

New Public Health Pioneers.  
Report of the Advanced Studies in  
Public Health (APH) Program,  
2003-04.

*C.K.George*



**THE INSTITUTE OF HEALTH SYSTEMS**

**RP39/2006**

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**2021 Reprint Note:**

At the time of original publication in 2006, the Institute of Health System was located in HACA Bhavan, Hyderabad, AP - 500 004, India. In June, 2014, the Telangana State (TS) was formed out of Andhra Pradesh, with Hyderabad as the State Capital. In November 2021, the Institute of Health Systems shifted to its present location in Sivananda Rehabilitation Home Campus, Kukatpally, TS 500072. This reprint incorporates the new address of the Institute. There is no other change in content of the report originally published in 2006.

# Building New Public Health Pioneers. Advanced Studies in Public Health

## 2003-04 Programme Report

### **I. Conceptualization of the Programme**

The Institute of Health Systems have been working towards building public health capacity in the country since 1990. IHS training programmes have been informed by research on a wide range of issues related to disease burden, governance and delivery of health care in the country. Over the years the Institute has developed and conducted short term training programmes in diverse areas such as burden of disease, cause of death, health state valuation, epidemiology, management of primary health care, biomedical waste management etc. These programmes primarily catered to developing skills and knowledge of existing public health workforce, in certain specific areas. The Institute has also been working towards augmenting the public health workforce in the country by creating additional manpower in public health, through development of innovative medium and long term training programmes. For instance, IHS has developed medium term programmes in health informatics and has been offering them on a regular basis.

Given the paucity of institutional mechanisms to develop public health manpower with multidisciplinary and interdisciplinary skills, and the long term objective of the Institute to develop itself into a college of public health, the Institute has been focussing its attention on consolidating its efforts in public health capacity building and developing a long term, masters level programme in public health. The Advanced Studies in Public Health programme builds on the Institute's past work and represents our future aspirations for improved public health capacity in the country. The programme aims to create deeply committed public health professionals, well equipped with essential public health competencies in such areas as health care management, policy analysis and health systems research. They will be the new public health pioneers, who will play a pivotal role in transforming our health system.

### **II. Background Work**

#### **A. Design of the programme**

The initial design of the programme was developed by IHS Faculty and reviewed by the Faculty Committee. We also sought feedback from noted public health experts on the curriculum and other aspects of the programme. Design of the programme, selection of courses and their coverage aimed to:

1. Promote an interdisciplinary and comprehensive approach to issues related to health, development and provision of health services.
2. Provide comprehensive education in the core functions and disciplines of public health

3. Develop problem-based and problem-focussed curricula drawn from issues, research, and practice relevant to local needs
4. Integrate theory and practice through community level experiences throughout the curriculum
5. Create manpower with interdisciplinary and multidisciplinary skills for public health research, policy analysis and management.
6. Integrate academic features of masters level degree programs of internationally reputed schools of public health and approaches to practical training in public administration developed by the LBS National Academy of Administration for training of All India Service Officers.

Based on the above, 3 sets of courses were developed.

Type of Courses	Objectives	Area of Focus
1.Preparatory Courses	These courses builds basic skills required to follow the teaching methodology adopted at IHS.	Basic mathematics, Personal computing, and Academic and Business Communication.
2.Public Health Core Courses	These courses introduces students to basic concepts and tools in public health.	Comparative Study of Health Care Systems, Introduction to Demography, Introductory Biostatistics, Principles of Epidemiology, Using Evidence in Health and Social Care, Programme Evaluation and Assessment in Health Care, Ethical Basis of Health Care
3.Concentration Courses	Each concentration offers specialty courses, allowing students to develop skills in areas of relevance to their career goals.	a) <b>Health and Social Work</b> track builds skills for management of non profit healthcare institutions, public health programs, primary healthcare etc b) <b>Health Systems Research</b> track pursues, in depth, research methodologies in the areas of epidemiology, health economics, health system performance assessment etc

## B. Identification of Faculty

The curriculum was discussed in the Faculty Committee and the responsibility of coordinating the conduct of each course was assigned to individual faculty. The faculty was responsible for preparation of course briefs, course material, time table, coordination with in house and extramural faculty resources, coordination with APH Programme Office, conduct of exams etc. Faculty resources deployed for teaching a course depended on the availability on availability of suitable in-house faculty. When an in-house faculty was available to take primary responsibility for teaching a course, the course was assigned to be taught either by the faculty themselves or jointly with other IHS faculty. In some of these courses, teaching certain topics required expertise not available at IHS. In such cases, appropriate guest faculty resources available at Hyderabad were identified and their services enlisted. Some courses required faculty resources which were not available at IHS, to teach the entire course or

substantial part of the course. In such cases, we availed the services of reputed public health professionals, from different parts of the country, as visiting faculty to the programme.

### **C. Logistic Support to the Programme**

An APH Programme Office was created as the interface for prospective candidates, students, faculty, other Institute departments and other external resources. A faculty was designated as the Programme Coordinator and given the charge of the Programme Office. Services of a Programme Associate, a Programme Assistant and the Training Services Officer was made available to the Programme Office. A staff member was designated as the Internship and Field Placement Officer and was made responsible to coordinate placements and field activity.

### **D. Preparation of Prospectus**

A prospectus detailing background of the Institute and its activities, faculty and personnel, curriculum, admission requirements, programme requisites, course description, financial information and application for admission to the programme was prepared. The prospectus was provided to prospective candidates for Rs. 200 per copy (if collected from the Institute) and Rs. 250 (if sent by post). The prospectus was also made available at the website and could be downloaded free of charge.

### **E. Preparation of Student Handbook**

A Handbook was designed as a reference for students enrolling for the Advanced Studies in Public Health (APH) programme. The APH Handbook contained information pertaining to APH programme requirements, credit and grading system, IHS policies, grievance procedures, disciplinary procedures, IHS resources etc.

### **F. Notification of the Programme**

The programme was notified on 15th August 2002. To publicize the course all over the country we released advertisements in all editions of leading national dailies like “The Hindu” and “The Indian Express”. To target potential entrepreneurial talent in public health, particularly from the rural areas, we advertised the course in many of the regional language newspapers. To further broad base our student profile we also advertised in leading newspapers of neighbouring countries like Bangladesh and Nepal. To generate awareness about the course among postgraduate students of various disciplines we sent display notices outlining the objectives, eligibility, structure and syllabus of the course to universities and educational institutions in various parts of the country. In addition, we conducted promotional seminars in the major educational institutions and universities of AP such as the Hyderabad Central University and the M.N.R group of institutions, to familiarize post graduate students with the course.

### **G. Efforts made to canvas support for the Programme**

We have been canvassing support for the APH programme from all over the country through:

1. Personal meetings with academicians from premier public health institutions, senior civil servants associated with health and related areas, heads of non governmental

organizations and non profit hospitals, and other public health leaders of repute, to seek their feedback and support.

2. Inviting key functionaries in public health and related areas to the Institute and providing an opportunity for them to have a first hand experience of institute facilities and activities and interact with faculty and students.
3. Apprising various central and state government departments, quasi-governmental bodies, funding agencies etc., about the programme and requesting them to sponsor candidates to the programme.
4. Approaching funding agencies such as Ford Foundation, Sir Dorabji Tata Trust, Sir Ratan Tata Trust, Infosys Foundation etc., to sponsor faculty chairs, library resources, public health laboratory etc.
5. Approaching the NTRUHS, Vijayawada and the SCTIMS, Thiruvananthapuram to affiliate the programme
6. Approaching various health organizations for field placement and internship opportunities for the APH students.

## H. Response to the programme

### 1. From Prospective Candidates

We received 236 formal enquiries about the programme through e-mail, letter, telephone and in person. The prospectus of the APH programme can be freely downloaded from our web site. In addition to those who downloaded the prospectus, sixteen prospective applicants purchased the prospectus from the institute. Three applications were received

Background	Enquiries	Purchased prospectus	Application
Medical & Health Tech. Degree	64	8	1
Other Technology Degree	25	3	2
Social Sciences - Master	21	1	0
Phy & Life Sciences - Master	14	1	0
Graduate + Dip / Work Exp.	26	3	0
Background Unknown	86	0	0
<b>Total</b>	<b>236</b>	<b>16</b>	<b>3</b>

### 2. From Public Health Organizations and Experts

- i. The programme was well appreciated by many public health experts and we received many valuable suggestions on further improving the course.
- ii. Reputed health care organizations like the Sivananda Rehabilitation Home Vivekananda Foundation, L.V. Prasad Eye Institute, Voluntary Health Association of India (VHAI), Sagarlal Memorial Hospital and the Deccan Medical Trust endorsed the course.

### 3. From Sponsoring Agencies

- i. The Gujarat State Disaster Management Authority (GSDMA), agreed to sponsor 2 candidates to the programme.
- ii. IHS sponsored one candidate to the programme
- iii. The Ford Foundation provided an institutional capacity building grant to support three faculty chairs and set up a Public Health Laboratory.

### 4. From Affiliating Organizations

- i. NTR University of Health Sciences

Following our request for affiliation, the VC and Joint Registrar, the NTRUHS visited the Institute on 30th of April 2004. An inspection committee was then constituted to inspect

the Institute and submit its report on syllabus for the proposed masters course, regulations and other requirements. The Inspection Committee visited the IHS on 13th of August, 2003 and verified the facilities, detailed syllabus of the course, examination pattern and other information relevant information with regard to Masters level course in Public Health. Based on the report of the Committee, the Executive Committee of the NTRUHS on 28/01/04, resolved to grant provisional affiliation and authorized the VC to appoint a multidisciplinary committee to prepare the syllabus and regulations for the course. The matter was followed up at various levels but the affiliation process was delayed, especially due to change of key functionaries at the Institute. The new Vice Chancellor Dr Sambasiva Rao visited the Institute on and assured that he will take steps to ensure that the affiliation process is completed without much delay. The programme was included under the purview of the Board of studies for paramedical courses. The President of the Institute, Dr. Prasanta Mahapatra was nominated to the Board. The Board meeting held on 24/12/04 has requested Dr. Mahapatra to prepare the regulations for the programme.

ii. University of Iowa

The Institute is exploring the possibility of collaborating with the University of Iowa, whereby IHS students can avail the opportunity to continue the second year of the programme at Iowa and be eligible for the Iowa MPH degree. The University has invited the President and the APH Programme Coordinator to Iowa, in April, to finalize the collaboration and sign the MOU.

### **III.2003 Admissions**

All applications were screened by the faculty committee. Candidates meeting eligibility requirements were invited to attend an entrance examination. The Entrance examination included tests on academic and business communication, personal computing and basic mathematics; two faculty interviews and an interview by the Director. The performance of the candidates in the entrance examination was assessed by the faculty committee and those satisfying entrance criteria were admitted to the programme.

#### **A. Direct Admissions**

Three prospective candidates directly applied to the programme. One applicant did not satisfy the eligibility conditions. The other two appeared for the entrance test and were selected for admission to the APH course.

#### **B. Selection of Sponsored Candidates**

1. Government of Gujarat Sponsorship

The Government of Gujarat agreed to sponsor 2 candidates to the programme. Candidates were selected through a joint exercise by the Government of Gujarat and the IHS. The Government called for officers who were interested in the APH program and would like to be sponsored for the course. Information about the course and call for application from officers was actively disseminated by telephone calls and personal conversations between the state public health directorate and various field level officers. A day was fixed for selection tests at Ahmedabad. A two member team from the IHS consisting of a faculty and an assistant visited Ahmedabad. Counterpart local faculty was identified from the State Institute of Health and Family Welfare. The IHS team first briefed the local faculty collaborator about the selection process. The selection tests included tests on personal computing skills,

typewriting skills, proficiency in basic mathematics, academic and business communication. Each candidate was interviewed by two faculties one from the IHS and the other from the collaborating institution. By evening the selection test for 14 candidates was completed. There after the IHS faculty college reviewed the profile of each candidate over a one and half hour long teleconference. Based on this exercise five candidates were short listed by the IHS. The Government was requested to nominate any two out of the five short listed candidates. Government of Gujarat then nominated two candidates. But one of the candidates decided in the last moment to not join the course on account of some personal difficulty. The other candidate joined the APH course.

## 2. IHS Sponsorship

The Institute had offered to sponsor interested members of IHS Staff to the APH programme provided they met APH Programme requirements. 2 Institute candidates applied to the programme and appeared for the entrance tests. Based on their performance in entrance test one candidate was selected.

Thus the 2003-04 batch comprised of 4 students. Two of them were from medical background and two from social science background.

## IV. Conduct of the Programme

### A. Commencement of the Programme

The programme was formally inaugurated by Ms. Kumudini Devi, Founder and Hony. Secretary, Shivananda Rehabilitation Home, on 16th January 2003. The inaugural ceremony was chaired by Dr. Hrishikesh, Chairman of the Institute. Dr. Mahapatra, IHS President and Director, articulated the visions and goals of the programme.

### B. Coordination of the Programme

1. An IHS Faculty/Fellow took primary responsibility for each course and was responsible for coordinating:
  - i. Preparation of the Course brief: It provides an overview of the course, expected outcomes, prescribed texts, evaluation pattern, faculty and other resources.
  - ii. Preparation of STAR BOOK: It provides the timetable, outline and scope of each session and readings assigned for each session.
  - iii. Visiting Faculty and Guest Faculty lectures
  - iv. Preparation of Reading Materials and Handouts
  - v. Preparation of Examination Papers and Evaluation
2. The APH Programme Office was responsible for:
  - i. Academic clearance of the students
  - ii. Time Table of the Programme
  - iii. Logistic support to faculty
  - iv. Student support services
  - v. Handling student grievances
  - vi. Grading of courses, preparation of transcripts and reports
  - vii. Framing appropriate guidelines and policies pertaining to conduct of the programme
  - viii. Liaising with prospective candidates, students, faculty, IHS departments, public health organizations, university, sponsors etc.



### **C. Revision of Curriculum**

The 2003-04 batch began as a two year programme, comprising of 9 public health core courses (45 credits) and 7 courses in each of the concentration tracks (35 credits), in the first year, followed by internship in the second year. A student was thus expected to complete 80 credits in the first year, for award of certificate. During the course of the programme, the following changes were made, in consultation with the students.

1. All the students selected for the programme, were required to take a two week preparatory course in Numeracy, Basic mathematics, and Statistics. Given the necessity for a strong background in the subject, especially for the advanced courses in biostatistics, epidemiology etc; the subject was upgraded as a core course requirement, with a coursework of 5 credits
2. Based on our experience in the first two months of the programme and feedback from public health experts and students, it was apparent that:
  - i. our initial programme of completing 80 credits of course work in one year was too ambitious.
  - ii. There was a felt need to include some additional courses and provide students field placement experience as part of the coursework.

Based on the above, it was decided to revise the curriculum and duration of the programme. The revised programme had 2 years of coursework and for those who need, another year of Internship. For in-service candidates, the effective duration of the program will be two years, since they can go back to their parent cadre after completion of the course work. Their posting in the parent cadre will be counted towards the internship requirement. The internship requirement can also be waived in case of in-service candidates with adequate field experience in public health. Students were expected to complete 120 credits of course work in four semesters and two summer periods. Core courses had 90 credits of coursework, including 2 periods of field placement and each concentration track had 30 credits of coursework. Students were given the option of choosing between the original and the revised curriculum. The Institute agreed to offer the revised programme of 2 years, at the same fees that was charged for the original programme of one year. All the students opted for the revised curriculum.

3. Due to lack of faculty resources, time and financial constraints, the Institute was unable to offer all the courses and had to drop some of the courses. For the same reasons, it was not feasible to offer separate concentration tracks. Since students also evinced an interest in taking up courses from both the concentration tracks, through a exhaustive consultative process with the students, a common set of courses to be compulsorily taken by all students was finalized. The final set of courses offered to the 2003-04 batch and faculty resources employed for each course is provided in Annexure-1

### **D. Examination and Evaluation Policies**

Depending on the scope and objectives of a course, one or more modes of evaluation, such as; written exams, term papers, practical exams, quizzes, take home assignments, presentations, class performance etc., have been adopted for each course. The programme conceptualizes examinations as part and parcel of the learning process. Accordingly, the programme has made provision for "recovery exams". Students may at their discretion, write a recovery examination at the end of the primary examination. They will be able to recover

upto a maximum of 50% of marks lost in the primary examination. Following ground rules apply.

- i. Recovery answers should be organised into three sections as follows: (a) Things I got right, (b) Areas where I could have improved, and (c) Blunders.
- ii. Recovery examinations will be assessed for self awareness i.e. Accuracy of classification of your primary answers, and substantive improvements in understanding of concepts covered in the primary examination. Thus, marks will be awarded on the basis of the appropriateness, and accuracy of the classification, and the substantive improvements achieved through the recovery examination.
- iii. Students can refer to books, reading materials and general references such as dictionaries, etc., and can access computational tools such as calculators, personal computers, etc.
- iv. Recovery examination will be a solo performance as is the primary examination. Consultation with others is not allowed.
- v. Maximum recovery duration will be twice the duration of the primary examination

While there is no uniform evaluation scheme for all courses, the general focus has been on repeated examinations and quick feedback to the students. Impartiality and fairness of the evaluation is ensured through transparency mechanisms rather than impersonal examinations. Transparency mechanisms include:

1. Publication of the evaluation plan at the start of the course, including different modes of evaluation and weightage assigned to each mode
2. Opportunity for students to review results with faculty. Marks are finalized after addressing any misgivings the student may have.
3. Institutionalization of formal grievance mechanisms. If a student has a grievance which cannot be resolved satisfactorily between the student and faculty concerned, the student can seek resolution via the formal mechanism.

## **E. Student Grievances**

While there was no instance where a formal grievance petition was lodged by students, in 2003-04, students had complaints on issues pertaining to three broad areas.

### **1. Revision of curriculum**

At the beginning of the programme, the curriculum was revised after indepth consultations with the students. During the latter half of the programme, some courses had to be dropped due to lack of faculty resources, time and financial constraints. For the same reasons, it was not feasible to offer separate concentration tracks. Some students were keen to focus on one concentration track and not inclined to take up courses from the other track. Being appraised of the circumstances, they were agreeable to take a common set of courses, applicable to all. However, there was considerable difference of opinion on the courses to be included in the common set. Through an intensive process of consultation between students and the faculty college, a consensus was reached on the revision of curriculum. Though the students agreed to abide by the general consensus evolved for the sake of continuing with the programme, it was made clear by some students that they were not happy with the choice of one course or the other. A student placed on record his misgivings regarding the dropping of the Financing of Health Care course.

## 2. Specific courses

These included misgivings about choice of faculty, quality of lectures, lack of clarity about evaluation plan, time allocated, scheduling of classes, assignment of marks etc. The Programme Office and the Institute administration took steps to resolve misgivings regarding qualitative and logistical aspects of the course. Steps taken included: providing feedback to faculty concerned, substitution of faculty, rescheduling of classes etc.

Complaints pertaining to evaluation of assignments were mostly resolved informally through the interaction between student and faculty concerned. However on one instance, a student preferred a complaint to the Programme Coordinator. The student felt that marks assigned to him did not correspond to his performance in the exam. He indicated his suspicion that the faculty concerned had mala fide intent in reducing his marks and hence he did not try to resolve his grievance informally. The Programme Coordinator reviewed the answer sheets of the exam with the faculty concerned, in presence of a senior faculty. It was apparent that there was no mala fide intent as the complainant had received the highest marks in the batch for a number of questions. However, a long answer question was marked incorrect, though the student had partially answered it. The faculty concerned admitted that it was a mistake on her part and rectified it. The same was communicated to the student and the marks, finalized.

## 3. Overall Programme

- i. The Institute has sought affiliation for the programme from NTRUHS. While the 2003-04 APH programme was offered as a certificate programme to the students, there was an expectation among students that the affiliation would materialize before completion of the programme. It was felt that recognition of the programme by an University would significantly improve their chances in the job market. We have been responsive to the students needs and have been actively pursuing affiliation for the programme from the University.
- ii. Towards the end of the programme, issues pertaining to employment of some students elsewhere during the course of the program; attendance requirements; over dependence on the Institute President's talent and credibility to run the programme etc., was raised. These issues will have to be addressed, while planning for subsequent batches.

## F. IHS Work Study

The IHS Work Study programme aims primarily to provide a "learn as you do" opportunity for IHS Students. The programme also serves as a source of supplementary income to IHS students. In the 2003-04 APH batch, two students were employed under the work study programme. One student was offered work in the DfID sponsored AP National Health Accounts project and the other in the Byrraju Foundation sponsored Cause of Death study.

## G. Results

All the four students received requisite grades for award of certificate. Tabulated results for each course is provided in Annex-2

## V. Student Feedback and Faculty Evaluation

The Director, Programme Office and instructors use a variety of methods to obtain feedback about the programme, courses and teaching. Some of the feedback received from students during the course of the programme and after its completion, are given below:

*“The programme includes a wide range of courses having a multidisciplinary approach towards learning and enhancing skills. The Institute offers great facilities and excellent teaching along with dedicated, supportive and approachable staff. The Institute actively encourages communication between staff and students and strives to accommodate students interests and needs. Coming to IHS was a turning point in my career. If it were not for the APH programme I would not have got a job with the World Health Organization-  
Sanjeev Verma*

*“I am impressed with the staff who are friendly and enthusiastic and each student has a Faculty Advisor who provides support and guidance. The quality of lectures and academic staff, and the practicals and field work has been splendid. The Institute has made commendable efforts in providing students access to national and international expertise in public health through visiting and guest faculty. The great thing about the Institute is that students are seen as a valuable resource”* Minesh Shah

*“The easy and frequent contacts that the students and teachers have, the quality of teaching and world class facilities make the Institute a fantastic place to study. A unique feature is the focus on practical training and exposure to real life experiences. My field work experience at Thittumatti Primary Health Care Centre, helped me better understand the structure and organization of a PHC, the roles performed by various staff, implementation of national health programmes, and the role of community in achieving better health status.”-  
Bhagirath Gop*

*“ The high standards maintained by the Institute was evident at the stage of the selection process itself. Appearing for the written tests and interviews was a valuable learning experience in itself. As a student I found that the intellectual and scientific environment of the Institute always boosts your morale for a superb performance. The teaching is highly innovative and even exams are considered as learning tools”-  
Ajay Tripathy*

In addition, the Institute has also instituted a formal evaluation process whereby students evaluate each faculty and each course on various parameters. The Institute uses this feed back to further improve the programme. Faculty evaluation forms are administered to the students at the end of each week. Summary of student evaluation of faculty for each course is given in Annex-3. Course evaluation forms are administered to the students at the end of each course. We expect this evaluation to provide an accurate and true reflection of the student feedback, and give an overview of the course design as was actually implemented. Summary of student evaluation of various courses taught in 2003-04 is given in Annex-4.

## VI. Placement

All the four students have been well placed in reputed public health organizations, as shown below.

Name	Organization	Designation
Ajay Tripathi	Voluntary Health Association of India (VHAI)	Programme Coordinator
Bhagirath Gop	Seva Mandir, Udaipur	Project Manager
Minesh Shah	Department of Health, Government of Gujarat	Program Officer, National Rural Health Mission
Sanjeev Verma	World Health Organization (India), Chattisgarh	Consultant, National Polio Eradication Program

**Annex-1: List of Courses and Faculty**

Id	Course	IHS Faculty	Visiting Faculty
PHG100	Numeracy, Basic Mathematical and Statistics	Dr. Prasanta Mahapatra Mr. Shashank Kalyan Mr. Kalyan Ram	
PHC201	Comparative Study of Health Care Systems	Ms Srilatha	Dr. VR Muralidharan, Humanities, IIT Chennai Dr. Raj Kumar, Director PATH Foundation Dr. BRShamanna, Consultant, LVPEI Prof. Manisha, Alliance Francaise, Hyd. Dr. GN Ramana, Prof in Epidemiology, IIHFW Prof. Prakash Bhatia, HoD Com Med, OMC Prof. Sunil Kumar Palamuri, Alliance Francaise
PHC202	Introduction to Demography	Dr. Prasanta Mahapatra Dr. Anil Chandran Mr. Anjaneyulu	Mr. Sandeep Nayak, Dy Dir LBSNAA Dr. AK Vanitha Devi Assoc. Prof. Econ, OU Dr. Kameshwar Rao, Dir Ctr for Pop & Dev Stu Mr. D. Hanumantharaya Dy Dir. Census (SRS).
PHC208	Intro. to Health Sciences	Dr. CK George	Dr. Jayashree Satluri
PHC209	Social Sciences for Public Health	Ms Pushpalatha	Ms Latha Subramanyam, HoD Psy, St Anns Col. Dr. Ganesh, Dept of Sociology, OU
PHC210	History of Medicine	Dr. Prasanta Mahapatra	
PHC211	Field Work	Dr. Prasanta Mahapatra	
PHC203	Introductory Biostatistics	Dr. Prasanta Mahapatra Mr. Anjaneyulu	
PHC204	Principles of Epidemiology	Dr. K. Satish	Dr. Raman Kutty, ED, Ctr for PAH, Kerala
PHC206	Pgm Ev. in Health Care	Dr. K. Satish	Dr. Shashi Bhusan, Head PSAMU, SERP
PHC207	Ethical Basis in Health Care	Dr. CK George	Dr. Amar Jesani, Public Health Consultant Dr. Ravi Rangachari, Dy Dir. VCRC Pndicherry
HSR301	Survey Research Methods	Dr. Sweta Upadhyay	Dr. T. Narayana Rao, Retd Prof. Psy., OU Dr. Shahnaz Wasee, Asst. Dir. NIN Dr. Anil Dubey, NIN
HSW302	Applied Research Tools	Dr. Sweta Upadhyay Dr. Prasanta Mahapatra Dr. Satish Kumar Dr. Kavitha Krishna Dr. CK George Mr. V. Bhaskar Ms G. Shyamala	Ms Shyamamma, Consultant, IIHFW Sri Gopal Singh, Retd Dy Dir Sri OSVD Prasad, Director TCRTI Dr. GNV Raman Rao, Prof. Epi, IIHFW Sri Shankar Narayanan, IAAS Rtd. Dr. K. Tirupataiah, APARD Dr. VNVK Shastry, Jt Dir. EPTRI Dr. P. Satya Sekhar, Reader in Mgmt, IIHFW Mr. Shyam Sundar, PD Women & Child Wel.
HSW303	Mgmt of Nonprofit Orgs	Dr. Prasanta Mahapatra	<b>Acronyms:</b>
HSW304	Hospital Administration	Dr. Dayakar Thota	IIHFW=Indian Institute of Health & Family Welfare; LVPEI=LV Prasad Eye Institute; LBSNAA=Lal Bahadur Shastri Natl Acad of Adm.; NIN=National Institute of Nutrition, OMC=Osmania Medical College; OU=Osmania University; PAH=Peoples Action for Health; SERP=Society for Elimination of Rural Poverty; VCRC=Vector Control Research Centre, Pondicherry
HSW305	Burden of Disease Research Methodology	Dr. Prasanta Mahapatra Dr. Satish Kumar Dr. Kavitha Krishna & Mr. Anjaneyulu	

**Annex-2: APH03-04 - Transcript of Student Grades**

Course Title	Credits	Student-01		Student-02		Student-03		Student-04	
		Letter Grade	Grade Points	Letter Grade	Grade Points	Letter Grade	Grade Points	Letter Grade	Grade Points
Numeracy, Basic Mathematics & Statistics	5	B	15	B	15	B-	13.5	C+	11.5
Comparative Study of Health Care Systems	5	B	15	B	15	B	15	C+	11.5
Introduction to Demography	5	C-	8.5	C+	11.5	C-	8.5	B-	13.5
Introduction to Health Sciences	5	B-	13.5	B+	16.5				
Social Sciences for Public Health	5					B-	13.5	B+	16.5
Independent Study on History of Medicine	5	C-	8.5	C-	8.5	C-	8.5	C	10
Field Work	15	A-	55.5	A-	55.5	B+	49.5	B+	49.5
Introductory Biostatistics	5	C-	8.5	B	15	B+	16.5	B-	13.5
Principles of Epidemiology	5	C-	8.5	C+	11.5	C	10	B-	13.5
Pgm Evaluation & Assessment in Health Care	5	B	15	B	15	B	15	C+	11.5
Ethical Basis of Health Care	5	C+	11.5	C+	11.5	C	10	C+	11.5
Survey Research Methods	5	B+	16.5	B+	16.5	B+	16.5	B+	16.5
Qualitative Research Methods	5	C+	11.5	C	10	C-	8.5	B	15
Applied Research Tools	5	B-	13.5	B-	13.5	B+	16.5	B-	13.5
Management of Nonprofit Organizations	5	B	15	B-	13.5	C+	11.5	B	15
Hospital Administration	5	C	10	C	10	C+	11.5	C	10
Burden of Research	10	B-	27	B	30	B-	27	C+	23
CGPA	95		2.7		3		2.7		2.7

**Annex-3 Summary of Faculty Evaluation Reports**

CourseCode Faculty Attribute	Course Code ->	PHG 100	PHC 208	PHC 202	PHC 201	PHC 209	PHC 203	PHC 204	HSW 302	PHC 207	PHC 206	HSW 305
Overall	Poor	-	-	1	2	-	-	-	1	-	2	-
Effectiveness in class	Satisf.	2	-	-	3	-	1	1	10	0.5	66	-
	Good	34	1	11	15	16	14	5	38	2.5	32	26
	VGood	52	68	42	60	74	62	71	46	48	-	74
	Outstg	12	31	46	20	10	23	23	5	49	-	-
Sensitivity / responsiveness to students in class	Poor	-	-	-	-	-	-	-	1	-	2	-
	Satisf.	3	-	1	2	5	2	-	11	0.5	65	-
	Good	33	1	9	15	15	13	5	36	2.5	33	31
	VGood	50	59	44	64	53	67	72	44	48	-	69
Degree of preparations for class	Outstg	14	40	46	19	27	18	23	8	49	-	-
	Poor	-	-	1	3	-	-	-	1	-	2	-
	Satisf.	3	-	-	3	5	4	-	12	0.6	54	-
	Good	35	1	9	11	21	11	6	36	2.4	44	31
Ability to present material in class	VGood	48	60	40	57	42	64	69	44	49	-	69
	Outstg	14	39	50	26	32	21	25	7	48	-	-
	Poor	-	-	-	3	-	-	-	1	-	2	-
	Satisf.	2	-	1	-	11	4	1	12	0.5	72	-
Ability to read class discussion	Good	35	2	10	15	16	14	7	35	2.5	26	31
	VGood	48	64	46	58	47	62	66	42	49	-	69
	Outstg	15	34	43	24	26	20	26	10	48	-	-
	Poor	-	-	1	2	-	-	-	1	-	2	-
Ability to stimulate student thinking	Satisf.	5	-	-	4	11	2	-	11	1.5	60	-
	Good	31	1	22	19	11	17	7	33	1.5	38	31
	VGood	50	63	40	50	52	60	75	45	47	-	69
	Outstg	14	36	47	25	26	21	18	10	50	-	-
Accessibility outside of class	Poor	-	-	-	2	-	-	-	1	-	15	-
	Satisf.	8	-	3	6	11	3	-	12	0.5	53	-
	Good	28	1	13	14	11	16	7	34	2.5	32	31
	VGood	48	70	41	54	52	59	77	43	47	-	69
Accessibility outside of class	Outstg	16	29	43	24	26	22	16	10	50	-	-
	Poor	-	2	-	2	-	-	-	1	-	1	-
	Satisf.	3	2	1	3	16	2	-	13	-	58	-
	Good	33	2	18	13	26	12	1	36	2	41	31
Accessibility outside of class	VGood	44	58	39	59	53	57	69	44	48	-	69
	Outstg	20	36	42	23	5	29	30	6	50	-	-

The faculty evaluation records for the following courses could not be traced at the time of writing of this report. These are; PHC210, PHC211, HSW303, HSW304, HSR301, HSR302.





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