

Grooming Skills,
Gathering Evidence,
and Generating Knowledge,
for People's Health.

IHHS

The
Institute of Health Systems

A Profile




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The Institute of Health Systems

Organisation & Structure

The Institute of Health Systems (IHS) is a civil society institution, registered under the Societies Registration Act¹. The IHS is registered as a charitable scientific institution under section 12A of the Income Tax Act². Contributions to IHS are eligible for exemption under section 80G of the Income Tax Act³. The Institute has been granted permanent registration by the Government of India, Ministry of Home affairs under the Foreign Contributions Regulation Act⁴. Starting with the first meeting held in July 1994, annual general body meetings are conducted ever year, around December - January. IHS files its audited accounts with the Income Tax department every year. Annual reports are filed with the registrar of societies and are accessible to public through the registrar of documents. In addition the annual reports, and audited accounts of the Institute are made available, along with other publications of the institute, to interested persons for a small charge.

Membership of the institute is open to any person who has consistently evinced interest and demonstrated commitment towards objectives of the Institute and to institutions with complementary objectives. In addition, the Executive Council may elect as an Honorary Member of the Institute, any person who has rendered conspicuous service in any of the areas covered by the objectives of the Institute. The Executive Council may also invite and appoint any person or body in any foreign country who has evinced interest or demonstrated commitment to pursue objectives similar to that of the Institute, to be an Honorary Correspondent of the Institute. The Director may, on application in the prescribed manner, admit as an Associate Member of the Institute any person interested in the areas of work of the Institute or in availing it's services and facilities for study. An Associate Member shall not be deemed to be a member of the General Body but will be entitled to avail the services and facilities of the institute.



Dr. P. Hrishikesh, Chairman of IHS is a Harvard School of Public Health alumnus and a pioneering public health personality of the State.

IHS Mission and Goals

IHS mission is to groom skills, gather evidence and generate knowledge, for people's health. The Institute strives to build local capacity and the global knowledge base for public health and socioeconomic development. IHS activities fall into research, education, training and various other services. The Institute conducts health systems research on applied and operational issues to improve equity and efficiency of the health care sector. IHS offers training programmes to improve managerial skills and health system research capability in India.

The Institute strives to maintain a balance between various modes of learning and application to provide an environment for intellectual development, knowledge based work and at the same time keep the skill set of its faculty well grounded to realities of social services delivery in India and other developing countries. While seeking to develop itself as a premier school of public health in India, the Institute has chosen a different organisational path to sustain a high level of creativity and operational efficiency. IHS is a civil society institution and has so far been entirely funded out of revenue generated by its faculty and staff through sponsored research programmes, tuition fee collections and other service charges.

¹ Registration number 3748/90, under the AP Telengana Area Societies Registration Act. 1350 Fasli

² Commissioner of Income Tax letter No.II/12A & 80G.64/90-91 dated December 19, 1990

³ First granted by Commissioner IT AP-II, Hyderabad letter no. H.Qrs. No.II/12A & 80G/64/90-91 dated December 31, 1990. Latest renewal for the period 01-04-99 till 31-03-2002 by Commissioner IT, AP Proceedings number Hqrs-II/12A & 80G/77/97-98, dated 07-10-99

⁴ IHS permanent FCRA registration number is 010230292 vide Govt. of India, Ministry of Home Affairs letter no. II/21022/61(4)/93-FCRA-II

Administrative Structure

The Institute is governed by a system of authorities consisting of : (a) the General Body, (b) the Executive Committee, and (c) the Board of Governors. The General Body of the institute is constituted by all types of members including charter members, honorary members, and institutional members but excluding all types of associate members. The General body elects members to the Executive Council; considers the annual report and audited accounts of the Institute and make such observations as deemed fit; advises the Executive Council on all academic matters; makes recommendations to the Executive Council regarding the policy and qualifications for admission of new members, priorities for research and training, and improvement of the functioning of the institute for achievement of the objectives. The Director presents a report on the Institute's activities to the General Body every year, along with the audited accounts of the Institute. These documents are available for purchase by interested members of the public across the Front office.

The Executive Committee is composed of the President of the Institute (ex officio), three persons nominated by the board of governors either from among themselves or from among reputed professionals in any of the areas relevant to the objectives as well as management of the Institute, representatives of the Central Govt. and the Govt. of the State in which the registered office of the Institute is located, if they have exercised their option to be charter members, upto four persons elected by the General Body, in accordance with it's own procedure, and the Director of the Institute who is the member secretary. The Executive Committee oversees management of the Institute and appoints the Director and the Finance Officer.



Dr. Prasanta Mahapatra, Founder and President of IHS, is a physician civil servant, whose visionary zeal and enterprise steers the IHS.

The Board of Governors is constituted by the charter members of the Institute. The Board of Governors elects the chairman of the institute; appoints the president and the nominee members of the executive council of the Institute; makes ordinances with regard to maintenance of accounts and administration of the funds and other properties of the Institute, the conduct of business by the Executive Council and the General Body, the duties of the officers and employees of the Institute, their qualification, system of recruitment, salaries allowances and other conditions of service. The Institute functions under the general supervision of the Board of Governors and the board is empowered to review the actions of the executive council, general body or any of the office bearers.

The General Body and the Board of Governors meet annually. Office Bearers of the Institute consist of the Chairman and the President. The Chairman presides over the meetings of the Board of Governors and the General Body. The President chairs the Executive Committee. The Ethics Committee examines all research proposals and activities to assure that ethical standards of research are satisfied. New research proposals are discussed in the Faculty Committee to satisfy about the objectives, and research methodology.

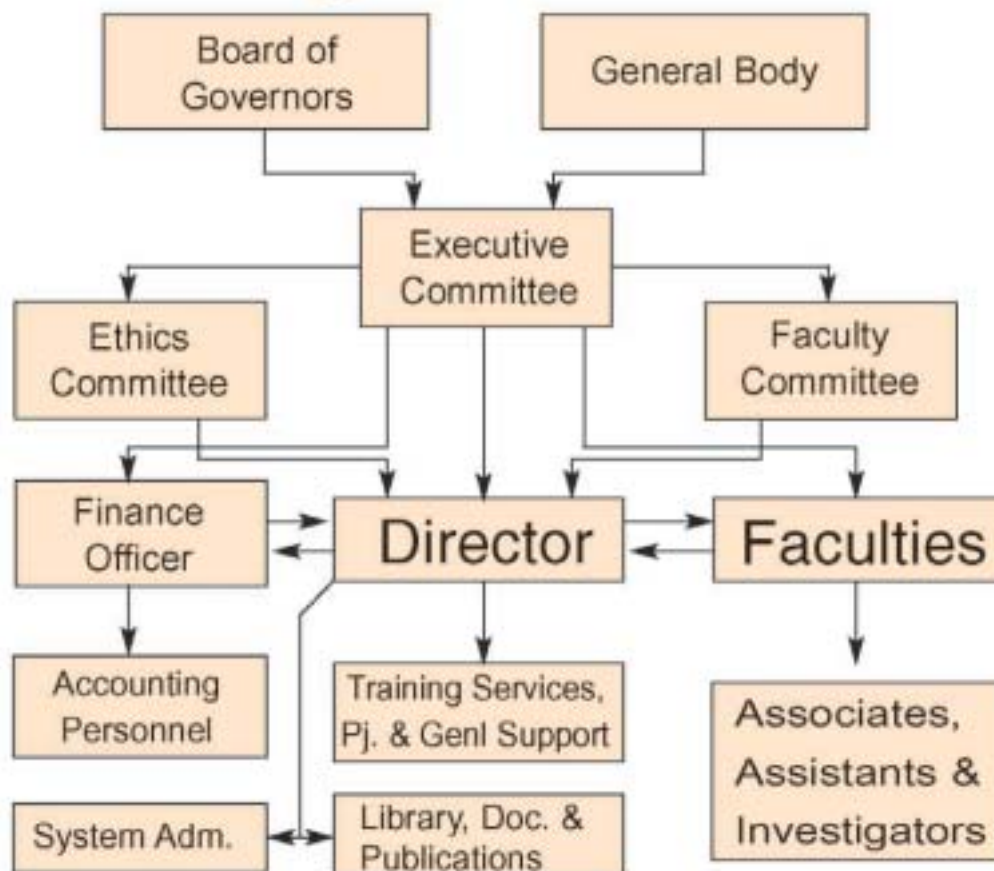
Ethics Committee

Research projects taken up by the institute adheres to the high moral and ethical standards in choice of methodology to test various hypotheses. The ethics committee reviews the proposals for research to assess among other considerations whether the research so designed would yield meaningful results that could not be obtained by other methods. The ethics committee also assesses whether voluntary and informed consent of the individuals participating in the study is obtained and whether the study has been planned in a manner so that the degree of risk taken and inconvenience caused does not exceed that determined by the humanitarian importance of the problem to be solved by the experiment and also sees that the study will be conducted by persons who possess the requisite competence and qualities to carry out the research. The ethics committee consists of about five members, two of the members are from outside the institute. Director of the institute is a member and convener of the committee. Life of the committee is permanent, with members joining it according to the terms of their appointment. The committee after examining the details of a proposal, may either certify that the project has obtained the committees' clearance as such or with specific conditions, or advise appropriate modifications to methodology so as to meet social ethical considerations.



Dr. Prasanta Mahapatra, President, IHS and D.R. Garg, IAS, Charter Member share a moment with Dr. Lalji Singh, Director, Centre for Cellular and Molecular Biology (CCMB).

IHS-Organisation Chart



IHS Faculty

Programmes and activities of the institute are carried out by a team of faculty and staff lead by the Director, who is the chief Academic and Executive Officer of the Institute. The Institute is equipped with a core group of multidisciplinary and interdisciplinary full time faculty. These include people from various background including Community Health, Nutrition, Health Economics, Social Sciences, Health Care Management, Environmental Sciences, Biotechnology, and Computer Applications. Every Faculty is involved in research or applied work, assumes teaching responsibility and is available to health care organisations for consultation. The combination of theoretical, practical, and educational work by each of the faculty fosters an enriched environment for creativity, relevance, authenticity and effectiveness. The Institute is constantly searching for people interested in health sector, and with interdisciplinary skills to contribute towards health systems development. For many such extraordinary people a full time association with the Institute may not be feasible. The Institute seeks out such distinguished guest faculty, usually from a wide range of health and related disciplines. The Institute-Guest Faculty connect happens in many ways such as; (a) active and directed search for a person with a given profile to meet a specific requirement, (b) serendipitous encounters between the IHS and potential guest faculty, and (c) active and directed search by people for an institution like that of the IHS. Individual profile of current faculty is available elsewhere as a separate chapter / document. The Institute's faculty meet from time to time to review the Institutes research activities, academic programmes and share information about their respective projects. The faculty committee advises the director about academic matters and general management of the Institute.

Accreditations and Affiliations

- ✎ The IHS is a member of the National Consortium of Training Institutions in Community Health (NCTICH)⁵, organised by National Institute of Health & Family Welfare (NIHFW).
- ✎ The Institute is recognised by the NTR University of Health Sciences, for practical training of MD(SPM) students⁶
- ✎ The IHS is affiliated to Andhra Pradesh State Board of Technical Education and Training⁷ for conducting courses in Health Informatics.
- ✎ The IHS is an institutional partner of the Alliance for Health Policy and Systems Research (AHPSR), World Health Organization (WHO), Geneva⁸.
- ✎ The IHS is a member of the HL7 organisation⁹, which is an international professional body for development and use of health informatics standards.
- ✎ The Institute is a recognized by the Council for Advancement of People's Action and Rural Technology (CAPART), Ministry of Rural Development, Government of India for campus recruitment under the Young Professional (YP) Scheme and placement of Institute's students with reputed NGO's.¹⁰



Dr. Robert J. Kim-Farley, WHO representative to India, delivering a lecture at the IHS, on 15th November, 2000.

⁵ NIHFW LetterNo. ET/NCT/2002, dated 29/04/2002

⁶ NTR University of Health Sciences, Vijayawada, Letter No.7204/ag/90, dated 20/09/2000

⁷ Proceedings of the Chairman State Board of Technical Education & Training and Commissioner of Technical Education, AP., B1/3108/2003 dated 8/05/2003, B1/3108/2001, dt. 29/07/2001; B1/3108/2000, dt. 27/07/2000 and B1/5495/97, dt 21/01/99

⁸ Dr. Miguel Gonzalez Block, AHPSR Program Manager, message dated 24 February, 2000

⁹ Health Level Seven, Inc., 3300 Washtenaw Ave., # 227 Ann Arbor, MI 58104-4250. Letters dated March 1, 2001 & March 7, 2002

¹⁰ CAPART, New Delhi Letter, DO No. DD(CD)/Misc/2002, dated 2nd May 200



Facilities & Resources

Although, creative and multidisciplinary intellectual content is at the heart of IHS, physical facilities and resources play an important role. The Institute has the resources required to support innovative research, excellent teaching, and distinguished service. The following pages , give a brief description of various physical facilities and resources.

Front Office Services

The Front desk, which is the focal point of the Institute's office, is operated over extended hours from 9 am to 7 pm. Conveniently positioned for easy access to all, the Front office handles, mail, telephones, visitors, carries stationery and provides other general support to students and staff.



IHS Front Office

Class Rooms

At the IHS, we recognize the importance of classrooms to the total learning environment experienced by the students. We strive to ensure that students have a classroom learning environment that allows them to see anything presented visually, to hear any audible presentation and to be physically comfortable. Such an environment can enhance the educational process by incorporating all senses into the learning experience. Architecture, acoustics, electrical and mechanical systems are all optimized in order to achieve a quality learning environment.



A class room in session. Verbal Autopsy Skills for the SRS Surveyors Dec. 2002

Class rooms at the IHS are of various sizes to seat classes ranging from 10 to 40 students at a time. To minimise dust and maintain the Institute's computing environment, chalk on black boards are avoided. All classes are equipped with white boards, and stocked with pens. Each class room is equipped with audio system for improved sound quality and recording facility. Separate power circuit and master control for lights allow for quick switching between audio visual presentations and class discussions. Adequate information outlets, with accompanying powerpoints are provided in each class room, to facilitate in-class networking and inter networking, which enables instructors, as well as students, to gain access to information resources which are available beyond the four walls of the traditional classroom. All class rooms are air conditioned. Note, however that, air conditioning equipment is operated only during summer months and on special occasions with large gatherings or long duration workshops. The climate in Hyderabad is quite nice, rest of the year. We like to be cost-effective. **Low on budget high on ambition!**



Adequate break out spaces are provided near the class rooms. Lounges are furnished to let you relax solo, share a thought with another, or join into a group. Lounges and corridors are provided with maps and dictionaries for ready reference.

North Lounge



East Lounge

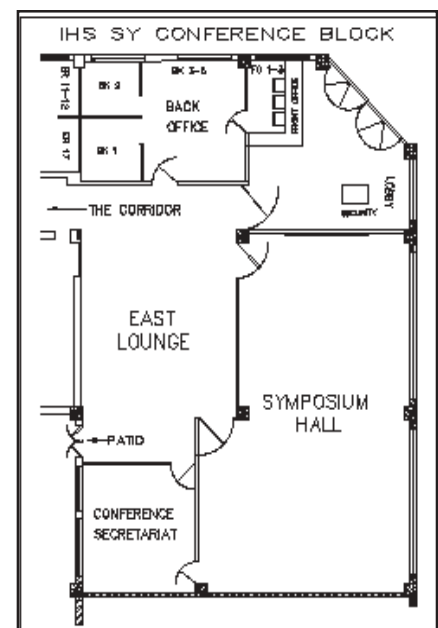


Conference Facilities

There are facilities for simultaneous conduct of multiple conferences and workshops at the IHS. All conference facilities are air conditioned. Furniture has been designed for flexible seating arrangement to meet the specific needs of an event. Information outlets are available to connect with the Internet. Each venue is provided with audio systems for good sound quality and recording. Video recording of events are feasible with help of affiliated service providers, who are familiar with the Institute's environment. Separate power circuit and master control for lights allow for quick switching between audio visual presentations and group discussions. Venues allow for collocation of conference secretariat in adjacent rooms with interconnecting doors. Generator backup is available for lights, fans, computing and audio equipment. Full power back up can be arranged with help of leased-in heavy duty generators, if the nature of an event so requires.



The Institute's policy is to keep the conference rooms free of disturbance from telephones. However, facilities exist for installation of multiple extensions from the Institute's EPABX for special events such as telethons. Upto ten calls can be simultaneously made or received during the telethon events.



Library and Bibliographic Resources

Over the years, the IHS Library has accumulated a modest but specialized collection of health information resources comprising books, reference manuals, journals, reports, monographs, newsletters, statistical publications, government publications, newspaper clippings, annual reports, conference proceedings, audio / video resources etc. The library's collection in the area of health economics, health informatics, community health, health insurance, health services research, health policy studies, vital and health statistics includes resources not easily available elsewhere in the country. The library's official documents collection (ODC) includes communications, reports and documents on health issue, services and programmes, issued by state and central governments. Vital and health statistics related reports by the NSSO, Registrar General of India and other organizations are regularly collected.



A Section of the IHS Library

A computerized catalogue of library resources is available for easy retrieval. The catalogue gives details of the library holding, including author, title, and keywords. Item records will tell you the nature of holding (e.g. *book, video*) and where the item is located. The library is air conditioned. Two dedicated Internet access stations are provided for library users. These stations access the Internet through the Institute's 64K leased line. Access to bibliographic databases such as the POPLINE and MEDLINE is available.

The library is open for extended hours from 9 am to 7 pm. A full time librarian and assistants are available to help users access the bibliographic resources. Printing and photocopying services are provided to library users. Students and staff of IHS have unrestricted access to library resources. Health care professionals, researchers and general public can access library resources for a nominal membership fee. In view of the modest collection and limited availability of additional copies, issuing of materials outside of the IHS premises is usually not feasible. However, readers can issue a book from the library before its closing and read inside the Institute for as long as they want. Materials issued like this have to be deposited with the security when the user chose to depart. To enable users to make use of resources available in other libraries in Hyderabad, the library maintains a database of health related journals subscribed by various libraries in the city. In addition IHS has an institutional membership of the British Library and the Indo American Centre for International Studies. The British Library is within walking distance.

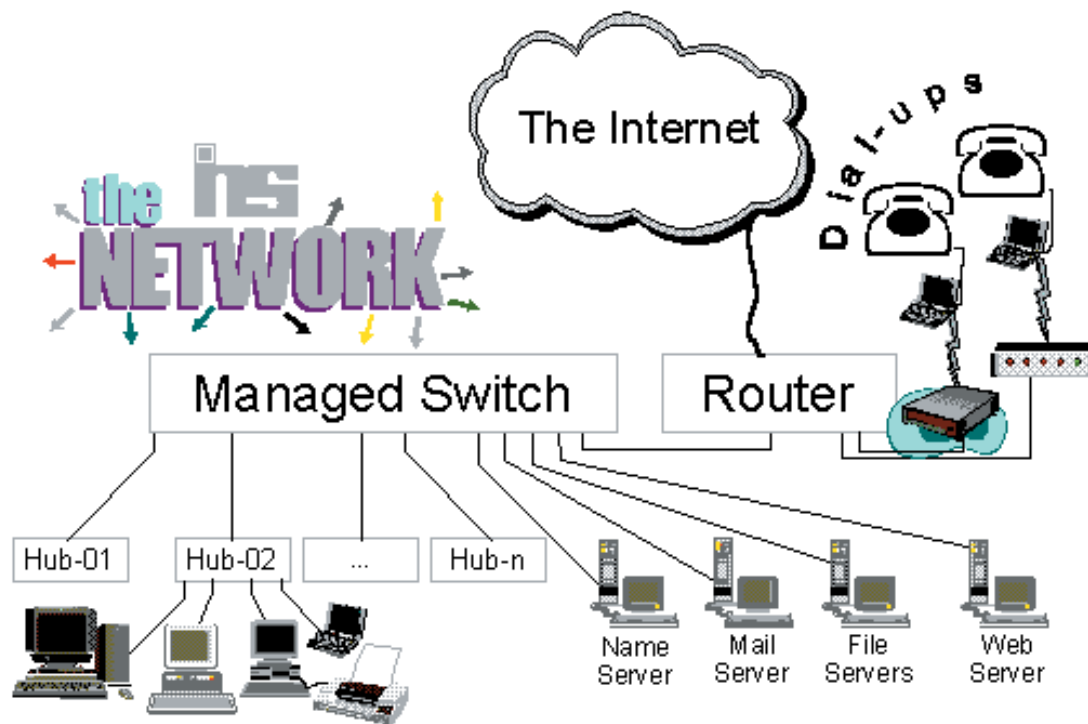
"The library does not seem to be small as mentioned in the brochure. It is a apt library with pleasing environment so that any scholar can have a wonderful time within to know about the projects and research works in the field of health research."

T. Purushottam, K3/15-F Kamrajpuram, BHEL, Trichy, Tamilnadu and visited the Institute in Jun 2003 in connection with a recruitment process.



Computing Resources

Two levels of computing platforms are available for faculty and staff, namely personal and networked computing. The personal computing resources at the Institute are extensive with a computer : person ratio of greater than one. All workstations are equipped with IBM compatible PCs. Personal computing software include a variety of office suites, and statistical packages. Faculty and staff work with Lotus Smartsuite, and Microsoft Access personal database. CDC-WHO's EpiInfo software is frequently used for data entry and analysis of epidemiological information. The Institute has developed a few specialised software for research and training purposes. These are; (a) the StaTool, which is collection of few commonly required statistical tools, (b) BDAP which allows for computation burden of disease, (c) PRISM, which is a processing research and information system for mortality data, and (d) MathMill a tool for in-class exercises for basic numeracy and mathematics. Printer services are available in each hall. Additional peripheral services like scanning are available from the system administration. Software documentation and literature on personal computing skills are available in the library. System administration services are available for trouble shooting.



The Institute's campus wide network (IHSNET) is a multi-protocol backbone allowing for TCP/IP and Ethernet communications. The network is supported by domain and name servers, file, mail, database and web servers. Multiple network operating systems including Windows and Linux are available. Local area network access is available to all personnel working at the Institute. Dial up access is available for faculty. The network is managed by a team of skilled system administrators. Rigorous network and system security policy is followed. Access to various network resources is regulated according to needs. The Institute's network has a 64 kbps dedicated leased line connection to the Internet. Network clients such as Telnet, FTP, and Internet Explorer provide open access to the Internet, Electronic Mail and the World Wide Web. Staff and students are provided e-mail access through IHSNET mail server.

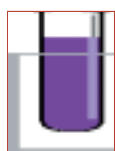
The latest versions of major software are continually maintained at IHS. Applications currently installed include Microsoft Windows, MS Office, Lotus Smart Suite, Tally package, and statistical software such as EpiInfo, Stata and Burden of Disease Analysis Package (BDAP). The Institute provides access to a large array of scientific and statistical programming tools, analytical tools, languages and software development platforms like C, C++, Visual Basic, Visual C, Java and ASP.

An experimental student network called the Trainernet is set up during health informatics training programs. Trainernet local area network connects the class rooms and allows students to experiment with network administration. Trainernet connects to the Institute's campus network through a wide area link to allow students experience wide area networking concepts.



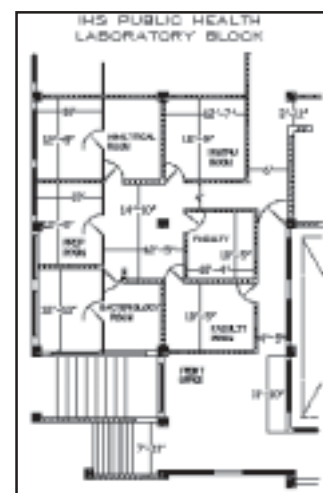
APH students using microlab facilities

Students are provided with personal computing resources by maintaining a common student work room. IHS maintains a full fledged computer microlab designed both for teaching and student access. The microlab is used by students for course work, word processing, spreadsheets, file transfer, statistical computing, and data analysis. The lab is equipped with appropriate hardware, software and a variety of other peripheral equipment. Students have access to this room round-the-clock seven days a week. A knowledgeable staff of system administrators and software programmers is available during working hours on all working days, to advise and assist with computing questions and problems. The lab fully support hands-on courses and computer based exercises of the different academic and training programmes offered by the Institute.



Public Health Laboratory

In pursuance of our public service, teaching and research goals, we are setting up a Public Health Laboratory. In the initial stage the laboratory will have facilities for food and water testing. The laboratory is being equipped with the state of the art technology to provide high quality services. A Public Health Laboratory- Advisory Committee (PHLAC) has been constituted to advise about appropriateness of the technical services, laboratory design, equipment, staffing, consumables etc., and to review laboratory process, documentation, quality assurance procedures, and customer service. The laboratory will eventually be upgraded to a fully fledged facility that provides a range of laboratory services required to meet our teaching and research commitments. We are in the process of acquiring additional space to facilitate the expansion of laboratory facilities.



Psychometric Lab

The Psychometrics laboratory caters to both teaching and research purposes. The laboratory has facilities for practical teaching of general psychology experiments. Applied psychometrics tools for health system research, for example, health status measurement, are available. Available equipment include; three point aesthesiometer, tachistoscope, Muller Lyer illusion board, rate of turning and placing manipulation test, RT apparatus for simple choice and discriminatory RT with built in chronoscope, memory drum,



Psychometric Lab

Hanfman and Kasanin tests of creativity, performance test battery, achievement motivation scale, personality factor test, and health status valuation kits developed at the IHS.

Workshop Facility

The Institute has appropriate workshop facilities for assembly, repair and maintenance of computer hardware, electrical and telecommunication networks. Test equipment include, digital and analogue multimeters, test lamps, telephone line testers, socket fault finder, cable continuity testers, logic probe, etc. The workshop is equipped with hand tools, PC tool set, drilling machines, soldering facility, etc. to handle electrical, computer and office equipment repair jobs.



Workshop facility at IHS

Easy Connect

- The Institute is situated in the HACA Bhavan, which is quite well known in Hyderabad and is centrally located opposite the Public Gardens.
- The Andhra Pradesh Assembly and Secretariat, various government institutions and departments, National Informatics Centre, the British Library, Nampally Railway Station etc., are at a walking distance from the IHS.
- The IHS can be easily reached from the airport, main railway stations and bus terminals in the city.
- The Institute has 12 dedicated telephone lines, dedicated fax facility, E-mail and Internet connectivity to facilitate better communication and interaction.
- The Institute's Front Office is fully equipped to handle all inbound queries and redirect communications appropriately.
- The Institute has reserved parking space for its staff, students and clients. The parking facility is equipped with a public address system and round the clock security.

Publication Division

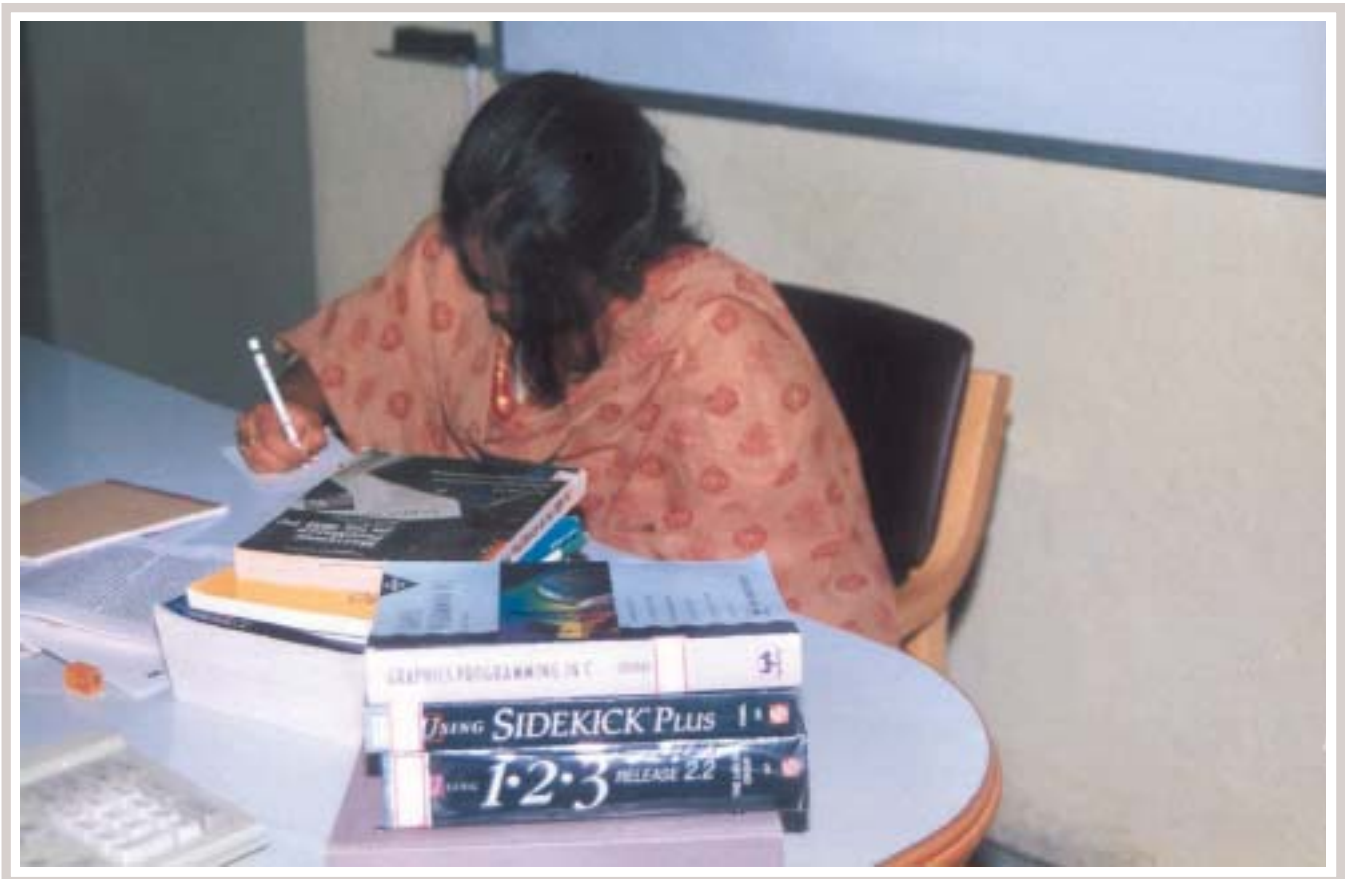
The publications division of IHS brings out working papers, reports, monographs, data sets, and compilations based on work at the Institute. There is a full time Communications and Services Officer responsible for production, release and distribution of IHS publications. These publications are available at the IHS library. All publications are priced, to cover publication and distribution costs and make them available to public on a sustainable basis. List of Institute publications is updated from time to time and is available at the Front Office, as well as the IHS website. Publications can be obtained personally from the Institute's Front Office or by writing to the Communications and Services Officer.



Dr. C. Rangarajan, Governor of AP and Dr. N. Janardhan Reddy, Minister for Health and Family Welfare, AP, perusing IHS publications on the occasion of the World Health Day 2002.

Selected Titles from the IHS

- *A Manual on control of Malaria with special reference to Andhra Pradesh, India.* ISBN 81-7934-000-7
- *A Manual on control of Gastroenteritis with special reference to Andhra Pradesh, India.* ISBN 81-7934-001-5
- *Estimating National Burden of Disease. The burden of disease in Andhra Pradesh, 1990s.* ISBN 81-7934-008-2
- *Structure and Dynamics of Private Health Sector. Implications for India's health policy.* ISBN 81-7934-001-2
- *Costs of Poor Health Habits. Sedentary Life Style Heavy Drinking, and Smoking.* IHS Public Health Symposium 2002. ISBN 81-7934-024-4
- *The Private health sector in Andhra Pradesh.* (RPO1/1998)
- *Reproductive Health Services and Health Sector Reform. Focus group discussions with ANMS in Andhra Pradesh. A Report* (RP18/2002)
- *APVVP - Patient Satisfaction Survey, December 2001.* (RP23/2001)
- *Andhra Pradesh Health Institutions data base (APHIDB) (Private and Public). A technical note.* (WP11/1997)
- *Priority setting in health sector. Why is a good cause of death reporting system important?* (WP27/1998)
- *Reproductive Health Status in Andhra Pradesh.* (WP46/2002)
- *Family Health Protection Plans for India - A Health Insurance Model.* (WP51/2003)



Learning Environment at The IHS

- ✓ Expect a different than a usual environment here. For example, You have to come prepared with assigned readings for the class. In other words you have to read, understand even before the lesson is taught to you in the class. Actually the classes here are used more to clarify doubts and clear concepts than to teach you.
- ✓ Expect dirtied hands and soiled clothes all in the game of hands on learning.



CHISA 2000 students assembling a Personal Computer

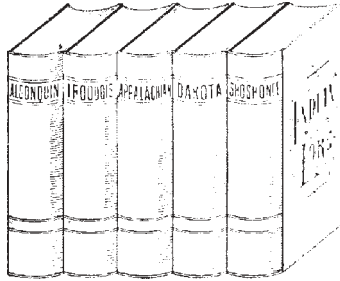


A skill is based both on knowledge - what to do - and on behaviour - how to do it - and often requires practice and thoughtful reflection to develop. The learning environment in the IHS provides opportunity for reflection, model building, concrete experience, as well as trial-and-error learning. The aim is to make students self-renewing and self-directed. Opportunity for a variety of learning modes allow students to access these according to their own preferred learning styles. Students are encouraged to expand their learning style repertoire, by exposing each of them to the full range of learning modes.



Textbooks

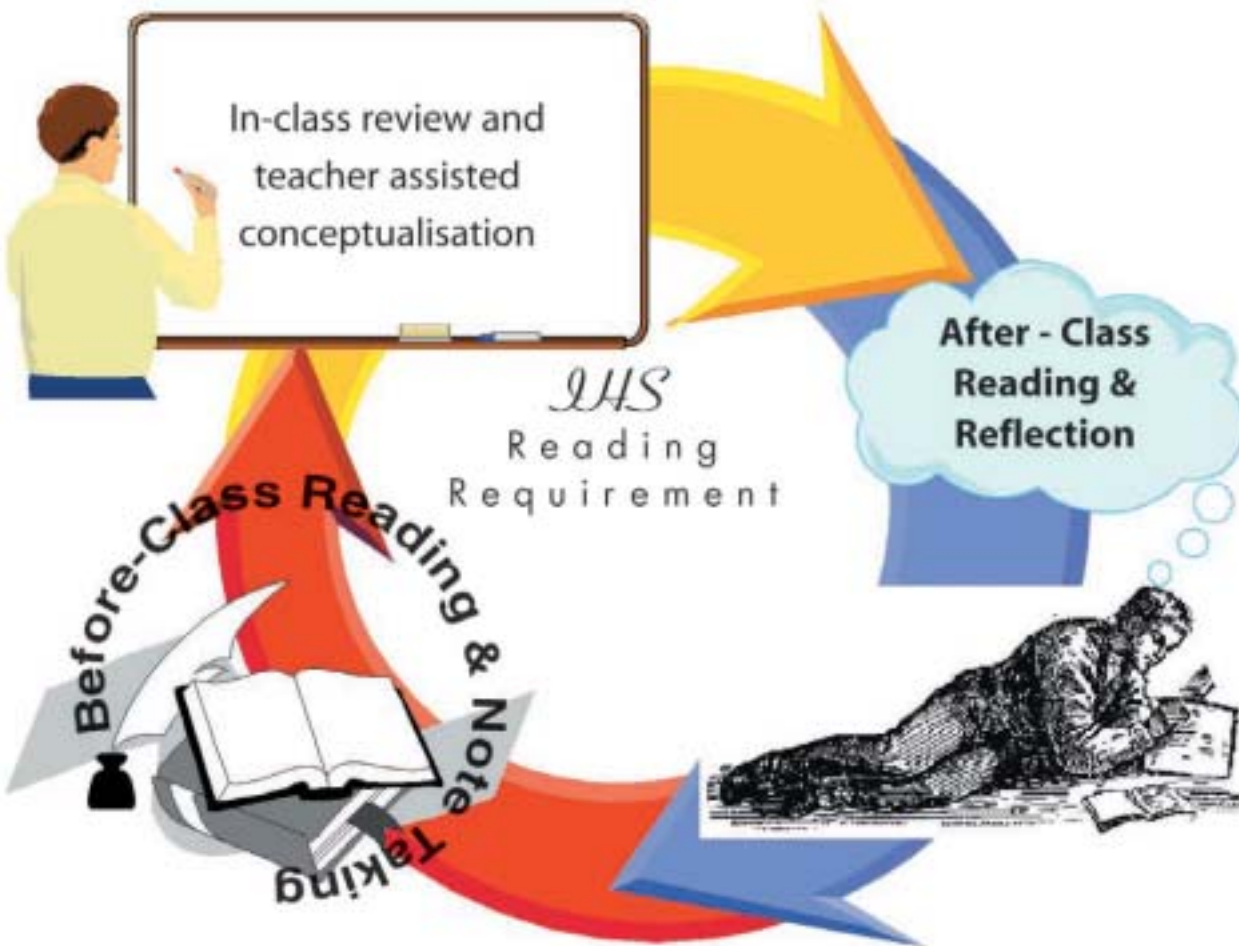
Textbooks play an important role in student learning. Textbooks are carefully selected in order to make clear connections among health system concepts. They would cover a variety of examples and case studies that exhibit, reinforce, and extend students problem-solving skills. Frequently encountered situations and events are dealt to demonstrate problem-solving techniques and to provide



opportunities for students to use those techniques as they progress through the textbook. Selected textbooks emphasize the learning of theoretical concepts and their applications. Textbooks giving many application oriented problems or appropriate use of technology are preferred. Text books are selected on the merits and characteristics of the text, while keeping cost considerations in mind.

Reading Requirement

Reading requirement for courses at the IHS are fairly demanding. Readings are assigned from the textbooks, and where necessary, additional sources, to allow for reflection and model building. Students are required to go through the assigned reading before the class and make notes on points they did not fully understand. Theory, demonstration and lecture sessions are designed to highlight important concepts and not necessarily reproduce the textbook material. These classes will lay emphasis on clarification of doubts and will illustrate the concepts covered in the text. The student is expected to review the assigned reading after the class. Thus the learning environment is designed to encourage each student to traverse the subject matter at least three times; first unaided reading by the student, second, review of the material with assistance of the teacher in the class, and thirdly after-class reading and reflection.





Dictionary Around Every Where!

The Institute recognises the importance of language skills in learning and comprehension. Development of language skills is a continuing process. To facilitate continued development of language skills, most courses at the Institute include sessions on spoken English, development of writing skills, seminar sessions to develop language and presentation skills.



Most important is the ubiquitous dictionary every where around in the IHS. There are dictionaries lying around in lounges, in class rooms, and of course, many in the library. Every student is required to have his / her personal dictionary, one on the bed side and one to carry in the pocket!

Experiential Atmosphere

Structured practical sessions allow students to gain concrete experience. These sessions guide the student through a sequence of tasks, to achieve a preset goal. Problem solving practical sessions are designed to encourage some structured problem solving strategies as well as trial-and-error learning. Here the student is given a problem and asked to solve it, some how. Thus the student has the choice to select what ever problem solving strategy (s)he is comfortable with and work towards the problem solving goal.



Faculty familiarising students with the mother board while they start to assemble a Personal Computer

The Institute strives to create practical sessions in every course. This obsession with practical may some times give rise to uncanny situations. For example, the mathematics course in the advanced studies in public health (APH) program, organised a “Number La/unch” to let the students experience Russel’s number theory. Students learnt the concept of sets, a set of sets through sets of 3s and 4s made up of a variety of materials. Incidentally some of these collections had eatables justifying the lunch that followed.



Number L^a/unch

Students in the same course physically measured the staircase and ramps in HACA Bhavan to experience the concept of slope and estimate the same.

A network bridge role play was organised for students of CHISA 2001 batch. Each student was assigned to constitute different network components connected to each other through holes cut through partitions. Students in different component area could interact through network packets (paper slips) but could not talk. The group had to play till they completed mapping the IP address of all computers and correctly found the segments to which they belong.



Lounge-around and Slave-overs!

The Institute endeavours to tailor its scheduling policy to meet student learning needs. On average classes are longer in duration, usually about 90 minutes and upto two hours. Longer sessions allow faculty to pace the class according to student needs. Students are able to focus on a topic for longer duration, instead of shifting through many topics in a day. After-lunch session is more likely to be a practical or filled with activities and less likely to be a lecture. Deliberately inserted break periods allow student groups to discuss in the Institute’s large lobbies, and long corridors, with maps and dictionaries standing by. Cabins for group discussions are available on priori booking. You might simply lounge around and refresh yourself for the next class! The Institute’s campus is open round-the-clock. Students can access learning resources beyond school hours. The security will let students in, any time of the day, all days of the week. Almost every student finds some problem interesting enough or simply hard to crack. So you find people working at a problem very hard, usually late evenings. We call these the slave-overs. Some times slave-overs may end up in sleep-overs giving rise to student activities early in the morning!





Field Trips and Study Tours:

Most academic programs at the Institute allocate time for field trips, visits to functioning institutions, facilities, field placements and / or study tours to let students see things for themselves. For example, students in Health Informatics programs visit hospitals, operation theatres, diagnostic laboratories, to observe and understand them, as they work. The Advance studies in Public Health students have to

complete at least one field placement in a Health Care or Research Institution and another period of field placement or study tour. Participants in short duration training programs do also get to see a few things. For example, ICMR scientists attending a research methodology course visited the Director Census Operations office to meet people who gather various demographic and mortality statistics and interacted with the sales people distributing statistical publications by the Registrar General of India.

Dig Deep and Seek

Students are encouraged to pick up a topic, look at it thoroughly and from all perspectives. Deep processing of concepts and transformative learning is encouraged to let students cultivate their generative processing capacity. Students are introduced to landmark articles in the history of development of the concepts under study. They are encouraged to dig deep into the bibliography of the topic in hand and seek out the original source of

concepts. This process is reinforced by the Institute's practice of inviting living legends and practitioners to lecture at the Institute and interact with its academic community.



Discourses on abstract concepts and theories have a tendency to 'go heavy' and may leave a student behind pondering and overawed. Case studies and narratives help students refocus and visualise application of theory in real life situations. Courses designed at the Institute require a balanced presentation of theory and illustration with case studies. Story telling, and narratives are used profusely to illustrate

concepts and their application. Faculties are encouraged to build up their stock of stories and connect with their own real life experiences.

Kavitha's "One-rupee" rule!

Kavitha is the Institute's librarian. The Library is one of the most comfortable places in the Institute. It is air conditioned. Book stacks are open to let readers pick up a book of interest as they spot it. The library collection is modest. But there are things that you would not get in any other library in Hyderabad. And there are yet some things that may not be readily available elsewhere in the country. The IHS Library collection includes books on public health, epidemiology, demography, health and social behaviour, statistics, mathematics, health economics, health informatics, computer hardware, computer software development, research methodology, management, organisation behaviour etc. A few journals are regularly subscribed. Holdings include CD ROMs, Video and Audio cassettes. This is a good place for learning and a comfortable place to read.

But there is Kavitha's one-rupee rule!

If you are spotted by her to be gossiping, chit chatting or in a group discussion inside the library, then she raises a one rupee charge on each person noticed by her. She does this silently. You would notice it in your term bill. All library users, including faculty and staff are subject to the one-rupee rule. Unfortunately this is one area of the Institute's administration where no appeal lies anywhere. The librarian's decision is binding. However, interestingly, Kavitha is yet to raise any revenue! No collection, despite her omnibus powers! People have simply been minding their studies in the library. The Institute encourages students to enjoy the comfort and exploit resources in the library.



Faculty Evaluation:

A key feature of the Institute's learning environment is that students and faculty evaluate each other. Faculty evaluate students to help guide them in their skill development. Student evaluation of faculty helps the latter to better prepare for the class and meet student expectations. People in the Institute view life as a continuous learning process. Instructors and faculty strive to better themselves. Student evaluation and feedback to faculty helps in this process. Student feedback is obtained through a variety of means such as; end of the week session wise faculty evaluation, informal meetings between students and course coordinator, training services officer, and periodical meetings with the Director. In addition to the classes taken by the full time instructors, some classes may be taken by the guest / visiting faculty. Faculty evaluation forms are administered at the end of the week. Students judge overall effectiveness and assess seven specific dimensions of faculty style and teaching impact. A five point; poor, satisfactory, good, very good, and outstanding; rating scale is used. Evaluation form is administered by program office, without any faculty presence. Direct or indirect

solicitation of any kind of desired feedback by or on behalf of any faculty is viewed seriously. Students are expected to give their candid and considered response. Strategic or collusive feedback / response by students may be a ground for administrative withdrawal from a course or modification of academic credentials granted by the Institute. At the end of the course, students are requested to evaluate overall course experience and critically comment about various aspects. The Institute uses the feedback to further improve the course.

Notes and Reference:

The above description is based on practices developed at the Institute. These are the actual experience of faculty and students. Things, as they are. We are reassured and heartened with the knowledge that the practices at the IHS are consistent with contemporary theory of human learning and best pedagogic practices. Accordingly, we have benefited from expressions and terminology used by various authorities, in preparing the above description. Those that, we are consciously aware of, are listed below.

- 1 Our description of textbook policy at the IHS has benefited from the language used by the American Mathematical Association. Available at <http://www.amatyc.org/PositionPapers/Textbooks.html>
- 2 The section title "A Mind at a Time..." is inspired by Mel Levine, *A Mind at a Time*. New York: Simon & Schuster; 2002.
- 3 Some of the pictures used above have been downloaded from <http://www.print-a-poster.com/> These are; (a) RESPECT: The secret in education..., and (b) The dictionary is the only place...

A Mind at a Time - Every Student Matters:

Our conviction is that every student has distinct educational needs. Our goal is to produce a diversified assortment of human beings, reinforcing personal strengths and affinities. Hence every student is followed up by the respective program office as a separate person. Progress by students is monitored through, home work assignments, class participation, overall effort, mid and end term examinations. The course coordinator, and faculties regularly review attendance, class participation, reading habit, and overall progress, towards the learning goals, by each student. One-on-one meetings with the course coordinator, and where necessary the Director, is arranged to understand each student's situation, specific learning requirement. These interactions seek to motivate each student to realise his / her full potential. The IHS sets achievable goals for students, and has designed the required processes to fulfil them. Both process indicators and educational outcome indicators are used to monitor and evaluate each teaching program. Make-up classes, and repeat practical is arranged for small groups or even individual students, to ensure that all students have achieved the designed level of understanding, have learnt required skills, and are keeping pace with each other. Some times, the entire class may repeat a topic and redo a practical, to satisfy designed levels of skill development. Thus the Institute's emphasis is on outcome rather than the process.

Notes and Reference (Contd...)

4. The paragraph immediately preceding the section on textbook, has borrowed expressions (a) about nature of skills from Guirdham Maureen; Tyler Katherine. *Enterprise Skills for Students*, Butterworth. Heinemann, and (b) on learning environment and learning styles from description by Goleman and others, of David Kolb's *Work on Learning Styles*. Goleman Daniel; Boyatzis Richard; Mckee Annie. *The New Leaders. Transforming the art of leadership into the science of results*. London: Little Brown; 2002, p150-152.
5. Some of the expressions under "dig deep and seek the source" are based on the review article by David Robotham, "The application of learning style theory in higher education teaching" available at <http://www.chelt.ac.uk/gdn/discuss/index.htm>

What the IHS students and alumni say and how they felt!

"Today I am here because of the support and encouragement by IHS. The faculty of IHS helped me a lot by putting all their efforts and experiences while teaching. Especially by explaining troubleshooting scenarios, which they had faced in real time environment. The internship offered by this institute for me in West Godavari District has exposed me in system administration in real time. About the training in IHS I am pretty confident that this institute will give a right push up in the market with sound knowledge."

Mr. M. Sreekanth (CHISA-1999), System Administrator, MCH, Hyderabad

"This institute has given me a great opportunity to learn in real environment. This institute has given me a lot of resources like Library facility and 24 hours Lab facility. I did not find this type of environment in any institute. That's why I have learned, I have gained invaluable experience through this institute. So I suggest all of the students to utilise the resources provided by this institute and be successful in your future."

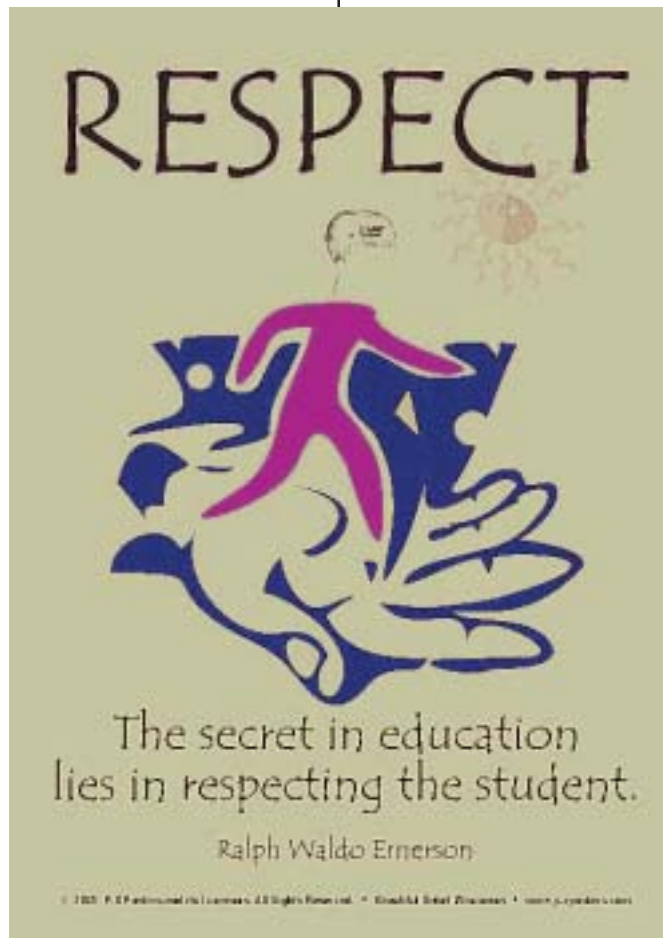
Mr. Phani Kumar (CHISA-2001), System Administrator, Sagaral Memorial Hospital, Hyd.

"This course is unlike other courses which just provide theoretical knowledge and sends us into the world but here we not only learn things practically in the course but even after the course, during internship we are exposed to many problems which system administrators face in the real world."

Mr. A.G. Srikanth (CHISA-2002), System Administrator, Commissioner of Coop. Societies, Hyd.

"The faculty here take a lot of personal care. I some times feel that the faculties read more than us, they work harder than us, just to teach a session of 2 hours."

Mr. Ajay Tripathy, APH 2003 Student



Faculty and Personnel



IHS Faculty and Staff at the Institute's Annual Day, 2002

Full Time Faculty



Prasanta Mahapatra

Dr. Prasanta Mahapatra, Director of the Institute is a physician civil servant. He is on deputation from the AP cadre of the Indian Administrative Service. He is a Takemi Fellow in International Health and has a Ph.D. in International Health and Economics from the Harvard School of Public Health. Dr. Mahapatra established, for government of AP, the first University of Health Sciences (APUHS) in India, at Vijayawada. As Registrar of the APUHS and Director Medical Education, he was responsible for state wide coordination and management of tertiary hospitals and medical education services. He was Commissioner, AP Vaidya Vidhana Parishad (APVVP). During his time as the Commissioner, the mission and goals of APVVP were clearly enunciated, and APVVP was presented as a service organization. During the two year (1988-90) stewardship by Dr. Mahapatra, APVVP matured as an organization and started delivering its promise of good quality health care. The health system development projects in various states funded by the World Bank are based on the work done by Dr. Mahapatra in Andhra Pradesh. As collector of Nellore, he introduced a collectors office manual, streamlined the public grievance redressal system, conceived and implemented land development projects integrating cadastral survey with soil conservation concepts. He has experience in disaster distress relief management, rural development, general administration and information technology applications in government. Between 1991-1993 he was an International Health Policy Program Fellow and a Takemi Fellow at the Harvard School of Public Health. His research work, during this period, included measurement of public hospital performance, accreditation systems for health care organisations, traditional and herbal medicine etc. Dr. Mahapatra has been a member of the Harvard Burden of Disease Unit from its inception and contributed to the Global Burden of Disease estimates published in the World Bank's World Development Report, 1993. As a faculty in the Administrative Staff College of India, he started a study to estimate burden of disease in AP. He has written books and published articles in research journals. His work include, the book

on Estimating National Burden of Diseases, Structure and Dynamics of Private Health Sector, Malaria and GE Manuals, research papers on Cause of Death Reporting System, Health State Valuation, Summary Measures of Population Levels, Health Systems Performance Assessment, Patient Satisfaction Survey etc.



J Anjaneyulu

Mr. J Anjaneyulu, Faculty in Statistics, holds a post graduate degree in Statistics from Nagarjuna University. He was awarded the University Second Rank from Department of Statistics during the academic years 1996-1998. He attended the June 2003 summer training program on the Theory and Practice of Large Scale Survey Research conducted by the International Institute for Population Studies (IIPS), Mumbai. Earlier, in October 2001, he attended a training program on epidemiology methods conducted at the IHS. In the same month, he attended the workshop on “Evidence for Health Policy: Burden of Disease and Cost Effectiveness, and Health System Performance” conducted jointly by the WHO and Harvard Burden of Disease Unit (BDU), and held in October 2001 at Dicololo, South Africa. In November 2000, he attended a program on “Computer Application to Hospitals and Health Care” conducted by Indian Society of Health Administrators (ISHA), Bangalore. Before joining the IHS, he had worked at the Anisha Computer Services, Hyderabad, coordinating a personal computing facility for software engineering students. In his current position as Faculty, he works in areas such as Health Systems Performance Assessment (HSPA) and Burden of Disease (BOD) estimation. He was a Project Coordinator for Hospital Performance Analysis (HPA) studies in Andhra Pradesh and Maharashtra. The Andhra Pradesh project, involved validation of hospital data, developing and sustenance of a hospital management information system, periodical analysis of hospital wise performance, and half yearly patient satisfaction surveys. Chart reviews and medical records maintenance was also reviewed. The Maharashtra project had its primary focus on data validation, on-site training of hospital personnel, and streamlining of data reporting formats and development of a statewide hospital management information system. He contributed to data analysis and indirect estimation of Infant / Maternal Mortality for District Family Health Survey (DFHS). This pilot study sought to explore feasibility of small area mortality differential analysis to help in area specific program planning and evaluation. His research interests are, burden of disease estimation, health system performance assessment, management information systems, and health surveys.



K Satish Kumar

Dr. K Satish Kumar, Faculty in Environmental Health, holds a Ph.D., in Zoology with Environmental Biology as specialisation from the Osmania University. He worked as a Research Assistant in the Forestry & Ecology Division of National Remote Sensing Agency, Dept. of Space, Govt. of India. He was a recipient of the Senior Research Fellowship, sponsored by CSIR, New Delhi. He was awarded a Gold Medal for best scientific paper presentation entitled “Respiratory Effects of Air Pollution” at the 24th AP State TB & Chest Diseases Worker’s Conference in 1997. He also worked as a part-time lecturer at the PG level, at the Department of Zoology, Osmania University. Dr. Satish’s primary research interests include environmental health, epidemiology of respiratory diseases & traffic injuries, and burden of disease estimation studies. He coordinated a District Family Health Survey, undertaken to estimate IMR, MMR & Fertility Rates at the district and sub district levels. This study was designed to gather evidence for small area mortality analysis and area specific planning. He was Co-investigator in the “Indoor Air Pollution Exposure Atlas” (IAPEA) study, designed to develop a methodology for predicting quantitative exposures to IAP from qualitative information on fuel use and housing characteristics to construct an exposure atlas. This study was done in collaboration with the Center for Occupational & Environmental Health, University of California, Berkeley and Sree Ramachandra Medical College & Research Institute, Chennai. He is currently Principal Investigator for the “Health Effects Analysis & Economic Valuation” components of the Integrated Environmental Strategies (IES) India Project, initiated by the US AID & US EPA. This study is being done in collaboration with the Environment Protection Training & Research Institute, Hyderabad and aims at achieving multiple - economic, public health & environmental benefits. He attended a special workshop on “International Air Pollution & Energy Climate Policy Collaboration” held during the Joint 12th ISEE / ISEA Conference at the University of British Columbia, Vancouver, Canada in August 2002. He will shortly, also be involved in the “Epidemiology of Road Traffic Accidents (RTA) in Hyderabad - Deccan” project approved by the ICMR under the adhoc extramural research scheme grant.



P R Samatha Reddy

Ms. Samatha Reddy, Faculty in Maternal and Child Health holds a post graduate degree in Food Science and Nutrition from SV University, Tirupati. She is recipient of three gold medals for securing the highest aggregate marks and first rank in her masters degree. She attended a course at the ANGR Agricultural University, Hyderabad on Vitaminology and a trainers training on Participatory Training Methods at Bhubaneswar. Her core competencies include health care program planning, implementation, monitoring and evaluation. She has worked in the field and has received wide ranging exposure to the concepts of program planning and evaluation. She mobilised the community and worked to raise the level of awareness among women of the nutritional, medical and life style practices relevant to iron deficiency anaemia. This was the CARE anaemia control project in Karimnagar district of Andhra Pradesh. She has participated in the various deliberations including the workshop on "Strengthening Capacity for Health Research to Policy" and the Workshop on "Health Insurance in India: Challenges and Options" both jointly organised by the Government of India - Ministry of Health & Family Welfare and the WHO. She is interested in epidemiology of communicable, maternal, perinatal and nutritional conditions. She has received training on epidemiology methods conducted at the IHS. Her work in communicable and nutritional disease epidemiology include, preparation of a health workers manual on control of gastroenteritis, analysis of infant mortality trend in Andhra Pradesh. She attended the Indo-US Collaborative Meeting on Strategies to Reduce the Burden of disease of Acute Lower Respiratory Infection (ALRI) in India, conducted by the Indian Council of Medical Research. She presented a paper on IMR in Andhra Pradesh, at the National Workshop on Infant Mortality Rate: Trends, Levels & Interventions, conducted by Registrar General of India, New Delhi. She has given a poster presentation on Epidemiology of Gastroenteritis in AP at the International Epidemiological Association- South East Asia Congress of Epidemiology, Jhansi 2002. Currently, she is working towards setting up a Public Health Laboratory for water and food quality testing laboratory and development of a water sample collection kit. She is involved on a wide range of projects and activities at the IHS. She contributed to a review of the Health and Nutrition status of AP and supported the state department of Health and Family Welfare, for preparation of a white paper on the health sector. She is a co-author of the Reproductive Health Services and Sector Reform proposals prepared by the IHS for Government of AP. The reform proposal argues for expansion of institutional deliveries, strengthening of auxiliary nurse midwife (ANM) services. She has co-authored the Institute's proposal of Community Health Insurance Based Family Health Protection Plans for India. Her research interests include women and children's health, access to and quality of health care for women in low-income communities, community-based health and nutrition initiatives, health service delivery mechanisms and health policy.



C K George

Dr. C K George, Faculty in Health Policy, is a Physician with a Masters in Community Health (MCH) from the Centre for Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi. He graduated in Medicine and Surgery (MBBS) from Government Medical College, Trivandrum, the University of Kerala. He has served as a Public Health Consultant to the Indian Medical Association (IMA), Kerala State and helped co-ordinate the drafting of a health policy for the State. Prior to that he served in the rural areas of Kerala as a general practitioner. Dr. George's primary area of focus is on health care delivery and financing mechanisms. He is also interested in policy issues related to decentralization strategies for the delivery of health services and the epidemiology of communicable diseases. He has done a study on the structure and utilization of district health service system of Trivandrum district in Kerala. He has presented papers on Epidemiology of Hepatitis B Virus in India, Tuberculosis control in India and the Structure and utilization of Health Services in Kerala State, India. Dr. George is currently coordinating the Advanced Study in Public Health Programme at the IHS. His current research activities include developing a medium term financing strategy for health in Andhra Pradesh and preparation of state health accounts for Andhra Pradesh.



B P Shasank Kalyan

Mr. B P Shasank Kalyan, Faculty in Health Services Planning, is a graduate in Mechanical Engineering from the Delhi College of Engineering, and holds a Masters in Business Management (MBM) from the Asian Institute of Management (AIM), Manila, Philippines. He was awarded the AIM Dean's List certificate for the academic year 1996-97. He has received training in Geographic Information Systems (GIS), Computer Aided Design, and three dimensional modeling. He has worked on regional business planning for the Philippines office of Sun Life of Canada, and later electronics and e-services business strategy development in TVS Electronics Ltd., Bangalore. Currently he is coordinating the Andhra Pradesh Health Institutions Data Base (APHIDB), which is the master facility inventory consisting of basic identifying information about the Public, Private, and Voluntary sector Health Care Institutions (HCIs) in the state. He teaches the Mathematics course on graphing polynomials, conic sections, functions, and logarithms in the APH Programme. His areas of interests are health records survey, and geographic information systems for planning of health care services.



S Vijaya

Dr. S Vijaya, Faculty in Community Health, holds a Ph.D. in Community Health, from Jawaharlal Nehru University, New Delhi and a masters in Social Work from Madurai Kamaraj University, Tamil Nadu. She has a wide range of clinical work experience in a variety of settings. These include her work in a home for the mentally retarded, after-care homes, and hospitals for the mentally ill. She spent time with Eklavya, a grassroots organisation working in the remote areas of Madhya Pradesh to improve primary education. Her field work experiences include household survey in tribal areas to monitor the impact of Integrated Child Development Services (ICDS), interviewing of women workers in the unorganised sector of an industrial township to understand the relationship of economic participation and women empowerment, and non-participant observation of children in urban slums, to build strategies for their active participation in constructive activities. She has worked on various research projects. The select few includes literature review for a WHO project on “Women as Health Care Providers”, data analysis for evaluation of the District Primary Education Programme in Tamil Nadu and a European Commission funded project on “Monitoring Shifts in Health Sector Policies in South Asia”. She is a recipient of several awards and scholarships. Some of them include “Meritorious student Award” in graduation, University Rank Holder in Post Graduation, ICSSR Doctoral fellowship, Jawaharlal Nehru Memorial award for Doctoral Research. She has written on “Home-based Women Workers and “Women’s Access to Resources. Her research interests include access to health care for workers in the informal sector, women and children’s health and community needs assessment.



E Srinath

Mr. Srinath, is the Health Informatics Group Leader. He did Masters in Commerce and a graduate degree from the National Institute of Information Technology (NIIT). He combines knowledge of accounting with skills in software technology. He was Technical Faculty with major computer training institutions like the CMC and the Frontier Institute of Information Technology (FIIT). He has administered in house training programs for Dr. Reddy’s Lab which is a leading pharmaceutical concern. He was involved in designing courses like Health Intranet System Administration (CHISA), Health Care Software Development (HCSD) and Health Level 7 (HL7). As a project leader he was involved in designing, testing and implementation of various modules in Hospital Management Information System (HMIS), the Burden of Disease Application (BDAP) etc. He was also involved in developing applications like Diagsoft and Pharmasoft respectively for medical diagnostics and pharmaceutical packages. He worked on various software development projects including, bank automation and electricity billing. He is one of the co-author of the articles on “Building Health Informatics Infrastructure (HII) in India” and “Indian Health Systems Network”. Mr. Srinath’s current interests include Electronic Data Interchange in the Health Sector, Health Care Institutions Management System, Health Level 7, Health Informatics Code Sets, Tele Medicine etc.

Research Fellows



Anil Chandran

Holds a Ph.D in Demography from the University of Kerala. Worked in estimation of Infant and Child Mortality, the results of which were published in two volumes of Economic and Political Weekly, May 2000. Presented papers in different workshops and published papers and articles in mortality, fertility and ageing in reputed journals. Teaching Fellow in Demography for APH.



Vandana Tripathy

Masters in Sociology from the SNDT Women’s University, Mumbai. Masters in Epidemiology from the Dr.MGR University. PG Diploma in Community Health Management. Thirteen years experience in different capacities with NGO’s in Maharashtra and Orissa in the area of rural and tribal development with emphasis on women development.



Gurmeet Kaur

Masters in Hospital Administration from the Apollo Institute of Hospital Administration, Hyderabad. Bachelors in Ayurvedic Medicine from the University of Health Sciences, Vijayawada. Experience in hospital administration.

Research Associates & Assistants



Radha Krishna Raju

Masters in Biochemistry from the Kakatiya University. PG Diploma in Plastics. Experience in health care facility inventory, health system responsiveness household survey.



Goverdhan

Masters in Social Work with specialisation in community development. A case worker in integrated rural development services, Dr. Reddy's Foundation for human and social development. Organised a workshop on 'child rights'. Attended a conference on protection of children at risk.



Bhagirath Gop

Masters in Social Work with specialisation in Medical and Psychiatric Social Work. Did household survey, health state valuation and functional health status measurement in a health system responsiveness survey; and has done a study on doctors perception towards medical social workers. He has earlier worked for Taru Leading Edge.



N Srinivasa Reddy

Masters in Physical Anthropology with specialisation in population genetics and demography. Experience as seminar research fellow in Anthropological Survey of India. Did household survey for understanding indoor air pollution.



S Srinivasa Rao

Masters in Anthropology. Masters in Personnel Management. Studied economic organisation of Chenchus. Worked on hospital data validation, performance analysis and health accounts.



B L Srikanthi

Masters degree in Food Science and Nutrition. Worked with CARE in promoting Supplementary Nutrition Program. Worked for Academy for Nursing Studies in the reproductive health program. Experience in conducting focus group discussions, trainings, developing monitoring tools.



Dhanaraj

Masters in Zoology. Experience as an office assistant in district Natural Resource Data Management System centre, Gulbarga. Was a part time lecturer at the PG level. Contributed to the Malaria Manual, Official document compilation and is working on setting up of public health laboratory at the IHS.



G Srinivasulu

Masters Business Management with specialisation in Marketing and Personnel Management. Worked on the health system responsiveness survey, verbal autopsy and cause of death.



N Mary Nancy

Masters in Human Development and Family Studies. Did a project on knowledge of anganwadi workers in identification of different disabilities. Experience as project intern at the IHS for APHSR project.



Manda Vijay Anand K Rao

Masters in Business Management. Masters in Physics. Did a project on strategy for marketing of technologies and technical services to the drug Industries.



Vani Sree Kathi

Masters in Food Science and Nutrition from the Kerala University. Did a project on Acceptability and Nutritional Evaluation of Hyacinth Bean Genotypes.



G S Pattnaik

Masters in Economics with specialization in Labor, Industrial Relation and Social Welfare from the Berhampur University. Diploma in Business Management. Taught economics in a degree college.



R Pushpa

Masters in Economics from the Central University, Hyderabad. Experience as a Customer Service Executive, Shipra International Pvt Ltd.

Healthcare Informatics & System Administration



G Shanti Krishna

Bachelors in Sciences. Higher Diploma in Software Engineering from APTECH, 'O' level from DOEACC and Health Care Software Development Certificate from the IHS. Teaching Assistant in Mathematics for the APH course.



V Bhaskar

Bachelors in Commerce. Certificate in Health Intranet System Administration and Administering Sun Solaris 2.7. Experience in languages C, operating systems MSDOS, Windows NT, Linux, Solaris etc.



G B N Surya Kumar

Bachelors in Computer Science. PG Diploma in Management Information Systems. Experience in PC Hardware trouble shooting, Windows NT, LAN Services.



A Sumana

Bachelor in Electrical and Electronics Engineering from the Nagarjuna University. IHS Certificate in Health Intranet System Administration and SBTET Certificate in administering and implementing Windows NT.

Health Informatics Interns



P Vijay Karthik

Masters in Financial Management from the Pondicherry University. Certificate in French. Diploma in Oracle, IHS Certificate in Healthcare Software Development.



B Gopal

Masters in Computer Applications. IHS Certificate in Healthcare Software Development.



N Mani Kumari

Masters in Computer Applications from the SK University. IHS Certificate in Healthcare Software Development.



P Anil Kumar

Masters in Computer Applications from the SV University. IHS Certificate in Healthcare Software Development.



V Amarnath

Bachelor of Science. PG Diploma in Management Information System and Certificate in Health Intranet System Administration from the IHS.



P Siva Kumar

Bachelor of Commerce. IHS Certificate in Health Intranet System Administration. Experience as Accounts Assistant and Computer Faculty.



G Surya Prakash

Engineering Bachelor in Computer Science and Engineering from the Sri Krishna Devaraya University. IHS Certificate in Health Intranet System Administration.



S Gopi Krishna

Bachelor of Computer Applications. IHS Certificate in Health Intranet System Administration. Experience as System Administrator in Central Crime Station, Warangal.



Jogi Naidu

Bachelor of Arts. IHS Certificate in Health Intranet System Administration. Two years experience as Hardware Engineer.



K Abraham Sudheer

Bachelor of Commerce. IHS Certificate in Health Intranet System Administration.



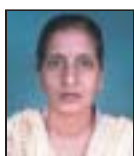
B Satya Kumar

Bachelor of Computer Applications. IHS Certificate in Health Intranet System Administration. Experience as a web associate in SIS Infotech Pvt Ltd.



IHS Faculty and Staff get together on the occasion of 'IHS Annual Day'

General Support - Executives



Vijaya Lakshmi Tadi

Masters in Public Administration from the Osmania University. Experience in civil society organisational affairs management, coordinating, liaisoning, event management, human resources publications and teaching.



A Padmaja

Bachelors of Arts. PG diploma in Financial Management. Experience as an executive secretary in Nagarjuna Finance Limited for eight years in office administration.



G S L Vanama Raju

Bachelors of Commerce. Worked for Software Technology Park Limited and Softpro Solutions Limited.

General Support - Assistants and Staff

J Phani Kumar, DCCP, Personal Assistant

Pavan Kumar, ITI - Electrical, Technical Assistant

Koteswara Rao K, BCom & DCCP, Accounts Assistant

Rajmallu S, DCCP, Secretarial Assistant

Kavitha B, B LiSc, Asst Librarian

Ajay Kumar Sindhe, BCom, PGD - PMIR, General Assistant

Srilatha Kulkarni, B Com, Sr. Secretarial Assistant

Mallaji, SSC, Maintenance Worker

Md. Samiuddin, Driver cum Attender

Kumar Parida, Camp Attender

Chandra Kala, Sanitary Worker

Manemma, Sanitary Worker

Visiting Faculty

V Raman Kutty

Dr. V Raman Kutty, holds a Masters in Public Health from the Harvard University (1988), another Masters in Applied Economics from the JNU (1987) and MD in Paediatrics. He has been a member of the ICMR-ICSSR joint panel on health from 1993, Task force of the Kerala state planning board on health (1987, 1996). He has been a consultant to the World Bank, Govt. Of India Ministry of Health, the DFID-India, and the European Commission, Dryefus Foundation New York, Kerala Research Program for Local level development, on various public health issues. He was formerly, Associate Professor in Achutha Menon Centre for Health Science Studies, at the Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum. Dr. Raman Kutty has conducted a wide range of public health research and has published many journal articles. His research works cover; epidemiology of non communicable diseases, communicable diseases, socioeconomic determinants of health and mortality, health seeking behaviour, reproductive and child health programs, and health sector reform. Dr. Raman Kutty is currently the Executive Director of Health Action by People (HAP), which is a nonprofit organisation conducting original research in areas of public health. HAP is linked to the Dreyfus Health Foundation, New York, and facilitates health information access and diffusion among professionals, organises workshops and seminars on research methodology and intervention programs in health. It networks with NGOs for initiating action programs and actively participates in policy debates in health.



Sundeep K Naik

Mr. Sundeep K Nayak is a distinguished civil servant from the Jammu and Kashmir cadre of the Indian Administrative Service and an accomplished academian. A gold medalist from IIT, Kharagpur with a Masters in Science. He holds additional Masters Degree on Population and Development from the London School of Economics, and yet another Masters in International Policy Studies from the Monterey Institute Of International Studies, USA. He has attended The Maxwell School of Citizenship (Syracuse University, USA) program on teaching and writing public policy cases, the Executive Management Program on Infrastructure Development and Financing at the IIM, Ahmedabad and many other programs on public administration and training technology. He taught Public Administration to Indian Administrative Service Officers, at the LBS National Academy of Administration and has directed many courses for civil servants. He was instrumental in strengthening of State Training Institutions by developing a module on negotiations for the GOI-UNDP project. His areas of interest include demography, population policy, negotiation, gender studies, and empowerment of women. He is contributing as an expert, in the area of gender, health, population and development, for preparation of the Jammu and Kashmir State Development report by the Planning Commission of India. Mr. Naik has volunteered his time at the IHS and has taught demography and population policy in the Advanced Studies in Public Health Program. He is currently posted as Secretary to the Chairman, National Commission for the Youth.



Dr. Miguel Gonzalez-Block, Manager, AHPSR, WHO, with IHS Faculty



The Strategy Development Workshop on Health Sector Reforms in Andhra Pradesh held at the Institute of Health Systems



Shri K. Madhav Rao, State Election Commissioner, AP, giving his comments after a review of the IHS Programs and Activities on 30 June, 2000.

JHS Activities

- **Research and Consultancy**
- **Academic Programmes and Training Services**
- **Health Informatics**
- **Public Services**

Research and Consultancy

The Institute conducts research and offers consultancy services in four major areas; (a) National Burden of Disease (b) Health System Performance Assessment (c) Health Care Quality Assurance (d) Health Sector Reforms

National Burden of Disease (NBD)

Epidemiological transition, increasing cost of health care, the unfinished agenda of controlling infectious and parasitic diseases and persisting gaps in access to primary health care, has made the job of health care policy and planning more complex than ever. The complexities of dealing with multifarious health problems, have led to refocused world wide attention on descriptive epidemiology and burden of disease. The Andhra Pradesh Burden of Disease (APBD) Study was started in 1993, in collaboration with the Administrative Staff College of India (ASCI), immediately after publication of the Global Burden of Disease Study results in the World Bank's World Development Report, 1993. The study provided an opportunity for a comprehensive estimation of disease burden in AP during the 1990s. Using the case of Andhra Pradesh in India, the study examined available sources of data and describes their usability. Deficiency in availability of local data was highlighted to draw attention to the need for improving vital statistics, cause of death and epidemiological surveillance systems. The Burden of Disease estimates arrived at in this study are of importance from two different policy perspectives. Firstly, National Burden of Disease (NBD) estimates will be of immediate interest to those concerned about health policy of the National or sub-national entity for which the study is made. Secondly, this study has highlighted the need for reliable and valid local data for National Burden of Disease Estimates. Recognizing the importance of NBD estimates in health care and planning, the GOI - Department of Family Welfare, commissioned the IHS to estimate burden of disease among women and children in India. The Institute's contribution was incorporated as a chapter in the report of the Planning Commission's working group on Women and Children's Health.



Prof. Christopher JL Murray, Director, EIP, World Health Organisation, who has pioneered Global Burden of Disease estimation giving a lecture on "Trends and Challenges in global health and Health Systems", at the IHS on 8th May, 1999.

To build national capacity in quantification of disease burden, the Institute has pursued many connected areas of research. These include studies on; (a) Causes of death (b) Health status measurement (c) Indirect estimation of mortality by smaller areas, and (d) Descriptive epidemiology

Cause of Death Studies

Reliable statistics on causes of death in a population are essential for setting of priorities in the health sector. Most developed cause of death reporting systems rely on medical certification of cause of death according to the International classification of Diseases (ICD - 10), and have invariably achieved near total coverage. Developing countries like India depend on lay reporting of the cause of death for rural areas, where adequate medical facilities are not available, using a Sample Registration System (SRS). Usability of the cause of death statistics in India is questioned in view of poor coverage, and poor compliance with guidelines for cause of death reporting, coding and classification. Research work on cause of deaths started in IHS around 1993 and is an ongoing activity supported by various sources of funding and when no funding is available, by time contributions from faculty and staff. Work at the Institute led to identification of Maharashtra and Goa states, where a large number of deaths are medically certified. A pilot study on cause of deaths in rural areas of AP provided some preliminary information about the Survey of Cause of Death (SCD) - Rural statistics. Accordingly the Global Burden of Disease study, 1996 used the Maharashtra medically certified cause of death (MCCD) data to estimate cause of death pattern for urban areas and the applied some corrections to the SCD-Rural data to estimate the same for rural India. Further work at the IHS on cause of death reporting system in India led to the publication of two landmark articles^{1,2} in the National Medical Journal of India. These articles reviewed the performance of cause of death reporting system in India and argued for its improvement. A small group of researchers in India and abroad got together and offered to collaborate with the Registrar General of India (RGI) to systematically design the SRS based cause of death reporting system. The IHS was a co-founder of this SRS-Collaborative group. Review of the world literature on verbal autopsy and systematic assessment of India's verbal autopsy based cause of death reporting system contributed to appreciation of the SCD-Rural statistics and appropriate design of the newly introduced SRS based cause of death reporting system. Results of the study to estimate cause of deaths in rural areas of AP contributed to the National Burden of Disease estimation for Andhra Pradesh and has provided more accurate cause of death statistics for policy analysis. The Institute has also developed a computer software for processing of cause of death reports by municipal health offices, state vital statistics offices as well as research and analysis teams.

Health Status Measurement

Health status measurement is an important step in quantification of disease burden due to non fatal health outcomes. Ideally, burden of disease estimates should use community valuation of different health states. As community level health state valuation tend to be difficult and time consuming, most disease burden studies use expert rated disability weights. The AP Health State Valuation study conducted by the Institute in 1999 was the first community valuation of a set of health states in a developing country. The study, attempted to measure people's preferences about various health states. Two distinct sources of assessment was used in measuring people's opinion. Firstly, a series of workshops was conducted with the educated population from various professional backgrounds. Health state valuation was done using four procedures viz., card sort, Visual Analogue Scale, Time Trade-off & Person Trade-off methods. Second part of the study involved measurement of valuations given by general population through household surveys. Respondents were requested to give their valuations using card sort followed by visual analogue scales. The study had to deal with the unique challenge of communicating health state descriptions to semiliterate, illiterate population. This was overcome by development



Surveyors interviewing respondents during the Health State Valuation Survey

¹ Mahapatra Prasanta, Chalapati Rao PV. Cause of death reporting system in India: a performance analysis. *National Medical Journal of India (Natl Med J India)* 2001;14(3):154-62.

² Mahapatra Prasanta. Priority setting in the health sector. Why is a good cause-of-death reporting system important? *National Medical Journal of India (Natl Med J India)* 2002;15(2):90-2.

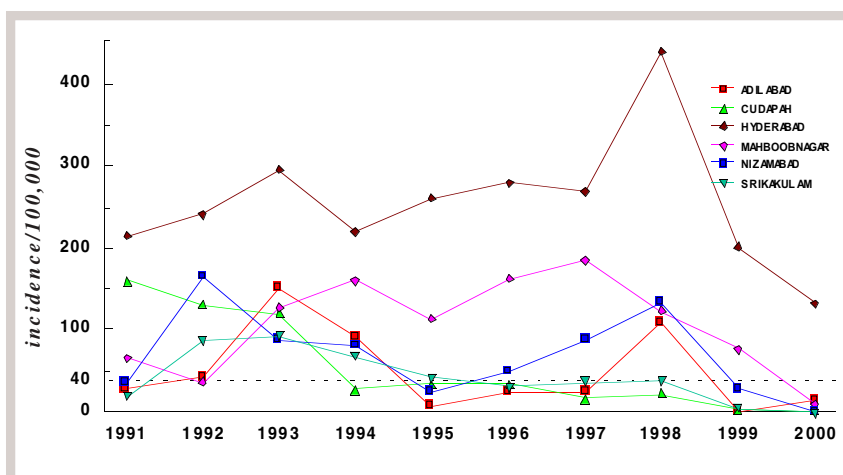
of a pictorial description system. This study is an important contribution to theoretical advances in health state valuation. The 6D5L health state description systems developed for this study³, theoretical and empirical aspects of community based health state valuation, their reliability and validity issues⁴ were incorporated in the WHO publication on summary measures of population health.

Indirect estimation of mortality by smaller areas

Conventional measures of premature mortality, like Infant Mortality Rate (IMR) continue to play an important role in health policy. Reduction of IMR is an important goal set by the National Health Policy. Currently the Sample Registration System (SRS) is the primary source of IMR estimates in the country. Unfortunately the SRS does not provide IMR estimates for smaller areas below the state level. Availability of IMR estimates for small areas will facilitate identification of areas with very poor population health status and targeting of public health programmes. The District Family Health Survey (DFHS) piloted by the Institute studied the feasibility of generating IMR estimates at the sub district level. This study was conducted in three districts of Andhra Pradesh, Chittoor, Nellore and Mahboobnagar, representative of the three political regions of AP. The indirect methods of estimation such as children ever born (CEB) technique for IMR, and Sisterhood Survival Method for Maternal Mortality Rate (MMR) were used. The sample was selected using a two-stage proportional stratification followed by random selection of clusters within strata assigning probability proportionate to population size. IMR estimates show significant variation in mortality in different districts and revenue divisions. One revenue division in Mahboobnagar district had IMR as high as 125/1000 live births, which is twice as high as the state average IMR of 66 / 1000 live births. We hope that identification of such high mortality risk areas would help in better targeting of public health interventions. The results of this study highlight the need for decentralised area specific planning and implementation of public health programmes.

Descriptive Epidemiology

Descriptive epidemiology is about understanding the natural history of diseases, estimation of disease frequency and mapping of known risk factors. These are important contributors to estimation of disease burden. They help in identifying linkages between risk factors and disease burden. For example, the Institute's study comparing prevalence of morbidity and nutritional status of child labourers in aqua culture industry and other children did not show any significant difference. An exploratory study to identify social, economic and cultural processes that are of relevance for management of asthma⁵, revealed that there is a large social and economic burden on account of asthma. The study threw light on the existing social sharing of asthma morbidity and the institution of family as a particularly useful means of the coping up process. The study provided useful insights for the WHO task force on global strategy for asthma management. Government of Andhra Pradesh commissioned the Institute to prepare comprehensive manuals to achieve better control of the gastroenteritis (GE) and malaria situation in the state. Descriptive epidemiology studies for this purpose included analysis of seasonal pattern and geographic localization of gastroenteritis in AP, malaria trend in the state, etc.



Incidence of Gastroenteritis in selected districts of AP. Hyderabad has the highest incidence of Gastroenteritis compared to other districts in AP. Obviously the potability and the quality of water is an important issue. The Institute is working on a Public-Private Partnership model to empower people to access water testing facilities.

³ Mahapatra Prasanta; Nanda Lipika; Rajshree K.T. The 6D5L description system for health state valuation. Ch7.4, in: Murray Christopher JL; Salomon Joshua A.; Mathers Colin D., et al., Editors. *Summary Measures of Population Health. Concepts, Ethics, Measurement and Applications*. First ed. Geneva: WHO; 2002. pp. 349-67.

⁴ Mahapatra Prasanta; Salomon Joshua A.; Nanda Lipika. Measuring health state values in developing countries - results from a community survey in Andhra Pradesh. Ch9.3, in: Murray Christopher JL; Salomon Joshua A.; Mathers Colin D., et al., Editors. *Summary Measures of Population Health. Concepts, Ethics, Measurement and Applications*. First ed. Geneva: WHO; 2002. pp. 473-85.

⁵ Mahapatra Prasanta, Murthy K.J.R, Kasinath P.C & Yadagiri R: *Social, economic & cultural aspects of Asthma: An exploratory study in Andhra Pradesh, India. Working Paper 3/1993.*

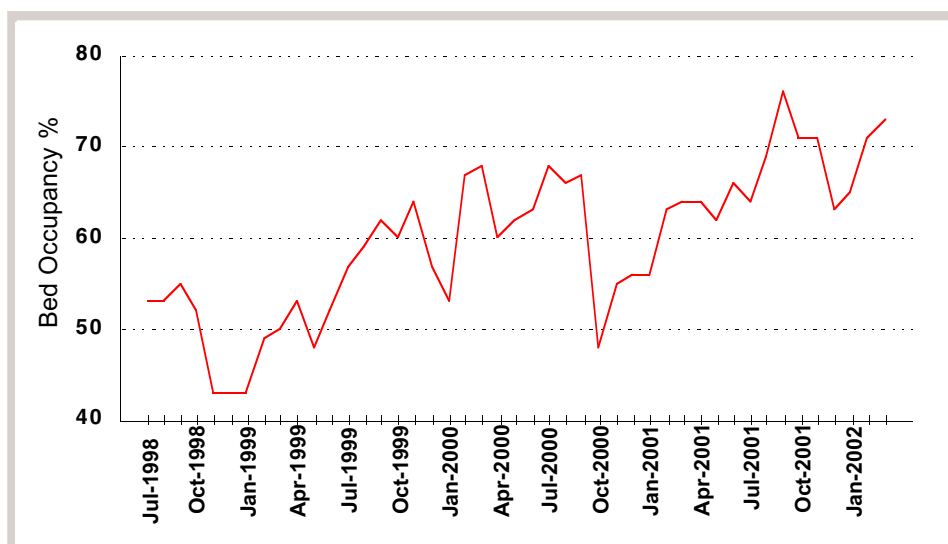
The Institute conducted a household survey as part of a collaborative study to develop a predictive model of exposures to indoor air pollution (IAP) from qualitative information about fuel use, and housing characteristics. The study revealed that households using mixed fuels have the highest Respirable Particulate Matter (RSPM) concentrations (732 mg/m³). Households with poor kitchen ventilation had a twofold risk of having high kitchen concentrations of RSPM compared to households with good ventilation. The IHS has been commissioned by Environmental Protection Training & Research Institute (EPTRI) to develop an initial estimation of the health impacts of ambient air pollution in Hyderabad, based on available secondary data. The health effects analysis project is essentially a correlation study, involving the determination of a statistical association between the frequency of a given health outcome and concurrent PM₁₀ concentrations. This task will draw upon existing data on ambient air pollution impacts on mortality and morbidity of selected health endpoints. Economic valuation of health impacts for both indoor and ambient air quality, will also be done using the Human Capital Approach (HCA) method. A study designed to understand the epidemiology of risk factors associated with high level of road traffic accidents in Hyderabad has been recently approved by the ICMR. Causative linkages between accidents and road design, road user behaviour, traffic regulation, and road worthiness of vehicles will be explored.

Health System Performance Assessment (HPA)

Health system performance measurement is important: first as a means of identifying the shortcomings of health systems, as in explaining why countries with similar levels of income fail to achieve similar levels of health; secondly, for providing indicators that allow evaluation of a health system over time. Both these activities in turn could contribute in the future to a pool of evidence that can provide the basis for confirming or rejecting if specific financing and provision mechanisms are particularly appropriate under given socioeconomic conditions. A more efficient health system would mean that more health care services are provided for the same level of resource use. Improving efficacy of health systems through operations research and performance assessment is one of the important objectives of the Institute. Keeping with this objective, the Institute has fostered many research areas such as: (a) Hospital Performance Analysis (b) Patient Satisfaction Surveys (c) Responsiveness Surveys (d) National Health Accounts.

Hospital Performance Analysis

The Institute's goal is to make public hospitals more efficient and responsive. As people become more aware of the hospital performance analysis they are more sensitive to accept required remedial actions for further improvement. The IHS was commissioned by the AP Vaidya Vidhana Parishad (APVVP) to undertake a performance analysis of APVVP hospitals on monthly basis. Every month hospital activity indicator and service mix data were collected from the APVVP hospitals. Hospital wise performance analysis was done. Each month the Institute's researchers visited about 20 hospitals to



Results of Hospital Performance Analysis : APVVP Bed Occupancy Trend

collect qualitative information and to verify data accuracy. The field reports and monthly analysis were furnished to the hospital management. The Institute assisted the APVVP for about three years between July 1998 to 2002. There after the APVVP is doing their performance analysis in-house. Starting May 2002, the Institute has been assisting the government of Maharashtra in improving efficiency and quality of service of hospitals under the Maharashtra Health Systems Development (MHSDP), using performance measurement and analytic techniques on a regular basis. The MHSDP hospital statistics is analysed for its consistency and based on the performance indicators, outlier hospitals are identified. Internal consistency of data is analyzed using a set of consistency indicators and by expert appreciation of the figures. A sub set of hospitals are identified each month for field visit to understand the potential sources of poor performance and to provide on job training to the hospital data compilation personnel.

Patient Satisfaction Survey

Patient satisfaction survey is a reliable yardstick to assess the quality of health care extended by the health care institutions. The aim is to generate statistically accurate estimates of patient's feedback for each hospital, so that inter hospital comparison is possible. It generates data for theoretical importance and for practical purposes such as planning, administration and evaluation of health care services. The Institute of Health Systems conducted a study on the Demand for services and Satisfaction with the Mauritius Health System. The project was orchestrated by the Burden of Diseases Unit at the Harvard Center for Population and Development Studies (HCPDS). A systematically selected sample of in patients (IP) and out patients (OP) were interviewed using a structured questionnaire. Focus groups were conducted with members drawn from households and members of Local Health Committees (LHC) who were closely associated with the functioning of the peripheral health delivery institutions. The published HCPDS report titled "The Health Sector in Mauritius", contains substantial sections on the Demand and Satisfaction study conducted by IHS. The Institute was commissioned by the AP First Referral Health Systems Project (APFRHSP) to conduct patient satisfaction surveys in APVVP hospitals at half yearly intervals between June 1999 and March 2002. These surveys provide useful feedback on functioning of different areas in the respective hospital and helpful insights about patients' preference. The Institute brought out five half yearly reports on the survey beginning June 1999. The study on structure and dynamics of private health sector in AP included a patient exit interview component to compare the level of satisfaction among patients attending private and public health care institutions respectively. An early work in this area, is the study of patient satisfaction of Karimnagar district hospital.

Responsiveness Surveys

Health system performance involves three discrete aspects: medical, responsiveness and fair financing. The AP Health System Responsiveness Survey measured responsiveness of the health system in AP to individuals' expectations regarding the non-clinical enhancing aspects of the health system. The survey sought to measure eight distinct aspects of health system responsiveness pertaining to elements related to respect for human beings as individuals, that are largely subjective and judged primarily by the client, and the more objective elements related to how a system meets commonly expressed concerns of patients / clients and their families as consumers of health system. The study provided valuable insights into responsiveness of the health system to patient/client needs and expectations. Respondents in urban areas had better access to health care institutions than those in rural areas. The average time taken for people to access health care was 56 minutes and 142 minutes in urban and rural areas respectively. It was found that people in urban areas have better access to public health care institutions than those in rural areas. Respondents in rural areas preferred to go to a private provider as they could not rely on the primary health centre for any serious health care need. Of the eight dimensions of health system responsiveness studied (respect for dignity, respect for confidentiality, respect for autonomy over treatment, prompt attention, communication, basic amenities, social support and choice of provider), 53% of the respondents rated prompt attention to their needs as most important. Communication of information relating to health condition and respect of dignity of patient was rated as most important by 23% and 14% of the respondents respectively. Only 3% of the respondents rated choice of provider as most important. The survey found that 36% of the respondents did not seek any health care because they could not afford it. About 16% of the respondents said that they were refused health care because they could not afford it.



IHS Surveyors taking details of rural households during the Andhra Pradesh Health System Responsiveness Study

It was found that people in urban areas have better access to public health care institutions than those in rural areas. Respondents in rural areas preferred to go to a private provider as they could not rely on the primary health centre for any serious health care need. Of the eight dimensions of health system responsiveness studied (respect for dignity, respect for confidentiality, respect for autonomy over treatment, prompt attention, communication, basic amenities, social support and choice of provider), 53% of the respondents rated prompt attention to their needs as most important. Communication of information relating to health condition and respect of dignity of patient was rated as most important by 23% and 14% of the respondents respectively. Only 3% of the respondents rated choice of provider as most important. The survey found that 36% of the respondents did not seek any health care because they could not afford it. About 16% of the respondents said that they were refused health care because they could not afford it.

National Health Accounts (NHA)

National health accounts (NHA) document total health care financing and expenditure within a particular health system. Health expenditure consists of financial outlays that service the health system. NHA trace the resources invested and consumed in the production of health and facilitates further research and meaningful policy analysis. In the Indian context, state level studies



Prof. William Hsiao, Harvard School of Public Health, delivering a lecture on “Comparing health systems and their financing. What countries can learn from each other”- 14 April 1993.

are at least as important as overall national analyses. In some respect, state health accounts (SHA) are more important, because many of the major policy decisions concerning resource allocation to health and social sector are made at the state level. The analysis of government expenditure on health in AP happens to be one of the first contributions towards building up of state health accounts in India. This study covered not only standard medical programs like curative and preventive care, but also health related activities such as primary education, water supply, sewerage, sanitation, housing, and community development. Such an approach has the important advantage of producing a much clearer picture of government’s overall orientation toward social development. The study found that during the 1980s AP government expenditure on public health nearly tripled in real terms. This was complemented by large increases in health related expenditure as well. For example,

expenditures on primary education more than tripled, and the amount of funds spent on housing and community development increased more than eight fold. This is not to say that everything went well. First referral (district and sub district level) hospitals received inadequate attention relative to urban tertiary hospitals. Too little was invested in training for nurses and paramedical personnel compared with the amounts spent on educating medical doctors. The amount provided for sewerage and sanitation programs was very low. Results of these studies have been published in journals^{6,7} and others⁸ in addition to the IHS publications.

To facilitate appropriate analysis of health expenditure of the state, the Institute has compiled data on public spending on health and related areas from 1980 - 1993. This was one of the first electronic compilation of government budget and accounts data. A software called Government Expenditure Analyst (GEA) was developed to allow researchers analyse expenditure data upto the sub head level. Expertise gained at the IHS in electronic compilation of government budget data contributed to preparation of the first budget data on disk in India. The first Budget Data on Disk of the Andhra Pradesh Government was released by the State Finance Minister in 1998. The IHS was one of the collaborating Institutions contributing to development and delivery of this new service.

The Institute is currently developing more comprehensive State Health Accounts for Andhra Pradesh. In addition to health services provided by the government (Central, State and Local Bodies), the study focusses on health care revenues and expenditure of NGO’s, voluntary and charitable organizations, public and private sector firms, social insurance schemes such as CGHS and ESIS, private insurance, households etc. The findings of the study is expected to contribute to the Government of Andhra Pradesh medium term financing strategy for the health sector.

Health Care Quality Assurance (HQA)

Quality of care delivered by health care institutions is a matter of public concern. The Institutes research activities in this area started with an early study to assess the need for and designing of an accreditation system. This pilot study asked patients discharged from private hospitals about their experience and concerns of quality of care. There appeared to be some awareness and felt need for quality assurance in health care. A subsequent study⁹ of expressions of need for quality assurance revealed that the level of awareness about the need for quality assurance in health, among general public was low. However, legislators,

⁶ Mahapatra Prasanta, Berman Peter A. *Resource Allocation for Public Hospitals in Andhra Pradesh, India. Health Policy and Planning* 1995;10(1):29-39.

⁷ Mahapatra Prasanta, Berman Peter A. *Allocation of Government Health Services Expenditure in Andhra Pradesh, India, During the Eighties. Demography India* 1991;20(2):297-310.

⁸ Mahapatra Prasanta. *Government Health Expenditure in an Indian State. Government Expenditure on Health in Andhra Pradesh since the 1980s: Has it Been Appropriate? IHPP Working Paper* 1996 May.

⁹ Nanda Lipika. *Quality management of the private health sector: a study of the expressed need for regulation in Andhra Pradesh. Journal of the Academy of Hospital Administration.* 2000 Jul; 12(2):23-31.



Dr. C.L. Venkata Rao, Member, Medical Council of India makes a point at the Private Health Sector Workshop held by IHS. To his left are Dr. U. Eswara Rao, General Secretary, APHNA and Dr. M. Thyagaraja Reddy, President, Indian Medical Association, AP.

study on the structure and dynamics of the private health sector in AP, the Institute has developed a framework for assessment of health care quality. An early study sponsored by the government of Andhra Pradesh, documented quality concerns of the users and non users of family planning methods. Social, cultural, economic and related factors affecting the acceptance of family planning methods were studied. This study has found a positive appreciation of vasectomy by its adopters as opposed to the negative biases of its non adopter males and also females, and also thrown important clues on quality of family welfare that is being provided. A UNICEF sponsored study, conducted in the year 2001, assessed the infrastructure for Emergency Obstetric Care (EmOC) in Medak and Adilabad districts. Effective availability of EmOC equipment and health care personnel such as obstetricians, and anaesthetists were found to be a major hindrance in provision of quality services. The study built up an inventory of private EmOC facilities around primary health centres (PHC) equipped to provide round-the-clock EmOC services. Functional status and adequacy of facilities in PHCs, Area and District Hospitals were assessed. To develop national capacity in health care quality assurance, the Institute has built up a collection literature about accreditation systems in other parts of the world. The Institute's President visited, in 1992, the Joint Commission

medical professionals, and consumer interest groups are increasingly conscious of the need for quality assurance in health sector. The Institute has been actively studying various aspects of the private health sector, with special emphasis on standards and quality assurance. A study was conducted to ascertain the perceptions and expectations of the women regarding quality of reproductive health care offered in private hospitals of Andhra Pradesh. The Institute then developed standards for selected reproductive health procedures, viz., normal deliveries, Caesarean section, medical termination of pregnancy, etc. Actual quality situation was assessed against these standards using various qualitative research methods, to assess quality gaps in the provision of reproductive health care. During the course of the

Integrated framework for assessment of health care quality developed at the IHS¹⁰

Goal Framework	Operational alternatives	Scope (illustrative but not exhaustive)
Health attainment (Technical quality)		
Structure	Licensing / Regulation	Basic requirement to operate a health care institution. Safe disposal of biomedical waste Reporting requirements for surveillance of communicable diseases, vital statistics, cause of death reports, etc.
	State licensing	Quality assurance. Purchase of services by governments.
	Voluntary accreditation	HCLs voluntarily seek accreditation to reassure their clients about the quality of their care. Purchase of services by employers, health insurance plans, public authorities, etc.
Process	Practice guidelines	Evidence based physician and patient decision making
Outcome	Medical outcomes research	Provide information about causative linkages of patient outcomes with health care process, so that HCLs can adopt appropriate measures to improve patient outcome. Benchmarks of risk rated patient outcome.
	Law requiring maintenance of medical records, abstraction and publication of clinical data, etc.	Enable purchasers dealing with network of HCLs to screen potential foci of poor medical outcome. Assist bulk purchasers of health care services like employers and insurance plans in choice of providers. Educate people about provider choice decisions. Facilitate medical outcomes research
Responsiveness (Interpersonal quality)		
Structure	Provision of common area, and patient conveniences Cleanliness, Facilities for attendant, etc.	
	Process	Grievance handling procedure Appointment and scheduling procedures, Timeliness norms, etc.
Outcome	Patient / Client satisfaction	

¹⁰ Mahapatra Prasanta; Sridhar P., and Rajshree KT. *Structure and dynamics of private health sector in India A study in Andhra Pradesh, 2000. Hyderabad: Institute of Health Systems; 2001, page 75*

for Accreditation of Health Care Organisations (JCAHO) in USA and had a two month attachment in an American hospital to study compliance with accreditation system from the hospital perspective. Another faculty while on a research fellowship with the Harvard University studied the accreditation system in the USA.

Health Sector Reform



Dr. Than Sein, Director, EIP, WHO-SEARO delivering a lecture on "Role of Private Hospitals in Health Care", on 8th December, 2002

Health Sector Reform is a sustained process of fundamental change in policies and institutional arrangements of the health sector, usually guided by the government. Any meaningful reform process ought to be based on evidence and information about the current state of affairs, and potential effect of alternative policy choices. Many of the Institute's research activities take place with the objective of generating evidence and information for health policy. For example, the study of hospital autonomy, documented the experiences of the AP Vaidya Vidhana Parishad in Andhra Pradesh¹¹. Some studies in this area describe and compare different health systems mainly in the developed (Organisation of Economic Cooperation and Development, OECD) countries¹². Many studies have been taken up to understand the Private Health Sector including both for profit and nonprofit health care institutions. An early study taken up by the Institute was about the management of financial resources in voluntary health agencies¹³. Insights gained from

the Institute's study of organisation and management of community public trusts and civil society institutions were used to develop systems and procedures for Nandi Foundation, a community public trust based in Andhra Pradesh. The study on social evolution of hospitals and its relevance for health policy was an example of history of health care and its current policy relevance.

The IHS was commissioned by the AP First Referral Health Systems Project (APFRHSP), to take stock of the private health sector in Andhra Pradesh and identify appropriate policy choices for their overall development. A workshop was organised in May 1998, with participants from the private health sector and public health officials. Result of the studies spearheaded by the IHS were presented in the workshop and various issues were discussed. A comprehensive report on the private health sector in AP and policy recommendations regarding the private sector has been brought out. In 1999, the Institute started a more detailed study to understand the structure and dynamics of the private sector in Andhra Pradesh. The study was commissioned by the Government of India, Ministry of Health. This study collected data from within AP and reviewed literature from elsewhere in the world. The study found that there is hardly any difference in terms of efficiency and quality of care between private for profit, non profit and public health care institutions. Public and nonprofit health care institutions are clearly more accessible to the poor. One advantage of private forprofit health care institutions is their



Shri M. Nagarjuna, Project Director, APFRHSP, addressing the Private Health Sector in Andhra Pradesh workshop as Dr. Alex George, Former Director of the Institute looks on.

¹¹ Chawla Mukesh, George Alex. *Hospital autonomy in India: The experience of APVVP hospitals*. Harvard School of Public Health - DDM Working Paper No.40, 1996 Jul. Available for download at <http://www.hsph.harvard.edu/ihs/publications/pdf/No-40.PDF>

¹² Mahapatra Prasanta. *Aggregate allocation to health sector and health system effect: experiences from OECD countries*. IHS Working Paper. 1998; 23:1-17.

¹³ Mahapatra Prasanta; *Management of financial resources in voluntary health agencies*. Working Paper 2/1991.

quick response to changing demand for services. The study recommends encouraging nonprofit health care institutions, and development of quality assurance infrastructure.

The IHS was commissioned by the Government of AP to prepare a State Action Plan for reproductive services and health sector reform. Review of the time trend and current status of reproductive and child health in the state, reproductive and child health program implementation in the state, focus group discussion with ANMs and PHC Medical Officers in the state, available results of other studies commissioned by the government in this regard, as well as the states vision 2020 health goals, contributed to the development of a state action plan. Major recommendations in the state action plan include; (a) basic package of services, drugs, equipment, supplies and furniture to be made available at the Sub center; (b) improvement of locational convenience and accessibility of PHCs and sub centres; (c) expansion of a scheme to increase institutional deliveries, using private partnerships, etc.



Dr. Anji Reddy, Commissioner, APVVP and Director General, Health Services, AP. congratulating Dr. Peter Berman, Professor HSPH, after he delivered a public health lecture on "Reforming Health Systems : What have we Learned?" on 2nd March, 2002.

The IHS was appointed as the State Consultant, by the Government of AP for the development of medium term financing strategy for the health sector. The reform strategy is to fulfill the State's structural adjustment targets pertaining to financing of primary health care. The Institute conducted a strategy development workshop in April 2001 to kick start the strategy development process. The DFID of the Government of United Kingdom which is likely to provide partial financial support for the reform process, appointed Harvard School of Public Health - International Health System Group (IHS) to continue the strategy development work in a two phase process. In Phase One, the Institute introduced the Harvard IHS team members to key stake holders, and familiarised them with relevant official documents and literature and provided other inputs gained from our experience in working with the AP health system.



Brainstorming at the strategic development workshop, held by the IHS on 24th & 25th April, 2001. Seated First Row (L-R) Ms. Neelam Sawhney, Commissioner, Family Welfare, Dr. Prasanta Mahapatra, Shri A.K. Tigidi, Prl. Secretary, Health and MD, APHMHIDC; Dr. Dinesh Nair, DFID.

In addition, the IHS reviewed existing information and analysis on burden of disease in AP, suggested important gaps in current priorities and highlighted strengths of current priorities from a burden of disease perspective. Phase two of the exercise involves analysis and projection of the resource envelope for the health sector, development of specific strategies including the priority areas identified in phase one, and formulating a Medium Term Strategy Expenditure Framework in collaboration with the state government. The IHS role during this second phase is to contribute towards preparation of state health accounts for AP.

The Institute was assigned the task of developing community health insurance based family health protection plans by the GOI - Department of Family Welfare. The report of the study, presented to the government by end of March, 2003, recommends an income line for health and housing higher

than the poverty line, for purposes of administration of state financing of health insurance coverage to families. The benefit package in the proposed family health protection plans include comprehensive ambulatory primary care, and access to first referral hospital services. The plans would mostly use private clinics for the ambulatory care and public or nonprofit providers for hospital services. Minimum quality of service standard have been recommended for clinics. The plans will provide better access to public hospitals and help improve their utilisation. Nonprofit mutual health organisations are envisaged to underwrite the health care coverage risk and administer the plans. The proposal is under active consideration of the government.

The Institute has made modest contributions by being available to the Prime Minister's Office (PMO) and in rendering assistance, according to its capacity. The Institute's comments on the draft new national health policy was sought. Accordingly a presentation was made at the PMO on 17 Jan 2002. Senior officers from the PMO and various ministries of the GOI were present. Suggestions and comments about expanding the health care coverage to ex-servicemen, sought by the PMO, was submitted. The Institute's Director is a member of the Task Force on Public Private Partnership, which works from the PMO. Institute has been contributing towards generation of creative ideas and identification of opportunities for public private partnerships to improve public health.

Academic Programmes and Training Services

The IHS is developing academic programmes and offering training services to build interdisciplinary skills for more efficient health system.

Academic Programmes

As part of our continued efforts to build capacity in various areas of public health, the IHS has developed three full time academic programmes: (a) The Certificate Course in Health Care Software Development (HCSD) (b) The Certificate course on Health Intranet System Administration (CHISA) (c) The Advanced Studies in Public Health (APH) programme.

The Certificate Course in Health Care Software Development (HCSD)

Application of information technology to the domain of health care delivery is referred to as Health Informatics. The IHS offers a training program in software development for health care field. The Certificate Course in Health Care Software Development (HCSD) is designed to develop domain knowledge in health care field among computer software engineers. Participants in the course learn about health informatic standards like the Health Level Seven (HL7), general functioning of health care institutions from the information system perspective and various types of health informatics solutions. This is a fifteen month program consisting of three months full time course work and one year internship. The program started in 2000. Intake is between 5-10 students each year. Two batches have completed the course and are working in different software development organisations. Third batch finished their training and are in their internship phase



Dr. Gullapalli N. Rao, Director, LVPEI, handing out certificate to a graduating HCSD student, on occasion of HCSD Commencement Ceremony, 2002



First batch of CHISA - Commencement Photo, October 1999. Seated (L-R) E. Srinath, Course Co-ordinator; Shri I.Y.R. Krishna Rao, MD, APBCCFC Ltd.; Shri Asutosh Mishra, MD, APSCCFC; Dr. Prasanta Mahapatra, Director, IHS & G. Kalyan Ram, System Administrator.

The Certificate course on Health Intranet System Administration (CHISA)

The Institute of Health Systems has been making efforts to build health informatics infrastructure in India. The IHS offers a training programme to build manpower to meet system administration needs of hospitals and health care organisations. This certificate course offered by the IHS is a 15 month training course consisting of three months full time training followed by one year internship. The course teaches skills in administering and implementing windows NT, which is accredited to the State Board of Technical Education and Training. CHISA graduates are more versatile as they are trained for system administration PC hardware trouble shooting and building up small local area networks. The program started in 1999. Intake is between 20-30 students each year. Many students are sponsored by the SC and BC welfare department of the Government of Andhra Pradesh. The course has been recommended by the GOI

Ministry of Social Justice, to the Social Welfare administration of various states as an innovative scheme for employment. Three batches of CHISA students are already working in different hospitals and in reputed software companies. The feed back to us has been positive. And our fourth batch finished their training and are in the internship phase.

The Advanced Studies in Public Health (APH) programme

Continuing its efforts to build capacity in various areas of public health, the IHS has developed a certificate of Advanced Studies in Public Health (APH) program. The program aims to equip students with essential public health competencies in such areas as research methods, policy analysis and management. The curriculum promotes an interdisciplinary and comprehensive approach to issues related to health, development and provision of health services. The program is designed to provide multiple opportunities for students to practice public health skills and foster critical thinking about issues addressed by them. Students are drawn from a broad range of medical, allied health, technical, humanities, physical and social science disciplines. The program requires four semesters of full time course work and two inter semester field placements. The first batch started in January 2003 with four students each coming from different parts of the country (Jammu & Kashmir, Gujarat, Andhra Pradesh, and Orissa). The Government of Gujarat sanctioned sponsorship for two candidates in the first year.

Training Services

Public health related training services fall broadly into two groups namely, (a) Health System Operation (b) Health System Research Methodology

Health System Operation

The IHS has involved itself in development of human resources for better health care in Tribal and remote areas. The Institute's work on Tribal area health services started with an early study on potentiality and relevance of herbal and traditional medicine on health care in tribal areas. The Institute built an ethnobotanical database on medicinal flora in Tribal areas of Andhra Pradesh (MEDFLOR). These research activities were followed up by developing special course and teaching materials to train private health workers in Tribal areas. Some training programs were organised in Bhadrachalam ITDA areas. Thereafter, training programmes for medical officers and community development officers were organised in Paderu ITDA area. These activities lead to the development of more regularly offered training programme on Managing Primary Health Care in Remote Areas (MPHCR) designed specifically to benefit medical officers, ITDA officials, and PHC Extension officers in Tribal Areas. This two week programme builds required skills in organisational behaviour, public administration, rapid assessment of health situation, program management, monitoring and evaluation, accounting and financial management, working with tribal communities, disciplinary procedures, conduct rules, and office procedures. The programme also reinforces selected technical aspects of important public health problems more commonly encountered in remote areas. Nine batches of PHC officers have been trained so far in managing primary health care in remote areas.

The IHS training programme on Safe Management of Bio-medical Waste aims at raising awareness on hazards related to Bio-medical waste management, provide information on safe Bio-medical waste management practices, raising awareness about the policies and legal framework on Bio-medical waste and transmitting basic skills for development and implementation of Bio-medical waste management policy.

The IHS has been developing training programmes to harness the opportunities offered by computing and telecommunication technologies, in design, implementation and maintenance of robust, sustainable health care environments. The Institute's programme on "Smart use of computers by health executives", focuses on



December, 1998 Batch of MPHCR participants and IHS Faculty with: Shri Smarajit Ray, Principal Secretary, Social Welfare Department (seated 5th from left); Shri T.S. Appa Rao, Commissioner, Tribal Welfare (seated 4th from left); Shri Chitta Ranja Biswal, Secretary Tribal Welfare (seated 6th from left)

the use of computer applications in simple operating environments to resolve recurrent organisational and management challenges. The Health Level 7 (HL7) training programme, creates awareness about the HL 7 protocols which is an international standard for electronic data exchange in all health care environments. The programme covers all major modules including patient administration and observation reporting from a developers point of view. Software firms interested to develop health care software particularly for export usually avail of this program to familiarise their developers with the HL7 standard.

Health System Research Methodology

These programs are designed to build national and regional health system research capacity. To generate required evidence and information for health policy, the Institute has sustained research on estimation of National Burden of Disease. Most countries, lack national capacity in burden of disease research methods. Fortunately, the Institute of Health Systems has been involved in this frontier area of research right from the beginning, starting with the publication of the Global Burden of Disease estimates in the 1993 World Development Report. The IHS is the only centre in the South and East Asian region with substantial expertise



National Burden of Disease Workshop for ICMR Scientists - Valedictory Function on 19th November, 2001.

in national burden of disease studies. Recognising this, the Indian Council of Medical Research (ICMR) approached the Institute to train its scientists in burden of disease study methodology and research on causes of death. A two week workshop was designed to train epidemiologists in the burden of disease estimation method. Two scientists each from various ICMR laboratories attended the workshops conducted at the IHS in two batches during November, and December, 2001. Two scientists from the Post Graduate Institute of Medical Research, Chandigarh also participated. The IHS is continuing to assist in consolidation of this capacity through e-mail support, and follow up workshops organised by the ICMR. More training programs in related areas of the burden of disease research methodology are contemplated.

Information about causes of death is an important input for estimation of disease burden. The Institute has sustained research programme on causes of death in India. Based on knowledge and skills gained from its research, a suite of programmes on various aspects of cause of death coding and research has been developed to meet the needs of different people involved in generation of cause of death statistics. These include programmes for training of doctors in reporting cause of death, training for municipal health officers and vital statistics personnel about collection, compilation and collation of cause of death statistics, and cause of death research methodology for scientists. A training program on Processing and Research Information System for Mortality (PRISM) data was held in the month of March, 2001. The ICMR has identified the IHS to organise workshops on cause of death research methodology for its scientists. Two scientists from the National Institute of Epidemiology, Chennai have been trained in cause of death research methods. Work at the IHS as well as other centres in the country contributed to development of detailed guidelines for verbal autopsy by SRS surveyors. The IHS conducted training programs for SRS surveyors at Hyderabad, in December 2002, and Bhubaneswar, in January 2003, for SRS surveyors from AP and Orissa respectively. The Institute's faculty also assisted in training at Bhopal of SRS surveyors from Madhya Pradesh.

Another important training programme developed at the IHS, is that on designing and implementing health state valuation studies. A community based health state valuation study was conducted at the IHS during 1998-99. Methodology and tools for community based measurement of health state values were developed. Scientists from the National Institute for the Mental Health and Neuro Sciences (NIMHANS), Bangalore and the All India Institute of Medical Sciences (AIIMS), Delhi, needed to train their personnel to take up a study that required health status valuation. A one week training program was organised during September, 1999 for this purpose. The participants were introduced to theoretical concepts of health status valuation and were familiarised with the health state valuation kit developed at the IHS. Participants received practical training to work with respondents and elicit their valuation of a health state.

Other training programmes on health system research include; Introduction to Methods of Epidemiology; Academic and Business Communication (ABC workshops); etc.

Health Informatics

Application of information technology to the health sector has tremendous potentiality for efficacy of health care delivery institutions and provision of cost-effective health care. Health care delivery institutions will require information technology to meet their client demands and stay competitive, since, the future for them lies in cost-effective health care. General purpose information technology solutions are usually inadequate for specialised needs of the health sector. That is why a host of solutions, standards and services are emerging to meet needs of the health sector. Application of information technology to the domain of health care delivery is referred to as Health Informatics. The Institute has been making concerted efforts to build the health

informatics infrastructure (HII) in India. Major HII activities of the Institute are (a) human resource development for health informatics, (b) health informatic standards, and (c) health care identification systems.

To build skilled manpower for health informatics, IHS runs different kinds of academic and training programmes which have been described above. A major determinant of the rate of adoption of information technology in the health care sector is the personal computing skill of health care professionals. If doctors, nurses and other health care professionals are comfortable with personal computing, the rate of information technology adoption in health care institutions is likely to be faster. Towards this goal, the Institute incorporates



Dr. R.S. Rama Devi, Director Medical Education, conferring certificates to CHISA 2001 graduates, on 31st August, 2002.

a personal computing component in all its training programmes and takes up fully dedicated training courses in use of personal computers by health care professionals. Inputs on EpiInfo (WHO software on epidemiological information system) as a part of the training on Managing Primary Health Care in Remote areas is an example of the former. The programme on smart use of computers by health executives is an example of the later.

IHS has recently adopted a regulation for setting up a health care identifier (HCId) system, which will be an useful infrastructure for electronic transfer of information between health care and related institutions. The Institute also develops soft ware to meet needs of health system research. In addition software for health care institutions are developed as a part of the Institutes educational program of developing human resources in health informatics.

Public Services

Library and Bibliographic Services

Over the years, the IHS Library has accumulated a modest but specialized collection of health information resources comprising books, reference manuals, journals, reports, monographs, newsletters, statistical publications, government publications, newspaper clippings, annual reports, conference proceedings, audio / video resources etc. The library's collection in the area of health economics, health informatics, community health, health insurance, health services research, health policy studies,



Shri Arjun Rao, Spl. Chief Secretary, Department of Health & Family Welfare, AP, visiting the IHS Library.

vital and health statistics includes resources not easily available elsewhere in the country. The library's official documents collection (ODC) includes communications, reports and documents on health issues, services and programmes, issued by state and central governments. Vital and health statistics related reports by the National Sample Survey Organisation, RGI and other organizations are regularly collected. A computerized catalogue of library resources is available for easy retrieval. The catalogue gives details of the library holding, including author, title, and keywords. Two dedicated Internet access stations are provided for library users. Access to bibliographic databases such as the POPLINE and MEDLINE is available. The library is open for extended hours from 9 am to 7 pm. A full time librarian and assistants are available to help users access the bibliographic resources. Printing and photocopying services are provided to library users. Students and staff of IHS have unrestricted access to library resources. Health care professionals, researchers and general public can access library resources for a nominal membership fee.

Publications

The Institute, as a matter of principle, publishes all its research and consultancy outputs through working papers, reports, data sets, or monographs. These publications are available to public for a nominal price, to cover cost of publication. List of IHS publications are provided in the IHS capacity statement, which is updated from time to time as well as through the Institute's web site. Publications can be obtained personally from the Institute's Front Office or by writing to the Communications and Services Officer.

IHS - Public Health Lectures

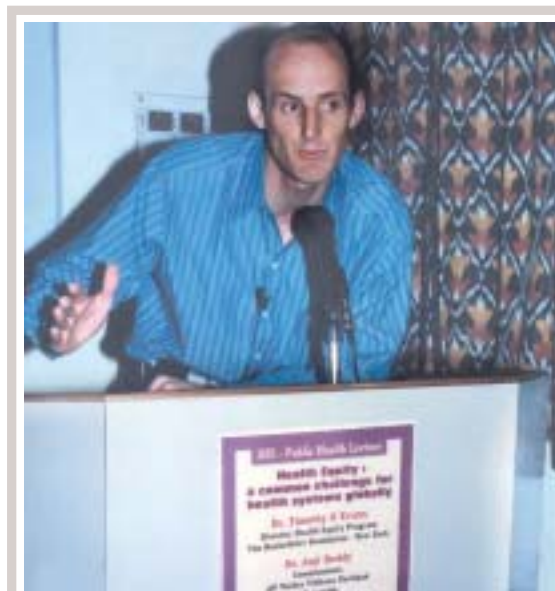


Prof. Susan Beth Rifkin, London School of Economics, delivering a lecture on "Future of Primary Health Care?", 6th June 2003

related studies. Towards this end, the IHS has been striving to provide opportunity to persons interested in improvement of the Andhra Pradesh health system to share and learn from the insights of top class intellectuals and public health analysts.

The Institute arranges public health lectures, whenever there is an opportunity of having the time from reputed health system researchers and health policy analysts. Title of the lecture is identified in consultation with the visiting public health analyst. The public health lectures are open to any one interested in the subject. Admission is free. The events are publicized through posters, notices and news paper. In addition, special invitations are sent out to members of the IHS, public health officials, news media persons, and opinion leaders in the medical and health community.

Generating the evidence and information base for health policy is necessary to improve a community's capacity to effectively deal with its health care and related issues. But mere availability of research results is not enough. A community must be able to use evidence and information through its various formal and informal institutions. Usage of evidence and information for policy is predicate on awareness by general public and knowledge among the public health community, of results from health system and



Dr. Timothy G Evans, Director, HEP, The Rockefeller Foundation, delivering a lecture on "Health Equity : a common challenge for health systems globally", 25th January, 2000.

IHS - Public Health Symposium



Dr. C. Rangarajan, Governor, AP inaugurating the Public Health Symposium service of the Institute, 7th April, 2002.

presentations, a book exhibition, an inaugural session, speaker presentations, Question & Answer interaction, and a valedictory session. A report of the proceedings is published along with a review of literature concerning the topic. Two Public Health Symposia have been conducted till date. The first Symposium was on "Costs of Poor Health Habits - Sedentary Lifestyle, Heavy Drinking and Smoking". The second Symposium was on "Shielding our Children from Accidents".

The IHS Public Health Symposia provide the platform for generation and sharing of ideas among representatives from the Government, Administrators, Policy makers, Public Health experts, Researchers, and the Media. A topic of current importance is chosen, and many experts are invited to present on various aspects of that topic. Symposia last the whole day, and include poster



The Chief Guest, Dr. Thakur Hari Prasad, viewing the IHS poster presentation, on the occasion of the second Public Health Symposium, 7th April, 2003

Database Services

Andhra Pradesh Health Institutions Database (APHIDB)

This database of Health Care Institutions (HCIs) in the AP (APHIDB) contains basic identifying information about public, private for-profit and non-profit HCIs. This data base was set up in the year 1993, starting with 3,000 records. As of May 2003, the data base has 19,824 HCI's listed in it. APHIDB is an effort to make comprehensive information available about HCIs in a structured way. APHIDB is made available by IHS over its local area network to visiting public, researchers and health policy analysts for reference. Standard queries to generate summaries by hospital location, size or type of service, etc. are provided. Individual hospitals can also be queried. Special queries have been written to meet specific requirement of researchers. Mostly people have used the data base to generate list of hospitals at a chosen place, or to generate a sampling frame of hospitals in a given area for purposes of research. Nominal service charges are collected for the query services.

MEDFLOR - INDIA

The Institute of Health Systems has set up a computerised database of Medicinal flora called "MEDFLOR - INDIA". Published and unpublished literature containing ethnobotanical information are collected. These articles are coded by an ethnobiologist to yield structured information for the database. The Institute provides search and query services to researchers, research institutions, public health workers about medicinal plants. This database was set up in the year 1993. To start with, the Institute is focusing on the medicinal plants in A.P. So far 200 unique usage entries of 400 plant species have been incorporated in the database. The database was set up in technical assistance from the department of pharmacy, University of Illinois at Chicago (UIC) and the department of botany, S K University, Anantapur, Editorial guidelines for MEDFLOR and a format for collection of ethnobotanical information has been developed.



Hill Fort Road Entrance of the Institute



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