

Institute of Health Systems

Director's report

Sixth annual general meeting (1998-99), January 26th, 2000

Ladies and gentlemen,

On behalf of the faculty and staff of the Institute, I extend a hearty welcome to all of you to this sixth annual general body meeting. First a few highlights and important events since the last general body which was held on 26th, January 1999.

1. We have continued to expand our services and the faculty base.
2. We set up the Indian Health System Network (IHSNET) to facilitate standards based exchange of information between health care institutions and have launched programs to build health informatic infrastructure in the country. We presented a paper on IHSNET at the National conference on Medical Informatics held at Institute of Public Enterprise Hyderabad from April 6-7, 1999.
3. We are taking up additional office space to accommodate the expansion in activities. I will be taking you all around later in the day to familiarise you with various facilities.
4. The institute received renewal of exemption in sub section 5 of Section 80 G of IT Act 1961 for the period 01-04-99 till 31-03-2002 vide Commissioner of Income Tax AP II, Hyderabad, letter no HQrs II/12A & 80 G /77/97-98 dated 07-10-99.
5. The institute received temporary recognition for the AP State Board Technical Education for conduct of training in two information technology courses vide chairman SBTET PNZ No: SBTET/ EE-II-1/ CCIC/ II-B/ 7443/ 99 dated 15-11-99.

I will now present before you the detailed report of our activities since the last general body meeting. I have structured my report as follows:

1. Faculty and staff.
2. Reporting year (1998-1999) events and activities.
3. Current year (1999-2000) events and activities till date.
4. Taking stock of the Institutes progress so far.
5. A review of our vision for the Institute at the time of last meeting and the extent to which we have been able to realise them.

I. Faculty and staff:

As on date we have a total of 38 persons in various categories as shown here.

Category of personnel	Persons
Volunteer(s)	1
Full time faculty including Software engineers	8
Associates	2
Interns	12
Executives, Assistants and Staff	14
Visiting Faculty	1
All	38

Mrs. Lipika Nanda, a charter member of the Institute has been volunteering her services as a senior faculty, since February 1999.

A copy of the latest faculty profile giving brief curriculum vitae of the faculty, associates, interns is given in annex-1. Our faculty participated in many workshops, seminars and conferences both domestic and international. Annex-2 lists details of IHS faculty

participation in training programs, workshops, seminars and conferences. A list of outgoing faculty, associates, interns is given in annex - 3. Annex - 4 shows the list of executives, assistants and staff, as well as the list of outgoing personnel.

II. Reporting year (1998-99) events and activities:

A. Completion of projects reported earlier:

Following studies, already reported in detail in the previous years report were completed during the year under report i.e. 1998-99.

1. Quality of reproductive health care offered in private hospitals in AP.
2. Workshop on the private health sector in AP.

B. Continuing research studies:

Following studies, already reported in detail in the previous years report were continued during the year under report i.e. 1998-99.

1. Periodic analysis of APVVP hospital performance.
2. AP burden of disease study.

C. Consultancy projects

1. **Naandi systems development:** The Naandi systems development project was reported by me last year. We completed development of the following four manuals and handed them over to the Naandi trust authorities.
 - i. Operating manual including sections on
 - a. Organisation structure,
 - b. Program Management
 - c. Fund development and resource mobilisation
 - ii. General Guide,
 - iii. Finance and Accounting Manual, and
 - iv. System Manual and Web master's handbook
2. The Naandi office has since started operating. The manuals developed by the Institute are being used by them for their operational purposes.
3. Incidentally, we have used the experience gained in development of systems for Naandi to systematise and develop corresponding systems for IHS. The IHS general guide to faculty and staff is a direct result from this work.

D. Training Services:

Following is the list of training activities during the year 1998-99

Dates	Program Title	# Students
November 14, 1998	Workshop on cause of death certification.	17
Dec. 14 - 24, 1998	Managing Primary Health Care in Remote Areas	17
January 23 1999	Cause of death certification. One day workshop series	7
Feb. 22-March 06, 1999	Managing Primary Health Care in Remote Area	16
Feb. 13, 1999	Cause of death certification. One day workshop series.	13
March 6, 1999	Cause of death certification. One day workshop series.	7
March 15-17, 1999	Workshop on cause of death reporting systems.	12
	All Training programs	Total 89

E. Public Services:

1. **Library:** People are gradually recognising the bibliographic niche being cultivated by the IHS library. Although our library is small, it has some collections in the area of health economics, health system research etc. that are not easily available elsewhere in Hyderabad. One way of assessing library usage by public is to count the number of associate memberships, since we usually require people wanting to use our library to be an associate member at the least. During 1998-99 five persons took up annual associate membership. Another 17 persons took up associate membership from April 1999 till date. You may notice that this number is not very large. If, however, we look at this figure from where we are coming, I would say that we are gradually moving from a purely in house collection to one being used by researchers outside of IHS as well.
2. **APHIDB:** We continued to maintain the AP Health Institutions Database. Funds were not available for its updating. However, we used linkages with other projects to validate the data base to some extent. For example the cause of death study enabled us to check for existence of the originating health care institutions in the APHIDB. If an institution was not found in APHIDB, we first incorporated the institution into APHIDB and then used its linkage to the cause of death data base.
3. **MEDFLOR-India:** We continued to maintain this database, but could not mobilise funds for its private development. The database did generate some interest among public and government sector officials. But these were not strong enough to result in funding.
4. **IHSNET:** We are now maintaining a country wide area network which we are calling the Indian Health Systems Network (IHSNET). This is a non-profit closed user group wide area network to provide information infrastructure services to health care organisations in India. IHSNET consists of a set of health informatic infrastructure (HII) services, and provides a forum to support the HII services, through participatory consensus building mechanisms. The services component consist of the wide area network, health informatic standards, repository of public domain software applications for health (PAH), public health databases (PHDs), and a repository of applications, reusable objects, components, and applets for health (AOCH). The network can be accessed by direct dialup connections or through the I-Net, which is available all over India. I-Net is the X.25 protocol based packet switching network maintained by the Department of Telecommunications. The institutional component of IHSNET will include the health informatic standards committee, and its working groups. These forums will consider available health informatic standards for adoption by IHSNET, develop and approve extensions to them to meet requirement of the Indian situation and will develop new standards, data dictionaries etc. where ever needed.

III. Current year (1999-2000) events and activities

A. Research projects:

1. Patient Satisfaction Survey for APVVP Hospitals:

A patient satisfaction survey was conducted in 25 Districts or Area Hospitals managed by the Andhra Pradesh Vaidya Vidhana Parishad (APVVP). The study obtained feedback from patients and, in case the patient could not be interviewed, the attendant, using a modified version of the Patient Satisfaction Questionnaire-III originally developed by Ware and others (Hays, Davies and Ware; 1987). The study refers to the period May - July, 1999. Altogether 1179 persons were interviewed, including 237 attendants, at the rate of about

40-50 patients per hospital. In each hospital, patients were identified by stratified random sampling. Stratification was on the basis of sex and wards. Most patients had already stayed for more than three days in the hospital and were drawn from all areas of hospital service including surgical, medical, maternity wards. Females and males and patients of different ages are equitably represented in the sample. Majority of patients were poor and illiterate.

Overall the level of patient satisfaction in APVVP was about 65% of what could be achieved. Corruption appears to be very highly prevalent and was the top cause of dissatisfaction among patients. Other important areas of hospital service contributing to patient dissatisfaction were poor utilities like water supply, fans, lights, etc., poor maintenance of toilets and lack of cleanliness, and poor interpersonal or communication skills.

This patient satisfaction survey is the first of its kind for public hospitals in India. While the survey revealed depressing feedback, the motivation of APVVP top management to identify areas of concern and measure patient satisfaction is a step in the right direction. There would not be any scope to improve the services, unless such bold steps at measuring client satisfaction is pursued.

2. AP Health State Valuation Study-99:

Summary measures of population health status are an important tool for gathering evidence to inform health care priority setting exercises. They combine information on mortality and morbidity due to a disease. This is done, essentially, by attaching a health state weight to the time lived with a morbidity condition. For example one of the summary measures, namely the Disability Adjusted Life Year (DALY), uses Disability Weights to convert the time lived with a disability (i.e. disease condition/morbidity, etc.) to equivalent years of healthy life lived. These are then combined with the years of life lost due to premature mortality to arrive at the DALYs lost on account of a disease. The disability / health state weight is a crucial input to this measurement exercise. Disability / health state weights represent our judgment about a health state. Since the summary measures are ultimately intended to inform public policy, it is in fitness of things that the disability/health state weights are arrived at on the basis of population based surveys and wide consultation to the extent feasible.

The Health State Valuation Study attempts to measure peoples preferences about various health states as part of the project on estimation of Global Burden of Disease. This study is designed not only to develop and validate a new instrument for health state valuation but will also provide valuable data for arriving at disability weights of the indicator conditions. Two distinct sources of assessment was used in measuring people's opinion. Firstly, a series of workshops was conducted with the educated population from various professional backgrounds. Health state valuation was done using four procedures viz., card sort, Visual Analogue Scale, Time Tradeoff & Person Tradeoff methods. Second part of the study involved measurement of valuations given by general population through household surveys. Respondents were requested to give their valuations using card sort followed by visual analogue scales. This study is funded by the WHO Global Program on Burden of Disease.

3. Structure and Dynamics of Private Health Sector in Andhra Pradesh (SDPH):

Several studies have established the rapid expansion of the private sector in both the provisioning and financing of health care services in India. Some have also sought to analyze the structure of the private sector- its composition and roles. There is a wide range of private sector providers, including for- profit and not- for- profit organizations,

solo practitioners, operators of small nursing homes to large super specialty hospitals, medical diagnostic centers, providers of Indian systems of medicine, and non-qualified providers (e.g. rural medical practitioners). Now dominance of the private sector is recognized. However, information about the manner in which different parts of the private health markets operate, the incentives, the motivation and systems which form the basis for their sustenance is not readily available. This study seeks to assess private sector capacity, understand how it can complement government efforts.

This study has allowed us to update the APHIDB in respect of Hyderabad, Visakhapatnam and Warangal districts. Sample of institutions to be studied have already been drawn. Data collection work has just started. This study is funded by the World Bank Central Office, New Delhi.

4. IMR Study (Infant Mortality Rate): The IMR survey is to be carried out in 3 districts i.e. Nellore, Chittoor and Mahboobnagar. Child Mortality and Fertility rates are measured through household surveys. The household survey will include brass questions to women concerning the number of children ever borne and the number of children died. This data will be collected from all women over the age of 15 who are married. This study is funded by Commissioner Family Welfare Govt. of AP.

5. Child Labour (Assessment of impact of work in aquaculture on health and education of children in Andhra Pradesh.): We were approached by the UNICEF to undertake the above mentioned research study. A longitudinal study has been planned to evaluate the impact of such work among children in 2000 and annually over the following two years. The sample group selected for the study includes all children aged 5-15 yrs from households in three villages in Nellore district and two in Srikakulam district where the aquaculture industry is currently active. Apart from a baseline household survey which gathers demographic and socioeconomic data, the subjects will be administered a questionnaire which elicits the occupational history along with the educational and health status of the children. In addition, it has been proposed to conduct a physical examination of the children with special emphasis on nutritional anthropometry and examination for respiratory infections and skin disorders. Hemoglobin estimation and stool examination for helminthic infestation will also be carried out. As on 31 Dec. 1999, the baseline household survey is underway and field studies including the questionnaire and physical examinations will be undertaken during Jan-Feb 2000.

B. Consultancy projects

1. **Periodic analysis of APVVP hospital performance:** In my report for the previous year (1997-98), I have already given details about our work relating to periodic analysis of performance by APVVP hospitals. We continued to provide analytic and research support to APVVP in this area. Our reports along with findings from field visits were made available to APVVP every month in time. The patient satisfaction survey, mentioned earlier was a part of this assignment.

C. Health Informatic Solutions:

We have built up significant capacity in health information technology. Following is an outline of various software solutions being developed by us.

1. **PRISM (Processing and Research Information System For Mortality-Data):** The PRISM software has been developed for the research and analysis of the Cause of Death Reports.
2. **BDAP (Burden of Disease Analysis Project):** The BDAP software is being developed to meet the computation needs of Global Burden of Disease Estimations,

so that researchers are free to concentrate on more serious issues regarding data accuracy, consistency and analysis of results. The project is funded by WHO, Geneva.

3. **HIMAN 2000 (Health Information Manager-2000):** This is being designed for hospitals and health care institutions. So far progress on this has been slow due to lack of funding. At present the software allows a hospital to gather statistics and send them electronically to a central site making use of a wide area network connection.
4. **HIDB (Health Institutions Data Base):** The HIDB, is a database design to hold the information of Health Care Institutions (HCI) located in any geographical region of the country. The purpose of this database design is to provide the useful information to the public and also for the personnel in the health administrative side of a government. It is designed to contain the complete administrative information of each hospital (for e.g. services available, equipment's, beds, staffing, incorporating information, retention of medical records etc.)

D. Training services:

Following is the list of training activities during the current year. You may note that the total training activities has gone up during these two years.

Dates	Program Title	# Students
March 22-27, 1999	Smart use of computers by health executives	10
March 29-April 03, 1999	Smart use of computers by health executives	12
June 22 - Sep. 5, 1999	Certificate course in Health Intranet Administration: Phase-1	28
November 1 - 14, 1999	Managing Primary Health Care in Remote Areas	15
Nov. 22 - Dec. 4, 1999	Managing Primary Health Care in Remote Areas	9
January 7-10, 2000	Introduction to Health Level - 7 (HL7)	9
	All Programs	Total 83

IV. Taking stock of the Institutes progress so far

As you can all see, the Institute has established its credentials as research and training Institution and has sustained its activity purely on the basis of earned revenue. This means that we have had to satisfy some funding agency or other about our capacity to implement the project and have thereafter satisfied agreed deliverables. I may reiterate here that the Institute does not receive any block grant in aid from any source. All its activities have been supported by members contributions and the hard work put in by faculty and staff. However, the overall size of our operations have been, understandably, small. Starting from last year, we are now in a phase of expansion. Hence it will be desirable to take stock of the progress made so far and then plan for the future. Narrative report of our activities have been made available to you through previous reports to the general body. Here I will summarize the gross revenue generated by the Institute from the date of its inception. This gives us an idea about the size of the Institute's operation so far.

Financial Year	IHS gross revenue in rupees		
	Foreign	Domestic	Total
1991	0	43905	43905
1992	424088	0	424088
1993	380000	50000	430000
1994	774568	275042	1049610
1995	403604	445517	849121
1996	768447	160186	928633
1997	103612	835250	938862
1998	599266	305100	904366
1999	0	2066525	2066525
2000 (YTD Dec. 99)	1825000	2354000	4179000
2000 (Estimated)	2825000	3354000	6179000

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

V. Review of the priorities we set earlier:

Last year we identified some priorities for growth and development of the Institute. We have made progress in some area and have not made much head way in some others.

1. We wanted to launch an accreditation service for hospitals. This is yet to take off. Main reason is lack of funding and resources. We do not have enough resources in the Institute to launch this without a specific grant. We have not been able to persuade a funder. I have had discussions with government officials, and have used various forums to highlight the need for an accreditation system. There appears to be general agreement on the need. But the feelings are yet to be strong enough to translate into specific action. We will, however, keep trying.
2. Research on cost-effectiveness of health service programs: We had listed the following areas.
 - i. Revamping cause of death reporting in AP: We have made some progress in this. IHS has developed a software to process mortality information. We have given feedback to municipal authorities. This has resulted in greater compliance by municipalities in reporting of cause of death. However, this process will have to be continued. We have so far supported the research work on cause of death using a small research grant available to me for my Ph.D. work. That source is now used up. We have discussed with WHO, Geneva and are hopeful of getting funding to support these activities.
 - ii. Estimation of burden of disease in AP: We have made progress in gathering cause of death data for AP. The health state valuation study is complete. I plan to generate burden of disease estimates for the state during the next three to four months.
 - iii. Health state preference measurement study: We were able to get funding from WHO. I have described about the health state valuation study earlier.
 - iv. Continue regular analysis of government expenditure on health: We could not bring out an update to our earlier analysis, mainly due to lack of resources. We will however, keep this in mind and do a repeat analysis at an appropriate time.

- v. APVVP hospital performance measurement: This study has continued with success. Our reports and results have been used by APVVP mainly as a source of data validation.
 - vi. Activise local interest in evidence based medicine: We organised a public health lecture where Prof. Christopher JL Murray, Director, WHO Global Program on Evidence for Health Policy spoke on the need and approaches to evidence based health policy and evidence based medicine. We organised a reporters workshop to highlight the importance of health system research and particularly the need for accurate and reliable cause of death statistics to inform health policy. This resulted in a quite a few articles in popular press and television media.
3. Information technology applications for health system: We have launched the IHSNET. I have already described about its features. The proposed collaboration with CMC for development of a Hospital Information System did not come through. However, we have initiated steps towards this. I have already mentioned about the HIMAN2000 product being developed by us.
 4. Training program for health related sectors: We have made some progress in this area. I have already given details of training programs conducted by us. Regarding our intention to start a post graduate course, we have addressed the AP University of Health Science. The Vice chancellor of APUHS visited IHS on a couple of occasions and was positive about our idea. However, we are yet to receive any formal reply to our request. We will pursue the matter with them. One reason why we are going slow on this is to first build up a sound faculty base and physical facilities and then start the program. You may note that we received accreditation for a certificate level course from the state board of technical education for training in the area of health information technology. My approach so far has been to slowly build up our capacity, while keeping the quality of our programs and services high. Hence we have been deliberately gone slow about starting of the post graduate course.

VI.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 in the Institute.

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

Date: January , 2000

Dr. Prasanta Mahapatra,
Director and Hon. President

Annex-1

Faculty profile and staff list

I. Volunteer(s)

Lipika Nanda

Lipika Nanda, Senior Faculty in Health Administration and a Charter member of the Institute, holds a Masters of Science degree in Public Health from the Harvard University - School of Public Health with specialization in health care management and information systems. She was Lecturer Hospital Administration at the Nizams Institute of Medical Sciences, Hyderabad and was in charge of the Hospital Information Systems. Earlier she was the Systems Analyst / Project Manager Chronic diseases program, at the Department of Public Health of the Massachusetts state, USA. She has been involved in many research and training programs in USA including; Data for Decision Making, Simulated presence therapy (a joint project of Harvard Medical School and VA Hospitals), Managing Health Programs in Developing countries, Shared decision making by public school administrators, etc. She also holds a Masters degree in Psychology from the UGC Advanced Center at the Utkal University, and a Certificate of Advanced Study in Human Development from the Harvard Graduate School of Education. She has taught graduate students in psychology for five years. Currently she is specializing in health information systems, health and hospital management, and quality assurance in health, health state valuations, operations research in health care delivery and management. She is the coordinator of the series of courses on Smart use of computers by health executives conducted by IHS. Her computer skills include Oracle database base administration, and office suite applications. She is the project coordinator of the AP Health State Valuation Study. This study has just been completed.

II. Full Time Faculty

Prasanta Mahapatra

Dr. Prasanta Mahapatra, Director of the Institute is a physician civil servant. He is on deputation from the AP cadre of the Indian Administrative Service. He is currently a WHO fellow and a doctoral candidate in international health economics at the Harvard School of Public Health. 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 coordination and management of tertiary hospitals and medical education services. He was collector of Nellore and then commissioner, AP Commissionerate of Medical Services (Vaidya Vidhana Parishad). While Commissioner APVVP, he prepared a project for development of first referral health system in the state. The project has since been funded by the World Bank and is now being implemented 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 a 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 organizations, 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 is currently pursuing research work for a doctoral degree in international health economics and policy at the Harvard University. He has published articles in the field of health policy, economics and management, rural development and office automation. Currently he is continuing with a study on sensitivity of estimated disease burden profile to differences in availability of local data, using Andhra Pradesh as a case study.

P.V. Chalapati Rao

Dr. Chalapati Rao, Senior Faculty in Epidemiology combines experience in research and clinical work. He holds a medical degree and a post graduate diploma in TB and Chest diseases. He has had clinical practice both in private and public sector hospitals. As an occupational health specialist of a private nursing home he catered largely to needs of industrial workers. Prior to that he was the clinical registrar in the department of Pulmonology of MEDWIN hospital. As a Research Officer in the National Institute of Occupational Health (NIOH) of the Indian Council of Medical Research (ICMR), he worked on various projects in Environmental and Occupational Epidemiology, the Chief area of interest being in Environmental and Occupational Lung Diseases. As a short service commissioned officer in the Army Medical Corps (AMC) he served in coastal, Himalayan and desert regions of India. After his AMC internship at the Cochin Naval yard, he served at a high altitude station in the north east frontier. During this period his clinical work involved rendering medical services to local tribal populations as well as members of the armed forces. Later he served as a medical officer in a desert area.

S. Srilatha

Ms Srilatha, Faculty in Quality Assurance in Health Care, is a graduate in nursing and has a masters degree in social science (public personnel management). She was recipient of the USAID award for outstanding performance in the nursing course curriculum. Her areas of interest include preparation of standards, quality assurance in health care organization, consensus development methods, reproductive, and child health. She has worked in a collaborative project in technology information forecast assessment at the Administrative Staff College of India. The project used consensus development methods to forecast technology trends for identified areas of health problems. Her papers and publications include quality assurance in nursing, and quality of reproductive health care provided in private hospitals.

P. Sridhar

Mr. P Sridhar, Faculty in Health Information Systems, is a commerce graduate with a diploma in software technology and systems management. He has done a post graduate course in hospital administration. He is currently working on structure and dynamics of the private health sector in AP funded by WHO. Earlier he was an administrative trainee at the Nizams Institute of Medical Sciences. He did a study of the patient handling system in MEDICITI hospital, looking at the hospital processes from patients perspective.

K. Radha Gayatri

Ms .K. Radha Gayatri, Faculty in Ethnobotany is a post graduate degree holder in Botany, Diploma holder in computer applications and Microsoft Certified professional in SQL-server and visual Basic-5.0 She is currently working on Medflor database and content analysis of performance indicators APVVP hospitals. She has also done two years course in hospital administration. During her training in hospital management she under took a case study on complete patient satisfaction in inpatient area which was organized by ISO group. She worked as management trainee in Medwin hospitals in which she got wide exposure in public

relations, out patient management, ward management and management of Master Health check up division.

K. T. Rajshree

Ms. K. T. Rajshree, Faculty in Health Administration is a Graduate in Microbiology with a Masters in Hospital Management from the Apollo Institute of Hospital Administration, Apollo Hospitals Hyderabad. She has completed several projects like the "Evaluation of Emergency Services & Implication of TQM", developed a patient related information system at Apollo Hospitals in Hyderabad. She has done her internship at Woodlands Hospital & Medical Research Centre, Calcutta & as a part of the internship she undertook a project on "Communication & Patient Satisfaction -a survey" at this hospital. She has worked with CDR Hospitals as Manager Operations for a period of 9-months and later on moved to Dr.Rama's Institute for Fertility as Manager-Administration. She is currently working on structure and dynamics of private health sector in AP funded by WHO".

E. Srinath

Mr. Srinath, Senior Software Engineer has a masters degree in Commerce and has a graduate degree from the National Institute of Information Technology (NIIT) for which he has completed the course work. He combines knowledge of accounting with skills in software technology. He was Technical Faculty with major computer training institutions like the CMC and the Frontier Institute of Information Technology (FIIT). He has administered in house training programs for Dr. Reddy's lab which is a leading pharmaceutical concern. He has worked on various software development projects including, bank automation and electricity billing.

B. Deepak Kumar

Mr. Deepak Kumar, Software Engineer is a Microsoft Certified Professional in Visual C++ and MS SQL SERVER. He is currently pursuing a masters degree in computer applications from IGNOU. He is a skilled developer of both application and system software. He writes in various languages including Visual Basic, C, C++, Visual C++, JAVA and on different software platforms including Window NT, Unix, Windows95, MS SQL Server, Sybase, System 10 etc. He has worked on many software development projects including shares accounting system, pay rolls, front office applications etc.

III. Associates and Assistants

G. Kalyan Ram

Mr. Kalyan Ram, Systems Administrator has a masters degree in Mathematics, a post graduate diploma in computer applications, and a certificate course on PC-Hardware maintenance. As a systems manager, he used to manage a local area network and management information systems in a three star hotel. Earlier he was a programmer in a data compression application project. He developed applications to translate variable length numeric data into binary format for storage in fixed size EPROM locations. He has working experience in Languages like Assembly, 8085, 8088/86, 80c31 Micro-controller, Pascal, Clipper, & 'C', Operating Systems like MSDOS, Unix & Windows and Network Operating Systems like Novell Net ware (ver.2.1x & 3.1x) & Windows NT. He is currently working on a project to build a country wide health systems network using public X.25 switching infrastructure. His areas of interest include building up of intranets for health care organizations, and personal computing applications in health system.

A. Padmavathi

Ms. A. Padmavati, Research Associate is about to submit her Ph.D. in Anthropology, her topic is comparison between the Kerala and Lakshadweep Muslims regarding the changes in the structures of family system. She has been a topper through her academics, her MA field work was in Paderu agency among the tribals called Konda Doras and Nooka Doras. Her M.Phil was based on the rural study indicating the status of SC rural women. Earlier she worked as Anthropologist in PROGRESS, Hyd, Research officer in ECOMWEL, Madras, Director (Research) in AWARE, Hyd. She also is an honorary member in Kerala History Association-Cochin. She has submitted a project report on " Participation of Scheduled caste Rural Women " to Dept. of Science and technology, Govt. of India. Her publications include "The Olek cult" and "The Relation between Anthropology and Linguistics" in Man in India an Anthropological journal

IV. Interns

E. Savithri Devi

Ms Savithri Devi, Software Engineer has a masters degree in Computer Applications and is looking at information technology applications in the health field. Her primary interest is in development of database applications. She has development skills in various languages and platforms including; Visual Basic, SQL, Oracle 7.x, on operating systems like Windows, DOS, Unix and Netware.

M. Deepraj Datt

Mr. Deepraj.E.Datt, Software Engineering Intern is a graduate in Microbiology and has completed the GNIIT program in software development. He is currently pursuing a masters in Computer Applications from IGNOU. He is a Microsoft Certified Product specialist for Visual Basic -5.

M. Sreedhar

Mr. M. Sreedhar, Software Engineering Intern is a graduate in Commerce from Sri Krishna Devaraya University and has completed the GNIIT program in software development. He is a Microsoft Certified Solution Developer clearing the following MCP's exams; Visual C++, SQL 6.5, Win Arch-I, Win Arch-II

V. Sree Ram

Mr. V. SreeRam, Software Engineering Intern is a graduate in Commerce and completed DAST (Diploma in Advances software Technology) from CMC.

G. Rajitha

Ms G.Rajitha, Software Engineering Intern graduated in Commerce and Completed MISCA Course from Osmania University and Completed VB, Oracle courses from VJ Info.

P. Manoj Kumar

Mr. P. Manoj Kumar, Software Engineering Intern is a postgraduate in Computer Applications (MCA) from Osmania University and has completed the GNIIT program in software development. He is a Microsoft Certified Solution Developer clearing the following MCP's exams: Visual C++, SQL 6.5, Win Arch-I, Win Arch-II

M. Laxmi Sree

Ms. M. Laxmi Sree, Software Engineering Intern is a graduate in B.Sc. and has completed the GNIIT program in software development. She is a Microsoft Certified Solution Developer clearing the following MCP's exams: Visual C++, SQL 6.5, Win Arch-I, Win Arch-II

P. Arun Jyoti

Ms. Arun Jyoti, Systems Administrator Intern is an engineering graduate in Electronics and Communications Engineering. She has done a course in Health Intra net Systems Administration. She has knowledge of assembly Language Programming in 8085, programming languages like "C" & Java and operating Systems like MS-DOS, UNIX, Windows and Network Operating Systems like Windows NT.

B. S. Swapna

Ms. B. S. Swapna, Systems Administrator Intern is a Commerce graduate. She has done a course in Health Intranet System Administration. Currently she is pursuing a graduate degree from NIIT. She has knowledge of programming languages like C, C++ and operating systems like MSDOS, UNIX, Windows and network operating system like Windows NT.

T. Dhanaji

Mr. T Dhanaji, Software Engineering Intern is a graduate in Computer Sciences from Osmania University. Currently he is pursuing masters in Computers Applications (MCA) from IGNOU. He has development skills in languages like C++, VC++ and VB and operating systems like UNIX, WIN-NT and WIN-95

V. Trishul

Mr. V Trishul, Software Engineering Intern is a graduate in Life Sciences and completed GNIIT program in software development. He is currently pursuing masters in Business Administration (MBA) with specialization in Finance and Portfolio management from Osmania University. He has good knowledge in various languages like VC++, VB, C++ and platforms like Windows NT and UNIX. He is a Microsoft Certified professional in VC++.

V. Prasad

Mr.V Prasad, Software Engineering Intern is a graduate in Computer Sciences and has completed GNIIT program in software development. He is currently pursuing masters in Computer Applications (MCA) from IGNOU. He has good in various languages such as VC++, VB, Visual Java, C++ and platforms like Win NT, UNIX, Novell Netware and Win 95.

V. Visiting Faculty

Venkaiah A.

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

Annex-2:**IHS Faculty participation in Training programs, Workshops, Seminars and Conferences**

Dates	Event & Place	Faculty / Associate
Dec. 16-18, 1998	Workshop on Voluntary Action and Civil Society, American Studies Research Centre, Hyderabad	Prasanta Mahapatra
Feb. 24-27, 1999	International Conference on Report Card Approach, Organised by Public Affairs Centre, Bangalore	P. Sridhar
March 13-14, 1999	Conference on Medical Plants - Traditional Cure, Organised by KR College for Women, Rajahmundry	P. Sridhar
April 6-7, 1999	National Conference on Medical Informatics, Organised by IPE, Hyderabad	Prasanta Mahapatra, E. Srinath, Deepak Kumar, G. Kalyan Ram, and P. Sirdhar
April 10, 1999	AP State IMA Conference at Karimnagar organised by IMA	PV Chalapati Rao
April 8-12, 1999	Presentation on "Health Sector Initiative Targeted at the Poor" to participants of the program on Public Management and Poverty Reduction in a Market Economy, at LBS National Academy of Administration, Mussorie	Prasanta Mahapatra
June 8-10, 1999	Global Forum for Health Research - Forum 3, Geneva	Prasanta Mahapatra
June 11-17, 1999	Temporary Adviser in Epidemiology and Burden of Disease Team, World Health Organisation, Geneva, Switzerland.	Prasanta Mahapatra
July 20, 1999	Panel discussion on "Health for All" for IAS Probationers, at LBS National Academy of Administration, Mussorie	Prasanta Mahapatra
August 11-12, 1999	Workshop on Burden of Disease and DALY Methodology and Temporary Adviser to the Regional Director, World Health Organisation, Regional office for South East Asia, New Delhi	Prasanta Mahapatra
Oct. 12, 1999	ICMR Regional Consultation on Priorities in Research in RCH and Nutrition, October 11-12, 1999, Bangalore.	Prasanta Mahapatra
Oct. 14, 1999	International Conference on Heart Health in Developing Countries from October 10-14, 1999	Prasanta Mahapatra
Nov. 8-19, 1999	Using Burden of Disease and Cost-effectiveness to define National Control priorities and Essential Packages of Care' at Lorne, Australia	Lipika Nanda PV Chalapati Rao
Dec. 6-9, 1999	Conference on Summary Measures of Population Health, Morocco	Prasanta Mahapatra
Dec. 6-17, 1999	WHO Training Course on International Classification of Diseases 10 and Related Health Problems, at National Institute of Health Sciences, Kalutara, Srilanka.	S. Srilatha
Dec. 10, 1999	International Conference on Health System Responsiveness, WHO Geneva	Lipika Nanda

Annex-3:
List of outgoing faculty, associates and interns.

Name	Designation	Join date	Leave date	Remarks
Dr. Alex George	Director	08-06-94	10-06-98	Resigned
Dr. Appala Naidu	Faculty	08-05-98	20-06-98	Contract Over
Dr. A Y Krishna	Consultant	26-08-98	15-10-98	Terminated
Dr. T. Dayakar	Faculty	01-10-98	30-11-98	Resigned
Mr. M. Venkateswara Rao	Faculty	01-09-98	30-11-98	Terminated
Ms. Mira Naik	Consultant	01-12-98	30-12-98	Terminated
Anjum Zuberi	Editor	10-05-99	07-06-99	Terminated
Dr. Sanjay Chincholikar	Part Time Faculty	04-01-99	17-06-99	Terminated
Dr. Sita Ram Rao	Senior Faculty	01-02-99	30-06-99	Resigned
K. V. S. R Chakravarthi	Faculty	23-07-99	31-08-99	Terminated
Mr. C Srinivas Rao	Research Asst.	30-11-98	12-12-98	Terminated

Annex - 4**a-List of Executives, Assistants and staff**

Name and position	Date of joining
Ms. Vijaya Lakshmi Tadi, Communications and Services Officer	29/11/1999
Mohd. Nazeem	23/11/1998
J. Rambabu	09/08/1999
M. Hussain	23/11/1999
K.M. Ranganathan	01/11/1999
Ishtiaq Hussain	01/02/1999
Mr. Ch.Gopal Rao, Accountant	12/04/1999
Mr. J. Kanakaiah, Librarian	6/08/1999
Mr. PR Natraj, Secretarial Assistant	29/04/1999
Mr. G. Santosh Kumar, Secretarial Assistant	22/09/1999
Mr. P. Ajay, Front Office Assistant	2/08/1999
Ms. A. Swaroopa Rani, Front Office Assistant	2/11/1999
Mr. Kumar Parida, Camp Attender	1/10/1998
Mrs. M Padma, Sanitary Worker	11/01/2000

b- List of outgoing staff

Name	Designation	Date of joining	Date of leaving	Remarks
K. Soma Sankar	Sec. Asst.	22-02-96	15-06-98	Resigned
Md. Khaja Ikramuddin	Accts. Asst.	23-02-98	16-09-98	Terminated
Mrs. Naga Lakshmi	Sec. Asst.	26-02-99	14-04-99	Resigned
K. Vyshali	Executive	20-01-99	30-04-99	Terminated
A S Pradeepta	Sec. Asst.	15-04-99	16-06-99	Terminated
P Madhavi	Sec. Asst.	27-02-99	26-07-99	Terminated
V. Shoba	Sanitary Worker	05-10-98	09-08-99	Resigned
K. Madhuri	Sec. Asst.	02-11-98	20-09-99	Terminated
G Sarvani	Sys. Admin	04-07-98	05-11-99	Resigned
B. Ram Subba Reddy	Technical Asst.	3-3-93	30-11-99	Terminated
Mrs. Mallishwari	Sanitary Worker	02-11-99	05-01-2000	Resigned
G. Kishore Babu	Research Asst.	06-02-96	30-06-98	Resigned
K S Giri	R. Investigator	01-12-96	15-07-98	Resigned
Mr. Srinivas Goud	Research Asst.	05-08-99	03-09-99	Resigned
Raghu Ram Aurava	Research Asst.	01-09-99	03-12-99	Terminated
Y. Sri Ram Murthy	Research Asst.	05-08-99	17-12-99	Terminated
Mr. J Dayanand Reddy	Research Asst.	12-07-99	26-07-99	Resigned