

# Director's Report 2010-11

**Presented to Annual General Body Meeting  
21st January, 2012**



**THE INSTITUTE OF HEALTH SYSTEMS**

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# The Institute of Health Systems. Director's Report, 2010-11

Ladies and Gentlemen,

On behalf of the faculty and staff of the Institute, I welcome you all to this sixteenth 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 to 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 29 persons in various categories as shown in Table-1.

**Table-1: IHS Faculty and Human Resources Position, 2011**

Category of Personnel	As on 31/3/11					As on 01/12/11				
	Emp	Stipnd	Fee	Vol.	Tot	Emp	Stipnd	Fee	Vol.	Tot
<b>Faculty &amp; Coordinators</b>										
Full Time Faculty	2	0	0	0	2	2	0	0	0	2
Consultants	0	0	2	0	2	0	0	2	0	2
Voluntary / Visiting Fac.	0	0	0	2	2	0	0	0	2	2
<b>Research &amp; Lab Personnel</b>										
Res. Associates	0	0	0	0	0	0	0	0	0	0
Res. Assistants	0	0	0	0	0	0	0	0	0	0
Microbiologists	1	1	0	0	2	1	1	0	0	2
Res/Field. Investigators	0	3	0	0	3	0	1	0	0	1
WQTL Investigators	2	0	0	0	2	3	0	0	0	3
Lab Technicians	1	0	0	0	1	2	0	0	0	2
<b>Fellows, Interns &amp; Appr.</b>										
Research Fellows	0	1	0	0	1	0	0	0	0	0
Interns	0	12	0	0	12	0	6	0	0	6
<b>General Sup. Personnel</b>										
Project Manager	1	0	0	0	1	1	0	0	0	1
Accountant	0	1	0	0	1	0	1	0	0	1
Front Office Staff	1	1	0	0	2	1	1	0	0	2
<b>Ser. Provider Personnel</b>										
System Admn.	0	1	0	0	1	0	1	0	0	1
Security	0	0	2	0	2	0	0	2	0	2
Sanitation	0	0	2	0	2	0	0	2	0	2
All	8	20	6	2	36	10	11	6	2	29

<sup>1</sup> 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.

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

<sup>3</sup> Dr. Mahapatra, Hon President, was reappointed for a second term as member of the Scientific and Technical Advisory Committee (STAC), AHPSR, WHO, Geneva for another 3 years period i.e till 2015

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 review the 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 reported year.

### **Reporting Period (2010-11) 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 projects were completed during the reporting period as shown in Table-2. A brief summary of each of these projects is given in Annexure-5.

**Table 2: Research & Consultancy Projects Completed in 2010-11**

Sl	Project	Sponsor	Start Year
<b>Research</b>			
1	Doctor Availability in Primary Health Centers in Andhra Pradesh	Planning Dept, AP Govt.	2008-09
2	Air Pollution and Cause of Deaths in Hyderabad	GoI - Min.of Env.& Forests	2004-05

The first phase of the research project on "Air Pollution and Cause of Deaths in Hyderabad" was completed and the report was submitted in September 2009. The second phase of the study was completed and final report was submitted in March 2011. The MoEF examined the report and accepted.

One consultancy project "Behavioal Tracking Survey (BTS) in Guntur & Srikakulam" was taken up in the current period and continuing as shown in Table 3. A brief summary of this project is given in Annexure-6.

Table-3: Projects Taken Up in Current Period (2011-12)

Sl	Project	Sponsor
1	Behavioral Tracking Survey (BTS) among High Risk Groups in Guntur & Srikakulam	HLFPPT, Hyderabad
2	Review of EMRI Model of Emergency Response Services (ERS) in Andhra Pradesh.	National Health Systems Resource Center (NHSRC)

“The Review of EMRI Model of Emergency Response Services (ERS) in AP” project was started in June 2011 completed in September 2011.

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

Nature	Project	Sponsor	Start Year
Research	Andhra Pradesh Civil Registration Systems Study	Planning Dept, AP Govt.	2009-10
Consultancy	Cause of Death Coding for CHAMPION Trial	Naandi Foundation	2008-09

The “ Cause of Death Coding for CHAMPION Trial” project was completed successfully with 17th lot coding of VATs in November 2011. 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 for an amount of 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 UHS has sent a letter<sup>1</sup> to IHS in June 2011 to apply for the provisional affiliation along with the following details:

1. Latest faculty list with experience as per Statute.
2. Physical facilities i.e building & equipment.

<sup>1</sup> NTRUHS Lr. No 5529/A6/MPH/02 dated 13/06/2011

3. Whether the Institute has been shifted to the new premises as informed earlier
4. Academic activities for the last two years
5. Reservation policy only on annual intake i.e only 15 seats.
6. To pay affiliation inspection fees.
7. MPH Curriculum Certification

The IHS sent clarifications on the above issues and requested to accord approvals for the following to announce the course:

1. Ordinance for constitution of Board of Studies for International Programs (BoS-IP).
2. Specialised division of the UHS Registry to deal with the international programs.
3. Approval of tuition fee or clarification that IHS can fix the fee by following principles laid down by the statute.
4. Orders regarding seat matrix.
5. Formal affiliation to IHS

So, far we have not received any reply or approvals for the above requests.

(d) MPH Grant Proposal:

To start 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 be 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". As informed earlier, the concept note was submitted to the Ford Foundation and there was no response. Other sources are also being explored.

(e) IHS Land and Campus Development Plan:

Members are aware 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. Subsequently, HMDA requested IHS to pay Rs. 32, 37, 600/- as development charges<sup>2</sup>. But, we requested HMDA to exempt the payment of development charges. In response, HMDA asked IHS to furnish the financial statements for the latest three years to consider the exemption proposals. IHS submitted the details to HMDA on 18/05/2011. On processing our request, MAUD<sup>3</sup> informed that the Govt. has considered to grant exemption upto 50% of the development charges. Now, IHS need to pay Rs16,18, 800/- towards the development charges.

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<sup>2</sup> HMDA Ltr. No. 2805/MP/Plg/H/2009 dated 14-12-2010.

<sup>3</sup> MAUD Ltr. No. 3695/I1/2009 dated 11/07/2011



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: The members are well aware that, 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 residual 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. 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. An overview of revenue from IHS 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.

**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. DSIR Recognition:**

I am happy to report that, the Department of Scientific and Industrial Research (DSIR), Govt. of India have recognized the IHS as a Scientific and Industrial Research

Organisation (SIROs) in March 2011. The recognition is valid from 20th May 2011 to 31st March 2013.

The need for recognition was felt when a research proposal on "Utilization of Health Care services Among Migrants in Urban Areas of GHMC" was not awarded by ICMR, though the Project Review Committee cleared technically, owing to non recognition of IHS as SIRO by DSIR. The same was informed by ICMR in February 2011. Hence we decided to file an application with DSIR to get recognition. At the time of application preparation, we found that, constitution of a Research Advisory Board for IHS was one of the criteria. Hence a Planning & Research Advisory Board was formed on 14/02/2011 with five members from different disciplines.

Finally, IHS filed the application on 17/03/2011. The DSIR Team headed by Sri AV Chainulu. Scientist F has visited the IHS on 31/05/2011 for assessment of the infrastructure facilities, past achievements, ongoing and future research programs. During the assessment, the DSIR team commented that, IHS does not have specific goals and strategic plans to improve and excel in the field of health systems research and advised to prepare a strategic document and forward the same for consideration. The team also felt that, IHS appears to be not getting required commitment from its Board Members in R&D activities and resource mobilization as seen from the past performance. As per the suggestion from the DSIR team, a document titled "Vision and Medium Term Plan 2011-16" was prepared and was sent to DSIR on 20/07/2011. Subsequently, DSIR processed our application and conveyed the recognition of IHS as SIRO through a letter on 24th August 2011<sup>4</sup>.

## Current Year (2011-12) Developments

### A. Research and Consultancy:

We are putting our best efforts in getting the projects by approaching the sponsors. The projects already submitted and their status are given in Table 5.

Table-5: Project Proposals Submitted

Sl	Project	Potential Sponsor	Status/Remark
<b>Research</b>			
1	Utilisation of Health Care services Among Migrants in Urban Areas of GHMC.	Indian Council of Medical Research (ICMR), New Delhi	Project cleared by Project Review Committee, but was not awarded to IHS owing to non recognition by DSIR
2	Review of EMRI Model of Emergency Response Services (ERS) in Andhra Pradesh.	National Health Systems Resource Center (NHSRC)	Awarded, Study Completed.
3	Behavioral Tracking Survey (BTS) among high risk groups in Guntur and Srikakulam districts.	The Hindustan Latex Family Planning Promotion Trust (HLFPPT).	Awarded, Study Completed.
4	Knowledge Attitude Practice and Behavior (KAPB) Survey:	Population Services	Technical Proposal is

<sup>4</sup> DSIR Letter dated 24/08/2011

Sl	Project	Potential Sponsor	Status/Remark
	Endline Evaluation of the Connect Workplace Intervention Program at Visakhapatnam Steel Plant.	International	accepted but not awarded due to high quoted cost.
5	Community Mobilisation Monitoring (CMM) Study under SWAGATHI Project	The Hindustan Latex Family Planning Promotion Trust (HLFPPT).	Not awarded due to high quoted cost.
6	Gender Differences and Health Sector Reforms in Andhra Pradesh: A study of Access to Decision Making among Users and Health Care Workers.	Indian Council of Medical Research (ICMR)	Not recommended due to Methodological issues
7	Utilisation of ICT for Improving for Civil Registration, Vital Statistics & Communication among Health Care Service Providers.	Indian Council of Medical Research (ICMR), New Delhi	Rejected due to Methodological issues and lack of publications by PI in the specific area.
8	Situational Analysis of Health Work Force in Primary and Referral Health Care Settings.	Indian Council of Medical Research (ICMR), New Delhi	Not recommended as the work plan was found to be lacking in identifying the solutions in achieving the MDG goals.

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

The members are aware that, 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.

Accordingly, IHS has tentatively identified certain areas in Mahaboobnagar and East Godavari districts and 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 (DM&HO) to extend necessary assistance for preparation of proposals. At the first instance, IHS team visited Mahaboobnagar district and held discussions with the Collector and DM&HO and sought for their cooperation and advise. Then the team visited certain health care institutions in remote

and tribal areas and conducted feasibility studies and proposed the following healthcare institutions to be developed as a model PHCs and manage.

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 Vatavarlappalle 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.

After continuous persuasion with the District Administration, the District Collector had a meeting with IHS Director & DM&HO on 11/08/2011 and advised DM&HO to initiate the process. IHS Director briefed the DM&HO on the same day and conveyed IHS interest to adopt the above Kodangal and Amrabad Clusters.

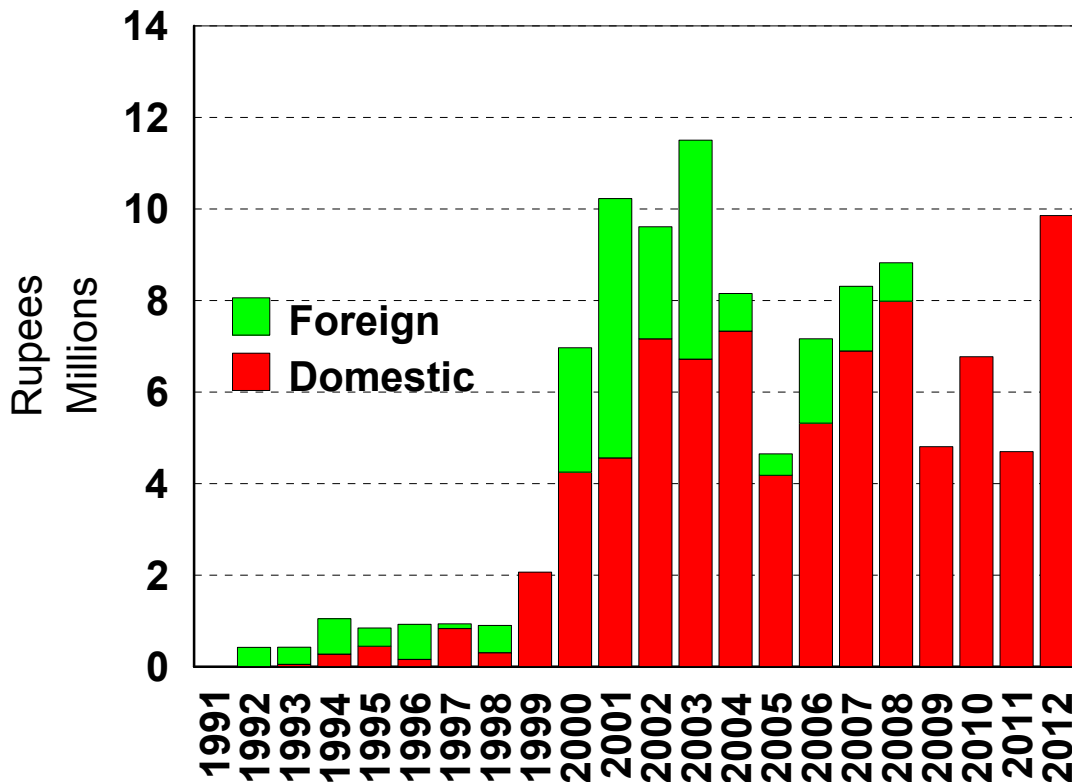
The DM&HO, Mahabubnagar has sent a Letter of Intent<sup>5</sup> that the Collector agreed for two institutions viz. (i) Achampet Civil Hospital & (ii) Padara PHC to be taken up by IHS for management as a model. Subsequently the IHS team conducted the Bench Mark Survey and made an assessment of the infrastructure facilities, staff position, materials and supplies etc., in Achampet Civil Hospital and Padara PHC. Then the grant - in - aid required is estimated under three broad categories (a) Salary component, (b) Non salary component and (c) Building maintenance and filed an application with DM&HO on 14/12/2011.

### **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.

<sup>5</sup> DM&HO Ltr. Dated 22/11/2011

Figure-1: IHS Gross Revenue Trend Since Inception



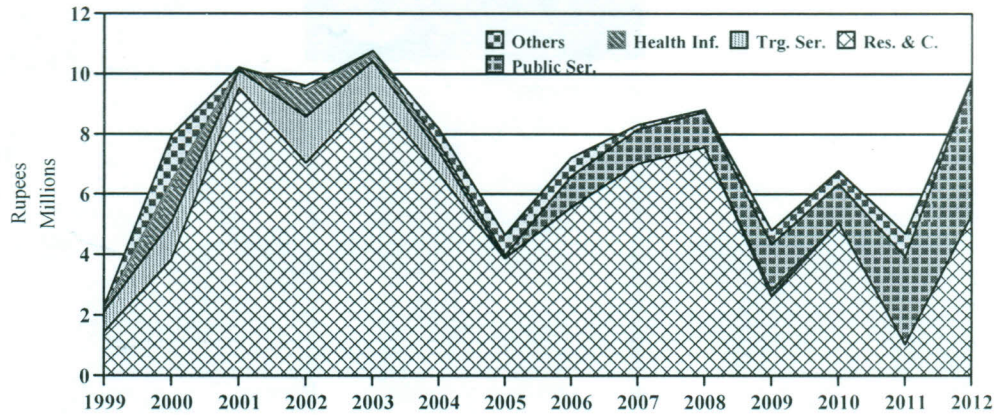
Estimate for 2011-12 is based on year to date and anticipated receipts

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 receipts again appears to be in decreasing trend in 2011. The anticipated receipts in 2012 is showing an increase. 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 46% 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 and Rs. 16.18 lakhs for development 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 2011-12 is based on year to date and anticipated receipts

**Accounts and Audit Report:**

The audited accounts of the Institute for the year 2010-11 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:21st January 2012

*G Surendra*  
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 Venkateswara University, Tirupati. His first stint was in Vital Statistics (improvement of Registration of Births and Deaths) as a statistician in Public Health dept. After serving 27 yrs in Govt of Andhra Pradesh, he took VRS in the cadre of Director in Bureau of Economics and Statistics and accepted the challenging position in L V Prasad Eye Institute (LVPEI) as Associate Director and Chief Technology Officer. He implemented Health Informatics and Information Infrastructure projects like Tele-Education, Tele-Medicine. He implemented Tele-Ophthalmology in Primary and Secondary eye care centers in LVPEI Health Eye Pyramid. As part of Health Informatics, he evaluated Electronic Medical/Health records and recommended suitable product for implementation besides his contribution to Bio-Medical Equipment Technology and developing Standard Operating Procedures (SOP) for accreditation under NABH (National Accreditation Board for Hospitals). Then he moved to the Institute of Health Systems (IHS) and working for the last two years. At IHS, he acquired skills in health financing and health accounts by developing MTEF for HMFWD dept, AP for the years 2008-09 to 2012-13. He also attended the task of health budget & expenditure tracking exercise for the states of AP, MP and Kerala. Further, he is involved in the health systems research like (1) Assessment of Doctor Availability in Primary Health centers and provide inputs for Human Resource Planning for Health and (2) Andhra Pradesh Civil Registration System Study. As Joint Director, Bureau of Economics and Statistics, he conducted Socio Economic Surveys in different areas. He handled a major survey called "Multipurpose Household Survey (MPHS)" in the year 1995, wherein he was instrumental in designing the survey, field study, data acquisition and building database of all families in State of Andhra Pradesh for use by Govt for various programmes.

During his tenure in District Rural Development Agency (DRDA) as Project Economist, he wrote an Approach Paper on Land Development Projects (LDP) along with Dr Prasanta Mahapatra and submitted a project Report on LDPs to Govt, got sanctioned and implemented. As General manager in APTS, he implemented Information Infrastructure projects. He gave IT Consultancy to Govt of Goa for developing software for 10 departments. As a member of consultancy team he studied and submitted a report on reorganisation of Revenue Dept to Govt of Orissa sponsored under DFID. As Project Manager in HMDA, he got rated HMDA by Fitch Ratings, raised Rs 500 Cr loan for ORR Phase-I.

##### **Satish Kumar Kannapa, Faculty**

Dr. Satish Kumar K holds a PhD in Environmental Biology from the Osmania University. Dr. Satish is currently working as a Faculty at the Institute of Health Systems (IHS), a nonprofit health systems research organization since August 2010. Earlier also, he worked at the IHS from May 2000 to April 2006 as a Faculty in Environmental Health. 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. 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.

During his current stint at the IHS, Dr. Satish has completed a research project titled "The Effect of Air Pollution on Cause of Death Profile in Hyderabad" sponsored by the Ministry of Environment & Forests. He is currently working on Hindustan Latex Family Planning Promotion Trust commissioned study "Behavioural Tracking Survey" among HIV/AIDS High Risk Groups viz., female sex workers (FSW) and men having sex with men (MSM) in Guntur & Srikakulam districts of Andhra Pradesh. During his earlier term at the IHS, he had 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. Dr. Satish was Co-Investigator in the "Indoor Air Pollution Exposure Atlas" 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. He was also Principal Investigator for a research study titled "Epidemiology of Road Traffic Accidents in Hyderabad City", sponsored by the ICMR and was designed to understand the epidemiology of risk factors associated with high level of road traffic accidents in Hyderabad. He served as a Resource Person for Several Training Programs conducted by IHS. 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 at the University of British Columbia, Vancouver, Canada in August 2002. He attended an International Symposium on "Socioeconomic Factors & Air Pollution Health Effects" 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), Guillain 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 from Defence Services Staff College (D S S C), Wellington and has undergone training as Lead Quality Assessor from A Q A, Hyderabad. After taking voluntary retirement from Army in 1994, he had held many important Medico-administrative appointments such as M S of Nizam's Institute of Medical Sciences, Hyderabad, CEO, Lokmanya Hospital, Chinchwad, Pune, Additional Director, Dhirubhai Ambani Hospital, Lohivali, Consultant to M G M Medical College Hospital, Aurangabad & Ellen Hospital, Coimbatore etc. He was Professor & Head of the department of Hospital Administration at NIMS, Hyderabad and MAHE, Manipal and Director, The Institute of Health Systems He also serves as a P G examiner in Hospital Administration for AIIMS, AFMC, MAHE, NIMS, DNBE and IGNOU. He is a life member of a number of professional

bodies and was a member of academic Board of School of Health of IGNOU and Board of Specialties in Hospital & Health Administration of National Board of Examinations.

## Research and Lab Personnel

### M Sailaja, Sr. Microbiologist.

Holds a Master Degree in Microbiology from Sri Padmavathi Mahila Vishwa Vidyalayam Tirupathi. 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 and heading Water Quality Testing Lab at IHS.

### G. Amrutha, Microbiologist

Done her Masters with specialization in Microbiology from Sri Sarada PG College, which is affiliated to Osmania University. Her Graduation, from St.Pious x Degree and PG College with specialization in Genetics, Biochemistry and Chemistry. She was a Gold Medalist and Cash award Winner for standing as college topper during her entire Post graduation. She also won various shields and prizes during her Graduation and Post Graduation. Presently working as Microbiology Intern from October 12, 2011, till date.

### Research Investigators:

1. E Dinesh, MSW

### Water Quality Investigators:

1. G Srikanth, Intermediate
2. G.Jaya Krishna, Intermediate
3. T.Narender, S.S.C.

### Lab-Technician:

1. M.Sona, B.Sc(MLT)
2. D.Abhilash,B.Sc(Biotechnology)

## Fellows & Interns

Name	Qualifications	Project / Learning Area
P Deepthi	B Tech	Health Care Software Development
N Saritha Kumari	B Sc	Front Office Management
E.Ashwini	M.Sc.(Microbiology)	Lab Technician Trainee for Water Quality Testing
S.Gopal	B.Sc,(B.Z.C)	Lab Technician Trainee for Water Quality Testing
K.Prabhakar	S.S.C	Water Quality Investigation Trainee
L.Kamalakar	B.Com	Water Quality Investigation Trainee
P.Ashok	B.Sc.(Computers)	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 Lakhota Computers Center. He is working in field of Health Systems Research from past 8 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 (1<sup>st</sup> round- 2006, 2<sup>nd</sup> 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.

### R.Simhadri Appala Naidu, Accountant

Mr. R. Simhadri Appala Naidu has a Masters Degree in Business Administration from Andhra University.

### D Krishna Veni, Front Office Executive Assistant

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

Provider	Service
A Giri	Systems Administration
Padma & Kalavathi	Sanitary Services
Parteesh	Sanitary Services
Metro Management Security Agency	Security Services

**Annexure-2****IHS Participation in Training Programs, Workshops, Seminars and Conferences for April 2010 - March 2011 ( and till Nov. 2011)****Dr. Prasanta Mahapatra, Hon. President:**

Course/Workshop Title	Institution	Dates
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
Scientific and Technical Advisory Meeting, AHPSR	WHO - Alliance for Health Policy and Systems Research	30 - 31st May 2011
Scientific and Technical Advisory Meeting, AHPSR	WHO - Alliance for Health Policy and Systems Research	26 - 27th Oct 2011

**G Surendra, Director**

Course/Workshop Title	Institution	Dates
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
Workshop on Modern Practices for Lake Management and Water Treatment Methods suitable for changing environmental conditions on account of rapid urbanization.	Hyderabad Metropolitan Water Supply and Sewerage Board	18th March 2011
Consultative Workshop on Urban Health Improving Health Outcomes among Socially Excluded Slum Population in Urban Andhra Pradesh (AP)	UNICEF along with Population Services International.	23rd March 2011
Workshop on Data Analysis in Social Science Research using SPSS	Central Facilities for Research and Development, Osmania University, Hyderabad.	25-26th March 2011

Course/Workshop Title	Institution	Dates
Workshop on Water Quality in South Central Railway Facilities	South Central Railways, Secunderabad	20th April 2011
Seminar on Nursing Human Resource Information System	Director of Medical Education, Govt. Of Andhra Pradesh in Collaboration with Center for Disease Control and Prevention, FHI	16th & 17th June 2011
Two Day National Seminar on Water Quality (NSWQ-2011)	Center for Environment, Institute of Science & Technology, Jawaharlal Nehru Technological University, Hyderabad in association with Hyderabad Metropolitan Water Supply and Sewerage Board, Hyderabad	15th & 16th July 2011

### 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	7th Oct 2010
Sensitisation workshop on "Low Carbon Economy - Embarking on Renewable Energy Technologies"	Environmental Protection Training & Research Institute (EPTRI), Hyderabad.	20th May 2011
Health Sector: Strategies & Approaches for 12th Five Year Plan in Andhra Pradesh	Center for Economic and Social Studies (CESS), Hyderabad.	22nd Sep 2011

**Annex - 3****Outgoing Faculty & Personnel after the last AGM  
(19/01/2011)****Research & Lab Personnel:**

Name	Designation	Join date	Leave date	Remarks
D.SV.Siddhardh Kumar	Research Fellow	29/06/2010	30/06/2011	Term completion
A.Jyothi	Microbiologist	28/06/2010	28/06/2011	Term Completion

**Research Investigators & Field Investigators:**

Name	Designation	Join date	Leave date	Remarks
B.Yadaiah	Research Investigator	08/10/2010	30/06/2011	Term Completion
B.Ravi Kiran	Research Investigator	06/11/2011	31/03/2011	Term Completion
G.Ujjivan	Field Investigator	25/05/2011	12/08/2011	Term Completion
V.Stefen Daniel	Field Investigator	25/05/2011	12/08/2011	Term Completion
R.Anantha Rao	Field Investigator	26/05/2011	12/08/2011	Term Completion
D.Murali	Field Investigator	01/06/2011	31/07/2011	Term Completion

**Project Interns:**

Name	Designation /project	Join date	Leave date	Remarks
M.Shiva Kumar	Project Intern	26/06/09	31//06/11	Term Completion
P.Leelavathi	Laboratory Support Intern	06/08/10	05/04/11	Resignation
T.Pravalika	Chemistry Intern	12/02/10	14/01/11	Resignation
ST.Noor Mohammed	Laboratory Intern	06/08/10	19/10/11	Term Completion
M.Shiva Nagendra Nayak	Water Quality Investigator Trainee	14/07/10	11/04/11	Resignation
D.Suresh Kumar	Water Quality Investigator Trainee	01/07/10	15/12/10	Resignation
R.Dasharatha Raju	Water Quality Investigator Trainee	13/12/10	21/12/10	Termination
T.Rajesh	Water Quality Investigator Trainee	28/02/11	22/03/11	Resignation



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### Data Entry Operators

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Name	Designation/Project	Join date	Leave date	Remarks
K.Ravinder	Data Entry Support Service	30/06/11	30/08/11	Term Completion
G.Rama Devi	Data Entry Support Service	14/07/11	30/08/11	term Completion

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### General Support

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Name	Designation/Project	Join date	Leave date	Remarks
D.Manikanta Swamy	Accountant	15/04/2010	31/12/2010	Resignation

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#### Notes:

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

## *Annex - 4*

### IHS Representation in Health Policy Formulation Events for April 2010 - March 2011 (and till Nov. 2011)

**NIL**

## Annexure-5

### Projects Completed in the Reporting Period

#### A. 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. New concepts like “ Doctorless Period”, “ Operational Availability Period”, and “ Realised Doctor Capacity” have been developed to measure the doctor availability. The study has been commissioned by Planing Department, GoAP. The study was completed and report submitted.

Retrospective data for the past 10 years revealed that, only about 71% PHCs enjoyed continued availability of at least one doctor over the last ten years. Rest 29% PHCs had varying doctor-less periods. 25% PHC were without any doctor on average for a month or less in a year. Another 4% PHCs were without any doctor on average for 1 to 6 months in a year. On an average, Operational Availability Period per Annum (OAPA) of posted MOs is about 10.65.

It appears that residential distance of more than 20 kms from PHC seriously affects the operational availability of doctors. Further, it appears that the private practice *per se* does not affect the operational availability of doctors. However, if we see the combined effect of the private practice and residential distance of doctors staying more than 20 kms, the operational availability of doctors seems to be marginally affected. It is therefore recommended that the doctors should be encouraged to stay at headquarters or within a reasonable distance of say not more than 20 Km from the PHC.

#### B. Air Pollution and Cause of Deaths in Hyderabad

“The Effect of Air Pollution on Cause of Death Profile in the City of Hyderabad” was designed to study the cause of death pattern and identify deaths associated with diseases attributable to air pollution. As part of the study, mortality data, population data, and air quality data corresponding to 21 air quality monitoring stations in the GHMC area was collected from the Vital Statistics & Census Departments and APPCB. Quality assessment of MCCD data obtained from GHMC was done based on comprehensive assessment framework. Volumes 1 and 3 of ICD-10 were used for preparing cause of death tabulation based on MCCD data to study the mortality pattern and arrive at all-cause and cause-specific deaths. The results suggest that that the cardiovascular and respiratory causes of death constitute the largest proportion of deaths occurring annually in Hyderabad. The present study suggests a contributory role of ambient air pollutants in the deaths associated with diseases attributable to air pollution. Further

studies in this important public health research area will be helpful in determining the detrimental effects of ambient air pollution on human health.

The study has been commissioned by the Ministry of Environment and Forests, Government of India and began in May 2005 and the first phase report was submitted in July 2009. The second phase of the study was completed and final report was submitted in March 2011. The MoEF examined the report and accepted.

## **Annexure-6**

### **Projects Taken Up in Current Period and Continuing in the Current Year**

#### **A. Behavioral Tracking Survey (BTS) Among High Risk Groups in Guntur & Srikakulam:**

HLFPPT has commissioned the IHS to conduct Behavioral Tracking Survey (BTS) as part of the BMGF sponsored Avahan project that implements HIV prevention program focusing on HRGs and their clients. The BTS covers two coastal districts of Andhra Pradesh viz., Guntur and Srikakulam covering 800 FSW and 400 MSM groups. BTS provides a unique opportunity to measure the change in degree of community mobilization among HRGs. The main purpose of BTS is to track behavior change in key populations over time and inform on the community mobilization and advocacy efforts of Avahan. The behavioral outcomes of interest are those related to sexual practices, condom use, drug injecting practices, program exposure and community mobilization and advocacy, which have a bearing on the prevention of HIV and other STIs. The field work and the analysis in the ongoing BTS is completed. The report preparation is in progress and expected to be completed by 2nd week of December 2011.

#### **B. Review of EMRI Model of Emergency Response Services (ERS) in Andhra Pradesh:**

To promote EMRI model as a preferred option for providing ERS across most of the states in India, and its increasing support under the NRHM, the Ministry of Health & Family Welfare, Govt. of India, in November 2009, commissioned a review of EMRI scheme in three selected states - Andhra Pradesh, Gujarat and Rajasthan. The second phase of the Study in three selected districts of AP was commissioned by NHSRC to IHS in June 2011 to do Primary data collection in the form of interviews of people using the EMRI services or other available ambulance services to reach either public or private facilities which are sampled from government and private facilities through structured questionnaire designed by NHSRC. The objectives of the second phase of the study were to (i) Estimate the Efficiency and Effectiveness of Emergency Response Services (ERS), (ii) Pattern of use, (iii) Quality of Care, (iv) Equity of Access etc. The interviews were conducted in selected Government Hospitals (Medical College Hospitals, Dist. Hospitals & FRUs at the sub divisional and block level) and Private Hospitals (Hospitals > 30 Beds, Maternity & Nursing Homes). The study was completed and report submitted in August 2011.

## **Annexure-7**

### **Projects Taken Up in Previous Reporting Periods 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 until 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 eighteen schedules both for urban and rural and administered in six municipalities, six mandal and six panchayats. The field work was completed and draft report is in preparation.

#### **A. Cause of Death Coding for CHAMPION Trial: Naandi Foundation**

The Naandi Foundation joined with IHS as a partner to strengthen the trials on Community Health & Medical Provisions Impact on Neonates (CHAMPION). This is a cluster randomised control trial of a package of interventions aimed at reducing neonatal mortality in 464 villages in Nagarkurnool division of Mahabubnagar district. The trial aims to substantially reduce the neonatal mortality through systematic changes to the provision and promotion of health care. IHS has extended consultancy in assessing the Cause of Death (CoD), category and assigning ICD code using Verbal Autopsy Tool. IHS completed 17 lots (each lot will have around 50 schedules). The consultancy was completed in November 2011.

## Annexure-8

### Revenue from IHS Laboratory Services

Year	Source of Revenue				Total
	HMWSSB	ResPj-EM	ResPj-IM	Public	
2006-07	1,280,650	212,521		20,575	1,513,746
2007-08	1,263,000	450,000		34,465	1,747,465
2008-09	1,178,680	412,670		45,913	1,637,263
2009-10	1,519,475	100,800		75,375	1,695,650
2010-11	3,057,846	203,500		96,325	3,357,671
2011-12 Ytd	3,228,053	8,400		64,950	3,301,403

<sup>1</sup> 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 2010-11

#### Reports:

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- RP 54/2011 Assessment of Doctors Availability in Primary Health Centers (PHCs) in Andhra Pradesh, *P Mahapatra, G Surendra and B L Srikanthi*
- RP 55/2011 Drinking Water Quality Monitoring in Service Reservoirs and Urban Slums in Hyderabad, (2009-10), *P Mahapatra, G Surendra and Poonam Bachhav*
- RP 56/2011 A study of Emergency Response Services in Three Districts of Andhra Pradesh, *G Surendra*
- RP 57/2011 Air Pollution and Cause of Death Profile in Hyderabad City, *Satish Kumar K.*
- RP 58/2011 Behavioural Tracking Survey (BTS) among High Risk Groups in Guntur & Srikakulam Districts of Andhra Pradesh State, *Satish Kumar K.*
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#### Working Papers:

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NIL

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#### Books:

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NIL

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**Annexure-10****Publications Arising from Work Or People at IHS for April 2010 - March 2011 (and till Nov. 2011)****A. Publications:**

Title	Authors
NIL	

Note: The National Medical Journal of India (NMJI)<sup>6</sup> accepted Manuscript # 2997/242/2010 titled “ A study of doctor availability in primary health centres in rural areas of Andhra Pradesh, India” submitted by Dr. Prasanta Mahapatra with three others ( Dr. CK George, Dr. Dayakar Thota, Mr NS Reddy)

**B. Invited Presentations:**

Presentation Title	Forum / Event	Author(s)
Quality and sustainability in Sample Registration System	Prince Mahidol Awards Conference 2010 - Global Health Forum	Prasanta Mahapatra
Nursing Human Resource Information System - Best Practices	Seminar on Nursing Human Resources Information System 2011- Director of Medical Education, GoAP in collaboration with Center for Disease Control and Prevention and FHI	G.Surendra
The Case for Case Control Studies in Medical Research	ICMR Centenary Celebrations - National Institute of Medical Statistics Foundation Day Oration - 28th Sep 2011	Prasanta Mahapatra
Environmental Health Research: Strategies for Andhra Pradesh	Health Sector: Strategies & Approaches for 12th Five Year Plan in Andhra Pradesh by CESS (22nd Sep 2011)	Satish Kumar K

**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.

<sup>6</sup> Email Communication dated 23 July 2011 from Mr. Peush Sahni, Editor, NMJI



## 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	4,699,440	0	4,699,440	1,030,706	0	0	2,907,903	760,831
2012	9,859,514	0	9,859,514	5,321,564	0	0	4,537,950	0

<sup>1</sup> 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.

<sup>2</sup> Figures for current financial year (2011-12) is an estimate based on year to date + anticipated receipts.

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

Date: 21st January 2012

  
G Surendra  
Director

