

The Institute of Health Systems.

Director's Report, 2006-07

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this twelfth annual general body meeting. As you are aware the Institute has been passing through a very difficult period financially. Faced with mounting debts, inability to meet statutory obligations and lack of human resources, at one point of time the Institute's governing bodies had to even consider the viability of keeping IHS running. Thankfully, their confidence in the future of the Institute stands validated. The turnaround of the Institute which began in 2005-06 continued in the subsequent period. Today, I am happy to inform you that the Institute has cleared all its debts, met all statutory obligations, is building up its faculty base and is poised to substantially replenish its corpus fund¹.

The Institute's turnaround would not have been possible without the dedication, hard work and perseverance of our core staff who has stood by the Institute through its trying times. On behalf of the General Body of the Institute, I extend our heartfelt gratitude to the staff of IHS. I also gratefully acknowledge the support given by the members of the governing bodies of the Institute. Some of you had taken pains to periodically enquire about the Institute and gave us encouragement and confidence. Some have provided financial support by way of donations or hand loans. Others among you contributed their time in supporting the Institute's work. I would like to use this opportunity to specially acknowledge contributions of some of our members. Dr. P. Hrishikesh, our Chairman through his frequent calls and visits to the Institute has been a perennial source of encouragement and guidance. At a time when we were shortlisted for an important Government of India study and lacked the necessary capacity within the Institute, Dr. L. H David contributed his time and continues to guide us. Dr. M. Prakassama has been constantly encouraging us and has been instrumental in bringing some projects to the Institute and providing much needed human resource support at a very difficult time through the Academy of Nursing Studies. Dr. Dayakar Thota has been a person whom the Institute has turned to many times during crisis. He has been serving the Institute in many roles as Director, Faculty, Consultant, Advisor and an unofficial banker. We cannot talk about IHS without referring to Dr. Prasanta Mahapatra and with very good reason. Founder and President of IHS, he has nurtured the Institute since its inception. Through his efforts IHS has been able to carve a niche in the field of public health and has received tremendous boost in its visibility at national and international levels. Though not spoken aloud, I have witnessed his anguish when the Institute was faring badly. A lesser man would have given up seeing his life time work floundering. But Dr. Mahapatra has persevered and steered the Institute with a vision and zeal that has been an inspiration for all of us. He continues to contribute significant part of his time in seeking opportunities for the Institute, for undertaking research and mentoring Institute's faculty. On behalf of the General Body I thank all 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

¹ We have met all statutory requirements. There are some dues pending as on today. But as is evident from the note on financial status of the Institute we have already met deliverables in excess of our existing dues. I am confident that by the time of the AGM we would have cleared all the remaining dues.

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.

Table-1: IHS Faculty and Staff Position as on 25 Nov 2006

Category of Personnel	Persons
Full Time Faculty	4
Consultants	2
Visiting Faculty	7
Research Associates	4
Research Fellows	2
Research Assistants	3
General Support: Executives and Staff	6
Interns & Apprentices	7
All	35

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 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 (2006-07) Events and Activities:

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

1. Research and Consultancy
2. Academic Programmes
3. Training Services
4. Public Services, and
5. Publications

A. Research and Consultancy

Six projects as shown in Table-2 were completed during the reporting period. The first two projects were taken up in the previous reporting year and completed during the current reporting period. The remaining four were taken up and completed in the reporting period. A brief summary of each of these projects is given in Annex-5.

Table -2: Projects Completed in the Reporting Period (2006-07)

No:	Project	Sponsor
1	Medium Term Expenditure Framework (MTEF) for Health in Andhra Pradesh	Department of Health and Family Welfare (GoAP)
2	Institutional Assessment of National AIDS Control Program	National AIDS Control Organization, GoI
3	National Rural Health Mission: Preparation of District Health Action Plan	Commissionerate of Family Welfare, GoAP
4	RCH-II Baseline Survey	Commissionerate of Family Welfare, GoAP
5	Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts	Taylor Nelson Sofres, India
6	Medium Term Expenditure Framework (MTEF) for Health in Madhya Pradesh	DfID, Government of UK

Seven projects as shown in Table-3, which were taken up in the reporting period are continuing in the current year. Of these, the first three have been completed 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 (2006-07) and Continuing in the Current Year

No:	Project	Sponsor
1	Assessment of Critical Gaps in Rural Health Care System of AP	Department of Planning, GoAP
2	Frontiers Prevention Program (FPP) Outcome Evaluation: Second Round	International HIV/AIDS Alliance/ Population Council
3	Assessing Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City	World Health Organization, India
4	Health Equity in Andhra Pradesh	World Health Organization (Geneva)
5	Trends and Analysis of Health Status in AP	World Health Organization (Geneva)
6	Out of Pocket Expenditure in Public Hospitals of India	World Health Organization, India
7	Development of NHA Manual for India	World Health Organization, India

In addition to the above mentioned 13 projects, work was carried out in the reporting period on 6 long term projects as shown in Table-4 which were taken up in previous reporting years and are continuing in the current year. A brief summary of each of these projects is given in Annex-7

Table-4: Projects Taken Up in Previous Reporting Periods and Continuing in the Current Year

No:	Project	Sponsor
1	Epidemiology of Road Traffic Accidents	Indian Council of Medical Research (GoI)
2	Air Pollution and Cause of Deaths in Hyderabad	Ministry of Environment and 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	HMWSSB (GoAP)
5	Public-Private Partnership for Prevention of Waterborne Diseases in Urban Slums of Hyderabad	HMWSSB (GoAP)
6	Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation	APYP (GoAP)

B. Academic Programs:

1. Advanced Studies in Public Health (APH)/ Masters in Public Health (MPH)

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. We had sought affiliation from the NTRUHS to offer the same as a Masters in Public Health programme. The University has granted provisional affiliation and has included the course under the purview of the Board of Studies for paramedical courses. The Institute supported the University in preparing the statutes for recognizing a school of public health and affiliating the Masters in Public Health Programme. The statutes have been approved by the Board of Studies and has been sent to the Government for obtaining assent of the Chancellor of the University.

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

Recognizing 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.

C. Training Services:

While training services continue to be a core area of activity of the Institute's long term plans, we have deferred taking up training programmes for the time being. Given the financial

difficulties the Institute was passing through, we have focussed more on research and consultancy projects rather than human resource intensive training services which are not likely to bring much financial returns to the Institute. Further, our infrastructure and human resource situation are also not conducive for taking up such programmes.

D. Public Services:

1. Public Health Laboratory:

Since March 2004 we have been offering water quality testing services at the Institute. The following activities were undertaken in the reporting period.

1. Services to Public and Institutional Clients:
 - i. Testing services were made available to general public and institutional clients such as government agencies, builders, hotels, housing colonies, business, educational and social organizations like Aga Khan Foundation, Directorate of Rice Research, Indian Airlines for a reasonable fee.
 - ii. Water testing facilities were provided to manufacturers of water purification systems to test their products.
2. Public-Private Partnerships with the HMWSSB. The laboratory supports long term partnerships with the HMWSSB for:
 - i. Monitoring of Reservoir Water Quality in Hyderabad
 - ii. Prevention of Waterborne Diseases in Urban Slums of Hyderabad
3. Support for Research Projects
 - i. Assessing Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City (Sponsored by WHO, India)
 - ii. Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts (Sponsored by TNS Mode)

As is evident from Table 5, the laboratory has significantly increased its output.

Table-5: Output of IHS Water Quality Testing Services

Component	Residual Chlorine Tests			Physico Chemical Tests			Bacteriological Tests		
	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08	2005-06	2006-07	2007-08
			Apr-Sep			Apr-Sep			Apr-Sep
Reservoirs	13,381	5,473	2,912		100		221	637	350
Urban Slums	5,666	19,169	12,661				135	1,003	700
Street Vendors				128	788	420	128	135	105
Borewells				12	1,133	700	12	183	105
General Clientele				91	62	49	107	50	34
Research Projects				100			100	1,916	3,000
Total	19,047	24,642	15,573	231	2,083	1,169	603	3,924	4,294

The laboratory services has also been a major source of revenue for the Institute. However, we have not been able to make significant progress in making our services more accessible to the public. As is evident from Table-6 most of our revenue has come from projects. 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 publicize the IHS Water Quality Testing Services through advertisements, posters, pamphlets, signboards etc. Efforts are also being made to canvass institutional clients for availing services at the Institute.

Table-6: Revenue from IHS Water Quality Testing Services

Source of Revenue	2005-06	2006-07	2007-08 Apr- Sep
HMWSSB	1105572	1331429	631500
Research Projects		212521	450000
General Clientele	36410	20575	18040
Total	1141982	1564525	1099540

2. 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.

3. 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.

E. IHS 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 46 reports, of which 12 were published after March 2006. In the reporting period we have also published 7 working papers. Details of IHS publications in the reporting year are given in Annex-8. 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-9.

III. Current Year (2006-07) Developments

A. Research and Consultancy:

So far, five new projects as shown in Table-6, have been taken up in the current year. Brief summary of each project is provided in Annex-10. In addition, 13 projects taken up in the previous years are continuing in the present year. Five out of these 18 projects have been completed as of date.

Table -7: Projects Taken Up in Current Year (2007-08)

No:	Project	Sponsor
1	Technical Assistance to Government of Andhra Pradesh for Implementing AP Health Sector Reform Programme	DfID, Government of UK
2	Medium Term Expenditure Framework (MTEF) for Health in Orissa	DfID, Government of UK
3	Health Care Provider Survey in Hyderabad	Cecila Health Care Private Ltd
4	Workshop on Health Care Financing in India	WHO, India
5	Technical Consultancy 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

B. Project Proposals Under Consideration:

Ten project proposals submitted by the Institute are under consideration by different funding agencies (Table-8). Brief summary of each proposal is provided in Annex-11.

Table-8: Project Proposals Under Consideration

No:	Project	Sponsor
1	Technical Assistance for Andhra Pradesh Randomized Evaluation Study of School Health Project	Azim Premji Foundation
2	Long Term Technical Assistance to Health Sector Reforms in Madhya Pradesh	DfID, Government of UK
3	Long Term Technical Assistance to Health Sector Reforms in Andhra Pradesh	DfID, Government of UK
4	Quality Assurance in AIDS Control Program in AP	Clinton Foundation
5	Developing National Health Accounts for Madhya Pradesh	Department of Health and Family Welfare, GoMP
6	Evaluation of National Rural Health Mission	Ministry of Health and Family Welfare, Government of India
7	Updating Medium Term Expenditure Framework for Health in Andhra Pradesh	Department of Health and Family Welfare, GoAP
8	Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts (Second Round)	Taylor Nelson Sofres, India
9	National Conference on HRD for Public Health	UIowa, Planning Commission, DoHMFw (GoAP)
10	Food, Livelihoods and HIV/AIDS in India	UNDP

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

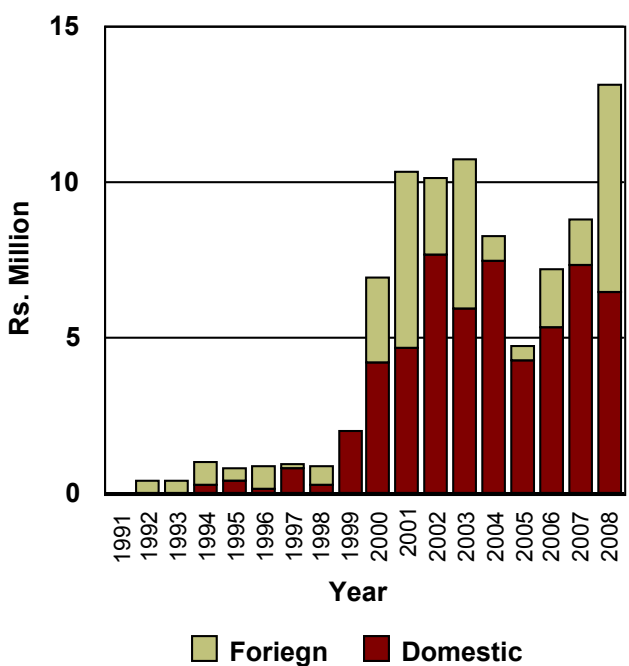
The Institute has appointed M/s Akasham and Associates from 2004-05 to audit the IHS accounts. They have given valuable suggestions with regard to streamlining of our accounting systems and improving the accounting practices of the Institute.

In Figure-1 the gross revenue generated by the Institute from the date of its inception has been summarized. The Institute witnessed a phenomenal growth in revenue during the period between 1999-2000 and 2002-03. The trend reversed in 2003-04 with a steep decline in receipts in 2004-05. Since then there has been a steady growth of receipts. We expect a significant increase in revenues in the current year, around Rs. 1.3 crore not including any projects we may take up in the remaining months of the financial year.

The share of foreign sources in the total receipts of the Institute has been around 10% for the years 2003-04 and 2004-05. In the year 2005-06, share of foreign sources was about 25%. In 2006-07 the share of foreign sources declined to about 15% of the total receipts. In the current financial year, share of foreign sources is expected to be over 50% of the total receipts of the Institute. This is primarily on account of DfID funding for providing technical assistance to State governments. As is evident from Figure-2, in recent years most of our revenue has been contributed by Research and Consultancy.

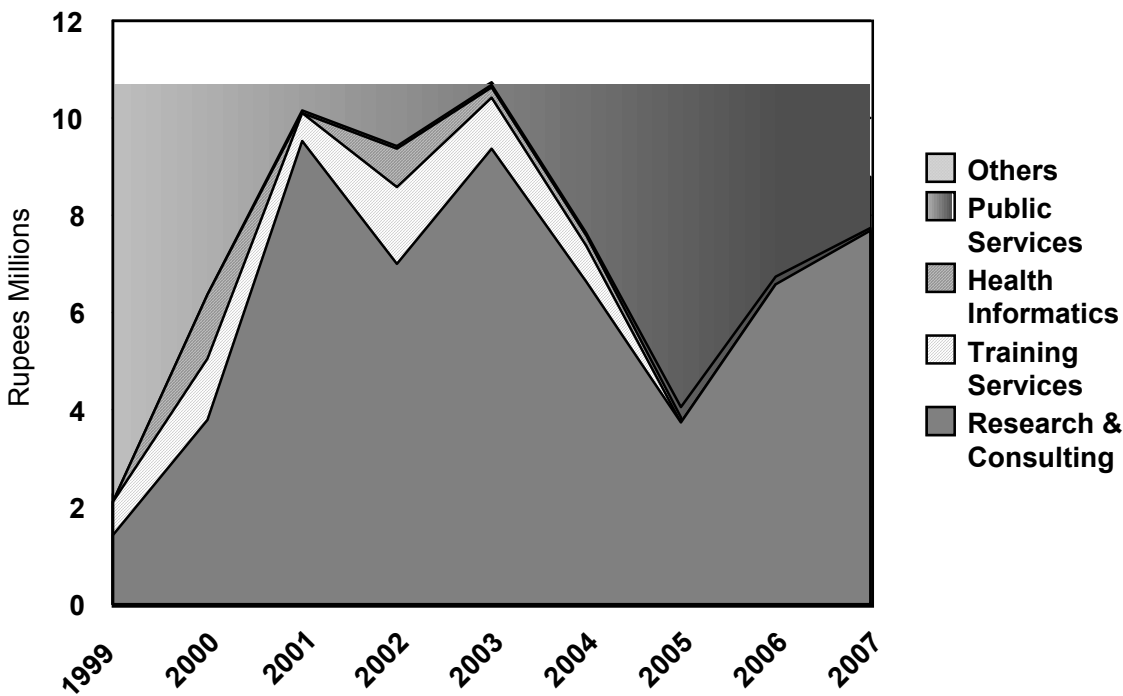
Financial Year	IHS gross revenue in rupees		
	Domestic	Foreign	Total
1991	43905	0	43905
1992	0	424088	424088
1993	50000	380000	430000
1994	275042	774568	1049610
1995	445517	403604	849121
1996	160186	768447	928633
1997	835250	103612	938862
1998	305100	599266	904366
1999	2066525	0	2066525
2000	4249243	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	7398707	1414996	8813703
2008	6527787	6615276	13143063

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 2008 are anticipated revenues based on projects in hand

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



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. In the reporting year we have been able to recruit 3 faculty, one each from economics, medical sciences and social sciences. I am quite confident that our efforts will enable the Institute to sustain itself. It would be desirable at this juncture to take stock of Institute's performance so far in relation to its mission and goals. There are a number of challenges that have to be met before we are well on track to achieve the Institute's goals and objectives. Some of the key challenges include:

1. **Development of an Appropriate Human Resource Base:** In the reporting period, we have completed work on 6 projects and taken forward work on another 13 projects. Many of these projects require intensive involvement of faculty resources. We have been managing our research work with a small complement of core staff and by taking on consultants for some projects. 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 finalized. 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 has been focussing on developing faculty resources in-house with a long term perspective. However there is need for more experienced resources especially given technical assistance requirements of state governments, a major source of revenue for the institute. There is clear need to take stock of our human resource requirements, develop an organizational plan for building an appropriate human resource base including a second line of leadership.
2. **Development into a College of Public Health:** In the reporting year there was no receipts from academic programmes and training. 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 recognizing 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. We need to make all efforts to enable the Institute to offer academic and training programmes. In their absence, Institute is likely to develop as a pure consulting agency and faculty as consultants.
3. **Identifying focus areas of work.** There is need to clearly define focus areas of work keeping in mind the Institute's objectives, anticipated market scenario and potential for steady generation of revenue. This will help focus our limited resources in targeting necessary human resources and developing relevant infrastructure

4. Development of Infrastructure: Current infrastructure is not sufficient for existing level of operations. We need to think of expanding our infrastructure in a cost effective manner

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 2007

Dr. C.K. George
Director

Annex -1

Faculty and Personnel Profile

Full Time Faculty:

C. K. George

Dr. C K George, Director and Faculty in Health Policy has an academic background in medicine and public health with hands-on professional experience in health systems research, capacity building and primary care practice. He is a medical graduate from Trivandrum Government Medical College, University of Kerala and has specialized in public health from the Centre for Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi. Key areas of his work include: Health Policy Analysis, Financing of Health Care, Health System Performance Analysis, Evaluation of Public Health Programmes and Descriptive Epidemiology. He serves as a resource person to central government agencies such as the Planning Commission, Ministry of Health and Family Welfare, National AIDS Control Organization, Insurance Regulatory Development Authority; State government agencies such as the Departments of Health and Family Welfare, Hyderabad Metropolitan Water Supply and Sewerage Board and international agencies such as WHO (India), WHO (SEARO), Department for International Development (DfID), International HIV/AIDS Alliance and Population Council. He has played a major role in developing a masters programme in Public Health at the Institute, provisionally affiliated to the NTR University of Health Sciences. He also coordinates the institutional collaboration between IHS and the University of Iowa on public health training, education and research. He is currently involved in WHO sponsored studies on health equity in Andhra Pradesh, out of pocket expenditure on health in public hospitals of India, assessing risks associated with water quality and sanitation in Hyderabad and preparation of National Health Accounts manual for India with special emphasis on State Health Accounts. Other current research projects include an International HIV/AIDS Alliance sponsored outcome evaluation of HIV/AIDS prevention programmes, Indian Council of Medical Research sponsored study on Epidemiology of Road Traffic Accidents and verbal autopsy based causes of death studies for Byrraju Foundation and Naandi Foundation. He also coordinates the DfID sponsored technical assistance to the Department of Health and Family Welfare for implementation of the Andhra Pradesh Health Sector Reforms Programme. 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.

Anjum Soni

Dr. Anjum Soni, is medical graduate from Government Medical College, Trivandrum with specialization in Community Health from Jawaharlal Nehru University, New Delhi. He has also received training in epidemiology, RCH, resource building in tribal areas, and implementation of national health programmes. He combines an academic background in medicine and public health with hands-on professional experience in public health management, primary care service, health systems research and capacity building. He has spent a significant part of his career working with tribal populations. He served as a public health manager with the Corbett Foundation and was responsible for the implementation and management of a rural health outreach program in fifty forest villages of Ramnagar, Uttranchal. Between July 2002 and February 2007 he worked as a public health program manager and medical officer of the Chattisgarh Health Services in the tribal districts of Bastar and Dantewada. In the health

services, he was responsible for developing and implementing annual plans based on community needs assessment, monitoring and evaluation of programmes, delivery of public health services, liaising with key tribal persons, NGOs and Panchayati Raj institutions. In addition, he has also worked as a Research Associate at the Centre for Social Medicine and Community Health (JNU) in an European Union funded project on "Monitoring Shifts in Health Sector Reforms in South-East Asia." His research work includes that on health services in tribal and remote areas, malaria in tribal areas, causes of death and health sector re-forms. He is currently involved in a study on trends and analysis of population health status in Andhra Pradesh, sponsored by the World Health Organization, Geneva. He is also studying the effect of air pollution on the cause of death profile in Hyderabad, a study sponsored by the Ministry of Environment and Forests, Government of India. He is a resource person for developing a tribal health plan for the DoHMF, GoAP under a technical assistance project sponsored by the DfID.

Subodh Kandamuthan

Dr. Subodh Kandamuthan holds a Masters Degree in Development Economics from Pondicherry Central University, M Phil Degree in Applied Economics from Jawaharlal Nehru University (Centre for Development Studies) and Ph.D in Economics from Mysore University (Institute for Social and Economic Change). Prior to joining IHS in September 2006, he was an Assistant Professor at the Health Policy Research Unit at Institute of Economic Growth, Delhi for around two years. Dr. Subodh's primary area of interest is on Health Economics with special focus on Health Financing and Cost of Illness. He is also interested in Economic Valuation of Environmental Health Impacts. His doctoral thesis was on the health costs incurred by the fishing community affected by Radiation-Induced Pollution in coastal Kerala. He has worked on projects related to economic costs of Cardiovascular Diseases in India, costs of Antiretroviral Treatment in India, new health technologies like Hepatitis B Immunization and equity and access issues in health. His current research projects include a DfID sponsored development of a Medium Term Health Expenditure Frameworks for Madhya Pradesh and Orissa and WHO sponsored studies on Out of Pocket Expenditure in Public Hospitals in India, Development of a NHA manual for India and Health Equity in Andhra Pradesh. He is a resource person for developing medium term expenditure framework for DoHMF, GoAP under a technical assistance project sponsored by the DfID.

Immaculate Mary

Ms. Immaculate 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. Prior to joining IHS she has worked as the Research Coordinator and Training Officer at Don Bosco, Bangalore, Counsellor (Deaf-diction) at the TR Ranganathan Clinical Research Foundation and External Evaluator at the Navanirman Social Institute, Stella Marris College, Chennai. At the Institute, she is currently coordinating an International HIV/AIDS Alliance sponsored qualitative research project which evaluates impact of HIV prevention programmes on social capital, enabling environment, empowerment and behaviour of Female Sex Workers, Men who have Sex with Men and People Living with HIV/AIDS. She also serves as resource person for developing village, subcentre and PHC health plans for the DoHMF, GoAP under a technical assistance project sponsored by the DfID.

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.

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

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, Dreyfus 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 Secretary to the Chairman, National Commission for the Youth.

Amar Jesani

Amar Jesani is a member of Board of Trustees/Governing Board of the CEHAT (Centre for Enquiry into Health and Allied Themes), a health research and action NGO institute in Mumbai and Pune, India. He is a medical graduate from Baroda Medical College, Vadodara, Gujarat, and has been doing social science research in health since 1979. He has been involved

in research (19 major projects so far) and teaching/training in Health and Development, Bio-ethics, Ethics in social sciences, Health and human rights, health policies in India and Gender and Medical Education. Presently he is associated with Achutha Menon Centre for Health Science Studies (Trivandrum), Department of Politics and Civics (Mumbai University, Mumbai), Indian Council of Medical Research (New Delhi), Samraksha/Samuha (Bangalore), UP Social and Philosophy Research Foundation (the Philippines), SAKHI, (Trivandrum) and Institute of Health Systems (Hyderabad) as a faculty or a visiting faculty and/or a resource person and consultant in the above subjects of his interest.

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.

Consultants

Francis Raj

Dr. Francis Raj holds a doctorate in International Relations from Jawaharlal Nehru University. He has also received advanced training in sexual and reproductive health and rights. He was awarded the Gold Medal for academic proficiency in MA International Relations. He is also a recipient of the research fellowship awarded by the University Grants Commission. He had earlier worked as a Senior Consultant in Health and Nutrition at the Society for Elimination of Rural Poverty established by the Government of Andhra Pradesh and Research Coordinator at the Academy of Nursing Studies, Hyderabad. He has also served as a Consultant to the World Health Organization, DfID, Population Council, Asian-Pacific Resource and Research Centre for Women, World Bank, ICOMP and Health Watch. His areas of work include: reproductive and child health, HIV programme evaluation, community mobilization for health, policy analysis,

health seeking behaviour, links of international trade and relations with health and development, and health and human rights. At the Institute, he is currently involved in a Population Council sponsored outcome evaluation of an HIV/AIDS prevention programme and serves as resource person for developing district health plans for the DoHMF, GoAP under a technical assistance project sponsored by the DfID.

Shalini Rudra

Ms. Rudra holds an M.Phil Degree in Health Economic from the Jawaharlal Nehru University and two Masters degrees- one in Population Studies from the Indian Institute of Population Studies, Mumbai and the other in Geography from Dayanand Saraswati University, Ajmer. She is currently involved in the DfID funded development of Medium Term Expenditure Framework for Orissa and WHO funded study on Out of Pocket expenditure in public hospitals. Earlier she had completed a study on Health Care Financing by Households based on analysis of National Sample Survey datasets, at the Centre for Development Studies, Kerala.

Research Associates:

N. S. Reddy

Mr. N Srinivasa Reddy holds a post graduate degree in Physical Anthropology with specialization 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. He is currently providing technical support for the 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

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 and has coordinated the field survey for assessing risks associated with gastroenteritis in Hyderabad funded by WHO. He has provided technical support to Anantpur district for preparation of district health action plans. 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 development of database of health care providers in AP

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 B.Com (Hons-Accts) from the Berhampur University, Orissa and Executive Program in Business Management from the ICFAI University, Hyderabad and Hons Diploma in Computer Science (HDCS) from LCC, Jypore, Orissa. Previously he worked as a Lecturer in Economics in a Degree College in Orissa. At the Institute he has been involved in Development of National Health Accounts and Studies related to Financing and Expenditure of Government and other Health Services.

Research Fellows

Maniah

Mr. Maniah holds a post graduate degree in Sociology and a degree in Education. At the Institute he was involved in evaluation of the Frontiers HIV Prevention program. He is currently supporting the DfiD funded district planning process in pilot districts. 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. At the Institute she was involved in evaluation of the Frontiers HIV Prevention program. She is currently supporting the DfiD funded district planning process in pilot districts.

Research Assistants

Rama Rao

Mr. Rama Rao holds a Masters degree in Microbiology. At the Institute he has been supporting the epidemiological study on Road Traffic Accidents. He has also supervised the survey of providers in Hyderabad city, RCH-II baseline survey and the survey to assess risks due to gastroenteritis in Hyderabad.

Ravi Krishna

Mr. Rama Rao holds a Masters degree in Microbiology. At the Institute he has been supporting the study on assessment of critical gaps in rural health care system and the epidemiological study on Road Traffic Accidents. He has also supervised the survey of providers

in Hyderabad city, RCH-II baseline survey and the survey to assess risks due to gastroenteritis in Hyderabad

Jayabharath Reddy

Mr. Reddy holds a Masters degree in Rural Development. At the Institute he was involved in evaluation of the Frontiers HIV Prevention program. He is currently supporting the DfID funded district planning process in pilot districts. 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 and Apprentices

Name	Qualifications	Project / Learning Area
A Purushotam	M.Sc Organic Chemistry	Water Quality Testing Services
P Shilpa Veni	M.Sc Microbiology	Water Quality Testing Services
Mallaji	SSC	Water Quality Monitoring
Srikanth	SSC	Water Quality Monitoring
Ravikiran	SSC	Water Quality Monitoring
Roop Kala	B.Sc (Math)	Front Office Operation

System Administration:

Shaik Khader Valli

Mr. Shaik.Khadervali has a B.Sc Degree in Computers from the Kakatiya University. He is trained in maintenance of MS and Linux Operating Systems. He has previously implemented a project on PC to PC communication through wireless in Progressive Constructions Ltd, Patna

General Support - Executives:

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

Manjula

Ms. Manjula has a degree in Public Administration and a certificate in health informatics system administration. At the Institute she serves as the Personal Assistant to the Director and is responsible for management of library services.

Date: Nov 28, 2007

Director

Annex-2

IHS Participation in Training Programs, Workshops, Seminars and Conferences (April 2006- December 2007)

Dr. C. K. George, Director

Course/Workshop Title	Institution	Dates
Health Financing in India: Taking Stock and Moving Forward	Institute of Health Systems in collaboration with WHO India Country Office, New Delhi	November 30 - December 1, 2007
Decentralized Planning for Health in Andhra Pradesh	Department of Health and Family Welfare, Government of Andhra Pradesh	October 15, 2007
Regional Consultation on Social Determinants of Health	World Health Organization (SEARO), Colombo, Sri Lanka	October 2-4, 2007,
Workshop on Taking forward health sector reforms in Andhra Pradesh in the context of the National Rural Health Mission	IIHFW, Department of Health and Family Welfare, Government of Andhra Pradesh	August 31, 2007
Expert Group on National Health Accounts in India	Institute of Health Systems in collaboration with WHO India Country Office, New Delhi	August 25, 2007
National Workshop on Human Resources for Health in India	Ministry of Health and Family Welfare, GoI in Collaboration with WHO India	May 12, 2007
Consultation Workshop on Gujarat Health Accounts	Gujarat Institute of Development Research, Ahmedabad	January 4, 2007
Bi-Regional Workshop on National Health Accounts	WHO, SEARO, New Delhi	December 28-30, 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
Establishing Health based targets for Drinking Water Safety in support of Water Supply Plans	WHO and The Institute of Health Systems, Hyderabad	September 11-13, 2006

Course/Workshop Title	Institution	Dates
Capacity Building Workshop on State Health Accounts	Ministry of Health and Family Welfare, Government of India in Collaboration with WHO India Country Office, New Delhi	6-7 September 2006
Workshop on Sector Reforms and Financing in Health.	Ministry of Health and Family Welfare, Government of India in Collaboration with WHO India Country Office, India International Center, New Delhi,	25th August 2006
Working Group on Health Systems Research, Biomedical Research & Development and Regulation of Drugs and Therapeutics for Eleventh 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.	Ministry of Health and Family Welfare, Government of India in Collaboration with WHO India Country Office, India International Center, New Delhi	14 June 2006
Workshop on Medium Term Strategy for Health in Andhra Pradesh.	Department of Health Medical and Family Welfare, Government of Andhra Pradesh	2nd June 2006
Workshop on Monitoring and Evaluation of Health Care Services.	Department of Health Medical and Family Welfare, Government of Andhra Pradesh, Center for Good Governance, Government of Andhra Pradesh	30th May 2006
Workshop on design of health sector support programme funded by DfID, GoUK.	Department of Health Medical and Family Welfare, Government of Andhra Pradesh	22nd May 2006
Workshop on Water Safety Plan for Urban Areas of Hyderabad	Hyderabad Metro Water Supply and Sewerage Board collaboration with the World Health Organization, India and United States Environment Protection Agency	12th May 2006
Investigators Workshop on Mortality Surveillance in Developing Countries	University of Queensland, Australia, the George Institute, Australia, Byrraju Foundation, India and the Center for Chronic Disease Control, New Delhi	11- 12th April 2006

Course/Workshop Title	Institution	Dates
Joint Consultation on Design of National AIDS Control Programme- Phase-III, India	Department for International Development, New Delhi	5th April, 2006

Dr. Subodh Kandamuthan, Faculty

Course/Workshop Title	Institution	Dates
Health Financing in India: Taking Stock and Moving Forward	Institute of Health Systems in collaboration with WHO India Country Office, New Delhi	November 30 - December 1, 2007
Workshop on Gujarat State Health Accounts at in	Gujarat Institute of Development Research, Ahmedabad	August 12, 2007
Workshop on National Health Accounts	University of Lund, Sweden	July 6-7, 2007
Consultation Workshop on Gujarat Health Accounts	Gujarat Institute of Development Research, Ahmedabad	January 4, 2007
Conference on Emerging Health Challenges and Response of the Indian Health care System	Centre for Sciences Humaines and Delhi School of Economics, New Delhi	December 4-5, 2006.

Dr. Anjum Soni, Faculty

Course/Workshop Title	Institution	Dates
Workshop on Verbal Autopsy	George Institute for International Health, India	November 27-28, 2007
Decentralized Planning for Health in Andhra Pradesh	Department of Health and Family Welfare, Government of Andhra Pradesh	October 15, 2007

Immaculate Mary, Faculty

Course/Workshop Title	Institution	Dates
Decentralized Planning for Health in Andhra Pradesh	Department of Health and Family Welfare, Government of Andhra Pradesh	October 15, 2007
Workshop on Taking forward health sector reforms in Andhra Pradesh in the context of the National Rural Health Mission	IIHFW, Department of Health and Family Welfare, Government of Andhra Pradesh	August 31, 2007
Workshop on Qualitative Outcome Evaluation of HIV Programmes	International HIV/AIDS Alliance and Institute of Health Systems	September 18-22, 2006

Srinivas Reddy N, Research Associate

Course/Workshop Title	Institution	Dates
SPSS Training Program	JNTU, Hyderabad.	April 4 -6, 2007
Workshop on Qualitative Outcome Evaluation of HIV Programmes	International HIV/AIDS Alliance and Institute of Health Systems	September 18-22, 2006
Training on RCH-II Baseline Survey	IIFHW, Hyderabad	July 17-20, 2006

Dhanraj, Research Associate

Course/Workshop Title	Institution	Dates
National Level Workshop on Water Borne and Related Diseases. .	Public Health Engineering Department, Govt. of West Bengal and Supported by World Health Organisation, India	July 23-25, 2007.
VII- Sir Dorabji Tata Symposium on Arthropod Borne Viral Infections.	Sir Dorabji Tata Institute for Research in Tropical Diseases, Indian Institute of Science, Bangalore	March 10-11, 2007
Training on Microbiological analysis of Drinking water	Environment Protection Training & Research Institute (EPTRI) Hyderabad.	September 12-15, 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

Saritha K, Research Associate

Course/Workshop Title	Institution	Dates
Workshop on Water Safety Plan in Hyderabad city	WHO and HMWSSB, Hyderabad	April 12-13, 2006
Training on Laboratory Management	Environment Protection Training & Research Institute (EPTRI), Hyderabad.	September 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	September 11-13, 2006

Training on Physicochemical analysis of Drinking water	Environment Protection Training & Research Institute (EPTRI), Hyderabad.	September 18-22, 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
Establishing Health Based Targets for Drinking water safety in support of Water Safety Plans: Second Meeting of the Working Group	Institute of Health Systems (IHS), with World Health Organization (WHO) at IHS, Hyderabad	June 05, 2007

Raghavendra Prasad, Microbiology Intern

Course/Workshop Title	Institution	Dates
Training on Microbiological analysis of Drinking water	Environment Protection Training & Research Institute (EPTRI), Hyderabad.	September 12-15, 2006
Training on Physicochemical analysis of Drinking water	Environment Protection Training & Research Institute (EPTRI), Hyderabad.	September 18-22, 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

Ajay Kumar Shinde, Administrative Officer

Course/Workshop Title	Institution	Dates
Training on Laboratory Management	Environment Protection Training & Research Institute (EPTRI), Hyderabad.	September 06-08, 2006

Date: Nov 28, 2007

Director

Annex - 3

List of Outgoing Faculty and Personnel After the Last AGM (From 30-12-2006)

Fellows:

Name	Designation	Join date	Leave date	Remarks
Dr. A Nirmala	Fellow	3/07/07	7/08/07	Resignation

Software Developers and System Administrators:

Name	Designation	Join date	Leave date	Remarks
P Ganapathi	System Administrator	2/11/06	2/08/07	Resignation

Project Interns:

Name	Project	Join date	Leave date	Remarks
K Sharabanda	Cicilia Health Care	10/08/07	15/09/07	Completed Term
K Srinivas	Cicilia Health Care	14/08/07	15/09/07	Completed Term
M Ashok Kumar	Cicilia Health Care	14/08/07	15/09/07	Completed Term
N Sadanandam	Cicilia Health Care	16/08/07	15/09/07	Completed Term
U Raju	Cicilia Health Care	14/08/07	15/09/07	Completed Term
U Veeru	Cicilia Health Care	14/08/07	15/09/07	Completed Term
K Hajilal	Cicilia Health Care	11/08/07	15/09/07	Completed Term
M Sachin Kumar	Cicilia Health Care	11/08/07	15/09/07	Completed Term
K Harikrishna	Cicilia Health Care	11/08/07	15/09/07	Completed Term
Prakash	Cicilia Health Care	11/08/07	15/09/07	Completed Term
Venkata Niranjan	Cicilia Health Care	11/08/07	15/09/07	Completed Term
K Vamshi Krishna	Cicilia Health Care	11/08/07	15/09/07	Completed Term
G Sunil	Cicilia Health Care	11/08/07	15/09/07	Completed Term
K Rahul	Cicilia Health Care	11/08/07	15/09/07	Completed Term
T Mahesh Kumar	Cicilia Health Care	11/08/07	15/09/07	Completed Term
Rajesh Jindam	Cicilia Health Care	11/08/07	15/09/07	Completed Term
Ch Tirupathi	Cicilia Health Care	08/08/07	15/09/07	Completed Term

Project Interns:

Name	Project	Join date	Leave date	Remarks
D Prabhu	Cicilia Health Care	14/08/07	15/09/07	Completed Term
H Purushotam	Cicilia Health Care	08/08/07	15/09/07	Completed Term
Sudhakar	Cicilia Health Care	18/08/07	15/09/07	Completed Term
Pradeep	WSP Project	14/05/07	14/07/07	Completed Term
G Madhu Kishore	WSP Project	14/05/07	14/07/07	Completed Term
H Purushotam	WSP Project	14/05/07	14/07/07	Completed Term
S Sarath Babu	WSP Project	14/05/07	14/07/07	Completed Term
C Vamshi Krishna	WSP Project	14/05/07	14/07/07	Completed Term
P Dharma Reddy	WSP Project	14/05/07	14/07/07	Completed Term
K Rajendra Prasad	WSP Project	23/05/07	23/07/07	Completed Term
G Prashant	WSP Project	23/05/07	23/07/07	Completed Term
B Appaswami	WSP Project	09/05/07	09/07/07	Completed Term
M Threlknath	WSP Project	09/05/07	09/07/07	Completed Term
T Narender	WQTL	06/01/06	14/02/07	Resignation
G Raghavendra Prasad	WQTL	05/05/06	05/10/07	Resignation
P Vijay Kumar	WQTL	09/10/06	13/12/06	Termination
Y Srinivas Rao	WQTL	09/10/06	12/02/16	Termination
M Ramu	WQTL	27/09/06	09/01/07	Resignation
U Swami	WQTL	21/03/07	05/11/07	Resignation

Notes:

¹ Join date is the first day of the current spell of personal affiliation with Instiute. 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.

Date: Nov 28, 07

Director

Annex- 4

IHS Representation in Health Policy Formulation Events

April- December 2006 2006

Bodies	IHS Representative
Measurement of Vital Events (MoVE) Contributors Group under aegis of Health Metrics Network (WHO, Geneva) for "Who Counts" series in the Lancet journal.	Dr. Prasanta Mahapatra, President Dr. C.K. George, Director
World Health Organization (SEARO) Regional Consultation on Social Determinants of Health: Nominee of Government of India	Dr. C.K. George, Director
Technical Resource Group (TRG) on Monitoring and Evaluation of the National AIDS Control Program, Phase-III (2007-12), Government of India	Dr. C.K. George, Director
Task Force on Monitoring of Major Health Indicators, Department of Health and Family Welfare, Government of Andhra Pradesh	Dr. C.K. George, Director
Planning Commission: Working Group on Health Financing and Health Insurance for the 11th Plan	Dr. Prasanta Mahapatra
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
World Bank: Technical Expert Group on Health System Capacity Building	Dr. Prasanta Mahapatra
National Rural Health Mission (Government of India) Working Group on Public-Private Partnership	Dr. Prasanta Mahapatra
Government of India: Expert Group on Out of Pocket Expenditure on Health Care Services in India	Dr. C.K. George, Director
HMWSSB, Government of Andhra Pradesh: Steering Committee on Water Safety in Hyderabad	Dr. C.K. George, Director

Date: Nov 28, 2007

Director

Annex-5

Projects Completed in the Reporting Period

1. Medium Term Expenditure Framework (MTEF) for Health in Madhya Pradesh

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 2006 and was completed by January 2007.

2. 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.

3. RCH-II Baseline Survey

The Reproductive and Child Health (RCH) Project -II in the state of Andhra Pradesh is being implemented from April 2005 and will continue over the years 2005-2010. The RCH program 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 tan 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, breast feeding 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 useful 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

4. 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.

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. 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 DoHMFw 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.

Annex-6

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

1. 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 was completed by June 2007.

2. 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 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 and findings published Results from the study was presented at the XV and XVI International AIDS Conference. The study was sponsored by the

International HIV/AIDS Alliance and Horizons (Population Council). The Institute has been commissioned to conduct the end of project evaluation which was completed by August 2007

3. Assessing Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City

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. The Institute was commissioned by the WHO to carry out the study which was completed by September 2007

4. 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 December 2007.

5. 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 December 2007.

6. 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.

7. 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 from different sources will be reconciled to develop best estimates and to make health projections where possible.

Annex-7

Projects Taken Up in Previous Reporting Periods and Continuing in the Current Year

1. 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 multi-faceted 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 December 2007.

2. 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 3000 VA Forms.

3. 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.

4. 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.

5. 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.

6. 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.

Annex-8

IHS Publications between April 2006 and December 2007

I. Reports:

- RP46/2007 Assessment of Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City *C K George, NS Reddy, Dhanraj and Saritha K*
- RP45/2007 Outcome Evaluation of the Frontiers HIV Prevention Programme in Andhra Pradesh *C K George, Immaculate Mary, Francis Raj*
- RP44/2007 District Health Action Plan for Anantpur District *Dhanraj*
- RP43/2007 Report of the Public Private Partnerships for Water Safety in Hyderabad (2006-07) *C K George and Saritha K*
- RP42/2007 Medium Term Expenditure Framework for Health in Madhya Pradesh *C.K George, Subodh Kandamuthan*
- RP41/2007 Assessment of Critical Gaps in Rural Health Care System of Andhra Pradesh *Dayakar Thota, Prasanta Mahapatra, C.K. George, NS Reddy*
- 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*

II. Working Papers

- WP 68/2007 Review of School Health Programs in Andhra Pradesh *C.K. George, Immaculate Mary, Dhanraj*
- WP 67/2007 Trends and Analysis of Government Health Expenditure in Orissa *C.K. George*
- WP 66/2007 Developing Terms of Reference for a Program Management Unit of a State Health Department: the case of Andhra Pradesh *C.K. George*
- 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

Annex-9

Publications Arising from Work Or People at IHS

April 2006- December 2007

A. Publications

Title of Publication	Journal, Book, Publisher	Author(s)
Civil registration systems and vital statistics: successes and missed opportunities	Lancet, October 29, 2007DOI:10.1016/S01406736(07)61308-7	Prasanta Mahapatra, Kenji Shibuya, Alan D Lopez, Francesca Coullare, Francis C Notzon, Chalapati Rao, Simon Szreter,
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
Social capital and HIV risk behavior among female sex workers and men who have sex with men in Andhra Pradesh: Insights from quantitative and qualitative data	Horizons Research Update. Washington, DC: Population Council, November, 2006.	Samuels F, Verma R., CK George and Pertii Pelto
Is rural stint for doctors a good idea?	Editorial, Economic Times, New Delhi, 9th July 2007	C K George
Reducing HIV risk behaviors among key populations by increasing community involvement and building social capital: Baseline findings from Andhra Pradesh, India	Horizons Research Update. New Delhi: Population Council., 2006	Samuels F, Verma R. And CK George
Mineral Sands Mining in Kerala: Issues in Health	University College Journal of Politics and Society, Trivandrum, 2006	Subodh Kandamuthan

B. Invited Presentations

Presentation Title	Forum / Event	Author(s)
The Indian Medical Certified Cause of Death system in Andhra Pradesh	Workshop on Verbal Autopsy Organized by The George Institute of International Health, India, 27-28 November 2007	Prasanta Mahapatra Anjum Soni
Social capital amongst MSM in Andhra Pradesh: Understanding its potential role in preventing the spread of HIV	Asia Pacific Conference on Reproductive and Sexual Health and Rights, India 2007.	Fiona Samuels CK George Ravi Verma
Assessment of Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City	National Workshop on Water Borne and Related Diseases organized by Public Health Engineering Department, Govt. of West Bengal and Supported by World Health Organisation, India, July 2007	CK George, Dhanraj, N S Reddy K. Saritha
Developing State Health Accounts in India	Consultation Workshop on Gujarat Health Accounts, Gujarat Institute of Development Research, Ahmedabad, 4 January 2007	CK George
Assessing risks associated with water quality and sanitation for establishing Health Based Targets for Drinking Water Safety, in support of Water Safety Plans	Technical Workshop on Water Safety Plans organized by the WHO-India and Hyderabad Metro Water Supply and Sewerage Board, November 2006	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
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 USEPA, 12 May 06	CK George, K. Saritha

C. 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-10

Projects Taken Up in Current Year (2007-08)

1. Technical Assistance to Government of Andhra Pradesh for Implementing AP Health Sector Reform Programme

The Government of Andhra Pradesh (GoAP) is developing a state health policy based on the Health Sector Reform Strategy Framework and agreed prioritized milestones for achieving improved utilization of health services especially by the poorest people and in the under-served areas. The objective of the AP Health Sector Reform Programme (APHSRP) is for AP to reach the health MDGs, provide new models for improving systems and deliver better health services to the poor. The Institute has been commissioned to assist the Department of Health, Medical and Family Welfare (DoHMFw) of GOAP for initiating planning for the first year's activities of the AP health Sector Support program so that momentum is maintained and program can be launched as soon as the funds are approved for the reform process. Specifically the Institute will provide assistance to plan and set up the Programme Implementation Unit, prepare the action plans for the achieving the 1st year milestones and integrate it within the annual plan of the DOHMFw and initiate work on the district planning process and the tribal health plan. The Medium Term Strategy and Expenditure Framework for Health and the NRHM framework will serve as the blueprint for initiating planning for the first year's activities of the AP health Sector Support program. Diagnostic analysis including assessment of existing processes in the areas will be done. Following which detailed action plans will be prepared. The consultancy team will assist the Director of Health in Implementing the Action Plan and will conclude the assignment with an informal appraisal to assess readiness of the Department for implementing the reform process. The project has begun from June 2007 and is sponsored by the DfID

2. Medium Term Expenditure Framework (MTEF) for Health in Orissa

The Government of Orissa 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 prepare the MTEF. The study involves 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 is 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 includes 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 August 2007 and will be completed by December 2007.

3. Health Care Provider Survey in Hyderabad

The survey was undertaken to build a database of health care providers in Hyderabad. The providers included allopathic, AYUSH and non formal practitioners; clinics, nursing homes, diagnostic centres and pharmacies. The survey collected details of academic qualifications of

practitioners, services offered and contact details of the providers. The survey was sponsored by Cicilia Health Care Limited and was completed in October 2007

4. Workshop on Health Care Financing in India

Wide ranging reforms is underway in the Indian health sector under the National Rural Health Mission. Several States are implementing or planning state specific reforms. Sustainability of these reforms is linked to financing options available. A clear priority for national and state governments is establishing financing mechanisms which will help alleviate the high burden of out of pocket expenditure on health which falls disproportionately on the poor. Generating evidence to support decision making in this endeavor is a critical need. Researchers based in institutions in different parts of the country have contributed greatly in improving our understanding regarding contribution of various financing sources, flow of funds within the health sector, expenditure on drugs, costing of services and different financing models including health insurance. Under the aegis of the World Health Organization (India), a workshop is being held by the Institute of Health Systems on 29th and 30th November, which aims to bring together researchers on health financing in the country to 1. facilitate information sharing and pooling of evidence on health financing in India, 2. identify priority areas in health financing of the country which requires more rigorous study, 3. provide the government with actionable recommendations on health financing priorities, policy options and models, 4. explore setting up a common platform for pooling expertise within the country and ways of working together

5. Technical Consultancy 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. The Field Trial is being implemented in Nagarkurnool Division of Mahabubnagar District of AP. The trial covers over 400 villages with equal number of study and control villages. The field team includes over 400 surveyors and about 20 supervisors. IHS has been selected as a technical consultant for the study. The Institute has been providing technical support for developing of forms and training manuals, training of surveyors and supervisors and quality control over the length of the trial. Institute has developed survey forms, verbal autopsy tools and training manuals. Training of surveyors is currently underway. The project has been commissioned by the Naandi Foundation.