



ANNUAL REPORT

2009 - 2010



Institute of Public Health, Bangalore

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THE YEAR, 2009 - 2010

The past year has been an exciting one for us at the Institute of Public Health. This was the fourth year of our existence and we were able to achieve some of the things that we set out to do.

IPH has emerged as a serious group working in the area of public health. This has led to IPH being invited to join the Karnataka State Health Systems Resource Centre, the think tank for the state government on technical matters. Also, we have an IPH representative on the Karnataka Knowledge Commission. IPH is also represented in the Suvarna Arogya Suraksha Trust - the body responsible for designing, planning and implementing the Government of Karnataka's Health Insurance scheme. Through the ITM educational network, we have developed links with partners from other countries in Latin America, Africa and Asia. The potential for south-to-south exchange is enormous.

While our regular donors like the Institute of Tropical Medicine (ITM), WHO and Misereor continue to support us, we have managed to build bridges with the Ministry (National Health Systems Resource Centre), the Tata Trusts and the European Commission. ITM has been a constant companion – helping us on various aspects of our work. Their focus on building the capacity of IPH (rather than supporting projects) has been a great help for our fledgling organisation.

Swasthya Karnataka, the consortium that we had formed with four other voluntary agencies became active and the unique District Health Management Training was finally initiated in August 2009. This training has had many hiccups, but is slowly being appreciated by the participants. The level of trust and interaction between the participants and the IPH team has grown considerably.

Our research work is focused on health systems research. The research activities range from an action research project in Bangalore slums to policy level research on governance and regulation in the Indian health system. Other than this, the Tumkur team is especially active in health services research, helping the government staff solve local problems using evidence and scientific management.

Our anti tobacco campaign was particularly strong and almost every month there was a news item in the national newspapers that featured IPH either through its studies or its campaigns. Other than this, IPH has been instrumental in influencing policy at the State level by being part of various high level committees.

IPH has reached an exciting phase in its growth with several new staff joining to keep pace with the increasing work. In this stage of rapid growth, it is important to safeguard the vision and values of IPH and we have tried to do this through various activities, including a participatory visioning exercise, an annual picnic and regular luncheon interactions. One critical exercise that IPH spent time was a visioning exercise in which the entire team participated where we took stock of the situation and planned for the next five years. This has been converted into a strategy document which is being used for decision making.

I take this opportunity to thank the wonderful IPH team, our supporters, well wishers and the governing body for endorsing our endeavours.

Dr. N. Devadasan

August 2010

A BRIEF HISTORY OF IPH

The Institute of Public Health (IPH) is an institutional response to the gaps in the public health systems. It is a not-for-profit organisation registered in 2005 as a charitable society under the Karnataka Societies Registration Act. IPH's vision is to work towards creating an equitable, integrated, decentralised and participatory health system within a just and empowered society. IPH's mission is to develop public health at the core of health systems by creating a cadre of competent and compassionate professionals.

VISION

To create an equitable, integrated, decentralized and participatory health system within a just and empowered society.

Health systems in India are characterised by their fragmentation. There is fragmentation in almost every sphere – between the public and private sector, between curative and preventive services, between health services and academics, between vertical health programmes and horizontal health services and between clinical services and management.

A Delphi study that we conducted in 2004 also raised the issue of poor management in public health. This was corroborated by the McKinsey Report. The traditional sources of public health knowledge - the medical college - have become ineffective over the years. The usual practice in many states is to appoint clinicians at the middle and senior managerial posts and hope that they will pick up public health skills along the way. This results in an inefficient and ineffective health system in most states in India.

Voluntary agencies too have not been able to respond quickly to the changing situation. They continue to focus on antenatal care and immunisation when the needs of the community have increased and includes services like managing diabetes. There are few institutions in the country that are able to raise these issues and provide the necessary training and support.

It was against this backdrop that IPH was initiated with the objective of bridging this gap between services and academia. IPH focuses on in-service training on public health management, applied research and using evidence from research for advocacy.

Specifically, IPH aims to:

- (a) To build the capacity of government staff in managing their districts
- (b) Conduct research in health systems with a view to understand them, provide training where needed and take up policy advocacy to address those issues on a larger scale.
- (c) To advocate evidence based policies;
- (d) To provide services to those who need it, and
- (e) Provide a platform for young, idealistic workers to develop their passion.

IPH has been working on these issues since 2003 (before becoming a legal entity) and much has been achieved by IPH in the areas of research, training, consultancy, and advocacy.

TRAINING

Training and capacity building is one of the principal activities of IPH. There is increasing evidence from India and elsewhere highlighting crucial human resource gaps in health services. There is a mismatch in knowledge, skills and experience between academics and the health services and bridging this discrepancy is our crucial aim. IPH looks at training as an activity which goes beyond the class room sessions. IPH is working towards strengthening the health system by building human capacities across all levels. The Swasthya Karnataka is our flagship training programme.

Swasthya Karnataka

A study conducted by the Institute of Public Health in 2006 revealed that an important reason for the poor health outcomes was the lack of management skills at the district level. A clear need emerged to strengthen the management skills of the doctors and non-medical staff who occupy administrative roles such as district health officer, programme officers and taluka health officers. The study made a case for capacity-building at the district level as a means of improving health status of the people through better management of public health services.

Swasthya Karnataka (SK), a consortium of five organizations with experience in various aspects of public health was formed in response to this need. SK partnered with Karnataka Health Systems Development and Reforms Project (KHSDRP) to assist the Tumkur District Health Society in implementing this innovative project on strengthening the district and taluka health teams through capacity-building of the staff.

The SK training programme began in August, 2009. The training programme is a mix of monthly contact sessions followed by field assignments. The monthly contact sessions are for 2 days and residential.

The SK training programme is rather unique and is characterised by:

(a) A team approach: the entire team is trained as opposed to a few individuals. This includes both the medical and non-medical staff. This is with the belief that the entire team is responsible for providing quality health services in the district. It is also important to train the entire health team so that new ideas are shared with a team and the possibility of continuity is higher even if there are some transfers.

Swasthya Karnataka

- (a)** Institute of Public Health, Bangalore
- (b)** Centre for Global Health Research, Bangalore
- (c)** Centre for Leadership and Management in Public Services [C-LAMPS],
- (d)** Institute of Health Management and Research [IHMR], Bangalore
- (e)** Karuna Trust

External Partners

- (a)** Tumkur District Health Society
- (b)** State Institute of Health and Family Welfare

Technical Partners

- (a)** Institute of Tropical Medicine, Antwerp

Financial Partners

- (a)** Institute of Tropical Medicine, Antwerp
- (b)** KHSDRP

Training

- (b) **Experiential learning:** the trainees learn by placing their experiences in a theoretical framework.
- (c) **Blended Training:** we provide a mix of contact sessions, field assignments and mentoring in the field to help participants translate their knowledge into action.
- (d) **Mentoring:** each participant is mentored. Mentoring implies that there are experienced persons who support the participants in the field. The mentors visit the participants on a monthly basis and clarify doubts and provide the technical support to help the participant learn from the field assignment.

In the past year, the following modules have been completed.

MONTH	MODULE
August, 2009	Concepts in Public Health
September, 2009	General Planning and Management Principles
November, 2009	Human Resource Management
February, 2010	Administrative Procedures
March, 2010	HMIS

An analysis of the training programme indicates that there is much that has been accomplished since August 2009.

- (a) The training has been an accepted activity by the district health officers and is no longer considered an intrusion into their timetable.
- (b) The participants have been actively employing the practical skills obtained from the training in their day-to-day practice.
 - The District Tuberculosis Officer applied the concepts of problem tree analysis to help her improve case detection.
 - The Administrative Medical Officer of Gubbi conducted a study in his hospital to understand reasons behind patient dissatisfaction over the offered services.
 - The Taluka Health Officer from Gubbi used the concepts in the module on motivation to understand the attitudes of his health centre staff.
- (c) A few of the SK participants attended the International Conference on Strengthening District Health systems. They actively participated in the discussions and also made field trips to PHCs, Taluka hospitals and sub-centres. All field visits involved detailed interaction with the health functionaries of these institutions through interviews and tours of the facilities. The end result was a report which tried to explain why the Tamil Nadu health services were more effective as compared to the Karnataka ones.

Training

- (d) The Tumkur District Hospital provided space within the hospital for the SK team to operate.
- (e) SK is providing assistance towards the district hospital receiving accreditation by the National Accreditation Board for Hospitals and Healthcare based on a request by District Surgeon.

The mentoring visits focused on specific topics. During the past year, some of the topics that have been covered include:

- (a) A situational analysis of the district by the district health team that revealed the existing gaps in the information and emphasized the need to streamline the functioning of the records section and for the computerization of the information
- (b) Reasons for the absence of General Duty Medical Officers (GDMOs) in the district hospital
- (c) Short average length of stay and higher discharges against medical advice (DAMA)
- (d) Absence of standard operating procedures (SOPs) and referral protocols
- (e) Single District Health Officers and single set of programme officers is not sufficient for Tumkur
- (f) The shortage of human resources at PHCs, taluk hospitals and also at the district level
- (g) Most Taluk Health Officers are in charge and not permanent ones
- (h) Problems in drug indenting.
- (i) Orientation of new District Programme Managers, Block Programme Managers and Medical Officers

Despite the achievements, the training programme did not always progress smoothly. The demands of the medical officers from the political leaders had an impact on the SK training. The training during the month of October was cancelled due to a strike by the Government doctors. December 2009 saw a sudden dip in the attendance of the SK training. IPH considered this objectively and tried to determine the reasons for the absenteeism and found the following:

- (a) The training was theoretical and not in keeping with their expectations of it being practical and work oriented.
- (b) The workload was heavy and the long duration of the contact sessions (three days earlier), a low TA / DA and the clashing of dates of different training programmes were put forth.
- (c) They wanted a more interactive mode of delivery with more AV aids, less group work and more sessions using role plays, games, case studies etc.
- (d) Many participants proposed a change in venue as they felt that holding programmes within the district does not help to remove them from their daily realities, which hinder effective learning – especially if the learning outcomes include application of knowledge and skills in their routine work.

IPH took serious cognisance of this feedback and modified the programme incorporating the feedback to the extent possible.

Training of Trainers on Health Insurance

IPH has been involved in organising a training of trainers on health insurance. IPH is in fact, the leading trainer on this topic. There are few institutions that have taken up this topic. Therefore it is important that new people be trained to impart knowledge on this very important topic. It is with this objective that IPH organises this training of trainers.

This workshop was fourth in the series of workshops. These are supported by the Ministry of Health and Family Welfare and WHO.

This eight day workshop was for middle and senior level government officials. The workshop covered:

- (a) Theory of Health Insurance:** this included the pre requisites for beginning a health insurance programme and its components.
- (b) Presentation of Case Studies:** this included the Rashtriya Swasthya Beema Yojna, the role of Insurance Regulatory and Development Authority.
- (c) Communicating Key Messages:** this included learning and using communication skills.

At the end of the workshop, the participants were well versed with the following topics:

- (a)** Definition of health insurance
- (b)** Strengths and weaknesses of health insurance
- (c)** Terms like adverse selection, moral hazard, risk pooling
- (d)** Measures to mitigate adverse selection and moral hazard
- (e)** Calculating premium and the links with the benefit package
- (f)** Administering and monitoring a health insurance programme
- (g)** The Government of India's flagship programme - Rashtriya Swasthya Bima Yojana (RSBY)

The workshop was received well and the participants developed some innovative health insurance packages.

T R A I N I N G



SWASTHYA KARNATAKA: The participants taking part in a group activity during a session.



SWASTHYA KARNATAKA: A session - conducted by IPH staff for the participants of Swasthya Karnataka - in session.



SWASTHYA KARNATAKA: Participants, along with some IPH staff, pose for a photograph.

RESEARCH

Research is perhaps one of the weakest links in the Indian health services. Much of the research that is being conducted is either basic sciences or exotic research in the laboratories. There is very little applied research taking place in the field. This is the major reason why some basic questions like why is staff retention still a problem in PHCs or why is that the target approach still followed for immunisation seeing the poor outcome or identifying the geographical pockets of malnutrition or why is evidence from the field not influencing policy or is it cost effective to introduce Hepatitis B vaccine into the EPI remain unanswered.

It is to address this issue that IPH has a strong focus on research especially research based on the needs of the local partners both Government/NGOs. The research activities undertaken by IPH include short term operational research as well as long term action research. The focus is to understand and solve local issues.

The Urban Health Project

The Urban Health project began as an idea in December 2008. Increasing urbanisation has led to an increase in the urban populations. Unfortunately, this is not matched by an increase in basic services. Poorer urban populations tend to live in slum areas with little access to any services – health, education, sanitation to name some. The Government of India has been planning to introduce a National Urban Health Mission. This has been in the pipeline for some time.

IPH thought this was an opportune moment to begin work in some of the poorer urban areas of Bengaluru. The original plan was to work with NGOs in Bangalore already working with poorer communities to improve the quality of care of health services, exploring training options; and innovative financing mechanisms. By April 2009, it had concretised into a practical plan that two donor agencies, SDTT and Misereor decided to support between them, funding different activities of the project. The urban health project aims to work towards improving the access to quality and affordable health care for the poor in Bengaluru city slums and documenting the lessons learnt to influence other health initiatives in India.

The specific objectives are to:

- (a) To document and understand the health scenario in select urban slums in Bengaluru, including migrant workers
- (b) To empower the community on health, healthcare and health services so that they are able to make informed decisions when seeking health care.
- (c) To increase access to affordable and rational basic care through community health assistants.
- (d) To improve the quality of health care and health services provided at the UHCs and the private clinics.
- (e) To develop an effective and functional referral service that will ensure continuity of health care

- (f) To develop a health financing system that will make this entire health care system affordable for the community

The area of operation is planned to be in three different parts of the city;

- (a) KG Halli in North Bangalore where IPH has direct involvement with the community
(b) Vibhuthipura in East Bangalore with migrant worker pockets through the NGO – APSA
(c) Koramangala through the women’s self help groups.

In keeping with IPH’s research focus, the intervention in KG Halli particularly has crystallized around a key area of need in the country today, the quality of care that the lower income city dweller has access to. The rather complex umbrella question being explored is the following:

“How to organize and finance local health systems in an urban setting with pluralistic health services in order to improve equitable access to quality care with community control”

– based on an action research model.

The project decided to focus on the KG Halli area in the past year and the following steps were completed:

- (a) Collecting the census data of the population of the ward with a questionnaire designed to look at health seeking behaviour and health expenditure. This has been an intensive and expensive effort at creating a primary data base. It was complicated by the fact that the corporation was going through an exercise of redefining the ward boundaries. At the time of this report, roughly 10,000 families had been completed, with unique family identification numbers.
- (b) Regular interactions with the women’s self-help groups and some schools and anganwadis in the KG Halli area. These would be on various health topics, and during the chikangunya epidemic, included relevant information and rational treatment. An important moment was witnessed when the women from different sangams in a subarea challenged the local garbage collection unit in the BBMP office as they noisily complained about poor disposal of waste.
- (c) A survey of all the private practitioners in the locality that people use for preventive and curative care. Roughly 25 stand alone private practitioners of the allopathic, ayurvedic and unnani streams have been interviewed.
- (d) Work with the Corporation and State level health administrators to understand the system and delivery of the health services. This has unravelled all the overlaps and gaps between the corporation services in the urban health centres and the State- run health and family welfare services in the primary health centres. Small projects to look at the utilisation of these and the private practices have been conducted.

A study on the health seeking behaviour and health expenditure patterns of the

migrant workers in the Vibhuthipura area was completed and shared with the APSA team.

In Koramangala, on APSA's recommendation, we have only been attending the confederation meetings once a month with inputs on health.

Future plans for the KG Halli area include;

- (a) Discussions with the sangam groups in the community to analyse their expenditure patterns on health and open up ideas for creating a community financing mechanisms
- (b) Training of four to six community health workers who will be helped to understand, monitor and represent health issues for the local urban community.
- (c) Completion and analysis of the health survey data for a single ward. We also hope that this compilation of family data on the computer can be used by the health providers in the area to improve the quality of care.
- (d) Invitation of the different stakeholders, namely the community representatives, public and providers to meetings where some of this data can be shared, discussed and used as a planning tool.

In keeping with the participatory approach with APSA, they have suggested conducting a prescription audit from among the migratory workers use of the local health providers.

In Koramangala, the monthly input on health issues will continue in the coming year.

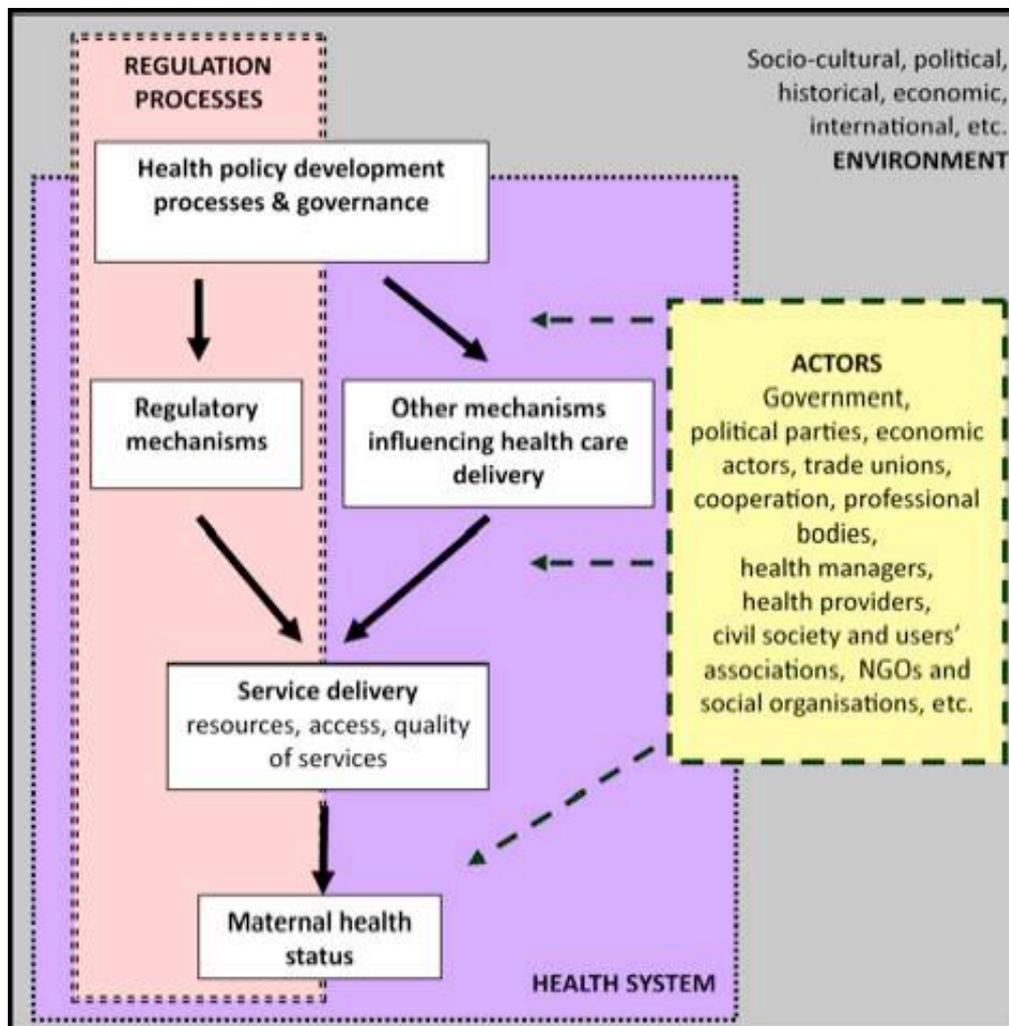
HESVIC

The Health Systems Stewardship and Regulation in Vietnam, India and China (HESVIC) is a three-year research project (2009-12) being implemented under the European Community Seventh Framework Programme (FP7). The project is a comparative study of Governance and Regulation of Maternal health care delivery in these three countries. All these countries have good policies to reduce Maternal deaths 'on paper' but still suffer from high MMR. A sensitive index of a country's ability to provide minimum health care services to its citizens is the Maternal Mortality Ratio. It measures deaths of pregnant women due to any cause related to or aggravated by the pregnancy or its management.

India has a MMR of 254 (2006) and Karnataka has 213 (2006) while China's MMR is 45 and Vietnam's is 150. The other partners in this research are Fudan University, China; Hanoi School of Public Health, Vietnam, the University of Leeds UK, Institute of Tropical Medicine, Belgium and Royal Tropical Institute (KIT), Netherlands. All three countries use Emergency Obstetric care (EMOC) and Grievance Redressal Mechanisms as tracers to track regulatory mechanisms for service delivery, while India will additionally study regulatory systems in relation to Abortions.. The project aims to examine the application of International standards in regulation of maternal health service, develop a typology of private and public practitioners, to outline National standards for Regulation and to evaluate Regulation of maternal health care systems within and across each study country. The outcomes of the results will be widely disseminated to the government and other key stake holders in the

in the three countries as well as the scientific committee in the form of publications.

The ultimate objective is to ensure equitable access to quality and safe maternal health care whether public or private.



Left: Maternal health regulatory factors and their interaction with actors and environment

ITM, February 2010. Adapted from Antwerp HESVIC meeting, with contributions from HESVIC partners

Relevance of HESVIC to Institute of Public Health

There are deficiencies at all levels of health care delivery - lack of comprehensive emergency obstetric facilities; poor attitude and knowledge of service providers; failure to diagnose and refer high risk pregnancies and lack of co-ordination between the public and private sector. While many studies have demonstrated these micro issues, there is very little evidence of the role of governance on Maternal Mortality. Numerous policies exist within the country to facilitate reduction of maternal deaths and this is also one of the key Millennium Development Goals (MDG). India however is far from reaching the MDG of reducing MMR to 100 by 2015.

Institute of Public Health has a focus on strengthening Health Systems and this project aims to raise the understanding of regulatory process in the larger context of governance and the role they play in policy design and implementation. The overall goal of this research project is to develop an integrated approach to stewardship and regulation in the area of maternal health in Vietnam, India and China in order to support policy decisions in the application and

extension of principles of accessibility, affordability, equity, and quality coverage of health care in the three countries.

Focus of HESVIC from 2009 - 10

Since the project commenced, efforts were made to have a shared understanding between all Project partner countries, of key regulation issues in general and in maternal health in particular and to refine the HESVIC research focus. This was facilitated by an agreement of the broad Research Methodology and a process for development of the research methods and tools - development of a framework for mapping of governance and regulation in study countries and development of boundaries for the study in relation to the project's research field leading to the formulation of research questions.

The first partner's meeting was held in Leeds in October 2009 and continued through a series of subsequent Consultations and it was decided to develop three International literature reviews on Stewardship and Regulation, on actors, on maternal health and for a comprehensive mapping exercise in the three countries.

A second meeting was held at Hanoi, Vietnam in April 2010 to discuss and finalise broad Research methodology between the Project partners. The country mapping report has also been submitted and will be used as a database for subsequent literature review and publishing of journal articles. It helped to identify some of the problems, if any, related to lack of equity in access to and quality of maternal health care; provide information on (maternal health) regulatory institutions, actors, processes and to detect any possible malfunction; to locate principles, policies as well as identify existing structures of governance and regulation and to assess some of the problems that actors may face in their roles and functions; identify the relative roles of key stakeholders in implementing Governance and regulation; and to assess the overall feasibility of data collection (type and quality).

Plan for the current year 2010 - 11

From June onwards, piloting of the unified Research Methodology will be performed by each Asian partner, supported by their European paired-partners in this process.

The overall project research methodology will consist of both qualitative and quantitative research tools, although the primary focus will be on qualitative techniques. Secondary and primary data collection will encompass observations, statistics, documents and other written artefacts. The use of qualitative techniques such as semi-structured Key Informant Interviews and focus group discussions (through purposive sampling) will lead to validate and understand findings from the mapping exercise. These qualitative techniques will also allow us to develop a better understanding of the processes, underlying issues and interactions between various actors, institutions and health service delivery issues.

Interviews will be held with a range of actors involved in regulation, the maternal health care system and a sample of users of maternal care. In interviews, we will look for saturation, triangulate opinions and researchers' views (e.g. opinions of groups of actors, etc.).

Ethical approval will be obtained for the HESVIC project over a period of about four months

from end of June 2010 to end of September from the IPH Institutional Ethical Review Board (IERB)

A **Technical Advisory Group** has been formed comprising a team of a National representation of experts from the field of maternal health, Regulations, Health Systems and Law to meet as well as give technical inputs on the Research outcomes. This will also facilitate wider dissemination of the research outcomes.

Tumkur Operations Research

IPH has begun research work in Tumkur. The ongoing research activities are:

- (a) **Tumkur Profile:** A report on the Tumkur health status evaluating the input and process indicators to the health performance of each Taluk of the District is currently being formulated.
- (b) **A baseline study** was conducted by IPH in collaboration with Foundation for Research in Health Systems (FRHS) to understand the existing management practices in Tumkur district. This study will provide useful information to understand the impact of the IPH training programme in Tumkur.
- (c) **HMIS:** IPH is supporting the computerization of the outpatient services on a short term with a long-term goal of putting in place a good HMIS system in the District hospital, Tumkur.
- (d) **Drug logistics:** A study on the logistics and supply management system of drugs at the Tumkur District Hospital, Tumkur in order to suggest measures to improve availability of essential drugs to the masses.
- (e) **DPM/BPM profile:** A study to understand the current roles and responsibilities of DPMs & BPMs, perception of various stakeholders about them and to identify the potential areas where their skills and knowledge can be applied.
- (f) **Diet services in District hospital, Tumkur:** In response to a request from the District Health officer, Tumkur, IPH conducted an assessment of diet services in District hospital, Tumkur.
- (g) **Fluorosis situation in Pavagada taluka, Tumkur:** In response to a request from the District administration and the District Health Officer, IPH collaborated with BAIF Institute of Rural Development, Tumkur to prepare a report on fluorosis situation in Pavagada taluka, Tumkur. The report was submitted to the District Commissioner and Chief Executive Officer, Tumkur Zilla Panchayat along with recommendations.

Study on human resources for health

The Institute of Public Health was requested to study determinants of workforce availability and performance of specialists and general duty medical officers towards strengthening public health systems and increasing universal access to health care, health equity and quality of care in the states of Gujarat and Karnataka.

The study focused on conducting a situation analysis of requirements of medical officers and specialist's against norms, study process of recruitment and deployment, educational

strategies, compensation package, workforce management and support system to improve the performance of health system.

The study was conducted in three districts each of Karnataka and Gujarat. It was planned to conduct the research study in the financial year 2009-10. The study was successfully conducted and the draft report prepared for review and comments. In the current year it is planned to finalize the study and disseminate among the stakeholders.

Janani Suraksha Yojna

Janani Suraksha Yojana (JSY) under the overall umbrella of NRHM is designed to integrate cash assistance with antenatal care during the pregnancy period, institutional care during delivery and immediate post-partum period in a health centre by establishing a system of coordinated care by field level health worker.

IPH undertook a research study to understand the following:

- (a) Did the women receive the cash assistance and if so how much
- (b) If the cash assistance was received, how was it used?
- (c) Has JSY had the desired impact on decreasing MMR and neonatal deaths?

This study was undertaken in two districts of Karnataka, Tumkur and Koppal. This study was undertaken in collaboration with two NGOs, Action for Social Educational Development Association, Koppal and Abhivrudhhi, Tumkur.

The field work has been completed and the data is in the process of being analysed.

Yashaswini

The Government of Karnataka introduced Yashaswini Health Farmer Scheme through the department of Co-operation during the year 2002-03 for the benefit of the members of agricultural credit societies and banks. Subsequently, it has been extended to the members of the Self Help Groups. The Yashaswini is essentially an insurance scheme for farmers.

The study of the Yashaswini scheme was undertaken by an intern in Tumkur district. The objective was to study the effectiveness of this cashless system. The initial findings seem to suggest that people were asked to pay out-of-pocket expenses despite the presence of the Yashaswini scheme.

The field work has been completed and the data is in the process of being analysed.

Onscreen tobacco use and value of media rating system

Previous studies by IPH have shown that exposure to on-screen tobacco use is one of the factors that influences the uptake of tobacco use by youth. At the 14th World Conference on Tobacco OR Health held in Mumbai 2009, the Central Board for Film Certification proposed possibility of rating films with tobacco scenes in 'Adult' category to reduce adolescents' exposure to onscreen tobacco use. In this context, IPH with support from WHO (India) office decided to conduct a study in Karnataka with a major objective of assessing the current enforcement of media rating system with a hypothesis that the enforcement is poor and a significant proportion of adolescents are exposed to 'A' rated films in which case, change in rating of the films may not make actual difference in exposure of youth to onscreen tobacco use.

A cross sectional study was done using stratified random sampling covering more than 4800 students from high-schools and pre-university colleges from 'Metro', 'Town' and 'Rural' areas of the state including sub sample of working students. The methods included a survey and a dummy client exercise using a mix of quantitative and qualitative methods. A report on the study has been submitted to the WHO office.

Rapid assessment surveys to check enforcement of pictorial warnings

IPH carried out two periodic assessments of tobacco products available under various brands in the market to evaluate whether these brands meet mandated provisions for display of pictorial warnings on tobacco products under the Indian Tobacco Control Act. Also the violations found were subsequently reported to the concerned authorities and findings were shared in form of a report and press releases to other stakeholders and media.

Citizen's Help Desk

The National Rural Health Mission (NRHM) is a Government of India initiative that seeks to revamp the health systems in the country by increasing the breadth, depth and height of coverage so that ultimately universal coverage is achieved. One of the NRHM-World Bank funded initiative, KHSDRP, wished to set up Citizen's Help Desks (CHD) in district hospitals.

It was in response to this initiative of the government that IPH decided to set up two such CHDs in two district government hospitals. This was done with a view to deepening our understanding of the working of district hospitals as well as to better understand the determinants of hospital utilisation. IPH was allotted the districts of Bijapur and Bagalkot to set up the CHDs. IPH set up and managed these CHDs for a period of one year i.e. from March 2009 to February 2010. Running these CHDs generated rich experience for the IPH team. This experience has been documented and will be shared with the concerned stakeholders.

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HESVIC: The Hesvic team at Leeds in late 2009.



TOBACCO PROJECT: A tobacco selling point in close proximity to a college.



URBAN HEALTH PROJECT: Garbage dumped indiscriminately in K.G. Halli.



URBAN HEALTH PROJECT: Living conditions of migrants, in Vibhutipura area.

ADVOCACY

Policy advocacy is a core activity at IPH. It is based on evidence and experiences from the field. IPH uses publications in academic journals, newspapers and magazines, presentations in conferences, interactive websites and blogs.

The advocacy efforts were directed towards health financing, urban health and the anti tobacco campaign.

Health Financing

IPH has been invited to be a member of several committees. IPH uses these forums to advocate its point of view.

IPH was a member of the executive committee of the Suvarna Aarogya Suraksha Trust which is implementing the Karnataka Health Insurance Programme for BPL families. We were able to contribute towards the empanelment process for hospitals. IPH is also a member of the Karnataka Knowledge Commission and submitted a report on health financing in Karnataka.

At the national level, IPH contributed towards the white paper produced by the Ministry of Health and Family Welfare on financing of the Indian health system.

Urban Health

IPH was invited to be a member of the Agenda for Bengaluru Infrastructure and Development (ABIDe) which is a task force constituted by the Honourable Chief Minister, Karnataka. Some of the ideas that we contributed included:

- (a) One urban health centre per ward
 - (b) Health insurance coverage for BPL families in urban areas
 - (c) Community involvement in health services
-

Anti Tobacco Campaign

IPH is an active member of the Advocacy Forum for Tobacco Control, a national network of civil society organisations and advocates for strong tobacco control measures. IPH campaigned for strict implementation of pictorial health warnings on tobacco products by working with the media through press releases.

Some of the major events of the year were World Tobacco Day 2009 celebrations, advocacy for stronger picture warnings to political leaders and engaging media.

1. World No Tobacco Day 2009

To commemorate World No Tobacco Day (WTND), IPH in collaboration with the Bangalore Medical College and Research Institute (BMCRI), a District Anti Tobacco Cell (DATC) for Bangalore Urban district, organized various activities engaging students, teachers and leading people from various fields such as education, health and entertainment.

- Poster competition

The first activity was poster competition where more than 30 colourful posters were prepared by students of pre-university and university level. Students prepared these drawings on various themes related to tobacco such as pictorial health warnings, smoke-free environments, ill effects of tobacco etc. These posters were judged by independent panel of students were awarded best poster prizes by guest dignitaries.

- Guest speeches

Mr. Sivaram (a famous director, producer and comedian of the Kannada film industry) who have bagged the national awards attended the event as Chief Guest while Dr. Prakash (Additional Project Director, KSAPS and a state level nodal person for tobacco control), Mr. Pujar (Joint Director - Academic, Pre University Education Department), and Dr. Subhash (Dean cum director of Bangalore Medical College and Research Institute - also a district anti tobacco cell) attended the function as dignitaries and appealed the audience for active tobacco control efforts.

- Release of Education Pack and Media Pack

IPH in collaboration with DATC prepared a Media Pack and an Education Pack. Media Pack is a bunch of fact sheets on various tobacco control issues of interest to media i.e. Tobacco Use and Economy, Tobacco Control and Livelihoods, Tobacco Control and Taxation, Tobacco Control and Public Opinion, Tobacco Use and Adverse Effects, Salient Features of COTPA). Education Pack included flash cards with pictures and key messages on tobacco related issues to be used by schools to raise awareness among students. Mr. Pujar released the Education Pack while Dr. Prakash released the Media Pack. Event was concluded with a press meet where representatives from around 10 publication houses attended and interacted with guests.

2. Advocacy for stronger picture warnings to political leaders

IPH in collaboration with HRIDAY (Health Related Information Dissemination Among Youth) and Advocacy Forum for Tobacco Control (AFTC) designed the advocacy cards in local language and disseminated to all the Member of Parliaments (MPs) and Members of Legislative Assembly (MLAs) highlighting the need for stronger pictorial warnings on the tobacco packs.

3. Engaging Media

In the last year more than 12 stories appeared on tobacco related issues in the leading publications citing IPH including stories in The Times of India, Mail Today, Deccan Chronicles, The Hindu, Express Buzz etc. IPH devised a media strategy and expanded media contacts with journalists covering health related issues.

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WORLD NO TOBACCO DAY 2009: Mr. Shivaram, Kannada film actor and director, addresses students as a part of World No Tobacco Day Celebrations.



WORLD NO TOBACCO DAY 2009: Students from various schools and colleges taking part in a painting competition on World No Tobacco Day.



Apart from the planned project activities, IPH also engages with other activities that complement the vision and the mission of IPH. Such engagements are usually in the form of technical support to other organisations or to state governments. Through such engagements, IPH contributes to public health capacity building and influencing policy level debates.

Training of Trainers workshop on community based Monitoring and Rogi Kalyan Samithis

IPH and Karuna Trust were requested by Jammu and Kashmir state government to conduct a Training of Trainers on community-based monitoring in health and Rogi Kalyan Samithi (Arogya Raksha Samithi) for NGO representatives and state government staff. It was a 5 days workshop from 1st June to 5th June 2009 conducted at Jammu using participatory training methodology. Dr. Upendra Bhojani of IPH and Dr. Govind Madhav of Karuna Trust facilitated the training. Participants provided very positive feedback in form of mood meter. A CD with all the resource materials was also provided to participants.

Situational analysis of law enforcement authorities and NGOs on tobacco control

IPH with the support from HRIDAY under BI project carried out situational analysis exercise in eight districts of Karnataka involving 10 law enforcement officers (as designated under the Indian Tobacco Control Act) and 10 NGO representatives on tobacco control. This exercise helped to get insights on issues faced by law enforcement officers and their suggestions in improving implementation of selected provisions of Indian Tobacco Control Act. Similar exercise was done in 13 other states. Compiling findings of reports from all these states, a report highlighting key issues and recommendations was submitted to the MOHFW by HRIDAY.

State level consultation on policies for PLHA, with Government of Gujarat

As a follow up of the study conducted by IPH last year on the feasibility of a health insurance cover for HIV positive people and their families in Gujarat, the Government of Gujarat organized a state level workshop along with Gujarat State Network of People Living with HIV/AIDS (PLHA) and requested IPH to disseminate the findings of the study. State government officials, NGOs, research organization, insurance companies and funding organizations, attended the workshop.

Technical Assistance to NGO projects supported by Misereor

IPH was engaged in a two year project to provide technical assistance to NGOs working in the health sector with financial support from Misereor. The technical assistance was provided to three NGOs.

(a) Raigarh Ambikapur Health Association (RAHA): RAHA's focus has been to provide healthcare through nurses. They were provided training inputs for the Rural Health Centre nurses. In addition, the new MIS manager was oriented on aspects of data collection, entry and analysis. This was done through discussions, preparation of tools for data entry, simplification of some processes and field visits

(b) North East Community Health Association, (NECHA), Guwahati: NECHA was helped in planning their intervention in the area.

(c) KARMI, Orissa: they were provided assistance to fine tune their training programme.

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TOT WORKSHOP: A session in progress at the TOT workshop on community based monitoring and VHSC, Jammu.



TEACHERS' TRAINING ON TOBACCO: Group work in progress at training of teachers on tobacco related issues.



CONSULTATION MEETING: IPH Staff interacting with an AYUSH medical officer while conducting a study at a PHC in Mehasana district of Gujarat.

Capacity Building of IPH Team

IPH works in a variety of fields in the broad arena of public health. It has a multidisciplinary team from a variety of backgrounds – medicine, public health, social work, management to name some. Given the rapid generation of knowledge, it becomes important to be aware of recent developments in the field of public health. IPH is committed to developing the capacities of its team. The focus is to identify the gaps in knowledge and skills of the team and identify programmes that meet their training needs. Another unique feature of the IPH human resource development initiative are the PhD and pre doctoral programmes supported by ITM, Antwerp. One of the team members has been designated as a training coordinator.

- Ph.D programme

IPH has launched a PhD programme jointly with the Institute of Tropical Medicine, Antwerp. The PhD programme follows a 'sandwich' pattern with IPH as the local promoter and ITM as the co-promoter. The programme provides for a scholarship to the PhD fellow and makes available facilities for coaching at the Institute in Antwerp. Fieldwork is taken up in India and the programme is devised as a way of strengthening the capacity for research in IPH, as well as to facilitate relevant action research through the PhD in the field of public health.

A proposal is prepared in consultation with the local promoter at IPH as well as a co-promoter at ITM. The proposal is then placed before the doctoral commission of the Institute of Tropical Medicine, Antwerp as well as the Institutional Ethics Committee at IPH.

Two of our faculty members applied for the PhD programme; Dr Prashanth NS was awarded the fellowship in January 2010 to pursue his PhD. He has proposed to study the impact of a blended training programme such as the one that IPH has taken up in Tumkur, on district health management for his PhD and the PhD proposal of Dr Upendra Bhojani is presently under review by the doctoral commission and the results are expected in April-May 2010.

In the coming year, IPH hopes to find suitable candidates for one more PhD fellowship.

- Pre-doctoral fellowship

IPH has also launched a pre-doctoral fellowship jointly with the Institute of Tropical Medicine, Antwerp (ITM). The pre-doctoral fellowship like the PhD fellowship follows a 'sandwich' pattern with IPH as the local promoter and ITM as the co-promoter. The programme provides for a scholarship to the pre-doctoral fellow and makes available facilities for coaching at the Institute in Antwerp.

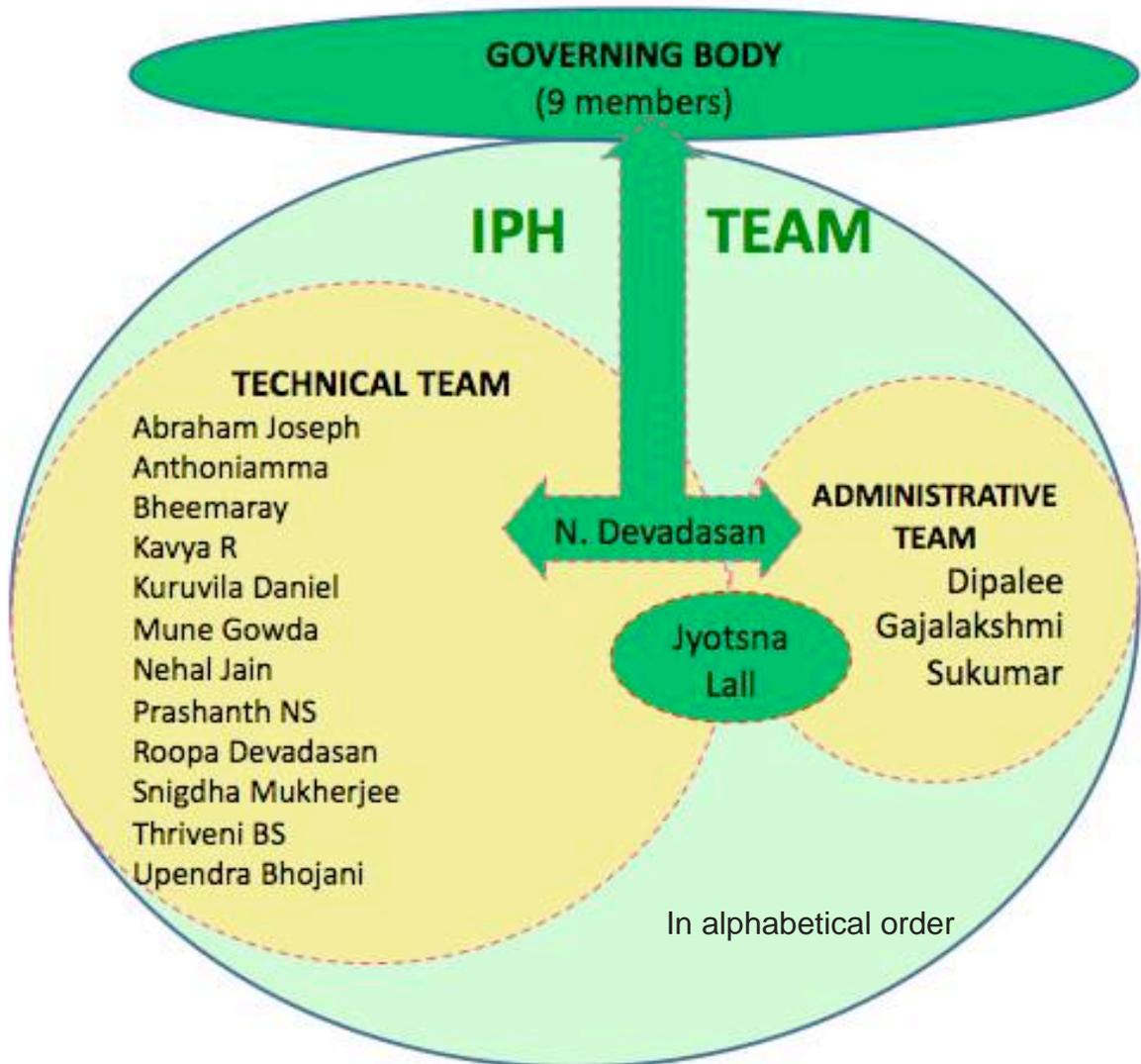
The programme was initiated with an objective to give an opportunity to work on full PhD proposal with support from IPH and ITM. Ms. Nehal Jain, IPH was awarded the fellowship for the year 2010 to pursue the pre-doctoral fellowship. She has proposed to work on health insurance and universal coverage, one of the core areas of the work of IPH.

- Training Programmes attended by IPH team

IPH is deeply committed to enhancing capacities of its staff. In the past year, most of the team participated in either a training programme or a conference. The details are:

Name of Faculty	Training/ Workshop / Conference
Dipalee Bhojani	Project Management Training on Financial and Administration, ITM, Belgium
Gajalakshmi S.	Project Management Training on Financial and Administration, ITM, Belgium
Jyotsna Lall	Certificate Course on Methods and Applications in Social science research
Munne Gowda	Annual conference of Karnataka Association of Community Health
Nehal Jain	Health Policy, organised by the Institute of Tropical Medicine, Belgium
Nehal Jain	Proposal development workshop on universal coverage, Cape Town
Nehal Jain	Insurance 2020 FICCI
Nehal Jain	Annual meet of Medico Friends Circle
Prashanth N.S.	Second LINGED Quality in Education workshop
Prashanth N.S.	Annual conference of Karnataka Association of Community Health
Roopa Devadasan	Workshop on chronic diseases and health systems at ITM, Antwerp
Snigdha Mukherjee	Second LINGED Quality in Education workshop
Tanya Seshadri	Annual conference of Karnataka Association of Community Health
Thriveni B.S.	Winter Symposium, Evidence Informed Healthcare, CMC Vellore
Upendra Bhojani	Annual conference of Karnataka Association of Community Health (KACH)
Upendra Bhojani	Workshop on chronic diseases and health systems at ITM
Upendra Bhojani	Winter Symposium, Evidence Informed Healthcare, CMC Vellore

IPH Team 2009 - 2010



Visitors at IPH

- 1. Bart Criel**, ITM faculty: Exchange visit under Institutional Collaboration with ITM, Vision building Workshop
- 2. Jef Van Lint**, Head of Project Management, ITM / ITM Deputy General Administrator: Exchange visit under Institutional Collaboration with ITM
- 3. Monique Van Domael**, ITM faculty (retd.): Inputs on qualitative research for the Urban Health project.
- 4. Werner Soors**, ITM faculty: Exchange visit under Institutional Collaboration with ITM, Swasthya Karnataka inauguration
- 5. Louise Deroo**, Intern: Researching on the Yashaswani Project

In alphabetical order

Organisational Systems

IPH has grown rapidly in the past four years. With rapid growth, came the need to develop systems and processes that would help the organisation run with greater efficiency and effectiveness in the work that we have chosen to do.

These included:

- **A perspective plan for the organisation:** this was developed after an intensive two-day vision building exercise that involved the entire team as well as by Dr Bart Criel, ITM. This resulted in a perspective plan for the organisation that sets out the road map for IPH for the next five years.

In research IPH decided to work in the areas of local health systems, social protection, health promotion and health policy. IPH decided to offer three kinds of training – long term training in the form of PhDs; medium term training would include district health management, e-learning courses and short term training programmes could include health financing, research methodology, HMIS, Planning. IPH strongly felt that we should play a strong role in advocating for stronger health systems rather than individual disease control programmes.

- **A human resource policy:** this was developed essentially to set out the values and guidelines that govern us. On a more practical side, it helps new entrants understand the organisation. The human resource policy is quite comprehensive and includes a gender policy.

- **Committee Against Sexual Harassment at the workplace:** following the Supreme Court of India guidelines, IPH has set up a five member committee. The details of the committee are displayed in all the IPH offices.

- **Institutional Ethics Committee (IEC):** research in IPH was constrained by the absence of an ethics committee. An institutional ethics committee was set up and has become functional. A set of standard operating procedures were debated, finalised and adopted. The IEC also accepts proposals from other organisations on a selective basis.

- **Standard Operating Procedures:** all the routine processes that need to be followed to keep the organisation functioning efficiently were identified and written as the standard operating procedures.

All these are available on our website.

KNOWLEDGE MANAGEMENT

Library

The IPH library continued to expand in keeping with the rise in the number and research interests of the staff. Public health being multi-disciplinary subjects, researchers in this field need access to subjects ranging from biomedical fields such as medicine, epidemiology and statistics to social fields such as political science and sociology. A small group of faculty along with the administration team consulted with the IPH staff and upgraded the IPH library to incorporate authoritative reference material from each of these fields. In addition, IPH also procured access to important statistical datasets and portals for health related data.

The library infrastructure was also upgraded. A computer was installed and furniture was installed in the library. The library now doubles as a boardroom for meetings as well as provides a silent place for research work.

All the new books have been entered into a common database that is searchable and is available to all IPH faculties. IPH subscribes to print versions some important public health journals such as Social Science and Medicine, Health Policy and National Medical Journal of India, while many other journals are electronically accessible. The IPH library arranges for articles not available locally through its collaboration with the library at ITM, Antwerp.

The library services at IPH are openly accessible. In the coming year, IPH would like to make its library services as accessible as possible to public health activists, researchers, students, interns as well as policy makers. In keeping with this, in the coming year, IPH will make the library collection database publicly available and accessible through its website. We will also network with the other library facilities in Bangalore so as to make available the books and material mutually available and prevent duplication among research institutions and NGOs.

Library

Books

Reference material in core public health disciplines and allied social sciences

Datasets

Census, NFHS, SRS

Journals

Print and electronic access to a wide selection of journals

Library Network

Through network IPH library has a access to following two library

- Rajiv Gandhi University
- Institute of Tropical Medicine

Management

Searchable indexed database with keywords

ICT Infrastructure

Information-communication technologies are increasingly being seen as the backbone of research institutions. IPH upgraded its ICT infrastructure in keeping with increasing needs

Knowledge Management

of the staff. A high speed internet connection was obtained and a multi-function, high volume network printer was installed.

IPH consulted with Free and Open Source Software (FOSS) advocates and hopes to adopt FOSS in as many ways feasible in its work. While some faculty widely use various FOSS such as firefox, Mendeley, Ubuntu, the IPH website is also hosted on a FOSS content management system – joomla.

Website and Blog

The IPH website is an important communication medium to share our work with our partners and the community in general. The website is based on a FOSS and is designed and supported by Joomla. Few of the IPH faculty brainstormed together to update the website structure to make it more dynamic and easy for the faculty to manage and update. A small technical team is working on overhauling the website.

Meanwhile, we launched a blog to share the field experiences in course of our work. Field experiences often are neglected, but most important part of public health research. The blog is presently hosted on wordpress.com and will soon be migrated to our website. Faculty share first-hand their experiences on the blog. We hope to make the blog a vibrant platform for informing our partners, researchers and policy makers on the 'realities' and experiences from the field.

Events

IPH team participated in various regional, national and international conferences, workshops and seminars. These were a platform for sharing our research work as well as learning new approaches, techniques and methods. (See p.26 for full list of IPH publications including conference paper presentations and poster presentations). In addition, IPH faculty was invited to several events to share experiences.

Event	Participation
Karnataka Association of Community Health, JSS Meducal College, Mysore	Keynote speaker on health financing, Invited for presentation, oral presentation and poster presentation.
LINQED workshop on Quality. National Institute of Health Administration, Rabat, Morocco.	Annual Partners Meeting (IPH is a member of this international educational network)
20 years of UNCRC and Children on Karnataka, Karnataka Child Rights Observatory, Supported by UNICEF	Presentation on IMR

Knowledge Management

Conference on Health Insurance, PATH, Mumbai	Presentation on Health insurance
NHSRC Consultation, New Delhi	Invited to present during the consultation to develop research agenda on health financing
State Institute of Health and Family Welfare, Bangalore	Resource person on health insurance for mid-level managers
Agenda for Bengaluru Infrastructure and Development (ABIDe), Bengaluru	Invited to present on urban health and community financing
Karnataka Vision 2020	Invited to present views and provide input into Vision 2020

PUBLICATIONS

Relevant scientific publications

- Institute of Public Health & Ministry of Health and Family Welfare. Training manual in health insurance (with facilitator's guide). World Health Organization Country Office for India, New Delhi, 2009
- Nagpal S, Devadasan N. Challenges and prospects of health insurance in India. In Health insurance in India: a review (Agarwala R; editor). The Insurance Times, Kolkata, 2009.
- Bhojani UM, Chander SJ, Devadasan N. Tobacco use and related factors among pre-university students in a college in Bangalore, India. National Medical Journal of India 2009; 22(6):294-97
- Bhojani U, Devadasan N. What to do with the Epidemic of Diabetes – a Health Systems Response. Christian Medical Journal of India 2008; 23(3-4):26-28
- Sudarshan H, Bhojani U, Prabha N, Govind. Community Monitoring and Planning of Health Services: Karnataka Experience. 2009

Policy background papers and policy briefs

- Bhojani U. WTO & US: a political mix challenging the health concerns of Indian farmers. eSocial Science, 2008 (but not included in the earlier 2008 list).
- Devadasan N. A paper in health financing in Karnataka. Karnataka Knowledge Commission, 2009.
- Devadasan R, Devadasan N. Towards a comprehensive health policy for the metropolis of Bengaluru, with emphasis on the urban poor. Agenda for Bengaluru Infrastructure & Development Task Force, 2009.
- Institute of Public Health. Train to good health management: the missing compartment in the Indian district health services. Institute of Public Health, 2009.
- Research brief: 'Pre university students and Tobacco Use in Bangalore City

Conference presentations

- Devadasan N. Health financing. Indian Public Health Association, 53rd national conference, Bangalore, January 2009.
- Devadasan N. Health financing and human resources. KLE Institute of Public Health, Issues and Challenges in Public Health, Belgaum, January 2009.
- Devadasan N. Health financing. Karnataka Association of Community Health, 21st annual conference, Mysore, October 2009.
- Bhojani U, Devadasan N. Community-based Monitoring in Health: Lessons from practice – Paper presented at the 21st Annual Conference of Karnataka Association of Community Health, 10-11 October 2009, Mysore – India

Conference posters

- Seshadri T, Prashanth NS, Bhojani U, Devadasan N. Capacity building programme for district health team – Poster presented at the 21st Annual Conference of Karnataka Association of Community Health, 10-11 October 2009, Mysore – India
- Bhojani U, Using evidence to inform policy (making and implementation) – a case of tobacco control in Karnataka – poster presented at the 8th Winter Symposium on Evidence Informed Healthcare, January 11-14, 2010, Vellore, India

Weblog

- IPH weblog “From the field” (initiated November 2009): <http://iphindia.wordpress.com/>
-

FINANCIAL REPORT

**INSTITUTE OF PUBLIC HEALTH - BANGALORE
BALANCE SHEET AS AT 31ST MARCH 2010**

LIABILITIES		AMOUNT IN Rs.
CAPITAL FUND:		
Membership fees	10,200.00	
Add: Additions During the year	900.00	11,100.00
Income & Expenditure Account		
Opening Balance	(631,639.01)	
During the year	1,492,735.33	861,096.32
SPECIFIED AND RESTRICTED GRANT (Schedule 1)		10,367,362.72
CURRENT LIABILITIES		
<i>Loans & Advances</i>		
As per last Balance Sheet	670,000.00	
Add: Additions during the year	200,000.00	870,000.00
<i>Duties & Taxes Payable</i>		
TDS Payable		6,880.00
TOTAL		12,136,439.04

ASSETS		AMOUNT IN Rs.
FIXED ASSETS: (Schedule-II)		
Gross Block	473,369.00	
Less: Depreciation	241,129.29	232,239.71
CURRENT ASSETS		
<i>PROJECT EXPENDITURE RECOVERABLE (Schedule III)</i>		2,503,371.42
DEPOSITS (Schedule-IV)		240,600.00
CLOSING BALANCES		
Cash on Hand	11,880.40	
Cash at Bank A/C No.639	629,069.20	
Cash at Bank FC A/C No.638	7,924,091.09	
Cash at Bank A/C No. 1757	595,187.22	9,160,227.91
TOTAL		12,136,439.04

For Institute of Public Health

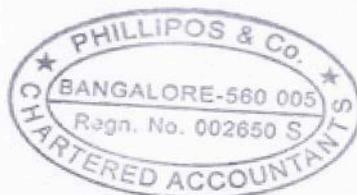
Trasurer

Director

BANGALORE
DATE:04-08-2010

AS PER OUR REPORT OF EVEN DATE

For PHILLIPOS & Co
CHARTERED ACCOUNTANTS
FIRM REG NO.002650 S



B. ISSAC
PARTNER
M.No 027621

FINANCIAL REPORT

INSTITUTE OF PUBLIC HEALTH - BANGALORE
INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH 2010

I N C O M E	A M O U N T I N R s .
DHM Course fee - grant received	1,699,572.00
Donations & Internal Contributions	588,202.96
Bank Interest	7,270.00
TOTAL	2,295,044.96

E X P E N D I T U R E	A M O U N T I N R s .
<u>General Expenses</u>	
Administration	1,000.00
Travel Expense	66,713.34
Salary	350,780.67
DHM - Course Expenses - Salary	109,000.00
SRTT Grant Refund	55,915.00
Project Expenditure - (Transfer from Specified and Restricted Fund)	546.81
Depreciation	218,353.81
Excess of Income Over Expenditure	1,492,735.33
Total	2,295,044.96

For Institute of Public Health

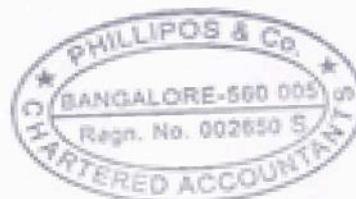
AS PER OUR REPORT OF EVEN DATE

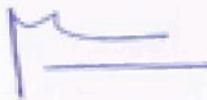
Treasurer

For PHILLIPOS & Co
 CHARTERED ACCOUNTANTS
 FIRM REG NO.002650 S

Director

BANGALORE
 DATE: 04-08-2010




 B. ISSAC
 PARTNER
 M.No 027621

INSTITUTE OF PUBLIC HEALTH - BANGALORE
SCHEDULE I - SPECIFIC AND RESTRICTED GRANTS

GRANTS	AMOUNT (Rs)	AMOUNT (Rs)
1. INSTITUTE OF TROPICAL MEDICINE		
<i>Balance as per last Balance Sheet</i>	6,077,649.29	
Grant Received from ITM during the year	9,416,597.00	
	15,494,246.29	
Less: Amount Expended during the year	5,861,533.42	9,632,712.87
2. WORLD HEALTH ORGANISATION- APW		
<i>Balance as per last Balance Sheet</i>	25,900.00	
Grant Received from WHO-APW	260,100.00	
	286,000.00	
Amount Expended during the year	286,370.90	
	(370.90)	
Less: Transferred to Income & Expenditure Account	370.90	
3. WORLD HEALTH ORGANISATION- TOBACCO		
Grant Received from WHO - TOBACCO	318,394.58	
Amount Expended during the year	318,552.58	
	(158.00)	
Less: Transferred to Income & Expenditure Account	158.00	
4. WORLD HEALTH ORGANISATION- TOT		
Grant Received from WHO - TOT	389,354.00	
Less: Amount Expended during the year	389,354.00	
5. SHRI SAMARTH SHIKASHAN PRASARAK MANDAL		
Grant Received from SSSPM	123,679.00	
Less: Amount Expended during the year	121,520.87	2,158.13
7. HRIDAYA TOBACCO		
Grant Received from HRIDAYA TOBACCO	125,000.00	
Less: Amount Expended during the year	14,500.00	110,500.00
8. CARE-INDIA		
<i>Balance as per last Balance Sheet</i>	12,115.00	
Grant Received from CARE	39,427.00	
	51,542.00	
Amount Expended during the year	51,542.00	
10. SIR DORABJI TATA TRUST		
Grant Received from SDTT	1,097,000.00	
Less: Amount Expended during the year	466,980.78	630,019.22



11. MISEREOR		
<i>Balance as per last Balance Sheet</i>	226,164.74	
Less: Amount Expended during the year	214,192.24	11,972.50
12. VOLUNTARY HEALTH ASSOCIATION OF INDIA		
<i>Balance as per last Balance Sheet</i>	251,660.09	
Amount Expended during the year	251,678.00	
	(17.91)	
Less: Transferred to Income & Expenditure Account	17.91	-
13. MUMBAI MOBILE CRECHES		
<i>Balance as per last Balance Sheet</i>	12,084.00	
Less: Amount Expended during the year	12,084.00	-
14. WORLD HEALTH ORGANISATION- DFC		
As per last Balance Sheet	264,430.00	
Less: Amount Expended during the year	264,430.00	-
TOTAL		10,387,362.72



EPHP 2010

Five years of the NRHM

**A National Conference on bringing
Evidence into Public Health Policy**

Bangalore, December 10 and 11, 2010

**For more details, log onto
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Institute of Public Health

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