Mumbai.

A. Venkaiah

Mr. Venkaiah has a degree in public finance and economics and is professional trainer. He successfully completed an advanced programme on "Training for Trainers" conducted by the University of Manchester, UK, and was awarded a certificate in Training and development by the Institute of Training and Development, UK. Earlier he was senior faculty member in the Accounts Training College, and Institute of Administration of the government of Andhra Pradesh. Currently Mr. Venkaiah is a freelance faculty and resource person. His areas of strength include public administration, disciplinary procedures, public finance and accounting.

Srilatha

Mrs. Srilatha has done her M.A (Social Science) from Osmania University and B. Sc. (Nursing) from College of Nursing, Hyderabad, University of Health Sciences. She was a Takemi Fellow at the Harvard School of Public Health, US from 2001-2002. She is a recipient of the USAID award for outstanding performance in the Nursing. She worked as Faculty in Quality Assurance in the Institute of Health Systems, Hyderabad. She was trained on health policy analysis and development programmes on policy formulation process from IIM Ahmedabad. She was also trained in ICD 10 by WHO in Srilanka. She has completed the online course on Human participants Protection Education for Research Teams, sponsored by National Institute of Health (NIH-2002). She has provided consultancy services to Administrative Staff College of India, for the project TIFAC - Health sponsored by DST, Government of India for about one and half year. Her area of interest include accreditation of hospitals, preparation of standards, quality assurance in health care organisation, reproductive and child health, patient satisfaction surveys, Cause of death & Verbal autopsy. She has wide experience in training. She has been directing a two week training program titled "Managing Primary Health Care in Remote areas. Her papers and publications include quality assurance in nursing, and quality of reproductive health care provided in private hospitals, patient satisfaction surveys and accreditation. Currently she is Program Manager, Japanese Encephalitis, PATH-India, Hyderabad.

Research Associates:

N Srinivasa Reddy

Mr. N Srinivasa Reddy holds a post graduate degree in Physical Anthropology with specialisation in population genetics and demography from the SV University. Earlier he has worked as a senior research fellow with the Anthropological Survey of India. His fellowship project was on 'assessment of nutritional and health status of sickle cell trozygotes and G-6-PD deficient among Maria, Muria and Halba tribes of Bastar district'. At the Institute, he has coordinated surveys for creating "Indoor Air Pollution & Exposure Atlas", RCH-II baseline surveys in three districts, assessment of critical gaps in rural health care system of AP in 6 districts of AP and an all India survey on financing and expenditure of health care NGOs. He was also involved in the FPP qualitative out come evaluation project. He has supported analysis of a number of studies with his skills in Epi-Info, SPSS, SAS and ATLAS-TI. His interests include Monitoring and Evaluation, Epidemiology, Qualitative and Quantitative analysis design.

Dhanraj

Holds a Masters in Zoology form Gulbarga University and has experience of working in District Natural Resource Data Management System (NRDMS) centre, Gulbarga. He was a part time lecturer in the PG level. He had contributed to the Malaria Manual, Official document compilation and setting up of the public health laboratory at the IHS. He has been involved in the "Health Effects Analysis & Economic Valuation" components of the Integrated Environmental Strategies (IES) India Project, initiated by USAID & USEPA. He is currently involved in "Epidemiology of Road Traffic Accidents (RTA) in Hyderabad - Deccan" project approved by the ICMR under the adhoc extramural research scheme grant; and preparation of District Health Action Plan of Anantpur District for the National Rural Health Mission

Saritha K

Ms. Saritha K holds masters degree in Microbiology from the Bangalore University. She has done a project survey on Microbial Quality of few Selected Market Samples as part of her masters degree in the National Institute of Nutrition, Hyderabad. She has a PG diploma in Computer Applications from ICSS Hyderabad. She has also worked as faculty in medical transcription. She is currently heading the water quality testing services at IHS. She also coordinates a number of projects related to monitoring and assessment of water quality in reservoirs, urban slums and general community. She serves as a member of the Task Force set up by the HMWSSB to implement water safety plans in Hyderabad.

G S Pattnaik

Mr. G S Pattnaik holds a masters degree in Economics with specialization in Labor, Industrial Relation and Social Welfare from the Berhampur University, Orissa. Has done Bcom (Hons) from the Berhampur University, Orissa and Diploma in Business Management (DBM) from the ICFAI University, Hyderabad and Hons Diploma in Computer Science (HDSC) from LCC, Jeypore, Orissa. Previously he worked as a Lecturer in Economics in Panchayat Samiti College, Raighar, Dist Nowarangpur, Orissa and has participated in Tribal Developmental Programs and Activities in Koraput District, Orissa. At the Institute he has been involved in development of National Health Accounts and studies related to financing and expenditure of government and NGO health services.

Research Fellows:

Immaculate Mary

Ms. Mary hold two Masters degrees- one in Social Work from Stella Marris College Chennai and the other in Psychology from University of Chennai. She has done her M.Phil in Community Health and Social Medicine from Jawaharlal Nehru University, New Delhi. Her dissertation was on Socioeconomic and Health Conditions of Urban Poor Living in the streets of Chennai. She was awarded the gold medal for academic proficiency in MA Social Work and selected as the best outgoing student during her graduate and post graduate studies. She was trained at the Schizophrenia Research Foundation and Sri. Ramachandra Medical College Chennai in psychiatric social work. At the Institute, she coordinates the field study for the FPP Outcome Evaluation project. Earlier she had worked as the Research Coordinator and Training Officer at Don Bosco, Bangalore, Counsellor (Deaddiction) at the TR Ranganathan Clinical Research Foundation and External Evaluator at the Navanirmana Social Institute, Stella Marris College, Chennai.

K. Maniah

Mr. Maniah holds a post graduate degree in Sociology and a degree in Education. He is currently working in the FPP Outcome Evaluation Project. Earlier he had worked as the Regional Coordinator (AP) for the RCH-II Women Health Volunteer Training Programme, and the Manager (Logistics) for the TBA training Programme in Khammam district. He has also worked as a Field Organizer and Investigator for a number of research projects while working with the Academy of Nursing Studies, Hyderabad and CARE, AP.

Jyothi Reddy

Ms. Reddy holds a Masters degree in Social Work with specialization in Family and Child Welfare from the Sri Padmavathy Mahila Viswa Vidyalayam, Tirupathi. She has undergone training in counselling of tuberculosis patients, STI/HIV prevention and SHG formation and development. She is currently working in the FPP Outcome Evaluation Project. Earlier, she had worked as the Coordinator of a DfID funded Targeted Intervention program for sex-workers being implemented through the AP State AIDS Control Society. She has also worked as the Coordinator, Counselor and Transit Home In-charge with PRAJWALA an anti trafficking organization based in Hyderabad.

Jayabharath Reddy

Mr. Reddy holds a Masters degree in Rural Development. He is currently working in the FPP Outcome Evaluation Project. Earlier, he has worked as the coordinator of “CONSIDER” a non profit agency working for rural reconstruction and education. He has worked as a researcher with a number of organizations such as Indian Institute of Health and Family Welfare, Hyderabad; Indian Institute of Health Management and Research, Jaipur; MUKTI and ASSIST.

Interns & Apprentices:

Name	Qualifications	Project / Learning Area
Rama Rao	M.Sc Microbiology	Epidemiology of Road Traffic Accidents
Ravi Krishna	M.Sc Microbiology	Epidemiology of Road Traffic Accidents
Raghavendra	M.Sc Microbiology	Water Quality Testing Services
M. Ramu	M.Sc Microbiology	Water Quality Testing Services
Vijay Kumar	MA Rural Development	Critical Gaps in PHC
Srinivasa Rao	M.Phil Applied Linguistic	Critical Gaps in PHC
Mallaji	SSC	Metro Water Quality Monitoring
Srikanth	SSC	Metro Water Quality Monitoring
Mahesh Rao Shinde	Intermediate	Metro Water Quality Monitoring
Narender	SSC	Metro Water Quality Monitoring
Issac Arnold	B.Sc Microbiology	Metro Water Quality Monitoring
Manjula	BA (Pub Adm), CHISA	Library Information System
Roop Kala	B.Sc (Math)	Front Office Operation

System Administration:

P. Ganapathy

Mr. Ganapathy has a B.Tech Degree in Electronics and Communications from the JNTU. He is trained in maintenance of MS and Linux Operating Systems. He has previously implemented a project on PC to PC communication through wireless.

General Support:

N. Anjan

Mr. Anjan, Accountant has a degree in Commerce and diplomas in Accounting and Hardware and Computer Applications. He is trained in Tally 6.3 and 7.2, Wings 2000, EX-Next Generation and UBS Accounting Software. Prior to his tenure at IHS he has worked as an accountant with Numeric Engineering Services, Hyderabad, Phat-Phish Films & Records, Hyderabad and Daylight Resources Sdn.Bhd, Malaysia.

Others:

Sri Shiva Kumar (General Assistant), Sandhya Rani & Kalavathi (Sanitary Workers).

Service Providers:

Service	Provider	Remarks
Security	Pefect Security and Allied Services	Until Nov. 2004
	Sunaina Security Services	Nov 2004 to Jun 2006
	Sahara Security Services, Tilaknagar, Nallakunta	Since July, 2006

Date: Feb 8, 2007 29 Dec, 2006

Director

Annex-2
**IHS-Personnel Participation in Training Programs,
 Workshops, Seminars and Conferences from the
 last AGM. (27-01-2004 to 29-12-2006)**

Event Title	Host Institution(s) & Venue	Dates
Bi-Regional Workshop on National Health Accounts	WHO, SEARO, New Delhi	28-30 Nov 2006
Workshop on Technical Issues Concerning Water Safety Plan and Demonstration Project, Hyderabad	WHO, The Institute of Health Systems and HMWSSB, Hyderabad	November 21-22, 2006
Workshop on Qualitative Outcome Evaluation of HIV Programmes	International HIV/AIDS Alliance and Institute of Health Systems	September 18-22, 2006
Scientific Working Group on Establishing Health based targets for Drinking Water Safety in support of Water Supply Plans for Hyderabad.	WHO and The Institute of Health Systems, Hyderabad	September 11-13, 2006
Capacity Building Workshop on State Health Accounts	GoI-MoHFW & WHO-India	6-7 September 2006
Workshop on Sector Reforms and Financing in Health.	GoI-MoHFW & WHO-India at India International Center, New Delhi,	25th August 2006
Working Group on Health System Research, Biomedical Research & Dev. & Regulation of Drugs & Therapeutics for 11 th Five Year Plan (2007-12)	Planning Commission, Government of India	29th July 2006
Workshop on Dissemination of Report on National Health Accounts, India 2001-2002.	GoI-MoHFW & WHO-India at India International Center, New Delhi	14 June 2006
Workshop on Medium Term Strategy for Health in Andhra Pradesh.	Dept. of Health Medical and Family Welfare, Govt. Of AP	2nd June 2006
Workshop on Monitoring and Evaluation of Health Care Services.	Govt of AP: Dept. of Health Medical & Family Welfare, & Center for Good Governance	30th May 2006
Workshop on design of health sector support funded by DfID, GoUK.	Dept of Health Medical and Family Welfare, Govt. of Andhra Pradesh	22nd May 2006
Workshop on Water Safety Plan for Urban Areas of Hyderabad.	Hyderabad Metro Water Supply and Sewerage Board, WHO-India and US Environment Protection Agency	12th May 2006
Investigators Workshop on	Univ. of Queensland, Australia, the	11- 12th April

Event Title	Host Institution(s) & Venue	Dates
Mortality Surveillance in Developing Countries	George Institute, Australia, Byrraju Foundation, India and the Center for Chronic Disease Control, New Delhi	2006
Joint Consultation on Design of National AIDS Control Programme- Phase-III, India	Department for International Development, New Delhi	5th April, 2006
Workshop on “Role of Indian Funding Agencies in context of National Health Accounts”	Ministry of Health and Family Welfare, Government of India in collaboration with WHO, India Country Office	28th March 2006
Workshop on “National Rural Health Mission”	Planning Commission, Government of India	7th January 2006
Seminar on Policies of the State Government: Past experience and future priorities.	Centre for Economic and Social Studies, Hyderabad	4 June 2005
Workshop on Food, Livelihoods and Health	ICRISAT, Hyderabad	29-30 Mar 2005
Steering Committee meeting on Burden of Disease and Socioeconomic Impact of HIV/AIDS	National Aids Control Organization, New Delhi	10 Dec 2004
Expert Group Meeting on Out of Pocket Expenditure on Health Care Services in India	Bureau of Planning, MoHFW, Government of India	Oct 24, 2004
IRDA Health Insurance Working Group	Insurance Regulatory and Development Authority, Government of India	Sept 6, 2004
Seminar on Health Sector Reforms in India	Indian Council of Social Sciences Research (ICSSR) and Centre des Sciences Humaines	Aug 30-31, 2004
Expert Group on Burden of Disease of HIV/AIDS	National, Institute of Epidemiology, ICMR, Chennai	3 Aug 2004
Steering Committee on Burden of Disease and Socioeconomic Impact of HIV/AIDS	National AID Control Organization, New Delhi	Mar 22, 2004
Workshop on National Health Accounts	WHO-India & Ministry of Health Medical & Family Welfare, Delhi	Jan 29, 2004

Subodh Kandamuthan, Faculty

Event Title	Host Institution(s) & Venue	Dates
Conference on Emerging Health Challenges and Response of the Indian Health Care System	Centre for Sciences Humaines and Delhi School of Economics, New Delhi	Dec 4-5, 2006

Dr. Satish Kumar, Faculty

Event Title	Host Institution(s) & Venue	Dates
State Level Workshop on Biomedical Waste Management	Environment Protection Training & Research Institute, Hyderabad.	Dec 18, 2004
ICMR Review Meeting-II on Assessment of Burden of Non-Communicable Dis.	ICMR Headquarters, New Delhi	Oct 18-19, 2004
ICMR Review Meeting-I on Assessment of Burden of Non-Communicable Dis.	ICMR Headquarters, New Delhi	Jul 21, 2004
Integrated Environmental Strategies (IES)- India Policy Makers Meeting	India Habitat Centre, New Delhi	Jun 29, 2004
Integrated Environmental Strategies (IES)- India Policy Makers Meeting	CII-Sohrabji Godrej Green Business Centre, Hyderabad	Jun 24, 2004

Srinivas Reddy N, Research Associate

Event Title	Host Institution(s) & Venue	Dates
Workshop on Poverty monitoring for AP	PSAMU-SERP, Hyderabad.	Jan. 28-29, 2004
Integrated Environmental Strategies (IES)- India Policy Makers Meeting	CII-Sohrabji Godrej Green Business Centre, Hyderabad	Jun 24, 2004
Workshop on Outcome Evaluation of HIV prevention programme	International HIV Alliance, Lepira India and IHS	Mar 31 -Apr 2, 2004
Workshop on Qualitative Outcome Evaluation of HIV Programmes	International HIV Alliance and IHS	Sep 18-22, 2006
Training on RCH-II Baseline survey	IIHFW, Hyderabad	Jul 17-20, 2006

Dhanraj, Research Associate

Event Title	Host Institution(s) & Venue	Dates
Workshop on Outcome Evaluation of HIV prevention programme	International HIV Alliance, Lepira India and IHS	Mar 31 -Apr 2, 2004
Training on Microbiological analysis of Drinking water	Environment Protection Training & Research Institute, Hyderabad.	Sep 12-15, 2006
Workshop on technical issues concerning water safety plan and demonstration project, Hyderabad	WHO, IHS and HMWSSB, Hyderabad	Nov 21-22, 2006

Saritha K, Research Associate

Event Title	Host Institution(s) & Venue	Dates
Workshop on Leptosporiosis, Clinical and Diagnostic Aspects	Nizam Institute of Medical Science, Hyderabad	Nov 7, 2004.
National Seminar on Food Safety and Quality Control in India	ICAR and ANGRAU, Rajendranagar, Hyderabad	Mar 02-04, 2005
Trg Pgm on Rain Water Harvesting, Urban Water Management: Meeting the challenge	Centre for Science and Environment, New Delhi	Feb 06-10, 2006
Workshop on water safety plan in	WHO and HMWSSB,	Apr 12-13,

Saritha K, Research Associate

Event Title	Host Institution(s) & Venue	Dates
Hyderabad city	Hyderabad	2006
Training on Laboratory Management	Environment Protection Training & Research Institute, Hyderabad.	Sep 06-08, 2006
Establishing health based targets for drinking water safety in support of water supply project - scientific working group	WHO and The Institute of Health Systems, Hyderabad	Sep 11-13, 2006
Training on Physicochemical analysis of Drinking water	Environment Protection Training & Research Institute, Hyderabad.	Sep 18-22, 2006
Workshop on technical issues concerning water safety plan, Hyderabad	WHO, IHS and HMWSSB, Hyderabad	Nov 21-22, 2006

Raghavendra Prasad, Microbiology Intern

Event Title	Host Institution(s) & Venue	Dates
Trg on Microbiological analysis of Drinking water	Environment Protection Training & Research Institute, Hyderabad.	Sep 12-15, 2006
Trg on Physicochemical analysis of Drinking water	Environment Protection Training & Research Institute, Hyderabad.	Sep 18-22, 2006
Workshop on technical issues concerning water safety plan, Hyderabad	WHO, IHS and HMWSSB, Hyderabad	Nov 21-22, 2006

Vijaylakshmi Tadi, Administrative Officer

Event Title	Host Institution(s) & Venue	Dates
Trg Programme on Direct Trainers Skills	Dr. MCRHRDIAP, Hyderabad	10-14 May 2004
Trg Programme on Office Procedures	Dr. MCRHRDIAP, Hyderabad	09-22 Feb 2004

Ajay Kumar Shinde, Administrative Officer

Event Title	Host Institution(s) & Venue	Dates
Training on Laboratory Management	Environment Protection Training & Research Institute, Hyderabad.	Sep 06-08, 2006
Trg on Rain Water Harvesting, Urban Water Management: Meeting the challenge	Centre for Science and Environment, New Delhi	Feb 06-10, 2006

Date: 29 Dec, 2006

Director

Annex - 3
Outgoing Faculty and Personnel After the Last AGM
(27-01-2004 to 29-12-2006)

Faculty:

Name	Designation	Join date	Leave date	Remarks
Anjaneyulu. J	Faculty	07.02.2000	18.12.2004	Resignation
Dr. Shayamala	Faculty	20.11.2003	21.05.2004	Resignation
Dr. Shweta Upadhyay	Faculty	25.11.2003	28.02.2005	Resignation
Dr.T. Dayakar	Director	01.09.2004	16.03.2005	Resignation
Bhagirath Gop	Faculty	01.12.2000	07.03.2005	Resignation
Dr. Satish Kumar	Faculty	14.06.2000	06.04.2006	Resignation

Research Associates & Assistants:

Name	Designation	Join date	Leave date	Remarks
Mary Nancy	Research Associate	05.07.2001	06.10.2004	Resignation
Radhakrishna Raju	Research Associate	01.12.2000	28.02.2005	Resignation
Srikanthi	Research Associate	18.06.2003	18.07.2005	Resignation
Srinivasulu G	Research Assistant	22.11.2000	27.01.2004	Resignation
M Vijayanand	Research Assistant	26.05.2003	03.07.2004	Resignation

Fellows:

Name	Designation	Join date	Leave date	Remarks
Neena Jadhav	Fellow	07.06.2006	30.10.2006	Term End
T Raja Sekhar	Fellow	03.04.2006	22.07.2006	Resignation
Vandana Tripathi	Fellow	21.10.2003	31.01.2004	Term End
Kavitha Krishna	Fellow	10.07.2003	31.05.2006	Term End
Dr. Aparna	Fellow	16.08.2006	30.09.2006	Resignation
Dr. Anil Chandran	Fellow	07.02.2003	06.02.2004	Term End
Laltendu Mohanthy	Fellow	24.06.2003	07.02.2004	Term End
Archana Patkar	Fellow	03.02.2004	29.03.2004	Resignation
Marry Lissa	Fellow	07.10.2005	20.12.2005	Resignation

Software Developers and System Administrators:

Name	Designation	Join date	Leave date	Remarks
Vijay Karthik	Software Developer	06.01.2003	09.01.2004	Resignation
V Bhaskar	System Administrator	08.01.2001	17.06.2004	Resignation
GBN Surya Kumar	System Administrator	28.02.2001	14.09.2004	Resignation
Sumana	System Administrator	07.04.2003	16.04.2004	Resignation
Jogi Naidu	System Administrator	12.05.2003	31.11.2005	Resignation
Sumana	System Administrator	08.06.2006	08.08.2006	Resignation

General Support Personnel:

Name	Designation at Exit	Join date	Leave date	Remarks
Vijaya Lakshmi Tadi	Comm. & Ser. Ofer.	29.11.1999	15.03.2005	Terminated
Padmaja A	Trg. Services Officer	12.03.2001	31.10.2004	Resignation
Rajamallu	Sec. Assistant	08.03.2001	12.01.2004	Resignation
Phani Kumar J	Sec. Assistant	05.01.2000	23.10.2004	Resignation
GSL Vanama Raju	Director PA	02.07.2002	30.01.2004	Resignation
Ruth Nirmala	Director PA	01.02.2004	05.04.2004	Resignation
Ajay Shindhe	Adm. Officer	16.06.2000	30.11.2006	Resignation
K Koteswara Rao	Accountant	03.07.2000	16.04.2004	Resignation
B Kavitha Asst.	Asst. Librarian	18.07.2000	07.07.2004	Resignation
A Pavan Kumar	Technical Asst.	14.06.2000	30.09.2004	Resignation
Sunitha	Front Office Asst.	02.05.2005	13.05.2005	Resignation
Sathaya Devi	Front Office Asst.	01.04.2006	12.08.2005	Resignation
Manemma	Sanitary Worker	20.04.2000	01.09.2005	Termination
Chandrakala	Sanitary Worker	20.04.2000	01.09.2005	Termination
Kumar Parida	Attender	01.10.1998	31.10.2005	Resignation
Padmavathi	Sanitary Worker	05.09.2005	31.09.2005	Resignation

Project Interns:

Name	Project	Join date	Leave date	Remarks
Arunajyothi	FPP	23.05.2004	22.11.2004	Term End
Shilpa	FPP	23.05.2004	17.09.2004	Term End
Barath Reddy	FPP	23.05.2004	30.04.2005	Term End
Ravi Kumar	FPP	24.06.2004	23.09.2004	Term End
G. Sreenu	NHANGO	11.10.2005	31.12.2005	Term End
K. Venkata Ramana	NHANGO	11.08.2005	10.10.2005	Term End
Prem Kumar	NHANGO	10.08.2005	31.12.2005	Term End
Madhusudhan Reddy	NHANGO	10.08.2005	25.03.2006	Term End
P. Santosh	NHANGO	11.08.2005	31.12.2005	Term End
Ramesh	RTA	20.06.2005	31.10.2005	Resignation
Prabhakar	RTA	02.07.2005	30.11.2005	Resignation
Bala Kumar	RTA	20.06.2005	20.07.2005	Termination
P. Vijayakumar	Critical Gaps Assesmt	09.09.2006	10.12.2006	Term End
G. Gabriel	Critical Gaps Assesmt	09.09.2006	10.12.2006	Term End
MD Valli	Critical Gaps Assesmt	09.09.2006	09.10.2006	Term End
Eswar	Critical Gaps Assesmt	09.09.2006	09.10.2006	Term End
Thriloknath	Critical Gaps Assesmt	09.09.2006	25.11.2006	Term End
Balasubramanyam	RCH-2 /PRK	08.07.2006	30.09.2006	Term End
V.Madhu	RCH-2 /PRK	08.07.2006	30.09.2006	Term End
Sampath	RCH-2 /PRK	08.07.2006	30.07.2006	Term End
Kishore	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Suryakumar	RCH-2 /PRK	21.07.2006	30.09.2006	Term End

Project Interns:

Name	Project	Join date	Leave date	Remarks
Ankaiah	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Suneetha	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Banu	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Nurjahan	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Karimunnisa Begum	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Madhavi	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Chadrakala	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Sheela	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Muntaj	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Fathima	RCH-2 /PRK	21.07.2006	30.09.2006	Term End
Gopal Rao	RCH-2/ NRL	07.07.2006	30.09.2006	Term End
Brahmaiah	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Dhanunjai	RCH-2/ NRL	07.07.2006	30.09.2006	Term End
Chandrashekar	RCH-2/ NRL	07.07.2006	30.09.2006	Term End
Prakash Kumar	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Siva kumar	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Fayaz	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Vakulamalikadevi	RCH-2/ NRL	17.07.2006	30.08.2006	Term End
Umamahwswari	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
sahera banu	RCH-2/ NRL	17.07.2006	30.08.2006	Term End
Jyothi	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Sailaja	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Evelin Kumari	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Padmaja	RCH-2/ NRL	17.07.2006	30.09.2006	Term End
Austeen	RCH-2/ NRL	19.07.2006	30.08.2006	Term End
Chandra	RCH-2/ NRL	19.07.2006	30.09.2006	Term End
Vinay kumar	RCH-2/ KDP	08.07.2006	30.09.2006	Term End
Shyam Krupakar	RCH-2/ KDP	08.07.2006	30.09.2006	Term End
Suresh	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Sunny Samson	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Praveen	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Nagendra	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Jhansi	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Ramathulasi	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Ramakrishnamma	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Sasikala	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Saradha	RCH-2/ KDP	20.07.2006	30.09.2006	Term End

Project Interns:

Name	Project	Join date	Leave date	Remarks
Hemaprabhavathi	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
Lingamma	RCH-2/ KDP	20.07.2006	30.09.2006	Term End
V. Krishna	WQTS	16.11.2004	31.10.2005	Term End
Sumeeth Singh	WQTS	01.04.2005	31.10.2005	Term End
GV Lakshminarayana	WQTS	01.04.2005	09.06.2005	Term End
Amit Singh	WQTS	05.08.2005	31.11.2005	Term End
Ibrahim	WQTS	27.08.2005	02.11.2005	Term End
P.Manaswy	WQTS	20.08	17.10.2005	Term End
Anuradha Deshmukh	WQTS	01.09.2005	31.11.2005	Term End
Sandhya Reddy	WQTS	07.11.2005	18.03.2006	Term End
M.Satish Kumar	WQTS	08.11.2005	30.12.2005	Term End
Himabindhu	WQTS	19.12.2004	31.12.2004	Term End
Jagadesh	WQTS	01.03.2006	07.03.2006	Term End
Pratap U	WQTS	17.04.2006	05.09.2006	Term End
Y.Babu	WQTS	20.06.2006	05.11.2006	Term End
Chinni Jahangir	WQTS	04.09.2006	03.11.2006	Term End

Date: 29 Dec, 2006

Director

Notes:

¹ Join date is the first day of the current spell of personal affiliation with Institute. However, the nature of initial affiliation might have been different from the status at the time of exit. For example, a person may join as an intern or apprentice and may then be employed by the Institute at the end of internship. Similarly, the designation of those employed may change from the date of entry to the date of exit.

Annex- 4

IHS Representation in Scientific Bodies and Health System Forums.

Forum	IHS Representative
Planning Commission: Working Group on Health Financing and Health Insurance for the 11th Plan	Dr. Prasanta Mahapatra, President
Planning Commission: Working Group on Health Systems Research, Biomedical Research & Development and Regulation of Drugs and Therapeutics for the 11 th Plan	Dr. C.K. George, Director, IHS
World Bank: Technical Expert Group on Health System Capacity Building	Dr. Prasanta Mahapatra, President
National Rural Health Mission (Government of India) Working Group on Public-Private Partnership	Dr. Prasanta Mahapatra, President
Government of India: Expert Group on Out of Pocket Expenditure on Health Care Services in India	Dr. C.K. George, Director, IHS
HMWSSB: Steering Committee on Water Safety	Dr. C.K. George, Director, IHS
National Institute of Epidemiology(ICMR) Expert Group on Burden of Disease of HIV/AIDS	Dr. C.K. George
Board of Studies (Paramedical Courses), NTRUHS	Dr. Prasanta Mahapatra, President
National AIDS Control Organization: Steering Committee for Burden of Disease and Socioeconomic Impact of HIV/AIDS	Dr. C.K. George, Director, IHS
Government of India: National Nutrition Mission	Dr. Prasanta Mahapatra, President Dr. V. Raman Kutty, Charter Member
Insurance Regulatory and Development Authority: Health Insurance Working Group	Dr. Prasanta Mahapatra, President, IHS Dr. C.K. George, Director, IHS
Government of Andhra Pradesh: Expert Group on Health, State Action Plan for Children,	Dr. C.K. George, Director, IHS
Indian Council of Medical Research (ICMR): Scientific Advisory Group	Dr. Prasanta Mahapatra, President, IHS
Government of India: Prime Minister's Office (PMO): Task Force on Public Private Partnership	Dr. Prasanta Mahapatra, President, IHS

Date: 29 Dec, 2006Feb 8, 2007

Director

Annex-5

Projects Completed in the Reporting Period

1. Developing State Health Accounts for Andhra Pradesh:

National health accounts (NHA) document total health care financing and expenditure within a particular health system. Health expenditure consists of financial outlays that service the health system. NHA trace the resources invested and consumed in the production of health and facilitates further research and meaningful policy analysis. In the Indian context, state level studies are at least as important as overall national analyses. In some respect, state health accounts (SHA) are more important, because many of the major policy decisions concerning resource allocation to health and social sector are made at the state level. The Institute is currently developing more comprehensive State Health Accounts for Andhra Pradesh. Secondary data pertaining to health expenditure was collected from various state government departments and central ministries, CGHS and ESIS, private insurance companies, local bodies, etc. Primary surveys were done to estimate health expenditure by NGO's, voluntary and charitable organizations, public and private sector firms. The work started in March 2003 and was completed in May 2004. The project was funded by the Department for International Development (DfID), Government of U.K

2. Integrated Environmental Strategies (IES) Hyderabad, India Project. Health Effects Analysis & Economic Valuation of Health Effects:

Adverse health effects attributable to air pollution are an important public health problem. Air pollutants such as particulate matter have damaging effects on human health. Estimates of the health damages associated with air pollution are required to assess the size of the problem and to evaluate the impact of specific pollution control measures. The IES programme was designed to integrate solutions for multiple benefits. The health effects analysis study aimed to identify and analyze the air quality, public health and GHG mitigation “co-benefits “ in transportation and industrial sectors, to develop an initial estimation of the health impacts of PM₁₀ (Particulate matter of 10 microns diameter) in Hyderabad and their social costs. The analysis was conducted for Business as Usual (BAU) and four identified alternative mitigation scenarios. The magnitude of health impacts in relation to PM₁₀ exposure was calculated using both a health risk assessment approach and percentage increases of mortality or morbidity per unit increase of air pollutant concentration. The analysis was based on Concentration Response (CR) functions derived from available epidemiological studies. Health benefits were computed using Human Capital Approach (HCA) for mortality valuation, and the Cost of Illness (COI) approach for valuing morbidity. Transportation sector is the largest contributor to air emissions (approx. 70% of the total load) in Hyderabad. The effective bus transit mitigation scenario resulted in, 1/3rd reduction of PM₁₀ concentrations compared to BAU levels, and the most significant decreases in mortality and occurrence of CVD and other respiratory diseases. The transportation sector was recognized as an area, where significant air quality and public health benefits could be realized through the IES, India Analysis. The study was funded by the USEPA through EPTRI.

3. Burden of Disease and Socioeconomic Impact of HIV/AIDS:

This study was a collaborative effort of the National AIDS Control Organization (NACO), United Nations Development Program (UNDP), Indian Council of Medical Research (ICMR), National Council of Applied Economic Research (NCAER), and the Institute of Health Systems (IHS). The study aimed to assess the burden of disease and socioeconomic impact of HIV/AIDS in 6 high prevalence states of the country; viz

Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu, Manipur and Nagaland. The Institute was responsible for developing the study design for estimation of burden of disease due to HIV/AIDS. The IHS organized a study workshop on 2nd and 3rd of December, 2003, towards developing reliable estimates of burden of disease and socioeconomic impact of HIV/AIDS within the country. In addition to representatives from partner organizations, other professionals with expertise relevant to the study participated in the workshop. Based on the workshop findings a study design for a HIV prevalence survey was developed and submitted to the NACO Steering Committee.

4. Frontiers Prevention Program (FPP) Outcome Evaluation-Baseline Study:

Frontiers Prevention Program (FPP) aims to support the delivery of a comprehensive package of interventions on targeting populations, who are seen as key to HIV/AIDS epidemic dynamics: sex workers, men who have sex with men, and people living with HIV/AIDS. These interventions occur within specific geographic sites that are seen as potential high HIV-transmission areas. The outcome evaluation seeks to measure the effect of the interventions. The study aims to evaluate: whether the FPP empowerment for prevention approach increases the level of social capital (community trust, reliance, responsibility and civic participation) among key populations actively involved in the interventions and wider key populations exposed to the interventions; and whether increased social capital lead to increasing empowerment for prevention, actual reduction in risk behaviours and changes in knowledge attitudes and behaviour. The study also seeks to evaluate whether the FPP approach lead to an enabling environment in which stigma and discrimination are reduced; the relationship between an enabling environment and social capital; to what extent are NGOs / CBOs and the services they provide participatory, client - centered and community based, and how does this change over time as a result of capacity building and other inputs. The baseline study of the outcome evaluation was completed in December 2005. The study was sponsored by the International HIV/AIDS Alliance and Horizons (Population Council).

5. Institutional Assessment of the National AIDS Control Program:

This study was commissioned by the National AIDS Control Organization to assess the institutional arrangements of the National AIDS Control Programme at the national, state and district level and to make recommendation for their strengthening, prior to the launch of the third National AIDS Control Project (NACP-III). The assessment was based on the perusal of documents, discussion with concerned persons and visits to four states (Delhi, Andhra Pradesh, Madhya Pradesh and Assam) and one district in each of them. Key entities of NACP was analyzed in terms of (1) institutional structure, which captures organizational resources, design, and components; (2) institutional functioning, which captures organizational systems, policies, and procedures, and impact as defined by program/service delivery; and (3) institutional culture, which captures additional elements, such as organizational values, political will, and leadership style. The study provided recommendations for organization structure and staffing of key entities at the national, state and district level. In addition, the study also recommended mechanisms for convergence of NACP with the NRHM; NACP-RNTCP convergence; Partnerships for capacity development and program support; Public-private partnerships for service delivery; and a governance framework for the NACP. Recommendations of the study provided inputs to the preparation of the Project Implementation Plan of the NACP-III. The study began in October 2005 and was completed in May 2006

6. Health Care Financing and Expenditure of Non-Profit Organizations in India:

The National Health Policy (NHP 2002), emphasizes the need for improved and comprehensive information through national health accounts and accounting systems and sought to establish national health accounts, conforming to the 'source-to-users' matrix structure, by 2005. The Central Ministry of Health and Family Welfare has constituted a "NHA cell", which is working towards institutionalizing the NHA process in the country. This study was commissioned by the Ministry of Health and Family Welfare and the WHO to fill in a crucial data gap of the NHA exercise. The objective of the study was to: (1) Outline the methodology and procedures for estimation of total health spending by NGOs in the country (2) provide national level estimates for the years 2001-02 and 2002-03, of: (a) Revenues of NGOs by source of funding (b) Health expenditure of NGOs; and (3) Application of the NHA framework to trace the flow of funds for health care through NGOs. A database of health care NGOs was prepared and a thousand organizations were randomly selected for the study. Field visits were made to 5 states, one in each geographical region; Delhi, Tamil Nadu, Maharashtra, Assam and Orissa. Data on financing and expenditure including audited reports and FC-3 reports were collected. Data for other states were collected via a mailed survey and telephonic follow-up. Household were the major source of funds of NGOs (about 42%). International agencies, central government and the state government contributed 26%, 12% and 6% of the funds respectively. Other sources of funds included: private firms, PRIs, financial agencies and own resources of NGOs. About 42% of the funds were spent on curative care services and 24% on disease prevention and health formation. The remainder was spent on research and training, dispensation of medical goods, provision of ancillary services and capital formation. The study provided inputs to the NHA prepared for the country by the MoHFW. The study began in June 2005 and was completed in January 2006

7. Medium Term Expenditure Framework (MTEF) for Health in Andhra Pradesh:

The Government of Andhra Pradesh is in the process of developing a medium term strategy and expenditure framework for health in the state for the years 2006-11. The Institute was commissioned by the Department of Health and Family Welfare to develop the MTEF. The study involved analysis of health expenditure by sources of funds, functions of care, providers and resource categories; estimation of the resource envelope; costing of medium term strategies and development of the MTEF by reconciling bottom-up estimates of the cost of carrying out policies, both existing and new with the resource envelope available for public health expenditure. Health budget data of the last five years was analyzed up to detailed head level using National Health Accounts framework adopted by the Government of India to understand trends in public health spending and make projections for a "business as usual" scenario. Data included Demand for Grants of DoHMF and other line departments such as Department of Women and Child Welfare, Department of Labour and Department of Tribal Welfare, and receipt and expenditure statements of disease prevention and family welfare societies established by the government. Costing of medium term health strategies using GOI, GoAP, National Macroeconomic Commission for Health (India) recommended norms. The study began in October 2005 and was completed in May 2006.

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Annex-6

Projects Taken Up in Reporting Period and Continuing in the Current Year

8. Air Pollution and Cause of Deaths in Hyderabad

This study has been designed to understand the cause of death pattern in Hyderabad city and identify deaths due to causes attributable to air pollution. The study also aims to strengthen the medical certification of cause of deaths and reporting of cause of death statistics in the city of Hyderabad. Data on air pollution has been collected from the Andhra Pradesh Pollution Control Board. Cause of Death data is being collected from the vital statistics division of the municipal corporation of Hyderabad. The quality of the medical certification of deaths will be assessed and where required reassessment of cause of death will be done using verbal autopsy tools. The study has been commissioned by the Ministry of Environment and Forests, Government of India and began in May 2005.

9. Epidemiology of Road Traffic Accidents

The process of rapid and unplanned urbanisation has resulted in an unprecedented revolution in the growth of motor vehicles worldwide. The alarming increase in morbidity and mortality owing to road traffic accidents (RTA) over the past few decades is a matter of great concern globally. Currently motor vehicle accidents rank ninth in order of disease burden and are projected to be ranked third in the year 2020. In India, more than 80,000 people get killed due to RTA every year, and this needs to be recognised as an important public health issue. Very few studies have attempted to understand the epidemiology of risk factors associated with RTA in Indian cities. The present study being carried out by IHS from 1st June 2004 is under the aegis of Indian Council of Medical Research (ICMR), and aims to examine the magnitude of this multifaceted problem in a rapidly developing Hyderabad metropolis. The study is designed to understand epidemiology of risk factors associated with high level of accidents. Causative linkages between accidents and road design, road user behaviour, traffic regulation, and road worthiness will be explored. Data collection and preliminary analysis has been mostly done. The study is expected to be completed by May 2007.

10. Assessment of Critical Gaps in Rural Health Care System of AP

The study aims to assess current critical gaps in health care system of rural areas of Andhra Pradesh and suggest remedial measures for improvement of the same. Specifically the study aims to : (1) assess the availability of health services in rural areas of Andhra Pradesh (2) identify critical gaps in health infrastructure facilities in rural areas (3) identify “software gaps” in PHCs in the form of non-availability of essential manpower, i.e., Medical Officers and Nursing Personnel and assess the criticality of software gaps on health care delivery in rural areas (4) identify other factors contributing to the deficient health care in rural areas., and (5) suggest actionable recommendations for improvement of identified facility scarce districts, which need priority attention. The study uses both qualitative and quantitative research methods and make use of both secondary and primary data sources to achieve the objectives of the study. The 23 districts of AP were listed in ascending order of IMR. A total of 6 districts have been selected for the study -one high IMR district and one low IMR district from each of the three geographical regions of the State. They include: Krishna (Low IMR, Andhra); Karimnagar (Low IMR, Telangana); Cuddapah (Low IMR, Rayalaseema); Vizianagaram (High IMR, Andhra); Mahaboobnagar (High IMR, Telangana);

Anantapur(High IMR, Rayalaseema). Within each of the above districts six PHCs have been selected by random sampling. Inspection of physical facilities, infrastructure, equipment, drug and consumable stores, registers etc have been conducted as part of an observational study to assess the current status of physical facilities. In addition interviews have been conducted with health care providers, community leaders and patients at each PHC. The study has been commissioned by the Department of Planning, Government of Andhra Pradesh. The study began in March 2006 and is expected to be completed by January 2007.

11.Cause of Death Coding for AP Rural Health Initiative

The Andhra Pradesh Rural Health Initiative is a collaborative effort of the Byrraju Foundation, The George Institute for International Health Sydney, the Centre for Chronic Disease Control in New Delhi and the CARE Foundation, Hyderabad to develop cost effective solutions for providing health care to rural communities. As a part of this Initiative, it is required to carry out mortality/morbidity surveillance in about 45 villages of East & West Godavari. Trained personnel conduct verbal autopsy using specially structured Verbal Autopsy Forms, which are sent to the IHS. At the Institute the cause of death (COD) is assigned to each form as per the ICD-10 codes. The project which began in June 2004 is for a minimum of three years and is sponsored by the Byrraju Foundation. Till date we have coded about 2500 VA Forms.

12.Public Private Partnership for Monitoring of Water Quality in Reservoirs of Hyderabad City

The provision of an adequate supply of safe water one of the eight components of primary health care. In Hyderabad, HMWSSB caters to drinking water needs of about 6 million people including those living in about 800 slums. Existing mechanisms for water quality testing are not enough to meet the challenge of a large city like Hyderabad. Therefore the HMWSSB has partnered with the IHS to augment the Board's quality control mechanisms as a third party check. IHS Field staff does daily monitoring of water quality in 22 reservoirs. They visit the reservoirs daily and collect water samples from designated sampling points. All samples are tested for "Residual Chlorine" using N,N Diethyl -P-Phenylene Diamine (DPD) method at the site itself. If Chlorine levels are unsatisfactory, a sample is taken for microbiological analysis. IHS personnel record their observations pertaining to any circumstances that could have an impact on water quality: such as: improper functioning of chlorine machines, availability of chlorine cylinders, absence of operators, power failures, damage to pipes etc. Results communicated to Board daily. Weekly, monthly and quarterly consolidated reports are also submitted. There has been significant improvement in quality of water in reservoirs since the partnership was put in place. When the partnership became operational about 12% of the samples were found to be unsatisfactorily chlorinated, compared to current levels of 2%. The project was commissioned by the HMWSSB and has been in operation since April 2005.

13.Public-Private Partnership for Prevention of Waterborne Diseases in Urban Slums of Hyderabad

The Institute is partnering with the Hyderabad Metropolitan Water Supply and Sewerage Board to identify risks associated with spread of waterborne diseases in slum areas of Hyderabad and provide suggestions to address these risks. As part of this partnership, the Institute regularly monitors quality of water supplied to residents of identified slums. Samples are collected from various sources and tested for residual chlorine and bacteriological contamination. IHS personnel also record their observations pertaining to any circumstances at the slum site that could have an impact on water quality, such as leakage of

the tap, damage of the sewerage pipelines and sewerage overflows, cross connections with sewerage pipes, cracked or eroded tap stand, presence of open defecation in the near vicinity, presence of farm animals or industrial pollution etc. Board is notified of all sewerage overflows, with exact address. When the overflows are from within houses, respective households are informed of their potential health hazards. The status followed up during repeat visits. A key focus of the partnership is to empower residents for prevention of waterborne diseases. Field staff inform concerned residents about the potential health hazards and advice remedial action. During outbreaks, the residents were educated about good hygiene practices and measures to prevent water contamination. Community Mobilization by Focus Group Discussions with women in slum is also conducted in each slum. In addition quality of water supplied by hotels, street vendors, eateries etc., in the slum areas are also monitored. Reports are provided on a daily, weekly, monthly and yearly basis to the Board. The presence of external monitoring and direct reporting of findings to senior most level of Board management, has to a great extent ensured that lower level staff are more vigilant and prompt in carrying out their routine work. Data indicate that there has been an overall improvement in levels of chlorination of water supplied to the slums, during the reporting period. Further, communication of findings on a real time basis to the officers of board, ensures prompt response in taking corrective measures. The project was commissioned by the HMWSSB and has been in operation since April 2004.

14. Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation

The Institute has been commissioned by the Andhra Pradesh Yogadhyayna Parishad (APYP) to develop systems and procedures relating to general functioning, academic, accounts and other management functions of the organization. The work includes: preparation of job charts of functionaries, framing of service rules, framing of rules of admission and discharge of patients and yoga trainees at nature cure centres run by the Parishad, framing of rules and regulations relating to admission and management of internship, hostels, staff accommodation etc., framing of rules and regulations relating to post graduate courses and paramedical courses affiliated to NTRUHS. The IHS has also been asked to review and revise the bye-laws of the organization. The work was commissioned in October 2005 and is expected to be completed by April 2006.

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Annex-6

Research and Consultancy Projects Taken Up in the Reporting Period and Continuing in the Current Year.

1. Air Pollution and Cause of Deaths in Hyderabad

This study has been designed to understand the cause of death pattern in Hyderabad city and identify deaths due to causes attributable to air pollution. The study also aims to strengthen the medical certification of cause of deaths and reporting of cause of death statistics in the city of Hyderabad. Data on air pollution has been collected from the Andhra Pradesh Pollution Control Board. Cause of Death data is being collected from the vital statistics division of the municipal corporation of Hyderabad. The quality of the medical certification of deaths will be assessed and where required reassessment of cause of death will be done using verbal autopsy tools. The study has been commissioned by the Ministry of Environment and Forests, Government of India and began in May 2005.

2. Epidemiology of Road Traffic Accidents

The process of rapid and unplanned urbanisation has resulted in an unprecedented revolution in the growth of motor vehicles worldwide. The alarming increase in morbidity and mortality owing to road traffic accidents (RTA) over the past few decades is a matter of great concern globally. Currently motor vehicle accidents rank ninth in order of disease burden and are projected to be ranked third in the year 2020. In India, more than 80,000 people get killed due to RTA every year, and this needs to be recognised as an important public health issue. Very few studies have attempted to understand the epidemiology of risk factors associated with RTA in Indian cities. The present study being carried out by IHS from 1st June 2004 is under the aegis of Indian Council of Medical Research (ICMR), and aims to examine the magnitude of this multifaceted problem in a rapidly developing Hyderabad metropolis. The study is designed to understand epidemiology of risk factors associated with high level of accidents. Causative linkages between accidents and road design, road user behaviour, traffic regulation, and road worthiness will be explored. Data collection and preliminary analysis has been mostly done. The study is expected to be completed by May 2007.

3. Assessment of Critical Gaps in Rural Health Care System of AP

The study aims to assess current critical gaps in health care system of rural areas of Andhra Pradesh and suggest remedial measures for improvement of the same. Specifically the study aims to : (1) assess the availability of health services in rural areas of Andhra Pradesh (2) identify critical gaps in health infrastructure facilities in rural areas (3) identify “software gaps” in PHCs in the form of non-availability of essential manpower, i.e., Medical Officers and Nursing Personnel and assess the criticality of soft ware gaps on health care delivery in rural areas (4) identify other factors contributing to the deficient health care in rural areas., and (5) suggest actionable recommendations for improvement of identified facility scarce districts, which need priority attention. The study uses both qualitative and quantitative research methods and make use of both secondary and primary data sources to achieve the objectives of the study. The 23 districts of AP were listed in ascending order of IMR. A total of 6 districts have been selected for the study -one high IMR district and one low IMR district from each of the three geographical regions of the State. They include: Krishna (Low IMR, Andhra); Karimnagar (Low IMR, Telangana); Cuddapah(Low IMR,

Rayalaseema); Vizianagaram(High IMR, Andhra); Mahaboobnagar(High IMR, Telangana); Anantapur(High IMR, Rayalaseema). Within each of the above districts six PHCs have been selected by random sampling. Inspection of physical facilities, infrastructure, equipment, drug and consumable stores, registers etc have been conducted as part of an observational study to assess the current status of physical facilities. In addition interviews have been conducted with health care providers, community leaders and patients at each PHC. The study has been commissioned by the Department of Planning, Government of Andhra Pradesh. The study began in March 2006 and is expected to be completed by January 2007.

4. Cause of Death Coding for AP Rural Health Initiative

The Andhra Pradesh Rural Health Initiative is a collaborative effort of the Byrraju Foundation, The George Institute for International Health Sydney, the Centre for Chronic Disease Control in New Delhi and the CARE Foundation, Hyderabad to develop cost effective solutions for providing health care to rural communities. As a part of this Initiative, it is required to carry out mortality/morbidity surveillance in about 45 villages of East & West Godavari. Trained personnel conduct verbal autopsy using specially structured Verbal Autopsy Forms, which are sent to the IHS. At the Institute the cause of death (COD) is assigned to each form as per the ICD-10 codes. The project which began in June 2004 is for a minimum of three years and is sponsored by the Byrraju Foundation. Till date we have coded about 2500 VA Forms.

5. Public Private Partnership for Monitoring of Water Quality in Reservoirs of Hyderabad City

The provision of an adequate supply of safe water one of the eight components of primary health care. In Hyderabad, HMWSSB caters to drinking water needs of about 6 million people including those living in about 800 slums. Existing mechanisms for water quality testing are not enough to meet the challenge of a large city like Hyderabad. Therefore the HMWSSB has partnered with the IHS to augment the Board's quality control mechanisms as a third party check. IHS Field staff does daily monitoring of water quality in 22 reservoirs. They visit the reservoirs daily and collect water samples from designated sampling points. All samples are tested for "Residual Chlorine" using N,N Diethyl -P-Phenylene Diamine (DPD) method at the site itself. If Chlorine levels are unsatisfactory, a sample is taken for microbiological analysis. IHS personnel record their observations pertaining to any circumstances that could have an impact on water quality: such as: improper functioning of chlorine machines, availability of chlorine cylinders, absence of operators, power failures, damage to pipes etc. Results communicated to Board daily. Weekly, monthly and quarterly consolidated reports are also submitted. There has been significant improvement in quality of water in reservoirs since the partnership was put in place. When the partnership became operational about 12% of the samples were found to be unsatisfactorily chlorinated, compared to current levels of 2%. The project was commissioned by the HMWSSB and has been in operation since April 2005.

6. Public-Private Partnership for Prevention of Waterborne Diseases in Urban Slums of Hyderabad

The Institute is partnering with the Hyderabad Metropolitan Water Supply and Sewerage Board to identify risks associated with spread of waterborne diseases in slum areas of Hyderabad and provide suggestions to address these risks. As part of this partnership, the Institute regularly monitors quality of water supplied to residents of identified slums. Samples are collected from various sources and tested for residual chlorine and bacteriological contamination. IHS personnel also record their observations pertaining to any

circumstances at the slum site that could have an impact on water quality, such as leakage of the tap, damage of the sewerage pipelines and sewerage overflows, cross connections with sewerage pipes, cracked or eroded tap stand, presence of open defecation in the near vicinity, presence of farm animals or industrial pollution etc. Board is notified of all sewerage overflows, with exact address. When the overflows are from within houses, respective households are informed of their potential health hazards. The status followed up during repeat visits. A key focus of the partnership is to empower residents for prevention of waterborne diseases. Field staff inform concerned residents about the potential health hazards and advice remedial action. During outbreaks, the residents were educated about good hygiene practices and measures to prevent water contamination. Community Mobilization by Focus Group Discussions with women in slum is also conducted in each slum. In addition quality of water supplied by hotels, street vendors, eateries etc., in the slum areas are also monitored. Reports are provided on a daily, weekly, monthly and yearly basis to the Board. The presence of external monitoring and direct reporting of findings to senior most level of Board management, has to a great extent ensured that lower level staff are more vigilant and prompt in carrying out their routine work. Data indicate that there has been an overall improvement in levels of chlorination of water supplied to the slums, during the reporting period. Further, communication of findings on a real time basis to the officers of board, ensures prompt response in taking corrective measures. The project was commissioned by the HMWSSB and has been in operation since April 2004.

7. Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation

The Institute has been commissioned by the Andhra Pradesh Yogadhyayna Parishad (APYP) to develop systems and procedures relating to general functioning, academic, accounts and other management functions of the organization. The work includes: preparation of job charts of functionaries, framing of service rules, framing of rules of admission and discharge of patients and yoga trainees at nature cure centres run by the Parishad, framing of rules and regulations relating to admission and management of internship, hostels, staff accommodation etc., framing of rules and regulations relating to post graduate courses and paramedical courses affiliated to NTRUHS. The IHS has also been asked to review and revise the bye-laws of the organization. The work was commissioned in October 2005 and is expected to be completed by April 2006.

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Annex-7

IHS Publications in the Reporting Period

I. Reports:

- RP40/2006 IHS Guidelines for Development of Colleges of Public Health and Masters Program in Public Health. *Institute of Health Systems*
- RP39/2006 Report of the Advanced Studies in Public Health Programme 2003-04, *C.K. George*
- RP38/2006 Medium Term Expenditure Framework for Health in Andhra Pradesh. Report prepared for the Department of Health and Family Welfare, Government of Andhra Pradesh *C.K. George*
- RP37/2006 Water Quality in Reservoirs of Hyderabad (2005-06), Report prepared for the Hyderabad Metropolitan Water Supply and Sewerage Board, Government of Andhra Pradesh. *C.K. George and Saritha K*
- RP36/2006 Estimation of HIV sero-prevalence in India. Report prepared for the National AIDS Control Organization. *Prasanta Mahapatra and C.K. George*
- RP35/2006 Institutional Assessment of the National AIDS Control Programme. Report Prepared for the National AIDS Control Organization. *C.K. George, L.H. David and Kavitha Krishna*
- RP34/2006 Public Private Partnerships in prevention of waterborne diseases in urban slums (2004-06) Report prepared for the Hyderabad Metropolitan Water Supply and Sewerage Board, Government of Andhra Pradesh. *C.K. George and Saritha K*
- RP33/2006 Health Financing and Expenditure of the NonProfit Sector in India, Report Prepared for World Health Organization. *C.K. George, N.S. Reddy and G.S Pattnaik*
- RP32/2005 Social Context Assessment for HIV/AIDS Prevention Programmes in Andhra Pradesh. Report of the Outcome Evaluation of the Frontiers Prevention Programme. *C.K. George , Kavitha Krishna, N.S. Reddy and B. Srikanthi*
- RP31/2004 Andhra Pradesh State Health Accounts, 2001-02. Report prepared for the Department for International Development, Government of U.K. *C.K. George and G.S. Pattnaik*
- RP30/2004 Proceedings of the National Workshop on Burden of Disease and Socioeconomic Impact of HIV/AIDS in India December 2 - 3, 2003. Report Prepared for the National AIDS Control Organization and the UNDP. *C.K. George, Satish K, S Upadhyay, Anjaneyulu J and G.S. Pattnaik*

II. Working Papers

- WP65/2006 Trends and Analysis of Government Health Expenditure in Madhya Pradesh
C.K. George and Subodh Kandamuthan
- WP64/2006 An Analysis of Road User Behaviour in Accident Prone Areas of Hyderabad City- based on data from Direct Observation Studies.
Dhanraj and C.K. George
- WP63/2006 Trends and Analysis of Road Traffic Accidents in Hyderabad city based on data from the Transport Department of Government of Andhra Pradesh and Hyderabad Traffic Police Department
Dhanraj and Satish K
- WP62/2006 Road Traffic Accidents: A Review of Literature
Satish K and Dhanraj
- WP61/2006 Trends and Analysis of Government Health Expenditure in Andhra Pradesh
C.K. George
- WP60/2005 Quality Emergency Medical Care in India: Challenges and Opportunities
Dayakar T and C.K. George
- WP59/ 2004 Water quality in urban slums of Andhra Pradesh - Pilot Study of Attagutta Slum.
C.K. George, Dayakar T and R.K. Raju
- WP58/2004 Environmental Health Effects Analysis. A Study to Estimate Health Impacts and Social Costs of Ambient Air Pollution in Hyderabad, India
Satish K, Dhanraj and N.S. Reddy

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Annex-8

Publications Arising from Work Or People at IHS.

I. Publications

Title of Publication	Journal, Book, Publisher	Author(s)
Quality Health Care in Private and Public Health Care Institutions.	In: Yazbeck Abdo S. and Peters David H., Editors. Health Policy Research in South Asia. Building Capacity for Reform. First ed. Washington DC: The World Bank; 2003; pp. 333-367.	Prasanta Mahapatra
Stigma, discrimination and violence amongst female sex workers and men who have sex with men in Andhra Pradesh, India	In: Gender and health: policy and practice. A global source book. Edited by Sarah Cummings, Henk van Dam and Minke Valk, Royal Tropical Institute, Amsterdam and Oxfam GB, 2006	Samuels F, Verma R. And CK George
Reducing HIV risk behaviors among key populations by increasing community involvement and building social capital: Baseline findings from Andra Pradesh, India	Horizons Research Update. New Delhi: Population Council., 2006	Samuels F, Verma R. And CK George
Family Health Guide	The Indian Express, Hyderabad, September 2004.	CK George, and Subas Chandran Editors
Exposure to Indoor Air Pollution: Evidence from Andhra Pradesh, India	Regional Health Forum, WHO South East Asia Region, Vol.7, No.1, 56-59, 2003	Kalpana Balakrishnan, Satish Kumar, Sumi Mehta & Priti Kumar
Mineral Sands Mining in Kerala: Issues in Health	University College Journal of Politics and Society, Trivandrum, 2006	Subodh Kandamuthan

II. Invited Presentations

Presentation Title	Forum / Event	Author(s)
Assessing risks associated with water quality and sanitation for establishing Health Based Targets for Drinking Water Safety, in support of Water Safety Plans, Hyderabad.	Technical Workshop on Water Safety Plans organized by the WHO-India and Hyderabad Metro Water Supply and Sewerage Board.	CK George, K. Saritha
Medium Term Expenditure Framework for Health in AP.	Workshop on design of health sector support program funded by DfID GoUK, HM&FW Dept. GoAP, 22 May 06	CK George

Presentation Title	Forum / Event	Author(s)
Public-Private Partnerships in water quality monitoring.	Workshop on Water Safety Plan for Urban Areas, Hyderabad Metro Water Board in collaboration with the WHO-India, and United States EPA, 12 May 06	CK George, K. Saritha
Financing of Health Care by NGOs	Workshop on Role of Indian Funding Agencies in context of National Health Accounts, MoHFW, GoI in collaboration with WHO-India, 28th March 2006	CK George
Estimation of HIV prevalence in India.	Global Health Seminar, University of Iowa, 12th April 2005	Prasanta Mahapatra, CK George
Analyzing Health Sector Expenditure in AP Using a National Health Accounts Framework.	seminar on Health sector Reforms in India organized by the ICSSR and Centre des Sciences Humaines, Aug 04	CK George
Study Design for Estimation of HIV seroprevalence in India.	National AIDS Control Organization Steering Committee on Burden of Disease and Socioeconomic Impact of HIV/AIDS in India, May 2004	Prasanta Mahapatra, CK George
National Health Accounts: Data Sources and Methods.	workshop on National Health Accounts, organized by WHO-India, & MoHFW, GoI, Delhi, Jan 2004.	CK George
Equity in Health; A study of Fishing Community in Kerala	Conference on Emerging Challenges in Health, by Centre for Sciences Humaines and Delhi School of Economics at New Delhi on December 4-5 2006.	

III. Poster Presentations:

Presentation Title	Forum / Event	Author(s)
Clients of female sex workers and men who have sex with men: Their potential role in prevention efforts in India.	XVI International AIDS Conference, 13-18 August 2006, Toronto, Canada	Samuels F, Verma R. Poster, and CK George
Multiple stigma, discrimination and violence amongst female sex workers and men who have sex with men in Andhra Pradesh, India.	Poster presented at XVI International AIDS Conference, 13-18 August 2006, Toronto, Canada	Samuels F, Verma R. Poster, and CK George

Annex-9

Projects Taken up in Current Year (2006-07)

1. Out of Pocket Expenditure in Public Hospitals of India

National Health Accounts data of 2001-02 indicate that out of pocket health expenditure contributes a significant 72% of the total health expenditure in India (GOI, 2006). Out of pocket expenditure refers to direct and indirect costs incurred by the individual and /or household in securing or maintaining their health and includes health service user fees, contribution to health insurance, costs on drugs, medicines and diagnostics and additional cost incurred for securing and maintaining health, such as that on nutritional supplements and transport costs. Currently the primary source of such data comes from household surveys conducted by the NSSO. While such data is useful in understanding trends and making overall estimates of out of pocket expenditure, the format in which data is collected is not amenable for a more indepth analysis of out of pocket expenditure on specific items such as that on drugs and consumables at specific levels of care. Given the 1 year recall period for expenditure on hospitalization, data is subject to recall bias and misclassification. Further such surveys do not provide much information on the volume of drugs and investigations purchased privately by patients seeking care at public hospitals. Given that cost of the same drug can vary significantly from manufacturer to manufacturer and the often unethical marketing and prescription practices, it is highly likely that patients may be actually spending more than what is required. Data for such expenditure is also not available. Such estimates will help generate evidence for appropriate allocation of resources for provision of drugs and investigations in public hospitals and framing of policies regarding prescription of drugs. This study has been commissioned the MoHFW to address some of these issues. The study is sponsored by the World Health Organization and is expected to be completed by September 2007.

2. Development of NHA Manual for India

The MOHFW, GOI has brought out the National Health Accounts for the year 2001-02 and is committed to developing NHA for the subsequent years. Several State Governments have evinced interest in developing State Health Accounts in their respective States. In the Indian context, state health accounts are more important, because many of the major policy decisions concerning resource allocation to health and social sector are made at the state level. The MoHFW has commissioned the IHS to develop a training manual that will ensure uniformity in NHA methodology and its replicability. It is envisaged that the manual would assist existing and new NHA teams as well as academic researchers by imparting comprehensive theoretical knowledge as well as practical classroom experience regarding NHA. The manual would contain training material for both trainers and trainees. The manual will provide guidance for learning and teaching the NHA methodology including providing an interactive 'hands-on' learning for the target audience. The target audience includes: (1) Potential NHA team members and /or researchers who will need extensive theoretical and practical information and (2) Senior decision makers who would benefit from understanding NHA, to use the findings presented by NHA teams in health policy making. The project is funded by the World Health Organization and is expected to be completed by March 2007.

3. Frontiers Prevention Program (FPP) Outcome Evaluation: Second Round

Frontiers Prevention Program (FPP) aims to support the delivery of a comprehensive package of interventions on targeting populations, who are seen as key to HIV/AIDS

epidemic dynamics: sex workers, men who have sex with men, and people living with HIV/AIDS. These interventions occur within specific geographic sites that are seen as potential high HIV-transmission areas. The study aims to evaluate: whether the FPP empowerment for prevention approach increases the level of social capital (community trust, reliance, responsibility and civic participation) among key populations actively involved in the interventions and wider key populations exposed to the interventions; and whether increased social capital lead to increasing empowerment for prevention, actual reduction in risk behaviours and changes in knowledge attitudes and behaviour. The study also seeks to evaluate whether the FPP approach lead to an enabling environment in which stigma and discrimination are reduced; the relationship between an enabling environment and social capital; to what extent are NGOs / CBOs and the services they provide participatory, client - centered and community based, and how does this change over time as a result of capacity building and other inputs. A baseline study was conducted by the Institute in 2004-05. The current study aims to measure the impact of these interventions. The study is sponsored by the International HIV/AIDS Alliance and is expected to be completed by August 2007

4. Health Equity in AP

Health Metrics Network established by the WHO is working with countries on the development of a set of standards and tools to improve synthesis, analysis and data use for major health planning and decision- making, such as health sector reviews and strategic plans. In India it has commissioned the IHS to conduct an assessment of health and equity. The study will assess different aspects of equity for some important stratifies: e.g., urban/rural inequalities, wealth inequalities, gender and education-related health inequalities on health variables such as MR, U5MR, measles vaccination, skilled birth attendance, preventive therapy of malaria in pregnant women, malnutrition in children (stunting), and combined variable called co-coverage. Some of these inequalities in health will be decomposed into the contributing factors.

5. Trends and Analysis of Health Status in AP

Health Metrics Network established by the WHO is working with countries on the development of a set of standards and tools to improve synthesis, analysis and data use for major health planning and decision- making, such as health sector reviews and strategic plans. In India it has commissioned the IHS to conduct a situation and trends analysis which will build upon existing review process and data-gathering mechanisms. The review will be based on service data, data on health resources (human resources, financing, infrastructure), health system immediate outcomes , and health status data (mortality, morbidity and causes of death). Data form different sources will be reconciled to develop best estimates and to make health projections where possible.

6. Baseline RCH Survey for RCH-II Project

The Reproductive and Child Health (RCH) Project -II in the state of Andhara Pradesh is being implemented from April 2005 and will continue over the years 2005-2010. The RCH programme is an integrated, focussed and participatory program aimed at meeting the unmet demands of the target population. It aims to reduce the infant mortality rate from 59 to less than 30 per 1000 live births, reduce neonatal mortality rate from 36 to 15 per 1000 live birth, reduce maternal mortality ratio from an 340 to less than 100 per 100,000 live births; and increase the institutional delivery from 64% to over 90 % by the end of the project period. The main objectives of the Baseline Survey are to provide district level data on key maternal and child health indicators such as infant mortality rate, ANC coverage, delivery care, postnatal care, breastfeeding practices, prevalence of diarrhoea and ARI, contraceptive

use, child immunization coverage, reproductive track infections and awareness of selected health interventions under RCH-II. Data on these indicators will provide an idea of regional imbalance in the current health status and provision of MCH services. Data generated from the survey will be usefull to formulate district-specific interventions and for allocation of resources. IHS was commissioned by the Commissionerate of Family Welfare to conduct the survey in three districts. The study has been completed in November 2006

7. National Rural Health Mission: Preparation of District Health Action Plan

Recently the Government of India constituted the National Rural Health Mission (NRHM) for achieving greater integration of national health programmes and improving the reach of the public health services. A key focus of the NRHM is local level planning and involvement of PRIs. The Institute was commissioned by the Commissionerate of Family Welfare to help prepare the District Action Plan for Anantpur district. The work involved conducting of a situational analysis, eliciting views of multiple stakeholders and preparing an action plan and budget. The study was completed in December 2006.

8. Medium Term Expenditure Framework for Health in MP

The Government of Madhya Pradesh is in the process of developing a medium term strategy and expenditure framework for health in the state for the years 2006-11. The Institute was commissioned by the Department for International Development (DfID) to help prepared the MTEF. The study involved analysis of health expenditure by sources of funds, functions of care, providers and resource categories; estimation of the resource envelope; costing of medium term strategies and development of the MTEF by reconciling bottom-up estimates of the cost of carrying out policies, both existing and new with the resource envelope available for public health expenditure. Health budget data of the last five years was analyzed up to detailed head level using National Health Accounts framework adopted by the Government of India to understand trends in public health spending and make projections for a “business as usual” scenario. Data included Demand for Grants health and other line departments such as Department of Women and Child Welfare, Department of Labour and Department of Tribal Welfare, and receipt and expenditure statements of disease prevention and family welfare societies established by the government. Costing of medium term health strategies using GOI, GoMP, National Macroeconomic Commission for Health (India) recommended norms. The study began in October 2005 and will be completed by December 2006.

9. Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts

The Research Triangle Institute, US along with TNS India is conducting an environmental assessment in three districts of the State. A key focus of the study is to assess quality of household and community water supplies. The TNS has commissioned IHS to provide training for their surveyors and test the water samples. The study was completed in December 2006.

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Annex-10

Project Proposals Under Consideration (2006-07)

1. Baseline Survey for Water Safety Plans in Hyderabad

The Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB) which caters to the drinking water needs of about 6.5 million people, is in the process of developing pilot WSPs in three sites, in collaboration with the WHO and the USEPA. A key requirement for the development of the WSPs and verification of their successful implementation is the establishment of health based targets. These targets are to be developed taking into account the disease burden in the community, exposures that contribute most to disease and the socioeconomic determinants of exposure to risks. The Scientific Working Group which was held recently in Hyderabad to establish Health Based Targets in support of the WSPs, considered various alternatives by which data on burden due to waterborne diseases and risks associated with them could be collected. In the absence of institutional mechanisms to collect the required data, the Group decided that a cross-sectional survey among a representative sample of population in each of the three project areas, was the best option to collect reliable data to support the WSP. It was also decided that the Institute of Health Systems (IHS) would conduct the survey. The Institute has submitted its study design to the WHO and is awaiting finalization of the contract.

2. National Conference on HRD for Public Health

As part of the collaboration with University of Iowa, a national conference on capacity building in public health in India, is proposed to be held by the Institute at Hyderabad in 2007. The conference aims to take stock of current public health capacity, assess future requirements and develop an agenda and plan of action for building human resources for public health in the country. The University of Iowa, a joint organiser of this conference is partly defraying the cost of the conference. The Planning Commission of Government of India has agreed in principle to co-sponsor the conference. The Department of Health, Medical & Family Welfare, Government of Andhra Pradesh has also agreed to cosponsor the event.

3. Food, Livelihoods and HIV/AIDS in India

Collaborative work led by Applied Ecology Associates, Netherlands. Other partners include London School of Tropical Medicine & Hygiene, CESS, Myrada. A five year study of structural determinants of and responses to STI and HIV in southern India is proposed. IHS will be responsible for training health workers, STI testing and analysis of health data. Study is expected to start by September 2007.

4. Health Impact Assessment of Amberpet waste water treatment plant

The Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB) is commissioning the fully functional Amberpet waste water treatment plant in December 2007. This study aims to assess health impact of the WTP by conducting a baseline survey among households living downstream of the plant, prior to commissioning of the plant, followed by a survey after one year. A joint proposal with the International Water Management Institute, an UN agency has been submitted to GDN for funding

5. Health Impact Assessment of Water Safety Plans in Three Pilot Sites of Hyderabad Metropolitan Area

The Hyderabad Metropolitan Water Supply and Sewerage Board (HMWSSB) which caters to the drinking water needs of about 6.5 million people, is in the process of developing

pilot WSPs in three sites, in collaboration with the WHO and the USEPA. This study aims to measure the health impact of Water Safety Plans in the three pilot sites of Hyderabad Metropolitan Area. Submitted to GDN for funding

6. Technical Consultancy on Data Management for Field Trial to Assess Impact of Systemic Changes in Provision and Promotion of Health Care on Neonatal Mortality in Nagarkurnool Division of Mahabubnagar District of AP

Collaborative effort between Naandi Foundation and London School of Tropical Medicine and Hygiene. It is proposed to take IHS as a technical consultant for the study. IHS would be responsible for data management which would include preparation of forms, training of surveyors, data entry , processing and quality control over the length of the trial. Discussions are currently underway with Naandi Foundation to finalize the collaboration.

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