

Director's Report 2009-10

**Presented to Annual General Body Meeting
19th January 2011**



THE INSTITUTE OF HEALTH SYSTEM

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The Institute of Health Systems. Director's Report, 2009-10

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this fifteenth annual general body meeting. We have been functioning with a small team of core staff, whose hard work, perseverance and support has been invaluable to the Institute. While there has been some progress in taking forward our mission, there are enormous challenges to be overcome. To stabilise the Institute's financial position, though, we made a little progress in enhancing the scope and volume in the area of Public services, we couldn't do much in the research and consultancy areas. However, we put in an effort in some of the long term projects which we would like to take up in near future when the Institute's environment is conducive. I gratefully acknowledge the support given by members of the Board, the Executive Council, and the General Body in sustenance of the Institute. I would like use this opportunity to specially acknowledge the continued contribution of Dr. Prasanta Mahapatra, President of the Institute as a supporter, mentor and guide in all aspects.

I first present about the Institute's faculty and human resources.

Institute's Faculty and Human Resources:

As on date we have a total of 34 persons in various categories as shown in Table-1.

Table-1: IHS Faculty and Human Resources Position, 2010

Category of Personnel	As on 31/3/10					As on 01/12/10				
	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	0	0	0	0	0
Consultants	0	0	2	0	2	0	0	3	0	3
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	1	0	0	0	1	0	0	0	0	0
Microbiologists	2	0	0	0	2	1	1	0	0	2
Res. Investigators	0	2	0	0	2	0	3	0	0	3
Fellows, Interns & Appr.										
Research Fellows	0	1	0	0	1	0	1	0	0	1
Interns	0	12	0	0	12	0	12	0	0	12
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	0	1	0	0	1
Front Office Staff	1	1	0	0	2	1	1	0	0	2
Ser. Provider Personnel										
System Admn.	0	0	1	0	1	0	0	1	0	1
Secretarial	0	0	0	0	0	0	0	0	0	0
Security	0	0	2	0	2	0	0	2	0	2
Sanitation	0	0	2	0	2	0	0	2	0	2
All	9	16	7	2	34	5	19	8	2	34

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

Now, 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 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.

Annexure-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 Annexure-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 Annexure-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 (2009-10) 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 Programmes
Training Services
Public Services, and
Publications

A. Research and Consultancy:

Two research and four consultancy projects were completed during the reporting period as shown in Table-2. One of the consulting project for APYP, we completed and delivered to the extent they released the amount. As there was no further response from them for the rest of the project we closed the file after duly informing them. A brief summary of each of these projects is given in Annexure-5.

Table 2: Research & Consultancy Projects Completed in 2009-10

Sl	Project	Sponsor	Start Year
Research			
1	Baseline Assessment of Nutritional and health status of primary school children in selected areas of AP	The World Bank, Delhi	2009-10
2	Epidemiology of Road Traffic Accidents in Hyderabad	ICMR	2004-05
Consultancy			
3	State Level Health Budget and Expenditure Tracking for AP, MP and Kerala	National Health Systems Resource Center (NHSRC)	2008-09
4	Mapping Public Health Education, Training in India: Institutions and Courses	National Health Systems Resource Center (NHSRC)	2008-09
5	Medium Term Expenditure Framework for Health in Andhra Pradesh for 2008-09 to 2012-13	Department of Health, Medical and Family Welfare, GoAP	2007-08
6	Andhra Pradesh Yogadhyayna Parishad Systems and Procedures: Assessment and Documentation	APYP (GoAP)	2007-08
7	Development of National health Accounts (NHA) Training Manual for India	WHO, India	2007-08

One research project “Andhra Pradesh Civil Registration System Study” was taken up in the reporting period and continuing in the current year as shown in Table 3. A brief summary of this project is given in Annexure-6.

Table-3: Continuing Projects Taken Up in Reporting Period (2009-10)

Sl	Project	Sponsor
1	Andhra Pradesh Civil Registration Systems Study	Planning Dept, AP Govt.

In addition to the above, certain research and consultancy projects as shown in Table-4 are continued in the reporting period, which were taken up in earlier reporting years.

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

Sl	Project	Sponsor	Start Year
Research			
1	Air Pollution and Cause of Deaths in Hyderabad	GoI - Min.of Env.&Forests	2004-05
2	Doctor Availability in Primary Health Centers in Andhra Pradesh	Planning Dept, AP Govt.	2008-09
Consultancy			
3	Cause of Death Coding for CHAMPION Trial	Naandi Foundation	2008-09

The first phase of the research project on “Air Pollution and Cause of Deaths in Hyderabad” was completed in 2009-10, the report was submitted in September 2009 and it was accepted by Integrated Finance Division (IFD) of MoEF. Further, we requested to assign the 2nd phase and it was agreed by them to be submitted by March 2010. But, IHS has requested to extend the project period upto September 2011 and sent expenditure statements and utilisation certificates upto September 2010. At present it is in consideration of IFD of MoEF. However, IHS is continuing this project in anticipation of clearance. A brief summary of each of these projects is given in Annexure-7.

B. Academic Programs:

1. Masters in Public Health (MPH)

(a) Affiliation Statute and Board of Studies for International Programme:

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). Subsequently we followed up with NTRUHS for amendment of the Statute to incorporate certain errata and for constitution of separate Board of Studies for International Courses. We received the assent and amendments to the statutes of Masters in Public Health course vide G O Ms. No 127, dated 19/05/2010.

Further, IHS has supported the University in preparing the draft ordinance for constitution of Board of Studies for International Program (BoS-IP) and sent to them on 19/06/2010 with a request to place before the Executive Committee for consideration. The approval for ordinance is awaited.

(b) Fixation of Fee:

The operational cost of the MPH program is estimated covering all the areas for 5 years keeping in mind the goal of developing a world class Masters Program in Public Health and it comes to INR 49,62,55,816 for the students intake as 15 in 1st year, 45 in 2nd year, 90 in 3rd year, 180 in 4th year and 360 in 5th year. This cost includes health system study tour for about two months with visits to major health system component institutions in India. The course also includes a field placement experience with community health care, hospital, health service or research organisations. With the above estimation, an application has been filed with the Govt of AP, on 6/4/10, requesting for fixation of fee as follows. We also proposed 20% of the seats reserved for students in AP in accordance of the eligibility criteria and sub-quotas to be fixed by the Govt. Accordingly the tuition fee for A P reserved seats has been proposed at 60% of the base fees applicable for All India students. For international students the tuition fee is proposed with a 40% markup from the base tuition fee applicable to domestic students. The markup is meant to offset the loss of revenue on account of AP Reserved seats.

Category	Fee
A A P Reserved Seats	Rs 300,000
D Domestic - All India, including students from AP over and above the reserved seats	Rs 500,000
I International-Foreign Nationals & NRIs	\$16,000

Govt has referred the proposal to Admission and Fee regulation Committee (AFRC). After examining the proposal AFRC sought certain clarifications on Test and Admission rules, status of IHS whether it is private un-aided or not. IHS has sent clarifications to Govt on 02/08/2010. We are yet to receive Govt approval.

(c) Announcement of the Course:

The following regulatory steps and approvals are required before announcement of the course.

1. Approval of tuition fee or authority for fixation of the tuition fee by the institute.
2. Approval of ordinance for constitution of Board of Studies for International Programme (BoS-IP).
3. Formation of specialised unit or division in the University Registry to manage International Program.

After the above regulatory approvals, the Institute will take steps for preparation of catalogue and announcement of the course. At least about nine months time is required for this purpose.

(d) MPH Grant Proposal:

To start with the MPH program, we need to have initial investment to meet the expenditure on faculty and infrastructure. As given in the previous para the expenditure for 5 years is coming to INR 49,62,55,816. The revenue generation based on the fee proposed as per the students intake and the faculty cost on research is estimated to INR 41,25,70,000. As per the estimation, there is revenue shortfall for the first four years which comes to INR 12,11,14,984. Hence a grant proposal has been prepared with the title as "Developing Public Health capacity and Human Resources for health". A concept note has been submitted to the Ford Foundation. So far there is no response from them. Other sources are also being explored.

(e) IHS Land and Campus Development Plan:

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. The case is still pending in the court. Parallely, we pursued for change of land use from recreational use zone to institutional use zone. HMDA has issued public notification on 20/09/2010 for calling objections for change of land use and there were no objections. IHS requested the MAUD through IHS letter dated 29/11/2010 to exempt the payment of development charges and we are yet to receive the approval.

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. The laboratory has significantly increased its output and has also been a major source of revenue for the Institute during the current year. We submitted proposals for enhancement of samples based on the recommendations of international standards for drinking water on 06/03/10. HMWSSB has agreed the proposal for availing the IHS services for a period of one year from 1/7/2010 to 30/6/2011 for water quality monitoring of slums and reservoirs. An overview of revenue from water quality laboratory services is in Annexure- 8.
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-9. List of publications and presentations arising out of work at IHS or IHS personnel are in Annexure-10.

F. Health Policy Analysis Institutes: Landscaping and Learning from Experience - IHS Case Study”

A case study of the Institute of Health Systems (IHS), Hyderabad was conducted by the Alliance for Health Policy and Systems Research (APHSR) – an international collaboration based within the World Health Organisation, Geneva, in connection with a Global Study of Health Policy Analysis Institutes (HPAIs) in developing countries. This study of the IHS, is a part of a larger six country study titled, “Health Policy Analysis Institutes: Landscaping and Learning from Experience” done with the support of the Rockefeller Foundation.

The objective of the study was to understand characteristics of the HPAIs that contribute to their sustain ability and effectiveness in providing policy analysis and advice. The larger international research project was conducted in three phases: (a) Landscaping, (b) Literature Review and (c) Case Studies. In work on the landscaping mapped, the existing HPAIs in low and middle income countries were studied by analyzing basic data on their functions, location, products, staff size, longevity etc. Based on this work, initially eight institutions were selected for the case studies. But the research team could do case studies only in six countries that included case study of the IHS from India. The literature review provided conceptual framework for the study as well as identified themes for in-depth qualitative research for the six case studies.

The case study on IHS was prepared by Dr. Amar Jessani, who was commissioned by WHO – APHSR for the India Case Study. The report is based on a review of key documents of the institute viz., operation manuals, reports & publications and interviews that were held with the Staff, Board Members, Clients, and other Stakeholders of the Institute including Policy Makers. The report was submitted to APHSR in September 2010. Further the full APHSR report on the larger six countries study was prepared by Sara Benette and Adrijana Corluka. It was released and also presented in First Global Symposium on Health Systems Research at Montroux, Switzerland held from 15th November 2010 to 20th November 2010.

Current Year (2010-11) Developments

A. Research and Consultancy:

We couldn't succeed in getting any new projects in the current year. We are putting our best efforts in getting the projects by approaching the sponsors. The projects in preparation are given in Table 5.

Table-5: Project Proposals in Preparation

Sl	Project	Potential Sponsor
Research		
1	Post Source Contamination of Drinking Water and Gastroenteritis in slum areas of Hyderabad City	Indian Council of Medical Research (ICMR), New Delhi
2	Delivery of Healthcare Services Among Migrant Population in Urban Areas of India	Indian Council of Medical Research (ICMR), New Delhi
Consultancy		
1	Singareni Colliery Population Health Status (SCPHS) Study	Singareni Collieries Company Ltd (SCCL), Kothagudem, AP

B. Model PHC (Primary Health Care) System Management:

The Institute of Health Systems (IHS) has proposed to take up the development of model Primary Health Care Systems in rural , remote and high mortality areas of Andhra Pradesh under Public Private Partnership (PPP). The objective is to generate evidence and information about cost- effective primary health care management strategies. The proposed Model PHC Systems will also help in training of public health workers. The IHS is planning to start a Masters in Public Health (MPH) course in the near future. The proposed Model PHC Systems will also act as Field Practice Areas for training of MPH students. The Model PHC Systems will also provide an opportunity for action research on potential PHC management strategies and public health interventions. IHS would like to assume responsibility for management of at least one Community Health Center (CHC) along with attached PHCs and Sub-Centres in each of the three regions of the state. We will prefer CHCs with attached PHCs and Sub-Centres in high mortality, remote and rural areas, where government may be having difficulty in managing the services. Keeping these guidelines in mind, IHS has tentatively identified the following three areas.

- i. Narayanpet Division, Mahaboobnagar district (High IMR)
- ii. Sundipenta , Kurnool district (Tribal Area- Chenchu tribes)
- iii. Maredumilli, East Godavari district (Tribal Area)

IHS has sent proposals to Health Medical & Family Welfare dept on 03/11/2009 requesting to issue appropriate instructions to the Commissioner, Family Welfare, Director of Health and District Collectors to facilitate the preparatory work for identifying the areas. HM&FWdept has issued instructions on 1/5/2010 to the District Collectors and District Medical and Health Officers to extend necessary assistance for preparation of proposals. Director and the faculty made field visit to Mahaboobnagar district at the first instance, studied and assessed the feasibility after meeting the District Collector, Health personnel and Community leaders in the month of August 2010. It is proposed to make proposals on two clusters in Mahaboobnagar district as follows.

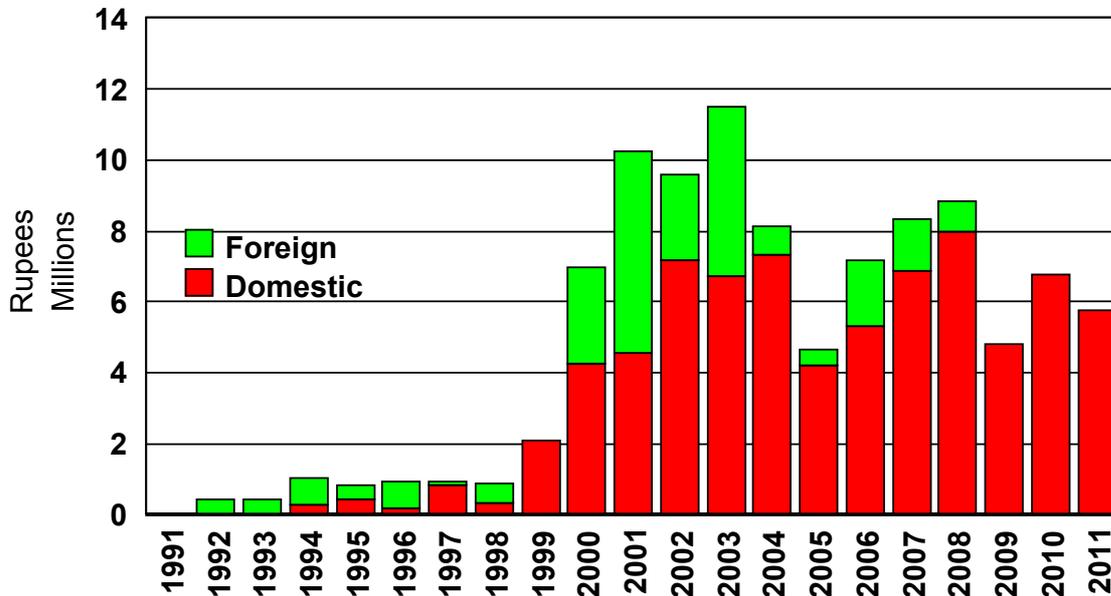
Cluster	CHC/PHC
Kodangal	Kodangal CHC
	Bomraspet PHC and its Sub - centers
	Angadiraichur and its Sub - centers
	Doulatabad and its Sub - centers
Amrabad	Amrabad CHC
	Padara PHC and its Sub - centers
	Mananur PHC and its Sub - centers
	Vatavarlapalle and its Sub - centers

This was discussed in the Governing Body held on 04/09/2010 and after taking suggestions, we submitted the proposals to the District Collector, Mahaboobnagar on 15/9/2010. We are awaiting the reply.

Taking Stock of the Institute's Financial Position:

Classification of the Institute's revenue from domestic and foreign sources as well as by activity is given in Annex-11. In Figure-1 the gross revenue generated by the Institute from the date of its inception has been summarized.

Figure-1: IHS Gross Revenue Trend Since Inception



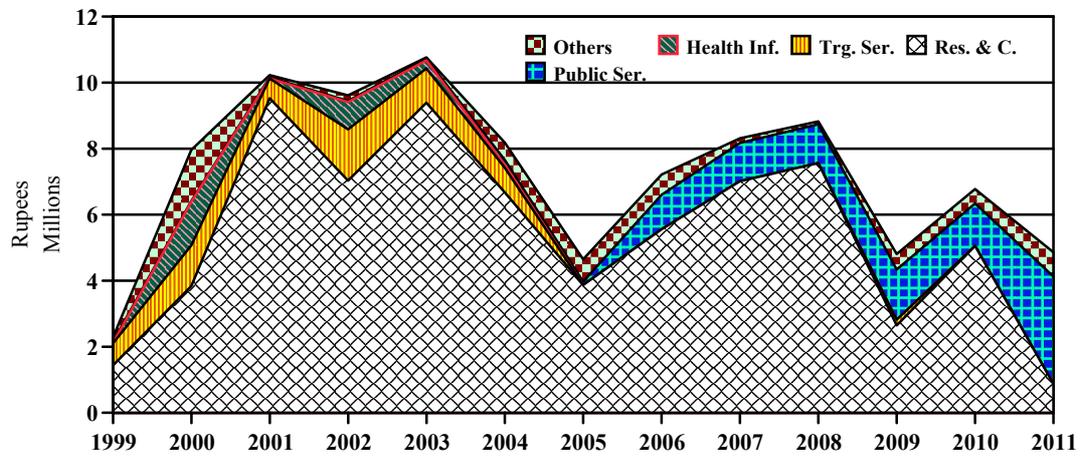
Estimate for 2010-11 is based on year to date and anticipated receipts

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. But there is an increasing trend in 2010. The anticipated receipts again appears to be in decreasing trend in 2011. 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. Since 2009, there are no receipt of foreign sources.

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. Current year, public services account for about 56% of the Institute's revenues.

We are in a crucial phase of the Institute's development. Govt has permitted to start 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.

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



Estimate for 2010-11 is based on year to date and anticipated receipts

Accounts and Audit Report:

The audited accounts of the Institute for the year 2009-10 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: 29th December 2010

G Surendra
Director

Annex -1

Faculty and Personnel Profile

Full Time Faculty

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). 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).

Satish Kumar Kannapa, Faculty

Dr. Satish Kumar K holds a Ph.D. in Environmental Biology from the Osmania University. Dr. Satish is currently working as a Faculty at the Institute of Health Systems (IHS), a non-profit health systems research organization. Earlier, he worked as a Program Manager: Communication & Knowledge Management at India HIV/AIDS Alliance, Andhra Pradesh which works to build and link existing capacity and expertise in HIV/AIDS prevention and care within the NGO sector in Andhra Pradesh. Prior to that he was part of the Research & Development initiative at the Byrraju Foundation. Before that, he was with MARCH (Marketing Consultancy & Research), an affiliate of ICFAI as Domain Head, Health care & Pharma Research Division. Dr. Satish was a Research Assistant in the Forestry & Ecology Division of National Remote Sensing Agency, Department of Space, Government of India. He was a recipient of the Senior Research Fellowship, sponsored by CSIR, New Delhi. He was awarded a Gold Medal for best scientific paper presentation titled "Respiratory Effects of Air Pollution" at the 24th AP State TB & Chest Diseases Worker's Conference in 1997.

At the IHS, he carried out research and consultancy projects in the areas of environmental health, demography, and road traffic crashes. He coordinated a District Family Health Survey, undertaken to estimate IMR, MMR & Fertility Rates at the district and sub district levels. This study was designed to gather evidence for small area mortality analysis and area specific planning. Dr. Satish was Co-Investigator in the "Indoor Air Pollution Exposure Atlas" (IAPEA) study, designed to develop a methodology for predicting quantitative exposures to IAP

from qualitative information on fuel use and housing characteristics to construct an exposure atlas. He was the Principal Investigator for the "Health Effects Analysis & Economic Valuation" components of the Integrated Environmental Strategies (IES) India Project, initiated by the USAID & US EPA. This study was aimed at achieving multiple - economic, public health & environmental benefits. He was also Principal Investigator for a research study titled "Epidemiology of Road Traffic Accidents in Hyderabad City", designed to understand the epidemiology of risk factors associated with high level of road traffic accidents in Hyderabad. This study was under the aegis of the Indian Council of Medical Research (ICMR). He served as a Resource Person for Several Training Programs conducted by IHS. He was the chief rapporteur of the IHS public health symposium held on World Health Day on "Shielding our Children from Accidents" in 2003 and "Road Safety: Let's Act Before its Too Late" in 2004. He has published several research papers in peer reviewed journals. Dr. Satish attended a special workshop on "International Air Pollution & Energy Climate Policy Collaboration" held during the Joint 12th ISEE / ISEA Conference at the University of British Columbia, Vancouver, Canada in August 2002. He attended an International Symposium on "Socioeconomic Factors & Air Pollution Health Effects" held during the 15th Conference of the International Society of Epidemiology (ISEE) held at Perth, Australia in September 2003. He also attended a Training Session on Air Pollution & Public Health and a Training Workshop on Co-benefits Analysis, held at Beijing, China in November 2003. He served as Advisory Committee Member for Indian Council of Medical Research (ICMR) on "Assessment of Burden of Non-Communicable Diseases".

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 K V Satyanarayana Murty

Dr Satyanarayana Murty holds a MD degree in Social & Preventive Medicine from University of Health Sciences, Andhra Pradesh. He is currently working as Professor of Social & Preventive Medicine, Gandhi Medical College, Hyderabad. As a consultant to ICDS when it was still a central program, Dr Murty has done field evaluation, analysis and reporting of ICDS activities in Kurnool district in 1992 - 1993. He has been a trainer in Universal Immunization Program for PHC Medical Officers of Kurnool and Anantapur Districts in 1992. Dr Murty has investigated several outbreaks of diseases like Japanese Encephalitis (Anantapur district 1993), Fevers of unknown origin (East Godavari Tribal belt 1996), Gullian Barre syndrome (West Godavari district, 2003 - 2004) and Gastro enteritis outbreak (Bholakpur, Hyderabad (2009)). He has contributed substantially to the AP

Gastroenteritis Manual published by IHS. Dr Murty was the Lead evaluator of world Bank funded NPCB in one tribal district of Madhya Pradesh in 1999. He also worked as consultant to UNICEF in Border District Cluster Strategy (Adilabad District) in 2001- 2002. He was a member of Thesis committee of Osmania Medical College, Hyderabad from 2000 to 2002. Dr Murty has guided more than a dozen theses submitted by doctoral students in Social & Preventive Medicine. He is currently involved in IGNOU project guidance for students of PG Diploma in Maternal & Child Health and also in verbal autopsy of cause of death studies being done by IHS.

B L Srikanthi

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.

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

M Sailaja, Sr. Microbiologist.

Holds a Master Degree in Microbiology from Sri Padmavathi Mahila Vishwa Vidyalayam Tirupathi & Bachelors Degree in Microbiology from OU. She has got 5yrs experience in lab and teaching. She worked as a Microbiologist in Kenfaa Packaged Drinking water for 2 yrs. Also worked as Lecturer in Department of Microbiology in Reddy Women's College Naryanaguda for 2 yrs and Lecturer in Department of Microbiology in Sri Saradha PG College, Kukutpally for 1year. Presently Working as Senior Microbiologist in Water Quality Testing Lab at IHS

A Jyothi, Microbiologist

Holds a Masters Degree in Microbiology from Osmania University, Hyderabad. She Has Good Academic Record and Qualified UGC-CSIR (NET) Joint Entrance Test and being awarded "Junior Research Fellowship" (JRF). She also Cleared National Eligibility Test (NET) conducted by University Grants Commission New Delhi and Successfully declared as NET qualified candidate and being awarded "Lecturership". Recieved "Rastrapathi Puraskar Award Certificate" from President of India for active participation in National Level Scouts & Guides. Participated in International Seminar on "International Conference of Bioprocessing of Foods", Conducted by department of Microbiology Osmania University, presented poster and served as volunteer. Presently working as Microbiology Intern in Water Quality Testing Lab at Institute of Health Systems from June 28, 2010 till date.

Research Investigators:

1. E Dinesh, MSW
2. B Yaddaiah, MSW
3. B Ravi Kiran, MSW

Water Quality Investigators:

1. G Srikanth, Intermediate

Fellows & Interns

Satya Venkata Siddhardha Kumar. D, , Research Fellow

Satya Venkata Siddhardha Kumar. D, trained in Anthropology and Population Studies. Has obtained M.A degree in Anthropology from Central University of Hyderabad, Master of Population Studies from International Institute for Population Sciences, Mumbai through EMS; Mphil and PhD (yet to submit) in Population Studies from the Centre for the Study of Regional Development, Jawaharlal Nehru University, New Delhi. Member of Asian Population Association (APA), Bangkok, Thailand; Indian Association for Social Sciences and Health, Mumbai, Indian Sociological Society, New Delhi, India; Qualified for UGC NET-Lectureship. Awarded fellowships JRF/SRF in Population Studies by UGC, and fellowship to pursue online course on "Mainstreaming Disability in the World of Work" by ITC-ILO, Turin and Ministry of Foreign Affairs, Government of Italy. Presented papers in conferences and seminars. Attended several short term courses on Research Methodology and academic workshops.

Interns

Name	Qualifications	Project / Learning Area
M Shiva Kumar	M Sc	Civil Registration System - Field Investigation
P Deepthi	B Tech	Health Care Software Development
S. Appala Naidu	MBA	Accounts
N Saritha Kumari	B Sc	Front Office Management
M Sona	B Sc, Trained Lab Technician	Lab Technician Training for Water Quality Testing
D Abhilash	B Sc, Biotechnology	Lab Technician Training for Water Quality Testing
T Pravalika	M Sc, Organic Chemistry	Lab Technician Training for Water Quality Testing
S T Noor Mohhamad	DMLT	Lab Technician Training for Water Quality Testing
P Leelavathi	B Com	Water Quality Data Management Trainee
D Suresh Kumar	B Com	Water Quality Investigation Trainee
M Shiva Nagendra Nayak	B Sc	Water Quality Investigation Trainee
G Jaya Krishna	Intermediate	Water Quality Investigation Trainee
T Narendar	SSC	Water Quality Investigation Trainee

General Support Personnel:

G. S Pattnaik, Project Manager

Mr. G S Pattnaik holds a Master Degree in Economics from the Berhampur University, Orissa. He has done Executive Program in Business Management from ICFAI, Hyderabad and B Com (Hons-Accounts) from the Berhampur University, Orissa with Hons Diploma in Computer Sciences from Lakhotia Computers Center. He is working in field of Health Systems Research from past 7 years with Health Accounts as one of the key area of research. At IHS he has been involved in the Development of National Health Accounts (NHA), Medium Term Expenditure Frameworks (MTEF) and other studies related to Health Financing and Expenditure of Government and other Health Services. He has contributed to Andhra Pradesh State Health Accounts – 2001/02 (DfId, UK). Health Financing & Expenditure in Non Profit Sectors of India, 2006 (WHO, MoHFW, GoI), Medium Term Expenditure Framework (MTEF) for Andhra Pradesh (1st round- 2006, 2nd round - 2009 GoAP), Medium Term Expenditure Framework (MTEF) for Madhya Pradesh (2007, DfIDI) & Medium Term Expenditure Framework (MTEF) for Orissa (2008, DfIDI). Expert Group Meeting in Health Financing in India : Taking a Stock and Moving Forward (WHO, MoHFW, GoI, 2007). State Level Health Budget Expenditure Tracking for the States of Andhra Pradesh, Madhya Pradesh and Kerala (NHSRC, NRHM, MoHFW, GoI, 2010). He has also contributed to National Health Accounts (NHA) Training Manual for Implementing NHA in India commissioned by WHO country office & MoHFW, GoI (2009) as Production Coordinator. Before joining IHS he was working as a Lecturer in Economics in a degree college and was teaching Macro Economics and Public Finance.

D Manikanta Swamy, Accountant

Mr. D Mainkanta Swami has a Masters Degree in Business Administration from Osmania University.

D Krishna Veni, Front Office Executive Assistant

Ms. Krishna Veni has a degree in Bachelors of Science from Osamina University 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:

<u>Provider</u>	<u>Service</u>
A Giri	Systems Administration
Padma & Kalavathi	Sanitary Services
Parteesh	Sanitary Services
Pledge Security Agency	Security Services

Annexure-2**IHS Participation in Training Programs, Workshops, Seminars and Conferences for April 2009 - March 2010 (and till Nov. 2010)****Dr. Prasanta Mahapatra, Hon. President:**

Course/Workshop Title	Institution	Dates
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
Prince Mahidol Award Conference	Global Health Work Force Alliance, WHO & Japan International Cooperation Agency	27 - 31st Jan 2010
Scientific and Technical Advisory Meeting, AHPSR	WHO - Alliance for Health Policy and Systems Research	11 - 16 th Apr 2010
First Global Symposium on Health Systems Research at Montroux, Switzerland	World Health Organisation	15 - 20 th November 2010

G Surendra, Director

Course/Workshop Title	Institution	Dates
Youth in India: Situation and Needs, 2006-07, with reference to Andhra Pradesh	International Institute of Population Sciences, Mumbai and Health, Medical & Family Welfare dept, Govt of Andhra Pradesh.	22nd Jan 2010
Consultative Workshop on MEPMA (Mission for Elimination of Poverty in Municipal Areas) Strategy for the year 2010-11	Mission for Elimination of Poverty in Municipal Areas, Hyderabad	6th Feb 2010
Peer learning approach to performance enhancement at primary health care level - Innovations in Andhra Pradesh	Family Health International and International health Systems Program of Harvard School of Public Health	4th May 2010
Health Reforms Conference - Reaching out to Poorest	Health, Medical & Family Welfare dept, Govt of Andhra Pradesh	21st & 22nd June 2010
First Global Symposium on Health Systems Research at Montroux, Switzerland	World Health Organisation	15 - 19 th November 2010

Satish Kumar Kannapa, Faculty

Course/Workshop Title	Institution	Dates
Hyderabad City Dialogue on Air quality and Transportation Challenge: An Agenda for Action	Andhra Pradesh Pollution Control Board (APPCB), Hyderabad and Center for Science and Environment (CSE), New Delhi	07/10/2010

Annex - 3

Outgoing Faculty & Personnel after the last AGM (02/12/2009)

Name	Designation	Join date	Leave date	Remarks
Faculty				
I Mary	Faculty	16/09/2006	31/03/2010	Term completion
Project Coordinator				
B Srikanthi	Project Coordinator	18/03/2009	31/07/2010	Term completion
Microbiologist				
Poonam Bachav	Sr. Microbiologist	17/11/2009	30/09/2010	Resignation, Relocated to Deheradun
G Praneetha	Microbiologist	21/10/2009	06/02/2010	Resignation
Research Assistant				
K Rama Rao	Research Assistant	01/04/2007	31/03/2010	Term completion
Research Fellow				
M Prashanthi	Research Fellow	20/07/2009	31/05/2010	Term completion
General Support				
N Anjanna	Accountant	01/05/2006	31/03/2010	Term completion
B Manjula	PA to Director	01/06/2007	30/06/2010	Term completion

Research Investigators:

Name	Designation	Designation	Leave date	Remarks
P Srinivasa Reddy	Research Investigator	01/10/09	08/07/2010	Term Completion
M Balaiah	Research Investigator	19/11/2009	30/06/2010	Term Completion
T Parashuramulu	Research Investigator	20/11/2009	02/02/2010	Resignation
A Bujanga Reddy	Research Investigator	19/11/2009	04/01/2010	Resignation
D Venkata Narayana	Research Investigator	19/11/2009	17/01/2010	Termination

Project Interns:

Name	Designation /project	Join date	Leave date	Remarks
P Sekhar	Project Intern	06/08/09	01//04/10	Termination
P Srinivasulu	Project Intern	11/12/09	31/03/10	Resignation
K Ramya	Project Intern	01/10/10	02/02/10	Termination
P Sudarshan	Project Intern	04/01/10	31/03/10	Resignation
K Narender	Project Intern	08/01/10	24/02/10	Resignation
E Narender	Project Intern	04/02/10	01/04/10	Termination
Kumara Swamy	Project Intern	17/02/10	09/07/10	Term completion
P Sureka	Project Intern	12/04/10	09/07/10	Term completion
P Naga Nandhini	Microbiology Intern	15/02/10	30/04/10	Resignation
Syed Nabi	WQTL Intern	20/07/10	01/11/10	Resignation
T Sampath	WQTL Intern	21/7/10	02/12/10	Resignation
Y Suresh Kumar	WQTL Intern	15/07/10	13/08/10	Termination

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.

Annexure- 4

IHS Representation in Health Policy Formulation Events for April 2009 - March 2010 (and till Nov. 2010)

Bodies	IHS Representative
Hyderabad Metro Water Supply and Sewerage Board (HMWSSB) for finalisation of number of water samples to be tested as recommended by IHS as per International Standards for Drinking Water. The members present are Managing Director, Internal Water Quality Division, Operation & Maintenance staff of MWB, IPM and IHS. IHS reviewed the water quality testing services, analysed the requirement of samples to be tested and gave presentation on 13-4-2010. The Board has agreed and implemented the IHS recommendations on number of samples to be tested..	G.Surendra, Director Poonam Bachav, Sr. Microbiologist & Head, IHS WQTL

Annexure-5

Projects Completed in the Reporting Period

A. Base Line Assessment of Nutritional and Health Status of Primary School Children in Selected Areas of Andhra Pradesh

This study was conducted for the Azim Premji Foundation as part of their existing Educational Intervention in 200 schools in 5 districts of AP, in partnership with Government of Andhra Pradesh and is funded by the World Bank . Baseline data on nutritional and health status of about 3200 primary school children was done in which nutritional anthropometry, blood test for hemoglobin to detect prevalence of anemia, stool test for estimation of parasitic infestation, clinical screening for detection of Vitamin A deficiencies and refractive errors was done by IHS. Also qualitative data on KAP among Primary School children on their food and hygiene practices was done. The results of the study revealed a moderate to high prevalence of anemia (31%) and high degree of malnutrition (33-41%) and prevalence of worm infestation (4%) among the primary school children. An intervention package comprising of iron supplementation along with deworming and nutrition education has been recommended by IHS after approval by the Institutional Ethical Review Board. The intervention is being carried out by Azim Premji Foundation and is expected to show improvements in the nutritional and health status of the Primary School Children for better educational outcomes. The study started in June 2009 and completed in September 2009.

B. Epidemiology of Road Traffic Accidents

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 RTA study carried out by IHS under the aegis of Indian Council of Medical Research (ICMR), aimed to examine the magnitude of this multifaceted problem in a rapidly developing Hyderabad metropolis. The study was completed and report submitted in April 2009. Road safety requires a complete and comprehensive system of collection and compilation of data, analysis, diagnosis/definition of the problem, interventions covering the entire spectrum of issues from education, regulation to enforcement and post-accidental relief services to reduce the burden of road traffic accidents. It was very difficult to conduct any road safety analysis, as the data available did not permit any scientific analysis of road traffic accidents and the associated risk factors. Discrepancies between data, for example, police and hospital related sources limited the usefulness of existing data sources. About 60 percent of road traffic accident cases reported from hospitals did not appear in the police records. For the regular monitoring of road traffic injuries, a system that would integrate both police and hospital sources would be ideal. In Hyderabad city, two wheeler riders and pedestrians are exposed to high risk of road traffic accidents. Use of hand held cell phones while driving has emerged as a major road safety problem. Public education on road safety should be conducted in terms of information and campaign using the print and electronic media. The traffic police should strengthen surveillance and enforcement to ensure use of protective gears (helmet for two-wheeler rider and seat belt for four wheeler drivers) and drunken driving

C. State Health Level Budget and Expenditure Tracking for AP, MP & Kerala

The National Health Systems Resource Centre (NHSRC) is mandated with the task of putting in place an institutional mechanism in all States for periodic health budget and expenditure tracking under a common analytical framework, methodology, template and to develop a common protocol to collect information. IHS has facilitated to conduct a 2nd State level workshop in Hyderabad for discussions with partner institutions to finalise the basic indicators, methodology, data definitions and availability, standardisation of variables and issues related to inter state comparison. With the framework finalised in the workshop, IHS was further engaged to track health budget and expenditure for the states of Andhra Pradesh, Madhya Pradesh and Kerala. The above exercise was completed for Andhra Pradesh and Madhya Pradesh in January 2010 and Kerala in March 2010.

D. Mapping of Public Health Education and Training in India: Institutions & Courses

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 has coordinated 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.

E. Medium Term Expenditure Framework for Health in Andhra Pradesh for 2008-09 to 2012-13:

The Institute of Health Systems has studied the Total Health Expenditure (THE) for Govt of Andhra Pradesh and assisted in developing a report on Medium Expenditure Framework for five years with 2006-07 as year one of MTEF. The department adopted the framework and again commissioned IHS to develop MTEF for 2008-09 by incorporating changes in anticipated fund flow and program priorities, and rolling out the MTEF for 2008-09 to 2012-13. This is second in series to be developed for Dept of Health, Medical & Family Welfare, Govt of Andhra Pradesh. The study adopted National Health Accounts (NHA) framework for health expenditure analysis and forecasting as per National health Policy as institutionalizing NHA is a key goal of the National Health Policy 2002. Its main focus is on the development of a feasible planning framework that will guide investment and implementation to improve the health performance of Andhra Pradesh. The MTEF for 2008-09 to 2012-13 was completed and submitted to the department in June 2010 and the department has initiated for adoption of the frame work.

F. 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 assigned to review and revise the bye-laws of the organization. The work was commissioned in October 2005. We completed and delivered to the extent they released the amount. As there was no further response from them we closed the project.

G. Development of NHA Training 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-6

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

A. Andhra Pradesh Civil Registration Study: Department of Planning, Govt. Of Andhra Pradesh

Good public-health decision making is dependent on reliable and timely statistics on births and deaths (including the medical causes of death). All high-income countries, without exception, have national civil registration systems that record these events and generate regular, frequent, and timely vital statistics. By contrast, these statistics are not available in many low-income and lower-middle-income countries, even though it is in such settings that premature mortality is most severe and the need for robust evidence to back decision making most critical. Though the Registration of Births and death Act, 1969 came into force in India, the level of registration of births and deaths has continued to be far from satisfactory in several States/UTs. The level of registration of births varies considerably across the states and Andhra Pradesh falls into the range of 40 to 60 percent. The objectives of the study are (a)To document the development of the vital statistics system in Andhra Pradesh untill date (b)To evaluate the vital statistics system using WHO assessment framework for Vital Statistics developed by the Monitoring of Vital Events (MoVE) writing group of the Health Metrics Network (HMN) (c)Recommend policy options for comprehensive development of the vital statistics system in Andhra Pradesh.

IHS has developed about eight schedules for urban areas and canvassed in six pilot municipalities. As per the feedback, the schedules are being revised. Similarly the teams are visiting the rural areas to test the schedules. The schedules are expected to be finalised both for urban and rural areas by the end of Jan 2011 and the filed work may start thereafter.

A poster presentation was made on this study in first Global Symposium on Health Systems Research at Montreux of Switzerland held from 15th to 19th November 2010.

Annexure-7

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

A. 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 (say phase 1) 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 directorship. We submitted in September 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. This phase 1 project was accepted by the MoEF and extended the project period upto March 2010. But IHS has requested to extend the period upto September 2011 and sent the statements of expenditure and utilisation certificates upto March September 2010. It is in consideration by the Integrated Finance Department of MoEF. However, IHS is continuing the project in anticipation of the clearance.

B. To assess doctor availability in Primary Health Centers and provide inputs for Human Resource Planning for Health

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 completed by March 2010. The analysis and report preparation is in progress.

C. 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 motility 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 12 lots (each lot will have around 50 schedules). The consultancy is active upto March 2011.

Annexure-8

Year	Revenue from IHS Laboratory Services			Total
	HMWSSB	ResPj-EM	ResPj-IM	
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	1,519,475	100,800	75,375	1,695,650
2010-11Ytd	2,211,075	198,600	63,190	2,472,865

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-9

IHS Publications in 2009-10

Reports:

- RP 49/2010 State Health Budget and Expenditure Tracking for Andhra Pradesh (2004-05 to 2008-09), *G Surendra and G S Pattnaik*
- RP 50/2010 State Health Budget and Expenditure Tracking for Madhya Pradesh (2004-05 to 2008-09), *G Surendra and G S Pattnaik*
- RP 51/2010 State Health Budget and Expenditure Tracking for Kerala (2004-05 to 2008-09), *G Surendra and G S Pattnaik*
- RP 52/2010 Medium Term Expenditure Framework for Health in Andhra Pradesh (2008-09 to 2012-13), *G Surendra, C K George and G S Pattnaik*
- RP 53/2010 Health Policy Analysis Institute - India Case Study: The Institute of Health System (IHS), *Amar Jesani*
-

Compilation Series

- CL 03/2010 External Publications During 1991-2000 Arising from Work at the Institute of Health Systems
- CL 04/2010 External Publications During 2001-2010 Arising from Work at the Institute of Health Systems
-

Books*

- BK 06/2009 National Health Accounts Training Manual for Implementing NHA in India, *C K George*
-

* The Manual was submitted to the WHO in October 2009 for free distribution, also subsequently a soft copy was also kept by WHO in their website. After the Printed Manuals were sent to WHO, it was noticed that the ISBN Number mentioned in the manual is incorrect. The remaining IHS copies will be released as formal IHS publication with new ISBN number and the same will be communicated to ISBN Agency, New Delhi for adapting the same. The same was discussed over phone with Mr. Sunil Nandraj, WHO Country Office. He suggested that the remaining IHS copies can be distributed freely with new allotted ISBN number and no formal communication is required to be sent to WHO in the matter.

Annexure-10

Publications Arising from Work Or People at IHS for April 2009 - March 2010 (and till Nov. 2010)

A. Publications:

Title	Authors
Job Satisfaction and Motivation of health workers in Public and Private Sectors: Cross sectional analysis from two Indian States (Published in Human Resource for Health 2010, doi:10.1186/1478-4491-8-27)	David H Peters Subrata Chakraborty Prasanta Mahapatra Laura Stienhardt

B. Invited Presentations:

Presentation Title	Forum / Event	Author(s)
Population Dynamics and Public Policy	83rd Foundation Course for central civil services officers at MCRHRD Institute	Prasanta Mahapatra
Quality and sustainability in Sample Registration System	Prince Mahidol Awards Conference 2010 - Global Health Forum	Prasanta Mahapatra

C. Poster Presentations:

Presentation Title	Forum / Event	Author(s)
Andhra Pradesh Civil Registration System study	First Global Symposium on Health Systems Research at Montreux, switzerland from 15th to 19th November 2010.	Prasanta Mahapatra, Surendra Gudivendala, S.V.Siddhardh.

Annex-11

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	6,774,122	0	6,774,122	5,054,076	0	0	1,285,368	434,678
2011	5,790,081	0	5,790,081	866,000	0	0	3,259,451	734,735

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 (2010-11) 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: 29th December 2010

G Surendra
Director