Institute of Public Health
Bengaluru

ANNUAL REPORT
2011-2012

Photo Credits

Contents page photo: Nilayan Dutta / Drik

CONTENTS

ABBREVIATIONS USED

ACCORD	Action for Community Organisation, Rehabilitation and Development
AMS	Adivasi Munnetra Sangam
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
ASHWINI	Association for Health Welfare in the Nilgiris
BBMP	Bruhat Bengaluru Mahanagara Palike
BPL	Below Poverty Line
BPMs	Block and District Programme Managers
CHA	Community Health Assistants
CMC	Christian Medical College
CPA	Consumer Protection Act
DHM	District Health Management
EmOC	Emergency Obstetric Care
FGD	Focus Group Discussion
FYP	Five Year Plan
Health Inc	Financing Health Care for Inclusion Research Project
HESVIC	Health System Stewardship and Regulation in Vietnam, India and China
HITI	Health and Information Technology Interface
HMIS	Health Management Information System
HR	Human Resource
ICT	Information Communications and Technology
IPH	Institute of Public Health
IRMA	Institute of Rural Management Anand
IT	Information Technology
ITM	Institute of Tropical Medicine
KG Halli	Kadugondanahalli
LMIC	Low- or Middle- Income Countries
MC	Management Committee
MO	Medical Officers
MPH	Master's in Public Health
MS DOS	Microsoft Disk Operating System
MTP	Medical Termination of Pregnancy
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NEDSSS	North East Diocesan Social Service Society
NGO	Non-Governmental Organisations
NRHM	National Rural Health Mission
PHC	Primary Health Care
PPP	Public Private Partnership
PWCD	People With Chronic Diseases
RSBY	Rashtriya Swasthya Bima Yojana
SIHFW	State Institute of Health and Family Welfare
SK	Swasthya Karnataka
SRTT	Sir Ratan Tata Trust
TB	Tuberculosis
VAS	Vajpayee Arogyasri Scheme

INTRODUCTION

THE YEAR 2011-2012

This year has had its share of ups and downs like any other year, but, the highlight of the year is the data collection for the HESVIC project. This high had its low when I heard the poignant stories of families struggling because of health system failures. Students from Maastricht University brought a whiff of fresh air as they challenged many issues that we had taken for granted. For example, all of them were horrified by the lack of privacy that our Indian doctors exhibit while examining their patients. Years of exposure had made us miss the obvious. It made us sit up and think when they asked us: "*will you permit your wife or child to be examined in such an environment?*" It was one of those "Aha" moments for many of us.

While some of us visited the North Eastern states of Meghalaya, Mizoram and Arunachal Pradesh, others visited the naxalite-affected districts in Chhattisgarh. These visits reinforced the disparities in our country- between states, communities and even individuals within similar communities.

Our urban health team was pleasantly surprised by the willingness of private practitioners to sacrifice one hour every month to attend a meeting organised by them. Many myths about private sectors were abolished as these practitioners spoke freely about patients' welfare and the need to reduce costs. They were enthusiastic advocates for generic medicines and promised to prescribe them if IPH would organise its supply.

The Tumkur team was not as productive as earlier. They grappled with the concept of health systems strengthening and developing a 'model' district. However, towards the end of the year, things were clearer to them and we hope to make a substantial difference in the coming years.

RSBY is the flagship health-financing programme of the Government of India. However, there have been lapses in implementation and our study in Gujarat has brought this to light. The Health Inc. study in Karnataka plans to consolidate our findings from Gujarat and will hopefully shed light on why the RSBY is not benefiting the poor.

However, another low this year was the passing away of our Founder and President, Mr S Manoharan. He was a pillar of support and inspiration to many. We remember him fondly and offer our heartfelt condolences to his wife and young daughter.

Dr. N. Devadasan

Obituary

Manoharan, President, IPH

Manoharan was an extra-ordinary person who was full of life and energy. He was an alumnus of IRMA (one of India's prestigious management schools), and had dedicated his life to serving the poor. He started his career in the naxalite-infested district of Adilabad in Andhra Pradesh. Having made his mark among the tribals there, he left to join ACCORD in Gudalur in 1991. That was my first encounter with this shy, unassuming, soft-spoken wisp of a man with the brains of a genius. He slogged day and night with two other fresh graduates, working alongside them though he was their senior. Slowly, he took over the entire management system of ACCORD, ASHWINI, the AMS tea cooperative and many other organisations. All this was accomplished through his clarity in vision and hard work. This of course made our duties easier and we looked up to him as if he were an angel in disguise. Never one to complain, he was at ease with computers and at meetings with adivasi leaders. Always polite, gentle and receptive to the adivasi's tone and speech, he did win a special place in their hearts. Each one of us had a very special relationship with Manoharan.

Stan always took his ideas to Manoharan when he wanted a different perspective. I would tap his immense zest for technology, even in the days of MS DOS. He was the one who had developed HMIS software for the ACCORD health programme. The ACCORD team looked up to him whenever they needed an unbiased opinion about any issue. His ability to look at both sides of the coin and give a fair opinion was unmatched. So much so that some called him "saintly".

While there are many achievements to his credit, his management students will always remember him for the time and effort he invested in them. These tribal girls, all school dropouts today manage the administration and finances of organisations with high volumes of turnover, thanks to Manoharan. It was a shock to hear about his illness, but we were asked to not express our shock or grief. His battle against cancer was discussed quite openly with all in a very matter of fact manner, and he never expected sympathy. The mails were all filled with facts with threads of humour woven between, showing us how strong he was on the inside. I remember many of our IPH staff members marvelling at how a person in such a situation could look at life so positively. But that was Manoharan, always able to take a step away from the issue at hand and look at it with total objectivity. Manoharan, we shall all miss you.

WHERE WE WORK

The geographic spread of our work extends from North India to North-East India to West India to South India.

West India:

Gujarat: Study of Rashtriya Swasthya Bima Yojana Health Insurance scheme in India

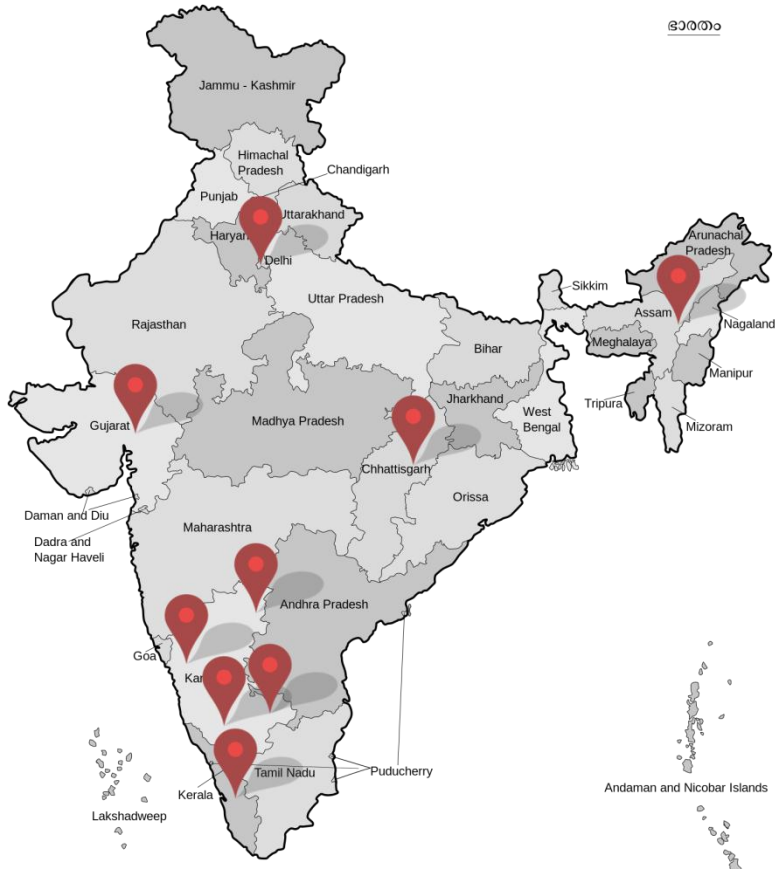
North-East India:

Assam: Technical assistance to NEDSSS in implementing Health programme and supportive supervision and training in NEDSSS

South India:

Chhattisgarh: Technical Services-Study on Strengthening the Health Services in, Chhattisgarh

Karnataka:



- Improving access to quality health care for slum dwellers in Kadugondanahalli (K G Halli)
- Health system stewardship and regulation in Vietnam, India and China (HESVIC)
- Health Inc. – Socially inclusive health care financing in West Africa and India short title: Financing health care for inclusion of collaborative project grant
- Making Karnataka tobacco free
- Professional Development Course for District Health Team on Management of district's health programme
- Manasa Project- a baseline study

Kerala: Comprehensive health insurance scheme

OUR WORK

Training

Research

Advocacy

Technical Assistance

TRAINING

Training is one of the important activities of IPH. Unlike other institutions, we focus on building the role of government health staff. The hypothesis here is that the poor mainly use government facilities. By strengthening these facilities, we will be able to make a difference to the health status of the poor in our country. Continuing from where we had left off last year, we invested considerable time and effort in training government health staff in Tumkur. Our training team has also been active in developing an e-learning course as well as the MPH curriculum.

We undertook the following training activities in the year 2011-12:

Training at Tumkur:

a) Programme managers:

Block and district programme managers (BPMs) were recruited under the NRHM programme to provide managerial support to the block and district health teams. However, most of the BPMs are trained only in finance and business administration and have little or no knowledge about health related issues. So despite five years of NRHM in Karnataka, most BPMs function just as data collectors and data entry operators. To overcome this deficit and maximize their contribution to the health system, IPH decided to conduct a training programme on fundamentals of health. The premise being that if they are empowered with information about health conditions and how to monitor health programmes, they will be able to provide useful inputs into the block and district health teams. We started the training sessions for the 10 BPMs on a monthly basis in September 2011. The topics covered in these sessions and resultant changes in health services are given in Box 1.

Box 1: BPMs training

- Health Service Organisation
- National Rural Health Mission
- Community Participation
- National Health Programmes
- Administrative Procedures
- District Health Action Plan
- Field-visit Checklist

Change in the health services after the training

The program managers have expressed that the training program has enabled them to understand the importance of their role within the health team. They are able to employ the skills and knowledge acquired in the program to formulate effective PIP plans and to monitor the performance of their blocks much better than.

Box 2: District hospital training:

- Team Work and Motivation
- Conflict Resolution and Negotiation
- Perspectives/ Frame of Reference
- Leadership and Communication
- Hierarchy and Rationalisation

b) District hospital staff:

The Government of Karnataka had selected Tumkur district hospital for accreditation under NABH. As part of the preparations and on the request

of the District Surgeon, IPH organised and facilitated a training programme for the Tumkur district hospital staff. Eight batches of hospital staff attended the training sessions spread across two weeks in September 2011.

c) Accountants:

During one of the routine visits, IPH staff discovered that most of the PHC staff was unaware of basic double entry accounting systems. As NRHM insists on double entry accounting, many of the clerks and PHC MOs were hesitant to use the NRHM money because of this gap in knowledge. They were afraid of audit objections and hence preferred to keep the money in the banks rather than spend it to strengthen their facility. Again at their request, IPH organised a two-day training for the 39 staff members from across 40 PHCs.

d) Mentoring:

Recognising that training on its own does not bring about significant changes in the practice of health care, IPH team regularly visited the field and supported the Taluk and PHC staff. Given the limited number of staff, we decided to focus only on three taluks in Tumkur, with each mentor taking the responsibility of one taluk. They regularly visited and discussed with the staff helping them solve problems locally. These visits also helped in building trust between the government health officers and the IPH team, so much so that today, we can walk into any government facility in Tumkur with the confidence that we will be received warmly. MOs and even district programme officers are quite willing to share information and data – even confidential data like maternal death audit reports. Each taluk team has prepared a situational analysis and has presented it to the Taluk Health officer. We hope that this analysis will be presented to the PHC officers and an action plan to strengthen the health status of each taluk will emerge.

Box 4: Key recommendations of the external evaluation team

- Maintain the strong vision and mission of the SK consortium
- Strengthen the pedagogical competence of the course
- Strive for systemic vision and design a competence based curriculum
- Scale-up the course so that it benefits other districts as well
- Start Master's degree in Public health services
- Conduct action research on management of health services

e) External evaluation of the DHM course:

The District Health Management (DHM) course was our flagship training course in 2010. The State Government is keen on scaling it up to other districts. However, we felt that before it is scaled up, we need to evaluate it and learn from this pilot session. An international team of pedagogical and public health experts evaluated the course in May 2011. The team evaluated the relevance and effectiveness of the course, the curriculum design, course management and its future for scaling up.

Internship programme:

IPH strongly believes in providing practical field experience to young professionals to help them gain better understanding about the issues in public health. The internship programme is a semi-structured course. It lays emphasis on observing, working and understanding ground realities through exposure to research, training and advocacy within public health in both rural and urban areas. Interns benefit from practical learning, sharing of experiences, and expertise from the senior professionals as well as from peers who are working in different projects in the organisation.

IPH received interns from

- KLE University, Belgaum
- University of Bielefeld, Germany
- Antwerp University, Belgium
- East Tennessee State University, USA
- Simon Fraser University, Canada

Maastricht university programme:

Maastricht University has developed an exposure visit for its students, to understand the real life issues in LMIC. In July 2011, ten students of Medicine / Health Sciences / European Public Health / Biomedical Sciences, participated in the three week programme. The program focussed on exposing the students to the Indian health care system, determinants of health within the Indian context, health care financing in India and the inequities in health. The entire programme was centred on field visits, with debriefing sessions to aid the process of reflection.

Maastrict University Students 2011

e-Learning:

IPH has been planning to start an e-learning programme and offer short courses to a wider audience instead of localised courses with limited geographical scope and coverage. The larger objective of the e-learning activity is to improve health system capacity by building the knowledge and skills of various staff in government, Non-Governmental Organisations (NGO), and others with a stake and interest in strengthening the health system. We decided to start with an e-learning course for the BPMs across the country. The content of the course is developed by our faculty and designed by an IT professional. ITM's e-learning and pedagogical units are providing considerable support to this process.

Training at other courses:

One of the strengths of IPH is its well-qualified and experienced faculty. Thus, IPH's faculty is often invited by other organisations to teach at their training programmes. A list of such trainings conducted by IPH faculty is as follows.

Name of Faculty	Technical Support for Training	Organisation
Kavya Rangaswamy	Supportive Supervision, Health Policy	SIHFW Indian Social Institute
Raveesha M	Routine Immunization	SIHFW
Tanya Seshadri	Health Insurance	SIHFW
Vijayashree Y	Health Care related Laws Supervisory Checklist for MCH	SIHFW
N. Devadasan	Health Economics	Manipal University
Maya Anne Elias	Sociology	Padmashree School of Public Health
Amruthavalli	Sociology	Padmashree School of Public Health

PhD programme:

Dr Prashanth NS has chosen 'capacity building in health', as the topic for his PhD thesis. He has obtained ethical approval from ITM and IPH ethics committees and has finalised his study protocol. He has completed data collection in Raichur and Tumkur districts; and is presently in the data analysis stage. He has registered with the Catholic University in Brussels and is guided by Prof Jean Macq, Prof Bart Criel and Dr. N. Devadasan.

Dr Upendra Bhojani is studying the "role of local health system to improve chronic disease care in a poor urban neighbourhood" in Bangalore. He has completed the first sub-study, analysing prevalence, health seeking behaviour and health expenditure on chronic diseases. He has received ethics approval for conducting a second sub-study. He is guided by Prof Patrick Kolsteren, Prof Bart Criel and Dr. N. Devadasan and is registered with the Gent University in Belgium.

Dr Vijayashree has submitted her PhD application on "How to optimise the involvement of qualified private practitioners in Tuberculosis care and control in India" to the Doctoral commission at ITM, Antwerp.

MPH programme:

IPH has been keen on starting an MPH programme with special focus on government candidates as well as health systems management. There have been various rounds of meetings and the faculty is in the process of drafting the curriculum. We hope to launch the programme by June 2013.

RESEARCH

Slowly the world is recognising the importance of research in health systems. Last year, there were many articles by key public health professionals asking for more evidence from health systems. We, at IPH are a step ahead of most other organisations in this aspect. From early on, our focus has been on research in health systems, with emphasis on application rather than knowledge. In 2010-11, we focussed on the five elements of health systems, namely governance, health service delivery, health financing, human resources and health promotion.

HESVIC team collecting research data

Given below are the different research projects that are currently underway in IPH:

Governance:

a) HESVIC:

Health System Stewardship and Regulation in Vietnam, India and China (HESVIC) is a multi-country collaborative research project financed by the European commission. It aims to find how regulations and through it governance, affects equitable access to quality maternal health care. In line with this objective, the focus has largely been exploratory and interpretative. The study focuses on one district each in North and South Karnataka to obtain detailed and comparative analysis about implementation of regulations and governance at the local level.

The project team successfully completed collection of primary data that included Focus Group Discussions (FGDs) with ANMs and ASHAs; semi-structured interviews with users of *Emergency Obstetric Care* (EmOC), abortion and grievance redressal services, administrators and implementers of regulations at the taluk and the district as well as policy makers at the state and national levels. A total of ninety-three interviews were conducted after which all the data were analysed. The first country-level report was prepared and presented at the project consortium meeting held in Shanghai in March 2012.

Some of the key findings of the study were as follows:

1. In spite of maternal health receiving policy priority, maternal deaths continued to persist.
2. As access to emergency obstetric care seems to be *uncertain;* women have often been referred to other, bigger hospitals to avoid taking the 'risk' of adverse events within their restricted facility. Most of the deaths have occurred due to such multiple referrals.
3. The Medical Termination of Pregnancy (MTP), misinterpreted as a *restrictive* regulation by the service providers, resulted in many illegal abortions.
4. Medical abortion has been misused, resulting in a large number of incomplete abortions leading to complications.
5. The Consumer Protection Act (CPA) has been rarely used for seeking redressal in cases of medical negligence; the existing cases are only from the private sector hospitals. The regulation, as interpreted by administrators, seems to exclude the public sector in a majority of the cases.
6. User grievance remains muted and when grievance has been collective and/or severe in nature, it has been redressed through ad-hoc and informal mechanisms.

HESVIC team collecting and analysing the data

The project has also initiated the last phase of the research project i.e. an inter-country comparative analysis to understand the factors, including process of governance and its effect on maternal health care.

Apart from this, two other studies have also been conducted on,

1. Media Analysis of Grievance Redressal Mechanisms in Karnataka, by Alyssa, an intern from Simon Fraser University, Canada; and
2. Patient Satisfaction and Pathways of Grievance Redressal: Study of a District Hospital in Karnataka, by interns from KLE University, Belgaum.

Findings of these studies have been incorporated into the main report. More details about the research is available at www.hesvic.iphindia.org

The findings have been shared across different forums. The Technical Advisory Committee meeting was held twice (July 2011 and April 2012) to share the progress of the project at different stages. In addition, the project consortium had also met twice - once in Bangalore (November 2011) and again in Shanghai (March 2012) to share country specific findings from all the three countries and develop themes for inter-country comparisons.

The following papers were presented in conferences and workshops based on the research**:**

HESVIC team member presenting the paper

- 'Voicing or muting grievance? Evidence on grievance redressal mechanisms in Karnataka', presented in the conference on Health System Reforms in Asia, Hong Kong December 2011
- 'Constructing the 'legal' and the 'cultural': Implications on safe abortion services', presented in the Seminar on India in Transition: Health Challenges, University of Pune, March 2012
- The Anthropological Gaze: Researching on health system governance in India, presented in the international Symposium on Anthropology of Global Issues, University of Delhi with World Council of Anthropological Associations, April 2012.

Research Papers

Two research papers were prepared, and are in the process of being submitted to relevant journals. The papers were on,

1. 'Ensuring emergency obstetric care: Role of Indian Public Health Standards'
2. Voicing Grievance: Evidence on Grievance Redressal mechanisms in Karnataka'.

Conflict of Interests in tobacco control:

In India, the interference by the tobacco industry on tobacco control is a known phenomenon. However, there has been a dearth of empirical literature on these issues. In order to gain a comprehensive understanding and generate local evidence about the nature and extent of conflicting interests for tobacco control, IPH has initiated an exhaustive literature review. This activity will include reviewing media stories, published literature, tobacco industry documents, and websites apart from using the Right to Information Act. The findings of the review should be available by the third quarter of 2012.

Health services:

The Urban Health project seeks to improve the quality of health care, especially for the poor, by working with the three important stakeholders, the community, the providers and the authority. This project is being implemented in KG Halli, (ward # 30), Bangalore. It is an action-based research, where the work gets outlined with every iterative cycle of planning, reflection and action. In its third year of implementation, the project is now focusing on building a common stakeholder platform with strong community participation. This will help in looking for venues to improve quality of health care for its members, particularly the poor. This research is financed by Misereor (Germany), Sir Doarabji Tata Trust (Mumbai) and Medico (Germany).

CHAs during home monitoring

On-going activities:

- A unique aspect of this project has been sculpting the role of the Community Health Assistants (CHAs). Their primary responsibility is to become the link between the community and IPH. As part of the process, IPH has been educating women on issues such as hypertension, new-born care, importance of counselling, all of which give them an edge when dealing with the problems within the community.
- The CHAs have been doing the rounds in the community to do ante natal monitoring, motivating parents to participate in the Polio Plus programme and have been actively collaborating with the link workers of the urban health centre. This has successfully established a relationship of trust between IPH and the community.

- The school health programme, where the IPH team conducts sessions on health, has proved to be a successful intervention. Schools in those areas have now begun to actively seek the team out. As a result, in addition to the sessions on body mapping; sessions on tobacco and issues of addiction are also being conducted.

School health programme by IPH team at KG Halli

- The focus for this year has been bringing together all the stakeholders onto a common platform for a dialogue. To begin with, the IPH team has successfully brought together healthcare providers by holding monthly meetings. Six such sessions have been held and documented so far. The major outcome of this activity has been an agreement between a few providers to start piloting individual health cards in the area, to improve continuity of care.
- A leaflet with the list of providers in the area has been drafted, and providers have now begun doing cross-referrals. Home-visits by the CHAs have revealed that many patients with chronic disease have been on irregular treatment or have given up treatment because they cannot afford it. This grave issue was raised at the meetings and it brought together the health providers, the IPH team, as well as the CHAs to actively seek solutions.

Meeting with BBMP officials at KG Halli

- The IPH team visited top Bruhat Bengaluru Mahanagara Palike (BBMP) officials in January; subsequent to which the health officials made a visit to the community centre in KG Halli. While IPH has received official support for our intervention verbally, we are still awaiting a written letter from the BBMP office.

In our interactions with the youth, we sensed they do not have a space to meet and talk about issues, as well as connect with the world at large. Since their dream was to have a youth centre with a reading room and three computers, the IPH team worked on the same. With the help of a new investor, this has been made possible. The local councillor, Mrs. Shaheen Taj, inaugurated this centre in March 2012.

The local councillor of KG Halli, inaugurated the youth centre

- The IPH team has been maintaining a day to day journal for process documentation. Reviewing these notes in a systematic manner has proved to be invaluable. The documentation directly feeds into the iterative cycle, which is an integral part of any action-based research.

Internal capacity building of the urban health team is an on-going activity within the urban health project. This includes on the job training/orientation, fixed one-day trainings and visits to other such organisations and government departments, particularly for the CHAs. There have also been some in-house training sessions with topics ranging from hypertension, new-born care to gender related issues, extending to counselling. Some of the important visits include the Samaj Parivarthan Andholana, and Christian Medical College (CMC) Vellore, to understand the urban health programme that they are implementing as well as their intervention for solid waste management.

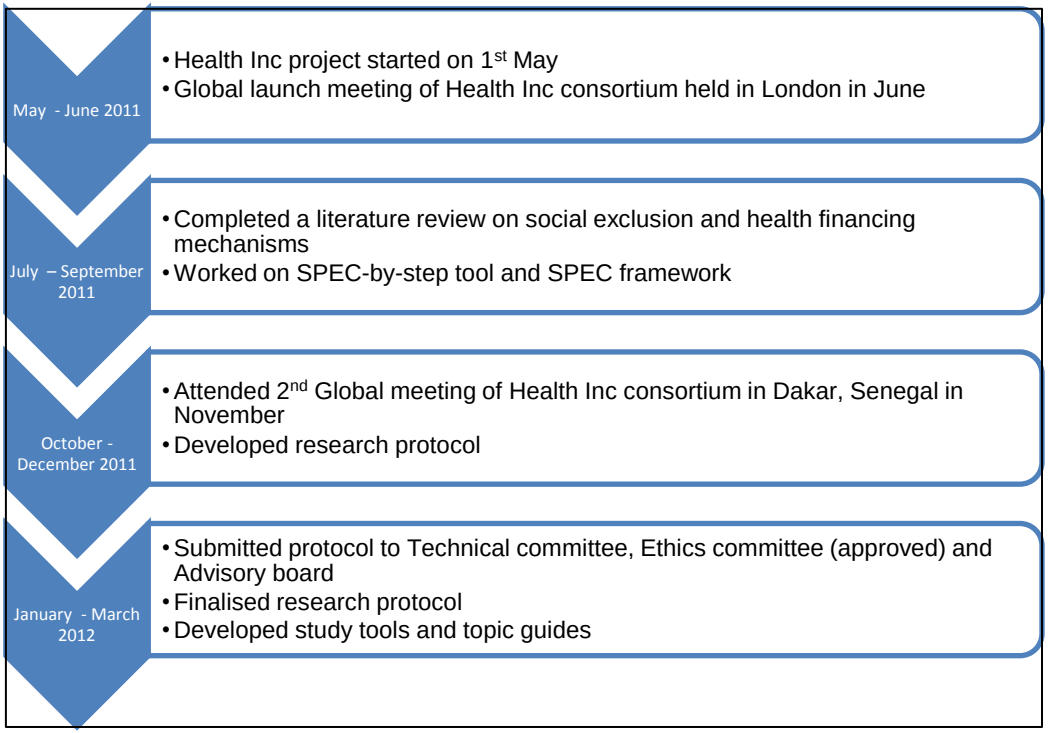
Dissemination of processes, findings and lessons learnt, have been achieved through two poster (Health systems obstacles in the delivery of quality care to People With Chronic Diseases (PWCD) and a case study from urban India and Controlled lives: impact of social factors on reproductive rights of women in urban South India)

presentation at the 7th European Congress on Tropical Medicine and International Health Conference, in Barcelona, Spain. The team has written thirteen blogs, two press releases and one manuscript.

Health financing:

a) Health Inc:

Health Inc is a three year project (May 2011 - April 2014) funded by the European Commission. The Health Inc consortium comprises of six partners - London School of Economics (United Kingdom), Institute of Tropical Medicine (Belgium), Tata Institute of Social Science (India), Institute of Public Health (India), Centre for Research on Social Policies (Senegal) and Institute of Statistical, Social and Economic Research (Ghana).



This study puts forth the hypothesis that social exclusion is an important cause for restricting access to health services despite the presence of health financing reforms. Using a combination of quantitative and qualitative methods, the research will be conducted across four sites namely, Ghana and Senegal in Africa, and Maharashtra and Karnataka in India.

In Maharashtra and Karnataka (India), Health Inc is studying the Rashtriya Swasthya Bima Yojana (RSBY), a national health insurance scheme, launched in India in August 2007, which aims to improve access to quality health care and offer financial protection to BPL households.

Through this project, IPH tries to identify socially excluded groups/communities in Karnataka and understand how and why such exclusionary processes occur.

The Health Inc page has been developed on the IPH website under Health financing. This page offers details about the research and provides links to the monthly Health Inc newsletters circulated by the consortium. Project activities and events have been updated on a regular basis on the webpage and have also been shared via social media. Further, the Health Inc consortium has developed a website (www.healthinc.eu) that will act as a source for information on the project and social exclusion.

b) RSBY study in Gujarat:

IPH bid and received a grant to study RSBY in Gujarat. This study was conducted in partnership with the Institute of Tropical Medicine, Antwerp and the Indian Institute of Public Health, Gandhinagar. The project aimed to study the impact of RSBY in Patan district of Gujarat, India, in terms of enrolment rates, access to quality hospital care and financial protection. The study also explored issues of governance, enrolment, utilisation and monitoring of the scheme.

RSBY data collection team at Gujarat

The research commenced in February 2011 and by March 2012 the team had developed both quantitative and qualitative tools, and completed the data collection. The team is currently in the last stages of focus group discussions with beneficiaries in Patan district, analysing the data and preparing its preliminary findings that will be shared with various stakeholders of RSBY from Gujarat and other States in India.

Human resources:

In Tumkur, we continue studying the reasons why people translate knowledge into practice through Prashanth's PhD work.

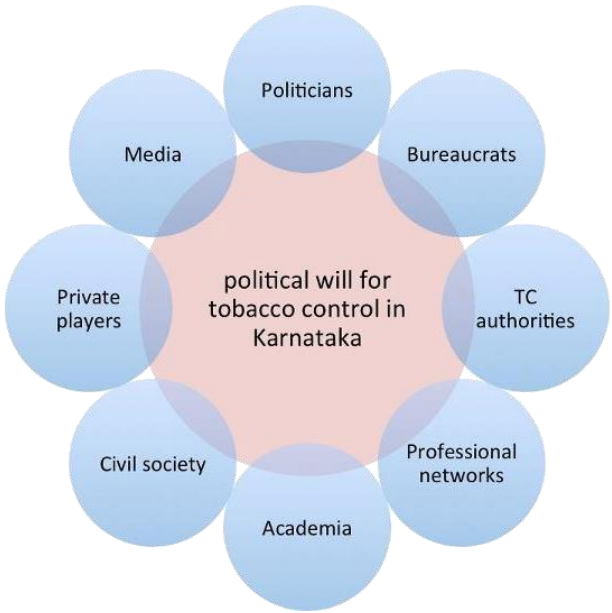
ADVOCACY

The main objective of advocacy is to influence policy, based on evidence (research and documentation) as well as equity. Advocacy is therefore another central activity within IPH. While research and training perform play vital role in collecting information and building capacities of the concerned people, advocacy completes this process by disseminating the information gathered, especially to decision-makers. There are various strategies used for advocacy, such as media, policy briefs, publications, etc. Disseminating relevant and evidence-based information have been the guiding principles for the advocacy strategy in IPH. Thus, the material we have disseminated becomes relevant to the audience, and highlights the situation of the poorer sections of our society in the hope that policies and programmes will be altered to make them more effective and definitely pro-poor. Our advocacy efforts include the following:

Towards tobacco-free Karnataka:

In November 2011, IPH started a tobacco control project that aimed to use media and political advocacy to promote tobacco control in Karnataka. Meetings with elected representatives (of the ruling as well as opposition parties), bureaucrats from various departments (health, finance, police, education, urban development etc.) and other stakeholders have been held to sensitise them and advocate for evidence based tobacco control strategies.

IPH received cooperation from various government departments, which permits actions to be taken in enhancing tobacco control within the state. Some of the major outputs include:



Multi stakeholder approach to tobacco control advocacy in Karnataka

- Tobacco control messages in science textbooks for 8thstandard students (all language mediums) have been included by the Education department through the Directorate of School Education, Research and Training, and the Textbook Society of Karnataka. A government order has been issued to do the same for the 9th and 10th standard textbooks, which will be revised next year.

- Violations of tobacco control laws are reported in the monthly crime review by the Home department. They are also considering training the department staff on tobacco control laws.
- A reporting mechanism by the Education department was established, where schools/colleges would report violations of tobacco control laws (especially selling of tobacco near educational institutes) to the deputy director of public instructions (district), which would subsequently be reported to the appropriate authorities at the state level.
- Notifications/circulars to law enforcement officers were issued by various departments, which would reinforce the implementation of tobacco control laws.

Press meet on the World cancer day

Nearly 80 news stories have been generated on tobacco control in both national and regional media through IPH's initiatives. This includes 5 television programmes or stories on Doordarshan, TV9, as well as Udaya TV. IPH also organised and facilitated a press meet on World Cancer Day where the Bruhat Bangalore Hotels Association, the Association of Bars and Restaurants, and the tobacco control authorities from the state and municipal government participated and reiterated their commitment to create smoke-free environment.

Convinced with our commitment to make Karnataka a tobacco free state, the Karnataka Department of Health and Family Welfare has made IPH as part of the State Anti-Tobacco Cell. This is a state nodal agency for tobacco control under the National Tobacco Control Programme.

Influencing government decision making:

IPH is now represented in various government bodies, where the faculty try and influence decisions through their experience, evidence and credibility. Some of the bodies on which IPH faculty are present,

Government of Karnataka – Executive committee of the Karnataka State Health Systems Resource Centre; Special invitee to the Executive committee of the Suvarna Aarogya Shree Trust (that implements the VAS health insurance scheme); special invitee to the Knowledge commission's Mission Group on Public Health; State Anti-Tobacco Cell; special invitee to the Tumkur District Health Society and member of the Health Committee for the 12^{th} FYP.

Government of India – Ministry of Health's Technical advisory committee on PPP in TB.

TECHNICAL ASSISTANCE

Given IPH's public health expertise, it is no wonder that various organisations request us to provide technical support to them. Our faculty has provided such support to a few organisations, keeping the interest of the institution in mind. The three divisions that we undertook this year were:

Technical assistance to Misereor:

Misereor is a German donor agency that funds various development projects across the world. Many NGOs are trying hard to create awareness and protect their communities from illness. However, the technical capacity of these NGOs to design and implement health programmes has been limited. Thus, Misereor requested IPH to provide technical assistance to North East Diocesan Social Forum. An NGO based in Guwahati, it has been funded by Misereor. This year after completing baseline survey, the programme implementation has started with the main focus on Maternal and Child Health and Malaria.

Community health worker training at Imphal, Manipur

Evaluation of the Manasa project for SRTT:

IPH conducted a baseline evaluation of the Manasa project upon the request from Sir Ratan Tata Trust (SRTT). The study looked at the quality of mental health care being provided in PHCs run by Karuna Trust across Karnataka. It also examined the services rendered to those who are mentally ill and homeless under the Manasa project in Mysore. In addition, diseases, disability, family burden and the quality of life were assessed using standardised tools. Apart from this, FGD was conducted with care givers and PHC staff to identify issues with respect to access, barriers to care, availability of services and demands/needs. Knowledge and attitude of the community members and care providers on mental illness and alcoholism were also assessed. The major findings of the study have been put together in a report that was shared with SRTT as well as Karuna Trust.

Measuring health systems performance in Chhattisgarh for GHK:

IPH was approached by GHK (a British organisation). They wanted us to measure health systems performance in Chhattisgarh. This study was done at the request of the European Commission (the donor) and the Government of Chhattisgarh. IPH team developed methods and the tools, and with the help of a local organisation collected data from four different districts, including two that are affected by left wing extremism. The data had been entered and is being analysed.

OUR ORGANISATION

All the above would not have been possible without the able support of the back office. This small but dedicated team has been instrumental in managing the projects, the finances, the correspondence, the office spaces and equipment as well as our library.

KNOWLEDGE MANAGEMENT

Knowledge management is a complex process, which deals with creation, acquisition, managing and application of knowledge. Within the broad spectrum of knowledge management, we, at IPH, have been focusing on the following activities: knowledge collection and organisation; data protection and presentation; as well as dissemination of information. IPH has also been using Information Communications and Technology (ICT), which is an essential tool to improve work efficiency as well as enhancing productivity of research, training and advocacy activities. A mix of public health and IT-professionals who were part of the Health and Information Technology Interface (HITI) team at IPH have been working towards achieving optimum utilisation of resources.

Library in IPH:

Since IPH is an academic institute, we believe that each of us should be updated in our area of interest through the process of continuous professional development. In order to facilitate this, the library had to play a pro-active role, ensuring easy access of information for the staff members. Thus, as part of our knowledge management activities, software called Koha has been installed for all the library books. This is free and open source library automation software that allows for maintenance and management of several functions of a library. As an extension of this activity, we are planning to make the IPH library publicly searchable via the internet, thereby making knowledge more accessible to others outside IPH.

Selected readings in public health:

Dissemination of new information that is being published in both scientific as well as grey literature is one of the key initiatives that IPH has taken within knowledge management. As a part of this activity, a compilation of selected readings on health systems has been collated and disseminated on a monthly basis to policy makers and public health professionals. It presently has close to two thousand subscribers all over the country.

Website

With the expansion of the team and increased outputs in the form of publications, blogs, and project-related information, there was a need to redesign our website. The HITI team has completely redesigned the website and as a result, it is now much more informative. The new website features regular updates and has been integrated with various social media platforms, such as Facebook, Twitter and Google+.

HUMAN RESOURCE

Capacity building of the IPH team:

In order to promote the professional growth of its faculty, the training team organises regular training sessions. Some of the topics covered are health and its determinants, defining health care, services and systems, characteristics of health care, health service organization, health promotion, problem tree analysis, presentation skills, media handling skills and health system research.

External faculty also conducted two seminars, one on Social exclusion by Dr Werner Soors and another on Health Policy and Systems Research by Dr Kabir Sheikh.

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

Name of the faculty	Training/workshop	Place
Amrutha	Communication for Health, (CHC)	Bangalore
Munegowda, Bheemaray V M	Training on Media, (CCDT)	Bangalore
Devadasan N, Vijayashree H Y	Training on Governance and HRH, (KIT)	Amsterdam
Devaji Patil, Kavya R	Quality in education (LINQED)	Indonesia
Diljith K	Capacity building on e-Learning (ITM)	Antwerp
Gajalakshmi	Diploma in Financial Management & Accountability (TISS)	Bangalore
Kuruvila, Maya, Raveesha, Thriveni, Vijayashree	Qualitative research, Young Researchers Workshop, (KIT)	Amsterdam
Munegowda	Certificate Course in Health Promotion through Distance Learning	New Delhi

Prashanth N S	Short course on mixed research methods at (Heidelberg University)	Germany
Tanya S	RSBY workshop (Govt. of Chhattisgarh)	Chhattisgarh
Thriveni	GIS and public health: Practice of good mapping (NIE)	Chennai
Thriveni, Vidya, Vijayashree	Qualitative research methodology, (CSER)	Mumbai
Urban health team	Exposure visit to CMC	Vellore
Urban health team – community health workers	Training on case study and report writing	Bangalore

Team retreat:

A two-day annual retreat was held on the 20th and 21st of January, 2012 in Vishranthi Nilaya, Bangalore. The main objectives were to orient the new staff members to IPH, its values, and to discuss issues within the organisation as well as the future of IPH. The final agenda was to share the annual work plan for each team, which would be reviewed every quarter.

Some of the crucial decisions included the following: IPH to start the MPH course as soon as possible; actively disseminate the evidence generated by IPH over the past years; focus on specific areas within health systems and changes for these to be advocated for, and most importantly, strengthen our core values.

Management committee:

In the process of democratising decision making, IPH has created a management committee [MC], with representatives from each team. This committee meets once a month to discuss and decide on various management issues. This MC has been instrumental in developing the HR policy, the Travel policy, the Leave policy and Finance Policy. Minutes of the MC meetings are regularly circulated among the staff for their ratification as well as the Governing Board for their information.

IPH team:

The current structure of the organization is given below

GOVERNING BODY
(Eight Members)

Technical Team

Amruthavalli
Arupa Das
Bheemaray V. M
Diljith Kanan
Mahesh K.
Mamata Patil
Maya Annie Elias
N. Devadasan
Pavithra Raghava
Prashanth N.S.
Srichand Shetty
Roopa Devadasan
Thriveni B.S.
Vijayashree H.Y

Management Committee

Anil M.H
Arima Mishra
Kavya R.
Kuruvila Daniel
Mungegowda C.M.
Raveesha M.R*
Upendra Bhojani
Sukumar Daniel

Support Team

Dipalee Bhojani
Gajalakshmi S.
Lakshmi Vishwanath*

* Have resigned from the institute during the course of the year

FINANCIALS

Accounts and finances:

This year was good in terms of finances, as two EC funded projects were running parallelly. However, our funds will eventually dry up (2012-13) and it is important that we, at IPH start looking for new projects. The ability to strike a balance between generating funds and keeping our focus on the health system is a juggling act we must master.

INSTITUTE OF PUBLIC HEALTH

No.250, 2C Cross, 2C Main, Giri Nagar, 1st Phase, Bangalore -560 085

CONSOLIDATED RECEIPTS & PAYMENTS FOR THE PERIOD 01/04/2011 to 31/03/2012

	RECEIPTS	Local a/c AMOUNT	SDTT a/c AMOUNT	NRTT a/c AMOUNT	Foreign a/c AMOUNT	Total AMOUNT		PAYMENTS	Local a/c AMOUNT	SDTT a/c AMOUNT	NRTT a/c AMOUNT	Foreign a/c AMOUNT	Total AMOUNT
To	Opening balance						By	Profession Tax Paid	45,100.00	600.00		1,250.00	46,950.00
	Cash	11,835.30	12,689.40		11,681.30	36,206.00	By	TDS paid	320,797.00				320,797.00
	Bank	943,556.44	901,437.22	1,736,000.00	11,592,705.53	15,173,699.19	By	Administrative expenses		88,703.00			88,703.00
To	Grant received		1,476,000.00	NIL		1,476,000.00	By	Community health Assistance		21,600.00			21,600.00
To	ITM - DHM project	414,788.00				414,788.00	By	Field worker salary		26,250.00			26,250.00
To	HRIDAY- project	59,289.00				59,289.00	By	Project assistance- salary		127,500.00			127,500.00
To	Karuna- project	325,873.00				325,873.00	By	Project coordinator		180,000.00			180,000.00
To	Matricht university- project	134,973.00				134,973.00	By	Project manageer salary		250,500.00			250,500.00
To	WHO-RSBY- project	1,715,257.32				1,715,257.32	By	Travel & Conveyance		23,577.00			23,577.00
To	WHO-SEORO- project	259,750.00				259,750.00	By	Consultancy Fee	50,000.00				50,000.00
To	Health Inc - project				16,922,168.58	16,922,168.58	By	Overheads	21,132.00				21,132.00
To	GHK - project				82,451.00	82,451.00	By	Travel, Accomodation, Perdiem	63,841.00				63,841.00
To	HESVIC- project				4,019,873.10	4,019,873.10	By	PF Contribution	133,172.00				133,172.00
To	**MISREOR - project**						By	Deposit	5,150.00				5,150.00
	Grant received -				131,860.00	131,860.00	By	Staff advances	174,500.00			212,232.00	386,732.00
	TA - Income				255,000.00	255,000.00	By	Other Advances	193,270.00				193,270.00
	UH - Income				600,520.00	600,520.00							
To	Mastricht University				693,876.00	693,876.00		**ITM -Training Course**					
	ITM - Projects						By	Training course fee- Accomodation & perdeim	11,768.00				11,768.00
To	Grant - Elearning Trainig				278,166.16	278,166.16							
To	Grant - HSR mapping				34,902.00	34,902.00	By	Training course fee-Consumable	39,224.00				39,224.00
To	Grant -Hub				779,758.14	779,758.14	By	Training course fee- Honorarium	21,000.00				21,000.00
To	Grant - IC phase II				7,573,643.93	7,573,643.93	By	Training course fee- Travel	38,546.00				38,546.00
To	Grant - support PhD students				623,731.40	623,731.40	By	Training course - Overhead	1,560.00				1,560.00
To	Medico- UH project				736,300.00	736,300.00	By	Training course -Travel for Participants	9,800.00				9,800.00
To	Tobacco free kids-GTNF				629,134.15	629,134.15	By	Training course - Coordinator	110,000.00				110,000.00
To	Water deposit refund				100.00	100.00							
To	Interest on FD				705,204.00	705,204.00		**Karuna Trust - Project**					
To	Contribution by IPH, Bangalore			187,941.00		187,941.00	By	Baseline Study - Accomodation	5,660.00				5,660.00
To	Contribution by ITM			104,900.00		104,900.00	By	Baseline Study - Data Entry	44,850.00				44,850.00
To	Interest	21,843.00	25,776.00	34,152.00		81,771.00	By	Baseline Study - Honouriarom - Field Invest	76,000.00				76,000.00
To	Profession Tax Recovery	48,950.00				48,950.00	By	Baseline Study - Hon.- Data Collection	18,000.00				18,000.00
To	TDS recovery	384,057.00				384,057.00	By	Baseline Study - Perdim	24,408.00				24,408.00
To	Membership fee	800.00				800.00	By	Baseline Study - Printing & Stationeries	1,969.00				1,969.00
To	General donation	130,200.00				130,200.00	By	Baseline Study - Resource Person	62,500.00				62,500.00
To	Consultancy fee	1,200.00				1,200.00	By	Baseline Study - Travel	86,585.00				86,585.00
To	Publication fee	20,000.00				20,000.00	By	SK Baseline Evaluation Study -Consultancy			263,822.00		263,822.00
To	Technical Assistance - ITM	1,135,181.00				1,135,181.00	By	SK Baseline Evaluation Study -Admin			87,390.00		87,390.00
To	Technical Assistance -Karuna Trust	51,000.00				51,000.00	By	SK Elearning Coordinator			267,500.00		267,500.00
To	Technical Assistance -Mastricht University	443,931.00				443,931.00	By	SK Research Coordinator			45,000.00		45,000.00
To	Technical Assistance -NEDSSO	65,000.00				65,000.00	By	SK Mentors travel			4,672.20		4,672.20
To	P F Recovery	297,960.00				297,960.00	By	SK Mentors Accomodation & Perdiem			4,523.00		4,523.00
To	Gratuity Fund contribution	85,553.00				85,553.00	By	SK Baseline Evaluation Study -Travel			199,354.00		199,354.00
To	Staff Welfare Fund contribution	82,965.00				82,965.00	By	SK Elearning Materials			133,444.00		133,444.00
To	Advance recovery	447,770.00				447,770.00	By	Expenses Reimbursed to Local A/c			195,000.00		195,000.00
	C/O	7,081,732.06	2,415,902.62	2,062,993.00	45,671,075.29	57,231,702.97		C/O	1,558,832.00	718,730.00	1,200,705.20	213,482.00	3,691,749.20

		B/F	7,081,732.06	2,415,902.62	2,062,993.00	45,671,075.29	57,231,702.97			B/F	1,558,832.00	718,730.00	1,200,705.20	213,482.00	3,691,749.20
To	Sundy debtors		25,797.53				25,797.53								
To	NRTT project		195,000.00				195,000.00		**Project Expenses**						
								By	GHK Project					49,784.00	49,784.00
								By	Health Inc -Project					2,327,885.95	2,327,885.95
								By	Tobacoo Free Kids					692,026.00	692,026.00
								By	HESVIC -Project					6,920,006.25	6,920,006.25
								By	ITM -E learning Project					152,525.00	152,525.00
								By	ITM -HSR Mapping					36.00	36.00
								By	ITM - Hub Expenses					133,532.00	133,532.00
								By	ITM -IC Projects					3,234,176.65	3,234,176.65
								By	ITM - Phd students - Support					623,731.40	623,731.40
								By	Mastricht University					693,876.00	693,876.00
								By	Medico - UH Project					109,664.00	109,664.00
								By	MISEROR - UH Project					1,011,452.73	1,011,452.73
									Capital Purchases						
								By	HESVIC Project					218,917.56	218,917.56
								By	HESVIC Project					26,775.00	26,775.00
								By	Health Inc Projects					57,921.00	57,921.00
								By	ITM Training Material					104,900.00	104,900.00
								By	ITM Computer					83,421.00	83,421.00
								By	Medico UH					1,440.00	1,440.00
								By	Tobacoo Free Kids					87,203.00	87,203.00
								By	Medico UH Furniture					20,451.60	20,451.60
									WHO- RSBY- project						
								By	Accomodation - Data Collectors	97,597.00					97,597.00
								By	Accomodation & Perdim -Reserch asst.	9,075.00					9,075.00
								By	Administrative expenses	1,326.00					1,326.00
								By	Data Entry Cost	35,423.00					35,423.00
								By	Honourarium -Data Collectors	347,700.00					347,700.00
								By	Insurance - Data Collectors	5,382.00					5,382.00
								By	Local Travel Expense - Data Collectors	122,589.00					122,589.00
								By	Overheads	23,783.00					23,783.00
								By	Personnel Perdiem	1,500.00					1,500.00
								By	Personnel - Travel	25,128.00					25,128.00
								By	Printing of Questionire	21,827.00					21,827.00
								By	Training cost - Data Collectors	5,000.00					5,000.00
								By	Travel - Research -Asst.	40,547.00					40,547.00
								By	Consumables - Assets	24,598.00					24,598.00
									WHO- RSBY- project						
								By	IIPM -Partner	708,767.80					708,767.80
									ITM/NRTT						
								By	IPH Contribution	240,841.00					240,841.00
								By	General - accomodation	3,944.00					3,944.00
								By	General - administration	25,151.00					25,151.00
								By	General - salary	257,020.50					257,020.50
								By	General - travel	6,930.00					6,930.00
								By	Honourarium	114,500.00					114,500.00
								By	Consumables	23,662.00					23,662.00
								By	General expenses					15,498.66	15,498.66
								By	Sundry Creditors					536,472.47	536,472.47
								By	**Closing balance**						
									cash	812.30	304.40		263.30		1,380.00
									bank	3,600,593.99	1,696,868.22	862,287.80	28355633.72		34,515,383.73
	T O T A L		**7,302,529.59**	**2,415,902.62**	**2,062,993.00**	**45,671,075.29**	**57,452,500.50**		**T O T A L**	**7,302,529.59**	**2,415,902.62**	**2,062,993.00**	**45,671,075.29**		**57,452,500.50**

For Institute of Public Health

Director
Place:Banaglore
Date:

Trasurer

As per our report of even date attached
For Philips Cherian & Associates
Chartered Accountants, Firm regd no:002649S

Philips K Cherian
Partner, M M No:022461

OUR PUBLICATIONS

Publications in peer-reviewed journals:

Bhojani U, Elias MA, Devadasan N. Adolescents' perceptions about smoker in Karnataka India. *BMC Public Health* 2011; 11:563

Bhojani U, Venkataraman V, Manganawar B. Public policies and the tobacco industry. *Economic and Political Weekly* 2011; XLVI (28):27-30

Bhojani U, **Prashanth NS, Devadasan N**. A critique of the draft national health research policy 2011. *Economic and Political Weekly* 2011; XLVI (15):19-22

Venkataraman V, Bhojani UM. India: Code of conduct on dealings with tobacco industry. *Tobacco Control 2011; 20:326*

Bermejo RA, **Prashanth NS** & Sharma, SK. 2011. Stronger guidance needed for lifelong care for chronic diseases. *The Lancet.* 377(9764):463

Sudarshan H, **Prashanth NS**. Good governance in health care: the Karnataka experience. *The Lancet* 2011; 377(9786):790-92

Velho N, Srinivasan U, **Prashanth NS** & Lawrance WF. 2011. Human disease hinders antipoaching activities in Indian nature reserves. *Biological Conservation*. 144(9):2382-5

Pasricha SR, Biggs BA, **Prashanth NS**, Sudarshan H, Moodie R, Black J, Shet A. Factors Influencing Receipt of Iron Supplementation by Young Children and their Mothers in Rural India. *BMC Public Health.* 2011; 11:617

Prashanth NS. 2011. Public private partnerships and health policies. *Economic and Political Weekly*. XLVI (42):13-15

Pasricha SR, Shet AS, Black JF, Sudarshan H, **Prashanth NS**, Biggs BA, Vitamin B-12, folate, iron, and vitamin A concentrations in rural Indian children are associated with continued breastfeeding, complementary diet, and maternal nutrition. . Am J Cli Nutr. 2011Nov; 94(5):1358-70

Michielsen J, Criel B**, Devadasan N**, Soors W, Wouters E, Meulemans H. Can health insurance improve access to quality care for the Indian poor? *International Journal of Quality in Health Care* 2011; 23(4):471-86.

Mishra A. Engaging with the discourse on lifestyle modifications: Evidence from India. *Health, Culture and Society* 2011; 1(1):1-22

Minocha A, **Mishra A.** Minocha VR. Euthanasia: A social science perspective. *Economic and Political Weekly* 2011; XLVI (49): 25-28

Mishra A, Sarma S. Understanding health and illness among tribal communities in Orissa, *Indian Anthropologist* 2011; 41(1):1-16

Devadasan R. Response: caught between two world views. *Indian Journal of Medical Ethics* 2011; 8(4):249-51

Prashanth NS, Marchal B, Hoeree T, **Devadasan N,** Macq J, Kegels G, Criel B., How does capacity building of health managers work? *A realist evaluation study protocol. BMJ Open 2012 Mar 30; 2(2):e000882*

Publications in non - peer-reviewed journals:

Devadasan R. Differently abled or disabled: hair-splitting semantics or an attitude of inclusion? *Christian Medical Journal of India* 2011; 26(1-2):52-53

Books:

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

Conference presentations:

Vijayashree HY, Kumarswamy L, Karadiguddi CC. Identification of correlates for not reaching the ART centre in TB-HIV co-infected patients. 42nd World Conference on Lung Health of the International Union against Tuberculosis and Lung Disease, Lille, France, 2011

Bhojani U, **Thriveni BS, Devadasan R, Munegowda CM, Anthoniyamma C**, Soors W, **Devadasan N**, Criel B, Kolsteren P. Health system obstacles in the delivery of quality care to People With Chronic Diseases (PWCD): a case study from urban India. 7th European Congress on Tropical Medicine and International Health, Barcelona, Spain, 2011

Thriveni BS, **Bhojani U, Amruthavalli S, Munegowda CM, Anthoniyamma C, Devadasan R, Devadasan N.** Controlled lives: Impact of social factors on reproductive rights of women in urban South India. 7th European Congress on Tropical Medicine and International Health, Barcelona, Spain, 2011

Raveesha MR What next for measles in Karnataka, India? 7th European Congress on Tropical Medicine and International Health, Barcelona, Spain, 2011

Mishra A. Numerical narratives: Accounts of front line health workers in India. International seminar on Plural forms of evidence: Methodological and comparative Issues, University of Britsol, United Kingdom, 2011

Storeng K, **Mishra A**, Roalkvam S. Health system strengthening and vaccination programs. Annual GLOBVAC conference, University of Oslo, Norway, 2011

Bhojani U, Venkataraman V, Kothari J, **Manganawar B**, Basha Challenging the conflict of interest for tobacco control: Advocacy lessons from India 15th World Conference on Tobacco or Health, Singapore, 2012

Bhojani U, Ellias MA, Devadasan N. "She is not an Indian cultured woman": Youth perceptions about smokers in South India. 15th World Conference on Tobacco or Health, Singapore, 2012

Bhojani U. Using laws to stop government involvement in tobacco industry events. 5th World Conference on Tobacco Or Health, Singapore, 2012

Bhojani U., Prashanth NS, Vidya Venkataraman, **Devadasan N.** (eds.) Bringing Evidence into Public Health Policy (EPHP) 2010: Five Years of National Rural Health Mission. BMC Proceedings 2012; 6(1)

Bhojani U. Monitoring, exposing and countering the tobacco industry to advance tobacco control policy campaigns. World Congress in Singapore 2012, Organized by Campaign for Tobacco-Free Kids

Mishra A, Raveesha M, Anil H, Vijayashree H, Maya Ann Elias, Mamata P, N. Devadasan . Voicing or muting grievance? Evidence on grievance redressal mechanisms in Karnataka, India. Health System Reform in Asia, Hong Kong, 10, 2012

Mishra A.'constructing the 'legal' and the 'cultural': Evidence on safe abortion services in Karnataka'. *Department of Sociology, University of Pune.*, 2012

Maya Annie Elias. 'Research, documentation, and information management, Knowledge Enhancement Workshop, Feb 2012. CUTS, Bangalore

Others:

Bhojani U. When a picture paints a 1,000 words. *Deccan Chronicle* 31/05/2011, p.4

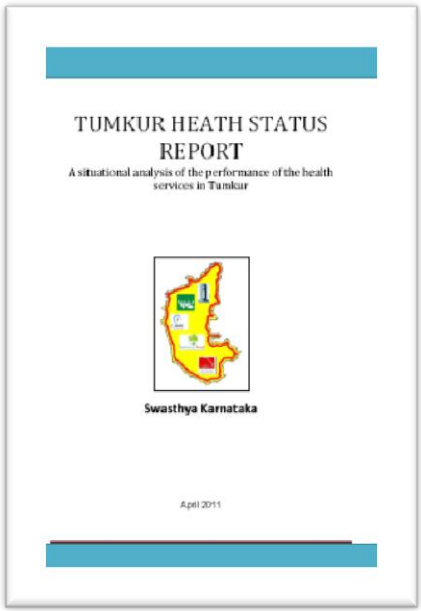
IPH publications:

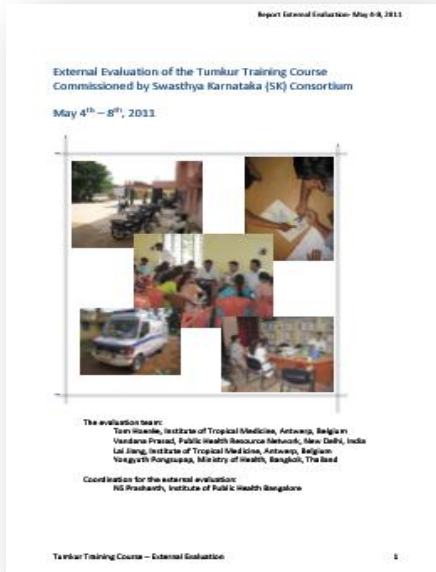
Swasthya Karnataka Training Report: Self-evaluation report, IPH Training Team, March 2011

External evaluation report of District Health Management training course, External evaluation team, May 2011

Devadasan N, Prashanth NS. Tumkur Health Status Report: A situational analysis of the performance of the health services in Tumkur. 2011

Institute of Public Health. List of Clinics and Hospitals in and around Kadugondanahalli (KG Halli) Bangalore. Institute of Public Health 2011





DONORS & SUPPORTERS

We extend our gratitude to all our donors for supporting us financially and technically.

- Institute of Tropical Medicine
- The Directorate-General for Development Cooperation and Humanitarian Aid
- European Commission
- World Health Organisation
- Sir Ratan Tata Trust
- Sir Dorabji Tata Trust
- Misereor
- Medico International
- Campaign for Tobacco-Free Kids

Institute of Public Health

250, 2nd 'C' Main, 2nd 'C' Cross

Girinagar 1st Phase

Bangalore

Tele-Fax no.: +91-80-26421929

e-Mail ID: mail@iphindia.org

www.iphindia.org