Institute of Public Health

BANGALORE

Annual Report 2010-2011

Acknowledgements

The Institute of Public Health has come a long way since its inception and it is important for us to acknowledge the people who have contributed to this growth. This journey would not have been possible without the blessings of our friends, colleagues and partners. Here, we would like to specifically mention the Institute of Tropical Medicine, Antwerp for all their support, technically, financially and emotionally.

In the same spirit, we would like to thank each member of the technical teams for the relevant information and write ups, despite busy schedules. The annual report would also not have been possible without the focused efforts of Mrs. Dipalee Bhojani, who worked in coordination with the various technical teams to put together this report. We hope you will enjoy reading the descriptions of activities and learnings of the past year. Even though we have tried to reach excellence while writing the report, bringing to our notice, possible errors that need correction would be highly appreciated.

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June 2011.

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Abbreviations used

ASHA	Accredited Social Health Activist	K G Halli	Kadugondanahalli
CGHR	Centre for Global Health Research, Bengaluru	KHSDRP	Karnataka Health Systems Development & Reforms Project
CHA	Community Health Assistants	KIMS	Kempegowda Institute of Medical Science
CHC	Community Health Centre	KT	Karuna Trust
C-LAMPS	Centre for Leadership and Management in Public Services	LINQED	Learning together for Quality in Education
CSO	Civil Society Organisation	MPH	Master's in Public Health
DHM	District Health Management	NHSRC	National Health Systems Resource Centre
DHO	District Health Officer	NGO	Non-Government Organisation
EPHP	Bringing Evidence into Public Health Policy	NRHM	National Rural Health Management
FOSS	Free Open Source Software	PHC	Primary Health Centre
GoI	Government of India	PIL	Public Interest Litigation
GoK	Government of Karnataka	PIP	Programme Implementation Plan
GPS	Geographic Positioning System	RCH	Reproductive Child Health
HESVIC	Health System Regulation and Governance in Vietnam, India and China	RSBY	Rashtriya Swasthya Beema Yojna
HLEG	High Level Expert Group	SDTT	Sir Dorabji Tata Trust
HMIS	Health Management Information System	SRTT	Sir Ratan Tata Trust
IHMR	Institute of Health Management and Research, Bengaluru	SK	Swasthya Karnataka
IPH	Institute of Public Health	TB	Tuberculosis
ITB	Indian Tobacco Board	UHC	Universal Health Coverage
ITM	Institute of Tropical Medicine, Antwerp	VAS	Vajpayee Arogya Shree
JSY	Janani Suraksha Yojana	WHO	World Health Organisation

The year that was

The year 2010 was a mixed year for India. While the government introduced the Right to Education Bill, to ensure that all children have access to primary education, it has been unable to contain the steady rise in Maoist violence. Temperatures soared to fifty three degrees Celsius in some parts of India, as other parts of the country were flooded due to incessant rains. On the health front, 2010 was the year of Universal Health Coverage (UHC). Everybody suddenly has woken up to the mantra of ensuring universal access to healthcare, based on their area of specialisation. For instance, on the one hand, TB specialists were talking about ensuring UHC for tuberculosis (TB) care, while India's Planning Commission was talking about achieving UHC by 2020.

For IPH, 2010 was a year full of ups and downs - thankfully, more ups and fewer downs. On the positive side, we hosted one of the first national conferences on strengthening health systems. This conference was also unique because we managed to get both researchers and policy makers on a common platform. In addition, we, along with Institute of Tropical Medicine (ITM), bagged another research project – the Health Inc, which tries to understand underlying reasons for exclusion in the health sector. Finally, IPH was granted funding by World Health Organisation (WHO) Geneva, to conduct an evaluation of the Rashtriya Swasthya Bhima Yojana (RSBY) in Gujarat.

The HESVIC research project has finally taken off, while the Tumkur classroom sessions have come to an end. We have also had many international visitors this year: a team from the century old Makerere University, Kampala, Uganda, who visited us to study our district health management course. This was followed by an ITM alumni regional bi-annual meet with participants coming from four continents. It was a heady experience to listen to professionals from countries as diverse as China, Brazil, Cambodia, Uganda, Peru and Philippines. Other than these distinguished visitors, we also had eight interns from various schools of public health in India.

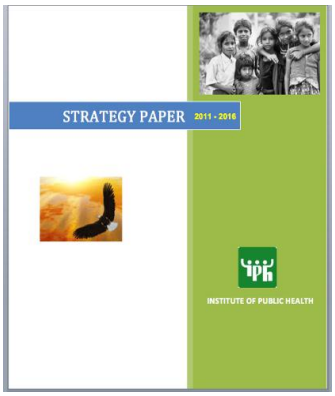
The Urban Health action research project completed a baseline survey and training of the Community Health Assistants (CHA), while we witnessed positive outcomes of our advocacy efforts in tobacco control. Even though three studies have been completed, we have not been able to analyse data and use this evidence for advocacy. Writing and publishing has been our Achilles' heel and barring a couple of staff, most others are hesitant to put their thoughts down on paper. We hope that 2011 will be different.

While two of our team members bid adieu to IPH citing personal reasons, one more from the IPH team has become a Ph. D student.

Dr. N. Devadasan
June 2011

Revisiting our Vision and Mission

It has now been six years since the inception of IPH and over these years, it has grown in both numbers as well as outputs. In June 2009, the staff and well-wishers of IPH had come together to collectively develop a strategy document. However, since then the number of staff in IPH had nearly doubled and it was therefore necessary to re-visit the document. It was felt that this process would also help the new team members internalise the vision and mission of IPH. Thus, the strategy document was revised at a three-day retreat in January 2011, where the team reaffirmed its commitment to an updated vision and mission.



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

Mission - Strengthening health systems to ensure healthy communities through a team of committed and value-based professionals

Values - Equality, Accountability, Transparency, Trust and Mutual respect, Equity, Making a difference

Apart from the above mentioned values, IPH also affirmed that health was a human right and that the team shall adopt the following guiding principles in their work and personal life:

- Focus on the vulnerable
- Quality
- Ethical practice
- Modest austerity

The following strategies were identified to achieve our mission:

- Training
- Research
- Advocacy
- Technical assistance

Training

Capacity building of professionals is one of the principal activities of IPH. There has been increasing evidence from India and elsewhere, which highlights the crucial gap in human resources within health services. This has been largely due to the mismatch in knowledge, skills and experience between academicians, healthcare providers and policy makers. Given that, IPH aimed to bridge the discrepancy through its training sessions. Since IPH looks at training as an activity that goes beyond the classrooms, our efforts have not been just to impart knowledge but also to ensure that the participants are able to translate this knowledge into action.

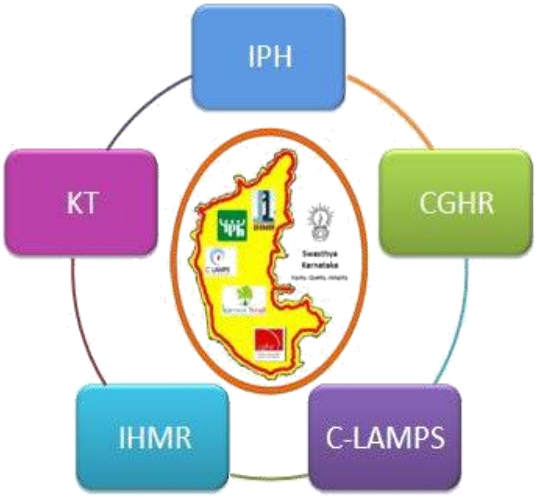
In the year 2010-11, we completed two important training programmes. The first was the District Health Management Course for mid-level health officers from Tumkur district. The other was a short five-day module on health management for Primary Health Care (PHC) medical officers, which was in keeping with our agreement with the Government of Karnataka (GoK).

1. DISTRICT HEALTH MANAGEMENT (DHM)

A study conducted by IPH in 2007 revealed that an important reason for poor health outcomes in India was the lack of management skills at the district level. Based on the findings of this study, IPH decided to train district level officers on issues in public health management. To strengthen the technical inputs for the training, IPH formed a consortium of five organisations, called Swasthya Karnataka (SK).

SK partnered with the Karnataka Health Systems Development and Reforms Project (KHSDRP) to build the capacity of Tumkur District Health Management team.

The training programme was launched in August 2009 and was completed in December 2010.



The Swasthya Karnataka consortium

Profile of the participants

- District Health Officer
- District Programme Officers
- Taluk Health Officers
- Specialists from district and taluk hospitals
- Nursing Officers
- Administrative Officers
- BPMs and DPMs

This programme was unique because of the following characteristics:

A. TEAM APPROACH TO TRAINING: It was found that even if an individual within the health system was enthusiastic, there were systemic barriers in implementing new strategies after attending training sessions. This was largely because the government sent staff to attend training programmes randomly, instead of trying to build a team of effective healthcare workers. Given that, SK decided to train the entire cadre of health officers at Tumkur in a systematic way. Officers from the District and taluk Health office, specialists from the district and taluk hospitals as well as relevant managerial staff were given the training. It was felt that a team approach would ensure sharing of new ideas, encourage innovations and promote greater interaction between the various staff members.

B. EXPERIENTIAL LEARNING: Traditionally, training of government officers has been conducted under the assumption that they need to be provided with new information. However, most of these officers were found to have considerable years of experience in their field. Therefore, SK planned the training based on their experience and existing knowledge. This was to ensure that the capacity building activities were based on the experiential learning theory, which facilitated greater quality of learning for the participants by placing their experiences in a theoretical framework.

C. BLENDED TRAINING: The programme was a mix of classroom sessions, field assignments and mentoring in the field to help participants translate their knowledge into action.

Topics

Public health, Planning, Administrative & Financial procedures, Supervision, Quality of care, Monitoring, Leadership, Teamwork, Conflict resolution, Motivation, Role of Panchayats and two clinical topics.

A total of sixteen modules were taught over seventeen months. While the initial batch consisted of sixty three participants, many dropped out because of retirement, transfers and lack of interest. This was further compounded by extraneous factors such as a strike by doctors, year ending pressures and dates of the sessions clashing with other training programmes. As of 31st December 2010, we had trained eighty two people. However, only twenty three of them completed ten or more modules and they were given certificates at a function organised by the government. The rest of the participants have been given the opportunity to attend classes and complete the course. Three of the participants have also been recommended for the Master's in Public Health (MPH) course in ITM, Antwerp. They have got admission and are awaiting news about scholarships.

Knowledge to action:

While it is still too early to assess the impact of this training programme, we would like to share some anecdotal evidence of its effect.

SK participants during the training sessions at Tumkur

- The District TB Officer applied the concepts of problem tree analysis to help her improve case detection of TB patients.

- The Administrative Medical Officer of Gubbi taluk conducted a study in his hospital to understand the reasons behind patient dissatisfaction over the offered services.

- The taluk Health Officer from Gubbi taluk used the concepts in the module on motivation to understand the attitudes of his staff in the health centre.

- Situational analysis and data validation skills were employed by enthusiastic participants during the National Rural Health Mission (NRHM) Programme Implementation Plan (PIP) formulation.

- The District TB Officer and Reproductive and Child Health (RCH) Officer have been using supportive supervisory skills in their everyday practice. This has opened up channels of communication with their peers as well as subordinates and has also improved the quality of their outputs.

- A few SK participants attended the International Conference on Strengthening District Health systems held at Chennai in May 2010. They actively participated in the discussions and also made field trips to PHCs, taluk 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 health services in Tamil Nadu were more effective as compared to those in Karnataka.

2. PHC MEDICAL OFFICERS TRAINING

The training for PHC medical officers of Tumkur district was undertaken to strengthen their managerial capacities. The objectives of the training were to provide them the principles of public health and PHC management, to enhance their understanding of the varied administrative and financial procedures, to present them with soft skills like leadership, motivation and team work, and to assist them in understanding the importance of monitoring their work. Each training session lasted for three days. One of the unique aspects of this activity was that some sessions were facilitated by participants from the district level trainings.

PHC MO training participants at Tumkur

3. e-LEARNING

The institute plans to host e-learning courses so that public health knowledge spreads to a larger audience. Given that, many activities were undertaken to strengthen the e-learning team. As e-Learning is a new concept, we used 2010 to build the capacities of the training team. They attended the 'In Went' workshop in Hyderabad, where they internalised the technical and didactical design tools used in planning and developing e-learning courses.

This was followed by a visit from Carlos Kiyan and Inge de Waard, the e-learning experts from ITM. The workshop they conducted at IPH provided insights into pedagogy, Bloom's

taxonomy and pedagogical approaches, which are vital for designing e-learning courses. Further, the TEL (technology enhanced learning) and LINQED (learning together for quality in education) workshops held in Antwerp in September 2010, stressed the need to ensure quality in e-learning courses.

4. INTERNSHIP PROGRAMME

IPH strongly believes in providing ample opportunities to individuals to get a better understanding of issues in public health. While books and reading provide a good theoretical understanding, practical field experience through direct engagement with communities is imperative to build one's expertise and proficiency. The internship programme, therefore, lays emphasis on observing, working and understanding the ground realities through exposure to research, training and advocacy in public health in rural and urban areas. Interns benefit from practical learning, sharing of experiences, and expertise from the senior professionals as well as peers working in different projects at the institute. The internship programme is a semi-structured course.

IPH received interns from

- TISS – Mumbai
- AMCHSS (SCTIMST) - Trivandrum
- KLE University – Belgaum
- Antwerp University - Belgium

5. Ph. D PROGRAMME

While there are many institutions that provide Masters' courses in public health, IPH is one of the few institutions that has a Ph. D programme. The objective of this programme is to develop a cadre of experienced and skilled faculty for the future. This programme has been linked with the Department of Public Health, ITM Antwerp, Belgium. This four year programme, where one third of the time has to be spent in Antwerp is financed by the Belgian government. As of 2011, IPH has enrolled two students.

- **Dr Prashanth NS**'s research is about understanding the conditions under which in-service professionals learn. This will shed important light on future training both in the private and public sector. His promoters are Prof. Jean Macq (Brussels), Prof Bart Criel (Antwerp) and Dr. N. Devadasan (IPH).

- **Dr Upendra Bhojani's** research is trying to understand the mechanisms to strengthen existing health systems so that they can provide better quality of care for chronic diseases.

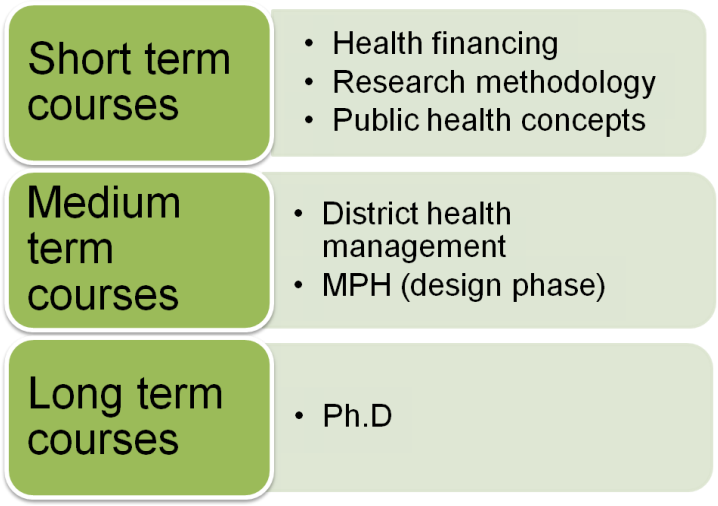
- **Ms Nehal Jain** did a one year pre-doctoral stint with IPH, to develop a research protocol for studying pathways to universal health coverage in India.

- Dr Vijayashree and Dr Devaji Patil are applying for the Ph. D seat in 2011.

6. PLANS FOR 2011-2012

We have some specific plans for the future and the main challenge is in getting skilled human resources to implement the planned activities.

Some of these courses will also be offered as an e-Learning course. We hope to prepare for the MPH course, so that it can be launched by June 2012.



Research

Research is an important activity for IPH. The focus is on health systems research. The six sub-areas in research that IPH concentrates on are given below.

1. ACTION RESEARCH – IMPROVING QUALITY OF CARE IN URBAN SLUMS

The aim of the action research in KG Halli is to test strategies for improving access to quality healthcare and emphasizing a bottom-up approach based on community empowerment. A notified slum called Bharathmatha is a part of KG Halli. The people who live here work as casual labourers in the unorganised sector. In the last one year, the urban health team has worked with the community, public as well as private health sector and brought these actors onto a common platform. The team will now work towards creating avenues to discuss local health issues and possible collaborations to create a positive impact on the quality

IPH field staff interacting with Anganwadi children in KG Halli

of healthcare available to the community.

Ongoing activities:

- A census of nine thousand two hundred (9,200) families (-43,000 individuals) was completed in June 2010. Global Positioning System (GPS) marking of the houses, health service providers and other important landmarks in the area have also been done. However, the data analysis of socio-demographic and health seeking behaviour is still under way.
- A group of four women from adjoining neighbourhoods were trained over a period of six months. The Accredited Social Health Activist (ASHA) module (NRHM training material) was used as reference material to select topics and train the women. The concept behind training the CHAs was that they will liaison with the local urban community and, over time, monitor and represent health issues.
- Regular interaction with women's self-help groups.
- Working with the Bruhat Bengaluru Mahanagara Palike (BBMP) and State level health administrators to understand the system and delivery of healthcare services. This has unravelled many overlaps and gaps between the corporation services in the UHC and the State-run health and family welfare services in the Community Health Centre (CHC).

Garbage collection in KG Halli

- Meeting and interacting with the locally elected councillor and corporation staff in the area to understand and discuss issues directly or indirectly related to the health of the community.
- School health programmes with adolescents and interaction with Anganwadi centres in the ward.

As part of the on-going action research, CHAs revealed that most of the eligible families living in the Bharathmatha slum had not benefited from the Bhagyalakshmi scheme. This is an insurance scheme introduced by the GoK for the girl child. IPH was able to bring this issue to the notice of concerned authorities through meetings and mass media. Further, discussions were organised and facilitated between the concerned government officials and community members to resolve problems associated with the Bhagyalakshmi scheme.

IPH used the same platform to bring up issues related to a poorly functioning Anganwadi centre in the same area (mainly because the teacher was irregular).

The concerned authority responded positively to grievances expressed by community members and took measures to replace the Anganwadi teacher.

IPH field staff collecting the data in KG Halli

Some Studies:

A. HEALTH SEEKING BEHAVIOUR AND HEALTH EXPENDITURE IN URBAN SLUMS:

The main objective of the study was to ascertain whether the urban health centre catered to the population it intended to serve. It was also an attempt to understand the type of community and patient profile that each of the provider (public or private) catered to. In addition, the health seeking behaviour of the community was studied and data collected was analysed with respect to the healthcare expenditure involved in visiting the different healthcare providers.

B. DISEASE PATTERN AND HEALTH CARE UTILISATION OF PATIENTS ATTENDING AN URBAN HEALTH CENTRE AT KG HALLI, BENGALURU:

The main objective of this study was to document disease patterns and utilisation of healthcare services in the urban health centre situated in ward number thirty, Bengaluru. To begin with, the socio-demographic details of patients such as age, sex, income and education status was collected from the registers. Diagnosis, treatment obtained and family planning methods used by patients attending the health centre were then documented.

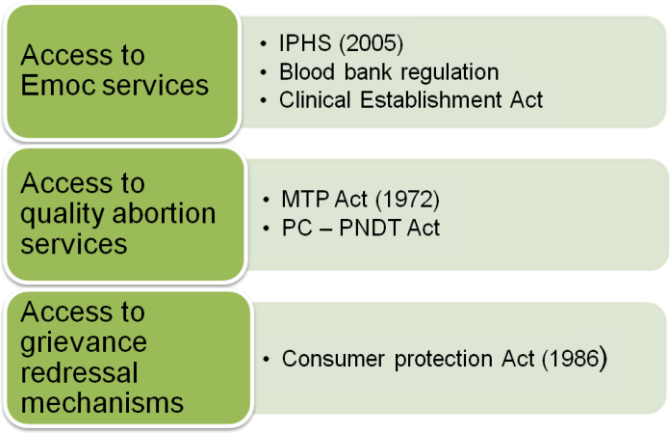
C. FACTORS DETERMINING THE CAUSE OF INFANT DEATHS IN KG HALLI: AN IN-DEPTH STUDY

In-depth interviews were conducted to identify the factors which determine the cause of infant deaths at KG Halli, Bengaluru. The interviews were conducted with parents or relatives of infants who died in the past one year.

2. STUDY IN GOVERNANCE

System Stewardship in Vietnam, India and China (HESVIC) is a European Commission financed multi-country study looking at governance in maternal health. In India, we have

been studying the effect of regulations on improving equitable access to quality maternal healthcare. The research commenced in July 2009 and by March 2011, the team had developed the research protocol, piloted the tools and received ethical clearance to go ahead with the study. The team is now studying the effect of the following three regulations on access to quality maternal services:



1. Whether the Indian Public Health Standards (2005) has increased access to quality EMOC services;
2. Whether the Medical Termination of Pregnancy (MTP) Act (1972) has increased access to quality abortion services; and
3. Whether the Consumer Protection Act (1986) has strengthened the grievance redressal mechanisms in maternal health.

3. TUMKUR OPERATION RESEARCH

The on-going research activities at Tumkur are as follows:

A. ESSENTIAL DRUG AVAILABILITY AND ACCESS:

There is a chronic shortage of medicines at government facilities. To understand the underlying reasons for this, the Tumkur team conducted a study to map out the drug supply system. The entire drug supply process including preparation of annual indents, procurement, storage, distribution, inventory control and local stock management was studied, and various actors from the State level to the PHC level were interviewed. As a result, it was found that the main reason for the shortage was the delay in ordering medicines at the state level. This in turn, led to shortages at all levels and forced the facilities to dip into their Arogya Raksha Samiti (ARS) funds for drug procurement.

B. REFORM OF HMIS:

Management information systems for health are the back-bone for evidence-based decision making. Due to the lack of a robust and credible system for obtaining and analysing routine data, managers and policy makers rely on surveys such as NFHS-3 and DLHS-3. In order to understand the gaps and overlaps in the HMIS, a study was undertaken using maternal deaths as an indicator.

This study looked at reporting procedures in various taluks of Tumkur, as there was a significant difference between maternal deaths reported by the Health Department and those reported by independent surveys. It also included interviewing of stakeholders,

obtaining and comparing HMIS data to triangulate potential gaps as well as looking at overlaps within the existing reporting process. An important finding emerged - there was confusion among the reporting staff about which method was to be followed. While some followed a catchment area reporting system, others followed a facility based reporting system. More importantly, the field staff was not interested in filling so many forms, since they felt that nobody ever reviewed their data.

4. AWARENESS TO ACTION THROUGH MULTI CHANNEL ADVOCACY FOR EFFECTIVE TOBACCO CONTROL IN FIVE INDIAN STATES

This project was implemented in collaboration with the Gramin Shikshan Charity Foundation (a Non-Government Organisation (NGO) based in Hubli, Karnataka) across seven districts three northern and four southern Karnataka districts. The aim of the project was to study the effect of district level capacity building for law enforcement officials on tobacco control. Five districts, namely, Tumkur, Ramanagaram, Mysore, Dharwad and Gadag, were taken as intervention districts while two districts Bengaluru rural and Haveri were taken as control districts.

In the course of one year, state and district level need assessement surveys as well as pre-compliance monitoring exercises were conducted in all seven districts. This highlighted the needs of district level law enforcement officials as well as the status of implementation of tobacco control law in these districts.

Research to action: IPH staff during an awareness session on tobacco control

5. OTHER RESEARCH

- IPH completed the study on human resources in the healthcare system in Gujarat and Karnataka and is in the process of analysing the data.
- The study on **Janani Suraksha Yojana (JSY)** was also completed, but the data is yet to be analysed.
- An intern from Belgium conducted a study on out-of-pocket payments under the **Yeshaswini** scheme.

Advocacy

The third strategy to strengthen health systems is through advocacy. Evidence is generated from the field using rigorous scientific methods, which is then used to influence policy and practice. As a part of the activities under advocacy, a conference was organised, wherein both researchers and policy makers were invited to present and discuss research findings. Other than this, IPH has been advocating for a tobacco free world.

1. NATIONAL CONFERENCE ON BRINGING EVIDENCE INTO PUBLIC HEALTH 2010 (EPHP)

Since the NRHM completed five years in 2010, IPH felt that it was a good idea to look back at the achievements of NRHM upto now. There was a need to collate empirical evidence to examine the impact of NRHM. To tackle this issue effectively, we brought together policy makers and researchers.

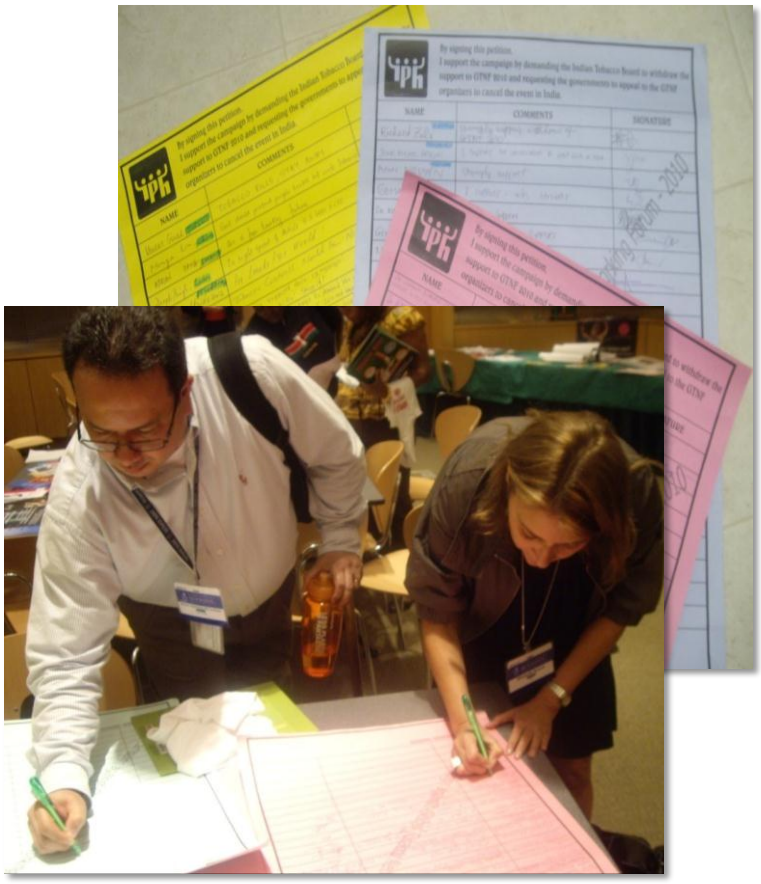
In this way, IPH with the support of -ITM, organized a first-of-its-kind conference, **EPHP** in December 2010. Over two hundred national and state-level policy makers as well as eminent public health researchers attended this conference.

The overall theme of the conference was “Five Years of the NRHM” while the four broad domains were health services delivery, human resources for health, health system stewardship, and health financing. The two-day conference witnessed a total of twenty two oral and twenty two poster presentations under the different domains. The presenters came from diverse backgrounds and from across the country. They represented both the public as well as the private sectors. The proceedings were brought to a close by Dr. Abraham Joseph who compiled the evidence generated via the conference for policy makers and put forth questions in research that emerged from the discussions.

A dedicated website (http://www.ephp.in) has been created to store and disseminate presentations, papers and posters presented at the conference. In addition, the BioMed Central Proceedings has published selected abstracts from EPHP (10 oral presentations, 14 posters, 1 introductory paper) in Supplement 6, Issue 1. The achievements and coverage of EPHP strongly enhanced IPH's recognition as a key actor in Indian health research and advocacy. As expressed by a senior government official in his keynote speech, EPHP was a crucial contribution in bridging the Indian knowledge-policy-implementation gap. However, the role of EPHP does not stop here. In fact, it has been planned as a recurrent event that will constantly aim to bring together policy makers, researchers, and practitioners onto a common platform.

2. TOBACCO CONTROL CAMPAIGN

A. CHALLENGING THE GOVERNMENT'S SPONSORSHIP OF A TOBACCO INDUSTRY EVENT:



People taking part in the signature campaign against tobacco

In October 2010, the Indian Tobacco Board (ITB) - a government entity under the Union Ministry of Commerce and Industry - was sponsoring the Global Tobacco Networking Forum (GTNF), an international tobacco industry trade event. This sponsorship amounted to violation of both national laws and international obligations. It also provided an opportunity for the tobacco industry to influence government policies. IPH spearheaded a campaign demanding the withdrawal of ITB's sponsorship and participation in GTNF.

Govt in a spot over tobacco meeting

Nirmala M Nagaraj | TNN

Bangalore: While one million tobacco related deaths have been estimated in 2030, the Union government is violating the international law by promoting global tobacco industries. The third Global Tobacco Networking Forum (GTNF) is scheduled from October 4 to 8 in Bangalore. Tobacco Board of India under the ministry of commerce is one of the main sponsors of the event.

Interestingly, India was one of the early signatory of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Now by sponsoring the event, government is violating the regulation of WHOFCTC.

According to FCTC, government should not accept, support or endorse partnerships and non-bidding or non-enforceable agreements, as well as any voluntary arrangements with the tobacco industry or any entity or person working to further its interests.

As per FCTC, the government shall not grant incentives, privileges or benefits to the tobacco industry to establish or run their business. It is therefore clear that the government is in clear violation of international laws and obligations by lending itself as a sponsor to the GTNF 2010.

Ironically, when a similar event was organized in Malaysia, then former union health minister Ambumani Ramadoss had written to Malaysian health minister asking him to cancel the event as it was against the treaty of FCTC. The total economic cost of three major diseases caused by tobacco is estimated to be $ 1.7 billion, which is 16% higher than the total tax revenues collected from all the tobacco products in India. According to Institute of Public Health, Dr Upendra Bhojnani, as per section 5 of the Cigarette and Other Tobacco Products (COTP) act there is a total ban on sponsoring any sports and cultural events by cigarette or a tobacco manufacturers. While most of the cultural events continue to be sponsored by tobacco industry, now through GTNF India is promoting the tobacco industry.

Various activities, such as signature campaigns, engaging the media, walkathon, and filing a public interest litigation (PIL) against the Government of India (GoI) were undertaken.

This PIL had the required effect as the Karnataka High Court directed the ITB to withdraw all forms of sponsorship and participation from the event. In court, IPH (the petitioner) was represented by Mr Anand Grover, a United Nations Special Reporter, assisted by Ms Jayna Kothari and Dolly Kalita of Lawyers' Collective. A total of seven press releases were disseminated, which resulted in twenty one newspaper articles, three television stories and one radio story published about the campaign.

B. World No-Tobacco Day:

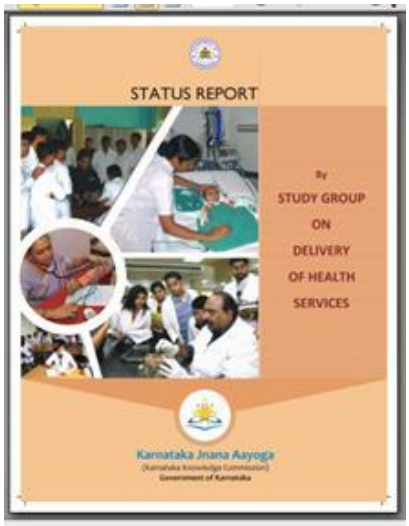
Quit Tobacco International and IPH jointly brought out a media kit on World No Tobacco Day 2010 containing informative fact sheets on various themes including 'Second hand smoking', 'Smokeless tobacco', 'Smoking and health', 'Smoking and women', 'Tobacco and livelihoods', 'Tobacco and taxation', 'Tobacco cessation' and 'Tobacco use'.

3. HEALTH FINANCING

Issues in health financing are growing in importance across the country. The debate rages over increasing government allocation for health services versus developing health insurance programmes to protect the poor. Unfortunately, people are divided along ideological lines and few discuss the merits and demerits of either. As a national expert on health financing, Dr. N. Devadasan has been invited to various committees to give his considered opinion. He uses these forums to promote healthcare that is equitable, accessible and affordable.

A. KARNATAKA KNOWLEDGE COMMISSION (KKC):

As a member of the health sub-group of the Karnataka Knowledge Commission, IPH wrote the chapter on health financing. IPH highlighted the stagnation in budgetary allocation for the health sector by the government of Karnataka and recommended an increase in the budgetary allocation. The copy of the chapter is available in the KKC status report and the link is – http://www.jnanaayoga.in/document/statusReport_health.pdf



Status report of KKC

B. KARNATAKA HEALTH SYSTEMS RESOURCE CENTRE:

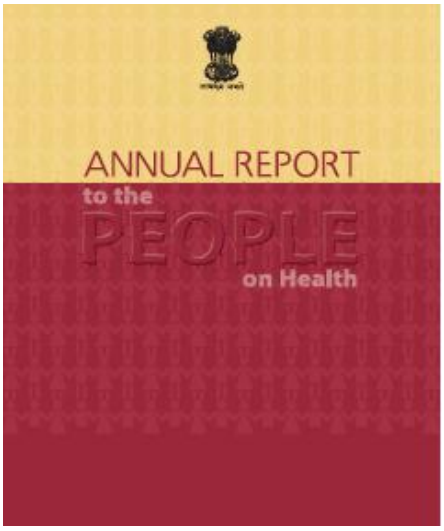
This technical think tank for the government of Karnataka was mired in responding to routine requests from the department. As a member of the executive committee, Dr. N. Devadasan is encouraging the team to undertake an independent research and generate evidence for the department.

C. VAJPAYEE AROGYA SHREE (VAS):

This health insurance scheme for the poor was developed with considerable inputs from IPH. As a member of the VAS technical team, IPH is involved in monitoring the scheme and ensuring better quality care for the poor. We have the responsibility of empanelling private hospitals as well as monitoring their quality.

D. MINISTRY OF HEALTH & FAMILY WELFARE:

Each ministry of the GoI brought out a report "to the people of India". IPH was requested to draft the chapter on health financing. The Annual Report was released by the Health Minister and is available at mohfw.nic.in



Annual report of Ministry of Health & Family Welfare

E. HIGH LEVEL EXPERT GROUP (HLEG):

In February, IPH was invited by the Planning Commission's HLEG on Universal Health Coverage to comment on the best ways for India to reach UHC by 2020.

Technical assistance

IPH has one of the largest concentrations of public health professionals in the country and thereby provides technical support to other organisations.

1. MISEREOR

Misereor is a German donor agency that funds various development projects across the world. More and more NGOs are trying hard to protect their communities from illness and high medical expenditure. However, the technical capacity of these NGOs to design and implement health programmes has been limited. Thus, Misereor requested IPH to provide technical assitance to NGOs that were financed by them.

Technical assistance to NGO at North East Dioese social form (NEDSF), Guwahati, Assam

Name of NGO	Type of inputs
RAHA Chhattisgarh	Technical assistance to strengthen their community health insurance programme. Over three years, enrolment rate increased by 50 points, access to hospital care increased and out-of-pocket payments reduced.
NEDSF Assam	The NE diocese had received a grant from Misereor to introduce a malaria control programme; as well as a RCH programme. They requested IPH to provide the necessary technical support so that the team there can implement the project successfully in Assam, Manipur, Meghalaya and Arunachal Pradesh.
WBVHA West Bengal	WBVHA wanted to introduce a community health insurance programme in their project area. IPH was invited to train both the WBVHA staff as well as the community representatives on CHI.
KARMI Orissa	KARMI, a small NGO in Kalahandi district of Orissa had applied for a grant from Misereor, who in turn requested IPH to conduct a feasibility study of their proposal.

2. TECHNICAL ASSISTANCE TO GOVERNMENT OF KARNATAKA

A. DRAFT PUBLIC HEALTH BILL:

Public health legislation is essential in realising healthcare entitlements for the people. However, at the national level, efforts to promulgate a national public health bill has not yet met with any success. In the meanwhile, several states like Gujarat and Assam have already circulated public health bills at the state level. Since in Karnataka, the current bill was legislated before independence, KHSDRP formulated a draft public health bill. It contained twelve chapters, two schedules, and a statement of objectives and underlying reasons for bringing changes in the bill. IPH, along with several other organisations under the banner of Karnataka Public Health Professionals group, provided a chapter-wise commentary on the draft bill. In addition, two members from IPH participated in the consultations with several civil society organisations (CSOs) as well as the GoK, and shared a detailed report that analysed the contents of the bill critically. A report was also submitted to KHSDRP and GoK.

B. TUMKUR DISTRICT:

Apart from the training course, the SK consortium also provided technical support to the district health team in the following ways:

- On the request of the DHO, the hospital diet facilities at the Tumkur district hospital were analysed.
- IPH helped to start and streamline the information management system in the hospital. Two computers with data entry operators were set up within the district hospital.
- IPH prepared and submitted a report on the burden of fluorosis in Pavagada taluk.
- IPH prepared a report on the situation analysis of the healthcare service delivery and performance in Tumkur district. This report was presented to the district and state officials.
- IPH also supported both, data validation and formulation of the NRHM PIP plan at the taluk and the district level.

Human resource

1. CAPACITY BUILDING OF THE IPH TEAM

Any academic institution is as good as its faculty. And a member of the faculty is only as good as the knowledge and experience that he/she has. Which is why, IPH is committed towards capacitating and strengthening the knowledge and skills of this diverse team. The larger goal is to provide an enabling environment within the organisation to learn, grow and nurture one's knowledge and skills. Given below are the various modes in which the capacity of the team has been built:

Exchange Visits by IPH Staff to ITM, Antwerp

- N. Devadasan. Examiner for MPH Students of ITM (July 2010)
- Gajalakshmi S. Financial management training (July 2010)
- Dipalee Bhojani. Financial management training (July 2010)
- Prashanth NS. PhD programme visit (August 2010)
- Kavya R. Technology Enhanced Learning (TEL)
- Devaji Patil. Technology Enhanced Learning (TEL)
- Upendra Bhojani. PhD programme visit (February 2011)
- Dr. R. Ali. Training course on Clinical epidemiology

Exchange Visits by ITM Staff to IPH, India

- Werner Soors. (September 2010, December 2010)
- Bart Criel. (December 2010)
- Tom Hoeree. (December 2010)
- Monique van Dormael. (to advise the urban health team on action research)
- Inge de Waard & Carlos Kiyan. To train our training team on e-learning

A. SEMINARS:

Faculty from within IPH share interesting journal articles at a monthly seminar. This is an opportunity for team members to keep themselves up to date on the latest in public health topics. Faculty who has themselves attended any external training courses are expected to share their knowledge with the rest of the team.

B. EXCHANGE VISITS BY BETWEEN IPH & ITM STAFF:

IPH has an institutional collaboration with ITM. This facilitates exchange visits between the faculty of IPH and ITM to benefit from inputs by the experienced faculty of ITM.

5 day workshop on e-Learning

Resource persons: Inge de Waard & Carlos Kiyan
Objectives: To assist the IPH team in planning and designing e-learning courses.

Topics covered: Learning theory, Blooms digital taxonomy, Moodle, Irfanview, eXe Learning, Quizmaker, Articulate Presenter, Camtasia and Quality assurance in eLearning

ITM experts taking session at e-Learning workshop

C. EXTERNAL COURSES:

Faculty was also deputed to attend external courses, both within and outside the country.

Name of the faculty	Training/workshop/ conference	Place
Devadasan N	Training on Governance and HRH	Amsterdam
Devaji Patil	In Went workshop on e-learning	Hyderabad
Dipalee Bhojani	Information management in digital age	New Delhi
Gajalakshmi S	Workshop on competency based interviewing	Hyderabad
Kavya R	Workshop on Training technology	New Delhi
Kavya R	In Went workshop on e-learning	Hyderabad
Nehal Jain	Meeting on Health Economics Association of India	Hyderabad
Prashanth N S	Workshop on evaluation of public health programmes	New Delhi
Riffath Ali	Short Course in Clinical Research	Antwerp
IPH Technical Team	International Conference on HSS	Chennai
Sukumar Daniel	Information management in digital age	New Delhi
Sylvia Karpagam	BBC Training program in Media Handling Skills	Bengaluru
Thriveni B.S.	Workshop “GIS and public health”	Chennai
Thriveni B.S.	Qualitative research methodology	Mumbai
Upendra Bhojani	Conference on Advocacy Forum for Tobacco Control	Mumbai
Upendra Bhojani	Global Tobacco Control Leadership Programme	Baltimore
Vidya Venkataraman	BBC Training programme in Media Handling Skills	Bengaluru
Vidya Venkataraman	Qualitative research methodology	Mumbai
Vijayashree	7 habits of highly effective people	Bengaluru
Vijayashree	Appreciative Inquiry	Bengaluru
Vijayashree	Training on Governance and HRH	Amsterdam
Vijayashree	Qualitative research methodology	Mumbai

D. SOUTH-SOUTH EXCHANGE:

2010 also provided an opportunity for IPH staff to learn more about African health systems. Faculty from the Makerere University School of Public Health (MUSPH) in Kampala, Uganda, visited us in Bengaluru to learn from our district health management programme.

This exchange visit served as a platform to increase exchange of experiences, and enhance innovative and creative practices because of the "learning by seeing and doing" aspect of these visits. In addition, travelling together and the several discussions that took place, created an environment, which encouraged participation, enthusiasm and learning for both participants and mentors. Thus, contributing to the feeling of belonging to the group.

E. REGIONAL ITM ALUMNI MEETING 2010:

ITM and IPH organised the Regional ITM Alumni Meeting in Bengaluru from 24th to 27th of November 2010. The ITM Alumni programme has functioned for more than fifteen years now and the alumni meetings are held every two years regionally within the given continent. The main theme of the joint seminar for the Asian alumni of ITM from HSMP/ICHD and MDC was 'the role of CSO in the delivery of health-care and in disease c-ontrol programmes. Pa-rticipants came from fo-ur continents and more than fifteen countries.

Apart from this, the meeting also aimed at discussing ITM courses and getting feedback. In addition, the meet gave an opportunity for them to visit health services in Karnataka, and network with each other.

F. TEAM BUILDING EXERCISE FOR IPH TEAM:

- **Team building retreat 2010:**

The first planning retreat for the IPH staff was conducted on 27th and 28th of August 2010. It was held at the Jungle Lodges in Bannerghatta, Bengaluru and Dr Werner Soors from ITM joined the staff for these sessions. All the staff with the exception of one, attended both days and three external resource persons were invited to facilitate the retreat. The main objectives of this retreat were to review the vision and mission of IPH, and restructure the management procedures in IPH.

The two-day retreat involved sharing of personal experiences, in order to help build a common platform of trust. However, review of the vision and mission was not successful as the rest of the time was spent in team members expressing their grievances. This opportunity was used to develop the management structure of IPH. It was decided that the managerial responsibilities would be shared by three distinct teams – Management, Technical & Administrative teams. The purpose, composition and selection of members to each team were discussed in detail. An important need identified during this retreat was the need to create a space within IPH, where a staff could voice his/her grievance and resolve it as soon as possible.

IPH team capacity building

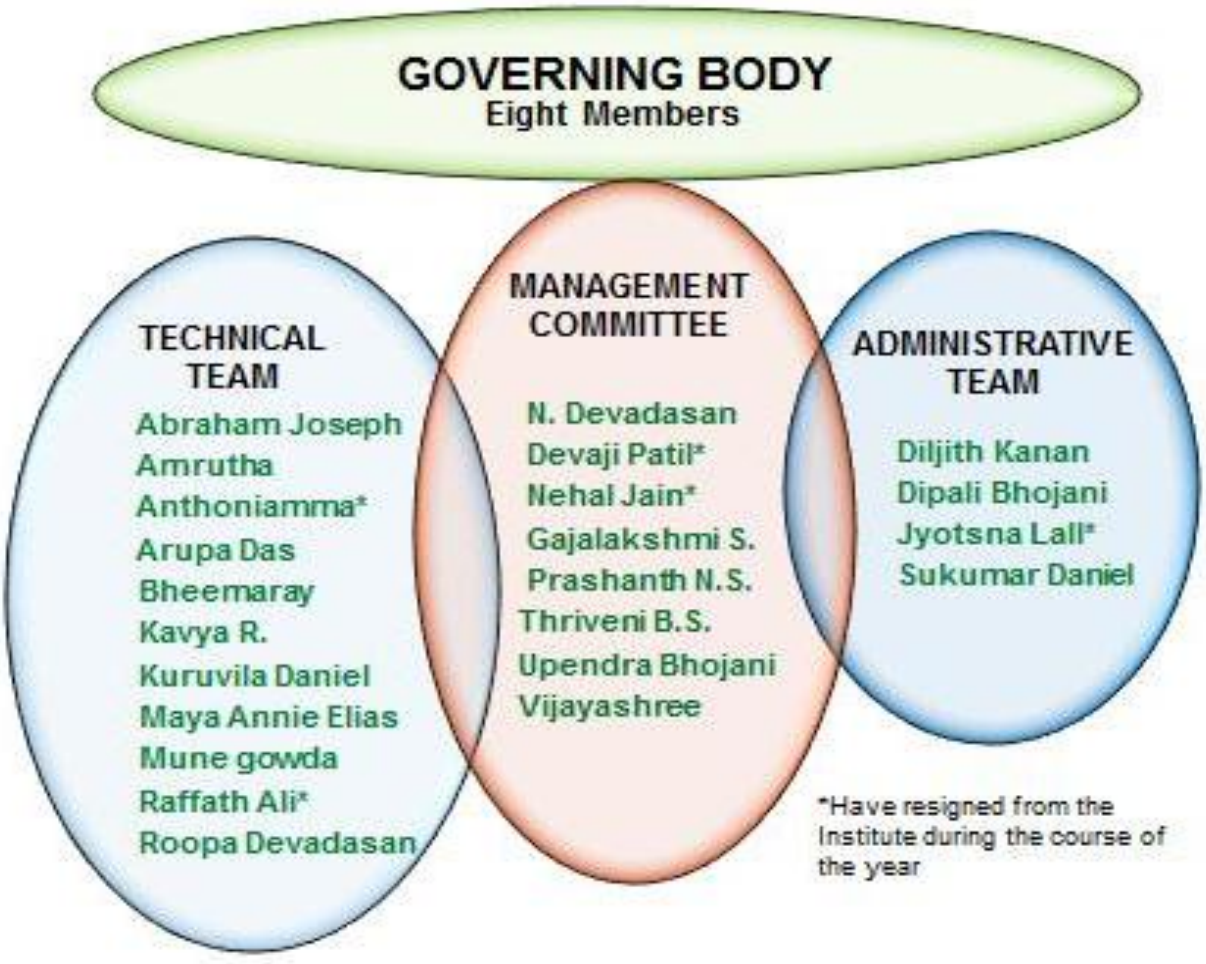
On the whole, it was an intense, participatory process that symbolized the beginning of a new phase in IPH. It was decided that similar participatory planning retreats would be conducted on an annual basis. During this retreat IPH celebrated five years of its existence, which has been focused and meaningful.

- **Planning retreat 2011**

The annual planning retreat for 2011 was held at Vishranthi Nilayam in Bengaluru from 4th-8th January 2011. The main objectives were to finalise the vision and mission of IPH and to list the detailed plans to achieve the mission. In the course of this retreat, the earlier strategy was re-visited. The discussions provided the basis for the Strategy Paper: 2011-16 (mentioned in detail earlier in this report). It was also agreed upon that each team would monitor the implementation of the team's annual plan every quarter. This would be shared with the rest of the IPH staff on a six monthly basis.

There has been an exponential expansion of faculty at IPH. With the delegation of responsibilities to more team members, it is hoped that IPH will continue to remain a flat organisation and also train the second level of leadership who can then take over.

G. ORGANOGRAM OF IPH (2010-2011):



Knowledge management

1. LIBRARY

In today's world where information overload is the norm, it is important that professionals are able to manage their learning. To support this, IPH has made considerable investment to develop a strong public health library. Not only do we boast of more than 1500 books, the library is also linked with two other libraries. As a result, IPH faculty can access journal articles through the ITM library and books from more than hundred libraries in India through Delnet.

2. INFORMATION-COMMUNICATION TECHNOLOGIES (ICT)

Further, the library is also indexed and this index is available on each faculty's computer. This means that the faculty can search for books from their desks and then pick up the relevant books when required.

ICT is an essential tool for IPH to assist in activities dealing with research, training and advocacy. IPH advocates the use and adoption of Free Open Source Software (FOSS) to the largest extent possible. IPH also uses web 2.0 tools and is present on popular social networking sites. A page titled "Institute of Public Health" was started in August 2010 on Facebook. Regular updates of the organisation's activities and its press coverage is posted on this page. The page currently has 161 'fans' or followers. IPH has also been active on Twitter. IPH also has a channel on YouTube where videos of its activities and press coverage are uploaded.

Publication

Publications in non-peer-reviewed journals

- **Devadasan N.** Pain, is it necessary, is it bad? Christian Medical Journal of India 2010; December

Publications in peer-reviewed journals

- **Devadasan N,** Criel B, Van Damme W, Lefervere P, Manoharan S, Van der Stuyft P. Community health insurance & patient satisfaction – evidence from India. IJMR: 133: 40-49.

- **Bhojani U, Venkataraman V**. India: court bans tobacco board from trade show. Tobacco Control 2010: 19: 439

- **Devadasan N**, Criel B, Van Damme V, Manoharan S, Sarma PS, Van der Stuyft P. Community health insurance in Gudalur, India, increases access to hospital care. Health Policy and Planning 2010; 25(2): 145-154

- Huss R, Green A, Sudarshan H, **Karpagam SS**, Ramani KV, Tomson G, Gerein N. Good governance and corruption the health sector: lessons from the Karnataka experience. Health Policy and Planning 2010; 1-14

- Michielsen J, Meulemans H, Soors W, Ndiaye P, **Devadasan N**, De Herdt T, Verbist G, Criel B. Social protection in health: the need for a transformative dimension [Editorial]. Tropical Medicine and International Health 2010; 15: 654-658

- **Prashanth NS**. Healthy forests and healthy people: a problem of first among equals. Current Conservation 2010; 3(4)

- **Prashanth NS, Bhojani U**, Soors W. Health systems research and the Gadchiroli debate: a plea for universal and equitable ethics. Indian Journal of Medical Ethics 2011; 8(1):47-48

- Pasricha S-R, Black J, Muthayya S, Shet A, Bhat V, Nagaraj S, **Prashanth NS**, Sudarshan H, Biggs B-A, Shet A. Determinants of anaemia among young children in rural India. Paediatrics 2010; 126: 140-149

- Sant-RaynPasricha, James Black, SumithraMuthayya, Anita Shet, VijayBhat, SavithaNagaraj, **N S Prashanth**, H Sudarshan, Beverley-Ann Biggs, Arun S Shet. Determinants of Anaemia Among Young Children in Rural India. Paediatrics. 2010; 126: 140-149.

- Van Olmen J, Criel B, **Devadasan N**, Pariyo G, De Vos P, Van Damme W, Van Dormael M, Marchal B, Kegels G. Primary health care in the 21st century: primary care providers and people's empowerment. Tropical Medicine and International Health 2010; 15(4): 386-390

Policy Background Papers/Briefs

- **Devadasan N,** Rao G. Financing the Indian health system: a possible way forward. April 2010. Background paper submitted for the "Annual Report to the People of India on health" commissioned by the Government of India, Ministry of Health

- Soors W, **Devadasan N**, Durairaj V, Criel B. Community health insurance and universal coverage: Multiple paths, many rivers to cross. World Health Report (2010) Background Paper, 48, World Health Organisation 2010 pp.1-121

- KKC Paper on health financing

Books

- **Devadasan N.** Medical treatment: massive bills, deepening poverty. In: India Disaster Report (Eds Prof Parasuraman). TISS, Mumbai. 2011.*

(* Not yet published)

CD – ROM

- CD ROM/Digital Atlas

- Teaching aids for "Managing emergencies in primary health care", in Kannada and English

- Publications of Institute of Public Health, Bengaluru (2005-2010)

IPH Publication

- Abstracts of papers presented at the national conference on Bringing Evidence into Public Health Policy. Bengaluru, IPH, 2010

- Media kit on World No Tobacco Day 2010

Conference Presentations

- **Kavya R, Bhojani U, Prashanth NS, Devadasan N.** Capacity building programme for district health team, International Conference on Health Systems Strengthening, Chennai, May 2010

- **Bhojani UM**, Madhav G, State Mentoring Monitoring Group Karnataka (Narayan T, Sudarshan H, Premadas E, Basavaraju E, Prabha N, Saligram P, Oblesha KB, Karpagam S) Community-based planning & monitoring of public health services: Lessons from the South- Indian state of Karnataka, International Conference on Health Systems Strengthening, Chennai, May 2010

- **Bhojani UM, Prashanth NS, Devadasan N**. Under reported deaths and inflated deliveries: making sense of health management information systems in India, International Conference on Health Systems Strengthening, Chennai, May 2010.

Partners

IPH has grown considerably in the past three years and it is important to acknowledge the role our partners have played in helping us come this far. The Institute of Tropical Medicine, Antwerp, Belgium have stood with us through thick and thin, guiding and encouraging us when required. Their contribution, especially that of Prof. Bart Criel and Dr. Werner Soors, have gone way beyond the usual financial and technical support. They are truly considered a part of the IPH family as they share our joys and griefs.

The other important partner has been the Government of Karnataka who has trusted us and accepted many of our requests with the least amount of bureaucracy. It is encouraging to see this relationship develop over time.

We have learnt a lot from our colleagues at various institutions like the NHSRC, New Delhi; PHFI, New Delhi; WHO country office, New Delhi; SIHFW, Bengaluru; NCIHD, Leeds; KIT, Amsterdam; FUDAN, Shanghai and HSPH, Hanoi - thank you very much.

We are also grateful to all the donors who have believed in us and provided us with the requisite resources to carry out our projects. A special thanks to the European Commission, GoK, ITM, Misereor, NHSRC, SDTT, SRTT, Campaign for tobacco free kinds and WHO.

Finally, we would like to thank all our friends who have walked with us through the past five years. The list is innumerable, but if you have received this report, it implies that you are one of them - THANK YOU.

Accounts

We appointed new auditors for the year 2010-11. M/s Philip, Cherian & Co: have provided yeoman service by reviewing our books and vouchers on a monthly basis and correcting any problems that have arisen. This has helped us further streamline our accounts and introduce internal checks and balances. We received visits from external auditors of WHO and SRTT, who also gave us invaluable advise to further strengthen our financial systems. This is very important, given the vast amounts of money that we hold in our trust.

RECEIPTS AND PAYMENT FOR THE YEAR 2010 - 2011

* Including interest from bank

FUNDED BY	OPENING BALANCE	INCOME RECEIVED DURING THE YEAR*	EXPENDITURE	BALANCE
SDTT	597,289.22	1,047,218.00	741,494.60	903,012.62
NRTT	-	1,736,000.00	195,000.00	1,541,000.00
HESVIC	-1,456,467.68	16,518,402.74	3,498,995.51	11,562,939.55
ITM	-	1,804,897.78	10,687,161.49	-8,882,263.71
MISEREOR - TA	11,972.50	-	266,972.50	-255,000.00
MISEREOR - UH	-	720,500.00	909,885.00	-189,385.00
TOBACCO FREE KIDS - GTNF	-	420,911.59	361,589.00	59,322.59
FC - Gen	-	-	5,100.00	-5,100.00
GHK Project	-	-	23,802.00	-23,802.00
Advances and Deposit	-	-	63,100.00	-63,100.00
HRIDAY	110,500.00	67,685.00	237,474.00	-59,289.00
KHSDRP - Help Desk - Project	-348,438.74	356,364.00	-	7,925.26
Karuna Trust - Baseline Project	-	-	5,901.00	-5,901.00
WHO - RSBY Project	-	-	3,383.00	-3,383.00
Advances and Deposit	-	-	285,500.00	-285,500.00
DHM course fees	1,590,572.00	2,162,160.00	785,000.00	2,967,732.00
DHM local	-	-	102,502.00	-102,502.00
NHSRC	-698,465.00	-	10,000.00	-708,465.00
IC - other	632,456.00	2,510,473.00	2,079,328.26	1,063,600.74

For Institute of Public Health

Diretor Trasurer

(Signed by)

Place: Bangalore
Date: 01.06.2011

As per our report of even date
For Phillips Cherian & Associates
Chartered Accountants

(Signed by)

Phillips K Cherian
Partner
M.M.No.: 022461

Of the year that is here

As we look back at the year gone, we realise that we have scaled considerable mountains. In a period of three years, IPH has achieved recognition at both state and national level. Our publications are more than most other public health institutions and there are candidates waiting impatiently for our MPH course to start.

However, as usual, we prefer not to sit on our laurels. We focus on not what we have achieved, but at what is still left to accomplish. IPH cannot rest as long as there are unnecessary mortality and morbidity, as long as health systems do not respond to the needs of the community; as long as families are impoverished because of medical care, as long as individuals are not able to adopt healthy lifestyles, as long as... The focus this year will be in expanding our training programmes, designing our MPH course and generating evidence to influence policy and practice.

The woods are lovely, dark, and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.

- **Robert Frost**

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