



2007-08

Annual Report



The Institute of Health Systems

The Institute of Health Systems.

Director's Report, 2007-08

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this thirteenth annual general body meeting. Today, more than ever, the Institute's development is at a critical juncture. While there has been progress in taking forward our mission, there are enormous challenges to be overcome. I have had the privilege of reporting to you the activities of the Institute during the last six financial years. In these years, we have achieved a small measure of success in keeping our work relevant and in the process sustain the Institute. We have been functioning with a small team of core staff, whose hard work, perseverance and support has been invaluable to the Institute. On behalf of the General Body of the Institute, I extend our heartfelt gratitude to the staff of IHS. I gratefully acknowledge the support given by members of the governing bodies of the Institute, whose encouragement and contributions have gone a long way in sustaining the Institute. I would like to use this opportunity to specially acknowledge the continued contribution of Dr. Prasanta Mahapatra, IHS President to the Institute. He has been an inspiration to all of us. I often come across people who unreservedly attribute their success and station in life to the experience of working with Dr. Mahapatra at the IHS. He has been a mentor and a guide to me and as well. Working with him has been a privilege and an extraordinary learning experience and I am extremely grateful for his guidance and support throughout these years. On all your behalf, I thank him once again for his continued services to the Institute.

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

I. Institute's Faculty:

As on date we have a total of 27 persons in various categories as shown in Table-1.

Category of Personnel	Persons
Full Time Faculty	2
Visiting Faculty	7
Research Associates	2
Research Fellows	2
Research Assistants	2
General Support: Executives and Staff	6
Interns & Apprentices	6
All	27

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 (2007-08) 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

8 projects as shown in Table-2 were completed during the reporting period. Of these 7 were research and one was a consultancy projects. A brief summary of each of these projects is given in Annex-5.

Table 2: Projects Completed in 2007-08

No:	Project	Sponsor	Commencement
Research			
1	Assessment of Critical Gaps in Rural Health Care System of AP	Department of Planning, GoAP	2006-07
2	Frontiers Prevention Program (FPP) Outcome Evaluation: Second Round	International HIV/AIDS Alliance/ Population Council	2006-07
3	Assessing Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City	WHO, India	2006-07
4	Health Equity in Andhra Pradesh	WHO (Geneva)	2006-07
5	Out of Pocket Expenditure in Public Hospitals of India	WHO, India	2006-07
6	Health Financing in India: Taking Stock and Moving Forward	WHO, India	2007-08
7	Epidemiology of Road Traffic Accidents	Indian Council of Medical Research (ICMR)	2005-06
Consultancy			
8	Health Care Provider Survey in Hyderabad	Cecila Health Care Private Ltd	2007-08

Four consultancy projects and one research project as shown in Table-3, which were taken up in the reporting period are continuing in the current year. Of these, the first four 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 (2007-08) and Continuing in the Current Year

No:	Project	Sponsor
Research		
1	Verbal Autopsy and Technical Support for CHAMPION Trial	Naandi Foundation
Consultancy		
2	Medium Term Expenditure Framework (MTEF) for Health in Orissa	DfID, Government of UK
3	Technical Support to Government of Andhra Pradesh for Implementing AP Health Sector Reform Programme	DfID, Government of UK
4	Development of NHA Manual for India	WHO, India
5	Institutionalizing Mechanisms for Developing and Rolling Out Medium Term Expenditure Framework for Health in Andhra Pradesh:	Department of Health and Family Welfare, GoAP

In addition to the above mentioned 13 projects, work was carried out in the reporting period on long term research projects and a consultancy project 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
Research		
1	Air Pollution and Cause of Deaths in Hyderabad	Ministry of Environment and Forests (GoI)
2	Cause of Death Coding for AP Rural Health Initiative	Byrraju Foundation
Consultancy		
3	Prevention of Waterborne Diseases in Urban Slums of Hyderabad: Public-Private Partnership	HMWSSB (GoAP)
4	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 received assent of the Chancellor of the University. Subsequently the Institute has requested the Government for permission to start the programme. The Government has directed the University to conduct an inspection and certify our preparedness to offer the programme. Given our limited resources we are working towards a tie up with the LV Prasad Eye Institute, whose Chairman Dr. G.N Rao has graciously offered the use of LVPEI facilities at Kismetpur for the program

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. Training services require additional financial supplementation. Further, our infrastructure and human resources are committed to the research and consultancy projects in hand.

D. Public Services:

1. Public Health Laboratory:

Since March 2004 we have been offering water quality testing services (WQTS) 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. Water Quality Monitoring in Hyderabad Metro Reservoirs:
 - ii. Prevention of Waterborne Diseases in Urban Slums of Hyderabad (Annex-7)
3. Support for Research Projects
- i. Assessing Acute Gastroenteritis Risks Associated With Water Quality and Sanitation in Hyderabad City (Sponsored by WHO, India)
 - ii. Phase-2 Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts (Sponsored by RTI)
 - iii. Assessment of Community Water Supply in Coastal Andhra (PATH)
 - iv. Assessment of Water Quality in Krishna and Godavari Districts (Naandi Foundation)

Details of output and revenue from IHS laboratory services is provided in Annex-8. The laboratory has significantly increased its output and has also been a major source of revenue for the Institute. However, we have still not been able to make significant progress in making our services more accessible to the public. Most of our revenue has come from sponsored 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

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. However, in recent years the scope for proactive acquisition of bibliographic resources has been limited due to financial constraints. 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 51 reports, of which 11 were published after March 2007. In the reporting period we have also published 4 working papers and a book. Details of IHS publications in the reporting year are given in Annex-9. 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-10.

III. Current Year (2008-09) Developments

A. Research and Consultancy:

So far, six new projects as shown in Table-5, have been taken up in the current year. Three of them are consultancy projects and three are research projects. In addition, 9 projects taken up in the previous years are continuing in the present year. Six out of these 15 projects have been completed as of date.

Table -5: Projects Taken Up in Current Year (2008-09)

No:	Project	Sponsor
Consultancy		
1	Phase-2 Assessment of Household and Community Water Quality in Guntur, Krishna and East Godavari Districts	Research Triangle Institute
2	Assessment of Community Water Supply in Coastal Andhra	PATH
3	Assessment of Household Water Quality in Krishna and Godavari Districts	Naandi Foundation
Research		
4	State Health Level Budget and Expenditure Tracking	National Health Systems Resource Center (NHSRC)
5	Study on Public Health Courses and Training Programmes in India	National Health Systems Resource Center (NHSRC)
6	Cause of Death Coding for CHAMPION Trial	Naandi Foundation

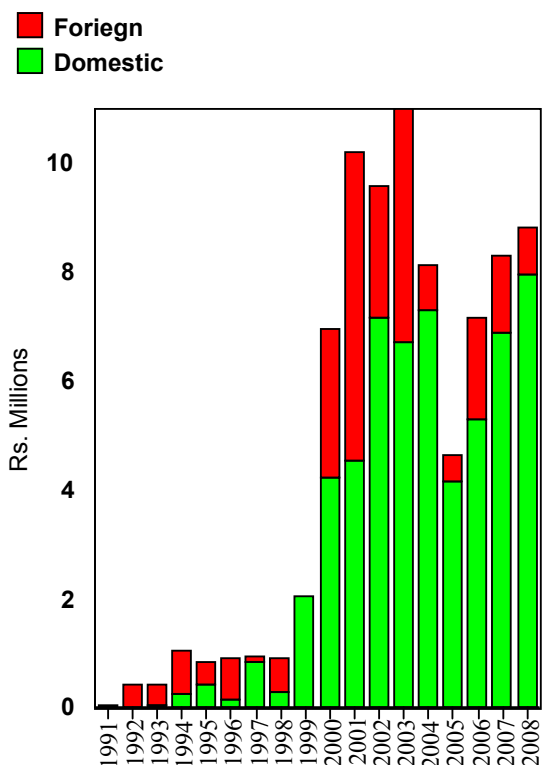
IV. Taking Stock of the Institute's Progress so far:

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.

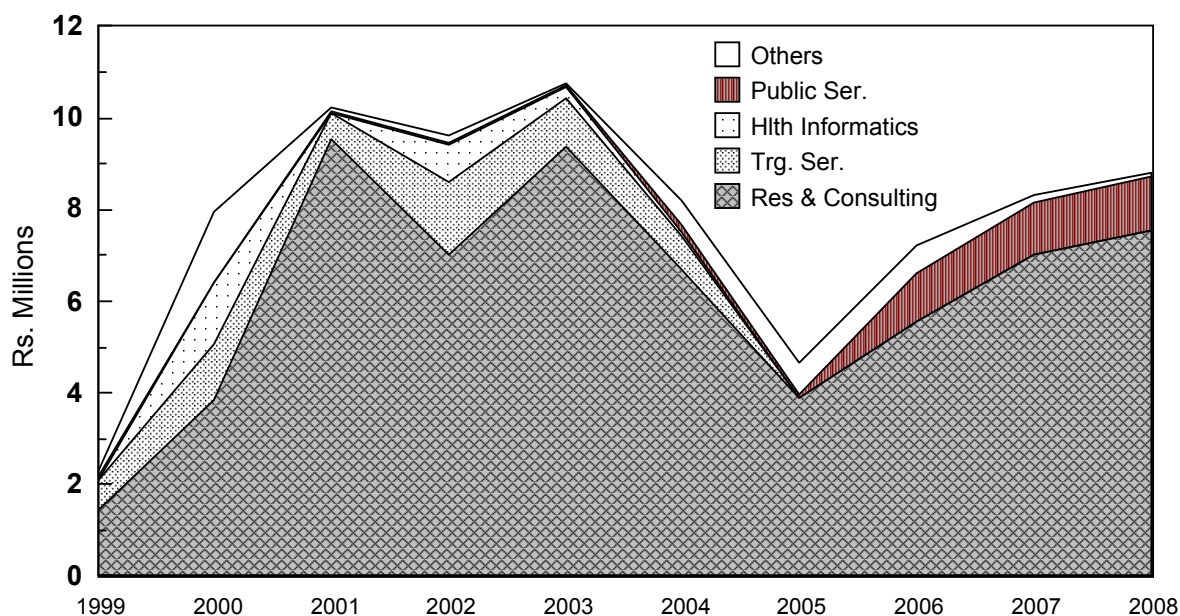
The share of foreign sources in the total receipts of the Institute has been around 10% for the years 2003-04 and 2004-05. In the year 2005-06, share of foreign sources was about 25%. In 2006-07 the share of foreign sources declined to about 15% of the total receipts. In the reporting year share of foreign sources is about 10% of total receipts of the Institute. As is evident from Figure-2, most of our revenue has been contributed by Research and Consultancy. In recent years, receipts from public services has been increasing mainly on account of water quality testing services. Currently, public services account for about 13% of the Institute's revenues.

Financial Year	IHS gross revenue in rupees			Figure-1: IHS Gross Revenue Trend Since Inception
	Domestic	Foreign	Total	
1991	43,905	0	43,905	
1992	0	424,088	424,088	
1993	50,000	380,000	430,000	
1994	275,042	774,568	1,049,610	
1995	445,517	403,604	849,121	
1996	160,186	768,447	928,633	
1997	835,250	103,612	938,862	
1998	305,100	599,266	904,366	
1999	2,066,525	0	2,066,525	
2000	4,249,243	2,720,92	6,970,168	
2001	4,717,788	5,668,36	10,386,151	
2002	7,733,308	2,451,09	10,184,403	
2003	6,718,690	4,784,85	11,503,547	
2004	7,329,734	826,363	8,156,097	
2005	4,180,215	470,160	4,650,375	
2006	5,319,477	1,845,76	7,165,238	
2007	6,898,526	1,414,99	8,313,522	
2008	7,985,882	840,277	8,826,159	



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.

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



We are in a crucial phase of the Institute's development. We are making efforts to obtain land for the Institute and permission to start the MPH course. We are in the process of formalizing a tie-up with LVPEI to utilize their facilities for the MPH course. However, lack of human resources, infrastructure and corpus funds for development are major constraints. 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 advice 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: 30th Dec 2008



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.

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 (Dead-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 doctorate 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 and Patient Satisfaction Survey. He teaches, mathematics, biostatistics, epidemiology, research methodology, health care management, and health informatics.

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, Lohivali, 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, Dryefus Foundation New York, Kerala Research Program for Local level development, on various public health issues. He is currently a Professor at the Achutha Menon Centre for Health Science Studies, 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 has earlier served as 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.

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 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. He has been associated with the 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 had worked as Faculty in Quality Assurance at 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 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. She is currently serving as a Programme Officer with Centre for Disease Control (CDC), Hyderabad

Research Associates:

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, Jeypore, 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. Ravi Krishna 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

Interns and Apprentices

Name	Qualifications	Project / Learning Area
A Purushotam	M.Sc Organic Chemistry	Water Quality Testing
P Shilpa Veni	M.Sc Microbiology	Water Quality Testing
Mallaji	SSC	Water Quality Monitoring
Srikanth	SSC	Water Quality Monitoring
Satyanarayana	BA	Water Quality Monitoring
Roopa 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.

Service Providers

Provider	Service
Srinivas	General Support Services
Kalavathi	Sanitary Services
Sandhya Rani	Sanitary Services
Parteesh	Sanitary Services
Pledge Security Agency	Security Services

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
Workshop on Health Sector Reforms in India	World Health Organization, India	12-13 Dec 2008
Health Management Information Systems (HMIS) for Andhra Pradesh	National Institute of Smart Governance	11th Dec 2008
Workshop on Design of Evaluation of Health and Nutrition Programs implemented by the Society for Elimination of Rural Poverty	SERP, Hyderabad	21st October 2008
Workshop on Water Safety Plans	HMWSSB, Hyderabad, Sponsored by WHO	Sept 26-27, 2008
Workshop on Health Systems Development under NRHM: Meeting the Challenge of Integration	National Health System Resource Centre and Jawaharlal Nehru University, New Delhi	18th-19th August, 2008.
Workshop on State Level Health Budget and Expenditure Tracking	National Health System Resource Centre, New Delhi	26th July 2008
Workshop on Medium Term Expenditure Framework for Health Bangalore	Karnataka Health Systems Development and Reform Project, Government of Karnataka and World Bank	28th August 2008
Workshop on " Safety Plans for Hyderabad"	World Health Organization, India	15th Feb 2008
Workshop on " Delivery Mechanism: The role of NGOs"	ICFAI School of Public Policy, Hyderabad	30th Jan 2008
35th National Conference of Indian Association of Preventive and Social Medicine (IAPSM)	JIPMER, Puducherry	23-25 January 2008
Sub-Committee on Tracking Resource Flows to Health Research in India	Indian Council of Medical Research, New Delhi	4th January 2008

Course/Workshop Title	Institution	Dates
Fourth Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCRSH)	APCRSH, Hyderabad	December 2007
Health Financing in India: Taking Stock and Moving Forward	Institute of Health Systems in collaboration with WHO India Country Office, New Delhi	Nov 30 - Dec 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

Immaculate Mary, Faculty

Course/Workshop Title	Institution	Dates
National Conference on Economic Reforms in India: Social Exclusion and Social Injustice	Andhra Pradesh Sociological Society and BRAOU, Hyderabad	27-29th November, 2008
National Consultation on Juvenile Justice- A Way Forward	Navajeevana Balabhavan, Hyderabad.	20-21st Sept, 2008
Maternal Mortality-A social Injustice-Consultation on Human Rights Approach to prevent Maternal death	Academy of Nursing Studies	21-22nd August, 2008
Implementation of NRHM District Health Action Plan in Andhra Pradesh-Orientation programme	IIHFW, Hyderabad	1st Aug, 2008
Implementation of NRHM District Health Action Plan in Andhra Pradesh	IIHFW, Hyderabad	26 July, 2008

Course/Workshop Title	Institution	Dates
Concurrent Evaluation of the NRHM-National Level Workshop	Ministry of Health and Family Welfare, New Delhi	27th May 2008
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	IHFW, Department of Health and Family Welfare, Government of Andhra Pradesh	August 31, 2007

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	Nov 30 - Dec 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

Dr. Anjum Soni, Faculty

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

Srinivas Reddy N, Research Associate

Course/Workshop Title	Institution	Dates
SPSS Training Program	JNTU, Hyderabad.	Apr 4-6, 2007

Saritha K, Research Associate

Course/Workshop Title	Institution	Dates
Training programme on "Physico-Chemical and Microbiological methods for Water Quality Testing"	Conducted by EPTRI, Gachibowli, Hyderabad, Sponsored by WHO	October 13-16, 2008

Course/Workshop Title	Institution	Dates
Workshop on Water Safety Plans	HMWSSB, Hyderabad, Sponsored by WHO	September 26-27, 2008
Development of Training material for Water Safety Plan (WSP) in Urban Areas	Conducted by ESCI, Gachibowli, Hyderabad	July 24, 2008
Orientation Meeting WHO-GOI Collaborative Programme	Conducted at CSIR, Science Centre, New Delhi , Sponsored by WHO	May 30, 2008
Participated in symposium on Antimicrobial Resistance	Department of Microbiology & Cell biology, Indian Institute of Science Campus, Bangalore	March 10-11, 2008
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

G. S. Pattnaik, Research Associate

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

Dhanraj, Research Associate

Course/Workshop Title	Institution	Dates
Workshop on Water Safety Plans	HMWSSB, Hyderabad, Sponsored by WHO	September 26-27, 2008

P Shilpaveni, Microbiology Intern

Course/Workshop Title	Institution	Dates
Workshop/Training programme on “Physico-Chemical and Microbiological methods for Water quality Testing”	Conducted by EPTRI, Gachibowli, Hyderabad, Sponsored by WHO	October 13-16, 2008

A Purushotama, Chemistry Intern

Course/Workshop Title	Institution	Dates
Workshop/Training programme on “Physico-Chemical and Microbiological methods for Water quality Testing”	Conducted by EPTRI, Gachibowli, Hyderabad, Sponsored by WHO	October 13-16, 2008

Annex - 3

List of Outgoing Faculty and Personnel After the Last AGM (23/12/2007)

Faculty:

Name	Designation	Join date	Leave date	Remarks
Dr. Anjum Soni	Faculty	02/04/07	31/07/08	Resignation

Research Associates:

Name	Designation	Join date	Leave date	Remarks
N Srinivasa Reddy	Research Associate	03/01/01	07/11/08	Resignation
Dhanaraj	Research Associate	29/09/00	07/11/08	Resignation

Research Assistants:

Name	Designation	Join date	Leave date	Remarks
J Bharat Reddy	Research Assistant	16/09/06	03/10/08	Terminated

General Support Personnel:

Name	Designation	Join date	Leave date	Remarks
C Shiva Kumar	General Support	03/10/05	26/07/08	Resignation
Paramadama	General Support	04/09/08	13/11/08	Terminated

Project Interns:

Name	Designation/project	Join date	Leave date	Remarks
S Ravikiran	WQTL Intern	23/07/05	02/09/08	Resignation
D Srinivas	WQTL Intern	22/05/08	29/10/08	Resignation

Notes:

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

Annex- 4

IHS Representation in Health Policy Formulation Events

Since April 1st 2007

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
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
Government of India National Team for Appraisal of Emergency Medical Response Systems in India	Dr. C. K. George
Task Force on Monitoring of Major Health Indicators, Department of Health and Family Welfare, Government of Andhra Pradesh	Dr. C.K. George
National Nutrition Mission, Government of India	Dr. Prasanta Mahapatra
Expert Group on Tracking Health Expenditure of State Governments. National Health Systems Resource Centre, Government of India	Dr. C.K. George
Subcommittee on Tracking Resource Flows for Health Research in India, Indian Council of Medical Research, Government of India	Dr. C.K. George
Expert Group on Health Financing in India, World Health Organization, India	Dr. Prasanta Mahapatra Dr. C.K. George
HMWSSB, Government of Andhra Pradesh: Task Force on Water Safety Plan Implementation in Hyderabad	Ms. Saritha K
Expert Group on National Health Accounts, Bureau of Planning, Ministry of Health and Family Welfare, Government of India	Dr. C.K. George
HMWSSB, Government of Andhra Pradesh: Steering Committee on Water Safety in Hyderabad	Dr. C.K. George

Annex-5

Projects Completed in the Reporting Period

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. 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.

6. Epidemiology of Road Traffic Accidents

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

7. 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

8. Health Financing in India: Taking Stock and Moving Forward

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 was organized by the Institute of Health Systems on 29th and 30th November, which brought 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.

Annex-6

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

1. Institutionalizing Mechanisms for Developing and Rolling Out Medium Term Expenditure Framework for Health in Andhra Pradesh:

IHS has been commissioned by the Department of Health and Family Welfare, GoAP for updating the MTEF prepared by the Institute in 2006-07 by incorporating changes in anticipated fund flow and program priorities, and rolling out the MTEF for 2007-08. A key objective of the assignment is to develop tools for public expenditure analysis and building capacity within the Health Department for subsequent rolling out of MTEF based on a National Health Accounts Framework adopted by the Government of India.

2. Development of NHA Manual for India

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

3. Technical Support 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 (DoHMF) 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 DOHMF 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

4. 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 prepared 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.

5. Verbal Autopsy and Technical Support for CHAMPION Trial

Collaborative effort between Naandi Foundation and London School of Tropical Medicine and Hygiene to assess impact of systemic changes in provision and promotion of health care on neonatal mortality. 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.

Annex-7

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

1. 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 2005.

2. 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 January 2007.

3. 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.

4. Cause of Death Coding for AP Rural Health Initiative

The Andhra Pradesh Rural Health Initiative is a collaborative effort of the Byrraju Foundation, The George Institute for International Health Sydney, the Centre for Chronic Disease Control in New Delhi and the CARE Foundation, Hyderabad to develop cost effective solutions for providing health care to rural communities. As a part of this Initiative, it is required to carry out mortality/morbidity surveillance in about 45 villages of East & West Godavari. Trained personnel conduct verbal autopsy using specially structured Verbal Autopsy Forms, which are sent to the IHS. At the Institute the cause of death (COD) is assigned to each form as per the ICD-10 codes. The project which began in June 2004 is for a minimum of three years and is sponsored by the Byrraju Foundation. Till date we have coded about 3000 VA Forms.

Annex-8

Revenue from IHS Laboratory Services

Revenue from IHS Water Quality Testing Services

Source of Revenue	2006-07	2007-08	2008-09 (Apr- Oct)
HMWSSB	1280650	1263000	842000
Research Projects	212521	450000	244700
General Clientele	20575	34465	15175
Total	1513746	1747465	1101875

Annex-9

IHS Publications between April 2007 and Dec 2008

I. Reports:

- RP 51/2008 An Analysis of Reported Causes of Death in Hyderabad *Anjum Soni*
- RP 50/2008 Epidemiology of Road Traffic Accidents in Hyderabad, India *George CK, Dhanraj and Satish K.*
- RP 49/2008 Medium Term Expenditure Framework for Health in Orissa. *C.K. George, GS Pattnaik and Subodh Kandamuthan.*
- RP 48/2008 Health Financing in India: Taking Stock and Moving Forward *CK George*
- RP 47/2008 Framework for Decentralized Health Planning in Andhra Pradesh *George CK, Mary I and Dhanraj.*
- 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*

II. Working Papers

- WP 69/2008 Developing Terms of Reference for a Strategic Planning and Innovation Unit of a State Health Department: the case of Andhra Pradesh *C.K. George*
- 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*

III. Books

- BK 06/2008 Training Manual for National Health Accounts in India

Annex-10

Publications Arising from Work Or People at IHS

April 2007- December 2008

A. Publications

Title of Publication	Journal, Book, Publisher	Author(s)
Measuring doctor availability in rural health centres. A study of doctor availability in primary health centers in Andhra Pradesh, India.	Health Policy and Planning (Submitted)	Prasanta Mahapatra Dayakar Thota C K George NS Reddy
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,
Is rural stint for doctors a good idea?	Editorial, Economic Times, New Delhi, 9th July 2007	C K George

B. Invited Presentations

Presentation Title	Forum / Event	Author(s)
Trafficking of Men into Sex Work and their Vulnerability to HIV/AIDS.	National Consultation on Human Trafficking and Law. Human Rights Law Network, New Delhi, Mumbai 22-23rd December	Immaculate Mary
Social Exclusion of the Urban Poor Living on the Streets in Chennai City: An Analysis of Health and Socio-Economic Conditions.	National Conference on Economic Reforms in India: Social Exclusion and Social Injustice, Andhra Pradesh Sociological Society and BRAOU, Hyderabad, 20-21st September, 2008	Immaculate Mary
Developing Medium Term Expenditure Frameworks for Health: Experience from three States of India.	Workshop on Medium Term Expenditure Framework, Karnataka Health Systems, Development and Reform Project, Government of Karnataka and World Bank, Bangalore 28th August 2008.	C K George
Assessing Risks Associated with Water Quality and Sanitation.	Workshop on " Safety Plans for Hyderabad" World Health Organization, India, 15th Feb 2008.	C K George Saritha K NS Reddy Dhanraj

Presentation Title	Forum / Event	Author(s)
Role of NGOs in the Health Sector.	Workshop on " Delivery Mechanism: The role of NGOs", ICFAI School of Public Policy, Hyderabad, 30th January 2008	C K George
Tracing Flow of Funds in the Indian Health Sector.	35th National Conference of Indian Association of Preventive and Social Medicine (IAPSM), JIPMER, Puducherry, 23-25 January 2008.	C K George
Using National Health Accounts Methodology for Estimating Expenditure on Research in the Health Sector.	Sub-Committee on Tracking Resource Flows to Health Research in India, Indian Council of Medical Research, New Delhi, 4th January 2008.	C K George
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

C. Poster Presentations:

Presentation Title	Forum / Event	Author(s)
Empowering sex workers and men who have sex with men: The role of social capital in preventing the spread of HIV in Andhra Pradesh.	XVII International AIDS Conference, Mexico City, 3-8 August 2008	Samuels F, Verma R. and CK George



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