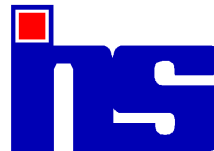


Director's Report 2008-09

**Presented to Annual General Body Meeting
2nd December 2009**



THE INSTITUTE OF HEALTH SYSTEM

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The Institute of Health Systems.

Director's Report, 2008-09

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this fourteenth annual general body meeting. I joined the Institute on 2nd September, 2009, which was well past the reporting year. However, I have the privilege to report before you the good work done by my predecessor and present recent events that gives us hope for further development of the Institute. On behalf of the General Body of the Institute, I extend our heartfelt gratitude to Dr. CK George, for his leadership of the Institute during its most trying times. I gratefully acknowledge the support given by members of the Board, the Executive Council, and the General Body.

I first present about the Institute's faculty and human resources. Next I will give an overview of activities during the reporting period. Thereafter, I will briefly touch upon recent developments during the current year. We will then 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.

Institute's Faculty and Human Resources:

As on date we have a total of 30 persons in various categories as shown in Table-1.

Table-1: IHS Faculty and Human Resources Position, 2009

Category of Personnel	As on 31/3/09					As on 01/12/09				
	Emp	Stipnd	Fee	Vol.	Tot	Emp	Stipnd	Fee	Vol.	Tot
Faculty & Coordinators										
Full Time Faculty	2	0	0	0	2	2	0	0	0	2
Pj Coordinator(s)	1	0	0	0	1	1	0	0	0	1
Consultants	0	0	4	0	4	0	0	2	0	2
Voluntary / Visiting Fac.	0	0	0	2	2	0	0	0	2	2
Research & Lab Personnel										
Res. Associates	0	0	0	0	0	0	0	0	0	0
Res. Assistants	2	0	0	0	2	1	0	0	0	1
Microbiologists	1	0	0	0	1	2	0	0	0	2
Res. Investigators	0	0	0	0	0	5	0	0	0	5
Fellows, Interns & Appr.										
Research Fellows	0	2	0	0	2	0	1	0	0	1
Interns	0	5	0	0	5	0	5	0	0	5
Apprentices	0	0	0	0	0	0	0	0	0	0
General Sup. Personnel										
Project Manager	1	0	0	0	1	1	0	0	0	1
Accountant	1	0	0	0	1	1	0	0	0	1
Front Office Staff	1	0	0	0	1	1	0	0	0	1
Ser. Provider Personnel										
System Admn.	0	0	1	0	1	0	0	1	0	1
Secretarial	0	0	1	0	1	0	0	0	0	0
Security	0	0	2	0	2	0	0	2	0	2
Sanitation	0	0	3	0	3	0	0	3	0	3
All	9	7	11	2	29	14	6	8	2	30

¹ The number of service provider personnel may vary as their deployment changes according to the quantity and quality of service commitments to the Institute. The figures indicated here are based of their personnel on most days.

² Emp=Employee, i.e. Salaried; Stipnd=Stipendiary; Vol=Voluntary; Tot=total

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 Annexure-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 as given in Annex-4. All of you are aware that the academic programs have been suspended as we do not have adequate space. Hence, there was no scope to receive the visiting faculties during the years.

Reporting Period (2008-09) Events and Activities:

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

Research and Consultancy
Academic Programs
Training Services
Public Services, and
Publications

A. Research and Consultancy:

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

Table 2: Consultancy Projects Completed in 2008-09

Sl Project	Sponsor	Start Year
1 Medium Term Expenditure Framework (MTEF) for Health in Orissa	DFID, Government of UK	2007-08
2 Technical Support to Government of AP for Implementing AP Health Sector Reform Program	DFID, Government of UK	2007-08
3 Verbal Autopsy and Technical Support for CHAMPION Trial	Naandi Foundation	2007-08

We did not complete any research project during the reporting period. However, one research project and three consultancy projects as shown in Table-3, were taken up in the reporting period and continuing in the current year. Of these, one project "Study on Public Health Courses and Training Programmes in India" was completed in the current year and a report was submitted to NHSRC. A brief summary of each of these projects is given in Annex-6.

Table-3: Continuing Projects Taken Up in Reporting Period (2008-09)

Sl Project	Sponsor
Research	
1 Doctor Availability in Primary Health Centers	Planning Dept, AP Govt.
Consultancy	
1 Cause of Death Coding for CHAMPION Trial	Naandi Foundation
2 State Level Health Budget and Expenditure Tracking	National Health Systems
3 Public Health Courses and Trg. Programs in India	Resource Center (NHSRC)

In addition to the above, certain long pending research and consultancy projects as shown in Table-4 are continued in the reporting period, which were taken up in earlier reporting years. The research project on "Epidemiology of Road Traffic Accidents" was completed and a report submitted in April 2009. A brief summary of each of these projects is given in Annexure-7.

Table-4: Continuing Projects Taken Up in Previous Reporting Periods

Sl Project	Sponsor
Research	
1 Air Pollution and Cause of Deaths in Hyderabad	GoI - Min.of Env.&Forests
2 Epidemiology of Road Traffic Accidents	ICMR
Consultancy	
1 Institutionalizing Mechanisms for Developing and Rolling Out Medium Term Expenditure Framework for Health in AP	Department of Health and Family Welfare, GoAP
2 Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation	APYP (GoAP)
3 Dev. of National health Accounts (NHA) Manual for India	WHO, India

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 our long term objective to develop a college of public health, the Institute has striven to consolidate its efforts in public health capacity building and developing a 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 program 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 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 program. The Government has directed the University to conduct an inspection and certify our preparedness to offer the programme. Given our limited resources we had an understanding with LV Prasad Eye Institute, whose Chairman Dr. G.N Rao has graciously offered the use of LVPEI facilities at Kismetpur for the program. The Inspection committee of Dr NTR University of Health Sciences, recommended the case of the Institute and suggested for constitution of a separate board of studies for international courses. Accordingly, Govt has given permission in GOMs.No.173 dated 19-8-2009 to start Masters in Public Health (MPH). We are following up with the NTRUHS for ammendment of the Statute to incorporate certain

errata and for constitution of the Board of Studies for International Courses. We hope to start the course in the next academic year with 15 candidates, as permitted by the Govt.

Another positive development is that the state Government has allotted an extent of Ac16.00 in favor of Institute to build a world class College of Public Health and campus on payment of Rs 10.00 lakhs per acre. But there is a Public Interest Litigation (PIL) case before the Hon'ble High Court of AP. The Institute has approached a reputed advocate to represent its case. Advocate Sri Prakasha Reddy has kindly offered to represent the IHS case, pro bono. The IHS has to bear the incidental costs and the fees of Junior Advocate Sri P.Radheev Reddy.

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 phase comprising of an internship of one year. The third phase is devoted to a stipendiary internship and guided on the job training in appropriate organizations. We have deferred offering of the program in view of infrastructure constraints.

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, the Institute is monitoring water quality at various points of water distribution system operated by the HMWSSB. These include mostly testing for residential chlorine and bacteriological contamination tests on water samples collected at reservoir points, tanker collection points, selected slum area, eateries and restaurants. IHS personnel also records their observations during the course of their sample collection, that could impact on water quality such as water leakages, damages to the distribution pipes, sewerage overflows with exact addresses and informs the HMWSSB for correction. Focus Group Discussions (FGD) are also being conducted in one or two randomly selected slums in a week to educate the residents about good hygiene practices and measures to prevent water contamination. Daily and monthly reports are furnished to the Metro Water Board (HMWSSB). In addition the laboratory is also collaborating with other research institutions by providing water quality testing services. Water quality testing services are also made available to general public. An overview of revenue from water quality laboratory services is in Annex-9. The laboratory has significantly increased its output and has also been a major source of revenue for the Institute under public services. However, most of our revenue has come from sponsored projects. We are trying to publicize the IHS Water Quality Testing Services among general public, to improve access to our services.
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 20,016 HCIs in the public, private for profit and nonprofit sector. The database is being updated whenever we get a chance of getting required information during the course of our research or consultancy. For example, the date and year of establishment of Primary Health Centers in Andhra Pradesh were updated to conduct sampling process which are atleast 5 years old as the criteria in Doctor Availability Study.

E. Publications:

List of IHS publications in the reporting year are given in Annexure-10. List of publications and presentations arising out of work at IHS or IHS personnel are in Annex-11.

Current Year (2009-10) Developments

A. Research and Consultancy:

In addition to the above 8 projects which are continuing, one new research project as shown in Table-5, has been taken up in the current year. Brief summary of this project is as in Annexure-8.

Table -5: Research Projects Taken Up in Current Year (2009-10)

Sl Project	Sponsor
1 Baseline health status of school children in selected areas of AP	The World Bank, Delhi

B. Projects in pipeline:

The following projects were submitted to the departments shown against them and awaiting response. Among these, the study of the Vital Statistics System in Andhra Pradesh was suggested by IHS and others on response to RFPs.

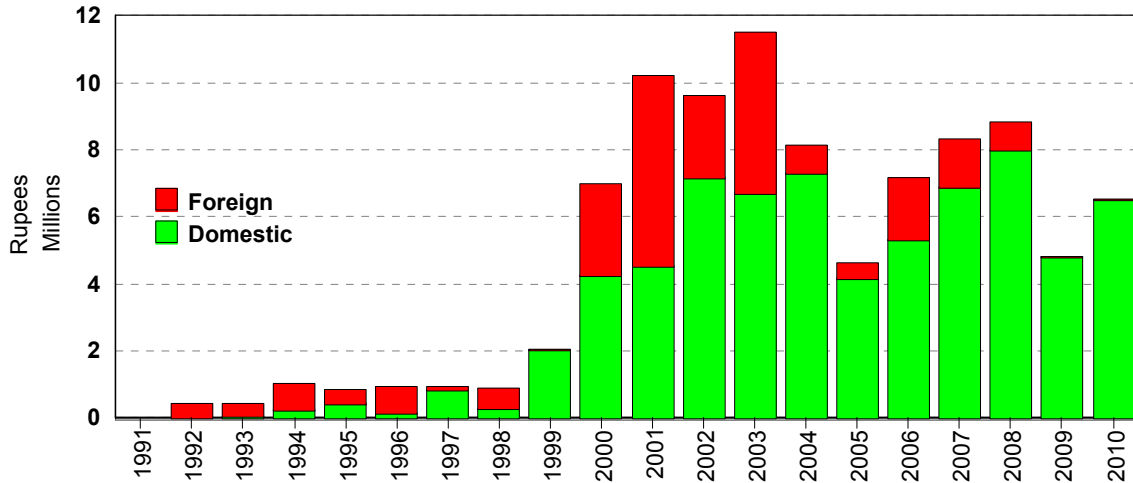
Table-6: Projects in pipeline

Sl Project	Sponsor
Research	
1 Improving the quality of maternity care services to mitigate maternal deaths in tribal areas of AP - concept paper	Indian Council of Medical Research (ICMR)
2 A study of the vital statistics system in AP and its contributions towards monitoring & evaluation of NRHM.	Planning Department, GoAP
Consultancy	
1 Documenting Growth of Community collectivization and mobilization among Sexual Minority Groups in South India	UNDP

Taking Stock of the Institute's Financial Position:

Institute has appointed M/s akasam 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.

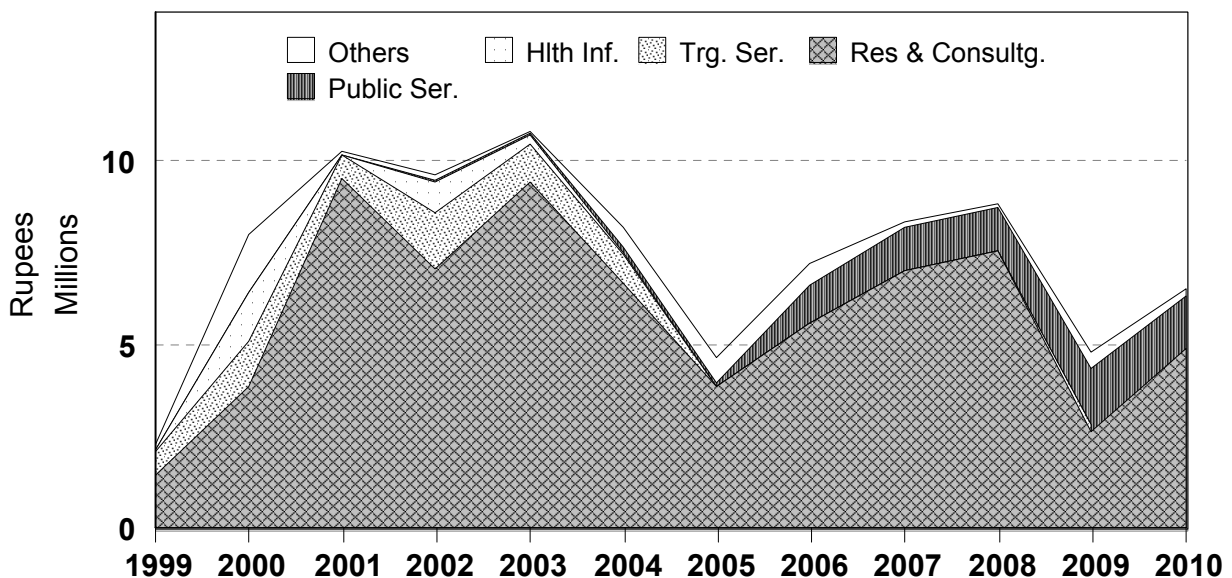
Figure-1: IHS Gross Revenue Trend Since Inception



Estimate for 2009-10 is based on year to date and anticipated receipts

Classification of the Institute's revenue from domestic and foreign sources as well as by activity is given in Annex-12. 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 till 2008 but seen decline again in 2009.

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



Estimate for 2009-10 is based on year to date and anticipated 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, there is no receipt of foreign sources. As is evident from Table-7 and 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. Current year, public services account for about 40% of the Institute's revenues.

We are in a crucial phase of the Institute's development. Govt has permitted 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. Govt has also allotted an extent of 16.00 acres for which we need to pay about Rs 160.00 lakhs excluding registration charges. 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.

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: 2nd Decmber 2009

Sri. G Surendra
Director

Annex -1

Faculty and Personnel Profile

Full Time Faculty & Coordinators:

G Surendra, Director

Mr G.Surendra holds a Post Graduate Degree in Statistics from Sri Venkteswara University, Tirupati. He received Gold Medal for highest scoring of marks in his graduation. He has a rich work experience contributing his professional skills for the social development of the rural mass in Andhra Pradesh for more than 10 years(1984-1995) in implementing beneficiary oriented programmes, literacy programmes, promoting family planning among rural poor, employment guarantee programmes, organizing the BPL families into cooperative farming societies etc., His first stint was in Vital Statistics for improvement of Registration of Births and Deaths as a statistician in Public Health dept(1976-1979). He implemented Health Information Infrastructure projects like Tele-Education, Tele-Medicine and facilitated many CME programmes. He implemented Tele-Ophthalmology in Primary and Secondary eye care centers in L V Prasad Eye Institute (LVPEI) Health Eye Pyramid. As part of Health Informatics, he evaluated Electronic Medical / Health records and recommended suitable product for implementation besides his contribution to Bio-Medical Equipment Technology and developing Standard Operating Procedures (SOP) for accreditation under NABH (National Accreditation Board for Hospitals). He got wide experience in conducting socio economic surveys (1995-97), conducted a major survey viz "Multipurpose Household Survey (MPHS) for Government of Andhra Pradesh and built huge database of key indicators, covering entire population of Andhra Pradesh. He got wide administrative experience while working in both Government and Private sector and got rich experience in programme monitoring and evaluation. Earlier, he worked on various state information infrastructure projects as General Manager AP Technology Services (1998-2005).

Immaculate Mary, Faculty

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 (De-addiction) 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.

B L Srikanthi, Project Coordinator

B.L.Srikanthi holds a Masters Degree in Food Science and Nutrition from Sri Sathya Sai Institute of Higher Learning (Deemed University), Anantapur. She has good academic record and received Gold Medal for securing highest percentage of marks in her graduation. A part of her post graduation thesis entitled "Effect of mulberry leaves (Morus Indica L) therapy on plasma and erythrocyte membrane lipids in patients with Type II diabetes" was awarded the best paper of the year by Indian Pharmacological Society in the year 2000. She has 8 years of Teaching and Research Experience. She has successfully coordinated different qualitative and quantitative research studies in different parts of Andhra Pradesh, focusing on maternal and child health, reproductive health, HIV/AIDS among vulnerable populations. She worked with several National and International Agencies like CARE INDIA , Population Council, International Center for Research on Women (ICRW). Important research studies which she successfully coordinated include "Strategic Impact Inquiry" of CARE India's intervention program on sex workers at East Godavari District. This was a Global Study conducted simultaneously in six countries, centrally coordinated by CARE ATLANTA with technical support from ICRW and the Indian study was coordinated by her. She also handled similar studies like "Understanding Sex Workers' Reproductive Health Rights, their Access to Services", " Outcome Evaluation of Frontiers HIV/AIDS Prevention Program in India ": She has earlier worked with Institute of Health Systems , Academy for Nursing Studies, Osmania University College for women and CARE Visakhapatnam in various capacities involving in academics, research studies and intervention programs. Her research areas of & Health surveys, psychological and social factors related to HIV/AIDS among interest include Nutrition women and children.

Consultants:

Dr Sai Shankar Pratap

Dr. Sai Shankar Prathap holds an MD in Community Medicine from Guntur Medical College. He is currently an Associate Professor in Community Medicine. Earlier he worked with the World Health Organization (WHO) as Surveillance Medical Officer in the National Polio Surveillance Project; AP State AIDS Control Society (APSACS) as Monitoring and Evaluation Officer for PPTCT (Prevention of Parent to Child Transmission of HIV/AIDS) Program under the Global Fund for AIDS, TB and Malaria - Round II (GFATM-Round II); and Byrraju Foundation led Andhra Pradesh Initiative as a Research Manager. He has carried out research studies on verbal autopsy and rational use of drugs. He also served as a resource person for building capacity in PSBH (Problem Solving for Better Health), safe injection and waste disposal practices and verbal autopsy. He is currently involved in cause of death studies at IHS.

Dr. Vijay Kumar Chattu

Dr C. Vijaya Kumar holds an MD in Community Medicine from Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sewagram and an MPH in Intl. Health Development from Prince Leopold Institute of Tropical Medicine (ITG), Antwerp, Belgium. He was also a Fogarty Intl. Fellow in AIDS International Training and Research Program, at School of Public Health University California, Los Angeles. He is currently State Epidemiologist in AP under the National AIDS Control Program. He has rich experience in STI/HIV/AIDS Epidemiology, Verbal Autopsy, Enhanced Syndromic Case Management, Epidemiological investigation, Surveillance, Essential AIDS Care, Data Triangulation, Sexual and

Reproductive Health issues and Maternal and Child Health. He is currently involved in cause of death studies at IHS.

Voluntary & 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, 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.

Research and Lab Personnel

Rama Rao, Research Asst.

Mr. Rama Rao holds a Masters degree in Microbiology. He has been in the epidemiological study on Road Traffic Accidents. He has also supervised the survey of providers in Hyderabad city, RCH-II baseline survey, the survey to assess risks due to gastroenteritis in Hyderabad and the Health Baseline Survey in Andhra Pradesh sponsored by Azim Premji Foundation. Presently he is associated with Doctor Availability Study.

Poonam K Bachav, Sr. Microbiologist.

Poonam K. Bachhav holds a Postgraduate Degree in Microbiology from Acharya Nagarjuna University Guntur. She is Certified in Bio Medical Techniques from Poona College of Pharmacy (Bharati Vidhyapeeth University) – University Topper and Gold Medalist. She has a good academic record and is college topper in her graduation. Currently she has joined the water quality services at IHS as Senior Microbiologist. She has 5+ years of experience of working as Pathology Laboratory Head and Microbiologist in various Hospitals.

G Praneetha, Microbiologist

G Praneetha holds a postgraduate in Andhra University (Vizag), She had done the project in Urinary Tract Infections Of Bacteriology in King George Hospital at Vizag for that she got the topper in College. She worked as lecturer for 1 year in Sadhana College at Vizag, presently she worked as IHS as Microbiologist in the Water quality Services, she had also done a Diploma in Software technology at Datapro in Vizag.

Research Investigators:

1. D.Venkatanarayana, MA (Sociology)
2. P.Srinivasa Reddy, M Com
3. A.Bhujanga Reddy, MSW
4. T.Parashuramulu, MSW
5. M.Balaiah, MA (Pol. Sc.), B Ed

Fellows & Interns

M Prashanthi, Research Fellow

Ms. Pashanthi has completed Masters in Nutrition & Dietetics from Osmania University. She worked as a Research Asst. under Women Development & Child Welfare Dept in a State Government Project. Then as District Training Administrator under Commissionerate of Family Welfare Department in RCH-II Project in Kadapa, Chittoor, Adilabad districts and as a Research Assistant in the organization Academy for Nursing Studies. She also worked as Research Asst. in Univ. Of Hyderabad. She participated in the Health Base Line Survey and now in Doctor Availability Study.

Interns

Name	Qualifications	Project / Learning Area
M Shiva Kumar	M Sc	Doctor Availability Study
P Sekhar	B Sc	Doctor Availability Study
M Sona	B Sc, Trained Lab Technicain	Water Quality Testing Lab
Narendar	SSC	Water Quality Monitoring
Srikanth	SSC	Water Quality Monitoring

General Support Personnel:

G. S Pattnaik, Project Manager

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.

N. Anjan, Accountant

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, Front Office Executive Assistant

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 including Front Office Management.

Service Provider Personnel:

Provider	Service
S K Vali	Systems Administration
Kalavathi & Sandhya Rani	Sanitary Services
Parteesh	Sanitary Services
Pledge Security Agency	Security Services

Annexure-2

IHS Participation in Training Programs, Workshops, Seminars and Conferences (Jan 2009 - Nov 2009)

Dr. Prasanta Mahapatra, Hon. President:

Course/Workshop Title	Institution	Dates
Symposium of the Internatl Collab Effort (ICE) on Automating Mortality Statistics	US National Institute of Health, Symp at Silversprint, MD	May 7-9, 2008
Scientific and Technical Advisory Meeting, AHPSR	WHO - Alliance for Health Policy and Systems Research	29 Jun-01 Jul, 2009
Scientific and Technical Advisory Meeting, AHPSR	WHO - Alliance for Health Policy and Systems Research	12-14 Oct, 2009

Dr. C. K. George, Former Director & Faculty

Course/Workshop Title	Institution	Dates
Workshop on Health Budget & Expenditure Tracking	Natl. Health Systems Resource Center, New Delhi & IHS.	14/03/2009

Immaculate Mary, Faculty

Course/Workshop Title	Institution	Dates
International Conference on Millenium Development Goals and Child Protection	Dyuti-2009-Rajagiri College of Social sciences, Kerala	6&8 /01/2009
Unpacking Sex Trafficking:Project Launch and Panel Discussion	nternation Center for Research on Women(ICRW) Hyderabad	20/01/2009
National conference on Challenges in Human Development in India	Centre for Development Studies, Trivandrum	24&25 /01/2009
Mapping Training Institutions for Health Department-GoAP	Family Health International (FHI) and ASCI, Hyderabad	18/02/2009
Social Exclusion and Inclusive Policies: GO and NGO sharing experiences and strategies	Centre for Study of Social Exclusion and Inclusive Policy, MANU, Hyderabad.	23/02/2009
National Conference on Health, Equity and Human Rights	Indian Association for Social Science and Health(IASSH)	07&08 /03/2009

G S Pattnaik, Project Manager

Course/Workshop Title	Institution	Dates
Workshop on Health Budget & Expenditure Tracking	National Health Systems Resource Center, New Delhi & IHS Hyderabad.	14/03/2009

Annex - 3**Outgoing Faculty & Personnel after the last AGM
(30/12/2008)****Faculty:**

Name	Designation	Join date	Leave date	Remarks
Dr. C K George	Director	19/03/02	04/06/09	Term Completion

Microbiologist:

Name	Designation	Join date	Leave date	Remarks
K Saritha	Research Associate	07/06/2003	30/09/2009	Term completion

Research Assistant:

Name	Designation	Join date	Leave date	Remarks
K Ravi Krishna	Research Assistant	20/07/05	06/07/09	Resignation

Research Fellow:

Name	Designation	Join date	Leave date	Remarks
Jyothi Reddy	Research Fellow	01/11/2006	31/10/2009	Term completion
K Manaiiah	Research Fellow	01/11/2006	31/10/2009	Term completion

Sample Collector:

Name	Designation	Join date	Leave date	Remarks
B Praveen Kumar	Sample Collector	01/10/09	23/11/09	Termination

Project Interns:

Name	Designation /project	Join date	Leave date	Remarks
A Purushottama	Chemistry Intern	08/02/07	15/10/09	Termination
K Vishali	Prject Intern	10/08/09	20/10/09	Term completion
P Shilpaveni	Microbiology Intern	15/10/07	02/05/09	Resignation
K Rajesh Kumar	Lab Technicain Intern	06/07/09	30/09/09	Term completion
U Vijay Kumar	Lab Technicain Intern	06/07/09	30/09/09	Term completion
Shaik Valli	Lab Technicain Intern	06/07/09	31/08/09	Termination
P Eswar Rao	Lab Technicain Intern	06/07/09	31/11/09	Term completion
Malaji	WQTL Intern	17/10/07	29/06/09	Resignation
Shiva Kumar	WQTL Intern	23/05/09	19/08/09	Termination
R Nagarjuna	WQTL Intern	27/01/09	04/06/09	Resignation
Sathyanarayana	WQTL Intern	25/11/08	13/01/09	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.

Annexure- 4

IHS Representation in Health Policy Formulation Events April 2008 - March 2009

Bodies	IHS Representative
Public Health Field Leader Fellowship Program (PHFLF) organized by the U.S. Centre for Disease Control and Prevention (CDC) and Public Health Management Institute, Hyderabad	Dr. C.K. George
Board of Studies on Paramedical Education, NTR University of Health Sciences, Andhra Pradesh (2008)	Dr. C.K. George

Annexure-5

Projects Completed in the Reporting Period

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

The Government of Orissa (GoO) sought to develop 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 required 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 to understand trends in public health spending and make projections for a "business as usual" scenario. Data included Demand for Grants of health and other line departments such as Women and Child Welfare, Labour, and Department of Tribal Welfare. Receipt and expenditure statements of disease prevention and family welfare societies established by the government were included. Costing of medium term health strategies was done using National and State norms. The study began in August 2007 and completed in 2008.

B. Technical Support to Govt. of AP for AP Health Sector Reform Program:

The Govt. of AP (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 to reach the health MDGs, provide new models for improving systems and deliver better health services to the poor. The IHS was commissioned to assist the Dept. of Health, Medical and Family Welfare (DoHMFw) of GOAP to initiate planning for the first year's activities, so that momentum is maintained and program can be launched as soon as the funds are approved for the reform process. Specifically the Institute assisted in setting up of the Program Implementation Unit, preparation of action plans for 1st year milestones and its integration within the DOHFW annual plan. The Medium Term Strategy and Expenditure Framework for Health and the NRHM framework served as the blueprint for initiating planning for the first year's activities of the APHSRP. Detailed action plans were prepared on the basis of diagnostic analysis and assessment of existing processes. The consultancy team assisted the Director of Health in Implementing the Action Plan. The assignment concluded with an informal appraisal to assess readiness of the Department for implementing the reform process. The project has begun from June 2007 sponsored by the DFID and completed in 2008.

C. 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 in Nagarkurnool Division of Mahabubnagar District. The Institute supported the project by developing verbal autopsy tools, training manuals, training surveyors & supervisors and quality control over the length of the trial.

Annexure-6

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

D. To assess doctor availability in Primary Health Centers and provide inputs for Human Resource Planning for Health: Department of Planning, Govt. Of Andhra Pradesh.

Human resource practices are the major focus of the on going AP Health Sector Reform Program and the National Rural Health Mission to improve health service delivery in the state. Primary health care being the cornerstone of our health services, ensuring availability of doctors at PHCs is a critical concern. It would be appropriate to assess doctor availability covering all PHCs in entire state to generate more definitive inputs for framing of human resource policy. The assessment will also indicate whether, on going reforms have had an impact in improving doctor availability at PHCs in recent years. The objective of the study is to assess operational availability of doctors in PHCs of all districts of AP, including tribal PHCs in ITDAs and to assess factors such as residential distance, private practices, age of doctor, health posting of spouse, age of children etc. which contribute to doctor availability in PHCs and their policy implications. The field work is started in November 09 and expected to be completed in February 2010. Analysis and report preparation is targeted to complete in June 2010.

E. Cause of Death Coding for CHAMPION Trial: Naandi Foundation

The Naandi Foundation joined with IHS as a partner to strengthen the trials on Community Health & Medical Provisions Impact on Neonates (CHAMPION). This is a cluster randomised control trial of a package of interventions aimed at reducing neonatal mortality in 464 villages in Nagarkurnool division of Mahabubnagar district. The trial aims to substantially reduce the neonatal mortality through systematic changes to the provision and promotion of health care. IHS is extending consultancy in assessing the Cause of Death (CoD), category and assigning ICD code using Verbal Autopsy Tool. So far IHS completed seven lots. The project is still continuing.

F. State Health Level Budget and Expenditure Tracking: National Health Systems Resource Center (NHSRC)

The National Rural Health Mission (NRHM) envisages an increase in public spending on health from a baseline of 0.9% of GDP to 2-3% of the GDP. Accordingly, Government of India has been substantially increasing its allocation for health to the States. It is envisaged that the additional funding by the Government of India would be supplemented by an increase in State budget allocation for health of at least 10% each year. The impact of fresh infusion of funds on State budget allocation across various levels of services and facilities is yet to be ascertained as institutional mechanisms for tracking of state health budget and expenditure are not yet in place.

The National Health Systems Resource Centre (NHSRC) created by the Ministry of Health and Family Welfare, Government of India, is mandated with the task of putting in place an institutional mechanism in all States for periodic health budget and expenditure tracking. IHS was engaged to track State health budget and expenditure of Andhra Pradesh, Madhya Pradesh and Kerala, also to provide inputs for further refining methodology, data

definitions and reporting formats to be adopted by the NHSRC and to provide inputs for using the tracking indicators for decision making, particularly, in preparing the State PIP. The report is in final stage.

G. Study on Public Health Courses and Training Programmes in India National Health Systems Resource Center (NHSRC)

There is increasing recognition of the need for public health capacities in policy analysis, planning and implementation. The National Rural Health Mission (NRHM) requires that these are put in place and utilized for strengthening the health system in a time bound number. In this context National Health System Resource Centre (NHSRC) which is a technical support institution for NRHM under the Ministry of Health and Family Welfare is coordinating a national effort to map institutions providing post graduate level education /training in areas such as social and preventive medicine, community medicine, health management, hospital management, health behavioral sciences, community health and other public health disciplines. In order to assess the present situation and to identify the gaps and barriers to meet the need for decentralized public health capacities, NHSRC has commissioned the Institute of Health Systems, Hyderabad for mapping of public health institutions and courses in the States of Tamil Nadu, Pondicherry, Kerala, Andhra Pradesh, Orissa and Karnataka. The assignment is completed in October 2009.

Annexure-7

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

H. 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 was collected from the vital statistics division of the municipal corporation of Hyderabad. The quality of the medical certification of deaths was assessed and wherever reassessment of cause of death required was 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. Though the interim report has been completed by June 2008, it couldn't be actually submitted due to non follow up in the file because of the reason of the change in the faculty position and directship. We submitted in Aug 2009 with a request to extend the term of the project for two more years. The report was received at MoEF and further they requested to send the Utilisation Certificate and Statement of Expenditure in the prescribed format. The same was sent on 18/11/2009. It is yet to hear from them on the confirmation of continuation of the study.

A. 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 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. The study is completed and report submitted in April 2009.

I. 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. The MTEF for 2007-08 was completed and submitted to DoHMF. The department adopted the framework

and again commissioned IHS to develop MTEF for 2008-09. The interim report was submitted to the dept at the end of March 2009. Now the final report is in preparation incorporating the budget figures for 2009-10.

J. 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 an interim report along with documents covering more than 50% of the tasks have been completed and submitted to the APYP. It has been requested to release the balance 50% of the amount to complete the rest of the tasks.

K. 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 completed in 2009. The NHA manual is released in October 2009.

Annexure-8

Projects Taken up in the Current Year and continuing.

L. Base Line Health Status of School Children in Selected Areas of Andhra Pradesh

The study involves assessment of Nutritional and Health status of primary school children from 50 selected schools, covering nearly 3200 children in five districts of Andhra Pradesh, namely Visakhapatnam, East Godavari, Kadapa, Medak and Nizamabad. Methodology involves anthropometric assessment, estimation of blood hemoglobin from dried blood spot (DBS) preparation using cyanmethemoglobin method, clinical examination, of the children for screening of Vitamin A deficiencies and refractive errors, worm load among children. Worm load is being estimated using the semi quantitative Kato Katz method, and thick smear method, recommended by the WHO. These methods require that stool is examined as soon as possible after collection of samples. Hence, camp laboratories are organised in each village for a period of about three days to examine stool samples collected from the local school. The stool examination process have been standardised according to WHO recommendations for the Kato Katz method, under the supervision of technical experts from the Nizams Institute of Medical Sciences.

The study also elicits information about the hygiene practices among school going children like source of drinking water, footwear practices, handwashing practices, toilet usage practices, which have direct implications on their health status. Alongside, information about facilities in the school like infrastructure, drinking water, history of previous health checkups conducted in the school, observational data on midday meal menu, preparation and serving practices is also generated which helps in correlating the findings to the child's existing health status.

The study is conducted for the Azim Premji Foundation as part of their existing Educational Intervention in these schools, who are working in partnership with Government of Andhra Pradesh and is funded by the World Bank. The study is completed and an interim report was submitted. Final report preparations is in progress.

Annexure-9

Year	Revenue from IHS Laboratory Services				Total
	Source of Revenue				
	HMWSSB	ResPj-EM	ResPj-IM	Public	
2006-07	1,280,650	212,521		20,575	1,513,746
2007-08	1,263,000	450,000		34,465	1,747,465
2008-09	1,178,680	412,670		45,913	1,637,263
2009-10 Ytd	824,825	69,750		48,325	942,900

¹ HMWSSB = Hyd Metro Water Supply & Sewerage Board - monitoring of residual chlorine in reservoirs, and slum area; ResPJ-EM = Water quality testing services for research projects in other (extramural) agencies, ResPj-IM = Water quality testing services for research projects in IHS, Public = Over the counter, water quality testing services to general public.

Annexure-10

IHS Publications in 2008-09

Reports:

RP 47/2008 Medium Term Expenditure Framework for Health in Orissa. *C.K. George, GS Pattnaik and Subodh Kandamuthan.*

RP 48/2008 Epidemiology of Road Traffic Accidents in Hyderabad, India *George CK, Dhanraj and Satish K.*

Working Papers

WP 67/2008 An estimate of disease burden in woman and children in India in the 1990s *PV Chalapati Rao & Prasanta Mahapatra*

Annexure-11

Publications Arising from Work Or People at IHS Jan 2009- Nov 2009

A. Publications: Nil

B. Invited Presentations:

Presentation Title	Forum / Event	Author(s)
Competence in Training Public Health Professionals: Role of the Institute of Health Systems, Hyd.	Mapping Trg Institutions for Health Dept-GoAP,Family Health International (FHI) and ASCI, Hyd,18 Feb.09	Immaculate Mary
The Invisible Urban Poor Living in the Streets of Chennai:Challenges to Human Dev.	Natl. Conference on Challenges in Human Dev. in India, Ctr for Dev Studies, Trivandrum, 24th- 25 Jan.09	Immaculate Mary
Protecting Children from Substance Abuse Problems for Meaningful Achievement of Millenium Development Goals	Intl. Conference on Millenium Dev. Goals and Child Protection, Dyuti-2009 - Rajagiri College of Social sciences, Kerala, 6-8 Jan.09	Immaculate Mary

Annex-12

IHS Revenue Trends by sources and by activity

Fin. Yr.	Gross revenue by sources			Gross revenue by activity				
	Domestic	Foreign	Total	Res. & C.	Trg. Ser.	Health Inf.	Public Ser.	Others
1991	0	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	1,440,625	665,900	7,500	42,542	134,053
2000	4,249,243	2,720,925	6,970,168	3,834,275	1,237,020	1,318,650	21,569	1,547,087
2001	4,560,092	5,668,363	10,228,455	9,527,906	596,257	0	36,152	68,140
2002	7,162,946	2,451,095	9,614,041	7,029,835	1,556,105	822,950	37,236	167,915
2003	6,718,690	4,784,857	11,503,547	9,389,693	1,043,050	240,000	53,384	39,991
2004	7,329,734	826,363	8,156,097	6,676,243	744,408	90,750	142,190	529,538
2005	4,180,215	470,160	4,650,375	3,872,674	0	0	98,175	679,526
2006	5,319,507	1,845,761	7,165,268	5,555,979	0	0	1,045,095	612,519
2007	6,898,526	1,414,996	8,313,522	7,010,918	0	0	1,164,000	138,604
2008	7,985,882	840,277	8,826,159	7,564,690	0	0	1,174,555	86,914
2009	4,808,436	0	4,808,436	2,647,624	175,000	0	1,515,120	470,692
2010	6,531,998	0	6,531,998	4,874,858	0	0	1,423,582	233,558

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. For example; 1991 = FY 1990-91.

² Figures for current financial year (2009-10) is an estimate based on year to date + anticipated receipts.

³ Res.&C=Research & Consultancy, Trg. Ser.=Training Services, Health Inf. = Health Informatics, Ser.=Services

Date: 2nd December 2009

Sri G Surendra
Director