

Public Health Foundation of India

Update on Activities and Accomplishments

(Focussing on the Period October 2010 – July 2011)

Report Submitted to the Governing Council

July, 2011



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President's Message

President's Message

The Public Health Foundation of India was created 5 years ago to build broadband public health capacity in India, through interdisciplinary and health system connected education, specific skill oriented training, policy and programme relevant research, evidenced based and equity promoting policy development, people empowering health communication and persuasive advocacy for prioritised public health causes.

Over these years, PHFI has established four Indian Institutes of Public Health and started four on-campus diploma programmes and one distance learning diploma programmes in major streams of public health education. It has developed purposeful and productive partnerships with the central and state governments, civil society organisations, national and international academia and non-conflicting engagement with the private sector. Apart from developing human resources for major public health programmes like the National Rural Health Mission, PHFI is assisting path-breaking transformational initiatives for Universal Health Coverage.

The talent pool of public health researchers, teachers and practitioners at PHFI is rapidly expanding. While the innovative Future Faculty Programme has helped young public health professionals to blossom, accomplished returning diaspora and even eminent international experts now adorn the PHFI faculty. Research has been a very productive endeavour, in terms of grants, publications and policy relevance.

The journey has not been without its challenges, principally with regard to the delayed transfer of the promised land from state governments, for construction of IIPH campuses. This also delayed the application for university status and commencement of the MPH programme. Fortunately these hurdles are now being crossed with significant progress expected this year.

This report profiles the overall progress of PHFI in the diverse but synergistically complementary domains of its activity, while particularly highlighting the advance over the period October 2010 to 2011. The Governing Council of PHFI was last provided such a report in October 2010. I hope this update serves as an informative overview and facilitates a thoughtful review of PHFI's progress.

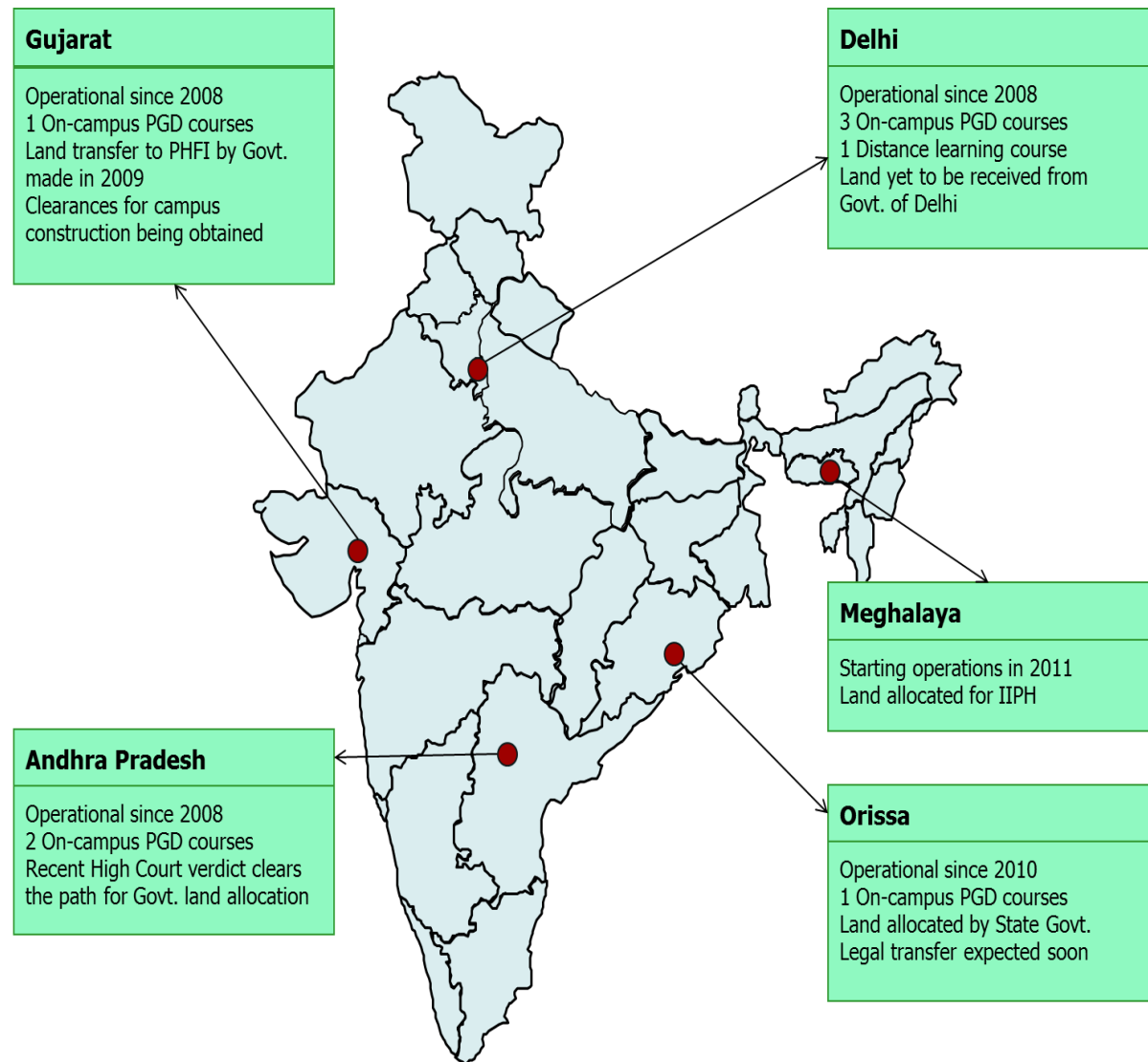


K. Srinath Reddy

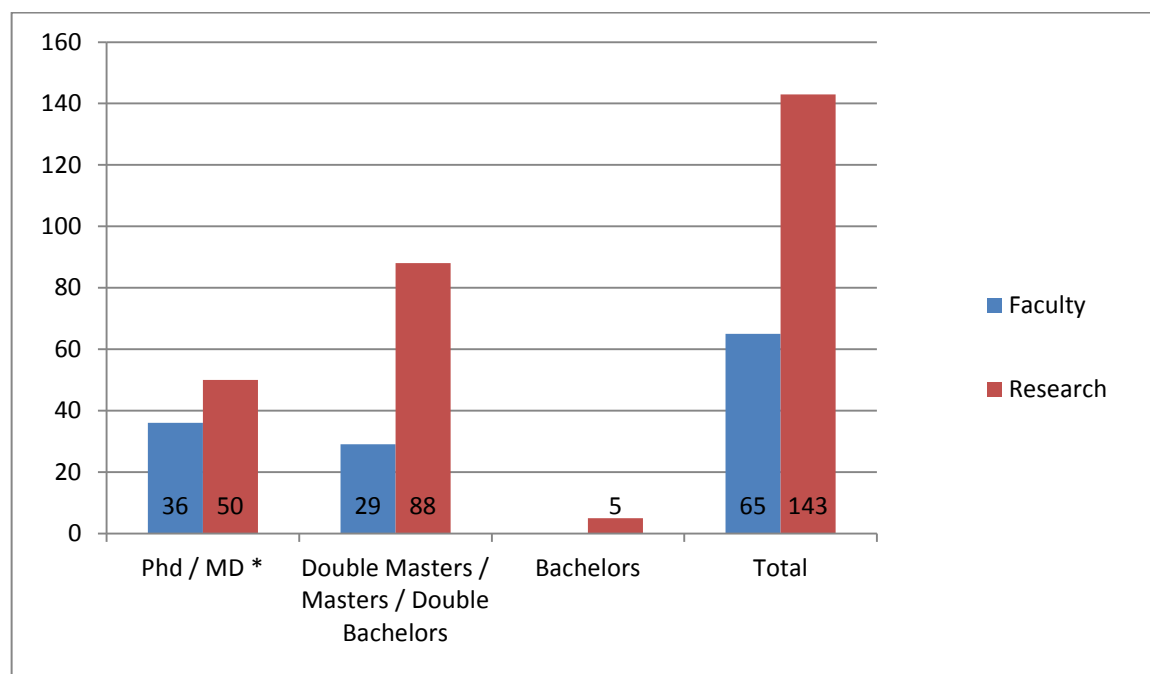
Progress Profile at a Glance

Progress Profile at a Glance

IIPHs (Current status)

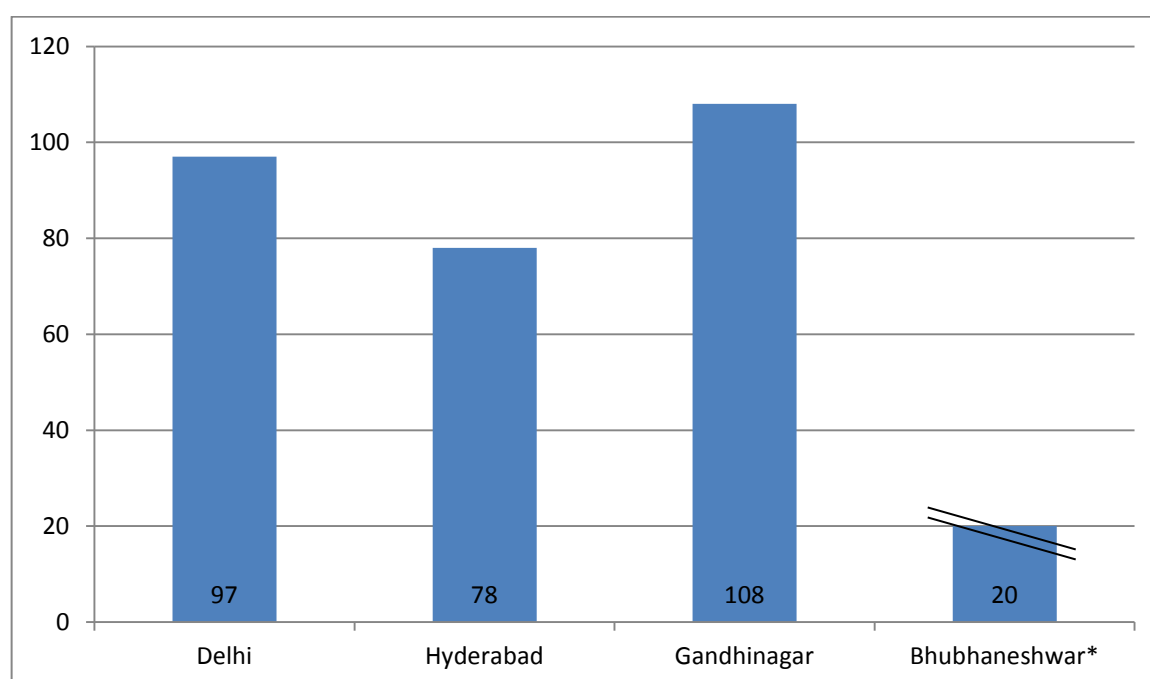


Technical strength at PHFI / IIPHS



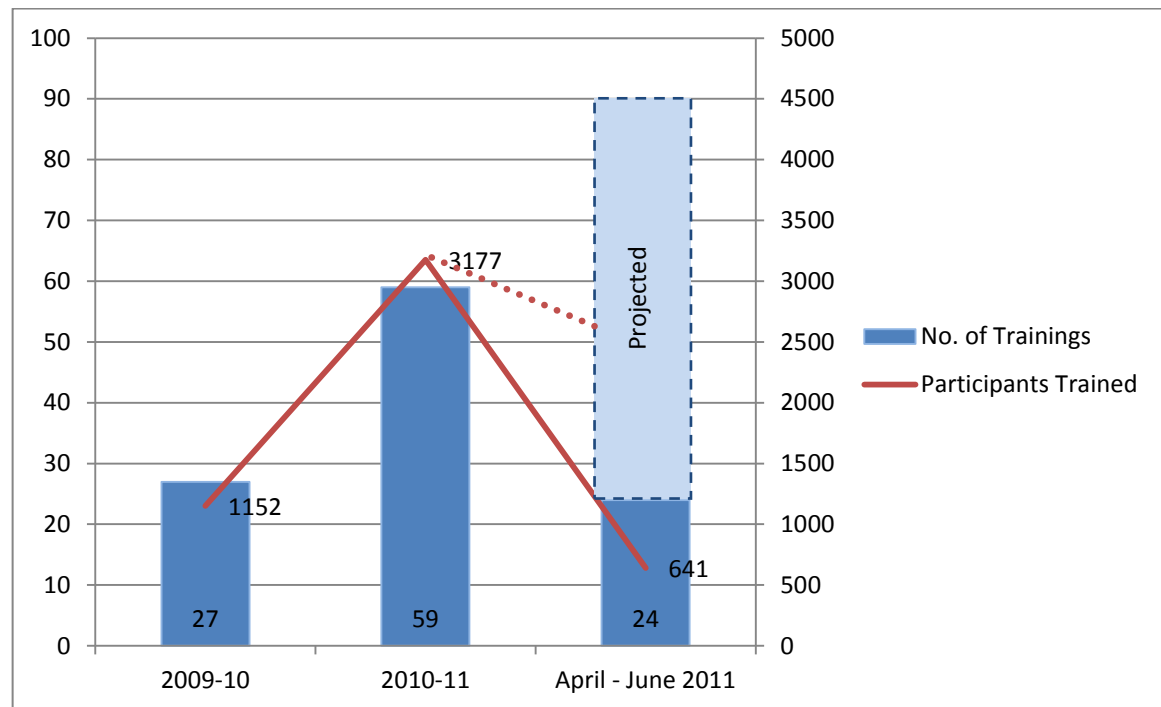
*) MD in India is a post-graduate degree in medical disciplines and is treated by universities as equivalent to a doctoral degree.

Graduates of Post Graduate Diploma Programmes from 2008 – 2011



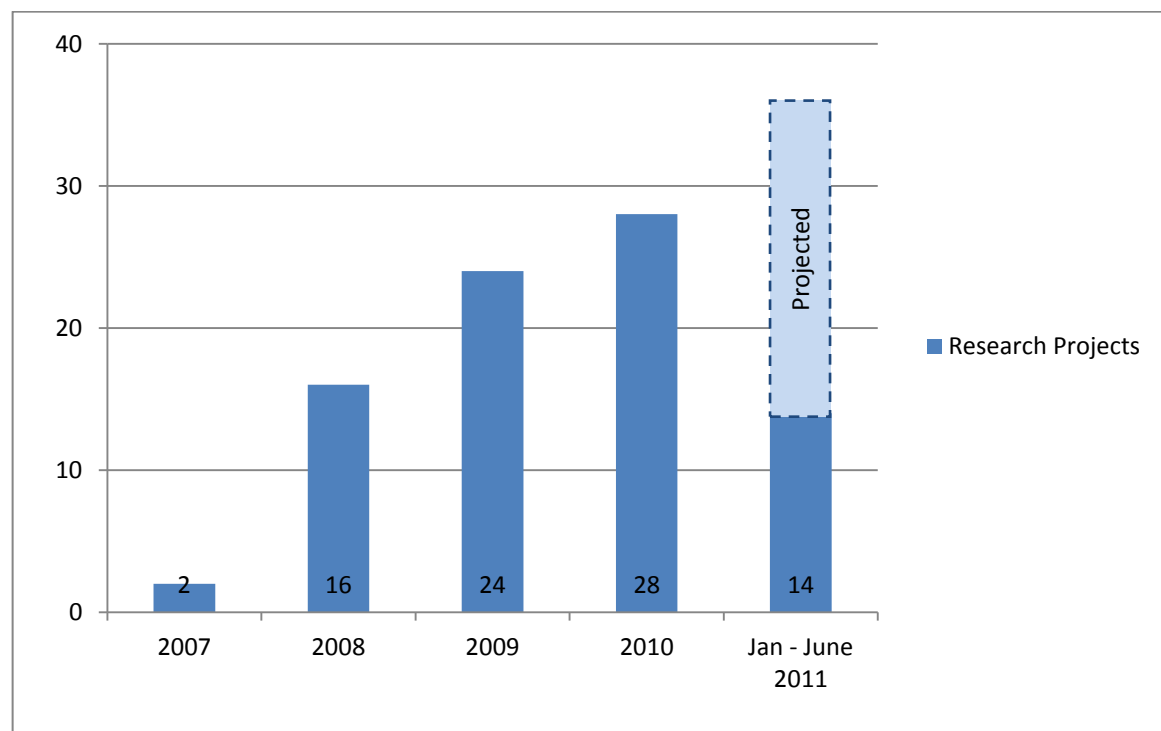
*) Bhubhaneshwar started operations in 2010

Training Programmes

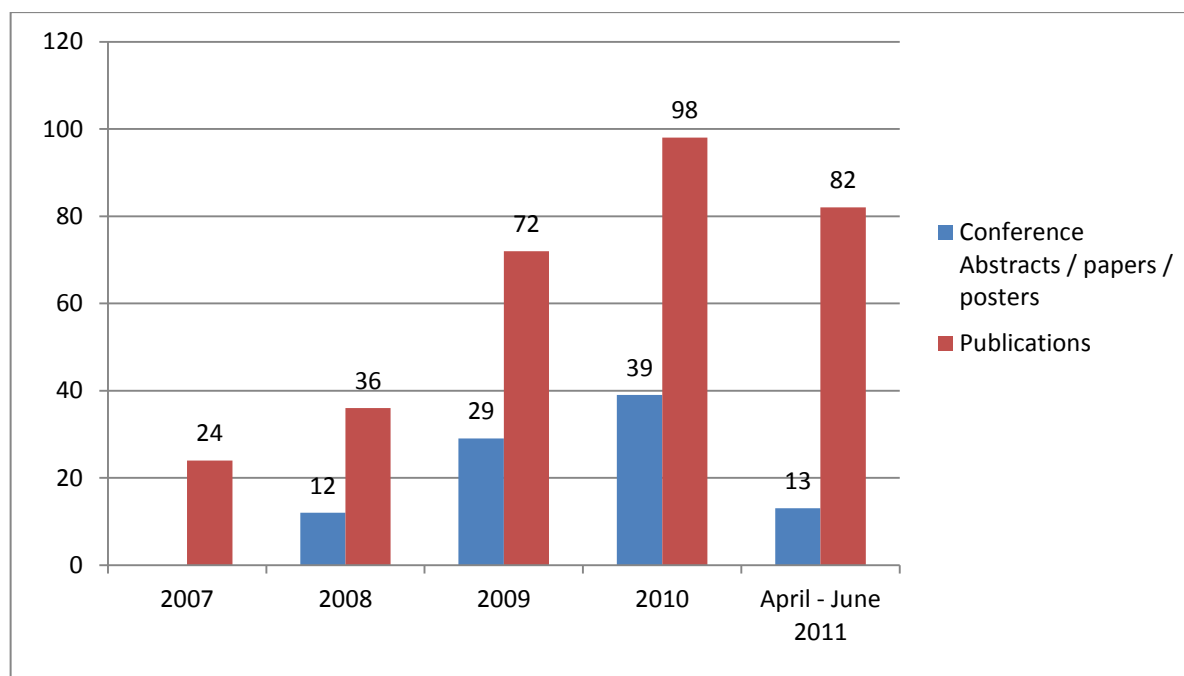


Research work

Number of research projects won (by year)



Number of papers published (by year)



Academic Programmes

Academic Programmes

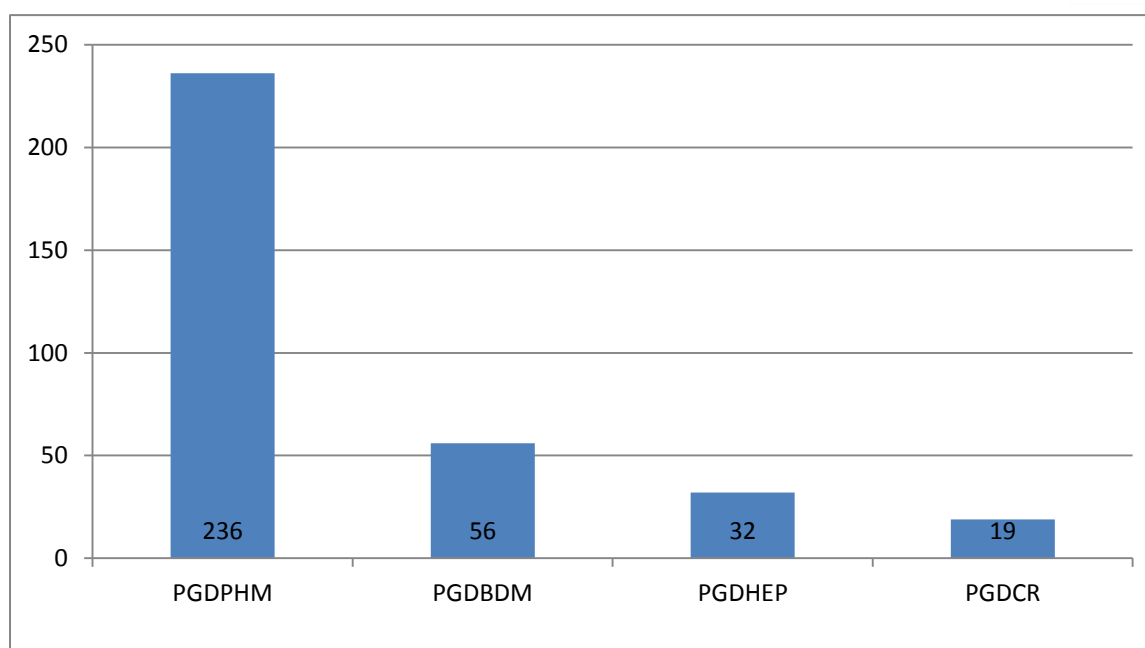
PHFI adopts a broad, integrative and multidisciplinary approach to public health, tailoring its efforts to Indian conditions and engages with the many dimensions of public health that encompass promotive, preventive and therapeutic services. One core mandate of PHFI is to institutionalize public health by creating Indian Institutes of Public Health (IIPH) across the country. Since its inception in March 2006, four institutes have been operationalized, one each in Hyderabad (Andhra Pradesh), Gandhinagar (Gujarat), Delhi and Bhubaneswar (Odisha).

Currently, four post-graduate diploma courses are being run across all IIPHS, with 343 students having been enrolled so far. The Post Graduate Diploma in Public Health Management (PGDPHM) was evolved in partnership with other academic institutions and the Government of India under the aegis of the National Rural Health Mission. This programme has been designed to address the shortfall in key management skills among public health professionals. PHFI has taken a leadership role in this programme and offers this programme at all four IIPHS. Since 2010, this programme is also being offered in partnership with the Government of Madhya Pradesh at the State Institute of Health Management and Communication - Gwalior.

PHFI also offers Post Graduate diplomas in Biostatistics and Data Management (PGDBDM) since 2008-09, Health Economics, Financing and Policy (PGDHEP) since 2008-09 and Clinical Research (PGDCR) since 2009-10. Additionally, PHFI has ventured into distance-learning through the Post Graduate Diploma in Public Health Nutrition (IIPH Delhi). We also look forward to offering the distance-learning Post Graduate Diploma in Epidemiology and the Masters in Public Health. Our flagship masters program will commence next academic year. Some of the current diploma programmes will become incorporated with the MPH programme as sub streams while others will continue as dedicated diploma programmes.

The Indian Institutes of Public Health (IIPHS)

Four interlinked Indian Institutes of Public Health have been launched and operationalized till date under the aegis of the Public Health Foundation of India. The Indian Institutes of Public Health (IIPH) are envisioned as the hub of teaching, research, sharing knowledge and experiences in the evolving discourse of public health. These fully residential institutes are expected to become nodal points for public health education, advocacy, research and practice in the future, providing quality public health training to graduates from different disciplines. The aim of our programmes at each IIPH is to make education and research activities relevant to India in content and context, while attaining standards which are qualitatively comparable with the best in the world. By developing an understanding and broad appreciation of the multiple determinants of health and imparting skill sets needed for designing and implementing a broad range of multi-sectoral actions required to advance public health, PHFI and the IIPHS shall endeavour to enhance the opportunities for improved health care through a strengthened health system. Each IIPH works in close association with



the state governments and also plans to conduct research relevant to the state and surrounding regions, so as to contribute to enhancement of overall national health goals.

Academic programmes (on campus)	Indian Institutes of Public Health
Post Graduate Diploma in Public Health Management (PGDPHM)*	Gandhinagar, Hyderabad, Delhi & Bhubaneswar
Post Graduate Diploma in Biostatistics and Data Management (PGDBDM)	Hyderabad
Post Graduate Diploma in Health Economics, Health Care Financing and Health Policy (PGDHEP)	Delhi
Post Graduate Diploma in Clinical Research (PGDCR)	Delhi

* PGDPHM is also offered at SIHMC- Gwalior (Technical support is provided by PHFI)

Courses at IIPHS

1. Post Graduate Diploma in Public Health Management (PGDPHM)

This programme was started by PHFI in 2008. It is now offered at Indian Institute of Public Health, Delhi, Gandhinagar, Hyderabad, Bhubaneswar and SIHMC, Gwalior (with technical support by PHFI), along with other partner institutions in the academic year 2010-11. This is a one year, fully residential course which aims to bridge the gap in public health managerial capacity amongst health professionals in the country. This programme imparts the knowledge and skills needed to address and resolve key health management challenges. This programme is focusing on management of public health

services wherein in-service doctors are nominated by respective state governments. The course structure is modular, with eight months of institution-based teaching followed by extensive field based project work. The multi-disciplinary curriculum includes modules on management viz. human resource management, finance management, health management information system, modules on public health, biostatistics, demography, epidemiology, behavioral and social sciences, health communication and promotion, health economics and policy.

The course fee for self sponsored candidates is ₹ 2 lakhs and for Government nominated candidates is ₹ 2.5 lakhs (since the fee from Government nominees also covers their travel costs, cost of laptop etc.). The programme, which was commenced in the month of August 2010, is scheduled to be completed by July 2011.

A total of 130 students are currently undergoing training across PHFI institutions in the year 2010-11. The details are given below:

Name of the Institution	Government nominated	Self-sponsored	Total
IIPH, Delhi	09 (Bihar - 04, Haryana - 02, Meghalaya - 02, Manipur- 01)	11	20
IIPH, Gandhinagar	25 (Gujarat - 15, Madhya Pradesh - 10)	00	25
IIPH, Hyderabad	24 (Andhra Pradesh - 22, Karnataka - 02)	01	25
IIPH, Bhubaneswar	17 (Odisha - 15, Chattisgarh - 02)	03	20
SIMHC, Gwalior (Technical support by PHFI)	32 (Madhya Pradesh - 32)	08	40
Total	107	23	130

As per the MoU signed between Government of Madhya Pradesh and PHFI, IIPH, Delhi is currently assisting the state government in the overall management and conduction of the PGDPHM programme at State Institute of Health Management and Communication, Gwalior (SIHMC). To facilitate the programme delivery, PHFI places as well as deputed its faculty at this facility.

2. Post Graduate Diploma in Biostatistics & Data Management (PGDBDM)

This one year, full time programme is offered at Indian Institute of Public Health, Hyderabad in the third consecutive year. Biostatistics and Data Management is a key domain in public health and PHFI has prioritized a specialized training in this discipline by offering Post Graduate Diploma in Biostatistics and Data Management. It is designed to equip quantitatively oriented students with modern tools of data management and applied biostatistics that would lead them towards a career as practicing biostatisticians. The programme also aims to enhance the skills of practicing biostatisticians and epidemiologists in the areas of medical research and public health.

The course fee is ₹ 2 lakhs, per participant, per year. The cost of tuition fee is ₹ 1 lakh and cost for boarding and lodging expenses is ₹ 1 lakh. The programme is offered between August 2010 and July 2011.

14 students are currently enrolled for PGDBDM programme, out of which 9 are nominated by the Andhra Pradesh government.

3. Post Graduate Diploma in Health Economics, Health Care Financing and Health Policy (PGDHEP)

This 9-month programme has been designed as a 3-phase semi-residential course: Phase 1 for 5.5 months (residential); Phase 2 for 2.5 month (project/thesis work at place of work); and phase 3 for 1 month (residential). The third consecutive batch, for the Post-Graduate Diploma course in Health Economics, Health Care Financing and Health Policy is being conducted in the academic year 2010-11, at the Indian Institute of Public Health, Delhi. The overall goal of this course is to increase awareness and appreciation of the need for incorporating analytical perspectives (economics, policy and systems) to various public health issues and impart the skills to do so. It provides a fundamental understanding of key issues in health economics, health policy and health systems for informed decision-making.

The course fee is ₹ 1.75 lakhs per year, per participant. The cost of tuition fee is ₹ 1 lakh and cost for boarding and lodging expenses is ₹ 75,000. This programme is offered between September 2010 and June 2011.

9 students have completed the PGDHEP programme in the current academic year, out of which 1 candidate was nominated by the Ministry of Defence, Govt. of India.

4. Post Graduate Diploma in Clinical Research (PGDCR)

This one year, full time programme is offered at Indian Institute of Public Health, Delhi in the second consecutive year. Clinical Research is a systematic way of examining clinical conditions and outcomes, to establish relationships among clinical phenomena, to generate evidence for decision making and to provide impetus for improving methods of practice. It is a structured process of investigating and exploring facts and theories as

applied to the patients and situations encountered in practice. It also involves a systematic study of new drugs in human subjects to generate data for discovering or verifying the clinical, pharmacological (including pharmaco-dynamic and pharmacokinetic) or adverse effects with the objective of determining safety and efficacy of the new drug. The programme is designed to focus on the scientific, ethical and operational issues related to Clinical Research. The course structure is planned in a modular manner requiring an intensive year- long institution based teaching.

The course fee is ₹ 2 lakhs per year, per participant. The cost for tuition fee is ₹ 1 lakh and cost for boarding and lodging expenses is ₹ 1 lakh. This programme is offered between mid-August 2010 and mid-August 2011.

Seven students are currently enrolled in this programme.

Distance Learning Programmes

1. Post Graduate Diploma in Public Health Nutrition (PGDPHN-DL)

The first batch of this programme was launched in the month of January 2011. This course has been designed as a one year, post graduate programme, divided into two semesters. The course is being delivered in the hybrid/blended learning mode i.e. through live, e-learning sessions conducted by faculty members with students logging in from personal computers from sites across India. This course aims to provide comprehensive training in public health nutrition in a global setting with the choice of specializing in a number of topics and in a range of contexts. It provides an integrated programme covering dietary, epidemiological, public health, social and biological aspects of nutritional science. Specialist topics include maternal and child nutrition, nutrition programme planning, evaluation and monitoring, and nutritional epidemiology. This area of study is particularly suitable for people whose employment overlaps the nutritional area such as health workers, medical practitioners, dieticians, pharmacists, nurses, health educators and teachers, and those who wish to avail themselves of contemporary ideas in human nutrition.

The course fee for Indian candidates is ₹ 15,000 plus an additional exam fee of ₹ 2000 per student and for international candidates is 900 USD plus an additional exam fee of 100 USD per student.

A total of 116 students are currently enrolled for this programme in the first batch.

2. Post Graduate Diploma in Epidemiology (PGDEPI-DL)

The course is designed as a one year Post Graduate Diploma program. It is a distance learning, computer-based online programme, largely self-taught complemented with online lectures and comprehensive printed study materials. This programme will be launched in the month of September 2011. Epidemiology is cornerstone discipline in

public health. It is the quantitative study of the dimensions, distribution and control of diseases in human populations. It is the foundation from which public health decisions are made, implemented and evaluated. Epidemiology also serves as the tool for identifying the risks, determining the relationships, estimating the burden of disease, identifying and instituting appropriate prevention and control measures and finally evaluating the public health decisions. The distance learning program envisioned by Public Health Foundation of India is particularly suited for healthcare professionals already working with health system and engaged in delivery of health services but has limited access to higher education because of personal or professional reasons. This program aims to build a pool of trained public health professionals with a special focus on application of epidemiology in public health.

The course fee is ₹ 25,000 per year, per participant for the programme (inclusive of complementary reading material, exclusive of recommended textbooks and journal articles).

Prospective Academic Programmes

1. Masters in Public Health

This two year masters program aims to promote health systems and public health research and implementing solutions in institutional and field settings. It will prepare health professionals to work in socially, culturally and economically diverse populations by being attentive to needs of vulnerable and disadvantaged groups. It will work towards imparting qualities of leadership among public health professionals and effectively use communication skills for health advocacy. Through this program we will train personnel in program organization and management, problem solving, and critical thinking in the health systems and the public health domain. It will have several sub streams which would be defined by discipline or application area such as infectious disease epidemiology or maternal and child health.

2. Post Graduate Diploma in Health Promotion with Specialization in Tobacco Control – (Distance Learning)

This proposed course would be geared towards training current public health professionals in the country and providing skills related to the development, delivery, management and evaluation of health promotion programs in India. The diploma would concentrate on health promotion related to chronic disease prevention. The curriculum for the program is envisioned to be a series of core and advanced modules developed, by PHFI and also utilizing existing on line courses from various partnering institutions adapted to the Indian setting and needs. The target audience for the program comprises of mid-level public health workers and professionals from non-governmental organizations. A typical participant would have a bachelor's degree, some specific training in an area(s) of public health [including some aspects of epidemiology] and some public health work-related experience.

3. Post Graduate Diploma in Research Methodology (Distance Learning)

This distance-learning programme aims to train the enrolled students in quantitative and qualitative research methodologies in the public health context. A sound research methodology is essential for the valid conduction and the subsequent dissemination of research. This programme will equip participants with the essential skill sets in formulating a research question; followed by conceptualizing and designing an appropriate study design to answer the research question. The programme will emphasize the complementary role of quantitative and qualitative research methodologies in public health research, with special emphasis on triangulation of the research findings. The modular courses will encourage application-based learning among the participants. This programme is designed to address a long-standing need among young public health researchers, health practitioners and teachers from governmental and non-governmental organizations for effectively designing and participating in public health research.

4. Post Graduate Diploma in Management of Maternal and Child Health Programs (Distance Learning)

This online course on Post Graduate Diploma in Management of Maternal and Child Health Programs (PGDMMCH) is primarily meant for program managers. The course will equip the students to apply the principles of management in their practice. The efforts will yield results to improve gains in the field of maternal and child health. The quality and content offered by the course will enhance competencies related to program management specific to maternal and child health.

Indian Institute of Public Health – Hyderabad

On April 7, 2007, (World Health Day), the Public Health Foundation of India laid the foundation stone for its first institute in Hyderabad, in partnership with the Government of Andhra Pradesh.

The Indian Institute of Public Health (IIPH) Hyderabad commenced its activities on July 1, 2008, with a mission to deliver public health education, pursue research and advocacy and support policy development. It lays strong emphasis on pursuing public health policy, practice, training and research, positioning its programmes according to the public health priorities of the state and the nation. The institute has brought together a highly qualified and diverse faculty, of nationally and internationally trained and extremely motivated public health academics and practitioners. It aims to create an environment that supports excellence in instruction, research and practice.

IIPH Hyderabad's aim is to train public health professionals through long- and short-term courses each year. Presently, the flagship courses of IIPH Hyderabad are the Post Graduate Diploma in Public Health Management and the Post Graduate Diploma in Biostatistics and Data Management. Short-term courses include training in research methods, statistics, disease surveillance, and change management. In addition, the institute collaborates with various academic, research, and administrative organizations to conduct workshops and conferences, and to undertake public health research and evaluation.

Summer Courses (2011)

In addition to the Post Graduate diploma programmes, IIPH Hyderabad also conducted the following summer courses in the year 2011:

1. Fundamentals of Statistical Consulting
2. Foundation Course in Health Research Methods
3. Applied Public Health Informatics
4. Statistical Significance Testing in Medical Research
5. Advanced Skills in MS Excel for Health Researchers
6. Survey Creation and Data Analysis Using Epi-Info
7. Multilevel Modelling for Health Research
8. Sample Size and Sampling in Health Surveys
9. Data Management Using SAS
10. Getting Health Messages Across: Essentials of Health Promotion and Communication
11. Foundations of Statistical Genetics
12. We, Our People and Our Planet: Thinking and Acting on Environmental Health
13. Fundamentals of Data Quality Assurance and Quality Control
14. Public Health Approach to Disability

Indian Institute of Public Health – Delhi

The Indian Institute of Public Health – Delhi (IIPH-D) commenced its operations in November 2008 with the launch of the Post Graduate Diploma in Health Economics, Financing and Policy. Since then, the institute has expanded its activities and launched Post Graduate Diploma in Public Health Management and Post Graduate Diploma in Clinical Research.

All three academic Programmes offered by IIPH- Delhi strive to make public health education value-based and relevant to India in content and context, while attaining standards, which are qualitatively comparable with the best in the world. 137 participants from varied backgrounds and experience in public health have been enrolled in academic Programmes at the institute premises.

Recognizing the need for reaching out to the students who are unable to attend full time courses, the institute has ventured into distance-education and offer a Post Graduate Diploma in Public Health Nutrition and Post Graduate Diploma in Epidemiology. The institute will offer the Masters in Public Health, our flagship programme from next academic year.

IIPH Delhi has successfully conducted many short-term training Programmes and workshops in various fields related to public health. Over 1700 participants have visited IIPH-D over the past two and half years, chiefly in the public health capacity building workshop series and as a part of the clinical and epidemiological research workshop series. The activities have received funding support from the Ministry of Health and Family Welfare, Department of AYUSH, Indian Council of Medical Research, Central Council for Research in Unani Medicine, Department of Science and Technology and Medical Council of India to name a few.

The vibrancy of the institute is reflected in the multi-speciality research activities undertaken in collaboration with numerous national and international partners. Research is being conducted in the domains of the acute and chronic disease, tobacco, nutrition, maternal and child health, and health systems and health policy to name a few. The research has been funded by several national and international agencies like the Ministry of Health and Family Welfare, ICMR, DBT, UNICEF, WHO, Wellcome Trust and several others.

IIPH-Delhi has a rich tradition of pursuing academic excellence, value-based education and providing a conducive environment for overall skill development. Through our activities, we strive to create a public health workforce that responds to the felt needs of the country.

Research at IIPH, Delhi

- The Research Administration and Development Cell at IIPH-Delhi

IIPH-Delhi encourages its faculty members to undertake need-based and India relevant public health research. The vibrant research atmosphere at IIPH-Delhi has enabled faculty members to undertake 30 research projects since its inception in 2008. Additionally, our researchers also collaborate with colleagues from PHFI's central research team and other IIPHS in research activities. The Research Administration and Development Cell (RAD) was conceived to streamline research related activities, ensure centralized and updated documentation of research activities and help enhance our institutional research capacity. The cell has facilitated the creation of institutional frameworks and SOPs guiding research administration and development. The cell also facilitates communication with the Research Administration Team at PHFI in streamlining the proposal submission process from all IIPH-D researchers and their record maintenance.

- Ethics Committee of the Indian Institute of Public Health Delhi

The Ethics Committee (IRB) has been instituted based on the ICMR and international guidelines. This committee is aimed to protect all human subjects participating in various projects and research carried out by the Indian Institute of Public Health – Delhi (IIPH-D). The Ethics Committee will conduct periodic meetings, 4 times a year to review on-going projects and research and consider clearance of new projects.

Capacity Building Workshops Conducted at IIPHD (since October 2010)

S No	Workshop	Participants (Number)	Date
1	Operations Research In Public Health	Public Health Practitioners Doctors, Nurses, Research Scholars (39)	Oct 26-29, 2010
2	Basic Biostatistics	Physicians, Medical Students, Clinical And Medical Researchers, Study Coordinators, Project Managers, Medical Writers, Data Managers, Pharmaceutical Scientists, Statisticians And Those Working In The Health Services. (16)	Nov 9-12, 2010
3	Designing Randomized Controlled Trials	Physicians, Medical Students (13)	Nov 30 – Dec 3, 2010
4	Analysis And Interpretation Of Randomized Controlled Trials	Physicians, Medical Students, Pathologists (14)	Dec 21-24, 2010
5	Monitoring And Evaluation Of HIV/AIDS Programmes (Regional	Physicians, National Staff Of International NGOs And Diplomat Staff Of National NGOs	Feb 14-23,

S No	Workshop	Participants (Number)	Date
	Workshop)	(23) Sponsored by MEASURE Evaluation and USAID	2011
6	Ethics In Clinical Research	Physicians, Project Coordinators (25)	Mar 8-11, 2011
7	Introduction to Qualitative Research Methods (Internal Training)	IIPHs and PHFI staff (24) Sponsored by Wellcome Trust	Apr 4-8, 2011
8	Pharmacovigilance	Pharma Professionals, Clinicians (38)	Apr 5-8, 2011
9	Project Management in Health Programmes	Physicians, Public Health Professionals, Pharma professionals (24)	Apr 13-15, 2011
10	Conduct and Reporting of Systematic Reviews of RCT's	Clinicians (15)	Apr 19-21, 2011
11	Economic Evaluation of Health Care Programmes - Cost Effectiveness Analysis	Medical Professionals, Finance Professionals (26)	May 10-13, 2011
12	Medical Writing	Medical Professionals (27)	May 17-20, 2011
13	Qualitative Research Methods in Public Health	Medical Professionals (32)	Jun 14-17, 2011

Consultation

S No	Conference	Participants	Funded by	Date
1	Round Table Consultation on Facility Based Newborn Care- Current Situation and Future Directions	Medical Practitioners, Scientists, National Consultants	UNICEF	Oct 19, 2010
2	National Consultation on MPH Programme Development in India	MPH Institutes, GOI Officials, National Institutes, other stakeholders like IPHA, WHO	Grant with the University of Melbourne supported by AUSAID	June 15-16, 2011

Indian Institute of Public Health – Gandhinagar

The Indian Institute of Public Health – Gandhinagar (IIPH-G) started on world health day – 7th April 2008. The first academic program was launched in July 2008 this program is called Post Graduate Diploma in Public Health Management. So far 54 students have completed this program and third batch of 25 students will finish by end of July 2011. Students came from Gujarat, Madhya Pradesh, Chhatisgarh, Andhra Pradesh and Punjab. The institute has 13 fulltime faculty with diverse backgrounds related to public health.

To train in-service managers/ staff the institute has conducted short-term training programmes and workshops in various fields related to public health. The institute's activities received funding support from NRHM/ Ministry of Health and Family Welfare, and Medical Council of India, CSIR, NABARD, Karoliska Institute, NRDC, IPH Bangalore, etc.

The institute faculty are involved in several research grants/projects in the areas of MCH, disease surveillance, nutrition, micro-finance, monitoring health programs and advocacy, heat stress and health due to climate change etc. Institute has developed research and academic collaborations with Karolinska Institute Sweden, Aberdeen University, UK, NRDC USA, Boson University, Columbia University USA.

IIPH G has been providing research based policy advice to Government of Gujarat in its health policy making process. Institute faculty are on various government committees, NGO boards and international advisory committees. The faculty also helps in teaching programs and conducting workshops at other IIPHS and other academic institutions.

Ethics Committee: The institute has an Ethics Committee (IIPHG-IEC) which has been instituted as per ICMR guidelines. The committee reviews all research proposals and gives its inputs and clearance.

Capacity Building Workshops Conducted at IIPHG (since October 2010)

S No	Workshops	Participants (Number)	Date
1	Short-term training in Qualitative Research Methods in health & medical research	Faculty members from Medical colleges, AIIMS, staff research institutions, ICMR, and research scholars (11)	18/4/2011 to 20/04/2011
2	Short- term training on monitoring & evaluation of public health programs	Participants include people working in NGOs, UNICEF, Government Medical Colleges, Research Institutions, and NRHM staffs responsible for Monitoring and Evaluation(19)	4/5/2011 to 6/5/2011

S No	Workshops	Participants (Number)	Date
3	Regional dialogue on Strengthening Health System	Participants include people working with Government Health Departments and NGO of 5 states (53)	16/6/2011

Three knowledge MOUs between Institutions and Gujarat Government are in process which involve IIPH-G/PHFI:

1. Karolinska Institute, Sweden
2. Columbia University, USA
3. University of Aberdeen, UK

MOUs also to be signed with:

- National Institute of Applied Research, LBS National Academy of Administration
- Deepak foundation, Gujarat
- National Resource Defence Council, USA

Land and Buildings:

Gujarat government has given 50 acres of land in Gandhingar for the institutes' new campus. This land is already possession and the construction activities should begin by September 2011, after all required permissions for construction are obtained and contracts are given.

Indian Institute of Public Health – Bhubhaneshwar

Indian Institute of Public Health, Bhubaneswar is one of the four institutes set up by PHFI as a part of its charter to build public health capacity in India. IIPH, Bhubaneswar, commenced its academic activities from August, 2010. A key objective of the Institute has been to implement the vision of the PHFI by linking public health advocacy, teaching, research and public health practice. The first programme was the Post Graduate Diploma course in Public Health Management, launched on 2nd August 2010. Government doctors from Odisha and Chhattisgarh and self-sponsored candidates are participating in this course. In addition to this, various short term training programmes, workshops and research activities are being undertaken by the institute.

Activities undertaken at IIPH, Bhubhaneshwar

- Workshop on “Research Methodology in Health Sciences” - June, 2011

Indian Institute of Public Health-Bhubaneswar conducted a summer training workshop on “Research Methodology in Health Sciences” from 21st to 23rd June 2011. There were 24 participants from medical colleges, health care organizations and Government departments from Odisha, Chhattisgarh and West Bengal.

- Consultation on Strengthening Human Resources for Public Health in India - May, 2011

A two-day regional consultation on Strengthening Human Resources for Public Health in India was organized by the Indian Institute of Public Health-Bhubaneswar on 27th & 28th May 2011 in Bhubaneswar. Senior health administrators and public health professionals, representatives of NGOs, academic institutes and international agencies from Odisha, Chhattisgarh, Andhra Pradesh, West Bengal, Bihar, Tamil Nadu and Karnataka participated in this meeting.

- Workshop on “Public Health Functions and Functionaries” - March, April, 2011

A one day workshop on ‘Public Health Functions and Functionaries’ was organized by State Human Resource Management Unit (SHRMU), Department of Health & Family Welfare, Government of Odisha on 3rd March 2011. The objectives of the workshop were to identify and analyse current public health challenges in Odisha, identify related stakeholders and formulate public health functions. Indian Institute of Public Health, Bhubaneswar actively participated in the workshop and facilitated the group work and discussion provided technical inputs. All senior level State health officials participated in this workshop. The follow up workshop was organized by SHRMU on 4th April 2011 to explore scope, opportunities and challenges for developing Public Health Cadre for the State. In this workshop in addition to state health officials, public health experts from Tamil Nadu and NHSRC shared their experiences in developing a Public Health Cadre.

Faculty from IIPH-Bhubaneswar participated in this workshop and provided technical inputs. Both the workshops were chaired by Commissioner-cum-Secretary, Department of Health & Family Welfare, and MD, NRHM-Odisha.

- **Pre Conference Continued Medical Education (CME) on “Application of Meta-Analysis in Public Health” - February, 2011**

A pre-conference CME on ‘Application of Meta-analysis in Public Health’ was organized on 21st February 2011 by IIPH-Bhubaneswar and Epidemiology subcommittee of Indian Association of Preventive and Social Medicine (IAPSM) during the annual conference of IAPSM at Berhampur, Odisha. Seventy delegates all over India participated in the CME. The CME aimed to contribute in developing interest and build skills of the participants for appropriate use of meta-analysis in public health research.

- **Evolving a ‘Model of Care’ for Odisha, Enabled by Technology - October, 2010**

A two-day workshop on use of Information & Communication Technology (ICT) in Public Health was organized by IIPH-Bhubaneswar in collaboration with Intel, e-kutir and government of Odisha in Bhubaneswar on 25th & 26th October 2010. The objective of the workshop was to explore the usage and effectiveness of use of ICT in public health particularly the information management for its effective usage for timely and appropriate public health action.

- **Field Epidemiology Training Programme (FETP) under Integrated Disease Surveillance Project (IDSP)**

In collaboration with Government of India, IIPH-Bhubaneswar conducted two-week Field Epidemiology Training Programme (FETP) for District Surveillance Officers (DSOs) of Odisha in two batches in February and May 2011. Surveillance Officers of all the 30 districts of the state participated in this training. These trainings aimed at strengthening the capacity and competencies of the participants in core domains of surveillance.

- **Integrated Management of Neonatal and Childhood Illness (IMNCI)**

The institute conducted four batches of Training of Trainers (TOT) programme on Integrated Management of Neonatal and Childhood Illness (IMNCI). The objective of the programme was to facilitate development of knowledge and skills on case management protocol amongst the district level TOT members through in house and hands on training. Altogether, 101 participants have been trained on IMNCI training programme. It is expected that the programme would accelerate implementation of IMNCI under RCH II for strengthening child survival initiatives in Odisha.

Research

Research and Policy at PHFI

The Public Health Foundation of India (PHFI) has a mandate to establish a strong national research network of public health and allied institutions which would undertake policy and programme relevant research that will advance public health goals in priority areas. Research has been an important pillar of PHFI's activities during the past five years. Research projects at PHFI have spanned a wide range of disciplines, diseases, determinants and health system components. Subject areas have ranged from analytic studies on human resources for health to evaluation of programmes for improving maternal and child mortality. To date, research conducted by PHFI has been reflected in over 100+ scientific publications in journals and 22 books, chapters and monographs. During the past year, there were over 170 publications in peer-reviewed journals, including a special series published by the Lancet.

To lead, manage, and support diverse projects, PHFI has a multidisciplinary team of researchers, with medical and non-medical backgrounds (management, psychology, economics, finance, statistics, social work, pharmacy), who specialize in technical areas such as health economics, health systems and financing, policy analysis, epidemiology, clinical research, genetics, nutrition, biostatistics, demography and some others. Our researchers also work on adolescent health, equity issues, urban health, community-based initiatives, women's empowerment, mental health, oral health and climate change.

There are more than 200 faculty and research staff working on multiple projects of public health concern. Although much of PHFI's research is conducted at the headquarters in New Delhi and the four IIPs, a growing trend has been to consolidate research in four Centres of Excellence that have been established. These include:

- The South Asia Network for Chronic Diseases (SANCD), funded by a grant from the Wellcome Trust (UK).
- Center of Excellence for Prevention and Control of Cardio metabolic Diseases in South Asia, funded by a grant from the National Institutes of Health (USA).
- A South Asia Centre of Excellence for Vision and Disability, SACVDIR has also been established.
- Ramalingaswami Centre for Social Determinants of Health has also been operational and several research projects were initiated in 2010 under this Centre.

Activities of the Centres of Excellence are reported separately.

Research Environment and Productivity

PHFI strives to maintain a strong research environment even though its research staff is spread across six more locations. In order to build scale and collaborations, PHFI has started organizing bi-annual research symposiums that bring all research staff together to present their work. The first symposium was held in March 2011 and the next symposium is planned for October. These gatherings allow researchers to share information and discuss

opportunities to think about strategic directions, research priorities and research platforms for PHFI at an institutional level.

PHFI is planning a series of regular seminars, which thus far have been occasional. Web-based networking across campuses is planned in order to allow participants from other locations.

Research Management

There have been important improvements in the process of research and grants management at PHFI. Research management at PHFI including financial aspects of research and record keeping are being standardised and systems for research proposal submission are being streamlined. A new system for keeping track of researcher time billed to projects is being introduced in a few months. This will enable better compliance with international standards expected by funders.

Grants

During the past year, PHFI was awarded several competitively adjudged research/project grants from international agencies including Wellcome Trust, National Institutes of Health, Bill and Melinda Gates Foundation, Norwegian Government, Bloomberg Global Initiative, World Health Organization, World Bank, USAID, and UNICEF. Major national funding agencies include Ministry of Health and Family Welfare (MoHFW), Indian Council of Medical Research (ICMR), National Human Rights Commission (NHRC), Department of Science and Technology (DST), and various State level organizations. These are listed separately, but a few upcoming projects are described below.

- PHFI has just initiated an Engender Health - BMGF supported project **"Quality Roadmap for Institutional Births"**. The overall purpose of the Quality Roadmap initiative is to enable full benefits of increasing institutional births through embedding quality improvement interventions at the facility levels in the health system.
- **MATIND** is an EU funded, collaborative research project between five partners: Karolinska Institute, Sweden; IIPH-G, Ahmedabad; RD Gardi Medical College, Ujjain; Liverpool School of Tropical Medicine, UK and Zhejiang University, China. This project will evaluate two innovative large scale programmes, which were set up to decrease maternal mortality among women living BPL in India operating through the use of different innovative demand-side financing mechanisms.
- PHFI is a leading partner in the project **"The Transform Nutrition Research Program consortium"** funded by International Food Policy Research Institute (IFPRI). The project is primarily concerned with questions around how to scale up direct nutrition programmes, how to leverage resource flows in agriculture, social protection, and women's empowerment for nutrition, and how to create an enabling environment for nutrition.

- PHFI under the “**Landscape analysis of research institutions in India**” is planning to map out and scan different existing research sites which exist in order to assess potential for the future larger research projects and interventions. The project is funded by BMGF.
- PHFI, along with the University of Washington, is an anchor of the next edition of the **Disease Control Priorities Project**, a global effort that has informed priority setting and resource allocation in health since 1993 when the first edition was released.

Ethics

PHFI has a standing Institutional Ethics Committee (IEC) in New Delhi. IIPH-Gandhinagar, IIPH-Hyderabad and IIPH-Delhi have ethics committees to review their research proposals, while IIPH- Bhubaneswar is in the process of setting up its ethics committee. The IEC provides guidance and promotes ethical conduct in all research undertaken by researchers at PHFI. PHFI takes seriously the responsibility of building a strong culture of ethics in the organization. To this end, research ethics training workshops which cover both the principles and process of ethics approval at PHFI are conducted regularly and all researchers are encouraged to attend.

New Collaborations

PHFI researchers collaborate with a large number of external partners and institutions, both domestic and international. PHFI recently signed a MOU with the Council of Scientific and Industrial Research (CSIR) to undertake collaborative research, especially in the area of Tuberculosis, Indian Systems of Medicine and Chronic Diseases. It will also help train CSIR Scientists in health research methodology and to establish an International Collaborative Centre on Affordable Health.

Looking Ahead

After a period of rapid growth during its first five years, PHFI is poised to consolidate its gains. PHFI currently has a research staff of roughly 140 including IIPH faculty. Fewer than twenty of these are senior researchers at the level of public health specialist/associate professor or higher. Annually, research grants totaled Rs 28 crores (USD 7 million). New investments are needed to incentivize and enable research by current PHFI faculty, bring potential new researchers to PHFI, and build the platform for long-term field research. Although there are many issues to address including attracting high quality mid-level and senior researchers to PHFI and improving the grant management system within PHFI, among others, we propose to begin crafting a research strategy that addresses the following four challenges.

Building Scale and Depth: Research at PHFI already covers a large number of areas including community health, pharmaco- economics, pharmaco- vigilance, mental health, anthropology and geriatric issues. With added capacity, PHFI is looking to take on research in other areas such as public health engineering, oral health, climate change and environment, and other allied areas. Selection of research areas is organic and researcher-driven, and consequently is also diffused in terms of areas of focus (with a few exceptions). Going forward, we propose to build scale and depth around a few topics of significant national importance including childhood immunizations, nutrition and non-communicable diseases. We propose to create an organizational research strategy that allows for building scale around priority areas while also retaining individual researcher autonomy.

Attracting High-Calibre Researchers to PHFI: While developing existing research capacity at PHFI is one goal, another is to bring new talent to PHFI from within India and outside. During the previous five years, the need at PHFI was for fresh PhDs who could fill the teaching needs at the various IIPHS. That need informed the design of programs like the Wellcome Trust Programme on Capacity Building. However, PHFI has now reached a level of recognition internationally where it can attract post-doctoral candidates in public health. Our goal is attract the best of these to PHFI and provide them the intellectual and financial space to do good work. Capacity building grants at PHFI will have to be re-designed in the context of this altered environment and need.

Building Research Platforms: In order to train PhD and Master's students and to take on larger field-based research studies, PHFI will have to invest in multi-purpose cohorts or demographic surveillance sites similar to those existing in other countries. Although cohorts and field sites do exist, there is a need for more such sites with greater research output for a country of 1.2 billion people. Through existing grants, researchers at SANCD and PHFI have started exploring the possibility of setting up new multipurpose cohorts but efforts so far have been fragmented in the absence for a PHFI-wide platform for data collection. We propose to lay the groundwork for a demographic surveillance project that will eventually cover a population of one million. Other institutions like Harvard (Nurse's Health Study) and Boston University (Framingham Heart Study) have relied on long-term cohorts to train generations of researchers and generate a broad range of health findings and these investments are likely to pay off for PHFI as well.

Connecting Research to Policy: As in many other countries, there is a significant divide between academic research and the needs of policymakers in India. PHFI has tried to bridge this gap by interacting closely with state and national government officials. The work done by PHFI researchers on the High Level Expert Group (HLEG) on Universal Health Coverage is one such example. Going forward, we propose to find ways to formalize the connection between PHFI's work and government health programs. PHFI researchers already work on programme evaluation and policy review. Getting this research out in ways that go beyond journal articles and reach policymakers is an added responsibility.

Health Systems and Policy

Ongoing

STRENGTHENING OF TOBACCO-CONTROL EFFORTS THROUGH INNOVATIVE PARTNERSHIPS AND STRATEGIES (STEPS)

Geographical location: ANDHRA PRADESH & GUJARAT

The overall purpose of this study is to reduce the health and economic burdens of tobacco use in India, by piloting multi-level initiatives in two states intended to serve as champions for the scale-up and strengthening of the National Tobacco Control Program (NTCP).

The specific goals include: 1) Promote health equity through reduction in health and economic burdens resulting from tobacco use; 2) Engage, enable and empower stakeholders to undertake comprehensive tobacco control programs; 3) Facilitate state level action for effective implementation of the national tobacco control program.

The following broad objectives are set as indicators of the core deliverables under the grant:

- 1) State-based activities (five districts in each of the two intervention states – Andhra Pradesh and Gujarat)
- 2) Trainings and materials
- 3) Research: i) Operational research for integrating tobacco control into state health systems; ii) Policy research to produce evidence supporting government policy initiatives for Framework Convention on Tobacco Control (FCTC) implementation; iii) Economic research for addressing FCTC goals
- 4) Sustainability: a) Develop a successful intervention model while implementing NTCP in selected districts in two pilot states; b) Involvement of state officials will provide continuity after grant award period is over; c) Use existing opportunities within the health system to integrate tobacco control related activities; d) Capacity building of Community Based Organisations (CBOs) and NGOs for evidence-based implementation of activities.

Progress so far: 1) A state level consultative meeting was organized in Hyderabad, Andhra Pradesh in December 2010. Various state government department representatives along with NGOs from the 6 districts participated in the meeting; 2) A media tracking exercise was undertaken in both the states to provide baseline estimates on coverage of tobacco control news; 3) School Health intervention materials: The curricula along with posters and postcards have been developed and translated. Pretesting was done in schools in Hyderabad and Rangareddy in Andhra Pradesh. Culture specific changes were made in consultation with students and teachers in these schools; 4) Baseline evaluation: Qualitative survey for health systems and community mobilization was conducted. Data analysis for the same is ongoing. For the quantitative survey, questionnaires for health systems, kiosks survey, Smoke Free Law compliance, school health, and community mobilization have been developed and agencies identified through a bidding process. Data collection for three components has

already started and for the remaining, would start in February 2011; 5) Training on Air Quality Monitoring (AQM) using Air Nicotine Monitors and Side Packs (PM 2.5) was conducted for the team which was facilitated by the Johns Hopkins School of Public Health (JHSPH).

Project duration: OCT' 09 - NOV' 12

The project is supported by BILL AND MELINDA GATES FOUNDATION and is led by Prof. K S REDDY

IMPACT ASSESSMENT OF HIV PREVENTION PROGRAMMING IN ANDHRA PRADESH

Geographical location: ANDHRA PRADESH

The goal of this project is to assess HIV transmission dynamics and the collective impact of all HIV prevention programming in Andhra Pradesh, and enhance analytical capacity for such analysis. Its specific objectives are: 1) To improve the quality of and access to systems for collection/ collation/ analysis of HIV epidemiologic and prevention data in Andhra Pradesh, in order to better document the HIV/AIDS epidemiological evidence and HIV prevention programming history and indicators; 2) To characterize current HIV transmission dynamics for all risk groups and the general population in Andhra Pradesh; 3) To assess the collective impact of all HIV preventive interventions in place in Andhra Pradesh; 4) To build the capacity at partner academic and research institutions for comprehensive HIV epidemiology and programming analysis; and 5) To enhance the capacity at state and district-level AIDS control organizations for evidence-based HIV strategic planning and programming.

The relevant datasets have been identified and are being accessed. Database dictionaries are being prepared for the analysis that will start shortly. Some team members participated in capacity building workshops in Mumbai and Bangalore. A capacity building workshop in Delhi is being planned by the team.

Project duration: FEB' 10 - SEP' 14

The project is supported by CENTRE HOSPITALIER AFFILIE UNIVERSITAIRE DE QUEBEC(CHAUQ) - BILL & MELINDA GATES FOUNDATION and is led by Prof. LALIT DANDONA

A SCALABLE APPROACH TO IMPROVE THE COVERAGE, QUALITY AND IMPACT ON MNCH CARE IN THE URBAN SLUMS OF DELHI: DEVELOPING A PACKAGE OF MNCH CARE FACILITATED THROUGH AN URBAN COMMUNITY HEALTH WORKER (UCHW): THE ANCHUL (ANTE NATAL AND CHILD HEALTH CARE IN URBAN

Geographical location: DELHI

Institutional care during childbirth along with an antenatal and postnatal care package is an evidence-based strategy towards achieving MDG 4 and 5. In India, the National Rural Health

Mission (NRHM) delivers safe services to mothers and neonates through a team of rural health workers and Accredited Social Health Activists (ASHA). In spite of poorer health indicators in urban Indian slums, the urban counterpart of the NRHM is not yet implemented. The differences between an urban slum health-care delivery model and a rural health-care delivery model necessitate the development of evidence-based tools and protocols for an urban mission.

This study will use implementation research to develop an evidence-based model for MNCH care in urban Indian slums. The intervention will be delivered through a community-worker who will be the ASHA equivalent for urban slums. The effectiveness of the complex intervention will be evaluated using a parallel-arm cluster randomized design. If effective, such a model will provide policy-makers with evidence for replication at the national level.

In addition to the routinely collected data on process indicators, this study will collect additional indicators on service access and data on quality-of-care. Information from the concurrent data analysis will be used to customize the intervention package in the urban slums of Delhi.

Aim: To develop, implement and evaluate the effectiveness of an intervention package delivered through an urban healthcare worker towards increasing access to institutional deliveries and improving maternal, neonatal, child healthcare practices in urban slums of Delhi.

Objectives: 1) To develop a community-centered complex intervention for urban slums with several components that will be delivered by UCHWs; 2) To pilot test the intervention and develop a continuous data-driven framework for the active monitoring of processes and impact of the intervention model in order to define, optimize and evaluate its components; 3) To evaluate the effectiveness of the model in improving maternal and child health care practices and increasing institutional delivery in urban slums; 4) To provide guidelines to the policy makers to scale up this intervention and provide methods of monitoring.

The first collaborator's meeting was convened on 9th May 2011. The tools have been developed and are currently being field tested. The development of the manual of operation is in progress. In order to identify the slum clusters for phase 3 of the study, the team has met the CEO, Delhi Urban Shelter Improvement Board, who has agreed in principle to support the project. The area for the situational analysis (phase 1) has been identified and the core team is in active dialogue with the NGO (CARENIDHI), which is also a partner in the project and is the grassroot NGO in the area, to work out the logistics for conducting the study.

Project duration: APR' 11 - SEP' 12

The project is supported by WORLD HEALTH ORGANIZATION and is led by Prof. SANJAY ZODPEY

IMPROVING HEALTH CARE CAPACITY AT THE RURAL LEVEL: A RESEARCH BASED STUDY FOR IMPROVING HEALTH OUTCOMES IN INDIA

Geographical location: ANDHRA PRADESH & ODISHA

In spite of substantial economic growth in India, its benefits have not been inclusive, and the country still faces large disparities in income, education, health and other development indicators. Adilabad and Ganjam are characterized by a poverty-stricken rural and tribal population, poor health infrastructure and poor health indicators. In such a scenario, there is a need for a catalytic agent to mobilize all the stakeholders, bring about convergence between various sectors, strengthen programme management structures, enhance effectiveness of disease control programmes and build capacity for effective decentralization and flexibility for local action. Recognizing the need to proactively work with such communities, empower them and bring about sustainable change in their health status, the Public Health Foundation of India is developing a study base in these two districts. The study base will serve 2 purposes: a) It will bring about steady, sustained improvement in health outcomes in the community via active engagement of PHFI with various stakeholders in the selected regions b) It will be a demonstrative platform for strengthening systemic processes, including innovative practices, via operational and academic research.

In each district, a study base (2 most disadvantaged blocks) for PHFI will be demarcated in consultation with the local collaborating partners (local NGO/Govt.). The needs of the community and gaps in systemic processes will be delineated via consultations with several stakeholders and baseline data collection through review of existing documents and records and a survey of about 5000 households selected randomly in the selected blocks. The survey will include an in depth data collection of primary demographic, epidemiological, health system and socio-economic parameters; behavioral indicators outlining details of knowledge, attitudes and practices regarding health and details of the existing infrastructure (health, education, water and sanitation etc.) that affect the health of the community.

In each district, 3 blocks (2 intervention and 1 control) have been demarcated. In Adilabad, the most disadvantaged tribal blocks were selected based on the vulnerability index. In Ganjam, the criterion of selection was the percentage of BPL population residing in the area. The field coordinators are currently engaged in secondary data collection in the selected blocks and stakeholder management. Mapping of all civil society groups (NGOs) working in the area was done to shortlist and then finalize the collaborating NGO partner. The NGO partner will be responsible for community interaction and village health mapping of all the villages in the selected blocks. The process for baseline documentation to understand the dynamics of the community has been initiated and the agency for carrying out the same has been finalized. The themes and subthemes for the baseline survey have been outlined by the team based on the secondary data collected from these areas, data available in the public domain and specific literature review. Work is in progress for finalization of the baseline documentation variables and the household survey will begin in the next two weeks.

Project duration: AUG' 10 - JUL' 11

The project is supported by PFIZER INC. and is led by Dr. GARIMA PATHAK

SETTING PRIORITIES IN HEALTH - A REASONED APPROACH

Geographical location: ANDHRA PRADESH

The Rajiv Gandhi Arogyasri health insurance scheme is an important initiative to protect the poor in the state from high health expenditures. This project involves examining how the scheme can be focused so that with a limited budget it can focus on cost effective conditions without sacrificing equity. The project involves conducting a burden of disease study in Andhra Pradesh and developing a checklist tool to identify cost effective and equitable interventions.

Project duration: MAY' 11 - MAY' 13

The project is supported by INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC-CRDI) and is led by Dr. KRISHNA D RAO

APPLICATION OF GEOGRAPHIC INFORMATION SYSTEMS TO PUBLIC HEALTH PRACTICE IN INDIA

Geographical location: WEST BENGAL

The study aims to create a comprehensive geospatial database linking health status of rural populations along with their social, cultural and environmental characteristics. Using this information we will devise a community health index that will predict the health outcome of communities for a given set of physical and social factors. This information will then be provided back to community representatives, district and state policy makers to effect policy changes at the peripheral levels.

All necessary approvals have been secured and data collection has started in two blocks in 24 South Paraganas. It is expected that data collection will be over by May 2011.

Project duration: JUL' 09 - OCT' 11

The project is led by Dr. MANISH KAKKAR

ESTABLISHING PUBLIC HEALTH GLOBAL NETWORK TO ENCOURAGE SOUTH SOUTH COLLABORATION

Geographical location: NEW DELHI

PHFI has been working towards convergence of global synergies into an LMIC network for exchange and action towards strengthened public health capacity – across research, training, education, health communication and policy action. This electronic network seeks to enable knowledge-sharing, development of common as well as complementary sensibilities, exchange of ideas and researchers, and the development of a common plan of action for the global South. PHFI is developing an LMIC e-network of public health and public health education institutions in the South to take forward the synergies developed in the Public Health Education Conference, and translate them into actionable points

Objectives: 1) To strengthen partnerships with existing networks such as Meso-America network of Central American Countries and the proposed International Union for Health Promotion and Education (IUHPE) network of Francophone countries to engender cross-learning and the development of a shared, global resource; 2) To create an e-source of exchange of ideas and resources among the developing nations, in order to strengthen health systems and their management, develop public health education, public health capacity and research, and other competencies across the network; 3) To provide a platform that can enable researchers, practitioners, educators and policy-makers to link up and jointly address the many challenges posed by low-performing health systems.

An online resource (e-portal) which would comprise membership (through a PHFI managed Secretariat) open to practitioners, researchers and other stakeholders from developing countries as well as experts and participants from developed countries is being developed. E-portal architecture, themes/tracks and content areas have been finalized. Curriculum scans and research papers are being uploaded. A Knowledge Management Group is being put in place and an International Advisory Committee is being formed. A one-year workplan has been drafted. Networking with schools of public health in LMICs will begin shortly.

Project duration: JAN' 08 - DEC' 11

The project is supported by ROCKEFELLER FOUNDATION and is led by Prof. K S REDDY

DEVELOPING A COMPREHENSIVE PLAN TO INSTITUTIONALISE INTER-SECTORAL INVOLVEMENT IN PROMOTING HEALTH AND DEVELOPMENT AMONG ADOLESCENTS IN INDIA

Geographical location: DELHI, TAMIL NADU & GUJARAT

In this project, we are reviewing policies and programmes relevant to adolescent health and development in India. In this context, four ministries - Ministry of Health and Family Welfare (MOHFW), Ministry of Youth Affairs and Sports (MOYAS), Ministry of Human Resource Development (MHRD) & Ministry of Women and Child Development (MWCD) - are focussed upon, as collectively their policies and programmes cover the main issues relating to adolescent health promotion. This project runs in three phases including a Rapid Programme Review (RPR) of existing national programmes focusing on sexual and reproductive health, HIV, nutrition etc. Relevant policies/programmes will be analysed to highlight strengths and weaknesses in addressing adolescent issues. Consultation with key policy makers at the national level will be carried out. Tamil Nadu and Gujarat have been selected to assess the status of implementation of these programmes at the grass roots level. Innovative models for inter-sectoral synergy for better coordination and implementation of the policies will be proposed. A cohesive operational framework will be developed for a multi-sectoral response to promote adolescent health in the country building on the existing blocks. Recommendations will be disseminated through an advocacy workshop. Finally, a white paper containing recommendations will be prepared for presentation to the Government of India.

A request to form an interministerial group has been sent to the Adolescent Reproductive and Sexual Health (ARSH) in the MoHFW. A core group consisting of United Nations Population Fund (UNFPA), UNICEF, WHO and PHFI under the leadership of MoHFW has

been formed. The first phase of the project has commenced and the RPR of the six identified domains concerning adolescent health are being reviewed. Weekly meetings with MoHFW are being held.

Project duration: JAN' 11 - DEC' 11

The project is supported by WORLD HEALTH ORGANIZATION and is led by Dr. MONIKA ARORA

WORKLOAD AND KNOWLEDGE, ATTITUDE, BEHAVIOUR AND PRACTICES (KABP) ANALYSIS OF INTEGRATED COUNSELLING & TESTING CENTRE (ICTC) AND ANTI-RETROVIRAL THERAPY (ART) COUNSELLORS

Geographical location: TAMIL NADU

Workload on human resources for health has a direct effect on the quality of services they provide. Within National AIDS Control Program, counselors providing pre and post HIV test counseling and Anti Retro Viral counselors play a crucial role in service delivery and meeting the program objective. The study aims to assess workload of these counselors, evaluate Knowledge, Attitude and Behavior crucial for provision of quality services. The study findings will help to inform Tamil Nadu State AIDS Control Society in policy towards workload of counselors and if required makes desirable changes for improving services through the health system.

The draft final report has been submitted to the donor.

Project duration: NOV' 10 - MAY' 11

The project is supported by AIDS PREVENTION AND CONTROL PROJECT-VOLUNTARY HEALTH SERVICES (APAC-HS) and is led by Mr. MAULIK CHOKSHI

IMPROVING MATERNAL, NEONATAL AND CHILD HEALTH (MNCH) OUTCOMES THROUGH BETTER DESIGNED NUTRITION POLICIES AND PROGRAMS

Geographical location: BIHAR & UTTAR PRADESH

At a global level, progress in improving maternal, neonatal and child health outcomes has been slow due to persistent high-levels of maternal undernutrition, especially anemia and underweight. In light of this, a landscaping project is being undertaken in 3 countries including India to improve MNCH outcomes through better designed policies and programs that enhance nutrition throughout the life cycle, with a focus on maternal nutrition. In India, the study is being undertaken in the states of Uttar Pradesh & Bihar.

The project seeks to answer three key questions: 1) what is the coverage, intensity, and quality of MNCH interventions taking into account such contextual factors as education, location, and social exclusion; 2) what are the barriers to accessing MNCH interventions

(e.g. remoteness, cost, coverage) and quality of services (e.g. staffing, training, supervision, remuneration, etc); and 3) what are perceived needs of women (from adolescence on) for access to MNCH interventions, and how does this influence their demand and access?

Identification and training of field investigators was completed in October. 20 focus group discussions, 23 in-depth interviews (IDIs) and nearly 10 key informant interviews were conducted in four districts of U.P (Meerut, Kaushambhi, Sitapur and Jhansi). The field activity of the project has now been completed. Translation of FGDs & IDIs has been done and sent to Chennai for analysis.

Project duration: AUG' 10 - AUG' 11

The project is supported by EMORY UNIVERSITY - BILL AND MELINDA GATES FOUNDATION and is led by Mr. ANURAAG CHATURVEDI

Completed

CAN DOCTORS BE REPLACED? EVALUATING INCENTIVES AND PERFORMANCE OF DIFFERENT CADRES OF PRIMARY HEALTH CARE PROVIDERS IN RURAL INDIA

Geographical location: CHHATISGARH

The lack of adequate human resources, in terms of quality and quantity, in rural areas to deliver healthcare is an issue of great concern in the Indian public health system. This study aims at evaluating incentives offered to, and the performance of different cadres of primary health care providers in rural India, especially in the state of Chhattisgarh. The study uses quantitative and qualitative methods, and through its findings, provides new policy directions for the recruitment and retention of health workers in rural health facilities. It aims to achieve the above by documenting incentives offered by states in India to recruit and retain different cadres of health workers at rural health facilities; comparing the performance of PHCs headed by AYUSH (Ayurveda, Unani, Siddha and Homeopathy) physicians, contractual doctors and paramedical staff with those run by regularized government medical doctors in Chhattisgarh.

This study and report are now complete. The findings from the study have been disseminated at various national and international conferences.

Project duration: FEB' 10 - DEC' 10

The project was supported by WORLD HEALTH ORGANIZATION and was led by Dr. KRISHNA D RAO

INCENTIVES AND EMPLOYMENT CHOICE OF HEALTH WORKERS IN INDIA

Geographical location: UTTRAKHAND & ANDHRA PRADESH

This study aims at understanding the determinants of employment choice in rural areas among health workers (doctors and nurses). It also develops human resource policy packages based on different combinations of monetary and non-monetary job attributes by employing the discrete choice experiment methodology.

This study has been completed. The final report is ready and the results of the study are already being disseminated.

Project duration: FEB' 10 - JAN' 11

The project was supported by THE WORLD BANK GROUP and was led by Dr. KRISHNA D RAO

EXAMINING THE INTERACTION BETWEEN GLOBAL HEALTH INITIATIVES AND LOCAL HEALTH SYSTEMS IN INDIA

Geographical location: ANDHRA PRADESH, MANIPUR & UTTARAKHAND

The Goal of this study was to illuminate how Global Health Initiatives (GHI) have interacted with existing health systems at different levels in India. This study was conducted in three states in India – Andhra Pradesh, Manipur and Uttarakhand. The study involved in-depth interviews with key informants, central and state level program managers and health care providers at select health facilities. In addition, facility level data on health service utilization was collected from the facility records.

Project duration: JAN' 09 - JUN' 09

The project was supported by HARVARD MEDICAL SCHOOL - WORLD HEALTH ORGANIZATION and was led by Dr. KRISHNA D RAO

CRITICAL INTERACTIONS BETWEEN THE GLOBAL FUND SUPPORTED HIV/AIDS AND TUBERCULOSIS PROGRAMS AND HEALTH SYSTEMS

Geographical location: ODISHA, KARNATAKA, NAGALAND & UTTAR PRADESH

The goal of this study is to illuminate how vertical programs interact with existing health systems at different levels in India. GFATM (Global Fund To Fight AIDS, Tuberculosis and Malaria) supported programs in Malaria, HIV and TB in the states of Odisha, Karnataka, Nagaland and UP are examined. The study involves in-depth interviews with key informants, central and state level program managers and health care providers at select health facilities.

The report has been completed and submitted to GFATM The authors are now working on publishing papers from this report.

Project duration: NOV' 09 - SEP' 10

The project was supported by THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA and was led by Dr. KRISHNA D RAO

SITUATION AND POLICY ANALYSIS OF HUMAN RESOURCES FOR HEALTH IN INDIA

Geographical location: NEW DELHI

The Public Health Foundation of India (PHFI), in partnership with the World Bank conducted a systematic and detailed analysis of human resources for health in India. The overall objectives of this study was to provide a deeper understanding of issues concerning human resources in Health (HRH) in India and relate it to achieving MDG related health outcomes and equity. The first study estimated the size, composition and distribution of India's health workforce using multiple sources of data. The second study provided institutional processes at the centre and in two states – Uttar Pradesh and Tamil Nadu. The third study provided a qualitative examination of the determinants of employment choice among graduating medical and nursing students in Uttar Pradesh and aimed to better understand under what incentive health workers will serve in rural areas. The study has been successfully completed and has culminated into three Technical Reports and six policy notes. In addition, a website has also been created to disseminate the findings.

Project duration: NOV' 07 - OCT' 08

The project was supported by THE WORLD BANK and was led by Dr. KRISHNA D RAO

MOBILITY OF HEALTH PROFESSIONALS

Geographical location: ACROSS INDIA

Globally, the mobility of health professionals is a growing phenomenon, impacting the health care systems of receiving, transit, and sending countries. India is one of the major sources of health professionals in the global market and thus there is considerable interest in analyzing the trends and seeking possible reasons for the same. But while the need to develop policies to adequately address issues related to health worker migration is urgent, reliable and differentiated knowledge and findings as a basis for such policy are lacking. The present project, MoHProf (Mobility of Health Professionals) aims to improve this knowledge base and facilitate policy on human resource planning.

MoHProf is a research project on current trends of mobility of health professionals in 25 countries worldwide, conducted by international health service organizations and scientific institutes and funded by the European Commission within the seventh framework programme. The Indian chapter of the study is being conducted by the Public Health Foundation of India.

The general objective of the project is to investigate and analyse current trends of the mobility of health professionals to, from and within the European Union, including return and

circular migration. The project also plans to determine the impact of different types of migration on national health systems in a comparative perspective. Its policy dimension comprises the development of recommendations on human resource policies in European and third countries. The project will also analyze migration flows, evaluate policies addressing migration and develop recommendations concerning these policies.

The micro-phase of the project started in September 2010. The final project report has been submitted to the Asia-Pacific Regional team in Manila, Philippines.

Project duration: MAR' 09 - FEB' 11

The project was supported by UNIVERSITY OF PHILIPPINES, MANILA - EUROPEAN COMMISSION and was led by Dr. INDRAJIT HAZARIKA

DEVELOPING A POLICY RESEARCH FRAMEWORK TO CHARACTERIZE THE REGULATORY ENVIRONMENTS OF MIXED HEALTH CARE SYSTEMS

Geographical location: DELHI & MADHYA PRADESH

Health care delivery in many Low and Middle Income Countries (LMIC) is characterized by a mix of private and public health care provision (Ramesh & Wu 2008, Rafei & Sein 2006, Bose 2005, NCMH 2005). These systems are constituted by a diverse range of health care establishments in the state and non-state sectors. There are widely documented instances of substandard practices in both private and government facilities, including overspending on unnecessary investigations and treatment, exploitation through rent-seeking and uncontrolled pricing (Radwan, 2005), lack of procedural transparency and accountability, the absence of grievance redress mechanisms, and treatment of diseases of public health concern (Abbasi 1999, Venkat Raman & Björkman 2008).

Regulation (of quality, cost, ethics and standards of health care) hence emerges as a particularly important mandate in LMI countries with mixed public-private economies and highly pluralistic health systems. A number of institutional mechanisms exist in LMIC, which have the mandate of regulating costs, quality and standards in health care establishments, but these have widely had limited success. A key issue that emerges across different country contexts is the performance of institutions expected to take a role in regulation, and their failure to fulfill these expected roles. The role and function of these institutions is dependent not only on their internal capacities, but also on the influences of their operating environments such as policies and regulations, and political and social contexts.

In this project, we developed an analytic framework to map the regulatory architecture for a province or country, and identify gaps in the design and implementation of regulatory policies. The framework has wide utility in guiding systems reforms and in aiding comparison across different country contexts. We pilot-tested the framework in the States of Madhya Pradesh and Delhi, and detailed case reports of these pilot studies were prepared. The project has been concluded and the project report is ready.

Project duration: APR' 10 - APR' 11

The project was supported by AUSTRALIAN INTERNATIONAL HEALTH INSTITUTE (THE NOSSAL INSTITUTE FOR GLOBAL HEATH (THE UNIVERSITY OF MELBOURNE)) and was led by Dr. KABIR SHEIKH

AN EVALUATION OF THE SHORT MESSAGING SERVICE (SMS) BASED DISEASE SURVEILLANCE SYSTEM IN ANDHRA PRADESH, INDIA

Geographical location: ANDHRA PRADESH

The Integrated Disease Surveillance Project (IDSP) was launched in India in 2004 with the overall objective to improve the timeliness and quality of the response to infectious disease outbreaks at district level and to improve the quality of monitoring and surveillance of infectious diseases at state and national level. The project is now scaled up in the entire country but it has been slow in achieving its desired objectives due to lack of human resources, poor communications with the distant and remote reporting site locations, resource limitations and lack of analytical skills and capacity. In the state of Andhra Pradesh (AP) the situation with the IDSP was not dissimilar. To address the challenges, a Short Message Service (SMS) based surveillance system was designed and piloted in 6 of AP's 23 districts. Health workers in 3832 reporting units (hospitals and health centers) across these 6 districts began using the system to send IDSP reports in August 2008. The SMS based surveillance system was an attempt to tackle the barriers to improving the IDSP by capitalizing on the exponential growth in numbers as well as reach of the mobile phones in the state. The system was scaled up in the entire state by end of the year 2009. A team from the World Bank and the Central Surveillance Unit, National Center for Disease Control, Ministry of Health and Family Welfare, Government of India, reviewed the situation and recommended that IIPH-Hyderabad should be commissioned to undertake an evaluation of the project to assess the impact of the SMS based system on the overall efficiency and effectiveness of the IDSP in the state.

Methods used were key informant interviews of stakeholders at the state surveillance unit, 5 district surveillance units and 60 hospitals and primary health centers that are part of the surveillance system. Weekly data collected from approximately 16000 reporting sites in the state for the period August 2008 to August 2009 was also analyzed. The field activity and analysis was complete and report was submitted to donor agency. The recommendations from the study will be used to scale up the system beyond the state of Andhra Pradesh to the 9 high priority states where IDSP is being funded by the World Bank.

Project duration: DEC' 09 - SEP' 10

The project was supported by THE WORLD BANK & MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and was led by Prof.MALA RAO & Dr.VIVEK SINGH

THE CENTRE OF STRATEGIC HEALTH INFORMATION AND OPERATIONAL RESEARCH (OR)

Geographical location: WORKSHOPS AT IIPHH, ANDHRA PRADESH & OPERATIONAL RESEARCH PROJECTS AT THE TRAINEES' LOCAL INSTITUTIONS

The overarching goal of this workshop is development of an original, implementable, and evaluable quality OR proposal by each of the participants in their respective chosen professional areas.

The objective of this programme is to build capacity of 10 candidates for conducting operational research on lung health, tuberculosis, HIV and/or other non-communicable diseases. The outcome of the OR capacity building is product related – Every candidate is expected to submit at least one original research paper for publication in an international peer reviewed scientific journal before the end of this collaboration. The candidate must be the first author for the submitted article.

Eight trainees have met the deadline of submitting an original research work to a peer reviewed national or international paper by 11 April 2011 (within 12 months from the project start date).

Project duration: MAY' 10 - APR' 11

The project was supported by THE INTERNATIONAL UNION AGAINST TUBERCULOSIS AND LUNG DISEASE (THE UNION) and was led by Dr. RAGHUPATHY ANCHALA

REGULATING THE AVAILABILITY OF TB MEDICINES IN INDIA: A POLICY PROCESS APPRAISAL

Geographical location: RAJASTHAN, KERALA & DELHI

Inappropriate prescribing and dispensation of TB medicines adversely affects individuals with TB and also has a deleterious public health impact, by causing the proliferation of resistant strains of TB bacilli. Poor TB treatment practices, particularly by private medical providers, have been widely documented in low and middle income countries (Uplekar et al. 2001). An array of measures is taken by government and regulatory agencies, to control prescription and dispensation in the private and government sectors and also procurement and distribution of TB medicines. There is however little formal knowledge in the public domain about the actual enactment or enforcement of such regulatory processes (Hjern and Hull 1982).

This project was undertaken with the aim of assessing the effectiveness and viability of policy processes of regulating the availability of TB medicines in two Indian states and the Centre. A policy analysis framework and qualitative research methods were used to investigate experiences of members of implementing institutions engaged in regulating procurement, distribution, dispensation and prescription of TB medicines, and stakeholders. Specific objectives include: 1) To document processes of regulation of availability of TB medicines in Rajasthan and Kerala and at the Centre; 2) To identify key factors influencing the effectiveness of regulatory policies; 3) To identify potential future concerns and areas of

attention in the development and implementation of regulatory policies

Fieldwork, involving in-depth interviews with 12-15 policy actors in each state, and collation of relevant documentation has been completed in Rajasthan, Kerala and Delhi. The final report has been completed.

Project duration: OCT' 09 - MAR' 10

The project was supported by WORLD HEALTH ORGANIZATION and was led by Dr. KABIR SHEIKH

ASSESSMENT OF PATIENT SAFETY CULTURE IN SELECT HOSPITALS OF ANDHRA PRADESH

Geographical location: ANDHRA PRADESH

The goal of the WHO Global Patient Safety Challenge theme "clean care is safer care" is to work in partnership with the health communities throughout the world and other related organizations to ensure that sustainable hand hygiene improvement remains on the international and national health agendas. The WHO theme "safe surgery saves lives" is to improve the safety of surgical care in all health-care settings and the Surgical Safety Checklist improves compliance with standards and decreases the incidence of complications.

As a part of the research and evaluation, we proposed to undertake a study among selected hospitals in the Ranga Reddy district to assess the patient safety culture, levels of implementation of patient safety practices, barriers to implementation and the skills and competence gap among health care staff.

IIPH-Hyd undertook this study in 7 hospitals of Ranga Reddy district, with the objective of assessing the current levels of implementation and the barriers to implementation, of the GPSC 1 and 2, 'Clean care is safer care' and 'Safe surgery saves lives'. The study found that there are pockets of good practices, but much more needs to be done. Management support and leadership are crucial to reduce the number and severity of medical errors in hospitals. The study is complete and the report has been submitted to the donor agency.

Project duration: JAN' 10 - MAY' 10

The project was supported by FAMILY HEALTH INTERNATIONAL and was led by Dr. SHAILAJA TETALI

A COMMUNITY HEALTH APPRAISAL: A STEP TOWARDS PUBLIC HEALTH STRENGTHENING IN DUSPALLA BLOCK OF ODISHA

Geographical location: ODISHA

This project is a consultancy undertaken by the team of IIPH-Bhubaneswar on request by Intel World Ahead group. This group aims to implement specific IT solutions for the local endemic public health problems. The main objective was to study the basic demographic, socio economic characteristics of health status of people living in the Duspalla Block. This

project is a rapid assessment survey of overall health status. The results of the study will provide a background to understanding the common public health problems present in the area and thus help decide the strategies to be adopted, particularly IT solutions to reduce burden. The solutions may range from increase in awareness about diseases to improvement in early diagnosis and treatment.

A cross sectional study was conducted to collect the information. A probability proportion size sampling was adopted to select the villages. Report has been submitted to donor agency.

Project duration: NOV' 10 - JAN' 11

The project was supported by EKUTIR RURAL MANAGEMENT SERVICES PVT. LTD and was led by Dr. AKHTAR HUSSAIN

ANALYSIS OF FINANCIAL AND TECHNICAL SUPPORT COMMITTED TO NACP III

Geographical location: GUJARAT

The mid-term review of the NACP-III was aimed to assess the overall national response to HIV and AIDS i.e. (the total envelope for NACP III funding including GOI/NACO contribution of USD 1.7 billion and DP contribution of USD 800 million). The major part of financial resources for NACP is 'pooled resources' (domestic budget). In addition to this, some DPs and other organizations directly invest in the NACP (extra budgetary sources) like BMGF, and civil society grant from the Global Fund.

The aim of this study was to assess the quantum of domestic budget and extra budgetary resources made available for NACP III and analyze the available data, in relation to allocation to the various components under NACP III and the state wise allocations.

MID-TERM REVIEW OF NATIONAL AIDS CONTROL PROGRAM PHASE III

Geographical location: GUJARAT

To help National AIDS Control Organization (NACO) conduct a mid-term evaluation of the National AIDS Control Programme (NACP) III program, India Clinical Epidemiology Network (INCLIN) commissioned a series of consultancies. IIPHG was awarded a contract to provide technical consultancy to review financial resource allocation review of NACP III program in India.

The broad scope of work includes: a) To help in analysis of the programmatic assumptions, analysis of the evidence and gaps in programmatic coverage and resources used; b) To analyze implementation of NACP III based on the program and financial allocation data at state level and experience of states/districts in the first three years of implementation; c) To extensively examine the database at the State level using Program Implementation plan (PIP) and Action Plans and other data for assessing how far evidence based planning has led to better targeting and how resources have been used; d) To prepare case studies using

database of NACO on some key changes in policies particularly dealing with program interventions and financial allocations.

The study included analysis of public reports including the Joint Implementation Review Mission report, raw data from the Computerized Financial Management System (CFMS) and other sources at NACO. The report also made extensive use of the Strategy and Implementation Plan document (also referred as PIP) of the NACP III program.

The final report was submitted to INCLEN in November 2009. The report compared the revised resource requirement with the PIP estimates. A comparative analysis by major program components showed that while prevention component of the program is lower than the PIP estimate (50-80 per cent), care, support and treatment component is estimated to be higher (100-121 percent). The lower estimate for prevention component is explained mainly by lower coverage of MSM TI. Individual chapters in the report compared the changed assumptions and the corresponding effect on the overall resource requirement of NACP III.

HEALTH SYSTEM IMPROVEMENT TEAMS: AN INNOVATIVE WAY TO IMPROVE PERFORMANCE OF HEALTH SYSTEM

Health goals cannot be achieved solely by the efforts of individual health programme managers. It often requires them to build effective teams. Such team effectiveness depends on the involvement of all members of the team in the planning and decision-making process. Consensus building and team collaboration are important aspects of team building. This case study was prepared in collaboration with Rajasthan Health System Development Project (RHSDP) with the objective of using it as a simulation exercise for classroom learning with the focus of demonstrating: a) Team building process in performance improvement by Health System Improvement Team's (HSIT) by assessing the two main aspects of team effectiveness: Team functioning and Team empowerment; b) Problem identification and problem solving process of HSIT's; what contributions have such teams made in performance improvement and positive experiences and learning from such teams for system improvement.

STUDY OF SUSTAINABILITY AND CONTROL OF LINK ART CENTERS IN GUJARAT

Geographical location: GUJARAT

The government of India rolled out Anti-Retroviral Treatment (ARTs) in April 2004. These ARTs are provided largely through medical colleges, tertiary hospitals and district hospitals in many states. This study was undertaken in Gujarat at five Link ART Centers (LAC) which were established on a pilot basis with the objective of documenting the functioning, costing and satisfaction among clients who availed services at these link centers. The project is complete and has resulted in two PG Diploma in Public Health Management (PGDPHM) dissertations which were submitted to IIPHG. The findings of the study were also disseminated in the form of a presentation made to Gujarat State AIDS Control Society (GSACS) and NACO officials at Ahmedabad.

Health Economics and Financing

Ongoing

PHASE 1 - PREPARING AN INVESTMENT CASE FOR FINANCING
EQUITABLE PROGRESS TOWARDS MILLENNIUM DEVELOPMENT GOALS
(MDGS) 4 AND 5 IN ASIA PACIFIC REGION

&

PHASE 2 - THE INVESTMENT CASE FOR CLOSING THE GAP: FINANCING
EQUITABLE PROGRESS TOWARDS THE MILLENNIUM DEVELOPMENT
GOALS (MDGS) 4 AND 5

Geographical location: ODISHA AND UTTAR PRADESH (PHASE 1 INCLUDED MADHYA
PRADESH, CHHATTISGARH & JHARKHAND)

The goal of the project is to estimate the investment required to scale-up 'best-buy' Maternal Neonatal Child Health (MNCH) interventions in order to achieve equitable progress towards Millennium Development Goals (MDGs) 4 and 5. The work is being led by the University of Queensland in partnership with research institutes in India, Nepal, Philippines, Indonesia, and Papua New Guinea, and in close collaboration with UNICEF. In India, this work is being led by the Public Health Foundation of India and the Nossal Institute for Global Health, University of Melbourne.

The study is divided in two phases. Phase 1 focused on mapping information related to Maternal Neonatal and Child Health from the five states, namely Odisha, Uttar Pradesh, Jharkhand, Chhattisgarh, and Madhya Pradesh. The study is now in Phase 2 which involves a scaling-up analysis that will systematically (i) identify the constraints/bottlenecks for scaling-up priority interventions that target vulnerable women and children, (ii) identify the strategies required to remove these constraints in the medium and short-term, and (iii) model the associated costs and impacts of the scaled up interventions on MNCH mortality.

Adequate local participation (through workshops at state and district levels) and consultation (with government and non government partners) are an integral part of the project. The team is working in close collaboration with the respective state and district government.

The focus was on completing the Investment Case (IC) in Odisha which involved 4 workshops with district and state government partners. The data obtained from these workshops was analyzed, using an excel based tool. Cost, demographic and epidemiological data was extracted from various primary and secondary sources for cost and impact analysis. An expert group meeting with MNCH experts from different states was organized to discuss and validate findings from Odisha. A summary report of findings from Odisha was prepared and shared with Health Secretary, Govt. of Odisha. The team also organized a meeting with the Health Secretary and senior officials to discuss and validate the finding. Preliminary results were presented at the PMNCH (Partnership for Maternal, Newborn and Child Health) forum hosted by Government of India in November 2010. The presentation was very successful and interactive.

Project duration: MAR' 09 - AUG' 11

The project is supported by UNIVERSITY OF MELBOURNE & UNIVERSITY OF QUEENSLAND - BILL AND MELINDA GATES FOUNDATION AND AUSAID and is led by Dr. BEENA VARGHESE

PERFORMANCE ASSESSMENT OF RASHTRIYA SWASTHYA BIMA YOJNA (RSBY) PROGRAM IN GUJARAT

Geographical location: GUJARAT

IIPH-G in partner with Institute of Public Health (IPH) are conducting a study on RSBY performance in the state of Gujarat. RSBY performance assessment study is to provide relevant data inputs for policy makers and managers to improve and strengthen the implementation strategy and operational modalities for universal coverage of the eligible Below Poverty Line (BPL) families. The broad specific objectives of the study are: 1) to study the impact of RSBY scheme in Patan district of Gujarat in terms of involvement rates, access to quality hospital care and financial protection; 2) to understand the issues of governance, monitoring of the scheme by state and district nodal agencies. A Memorandum of Understanding has been signed. Dialogues have been initiated with the state government officials for formal approval and data access. Presently, strategies for data collection are being planned.

Project duration: MAY' 11 - SEP' 11

The project is supported by WORLD HEALTH ORGANIZATION - INSTITUTE OF PUBLIC HEALTH and is led by Mr. MAYUR TRIVEDI

IDENTIFICATION OF PRIORITY POLICY RESEARCH QUESTIONS IN THE AREA OF ACCESS TO MEDICINES IN INDIA: INTRODUCTION

Geographical location: ACROSS INDIA

Several factors can influence access to medicines, such as health financing, drug prices, procurement and supply chain systems, appropriate prescription, dispensing and use of essential medicines. Policies have a direct effect on these factors and hence impact access to medicine. Thus, it is important to identify policy research questions, affecting each of these factors, from which further evidence could be generated. These policy questions have to be addressed not only by the government, but also various other stakeholders involved in drug discovery, manufacturing, distribution, agencies providing technical support and the end user. The current study, keeping the above multi-stakeholder framework in mind, tries to understand the policy research questions at various levels of the drug life cycle.

The field work has been completed. The final report is currently being finalized and will be submitted to the donor.

Project duration: NOV' 10 - MAY' 11

The project is supported by WORLD HEALTH ORGANIZATION and is led by Dr. SAKTHIVEL SELVARAJ

WILLINGNESS TO PAY FOR HEALTH INSURANCE AMONG HIV POSITIVE PATIENTS IN INDIA

Geographical location: GUJARAT

This research aims to fill the gap between the literature on health insurance generally and insurance options for People living with HIV/AIDS (PLHIV) at health care settings. There is also sparse understanding of the burden of hospitalization treatment on PLHIV and the extent to which they are able to bear the costs of such hospitalization. While there are efforts by community-based organizations as well as one insurance company "Star" to offer a tailor-made product to PLHIV, there is as yet no move in India to do away with the exclusion clauses that are applied to general health insurance products. This research aims to generate evidences to advocate mainstreaming of HIV in insurance sector in India

A presentation 'Implications and Feasibility of Commercial Health Insurance for PLHIV in India' was made at the International Conference on Mainstreaming HIV: Role of Insurance Sector in India, held on 3rd-4th February 2011 at New Delhi. A publication entitled 'Implications and Feasibility of Commercial Health Insurance for PLHIV in India' has been prepared jointly with other authors, which will be published by WHO-SEARO. In addition, a survey on 'Willingness to pay for Insurance among PLHIV in India' is underway across six states in India, including Gujarat.

Project duration: MAY' 11 - MAY' 12

The project is supported by POPULATION SERVICES INTERNATIONAL - INSTITUTE OF ECONOMIC GROWTH, DELHI and is led by Mr. MAYUR TRIVEDI

Completed

COST ANALYSIS OF A PILOT PROJECT ON PREVENTION OF MATERNAL AND INFANT MORTALITY IN UTTAR PRADESH AND MAHARASHTRA

Geographical location: UTTAR PRADESH & MAHARASHTRA

The SURE START project, launched by Program for Appropriate Technology in Health (PATH) is designed to complement and support the Government of India's commitment to improving maternal and newborn health through the National Rural Health Mission. The project is operated in seven districts of rural Uttar Pradesh and seven cities of Maharashtra. In Uttar Pradesh (UP), the project will use a combination of three activities (viz. advocacy, behavior change through community mobilization and post natal care by ASHA) at different level of intensity for each activity. In Maharashtra, the project is targeted at the urban poor and includes interventions through municipal corporations; health financing models, use of volunteers etc. All these are designed to improve maternal and child health. PHFI has been awarded the contract for cost analysis of SURE START project with objectives to estimate costs of implementing these interventions in UP and Maharashtra and also to estimate the costs for replication of these interventions.

Project is over and the report was submitted to the donor agency.

Project duration: JUL' 09 - SEP' 10

The project was supported by PROGRAM FOR APPROPRIATE TECHNOLOGY IN HEALTH (PATH) and was led by Dr. BEENA VARGHESE

TRANSPARENCY AND ACCOUNTABILITY IN DRUG PROCUREMENT AND DISTRIBUTION IN INDIA

Geographical location: BIHAR & TAMIL NADU

Inefficiencies and inequities in public health financing and delivery are responsible for impeding access to medicines in developing countries. Inefficiency in medicine selection, public procurement, distribution, prescription and dispensing of drugs could arise due to poor governance and lack of transparency. This study intends to document the framework and process of drug financing, procurement and distribution at the central government level and few state governments. It also analyzes the current financing, selection, procurement, distribution and dispensing pattern of drug spending in two Indian states, and will bring out policy suggestions and detailed action plans for implementation. The report has been generated as part of the activity. It has been shared with the respective state governments and other experts in the field. The findings of the study have been disseminated at the First Health Systems Strengthening Conference, in the form of two posters and two oral presentations. Findings were also presented at the First Global Symposium on Health System Research at Montreux, in the form of two posters.

Project duration: JUN' 09 - OCT' 10

The project was supported by THE RESULTS FOR DEVELOPMENT INSTITUTE and was led by Dr. SAKTHIVEL SELVARAJ

A CRITICAL ASSESSMENT OF THE EXISTING HEALTH INSURANCE MODELS IN INDIA

Geographical location: ACROSS INDIA

Health care finance has a critical role to play in access to health care. Health insurance provides an opportunity to pool the risk and resources amongst people, which can then enable enhanced access to health care and prevention of catastrophic out of pocket expenditure. Currently, in India, apart from the private health insurance, there are different types of health insurance models and schemes, either centrally supported [Rashtriya Swasthya Bima Yojana (RSBY)] or supported by state (Arogyasri, Kalaingar) or by smaller community (SEWA, Karuna) or by employer and employee contribution [Central Government Health Scheme (CGHS) / Employee and State Insurance Scheme (ESIS)]. The current study aims to generate evidence in relation to different models of health insurance schemes, in relation to different goals of scalability, sustainability, equity and financial risk protection. The evidence generated would provide a road map for future health insurance schemes in India.

The study is over and the report was submitted to the Planning Commission.

Project duration: AUG' 10 - NOV' 10

The project was supported by SOCIO-ECONOMIC RESEARCH DIVISION, PLANNING COMMISSION, GOVERNMENT OF INDIA and was led by Prof. K S REDDY

EQUITY ANALYSIS IN HEALTHCARE FINANCING AND SERVICE DELIVERY IN THE ASIA-PACIFIC REGION (EQUITAP)

Geographical location: DELHI

This project is a multi-country study on utilization and financing of Health Care. The specific objectives of the study are to expand the evidence base on catastrophic costs, impoverishment effect of household's Out-Of-Pocket spending (OOP) and equity in use of health services in Asia-Pacific region, with an emphasis on extending coverage to Pacific and Mekong countries. The project also estimates total (including government), household and catastrophic spending for Maternal and Child Health (MCH) and analyses system determinants of catastrophic costs. The project also aims at improving current methods used in national estimates of MCH and household spending.

Project duration: JUL' 08 - JUN' 10

The project was supported by INSTITUTE FOR HEALTH POLICY - AUSAID, IDRC, WORLD BANK INSTITUTE and was led by Dr. SAKTHIVEL SELVARAJ

ECONOMIC EVALUATION OF NCD COMPONENT TAMIL NADU HEALTH SYSTEMS PROJECT(TNHSP)

Geographical location: TAMIL NADU

Non-communicable diseases (NCDs) are emerging in India as a major health issue. Effective interventions for NCD prevention and control are not available. In order to increase the evidence-base for NCD prevention and control in India, the Tamil Nadu Health Systems Project conducted pilot programs in prevention, screening and treatment for hypertension and cancer of cervix in two districts in Tamil Nadu. This study focussed on estimation of programmatic costs related to the two projects and in providing estimates of cost per case screened and treated. These estimates could be used towards development of a cost-effectiveness analysis depending on availability of the effectiveness data from the project. The study has calculated economic costs of setting up and running the project within the existing health systems and would be useful for estimating scaling up as well as replication in other settings. The study does not look at costs of setting up existing health infrastructure, but assumes an integrated approach.

The final report has been completed and sent to TNHSP. The study costed two components of the pilot project: 1) prevention and treatment of hypertension; 2) prevention and treatment of cervical cancer among women in selected districts of Tamil Nadu.

Alloted and actual costs were calculated and additional cost ratios have been calculated for both the pilots.

Project duration: JUN' 09 - JUL' 10

The project was supported by TAMIL NADU HEALTH SYSTEMS PROJECT and was led by Dr. BEENA VARGHESE

ACCESS TO MEDICINES IN INDIA: REPORT (CENTAD)

Geographical location: ACROSS INDIA

Medicines account for a sizeable share of overall health expenditure in India. Due to a poor public health system and an unregulated private sector, with virtually no social health insurance, households in India are increasingly bearing the burden of catastrophic health expenditure, with drugs accounting for a major share. This project mapped gaps in literature on the access to medicine debate and developing a comprehensive report covering the entire gamut of issues as regards the access to medicines scenario in India. The project generated a comprehensive document which will provide strong evidence to help multiple stakeholders strategize their decisions.

Project duration: MAY' 09 – OCT' 09

The project was supported by CONSORTIUM FOR TRADE AND DEVELOPMENT - OXFAM INDIA and was led by Dr. SAKTHIVEL SELVARAJ

COST ANALYSIS OF THE SOCIAL FRANCHISING MODEL IMPLEMENTED IN THE COMMUNITY LED INITIATIVE FOR CHILD SURVIVAL - CLICS PROGRAM

Geographical location: MAHARASHTRA

This study focused on estimating the costs of a social franchising model involving a franchiser (medical college) and franchisee (Village Coordination Committees, (VCCs) in the Wardha district of Maharashtra. The Agha Khan Foundation has supported the development of this model and enabled development of VCCs to improve maternal and child health outcomes. The goal of the cost study was to enable estimation of costs relevant for replication of such models within NRHM. The report of this study has been submitted to Agha Khan Foundation.

Project duration: APR' 09 - JUN' 09

The project was supported by AGHA KHAN FOUNDATION and was led by Dr. BEENA VARGHESE

STUDY ON INSTITUTIONALIZATION OF NATIONAL HEALTH ACCOUNTS (NHA)

Geographical location: ACROSS INDIA

Creation of National Health Accounts (NHA) enables the decision maker analyse the pattern of resource allocation and consumption. This further allows to design strategies for equitable access to health care. In order to support various governments, networks are created to strengthen the government's capacity for creation of NHA. One such created network is the Asia-Pacific National Health Accounts Network (APNHAN). The objective of the current study is to generate evidence on the role of APNHAN in strengthening institutionalization of NHA. The study is based on responses generated through administration of a structured tool to NHA experts of 11 countries of the Asia-Pacific region. The understanding on the effect of NHA networks on institutionalization would provide an opportunity to evolve policies and strategies for the same in future.

The report has been generated and submitted to the donor. Findings of the study were disseminated at a workshop in Washington DC.

Project duration: AUG' 10 - SEP' 10

The project was supported by THE WORLD BANK and was led by Dr. SAKTHIVEL SELVARAJ

ECONOMICS OF TOBACCO AND TOBACCO TAXATION IN INDIA

Geographical location: DELHI

This project was a multi-country study on the economics of tobacco consumption, taxation and its implications for emerging economies in developing countries. It examined the trends and patterns of tobacco consumption in India, analyzed the market structure and evaluated issues in tobacco farm economy and livelihoods.

The report for this study was submitted to the donor agency.

Infectious Diseases

Ongoing

SOCIAL ASSESSMENT STUDY UNDER REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP) -II

Geographical location: DELHI, ANDHRA PRADESH, UTTAR PRADESH, ODISHA, RAJASTHAN, ASSAM.

The main purpose of this study is to understand the socio-economic, cultural and contextual factors that determine access, utilization and compliance with services provided under RNTCP by identified population groups. The primary objectives of the study are to: (i) understand the health seeking behavior of the marginalized and vulnerable groups and its socio-cultural context, (ii) to identify the barriers and facilitating factors associated with full utilization of services, in terms of accessibility, acceptability and affordability, both for diagnosis and treatment under RNTCP, by marginalized and vulnerable groups, and (iii) to recommend strategies for improving programme protocol and strengthening the programme interventions, to ensure better provision of services to the above-mentioned groups.

The study tools have been developed and piloted. Data collection in the study states will commence shortly.

Project duration: APR' 11–AUG' 11

The project is supported by CENTRAL TUBERCULOSIS DIVISION, MINISTRY OF HEALTH & FAMILY WELFARE - INTERNATIONAL DEVELOPMENT ASSOCIATION and is led by Dr. GARIMA PATHAK

Completed

BIHAR EVALUATION OF SOCIAL FRANCHISING AND TELEMEDICINE (BEST)

Geographical location: BIHAR

The Bihar social franchising and telemedicine project is a social franchising model of health service delivery that links informal sector providers across the state and refers their patients to MBBS physicians using telemedicine technologies. Over the next four years, this project, headed by World Health Partners (WHP) will establish a large-scale, sustainable health service delivery network consisting of 15,000 rural health providers, 12,000 rural and urban pharmacies, and 2000 telemedicine/tele-diagnostic centres by engaging existing informal and formal private sector providers to improve detection, diagnosis, and treatment of four diseases prioritized by Gates (TB, Kala Azar, childhood diarrhoea, and childhood

pneumonia). PHFI's role is that of a technical partner with the COHESIVE-INDIA (Collaboration for Health Systems Improvement and Impact Evaluation in India) team's evaluation of this project. The main objective is to design a rigorous prospective evaluation that estimates the causal impact of the WHP program in Bihar. We will also estimate specific parameters of the WHP program that can be used to maximize financial sustainability and replicability/scalability of the program and estimate willingness to pay for health care services and for improvements in health care quality, understanding how additional incentives can be used to improve the performance of WHP network providers.

The preparatory phase of the project has been completed. An overall protocol for the impact evaluation has been developed. In addition to overall contribution to the proposal, PHFI's specifically supported the development of epidemiological indicators for TB, Kala Azar (Visceral Leishmaniasis), diarrhoeal diseases and pneumonia. PHFI team members also provided extensive feedback and supported the development of tools for training, data collection and monitoring for this evaluation. The final proposal has been approved by the Bill and Melinda Gates Foundation and pilot work has started in the field. First round of baseline data collection will commence in the third quarter of 2011.

Project duration: NOV' 10 - APR' 11

The project was supported by DUKE UNIVERSITY - BILL AND MELINDA GATES FOUNDATION and was led by Dr. MANISH KAKKAR

RABIES CONTROL PROGRAMME IN TAMIL NADU: ANALYSIS OF THE INTERVENTION STRATEGIES AND MODEL DOCUMENTATION

Geographical location: TAMIL NADU

Rabies control in Tamil Nadu has resulted in a steady and steep decline in rabies cases over the last few years. An appraisal of the Tamil Nadu rabies control program was undertaken by PHFI with technical and financial support of WHO India country office. The main objectives of the study were to appraise the rabies control initiative in the state of Tamil Nadu, review the intervention strategies of the programme and document their effect on the status of dog bite and rabies cases in the state. This activity helped us understand and document mechanisms that enabled the Tamil Nadu state health department to overcome limitations that have been deterrent to effective rabies prevention and control in other parts of the country. Lessons learnt will help understand the replicability of the model to other areas and contexts. Final report has been submitted to World Health Organization.

Project duration: JUL' 09 - NOV' 09

The project was supported by WORLD HEALTH ORGANIZATION and was led by Dr. MANISH KAKKAR

EPIDEMIOLOGICAL PROFILING OF HIV/AIDS SITUATION IN ANDHRA PRADESH USING THE DATA TRIANGULATION METHOD

Geographical location: ANDHRA PRADESH

Under the third phase of the Indian National AIDS Control Program (NACP-III), the resources for HIV prevention, care and support interventions are allocated largely based on the district classification into A, B, C and D categories. In the absence of any other relevant data at the district level, the classification of districts themselves was done using the data from HIV sentinel surveillance (HSS) on the prevalence among antenatal clinic attendees during 2004-2006. In this context of increased data sources and decentralized planning at the district level, NACO has taken up building the capacity of the state and district program managers and M & E persons in data analyses, triangulation and use for program review and planning. Specifically, this process will provide an opportunity to review and refine district classification for resource planning.

The broad objective of the project is to consolidate the district & sub-district profiles in terms of HIV/AIDS situation to:

- Re-look at district categorization based on multiple data sources (revisit the framework for district categorization)
- Capacity building of the state and district program managers and M & E persons in data analyses, triangulation and use for program review and planning.
- Resource and information collection for planning at the district and sub-district level.
- Indian Institute of Public Health, Hyderabad has been selected as the state level coordinating agency to carry out this project in Andhra Pradesh.

The project is complete as of December 2010. Final reports have been submitted to IHAT.

Project duration: AUG' 09 - DEC' 10

The project was supported by INDIA HEALTH ACTION TRUST (IHAT) and was led by Dr. ANIL CHANDRAN S & Dr. SRIKRISHNA SR

PUBLIC HEALTH WORKSHOPS AND TECHNICAL MEETINGS ON INFECTIOUS AND/OR CHRONIC DISEASES

Geographical location: NEW DELHI

Strategic Pathways for Control of Measles, Malaria was held in New Delhi from 26-28th of October 2009. This Round Table Consultation (RTC) was organized by the Public Health Foundation of India (PHFI) and it brought together international and national experts, including researchers, policymakers and practitioners, who assessed the situation of malaria and measles in India and revisited the prevention and control strategies.

The expert group on malaria discussed the major barriers in malaria prevention and control with an emphasis on issues in surveillance and burden estimation; issues in prevention, early case detection and prompt treatment for reduction in morbidity and mortality related to malaria; and the major health system challenges in implementing the malaria control

program. National and international experiences and best practices were reviewed and the expert group developed a set of recommendations to address these gaps. The recommendations included measures to strengthen surveillance systems, study economic, logistic and workforce aspects of diagnostic systems, create capacity for epidemiologic modeling for integrated vector management, employ evidence based policy making and address other health system concerns.

The expert group on measles took stock of evidence related to burden of measles in India, coverage of existing immunization programme, surveillance and case management issues as also the existing strategic direction of measles control in the country. In its recommendations, the expert group advocated for the use of evidence based approaches to control measles infection in the country and endorsed the proposal advanced by the National Technical Advisory Group on Immunization. The expert group made specific recommendations on policy issues, increasing data availability for decision makers, conducting operations research and learning from global best practices to create an enabling environment for increasing the effectiveness of current measles control strategies.

Project duration: OCT' 09 - OCT' 09

The project was supported by UNITED STATES HEALTH AND HUMAN SERVICES and was led by Dr. MANISH KAKKAR

BUILDING INTER-SECTORAL TRAINING AND RESEARCH CAPACITY FOR COMBATING ZOO NOTIC INFECTIONS IN INDIA

Geographical location: NEW DELHI

The emergence, spread and persistence of Zoonoses is the result of a complex interplay of ecological, physical, environmental, genetic, biological, social, political and economic factors. It is obvious then that prevention and control should necessarily require collaboration between sectors and disciplines.

India is particularly vulnerable and has been challenged by Zoonotic diseases such as Japanese Encephalitis, Chandipura and Nipah virus, Leptospirosis, and Avian Flu H5N1. Some of these have appeared in the last decade and have now become endemic. Technical capacity constraints of some of the sectors, a lack of research-informed policy-making, and irregular surveillance and response have further made it difficult to achieve Inter-Sectoral collaboration in india.

Recognizing the urgency and need for stronger coordination between traditional sectors, a system-wide collaboration for mutual benefit of all sectors was initiated in June 2008 by PHFI, following a national brainstorming consultation of stakeholders from multiple relevant sectors. The initiative is called 'Roadmap To Combat Zoonoses In India' (RCZI) initiative. RCZI approaches strengthening Inter-Sectoral Collaboration by bringing together sectors around collaborative research, capacity building and advocacy/ health promotion on Zoonoses. As its core philosophy, RCZI believes that a transparent and non-threatening collaboration around these functional areas has the ability to demonstrate substantial value and be a strong influence on policy makers and program implementers to allow joint action

for zoonoses prevention and control, the ultimate vision of Inter-Sectoral Collaboration.

RCZI's mission is to identify specific outcomes that can be integrated into mainstream systems through innovative approaches that can help combat, prevent, and control Zoonotic infections. It aims to do this by: i) Integrating research and training by experts in the field of human, animal, and Vector-Borne illnesses; ii) Identifying partners and developing mechanisms and resources for multisectoral collaboration and initiatives; iii) Encouraging advocacy and communication strategies to raise awareness amongst different stakeholders involved in zoonotic infections transmission, prevention, and control; iv) Conducting research and capacity-building priorities focused on the 'One Health' concept (linking all sectors ranging from human health to animal, wildlife, social and environmental sectors).

The initiative functions with active technical support of 13 National & International Institutions/ agencies, Govt. & NGOs in the form of a multi-sectoral joint working group that provides strategic advice to RCZI. PHFI is the nodal agency of RCZI and is responsible for coordinating activities among all partners through a core joint working group that engages partner agencies and implements meeting recommendations. The foundation works closely with existing programmes and initiatives. At the same time, as core member of the initiative, PHFI focuses on developing training programmes for public health specialists to strengthen multisectoral experience while emphasising research programmes focused on high priority diseases that are amenable to multisectoral collaboration.

RCZI aims to supplement and complement existing and new efforts for prevention and control of zoonotic infections in India by: i) Strengthening disease detection and response capacity of existing and new public health, veterinary and wildlife workforce; ii) Facilitating multi-sectoral research to inform evidence based policy making; iii) Strengthening of evidence base through development of research programs on high priority diseases that are amenable to Multi-Sectoral Collaboration; iv) Generating awareness on importance of zoonotic infections among various stakeholders; v) Fostering multi-sectoral partnership and linkages

In its first year, RCZI has completed the following activities to accomplish the above objectives: 1) Constitution of a Multi-Sectoral Joint Working Group of 13 national and International Institutions/ Agencies, Govt. & NGOs; 2) As a short term strategy for building Multi-Sectoral response capacity, development of a 3-day training for district level medical, veterinary and wild life conservation officers in early detection and response to episodes of Zoonotic Infections - a one of its kind training package that steps back from disease based approach and imparts skills for better coordination and planning between human, veterinary and wildlife sectors in both endemic and epidemic Zoonoses situations; 3) As a long term strategy to strengthen Zoonoses prevention and control, development of a 'Framework For Targeted Advocacy' for revision of medical curriculum to make education on zoonotic infections more effective. This has been done through a seminal exercise of developing a structured data collection methodology for generation of primary evidence on gaps in current medical curriculum followed by intense consultation of leading national experts and academicians to make recommendations for suitable revisions.

"Zoonoses Watch" newsletters are also released quarterly. The project encompassed multiple activities on collaborative research, capacity building and advocacy and health promotion on zoonoses prevention and control.

Project duration: FEB' 09 - DEC' 09

The project was supported by WORLD HEALTH ORGANIZATION and was led by Dr.MANISH KAKKAR

POLIO RESURGENCE IN INDIA: A SYSTEMATIC REVIEW

At the request of the Ministry of Health and Family Welfare, PHFI organised a workshop (February 2007) aimed at identifying research priorities to address the resurgence of Polio in UP and Bihar. A systematic review of available data (published and grey) between 2000 and 2007 was undertaken to synthesize the efforts made to control Polio in India as a follow up to the workshop.

Polio elimination efforts were reviewed from a range of perspectives including program operational factors, socio-cultural factors, vaccine related issues and environmental factors.

The project was led by Dr. MANISH KAKKAR

Maternal and Child health

Ongoing

LARGE SCALE INNOVATIVE PRO-POOR PROGRAMS FOCUSED ON REDUCING MATERNAL MORTALITY IN INDIA: A PROPOSAL FOR IMPACT EVALUATION (MATIND)

Geographical location: GUJARAT

MATIND is a EU funded, four year collaborative research project between five partners: Karolinska Institute, Sweden; Indian Institute of Public Health - Gandhinagar, Ahmedabad; RD Gardi Medical College, Ujjain; Liverpool School of Tropical Medicine, Liverpool and Zhejiang University, China. The overall aim of this study is to develop a methodology and apply this to assess the impact of and compare two large scale programs for the financing of maternal health care in India: a targeted bursary approach to providing delivery services as in the Chiranjeevi Yojana (CY) program versus the conditional cash transfer approach in the Janani Suraksha Yojana (JSY). In the final stages, the Chinese partners would compare these two schemes with the past NMCS program in China.

IIPH - G will carry out the evaluation of the Chiranjeevi Yojana (CY) part of the study. Phase I of the project is a trend analysis of the CY program based on secondary data since 2006. Phase II includes facility surveys at three districts of Gujarat, active survey of women who have delivered in CY institutions for a month and qualitative studies of private providers participating and not participating in the CY program. Phase III is a prospective survey of 1000 recently delivered women at each of the three selected districts.

The project commenced in April 2011. Detailed action plan and timelines of the project were discussed with the Principal Investigator from Karolinska Institute at a meeting held in June at IIPH-G. Numbers and skill sets of staff required for the project are presently being worked out as is a detailed action plan for the three phases. A meeting of all partners will be held at Ahmedabad in August which will also be attended by EU administrators/ financiers and State officials from Gujarat and Madhya Pradesh.

Project duration: APR' 11 - MARCH' 15

The project is supported by KAROLINSKA INSTITUTET - EUROPEAN COMMISSION and is led by Prof. DILEEP V MAVALANKAR

ASSESSING AND SUPPORTING NORWAY INDIA PARTNERSHIP INITIATIVE (NIPI) INTERVENTIONS

Geographical location: RAJASTHAN & ODISHA

The Norway-India Partnership Initiative (NIPI) was designed to provide up-front, catalytic and strategic support to accelerate the implementation of the National Rural Health Mission

(NRHM) in five focus states, specifically to improve Maternal and Child health service delivery quality and access. The NIPI activities are spread across five years (2007-2012) corresponding to the duration of NRHM and has been functional in Rajasthan, Odisha, Bihar, Madhya Pradesh and Uttar Pradesh. As per the recommendations of the Joint Steering Committee of NIPI to initiate operations research, a proposal was put forth by PHFI and University of Oslo. The project 'Assessing and Supporting NIPI Interventions' (ASNI) was awarded by the National Committee on Operation Research chaired by the Additional Secretary and Mission Director, NRHM. The study has a multi-disciplinary approach designed to assess current NIPI interventions through a gender and equity lens in the states of Rajasthan and Odisha.

The aim of the study is two-fold: 1) to understand the functioning of three thematic areas under NIPI activities: facility based Yasodha initiatives; the Home Based Newborn Care provided by Accredited Social Health Activist (ASHA); and techno managerial support provided by NIPI and their convergence within NRHM. 2) To identify key obstacles in the effective implementation of these initiatives so as to recommend modifications and design an intervention package to improve equity, efficiency and sustainability of the program.

A combination of qualitative methods and quantitative surveys will be deployed to draw together the required information. The study will be conducted in one NIPI focus district and one non-NIPI district which will act as a control area to allow for assessment of the additional benefits provided by NIPI and to identify modifiable barriers specific to the NIPI program. Based on the current level of functioning of the NIPI interventions and identified barriers (if any), recommendations will be formulated and an intervention package developed in consultation with all stakeholders. A costing study will be used to estimate the costs of addressing the various bottlenecks in the system.

During the study period, PHFI and University of Oslo will partner with the State Institutes like State Institute of Health and Family Welfare, Odisha and University of Rajasthan.

The research of ASNI is divided in two phases. Field work of the first qualitative phase was completed in June 2010. Qualitative methods including FGDs, IDIs and observations were employed. The preliminary research report was shared with the Royal Norwegian Embassy (RNE) and a presentation made at the Department of Health and Family Welfare in August 2010. The findings of the research were also presented at the Global Maternal Health Conference.

Based on these findings, the second quantitative phase has been designed in consultation with experts. This phase will attempt to assess the Yasodha and Home Based New Born Care (HBNC) components of the NIPI interventions. A community survey with Mothers and ASHAs will be conducted to understand the benefits of the NIPI interventions. The field work to be conducted during the first quarter of 2011, has been outsourced to a survey agency. First round of tool pretesting has been completed and the tools will be finalized by the end of January 2011.

Project duration: OCT' 09 - SEP' 11

The project is supported by NORWEGIAN MINISTRY OF FOREIGN AFFAIRS and is led by Dr. BEENA VARGHESE

QUALITY ROADMAP FOR INSTITUTIONAL BIRTHS (QRIB)

Geographical location: UTTAR PRADESH

Over the past few years, under the National Rural Health Mission (NRHM), India has seen some unprecedented growth in the rate of institutional births. However, this phenomenal increase in institutional deliveries has also brought to light the problems of overcrowding and compromised Quality of Care (QOC). The overall purpose of the Quality Roadmap initiative is to enable full benefits of increasing institutional births through embedding quality improvement interventions at the facility levels in the health system.

Objectives: 1) To conduct a comprehensive needs assessment of the status of quality of care for institutional births across selected districts; 2) To develop tools for measuring QOC for assuring good quality of care for all institutional births; 3) Launch a sustainable knowledge forum (community of practice) for learning and sharing lessons on quality improvement for institutional birth in India; 4) Develop a preliminary roadmap based on findings from the above activities to improve quality of institutional births in India

As part of the needs assessment, a thorough literature review of national and international literature related to quality of care has been conducted. In-depth interviews with providers and administrators at the various health facilities have also been completed. Facility assessment tools and exit interviews with mothers at institutions are being planned.

Project duration: MAR' 11 - SEP' 11

The project is supported by ENGENDER HEALTH - BILL AND MELINDA GATES FOUNDATION and is led by Dr. BEENA VARGHESE

COMMUNITY-BASED MATERNAL DEATH AUDIT (MDA) IN ONE DISTRICT OF UTTAR PRADESH

Geographical location: UTTAR PRADESH

Maternal death audits (MDA), have been shown to contribute to the reduction in maternal deaths, by providing insight into why women die. MDAs have been carried out in the states of Kerala and Tamil Nadu, where they have been identified as an important tool used to achieve one of the lowest MMRs in the country. Keeping in view that UP has one of the highest maternal deaths in the country, the Government of Uttar Pradesh (GoUP) is in the process of initiating MDA in the state, based on the Government of India guidelines to provide an in-depth understanding of processes and causes leading to maternal deaths, including social-cultural, economic factors, and medical causes. The Government of Uttar Pradesh (GoUP) has requested that Public Health Foundation of India (PHFI) conduct a community-based maternal death audit in Unnao district of UP. Information collected from the MDA will provide vital information that will enable policy makers to make strategic decisions on interventions that will have the greatest impact on reducing maternal mortality.

The objectives of this study include:

1. To identify operational issues and potential solutions to conducting maternal death

audits at community level based on government guidelines

2. Identify the main causes and processes leading to maternal deaths, medical or otherwise
3. Make recommendations to the government on ways to improve maternal health services at the community and or facility level

A community-based MDA will be carried out based on maternal deaths identified in the last year from the district hospital, zanana hospital, sub-divisional hospital, and community health centers in Unnao district. Information will be collected by using the United Nations emergency obstetric care (EmOC) indicators in each of the facilities mentioned. The Verbal autopsy (VA) tool will be used as stated by the GoI in their guidelines. The data collected will be analyzed to identify the chain of events and processes leading to maternal deaths.

The project is in its advanced stage of completion. All the field activities have been completed. Data collection for Facility assesment has been done for 14 block level facilities in the district. Verbal autopsy has been completed on a sample of deaths identified in the community. Data analysis has been completed. Additionally, case studies have been developed on selected cases. Final report writing and development of policy briefs are in progress. These are expected to be completed by July 2011.

Project duration: MAY' 10 - JUL' 11

The project is supported by MATERNAL AND CHILD HEALTH SUSTAINABLE TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR) - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and is led by Dr. SUNIL SAKSENA RAJ

ASSESSMENT OF NAVJAAT SHISHU SURAKSHA KARYAKARAM

Geographical location: RAJASTHAN & MADHYA PRADESH

Navjaat Shishu Suraksha Karyakram' (NSSK) is a recent initiative of Government of India addressing the component of Essential Newborn Care (ENC) including resuscitation of newborn. It involves training of critical health care providers (Medical Officers, Auxiliary Nurse Midwife and Staff Nurses) at District Hospitals, Community Health Centers and Primary Health Centers. The operational research project will document the improvements in knowledge and skills of health care providers in ENC and will study the neonatal mortality and survival outcomes at the facility level in two districts of India. This assessment will provide relevant information about the health care delivery for neonates at the peripheral health centers and will enable policy makers and health officials to evaluate, plan and work towards further improving the quality of newborn care being administered through the government health system.

The baseline phase is over and currently monthly progress is being tracked from two sites in terms of neonatal care. The mid term assessment of the sites will be carried out shortly to gauge the improvements in competencies of health care providers in terms of essential newborn care including skills to resuscitate neonates.

Project duration: JAN' 10 - SEP' 11

The project is supported by MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and is led by Dr. SUMIT MALHOTRA

PRIME: PROGRAMME FOR IMPROVING MENTAL HEALTH CARE

Geographical location: MADHYA PRADESH

The purpose of the Programme for Improving Mental health care (PRIME) is to generate world-class research evidence on the implementation and scaling up of treatment programmes for priority mental disorders in primary and maternal health care contexts in low resource settings. PRIME will achieve its purpose by addressing three objectives in overlapping phases: 1) In the Inception phase we will develop an integrated mental health care plan comprising packages of mental health care for delivery in primary health care and maternal health care; 2) In the Implementation phase we will evaluate the feasibility, acceptability and impact of the packages of care in primary health care and maternal health care; 3) In the Scaling Up phase we will evaluate the scaling up of these packages of care at the level of administrative health units (AHUs).

The objectives will be addressed in poor communities in Ethiopia, India, South Africa, Uganda and Nepal. Comparing experiences across these diverse settings, which include fragile settings, will enable PRIME to generate knowledge with local and international relevance. The outcomes will be: 1) Increased uptake of findings to influence policy and practice in the study countries, other LMIC and by development agencies and donors, to support scaling up of mental health care in LMIC; 2) Improved mental health, social and economic outcomes for: (a) populations in the Administrative Health Units (AHUs) in which the PRIME research programme will be carried out; and (b) other populations in which mental health services have been substantially scaled up, based on the outputs generated by PRIME; 3) Sustainable research capacity in the participating country institutions to develop, undertake, and disseminate the research to implement and scale up mental health services; 4) Sustainable partnerships for future collaborations between the international partners and, in each country, between academic partners, MoH and NGOs.

The grant has been awarded by DFID, UK to University of Cape Town (UCT), South Africa which is the lead institution. PHFI is the lead academic collaborator for the India component of the project. UCT will establish an independent sub-contract with PHFI in March 2011.

Project duration: MAR' 11 - JAN' 17

The project is supported by DEPARTMENT FOR INTERNATIONAL DEVELOPMENT and is led by Dr. RAHUL SHIDHAYE

Completed

AN EVALUATION OF SPECIAL CARE NEWBORN UNITS IN EIGHT DISTRICTS IN INDIA (SCNU)

Geographical location: RAJASTHAN, ODISHA, ASSAM, WEST BENGAL, UTTAR PRADESH, BIHAR, MADHYA PRADESH & ANDAMAN AND NICOBAR

The Special Care Newborn Units (SCNU) set up by UNICEF at ten different locations across India have gained popularity with time and seem to have contributed towards improving neonatal health care provisioning in India. This study was meant to carry out a 360 degree appraisal of these facilities to gauge the impact assessment and the gaps and challenges the model suffers from working at its optimal level of functioning. The underlying premise is to capture lessons learned to aid the process of scaling up of the SCNU model in future.

The findings of the study were crystalized in the form of two policy briefs that were released during a dissemination meeting held in October 2010. The meeting (round table consultation) was attended by representatives from different states, the Ministry and development partners. A set of recommendations have been put forth and are awaiting approval from the Ministry.

Project duration: JUN' 09 - AUG' 10

The project was supported by UNITED NATIONS CHILDREN'S FUND (UNICEF) and was led by Dr. SUTAPA B NEOGI

QUALITY FACILITY BIRTH PROGRAM

Geographical location: TAMIL NADU, RAJASTHAN & ODISHA

The goals of the study are

- 1) To contribute to reduced maternal and newborn mortality in India through the conduct and translation of new knowledge to monitor and improve the quality of equitable health care; and
- 2) To help promote a culture of continuous quality improvement (CQI) of equitable care across the wider health system of India, using maternal and newborn services as an entry point.

Policy briefs and reports from the study have been shared with policy makers and program planners at a dissemination workshop on 6th Sep' 2010. The dissemination workshop was attended by program planners, policy makers and International nongovernmental organizations.

Project duration: FEB' 10 - SEP' 10

The project was supported by THE UNIVERSITY COURT OF THE UNIVERSITY OF ABERDEEN and was led by Dr. RAJ MOHAN PANDA

RAPID EVALUATION OF MEDAK MODEL PROJECT

Geographical location: ANDHRA PRADESH

Medak Project was initiated at the government run primary health centres in the year 2007. The project was implemented by the Academy of Nursing Studies (ANS) and funded by Swedish International Development Agency (SIDA). The project was aimed at enhancing the skills, commitment and leadership qualities among the staff nurses and midwives at the Primary Health Centres in order to deliver better maternal and child health services.

Objectives of the review:

The specific objectives of the evaluation are:

- To examine if the project achieved its set objectives
- To assess if other districts can replicate the Medak model
- To recommend methodologies and improvements to expand to other needy districts

Documents that were provided by the government on data with regard to maternal and child health have been reviewed for the last 5 years and interviews has been conducted with staff nurses, ANMs and medical officers where they were available. Interviews had both qualitative and quantitative aspects wherein the level of knowledge of staff and their performance was measured. Interviews also measured how the labour rooms were maintained and whether necessary implements, medications were available in the labour room. Interviews (Key informant interviews) were also conducted with the DMHO and the Principal of the Academy of Nursing Studies at Hyderabad. The report on the findings of this study was completed and submitted to the government.

Project duration: JAN' 10 - JUN' 10

The project was supported by MINISTRY OF HEALTH, GOVERNMENT OF ANDHRA PRADESH and was led by Prof. MALA RAO

EVALUATION OF NEW ALTERNATE VACCINE DELIVERY IN SHIVPURI DISTRICT OF MADHYA PRADESH

Geographical location: MADHYA PRADESH

Objectives

- Document the impact of newly introduced alternate vaccine delivery (AVD) system on maternal health
- Assess and demonstrate the impact of new alternate vaccine delivery system in improving the immunization coverage in children.

Conclusion:

- Number of vaccination sessions increased by 62. 30% compared to last year.
- DPT-1 vaccination was provided to 84. 48% infants in Shivpuri. Hence it can be

concluded that this many children did come in contact with the immunization net at some point of time during their 1st year of life.

- AVD has led to a higher coverage of BCG, OPV and DPT compared to DLHS-3 figures for the district. Coverage of OPV had shown a decrease by 4. 63%.
- 72. 5% mothers could show vaccination card (NFHS-3 Rural MP - 21. 6%).
- A major reason of partial or unimmunization was lack of information on immunization session. Yet another factor was migration of families
- Source of information on immunization session for mothers was ASHA 61%, AWW 35%.
- In 146 villages mobility support of AVD was given to ANMs. On account of this 1395 vial of BCG, 1080 vial of DPT, 129 of vial OPV, 252 vial of T. T. ,180 vial HEP-B was saved by AVD and came back to VDC and reused.
- The cost of AVD per session was worked out to be Rs. 88. 06 as against Rs 50-100 paid by the district as per the distance.

Recommendation:

- VHND should be organized more regularly with complete service packages available
- AVD mobility support should extended to remaining three blocks also.
- All 20 health institution in district should take up this task of distributing vaccines
- Cold chain room should work as control room of VHND. The cold chain handlers should be graduates and a proper cadre should be developed
- AVD should be linked up with other health programme like malaria slides transportation for effective utilization.

Project duration: APR' 10 - JUL' 10

The project was supported by COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH (CSIR) and was led by Dr. P S GANGULY & Dr. DEEPAK SAXENA

KNOWLEDGE COMMUNITY ON CHILDREN IN INDIA (KCCI) INTERNSHIP

Geographical location: GUJARAT

The "Knowledge Community on Children in India" (KCCI) was an initiative spearheaded by UNICEF India that aims to promote information-sharing on policies and programmes related to children in India. The project was essentially documentation of a UNICEF- supported successful model synchronization of Integrated Child Development Services and Health in Valsad District, Gujarat. The study was disseminated through concerned government line departments, policy makers, civil servants; UNICEF's implementing partners, NGOs, INGOs, National Committees, donor agencies, leading academics in the State and New Delhi. The report is likely to be published as a monograph by UNICEF.

GUIDELINE DEVELOPMENT GROUP ON POST PARTUM HAEMORRHAGE: SYSTEMATIC REVIEW OF RESEARCH EVIDENCE

India lags behind other countries with similar socio-economic indices in terms of Infant and Maternal Mortality Rates. Under National Rural Health Mission (NRHM), in addition to

antenatal care, emphasis is laid on institutional delivery to improve RCH (Reproductive and Child Health) care and reduce Infant Mortality Rate. Even though the situation has improved, there are large gaps. Only 51% of pregnant mothers had three or more antenatal visits. The prevalence of anemia in pregnancy (<10.9%) in the country is 49.7%, and the incidence of Post Partum Hemorrhage (PPH) is 11%. PPH accounts for 39% of maternal mortality and availability of quality emergency obstetric care has been identified as the most important factor in preventing deaths from PPH. Sepsis is the commonest cause of neonatal mortality and is probably responsible for 30-50% of the total neonatal deaths each year in developing countries. It is estimated that 20% of all neonates develop sepsis and approximately 1% die of sepsis related causes.

Based on this and as a follow up of the National Institute for Health and Clinical Excellence workshop held at Hyderabad, the first guideline development group on PPH was formed to introduce standard management guidelines for postpartum hemorrhage that are appropriate to the Indian context.

The voluntary group of collaborators which was formed for this activity included the National Institute for Health and Clinical Excellence, UK, senior obstetricians and gynecologists from public and private sector in Hyderabad, representatives of other associations concerned with maternal and child health such as Federation of Obstetric & Gynecological Societies of India, public health professionals and patient representative groups. The group is working on development of Standard Treatment Guidelines (STGs) for PPH.

IMPLEMENTATION OF THE PCPNDT ACT: LEGAL PERSPECTIVES OF A DIVIDING SEX RATIO

Geographical location: NEW DELHI

The goal of the project was to assess implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 by reviewing cases that have been filed by state under it. The chief objectives of the project are:

- Review current practice of registering and filing cases under the PCPNDT Act and identify gaps in implementation of the Act
- Create better understanding of legal processes and mechanisms under the Act through case law documentation

The geographic areas of focus for this study were 18 high burden states and union territories of India where sex ratios are a major cause for alarm and anxiety, and where interventions are required on priority.

Non-communicable diseases

Ongoing

MULTI-CENTRIC COLLABORATIVE STUDY ON THE IMPACT OF GLOBAL WARMING AND ULTRA VIOLET RADIATION (UVR) EXPOSURE ON OCULAR HEALTH IN INDIA

Geographical location: NORTH EAST REGION, DELHI-NCR, COASTAL SOUTH INDIA (SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & VISION RESEARCH)

The purpose of the proposed research is to undertake a case study of the Northeast region, coastal region in South India in comparison to Delhi+NCR (National Capital Region) for the impact of increased UVR on prevalence of cataract, dry eye, pterygium in people >40 yrs old and allergic disorders in children between 5-15 yrs of age. For this purpose, the relevant data on ozone and UVR will be collected through satellite measurements at Guwahati and coastal South India and the medical data will be collected through Risk Assessment Surveys by teams from Dr. R. P. Centre (North India), Regional Institute of Ophthalmology Guwahati (North East) and coastal South India (Centre for Disability, PHFI, Hyderabad). The study will be undertaken using a mix of retrospective and prospective study designs. Cuddalore (TN) and Prakasam (AP) have had a series of blindness surveys undertaken over the past two decades. Data is also available from Chennai and other locations within 300 kms of Chennai. It is generally agreed that atmospheric pollution remains similar upto 300 kms. Therefore the retrospective analysis would correlate the findings on prevalence of blindness and visual impairment with the atmospheric indices. In addition, it is proposed to undertake a prospective study of a longitudinal nature to estimate the incidence of ocular conditions which are likely to be affected by climate change.

The teams for the study at the three locations in India are being finalized. Questionnaire-schedules to be used for the study have been pretested and are now being piloted. Systematic review of available literature is currently being undertaken. Field work will start in 2011. This multicentric study is being undertaken at 3 centres in India - New Delhi, Guwahati and Hyderabad. The Hyderabad Centre will conduct a situational analysis using data available from Cuddalore district in Tamilnadu and Prakasam district in Andhra Pradesh. Climatic conditions will be measured at Chennai. Field work is awaiting release of financial support from ICMR which is expected in March 2011. Meanwhile preliminary information for the situational analysis is being collected from Cuddalore district.

Project duration: OCT' 10 - JUN' 14

The project is supported by INDIAN COUNCIL OF MEDICAL RESEARCH and is led by Prof. G V S MURTHY

INCIDENCE OF CAUSE SPECIFIC BLINDNESS IN ANDHRA PRADESH

Geographical location: ANDHRA PRADESH (SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & VISION RESEARCH)

There is a considerable body of evidence on the prevalence of blindness and visual impairment among adults in developing countries including India. Most of these studies have documented cataract to be the single largest cause of blindness and visual impairment. The Andhra Pradesh Eye Disease (APED) study in India was first initiated in 1996. It is one of the most rigorous population based studies in low income settings. A number of publications have documented the findings from this study, in relation to blindness, visual impairment and refractive errors.

Over the period June 2009-May 2010, a study was undertaken by L.V.Prasad Eye Institute and the International Centre for Eye Health to trace the original subjects examined in the APED Study in the three rural areas where APEDs was originally undertaken. One of the objectives of the tracing exercise was also to obtain information on mortality and it was observed that there was a mortality differential among those who were blind compared to those who were not blind at baseline, among those aged 40+. The mortality among the blind was 2.3 times higher than among those who were not blind at baseline. This is a significant observation as it helps to plan eye care services for the future. After obtaining informed consent, all eligible subjects will be offered a complete eye examination using the same protocol as in the original survey conducted a decade ago. Subjects will be transported to the examination site which will be located within a short travelling distance from the respective villages where the subjects are located.

Quality assurance will be ensured by periodic monitoring of the survey teams by a faculty/research fellow from L.V.Prasad Eye Institute and the ICEH, London.

ICEH and LSHTM have set up a Centre for Disability, Inclusive Development and Research with the Public Health Foundation of India. This Centre is located at Hyderabad and will be closely involved in the project. Data cleaning and analysis will be conducted at Centre for Disability/. ICEH, who will also provide technical assistance, training of the survey teams and monitoring.

The study will provide estimates on incidence and causes of blindness and visual impairment and progression of lens opacities and also seek association with socio-demographic characteristics.

Tracing of all available original cohort members who were examined during the period 1997-2000 has now been completed. More than 70% of the original cohort are available for re-examination. The study will be undertaken in the districts of Adilabad, Mahbubnagar and West Godavari in Andhra Pradesh. The Manual of Operations is now being completed along with data collection instruments. The eye examination of all eligible population has started in March 2011.

Project duration: OCT' 08 - MAY' 12

The project is supported by LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE - SIGHTSAVERS and is led by Prof. G V S MURTHY

MONITORING AND EVALUATION OF THE RS-10 (ROAD SAFETY IN 10 COUNTRIES PROJECT) INTERVENTION

Geographical location: ANDHRA PRADESH

In the background of rising road traffic injuries and fatalities across the world, particularly in developing countries, research into the knowledge, attitudes and practices of road users, and the incidence and outcomes of traffic incidents is urgent. This study aims to address the epidemiology of road traffic injuries in Hyderabad (particularly helmet use and drunk driving, both identified as local risk factors), as well as evaluate the effectiveness of selected road traffic safety programs implemented as part of the RS-10 project in collaboration with the World Health Organization (WHO) and Health and Family Welfare Department, Government of Andhra Pradesh.

The sub-contract/ agreement for scope of work has been signed by PHFI and Johns Hopkins Bloomberg School of Public Health. A data collection training workshop has been planned at IIPH-Hyderabad on 26th - 27th May 2011, primarily for data collectors and stakeholders from AP Government. Data collection will start after the workshop.

Project duration: MAR' 11 - DEC' 11

The project is supported by JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH and is led by Dr. SHAILAJA TETALI

BARRIERS TO EMPLOYMENT AND EMPLOYABILITY FOR PERSONS WITH DISABILITIES IN HYDERABAD, ANDHRA PRADESH, INDIA

Geographical location: ANDHRA PRADESH

The World Health Organization estimates that globally 650 million people live with some type of disability, of whom 80% live in low income countries. WHO has recommended the use of the International Classification of Functioning, Disability and Health (ICF) as the framework for measuring health and disability both at the individual and community level. The ICF domains are classified from body, individual and societal perspectives. There is a need for generating need-based evidence and developing innovative strategies to reduce stigma and conflict, change behavior and fully integrate disability in society and its day-to-day functioning. This proposed study wishes to ascertain the barriers to employment and employability in identified work places among persons with disabilities in Hyderabad city, Andhra Pradesh, India. The study will also document enabling factors that have promoted employment and employability among persons with disabilities using a case study approach. Information will also be collected from the providers and potential beneficiaries on the provisions of the Indian Disability Act 1995.

Objectives: 1) To ascertain what employer barriers exist among selected work sectors to employ persons with disabilities; 2) To identify physical access, information and communication access (for hearing impaired, visually impaired and people with learning difficulties) employee barriers at work places for employment of persons with disabilities; 3) To also document enabling factors among selected industry sectors that have facilitated

employment of persons with disabilities; 4) To understand the perspectives of the employers as well as persons with disabilities with respect to the provisions of the Indian Persons with Disability Act (1995).

Project duration: MAY' 11 – APR' 12

The project is supported by CHRISTIAN BLIND MISSION (CBM), SOUTH ASIA REGIONAL OFFICE and is led by Prof. G V S MURTHY

VALIDATION OF KEY INFORMANTS FOR IDENTIFYING CHILDREN WITH DISABILITY IN BANGLADESH AND PAKISTAN

Geographical location: BANGLADESH AND PAKISTAN (SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & VISION RESEARCH)

The study aims to validate the use of key informants for identification of children and young adolescents with disability. There is a paucity of data on prevalence and magnitude of disability in the developing world. Since population based surveys are very expensive, it was felt that using community based personnel would be a cost effective method of providing reasonable estimates for planning of need based services. The study is being undertaken in three districts of Bangladesh and one district in Pakistan. A household survey has just been completed in Bangladesh which will be used for validating the estimates obtained through the key informants. Since the Disability Centre is a collaboration between PHFI and LSHTM, part of the work for the study is being undertaken in India. Data management and analysis will be undertaken at the Disability Centre in addition to providing quality assurance in Bangladesh and Pakistan. The Disability Centre has developed the data entry modules and is also involved presently in data cleaning.

Data collection for the last phase of the field study is being undertaken currently and will be completed by mid 2011 in Bangladesh. The pilot phase of the study in Pakistan is proposed to start in February 2011. The household survey has been completed in Bangladesh. Data entry has been completed for all the field work that has been undertaken till date. The Data Management unit at IIPH, Hyderabad has written data cleaning programmes. These programmes have been run on data from two districts in Bangladesh. Data analysis for the household survey on disability will be started in March 2011. The MOU signed between LSHTM and PHFI came into effect from June 2010.

Project duration: JUN' 10 - JAN' 12

The project is supported by LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE - CHRISTOFFEL BLINDEN-MISSION(CBM) and is led by Prof. G V S MURTHY

ROLE OF SINGLE PHOTON EMISSION COMPUTED TOMOGRAPHY (SPECT)-MYOCARDIAL PERFUSION IMAGING (MPI) AND CORONARY COMPUTED TOMOGRAPHY (CT) ANGIOGRAPHY IN THE ASSESSMENT OF PATIENTS AT INTERMEDIATE RISK OF CORONARY EVENTS - A PILOT RANDOMIZED CONTROLLED TRIAL

Geographical location: NEW DELHI

A collaborative group consisting of cardiologists, cardiac radiologists, nuclear cardiologists along with International Atomic Energy Agency (IAEA) are conducting an RCT to assess the effect of choice of initial diagnostic strategy in clinical decision making of patients at intermediate risk of Coronary Artery Disease (CAD) on clinical outcomes at one year. Researchers from ten countries are participating. The hypothesis underlying this proposal is that the use of stress-rest MPI as an initial test for the evaluation of asymptomatic or mildly symptomatic patients who are at intermediate risk of coronary events will result in reduction of non-invasive and invasive testing and result in reduced costs, without adversely affecting clinical outcomes in the short term. The primary objective is to compare the efficacy (in terms of reduced additional non-invasive or invasive testing) and costs of an initial strategy of initial stress-rest MPI, to a strategy of initial coronary CTA in the management of asymptomatic or mildly symptomatic patients who are at intermediate risk of coronary events (death or nonfatal MI) by the Framingham criteria

Role of IIPHD: 1) Design stage: Randomization scheme, Statistical analysis plan, CRF designing; 2) Conduct stage: Data entry, Data processing; 3) End of the study: Perform the statistical analysis of the study using STATA statistical software. The sites are yet to recruit patients. The investigators meeting is planned to be held in March- April 2011 after which the recruitment will start. In February, a data base of the CRF will be made using Microsoft Access software.

Project duration: DEC' 10 - NOV' 13

The project is supported by INTERNATIONAL ATOMIC ENERGY AGENCY and is led by Dr. NIVEDITA DEVASENAPATHY

REVIEW OF THE RURAL AND URBAN MENTAL HEALTH PROGRAMMES UNDERTAKEN BY THE BANYAN

Geographical location: TAMIL NADU

In this proposed evaluation and review of the program, our objectives are: 1) To review the rural and urban mental health program implemented by the Banyan from evolution till date; 2) To develop and assess process/implementation indicators, proximal and distal outcome indicators, cost per unit intervention and cost for retaining one patient in both the programs; 3) To conduct Knowledge, Attitudes and Practices (KAP) study to assess awareness about mental health disorders in the respective communities served by rural and urban mental health program; 4) To study health seeking behavior for mental health disorders in the respective communities served by rural and urban mental health program.

Project duration: FEB' 11 - FEB' 13

The project is supported by THE BANYAN, CHENNAI and is led by Dr. RAHUL SHIDHAYE

Completed

IMPLEMENTATION OF TOBACCO LEGISLATION IN ANDHRA PRADESH

Geographical location: ANDHRA PRADESH

This project looked at developing a model for implementing legislation restricting the use and sale of tobacco in Andhra Pradesh. The objectives were to produce an evidence-based, comprehensive report scoping progress on the entire process of implementation and enforcement of the Indian tobacco legislation.

The research work identified smoke free actions already being taken by a number of Indian states and central government. Information from literature review, advocacy workshops and interviews were used to collate ongoing national efforts. The report has been submitted to the State Government.

A COMPARATIVE ANALYSIS OF WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC) AND THE INDIAN LAWS REGULATING TOBACCO

Geographical location: NEW DELHI

This document was a comparative analysis of various Indian legislations that can be used to substantiate the provisions of the Cigarette and Other Tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production Supply and Distribution) Act 2003, vis-a-vis WHO-FCTC (Framework Convention on Tobacco Control) provisions and international best practices. For each provision, the role of multi- stakeholders from an Indian perspective was listed.

The intent of this report was to use this as an advocacy document at various government departments and by NGOs etc.

This report was formally released on September 9, 2008 at the inaugural function of the National Advocacy Workshop on Tobacco Control and Related Issues in India.

Health Communication and Advocacy

Ongoing

PREPARATION AND DISSEMINATION OF CASE STUDIES OF MATERNAL HEALTH AND YOUTH REPRODUCTIVE HEALTH INNOVATIONS IN INDIA

Geographical location: ACROSS INDIA

The overall goal of the project is to strengthen institutional capacity towards accelerating decline in maternal mortality ratio and, overtime, to sustain a very low maternal mortality regime through appropriate technical, programmatic and organizational responses. The institutional capacity will be strengthened by developing high quality case studies for competency strengthening in and advocacy for improving maternal health as well as for the health system to support these efforts.

The specific objectives of the project are: 1) Development of case studies through print and audio-visual documentation of innovative experiences in public health that provide important learning to public health practice with focus on improving maternal health. 2) Incorporation of these case studies as teaching /training materials in (a) the public health curriculums of the Public Health Foundation of India (PHFI) and its network of Indian Institutes of Public Health (IIPH) as well as of the medical and nursing colleges and other public health institutions for public health professionals; (b) In-service training programs of government at state, district and facility levels and of NGOs. 3) Utilization of these case studies for advocacy with senior policy makers, program managers and professional leaders.

The project is in its second phase; this phase is expected to be completed in the month of June 2011. During the first phase of the project, the core team has prepared a detailed directory on innovations which has been shared during a consultative meeting on 5th of August 2010 with an expert group. Another side meeting was organized on 30th August 2010 using platform of Global Meternal Health Conference 2010 in discussions with the mHealth Alliance. The team also disseminated the draft papers prepared on each sub theme during the side meeting event of Partnership for Maternal, Newborn and Child Health (PMNCH) "Innovations to Improve Maternal Health in India: Many, but still not enough" on 12th November 2010. The teams have shortlisted innovations under each sub theme for documentation. Communication has been made with the organizations for providing information on the shortlisted innovations for further documentation. Two consultant filmmakers have been selected for Audio/Visual documentation. The teams are writing case studies on each shortlisted innovation, which will be followed by Audio/Visual documentation.

Project duration: APR' 10 - APR' 12

The project being supported by MACARTHUR FOUNDATION and is led by Prof. JAY SATIA

HEALTHY INDIA WEBSITE

Geographical location: NEW DELHI

The use of Information and Communication Technology (ICT) for sharing vital information on health finds meaning when it is able to capture the imagination of its audience and create an ambience of change, in both individuals and communities. Healthy India (www.healthyindia.org.in), launched on 7 April 2007 is a unique collaborative effort between the Ministry of Health and Family Welfare, Government of India and the Public Health Foundation of India and is today an award-winning website recognized for its credible content, innovative design and usability.

The Healthy India website is a health promotion tool, providing usable information and resources in a creative and user-friendly format to fill an underserved need for credible and authentic information, focused on achieving improved health and reducing chronic disease burden. Sections of the website showcase commonly sought health information on tobacco use and common ailments such as high blood pressure, diabetes, cancers, heart attacks and strokes. Efforts around the website are being made to underscore the everyday needs and health risks of masses which get neglected in day to day living. A major focus is on advancing consciousness of disease prevention opportunities, encouraging early detection and treatment of diseases, provide everyday solutions, and foster healthy living using appropriate communication and knowledge empowerment mechanisms through this website.

The website has completed nearly four years in cyberspace and has received many accolades such as the PC World Web Award in 2008. The average number of visitors to the website is about 22,750 per month and this includes a significant proportion of returning visitors. On an average the website receives 10-15 queries every week. Some of the activities undertaken: i) Regular updation and expansion of content, including the creation of interactive features, games, animations, quizzes and contests; ii) Establishing platforms for dialogue and discussion with communities through an active panel of experts; iii) Offline promotional activities included creation of attractive IEC materials, a short-burst radio campaign and contest, e-advertisements on other websites and presence on a social networking forum; iv) School-based poster campaign in 30 schools of Delhi

Project duration: APR' 08 - MAR' 12

The project is supported by MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and is led by Dr.SUBHADRA MENON

INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES UNDER NATIONAL MENTAL HEALTH PROGRAMME ("MANAVTA SE ANMOL MAN TAK" - CAMPAIGN)

Geographical location: ASSAM, GUJARAT, ANDHRA PRADESH, UTTAR PRADESH AND DELHI.

The Ministry of Health and Family Welfare, Government of India has approved a grant wherein the Health Communication Division at PHFI shall provide technical support to create

and implement a Behaviour Change Communication (BCC) campaign to break the silence surrounding mental health. Under the National Mental Health Programme, the Division shall embark on this initiative through a three-month pilot campaign till March 2011 to increase public awareness about mental health and mental illness as well as encourage timely help-seeking behaviour by individuals and families by sharing information on available services and initiating efforts in stigma reduction. Towards this end, a series of activities shall be conducted in selected districts of Andhra Pradesh, Assam, Gujarat, Uttar Pradesh and Delhi; namely creation of IEC materials for dissemination, 'Uniting Hearts and Minds' - a Film Festival, Speaker's Bureau interactions with the public, mental health camps, university student-led awareness activities and monitoring and evaluation of the entire pilot campaign.

Working closely with the DGHS, the project team is engaged in strengthening the efforts of the District Mental Health Programme teams, district health administration, college principals and is supported by partner NGOs to implement project activities. Tools have been drafted to develop a better understanding of Knowledge, Attitude and Practice (KAP) of the public at large and attitude of mental health professionals towards affected persons and their families as well as current status of health promotion in this area. The focus of efforts has also been on developing IEC material and this has involved collection of already created materials and gathering inputs from the field, through interactions with affected persons, specialists and experts as well as NGOs working in the field of mental health. Outreach to potential collaborators and partners has been effective and will be used to strengthen the sustainability of the campaign.

Project duration: DEC'10 - SEP' 11

The project is supported by MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and is led by Dr. SUBHADRA MENON

HEALTH SPEAKS TRANSLATION CHALLENGE GRANT

Geographical location: NEW DELHI

In September 2010 Google.org announced Health Speaks, an initiative to make more quality health information available in local languages on the Internet. Three pilots were launched for which people crowd-sourced translation of English Wikipedia health articles into Arabic, Hindi and Swahili within a timeframe of 3.5 months. Health Speaks communities translated, reviewed and published 266 new health articles (177 in Arabic, 79 in Hindi and 10 in Swahili).

Health Speaks pilots pledged a donation of 3 US cents per English word translated to non-profit organizations working in health. PHFI was awarded this grant to undertake health education efforts.

Project duration: SEP' 10 - AUG' 12

The project is supported by TIDES FOUNDATION - GOOGLE INC. and is led by Ms. Kavita Chauhan

AWARENESS TO ACTION THROUGH MULTI-CHANNEL ADVOCACY FOR EFFECTIVE TOBACCO CONTROL IN INDIA: CAPACITY BUILDING IN FIVE INDIAN STATES

Geographical location: ODISHA

The project intends to continue the momentum generated by HRIDAY's continued effort in strengthening tobacco control through implementation of policies, appropriate amendment and effective enforcement of tobacco control legislation, enhancement of civil society engagement and capacity building of stakeholders and legal activism. The project aims to further strengthen and augment ongoing tobacco control advocacy in India and bolster government –NGO partnership at all levels, to enable a politically, legally and socially conducive environment to strengthen effective enforcement of existing tobacco control legislation, through development of mechanisms to monitor enforcement and report violation. Simultaneously, the project will also involve vigorous advocacy for strengthening weak provisions and call for effective enforcement of existing legislation.

Objectives:1) Build capacity of state and district level enforcement officials for effective enforcement of existing legislation and encourage civil society to partner and complement governmental efforts in monitoring progress and reporting violations; 2) Advocate for appropriate amendments in the law to improve enforceability, reduce scope for the tobacco industry to exploit infirmities and make it fully compliant with Framework Convention on Tobacco Control (FCTC); 3) Provide legal assistance to governments, NGOs and partners to tackle challenges in effective enforcement of the law; 4) Expand the NGO network under the Advocacy Forum for Tobacco Control (AFTC) and promote improved coordination for identification of advocacy issues and strategy planning; 5) Develop knowledge and information resources to keep multiple stakeholders abreast of past and current international, national, regional and local developments in the field of tobacco control policies, advocacy and litigations.

The agreement has been signed between IIPH-B and HRIDAY in April, 2011 and the project was officially launched on 2nd May, 2011 in collaboration with Government of Odisha, Health & Family Welfare Department at a state level meeting with Secretary- Health. Recruitment of a State Project Officer has been done. For field level data collection, seven surveyors have been selected and trained. Data collection is in progress for the pre-intervention survey.

Project duration: APR' 11 – DEC' 11

The project is supported by HEALTH RELATED INFORMATION DISSEMINATION AMONGST YOUTH (HRIDAY) and is led by Dr. BHUPUTRA PANDA

Completed

COMMUNICATING WITH PARLIAMENTARIANS TO ADVOCATE FOR EFFECTIVE TOBACCO CONTROL MEASURES IN INDIA

Geographical location: NEW DELHI

The purpose of this study is to engage and interact with Indian parliamentarians and media personnel on tobacco control policy issues specific to India

The objectives of the study include: 1) To undertake upstream advocacy with parliamentarians with a goal to ensure strengthening of overall tobacco control policy framework with special emphasis on: a) Effective enforcement of existing tobacco control laws in the country; b) Advocacy to increase taxation on tobacco products; c) Advocacy for appropriate amendments in the existing laws on tobacco control to bring them in line with Framework Convention on Tobacco Control (FCTC) provisions and international best practices; 2) To undertake media advocacy in select states – a) To bring tobacco control advocacy efforts to the forefront with the involvement of key media personnel; b) To establish and maintain contact with parliamentarians.

This project aimed at addressing challenges faced at the policy level in India in enforcement of national tobacco control measures, by taking direct steps to sensitize key Members of Parliament (MPs) on the status of implementation in India and influence them to prioritize tobacco control in their agenda. Through this project, PHFI will identify, build and maintain rapport with the core group of 30-35 parliamentarians for the next 12 months and keep track of their activities vis-a-vis their commitment to tobacco control. Through this core group, PHFI will expand its contacts with approximately 100 parliamentarians and sensitize them on key tobacco control issues.

The project envisioned engaging parliamentarians in effective implementation of tobacco control laws with the following activities: 1) Apprising the Parliamentary Standing Committee on Health: A representation was made before the Department-Related Parliamentary Standing Committee on Health and Family Welfare on the status of the implementation of The Control of Tobacco Products Act (COTPA); 2) Raising questions in the parliament: Pertinent questions related to implementation of the provisions of COTPA were framed and shared with parliamentarians. Special mention of Section 6(b) of COTPA was made in the Rajya Sabha and questions were raised in the Lok Sabha on specific issues concerning COTPA by honorable Members of the Parliament.

The project also envisaged initiating contacts with parliamentarians to gauge their interest in tobacco control. In this regard, a list of all the MPs from both houses was collated. A list of MPs was drawn for targeted advocacy efforts from the select group of MPs interested in tobacco control initiatives.

In addition, pursuant to the discussions with tobacco control experts and identified lack of expertise, a capacity building workshop for NGOs as a first step towards tobacco taxation advocacy in India was organized.

The project has been successfully completed and reports submitted to the funding agency.

Project duration: JAN' 10 - DEC' 10

The project was supported by TOBACCO-FREE KIDS ACTION FUND (TFKAF) - BLOOMBERG GLOBAL INITIATIVE and was led by Dr. MONIKA ARORA

PRIORITISING NEWBORN AND CHILD HEALTH IN INDIA - A POLICY ADVOCACY INITIATIVE TO BUILD INFORMED CONSENSUS AND MOBILIZE SUPPORT BY TRANSLATING EVIDENCE TO ACTION

Geographical location: DELHI

The goal of this program is to build informed consensus on key technical and programmatic issues related to newborn and child health and survival in India

The strategic objectives include: i) To use contextually-relevant, credible and action-oriented evidence and experience to generate consensus on key issues related to newborn and child health in India; and ii) To strengthen the in-country enabling environment (including diverse constituencies and policy influence) for long term and sustained efforts to improve newborn and child health in India

Using a method mix of in-depth desk reviews of existing evidence on core issues related to neonatal and child health, namely community-based care and appropriate interventions to control diarrhea, anaemia and acute respiratory infections (ARIs) and a Delphi administration to strengthen shared understanding and consensus on key advocacy issues leading then to a long-term advocacy action plan, this initiative would eventually seek out steps for translating knowledge to action aimed at reducing morbidity and mortality.

A multistakeholder consultation titled " Saving NewBorn and Child Lives" with over a 100 participants was convened on 23- 24 November, 2010 to disseminate the evidence gathered and solicit expert views on the four themes. Four technical reviews covering the themes of community-based new born care, appropriate management of anaemia, diarrhea and ARIs were completed. The consultation provided the platform to discuss key issues and concerns. Policy briefs based on the technical reviews and consultations were prepared and an Advocacy Action plan was drawn up to take the effort forward and strengthen mobilisation from key stakeholders for policy and practice action.

Project duration: JAN' 10 - OCT' 10

The project was supported by UNITED NATIONS CHILDREN'S FUND (UNICEF) and was led by Dr. SUBHADRA MENON

INSTITUTIONAL STRENGTHENING AND CAPACITY BUILDING GRANT 'KUSHAL- GLOBAL PUBLIC HEALTH CONNECT'

Geographical location: NEW DELHI

MCH-STAR is operating under USAID/India to develop and strengthen capabilities in the field of Maternal, Neonatal and Child Health and Nutrition (MNCHN). The Strategy of MCH-STAR is to build capacity of Indian Institutions in undertaking research and evaluation activities and in providing technical assistance to Government of India. The institutional capacity building grant assists PHFI in developing its capacity to contribute in the area of MNCHN and also to improve capacity of MNCHN professionals in the country. The grant provides exposure and training to its staff and also builds PHFI's capacity and ability to provide training and undertake advocacy in the area of MNCHN.

The final deliverables of the grant included : 1) Strengthening PHFI resource centre and library through procurement of servers and subscription to bibliography management software- Refworks; 2) In order to increase technical knowledge of staff on MNCHN issues, the grant provided support towards participation of PHFI staff in training programs; 3) Public Health Newsletter- The PHFI launched its online monthly newsletter. It has been christened KUSHAL (which means "well-being" in Sanskrit), with a sub-title Global Public Health Connect; 4) Development of training module on "Ensuring Quality Assurance in MNCHN program.

Project duration: MAR' 09 - MAR' 10

The project was supported by MATERNAL AND CHILD HEALTH SUSTAINABLE TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR) and was led by Dr. SANGHITA K BHATTACHARYA

LEGAL EMPOWERMENT OF THE URBAN POOR

Geographical location: NEW DELHI

The Public Health Foundation Of India (PHFI) undertook this project with support from the American Bar Association on behalf of its World Justice Project. The overall project goal is to focus on enhancing legal empowerment among the urban poor to enhance the access to justice. The principal objectives of this project are:

1) Review current status of awareness about legal entitlements and nature of access to justice in the core areas mentioned below among the urban poor; 2) Based on the identified needs and gaps, build capacity of urban poor communities in order to enhance communities' access to legal entitlements; 3) Create partnerships among local civil society organizations to develop a sustained movement to progressively upscale the realization of the legal and health rights of the poor living in urban slums.

Progress so far: 1) PHFI and its partners, CARENIDHI and Urban Health Resource Centre successfully completed the mentorship phase of this project where the leadership skills of 60 community volunteers were further enhanced by organizing regular refresher meetings, exposure and exchange visits to NGOs (working on increasing access to basic entitlements)

and government offices and providing hand-holding support. Melas and exhibitions on entitlements related to water, sanitation and maternal and child health were also organized by community volunteers to reach out to other members of the community and spread awareness. Success stories of community volunteers were shared to encourage others to access their legal entitlements; 2) A short film has been made to provide an insight into the lives of urban slum dwellers in Delhi and efforts of community volunteers during this project; 3) A training module titled 'Know your rights' has been developed based on the experiences from training workshops conducted under this project. This manual has been designed for trainers who want to conduct training workshops to legally empower urban slum dwellers about their basic legal entitlements related to maternal and child health, water and sanitation; 4) A compendium of all relevant government schemes and contact details of local government officers has been developed in Hindi for community volunteers who participated in the project.

Project duration: FEB' 09 - OCT' 10

The project was supported by WORLD JUSTICE PROJECT, AMERICAN BAR ASSOCIATION and was led by Dr. SUBHADRA MENON

HEALTH LITERACY PROJECT IN THE AREAS OF DIABETES AND CERVICAL CANCER

Geographical location: DELHI/NCR, ODISHA & GUJARAT

As India advances economically and gains greater control over traditional health threats, diseases related to lifestyles and unhealthy living habits are rapidly growing as major public health problems. Chronic diseases such as diabetes and cervical cancer are preventable, if communities are armed with appropriate health information to protect and promote their personal and community health. Though urban areas have a higher incidence of chronic diseases, rural areas are not far behind and the latter may well be unaware that they are also at risk. A year-long health literacy campaign, aimed at advancing consciousness of disease prevention opportunities, encouraging early detection, providing every day guidelines, and fostering healthy living using appropriate communication and knowledge empowerment mechanisms was designed in 2009 to provide the necessary impetus to address these issues. The campaign is hinged on the power of direct community engagement with health issues in order to allow a clearer articulation of the gaps in knowledge and the most effective methods to address them. The objective of the communication campaign is to provide access to information and an understanding of symptoms and risk factors, benefits of health-seeking behaviours and adopting preventive lifestyles and practices, thereby exposing individuals and families to the need for timely and appropriate choices for their health. Towards this end, a needs assessment and mapping of related community practices has been undertaken in order to create messages that are appropriate and practical for implementation. As a partnership between the Public Health Foundation of India and Deepalaya, campaign activities are continuing in six low resource areas in Delhi. The campaign is also being conducted under the name 'Majhama Chho!' in partnership with Darpana for Development in an Ahmedabad slum and in five villages in the Chhota Udepur block in Gujarat. Campaign activities are also ongoing in 20 villages across

two districts of Odisha (Koraput and Nabarangpur) under the name 'Sukh-Sarda Lage Jiyuuen!' developed by South Odisha Voluntary Action and local communities.

The focus has been on assessing community knowledge, attitudes, perceptions and resultant practices, with regard to lifestyle-related, preventable risk factors of Diabetes and behaviours related to Cervical Cancer. The process of collecting information was initiated through innovatively designed Focus Group Discussions and surveys, led by cultural performances on general health or games. The information collected was then compared to desired practice and behaviour by members of the community itself, in consultation with experts, in order to identify gaps and understand what recommendations they may be able to practicably implement. As a result of participatory research, messages began to emerge from the community itself, which were then used to create multiple opportunities for dissemination. The campaign uses interactive community sessions accompanied by the use of community media such as songs, natak, radio drama to be played on community radio sets, Dhemsa (tribal) dance competitions, food demonstrations and stall visits, adapted board games and other activities that help to increase the visual quotient, thereby retaining attention spans of the audience. Presence of symptoms and varied levels of risk have led us to seek the advice of the local health workforce and experts in District-level Consultations and Communications Training for Awareness and Prevention.

Project duration: APR' 09 - JUL' 10

The project was supported by MERCK SHARP AND DOHME (MSD) PHARMACEUTICALS PVT LTD. and was led by Dr. SUBHADRA MENON

RESEARCH AND REVIEW TO STRENGTHEN PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT'S IMPLEMENTATION ACROSS KEY STATES (PCPNDT ACT)

Geographical location: 18 states of India

The goal of the project was to assess implementation of the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994 by reviewing cases that have been filed by the state under it. The geographic areas of focus for this study are the following 18 high burden states and union territories of India, where sex ratios are a major cause for alarm and anxiety, and where interventions are required on priority: Andhra Pradesh, Assam, Goa, Gujarat, Haryana, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu, West Bengal, Delhi, Uttarakhand, Uttar Pradesh, Odisha, Bihar and Jharkhand.

After completing field visits, interviews with key respondents and collecting case documents from 18 states, PHFI and its partner NGOs (i.e. Prayatn, Centre for Youth Development and Activities, Vimochana and ADITHI) analyzed available data and drafted state reports. Based on the data collected across 18 states and findings highlighted in the state reports, PHFI authored the national report. The frameworks for the state reports and national report were finalized earlier based on feedback from all partner NGOs and donor agencies (i.e. the National Human Rights Commission and UNFPA).

PHFI, as the coordinating partner, organized a meeting for all partner NGOs on 20-21

October 2009 at New Delhi where findings from different states and the national report was discussed in detail. All partners decided upon the key aspects of the reports which were to be highlighted and/or strengthened. All partners jointly decided the recommendations which were to be proposed through the national report. Other issues regarding state reports were also discussed during this meeting. Based on the discussions during the partners' meeting, PHFI revised the national report and it was submitted to the donor agency i.e. the National Human Rights Commission in October 2009. The state reports received from partner NGOs were also submitted to the donor.

Project duration: SEP' 08 - OCT' 09

The project was supported by NATIONAL HUMAN RIGHTS COMMISSION and was led by Dr. SUBHADRA MENON

INDO-US DIABETES COALITION

Geographical location: DELHI

The Indo-US Diabetic Coalition is working together to draw attention to the alarming and growing incidence of diabetes among Indians to effect social and behavior change, especially in the young. It seeks to achieve this through awareness and education about diabetes, its complications and lifestyle innervations, to effect policy changes that would help reduce the burden of diabetes among young Indians and to strive to delay the onset of diabetes for future generations of Indians.

Public Health Foundation of India (PHFI) facilitated the launch of the Indo-US Diabetes Coalition. On 13th Nov 2009, two events were organized: Presentation of a memorandum of requests to Mrs. Gursharan Kaur in partnership with Health Related Information Dissemination Amongst Youth, Student Health Action Network (HRIDAY-SHAN) and a press conference to announce the coalition at the India Habitat Centre. Student representatives from 40 schools across Delhi met Mrs Gursharan Kaur, the wife of the Honorable Prime Minister of India, seeking her support, urgent attention and action to aid diabetes prevention in India. At the press briefing called by the Diabetes Coalition on November 13th , medical experts, NGOs, youth organizations and members of civil society agreed that "Diabetes Can and Must be Prevented". As part of its efforts to spark an interest in healthy living in young people and their communities, the Diabetes Coalition and several of its partners, [PHFI, HRIDAY-SHAN and Centre for Chronic Disease Control (CCDC)] together organized a week-long campaign to draw attention to diabetes.

Project duration: FEB' 09 - NOV' 09

The project was supported by MERCK SHARP AND DOHME (MSD) PHARMACEUTICALS PVT LTD. & JOHNSON & JOHNSON and was led by Dr. VIJAYLUXMI BOSE

FILMING AN INTERVIEW AND ASSEMBLING FOOTAGE FOR THE WORLD HEART FEDERATION - GLOBAL SMOKEFREE PARTNERSHIP FILM AT THE WORLD CARDIOLOGY CONFERENCE 16-19 JUNE 2010 AT BEIJING

Geographical location: DELHI

Being a world leader for international initiatives in the anti-tobacco movement, President, PHFI was approached by the Global Smoke Free Partnership to record his views and experiences as a cardiologist who has been actively involved in India's smoke-free campaign. This was part of a global film for the world cardiology conference, and also has contributory footage from China and Columbia.

Project duration: FEB' 10 - FEB' 10

The project was supported by WORLD HEART FEDERATION and was led by Dr. VIJAYLUXMI BOSE

SHORT BURST ANTI-TOBACCO MEDIA CAMPAIGN

Geographical location: NEW DELHI

The objectives of the campaign were to create an effective public awareness on smoking and health with a focus on smoking in public places and to create awareness of legal issues and rights of the individual to protect themselves. As a run-up to the World No Tobacco Day (WNTD), May 31, the campaign focused primarily on radio and TV for message delivery based on the radio and TV spots developed and presently available with Government of India.

The campaign ran for eight weeks and leftover spots ran three weeks beyond WNTD, 2008. The campaign was a successful initial effort in terms of multi-partner planning and execution and the use of media for maximum reach in the states for tobacco control.

Nutrition

Ongoing

EVALUATION OF NUTRITION INITIATIVES OF THE GOVERNMENT OF GUJARAT UNDER INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME

Geographical location: GUJARAT

Government of Gujarat has undertaken various initiatives in the state aimed at improving health and nutritional status of children. Some of the significant initiatives are providing extruded fortified blended food (Balbhog) to children between 6 and 36 months, providing ready to eat Sheera, Upma & Sukdi as supplementary food to pregnant, lactating women and adolescent girls, organizing annaprashan diwas to promote complimentary feeding, conducting village health and nutrition days and distributing nutri candies to improve health and nutritional status in children.

This study aims to understand the perception of beneficiaries about take home foods, assess the impact of ICDS interventions on the nutritional status of children and study in detail the present training capacity of the state to strengthen infant young child feeding (IYCF) practices. The study will be carried out in 4 districts of Gujarat. The specific objectives include : 1) Understand perception of key stakeholders about Bal Bhog, Sheera, Upma & Sukdi: This component of the study will be carried out in 12 blocks of four districts. We will conduct a total of 40 FGDs & in-depth interviews with users and non users to understand the product appeal, attributes, product's perceived efficacy, beliefs, attitude and social norms. This study will also help to understand distribution and consumption pattern of supplementary food in beneficiary families and help us gain insight about determinants for non-usage of foods in children, adolescent girls, pregnant and lactating women; 2) Assess the nutritional impact of ICDS initiatives among children aged 6 months-3 years: This is an evaluation study that will be conducted in 4 districts on a sample of 1600 children. The study will assess impact of ICDS initiatives on nutritional growth and hemoglobin status in beneficiaries; 3) Assess training need assessment (TNA) of AWW and supervisors: To improve focus of frontline workers on infant young child feeding practices(IYCF), training needs assessment will be conducted to identify gaps for IYCF activities in the state. We propose to carry out TNA at three levels; (a) training structure analysis to understand existing organizational effectiveness in delivering IYCF activities (b) task analysis to understand knowledge, skills, attitudes and abilities needed to undertake IYCF activities and (c) competency analysis to measure existing competence among AWWs/supervisors to counsel beneficiaries on IYCF practices . The TNA will be carried out in 4 districts and will cover 80 AWWs and 20 supervisors.

Discussion guides for FGD have been designed and recruitment and training of six research investigators has been completed. Presently the team is visiting districts to hold FGDs in the community. For conducting household survey, a team of 24 field investigators have been recruited and trained. These teams are now in districts and are conducting the survey. We plan to complete the data collection by the second week of March.

Project duration: DEC' 10 - SEP' 11

The project is supported by GLOBAL ALLIANCE FOR IMPROVED NUTRITION (GAIN) and is led by Mr. ANURAAG CHATURVEDI

EFFECT OF HEATING ON THE TRANS-FATTY ACID CONTENT OF COMMONLY CONSUMED INDIAN EDIBLE OILS AND FRIED SNACKS IN SOUTH DELHI

Geographical location: NEW DELHI

Trans fats have been shown to contribute to adverse cardiovascular outcomes. Common source of trans fats in the Indian diet are from foods prepared in partially hydrogenated vegetable oils. A knowledge of the levels of trans fats in the snacks and consumption patterns of oil in households will contribute to knowledge on practices followed and help in raising consumer awareness. This project is concerned with analysing trans fats in deep fried, ready-to-eat snacks commonly sold in the market and in the oils that they are fried in. The project will also survey oil consumption and usage patterns amongst a subset of households in South Delhi.

Project duration: JUL' 10 - JUL' 13

The project is supported by DEPARTMENT OF SCIENCE AND TECHNOLOGY, MINISTRY OF SCIENCE AND TECHNOLOGY, GOVERNMENT OF INDIA, DELHI and is led by Dr. ARCHNA SINGH

Completed

DEVELOPING A TRAINING CURRICULUM AND PROGRAMME ON FOOD SAFETY AND STANDARDS

Geographical location: ANDHRA PRADESH

The scope of work executed was: 1) To build the capacity for professionals in food safety and hygiene (Designated Officers, Food Safety Officers, Food Handlers) to international criteria; 2) To establish a consortium of stakeholders including Government, academic institutes and technical team having national and international repute to take forward the task; 3) Based on relevant occupational needs, the programme will be designed to provide essential underpinning knowledge, competence and understanding about food safety and standards. It will equip designating officers to lead the food safety strategy, planning and its implementation, monitoring and surveillance in their districts, and enable Food Safety Officers to educate and inform Food Handlers about basic good practice in food safety and hygiene and to deliver safe food to the consumers; 4) Food Handler Training - Levels 1 – 4 Food Handler training will be developed, in line with international standards, and offered to

Food handlers, depending on whether they handle low- or high-risk foods; 5) The training programme for Food Safety Officers included levels 1-4 training as for food handlers also in addition enabled them to fulfill a more strategic and managerial role. It also equipped them to have more in-depth knowledge of and competence in food surveillance, risk assessment, plus how to develop a constructive interface with stakeholders and partner organizations, and implementing the Food Safety laws. Additional training included basic epidemiology, inter-sectoral collaboration, management and monitoring and evaluation. Five day training programme was developed for this group; 6) The training programme developed for Designated Officers in addition included management and leadership competence to enable them to lead the food safety strategy for their districts. It is expected that this would include competence in managing their staff and external relationships both with industry and public sector partners and, developing district food safety plans and handling the legal aspects. Further competencies such as leading the food safety officers, understanding key links between Millennium Development Goals and food safety, surveillance and monitoring, linking with health authorities and District Collector to strengthen food safety, writing a food safety plan for the district will be included as part of the training.

Project duration: AUG' 10 - JAN' 11

The project was supported by FOOD SAFETY AND STANDARDS AUTHORITY OF INDIA and was led by Prof. MALA RAO

DEVELOPMENT OF A PG DIPLOMA IN PUBLIC HEALTH NUTRITION THROUGH DISTANCE LEARNING (E-LEARNING)

Geographical location: NEW DELHI

In the last four years, PHFI has made significant progress in several areas impacting the public health scenario. To carry forward the academic agenda at PHFI and the Indian Institutes of Public Health, and to provide direction to nutrition research in the country, PHFI is now planning to launch one year Post graduate diploma program in Public Health Nutrition (PHN) via distance education (e-learning). This post graduate diploma aims to provide comprehensive training in PHN in the global setting with the choice of specializing in a number of topics. The program covers dietary, epidemiological, public health, social and biological aspects of nutritional science. The launch of the PHN diploma is provisionally scheduled for January, 2011. The activities being carried out as part of this program: a) To conduct a Situational Analysis of public health nutrition in India (both of the nutrition component in Public health courses/trainings as well as the public health component in Nutrition courses/trainings being conducted in India); b) To perform / carry out a Scoping exercise / Consultation meeting with Public Health Nutrition Experts for finalizing India-relevant course content c) Designing of the course – a 12 month PG diploma in PHN; d) To pre-test the content and conduct its peer reviewing before the launch.

The 12 months "Post Graduate Diploma in Public Health Nutrition (PHN)" program was launched successfully in January 2011. To the best of our knowledge, this is the first online diploma program in PHN being offered via live classes, at a very nominal fee. In response to our call for applications, more than 200 applications were received. We currently have nearly 120 candidates being taught in two batches. The classes are conducted via live online

sessions by experienced multi-disciplinary faculty on weekends. The profile of the candidates are doctors, health professionals and lecturers. We also have multiple international candidates and Govt. (NRHM, India) nominated professionals, clearly appreciating the need for more such value-addition programs. The PHFI acknowledges receiving financial support from the WHO India Country office, New Delhi, to facilitate the development of this program. The overwhelming response received for this one year diploma program has strengthened PHFI's vision of initiating further academic programs and other training initiatives in the area of nutrition research.

Project duration: JUN' 10 - APR' 11

The project was supported by WORLD HEALTH ORGANIZATION and was led by Prof. K S REDDY

SITUATIONAL ANALYSIS OF WORLD FOOD PROGRAMME'S VILLAGE LEVEL FLOUR FORTIFICATION PROJECT IN MADHYA PRADESH

Geographical location: MADHYA PRADESH

The study aimed to conduct an in-depth situational analysis in order to explore operational planning for a village level flour fortification programmes and to establish a suitable baseline to assess the impact of the project on completion.

Specific Objectives of the research project were

1. To map the operational areas of Sahariya inhabitation and validate the data pertaining to the project area and number of chakki mills to be covered by the project in consultation with the Tribal Welfare Department, GoMP and to study the willingness of the chakki mill owners to partner in the project.
2. To do a Socio-demographic and socio-economic profiling, mobility mapping, time use, educational status and access to education, housing conditions and state of sanitation, gender analysis-the status of women, livelihood activities and migration and access to food during migration, income profiling, average spending on food, agricultural patterns and major crops among the Sahariya community in the project area.
3. To assess the health and nutritional status with special reference to anaemia and those conditions that has an impact on haemoglobin status, food habits and dietary practices including food grain processing practices, food security issues (i.e. accessibility, availability, utilization, stability) , availability of food grains under PDS in the target community-Sahariyas.
4. To study the existing health services in terms of service delivery (coverage in distributing Iron-Folic Acid Supplement), access to these services, already existing IEC materials, community perceptions and awareness levels of malnutrition and anaemia, consumption of fortified flours.
5. To study the formal and informal power structure and role of PRIs with a focus on Village Health and Sanitation Committee (VHSC), other village institutions, Government department, existing government programmes (e.g. Integrated Child Development Services ICDS), schemes of the tribal department and the interface and access to the Sahariyas.

6. To study the perception of the community leaders/PRI members and the community to partner towards supporting this initiative of village level flour fortification.

Three districts of Madhya Pradesh, Sheopur, Shivpuri and Guna; a total of 18 villages and 576 households were covered. The study findings showed that the Sahariyas in these three districts had poor access to general health and nutritional services. Their health care seeking behaviour showed a definite tilt towards private practitioners. There was a high prevalence of undernutrition among children in the age range of 0-5 years (low weight for age in the range of 57 to 64.3%, low height for age in the range of 55.6-61.9% in 3 districts). The prevalence of Chronic Energy Deficiency (CED) among adults was high. The nutrient intake of Sahariya women showed poor intake of calorie, fat, calcium, folic acid, riboflavin, vitamin A and vitamin C. Though iron and protein intake were found to be comparable to the draft Recommended Dietary Allowances (RDA) (2009), the quality of protein was questionable and bioavailability of iron was low as the diets predominantly consisted of cereals. The utilization of Public Distribution System (PDS) facilities was sub-optimal. The Sahariya households expressed willingness to consume the fortified flour and were willing to bear the cost implications of fortification provided it benefited their health. The household food security assessment showed that 83.3% of the Sahariya households had very low food security which is quite alarming. About 90.1 % of the Sahariya females were found to be anaemic. The study indicates requirements of an intensive behaviour change communication (BCC) with providers to sensitise them towards Sahariya tribe's way of life. It is very important to instill pro-tribal outlook among providers in health systems, education, and public distribution system.

Project duration: MAR' 10 - MAY' 10

The project was supported by WORLD FOOD PROGRAMME and was led by Prof. SANJAY ZODPEY

Social Determinants of Health

Ongoing

ASSESSMENT OF HIV INCIDENCE AND ITS DETERMINANTS IN A POPULATION - BASED LONGITUDINAL COHORT STUDY IN INDIA

Geographical location: ANDHRA PRADESH

The goal of this research study is to provide empirical data for the first time in India on the incidence of HIV and its determinants at the population level through a longitudinal study. This study is being conducted in a representative population-based sample of over 12,600 adult men and women in rural and urban clusters of Guntur district in the Indian state of Andhra Pradesh in whom we assessed baseline seroprevalence of HIV, Herpes Simplex Virus-2 (HSV-2) and Syphilis, and the sexual and other risk behavior during 2004-2005. We are conducting a 5-year follow-up of this cohort to estimate new HIV, HSV-2 and Syphilis infections and ascertain the determinants of HIV incidence and the transmission dynamics at the individual, partnership and broader levels. In addition, we are assessing the bias in reporting sexual behavior using a confidential polling box approach for a more realistic understanding of risky sexual behavior at the population level. We are also assessing effective coverage of and barriers to key HIV prevention, treatment and care interventions at the population level to understand how their coverage could be enhanced. These unique data are expected to fill several key gaps in the evidence base needed for the understanding of HIV transmission and its control in high burden parts of India

Data collection will be completed in 2011 which includes confidential interviews and collection of blood sample. Data entry is taking place simultaneously and blood samples are being analysed at the Nizam's Institute of Medical Sciences, Hyderabad. A system has been put in place with local public sector HIV testing and counselling centres for referral and follow-up of the study participants.

Project duration: JUL' 09 - JAN' 14

The project is supported by NATIONAL INSTITUTES OF HEALTH, USA AND CENTRE HOSPITALIER AFFILIE UNIVERSITAIRE DE QUEBEC (CHAUQ) and is led by Prof.LALIT DANDONA

SYNTHESIS OF EVIDENCE ON THE SOCIAL DETERMINANTS OF HEALTH TO INFORM RESEARCH AND POLICY IN INDIA

Geographical location: NEW DELHI

Addressing social determinants of health successfully is a long-term agenda which must be tackled through effective policies based on sound local evidence and context. Therefore, it is essential for efforts at the country level to invest in developing systems that will enable this to happen. In this project, we will facilitate the development of such a system for India

through a rigorous scientific effort aimed at a high-quality and policy-relevant synthesis of the available evidence on social determinants of health in India through original advanced analyses. This effort will integrate diverse evidence to identify the best ways to use the available evidence on social determinants of health and identify the major gaps to inform further development of research and policy to effectively reduce health inequities in India. Through close consultation with key stakeholders, we will explore development of a national health equity surveillance system and expand this research into a dynamic knowledge hub on social determinants of health that could provide rigorous information to develop policies and programmes in India to reduce health inequities and facilitate their impact evaluation.

Identification of datasets at national, state and district levels for the various themes of social determinants of health has been done. The identified datasets are being accessed and a plan for their analysis is being developed.

Project duration: JAN' 10 - DEC' 12

The project is supported by BUPA FOUNDATION , UK and is led by Prof. LALIT DANDONA

URBANISATION AND SPATIAL INEQUALITIES IN HEALTH IN BRAZIL AND INDIA

Geographical location: INDIA AND BRAZIL

The overall aim of the project is to enhance the use of social science research and statistical methods in public health in Brazil, India and the UK by training in appropriate social science methods. The project will achieve this through a) the analysis of national survey and census data in relation to the themes of urbanisation, economic development and social equity in health; b) encourage stronger links between the social sciences and public health by linking social science researchers with public health researchers in the common goal of increasing health equity; c) use available data in Brazil and India to answer the question of whether people and populations living in more socioeconomically mixed neighborhoods, cities and states have better health than those in more segregated areas. Secondary data sources in Brazil and India are being used to examine the following key hypotheses: 1) Districts, cities and states with less spatial socioeconomic inequalities have better health than areas with greater spatial socioeconomic inequalities; 2) For a given level of income/socioeconomic position, people living in areas with less spatial socioeconomic inequalities have better health than those living in more segregated areas.

Progress so far: 1) Workshops on Spatial and Multilevel Analysis completed in India and Brazil; 2) Paper presented at the Research Methods Festival in Oxford; 3) India: DLHS-3 data obtained and analysis in a multilevel and spatial context underway; 4) Brazil: Data obtained and analyzed for other Brazilian cities 5) Multi level analysis completed 6) Writing of Research paper in process. No prob ☺The workshop in India on Spatial and Multilevel analysis was held in June 2010 and was attended by 21 participants. The profile of the participants included public health, biomedical and clinical research professionals, social scientists and researchers interested in quantitative analysis.

Project duration: MAY' 10 - SEP' 11

The project is supported by THE UNIVERSITY OF MANCHESTER - ECONOMIC AND SOCIAL RESEARCH COUNCIL, UK and is led by Dr. M. SITAMMA

GENDER AS A DETERMINANT OF THE UPTAKE OF SERVICES IN PERSONS WITH DISABILITIES

Geographical location: ANDHRA PRADEH AND KARNATAKA

Evidence shows that women with disabilities are estimated to be approximately 10% of all women globally (WHO). Women with disabilities experience not only physio-pathological problems but also major psycho-social problems which makes them more vulnerable to disabilities than men. Evidence generated from resources like Census of India, National Sample Survey Office (NSSO 2001) will underestimate the burden of disability in women in terms of magnitude and distribution in different geographical areas in the country. Detailed studies are required to plan need based services for persons with disabilities. The WHO has recommended the use of the International Classification of Functioning, Disability and Health (ICF) as the framework for measuring health and disability both at the individual and community level.

Objectives: 1) To estimate the prevalence of disabilities in identified areas of Medak district of Andhra Pradesh and Bidar district of Karnataka; 2) To estimate the level of functioning among the identified persons with disability by using the International Classification of Functioning, Disability and Health (a classification of the health components of functioning and disability); 3) To understand the distribution of identified disabilities with respect to age groups, gender and types of special needs required; 4) To understand the barriers to access to care and support services among the people with disability so identified in these two locations; 5) To facilitate referral to a higher centre for care as well as network with agencies that could provide support to the people with disability including their entitlements, benefits and compensation; 6) To create self-help or interest groups among people with disability within the communities in which they exist for advocacy and appropriate lobbying towards disability inclusion

Project duration: MAY' 11 – OCT' 12

The project is supported by CHRISTIAN BLIND MISSION (CBM), SOUTH ASIA REGIONAL OFFICE and is led by Prof. G V S MURTHY

MIGRATION, POVERTY AND ACCESS TO HEALTHCARE: A STUDY ON PEOPLE'S ACCESS AND HEALTH SYSTEM'S RESPONSIVENESS IN FAST GROWING SMALLER CITIES (NASIK)

Geographical location: MAHARASHTRA

Aim of the present study is to develop and test a supportive strategy of healthcare, which would achieve the desired levels of accessibility and delivery of health care services to migrants living in fast-growing smaller cities in India. The study will be carried out in two

phases namely:

(I) Formative phase

(II) Intervention phase, including implementation and evaluation.

Objectives of formative phase: 1) To assess the migrants' healthcare access in the vulnerability context of migration and livelihood insecurity; 2) To understand the factors (individual-/community-/system-level) affecting the migrants' access to healthcare services; 3) To identify key points to develop an intervention to improve healthcare access to the socio-economically disadvantaged migrants.

The project commenced in May 2011. The formative phase is underway. The locations of migrant colonies and unauthorized slums in the project area have been identified. Rapport building at the community level has been initiated. The questionnaire for quantitative survey has been developed and pre-test of the questionnaire has started.

Project duration: MAY' 11 – APR' 12

The project is supported by INDIAN COUNCIL OF MEDICAL RESEARCH and is led by Ms. ANJALI BORHADE

Completed

STUDY OF SOCIAL NETWORKS AND HIV RELATED RISK-TAKING BEHAVIORS OF TRUCK DRIVERS AND CLEANERS IN HYDERABAD, INDIA

Geographical location: ANDHRA PRADESH

The aim of this study is to conduct research on HIV infection dynamics in truck drivers and cleaners in Hyderabad, India to contribute to evidence-based HIV/AIDS intervention programs. Truck drivers and cleaners are at high risk of HIV and the contribution of their social networks to HIV spread has not been studied adequately in India. This study will include a sample of 1500 truck drivers and cleaners passing through Hyderabad. The research will include assessment of the social network and risk taking behavior of truck drivers and their cleaners using validated surveys in Telugu and Hindi through audio computer-assisted self-interviewing, and determination of HIV and HSV-2 prevalence and recent HIV infection using dried blood spots. The interpretation of findings would aim to inform further development of HIV/AIDS prevention strategies in truck drivers and cleaners.

The field data collection is complete and dataset is being prepared for analysis. The laboratory analysis of the blood samples will be completed shortly, after which the findings from the study will be produced and disseminated.

Project duration: DEC' 09 - NOV' 10

The project was supported by LIFESPAN/ TUFTS/ BROWN CENTRE FOR AIDS RESEARCH - THE MIRIAM HOSPITAL, USA and was led by Prof. LALIT DANDONA

REVIEW OF THE HEALTH OF THE URBAN POOR IN SOUTH EAST ASIA REGION

Geographical location: ANDHRA PRADESH

A review of the health of the urban poor in the WHO South East Asia Region (SEAR) has been commissioned by the WHO SEARO. This review includes an analysis of the situation of the SEAR countries, as well as recommendations to improve the health of the urban poor in the region. An advanced draft of the report has been examined by the WHO SEARO.

The final was submitted in September, 2010. This project culminated in a WHO SEARO consultation workshop from 13th – 15th October 2010, where the report were presented.

Project duration: JUL' 10 - OCT' 10

The project was supported by WORLD HEALTH ORGANIZATION SOUTH EAST ASIA REGION OFFICE (WHO-SEARO) and was led by Prof. MALA RAO

UNDERSTANDING CAUSES AND SEEKING INTERVENTIONS FOR CHILD DEATHS: A CASE STUDY FOR ADILABAD - ANDHRA PRADESH

Geographical location: ANDHRA PRADESH

The district of Adilabad has a significant tribal belt, having poor health and development indicators. In 2007 and 2008, the district succumbed to a succession of Malaria epidemics that killed several children. Thus the people of Adilabad had appealed to the National Commission for the Protection of Child Rights (NCPCR) for interventional aid. NCPCR commissioned PHFI to investigate the issue of child mortality using a socio-ecological framework, within the broader context of child rights.

The study has been completed and the report has been submitted to NCPCR and WHO. NCPCR will use some of the recommendations of the study for policy level negotiations, and while formulating the National Child Health Policy. The final report is uploaded on the WHO website. Part of the study has been presented at the 4th Asia-Pacific Action Alliance on Human Resources for Health, Vietnam, November 2009.

Project duration: MAY' 09 - SEP' 09

The project was supported by WORLD HEALTH ORGANIZATION and led by Ms. SUDHA RAMANI

BASELINE SURVEY UNDER ADOLESCENT GIRLS AND GENDER PROGRAMS IN MAHARASHTRA

Geographical location: MAHARASHTRA

This survey was carried out as part of Deepshika, a project being implemented by UNICEF Maharashtra. The programme aimed at removing inequalities by targeting disadvantaged girls directly, and empowering adolescent and young girls in the age group of 12 to 18 years.

UNICEF utilized the findings for evidence-based advocacy for adolescent girls under NRHM and initiated dialogue with the health department and Integrated Child Development Services (ICDS) departments for improved Adolescent Reproductive and Sexual Health (ARSH) interventions.

The objectives of the study included: a) To understand the socio-demographic characteristics of households and adolescent girls in the selected blocks; b) To assess the knowledge level of adolescent girls on issues related to adolescent and reproductive health, personal hygiene, nutrition and HIV/AIDS; c) To bring out the attitude of adolescent girls towards aspects related to adolescent and reproductive health, personal hygiene, nutrition and HIV/AIDS; d) To assess the level of life-skills in adolescent girls.

USE OF INHALANTS AMONGST STREET CHILDREN IN DELHI

Geographical location: NEW DELHI

This project involved ethnographic description, interpretation, and diagnosis of volatile substance use amongst street and slum children in Delhi. The main objective of this research was to obtain an ethnographically grounded understanding of inhalant use in Delhi.

The empirical materials provided information on categories of users and patterns of use; the socially and culturally mediated experiences of inhalant use; side effects representing bonuses and/or costs of sniffing; the role of inhalants in the generation of street children; the interplay of inhalant use, power and agency; the political economy of inhalant use, the uses of intervention and also the lack thereof in Delhi. Two conference papers have been written. One of the conference papers has been submitted for publication with the Indian Journal of Human Development.

Technical assistance

Ongoing

PARTNERSHIP FOR SUSTAINED IMPACT

Geographical location: DELHI

The 'Partnership for Sustained Impact (PSI)' is a USD 18.3 million proposal grant awarded to PHFI from the Bill and Melinda Gates Foundation (BMGF), which is providing techno-managerial and financial support to the National AIDS Control Program Phase III (NACP III) since May 1, 2008. In line with the NACO mandate, the PSI project enables partnerships to achieve sustained impact and support an efficient rollout of NACP III to ensure a smooth take-over of Āvāhan programs. The project aims at increasing the capacity of NACO to implement, manage, monitor and evaluate prevention programs with high risk groups and bridge populations in six States with highest HIV prevalence (Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Manipur and Nagaland). The program provides technical assistance to NACO and SACS (State AIDS Prevention and Control Society) in selected technical areas viz. STI franchising, communications, monitoring and evaluation and evidence based planning for targeted interventions. The technical support is closely linked with the NACP-III and reflects a shared vision with the BMGF.

Currently, the PSI Project is managing partnerships with 14 Agencies, which provide techno-managerial support to NACO/SACS. Some of the Key Partners include BBC World Service Trust, UNAIDS, Karnataka Health Promotion Trust, Hindustan Latex Family Planning Promotion Trust and Emmanuel Hospital Association. Since the beginning of the Project on May 1, 2008, the key areas of project support at the national and state level included:

Targeted Interventions (TIs): 1) A team of 11 PHFI consultants seconded to NACO are working as a National Technical Support Unit (NTSU) under the leadership of Director General (DG), NACO with the mandate of scaling up the prevention program across the country. In addition, staffs of TI Division NACO and NACO's North Eastern Regional Office (NERO) are also supported by the Project. 2) Effective scale up of TIs from 764 in March 2007 to 1,601 (1,377 SACS supported and 224 Donor Supported) in November 2010; 3) Evaluation of 1,058 TIs completed, including 51 CBO-Led TIs, 4) Of the 1,515 TIs, project directly supports (through its partners), 454 TIs (30% of the total TIs: 131 in AP, 58 in Karnataka, 18 in Maharashtra and 247 in NE Region).

Institutional Strengthening: 1) Support for TSUs (Technical Support Unit) for strengthening 131 TIs in Andhra Pradesh and 58 TIs in Karnataka and for NERO for managing 247 TIs in 8 States (Sikkim and 7 states in NE Region), 2) Organizational assessment of NACO and State AIDS Control Societies (SACS) in 5 States, namely, AP, Assam, Karnataka, Maharashtra and Uttar Pradesh;

Information, Education and Communication: 1) Development of film on Waste Disposal Management including Safe Disposal of Needles and Syringes, for Injecting Drug Users (IDU) interventions, 2) Development of Communication Strategies for NACO in the areas of

Condom Promotion, STI Treatment and Voluntary Blood Donation, 3) Development of Radio/TV Ads for promotion of Condom Use, STI Treatment and Voluntary Blood Donation, 4) Development of monographs and corporate communication material for International Congress on AIDS in Asia and The Pacific (ICAAP 2009: Bali) and International AIDS Conference (IAC 2010: Vienna), 5) Support SACS through 4 Regional Communication Officers to develop and rollout IEC Strategy at SACS level, 6) Documentation of best practices in TI programming in Andhra Pradesh, which was released by the Project Director, APSACS, on World AIDS Day: December 1, 2010.

Capacity Building: 1) Development and rolling out of training modules for Program Managers, Outreach Workers, Injecting Drug Users and STI Counselors. 2,000 copies each of the modules are being printed for distribution to 35 SACS and TSUs across the country. 2) Training of 939 Master Trainers and 194 Lead Trainers, across the country on Program management, Out-reach, Management Information Systems, Harm Reduction, Operational Management and STI counselling, 3) Training of 65 Integrated Counselling and Testing Centre (ICTC) District Supervisors across the country, 4) Development of Finance and M&E Modules for NACO, 5) 451 district level workshops for stakeholder sensitization on District AIDS Prevention and Control Units (DAPCUS) across 23 districts in Andhra Pradesh and 29 Districts in Karnataka. In all, 14,309 stakeholders from 13 line departments participated in the workshops, 6) Development of draft operational guidelines for STRCs (State Training and Resource Centre).

Monitoring and Evaluation: 1) Conducted large scale studies for Mid Term Review of NACP III, including Behavioral Surveillance Survey in AP and Karnataka; Data Triangulation in AP, Maharashtra and Karnataka; STI Review in Tamil Nadu and High Risk Group (HRG) Mapping in AP and Tamil Nadu. 2) Strengthening of M&E system for TI and STI at the SACS level in AP, Tamil Nadu, Gujarat, Karnataka, Maharashtra, Uttarakhand, Odisha and Rajasthan, 3) Development of Tools and Manuals for Year-End Assessment/Evaluation of STRCs and CBOs (Community based Organisation). 4) In partnership with SRI - IMRB (Social and Rural Research Institute - Indian Market Research Bureau), supported APSACS to conduct baseline evaluation for its proposed state-wide mass media campaign on HIV/AIDS.

Operational Research: 1) Study on Female Sex Worker (FSW) interventions in GB Road, Delhi, to explore the possibility of developing it as a Learning Site for other FSW TIs. 2) In collaboration with IIPH-Delhi, the Project is also facilitating the training on Operations Research in HIV/AIDS for the STRC Teams in Manipur and Nagaland, from January 31, 2011 to February 3, 2011.

Knowledge Hub: In partnership with UNAIDS, the Project is supporting NACO in setting up a HIV Knowledge Hub in NACO.

Policy Engagement: NACO has evolved a unique strategy of public private partnership by co-opting civil society organizations as implementing TI partners as well as for capacity building. Some of the strategic decisions to strengthen these partnerships include: placement of 1 program officer for every 10 TIs; renewal of STRCs' contracts for 2 years instead of 1 year; introduction of the system of tripartite contract between NACO – SACS – STRC; and replacement of the system of Quarterly fund disbursement to STRCs by half-yearly disbursements.

Project duration: MAY' 08 - JUN' 12

The project is supported by BILL AND MELINDA GATES FOUNDATION and is led by Dr. PREETI KUMAR

NATIONAL INITIATIVES FOR ALLIED HEALTH SERVICES

Geographical location: DELHI

Augmenting paramedical capacity in India by undertaking the following tasks: 1) Framework to augment availability of paramedical manpower in the country; 2) Methodology of teaching and inputs in education and training of paramedical streams including infrastructure, equipment, training materials, training HR, pedagogy, ToT strategies; 3) Protocols for certification of courses and quality control (evaluation) of skill sets; 4) Regulatory framework for paramedical disciplines, vision and mission statement for institutes; 5) Human resource positioning at National Institute of Para-medical Sciences (NIPS) & Regional Institute of Para-medical Sciences (RIPS), broad outlines for various departments, organizational chart and protocols for pedagogical renewal process; 6) Scope of alternate models of learning and training on cutting edge technologies

Key activities undertaken so far:

- 1) Knowledge collation workshop with leadership and faculty from renowned educational institutions in allied health services such as Ali Yawar Jung Institute, Maharashtra University of Health Sciences (MUHS), All India Institute Of Physical Medicine & Rehabilitation (AIIPMR), Armed Forces Medical College (AFMC), JJ Hospital and Symbiosis Institute on the 15th of April 2011 at Mumbai.
- 2) Brainstorming session on methods and overall landscape of project with PHFI leadership on 19th of April 2011.
- 3) Landscape workshop on augmenting paramedical training capacity on 26th -27th of April 2011 at National Institute of Health and Family Welfare (NIHFW), New Delhi.
- 4) Knowledge collation workshop with leading allied health service providers/practitioners of more than ten different specialties on 2nd of May 2011 at K.L Wig Center for Medical Education and Technology (CMET), All India Institute of Medical Sciences, New Delhi.
- 5) Over 400 questionnaires dispatched to all medical colleges across India under the notification of the Ministry of Health and Family Welfare, as part of a national data mapping exercise in May 2011.
- 6) Collaborative discussion with the National Skills Development Corporation (NSDC) and the Confederation of Indian Industries (CII) on the need for the establishment of a distinct sector skill council in healthcare, emerging from the issues related to paramedical capacity building on 18th of May at New Delhi.
- 7) On-boarding workshop on the subject with allied health professionals belonging to existing formalized associations/other structures for governance on 21st of May 2011 at G. B. Pant hospital, New Delhi.
- 8) Follow up discussion on the importance of defining "skills and competencies" as the basis for curriculum design, training and capacity building with the NSDC, CII and industry leaders representing leading hospital chains, device and equipment manufacturers and technology solution providers on 24th of May 2011 at PHFI.
- 9) Individual specialty/cadre consultations with optometrists, physical therapists, speech

therapists, OT technicians, radiographers, radiotherapists, occupational therapists, laboratory technicians and audiologists etc. between 25th - 28th of May 2011 at PHFI.

- 10) A consultation with key regulatory agencies such as existing State Paramedical Councils, Indian Dental, Nursing, Rehabilitation and Pharmacy Council leadership, accrediting agencies such as National Accreditation Board for Testing and Calibration Laboratories (NABL) and Quality Council of India (QCI), autonomous educational/training institutes such as AIIMS, NIHFW, National Board Of Examination (NBE), All India Council For Technical Education (AICTE) and IGNOU, industry leaders such as Dr Lal Pathlabs, leading development partners such as WHO and DFID, etc. on 30th of May 2011 at NIHFW, New Delhi.
- 11) Extensive desk review of national and international institutions' curricula, teaching methods, regulatory frameworks, business models and pedagogy is concurrently being performed by HSSU secretariat.

Project duration: MAR' 11 - OCT' 11

The project is supported by MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and is led by Dr. TARUN SEEM

Completed

TECHNICAL ASSISTANCE TO THE GOVERNMENT OF JHARKHAND TO OPERATIONALIZE FIRST REFERRAL UNITS- II

Geographical location: JHARKHAND

This project aimed at facilitating the government functionaries to upgrade 12 selected health facilities to functional First Referral Units (FRUs) during the project period. A strategy document was produced which would guide the government functionaries towards operationalisation of rest of the FRUs in the state. This project also provided technical assistance in order to maintain and track the progress of the selected 12 FRUs in the state. Capacity of the FRU and government functionaries will be built to render quality of maternal and neonatal care services at FRUs. Advocacy will be carried out at each level of functioning, from facility to district and state level. This project was engaged all the key stake holders working in the area of maternal and child health, like the health department, UNICEF-Jharkhand, civil societies like EKJUT, Child In Need Institute (CINI) and others. This phase of the project also developed tools and indicators in consultation with the government and MCH STAR, which aimed at enabling the FRU functionaries and people at the state to maintain and track the progress made in FRUs.

The Government of Jharkhand has taken firm steps towards operationalisation of FRUs in the state. The following are a few major achievements of this project: 1) The state has started planning to operationalise FRUs in a logical manner depending on the resources available for the same. 2) The state health department has reallocated 220 medical officers who have specialisation in obstetrics/gynaecology, surgery, paediatrics and anaesthesia to the designated FRUs where their skill set is needed. 3) The state health department has also

hired 64 specialists in the above mentioned categories on contractual basis and they are being posted at designated FRUs. 4) The state has released dedicated fund to the designated FRUs which could be utilised to bring FRUs to operational level. 5) Active involvement of key people in the state such as the Mission Director, State programme manager and the regional directors of health department may bring impetus to operationalisation of FRUs. 6) Deep Ice Line Refrigerators have been provided to FRUs towards establishing Blood Storage Units which is one of the critical components to operationalise FRUs. 7) A strategy document/white paper will be published for the state government which would further guide the state towards sustainable improvement in the FRUs.

Project duration: JAN' 10 - SEP' 10

The project was supported by MATERNAL AND CHILD HEALTH SUSTAINABLE TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR) - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and was led by Dr. PRATAP KUMAR SAHOO

TECHNICAL ASSISTANCE TO THE GOVERNMENT OF JHARKHAND FOR THE OPERATIONALIZATION OF FIRST REFERRAL UNITS (FRU) - I

Geographical location: JHARKHAND

The objectives were:

- To enable government functionaries to identify gaps in the functioning of FRUs
- To facilitate development of action plans to address the gaps.
- To enable government functionaries to develop FRU-Specific monitoring plans to track progress.
- The following activities were completed as part of this project:
 - Orientation of FRU functionaries on FRUs and their role in addressing MDG-5
 - Gap identification exercise conducted for all 12 FRUs which was taken up by the state
 - Facility specific action plan prepared
 - Review of action plans carried out on regular basis to track progress in each FRU
 - Training provided to all support staff from 12 FRUs on handling hospital wastes
 - Integrated delivery register introduced at 12 FRUs to capture more comprehensive information from pre-partum, intra-partum, post-partum services, referrals made to other facilities and outcome of the pregnancy.

Project duration: DEC' 08 - DEC' 09

The project was supported by THE MATERNAL AND CHILD HEALTH SUSTAINABLE TECHNICAL ASSISTANCE AND RESEARCH (MCH-STAR) - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and was led by Dr. RAJ MOHAN PANDA

PARTNERSHIP FOR SUPPORT TO NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

Geographical location: NEW DELHI

As per the Memorandum of Understanding between PHFI and Ministry of Health & Family Welfare (MoHFW), PHFI will provide manpower and technical support to NTCP, MoHFW for the following specific activities: Provide legal support, information, education and communication services and assist MoHFW in the recruitment of national level consultants for policy, state coordination and lab, state consultants, programme assistants, data entry officers and office helpers.

Objectives: 1) Provide legal support through hiring services of part time legal officer to support effective implementation of National Tobacco Control Programme and COTPA (Control of Tobacco Products Act) 2003; 2) Provide technical support towards developing mass media campaign under NTCP; 3) Assist MoHFW in recruitment of tobacco control consultants at centre and state to work under NTCP.

Progress so far:

- 1) Legal Support: A part time Legal Officer has been hired by PHFI and loaned to MoHFW to assist in tracking all legal cases against MoHFW and aid in drafting notifications related to COTPA.
- 2) Technical review support and mass media campaigns under NTCP:
 - a) Two public notices have been designed and developed with regard to section 4 and section 6 of COTPA. These were published in all leading newspapers all over India; b) PHFI designed and developed the cover page for GATS (Global Adult Tobacco Survey) India report. PHFI was also involved in technical review of GATS-INDIA report.
- 3) Recruitment aspect of MOU for national level consultations for policy, state coordination, state consultants, programme assistants, data entry officers and office helpers is complete. An interview selection committee, approved by the Deputy Director, MoHFW, was formed. PHFI facilitated interview process and selection of 14 state consultants and 3 consultants at center with support from technical and legal officers at HRIDAY.
- 4) PHFI provided technical assistance in developing Republic Day tableaux. Extensive advocacy was undertaken by PHFI tobacco control team to get tobacco control included as an important theme in this tableaux with the Information, Education and Communication (IEC) section of MoHFW.

Project duration: AUG' 10 - JAN' 11

The project was supported by NATIONAL TOBACCO CONTROL PROGRAM, MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA - WORLD HEALTH ORGANIZATION and was led by Dr. MONIKA ARORA

SUPPORT TO MENSTRUAL HYGIENE SCHEME

Geographical location: NEW DELHI

Members of the Health Communication and Advocacy Division at PHFI were selected to participate in IEC Committee for the creation of a social marketing strategy for improving menstrual hygiene among adolescent girls and women across the country. Two field visits were conducted to villages in Rajasthan and Karnataka to assess the situation on the ground and ask key questions related to current practice, knowledge levels, sources of information and communication needs. The information collected was then used to inform and draw up a strategy and BCC action plan in collaboration with UNICEF, NSHRC, JHUCCP, USAID and UNFPA.

Project duration: AUG' 10 - SEP' 10

The project was supported by MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA

Other initiatives

Ongoing

MASTER'S IN SUSTAINABLE DEVELOPMENT PRACTICE

Geographical location: NEW DELHI

Under the existing MoU between PHFI-TERI, PHFI will take a course on Global Health for TERI's Master's Program on Sustainable Developmental Practice. This would include 50 hours of teaching on two modules: (1) Population Sciences; (2) Health Policy.

50 hours of class room based teaching completed for the Master's Program on Sustainable Developmental Practice at TERI in April 2011. Evaluation included internal assessments and end of course exams. Course results have been declared in May 2011.

Project duration: DEC' 10 - JUN' 11

The project is supported by THE ENERGY AND RESOURCES INSTITUTE (TERI) UNIVERSITY - MACARTHUR FOUNDATION and is led by Dr. ARUNA BHATTACHARYA

Completed

PREPARE A USER FRIENDLY DOCUMENT REVIEWING GLOBAL LESSONS IN NUTRITION SECURITY FROM SELECT COUNTRIES THAT RESULTED IN REDUCTION IN MALNUTRITION AMONGST THEIR POPULATIONS

Geographical location: NEW DELHI

The overall scope of this exercise is to prepare a user-friendly document reviewing global lessons in nutrition security from selected countries that resulted in a reduction in malnutrition amongst their populations. Specifically, the document that would be developed at the end of this exercise would: 1) Summarize the global malnutrition reduction approaches that have led to a reduction in malnutrition amongst populations in relevant low and middle income countries, thereby contributing to achieving nutrition security. 2) Recommend which approaches seem to be most appropriate for India to consider adopting or adapting. The main audience of the document would be Government of India program and policy leaders while the secondary audiences would be civil society, NGO, private sector and development partner leaders and media.

The objective of this exercise was to emphasize that it is possible to reduce underweight, micronutrient deficiencies and poverty, and increase food security, in a short period of time, despite inherent social inequalities. Many important lessons have emerged from the country examples, some of which are given below:

1. Political will and leadership
2. Multi dimensional program design
3. Program implementation and governance
4. Emphasis on women as change agents
5. Involvement of other stakeholders
6. Targeting of interventions
7. Increasing accountability

India would need to build on the foundation of the existing programs in the country and infuse new life to its efforts towards curbing malnutrition and addressing nutrition security by making all of these independent efforts more inclusive, adding more components, extending their reach and increasing the resources, both financial and human, allocated to them. The final report was submitted to the donor agency.

Project duration: SEP' 09 - JUL' 10

The project was supported by INTRAHEALTH INTERNATIONAL INC. and was led by Prof. SANJAY ZODPEY

REVIEW OF THE HEALTH OF THE URBAN POOR IN SOUTH EAST ASIA REGION

Geographical location: ANDHRA PRADESH

A review of the health of the urban poor in the WHO South East Asia Region (SEAR) was commissioned by the WHO SEARO. This review includes an analysis of the situation of the SEAR countries, as well as recommendations to improve the health of the urban poor in the region.

The WHO SEARO organised a consultation workshop on the health of the urban poor in the WHO South East Asia Region (SEAR), from October 13 to 15, 2010, in Mumbai, India. At this workshop, an advanced draft of the review on strategic directions to improve the health of the urban poor in the SEAR was circulated. The final document was submitted to the WHO SEARO in November 2010.

Project duration: JUL' 10 - OCT' 10

The project was supported by WORLD HEALTH ORGANIZATION SOUTH EAST ASIA REGION OFFICE (WHO-SEARO) and was led by Prof. MALA RAO

REVIEW/EVALUATION OF THE PUBLIC HEALTH FIELD LEADER FELLOWSHIP PROGRAM (PHFLF) BATCH 1

Geographical location: ANDHRA PRADESH

IIPH, Hyderabad did an evaluation/review of the Public Health Field Leader Fellowship Program (PHFLF) Batch 1 as per the agreed Terms of Reference (TOR) with SHARE INDIA's

“Public Health Management Institute”, (PHMI).

The review focused on improving learning, as related to the quality of curriculum, teaching methodologies and impact of the training program. The specific objectives of the review were: a) To evaluate the outcome of the Fellowship against the objectives; b) To review the needs of audience vs curriculum of training; c) To review the teaching/training methodologies during the one year Fellowship; d) To assess the concepts retained, skills learnt, and applied among the Fellows; e) To assess the benefits of the Fellowship to the parent organization of the Fellows; f) To identify the indirect benefits of the Fellowship on the Fellows; g) To recommend critical improvements to the Fellowship in terms of target audience, training content, methodology and duration.

Final report has been completed and submitted to Public Health Management Institute.

Training

Training

Objectives of the Training Division

The Training Division of the Public Health Foundation of India has been established with the goal of fulfilling the short term training needs of public health practitioners and professionals of health and allied sectors in India with following objectives.

- Organize short term training programs on critical public health issues in collaboration with other public health institutions, client agencies, central and state governments.
- Collaborate with States Training Institutes for capacity building initiatives. (State Institute of Health and Family Welfare).
- Develop the linkages with Government of India, multilateral, bilateral and international organizations for development of training portfolio.
- Develop the linkages with the local Governments in the states uncovered by IIPHs, and conduct the short term trainings at off-site locations.
- Coordinate with the Indian Institutes of Public Health for developing and delivering the locally and centrally allocated short term trainings.
- Conduct monitoring and evaluation of training programs and Training Needs Assessments.
- Provide consultancy services to other agencies as and when requested
- Promote the concepts of Continuing Medical Education and e- learning among health practitioners.

Our Competencies

- Capability to deliver customized programmes with efficient and effective training management capability.
- Need-based and client-based content with interactive teaching methods and field-based experiential learning -- making PHFI trainings appropriate for public health and other sector professionals to take on effective leadership roles and responsibilities in an ever changing world.
- More than 100 internationally and nationally trained in-house experts, working on research and academic projects with national and international partners; external faculties from the best institutes within India as well as internationally are involved actively as subject matter experts.
- Diversity of training topics and programmes – ‘one stop solution’ to public health capacity building needs.
- Quality assurance for all training programmes for continuous quality improvement guided by the principle of total quality management.

Quality Assurance in Training Programme

Pre Training

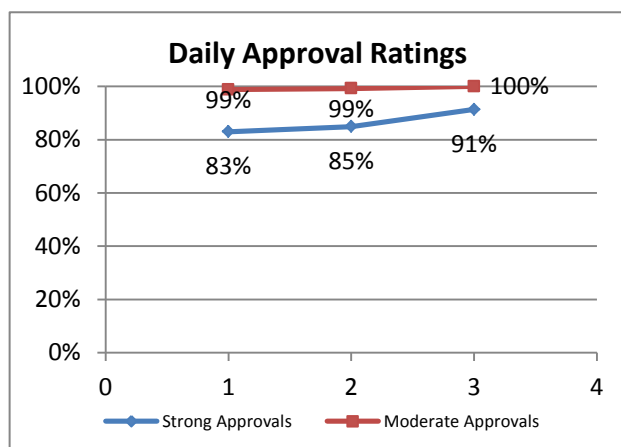
PHFI's Training Division undertakes a careful process of discussions with public health experts and agencies, policy analysis and literature review to identify short term training needs in the field of public health. Participant's level of knowledge is ascertained prior to the commencement of each training program. New as well as modules already designed by experts are altered accordingly.

Design and Delivery of Training Packages

Trainings modules at PHFI are designed by subject matter experts. Each training program is developed, keeping in mind the profile of participants and competencies to be acquired. The training module is reviewed before training by the experts through peer review process.

A rich mix of teaching and learning techniques - lectures, case studies, role-play, competitive exercises, cooperative exercise, problem-based learning, simulations, self-study etc - are used for effective learning. In order to provide practical experience to participants, various training programmes have the component of field visits.

Participant Feedback and Training Evaluation



All trainings have a strong component of participant feedback and evaluation. We at PHFI believe that participant feedback is essential for every session for assessment and improvement. Training evaluation is done both during and after the program to demonstrate the effectiveness of teaching, participant learning, on-the-job change and impact on organization (wherever possible).

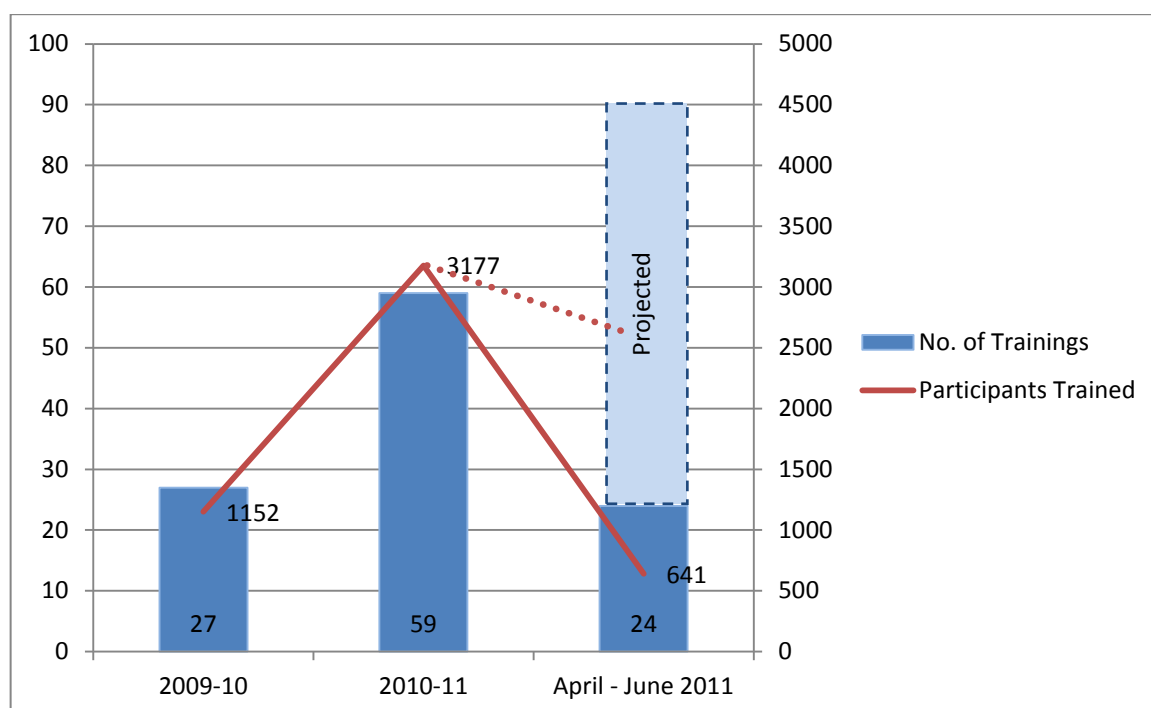
(Overall training approval by Participants – ToT for Village Health and Sanitation Committees, Gangtok Sikkim, July, 2010)

Post Training

A mentoring and supportive supervision process is undertaken for a prescribed duration whereby participants are encouraged to contact their mentors for advice and guidance while trying to put into practice what they have learnt.

Progress So Far

There is active collaboration between PHFI and IIPHs in terms of design and development of content and curriculum, faculty and content sharing as per the need, the area of the expertise and availability. Due to this collective effort, over the years, this portfolio across PHFI is witnessing huge growth in terms of number of trainings and participants trained.



Partnerships

- Government of Madhya Pradesh

The MoU has been signed with Madhya Pradesh government for strengthening the capacity building initiatives at the State Institute of Health Management and Communication – Gwalior (SIHMC). The PGDPHM course has started from August, 2010 and the various short term training are planned in near future.

- Government of Jharkhand and MCH STAR (USAID Project)

The Training Division, PHFI is also nurturing to start a partnership initiative to strengthen Institute of Public Health, Ranchi Jharkhand by providing Technical Support through conducting Training Needs Assessment and subsequently designing and delivering state specific short term trainings with support from MCH STAR (USAID Project). Similarly, at the request of Govt. of Jharkhand, launch of PGDPHM course and placement of qualified PHFI faculty in Institute of Public Health, Ranchi from August 2011 and other short term trainings are also planned. This is in advance stage of the approval by State Government.

- Measure Evaluation, University of North Carolina, USA (USAID Project)

Under this partnership, MEASURE Evaluation and PHFI have agreed to cooperate to develop the following activities: design, implement, and evaluate a series of short-term regional workshops; explore, design and launch distance learning certificate course in M and E and seek opportunities for conducting policy-relevant collaborative evaluation research and technical assistance on M&E.

Selected Testimonials

"We were doing our duties well earlier but after this training we are equipped with the various management tools for better programme management to deliver improved healthcare services to the community".

Training Participant (Training at Haldwani- February, 2010)

"Case studies discussed in this training and group work on planning will be an important input for the planning for my district health action planning."

District Programme Manager (Training at Tura, Meghalaya, December 2010)

"I have been a facilitator and moderator for more than 10 certificate courses on Diabetes. Three of these ten courses were conducted by overseas universities of international repute. However, without any second thought I can say that from the point of content, lay-out of course and its supervision, CCEBDM is the best of all. Congratulations to PHFI and Dr Mohan's Academy for bringing out such a wonderful course".

Dr. Arun Vadavi, Regional Faculty, CCEBDM, Bangalore (February 2011)

Trainings Conducted from October, 2010 – June, 2011

S No	Training / Workshop	Month/ Year	Location	No. of Participants	Funding Agency	Training Days
1	ToT for School Health Programme	Oct, 2010	Shillong, Meghalaya	35	NRHM, Meghalaya	3
2	Operations Research in Public Health	Oct, 2010	IIPH -Delhi	39	Self sponsored	4
3	Public Health Planning for Hearing Impairment (Short Course)	Oct, 2010	Alankritha Resorts, Shamirpet	37	Christian Blind Mission (CBM) through London School of Hygiene & Tropical Medicine (LSHTM)	5
4	ToT for Monitoring & Evaluation	Nov, 2010	IIPH - Delhi	11	Measure Evaluation, USA	3
5	IMNCI TOT for District Trainers	Nov, 2010	IIPH - Bhubaneswar	24	UNICEF	8
6	IMNCI TOT for District Trainers	Nov, 2010	IIPH - Bhubaneswar	28	UNICEF	8
7	Basic Biostatistics	Nov, 2010	IIPH - Delhi	16	Self sponsored	4
8	Designing Randomized Controlled Trials	Nov – Dec, 2010	IIPH - Delhi	13	Self sponsored	4
9	Three months Induction Training for District VBD Consultants	Nov, 2010 – Feb, 2011	IIPH - Delhi	23	National Vector Borne Disease Control Programme, GoI	89
10	ToT for Rogi Kalyan Samitis	Dec, 2010	Shillong, Meghalaya	35	NRHM, Meghalaya	3
11	ToT for Village Health and Sanitation Committee	Dec, 2010	Shillong, Meghalaya	35	NRHM, Meghalaya	3
12	ToT for Rogi Kalyan Samitis	Dec, 2010	Tura, Meghalaya	35	NRHM, Meghalaya	3
13	State Consultative Meeting for Steps Project	Dec, 2010	Dr. MCR HRD, Hyderabad	90	Bill and Melinda Gates Foundation	1
14	Practical Approach to Hospital Infection Prevention & Control	Dec, 2010	Hyderabad	34	Workshop was conducted by PHFI in collaboration with Government of Andhra Pradesh. Faculty support was provided by IIPHH, SHARE & BD	2
15	ToT for Village Health and Sanitation Committee	Dec, 2010	Tura, Meghalaya	35	NRHM, Meghalaya	3
16	Analysis and Interpretation of Randomized Controlled Trials	Dec, 2010	IIPH - Delhi	14	Self sponsored	4
17	IMNCI TOT for District Trainers	Jan, 2011	IIPH - Bhubaneswar	24	UNICEF	8
18	FETP for DSOs	Jan – Feb, 2011	IIPH - Delhi	14	IDSP, Ministry of Health and Family Welfare , GoI	13

S No	Training / Workshop	Month/ Year	Location	No. of Participants	Funding Agency	Train ing Days
19	Operation Research on HIV/AIDS	Jan – Feb, 2011	Imphal	20	BMGF	3
20	Regional Workshop on Monitoring and Evaluation of HIV and AIDS Program	Feb, 2011	New Delhi	23	Measure Evaluation, USA and Self Sponsored	10
21	FETP for DSOs	Feb, 2011	IIPH - Bhubaneswar	16	IDSP, Ministry of Health and Family Welfare , GoI	12
22	IMNCI TOT for District Trainers	Feb, 2011	IIPH - Bhubaneswar	26	UNICEF	8
23	CME on Application of Meta-analysis in Public Health at Behrampur during Annual Conference of IAPSM	Feb, 2011	IIPH - Delhi	70	IAPSM	3
24	Reorientation of Trainers - CCEBDM	Feb, 2011	Mumbai	85	MSD Pharmaceuticals (Pvt.) Ltd.	2
25	Reorientation of Trainers - CCEBDM	March, 2011	Chennai	84	MSD Pharmaceuticals (Pvt.) Ltd.	2
26	Ethics in Clinical Research	March, 2011	IIPH - Delhi	23		4
27	IDSP FETP	March, 2011	IIPH - Delhi	17	IDSP, Ministry of Health and Family Welfare , GoI	13
28	Using Management tools to Improve District Health Services	March, 2011	Shillong, Meghalaya	30	NRHM, Govt of Meghalaya	3
29	Research Ethics Training Programme	March, 2011	ISID – Delhi	45	PHFI	1
30	Using Management Tools to Improve District Health Services	March, 2011	Tura, Meghalaya	30	NRHM, Govt of Meghalaya	3
31	Certificate Course In Evidence Based Diabetes Management	Aug, 2010 – March, 2011	100 Centers in India	1208	MSD Pharmaceuticals (Pvt.) Ltd.	6
32	Induction Training of Kala Azar Consultants	March – April, 2011	IIPH - Delhi	21	NVBDCP, GOI	15
33	IDSP FETP	March – April, 2011	IIPH - Hyderabad	22	IDSP, Ministry of Health and Family Welfare , GoI	12
34	Short term Training in Qualitative Research Methods in Health & Medical Research	April, 2011	IIPH - Gandhinagar	11	ICMR and Self Sponsored	3
35	Burden of Disease and Cost Effectiveness Methods	April, 2011	ISID – Delhi	23	University of Washington and PHFI	9

S No	Training / Workshop	Month/ Year	Location	No. of Participants	Funding Agency	Train ing Days
36	Public Health Emergencies and Disasters : Management and Preparedness (2nd Batch conducted as part of HPA project)	April, 2011	Hyderabad	45	Health Protection Agency, UK	5
37	Orientation cum Brainstorming Workshop on Mainstreaming Tobacco Control into Health Systems	April, 2011	IIPH - Hyderabad	21	STEPS Project / BMGF	1
38	Introduction to Qualitative Research Methods	April, 2011	IIPH - Delhi	27	Wellcome Trust, UK	5
39	Workshop on Pharmacovigilance	April, 2011	IIPH - Delhi	38	Self-Sponsored	4
40	Project Management in Health Programmes	April, 2011	IIPH - Delhi	24	Self-Sponsored	3
41	Conduct and Reporting of Systematic Reviews of RCT's	April, 2011	IIPH - Delhi	15	Self-Sponsored	4
42	Short Term Training on FETP Under IDSP	April – May, 2011	IIPH - Delhi	22	IDSP, Ministry of Health and Family Welfare , GoI	12
43	ToT on GIS	May, 2011	IIPH -Delhi	20	MEASURE Evaluation	3
44	IDSP FETP	May, 2011	IIPH - Bhubaneswar	15	IDSP, Ministry of Health and Family Welfare , GoI	12
45	Regional Consultation on Human Resources in Public Health	May, 2011	Bhubaneswar	85	Packard Foundation	2
46	Short Term Training on Monitoring & Evaluation of Public Health Programmes	May, 2011	IIPH - Gandhinagar	19	ICMR and CSIR and Self Sponsored	3
47	Safety 10 Andrapradesh: Two day training workshop on Data Collection and Record Keeping	May, 2011	IIPH - Hyderabad	16	JHSPH, USA	2
48	Economic Evaluation of Health Care Programmes - Cost Effectiveness Analysis	May, 2011	IIPH - Delhi	26	Self-Sponsored	4
49	Capacity Building of STATA (internal training)	May, 2011	IIPH - Delhi	10	No funding (internal participants)	2
50	Medical Writing	May, 2011	IIPH - Delhi	26	Self-Sponsored	4

S No	Training / Workshop	Month/ Year	Location	No. of Participants	Funding Agency	Train ing Days
51	Short Term Training on FETP Under IDSP	May – June, 2011	IIPH - Delhi	18	IDSP, Ministry of Health and Family Welfare , GoI	12
52	Regional Workshop on Monitoring and Evaluation of Population, Health and Nutrition Programmes	June, 2011	New Delhi	29	MEASURE Evaluation and Self Sponsored	8
53	Workshop on Research Methods in Health Systems	June, 2011	IIPH - Bhubaneswar	23	Self-Sponsored	3
54	Regional Dialogue on Strengthening Health System	June, 2011	Ahmedabad	53	Packard Foundation	1
55	Qualitative Research Methods in Public Health	June, 2011	IIPH - Delhi	32	Self-Sponsored	4

Proposed Trainings (2011-12)

- Regional Workshop on GIS Application in Public Health – September, 2011
- Certificate Course in Evidence Based Diabetes Management: October 2011 to September 2012: In 100 Centers, 18 States covering 1500 primary care physicians
- Regional Workshop on Monitoring and Evaluation for Population, Health and Nutrition Programs– November, 2011
- GIS Application in Public Health – December, 2011
- Quality Assurance for Improved Health Services – January, 2012
- Effective Hospital Management – January, 2012
- Regional Workshop on Monitoring and Evaluation of HIV/AIDS Program– February, 2012
- Regional Workshop on Monitoring and Evaluation for Gender – April, 2012
- Training on Report Writing – Government of Meghalaya
- Training of ASHA Coordinators – Government of Meghalaya
- Public Health Emergency and Disaster Management – Government of Meghalaya
- Using Management Tools to Improve District Health Services - Government of Meghalaya
- Trainings in Assam, Arunachal Pradesh and Nagaland
- Research Methodology
- Clinical Research
- Induction Training of Kala-Azar Consultants
- Any other Training as per the request of GOI/ State Govts

Centres of Excellence

Centres of Excellence

South Asia Network for Chronic Disease (SANCD)

The South Asia Network for Chronic Diseases in India (SANCD) is a chronic disease unit of PHFI that was established as a collaborative venture between the Public Health Foundation of India and constituent colleges of the Wellcome Trust Bloomsbury Centre for Clinical Tropical Medicine. The Network is comprised of existing research groups led by Indian and UK investigators in Delhi (Centre for Chronic Disease Control), Mumbai (SNEHA), Goa (Sangath), Chennai (VHS) and Pondicherry (Aravind) as well as partner organizations from Bangladesh - The International Centre for Diarrheal Disease Research (ICDDR), Pakistan - Aga Khan University, and Sri Lanka – Institute for Research Development (IRD). SANCD also collaborates with institutes in the UK including the London School of Hygiene and Tropical Medicine (LSHTM), University of Bristol, King's College of London and Newcastle University.

The mission of SANCD is to promote and strengthen chronic disease research capacity in South Asia through sharing skills and knowledge between network partners, with the aim of improving the prevention and control of chronic disease in the region. The objectives of the Network are to: (i) Establish and maintain an infrastructure and capacity of core interdisciplinary scientific staff; (ii) Build on 'state of the art research' based on a combination of excellent research methodology, research laboratory services, health databases and research governance; (iii) Conduct aetiological research (including genetic epidemiology), translational research, health care evaluation studies, including RCTs, evidence synthesis, health systems and health policy research; (iv) Mentor and provide career structures for researchers at all stages of their careers; (v) Network to facilitate dissemination of best evidence to support health care provision in chronic disease, the setting of priorities and practices for policy makers, practitioners and researchers.

SANCD has a staff of 24 and the researchers represent a range of expertise in demography, epidemiology, genetic and epigenetic epidemiology, health economics, biostatistics, qualitative methods and systematic reviews. In conjunction with CCDC, a Genetics and Biochemistry Laboratory (GBL) has been established, where DNA and RNA extraction as well as biochemical analyses of various biological specimens are processed for various research projects, by a staff of 12 people.

Major Studies:

1. **Indian Migration Study (IMS):** Designed to evaluate the effects of migration from rural to urban places in India on obesity and diabetes and to examine differences in genetic/epigenetic variation, tobacco use, physical activity, diet, physiological measures, biomarkers and socio-economic indicators associated with migration. One recent study on food consumption patterns found a significant increase in Western food among migrants and yet a predominantly indigenous diet in both migrants and non-migrants overall (recently accepted by the National Medical Journal of India). Another study was on the development and evaluation of a food frequency questionnaire in rural and urban regions of India (recently accepted by the Asia Pacific Journal of Clinical Nutrition).

2. **Wellcome trust-funded Genetic and environmental determinants of obesity and diabetes:** Highly phenotype IMS samples (>7000) are genotyped for 59 SNP's related to cardio-metabolic diseases in conjunction with the Centre for Cellular and Molecular Biology (CCMB), LSHTM and University of Bristol. This project has facilitated research fellows to conduct their PhD studies at LSHTM and University of Bristol. A recent study looked at 29 common polymorphisms in relation to quantitative traits associated with type 2 diabetes.

3. **Chronic disease risk factor (CDRF) study in Indian households:** This is a feasibility study of using electronic data capture to collect data on chronic disease risk factors and outcomes in rural households in multiple centers. This work will test the feasibility, acceptability and scalability of conducting a wide range of measurements in the home and in a clinic, using electronic data capture tools in rural and urban Indian populations. This is a community-based study where field workers assess physical activity, tobacco use, alcohol consumption, family and medical history, dietary patterns and other risk factors as they relate to mental illness, cardiovascular disease, diabetes, and cancer outcomes. We will collect anthropometric measurements, blood pressure, lung function and finger prick samples for glucose levels. Participating network partners are Sangath, Goa (Vikram Patel, Amit Dias) and VHS, Chennai (ES Krishnamurthy, Joseph Williams). Health Ministry Clearance was approved in March, 2011 and data collection is expected to begin in July, 2011.



4. **Andhra Pradesh Children and Parent Study (APCAPS):**

A follow-up study of the Hyderabad Nutrition Trial - a cluster-randomized trial of pregnancy and childhood nutritional supplementation conducted in the 1980s by the National Institute of Nutrition – which recruits the original young adult participants, their parents and recently born children to create a three generation cohort. The main aim of this Wellcome-Trust funded study is to examine the trans-generational effects of social, environment and genetic risk factors on obesity, diabetes and other chronic diseases in India. Data collection is ongoing with 14 villages complete an expected additional 15 villages during 2011 and 2012.



5. **SANCD-ICDDR-B Collaborative Project on chronic disease surveillance:** A feasibility study of 250 households in rural Bangladesh (Dagorpur, Matlab) to collect lifestyle factors, such as tobacco, physical activity and diet, as well as medical and family history and physical measurements, including blood pressure, lung function, anthropometrics and venous blood collection. We will also test the addition of a chronic disease module in ICDDR,B's regular Health and Demographic Surveillance System

(HDSS) at Matlab to collect prevalent and newly diagnosed falls/injuries, chest pain, and respiratory disease. This study will be able to link data collected over a 40-year period through HDSS to contemporary cardiovascular risk factors and common chronic diseases, making it potentially one of the most valuable resources for aetiological research in the south Asia region. The training, study launch and data collection started in May-June, 2011.

6. **Monitoring Sangath's PREMIUM complex intervention trial:**

Evaluating the methodology of developing a complex RCT in mental health, using MRC guidelines. SANCD researchers, in collaboration with experts from LSHTM, are evaluating a Wellcome-trust funded randomized controlled trial to reduce Depressive Disorder (DD) and Alcohol Use Disorder (AUD) problems through psychological interventions using medical research council's (MRC) guidance for development and evaluation of complex



intervention awarded to Dr. Vikram Patel of Sangath. SANCD has been given the responsibility of independently evaluating the implementation of MRC guidance of the PREMIUM with the following objectives: (i) the extent to which the PREMIUM project adheres to the MRC guidance and, (ii) the extent to which the outputs of each of the three stages described in the guidance are used to inform the final interventions.

Studies in Genetics

Our genetic research was greatly enhanced by George Davey-Smith (University of Bristol) taking a 1-year sabbatical at SANCD (2009-10). He made major contributions to several of the projects listed below and was instrumental to getting the NIN dried blood spots study initiated.

1. **Global diabetes genetics consortium:** This NIH-funded multi-center, international project was initiated by University of Oxford and the prime goal of this project is to identify the causal genetic variants related to type 2 diabetes in major human populations (>100,000 subjects). SANCD is coordinating the Indian component of this project and Prof. Shah Ebrahim is among nine key principal investigators representing Centre for Chronic Disease and other Indian collaborators based in IGIB (Delhi), AIIMS (Delhi), CCMB (Hyderabad), KEM Hospital (Pune), and Mohan Diabetes Research Institute (Chennai). We have recently got the HMSC clearance from ICMR to run the project and now we are at the preparatory phase of the project. We have recently got the HMSC clearance from ICMR to run the project and now we are at the preparatory phase of the project.
2. **COPD genetics consortium:** A multi-center study to evaluate the genetic and environmental determinants of chronic obstructive pulmonary disease as well as gene-environment interactions in North Indians. Populations living at low and high altitudes

will also be compared on genetic factors related to continuous lung function measures, which may identify relevant pathways for the aetiology of this disease in North Indians. This project was accepted for funding by DBT and is currently in the preparatory phase.

3. **SANCD-NIN Extension of 2009-11 National Nutritional Monitoring Bureau Survey with Dry Blood Spot Collection:** Extending the National Institute of Nutrition's (NIN) Monitoring Survey (2009-11) by collection of dried blood spots for subsequent DNA extraction and creation of a DNA bio-repository for genetic epidemiological studies. Creating a low-budgeted DNA bio-bank on over 30,000 individuals so that future genomic studies on highly phenotyped NIN data can be conducted. Data collection in 10 states around India started in March, 2011, on over 2,000 participants collected to date.
4. **EU GeoCode project on Epigenetics:** The overall aim of this exchange programme is to establish a multilateral network of researchers active in genetic and epigenetic epidemiology, to strengthen research capacity through exchange of knowledge and expertise in both areas, and to develop integrated approaches to investigate both genetic and epigenetic aspects of complex disease by involving 22 partners through a series of short and long term periods of staff exchanges between European and Third Countries and annual workshops at which all participating partners will be represented. The programme is coordinated by Bristol University (UK). A SANCD Research Fellow, Gagandeep Kaur Walia, completed a two-month visit to Newcastle to study epigenetic assays and has shared these skills with colleagues at CCMB, Hyderabad. Senior Research Fellow, Vipin Gupta, has attended conferences, meetings and training at University of Bristol and Newcastle University on genetic and epigenetic epidemiology (April-June, 2011). Marie-Jo Brion, a Sir Henry Wellcome Postdoctoral Research Fellow at the MRC Centre for Causal Analyses in Translational Epidemiology School of Social and Community Medicine University of Bristol recently visited SANCD as part of the EU GEOCODE project.
5. **Phenotype genotype correlation among patients with Juvenile onset primary open angle glaucoma:** This is a DBT-funded project in collaboration with R. P. Centre of AIIMS to study the genetics of Juvenile onset primary open angle glaucoma in 100 cases and 100 controls for three specific candidate genes related to juvenile glaucoma. Data collection began in May, 2011 and samples are being transferred to the SANCD/CCDC Genetics and Biochemistry Laboratory (GBL) for extraction, processing and storage.

Studies in Health Economics

1. **DFID-funded meta-analysis on social health insurance schemes in developing countries:** This is a competitively awarded systematic review on "Do Social health insurance schemes in developing country settings improve health outcomes and reduce the impoverishing effect of healthcare payments for the poorest people?" was conducted in collaboration with experts from LSHTM to assess the impacts of social health insurance schemes on health outcomes and healthcare payments within LMIC settings. This project is in the final stages; the interim report has been sent for peer review and

an abstract has been submitted to the International Economic Association meeting in Toronto (July, 2011).

2. **Role of insurance agents in health insurance penetration:** This study examined the role of insurance agents in health insurance penetration using data from a survey conducted by ICRIER.
3. **Is RSBY India's route to universal health insurance?:** This study was conducted in collaboration with the Erasmus University, Netherlands this study examined the Rashtriya Swasthya Bima Yojna (RSBY) as India's route to universal health insurance using data from a secondary data source.
4. **Stakeholder's Utility Maximisation in Indian Health Insurance Market:** Impacts on Length of Hospitalization and Healthcare Expenditure. This study examined the stakeholder's Utility Maximisation in Indian Health Insurance Market and its impacts on Length of Hospitalization and Healthcare Expenditure using secondary data sources.

Studies on National, International data sets

1. **Health and Nutritional Disadvantage among Tribal Women and Children of Odisha:** An Enquiry. This study aims to determine health and nutritional status among tribal women and children in Odisha by computing disadvantage ratios for key indicators. Findings indicated that tribal women and children of Odisha were deprived in important aspects of health and nutrition. The finding calls for urgent implementation of special health care strategies for reducing health and nutritional disparities among the tribal population of Odisha.
2. **Vitamin A supplementation in India: Who are reached and who are missed?** This study examined the association between socioeconomic and demographic characteristics of children and the state's social and economic status on vitamin A supplementation coverage in order to identify who are reached and who are missed by analysing the data of 20,802 children aged 12-35 months included in India's recent National Family Health Survey (2005-2006). The findings suggested that the state's social and economic status and mother's education, rather than household wealth largely determines children's receiving vitamin A supplementation in India.
3. **Dairy intake and the risk of type 2 diabetes in adult men and women in India.** This paper examined the effect of milk and curd consumption on the prevalence of type 2 diabetes among adults by analyzing data from India's third National Family Health Survey (NFHS-3, 2005-06). The findings of this study indicated that dairy intake was associated with a modestly lower risk of type 2 diabetes. Dietary patterns characterized by higher dairy intake, especially low-fat dairy intake, may lower the risk of type 2 diabetes in middle-aged or older men and women in India.
4. **Legume intake and the risk of type 2 diabetes among adult men and women in India.** The objective of the study was to examine the association between legume

consumption and self-reported type 2 diabetes in adult men and women in India by analysing the data of 99,574 women and 61,361 men aged 20-49 years included in India's third National Family Health Survey (NFHS3-, 2005-06). Findings suggested that daily or weekly intake of legumes was inversely associated with the risk of type 2 diabetes in Indian Population (Accepted for presentation at 'Workshop on Health, Morbidity and Mortality', 2011).

5. **Effect of Indoor Air Pollution from Biomass and Solid Fuel Combustion on prevalence of Asthma among adult men and women in India.** In this study we examined the effect of cooking smoke on the reported prevalence of asthma among adult men and women in India. The analysis is based on 99,574 women and 56,742 men age 20-49 years included in India's third National Family Health Survey conducted in 2005-06. Findings suggested that, decreasing household biomass and solid fuel use and increasing use of improved stove technology may decrease the health effect of indoor air pollution (Accepted for presentation at IEA World Conference of Epidemiology, 2011).
6. **Higher fish intake is associated with the risk of type 2 diabetes.** This study aimed to investigate the association between fish intake and the risk of type 2 diabetes among adult men and women in India by analysing the data of 99,574 women and 61,361 men aged 20-49 years included in India's third National Family Health Survey, 2005-06. Findings indicated that daily or weekly fish intake is associated with higher risk of diabetes among Indians, warranting further investigation (Accepted for presentation at IEA World Conference of Epidemiology, 2011).
7. **Social disparities in health and health care among the elderly in India:** Do living arrangements matter? This study explored the differential characteristics of living arrangement among the elderly in India and the impact of living arrangement on elderly health status by using data of 39,694 persons ≥ 60 years old included in India's National Family Health Survey-2, 1998-99. Findings indicated that elderly men and women living alone have a significantly higher prevalence of asthma, tuberculosis, malaria, and jaundice than those elderly who were living with their family even after controlling for the effects of a number of potentially confounding factors.
8. **WHO Study on Global Ageing and Adult Health (WHO-SAGE):** Using self-reports of hypertension diagnosis and treatment and blood pressure measurement from the SAGE survey in India, this paper examines the prevalence, diagnosis, treatment and control of high blood pressure in Indian adults including their variation by socio-demographic characteristics. We are conducting an analysis on the prevalence, diagnosis, treatment and control of high blood pressure in indian adults: findings from a cross-sectional nationally representative survey data. Preliminary data presented at SANCD Annual meetong on April 2, 2011.
9. **Status of epidemiology in the Southeast Asia Region:** This is a study that summarizes the status of epidemiology, research capacity, workforce and training in the 11 member countries of the WHO South-East Asia Region (SEAR) for a series of articles commissioned by the International Epidemiological Association. This is being done in conjunction with Centre for Chronic Disease Control (CCDC) using technical reports, published literature and expert perspectives at the national and international levels.

Studies in Nutrition

1. **Nutritional labeling in India:** extension of current government directives need to be considered. Our objective was to determine the extent of nutrition labeling of food items in two socio-economic (SE) wards in New Delhi. Data used from a healthy food basket study in India. We found that nutrition labeling is poor in Delhi. The current government directive on nutrition labeling needs to be more extensive and better reinforced with regulatory agencies monitoring use.
2. **Food policy and practices in India:** the palm oil story: SANCD undertook a descriptive review of palm oil production, processing, marketing and consumption patterns with an emphasis on nutritional and public health implications of various palm oil forms in India. While also reviewing available data and literature on Indian import policies and oil consumption patterns as it relates to palm and other oils as well as the nutritional and public health consequences of India's growing demand for this oil, especially in the context of chronic diseases. The study found that antiquated food laws and inadequate quality control and assurance of existing laws need to be addressed.
3. **Food Acquisition Study.** Using a mixed method approach, the study aims to explore food acquisition along with expenditure and intra-household food consumption pattern in selected households in Delhi, India. The study protocol has been finalized and data collection will begin in Summer, 2011.
4. **Pepsi and Coca Cola in Delhi, India:** survey of availability, price and sales: Determining the availability, price and quantity sold of 'Pepsi' and 'Coca Cola' in their "regular" and "diet" forms from food and drink outlets in Delhi.
5. **Development and ascertainment of a 'Healthy food basket':** The aim of this study was to develop a 'healthy food basket' (HFB) and to ascertain availability, cost and affordability of food items in New Delhi. Indian Migration Study data were used to define a HFB using the consumption of food items among healthy participants. This cross sectional study found no significant differences in availability of food items between the low and high socio-economic (SE) wards. The results also indicate that a healthy food basket is available in poor and wealthy areas of Delhi but at higher cost in wealthy areas. A sizable proportion of a weekly income is needed to afford a healthy diet, the worst affected are the poor.



Other Research activities at SANCD

1. **SANCD (PHFI)/CCDC Genetics and Biochemistry Laboratory (GBL):** Due to the increasing number of ongoing and proposed projects in genetics of complex traits/diseases in SANCD, a laboratory has been developed on its premises for DNA, RNA extraction, their quantification and for storing, processing and biochemical analysis of biological samples for various projects. This laboratory is furnished with the equipment like: Spectrophotometer, Macro and Micro-centrifuges, Deep freezers (minus 80 degree and minus 20 degree), Water purification System, PCR machine, Autoclave, Ice Flaking machine, Centrifuges, Magnetic Stirrer, Vortex machines, Rockers, Water Baths, Incubators, single channel and multi-channel Pipettes, Gel-documentation system, Electrophoresis apparatus, pipettes, UV cross-linker etc. CCDC has collaborated in the development of the laboratory. Ms. Aastha Aggarwal and Dr. Ruby Gupta are the respective managers of the Genetics and Biochemistry sections under the consultancy of Dr. Lakshmy from AIIMS.
 

The SANCD (PHFI) / CCDC Laboratory
2. **SANCD 2nd Annual Meeting:** SANCD celebrated the second year since its inception with an annual meeting on April 2, 2011. Approximately 50 participants attended with most network partners and faculty from the UK consortium present for a two-part meeting that was kicked off by Professors K. Srinath Reddy (President, PHFI) and closed with Dr. Peter K. Piot (Director, LSHTM).
3. **Auronutrisoft software:** A project to develop software that incorporates dietary data from various FFQ's that capture a wide range of the Indian diet, to be available for researchers working in the area of nutrition. The software is currently being tested out by SANCD network partners in various populations.
 

Several grant proposals submitted by SANCD researchers have been short-listed for feedback, interviews/further rounds of review (5/10):

1. Aga Khan Follow-up of hypertension Randomized Controlled Trial submitted to Wellcome Trust in collaboration with Drs. Jafar, Tazeen at Aga Khan University (Pakistan) on hypertension management.
2. Work status and health of women: an exploratory study in an urban setting for the PHFI-WT grant call under the mentorship of Dr. Pat Doyle, LSHTM, UK.
3. mWellcare for the Wellcome Trust Appropriate Technology for Health in India programme to conduct the development and evaluation a smart mobile phone system, mWELLCARE, for assessing, managing and following up people with high blood pressure and diabetes in India.

4. Genetics and Epigenetics of Lung Functions among Bhopal Gas Tragedy Victims in collaboration with Patel Chest Institute, New Delhi and NIREH, Bhopal in response to ICMR call.
5. Multi-dimensional Analysis of Janani Suraksha Yojana Programme Activities (MAJA) in eight EAG states in the PHFI-WT grant call with the mentorship of Dr Kiran Nanchahal and Dr Pat Doyle of LSHTM, UK.

Other Training activities at SANCD

1. Introduction to Systematic Reviews: Taylor F, Kwong J (Editor, Cochrane Heart Group), Mishra R, Satija A, Ebrahim E. April 20, 2011.
2. An Introduction to STATA: A Series of 5 sessions: Dr. Kiran Nanchahal, Senior Lecturer in Epidemiology and Medical Statistics, LSHTM, along with Dimple Kondal, Sr. Scientist (Biostatistician), CCDC. January-February, 2011.
3. Development and Evaluation of Complex Health Care Intervention. Professor Shah Ebrahim. November 2010, Goa.
4. Cancer Registration and Epidemiology. Dhillon PK. Tata Memorial Hospital, Mumbai.
5. 'Basic Health Economics & Financing" for government health officials. Vellakkal S. Cost concepts and costing of health services & Basic principles of health insurance and provider payment mechanisms. National Institute of Health and Family Welfare (NIHFW), New Delhi.
6. SANCD Scientific Advisory Board: has been formally assembled to advise and evaluate on SANCD trajectory and activities in the future, including Drs. Neil Pearce, David Stuckler, Paul Lincoln and Camilla Stoltenburg.
7. SANCD Mentorship Programme: We have invited experts in various areas of chronic disease research both within the region and internationally to advise SANCD and its members on various activities.
8. Internships at SANCD: We have hosted several short-term internships for experts from various disciplines to share their expertise and time at SANCD to collaborate on research projects. These include:
 - Dr. Sajjad Rafiq – Biostatistics Post-doctoral fellowship (LSHTM)
 - Dr. Kiran Nanchahal- Senior Lecturer in Epidemiology and Medical Statistics (LSHTM)
 - Dr. Joey Kwong – Editor, Cochrane Heart Group
 - Dr. Chris Millett – Clinical Senior Lecturer, Imperial College London



Participants at Introduction to STATA: A series of 5 sessions

Future Steps for SANCD

1. Workshops

- Electronic data capture: The annual meeting revealed the need for network partners and friends to understand and share experiences on various methods of electronic data capture being used in epidemiological study settings around the region. SANCD has agreed to spearhead the efforts to convene an electronic data capture workshop, scheduled for later this year.
- Qualitative methods, poverty and chronic diseases: We have had discussions with DFID, India about a workshop on the application of qualitative methods in field studies of chronic diseases, especially as it relates to socioeconomic status and poverty alleviation. We would aim to bring international and national experts together with research students with the aim of identifying common interests and develop ways of sharing skills in this area which is rather short of skilled investigators.

2. Advocacy

The aim is to establish an advocacy group within the network and to assist advocacy organizations such as Handicap International, to develop their research capacity in the region.

3. Fellowships and staff exchanges

We will continue to provide mentoring, student exchanges and training of SANCD staff and network partners for building and updating research skills, contributing to the capacity-building objectives of our unit. SANCD acts as the focal point for a Commonwealth fellowship scheme that offers up to 5 places a year for network partners to study Master's level courses by distance learning at LSHTM. Two rounds of these have been awarded through a competitive process and the scheme has proved very popular. Numerous faculty and students have been mentored through various levels of training at PHFI and LSHTM using data generated by the Indian Migration Study and follow-up studies from the Hyderabad Nutrition Trial and APCAPS.

4. Teaching contributions

We will continue and aim to increase our contributions to the teaching of IIPH, Delhi in the areas of epidemiology, health services research and systematic review methodology. We will also assist with distance learning initiatives. To this end, several SANCD researchers have recently earned honorary faculty status (Drs. Hanimi Reddy, Rohini Ghosh, Manas Kaushik and Sutapa Agrawal) at the London School of Hygiene and Tropical Medicine.

5. Evaluation research capacity building

We will convene a working group to evaluate capacity building activities, process & outcome indicators through an evaluation matrix and refer to other capacity building grants of the Wellcome Trust.

Centre of Excellence in Cardio-metabolic Risk Reduction in South Asia (COE-CARRS)

The Centre of Excellence in Cardio-metabolic Risk Reduction in South Asia (COE-CARRS) is a strategic grant funded by the National Heart, Lung and Blood Institute (NHLBI), USA and Chronic Disease Initiative, UnitedHealth Group, USA. Public Health Foundation of India (PHFI) and Emory University are the lead partners with All India Institute of Medical Sciences (AIIMS), Aga Khan University (AKU), Karachi and Madras Diabetes Research Foundation (MDRF) functioning as network partners. The broad aims of this centre are to conduct translational research, build capacity and connect Science with policy. CARRS is currently implementing two major studies: The CARRS Surveillance Study and The CARRS Translational Trial.

Updates from the CARRS Surveillance Study

CARRS-Surveillance Study which aims to develop a model surveillance scheme for CVD is on-going in three locations in South Asia: Chennai, New Delhi and Karachi commencing the enrolment of study participants during October 2010. From each site, 4000 participants will be recruited (2000 males; 2000 females). As of 20th June, 2011, the Delhi site has completed 2749 participant interviews and bio-specimen collection from 1384 participants. At Chennai, 1089 participant interviews and bio-specimen collection from 677 subjects were made. Similarly 2175 interviews and 1262 bio-specimen sample collection from participants has been completed in Karachi.

Updates from the CARRS Translation Trial

This study is a multi-site, individually randomized, controlled translation trial of a cardiovascular risk reduction intervention in 1,120 Type 2 diabetes patients attending 8 established out-patient clinics in South Asia, for a mean follow-up of 30 months. This trial has 8 sites, 7 in India and 1 in Karachi, Pakistan. After obtaining IRB approvals, three Phase-I van guard sites in India has initiated participant recruitment in the month of January 2011 while four of the Phase-II sites, started recruitment during May-June 2011. During the site initiations site staff, that included care coordinators, site investigators and research officers, were trained on using the decision support software. Further, the site investigators were trained on diabetes care management. Till date 45 patients have been recruited by the Phase-I sites. The last site (Hyderabad) will start enrolling participants by early July 2011. Recruitment will close at the end of December 2011 after which the enrolled patients will be followed up for a period of two years.

CARRS – Investigators Meeting

The third Investigators Meeting was held in Infosys Campus, Mysore on the 20-21st of May 2011. Investigators and staff involved in the CARRS study attended the meeting and made an appraisal of the progress of the studies.

CARRS – Supplementary Grant Projects

(PHFI-Emory Partnership for Seamless, Thorough and Efficient Human Subjects Research)

The PHFI-Emory Partnership for Seamless, Thorough and Efficient Human Subjects Research is an NIH-funded initiative to improve the efficiency of the IRB review process within CARRS and its collaborators. A learning/discovery meeting was held in Colombo, Sri Lanka, from January 4-5, 2011. The goal of the meeting was to learn more about how human subjects ethics reviews are conducted at our respective organizations so we can then look for ways to simplify and coordinate human subjects review activities that involve COE projects. The second meeting in the series titled "HUMAN SUBJECTS REVIEW TRAINING WORKSHOP" was held in Infosys Campus, Mysore on the 23-24th of May 2011.

Collaborative Research with CCDC

CARRS along with CCDC is overseeing the implementation of a European Commission funded clinical trial titled "Use of a Multidrug Pill In Reducing cardiovascular Events (UMPIRE Trial)". Umpire trial is a randomised, controlled, open label trial comparing a cardiovascular polypill strategy (the Red Heart Pill: aspirin, statin and two BP lowering medicines) with "usual care" in 2000 high risk participants in Europe and India.

CARRS Annual Teaching Seminar

The 3rd Annual Teaching Seminar titled "Cardiovascular disease Epidemiology and Physical activity Research Methods Course" organized by CoE-CARRS was held in Mysore, Karnataka during 18-24 May 2011. More than forty trainees attended the workshop which was lead by both national and international faculty.

Fogarty International Clinical Research Training Site at CoE-CARRS

Two Fogarty Trainee Scholar pairs completed their training at CARRS during March 2011. The selection of the third round of Fogarty Scholars and Fogarty Fellows has been complete and their training will commence from August 2011.

Grant Applications

CoE-CARRS made two grant applications during the reporting period and both these have been awarded. We are currently in the phase of negotiating the contractual obligations.

1. Simplified Cardiovascular Management (SimCard) Study
A Cluster-Randomized Trial to Evaluate the Effects of a Simplified Cardiovascular Management Program in China and India. This collaborative grant application was made along with the China International Center for Chronic Disease Prevention. The application is in the advanced stage of review with the National Heart, Lung and Blood Institute, USA. The specific aim of this study is to evaluate the effects of implementing a simple low-cost cardiovascular management program for high-risk individuals, delivered by primary care providers or community healthcare workers, on the mean blood pressure levels of the high-risk individuals under management.
2. mWELLCARE – This project envisages an integrated mHealth system for the prevention and care of chronic CONDITIONS: This collaborative grant application was made along with the London School of Hygiene & Tropical Medicine. This study aims to develop and evaluate an innovative mobile health (mHealth) software application -mWELLCARE- which provides a patient health profile, decision support for clinical care, monitoring and feedback for use in Community Health Centers (CHCs).

Resources Developed

1. CARRS-Surveillance Study Manual
2. CARRS-Translation Trial Study Manual
3. Electronic Decision Support System for the management of diabetes at secondary care settings
4. Manuals on lifestyle intervention for the prevention of type 2 diabetes in women with gestational diabetes in India
5. Medical Officer's manual on guidelines on prevention and management of cardiovascular diseases, diabetes, and stroke
6. A fully-fledged website of CARRS (<http://www.coecarrs.org>) has been made operational

Ramalingaswami Centre for Social Determinants of Health

Several research projects were initiated in 2010 under this Centre on which three lead investigators, two public health specialists and three research fellows are working.

For the major project on synthesizing the evidence on social determinants of health in India, the majority of the relevant data from India on education, employment, and air and other pollution, transportation and infrastructure, social protection, gender equity and governance have been accessed and converted into formats for analysis. Using data covering the past two decades, we are using multilevel multivariate analytical models to assess the association of changes in trends of social determinants with changes in mortality and morbidity outcomes on a large scale in India in composite analyses that include all relevant social determinants in the same model. In addition, we will attempt using the available longitudinal data on prominent social interventions to assess their impact on health outcomes over time in composite analyses adjusting for potential confounders.

Data access of several national surveys and preparation of data to examine disparities in the social determinants of health during childhood for the girl child in India was completed. The aim of the analysis being undertaken is to enhance the understanding of disparities and their causes at the national and sub-national levels for girl child mortality in India. Initial multilevel analysis has been completed, and progress is being made on exploring relevant state-level variables with the aim of getting the most relevant output from policy and programme perspective to reduce disparities for the girl child.

Plans for assessment of social determinants of immunisation and road traffic injuries were also formulated. Engagement of a variety of stakeholders for research, training and policy development related to the social determinants of health in India continues. A workshop with stakeholders is planned for the later part of this year.

South Asia Centre for Disability Inclusive Development and Research (SACDIR)

The South Asia Centre for Disability Inclusive Development and Research, a centre of excellence under PHFI in collaboration with the London School of Hygiene & Tropical Medicine and its component institution, the International Centre for Eye Health was formally launched on October 3, 2010, by Shri Javed Abidi. An advisory group to provide guidance on its activities was constituted and its first meeting was held on September 16, 2010. A brainstorming session with a larger stakeholder group helped generate ideas for the centre's activities.



Formal Launch of SACDIR in Hyderabad

Research Projects Undertaken by SACDIR

- Multi-centric Collaborative Study on the impact of Global warming and Ultra Violet Radiation (UVR) exposure on ocular health in India.
- Barriers to employment and employability for persons with disabilities in Hyderabad, Andhra Pradesh, India
- Gender as a determinant of the uptake of services in persons with Disabilities
- Review of the rural and urban mental health program undertaken by the Banyan

Short Courses & Conferences

- Short Course on Public Health Planning for Hearing Impairment
- Working towards a Disability Inclusive Society in Andhra Pradesh, India
- Research Methodology Course for Disability Professionals
- Rapid Assessment Of Avoidable Blindness In Kolar District, Karnataka

Partnerships Established by SACDIR

- Sri Devaraj Urs Academy of Higher Education and Research, Kolar (SDUAHER) and South Asia Centre for Disability inclusive Development and Research and Public Health Foundation of India, Hyderabad.
- Memorandum of Understanding (MoU) Between George Institute for International Health – India and South Asia Centre for Disability inclusive Development and Research and Public Health Foundation of India, Hyderabad

High Level Expert Group on Universal Health Coverage

High Level Expert Group on Universal Health Coverage

Background

With the aim of incorporating a comprehensive plan for health in India within the 12th Five-Year Plan, the Planning Commission of India, under approval by the Prime Minister, constituted a High Level Expert Group (HLEG) on Universal Health Coverage (UHC) in October 2010, which has been assigned the task of reviewing the experience of India's health sector and suggesting a 10-year strategy going forward. The review process will be complemented with the experience of other countries, while highlighting what has worked, what is relevant and replicable along with limitations of varied approaches. The findings would be presented to the Planning Commission at the end of June 2011 as a summary of discussions and recommendations which will provide a framework for Universal Health Coverage, to be progressively implemented over 2010-2020.

The Public Health Foundation of India (PHFI) has been appointed the Secretariat by the Planning Commission of India, to provide technical and logistical support to the High Level Expert Group in preparing its report.

Six terms of reference (ToRs) have been formulated under the broader framework of Universal Health Coverage, each of which will be addressed by a sub-committee from the High Level Expert Group and a dedicated team from the PHFI secretariat.

The terms of reference (ToRs) are as follows:

1. Develop a blue print and investment plan for meeting the human resource requirements to achieve health for all by 2020.
2. Rework the physical and financial norms needed to ensure quality, universal reach and access of health care services, particularly in under-served areas and to indicate the relative role of private and public service providers in this context.
3. Suggest critical management reforms in order to improve efficiency, effectiveness and accountability of the health delivery system.
4. Develop guidelines for the constructive participation of communities, local elected bodies, NGOs, the private for-profit and not-for-profit sector in the delivery of health care.
5. Propose reforms in policies related to the production, import, pricing, distribution and regulation of essential drugs, vaccines and other essential health care related items, for enhancing their availability and reducing cost to consumer.
6. Explore the role of health insurance system that offers universal access to health services with high subsidy for the poor and a scope for building up additional levels of protection on a payment basis.

7. It was also decided to develop a seventh chapter addressing social determinants of health, as this was seen as an important overlapping element to be covered by, and beyond, all ToRs.

The HLEG was divided into ToR specific Sub-Groups, with dedicated PHFI resource teams focussing on: (1) human resources for health; (2) physical and financial norms for quality and access; (3) improved management of health; (4) community involvement and public-private partnerships; (5) reforms of the pharmaceutical sector; and (6) health financing, insurance and financial protection. These technical resource persons would be responsible for preparing background papers under the guidance of the Sub-Group members, as well as for providing general research assistance to the HLEG. The six ToRs were further elaborated and priority areas within each ToR delineated.

To supplement discussion and discourse, external experts as well as representatives of the Government, civil society and the private sector are being invited to share information and provide perspectives to the HLEG and inform the work of the Secretariat.

Progress

The report is has evolved in three phases:

- Phase 1: An initial progress review was presented to the Planning Commission at the end of January 2011 as a summary of discussions and suggested ways forward to achieve provision of health care for all.
- Phase 2: A second phase of intensive evidence synthesis and consultation leading to consensus and development of a framework of recommendations, which would share with the Planning Commission in the period leading up to the final submission.
- Phase 3: The final report on achieving Universal Health Coverage will be submitted in June 2011, with final recommendations of the HLEG

Role of the PHFI Secretariat

The expert group shall be able to realize its mandate with assistance of the PHFI technical secretariat which would create and collate relevant scientific and public health knowledge and evidence. An interdisciplinary group of experts, comprising economists, epidemiologists, health administrators, biostatisticians, social scientists and external consultants with background expertise in public policy design, human resources, health management, community health and health finance, have been working with the HLEG across various terms of reference.

Technical experts with a background in health systems, an understanding of regulatory frameworks, laws and procedures of certification, accreditation and costing with special reference to the delivery of health services in the private sector were also consulted. Health economists with background in health financing assisted on development of systems of

financial protection and reforms in policies related to production, import, pricing, distribution and regulation of essential drugs, vaccines. Other experts were positioned to support work on the investment plan for meeting the human resource requirements, physical and financial norms for quality, universal reach and access of health care services and other terms of the expert group. A floating pool of interns and experts were also engaged and mentored to meet periodically for the work of the expert group under supervision of respective technical heads and overall supervision of the project director.

The HLEG held consultations with and received position papers from institutions and individuals representing civil society, the private sector as well as international organizations like the World Health Organization (WHO) and the World Bank. Recognizing that the Medicos Friends Circle (MFC) has developed approach papers for UHC, an interaction with MFC at their conference in Nagpur was organized. Similarly, interaction with the representatives of CII, FICCI and ASSOCHAM were also arranged to facilitate the review process. The PHFI-HLEG secretariat arranged a multi-stakeholder consultation in February 2011 to inform and review the interim report prepared by secretariat of the HLEG. Numerous subject matter experts, scholars and academics from India and abroad attended. The main theme of these international discussions would be: 'Mapping the road to Universal Health Coverage- What needs to be done and how'

A series of international and local expert consultations and meetings were held to deliberate the initial progress report sent out on January 2011.

Urban health, Public-Private Partnerships and Information Technology enabled health services are among the areas, which will be examined in depth in the subsequent phases of the UHC exercise. The Progress Report may be regarded as the preliminary report of the work and process, of the HLEG and PHFI secretariat, with text related to the review recognized as still evolving and the conclusions and recommendations qualified as provisional and subject to revision in the final report.

Proposed next steps

The report of the HLEG is in its final stage of completion. The review process involved:

- Multiple stages of compilation and analysis of international / national evidence
- Modeling and costing exercises
- Preparation of background documents and position papers
- Expert consultations and stakeholder meetings, across all the Terms of Reference

The group is in the process of amalgamating finalized sections of the report. As part of this last stage of appraisal and consensus, the HLEG will have a final meeting to preview and sign-off on the final report on the week of 20th July 2011. Following this, the final version report will be submitted to the Planning Commission end of July 2011.

Health Systems Support Unit

Health Systems Support Unit

The Health Systems Support Unit focused its efforts in the first six-month period of 2011 on continuing to build and strengthening relationships with key stakeholders and made several key projects operational. These ranged from strategic relationship building to establishing quality standards in public hospitals to equipping management teams to deal with disaster preparedness and response, to highlight a few.

Two major accomplishments for the unit were as follows: 1) the approval of Rockefeller Foundation funds based on an HSS proposal for the establishment of the PHFI Secretariat of the High level Expert Group on Universal Healthcare Coverage 2) approved action as per a cabinet note for a strategic road-mapping activity to establish one National and eight regional Institutes of Paramedical Sciences,. The national project budget is ~ 1100 crore.

Listed below are highlights of the various projects undertaken by the unit including current and future impact potential, where applicable.

Facilitative workshops followed by implementation support through onsite mentorship

1. Programs for mentoring provider teams to improve efficiency and quality in Public Health Delivery Systems. These offerings are designed as short duration capacity building sessions followed by close mentoring and direct handholding on key themes for a one year period. The programs are measured against clear movement in indicators, provider conduct and citizen preferences for public systems.

- **Improving Provider enthusiasm and Efficiency:** This program comprises capacity building sessions on organization climate, leadership, technical skills and program management subjects customized for urban and rural settings, followed by close mentoring on key themes for a one year period. Entire teams of providers including physicians, nurses, planners and decision makers participate in this initiative. Series of workshops are conducted at various facilities on this theme. The program at Delhi (2000 participants) and Assam (1500 participants) are already approved and will be live shortly. The states of Maharashtra and Kerala have included this program in their Annual Plan and are expected to commence training in the latter part of 2011. In the private sector setting, a leadership training was completed and staff is underway with Reliance HN Hospital in Mumbai where the



entire staff strength of ~ 800 are expected to be trained in service excellence,

leadership expectations and management skills towards building high performing organizations.

Expected system impact: Gradual but steady change in healthcare delivery practices in the public and private sector due to increased sense of staff ownership and motivation at all levels is expected to be the system gain.

- Improving Provider enthusiasm and Efficiency: This program comprises capacity building sessions on organization climate, leadership, technical skills and program management subjects customized for urban and rural settings, followed by close mentoring on key themes for a one year period. Entire teams of providers including physicians, nurses, planners and decision makers participate in this initiative. Series of workshops are conducted at various facilities on this theme. The program at Delhi (2000 participants) and Assam (1500 participants) are already approved and will be live shortly. The states of Maharashtra and Kerala have included this program in their Annual Plan and are expected to commence training in the latter part of 2011. In the private sector setting, a leadership training was completed and staff is underway with Reliance HN Hospital in Mumbai where the entire staff strength of ~ 800 are expected to be trained in service excellence, leadership expectations and management skills towards building high performing organizations.
- Program for improving Infection Control & Patient Safety: An international faculty from SHARE, BD and national experts were roped in to conduct a hands-on workshop on effective Infection Control practices to ten Delhi and ten Andhra hospitals, under the aegis of the respective State Government Ministries of Health and Family Welfare. The programme received excellent feedback. Close to 70 senior leaders from 20 public hospitals were exposed to international tools and techniques in infection management and made to create a measurable annual road map through a participative team-building approach.



Expected system Impact: Talks are currently on to partner with BD, AIIMS, and Fortis and other large private and public hospitals and diagnostic manufacturers to highlight Infection control issues under the reputed National Patient Safety Initiative (NIPS) launched by the MoHFW. This could well be the beginning of structured, measurable, realistic progress in India's attempt to reduce Hospital Acquired Infections. The unit is also exploring possibilities for collaboration with the



research team including the setup of a data repository within PHFI for managing peer-reviewed infection control data and other quality metrics nationally.

2. **Disaster Management:** In Jan 2011, HSSU faculty successfully culminated a capacity building initiative with the Aga Khan Foundation hospitals in Mumbai to train the entire senior and middle management, staff and volunteers of over a 1000 people on disaster preparedness and response. Highlights of the project included the establishment of a Hospital Disaster Management Team, the successful completion of a full-scale hospital evacuation drill, fire response coordinated in conjunction with all local stakeholders such as the fire department of Maharashtra, police and the community and finally, the inculcation of the Incident Management System (ICS) as a formal management tool in disasters.



Expected system impact: The National Disaster Management Authority has expressed a keen interest in the findings and module curriculum and wishes to actively engage with PHFI in scaling up efforts to multiple states. Several private sector facilities aspiring for JCI accreditation are also keen to train their staff to international standards of safety and emergency response.

Short-term Consultative engagements

1. Recommendations for the Operational Turnaround of the Red Cross Hospital, Delhi: A detailed recommendation report for full-scale hospital rejuvenation was submitted to the Hon. Lieutenant Governor of Delhi who also holds the position of chairman of the Board of the Indian Red Cross Society. The report was presented by the HSSU and hospital services leadership to the Board and extremely well received. Plans are underway to provide handholding to the senior management of the hospital in executing the



recommended actions over a one year period. The hospital would also be a partner in health system-related research activities.

2. Program for assisting school health program in Haryana: This is an operational research cum health system support program which seeks to utilize the health/anthropometry data of over 14-lakh school children in the state of Haryana for developing policy advocacy primers. The state has requested HSSU to handhold the preparation of web-based protocols for improving the efficiency of school health programs and management/updating of the associated data.

Expected system impact: There is a huge potential for using this massive data source for multiple public health research themes, particularly those that cut across social determinants and examine linkages between education and health. Once proven to be impactful, it is possible to replicate this similar data mining exercise throughout the nation to get to underlying public health issues, especially concerning child health and design and implement customized interventions.

3. Active leadership as part of the 4th Common Review Mission of the National Rural Health Mission: PHFI was a key participant and contributor to the fact finding and review process, the analysis and overall evaluation report writing of the 4th CRM that concluded in January 2011. Several senior leaders from PHFI contributed their public health expertise to the reform review agenda. This overall engagement with the Ministry and the National Health System Resource Center was handheld by the Health Systems Support Unit.

Expected system impact: The active engagement and leadership of six faculty members from PHFI as part of the Common Review Mission was the first of its kind. The



demonstration of vital on-the-ground knowledge and capability for public health implementation has opened additional avenues for PHFI verticals in various states through engagement in short term trainings, research, communication and advocacy and system strengthening activities. Engagements of national importance such as these continue to emphasize the need for core public health domain expertise in India and highlight PHFI's innate dominance as a technical subject expert.

Signature projects involving large scale internal and external stakeholder consultations and collaboration

1. **Program for Developing Paramedical Capacity:** The PHFI-HSSU is the project partner for the Government of India MoHFW on this path-breaking initiative. This is a project for augmenting the supply of skilled paramedics and promoting quality of care through standardization of paramedic education and curricula across the country. The project involves a onetime grant-in-aid to government medical colleges for capacity building to commence and eventually increase the intake of undergraduate and post graduate paramedical courses. This task is expected to be executed through the establishment of one National and several regional institutes of paramedical sciences that would be responsible for conducting 26 UG and 7 (seven) PG courses for paramedical professionals.

With approval from the Ministry of Health and Family Welfare, the project was officially named the "National Initiative for Allied Health Services" (NIAHS).

2. **EuropeAid/129196 - Investing in People – Good health for all:** Engaging CSOs to support human resources for health: A partnership project between SWASTHI, EU and the Communications Division at PHFI, the HSSU would be a technical advisory and implementing partner in the establishment of Human Resource training cells as strategically determined, during the course of the project.

The breadth and depth of the initiatives described above are vast and varied. However, it will be projects like these that would eventually start to make a change in India's health system reform agenda. The HSSU assumes an implicit responsibility to participate as extensively as possible in these PHFI signature cross-cutting programmes while also being cognizant of its core mandate: that of supporting and strengthening health service delivery systems at the ground level in the states across India.

The Hospital services unit proposes to leverage the success of its practical workshops and handholding on a wide range of hospital-management-related topics and expand the footprint to include relevant collaborative technical and industry partners, where relevant. Efforts are also underway to partner closely with the research division in developing and implementing health systems strengthening proposals.

Health Communication and Advocacy

Health Communication and Advocacy

Efforts at the Health Communication and Advocacy Division at PHFI during the period October 2010 – June 2011 were focused on strengthening implementation of Behaviour Change Communication and awareness campaigns, whilst consolidating efforts across on-going initiatives such as the online health information resource, Healthy India. Towards this end, the Division has aimed at skills-building for behaviour change communication and in partnering with networks in order to deliver long-term solutions to communities of practice. Communication and advocacy efforts for Neonatal and Child Health, and on universal health coverage supporting the dissemination of the Lancet India series as well as national programmes and initiatives were provided technical, setting the vision and guiding the mission for health communication and promotion activities. New initiatives that saw fruition during this period are:

- **Improving Healthy Behaviours**

An emerging partnership with the AED Center for Global Health Communication and Marketing (CGHCM) (recently acquired by FHI) on a USAID funded India Behaviour Change Communication – Improving Healthy Behaviors Project (BCC-IHBP) was conceptualised and finalised. The three-year project will focus on strengthening institutions on BCC and health communication at the national level and in the state of Uttar Pradesh (UP). As a technical partner, PHFI will support project activities in institutional strengthening, capacity building, research and alliance building and in national and state level advocacy.

- **Advancing Human Resources for Public Health in India**

The need to strengthen human resource for health (HRH) is widely felt across the Indian health sector, and across government and non-state actors, but HRH planning and management approaches have been limited by a lack of creativity and little or no action by civil society. Over a period of three years (2011-2014), the project will focus its efforts across India, with particular engagement with the Ministry of Health and Family Welfare, Government of India and two select State (province) Governments. Deeper involvement by multi-stakeholder groups in grappling with India's challenges with HRH could facilitate and support national and state-level work on strengthening policies, strategies and practices related to HRH in the country. There have been several efforts that have met with varying levels of success, and had variable impact. However, documentation has been scant and the transfer of knowledge between the actors and application in different settings has been inadequate.

The People For Health project, focused on advancing HRH in India integrates three core areas brought together in the Indian context, keeping in view the need to integrate government, civil society and private sector domains:

- Knowledge building (through operational research) and gathering evidence
- Skills-building (capacity building) to strengthen cross-learning platforms and initiate new approaches and strategies
- Advocacy and learning (through existing and new platforms) for change

An MoU was signed between PHFI and Swasti in early 2011. Preliminary meetings, conceptual framework documents and workplan discussions have been initiated. This project is funded by European Commission, in partnership with Swasti, Bangalore.

The Division is working towards leveraging the traction built through advocacy and consultative efforts and informed consensus through the creation of national communication and advocacy action plans and campaigns, including workshops and dissemination meetings. The call to action on universalizing health coverage is one such movement that is propelled by the Division, leading to a diffusion of recommendations to state and non-state actors and decision-makers.

Communication and Advocacy Action for the Lancet Series on Universal Access to Health Care in India

The Lancet Health for All Series on India was launched by the Prime Minister of India, Dr Manmohan Singh on January 10, 2011. This was followed by a Symposium in New Delhi, India: Towards Universal Health Coverage, on January 11, 2011. Editors and authors presented the evidence from six papers, culminating in a call to action for universal health coverage with a roadmap to achieve this goal by 2020. In an effort to maximally leverage the evidence presented by the Lancet to support the scaling up of accessible and affordable health care for all persons living in India, the communication and advocacy plan has included such seminars, specific outreach to political leadership and the creation of materials usable by general stakeholders and decision-makers.

A policy brief has been published and regional consultations/dissemination meetings have been conducted (one in Odisha and the other in Gujarat) covering at least 10-12 states. A partnership with the Centre for Legislative Advocacy and Research has been underway, addressing the need for active and focused political advocacy to mobilise support from elected representatives and leadership to address India's needs for health. Going forward, this work may lead to significant inputs into the larger movement in the country to achieve health for all. The project is supported by The David and Lucile Packard Foundation and the McArthur Foundation.

Capacity Building

Capacity Building

WELLCOME TRUST CAPACITY BUILDING PROGRAMME

Four committees involving members from PHFI/IIPHs and the UK Consortium University steer the work under the Wellcome Trust Capacity Building Programme. The Teaching & Training Committee, Research Committee, Evaluation Committee, and the Executive Committee work in close consultation with one another.

Of the 27 seats available for PhD training under the Wellcome Trust Capacity Building Programme, 12 candidates are currently at various stages of their training, and four more are due to start their PhD programme in September 2011. Each PhD candidate has been assigned a supervisor in India and in the UK. Of the 16 seats available for Masters training, 11 candidates have been selected. Six of the candidates completed their Masters training and have returned to India to join IIPHs/PHFI. In addition to this, the first short term course was conducted on Qualitative Methods at IIPH Delhi in collaboration with UK faculty in April 2011, and 3-4 more collaborative short courses are planned for later this year.

So far seven research fellowships have been awarded under this programme. Each candidate has been assigned a supervisor in India and the UK. These fellowships are based at PHFI and/or its Institutes in India and are aimed at capacity building in public health research. In addition, UK based research fellowships are being designed to support mid-career staff at PHFI/IIPHs who have substantial experience in public health but require research skills enhancement that is not possible within the PHFI/IIPH network but is possible at one of the partner institutions of the UK consortium. Applications were invited for research grants under this programme with the aim of building research capacity in the public health priority areas in India. The review and selection process for these is underway. Faculty exchange visits from India to UK and UK to India have also been announced with the aim of enabling broad ranging interaction between the India and UK colleagues to further develop collaborations.

An annual meeting of the Wellcome Trust Capacity Building Programme was held in New Delhi in March 2011 in which colleagues from the UK partner institutions also participated. The conference provided an opportunity for colleagues from India and UK to interact and identify opportunities for further strengthening this capacity building programme.

An external agency has been engaged to evaluate this programme. Data collection for this and initial analysis are underway.

Duration: NOV' 08 - NOV' 11

This programme is supported by WELLCOME TRUST and is led by K S REDDY

GIVE 2 ASIA GRANT FOR INDIAN INSTITUTE OF PUBLIC HEALTH, DELHI

Geographical location: NEW DELHI

Give2Asia is a US non-profit corporation and Canadian public charity founded by the Asian Foundation to promote charitable giving from the U.S. and Canada to Asia. Give2Asia approved a grant to Public Health Foundation of India to support public health education in India which was made possible by the Deshpande Foundation fund. Part of the grant supported operations for a new public health institute in Delhi, while the remaining funds were added to PHFI's corpus fund.

The grant has been used for developing the infrastructure of the Indian Institute of Public Health -Delhi. The Institute offers four post graduate diploma programmes, few short-term training programmes and workshops. A number of research projects which have been undertaken by the faculty at the institute include mother and child health, neonatal health, pharmaco- economics, an assessment of implementation of the PNMT Act to name a few. It is an on-going project and the grant is effective till November 2011.

Duration: NOV' 08 - NOV' 11

This programme is supported by GIVE 2 ASIA and is led by Prof. K S REDDY

STRENGTHENING THE CAPACITY BUILDING INITIATIVES OF THE STATE INSTITUTE OF HEALTH MANAGEMENT AND COMMUNICATION (SIHMC)

Geographical location: MADHYA PRADESH

The partnership activity between the Government of Madhya Pradesh and the Public Health Foundation of India was conceptualized to equip health professionals with the required skills, knowledge and an in-depth understanding of health behaviour in order to design, implement, monitor and evaluate health policies and programmes, supervise the public health workforce, assess the dynamics of various public health issues and develop appropriate mechanisms to address emerging challenges. The ultimate goal is to improve the quality of health care and develop a sustainable health care system. The Post Graduate Diploma in Public Health Management (PGDPHM) is an academic program that is designed to equip staff in health systems so that they can contribute towards effective program management and efficient service delivery. Under this project, health manpower at the State Institute of Health Management and Communication (Gwalior, Madhya Pradesh) is being trained in Health Management skills as a part of the PGDPHM program.

The academic program was launched on 17th August 2010 by the Hon. Chief Minister of Madhya Pradesh and 41 participants are currently enrolled for the academic year (Aug 2010

- June 2011). The modules for the 1st and 2nd semester have been offered at SIHMC-Gwalior by PHFI faculty members stationed at SIHMC and visiting faculty from IIPH-Delhi.

Duration: AUG' 10 - JUL' 13

This programme is supported by GOVERNMENT OF MADHYA PRADESH and is led by Prof. SANJAY ZODPEY

REACHING EVERYONE: STRENGTHENING PUBLIC HEALTH EDUCATION

Geographical location: INDIA & AUSTRALIA

The Nossal Institute has significant existing linkages with PHFI. A MOU between the two organisations is in place and specifically identifies educational support as a joint activity. The Nossal Institute has over the last two years provided a full fee scholarship to a junior staff member of PHFI to undertake their Masters education at Melbourne University. In addition we have hosted a PHFI ALA (Australian Leadership Awards) fellowship in pandemic preparedness in 2008. There are currently two joint research activities underway: 1) an evaluation of a five year HIV program in North East India and 2) the preparation of an investment case for scaling up interventions for maternal and child health in five states of India. It is expected that this activity will increase the educational support networks that already exist between the two organisations, and potentially broaden that network to other institutions that will be part of the Melbourne based curriculum design input. The activity aims to address the recognized need within India to strengthen basic health service delivery.

The proposed activity is designed to: 1) strengthen the competencies of those designing and delivering public health curricula, and 2) establish systems for sustainable institutional strengthening to scale up quality public health education. The overarching objectives are: development of PHFI staff skills; establishment of a professional education framework for PHFI teaching faculty that guides teaching skills development and strengthened delivery of public health teaching and strengthening support services. Promoting gender equality in public health teaching and content is also an objective. The Nossal Institute for Global Health, University of Melbourne (Australian International Health Institute, (University of Melbourne) Ltd as the contracting entity) is collaborating with PHFI to enhance capacity in quality public health teaching. 1) Eight faculty across the PHFI family (PHFI and the 3 IIPHS) travelled to the Nossal institute, Melbourne towards enhancement of institutional and professional capacity. The benefits were at the institutional level towards: development of processes and institutional structures and ideas towards systems strengthening at the institutional level, curriculum development, delivery and teaching and student assessments, development of a professional education framework for PHFI teaching faculty that guides teaching skills development, towards establishment of an effective system to evaluate public health teaching across PHFI institutes. 2) Faculty benefited towards the larger goal of delivering high quality courses within the Masters in Public Health and other post-graduate courses and trainings. Senior faculty, Deans, Directors, Vice Chancellors and senior administrators from the University of Melbourne and Deakin University spent time together and regularly interacted for systemic, administrative, academic and business development

and further ideas. 3) Expression of interest on potential of collaboration on student exchange programs was expressed by the University of Melbourne.

In addition, Prof Catherine Bennett from Deakin University, Melbourne and Alison Morgan, from Nossal Institute, Melbourne, conducted master classes for PHFI (family) faculty who teach epidemiology and who will be teaching epidemiology in the forthcoming MPH course. Directors of IIPs, Hyderabad and Gandhinagar were asked to nominate two faculty each who travelled to Delhi to attend these Master training classes. In addition, one faculty each from Bhubhaneshwar and Gwalior also attended.

Duration: FEB' 10 - JUL' 11

This programme is supported by THE NOSSAL INSTITUTE OF GLOBAL HEALTH, UNIVERSITY OF MELBOURNE (AUSAID PUBLIC SECTOR LINKAGES PROGRAM) and is led by Prof. SANJAY ZODPEY

POST-GRADUATE DIPLOMA IN MANAGEMENT OF MATERNAL AND CHILD HEALTH

Geographical location: NEW DELHI

Mother and child disease burden contributes to a substantial load for the public health system of India. Defining the human resource needs for providing quality maternal, newborn and child health services across such a large and diversely populated country like India is truly challenging. The effective response to significant challenges and increased requirements of evidence based effectiveness of public health projects on MCH is putting pressure on existing MCH program managers to acquire new advanced academic training and information. A number of institutions and universities at the national and international level are currently offering Maternal and Child Health courses through distance learning programs, but a comprehensive package with focus on the public health system in India is lacking. Most of the courses are meant for medical graduates. The development of this course will provide an opportunity for medical as well as non-medical graduates to enhance their skills in program management. This is going to be beneficial particularly for those who have work and family commitments, lack access to higher education and have financial constraints to enroll in full time courses. The course will expose the students to theories and concepts in program management tailored to maternal and child health issues. It will create a foundation for working successfully in the public health system.

Goal: To enhance capacity and skills of participants to manage reproductive and child health programs

Objectives: 1) To develop an in-depth understanding of technical and programmatic issues related to reproductive and child health programs; 2) To strengthen the capacity to plan, manage and monitor RCH programs at the district level and above.

A nine member team which includes academic staff of PHFI, program officers and adjunct staff members was formed. A lead person for each of the modules was identified. Resource persons/experts for seven modules of PGDMMCH were identified by the lead person and a comprehensive list of all resource persons has been made.

The first inception meeting of UNICEF and PHFI was held on 10th May, 2011 where the roles and responsibilities of each organization (UNICEF, WHO) and probable resource persons for each module were discussed. It was also suggested that besides the existing seven modules, three more modules need to be incorporated.

Duration: MAR' 11 - MAR' 12

This programme is supported by THE UNITED NATIONS CHILDREN'S FUND (UNICEF) and is led by Prof. SANJAY ZODPEY

DEVELOPING AND IMPLEMENTING TRAINING PROGRAMS IN MONITORING AND EVALUATION (M&E) AND STRENGTHENING PHFI'S CAPACITY TO CONDUCT M&E ACTIVITIES

Geographical location: NEW DELHI

The Public Health Foundation of India and MEASURE Evaluation, of the Carolina Population Center, University of North Carolina at Chapel Hill (USA), have established a partnership for developing and implementing training programs in monitoring and evaluation (M&E) and strengthening PHFI's capacity to conduct M&E activities. Under this partnership, PHFI and MEASURE Evaluation will cooperate to jointly design the curricula and implement an M&E class to be offered within PHFI's 2010-11 Post Graduate Diploma Program in Health Economics, Health Care Financing and Health Policy (PGDHEP).

MEASURE Evaluation will award up to three full international fellowships (or up to 2 fellowships for international students and 2 fellowships for Indian nationals) for the 2010 - 11 Diploma program. These fellowships will support qualified applicants from USAID assisted countries. PHFI, using funds made available under this subcontract, will support the costs of tuition, books, airfare, research expenses, health insurance, accommodation, and a living allowance for the MEASURE Evaluation fellowship recipients.

PHFI will collaborate with MEASURE Evaluation to implement, monitor and evaluate a class on the M&E of population, health and nutrition programs as part of the 2010-11. Post Graduate Diploma Program in Health Economics, Health Care Financing and Health Policy and possibly other long term programs mutually agreed upon by PHFI and MEASURE Evaluation. The M&E class will cover the basic concepts and practices used in the development of plans for performance monitoring and impact evaluation and provide knowledge about recent developments in monitoring and evaluation tools and techniques. The Diploma-level class is designed to strengthen the capacity of professionals involved in

the monitoring and evaluation of population, health and nutrition programs in the Asia region.

Currently two students from India have been awarded the MEASURE Evaluation Fellowship. All expenses including tuition fees, accommodation expenses, recommended books, laptops, return ticket from the residence of student to Delhi, research expenses, health insurance and a living allowance have been provided to the Fellows. The international candidate who was awarded the fellowship dropped out of the programme at the last minute and it was not possible to find another international candidate given the short duration before the commencement of the course. Fellows are also provided administrative support at the Indian Institute of Public Health Delhi. The Fellows have been advised to select topics with a strong M&E component in keeping with the focus of MEASURE Evaluation. Currently, they are completing their diploma course and would be proceeding for their summer project work shortly

Duration: APR' 10 - JUL' 11

This programme is supported by UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and led by Mr. MATHEW SUNIL GEORGE

STRENGTHEN PUBLIC HEALTH WORKFORCE CAPACITY IN INDIA BY ESTABLISHING NEW INSTITUTES OF PUBLIC HEALTH, UNDERTAKING RESEARCH, ADVOCACY, POLICY INFORMATION ACTIVITIES, STRENGTHENING EXISTING INSTITUTIONS AND FACILITATING ESTABLISHMENT OF STANDARDS IN PUBLIC

Geographical location: NEW DELHI, GUJARAT & ANDHRA PRADESH

PHFI has received a grant from Pfizer for the purpose of offering and administering educational scholarships at one or more of the four Indian Institutes of Public Health (IIPHS). This scholarship would be awarded to meritorious students who propose to dedicate themselves to improving health care in rural areas of India and who are motivated to work with multiple partners including the government, non-government and industry. The grant will be used to support deserving candidates in the coming academic years through IIPH-Delhi, Hyderabad and Gandhinagar which offer the following programmes:

1. Post graduate diploma in public health management (PGDPHM)
2. Post graduate diploma in biostatistics and data management (PGDBDM)
3. Post graduate diploma in health economics, health care financing and health policy (PGDHEP)
4. Post graduate diploma in clinical research (PGDCR)

The grant from Pfizer has enabled PHFI to support the training of 18 meritorious candidates in the academic year 2010-11, who have shown promise and commitment to work towards

improving rural health in India. A panel was formed at each IIPH that included the Director of the Institute, respective course coordinators, faculty members from the Institute and the local coordinator in-charge of administering scholarships at each Institute. Applications for the scholarship were received from those who had been selected for the various academic programmes and scrutinized by the panel. The following eligibility criterion was drawn up and applied across all the IIPHs in selection of the candidates.

1. Prior experience of working in public health programmes in India
2. Academic performance
3. Potential to contribute in improving health care in India in the future.
4. Financial need of the candidate.

Duration: MAY' 09 - JUN' 12

This programme is supported by PFIZER INC. and is led by Prof. SANJAY ZODPEY

FOGARTY INTERNATIONAL CLINICAL RESEARCH TRAINING SITE AT PHFI

Geographical location: NEW DELHI

The Fogarty International Clinical Research Scholars and Fellows (FICRS-F) Program offers one-year clinical research training experience for graduate level U.S. students who will be paired with international scholars, in the health professions. The program offers mentored research training at top-ranked NIH-funded research centers in developing countries. PHFI is an international training site for the FICRS-F programme. This program is supported through a grant to Vanderbilt University and considers US students with a strong potential for a career in international health activities and/or clinical research, advanced standing in a U.S. medical or osteopathic school; or enrollment in a doctoral level program at a U.S. school of public health, nursing, dentistry or other school in the health sciences where global health research may be a career goal. The programme provides opportunities for an international scholar selected by the training site to undergo research mentoring and training with funding from the programme. Each scholar from the US is paired with an international scholar at the site.

The first batch under the Fogarty International Clinical Research Scholars and Fellows (FICRS-F) Program completed their mentorship and training at PHFI during the period August 2009 to May 2010. The batch consisted of a scholar from the USA, a scholar from India and a fellow from USA. The second batches of scholars have already started their research mentoring and training in August 2010. This year, there are two scholars from USA and two scholars from India who will undergo research mentoring and training for ten months at PHFI. The scholars in the first batch were provided with opportunities to work closely with the Center of Excellence at PHFI and they contributed significantly towards preparing the study manuals, protocols, IRB documentation requirements etc. A scholar and the Fellow has been invited to present their studies at an alumni meeting in September, 2010 at USA. The current batch will also be provided with opportunities to be associated

closely with the ongoing studies at PHFI (COE) and develop their research and writing skills. The programme has resulted in the mentees taking lead roles in bringing out publications as part of their ten month's placement at the PHFI COE.

This programme is supported by EMORY UNIVERSITY; VANDERBILT UNIVERSITY - NATIONAL INSTITUTES OF HEALTH and is led by Dr D PRABHAKARAN & Prof. K S REDDY

DISTANCE LEARNING EPIDEMIOLOGY PROGRAM FOR NATIONAL HEALTH SYSTEM RESOURCE CENTRE (NHSRC) UNDER INTEGRATED DISEASE SURVEILLANCE PROGRAMME (IDSP)

Geographical location: NEW DELHI

The NHSRC on behalf of IDSP is involved in capacity building of the recruited technical consultants (epidemiologists) at District and State positions. As part of this exercise, NSHRC has given a grant to PHFI to develop five modules on epidemiology for distance learning under IDSP for the National Health Resource Centre (Government of India). The course is a blend of classroom learning and field experience designed on distance learning principles with opportunities for students to engage in offline learning (through CDs) blended with contact training sessions. The course material is developed and delivered in the form of interactive self-learning CDs. PHFI has been tasked to customize Distance Learning Epidemiology modules in terms of the context and content as per requirement of the NSHRC, with internal checks for relevance before submitting to NSHRC for review.

NHSRC has been given all the five modules for final review prior to Instructional Design. NHSRC will review the modules and these modules will then be used in the program.

Duration: APR' 10 - MAR' 12

This programme is supported by NATIONAL HEALTH SYSTEMS RESOURCE CENTRE - MINISTRY OF HEALTH AND FAMILY WELFARE, GOVERNMENT OF INDIA and is led by Ms VIJAYLUXMI BOSE

Public Health Lecture Series

Public Health Lecture Series

Professor Peter Piot, MD, PhD, Director of the London School of Hygiene and Tropical Medicine and professor of global health, delivered the PHFI foundation lecture on Global Health in the 21st Century: From Concerns to Concerted Action.

Prof Piot reviewed the old and new challenges in global health and public health worldwide as well as new opportunities to respond to them and discussed the need for new forms of international collaboration in this field. He stated that technology is not going to be a solution to all our problems unless we realize the importance of other measures such as anti-smoking measures, healthy diet, regulations, communication etc. He stressed the importance of looking beyond medicine in health and not only applying innovations in new diagnostics, new drugs, new techniques but innovation in delivery. Giving an example of HIV prevention programs in India, he outlined how classic business marketing and monitoring tools along with social marketing were used to achieve such good results. He said that we need alternative solutions for common problems and there is a need to use non specialized solutions such as cognitive sciences, behavioural economics, management sciences, system sciences, community organizations experiences and so on.

He also talked about global health 4.0 i.e. how and who to work together. He said that there are good examples of collaboration in terms of financial power or technical expertise, or even setting the agenda such as Public Health Foundation of India. There are good examples of collaboration at regional level while crossing boundaries such as SANCD, CCDC. He also stressed that there is still a need for centres of excellence all over the world working for common cause. There is a shift from infectious diseases to environment and society and we need supporting institutions to help us achieve our objectives.

He concluded that, whenever we have to make progress the science, politics and programs have to come together. We are in times of greater opportunity for individual as well as population health reflecting into multiple opportunities to collaborate in systems and across borders. He said that all our technical and political initiatives will have no meaning if health is not on society agenda. We must leave our comfort zone and generate a lineage that makes a difference to accelerate our progress.

Major Trainings, Conferences and Workshops

Major Trainings

Ongoing

CERTIFICATE COURSE IN EVIDENCE BASED DIABETES MANAGEMENT

Geographical location: 18 STATES, 57 CITIES COVERING 100 CENTERS IN PHASE 1

India has the largest number of people suffering from diabetes in the world. It is estimated that by 2030, India will have 81 million people with diabetes, which will be more than China, which has a larger population. Indians also develop diabetes 5-15 years earlier than their counterparts. The medical fraternity requires to gear up to this challenge for effectively preventing, diagnosing and treating diabetes in large number of individuals, families and communities.

Landmark advances have been made in the last 15 years in the prevention and management of diabetes which has changed diabetes related practice forever.

This is a joint program designed and proposed to be delivered by PHFI and partners to train primary care physicians in evidence based diabetes management with ultimate objective to improve patient outcomes, by establishing networks between them and existing specialized diabetes care centers in India. It is proposed to enroll 8 to 10 primary care physicians per centre with single faculty and 18 to 20 participants with two faculty for once a month contact program. The course basically aims to:

1. Develop core skills and competencies in primary care physicians for the practice of evidence based diabetes management.
2. Establish networks between primary care physicians and existing specialized diabetes care centers in India for improving patient outcomes in Diabetes care.

One national consultation workshop, four regional ToTs and two observers' orientation meet have been conducted for finalization of course contents, teaching methodology, monitoring mechanism and operational modalities. 1208 primary care physicians across 57 cities in 18 states are undergoing one year Certificate Course in Evidence Based Diabetes Management w.e.f. August 2010. The training is conducted once a month on a designated Sunday in 100 regional training centers with 128 regional faculties. There are 61 observers including 49 external observers for observation of the session at the regional centers. Centers with renowned diabetologists/ endocrinologists train 8 to 20 participants during the once a month contact programme. Two midterm review meets are planned in February and March 2011 at Mumbai and Chennai respectively. The second cycle of the project is scheduled from October 2011 to September 2012.

Six course modules have been completed across the country, with an average attendance around 80 to 85 percent. The content, program delivery and management have been highly appreciated by all stakeholders.

Duration: FEB' 09 - DEC' 13

This activity is supported by MERCK SHARP AND DOHME (MSD) PHARMACEUTICALS PVT LTD. and is led by Dr. ABHAY SARAF

INTERNATIONAL HEALTH SECURITY: TRAINING, RESEARCH AND NETWORKS FOR IMPROVED PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE IN INDIA

Geographical location: ANDHRA PRADESH

The potential ability of countries such as India to engage fully in surveillance, mount an effective public health emergency response and undertake preparedness activities is important for international health security. The emergence of new infectious diseases, the re-emergence of others and, the impacts of climate change are interrelated and are a cause for health security concern globally. This project aims to improve capacity in India to deliver the requirements of International Health Regulations (2005) by (i) strengthening disease surveillance systems for early diseases detection and response, (ii) developing national capacity to respond to an outbreak or public health emergency, and (iii) developing networks as a collaboration mechanism for communicable disease control and public health emergency preparedness and response. This novel project is a collaborative effort between the Health Protection Agency (UK), Indian Institute of Public Health (Hyderabad) and Rajarajeshwari Medical College (Bangalore) and would result in increased overall epidemiological capacity and enhanced public health emergency preparedness and response skills using three inter-related components: enhancing knowledge; improving skills; and building networks. The outcome of the project will go a long way in strengthening the public health emergency preparedness capacity in India which in turn will help reduce threat to UK.

As part of the agreed project activities and deliverables, three training programmes will be conducted in the two year period. The first training programme held in April 2010 was attended by 55 participants. The second training programme was held in the month of February 2011. This training programme is for senior and mid career health and para medical personnel serving the government and the training is on "Public health emergencies and disasters: Preparedness and management".

Another objective of the training is to have an exchange of trainees / faculty between the Indian and UK partners in order to facilitate cross learning and sharing of knowledge. As a part of this initiative, three trainee participants from UK would be visiting IIPHH in the month of February 2011 for a period of three months (Feb - Apr 2011).

Duration: JAN' 10 - DEC' 11

This activity is supported by HEALTH PROTECTION AGENCY and is led by Prof. G V S MURTHY

ESTABLISH A PARTNERSHIP FOR DEVELOPING AND IMPLEMENTING TRAINING PROGRAMS IN MONITORING AND EVALUATION (M&E) AND STRENGTHENING PHFI'S CAPACITY TO CONDUCT M&E ACTIVITIES

Geographical location: NEW DELHI

Under this partnership, Public Health Foundation of India and MEASURE Evaluation jointly developed the following activities:

- 1) Design, implement, and evaluate a series of short term annual regional workshops, designed to strengthen the capacity of professionals involved in the M&E of Population Health and Nutrition (PHN) Programs in the Asia and Near East region;
- 2) Design, implement and evaluate a class in program M&E and concentration on M&E of PHN programs as part of the Master-level programs conducted by PHFI;
- 3) Implement capacity building activities aimed at providing technical and organizational sustainability of the M&E training and research programs through the creation of an M&E Cell at PHFI;
- 4) Seek opportunities for conducting policy-relevant collaborative evaluation research. MEASURE Evaluation will explore opportunities for involving PHFI faculty members in MEASURE Evaluation's research and technical assistance activities to further enhance collaboration and build experience in M&E.

The first workshop was conducted in October 2009 and provided intensive training on the concepts of program evaluation and in the tools and techniques for evaluating program impact. A total of 30 participants attended the workshop.

Duration: MAY' 09 - SEP' 11

This activity is supported by UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and is led by Dr. KRISHNA D RAO

TRAINING OF VECTOR BORNE DISEASES CONSULTANTS ON MANAGEMENT OF KALA AZAR

Geographical location: NEW DELHI

Public Health Foundation of India (PHFI) has been commissioned by the National Vector Borne Disease Control Program (NVBDCP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India to develop a competency based curriculum and organize two week induction training with emphasis on management of Kala-Azar for district Vector Borne Diseases (VBD) Consultants (as part of a three months training program) in collaboration with RMRI, Patna Bihar. The uniqueness of this training programme is that the two institutions PHFI and RMRI Patna will jointly deliver the induction training supported by a World Bank grant.

The objectives of the training programme are as follows;

- 1) Develop skills/competencies on Kala-Azar with special reference to the managerial aspects of its control in India.
- 2) Provide technical support for implementation of all the components of the strategy of Integrated Vector Management.
- 3) Provide supportive supervision at field level with reference to implementation of all the components of Kala-Azar control strategy.
- 4) Actively participate in all the activities related to Behavior Change Communication (BCC) and Inter-Sectoral & Intra-Sectoral Coordination.
- 5) Assist and coordinate with the state/district health authorities in planning, monitoring and evaluation of the programme as per Operational Manual, Monitoring & Evaluation document and other guidelines of NVBDCP including epidemic investigation & control.
- 6) To train and orient all level of Health Functionaries on Kala-Azar control strategies.

The training will be conducted for 46 VBD consultants in two batches. Current Status: First batch comprising 21 participants were trained at IIPH, Delhi from 28th March to 12th April 2011.

Duration: JAN' 11 - AUG' 11

This activity is supported by NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM and is led by Mr. KAPIL DEV SINGH

RAPID ASSESSMENT OF AVOIDABLE BLINDNESS IN KOLAR DISTRICT, KARNATAKA

Geographical location: KARNATAKA

Rapid assessment of avoidable blindness provides valid estimates to assess the magnitude and causes of avoidable blindness in a short period of time. With the launch of Vision 2020 Global Initiative, the focus has now shifted to all causes of avoidable blindness rather than being limited to cataract. As rapid assessment has been found to be valid and less time consuming and cost-effective, a Rapid Assessment of Avoidable Blindness (RAAB) among people aged 50 years and above in Kolar district will be undertaken to assess the changes in the prevalence of avoidable blindness, which will enable us to guide planning for the existing eye care programme. A component of near vision detection and correction for presbyopia is also piggybacked on the same project.

The survey has commenced and the urban clusters in Kolar and Malur Taluks have been completed. The survey of urban clusters of Mulabagal, Bangarpet and Srinivasapur will start shortly and then the rural clusters attempted. A quality control visit is planned in May 2011. The survey is expected to be completed by July-August 2011.

Duration: MAR' 11 - JUL' 11

This activity is supported by SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH, KOLAR and is led by Dr. B R SHAMANNA

Completed

INDUCTION TRAINING OF DISTRICT VECTOR BORNE DISEASE CONSULTANTS ON MALARIA

Geographical location: DELHI, ODISHA & CHHATTISGARH

Public Health Foundation of India (PHFI) was commissioned by the National Vector Borne Disease Control Program (NVBDCP), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India to develop competency based curriculum and organize three months induction training to the district Vector Borne Diseases (VBD) Consultants with emphasis on malaria. The uniqueness of this training programme is that the four institutions i.e. PHFI, National Vector Borne Disease Control Programme (NVBDCP), National Institute of Malaria Research (NIMR) and National Center for Disease Control (NCDC) formerly known as NICD jointly delivered the induction training supported by a World Bank grant. The objectives of the training programme were as follows: 1) Develop skills/competencies on malaria with special reference to the epidemiology, parasitology, entomology and managerial aspects of its control in India; 2) Provide technical support for implementation of all the components of the strategy of Integrated Vector Management; 3) Provide supportive supervision at field level with reference to implementation of all the components of malaria control strategy; 4) Actively participate in all the activities related to Behavior Change Communication (BCC) and Inter-Sectoral & Intra-Sectoral Coordination; 5) Assist and coordinate with the state/district health authorities in planning, monitoring and evaluation of the programme as per Operational Manual, Monitoring & Evaluation document and other guidelines of NVBDCP including epidemic investigation & control; 6) To train and orient all level of Health Functionaries on revised malaria control strategies.

The training was conducted in two batches of 26 and 23 participants each, covering total 49 District VBD Consultants. The participants were trained at IIPH Delhi, NIMR and NCDC while the field trainings were conducted at Odisha and Chhattisgarh for the first and second batch respectively. A range of teaching methods based on the principles of adult learning were used, including participative sessions, case study methods, group work, field exercises and presentations. The participants were evaluated on the basis of class participation, presentations and field exercises. The training quality was assured by following a competency based approach and participant feedback on individual sessions. Highly qualified and experienced faculty from NVBDCP, NIMR, NCDC and PHFI were involved in training and field exercises for both the batches. The participants were exposed to Entomological, Epidemiological and Management aspect for vector borne disease control through case studies, lecture discussions, demonstrations, group work, laboratory work at NIMR, field exercises and surveys at Rourkela, Odisha and Raipur, Chhattisgarh.

49 District Vector Borne Disease Consultants, 26 participants in first batch (7th September to 5th December, 2009) and 23 in second batch (9th November, 2010 to 5th February, 2011) attended the training.

Duration: JUL' 09 - MAR' 11

This activity was supported by NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAM and was led by Dr. ABHAY SARAF

DEVELOPING TRAINING MODULE ON PRIMARY HEALTH CARE (PHC) MANAGEMENT FOR PHC MEDICAL OFFICERS IN ANDHRA PRADESH

Geographical location: HYDERABAD, ANDHRA PRADESH

A comprehensive training program for Medical Officers "Managing Primary Health Centers" was jointly developed by IIPH, Hyderabad, Harvard School of Public Health (HSPH) and Family Health International (FHI) in response to a request by the Government of AP to develop a management training program for Medical Officers in Charge (MO) of Primary Health Centers (PHC) in Andhra Pradesh (AP). This course was designed to be part of the overall reform of the PHC system by the government of AP. The goal of this reform is to improve the health of the population through improvements in the curative and preventative services delivered through the public health system.

The specific topics were developed over a period of 6 months in discussion with government officials. The format of the course has been developed in response to the request of the Secretary of Health of AP to develop a practical training program and a specific mechanism of implementation that can be used to improve the role of the PHC as the hub of the primary healthcare system in AP. The training module is complete and the training material has been submitted to FHI.

Duration: DEC' 09 - MAY' 10

This activity was supported by FAMILY HEALTH INTERNATIONAL (FHI) - HARVARD SCHOOL OF PUBLIC HEALTH and was led by Dr. Y SITAMMA

PARTNERSHIP BETWEEN IIPH-B AND UNICEF FOR INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)

Geographical location: ODISHA

IIPH-B conducted IMNCI TOT training programmes in four batches in partnership with UNICEF and in active collaboration with the Govt of Odisha, Health and Family Welfare Department. The main objectives of the project are: 1) To increase the pool of trainers in the new districts of Cuttack, Jajpur, Bhadrak and Ganjam where IMNCI is being introduced as a child survival strategy from F.Y. 2010-11. 2) To facilitate training of district officials of selected districts on IMNCI as per the guidelines of Govt of India 3) To provide techno-managerial support for training implementation and 4) To monitor quality of training while being conducted and document key learnings for future reference .

Four batches have been successfully completed. A total of 101 district officials participated in this training. In each batch, six resource persons had been invited to facilitate sessions. Clinical facilities and community settings were availed during the training.

Duration: NOV' 10 - FEB' 11

This activity was supported by UNITED NATIONS CHILDREN'S FUND (UNICEF) and was led by Prof. SANJAY ZODPEY

PUBLIC HEALTH PLANNING FOR HEARING IMPAIRMENT

Geographical location: ANDHRA PRADESH

Aim of this course is to enable participants to understand the magnitude and causes of hearing impairment and the challenges of providing hearing health in developing countries. The course will familiarise participants with public health approaches to ear and hearing health and show how to develop programmes for prevention and management at the local, district or national level.

As an outcome of the short course, a concept note on 'Epidemiology of Hearing loss' has been accepted by ICMR to submit a full proposal.

Another outcome of this course is a curriculum being planned on 'Post graduate diploma in disability' which includes training on hearing impairment also.

It is proposed to offer the second edition of this short course in October 2011 in collaboration with International Centre for Eye Health (ICEH) - London School of Hygiene & Tropical Medicine (LSHTM).

Duration: OCT' 10 - OCT' 10

This activity was supported by LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE - CHRISTOFFEL BLINDEN-MISSION(CBM) and was led by Prof. G V S MURTHY

INTEGRATED DISEASE SURVEILLANCE PROJECT FIELD EPIDEMIOLOGY TRAINING PROGRAMME

Geographical location: NEW DELHI

IDSP was launched by the Honorable Minister of Health and Family Welfare in November 2004. It is a decentralized, state-based surveillance programme running all over the country, intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. Major components of the project are integrating and decentralizing of surveillance activities, strengthening of public health laboratories, human resource development (training of state and district surveillance officers, rapid response team and other medical and paramedical staff) and use of information technology for collection, collation, compilation, analysis and dissemination of data. In 2006, a joint review mission for IDSP suggested that one of the key limitations of the initiative was the lack of understanding of the usefulness of the data by the actors of the system. This lack of analysis prevented the transformation of data into information that can be used for action. It also limited reporting, as health care facilities at the lower level did not see the usefulness of the system. Thus, to stimulate the system, there was a need for the district surveillance

officer to acquire the capacity to make sense of the data collected. Subsequently, a two-week course for district surveillance officers was developed, which required that the course be competency-based and be developed/implemented with the technical support of WHO.

The goal of the two week course was to strengthen five core competencies: handling data, operating surveillance for decision-making, responding to limited local outbreaks, exchange within the health system, and monitoring surveillance activities.

The training was conducted at IIPH, Delhi from 31st January to 12th February 2011. It was attended by 14 participants, all being District Surveillance Officers from districts of Madhya Pradesh. Guest faculty members from 5 medical colleges facilitated the training, alongside internal faculty members from IIPH-Delhi. A formal inaugural session was held on the first day of the programme. It began with introductions of the resource faculty and the participants. The participants were familiarized with the objectives and the overall schedule of the two-week programme. A pre-evaluation form was filled up by the participants to assess their baseline knowledge on disease surveillance. The training was spread over two weeks, comprising of participative sessions, field visits, presentations by participants and group discussions. The participants also had the opportunity to interact with faculty from the Central Surveillance Unit, IDSP during their visit to the National Centre for Disease Control, New Delhi. On the final day the participants filled up the post-evaluation forms. They were also requested to give their overall feedback on various aspects of the training programme. All the participants and facilitators were given a Certificate of Participation at the end of the workshop.

Duration: JAN' 11 - FEB' 11

This activity was supported by INTEGRATED DISEASE SURVEILLANCE PROJECT, NATIONAL CENTRE FOR DISEASE CONTROL, GOVERNMENT OF INDIA and was led by Dr. PREETI NEGANDHI

TRAINING OF TRAINERS FOR ROGI KALYAN SAMITIES AND VILLAGE HEALTH & SANITATION COMMITTEES AT SHILLONG AND TURA, MEGHALAYA

Geographical location: MEGHALAYA

The short term Trainings of Trainers were commissioned to PHFI by Government of Meghalaya for the overall capacity building of RKSs and VH&SCs formed under National Rural Health Mission. The duration of the ToTs was for three days each. The trained officer will be called Second Line Trainer who will train the staff of health facilities and members of RKSs and VH&SCs. The major objectives of the training were:

- 1) To recognize the importance of RKSs and VH&SCs in management of health facilities for better service delivery to the community
- 2) To understand the roles and responsibilities of RKSs and VH&SCs
- 3) To undertake demand driven and patient centered healthcare planning at village and PHC level.
- 4) To plan for effective utilization of the funds under RKSs and VH&SCs

- 5) To understand the management and financial protocols & procedures for effective management of RKs and VH&SCs resources
- 6) To know the accountability of different stakeholders and importance of communication in RKs and VH&SCs

The TOTs for Rogi Kalyan Samities and Village Health and Sanitation Committees were conducted at Shillong and Tura during 9th - 22nd December, 2010. Two batches of three days each were conducted at Shillong and two batches of similar duration were held at Tura. A total of 35 participants attended each ToT. Participants included State, District, Block and PHC level officers . A range of teaching methods based on the principles of adult learning were used, including participative sessions, case study methods, group work and presentations. The participants were evaluated on the basis of class participation, presentation and exercises. The training quality was assured through following a competency based approach and participant feedback on individual sessions. It was expected by the end of the trainings, that the goals will be achieved in terms of understanding related to physical up-gradation of health facilities, proper management of drugs and supplies, complete and correct reporting, improved patient and employee satisfaction, service delivery and micro planning for village health and nutrition days and effective communication skills.

Duration: DEC' 10 - DEC' 10

This activity was supported by GOVERNMENT OF MEGHALAYA and was led by Mr. KAPIL DEV SINGH

CHANGE MANAGEMENT AND LEADERSHIP TRAINING PROGRAM

Geographical location: ANDHRA PRADESH

It was proposed to hold two training programs on "Change Management & Leadership", during February - April 2010.

The goal of this program was to improve the health status of people in AP and the purpose was increased use of quality health services especially by the poorest and in underserved areas.

The specific objectives of training program were:

- To enable participants to develop leadership competencies
- To facilitate participants to become effective change agents

Two training programs on "Change Management & Leadership", were held in Hyderabad, Andhra Pradesh, during February 22nd – 26th and April 19th – 23rd, 2010. The programs were sponsored by the Department for International Development (DFID), UK under the Andhra Pradesh Health Sector Reforms Program for the Department of Health, GoAP. The training program was conducted at the Dr. Marri Channa Reddy Human Resource Development Institute of Andhra Pradesh, Hyderabad. The training program was designed over 5 days to address its learning objectives. A mix of lectures, group discussions, presentations, and small-group work on specific learning tasks were used. The group

exercises required focal groups to continually reflect on the situations in their own districts; current practices, key issues and challenges, and how they might address these. Change Management and Training Programs were organized by ASCI & FHI and coordinated & conducted by IIPH, Hyderabad.

Duration: JAN' 10 - MAY' 10

This activity was supported by FAMILY HEALTH INTERNATIONAL and was led by Dr. Y SITAMMA

TRAINING OF TRAINERS (TOT) FOR SCHOOL HEALTH PROGRAMME IN ODISHA

Geographical location: ODISHA

The PHFI was commissioned by the State Health and Family Welfare Department, Odisha to develop a training module for school health programme to train the block and field level staff. PHFI conducted the ToT (Training of Trainers) for the selected state and district level staff. The trained TOTs will train the district level trainers for better implementation of the school health programme in the state. They in turn will train the field level participants. The training will equip the participants with adequate skills to enable them to strengthen the delivery of programme.

The major objectives were to:

- Recognize the importance of school health programme in the overall healthcare development
- Understand the implementation framework of school health programme along with monitoring and evaluation for better implementation.
- Enhance the capacity to train other personnel.

The ToT was conducted at State Institute of Health and Family Welfare (SIHFW), Bhubaneshwar, Odisha from 24th - 26th May, 2010 for 30 participants. The important issues related to school health program were covered in the ToT i.e. Hygiene & Sanitation, Diet & Nutrition, Common Ailments, Eye Care, ENT and Dental Care Diseases. A Module developed by PHFI containing technical and operational issues was provided to each participant.

Duration: APR' 10 - AUG' 10

This activity was supported by NATIONAL RURAL HEALTH MISSION, ODISHA and was led by Dr. ABHAY SARAF

TRAINING OF TRAINERS (TOT) FOR ROGI KALYAN SAMITIES (RKS) AND VILLAGE HEALTH & SANITATION COMMITTEE (VHSC)

Geographical location: SIKKIM

The short Training of Trainers (ToT) was proposed for the overall capacity building of RKSs and VH&SCs for a duration of three days. The trained officers who would be called second line trainers, would train the staff of health facilities and members of RKS and VH&SCs.

At the end of the course the participants will be able to:

- Recognize the importance of RKS and VH&SCs in management of health facilities for better service delivery to the community
- Understand the roles and responsibilities of RKS and VH&SCs
- Undertake demand driven and patient centered healthcare planning and Village Health & Nutrition Days (VH&NDs) planning
- Plan for effective utilization of the funds under RKS and VH&SCs
- Understand the management and financial protocols & procedures for effective management of RKS resources
- Know the accountability of different stakeholders and importance of communication in RKS and VH&SCs

The TOTs for Rogi kalyan Samities and Village Health and Sanitation Committees were conducted at Gangtok, Sikkim during 22nd July to 28th July, 2010. A total of 30 participants in each ToT batch from State, District, PHCs, District Hospitals, NGOs and RRC attended the trainings. A range of teaching methods based on the principles of adult learning were used, including participatory sessions, case study methods, group work and presentations. The participants were evaluated on the basis of class participation, presentation and exercises. The training quality was assured through following a competency based approach and participant feedback on individual sessions. It was expected that by the end of the trainings, the goals would be achieved in terms of :

- 1) Understanding related to physical up-gradation of health facilities,
- 2) Proper management of drugs and supplies,
- 3) Complete and correct reporting,
- 4) Improved patient and employee satisfaction,
- 5) Service delivery and micro planning for village health and nutrition days and
- 6) Effective communication skills.

Duration: JUL' 10 - JUL' 10

This activity was supported by HEALTH CARE HUMAN SERVICES & FAMILY WELFARE DEPARTMENT, GOVERNMENT OF SIKKIM and was led by Dr. ABHAY SARAF

HEALTH LEADERSHIP PRACTICE: MAKING DIFFERENCE IN YOUR WORLD

Geographical location: ANDHRA PRADESH

Leadership skills are vital in today's world of health practice and formal training in this area has become an integral part of public health education. The training in health practices intends to examine the managerial and leadership concepts through a human lens, using a documentary film. It is expected that this film will illuminate the ways in which health staff can change the public health landscape. The documentary film attempts to showcase the extraordinary leadership role of health professionals in influencing improvement of health services through an intersection of science , behavior, culture and society. Through interviews of leaders and observations of various innovative initiatives, the documentary film seeks to:

- 1) help viewers understand the role of health professionals in shaping organization's policies in health care;
- 2) encourage practitioners, health administrators, health policy makers to incorporate strong examples of leadership into their work;
- 3) educate future health staff on active engagement in health care service implementation as a basic tenet of leadership.

The individuals' interview and innovative work selected for this documentary film are meant to offer a rich and multifaceted vision of health leadership across a wide range of subjects and settings. Some of the stories relate to problems of a specific time in the individuals' historical work; others offer examples of innovation that brought new ways of thinking to long standing problems. The documentary film is intended for a wide range of viewers who are eager to learn the skills and techniques of leadership and who are willing to effect change by influencing health services. The film also serves as a catalyst to spark awareness of and action on a health issue, each individual undergoing a transformation from an interested observer into an active participant. The main objectives of this activity:

1. To learn the leadership and management aspects of the preventive, curative and health managerial process
2. To apply the principles of communication, decision making, team building, and team motivation which lead to successful health service efforts
3. To evaluate the current level of managerial skills in their health service efforts
4. To develop an action plan to enhance and/or develop their team management skills

Two programs were conducted on 22nd to 26th February and 19th -23rd April 2010 each of 5 days duration. Senior Medical officers from the department of Health and Family Welfare, medical superintendents of area hospitals, Professors and Heads of Departments from teaching hospitals attended the programs.

Duration: JAN' 10 - MAY' 10

This activity was supported by FAMILY HEALTH INTERNATIONAL-HYDERABAD and was led by Dr. SATHYANARAYANA TN

UTTARAKHAND- MEDICAL OFFICERS TRAINING ON "USING MANAGEMENT TOOLS TO IMPROVE DISTRICT HEALTH SERVICES"

Geographical location: UTTARAKHAND

This training is designed to equip the district health officials with necessary technical and managerial skills to allow them to fulfill their varied roles and responsibilities envisaged under National Rural Health Mission, including skills which will enable them to utilize modern management methods to fulfill their role as public health managers.

The first batch of 24 participants was trained in Dehradun on 8th - 11th Feb 2010 and the second batch of 25 participants was trained in Haldwani from 24 - 26 Feb 2010. The training was well appreciated by government officials and participants.

Duration: FEB' 10 - FEB' 10

This activity was supported by GOVERNMENT OF UTTARAKHAND and was led by Dr. ABHAY SARAF

BEHAVIOUR CHANGE COMMUNICATION (BCC) WORKSHOP CUM TRAINING PROGRAMME FOR DISTRICT MEDIA EXPERTS

Geographical location: ASSAM

The District Media Expert (DME) is a key person in the larger NRHM framework as a communicator, counselor, advocate, service provider, manager, motivator and trainer at the grass-roots and one who straddles multiple tasks and responsibilities, with the goal of helping communities achieve positive behaviour change, thereby assisting government machinery (at state and national level) accomplish the goals of the NRHM. The Government of Assam has entrusted DMEs with the responsibility for district-level action on Behaviour Change to achieve the 10 or 14 priority behaviours under the NRHM and to strengthen advocacy and communication for the same in the community. NRHM Assam has been working towards equipping DMEs with necessary technical and managerial skills. PHFI proposes to provide technical support to NRHM Assam by designing and conducting a four-day training programme for DMEs on 'Effective Strategies for Behaviour Change within the NRHM'. The objective of the proposed workshop is to enhance the capacity of DMEs to develop a more strategic and planned approach to Behaviour Change Communication (BCC), to shape practices and demand for services among communities with a focus on long-term outcomes of positive change.

An intensive, four day residential workshop was successfully conducted for 30 DMEs at Kaziranga, Assam in September, 2010. Key areas of capacity building covered: 1) Understand and translate into action the importance of BCC, advocacy and media engagement as key contributors to the achievement of NRHM goals of addressing morbidity and mortality; appreciate the significance of BCC as a planned and strategic intervention with long-term goals, and not as an activity-to-activity approach; 2) Strengthen the community-centred approach and participatory mechanisms in an overall strategy for behaviour change; 3) Develop a greater understanding of key techniques, a better

appreciation of existing efforts, and the need for effective and strategic BCC so as to enhance public health outcomes.

The training module is being printed and is to be submitted to the State Government as a long term training resource.

Duration: SEP' 10 - SEP' 10

This activity was supported by NATIONAL RURAL HEALTH MISSION, ASSAM and was led by Dr. SUBHADRA MENON

USING MANAGEMENT TOOLS TO IMPROVE DISTRICT HEALTH SERVICES FOR DISTRICT MEDICAL OFFICERS

Geographical location: JAMMU & KASHMIR

This three day long training programme, supported by Government of Jammu and Kashmir trained 22 participants. The trainees were District Medical Officers

The National Rural Health Mission (NRHM) has resulted in a restructuring in the way health services are planned and delivered in the country. The processes of communitization and devolution of financial operational planning at the district levels has resulted in the district officials being shouldered with a diverse set of responsibilities. To be able to realize the public health goals set by NRHM, they have varied roles to perform - keeping the community informed on important public health issues', providing basic health care services/counseling, and more importantly being advocates and champions of public health movement.

This activity proposed to equip the district health officials with necessary technical and managerial skills to allow them to fulfill their varied roles and responsibilities. The proposed training programme was envisaged to provide participants with skills that will enable them to utilize modern management methods to fulfill their role as public health managers.

Duration: APR' 09 - MAY' 09

This activity was supported by STATE HEALTH SOCIETY, JAMMU and was led by Dr. MANISH KAKKAR

TRAINING FOR SCHOOL HEALTH PROGRAM

Geographical location: MEGHALAYA

The PHFI was commissioned by the National Rural Health Mission, Health and Family Welfare Department, Meghalaya to conduct training for School Health Programme to train the block level and field level staff. PHFI conducted the ToT (Training of Trainers) for the district, Block, PHC level officers and representatives from education department of the state to make them master trainers. They will in turn train the basic health workers for better implementation of the school health programme in the state. The training was provided for

building adequate skills to enable them to strengthen delivery of the programme. The major objectives of the training programme were:

- 1) To recognize the importance of School Health Programme in the overall healthcare development
- 2) To know the implementation framework of School Health Programme.
- 3) To undertake monitoring and evaluation for better implementation.
- 4) To train other program staff.

The three day training for School Health Programme was conducted at Shillong in October 2010. A total of 35 participants attended the training programme including officers from State and District. The officers from the Education department also participated in the training programme. A range of teaching methods based on the principles of adult learning were used, including participative sessions, case study methods, group work and presentations. The participants were evaluated on the basis of class participation, presentation and exercises. The training quality was assured by following a competency based approach and participant feedback on individual sessions. The important topics related to School Health Programme were covered in the ToT i.e. hygiene & sanitation, diet & nutrition, common ailments, eye care, ENT and dental care and preventable diseases. A complete understanding of operationalisation of the programme and reporting was provided to the participants.

Duration: OCT' 10 - OCT' 10

This activity was supported by GOVERNMENT OF MEGHALAYA and was led by Mr.KAPIL DEV SINGH

TRAINING ON OPERATIONS RESEARCH IN HIV/AIDS

Geographical location: MANIPUR

Operations Research (OR) is the application of systematic research techniques to improve health programmes. The purpose of OR is to improve programs and provide information for management decision-making. OR enhances programme quality and facilitates efficient resource use. Successful OR is executed with a team comprising of public health personnel, program managers and researchers. The value of OR is that it provides empirical evidence to support programme decisions and thus advance optimal utilization of resources. Currently, all national public health programmes implemented, including National AIDS Control Programme, have an inherent component of operations research but due to lack of skills, OR is not widely carried out by public health researchers.

This workshop intends to evoke interest amongst participants by enhancing their competencies in OR and motivate them to undertake such research activities. It is a four day programme with a combination of lectures, case studies and interactive sessions.

Objectives:

1. To understand the concepts of operations research in context to health programmes with special focus on HIV/AIDS.

2. To equip the participants with knowledge and skills of using different study designs in OR.
3. To highlight the prospects of using OR in the field of public health and medical research.
4. To build the capacity of participants in drafting operations research proposal.

The workshop has been completed and was very successful. The participants finalized their research ideas for carrying out OR work in their respective projects.

Duration: JAN' 11 - FEB' 11

This activity was supported by EMMANUEL HOSPITAL ASSOCIATION (EHA), NORTH EAST and was led by Dr. SUMIT MALHOTRA

TOT FOR STATE LEVEL OFFICERS ON 'INTEGRATED' PREVENTION AND CONTROL OF ZONOSSES

Geographical location: NEW DELHI

Competency based training to build skills: use of basic epidemiological skills, handle surveillance data, conduct joint operations, effective communication within and between sectors. Grant received as part of the larger APW. Training content was developed and piloted in August 2009.

This activity was supported by WORLD HEALTH ORGANIZATION and was led by Dr. MANISH KAKKAR

ETHICAL ISSUES IN HEALTH RESEARCH

Geographical location: NEW DELHI

This 4 day workshop held from 12-15 July, 2010 was attended by 20 participants. The trainees were health professionals, researchers, clinicians.

Ethics as an integral component of Public health and clinical research was addressed. Biomedical research is reviewed by an ethics committee (IRB) based in the institution and/or at the national level. The history of ethics in biomedical research, the content of ethical reviews, functioning of IRBs and what issues are most important in conducting ethical research were addressed in this workshop. Much of the course was taught using a case method approach and students worked through a number of ethical dilemmas in a variety of situations including mock ethical reviews, privacy and confidentiality, research misconduct and conflict of interest.

Duration: JUL' 10 – JUL' 10

This activity was supported by NATIONAL ACADEMY OF MEDICAL SCIENCES

CONDUCT AND REPORTING OF SYSTEMATIC REVIEWS OF RANDOMIZED CONTROLLED TRIALS

Geographical location: NEW DELHI

This workshop on systematic reviews was conducted as a part of the Clinical and Epidemiological Workshop series. These workshops are intended to enhance the capacity of health professionals involved in research.

This short term training program was conducted in IIPHD, for 4 days. The main objective of the workshop was to introduce the methods of conduct, analysis and reporting of systematic reviews. It consisted of lectures by in-house faculty, lab work, group discussions and group presentations by the participants.

25 participants attended the training program. A workshop manual consisting of the presentations and reading material was given to the participants.

Duration: APR' 10 - APR' 10

This activity was led by Dr. NIVEDITHA DEVA SENAPATHY

PROFESSIONAL DEVELOPMENT COURSE ON DISTRICT HEALTH MANAGEMENT

Geographical location: KARNATAKA

IIPH, Hyderabad and Institute of Public Health, Bangalore formed an institutional collaboration with the objective to cooperate and work together for improving public health in India through research, practice, public health education, advocacy and policy development. This MOU was operationalised from March 2009 where one faculty from IIPH Hyderabad is deputed to work with IPH, Bangalore for 7 days in every month for a project on 'Professional development course on district health management'. IPH, Bangalore bears the faculty cost and other expenses for the whole visit. 'Professional development course on district health management' is a result of joint efforts of a consortium, Swasthya Karnataka with active inputs from the District Health and Family Welfare Society, Tumkur and State department of health and family welfare, Karnataka. This institutional capacity development programme attempts to improve managerial capacity of the district health system. This project focuses on a district health team, rather than on individuals. Hence the training is given for the whole of the district team across the district health system. The use of contact sessions and field assignments are a unique feature of this programme. The main role of the IIPH Hyderabad faculty is to provide mentorship to the participants of the district health team.

These experiences of working with the district health system are being utilized to enrich the teaching for Post-Graduate courses in Public Health Management (PGDPHM) and Post-Graduate courses in Biostatistics and Data Management (PGDBDM) courses at IIPH, Hyderabad. Nine monthly rounds of classroom teaching and mentoring have been completed.

Duration: MAY' 09 - FEB' 10

This activity was supported by INSTITUTE OF PUBLIC HEALTH

BASIC STATISTICS AND EPIDEMIOLOGY USING EPI-INFO

Geographical location: ANDHRA PRADESH

This two day training programme has trained 15 participants. The trainees are students of Masters Course in Community Eye Health. The training has been conducted in IIPH Hyderabad in October'09 and has been supported by L.V. Prasad Eye Institute, Hyderabad.

Most of the participants had completed their Masters course in Community Eye Health and were working as Optometric assistants in a government set-up. Participants were taught use of Epi-info in conducting basic statistical analysis. Epidemiology concepts relevant to the discussion were also covered. The training was organized jointly by L.V. Prasad Eye Institute and University of New South Wales, Australia and held at the International Centre for Advancement of Rural Eye Care, Bausch & Lomb School of Optometry, L.V. Prasad Eye Institute Kismatpur.

CLINICAL EPIDEMIOLOGY FOR OPHTHALMOLOGISTS

Geographical location: ANDHRA PRADESH

This one day long training was supported by L.V. Prasad Eye Institute, Hyderabad at IIPH Hyderabad in August'09. The training programme had 80 participants who are Post-graduate ophthalmologists enrolled in Fellowship program at L.V. Prasad Eye Institute.

Basic statistics and epidemiology concepts were covered for participants who were undergoing Fellowship training at L.V. Prasad Eye Institute (LVPEI). STARD (STAndards for the Reporting of Diagnostic accuracy studies) guidelines for diagnostic tests, MARIEE guidelines and CONSORT guidelines for randomized control trials were covered during the training. Participants were briefly introduced to statistical software STATA and demonstration of obtaining online statistical help was done. The training was organized by L.V. Prasad Eye Institute and held at L.V. Prasad Eye Institute, Hyderabad

A report on the media campaign was submitted to donor agency.

This activity was supported by INTERNATIONAL UNION AGAINST TUBERCULOSIS & LUNG DISEASES (THE UNION).

OPERATIONS RESEARCH IN PUBLIC HEALTH

Geographical location: NEW DELHI

This 4 day training programme held from 11-14 May, 2010 was attended by 42 participants across the country. The training was attended by postgraduate students and faculty

members from medical colleges, programme managers, professionals working in non-governmental organizations engaged in field based health projects.

This workshop intended to augment the capacity of public health practitioners in executing operations research in public health to improve the public health programmes implementation.

The objective of this workshop was to understand the concepts of operations research in context to health programs, to equip the participants with knowledge and skills of using different study designs in Operations Research. The workshop highlighted the prospects of using operations research in the field of public health, health management and medical research and participants were equipped to draft a research proposal related to operations research.

Duration: MAY' 10 – MAY' 10

VIII NATIONAL POST GRADUATE CONVENTION OF INDIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL PATHOLOGY

Geographical location: MAHARASHTRA

150 post graduates student and national faculty were attend 2 days VIII National Post Graduate Convention of Indian Association of Oral and Maxillofacial Pathology training at Shardar Pawar Dental College, Sawangi, Wardha.

Duration: MAR' 09 - MAR' 09

This activity was led by Prof. SANJAY ZODPEY

Conferences

Ongoing

1ST GLOBAL FORUM ON BACTERIAL INFECTIONS. BALANCING TREATMENT ACCESS AND ANTIBIOTIC RESISTANCE

Geographical location: NEW DELHI

The 1st Global Forum on Bacterial Infections is being organised by PHFI and Center for Disease Dynamics and Policy (CDDEP) at New Delhi from 3rd - 5th of October 2011. The Global Forum will focus on the significant burden of bacterial infections including pneumonia and hospital-acquired infections, in the developing world.

Highlights and key topics include:

- Introducing policies to expand antibiotic access to those not currently reached while limiting the spread of resistance
- Supporting the introduction of vaccines to prevent childhood pneumonia
- Building global antibiotic resistance surveillance networks
- Exploring the science of the NDM-1 gene and policy responses in India and other countries
- Investigating the drivers and effects of antibiotic use in livestock and agriculture

The Global Forum will be the first of this kind of gathering in a developing country. 600 researchers, clinicians, public health program managers and policymakers from low and middle income countries are expected to attend the conference. The outreach program to professionals and students from India and abroad is in progress. Abstract submissions are ongoing. A tentative agenda and list of speakers have been finalised. A pre Global Forum workshop is also being organised in collaboration with SHEA (Society for Healthcare Epidemiology of America) covering topics such as Hospital Acquired Infections and Antibiotic Stewardship.

Duration: MAY' 11 - OCT' 11

This activity is supported by BILL AND MELINDA GATES FOUNDATION AND THE CENTER FOR DISEASE DYNAMICS, ECONOMICS & POLICY and led by Prof. RAMANAN LAXMINARYAN

INTERNATIONAL CONFERENCE ON NEW DIRECTIONS IN PUBLIC HEALTH EDUCATION IN LOW AND MIDDLE-INCOME COUNTRIES

Geographical location: ANDHRA PRADESH

The mandate of public health education in low and middle income countries (LMIC) has been undergoing a transformation in recent times. It is increasingly being realized that in order to meet the increasing challenges of public health, public health education must:

- Enable a mix of public health researchers, teachers, managers, practitioners, policymakers and advocates to emerge from the public health schools to advance the precept and practice of public health in multiple sectors
- Provide a framework for national and regional implementation in a decentralized manner, while fostering global connectivity in an era where diseases and their spread and effect
- Design, resource and deliver a comprehensive public health response to the combined challenge of pre- and post-transitional health disorders
- Help to redesign and reinforce health systems to create dependable delivery pathways for (health) promotive, (disease) preventive and curative services
- Facilitate inter-disciplinary research that informs policy, empowers programmes and enriches the knowledge bank of public health through operational as well as etiologic research

In this context it was felt by many stakeholders that an international consultation, involving LMIC institutions engaged in public health education, would help re-define the new public health agenda for LMIC as well as re-design the curricular framework that can best fit that agenda. This would also enable the creation of a platform for south-south cooperation, whereby LMIC institutions can regularly share experiences, transfer best practices, caution against replication of failed models, exchange learning resources and, wherever feasible, strengthen academic programmes through inter-institutional faculty exchange and promote joint research. An appropriate mix of well established, recently set up and newly emerging schools, located in a diversity of LMIC would enable the consultation to draw upon both accumulated experience and aspirational plans.

Towards this goal, PHFI with support from the Rockefeller Foundation hosted an international conference on public health capacity in LMIC, preceded by pre-conference activity in the form of scans of existing curricular competencies and institutions for public health training institutions of LMIC, identifying the gaps and challenges that exist currently in these settings and suggest key agenda setting priorities both in terms of

- The public health education framework required in LMIC
- The pathways and innovative partnerships required to stimulate, sustain and support such a framework.

The key recommendations from the conference were:

- Public health education must amalgamate approaches from core public health disciplines as well as social sciences and ethics, adopting a variety of methods such as quantitative and qualitative, together with skill-building and personal development.
- There is a need to redefine social determinants of health research and education priorities by breaking away from dominant paradigms of public health which have paid inadequate attention to them.
- The delivery of public health education and programmes should be by faculty that is grounded in the community, focuses on the audience and looks through the prism of community approaches and health care programmes.
- The challenges of inefficient utilization of existing health resources, poor health systems performance constraints, management & decision-making and corruption can be

countered through good governance and improved decision- making through education and practices.

- Stakeholder-ship in public health and public health education requires redefinition as 'actors' and their scope can be widened by reaching out beyond schools into community and villages. This can be achieved by incorporating contemporary complexities and encouraging innovations in the development of new public health agenda.
- More work is required on the public health education agenda to develop teaching modules in public health law and ethics bringing in human rights based perspective. There is a need to locate teaching content and modules within the frameworks of historical usage of law as an instrument for better public health outcomes.
- There is an urgent need to establish a network of public health institutions in LMIC which would reinforce standardization in evaluation of schools and in bringing together practitioners from diverse disciplines to encourage the public health enterprise.
- Existing indicators for evaluating quality and impact of different education programmes need to be revisited. New indicators such as external evaluations, community and advisory boards, students' feedback, and dissemination, transparency and communication need to be incorporated. This would, more than evaluating the specific components, help facilitate a dialogue between stakeholders in order to collectively discuss challenges to improve the capacity and quality of public health education.
- Need to develop and pursue effective north-south and south-south partnerships through factors such as frequency and quality of communication, conduct of joint long term projects, exchange of data, stable frameworks and maximum transparency both inside and outside of partnerships.

Duration: JAN' 08 - DEC' 11

This activity is supported by ROCKEFELLER FOUNDATION and is led by Prof. K S REDDY

Completed

POLICY FORUM FOR IMPROVING MATERNAL AND CHILD HEALTH: 'KNOWLEDGE TO ACTION' – INDIA UNITES FOR IMPROVING MATERNAL AND CHILD HEALTH

Geographical location: NEW DELHI

The Maternal Health Task Force (MHTF) and the Public Health Foundation of India (PHFI) convened the Global Maternal Health Conference 2010, with an unprecedented gathering of approximately 700 maternal health experts and their allies in a global technical and programmatic meeting focused exclusively on maternal health. The Global Maternal Health Conference 2010 aimed at building on the existing momentum around MDG5 to coalesce and catalyze the maternal health field. Lessons learned, neglected issues, and innovative thinking have been the underpinnings of the conference and the outcome is increased consensus around the evidence, programs and advocacy needed to improve maternal health. Over 500 abstracts were received for panels, posters, and presentations, which

were reviewed by scientific sub-committees. There were three plenary sessions focusing on the issue of global progress in maternal health; the numbers and their implications; community and facility interventions and issue of maternal health accountability: successes, failures, and new approaches. Participants representing all continents, including a significant number from South Asia attended this conference. Experts working in the field of maternal health research, implementation, and advocacy projects presented their findings in the form of oral, panel and poster presentations.

Duration: JAN' 10 - NOV' 10

This activity was supported by ENGENDERHEALTH INC.(BILL AND MELINDA GATES FOUNDATION) & WORLD HEALTH ORGANIZATION and was led by Dr. BEENA VARGHESE

CONFERENCE ON CHRONIC DISEASE MANAGEMENT

Geographical location: NEW DELHI

This three day long conference on chronic disease management was held in New Delhi in October 2009. This international conference had 65 participants from across the world and India.

Profile of trainees: Academics, policy makers, health systems experts, government officials, representatives from multilateral organizations (World Bank, WHO) and the civil society who are actively involved with chronic disease management

Chronic non-communicable diseases such as cardiovascular disease, diabetes, chronic obstructive lung disease and cancers are increasing worldwide, accounting for 60% of the global deaths in 2005. Currently, developing countries such as India face the highest chronic disease burden. Notably, the health systems of most developing countries are ill equipped to deal with this escalating burden, as most of them continue to deal with the continued challenge of communicable diseases. To effectively combat this rising burden, it is imperative that developing countries like India reorient and restructure their health systems to address and manage chronic diseases. This conference was envisaged as a platform for exchange, where parallels between the Indian and international approaches to chronic disease management could be drawn, asymmetries explored, and intersections discovered.

The main objectives were: 1) To share international learnings in sustainable chronic disease management with Indian experts and health system managers ; 2) To explore an India specific health system response to chronic disease management based on the above as well as India specific experiences, opportunities and constraints and 3) To exchange resources and expertise across the two groups.

The conference was held at Hotel Crowne Plaza, Delhi from October 26-28, 2009. It was attended by 65 delegates from India, the European Union, USA, Barbados, Pakistan, Sri Lanka, and Nepal. Delegates included academics, policy makers, health systems experts, government officials, representatives from multilateral organisations (World Bank, WHO) and the civil society who are actively involved with chronic disease management. Plenary sessions and focused topic specific sessions were held to discuss and develop India specific

strategies for chronic disease management. The recommendations presented at the concluding session included:

- Health In All Policies
- Health Promotion in different settings
- Position chronic disease prevention & care in Primary Health Services
- Operational Research
- Partnerships

Duration: SEP' 09 - DEC' 09

This activity was supported by PFIZER INC. and was led by Prof. K S REDDY

Workshops

Ongoing

REGIONAL WORKSHOP ON MONITORING AND EVALUATION OF POPULATION HEALTH AND NUTRITION PROGRAMMES

Geographical location: NEW DELHI

The Measure Evaluation, University of North Carolina at Chapel Hill - United States Agency for International Development (USAID) and Public Health Foundation of India are conducting a 8-12 day workshop on M&E. This is one of a series of workshops on Monitoring and Evaluation in diverse disease areas. The objective of these workshops is to increase the knowledge of M&E among public health professionals, with a goal to have improved M&E systems in place in government, public sector and non-government organisations worldwide, with a special focus on Association of Southeast Asian Nations (ASEAN) region countries.

Till date there has been one in-house Training of Trainers conducted by Measure Evaluation for identified faculty within PHFI. The training division has also conducted the first M&E workshop of the series on HIV/AIDS successfully, for 23 participants from five different countries.

This "Monitoring and Evaluation of Population Health and Nutrition Programmes" workshop which is second in the series, is scheduled to be held from 13th - 21st June 2011. Participants from Afghanistan, Pakistan, Bangladesh, Thailand, Uganda and India are expected to attend. Faculty are from Measure Evaluation (University of North Carolina at Chapel Hill) and Training Division (PHFI and IIPH - Delhi).

Duration: MAR' 11 - JUL' 11

This activity is supported by THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and is led by Dr. ABHAY SARAF

REGIONAL ASSESSMENT OF MULTI-SECTORAL PARTICIPATION AND WORKSHOPS TO SENSITIZE AND ENGAGE OTHER SECTORS IN THE CONCEPT OF HEALTH PROMOTION AND NON COMMUNICABLE DISEASES (NCD) PREVENTION

Geographical location: DELHI, MUMBAI, CHENNAI, KOLKATA, CHANDIGARH

In recent times, non-communicable diseases have emerged as major causes of morbidity and mortality in the low and middle income countries. The overall aim of this initiative is to adopt health promotion principles for NCD prevention and identify avenues to integrate these health promotion activities into the existing gamut of national programs. This can be

achieved by engaging multi-sectoral stakeholders, thus raising the visibility and knowledge around NCD prevention, and mobilising action pathways by key stakeholders involved in NCD prevention and health promotion and communication. The UN General Assembly will hold a Non-communicable Disease (NCD) summit involving Heads of State in September 2011 to address the threat posed by NCDs to low- and middle-income countries (LMICs). A multi-sectoral regional meeting at the country level will articulate India's position and country specific plans to formulate and prioritize effective interventions on NCD prevention as an outcome of the UN summit.

Objectives: 1) To conduct situational analysis of existing health promotion and prevention programs on Non-Communicable Diseases in selected districts of five states and to conduct regional workshops in four regions; 2) To collate existing international and national resources around health promotion; 3) To create a consultative platform at the regional level to have national consensus, prepare India's position for the national workshop in August 2011 and the UN summit in September 2011; 4) To collate recommendations from regional consultations and develop a recommendation paper to be used at the national consultation; 5) Engage media to enhance the visibility of health promotion in NCD prevention.

Literature review for the multi-sectoral partnerships in India and other countries is complete. In-depth interviews with the stakeholders and FGDs for NGOs will be conducted. Questionnaire and FGD guidelines for the same have been developed. The workshops will be held in consultation with WHO on 11th July at Mumbai, 15th July at Chandigarh, 23rd July at Chennai and 27th July at Kolkata.

Duration: MAY' 11 - AUG' 11

This activity is supported by WORLD HEALTH ORGANIZATION and is led by Dr. MONIKA ARORA

Completed

ADVANCED CLINICAL NUTRITION WORKSHOP

Geographical location: NEW DELHI

Objectives of the workshop:

Upon completing the workshop, the participants were expected to

1. identify the causes and problems of malnutrition resulting from the specific disease conditions
2. understand the importance of nutrition in the specific disease conditions (renal, post cardiac surgeries, cancer, patients in critical care units) and during the medical management of these conditions.
3. have a comprehensive understanding of the dietitian's roles and responsibilities
 - a) in the provision of medical nutrition therapy (MNT) to patients with the aforesaid conditions

- b) in giving dietary recommendations for various treatment modalities adapted for managing the disease conditions.
- 4. be equipped with core competency skills in dietetic management of these disease conditions and will be able to prepare appropriate dietetic management protocols, nutrition intervention programmes and patient education materials in their respective clinical settings.
- 5. be able to understand the principles of dietary recommendation and lifestyle modifications in prevention of chronic diseases like Diabetes, CHD and managing their risk factors such as obesity, hypertension, hyperlipidaemias, PCOD, thyroid problems.
- 6. be equipped with core competencies to develop a protocol for a community specific, holistic lifestyle approach for the prevention of the above mentioned diseases of Public Health importance.

A seven day workshop on "Advanced clinical nutrition and nutrition in chronic disease prevention", with three days of observership in a dietetic department of a hospital was organized at IIPH Delhi. The workshop was targeted towards the Dietetic Workforce, the dietitians working with the Health Department of Maharashtra.

The core areas of the workshop:

- a) Current protocols of dietetic management in clinical conditions with special emphasis on the latest Medical Nutrition Therapy (MNT) recommendations for renal, post cardiac surgery and cancer patients and patients in the critical care units.
- b) Current concepts in role of nutrition in prevention of chronic diseases like Diabetes, Coronary Heart Disease (CHD) and dietary intervention to manage their risk factors like obesity, hypertension, hyperlipidaemias, polycystic ovary disease (PCOD), thyroid problems etc.

The workshop was attended by 30 dietitians practicing in different district and sub district level hospitals in the State of Maharashtra. The sessions were delivered by 7 in-house faculty and 16 experts in the field of nutrition and medicine. A pre and post intervention questionnaire was administered to the participants. Majority of the participants strongly agreed that the training programme met its objectives and learning expectations.

Duration: JUN' 10 - JUN' 10

This activity was supported by NATIONAL RURAL HEALTH MISSION, GOVERNMENT OF MAHARASHTRA and was led by Dr. SUPARNA GHOSH-JERATH

ADVANCED PEDIATRIC NUTRITION WORKSHOP

Geographical location: NEW DELHI

India has a growing workforce of nutritionists/dietitians, doctors and nurses specializing in pediatric care. For the dietitians, their basic training in clinical nutrition provides limited exposure to the management of complex childhood diseases. The same is true for the medical teams taking care of children with complicated childhood diseases as dietary interventions are not emphasized in the medical curriculum. To address this deficiency, a practical training in providing optimal nutrition support to this segment of vulnerable children

is desirable. To partially address this deficiency in the training of the professionals and to provide holistic care to children, it was planned to organize a workshop for enhancing technical expertise in the field of Advanced Pediatric Clinical Nutrition.

Objectives of the workshop:

1. To provide a comprehensive training to participants in nutritional care for children with diseases requiring specific dietetic interventions. (Apart from the general dietetic practices in pediatric health care, the program will focus on nutritional management of some rare yet serious childhood diseases).
2. To enable the professionals to develop a sound knowledge base on advanced pediatric nutrition.
3. To create a web based interest group on advanced pediatric nutrition as a platform to enable the professionals to discuss issues related to advanced pediatric nutrition.

The workshop was attended by 25 delegates from within Delhi and outside (Mumbai, Hyderabad and Punjab). Interactive sessions were taken by experts from the field of pediatrics as well as nutrition. The sessions were conducted by 3 in-house faculty and 15 experts specializing in the field of clinical pediatrics and pediatric nutrition. The participants reported that the workshop had enabled better understanding of this specialized field of clinical nutrition. Most of the participants felt that it updated their knowledge and skills in understanding the specific nutritional needs of the pediatric patients.

Duration: MAY' 10 - MAY' 10

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH, INDIAN NATIONAL SCIENCE ACADEMY & DEPARTMENT OF SCIENCE & TECHNOLOGY, GOVERNMENT OF INDIA and was led by Dr. SUPARNA GHOSH-JERATH

REGIONAL WORKSHOP ON MONITORING AND EVALUATION OF HIV/AIDS PROGRAMME

Geographical location: NEW DELHI

Policymakers, program staff and researchers face many questions related to the monitoring and evaluation (M&E) of HIV/AIDS programs in developing countries. M&E skills are crucial for successful implementation, design and tracking of program progress and output of HIV/AIDS programs. In order to build the capacity of the professionals in the Asia region, a two week non-degree course provides training in the design and implementation of M&E systems.

The objectives of the workshop are to: 1) Identify decisions related to HIV/AIDS programs that can be informed by M&E information; 2) Formulate questions that need to be answered in order to make informed decisions; 3) Understand and construct frameworks for conceptualizing the factors that influence the success of programs in reaching their goals and logically explaining how program activities contribute to its objectives; 4) Develop realistic and targeted goals and objectives; 5) Understand and be able to select indicators appropriate for a given country; 6) Understand information systems and the flow of data; 7) Disseminate and use M&E information strategically; 8) Understand how to develop/

operationalize / implement M&E Plans; 9) Understand the M&E of gender and HIV/AIDS programming; 10) Understand current M&E tools designed to improve HIV/AIDS M&E systems.

The course is designed for national and sub-national level M&E professionals and their counterparts, assistants and advisors who are involved with the implementation of HIV/AIDS programs from the Asia. The course will be taught by experts from MEASURE Evaluation at the University of North Carolina at Chapel Hill; faculty members of the Public Health Foundation of India and Indian Institutes of Public Health and other experts from government and nongovernmental agencies working in M&E in India.

The first of a series of these regional workshops was conducted from 14th February to 23th February, 2011. A total of 23 participants (National and sub-national level M&E professionals and their counterparts, assistants and advisors involved with the implementation of HIV/AIDS programs) attended the workshop.

Duration: AUG' 10 - FEB' 11

This activity was supported by UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) and was led by Dr. ABHAY SARAF

NATIONAL ADVOCACY WORKSHOP ON TOBACCO CONTROL LAWS AND RELATED ISSUES IN INDIA

Geographical location: NEW DELHI

This National Advocacy workshop for law enforcers from various Government departments (responsible for implementing the tobacco control law) was organized by PHFI on behalf of the Ministry of Health & Family Welfare, Government of India, and in collaboration with World Health Organization. Stakeholders of national and state level law enforcement agencies (Police, Health authorities, Customs and Central Excise Officers, School officials etc.) were urged to develop an enforcement action plan for more effective implementation of the Cigarettes and Other Tobacco products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production Supply and Distribution) Act] (COTPA) 2003 within their spheres of influence and in adherence to Framework Convention on Tobacco Control provisions. Over 200 stakeholders participated at this first-ever pan-India advocacy workshop for tobacco control. The event was followed by a press conference addressed by the Hon'ble Minister of Health & Family Welfare, Government of India, Dr. Anbumani Ramadoss and other speakers.

The final technical report of this workshop has been submitted to the Ministry of Health & Family Welfare, Government of India.

Duration: SEP' 08 - SEP' 08

This activity was supported by WORLD HEALTH ORGANIZATION

MANAGEMENT SUPPORT TO THE ORGANIZATION OF A WORKSHOP ON RESULTS BASED FINANCING FOR HEALTH

Geographical location: NEW DELHI

The two day workshop supported by DFID had 60 participants and was conducted in January'10. The participants are mid career government officials.

In close partnership with the Public Health Foundation of India (PHFI), DFID/India, USAID/India, the World Bank's HNP/Delhi team conducted three workshops on results-based financing (RBF) in health between January 27 and February 1, 2010 in India. Objectives included: (i) provide an overview of successful international experiences in RBF which are relevant to the Indian context, (ii) review Indian experiences in RBF, and (iii) provide guidelines and hands on training on the "how" of designing and implementing RBF initiatives in the Indian setting. Each participating organization contributed funds to the one or more workshops. From the Bank side, a Health Results-Based Financing Seed Grant was the main source of financing. The workshops centered on supply-side RBF initiatives, given the general absence of such experiences in India. In addition to overview and framework presentations, case studies from India, Rwanda, Haiti, UK, USA, Brazil and Argentina were presented and discussed. Presenters were practitioners who participated in the design, implementation or evaluation of the cases in these countries. In particular, the focus was on the following areas:

- Pay for performance for individual staff/doctors in government service (UK, India)
- Pay for performance for government provider organizations (Rwanda, India)
- Inter-government transfers based on results (Argentina, Brazil)
- Performance-based public financing of private provision through public private partnership (Haiti).
- Pay-for-quality schemes between private insurers and private providers (USA, Brazil)

Three workshops were held:

- National level workshop with 15 senior MOHFW officials (January 27 in New Delhi): the team presented a subset of international cases from Rwanda, UK, Brazil and Argentina to the Health Secretary and her senior staff members, including Joint Secretaries and Directors. There was a rich discussion and the Health Secretary informed the team that the experiences were appropriate to the Indian context and she would follow-up with HNP/NDO for next steps.
- National level workshop with over 100 representatives from the private medical and health insurance industries (Feb. 1 in New Delhi): Hosted by the Federation of Indian Chambers of Commerce and Industry (FICCI) this workshop focused on pay-for-quality (P4Q) experiences from Brazil and the US, and included the presentation of a P4Q framework based on a literature review. The presentations were well received and HNP staff has been asked to join an industry working group to promote P4Q in private hospitals and insurers.
- State level workshop with 41 middle-level technical managers and consultants from 10 states and 19 representatives from Development Partners. (January 28-29 in Jaipur). This was the flagship workshop consisted of two days. On the first day, the full gamut of cases were presented and discussed, including an in depth framework. The second day

entailed a practitioner-to-practitioner learning event involving the hands-on design of a RBF scheme based on operational frameworks and corresponding questions. Participants were given hypothetical problems grounded in Indian reality, and asked to produce an RBF scheme to solve them. Each of four groups presented their designs in a final plenary session.

Duration: JAN' 10 - FEB' 10

This activity was supported by DEPARTMENT FOR INTERNATIONAL DEVELOPMENT and was led by Dr. KRISHNA D RAO

CLIMATE CHANGE HEALTH ADAPTATION

Geographical location: GUJARAT

The workshop aimed to convene scientific experts working on health adaptation research in India and the US, as well as to establish a scientific advisory group to guide the assessment and strategizing process. Another objective of the workshop was to articulate principles for health adaptation in India and generate concepts on climate health issues for consideration and prioritization as well as to foster bilateral cooperation. It aimed to provide an overview of ongoing work related to heat stress vulnerability assessment and strategies for adaptation to the same, in India and US. It was organized in the city of Ahmedabad, because it has suffered a high number of heat-related deaths in recent years with scorching temperatures. The consultation included a wide range of relevant local and national stakeholders and experts (Ahmedabad Municipal Corporation, National Institute of Occupational Health (NIOH), Department for International Development (DFID), Indian Institute of Tropical Meteorology (IITM), Indian Institute of Technology (IIT), Jadavpur University, Ramachandra University, Indian Institute of Management (IIM), Natural Resources Defense Council (NRDC), International Council for Local Environmental Initiatives (ICLEI), WHO-SEARO, CDC-NIH, Environmental Protection Agency (EPA)) who attempted to assess the current situation in the field, discuss local concerns, identify research needs, and strategize about a heat vulnerability assessment study. It was also an attempt to prepare a plan of action for research to be taken up at various levels e.g. policy, community etc.

The outcomes of the working groups created during the workshop were summarized and the identified research needs were used to facilitate further consultation and engagement of the collaborating groups organizing the workshop (Emory and NRDC, USA and PHFI-IIPH) and participating in it (Ahmedabad Municipal Corporation). This has resulted in a research proposal being submitted to Institute for Developing Nations (IDN) and a further proposal is being developed. Engagement and discussion with the municipal corporation has also resulted in certain measures being taken for surveillance and detection of heat stress related events in Ahmedabad, among other steps.

Duration: MAR' 11 - MAR' 11

This activity was supported by INDO-US SCIENCE AND TECHNOLOGY FORUM (IUSSTF) and was led by Prof. K S REDDY

WORKSHOP ON QUANTITATIVE RESEARCH METHODS

Geographical location: NEW DELHI

Quantitative procedures constitute the most commonly and widely used set of methods in medical and health research. They essentially involve systematic investigations into properties of phenomena and their relationships in quantitative terms. They connect empirical observations with mathematical expressions. Measurement is central to quantitative research. A reliance on rigorously standardized research procedures is the defining element of quantitative research. The pool of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) researchers and practitioners also need to utilize these methods for carrying out various research activities and it is imperative their knowledge and skills be refreshed in learning quantitative research methods. These workshops were planned for Unani Medicine researchers and professionals for building their capacity so that they fully utilize the research tools in enhancing evidence base in Unani Medicine.

The objectives of the five day workshop:

1. To give an understanding on principles of quantitative research to participants
2. To equip participants with knowledge and skill of using methods of data collection used in quantitative research.
3. To highlight the prospects of using Quantitative research methods in the fields of medical research, public health, and health management.
4. To train participants in analysing quantitative data and drawing interpretations.
5. To assist participants in drafting a model research design using quantitative research methodology.

Three rounds of such workshops, each of five days duration were held at Indian Institute of Public Health, Delhi in the months of March, May and June 2010. A total of 77 Unani Medicine professionals and researchers from Regional and Central Unani Medicine Institutes were trained in research tools through these workshops.

Duration: MAY' 10 - MAY' 10

This activity was supported by CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE AND DEPARTMENT OF AYUSH. MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA and was led by Prof. SANJAY ZODPEY

WORKING TOWARDS A DISABILITY INCLUSIVE SOCIETY IN ANDHRA PRADESH, INDIA

Geographical location: ANDHRA PRADESH (SOUTH ASIA CENTRE FOR DISABILITY INCLUSIVE DEVELOPMENT & VISION RESEARCH)

The workshop aimed to identify gaps in current knowledge, scope for potential future research and facilitating policy in the area of disability so as to facilitate making our societies more disability inclusive. The two day workshop included not only academicians both national and international, but also representatives of persons with disabilities, bureaucrats

and corporate sectors. While the first day had an academic research focus, the second day involved a broader discussion on research that will help to facilitate inclusive policies for persons with disabilities. We wish to get more of a policy and programme perspective that will include the current needs as identified by different stakeholders at the end of day two.

A set of recommendations on potential areas for disability research and the stake holders for the same were identified. Subsequently, meetings were organized with Wadhwani Foundation and Society for Elimination of Rural Poverty (SERP), an autonomous body under the Govt. of Andhra Pradesh. It was decided that a workshop supported by SERP be organized in March 2011 to look at how services for persons with disabilities could be strengthened under the Rajiv Arogyashree Project. Another workshop to be co-sponsored by Wadhwani Foundation would look at issues that need to be addressed to encourage appropriate employment opportunities for persons with disabilities. This meeting has been proposed to be held in April 2011. As per the working relationship through an MoU between PHFI - George Institute for Global Health (India) a proposal on early rehabilitation after stroke is being submitted for funding.

Duration: DEC' 10 - DEC' 10

This activity was supported by THE GEORGE INSTITUTE - AUSTRALIA-INDIA COUNCIL and was led by Prof. G V S MURTHY & Dr. B R SHAMANNA

SILICA HAZARDS IN CONSTRUCTION AND MINING: REDUCING EXPOSURES AND PREVENTING DISEASE

Geographical location: NEW DELHI

This 2 day workshop supported by Occupational Knowledge International, Department Of Science And Technology, Government of India & Indian Council Of Medical Research was attended by 110 participants from across India and was conducted in Delhi. 30% of the participants were from public health agencies, 10% from road transport agencies, 20% from private contractors and stone crusher mill owners, and 40% from a mixture of academic, NGOs, and environmental pollution control agencies.

In light of the recent Supreme Court and National Human Rights Commission activities on silicosis, the Public Health Foundation of India, New Delhi and Occupational Knowledge International (OK International) organized a two-day workshop on silica hazards in India's construction and mining industries to bring together public health experts, industry representatives, government, multilateral aid agencies, and NGOs. The workshop was held on 11th-12th December 2009 at New Delhi.

The intent of this two day national level workshop entitled "Silica Hazards in Construction and Mining: Reducing Exposures and Preventing Disease" was to raise awareness among key stakeholders and encourage the adoption of model specifications for the procurement of stone from facilities that control silica emissions.

The workshop had three broad objectives: 1. Reduce silica-related disease, improve work and living environments and the health of workers and communities impacted in order to reduce poverty among these populations; 2. Disseminate information on successful pilot

programmes that have proven to reduce irrespirable silica exposures in stone crushing mills in India; 3. Build technical capacity among key stakeholders, including relevant government offices, to coordinate silica dust reduction programmes.

Demonstration projects and regional level training programmes will be carried out following the workshop to expand the reach of these activities. The outcome of these efforts will be to reduce pulmonary disease among thousands of exposed workers and near-by residents.

The workshop also resulted in a call for a national plan to identify and compensate silicosis victims and to promote the use of silica dust controls in these industries.

Additional policy options to reduce silica related diseases as well as strategies to encouraging effective implementation were discussed.

The following strategies to promote the adoption of pollution control technologies in the industries were proposed: 1) develop a multi-stakeholder plan for a coordinated response among health, environment and transport ministries, community organizations, public health experts, and private industry; 2) recommendations for policies and/or economic incentives such as subsidies, tax breaks, or other programmes, based on expected reductions in incidence of TB and associated treatment costs; and 3) build capacity among Indian NGOs, health professionals, government, trade associations, and others to disseminate this information through regional training seminars and local demonstration projects.

Duration: DEC' 09 - JAN' 10

This activity was supported by DEPARTMENT OF SCIENCE AND TECHNOLOGY, GOI & INDIAN COUNCIL OF MEDICAL RESEARCH and was led by Prof. SANJAY ZODPEY

Burden of Disease and Cost-effectiveness Methods

Geographical location: NEW DELHI

The intensive 8-day workshop on 'Burden of Disease and Cost-Effectiveness Methods' was specifically designed to provide detailed instruction and practical experience in modelling cost-effectiveness of health interventions. The audience included both researchers already working in the field and those without prior experience but with an interest in acquiring the skills necessary to conduct an economic evaluation modelling study. While the workshop reviewed the theoretical basis for measuring population health and modelling cost-effectiveness, the primary focus was on acquiring the technical skills needed to design and implement a study independently. The topics covered (1) mortality, morbidity and summary measures of population health (2) introduction to economic evaluation (3) costing (4) measure of effectiveness (5) modelling of cost-effectiveness and (6) uncertainty in cost-effectiveness.

The faculty for the workshop were from the University of Queensland, Brisbane, Australia. Their expertise was varied and ranged from knowledge in the issues confronting researchers in the initial stages of setting up a study to experience working in data poor environments both at the national and global level. An evaluation form was given to each participant on a

daily basis to evaluate the lectures and contents. A separate evaluation was done on the last day for overall assessment of the training.

Duration: APR' 11 - APR' 11

This activity was supported by UNIVERSITY OF WASHINGTON AND PUBLIC HEALTH FOUNDATION OF INDIA and was led by Prof. RAMANAN LAXMINARYAN

NATIONAL CAPACITY BUILDING WORKSHOP TO SENSITIZE STATE PROGRAM MANAGERS (NODAL OFFICERS) FOR TOBACCO CONTROL IN STATE HEALTH MINISTRIES ON IMPLEMENTING COMPONENTS OF NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

Geographical location: DELHI

The training programme was aimed at training the State level Tobacco Control Programme Managers of the Government of India. It had been felt that these programme managers at state level require their leadership skills to be enhanced and sharpened for effective implementation of the tobacco control goals. The best method to achieve such goals was to train the state programme managers directly and in a participatory fashion.

A training kit was distributed to the State programme managers during the workshop. Pre-training material in the form of information on background papers and an online registration course was also sent via email to the participants prior to the training, to prepare them for the workshop.

Nodal officers from 24 states of India were sensitized on all components of NTCP and were given guidelines based on global and Indian best practices in India. They were explained the funding of this programme from the centre and as well as utilization. They were assisted in developing a State specific Action Plan to implement NTCP at each state level as per recommended guidelines. Their queries and concerns about implementing NTCP were adequately addressed at this workshop. Discussions were conducted on mainstreaming tobacco control into other existing health and developmental programmes. Participants requested for similar capacity building workshops at each state level.

Duration: JUN' 08 - JUL' 08

This activity was supported by BLOOMBERG GLOBAL INITIATIVE AND THE WORLD HEALTH ORGANIZATION and was led by Prof. K S REDDY

CAPACITY BUILDING WORKSHOP ON TOBACCO CONTROL FOR STATE PROGRAMME MANAGERS AND NODAL OFFICERS

Geographical location: NEW DELHI

PHFI in partnership with MOHFW, GoI, World Health Organization and Johns Hopkins School of Public Health (JHSPH) organized a 6-day capacity building workshop to orient state nodal

officers on tobacco control and to assist their state action plan formation. The workshop was conducted in order to equip state officers with program implementation skills to effectively implement tobacco control goals in India. This was a customized, interactive training program and imparted skills and techniques to facilitate understanding of the tobacco epidemic in India, the National Tobacco Control Programme and the tobacco legislation in India vis a vis the provisions of the WHO-FCTC (Framework Convention on Tobacco Control). The workshop facilitated planning, implementation, monitoring and evaluation skills related to state level tobacco control programs and exposed the participants to advocacy, leadership and networking skills to build multi- stakeholder partnerships at the state level. 24 state program managers from 24 Indian States participated in this workshop and 25 resource persons were involved in training these state nodal officers. The final technical report of this workshop has been submitted to the Ministry of Health & Family Welfare, Government of India.

Duration: JUN' 08 - JUL' 08

The project was supported by BLOOMBERG INITIATIVE - WORLD HEALTH ORGANIZATION

NEED ASSESSMENT AND FEASIBILITY STUDY ESTABLISHING A RESEARCH CELL IN VARIOUS MEDICAL COLLEGES OF GUJARAT

Geographical location: GUJARAT

Objectives of the study:

- To critically evaluate the dissertations/thesis undertaken by students at various Medical Colleges in last 5 years in terms of methodological content and utility.
- To Study the status of available facility for guidance to Postgraduate students in various Medical Colleges of Gujarat to conduct epidemiological research/thesis as a part of learning.
- To study the need assessment of the Post graduates for learning various Research methodologies during Post graduation.
- To explore feasibility of developing a self sustained model by establishing research cell in respective Medical Colleges with the help of various faculties working in Medical Colleges.

As a part of this project an Induction workshop was organized jointly by Government Medical College, Surat and Indian Institute of Public Health Gandhinagar at the Department of Community Medicine, Government Medical College, Surat on 23rd July 2010 with the following objectives:

- a. To initiate a discussion on methods and tools of data collection for the study to arrive at a initial framework for study methods – including both quantitative and qualitative component of the study
- b. To bring on board one or more senior members from each medical college to have consensus on the study and the process involved.
- c. To work out the details such as tentative dates for data collection and nodal persons in respective medical colleges.

The workshop was attended by 20 participants including professors representing various government medical colleges, medical colleges under Municipal Corporation, and private medical colleges in Gujarat. Survey instrument and discussion guides for FGDs have been prepared. A research team is being formed to carry forward the work.

Duration: MAY' 10 - JAN' 11

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH, GOVERNMENT MEDICAL COLLEGE, SURAT and was led by Dr. DEEPAK SAXENA & Dr. N NAKKEERAN

ROADMAP FOR COMBATING ZONOSSES IN INDIA (RCZI)– NATIONAL BRAINSTORMING CONSULTATION

Geographical location: NEW DELHI

Prevention and control of zoonotic diseases are of growing national and international significance with regard to health, food safety, trade, security and economics. Key strategies introduced at the meeting include establishing coordination mechanism to strengthen multi-sectoral collaboration; advocacy & communication to raise awareness on zoonoses; foster collaborative research networks, undertake research and capacity building focused on 'One Health' concept. PHFI has been unanimously appointed as the nodal agency for the RCZI initiative.

Duration: JUN' 08 - JUN' 08

This activity was supported by WORLD HEALTH ORGANIZATION

STATISTICAL ISSUES IN STUDY DESIGNS AND ANALYSIS OF BIOMEDICAL DATA (SIGMA)

Geographical location: NEW DELHI

Statistics plays an essential part at all stages of a research study, from planning, through conduct and to final analysis and reporting. The statistician is involved in devising the randomization schedules, advise on sample size, specify criteria for measuring treatment differences, and analyze response rates. The successful application of statistics in the biomedical sciences requires a statistician with a high-level of mathematical training, and at the same time a good understanding of the central issues of the biomedical sciences and of the systemic constraints of the research process. Thus, a biostatistics professional needs to be trained not only in traditional statistical theory and methods, but also in bioinformatics and basic biology. Hence, a training programme in biostatistics must be interdisciplinary, connecting statistics training to an understanding of the basics of biomedical research, so that statisticians may be able to work efficiently, independently as well as be part of a team. Hence, SIGMA workshop was organised to provide participants with an understanding of various statistical concepts and study designs and its application to biomedical data. This workshop was held as a result of a special request from the Department of AYUSH, Government of India.

Learning objectives of the workshop: Participants of workshop would be able to (i) Apply statistical reasoning in formulating quantitative research questions for research in clinical care and public health practice. (ii) Understand important statistical concepts and their applications (iii) Devise an appropriate study design for a specific research problem (iv) Understand and use appropriate data management methods for clinical and biomedical studies (v) Apply appropriate statistical techniques for interpreting the results (vi) Use of statistical software to do basic statistical analysis.

29 participants attended the workshop. Good feedback was received from the participants and there were a few suggestions to organize more workshops for eg. in use of statistical software for data analysis. The technical report of the workshop is under preparation.

Duration: JUL' 10 - JUL' 10

This activity was supported by DEPARTMENT OF AYUSH, MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA and was led by Dr. RANJANA SINGH

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE) WORKSHOP

Geographical location: ANDHRA PRADESH

This workshop explored how evidence based medicine could be established uniformly across the health care sector in Andhra Pradesh. The objective of the workshop was to explore how to improve the safety of healthcare in AP and to agree on a road map to take forward the development of guidelines for care in priority areas.

Total number of participants were 45 and included senior officials of the government of Andhra Pradesh, representatives from government and private hospitals.

Duration: AUG' 09 - AUG' 09

This activity was supported by DEPARTMENT OF HEALTH, UK

SHORT TERM TRAINING ON MONITORING & EVALUATION OF PUBLIC HEALTH PROGRAMS

Geographical location: GUJARAT

Monitoring and evaluation enable managers to assess the quality and impact of work against the action and strategic plans. The short term program covers the "nuts and bolts" (fundamentals) of setting up and using a monitoring and evaluation system for a project, program or an organization. Participants examined the fundamental concepts and methods of M&E, selection of indicators, determination of appropriate methods for collecting and analyzing data, data validation, using information for decision making, and good practices in managing evaluations.

Participants worked in groups to develop and apply M&E plans and tools to actual participants' projects. In these group exercises, participants typically developed results

chains (or program logic models) with indicators and measurement strategies, indicator monitoring plans, and evaluation design plans with the expectation that they will use these tools in their work.

The second Workshop on "Monitoring & Evaluation of Public Health Program" (4th–6th May 2011) was attended by 19 participants. The majority of the candidates were from Gujarat, with nine participants from the department of PSM, Jamnagar Medical College, Gujarat. Other states represented were Tamil Nadu, West Bengal, Madhya Pradesh, and Andhra Pradesh. Three candidates were nominated by Medico Synergy Ltd. The participants developed and presented a M&E workplan, which was presented on the third day of the workshop. The workshop was well appreciated and there is a demand for further training programs.

Duration: MAY' 11 - MAY' 11

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH & COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH and was led by Mr. SOMEN SAHA

ROUND TABLE PANEL DISCUSSION ENTITLED "NUTRITION, CHRONIC DISEASE AND OBESITY"

Geographical location: NEW DELHI

Nutrition is a major pathway in the causation of several chronic diseases, with different foods associated with increased risk or protection. The potential for prevention of chronic diseases, through nutritional pathways, is high, as demonstrated by research across the world. The role of the food industry has come in for considerable debate in recent years, both as a marketer of risk enhancing food products and beverages and as a potential ally in promoting healthy foods. Some sections of the food and beverage industry have announced their intent to shift to healthier products. The public health community, world over, is examining these developments with interest and caution. To provide an open discussion on food industry behaviour, with respect to chronic disease prevention, PHFI had convened this Roundtable on 5th Feb 2010, which featured two pacesetter presentations by Prof. Nikhil Tandon (Professor of Endocrinology, All India Institute of Medical Sciences) and Dr. George Mensah (Former Head of CVD Division at the Centres for Disease Control, Atlanta and presently Director for Heart Health and Global Health Policy at PepsiCo). A panel of experts and public health advocates under the chairmanship of Prof. K. Sinath Reddy (President, PHFI) responded to the presentations by Prof. Nikhil Tandon and Dr. George Mensah, followed by audience interaction.

This round table highlighted the need for an inter-agency collaboration for the greater public good. The participants recognised that there is potential for regular interactions between academia, civil society and industry to lead to the development of more human-centred, health promoting and sustainable patterns of food and nutrition.

Duration: FEB' 10 - FEB' 10

This activity was led by Dr. SHWETA KHANDELWAL

SHORT-TERM TRAINING IN QUALITATIVE RESEARCH METHODS (QRM) IN HEALTH & MEDICAL RESEARCH

Geographical location: GUJARAT

Objectives of the program:

- 1) To make participants gain an understanding of the theoretical basis of QRMs.
- 2) To equip the participants with knowledge and skill of using methods of data collection used in QR.
- 3) To highlight the prospects of using QRMs in the field of public health, health management and medical research.
- 4) To train the participants in analysing qualitative data.
- 5) To build the capacity of participants in drafting research design using QRMs.

Workshop was completed as planned between 18th - 20th April 2011. A total of 11 participants attended the workshop. Resource persons included senior faculty members from govt medical colleges, ICMR and from IIPHG. The workshop enriched the participants in learning theoretical aspects of qualitative research methodology as well as practical issues associated with conducting FGD, in-depth interviews and analysing qualitative data using QDA software Atlas-ti.

Duration: APR' 11 - APR' 11

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH and was led by Dr. N NAKKEERAN

WORKSHOP ON ETHICAL ISSUES IN BIO-MEDICAL RESEARCH

Geographical location: ANDHRA PRADESH

This workshop provided information related to ethical issues in biomedical research, with special focus on clinical, epidemiological and social science research. The program was attended by 29 participants, most were residents and faculty from Medical colleges.

Duration: MAY' 09 - MAY' 09

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR), NATIONAL ACADEMY OF MEDICAL SCIENCES (NAMS)

STRENGTHENING HEALTH CARE QUALITY AND SAFETY IN ANDHRA PRADESH

Geographical location: ANDHRA PRADESH

Andhra Pradesh Vaidya Vidhana Parishad (ABVVP) & IIPH- Hyderabad organized a one day seminar followed by a round table workshop on "Strengthening Health Care Quality and Safety in A.P." as part of the DFID Supported AP Health sector reform program, in

collaboration with the National Health Service – United Kingdom and UK National Patients Safety Agency.

Duration: NOV' 08 - NOV' 08

This activity was supported by DEPARTMENT OF HEALTH AND FAMILY WELFARE, ANDHRA PRADESH

WORKSHOP ON CLINICAL TRIAL DESIGNS

Geographical location: NEW DELHI

Choosing an appropriate design for a clinical trial depends on the study objectives. It is important to evaluate the suitability of the chosen design for addressing scientific/ medical questions or claims.

The workshop was attended by 34 participants from a wide range of disciplines ranging from medicine, pharma and public health. It covered essentials of trial designs such as non-inferiority and equivalence, crossover, factorial, multi-armed and cluster randomized trials in assessing interventions and therapies, including complex interventions. The strengths and weaknesses of each design were discussed, together with their implications for sample size requirements, analytical methods, interpretation and reporting. This four day programme on clinical trial designs was charted to suit the needs of those researchers who were already working in a research setup but needed to strengthen their knowledge on clinical research techniques.

Duration: MAR' 10 - MAR' 10

This activity was supported by DEPARTMENT OF SCIENCE AND TECHNOLOGY, GOVERNMENT OF INDIA and was led by Prof. SANJAY ZODPEY

FUNDAMENTALS OF OPERATIONS /IMPLEMENTATION RESEARCH IN PUBLIC HEALTH

Geographical location: NEW DELHI

Operations Research (OR) is widely promoted to improve functioning of health programmes today, enhancing coverage, access and quality of health care interventions. Despite its relevance and utility, researchers due to inadequate capacity, underutilize this novel instrument for bringing improvements in health care. Keeping this in mind, a four day workshop was conducted at Indian Institute of Public Health, Delhi to enhance awareness and generate interest in public health researchers towards operations research in public health. The objectives of this workshop were:

1. To understand the concepts of operations/ implementation research in context to health programmes.
2. To equip the participants with knowledge and skills of using different study designs in OR.

3. To highlight the prospects of using OR in the field of public health, health management and medical research.
4. To build the capacity of participants in drafting operations research proposal.

The workshop used interactive training sessions with group activities to augment the capacity of participants. It was attended by 42 participants from all across the country. At the end of the workshop, some participants submitted OR proposals for funding and execution. Another round of such workshops is planned for October 2010.

Duration: APR' 10 - MAY' 10

This activity was supported by MEDICAL COUNCIL OF INDIA & COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH and was led by Dr. SUMIT MALHOTRA

WORKSHOP ON FUNDAMENTALS OF CLINICAL RESEARCH

Geographical location: NEW DELHI

The four day workshop supported by Indian Council of Medical Research (ICMR) had 19 participants and was conducted in January 2010 at IIPH Delhi. The participants comprised of Medical Practitioners, Scientists and Pharmaceutical Industry Professionals, Medical/Life Sciences/ Biotechnology/Science/Nursing Graduates and Post Graduates, Clinical Research Associates and Clinical Research Coordinators and other Clinical Research Professionals, Members of Government and Non-Governmental Health Agencies. Considering the need of the hour, it has become necessary to impart systematic training on clinical research to health care researchers in India. In this context, the Indian Institute of Public Health-Delhi is offering a comprehensive training programme in the form of a series of workshops for clinicians, researchers, epidemiologists and post graduate medical students. These workshops intend to cover the basics of clinical research, study designs and methodological issues. It aims to enhance the capacity of the participants to understand research techniques, critically appraise existing research in a systematic manner and develop strong analytical skills.

Starting with the basics of research methods, the first workshop on fundamentals of clinical research gave an overview of the basic methods of conducting research studies and throws light on various aspects that need to be addressed before embarking upon a research study. The first workshop in the Clinical Research and Epidemiology Workshop Series (CREWS), Fundamentals of Clinical Research Workshop was successfully conducted from 19-22 Jan 2010. The workshop covered basic research methods and was attended by 19 participants from varied disciplines: pharmaceutical industry, biochemistry, biotechnology, private practitioners, nephrology and health systems etc. The four day programme was charted to suit the needs of those researchers who were already working in a research setup but needed to strengthen their knowledge on research techniques. The didactic lectures were interspersed with case studies and group discussions.

Duration: JAN' 10 - JAN' 10

This activity was supported by INDIAN COUNCIL OF MEDICAL RESEARCH and was led by Prof. SANJAY ZODPEY

CASE CONTROL STUDY: BASICS AND BEYOND

Geographical location: NEW DELHI

The four day long workshop in February 2010, organized by IIPH Hyderabad trained 30 participants. The trainees are Medical Practitioners, Scientists and Pharmaceutical Industry Professionals, Medicine / Life Sciences / Biotechnology / Science / Nursing Graduates, Post Graduates and Students, Clinical Research Associates and Clinical Research Co-ordinators, other Clinical Research Professionals, Members of Government and Non-Governmental Health Agencies. This was supported by Medical Council of India.

Study design is a key element in epidemiology that decides the success of a research project. A correct study design will ensure that the data is representative and valid, where scientific inferences can be drawn for our research questions. While randomized control trials are considered the 'gold standard' for establishing cause and effect associations, it may not always be ethical, practical and possible to carry them out. In such situations, other epidemiological observational study designs can alternatively aid in establishing cause and effect relationships, one of the quick and less expensive designs being case control study designs.

The focus of this four-day workshop programme was to provide an in-depth understanding of issues related to design, conduct, analysis and reporting of case-control studies through a series of interactive lectures, discussions and group work activities. This training aims to augment the capacity of participants to understand, interpret and critically appraise case-control studies and develop analytical skills essential to the case-control study design.

The objectives of the workshop include:

- To understand the basic scientific concepts that are related to a case-control study design and describe its design
- To design a case-control study to examine a given association
- To appreciate the conduct of a case-control study
- To understand and use the methods of analysis for a case-control study
- To comprehend the strengths and limitations of a case-control study design
- To interpret findings from a case-control study taking into account random error, bias and confounding
- To review case-control methodology and to critically evaluate its proper use

The second workshop in the Clinical Research and Epidemiology Workshop Series (CREWS), 'Case Control Studies: Basics and Beyond' was successfully conducted from 16-19 Feb 2010. The workshop provided an in-depth understanding of the use of case-control studies in research.

This activity was supported by MEDICAL COUNCIL OF INDIA and was led by Prof. SANJAY ZODPEY

WORKSHOP ON PATIENT SAFETY

Geographical location: ANDHRA PRADESH

This workshop was facilitated by experts from WHO- SEARO, National Health Service (NHS) and National Accreditation Board for Hospital and Healthcare Providers (NABH). The objective of the workshop was to sensitize medical superintendents and resident medical officers (in emergency services, MCH Services, O.T. Services and laboratory services) on health care and service quality. 45 participants were trained at the workshop.

Duration: FEB' 09 - FEB' 09

This activity was supported by GOVERNMENT OF HEALTH AND FAMILY WELFARE, ANDHRA PRADESH

MONITORING AND EVALUATION CASE DEVELOPMENT

Geographical location: GUJARAT

The M&E case study development effort is aimed at conducting a series of case studies on programs ranging from NGO initiated pregnancy tracking system by Bhansali Trust in Radhanpur to the performance of Mamta Abhiyan in Navsari district of Gujarat. It is expected that findings from the study will be utilized as a teaching case in the M&E module of the PGPHM program of IIPHG, as well as for conducting short intensive training programs on Monitoring and Evaluation.

Field visits and data collection for the case study development is over. Currently, data analysis and case study drafting is in progress.

Duration: JAN' 10 - JAN' 10

This activity was supported by INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR and was led by Mr. SOMEN SAHA

WORKSHOP ON QUANTITATIVE RESEARCH METHODS FOR MEDICAL & HEALTH PERSONNEL

Geographical location: GUJARAT

Quantitative procedures constitute the most commonly and widely used set of methods in medical and health research. They essentially involve systematic investigations in to properties of phenomena and their relationships in quantitative terms. They connect empirical observations with mathematical expressions. Measurement is central to quantitative research. A reliance on rigorously standardized research procedures is the defining element of quantitative methods. India has a large pool of trained medical and health care professionals, who are primarily fulltime clinicians. For various reasons a few get involved in research, be it basic or applied. One of the most common reasons for this reluctance on the part of clinicians is lack of opportunities to refresh one's knowledge and

skill in using research methods. IIPH Gandhinagar is organising a workshop on Quantitative Research Methods specially designed for medical and health professionals.

Objectives of the program:

1. To give an understanding on principles of quantitative research to participants.
2. To equip participants with knowledge and skill of using methods of data collection used in quantitative research.
3. To highlight the prospects of using Quantitative Research Methods in the fields of medical research, public health and health management.
4. To train participants in analysing quantitative data and drawing interpretations.
5. To assist participants in drafting a model research design using quantitative research methodology.

Duration: APR' 09 - APR' 09

This activity was supported by NATIONAL ACADEMY OF MEDICAL SCIENCES and was led by Prof. SANJAY ZODPEY

WORKSHOP ON WORKSITE WELLNESS WITH HR MANAGERS AND CHIEF MEDICAL OFFICERS: FOCUS ON SMOKE-FREE WORKPLACES

Geographical location: MAHARASHTRA

The WHO and the World Economic Forum entrusted PHFI with the responsibility of coordinating the worksite wellness programmes in India. This workshop was organized as the first step towards fulfilling this responsibility, in collaboration with Health Related Dissemination Amongst Youth (HRIDAY) and on behalf of Advocacy Forum for Tobacco Control. Collaborating partners in organizing this workshop were World Economic Forum, American Cancer Society, Confederation of Indian Industry (CII) and the International Union against Tuberculosis and Lung Disease (The Union). The objective of this workshop was to involve a host of important corporate stakeholders and to make health and wellness programmes an integral part of their companies' strategic development plan. It laid emphasis on the need for companies to join hands in correcting detrimental health behaviours by creating congenial and pollution free workplace environments and that these goals can be achieved if companies provide resources, encouragement and awareness to support regular physical activity, maintenance of healthy diets and the avoidance of tobacco use at workplaces. There were 30 participants and 6 resource persons at the workshop. The report for the workshop has been compiled.

Duration: FEB' 09 - MAR' 09

This activity was supported by BLOOMBERG INITIATIVE

EXPERT GROUP CONSULTATION TO DISCUSS THE APPLICATION OF GEOGRAPHIC INFORMATION SYSTEMS (GIS) IN PUBLIC HEALTH PRACTICE

Geographical location: NEW DELHI

Worldwide Geographic Information Systems have been used in different innovative ways for harnessing information gathering and visual depiction potentials of the tool ranging from choropleth mapping of health service access features by National Informatics Centre to malaria vector modeling by the National Institute of Malaria Research. The usefulness of GIS as a study tool has recently gained recognition and it was decided to harness the potential for using analytical features of GIS in different sectors in India.

Duration: SEP' 08 - SEP' 08

This activity was supported by NATIONAL INSTITUTE OF MALARIA RESEARCH

WORKSHOP ON URBAN HEALTH

Geographical location: ANDHRA PRADESH

This one day long training programme, supported by George Institute, Sydney trained 39 participants. The participants are policymakers, representative of non-government organizations, corporate bodies and research institutions. The workshop was conducted by IIPH Hyderabad.

The workshop brought together stakeholders from government, non-government organizations, corporate bodies and academic and research institutions to draw on the collective body of knowledge and deliberate on collaborative action to address the myriad areas of improvement in urban health. It worked on identifying sources of funding for research, advocacy, training, and policy development support, to begin the planning of interventional studies and explore competence- building among urban practitioners.

Duration: NOV' 08 - NOV' 08

THE NATIONAL BREAKING THROUGH PROGRAMME, NATIONAL HEALTH SERVICE, UK

Geographical location: ANDHRA PRADESH

This 6 day training programme was undertaken in October 2009 and 16 participants were trained. The trainees were senior managers from National Health Service (NHS), UK.

The India elective programme was a one week programme designed to bring an international perspective for the participants of the Breaking Through programme who are being trained as future leaders in the NHS, UK.

The participants visited and interacted with various hospitals and organizations to understand the health system in the state of Andhra Pradesh (AP). The participants saw examples of entrepreneurship and innovation, public private partnerships, vertical integration of services, exemplary applications of mobile and computer technology and professional leadership. The visit has benefited the participants as well as the host institutions by encouraging shared learning and establishing ongoing relationship between AP and NHS organizations.

This activity was supported by NATIONAL HEALTH SERVICE, UK

CME ON RECENT UPDATES ON NATIONAL PROGRAMS AND DATA MANAGEMENT

Geographical location: GUJARAT

The in service medical officers working with Ahmedabad Municipal Corporation and posted in urban health centers in Ahmedabad city are not regularly updated about the latest situation & guidelines pertaining to the important National Health Programs while they are the field level implementation authorities for all these programs. This may be one of the major reasons of limited success achieved in major health programs. Hence, it was a felt need to update the knowledge of such people about crucial program management issues in different National Health Programs. Simultaneously, it was felt that most of the data used in MIS are collected through these people and their team of field workers, but these people mostly do not have the basic skill of data management at primary level. Hence, basic data management knowledge and skill will be imparted through this training.

This activity was supported by AHMEDABAD MUNICIPAL CORPORATION and led by Dr. DEEPAK SAXENA & Dr. PARTHASARATHI GANGULY

Publications

Publications

2011

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