

FROM THE DIRECTOR'S DESK

National Institute of Health and Family Welfare, being an apex technical Institute in the field of health and family welfare; strives to develop health manpower resources in general. Since its inception on 9 March 1977, the Institute has been addressing a wide-range of issues concerning public health, family welfare and health management through its multi-disciplinary approach towards the public health issues in the country. It is noteworthy that the post-graduate education, in-service training courses, research and evaluation; consultancy, advisory and specialized services; and project activities have met the demands of national, particularly the Ministry of Health and Family Welfare, and international organisations.



New initiatives conceived a couple of years ago have further been strengthened and widened in collaboration with the partners at the national as well as at the international levels. At the national level, the 'Public Health Education and Research Consortium: Network and Partnership (PHERC)' developed with the objective of sharing experiences and promoting public health in the country, has widened its wings further. The consortium has attracted a large number of medical and nursing colleges, State Institutes of Health and Family Welfare, Central Training Institutes and Non-Governmental Organisations. Public Health Foundation of India (PHFI), Indian Council of Medical Research (ICMR), International Institute for Population Sciences (IIPS), etc. have been the partners at the national level while WHO, UNICEF, UNAIDS, UNFPA, WBI, USAID, DFID, Partners in Population and Development (PPD), SEAPHEN and INCLIN, Futures Group International, etc. have been the partners at the international level.

No doubt, the Institute has been supporting the Ministry of Health and Family Welfare in various capacities, right from development of health manpower to implementation and evaluation of different programmes in the country. To quote, for example, the contribution of the Institute, as a national nodal agency, to the National Health Mission (NHM), a flagship programme of the Government of India, particularly to its training component, has been quite substantial. The Institute has also been making achievements with reference to its different projects during the year under report are Annual Sentinel Surveillance, Mother and Child Tracking System (MCTS), Centre for Health Informatics (CHI), National Cold Chain and Vaccine Management Resource Centre, Clinical Anthropometric and Bio-medical Component (CAB), Annual Health Survey, Health Policy Project, etc. Consultancy and advisory services rendered by the faculty members of the Institute during the year are worth-mentioning. Specialized services in the areas of infertility/reproductive health, publications, documentation, etc. continued their momentum in bringing laurels to the Institute during the year.

(Jayanta K. Das)
Director



OVERVIEW

National Institute of Health and Family Welfare (NIHFW), an autonomous organization of the Ministry of Health and Family Welfare, Government of India, acts as an 'apex technical institute' as well as a 'think tank' for promotion of health and family welfare programmes in the country. The post-graduate education and training, research and evaluation, consultancy and advisory services, specialized projects and specialized services in the field of health and family welfare have been the major focus of the Institute. In this endeavour, a wide range of issues have been addressed by the Institute through its departments like Communication, Community Health Administration, Education and Training, Epidemiology, Medical Care and Hospital Administration, Management Sciences, Planning and Evaluation, Reproductive Bio-Medicine, Statistics and Demography and Social Sciences.

Three regular courses under post-graduate education viz. (i) a three-year post-graduate degree (M.D.) in Community Health Administration; (ii) a two-year post-graduate Diploma in Health Administration; and (iii) a one-year post-graduate Diploma in Public Health Management are being conducted by the Institute. Also, three distance learning Diploma courses of one-year duration each in 'Health and Family Welfare Management', 'Hospital Management' and 'Health Promotion' are being conducted regularly by the Institute every year.

The Institute, with the support of European Union funded Institutional and Technical Support (ITS) Project, developed five new courses, viz. (i) Professional Development Course in Management, Public Health and Health Sector Reforms for Senior Medical Officers on e-learning mode; (ii) Programme Management and Support Unit for Programme Managers on e-learning mode; (iii) Diploma in Health Communication through distance learning for graduates as well as for those working in health sector; (iv) Diploma in Applied Epidemiology for Medical Officers, Surveillance Officers and Epidemiologists; and (v) Diploma in Food and Nutrition for graduates working in Health sector, based on the feedback received from various State Governments.

A large number of in-service training courses ranging from one to ten weeks duration for middle and senior level health personnel who are working at different levels in various parts of the country have been organized by the Institute. The notable in-service training course of the Institute is the Professional Development Course in Management, Public Health and Health Sector Reforms for Senior Medical Officers which is run by the Institute in collaboration with 16 collaborating training institutes situated in various parts of the country. In all, 76 training courses and workshops have been conducted during 2013-14.

The Institute is also known for its research endeavours and devotes a considerable time to research issues with special focus on operational research, applied research and evaluation of various health and family welfare programmes in the country. During the year under review, the Institute was engaged in 48 studies in all of which 19 have been completed; including nine under M.D. (CHA) and the remaining studies are in various stages of execution.

As a Nodal Institute for training under NHM/RCH-II, NIHFW has delivered its responsibilities of organizing national-level training courses and coordination of the NHM/RCH-II training activities in various parts of the country with the help of 19 Collaborating Training Institutions (CTIs).

NIHFW continued with the responsibility of coordinating and monitoring of the Annual Sentinel Surveillance activities assigned by the National AIDS Control Organization (NACO). During the year under review, the orientation trainings were conducted for the officers from all the States AIDS Control Societies and Regional Institutes (epidemiologists/micro-biologists and faculty from medical colleges/research organizations) to orient them to the operational guidelines for surveillance.

Realising the need for generating comprehensive district level data on health and nutrition status of all the members of the family, fertility, mortality maternal and child health, the Planning Commission has recommended Annual Health Survey (AHS) of all the districts.

Ministry of Health and Family Welfare, Government of India, has included the Clinical, Anthropometric and Biochemical (CAB) component for data collection in the District Level Household Survey (DLHS)-4 during 2011-2014. International Institute for Population Sciences (IIPS), Mumbai, is the nodal agency to conduct the DLHS-4 and the responsibility to operationalize the CAB component has been entrusted with NIHFW. In order to operationalize the CAB component for DLHS-4 and the survey is completed in 336 districts.

The National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) has been set-up at NIHFW with the objective of building capacity of all district level cold-chain technicians involved in Universal Immunization Programme to undertake the repair and maintenance of about 70,000 cold-chain equipment in about 25,000 cold-chain points in the country. In addition to that, about 50 cold-chain officers and vaccine and logistics managers have also been trained in vaccine logistics management.

A Policy Unit has been set up in the institute with the technical and financial support from USAID through Health Policy Project (HPP), Futures Group International, to undertake evidence-based policy research and analysis, advocacy and multi-sectoral coordination on issues related to population, health and nutrition. Initially, the major focus of the Unit has been on population and family planning.

The Mother and Child Tracking System (MCTS) centre was established in the Institute on 1 October 2012 with the objective of building the capacity for improving data quality on Mother and Child Tracking System (MCTS). The centre is working as per the expert-guidance of the Director, NIHFW; and the Ministry of Health and Family Welfare, Government of India.

The Ministry of Health and Family Welfare, Government of India, has established a Centre for Health Informatics (CHI) at NIHFW under the overall administrative control of the Director, NIHFW. A Project Director and other staff have been appointed to work on the National Health Portal.

Improving Healthy Behaviors Programme (IHBP) has signed a Memorandum of Understanding (MoU) with the Institute in October 2012. In accordance with the MoU, IHBP would provide technical support to NIHFW, in the latter's efforts to turn itself into a 'Center of Excellence in Capacity Building of Behaviour Change Communication'.

The Institute has been identified as the lead institute for the 'Asia Region Network for South-South Cooperation'. The Network's mandate is to reflect regional needs and priorities to enhance communication among the partner institutions and to promote south-south cooperation to achieve the objectives of ICPD and MDGs.

The 'Public Health Education and Research Consortium: Network and Partnership' has been expanded for sharing experiences and promoting public health in the country at the national level. Currently, the Consortium has 646 member institutions which include around 178 Medical Colleges, 174 Nursing Colleges, 50 Health Training Institutions (SIHFWs and HFWTCS), CTIs and 215 NGOs and 29 others from 35 States and Union Territories.

NIHFW has been able to sustain the momentum in the process of collaborations with various international agencies such as WHO, UNICEF, USAIDS, Partners in Population and Development (PPD), INCLIN, Futures Group and European Union, etc.

The Institute attaches due recognition to the use of Hindi in official work as part of official language implementation policy in the Institute. For example, to mark the significance of Hindi, the Institute proudly publishes a Hindi publication called 'Dhaarna' with the articles contributed by the faculty and staff members of the Institute and others on issues like public health, population and family welfare.

The Director and faculty members of the Institute have the privilege of serving as experts in various selection committees set-up by the national and international organizations, training courses and workshops organized by different institutions in the country. Also, they have honour to serve as examiners for Ph.D. and M.D. courses of different universities.

Over the years, NIHFW has consistently retained its reputation as one of the centres of excellence in the area of reproductive health. The laboratory facilities for an in-depth investigation of infertility and other related reproductive disorders such as endocrinological, anatomical, surgical, genetic, etc. are provided by the Institute.

As a regular activity, NIHFW publishes its quarterly journal - 'Health and Population: Perspectives and Issues'. The journal is indexed/ abstracted by nine national and international abstracting agencies. The Institute also regularly brings out a quarterly newsletter which highlights the quarterly progress of activities of the Institute, and a Hindi publication -Dhaarna.

NIHFW has a well-maintained National Documentation Centre. The prime objective of the centre is to acquire, process, organize and disseminate global, national and state-wise information to fulfill the needs of the administrators, planners, policy-makers, researchers, teachers, trainers, programme personnel and others who are concerned with health, population and family welfare.

The Institute has provided computer access to all its faculty, research and administrative staff. All the computers in the Institute are connected with campus-wide network. The computer centre is actively engaged in teaching and training in information technology (IT) besides undertaking analysis of large data sets.

Events such as the World Population Day, Hindi Fortnight, Independence Day, Republic Day, Communal Harmony Week, World AIDS Day and Vigilance Awareness Week were observed during the year.

All the activities of the Institute for 2013-2014 have been presented chapter-wise, in the report in details.

EDUCATION AND TRAINING

Major education and training programmes undertaken by the Institute during 2013-14 are as given below:

- (i) a three-year Post-Graduate Degree Course M.D. in Community Health Administration,
- (ii) a two-year Post-Graduate Diploma in Health Administration,
- (iii) a one-year Post-Graduate Diploma in Public Health Management,
- (iv) Diploma in Health and Family Welfare Management through Distance Learning,
- (v) Diploma in Hospital Management through Distance Learning;
- (vi) Diploma in Health Promotion through Distance Learning; and
- (vii) Various short-term training courses, ranging from one to ten weeks duration.

Three-year M.D. in Community Health Administration

In pursuance of its mandate to provide appropriate trained manpower to meet the health needs of the country, the Institute offers a three-year post-graduate degree course, M.D. in Community Health Administration from 1969. This course is affiliated to the University of Delhi. Over the years, this course has become very popular among health professionals in the country. Hitherto, a total of 268 students have passed out this course.

During 2013-2014, this course was attended by twenty one students in all; including eleven in the third year, eight in the second year and two in the first year.

Two-year Post-Graduate Diploma in Health Administration

Started in 1993, this two-year Post-Graduate Diploma in Health Administration offered by the Institute is also affiliated to the University of Delhi.

One-year Post-Graduate Diploma in Public Health Management

The one-year Post-Graduate Diploma in Public Health Management is offered by the institute in collaboration with Partners in Population and Development (PPD), Dhaka, Bangladesh from the year 2008. Nine domestic students and six students from foreign countries have enrolled in this course during 2013-2014. The International students are from Egypt (1), Ghana (2), Nigeria (1), China (1) and Vietnam (1). Since the introduction of this course, in total, 58 students have passed out.

Diploma in Health and Family Welfare Management through Distance Learning

This course has been specially designed to impart knowledge to the participants about the existing structure and functioning of the health care system, including its managerial problems. In addition, various management concepts, techniques, tools and resource management are discussed in this course to improve the functioning of the health care delivery system in the country. The course is open to medical, nursing, dental and AYUSH graduates. 130 students have been enrolled for this course in the current year. 88 out of the 130 appeared students of the batch of 2013-14 have successfully completed the course during this year. Since the introduction of this course in 1991-92, a total of 1422 students have been awarded this Diploma.

Diploma in Hospital Management through Distance Learning

The first course in Hospital Management through Distance Learning was launched by the institute in August 1995 with enrolment of 100 students. Following the encouraging response received from the students from various parts of the country, this course has been continued. The focus of the course is on improving the management and functioning of the hospitals.

255 out of the 381 appeared students of the batch of 2013-14 have successfully completed the course. Till now, 2189 students have been awarded this Diploma.

Diploma in Health Promotion through Distance Learning

The one-year Diploma in Health Promotion through Distance Learning was started by the institute in the academic year 2010-11 to meet the needs of medical, para-medical, school teachers and counsellors and other stakeholders in health promotion due to the increase in non-communicable diseases.

In all, 71 students have been enrolled for this course in the current year. 56 students out of the 71 appeared in the batch of 2013-14, have successfully completed the course. So far, a total of 223 students have passed out this Diploma course.

Upcoming Courses

During the year under report, the institute in collaboration with EU funded ITS project has developed five new courses i.e., two E-learning and three Distance Learning and details are described below:

(i) Professional Development Course (PDC) on E-learning Mode

NIHFW pioneered the Professional Development Course (PDC) in Public Health for District/sub-district level Medical Officers in 2001. This 10 week's residential programme is now developed as e-learning course by the institute with support from EU funded ITS project to build the capacity of medical officer of having 10 years of experience. This course is pilot tested in eight states (Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Madhya Pradesh, Odisha, and Uttar Pradesh) and ready for launch.

(ii) Programme Management and Support Unit Course on E-learning Mode

NIHFW developed this course to meet the needs and requirements of Programme Management and Support Unit working under Health Sector. This course is also pilot tested in eight states (Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Madhya Pradesh, Odisha, and Uttar Pradesh) and ready for launch.

(iii) Diploma in Health Communication through Distance Learning

NIHFW developed this course to meet the needs and requirements of Health Communication working under Health Sector. This course is ready for launch.

(iv) Diploma Course in Applied Epidemiology through Distance Learning

NIHFW developed this course for Medical Officers, Surveillance Officers, epidemiologists and others working in the health system for strengthening public health and primary health care system. This course is ready for launch.

(v) Diploma Course in Food and Nutrition through Distance Learning

NIHFW developed this course for capacity building of health professionals in the field of Public Health Nutrition. This Public Health Nutrition course specifically seeks to enhance understanding, skills and competency of these professionals in designing, evaluating and interpreting evidence of nutritional health and wellbeing. This course is ready for launch.

In-service Training Courses

The NIHFW, being an apex-training Institute in the field of health and family welfare in the country, organizes a variety of in-service training courses for the benefit of national and state level health personnel of various categories. The in-service training courses focus on issues like NHM/NRHM/RCH, HIV/AIDS, National Health Programmes, Reproductive Biomedicine, Health, Care of Elderly, Immunization, Information Technology in Health, Nutrition and Life Disorders, Geographic Information System, Logistics and Supply Management System, Health Management, Hospital Management, Human Resource Management, Health Communication, Training Technology, Health Promotion, Health Economics/Health Financing, Statistics and Demography, Social Sciences, Adolescent, Research Methodology etc.

During the year under report, the Institute organized 76 training courses and workshops for various categories of health personnel. The details of the courses are as listed below:

S. No.	Date	Title	Coordinator(s)	Total Participatns
1	2-4 April 2013	National Workshop on Gender Budgeting for the Faculty of State Institute of Health and Family Welfare/Collaborating Training Institutions	Dr. Poonam Khattar	18
2	9-10 April 2013	National Workshop on Gender Budgeting for the officials of NRHM	Dr. Poonam Khattar	20
3	11-12 April 2013	National Workshop on Rural Drinking Water, Sanitation and Health: Priorities and Practices	Prof. A.M. Khan	19
4	15-17 April 2013	Orientation-cum-Training of Trainees for CAB Component of Annual Health Survey	Prof. K. Kalaivani	14

S. No.	Date	Title	Coordinator(s)	Total Participatns
5	15-19 April 2013	Second Contact Programme for One-year Post-graduate Diploma in Health and Family Welfare Management	Dr. Sanjay Gupta	141
6	22 April – 15 May 2013	Training Course on Hospital Administration for Senior Hospital Administrators	Prof. S. Vivek Adhish	23
7	6-8 May 2013	Orientation Training for Medical Consultants of Survey Agencies for AHS-CAB	Prof. K. Kalaivani	14
8	8-12 May 2013 (Extra-mural)	Professional Training on Capacity Building of IEC Officers of Chhattisgarh in Communication Skills under National Rural Health Mission	Prof. T. Mathiyazhagan Dr. Ankur Yadav	27
9	13-15 May 2013	Orientation Training for Medical Consultants of Survey Agencies for AHS-CAB	Prof. K. Kalaivani	14
10	20-22 May 2013	Orientation Training for Medical Consultants of Survey Agencies for AHS-CAB	Prof. K. Kalaivani	14
11	20-24 May 2013	Second Contact Programme for One-Year Post-Graduate Diploma in Health Promotion	Dr. Poonam Khattar	54
12	27-29 May 2013	Orientation Training for Medical Consultants of Survey Agencies for AHS-CAB	Prof. K. Kalaivani	16
13	27-31 May 2013	Second Contact Programme for One-Year Post-Graduate Diploma in Hospital Management	Prof. S.V. Adhish	366
14	3-5 June 2013	Orientation Training for Medical Consultants of Survey Agencies for AHS-CAB	Prof. K. Kalaivani	14
15	5-8 June 2013	Training Course on Scientific Writing	Prof. M. Bhattacharya	18

S. No.	Date	Title	Coordinator(s)	Total Participatns
16	18-20 June 2013	Training of State Trainers on NCCMIS (Batch III)	Prof. M. Bhattacharya	16
17	24-26 June 2013	Orientation Training for Field Investigator (AHS-CAB)	Prof. K. Kalaivani	15
18	25-27 June 2013	Training of State Trainers on NCCMIS (Batch IV)	Prof. M. Bhattacharya	18
19	25-27 June 2013	Orientation Training Programme for Consultants of CTIs/NIHFW under NRHM/RCH-II	Prof. U. Datta	73
20	1-3 July 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani	16
21	1-5 July 2013	Training Course on Enhancement of Training Skills (Micro Teaching and Training Aids) for Faculty Members	Prof. Neera Dhar	41
22	8-10 July 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	15
23	8-12 July 2013	Training Course on Curriculum Design and Evaluation for Faculty Members of Training Institute	Prof. A.K. Sood	18
24	15-17 July 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	14
25	15-17 July 2013	Professional Training on Capacity Building of Health Supervisors and Tutors of ANM Training Centers of Chhattisgarh State in Social and Behaviour Change Communication (SBCC) under National Rural Health Mission	Prof. T. Mathiyazhagan Dr. Ankur Yadav	19

S. No.	Date	Title	Coordinator(s)	Total Participatns
26	18-20 July 2013	Professional Training on Capacity Building of Health Supervisors and Tutors of ANM Training Centres of Rajasthan State in Social and Behavioural Change Communication (SBCC) under National Rural Health Mission	Prof. T. Mathiyazhagan Dr. Ankur Yadav	22
27	22-24 July 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	12
28	29-31 July 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	12
29	5-7 August 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	14
30	12-14 August 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	15
31	16 August -23 September 2013	18th Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers	Prof. M. Bhattacharya Prof. T.G. Shrivastav Dr. Pushpanjali Swain Dr. Nanthini Subbiah	14
32	29-30 August 2013	Workshop on Strengthening of Mother and Child Tracking System	Mr. Parimal Parya	49
33	9-13 Sept. 2013	Regional Level Workshop for Capacity Building of IEC Officers, Managers and Consultants of a State in Social and Behaviour Change Communication (SBCC) under National Rural Health Mission	Prof. T. Mathiyazhagan Dr. Ankur Yadav	22
34	23-25 Sept. 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani Dr. Renu Shahrawat	15

S. No.	Date	Title	Coordinator(s)	Total Participatns
35	23-27 Sept. 2013	Regional Level Workshop for Capacity Building of IEC Officers, Managers and Consultants of a State in Social and Behaviour Change Communication (SBCC) under National Rural Health Mission	Prof. T. Mathiyazhagan Dr. Ankur Yadav	17
36	23-27 Sept. 2013	4th Training Course on Data Analysis Using SPSS for Health and Demographic Research	Dr. Pushpanjali Swain	22
37	30 Sept. – 3 Oct. 2013	Orientation Training for Field Investigators of AHS-CAB	Prof. K. Kalaivani	15
38	30 Sept. – 3 Oct. 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani	15
39	7-11 Oct. 2013	Training Course on Monitoring under NRHM	Prof. V.K. Tiwari	22
40	21 Oct. – 1 Nov. 2013	Training Course in Management for Senior Nursing Administrators	Dr. Nanthini Subbiah	18
41	21 Oct. – 1 Nov. 2013	Training Course on Application of Research Techniques in Reproductive Biomedicine	Prof. M.M. Misro	15
42	22 – 24 Oct. 2013	Training for Medical Consultants of AHS-CAB	Prof. K. Kalaivani	12
43	28 - 30 Oct. 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani	14
44	29-31 Oct. 2013	Training Course on Gender Violence, Health and Human Rights	Dr. Meerambika Mahapatro	20

S. No.	Date	Title	Coordinator(s)	Total Participatns
45	30 – 31 Oct. 2013	Two days Workshop on “Dissemination of Finding of National EVM Assessment and Vaccine Freezing Study and Preparation of Improvement Plans”	Prof. M. Bhattacharya	51
46	5 – 7 Nov. 2013	Training for Medical Consultants of AHS-CAB	Prof. K. Kalaivani	12
47	6-8 Nov. 2013	Orientation Training on Health Policy and Planning	Prof. N.K. Sethi	15
48	11-13 Nov. 2013	Training of Trainers of Government Medical Store Depots (GMSDs) on National Cold Chain MIS (NCCMIS)	Prof. M. Bhattacharya	17
49	18 – 22 Nov. 2013	Training course on NGOs Working with Health Sector for NRHM in India	Prof. T. Bir	14
50	18-22 Nov. 2013	Training Course on Public Health Nutrition	Prof. M. Bhattacharya	25
51	25 – 29 Nov. 2013	Orientation Training on Community Mental Health Project for MOs and Programme officers	Prof. J.K. Das	18
52	25 – 29 Nov. 2013	Leadership Development in the Health Sector	Prof. Rajni Bagga	18
53	26-27 Nov. 2013	A Multi-stakeholder Workshop on National Training Policy (NTP) and framing Guidelines for Quality Assurance in Trainings in Health Sector	Prof. M. Bhattacharya	50
54	27 – 29 Nov. 2013	Training for Survey Team of AHS-CAB	Prof. K. Kalaivani	14
55	10 – 12 Dec. 2013	Training for Medical Consultants of AHS-CAB	Prof. K. Kalaivani	11

S. No.	Date	Title	Coordinator(s)	Total Participatns
56	13 and 27 Dec. 2013	Training Programme for ISEC Participants of National Academy of Statistical Administration	Dr. Pushpanjali Swain	24 20
57	16 – 18 Dec. 2013	Training for Medical Consultants of AHS-CAB	Prof. K. Kalaivani	12
58	16 – 18 Dec. 2013	Training of State Trainers on NCCMIS	Prof. M. Bhattacharya	18
59	16 – 20 Dec. 2013	Training Course on Logistics and Supply Management (LSM) System in Health and Family Welfare	Prof. M. Bhattacharya	34
60	6 – 10 Jan. 2014	Capacity Building of Health Personnel in Health Promotion	Dr. Poonam Khattar	17
61	6 – 11 Jan. 2014	Professional Training on Capacity Building of IEC Officers in SBCC Skills under NRHM	Prof. T. Mathiyazhagan	25
62	20 - 22 Jan. 2014	Training Course for Medical Consultant for AHS- CAB	Prof. K. Kalaivani	14
63	3 – 7 Feb. 2014	Training Course on Counselling Skills for Promoting RCH	Prof. Rajni Bagga	36
64	3 – 7 Feb. 2014	Training Course on Human Resource Management and Development	Prof. U. Datta	18
65	10 -14 Feb. 2014	Training Course on Demographic Data Analysis for Health Personnel	Dr. Pushpanjali Swain	7
66	17 – 21 Feb. 2014	Professional Training on Capacity Building of IEC Officers of Uttrakhand in SBCC Skills under NRHM	Prof. T. Mathiyazhagan	24

S. No.	Date	Title	Coordinator(s)	Total Participatns
67	25 – 26 Feb. 2014 (Extramural)	Follow-up Workshop on SBCC for IEC Officers of Chhattisgarh state (at Raipur)	Prof. T. Mathiyazhagan	11
68	10 – 15 March 2014	MCTS Workshop for Capacity Building and Data Quality	Dr. Pushpanjali Swain	72
69	12 -13 March 2014 (Extramural)	Follow Up Workshop on SBCC for IEC Officers of Rajasthan state (at Jaipur)	Dr. Ankur Yadav	20
70	24 – 28 March 2014	Training Course on Stress and Conflict Management	Prof. Neera Dhar	20
71	24 – 28 March 2014	Training Course on Public Health Nutrition (PHNP)	Prof. M. Bhattacharya	19
72	24 – 28 March 2014	Training-cum-workshop on Health Care Management of Elderly	Prof. T. Bir	15
73	25 March 2014	Training of National Assessors for National Cold Chain Assessment-2014	Prof. M. Bhattacharya	22
74	27 March 2014	Training of National Assessors for National Cold Chain Assessment-2014	Prof. M. Bhattacharya	64
75	27 – 28 March 2014 (Extramural)	Follow Up Workshop on SBCC for IEC Officers of Jharkhand state (at Ranchi)	Dr. Ankur Yadav	31
76	31 March 2014	Dissemination Meeting on Rapid Assessment Result and to Finalize the Technical Assistance	Dr. Ankur Yadav	13

Ph.D. and Summer Training Programme

Apart from the various courses and in-service training programmes, the Institute also facilitates students from universities to pursue their post-graduate courses in bio-technology, bio-chemistry, zoology, etc. The faculty and research staff of the Institute acts as supervisors and co-supervisors for these candidates. 13 students have been enrolled for their Ph.D. in NIHFW with registration in various universities. 15 students have completed their short-term summer training in various departments during the year under report.

RESEARCH AND EVALUATION

NIHFW research programmes basically deal with operational research, applied research, and evaluation of various health programmes across the country. Some research studies in the area of reproductive health are also undertaken. The Ministry of Health and Family Welfare, Government of India; international and bilateral organizations also request the Institute to undertake research and evaluation programmes. In addition to research studies, research projects on major areas of public health and family welfare of regional and national importance are conceived and undertaken.

During the year under review, the Institute has conducted 48 studies out of which 19 have been completed including ten by the M.D. (CHA) students, and another 28 are under progress as mentioned below:

Completed Studies

1. **Evaluation of Immunization Training of Medical Officers, Cold-Chain Handlers and Technicians.** (Jayanta K. Das, M. Bhattacharya, Stephen Sosler, Renu Paruthi, Gyan Singh, Utsuk Datta, Sanjay Gupta, Renu Shahrawat, Nanthini Subbiah, Arindam Ray and P. Deepak)

Objectives

- i. To identify the factors affecting differential progress between states in RI training of MOs and cold-chain handlers;
- ii. To identify the factors affecting the quality of training;
- iii. To assess the knowledge, skills and practice of medical officers, cold-chain handlers and technicians related to UIP; and
- iv. To make recommendations for improving future training of medical officers, cold-chain handlers and technicians.

Major Findings

- Training of medical officers in the four states- Andhra Pradesh, Assam, Karnataka and Haryana, were progressing well because of proactive involvement of Director FW, MD-NRHM, and SEPIO.
- Monitoring of quality of training was done by state and district-level officials through SKYPE in Karnataka and monitoring of training in districts was done by SIHFW in AP.
- Poor attendance of MOs due to lack of follow-up of nominations and lack of coordination between SIHFW and state/district offices and no accountability was fixed for not attending the training were the factors for poor progress of trainings.
- Database of trained personnel was not maintained at district and state levels; poor training infrastructure and facilities in terms of less number of training centres and lack of training infrastructure specifically non-availability of hostels, shortage of trainers with vacancies at SIHFW and non-availability of trainers were observed.
- No training was conducted during April-June because funds were released from GOI in June. In-house trainers were not given honorarium leading to reluctance to train. RCH training norms were not followed and participants were not given TA/DA and trainers were not paid honorarium as per the RCH norms.

- Lack of training facilities, hostel and mess facilities observed in the states of Delhi, Manipur and Gujarat. There was lack of involvement of SIHFWs in UP, WB, Haryana, Karnataka and Manipur in coordinating and monitoring immunization training. There was shortage of trainers in Delhi, Gujarat, West Bengal, Odisha, UP and AP. Trainers were not present in full strength in MP and Maharashtra due to transfer of trained trainers.

Recommendations

- Progress of training at state and district-levels to be reviewed on regular intervals. Mechanisms to ensure adequacy of batch size and mandatory attendance of nominated participants are to be devised.
- Involvement of SIHFWs to coordinate and monitor the immunization training is required. Immunization training must be included in the induction training programme for medical officers.
- Training data-base should be maintained by the state and district training centres. Regular reporting of training should be ensured through HMIS.
- Training infrastructure in all districts is to be developed. Hostel and transport facilities in Delhi, Gujarat and Manipur are to be provided.
- State-level TOT is to be conducted to increase the pool of trainers at the state and in all regional training centres. Regular refresher training to master trainers/ faculty members of SIHFW is to be provided and medical college faculty to be involved in all training courses on immunization. Use of technology e.g. SKYPE should be encouraged. District trainers should follow-up the trainees on the job.
- Financial guidelines for immunization trainings in line with RCH training norms are to be revised. All medical officers in addition to the MO-I/Cs are to be encouraged to actively involve in micro-planning, monitoring and supervision activities.
- The mandatory cold-chain handlers training should be followed by intensive supportive supervision and on job training to ensure that knowledge and skills acquired are used in the actual settings
- For optimum utilization of resources, states may post technicians trained in repair and maintenance of WICs/WIFs to districts with WIC/WIF. They should receive training on Servo stabilizers before or immediately after getting posted to these districts.
- Trainings on different types/brands of 1kVA voltage stabilizers need to be organized for technicians who have not received the training. Training to be urgently organized for repair and maintenance of Haier equipment and Chintz stabilizers.

2. **To Study the Knowledge and Practices of School Going Adolescents Related to Use of Smokeless Forms of Tobacco in Selected States of India- A Case Study of State of Tamil Nadu** (Jayanta K. Das, Poonam Khattar, Jagdish Kaur, A.K. Sood, Utsuk Datta and Neera Dhar)

Objectives

- i. To assess the knowledge and practices related to smokeless forms of tobacco among the school going adolescents;
- ii. To find out the prevalence rate of smokeless tobacco among school going adolescents;
- iii. To find out the frequency of use of smokeless tobacco among them;
- iv. To find out the reasons of initiation of use of smokeless tobacco among the adolescents;and
- v. To assess the social acceptance of use of smokeless tobacco among the adolescents.

Major Findings

- In the age group 10-13 years, 19.66% stated to have come to know about smokeless forms of tobacco from parents; 15.92% from friends, 23.60% from relatives; 40.82% from television, 14.98% from radio; 16.48% from newspapers and 13.67% from magazines. Similarly, the students in the age group 14 years and above, 16.41% reported to have come to know about smokeless forms of tobacco from parents; 28.16% from friends, 21.21% from relatives; 44.95% from television, 11.11% from radio; 16.16% from newspapers and 18.56% from magazines.
- In the age group 10-13 years, 53% and 48% of the students stated that smokeless forms of tobacco causes lung cancer and heart attacks respectively.
- In the age group 10-13 years, approximately 3.93% mentioned that their friends consume pan masala without tobacco. In the age group 14 years and above, 10.98% stated that their friends consume the same.
- In the age 14 years and above, 2.53% (n=792) students reported to be consuming pan masala with tobacco and without tobacco each. 1.26% stated that eat mishri and gutkha each. 1.39% stated that they consume mawa and khaini each. 1.89% stated eating any other form available.
- 2.1% and 6.48% students in the age group 10-13 years and 14 years above respectively, mentioned that they tasted pan masalas because their friends pressurized. Similarly, 1.2% and 5.34% tasted out of curiosity and 0.34% stated for reasons of curiosity in the age group 10-13 years and 14 years above respectively. In the age group 14 years above, 0.9% mentioned to be taking pan masala to beat stress.
- 90% school going adolescents in all did not know of the counseling centers where people can go for help to quit.

Policy Implications

- There is an urgent need to integrate components of tobacco control into other training courses of stakeholders for orientation. These could include: police, NGOs, PRIs, industries, MNCs, administrative services, military and para-military services, law, health, education and other professionals.
 - We need dedicated and motivated health professionals for dealing with promotive, preventive and curative aspects to deal with the menace of tobacco. Training at all levels, for tobacco control needs to be seriously organized for all stakeholders including implementation of COTPA.
 - There is a paucity of educational material on smokeless tobacco. This calls for to integrate the Information Education and Communication (IEC) components of tobacco control programme into National Rural Health Mission and other National Health Programs. Establishing linkages with TB Cells and ICTC and to further strengthen these.
 - Indirect advertisements should be banned.
 - School health programs are an integral part of NRHM. Efforts need to be initiated to strengthen tobacco control component in it. Sensitization and orientation of children from primary school stage is most important strategy.
 - Inclusion of tobacco control component in all school, under-graduate and post-Graduate and technical education.
 - Outreach programmes must be regularly organized for school going, out- of school and local community members.
3. **To Study the Knowledge and Practices of School Going Adolescents Related to Use of Smokeless Forms of Tobacco in Selected States of India- A Case Study of State of Assam** (Jayanta K. Das, Poonam Khattar, Jagdish Kaur, A.K. Sood, Utsuk Datta, Neera Dhar)

Objectives

- i. To assess the knowledge and practices related to smokeless forms of tobacco among the school going adolescents;
- ii. To find out the prevalence of smokeless tobacco among school going adolescents;
- iii. To find out the frequency of use of smokeless tobacco among the adolescents;
- iv. To find out the reasons of initiation of use of smokeless tobacco among the adolescents;and
- v. To assess the social acceptance of use of smokeless tobacco among the adolescents

Major Findings

- In the age group 10-13 years of students, 40.66% of them stated to have got knowledge about smokeless forms of tobacco from parents; 38.28% from friends, 31.66% from relatives; 74.70% from television, 31.39% from radio; 51.26% from newspapers and 32.05% from magazines. Similarly, the students in the age group 14 years and above, 49.71% reported to have come to know about smokeless forms of tobacco from parents; 58.38% from friends, 48.89% from relatives; 77.37% from television, 46.07% from radio; 68.82% from newspapers and 46.31% from magazines.
- 50% and 86% of students in the age group 10-13 years; and 20% and 58% of the students in the age-group of 14 years and above stated smokeless tobacco causes lung cancer followed by heart attack respectively.
- 39.74% of the students in the age group 10-13 years mentioned that their friends consume pan masala without tobacco whereas the figure was 49.12 per cent for the students in the age group of 14 years and above. 30.20% of the students aged 10 to 13 years stated that their friends consume pan masala with tobacco while it was 46.54 per cent for the students in the age group 14 years and above.
- In the age group 10-13 years, approximately 21.32% mentioned that their friends consume Mishri; 7.81% mawa; 2.12%gul; and 14.70% any other form. Similarly, in the age group 14 years above, 14.30% reported to be consuming mishri, 4.81% mawa, 4.45% gul; and 18.99% any other form.
- 7.15% and 26.26% in the age group 1-13 years, and 14 years and above respectively stated that they consume khaini. In the age group 10-13 years, 48.61% reported that their friends consume gutkha while it was 61.31% in the age group of 14 years and above.
- 2.1% and 6.48% students mentioned that they tasted pan masalas only once because their friends pressurized and 1.2% and 5.34% stated for reasons of curiosity in the age group 1-13 years and 14 years above respectively. 0.9% of them in the age-group of 14 years and above stated that they started consuming tobacco to beat stress.
- Overall, 90% of the students did not know about the existence of counseling centers where they can go for quitting.

Policy Implications

- There is an urgent need to integrate components of tobacco control in other training courses of stakeholders for orientation. These could include: police, NGOs, PRIs, industries, MNCs, administrative services, military and para-military services, law, health, education and other professionals.
- There is a paucity of educational material on smokeless tobacco. This calls for to integrate the Information Education and Communication (IEC) components of tobacco control programme into National Rural Health Mission and other National Health Programs. Establishing linkages with TB Cells and ICTC and to further strengthen these.
- Indirect advertisements promoting smokeless tobacco must be banned.
- School health programs are an integral part of NRHM. Efforts need to be initiated to strengthen tobacco control component in it. Sensitization and orientation of children from primary school stage is most important strategy.

- Inclusion of tobacco control component in all school, under-graduate and post-graduate curriculum and technical education is the need of hour.
 - Outreach programmes must be regularly organized for school going, out- of school and local community members.
 - We need dedicated and motivated health professionals for dealing with promotive, preventive and curative aspects to deal with the menace of tobacco. Training at all levels, for tobacco control needs to be seriously organized for all stakeholders including implementation of COTPA.
4. **Nursing Management for Reproductive Child Health (RCH) Services in the North Eastern States of India** (Rajni Bagga and Vaishali Jaiswal)

Objectives

- i. To review the current nursing and midwifery organizational/ management structure and HR processes; and highlight issues in the selected north eastern states India and identify best practices, if any;
- ii. To review the management of nursing and midwifery issues at the State Directorate, teaching institutions both nursing and ANM training schools, health care institutions and other nursing professional bodies;
- iii. To identify any constraints and obtain a perspective to strengthen nursing and midwifery management capacities to address RCH issues appropriately; and
- iv. To draft the recommendations to strengthen nursing and midwifery management capacities for promoting RCH in the north eastern regions.

Major Findings

- Though there are sanctioned posts of nursing administrators such as Joint Director, Deputy Director under the Directorate of Health Services, and Directorate of Family Welfare at the state-level, these posts do not have any administrative powers for decision making.
- Mushrooming of private teaching institutions was found, particularly in the state of Manipur. The state of Assam has more educational institutions in the government sector with an equal number of private GNM schools. The states lack infrastructure for higher education. Only one college in Tripura has Post Basic B.Sc. course. Though B.Sc. course is in demand in the north-eastern states, only a few number of colleges have such degree courses in the state of Assam. The whole of North Eastern States have only two Colleges in Assam with M.Sc. Nursing course.
- Shortage of tutors is found in ANM and GNM Schools. The staff nurses are designated as tutors, and this is an ad-hoc arrangement. No new admission has taken place in ANM schools in the Govt. sector for the last two years.
- Principal nursing officer posts in the schools are lying vacant. The senior tutors are acting as principals. Lack of infrastructure and shortage of staff nurses in Medical College Hospitals/ District Hospitals are witnessed.
- Supervisory role of matron is missing; she seems to be lacking the administrative skills. Most of the matrons are GNMs only and have not undergone any Administrative/ Technical/Management training for the last 5-10 years.
- Nursing personnel lack updated knowledge and skill owing to lack of refreshers courses or workshops in the state and facilities nor they are sent to attend such courses outside the state.
- The JD, Nursing, in all the three states i.e. Assam, Manipur, and Tripura has the additional charge of registrar without any supporting staff, and they are extremely overburdened.

Recommendations

- The contribution of the nursing cadre to the overall health of the nation demands more visibility. Today, nurses need to be equal partners in the process of health care delivery to achieve the United Nations' Millennium Development Goals. This requires a complete image changeover, keeping in line with the ever-emerging importance accorded universally to the nursing profession. From the image of being submissive and at the receiving end, they need to play a more proactive role which requires a change in the mindset, right from the topmost level of the planners down to the community and the stakeholders. Their immense human potential needs to be optimized by strengthening the nursing and midwifery workforce; and involve them in decision-making.
 - A mass consensus emerged from the nursing and midwifery fraternity across the studied states that repeatedly echoed the requirement of reframing nursing leadership at all levels. Development of and strengthening nursing leadership in all spheres further to get the desired results is felt. Assertion and advocacy for senior nurses, tutors and public health nurses is desired.
 - There is a need to bring about sustained change. This can happen only with systematized leadership in the education sector, service delivery, within the councils and associations and above all, with the policy makers at the Directorates. There is also a need to bring about a change in the way the nursing and midwifery profession is perceived. Change has to happen in the attitude of all the concerned towards the profession.
5. **Therapeutic Use of the Active Ingredient From Fruit Pulp of *Eugenia Jambolana* with Antioxidant Properties for Improving Leydig Cell Function** (M.M. Misro and Himani Anand)

Objectives

- i. To study the Leydig cell function through hCG induced testosterone production in vitro and the subsequent effect of H_2O_2 and the beneficial effect of the plant extract on the same;
- ii. To study dose and time kinetics of the ameliorative effect of the extract on the adverse effect of H_2O_2 on rat Leydig cells in vitro and against the adverse effect of EDS in vivo and the molecular mechanisms associated with the cell survival;
- iii. To study the apoptotic induction (if any) following H_2O_2 exposure to Leydig cells in vitro and EDS treatment in vivo and the pathways associated with it; and
- iv. To compare the ameliorative effect of the extract with that of the established antioxidant effect of NAC.

Major Findings

- 100 μM H_2O_2 exposure to rat Leydig cells for 4 hours induced apoptosis in about 50% of the cells but maintained >80% viability in the target population. Persistent hCG stimulation in the Leydig cells simultaneously raises oxidative stress.
- H_2O_2 induced apoptosis in the Leydig cells was associated with increase in lipid peroxidation and nitric oxide formation and simultaneous decline in the activities of antioxidant enzymes, total glutathione and total antioxidant capacity. demonstrated a significant depletion following H_2O_2 exposure.
- Up regulation of most of the apoptotic markers was observed including extrinsic (Fas/FasL/caspase-8), intrinsic (caspase-9) and other (like c-Jun NH2-terminal kinase, p38, Akt, nuclear factor k-B, c-Fos, cellular FLICE-inhibitory protein, cyclooxygenase-2 and p53) pathways of metazoan apoptosis.

- Incubation with siRNA (20 nM) either for caspase 8 or -9, inhibited their individual expressions and activity. The inhibition efficiency using siRNA was comparable with post- or pre- H₂O₂ treatment of cells. Eugenia jambolana (100 µg/ml) plant extracts too, effectively countered over-expression of all upstream apoptotic marker proteins.
- The antioxidant property of EJE was further explored therapeutically under in-vivo experimental conditions in rats administered with cisplatin (5 mg /kg bw, single dose) either alone or along with EJE (25 mg/kg bw, every alternate day) or NAC (150 mg/kg bw, every 3rd day) for seven days.
- Following sacrifice on day 8, significant alterations in serum LH, FSH and testosterone were observed. There was also a significant rise in functional Leydig cells which was associated with up regulation of expression in 3β-HSD protein and transcript levels.
- Both NAC as well EJE intervention were able to contain the rise in apoptotic induction by effective modulation of apoptotic markers in the extrinsic, intrinsic and other pathways of metazoan apoptosis.

Conclusion

- EJE favorably modulates up- and downstream marker proteins in the extrinsic/intrinsic and other associated pathways of metazoan apoptosis.
- The effect of EJE in curtailing these adverse effects was comparable to 5mM of the established antioxidant NAC.
- H₂O₂-induced apoptosis in Leydig cells is initially channeled through extrinsic pathway later possibly extending to other pathways.
- In in vivo plan, EJE supplementation to cisplatin treated rats was found to be more potent than established antioxidant NAC in ameliorating adverse effects on Leydig cells.
- The antioxidant potential of the plant extract and its usefulness in conditions of cisplatin mediated reproductive toxicity has been established.
- However, data on safety related aspects need to be examined before the findings are applied clinically for the benefit of the mankind.

6. Assessment of Functioning of Janani Express in Selected Tribal Districts of Odisha (Pushpanjali Swain, Renu Shahrawat and Parimal Parya)

Objectives

- To assess the Janani Express scheme in terms of its coverage and services to the target group;
- To assess the implementation of scheme against the laid down guidelines;
- To assess the stakeholder perception and level of clients satisfaction of Janani Express Scheme; and
- To suggest measures, if any change is required in the scheme.

Major Findings

- Janani Express (JE) vehicles are placed in 282 health facilities CHC, FRU and PHC, where institutional deliveries are being performed. In Kandhalmal there are 12 JEs whereas in Keonjhar there are 13 JEs working.
- On an average a Janani Express transported pregnant mothers and neonates to health facility was 42 in the year 2009-10 in the state and in the year 2011-12 it was 52. Comparing district performances, Khandhamal decreased its performance in terms of transporting pregnant women from 31 to 21 during 2009-10 to 2011-12 whereas the performance of Keonjhar district has decreased slightly from 38 to 37.

- By reviewing the health facilities statistics, it shows that institutional deliveries are increasing and the reason behind increase is availability of JE vehicle to carry pregnant women from remote areas to health facilities. The referral transport is exclusively for pregnant women and sick children. Janani Surakhya Yojana, a cash incentive for front level functionaries (ASHA) to carry the expectant mothers by referral transport of Janani Express to deliver in the institution.
- The performance measurement parameters in terms of call attended/unattended, response time taken to transport beneficiaries (including delivery), were not being recorded. Therefore, it is difficult to appraise performances/monitor.
- The vehicle is not equipped with basic disposable delivery kit on emergency during the transportation process.
- Out of pocket expenditure is incurred in the form of unofficial monetary demanded by the driver or ASHA from beneficiaries.
- In some cases, it was observed that JE facility was used as drop back facility instead of transporting pregnant women to the delivery points.
- Between two districts, Kandhamal is far behind of Keonjhar with respect to utilisation of Janani Express. The reason behind low utilisation are a) Lack of network coverage, b) inaccessible pockets, where vehicle cannot reach, difficult nature of terrain hinders in transportation of expectant mothers to hospital in last stage of labour or in emergency c) Maoist affected areas, where drivers are reluctant to drive in the night time due to threat, as there occurred an incident in 2010, where six persons were killed including ASHA, driver and beneficiary along others. d) Lack of awareness among beneficiaries.

Recommendations

The study suggests additional driver for each JE and strong monitoring of JE vehicles is required for sustainability of the program.

7. An Assessment of National Programme for Prevention and Control of Deafness (Jayanta K. Das, T. Mathiyazhagan and G. P. Devrani)

Objectives

- To identify the availability of human resources at different levels for implementation of the programme in the state/union territory;
- To find out the availability of equipment at different levels for carrying out clinical activities in relation to the programme;
- To understand the awareness of the programme among the health functionaries and community members;
- To study the distribution of hearing aids and the views of hearing aids beneficiaries; and
- To study the increase in attendance in the hospital with hearing problem after the launch of the programme.

Major Findings

- Number of persons with ear-related problems is more in rural areas than urban areas. Among the nine programme states, Tamil Nadu has the highest prevalence rate (46.7% rural and 51.1% urban) followed by Nagaland (44.4% rural and 22.2% urban) and Andhra Pradesh (37.8% rural and 26.7% urban). The least number of people with the ear-related problems was in Andaman Nicobar Islands (13.3% rural and 4.4% urban) followed by Madhya Pradesh (11.1% rural and 31.1% urban).

- Most of the people had the tendency to ignore the problem. One-tenth of the respondents did not take treatment while almost the equal number of people sought treatment from government facilities as well as in private facility (8.9% each). Quite a good number of people tended to avoid the use of hearing aids.
- Only 6.9 per cent respondents in rural areas and 2.2 per cent in urban areas used hearing aids. The use of hearing aids is more in Nagaland (rural 35.6% and urban 8.9%) followed by Gujarat (rural 13.3% and urban 4.4%). People with hearing impairment got the hearing aids from government facility (rural 5.4% and urban 1.0%) as compared to private facility (rural 1.5% and urban 1.2%).
- Out of the nine district nodal officers, only two from Andaman and Nicobar Islands, and Tamil Nadu stated that they had the fund to carry out the programme while five of them stated that they had no fund. Other problems to carry out the programme include lack of infrastructure, equipment, trained manpower and coordination between the state nodal officer and district nodal officer.
- Out of 37 hearing aids beneficiaries, only 14 of them (37.8%) attended the screening camps. Most of them (86.5%) have been taking treatment in all the programme states. Around 54.1 per cent with hearing impairment approached the government facility for treatment while 32.4 per cent approached private facility. Almost all the persons having hearing impairment have been using hearing aids (97.3%). Almost 50 per cent of them have knowledge about the visit made by the ENT specialist to the government facility.

Recommendations

- The programme officer of the MoHFW should ensure that the fund is released on time with clear cut directions for carrying out various activities under the programme.
- Periodical visit should be made by the officials from the MoHFW to various states to monitor whether the programme is implemented as planned, whether fund has been received by the concerned state, what kind of problems are being faced by a particular state in the implementation of the programme, etc.
- Frequent transfer of programme officers should be avoided by the MoHFW because a few state nodal officers even did not know about the person looking after the programme in the MoHFW.
- Efforts to be made by the MoHFW in appointing the state nodal officer with ENT background. Since the state nodal officers are either posted in the hospital or in medical colleges hampering the implementation of the programmes. The state government should also share some responsibilities with the centre with regard to providing manpower, infrastructural facilities and funding.
- As the State Nodal Officers are very busy, it has been observed that they are not taking the programme seriously who need to be monitored closely by the MoHFW to facilitate the work of NPPCD in states.
- The responsibility of the state nodal officer to see that both the fund and guidelines are given on time to the district nodal officer. The district official may consider providing a transport to the DNO with financial powers to carry out certain responsibilities under NPPCD.
- Though the infrastructural facilities available for treating the hearing impaired persons are inadequate in most of the places, those are to be maintained properly. The huge shortage of manpower is to be met with adequate training.

8. Evaluation of PMSSY Scheme of the Ministry of Health and Family Welfare (Jayanta K. Das et. al.)

Objectives

- i. To assess whether PMSSY has met the objectives;
- ii. To identify the strengths, weaknesses and gaps in implementing the scheme and suggest ways to remove bottlenecks;
- iii. To suggest changes, if any, for improving implementation and monitoring for meeting the objectives of the scheme; and
- iv. To examine and recommend the measures to be put in place, while continuing the scheme in the 12th Five-Year Plan.

Findings

- Study revealed that initial years of implementation of PMSSY faced certain problems that largely owed them to lack of experience, absence of credible inputs etc. Apart from this, there were other factors like delayed preparation of DPR and non-fulfillment of normative requirements. These factors collectively resulted delay in tendering process that escalated the cost of the project with the passage of time.
- The cost of the project increased almost three times due to change in cost index, change in scope of work, inclusion of new items of work, increase in cost of medical equipment, etc.
- The current status of the project indicates that in all sites, Medical College complex is nearing completion and is partially functional. However, there are delays in completion of hospital complexes and progress range from 54% in Patna and 86% in Rishikesh. Progress in Electrical Services ranged from 50% in Bhubaneswar to 86% in Patna. Progress of Estate Services has been slow in all AIIMS ranging from 18% in Patna and Raipur to 37% in Jodhpur.
- For upgradation of medical colleges, central funding has been provided to assist State Governments to upgrade the existing infrastructure in these colleges to start and strengthen postgraduate courses and provide trauma and super-speciality services.
- As far as medical education is concerned, second batch of MBBS students and first batch of nursing students have been admitted in AIIMS. However, without full functioning of the medical college and laboratory facilities; teaching is likely to suffer in all places. Presently, both teachers and students are facing many problems concerning academics..
- The projects suffered from many bottlenecks which mainly include, absence of regular engineering department at the Ministry, poor monitoring mechanism, lack of decision making at the local level, lack of coordination among agencies, poor estimates of bill of quantity, inadequate technical manpower with the Project Consultant, etc.
- Without adequate equipment and clinical facility for clinical training of students, the quality of teaching of MBBS and Nursing students is suffering a lot.

Recommendations

- Independent Engineering cell at the Ministry is to be set up.
- Strong linkage with the State Government and State Medical Colleges is highly required. Governing Body and other committees must be constituted forthwith.
- Enhancement of financial and other administrative power of the Directors of all the AIIMS and similar authorised heads of the medical colleges under the project is required. Recruitment of Medical Superintendent and establishment of Hospital Administration Department are to be expedited.

- Internal changes /modifications in specifications are to be allowed and preparation of master PERT chart and subsidiary PERT chart for building, equipment, HR, etc. are to be emphasised.
 - One time ERC meeting with the representatives from MOHFW can be held to solve the pending alternations/deviations issues ASAP.
 - Strong linkage between six new AIIMS and MCI is the need of the hour to standardize the curriculum of MBBS courses in all these institutes.
 - Directors of the AIIMS should be empowered to take help of the corporate sector, NGOs and other private organizations for the welfare of the patients such as setting up of Dharmshalas, Jan Aushadi Centres, provision of wheel chairs, or have PPP model for hospital kitchen and laundry services i) Training of technical staff on use and handling of equipments; and ii) Setting up of an Examination Cell with adequate manpower.
9. **Mid-Term Evaluation of Scheme for ‘Establishment/Up-Gradation of the Department of Physical Medicine and Rehabilitation (PMR) in Medical Colleges** (Jayanta K. Das, Sanjay Gupta, U. Datta, J.P. Shivdasani and G.S. Karol)

Objectives

- i. To observe the infrastructure developed in the various institutions and determine the extent to which they have adhered to the guidelines issued by the centre;
- ii. To observe the manpower appointed, trained and in position;
- iii. To study the records to assess the quantity and quality of services provided;
- iv. To assess the utilization of the services by the community and the level of satisfaction; and
- v. To find the bottlenecks, if any, in the implementation of the scheme and suggest appropriate measures.

Major Findings

- BJ Medical College and associated Govt. Spine Institute, Ahmadabad (Gujarat) has a well-established functional PMR Department whereas the process of implementing the PMR scheme is still in its infancy in Gandhi Medical College and associated Hamidia Hospital, Bhopal (MP) and Guru Nanak Dev Hospital, Amritsar.
- Out of the 11 medical colleges visited for the study, about 45% of the medical colleges do not have the functional PMR department whereas approximately 27% institutions have functional PMR department but are providing only OPD services, and 27% institutions have fully functional PMR department providing OPD, IPD and as well OT services.
- Only a few of the PMR departments have dedicated HoDs, faculty, doctors, paramedics and other staff while the remaining are being run by the work force from other departments (mostly from orthopaedics departments) of the respective institutions.
- In most of these institutions, only the OPD services have been started so far whereas the progress of works for indoor and OT services is still slow. Some of these facilities are providing services to their patients by using the old equipment and instruments as they have yet not procured or installed new equipment and instruments using the Project funds.
- The outpatient attendance in these PMR departments/units has been rising gradually over the past few years and most of them have expressed their satisfaction with the PMR services provided. However, some of the facilities have not maintained adequate records and registers for such information.

- Most of these patients are being referred from other departments of the respective colleges/hospitals and there is a need for more IEC activities to make the patients as well as the local community aware of the PMR services available there.
- It was found that lack of coordination among various stakeholders, administrative problems at different levels, delay in release of funds, sub-optimal fund utilisation, slow progress in infrastructure development, hindrance in procurement of equipment, sluggish process for recruitment of regular professional manpower, remuneration-related issues among the existing work force, poor maintenance of records and registers and insufficient IEC activities were the main reasons for the slow progress and the delay in implementing the Scheme in most of these institutions.

Recommendations

- Expeditious redressal and resolution of all the contentious issues may be done through coordinated efforts so that the Scheme may be extended further in these institutions.
- Timely release and appropriate spending of the funds may be ensured (through monitoring mechanisms and periodic review of progress of works) for achieving the targets of the PMR Scheme.
- Adequate space is to be provided to the PMR Department to run its various activities in full swing. Such space for the Department may be identified either by extracting some space from the other existing departments or by utilising any unused area in the institution for expansion of the Department.
- Adequate faculty and other staff may be recruited expeditiously to strengthen the PMR Department in these institutions. A separate regular manpower for the up-gradation of the PMR Department (as envisaged in the PMR Scheme) may be put together. Suggestion of regularising the existing contractual staff in some of these colleges and/or giving them some weightage while filling up the regular posts may also be considered. For the position of the Head of the PMR Department, preferably a dedicated full-time officer should be posted rather than the PMR Department/Unit being supervised by an HOD or faculty from some other department.
- All pending payments of their dues and salaries may be processed and released at the earliest. Issues related to their annual increments may also be addressed at appropriate levels. For some professionals (particularly the doctors and the physiotherapist), the attrition rates were high due to reasons of low salaries to them. More perks may be planned to motivate and retain them in the system.
- The PMR Project funds for this purpose are also lying unspent in many colleges. Procurement and installation of the equipment and instruments for the PMR Department may be made under the PMR budget heads in accordance with the guidelines for this purpose so that the patients may benefit from these functional equipment and their related services.
- Appropriate IEC activities may be planned and executed to make the patients and the local community aware of the PMR services available in the PMR departments of these medical colleges. IEC materials may be procured under the PMR budget. Suitable posters/charts can be displayed in the concerned OPD areas as well as outside the institutions for this purpose.

10. **Evaluation of Rogi Kalyan Samitis (RKSs) under NRHM in Uttarakhand** (K.S. Nair and Meerambika Mahapatra)

Objectives

- i. To understand the constitution, composition and functioning of Rogi Kalyan Samitis in the state;
- ii. To assess the source, availability of financial resources, their utilization pattern and constraints in use of resources;
- iii. To document the measures taken to improve the quality of services provided in the health facilities and innovative interventions introduced; and
- iv. To elicit opinions from different stakeholders on how to improve the functioning of RKS.

Major Findings

- Chikitsa Prabandhan Samitis (CPSs) have been formed in all health care facilities, and the structure and concept of CPS has been accepted. Efforts have been made by the State to provide an understanding among CPS members about vision of the Samitis as facilitators for provision of improved quality of services at health facilities. Funding arrangements by the State and NRHM are in place and are being accessed by the Samitis in all health facilities. Samiti members from varied backgrounds including health providers, members from community and other Government departments have come together to provide evidence that the model can work.
- In few places, there have been limited understanding among CPS members on various aspects including constitution, guidelines of the Samitis, responsibility and powers of the Governing Body and Executive Committee, utilization of funds and financial procedures and individual roles as members. Lack of engagement with community and users, lack of feedback from users on service provision and lack of active participation from members have been noticed. At most of the health facilities, regular quarterly meetings of the CPS are not organized.
- The limited understanding about various aspects of CPS could lead to lack of interest and involvement among Samiti members especially who are not part of the public health system.
- CPSs in most of the health facilities made significant contribution in asset creation. In few facilities major maintenance works have been done. However, in few health facilities particularly in CHCs, a lot of improvements need to be carried out. Activities like IEC, outreach services, etc., have received low priority with regard to utilisation of funds through CPS in all health facilities.
- Majority of patients were satisfied with aspects such as cleanliness, drinking water facilities and waiting facilities in the hospitals. Almost one-third of patients at CHCs reported non-availability of medicines and doctors and similar proportion were also not satisfied with the waiting facilities, cleanliness, drinking water facilities etc in these facilities. There is limited recognition of RKS/CPS or the Citizen's Charter as well as limited awareness on mechanisms to share complaints and suggestions in most of the facilities. More than 95 percent of the patients interviewed were not heard of RKS/CPS in health facilities.

Recommendations

- CPS should be developed as a democratically run system with the participation of community members. The members of CPS should be involved in the development of annual as well as long-term plans of health facilities. Community members may be allowed to participate in general meetings to give their inputs. People-friendly services in health facilities will enhance ownership of the RKS/CPS.
- CPS guidelines should be simplified in accordance with the local needs. These guidelines should be liable to be modified as per the local needs. There should be effective formula and guidelines for utilization of funds from different sources.
- CPS should act as a platform for health promotion of the community. Framework of convergence of other departments and schemes to promote health has to be developed. The members should also be oriented to take lead in all national health programmes and related activities.
- There is a need to generate awareness by IEC activities for such provisions to make it easily understandable by the people and they can take its benefits easily. CPS members may conduct periodic rapid assessments with patients and caregivers to assess their perception about services.
- The functioning of the RKS/CPS should be monitored in terms of resource generation, budget utilization and improvement in service utilisation. District Collectors should take stock of the CPS during the meetings with Block administrators as it was found that the district monitors seldom review the functioning of CPS.
- CPS members should undergo regular trainings and evolves clear role definition within departments leading to proper maintenance of records, review of committees, institutionalizing feedbacks that would result in enhanced teamwork.

M.D. THESES

In addition to the above-mentioned studies, the following nine research studies have been completed by the students under the three-year duration M.D. (CHA) Course.

1. **A Study of Direct Treatment Costs in Relation to Private Health Insurance Status of Hospitalised Patients in Private Hospitals in Delhi** (Amit Kumar Gupta and Sanjay Gupta)

Objectives

- i. To study the direct treatment costs and find out the difference between the costs incurred by the hospitalised patients with Private Health Insurance (PHI) facility and those with No Health Insurance (NHI) facility in private hospitals in Delhi;
- ii. To identify the factors associated with such a difference in the treatment costs;
- iii. To find out how such a difference is affected by the patients' PHI status; and
- iv. To explore the tentative measures for reduction of such a difference, if any.

Major Findings

- Direct treatment cost of hospitalised treatment was affected by an in-patient's PHI status, with such costs being significantly higher in PHI patients than in NHI patients by about 16 per cent which translated to a cost difference of Rs.5046/- between matched pairs of PHI and NHI patients ($p=0.046$).

- Major factors for abnormal and unprecedented rise in direct treatment costs of hospitalised treatment under PHI were: procedural delays, complications in payment processes, selective human behaviour, information asymmetry, moral hazards on the part of various stakeholders [particularly private hospitals and their doctors, patients and Third-Party Administrators (TPAs)], and unmet need for universal risk transfer and health protection.
- Private healthcare providers (study hospitals and their doctors) had used various tactics to facilitate PHI services for their clients (patients), mostly in connivance with the latter, which included: showing duration of hospital stay longer than actual, exaggerating or distorting or cooking-up patients' clinical presentations, hiking charges for the services availed, adding charges for the services not actually availed of, keeping patients hospitalised for longer durations than actually required, offering non-required extra services coverable under PHI, taking payment of non-coverable charges separately without showing in bill under PHI, concealing undesirable facts coming across during hospital stay, hiding undesirable charges, hiding undesirable investigation reports, hiding patients' pre-existing diseases and/or their correct durations, and colluding with TPAs.
- Within specified limitations, the study suggested that such a difference in treatment costs could be reduced by a comprehensive and proactive approach by instituting a number of remedial and corrective measures.

Recommendations

- Laying appropriate guidelines and procedures to check malpractices of showing PHI patients' information wrongly in hospitals' records.
- Listing of coverable and non-coverable charges under PHI in a uniform and rational manner, their periodic revision, and avoiding levy of the non-coverable charges in PHI patients as far as possible.
- Strengthening private hospitals' PHI desks as facilitator for PHI services and enrichment of TPAs' role as important link between insurers and private hospitals.
- More transparent and clear terms and conditions under PHI policies, with reiteration of the crucial ones in the initial authorisation letter and providing complete facts about authorised bill amount (with detailed break-up) in the final authorisation letter for information of PHI patients also.
- Comprehensive strengthening of the private healthcare system, with active participation by the government and other regulatory bodies to devise suitable measures to deal with PHI-related malpractices.

2. **A Study of the Implementation Status of Immunization Services for Children under One Year in the State of Haryana** (Tilottama Nischal and Madhulekha Bhattacharya)

Objectives

- i. To study the implementation status of immunization services for children under one year in the state of Haryana;
- ii. To find out the availability and functionality of the infrastructure available for immunization services in Haryana;
- iii. To assess the utilization of services as per the providers' perspective;
- iv. To identify the issues related to immunization and utilization amongst mothers with children under-one year; and
- v. To suggest interventions, if any, based on the identified gaps.

Major Findings

- Equipment and logistics available at the PHC level and sub-centre level are 73 per cent and 82 per cent respectively, which are strengths of the universal immunisation programme in both the districts whereas non-utilization of tracking bag, waste disposable pits, immunisation cards which were weaknesses of the routine immunisation.
- More male children (74.7%) had received vaccination in comparison to female children (70.1%). Full immunisation was found to be more among male children whereas partial immunization was more among female children. Partial immunization rates were more prevalent among SCs and OBCs due to lower education level in these groups as compared to the general population.
- Among the factors that were significantly associated with full/partial education were father's education, caste, religion, occupation of father, awareness obtained from ANM, other factors like sex, occupation of mother, birth order and possession of immunisation were not significant for immunisation status.
- Vacant posts were seen in the sub-centres. Due to the lack of provision of alternate vaccine delivery, hard to reach areas were not covered.
- Monitoring and supervision are not done by the supervisors as they were busy in their routine works, AEFI did not report during the last 3 months but this was highlighted by one of the beneficiaries in an interview. MOs are trained but they do not implement it in the field. Biomedical waste management was not properly utilised. Vacant posts were not filled in the sub-centres. Due to the lack of provision of alternate vaccine delivery, hard to reach areas were not covered.

Recommendations

- Community-level meetings should be organized to make the people aware of the importance of full immunization. There should be involvement of school teachers, self-help groups in mobilizing community towards achievement of full immunization of children.
 - Improvements in immunization-related awareness and knowledge among clients in the community can be targeted. IEC aimed at providing more specific information on individual vaccines, their purpose and time of administration can be recommended.
 - Human resources, particularly the participation of ASHA and AWW in PHC and sub-centre vaccination session needs to be encouraged as this could improve demand for routine immunization services and ensure high quality and capacity building.
 - Muslim community and migrant population should especially be targeted. Awareness campaigns to be organised for immunisation programmes. Religious leaders to be involved for motivation and awareness.
 - Monitoring and supportive supervision need to be reinforced. Supportive supervision can be used as an opportunity to improve the knowledge and skills of the health staff.
 - Demand generation at the community level deserves greater attention. A greater role for the community as informants about births, pregnancies and drop-outs can be envisaged, through women's self-help groups.
3. **A Study of Human Resource Policies and Practices under Primary Health Care System in Delhi** (Pawan Kumar and A.M. Khan)

Objectives

- i. To critically examine the existing human resource policies and practices of primary health care system in Delhi; and

- ii. To assess the level of job satisfaction among primary health care providers under regular and contractual provisions (3) To explore the administrative and other constraints felt by different stakeholders (4) To suggest the remedial initiatives for improvement in human resource policies and practices.

Major Findings

- The Directorate of Health Services of Delhi does not have a formal mechanism in place to undertake manpower planning on a continuous basis.
- Health department has not assessed whether the existing terms and conditions of HR recruitment are attractive to attract and retain the staff at various positions.
- The department does not have a specialized HR cell to guide the directorate on various HR functions.
- Disparity between regular and contractual staff is leading cause of dissatisfaction and demotivation among the staff.
- In spite of well laid out rules and procedures of recruitment on regular basis, vacancies still exist which are filled by contractual method.
- Contractual staff is very much dissatisfied with salary and other benefits which they get in the organization and is causes of serious concern for demotivation.
- Job satisfaction levels were low in all the four groups (MO, ANM, Pharmacists and LA/LTs) of health care providers, contractual employees are relatively more dissatisfied than regular employees.
- Policy makers and state health managers are facing various administrative difficulties and constraints in relation to human resource management.

Recommendations

- Creation of HR Cell at DHS.
- Human Resource Information System: Updated human resource across all categories of staff should be maintained. Identification of new positions and their justification should be examined.
- HR Planning: Short and long term human resource management strategies are suggested.
- Recruitment and Selection: Recruitment of programme staff under NRHM or DHS should be undertaken with a focus on long term utilization of such personnel.
- Prevention of delays by recruiting agencies: The state Government should ensure that the recruitment process by agencies is completed in time or explore the possibility of direct recruitment of staff by the department on a permanent basis with the help of HR planning unit.
- Career growth and development: Promotion of ANM with change in designation like ANM, Senior ANM, Chief ANM is recommended and same is suggested for Pharmacists, Lab Assistants and Lab Technicians.
- Job rotation and job enrichment of paramedical staff will lead to job satisfaction.
- The state need a comprehensive training policy based on the actual needs and as per job requirement.
- Considerable improvement in the physical working conditions and material and means of working including the building, lab equipments and water supply, space for sitting and working at dispensaries is strongly recommended
- Job responsibilities should be written and well documented with wider dissemination in the organization is recommended
- Significant steps to reduce the disparity in pay and other benefits between regular and contractual staff are suggested

- Suggested actions for HR policy development: HR Policy content should include human resource planning, training and development, institute capacity building, HR information system, motivation and retention strategies, in-service trainings, vision and mission for human resource under comprehensive human resource policy in Delhi is suggested.
- 4. **Study on Prevalence Risk Factors and Treatment Seeking Behaviour for Selected Acute Minor and Chronic Morbidities in a Poor Socio-economic Adult Population of Delhi** (Ramesh Chander and K. Kalaivani)

Objectives

- i. To study the prevalence of selected acute minor morbidities and chronic morbidities in adult population above 18 yrs;
- ii. To determine the distribution of certain selected risk factors for acute minor and chronic morbidities including hypertension prevailing in the adult population;
- iii. To find out the treatment seeking behaviour for selected acute minor and chronic morbidities; and
- iv. To test the household salt for presence of iodine, and suggest recommendation to the health system for provision of needed services.

Major Findings

- Acute illness any kind: 14.4%, ARI: 4.6%, Diarrhoea: 2.8%. Age-wise distribution of acute illnesses show 12.2 % were in the age-group of 18-39 years, 17.2% in 40-59 years, 21.4% in 60-79 years, and 60% in 80+ years age-group. While 31% went to government centres for treatment of acute illnesses; and 64.8% went to private facilities.
- Musculoskeletal was found in 6.5% of the respondents, Cardiovascular in 4.1%, Respiratory symptoms in 2.4% and GIT in 2.2%.
- Cardiovascular symptoms are reported more in 40-59 yrs age group. Diagnosed cases: Diabetes; 1.7%, Hypertension; 2.9%, Asthma / Ch. Resp. 0.7%, tuberculosis; 0.5% and Arthritis 1.3%. Preferred treatment institute for chronic illnesses; 89.1 % Government and 9.3% private.
- Diastolic blood pressure was 4% among the respondents in the age-group of 18-39 years, 18.2% in 40-59 years, 23.1% among 60-79 years, and 50% in 80+ years age-group. 21.1% of the respondents in the age-group of 18-39 years had systolic BP while it was 53.6% in the age-group of 40-59 years, and 25.1% in the 60 years+ age-group.
- All the respondents were tested positive for iodine presence.

Recommendations

- IEC campaigns are required to ensure sanitation, use of disinfectants, use of ORS, personal and environmental hygiene, promotion of use of double-iron and iodine-fortified salt for household cooking in meals. Health education to the community regarding health-check, weight, BP, calculation of BMI, Hb estimation and blood or urine sugar during every visit to a health facility for whatever reason is to be provided.
- Govt. services are to be strengthened by increasing the reach by capacity building, peripheral level worker through trainings and skill up-gradation as has been done for rural health services. With fertility trends improving, the family planning staff can be utilised for comprehensive care.

- Measurement of height, weight, BP, calculation of BMI, estimation of Hb and at least urine-sugar levels at every visit to a health facility by trained professionals to identify people with abnormalities for further management and provision of appropriate advice and /or treatment are to be made compulsory.
 - There is need for inclusion of elderly in the Hb estimation and supplementation programmes. Adequate supply of iodised salt is to be ensured.
 - Need for adequate physical activity; healthy nutritious diet including adequate quantities of green leafy vegetables in the diet; ill effects of unhealthy habits, etc. are to be promoted.
5. **A Study of Factors Affecting Job Satisfaction among Nursing Staff of Government Hospitals in Delhi** (Sanju Kohli and Rajni Bagga)

Objectives

- i. To assess the level of Job satisfaction among the nursing staff of the hospitals;
- ii. To identify the reasons/factors affecting their job satisfaction; and
- iii. To suggest suitable measures for further enhancement in the level of their job satisfaction.

Major Findings

- Though many of the nurses had served the respective organizations for 15-20 years, they didn't have any career growth and were still serving as staff nurses mirroring stagnation in their career growth with least promotional avenues.
- Ninety percent of the nurses in the study group were females as nursing profession is mainly female-dominated across India.
- Both the studied hospitals had shortage of nursing staff leading to increase in the work-load, compromised quality of nursing care and increased physical and mental stress. The nurses had limited opportunities to attend seminars or workshops resulting in very limited opportunities for up-gradation of nursing skills and knowledge.
- Less than half of the staff opined that there was insufficient infrastructure for the nurses such as; changing room, beds for rest during night shifts, rooms were small and ill ventilated and the basic amenities like clean drinking water and toilets for the staff were also not available.
- The nursing superintendant has not been given any financial powers. NS and DNSs have no say in policy and planning for the nursing issues. The nursing staff was satisfied with hours of work, variety in job, job security, rate of pay, relations with their immediate bosses, and with job on the whole but they were not satisfied with limited promotional avenues, hospital functioning, attention paid to suggestions they made, and relations with management.
- Nurses are highly motivated towards patient care. They had constraints such as work-load, limited career growth opportunities, limited infrastructure, insufficient consumables, very little decision making powers, and moderate recognition for work.

Recommendations

- There is a need to increase the nursing work force. This can be achieved by adhering to the nurse-patient ratio norms. The patient load in the hospitals increases on a regular basis but the staff appointments are not linked to patient/work-load. Therefore, it

is recommended that there should be regular human resource planning and annual review of the patient/work-load. The number of the sanctioned posts should be linked to patient/work load. There should be regular appointments to address staff shortages enhancing quality of patient care and distressing the nurses physically and mentally.

- Promotion to the senior post should be based, both on merit and seniority. There should be guidelines for conduction of in-service exams for the nurses as an eligibility criterion for promotions.
 - Due to the shortage of the nursing staff, more contractual staff is being hired. The system should address the grievances of contractual staff on their regularisation after certain number of years of service.
 - The hospital administration should involve senior nursing personnel (NS/DNS) in decision making in the areas pertaining to nursing services like their work profile, infrastructure such as changing room, basic amenities, regular in service trainings etc. There is also a need to give financial powers to NS and the DNSs for their empowerment and for better hospital functioning.
6. **A Study of Perception on Declining Child Sex Ratio (DCSR) among Accredited Social Health Activist (ASHA) in a District of Haryana** (Sanjeev Kumar Khichi and T. Bir)

Objectives

- i. To find out the perception of ASHA about socio-cultural factors responsible for declining child sex ratio;
- ii. To assess the opinion of ASHA about various Govt. Schemes and initiatives to improve status of girl child;
- iii. To ascertain awareness of ASHA about PC&PNDT Act and steps undertaken to arrest declining child sex ratio; and
- iv. To suggest the suitable measures for active and efficient involvement of ASHA in activities to improve child sex ratio.

Major Findings

- ASHAs are well aware of DCSR but health department is not doing enough as far as BCC activities regarding DCSR are concerned. As health department is the nodal agency for activities in relation to implementation of PC&PNDT Act and MTP Act, these two acts are most important as far as prevention of SD & FF is concerned.
- The factors mainly responsible for DCSR are son-preference and dowry. Mushrooming of USG clinics is also stated by large number of respondents as another major factor.
- Majority of ASHAs perceived non-availability of brides as major repercussion of DCSR followed by increased crime against women and polyandry. Discrimination between male and female child is very much prevalent in society and starts from the child birth itself.
- There is low level of involvement of female members in decision-making in family and other issues related to her and her children. Participation of women in functioning of PRIs is not optimum and legal provision for share of daughters in ancestral properties is not working well.
- Facilities for SDT and FF are easily available and abortion facilities are available even at village levels. Most of these facilities are unregistered and manned by quacks and dais. Self-medication is also playing a big role pointing towards over the counter availability of drugs at chemist shops for carrying out FF. Existence of middle-men with varying motives is reinforced.

- Awareness level of ASHAs for the Government Schemes is not good. Of those who were aware, most of them were very pessimistic about the effectiveness of schemes because of very less amount of financial incentives and unrealistic eligibility conditions for the beneficiaries.
- Awareness level of ASHAs for PC & PNDT act is very less. Most of them are not aware of various provisions of act like requirement for registration of USG Clinics, who is eligible to do USG under the provisions of the act, where to make complain regarding violation of the act, for what purpose USG can be performed on pregnant ladies and for what purpose it cannot be used. None of the ASHAs interviewed was aware of governments scheme to provide an incentive of rupees twenty thousand for the informer giving information of violation of PC & PNDT Act. PC&PNDT Act and related aspects were not discussed in any of meetings of ASHAs.
- 72.5% ASHAs believe that pregnant ladies utilize services for confirmation of pregnancy offered by them. But out of those who were diagnosed positive for pregnancy, only 22.9% of ASHAs believe that they came for early registration of ANC. One of the reasons for not coming for early registration of pregnancy is that couples want to be sure of sex of foetus and go for abortion in case of female foetus.

Recommendations

- New strategies for BCC need to be devised and implemented. In the state of Haryana, Sakshar Mahila Samuh (SMS) is working at village-levels. This group has ASHA as one of its members and is looking after organising pakhwaras for BCC activities. Pregnant ladies should be encouraged to take part in activities of this group and senior government functionaries should attend these meetings on regular basis.
- ASHAs should be encouraged to attend meetings regularly and issues related to DCSR should be discussed in these meetings.
- Girls should also be counselled from early childhood to consider themselves equal to boys. They should be encouraged to assume all those responsibilities, which are normally considered to be male domains. This would have a positive influence on the coming generations, as today's girl would be tomorrow's mothers.
- Women's right to own and inherit property and the social obligations of daughters to support parents. Legal support to implement these values should also be provided. Pave the way for social acceptance of women's right to property which would enable parents to accept support from children of either sex.
- Central/state governments should popularize schemes in operation in the states through which economic benefits accrue to those families who have daughters like the Ladli Scheme, Devi Rupak Yojna and free education for girl child and make these schemes more financially appropriate. ASHAs can play a big role by creating awareness about these schemes as she is from within community and her acceptance in the community is good.
- The effort towards the awareness and sensitization campaigns for the protection and promotion of girl child, as is being carried out by the central and state governments should be intensified and continued. There is need for capacity building of ASHAs so that she can take part in these campaigns effectively.
- Mapping should be done and villages with a child sex ratio of less than 850 should to be kept under vigil. ASHAs should be made part of monitoring mechanism to detect violation of PC&PNDT Act and take corrective action.
- Unregistered quacks and dais to be discouraged at all costs. Efforts should be made to ensure early registration of ANC. ASHAs to play crucial role in it.

7. A Study of the Status and Performance of Skilled Birth Attendants (SBAs) and Trained Auxiliary Nurse Midwives (ANMs) in the Conduction of Deliveries in a Selected District of Haryana (Nihal Solanki and U. Datta)

Objectives

- i. To explore the utilization of SBA trained ANM in the conduction of delivery;
- ii. To assess the knowledge and skills of SBA trained ANM in relation to conduction of deliveries;
- iii. To find out the managerial support received by SBA trained ANM for conduction of delivery; and
- iv. To identify the problem faced by the SBA trained ANM in conduction of deliveries and to suggest measures for its improvement.

Major Findings

- SBA and ANM gave correct answers (31) to the questions related to the calculation EDD by LMP, ANC schedule (72%) and schedule of activities on every Antenatal visit (75%).
- 86% of ANM had the knowledge about use of uterotonic agents in active management of 3rd stage of labour and management of PPH before referring to the FRU (86%).
- Knowledge about simplified partogram was relatively poor. Only 58% of ANM gave correct answer, similar was the result about the dose and route of Magnesium Sulphate injection for the initial management of Eclampsia.
- Knowledge of SBA ANM was very good regarding the frequency of breast feeding (86%), supplementary feeds (88%) and duration for prescribing Iron, Folic acid tablets to a women of child bearing age (78%).
- 75-100% of SBA ANMs demonstrated good skills of antenatal examination with the exception of counting of FHR, which was correctly done by only 25% of the SBA trained ANMs.
- Skill level regarding partograph was also poor in most (75%) of the ANMs who had undergone SBA training. More than two thirds of the SBA trained ANMs showed good skills for the management of 2nd stage of labor while most showed good skills in active management of 3rd stage of labor. Skills regarding resuscitation of newborn i.e. providing warmth to newborn, initiate breast feeding, clears airways were shown by all the SBA trained ANMs.
- Proper hand washing skill was shown by only 58% of the SBA trained ANMs, which is the most important aspect of infection control. However 82% showed good skills regarding proper disposal of BMW.

Recommendations

- There should be a SBA ANM grievance redressal cell at the district level like that in the state of Rajasthan. There should be proper mechanism for the supervision and monitoring the performance of SBA trained ANM.
- General infrastructure of the delivery huts should be upgraded, particularly the residential facility for the ANMs.
- Essential drugs like Inj. Mg-sulph should be made available. Incentives should be given to the SBA ANMs who are conducting deliveries at the sub-centres / delivery huts because in most of the rural areas SBA ANM is the only skilled person available for conduction deliveries. Therefore, it is imperative to keep their motivation level high by providing financial incentives, enabling environment and other means e.g. timely promotions etc.

8. **A Study of the Hospital-Acquired Infection (HAI) Control Measures in the Intensive Care Unit of a Tertiary Care Hospital in Delhi** (Hema Gogia, Jayanta K. Das and Ashok Singhal)

Objectives

- i. To find out the organizational set up for control of hospital-acquired infections in the ICU;
- ii. To assess the awareness of the staff regarding hospital-acquired infection control measures in the ICU;
- iii. To study the existing guidelines and practices for control of hospital-acquired infections in the intensive care unit;
- iv. To evaluate the gaps that exists in the hospital-acquired infection control measures in the intensive care unit; and
- v. To suggest measures for further improvement of the hospital acquired infection control measures in the intensive care unit.

Major Findings

- Overall, the result showed that although there was a high level of awareness amongst doctors (79.55%) and nurses (79.43%), infection control practices were found to be relatively lower amongst doctors (74.08%) and nurses (68.51%).
- Records regarding HAI were not maintained and HAI events were not notified
- The Infection Control guidelines were not updated regularly, were not readily available at a centralized repository & and were not easily accessible to all
- SOPs for management of commonly occurring HAIs (CAUTI, VAP, BSI, SSI) were not readily available
- Proper visitor precautions for usage of PPE for visitors, screening of visitors for any infectious disease, or limiting number of visitors per patient were not in place
- Proper isolation practices are not in place – no separate cubicle for isolating a patient; no negative air pressure maintained for isolation of patients
- No defined HAI outbreak management measures being taken; no terms of reference for the outbreak investigation established; also, no report on the outbreak investigation prepared
- Not all staff members were provided trainings on HAI management and infection control practices at the time of joining and periodically thereafter, also, no trainings were imparted to contractual staff.
- There is no formal, written Antimicrobial Use Policy to be followed across the hospital

Recommendations

- Infection Control Guidelines should be updated regularly and be made available at a centralized repository that is easily accessible to all.
- Infection Control Guidelines should include standard operating procedures for insertions of urinary catheter, central venous catheters and peripheral venous catheters, patient presenting with cough or fever 48 hours after admission and managing of ventilators to prevent VAP.
- There should also be a formal, written Antimicrobial Use Policy easily available at a centralized repository and strictly followed.
- HAI Records should be maintained and each HAI should be notified to the higher authorities.

- All staff should be vaccinated against Tetanus and Hepatitis B and regular medical examination should be carried out.
 - There should be a separate cubicle for isolating a patient if required with proper arrangements of negative air pressure
 - Training on infection control practices should be imparted to all staff members at the time of joining and periodically thereafter.
9. **Burnout Syndrome among Nursing Professionals in Selected Tertiary Care Hospitals in Delhi** (Yashika Negi and Rajni Bagga)

Objectives

- i. To find out the extent of burnout syndrome among nursing professionals in selected tertiary care hospitals of Delhi;
- ii. To find out the level of perceived social support amongst nursing professionals in selected tertiary care hospitals of Delhi;
- iii. To determine the work-related factors associated with burnout among nursing professionals; and
- iv. To suggest measures to mitigate the occurrence of burnout among nursing professionals.

Major Findings

- The level of burnout among the sample of staff nurses was found to be low. Majority of the staff nurses in the study were falling in the 'low' burnout category of the Maslach burnout inventory.
- None of the socio-demographic variables used under the study, such as age, sex, marital status, qualifications and type of family, showed any significant difference in terms of their burnout score.
- With respect to social support, significant difference in the social support scores was found between all the three categories of burnout (low, average and high categories of MBI).
- Clinical duties have been compromised and diluted due to heavy workload and other responsibilities accompanied with inadequate physical infrastructure and resources, especially physical space.
- Administrative barriers are seen to avail career progression opportunities mirroring the dilution of nursing profession/ value associated with nursing profession over the years.
- Lack of supervisory and mentoring roles of seniors are found with no clear-cut job description for various categories of staff, especially that of nursing orderlies.
- Lack of orientation opportunities and guidelines for regular Continuing Nursing Education (CNE) is seen.

Recommendations

- Reforms for the Human Resources for Health are required. Nurses must be encouraged and provided opportunities for upgrading their qualifications through the provision of study leave.
- Well laid down Training Policy and Continuing Nursing Education (CNE) plans must be in place. Nurses must be equipped with basic nursing skills, work ethics and values.
- Adequate staffing with respect to nurse-patient ratio is essential along with adequate resources concerning supplies and infrastructure.

- Regular meetings with nursing professionals for redressal of their grievances are necessary. Professional must be placed in accordance with expertise. Clear job descriptions at all the levels of staff is required as well as accountability must be fixed.
- Nursing Administrators must act as mentors.
- Training and Continuing Nursing Education (CNE) on building effective communication and behavioural skills are required.
- Both the Health Administration and Nursing Administration Offices must conduct a compulsory orientation training in order to acquaint the fresh nursing recruits with the functioning, rules and guidelines of the hospital, also to develop their bonding with the hospital and its staff.

Ongoing Research Studies

1. Study of Services Provided Under Chacha Nehru Sehat Yojna (CNSY) in Government Schools of a Selected District in Delhi.
2. A Study of Knowledge, Attitude and Practices of Health Lifestyle and Profile of Identified Risk Factors of Non-Communicable Diseases (NCDs) among College Students of Delhi University.
3. Study of Existing Situation of a District of Haryanain Terms of Implementation of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).
4. Assessment of Disaster Preparedness of a Large Hospital in Delhi.
5. A Study on Content of Antenatal Care Services Provided by the Sub-District Level Hospitals (or Their Equivalents and the Peripheral Health Facilities in a Selected District of Delhi.
6. A Quality Assessment Study of Institutional Delivery Services in Govt. Health Facility of a Union Territory of India.
7. Study on Functioning of Programme Management Unit (PMU) under NHM at District-Level.
8. A Study on Adolescents' Reproductive and Sexual Health Scheme under RCH Programme in the State of Mizoram.
9. Effect of National Health Mission on Pregnancy Care and Maternal Outcomes.
10. Development of Immunoassay for Dexamethasone using Different Heterologies in Immunogen and Enzyme Conjugate.
11. Development of Medroxyprogesterone Acetate Immunoassay using Different Spacers in Immunogen and Enzyme Conjugate and Different Antigen in Enzyme Conjugate.
12. Development of 11-Keto-Testosterone Immunoassay using Different Spacers in Immunogen and Enzyme Conjugate.
13. Development of 17 A, 20 B Dihydroxy-4-Pregne-3-One Immunoassay using Different Spacers in Immunogen and Enzyme Conjugates.
14. A Monograph on Gender Violence and Health Care In India.
15. A Randomised Controlled Trial of Intervention Package on Pregnant Women Facing Domestic Violence to Improve Health Status.
16. Social Determinants of Large Family Size and its Implications on the Population of UP and Bihar.
17. Evaluation of National Programme for the Health Care of Elderly (NPHCE).
18. A Pilot Study on Communication Strategy for Improving the Services for MDG 4 and 5 in Uttar Pradesh and Madhya Pradesh among EAG States.

19. National Cold-Chain Assessment.
20. To Assess Knowledge, Attitude and Practices Related to Use of Smokeless Forms of Tobacco Among School Children in a Selected District of Dehradun.
21. Study for The Feasibility of Setting up of Public Health Cadre in Uttarakhand.
22. District-Level Household and Facility Survey-4 (DLHS-4): Integration of Clinical, Anthropometric and Biochemical (CAB) Component.
23. Assessment of School Health Programme in Uttarakhand.
24. Strengthening of Pre-Service Education of Nursing and Midwifery in India.
25. Detailed District-Specific Analysis of Mortality and Morbidity to Identify Factors Leading to Mortality/Morbidity from Annual Health Survey.
26. Evaluation of National Vector Borne Disease Control Project (Malaria) in the North Eastern States of India.
27. A Qualitative Study of Utilisation of MCH Services and Care Seeking Behaviour among Rural Women in Southern Odisha.
28. Assessment on the Impact of Solar-Hybrid Power Supply System on Health Service Utilization.

SPECIALISED SERVICES

The Institute is continuously providing some selected health care services mainly for training and research purposes. The clinic of the Institute provides services in the field of infertility management, menopause and adolescents and youths. NIHFW also provides services in terms of facilitating access to documents, journals, etc. through the National Documentation Centre and Department of Communication.



Details of the specialised services are as described below:

Clinical Services

Management of Infertility

The Institute has been recognized as one of the centres of excellence in the area of reproductive health care. The laboratory facilities for an in-depth investigation of reproductive disorders such as endocrinological, anatomical/surgical etc of patients. The scientific approaches adopted in the management of endocrinological and reproductive disorders and infertility management have paid rich dividends.



The services on ante-natal and post-natal care, immunization, supply of iron and folic acid, vitamin 'A' supplementation etc. were provided to the patients visiting the clinic.

Clinical Laboratory Services

The laboratory services form the backbone of preventive and curative aspects of health care services.

The clinic provides the following laboratory services:

- Routine test (hematology and urine)
- Andrology
- Semenology
- Bio-chemistry
- Serology

Some of the lab tests are provided at a nominal charge.

During the year, the regular laboratory services (bio-chemical, immunological, histological and radioimmunoassay of hormones) were provided to the patients. Further, services for ABO, RH, MN blood groupings and malaria parasites were also provided.

TESTS	TOTAL
Hb estimation	2579
ESR	869
TLC	115
DLC	115
Urine R/E	1525
Urine M/E	1525
Malaria	32
Stool Test	1
Pregnancy Test	689
AE Count	1
Cervical Mucus	1496
Post Coital Test	796
EB	175
PAP Smear	27
FNAC	51
Periferal Smear	11
Semen Test	3275
Antibody Test	57
GCM	156
GPC	156
Fructose	156
Acid Phospahtase	156
Sperm Morphology	170
CM Penetration	86
IUL Sample Preparation	98
VDRL	1643
Blood Group	1586
Blood Sugar	2077
LFT	94
KFT	73
GTT	13
Lipid Profile	70
GCT	29
Prolactin	643
Insulin	899
LH	527
FSH	530
TSH	756
Testosterone	227
T3	31
T4	32
E2	15
Infertility	Total
New	952
Female Follow-up	7014
Male Follow-up	3106

Reproductive Endocrinology

Gynae

New	721
Follow-up	655

ANC

New	267
Follow-up	457

Adolescents (Female)

New	37
Follow-up	24

Adolescents (Male)

New	0
Follow-up	2

Andrology Male

New	1
Follow-up	1

Well Women Clinic

New	44
Follow-up	46

Staff Female

New	24
Follow-up	10

Staff Male

New	61
Follow-up	32

Male General

New	411
Follow-up	350

Female General

New	160
Follow-up	57

Child

New	262
Follow-up	354

Cu. T insertion	12
Endometrial Biopsy	214
Oral Contraceptive beneficiaries	177
Condoms	6490
Imaging Services	2628
Testicular FNAC	66
Testicular Biopsy	0

Adolescent and Youth Clinic

Adolescents and youth is age of new aspirations and full energy. Therefore Adolescents and youth require special attention, education and specialist guidance for adopting a healthy life style. They need to be oriented in various health issues. The proper counseling and health education of the Adolescents and youth on various health issues can lead to decline in unwanted pregnancies, reproductive tract infections and sexually transmitted infections. Keeping this in view, the adolescent and youth clinic of the Institute provides them information/counseling regarding reproductive needs in a friendly atmosphere. During the year under report, 61 females and 2 males (between 10-24 years) were provided the services.

National Documentation Services

The National Documentation Centre (NDC) of the institute endeavors to acquire process, organize and disseminate global information to fulfil the information needs of the administrators, planners, policy makers, researchers, teachers, trainers, programme personnel and public concerned with health, population and family welfare throughout the country. The library facilities available at NDC are probably one of the best in India in this field. Over a period of two decades, the NDC has developed a well balanced and up-to-date collection of over 60,000 documents; including books, periodicals, technical reports, annual reports, statistical reports, conference proceedings, modules, non-book materials i.e. CD-ROM, online databases etc. Mission of NDC is to become the prime custodian of all information resources on current and traditional knowledge of health, population and family welfare to provide high quality of documentation and reference services. The collection of NDC is completely computerized. Presently the NDC has digitized various valuable documents like Reports of the National Committee/ Commissions on Health, Institute's journal entitled "Health and Population: Perspectives and Issues", Annual Reports of NIHFW, etc. NDC is also bringing out various documentation services like Health and Family Welfare Abstract, Press Clipping Service, Current Awareness Service etc. both in print as well as in electronic form.

Press Unit

The research, training, consultancy, administrative and documentation activities of the Institute were supported by the press unit. The background documents (modules and blocks) for the Post-Graduate Certificate Course in Health and Family Welfare Management and Hospital Management through Distance Learning were reproduced during the year under review. The background and introductory documents for various training courses, survey schedules, and other forms for administrative purpose were also reproduced.

Printing and Publication Services

The Institute prints and publishes various publications every year as a part of its continuing education programme.

- Multi-colour brochures for various training programmes
- All the Modules/Blocks of DLC
- Report on assessment of functioning of Janani Express in tribal districts.
- Report of Knowledge Resource Centre
- Annual Report of 2012-2013
- Annual Accounts 2012-2013
- Programme Advisory Committee (PAC) Document for 2013-2014 and 2014-2015.

- Report of Evaluation of RKS under NRHM in Uttarakhand
- Stock verification reports
- Annual HIV Sentinel Surveillance
- KRC Project Report
- National Guidelines on Ethics for research on HIV/AIDS.
- National Iodine Deficiency Disorders Control Programme (Hindi)
- Evaluation Report of PMSSY Scheme of MOHFW
- Evaluation of EMRI in Uttarakhand
- National Cold Chain Assessment Report
- Health and Population: Perspectives and Issues
- NIHFW Newsletter
- Dhaarna

Health and Population: Perspectives and Issues

The Institute has been publishing its multi-disciplinary quarterly Journal, Health and Population: Perspectives and Issues regularly since 1978. It has wide circulation both at national as well as at international levels. It includes articles of scientific and educational interest in the areas of health services, family welfare, population, hospital administration, materials management, IEC, social sciences and other allied disciplines.

The Journal is indexed in the following:

- (i) Index Medicus for WHO South-East Asia Region, WHO, New Delhi,
- (ii) Cambridge Scientific Abstracts, Bethesda, MD, USA,
- (iii) IndMED: A Bibliographic Database of Indian Bio-Medical Research, New Delhi,
- (iv) Indian National Scientific Documentation Centre, New Delhi,
- (v) EMBASE, the Excerpta Medica Database, Netherlands,
- (vi) All India Index to Periodical Literature in English Database, Hyderabad,
- (vii) CAB Abstracts, CAB International Publishing, Wallingford, the United Kingdom,
- (viii) Global Health Database, CAB International Publishing, Wallingford, the United Kingdom, and
- (ix) Guide to Indian Periodical Literature, Indian Documentation services, Gurgaon, Haryana.

Efforts are being made to get it indexed in a few more national and international abstracting agencies. The abstracts of papers published in the journal are also available on the Institute's web-site: www.nihfw.org.

NIHFW Newsletter

All the activities of the Institute are regularly disseminated to all the concerned in the country as well as abroad through the quarterly Newsletter. Started in 1999, the Newsletter is also available on the Institute's website i.e., www.nihfw.org.

Audio-Visual Services

Art, photographic and projection services were provided by the Institute for various activities of the Institute.

Demographic Data Centre

The Demographic Data Centre has been functioning since 2003 in the Department of Statistics and Demography. The purpose of the centre is to develop a data bank for collection of information available from different sources at national and state levels on socio-demographic, health and family welfare, etc. for providing ready reference materials to the professionals. The Demographic Data Centre procured NFHS-1, NFHS-2, NFHS-3, DLHS-1, DLHS-2, DLHS-3, various rounds of NSSO Data specially health-data, Census-1991, 2001 and 2011 and Annual Health Survey of Nine States. The Centre has prepared a population profile using census 2011 data and uploaded on the Institute website.

Computer Services

The Institute has provided computer access to all its faculty, research and administrative staff. All the computers in the Institute are connected with campus-wide network. There are six servers hosted in the computer centre to support the network and various applications. The Institute has provided internet facility through 4 MBPS leased-line connectivity through MTNL.

The Computer Centre has a state of the art video-conferencing facility which is being used for e-learning and meetings with World Bank, GDLN and other national and international organizations. Computer Centre also has two modern Computer Labs for training purpose.

The Institute has its own dynamic website and e-mail facilities for the officials. The computer centre is being further expanded to take on the future challenges in the use of information technologies in the field of health and family welfare. The computer centre is actively engaged in teaching and training in Information Technology (IT) besides undertaking analysis of large data sets. Training on strengthening of data analysis skills is also undertaken by the computer centre.

Detailed information about the Institute is available on-line on www.nihfw.org maintained by the computer centre of the Institute.



SPECIALISED PROJECTS AND CONSORTIUM ACTIVITIES

National Health Mission/Reproductive and Child Health–II

The National Institute of Health and Family Welfare (NIHFW), as the Nodal Institute, continued to coordinate and monitor all the training programmes under NHM/NRHM/RCH–II in collaboration with 19 Collaborating Training Institutions (CTIs) in various parts of the country. Identified collaborating training institutions are 22 of which three are yet to become functional.

Some highlights of NHM/NRHM/RCH-II include:

- Technical support in finalizing the training component of the supplementary/additional PIPs of States for 2013-2014.
- Finalizing Central Training Plan (CTP) for training under NHM for the entire country.
- Analysis of training of trainers (TOTs) with reference to maternal health.
- Data collection for the EMRI study in the State of Uttarakhand.

Monitoring

NIHFW is Monitoring the quality of training under NHM/RCH-II using structured checklists with the support of Collaborating Training Institutions (CTIs) in various parts of the country. Priority was given to high focus districts in the states. NIHFW has been submitting the Quarterly Progress Report (QPR) to MOHFW with State-wise, level-wise, thematic-wise and category-wise analysis of training achievement. The quality of training has been monitored through visits to various training sites. Different training activities such as Integrated EmOC training, SBA, CAC, BSU, SBA Refresher, BEmOC, IMEP, NSSK, F-IMNCI, IMNCI, Immunization, RI, IYCF, IUCD, PPIUCD, RTI/STI, ARSH, MTC, Sensitization Workshop on Maternal and Child Health Action Plan and SNCU referral for various categories of health personnel were observed in a number of States. Feedback based on the observations has been sent to each State for further improvement which has also been shared with MOHFW.

Review of State Programme Implementation Plan (SPIP)

The RCH unit of the Institute reviewed the State Programme Implementation Plans (SPIP) and developed a Central Comprehensive Training Plan (CTP) for 2013-14 in six thematic areas including; Maternal Health, Child Health, Family Planning, ARSH, National Programmes for Control of Diseases and other programmes under NHM for each State and was sent to the respective states for confirmation. The CTP was used as a main tool for coordinating and monitoring progress of all the trainings planned under RCH-II//NHM.

Annual Sentinel Surveillance for HIV Infection

NIHFW has been entrusted with the responsibility of coordinating and monitoring of the Annual Sentinel Surveillance activities by the National AIDS Control Organization (NACO).

HIV Epidemic Trends

India's HIV epidemic continues to be concentrated with the HIV prevalence in the high-risk population groups i.e., Intravenous Drug Users, Transgender, Man having sex with man, female sex worker is >5% and less than 1% among the general population. Active networks of risk behaviour exist within and between sub-populations, particularly through the bridge population or clients of sex workers.

Progress

During the year under report, NIHFW completed the country report of HSS 2010-2011 and submitted to NACO.

In the year 2013-2014, Integrated Behavioural and Biological Surveillance (IBBS) has been introduced for first time to strengthen surveillance among High Risk Groups and bridge population and to generate evidence of link between prevalence and risk behaviours among HRGs and bridge population. NIHFW is a part of Technical Advisory Group to frame the design of IBBS. The activities under IBBS were started with PSA (Pre-Survey Assessment). Sample frame development, community preparation and data collection have been completed by NIHFW.

Further, NIHFW has been identified as a "Regional Institute" for conducting IBBS for Delhi and Rajasthan for monitoring and supervision of IBBS. NIHFW has designated 8 SST members from medical colleges of Delhi and Rajasthan to facilitate the supervision and monitoring of IBBS.

Public Health Education and Research Consortium (PHERC)

National Institute of Health and Family Welfare (NIHFW) with a aim to develop Strategies for greater involvement of partner institutions in national public health programs through capacity building for education and research has developed a "Public Health Education and Research Consortium (PHERC)" through networking and partnership and looks forward to individuals and organisations like Medical Colleges, SIHFWs/HFWTCs/CTIs, Nursing Schools/Colleges and Mother NGOs to participate in the same.

The consortium is a joint effort and envisages pooling all the available Public Health Human Resources from all the interested institutions through network for the betterment of Public Health in the country. Now the PHERC has got partnership with the Department of Community Medicine of 178 Medical Colleges, 174 Nursing Colleges, 50 Health Training Institutions (SIHFWs and HFWTCs), CTIs and 215 NGOs and 29 others from 35 states and Union Territories.

Mother and Child Tracking System (MCTS)

Mother and Child Tracking System (MCTS), a web-application, has been functional throughout the country since December 2009. The purpose of the system is to track all pregnant women from conception to 42 days of post-delivery and children upto 5 years of age, so that they can receive their due services on time through our tracking tool. This tracking tool will help in reducing maternal and child death in the country. This is also a Government of India endorsement to the United Nation's Millennium Development Goal to reduce Infant Mortality Rate less than 28 and Maternal Mortality ratio less than 109 by 2015. The centre is working in the department of Statistics and Demography under the direction of Director, NIHFW and the Ministry of Health and Family Welfare.

During the period under report, the centre has prepared the following:

- Analytical factsheet of all the states for MCTS progress,
- Training materials (presentation about portal and gap analysis of different states),
- Capacity building of State/UTs MCTS teams
- Field visit monitoring guide and checklist.

As part of monitoring visits and capacity building, following activities were conducted during the year under report:

- MCTS implementation process was observed during the monitoring field visits to states like Haryana (Sonapat), Madhya Pradesh (Umaria, Shahdol), Gujarat (Ahmedabad, Gandhi Nagar), Andhra Pradesh (Hyderabad, Nalgonda).
- 51 participants were trained in Daman and Diu, 35 in Leh and Kargil, 48 in Goa and Nagpur, 35 at Port Blair, 36 at Ranchi, 48 at Jaipur, 82 in Punjab, and 40 participants at Raipur.
- National and Regional Workshops on Strengthening of Mother and Child Tracking System were organised in Delhi and Assam to identify state-specific problems in MCTS implementation.

Mother and Child Tracking Facilitation Centre

The Mother and Child Tracking System has a huge database of beneficiaries' and health providers' contact details and services. To maintain its quality and to address the queries from service providers' end, MCTS Call centre was established in 2013. Besides monitoring delivery of MCH services to the pregnant women and children, it directly communicates with the ANMs, ASHAs and pregnant women and parents of young children on their mobile phones to sensitize them regarding their medical services which are due. Establishment of MCTS Facilitation Centre at NIHFW has resulted in better interaction with beneficiaries and front-line health workers (ANMs and ASHAs) for verification of the records and services delivered, encouraging for timely availing/ providing of due services, informing them about Government schemes/ benefits programmes, sending appropriate health promotion messages in voice and text to beneficiaries that are relevant according to the month of pregnancy or age of the child. Manned with 80 Helpdesk Agents (HAs), the Facilitation Centre is operational from 9:00 a.m. to 6:00 p.m. The Centre has a target of 7 lakh calls every month including Interactive Voice Response System (IVRS). In due course of time, the feature of free in-bound calls will be added to the Facilitation Centre so that beneficiaries and health workers would be able to seek guidance on health care related queries and obtain health consultation. Currently, the Centre is calling beneficiaries of 12 Hindi-speaking states. Hitherto, 13 States / UTs have set up a call centre each for verifying MCTS data.

Centre for Health Informatics (CHI) for National Health Portal (NHP)

The Ministry of Health and Family Welfare (MoHFW) has set-up a National Health Portal (NHP) in pursuance with the decisions of the National Knowledge Commission (NKC), to provide health information and healthcare related information to the citizens of India. The NHP would serve as a single point of access to multilingual health information, application and resources. A wide spectrum of users such as academicians, citizens, students, healthcare professionals, researchers etc. will be benefitted from the National Health Portal. The National Institute of Health and Family Welfare (NIHFW) has established a Centre for Health Informatics (CHI) to work as secretariat for managing the activities of the National Health Portal. The Beta

version became functional from November 15, 2013 at <http://www.nhp/org.in>. 'Soft Launch' was made by the Centre on November 20, 2013. The team of CHI has also been engaged in advocacy and dissemination of NHP through Gyanvani Radio Station FM 105.6 MHz run by IGNOU, under the guidance from the Ministry of Human Resource Development.

National Cold-Chain and Vaccine Management Resource Centre (NCCVMRC)

The NCCVMRC was set-up at NIHFW with the objective of building capacity of all the district level cold chain technicians involved in Universal Immunization Programme to undertake repair and maintenance of about 70000 cold chain equipments in about 25000 cold chain points in the country. In addition, around 50 cold chain officers and vaccine and logistics managers are trained in vaccine logistics management at this Centre. A National Cold Chain Management Information System (NCCMIS) which is already online will also be monitored and managed by NCCVMRC to provide real time status reports on various parameters of the cold chain system in the states and districts.

The NCCVMRC is acted as a nodal centre for the National Cold Chain Training Centre (NCCTC) at State Health Transport Organization (SHTO), Pune. A MoU to this effect has already been signed between NIHFW and Government of Maharashtra. NCCTC, Pune, is now a Collaborative Training Institute for this activity.

District Level Household Survey (DLHS)-4

Ministry of Health and Family Welfare (MOHFW), Government of India, has included the Clinical, Anthropometric and Biochemical (CAB) component for data collection in the District Level Household Survey (DLHS)-4 to be undertaken during 2011-2014. International Institute for Population Sciences (IIPS) is the nodal agency to conduct the DLHS-4 and the responsibility to operationalize the CAB component is entrusted with National Institute of Health and Family Welfare (NIHFW). In order to operationalize the CAB component for DLHS-4, the programme has been planned identical to AHS and the survey has been planned in 336 districts in the remaining 26 states and Union Territories (UTs) excluding those covered under AHS. Around 1400 households with a population of approximately 7000 per district are planned to be covered under this programme. DLHS-4 proposes to undertake a number of CAB tests to produce district level estimates for nutritional status and prevalence of certain life style disorders not only among women in reproductive ages and their children below age 6 but also among all other members of households. Major constituents in the proposed CAB components are measuring height and weight, blood pressure, estimation of hemoglobin, and plasma glucose along with testing of salt for iodine component used by all households.

The Institute participated in the procurement, quality testing and distribution of instruments and materials to the partner institutions. Inducted master trainers at the partner institute level and also acted as a partner Institute for state of Delhi. The data collection for CAB is completed and final report writing is in process.

Policy Unit for Health, Nutrition and Population Development

The Policy Unit was set-up in the Institute with the Technical and financial support from USAID through Health Policy Project (HPP), Futures Group International to undertake evidence based policy research and analysis, advocacy and multi-sectoral coordination on issues related to the population, health and nutrition. Initially the major focus of the Unit has been on population and family planning. The Unit works under the Department of Planning and Evaluation and

is managed by a Steering Committee under the Chairmanship of the Director, NIHFW. The Steering Committee provides direction and oversees the functioning of the Unit. The activities of the Unit are guided by an Advisory Panel under the Chairmanship of Shri A. R. Nanda, Former Secretary, MOHFW, GOI.

In order to develop a document on relevant population issues, Policy Unit has constituted an Expert Committee on Technical Issues on Levels, Trends, and Determinants of Fertility in India; Population Projections and Expected Levels of Achievement for Spacing and Limiting FP Methods to Strategise and Prioritise the Programme in India. Prominent experts in the field such as Prof. Arvind Pandey, Director, National Institute of Medical Statistics, New Delhi; Dr. K M Satyanarayana, National Program Officer, United Nations Population Fund; Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography, NIHFW; Professor Arokiasamy, Department of Development Studies, International Institute for Population Sciences, Mumbai; Dr. Vishal Dev Shastri, Head of Research and Learning, BBC Media Action-India; are involved in the Technical Committee. Another Committee on Population and Development, chaired by Dr. S. Y. Quraishi, Former Chief Election Commissioner, GOI, also works towards devising a policy to stabilise the Indian population growth.

The Policy Unit primarily focuses on (i) policy research to highlight region-specific and evidence-based policy perspectives, (as duly emphasised in the National Population Policy 2000), (ii) synthesize, analyze and evaluate key policy constraints and develop targeted products and actions for policy wins, and (iii) advocacy with right decision-makers to influence key policy decisions that strengthen the family planning program.

During the year under report, the Policy Unit prepared (i) Story of our Population- Population Projections and Expected Level of Achievements: A Report, (ii) Investing in Family Planning for Health and Development: Advocacy Paper, (iii) Competency Based Syllabus (Family Planning and Population Stabilization) for Post Graduate (PG) Medical Education, (iv) Effectiveness of Fund Allocation and Spending for NRHM in Uttarakhand.

European Union Funded Institutional and Technical Support Project

The Institutional and Technical Strengthening Project (ITS) a part of the European Union and Government of India (EU-GoI) Sector Policy Support Programme to the National Health Mission (NHM) and the Reproductive and Child Health II (RCH-II) supported the NIHFW in the following activities:

New Courses

ITS supported the Institute in developing of five courses in which three new courses are in distance learning mode namely i) Diploma in Health Communication, ii) Diploma in Applied Epidemiology iii) Diploma in Food and Nutrition and two new courses are in e-learning mode namely i) Professional Development Course, and ii) Programme Management and support unit. All the courses are ready for launch.

Quality Assurance Manual

The quality assurance manual developed has come out with guidelines for assessing quality in training under Health sector cell. A gender based criteria for all documents in training has been developed for the first time and will be utilised by NIHFW for its document.

Health System Research (HSR)

94 participants in four Regional Workshops developed 38 proposals which have been submitted for technical review and funding. On the request from NIHFW, 12 best HSR proposals developed by the participants were scrutinised and handed over to NIHFW for its perusal and potential funding support.

Training Management Information System (TMIS)

The web based TMIS software has been developed which helps in collating the state, district, regional and national level human resource and training data. The data entry will be done at the district level. The TMIS software has two parts-dynamic and static. The dynamic section automates the data related to human resource (trainers and trainees), training centres and health facilities. The real time trainings are captured with respect to details like participants name, department, training attended, location (placement after training) etc. The static section includes all the documents related to trainings like training guidelines, training manuals, course content, training calendars, circulars and other relevant online materials.

The TMIS provides individual level training information about each health personnel as well as health facility level information about availability of trained health personnel. It allows real time training data updation for all health personnel and generation of district, state and national level training reports. Besides, TMIS will help in (i) Planning and managing RCH trainings under NRHM; (ii) Rationalising deployment of trained personnel at different health facilities; and (iii) Monitoring the quality of training using the application as a tool.

In the long run, the TMIS will facilitate tracking of the resource pool of trainers and the trained personnel through GIS mapping. Visualization of spatial distribution of trainers and trainees will facilitate monitoring, better planning and resource optimization. The report generated through the software will help in monitoring and evaluating the achievement in reaching the MDGs.

Training Management Information System (TMIS) has been successfully pilot launched in all the districts of Karnataka, Haryana, Uttar Pradesh, Andhra Pradesh and Odisha from April to June, 2013. Also, all district data entry operators were trained on TMIS during the pilot launch in these states. The response received during the pilot launches of TMIS in the five states has been overwhelming.

The team is further developing the software according to the needs of the MOHFW. Data uploading of all the 8 States is under progress while the state of Haryana is now fully functional with the upload of previous 5 years training data. A demonstration was presented to the AS and MD, NRHM, MOHFW, on 26 February 2014, following which their request for adding some additional features in TMIS, based on the priority given to delivery points for facility saturation was considered. The team is currently working on this front. A delegation from Nagpur interacted with the TMIS team on 19 March 2014 to explore the possibility of integrating the existing state-training software with TMIS. They are keen to implement TMIS in Maharashtra in the near future. It is planned that one more training and the last pilot launch will take place in Madhya Pradesh.

The project will come to an end with a conference in which all the ITS activities will be presented to representatives of MOHFW, NIHFW and the 8 SIHFWs in June, 2014.

Enhancing Capacity to Apply Research Evidence in Policy Making (CORT Project)

NIHFW is one of the Consortium Members of the project entitled “Enhancing Capacity to Apply Research Evidences in Policy Making” along with Center for Operation Research (CORT), International Institute for Population Studies and State department of Health and Family Welfare, Gujarat. CORT is the nodal agency to maintain co-ordination between the consortium members.

The objectives of the project include to: (i) increase capacity of policy-makers in evidence-based-decision making; (ii) increase involvement of training and research institutes for institutionalizing skills of capacity building on evidence-based decision-making and providing technical assistance; (iii) assess the mechanism for up-scaling the interventions and its sustainability; and (iv) sensitize researchers for health system research and train them for programmatic research.

During the year under report, the following activities have been completed:

- The training document has been prepared.
- Pilot training is being conducted by the CORT team in collaboration with NIHFW for the MOs in Gujarat.
- The training document has been used partially in the Professional Development Course (PDC) held at NIHFW.

Annual Health Survey (AHS)

In India, decentralized, district-based planning, implementation and monitoring of the health and family welfare programmes is essential because of the large inter-district variations. Realising the need for generating comprehensive district level data on the health and nutrition status of all members of the family, fertility and mortality parameters, and maternal and child health, the Planning Commission recommended “there should be an Annual Health Survey (AHS) of all districts, which could be published/monitored and compared against bench marks”. In response to this recommendation, the Registrar General of India is carrying out the Annual Health Survey; the survey is being funded by the Ministry of Health and Family Welfare. The fieldwork has been outsourced to experienced survey agencies and the training of the personnel carrying out the survey and Hb estimation of the surveyed population will be carried out by seven partner institutions: Regional Medical Research Institute, Bhubaneswar; Regional Medical Research Centre, Dibrugarh; National Institute of Nutrition, Hyderabad; Tribal Medical Research Centre, Jabalpur; Desert Medical Research Centre, Jodhpur; National Institute of Health and Family Welfare, New Delhi; and Nutrition Foundation of India, New Delhi; under the supervision of ORGI. The objective of the AHS is to provide the core vital, health and nutrition indicators at the district level. Currently, the survey is being carried out in 284 districts in 9 States- Assam, Bihar, Chattisgarh, Jharkhand, MP, Orissa, Rajasthan, UP, and Uttarakhand. For effective management of fieldwork, the 9 AHS states have been divided into 18 zones with more or less equal work load .The survey is being carried out in 20,252 statistically selected sample unit (census enumeration blocks in urban areas and villages in rural areas) covering 3.6 million households with a total population of 18.2 million. In each district 71 sampling units with a population of about 64,000 is covered. The sample size has been calculated to provide reliable estimates of Infant Mortality Rate at district level (with average IMR of 60 and birth rate of 25) with a 10% permissible level of error. In order to

provide district level IMR estimates, AHS covers in 9 states, a sample which is about 2.7 times larger than the all India sample of SRS (which provides state level estimates of IMR). The survey provides district level data on:

- Fertility and mortality
- Prevalence of disabilities, injuries, acute and chronic illnesses and access to health care for these morbidities and
- Access to maternal, child health and family planning services.

During the year under report, the equipment and consumables for use in the survey were procured and each of the equipment like stature meter for measuring height, infantometer for measuring length, colorimeters and Hb pipettes were checked for accuracy, weighing scales to be used in the survey were checked for both accuracy and sensitivity and the training of trainer, Orientation Training of Medical Consultants, Training of field investigators are completed. The Survey began in November 2013 and Hb estimation is going on in all 7 Partner Institutions.

NIHFW in collaboration with Nutrition Foundation of India (NFI) prepared the module for the training as well as DVD of how to do and what are the usual mistakes made in measurement/ blood collection, etc. Training of Trainers from the four ICMR partner institutions were conducted in April 2013 in collaboration with ORGI and NFI. 148 Medical Consultants have been trained in ten Orientation Training programmes by Jan 2014 in collaboration with NFI. NIHFW has trained 167 field investigators in 15 courses whereas training of field investigators by all the six Partner Institutions have been completed by December 2013 and attrition/drop-out courses have also been conducted.

2.8 lakh Hb estimations have been done hitherto by all seven Partner Institutions including 1,80,000 in NIHFW. This Hb estimation started in October/November 2013. 20% of all the measurements and blood spot collection for Hb are done in duplicate. Each laboratory has strict internal quality assurance for daily Hb estimation and inter-lab QA mechanisms are also being implemented. The analysis of the duplicate samples is currently being undertaken to identify PSUs which need to be repeated.

Improving Healthy Behaviours Programme (IHBP)

The Improving Healthy Behaviours Programme (IHBP) is a USAID funded project for technical assistance in institutional strengthening for health communication at the national and state level. The project uses evidence-based approaches to assist in designing Behaviour Change Communication strategies for HIV/AIDS, TB, MCH and FP/RH that reach to the community level and focus on individual and social change. Through advocacy and other community interventions, vulnerable communities will be empowered to address many health issues such as stigma, gender and rights.

In accordance with the MoU signed between IHBP and NIHFW, IHBP would provide technical support to NIHFW in the latter's efforts to come up as a Centre of Excellence in Capacity Building of BCC. As a part of this effort, IHBP provided the technical assistance to NIHFW to plan, start-up and operationalize a multi-media enabled BCC Resource Center in NIHFW.

CONSULTANCY AND ADVISORY SERVICES

Activities of the Director

In addition to directing and supervising all the activities of the Institute; Prof. Jayanta K. Das, Director, being an expert in the field of Public Health, Health Management and Hospital Administration, took active part in the following meetings, discussions, workshops, etc. in different organizations. A few of his significant activities are mentioned below:

International

- Workshop for the Curriculum Development of Master of Health Service Management and Hospital Administration during 5-6 May 2013 at B. P. Koirala Institute of Health Sciences, Dharan, Nepal.

National

- 3rd National and Final Consensus Meeting for National Maternal Near Miss Review Programme on 5 April 2013 at Habitat Centre, Lodi Road, New Delhi,
- Consultation on “Promoting Health Systems and Implementation Research in India” on 5 April 2013 at MoHFW, Nirman Bhawan, New Delhi,
- National Consultation on Intensification of Efforts in High Priority Districts for Improved Maternal and Child Health on 10 April 2013 at Hotel Shangri La, New Delhi,
- National Safe Motherhood Day, organised by the Ministry of Health and Family Welfare regarding “Strengthening Quality in Nursing” on 11 April 2013, in New Delhi,
- Standing Selection Committee Meeting, at All India Institute of Medical Sciences, New Delhi on 14 April 2013,
- Participated in 2013 Global Newborn Health Conference – “Satellite Viewing Party”, on 17 April 2013 in New Delhi,
- National Steering Group Meeting for Research Priority Setting Exercise in Maternal, Newborn, Child Health and Nutrition (MNCHN), at MoHFW, Nirman Bhawan, New Delhi on 18 April 2013,
- Workshop on Capacity Development for Health Systems Research (HSR), at SIHFW, Bangaluru during 15-20 April 2013,
- Selection Committee Meeting for RCH Consultant, at CINI, Kolkata on 16 and 17 May 2013,
- The Third Meeting of Institutional Review Board (IRB) of NIPCCD to review the Research Studies proposed for the year 2013-14 with respect to ethical and academic issues on 21 June 2013,
- Selection Committee Meeting for the faculty of the King George’s Medical University, Lucknow, Uttar Pradesh on 25 June 2013,
- Technical Resource Group (TRG) to oversee the progress and timeliness population-based survey under World Bank and GFATM supported NVBDCP projects in New Delhi on 28 June 2013,
- Hindi Advisory Committee Meeting at MOHFW, Nirman Bhawan, New Delhi, on 8 July 2013,
- The First Governing Body Meeting of ‘Swasthya Prashikshan Kendra’ for 2012-2013 at SIHFW, Panchkula, on 10 July 2013,

- National Level Workshop on World Population Day organized by Jansankhya Sthirata Kosh, at Vigyan Bhawan, New Delhi, on 11 July 2013.
- Technical Advisory Committee Meeting of Longitudinal Ageing Study of India (LASI) of IIPS, at NIHFW, on 16 July 2013,
- Open Panel House Discussion on “Way Forward” in National Consultation on “Multi-stakeholder Action to Address Nutrition in Emergencies in India”, jointly organized by the National Disaster Management Authority, Government of India, Sphere India and Water weight at NIHFW, on 25 July 2013,
- Meeting for Designing the Core Scoping Document for Health Mission Mode Project, at MOHFW, Nirman Bhawan, on 30 July 2013,
- Executive Body Meeting of IPHA– Delhi State Branch, in Vardhman Mahavir Medical College, New Delhi, on 3 and 23 August 2013,
- National Conference on “National Rural Health Mission: A Review of Past Performance and Future Directions”, at the Institute of Economic Growth, University of Delhi, on 6 August 2013,
- Plenary Session in Strategic Workshop on Disease Surveillance, organized by the National Centre for Disease Control (NCDC), in New Delhi, on 9 August 2013,
- Multi-stakeholder Consultation on ‘Embedding Research into Health Decision Making in India’, MOHFW, Nirman Bhawan, New Delhi, on 14 August 2013,
- Launch of the IDA Assisted National AIDS Control Support Project (NACSP), inaugurated by Shri Ghulam Nabi Azad, Hon’ble Union Health Minister, at Nirman Bhawan, New Delhi, on 24 August 201,
- Seventh Meeting of Sub-Committee on Medical Equipment and Hospital Planning Division Council (MHDC), at Manak Bhawan, New Delhi, on 27 August 2013,
- Board of Studies Meeting of Guru Gobind Singh Indraprastha University, on 30 August 2013,
- Special Invitee at the the Annual Health Conference for the FICCI HEAL, 2013 on Sustainable Quality Healthcare, at FICCI, New Delhi, on 2 September 2013,
- State Dialogue: Prioritizing Family Planning in Uttar Pradesh, at Lucknow, Uttar Pradesh on 21 September 2013,
- National Workshop on Family Planning, conducted by the MOHFW in collaboration with Jhpiego at Hotel Eros Hilton, New Delhi, and chaired a session on Shaping Demand for FP Services in the Country on 3 October 2013,
- Chief Guest in the Seminar organised by Saket City Hospital, New Delhi, on the occasion of World Mental Health Week on 10 October 2013 and delivered the key note address on Preventive Mental Health: Screening for Kids and Teens,
- Board of Studies of the University School of Medicine and Para-medical Health Sciences, at Guru Gobind Singh Indraprastha University, Delhi, on 11 October and 22 November 2013,
- National Workshop for Consultations on Developing Drug and Vaccines Distribution Management System, conducted by the MOHFW at NIHFW on 18 October 2013,
- Meeting to review AHS, release of data for MMR, U5MR, and pooling of data, chaired by the Union Secretary, Ministry of Health and Family Welfare, Nirman Bhawan, on 6 November 2013,
- The Governing Body Meeting of the National Health Systems Resource Centre (NHSRC) at Nirman Bhawan, New Delhi, on 8 November 2013,
- The pilot launch of the Training Management Information System at Guwahati on 18 November 2013,
- 5th India-Australia Community Mental Health Advisory Committee Meeting under the Chairmanship of the Director General of Health Services, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi, on 25 November 2013,

- Guest of Honour of the Annual Conference of Indian Society of Hospital Waste Management (ISHWM), organised in collaboration with the King George Medical University (KGMU), at KGMU, Lucknow on 7 December 2013; and chaired a Scientific Session,
- Hospital Planning Sectional Committee, MHD 14, at Manak Bhawan, New Delhi, on 10 December 2013,
- NIPI Programme Advisory Group (PAG) meeting at India Habitat Centre, New Delhi, on 16 December 2013,
- Co-chaired a session on Reproductive and Child Health in Emergencies in the Public Health Conference, at the Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, on 21 December 2013,
- Launching ceremony of Rashtriya Kishor Swasthya Karyakaram (National Adolescent Health Programme) by the Hon'ble Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, at Hotel Taj Palace, New Delhi, on 7 January 2014,
- As a Member, attended the meeting of Technical Group on Methodology for Assigning Causes of Death, chaired by Padmashree Dr. Jagdish Prasad, DGHS, Nirman Bhawan, New Delhi on 15 January 2014,
- Attended the Policy Dialogue with National Board of Examination (NBE) and Public Health Foundation of India (PHFI) on Garnering Leadership for Family Planning, held at NIHFW on 17 January 2014,
- Attended a Consultative Workshop to Develop a Work Charter for ANMs in Sub-Centres, held at NIHFW on 22 January 2014,
- As the Chief Guest, joined the Seminar on Challenges and Aspirations for a Safe Hospital, held at Medica Superspeciality Hospital, Mukundapur, Kolkata, on 25 January 2014. Also presented a paper, Envisioning Patient Safety by the Year 2020 and Beyond,
- As a member, attended the First Meeting of the National Steering Committee for Non-Communicable Diseases (NCD) Surveillance and Monitoring, held at Nirman Bhawan, New Delhi on 28 January 2014,
- As a Special Guest, took part in the National Consultative Meet on Emerging Issues: Youth and Adolescent Health; organised by the Indian Association for Adolescent Health (IAAH) in collaboration with the Department of Community Medicine, MAMC; held at MAMC, New Delhi on 1 February 2014,
- As a member, attended the meeting of Board of Studies of the University School of Medicine and Para Medical Health Sciences, held at Dwarka, New Delhi on 7 February 2014,
- As the Guest Speaker, spoke on the topic Family Spacing in the Door Darshan programme Swasth Bharat that was telecast live on Door Darshan on 15 February 2014,
- Chaired the workshop for Strengthening National Health Portal (NHP) with Technology and Content Partners, held at NIHFW on 27 February 2014,
- Attended the Workshop on Universal Healthcare Coverage, organised by the PHD Chamber of Commerce, held at Sirifort Institutional Area, New Delhi on 4 March 2014,
- As the Chief Guest, joined the valedictory session of the Workshop on Dissemination of Initiatives towards Task Shifting and Strengthening Midwifery Education for RMNCH+A, held at Jamia Hamdard on 11 March 2014,
- As the Chief Guest, attended the valedictory session of the seminar Ecocracy 2014, organised by the Department of Economics, Jamia Millia Islamia on 12 March 2014,
- Attended a Workshop on Prevention and Control of Vector Borne Diseases and chaired the scientific session on Strengthening Community Support in Prevention and Control of Vector Borne Diseases; held at the India Habitat Centre, New Delhi on 15 March 2014,

- Chaired the 2nd Working Group Meeting on Course Curriculum on Family Planning for Medical Students and M and E of Family Planning Programme, held at NIHFW on 24 March 2014, and
- As a Member, attended the 6th Governing Body meeting of the International Institute of Health Management Research (IIHMR), Delhi on 31 March 2014.

Prof. Das chaired the following:

- Session on 'Management of Hospital Services Part-II' in the Workshop on New Trends and Best Practices at India International Centre, Lodhi Road, New Delhi, on 7 July 2013,
- Session on "Increasing Access to Information and Services to Adolescents", at Lucknow, Uttar Pradesh on 21 September 2013,
- Panel Discussion on 'Alternative Approaches to Increase Access, Choice and Quality of Family Planning Services: It's Advantages and Constraints', in one day Consultation Meeting on "Alternative Approaches for Reaching the Unreached with FP Services", conducted by the Population Council, at India Habitat Center, New Delhi on 25 September 2013, and
- Workshop for Deputy CMOH-III, DPHNO and DPC of Each District of West Bengal on RCH Monitoring, at SIHFW, Swasthya Bhawan, Kolkata on 23 July 2013.

Prof. Das took the following sessions:

- 'Safety and Security in the Hospitals', at India International Centre, New Delhi on 7 July 2013,
- 'Equipment Planning, Procurement, Maintenance, Repair, Disposal and Break Even Analysis', at Army Hospital (Research and Referral), New Delhi on 20 September 2013,
- Quality Management in Healthcare Delivery in the PCCON 2013 Conference, at the Country Inn, Ghaziabad, on 24 November 2013,
- Progress on Immunization Trainings and Salient Observations of the Evaluation in the National Training and Review of Immunization Programme, with the State Immunization Officers, at Hotel Surya, New Delhi, on 4 December 2013,
- Materials Management in Maulana Azad Medical College, New Delhi, on 20 December 2013, and
- Emerging Public Health Challenges and Developing Strategies for Public Health in Disasters and Emergencies at Vardhman Mahavir Medical College and Safdarjung Hospital, New Delhi, on 21 December 2013.

Activities of the Faculty Members

Dr. M. Bhattacharya, Professor and Head, Department of Community Health Administration, attended the following as an expert:

- Steering Group Meeting to discuss ITS project to strengthen NIHFW, held at Nirman Bhawan, New Delhi on 15 July 2013,
- Review Meeting for Pre-Surveillance Assessment, held in New Delhi during 5-8 August 2013,
- Launch of the IDA Assisted National AIDS Control Support Project (NACSP), held at Nirman Bhawan, New Delhi on 24 August 2013,
- Second Meeting of Technical Advisory Group on National Integrated Biological and Behavioural Surveillance (IBBS), at NACO, New Delhi, on 11 September 2013,
- Meeting to review and finalize the National STI/RTI Technical Guidelines, 2013 at India Habitat Centre, Lodhi Road, New Delhi, on 9 October 2013,

- Presented a paper on HIV Surveillance in India: Success, and Challenges ahead at the 45th Asia Pacific Academic Consortium for Public Health (APACPH) conference at Wuhan University, China during 25-27 October 2013,
- National expert consultation for the development of a strategy towards Elimination of Congenital Syphilis (ECS), held in Delhi during 19-20 December 2013,
- Resource Person for the television programme on 'Population Stabilization - Swastha Bharat', produced and telecast by Doordarshan, on 10 July and 10 August 2013.
- Delivered lectures on "Rural Women's Access to Health Care", at International Summit on Empowerment of Rural Women, at India International Centre (IIC), New Delhi on 2-3 September 2013,
- Supervisory visit to MSM site at Burari, Delhi, on 2 August 2013 and Jaipur during 16-18 August 2013 in connection with the Integrated Biological Behavioural Surveillance-Pre-Surveillance Assessment (IBBS-PSA).
- Visited the AIIMS-Jodhpur regarding Pradhan Mantri Swasthya Suraksha Yojana during 12-14 August 2013, and
- She visited Bhubaneswar in connection with PMSU and PDC courses on e-learning mode during 2-3 October 2013 and took part in the launch of Training Management Information System in Patna on 13 December 2013.

Besides, Prof. Bhattacharya as the Head of Office of Jansankhya Sthirata Kosh (JSK) organized a Walkathon for Population Stabilization at India Gate on 11 July 2013. She also organised a National Dialogue on Population, at Vigyan Bhawan, New Delhi, on the same day. Shri Ghulam Nabi Azad, Hon'ble Union Minister of Health and Family Welfare, graced the occasion as the Chief Guest; and Mrs. Santosh Chowdhary, Union Minister of State for Health and Family Welfare; Dr. A.K. Walia, Health Minister of Delhi; Secretary (H&FW), Secretary (NACO), and many other senior officers from MOHFW, development partners, civil society, NGOs, etc. attended the walkathon and dialogue.

Dr. T. Mathiyazhagan, Former Professor and Head, Department of Communication, visited the State Institute of Health and Family Welfare, Lucknow, Bengaluru and Bhubaneswar in connection with the identification of study centers for the post-graduate diploma in Health Communication through distance learning during 1-3 April, 4-7 April and 16-17 April 2013 respectively. He also took part in the monitoring visit to the State Institute of Health and Family Welfare, Bengaluru, undertaken by international experts namely Ms. Denise McArdle and Ms. Pascale Debord Slama and Dr. Venekamp Dineke in connection with ITS activities on 12 June 2013.

- On a request from the state government of Chhattisgarh, Dr. Mathiyazhagan as the Course Co-ordinator, coordinated the Professional Training on Capacity Building of IEC Officers of Chhattisgarh in Communication Skills under National Rural Health Mission during 8-12 May 2013,
- He attended a meeting regarding the presentation of the findings of organization need assessment of IEC division, Ministry of Health and Family welfare by IHBP on 2 May 2013 at the Ministry of Health and Family welfare, Nirman Bhawan, New Delhi, and
- He visited the State IEC Bureau, Pune, Maharashtra and the museum of Armed Forces Medical College, Pune, during 11-12 December 2013 in connection with setting up of IEC/BCC Resource Centre in the Institute.

Dr. T. G. Shrivastav, Professor, Department of Reproductive Bio-Medicine, acted as an examiner for Zoology Practical Examinations (M.Sc. second year) during 29-30 April 2013 at the Department of Zoology, University of Delhi and adjudicated the Ph.D. thesis entitled- Impact of Quercetin on Polychlorinated Biphenyls Induced Oxidative Stress Mediated Neurodegeneration in Hippocampus of Adult Rats, submitted to the University of Madras, Chennai, and adjudicated project proposal on A Process for Making Quaternized Peptide for Cosmetic Industry, submitted to NRDC for prize award.

Dr. M.M. Misro, Former professor, Department of Reproductive Bio-Medicine, Chaired a Session and presented a paper in the Seminar on “Impact of Endocrine Disruptors on Reproductive Health”, organized by the Department of Reproductive Biology, All India Institute of Medical Sciences, New Delhi on 20 July 2013.

Besides, Prof. Misro acted as a Ph.D. examiner for the University of Delhi, on August 6, 2013 and adjudicated the Ph.D. thesis of Banaras Hindu University.

Dr. Neera Dhar, Professor and Acting Head, Department of Communication

- Conducted a two-day training programme on Stress Management for heads of departments of the hospitals at B.P.S. Govt College for Women, Khanpur Kalan, Sonipat on during 11-12 October 2013,
- Delivered lectures on Managing Stress in Medical Profession and Coping Strategies, and Importance of Teaching and Learning Techniques in a Professional Degree Course, at AIIMS on 31 July 2013, and
- Delivered a lecture on Self Esteem, Leadership, Stress and Conflict Management and Interpersonal Communication at the Haryana Institute of Public Administration, Gurgaon, Haryana, in May 2013.

Dr. Rajni Bagga, Professor and Acting Head, Department of Management Sciences

- Attended a meeting on The State of the World’s Midwifery; supported by UNFPA and WHO, held at New Delhi on 23 January 2014,
- Attended the National Consultation on BPNI’s IYCF Counselling Training Programme: Evolution, Implementation and Review, held at New Delhi on 19 February 2014,
- Delivered a lecture on Group Dynamics at Trained Nurses Association of India (TNAI), New Delhi on 24 February 2014, and
- Took part in a Symposium on Health Professional Education for a New Century and release of the India Report: Health Professional Education for a New Century; organized by PHFI, held at India Habitat Centre, Delhi on 11 and 12 March 2014.

Dr. Pushpanjali Swain, Associate Professor and Acting Head, Department of Statistics and Demography, attended a five-day training course on Arc.gis at Epidemiology Division, NCDC, Delhi, during 16-20 December 2013.

Dr. Ankur Yadav, Assistant Professor, Department of Communication

- As the Course Co-coordinator, organized the Professional Training on Capacity Building of IEC Officers of Chhattisgarh in Communication Skills under National Rural Health Mission at Raipur during 8-12 May 2013,
- Attended a four-day Review workshop for development of Health and Physical Education Materials for Class VII and VIII, organized by the Department of Education and Social Sciences, NCERT, New Delhi, during 2-6 December 2013, and
- He also took part in the programme advisory committee meeting on Family Welfare Programmes of the All India Radio, held at Akashvani, New Delhi on 25 April 2013.

ADMINISTRATIVE MEASURES

During the year under review, several administrative procedures for finalizing the matters relating to retirement, pension, promotion/appointment, etc. have been streamlined in the Institute.

(i) **Governing Body (GB)**

The major responsibility for management of the Institute's affairs has been entrusted with the Governing Body, constituted under the Chairmanship of the Hon'ble Union Minister for Health and Family Welfare. Policy decisions are taken in the meeting to improve the functioning of the Institute.

(ii) **Standing Finance Committee (SFC)**

The SFC is an important committee which provides guidance in the matters of financial management of the Institute. The 53rd Meeting of the Standing Finance Committee of NIHFW was held on 23 September 2013.

(iii) **Programme Advisory Committee (PAC)**

The committee includes representatives of different disciplines, drawn from Central and State levels and Central Training Institutes, either directly or indirectly involved in the promotion of health and family welfare programmes in the country. The committee normally meets at least twice in a year to review the activities of the Institute to provide guidance in the academic activities. The last meeting of the Programme Advisory Committee (PAC) of the Institute was held on 22 October 2013 and 20 February 2014 under the Chairmanship of Dr. Shiv Lal.



USE OF HINDI IN OFFICIAL WORK

An Official Language Implementation Committee is functioning in the Institute under the Chairmanship of the Director, NIHFW, to monitor the progress of the implementation of Official Language Policy in the Institute. During the period under report, (i.e. from April 1, 2013 to March 31, 2014) Committee held all its quarterly meetings regularly.

The present composition of the Official Language Implementation Committee is as given below:

1.	Prof. Jayanta K. Das, Director	Chairman
2.	Prof. A.K. Sood, Dean and Head, Deptt. of Education and Training	Vice-Chairman
3.	Prof. M. Bhattacharya, Head, Deptt. of C.H.A.	Member
4.	Prof. T Bir, Deputy Director (Admn.)	Member
5.	Prof. V.K. Tewari, Deptt. of Planning and Evaluation	Member
6.	Prof. Neera Dhar, Deptt. of Education and Training	Member
7.	Prof. U. Datta, Deptt. of Education and Training	Member
8.	Dr. Mirambika Mahapatro, Reader, Deptt.of Social Sciences	Member
9.	Dr. Ankur Yadav, Asst. Prof., Deptt. of Communication	Member
10.	Dr. Rajesh Kumar, Asst. Prof., Deptt. of R.B.M.	Member
11.	Smt. Hans Kumari, Librarian and In-charge, N.D.C.	Member
12.	Mr. P.D. Kulkarani, Programmer, Computer Centre	Member
13.	Section Officer (Admn.I)	Member
14.	Section Officer (Admn. II)	Member
15.	Section Officer (Academic)	Member
16.	Workshop and Maintenance Officer	Member
17.	Accounts Officer	Member
18.	Section Officer (Stores)	Member
19.	Dr. Ganesh Shankar Srivastav, Sub-Editor (Hindi)	Member
20.	Mr. Arvind Kumar, Assistant Director (Official Language)	Member-Secretary

A brief resume of the progress regarding implementation of Official Language Policy during the period under report (1 April 2013 – 31 March 2014) is given below:

1. Use of Hindi in Correspondence

During the period under report, 95.74 per cent of the letters (including telegrams and fax messages) 97.52 per cent of letters meant for region 'A', 88.13 per cent for region 'B' and 86.94 per cent for region 'C' region were issued in Hindi against the fixed target of 100 per cent for 'A' and 'B' regions and 65 per cent for 'C' region respectively. Cent percent of General Orders were issued bilingually during the said period. Similarly, all the letters received in Hindi were replied back in Hindi.

Apart from day-to-day translation work in Hindi, the following specific translation works were also accomplished during the period under review:

- i. Annual Report, 2012-2013
- ii. Annual Accounts, 2012-2013
- iii. Translation of recruitment advertisements for newspapers
- iv. Translation of English content for Institute's website.
- v. Translation of tender notices for Institute's website.
- vi. Translation of material pertaining to informed consent form related to controlled intervention package on pregnant women facing domestic violence and to improve their health status.
- vii. Translation of patient consent form and an interview schedule of the Department of Social Science.
- viii. Revised Manak Patravali drafts.
- ix. Translation of material compiled for the Annual Report for 2013-2014 of Ministry of Health and Family Welfare.
- x. Audit Report Certificate, SAR para and related material for the year 2012-2013.
- xi. Material for Institute's quarterly newsletter on Hindi cell's activities.
- xii. Translation of survey information schedules on Behavioural Intervention Packages, received from the Department of Social Sciences.
- xiii. Translation of various forms related to day-to-day work of institute.
- xiv. Translation of prospectus for PGDPHM course for the year 2014.

In addition to the above, co-ordinated in work of word processing and preparation of training modules as under:

- a. Hospital and health care services, planning and designing.
- b. Project Guidelines.
- c. Worksheet on Health Promotion course.
- d. Hospital and Health Care Services, Practical Manual- Block-4
- e. Resource Management and Quality Control.
- f. Health Care Programme Management- Block-7

2. Hindi Teaching Scheme

A. Training of Staff under Hindi Teaching Scheme in Hindi Stenography and Hindi Typewriting

All the 12 Stenographers on regular strength of the Institute have already been trained in Hindi Stenography. Similarly, out of 16 typists/LDCs, 14 have already been trained in Hindi typing.

A. Training of Staff in Hindi

All the 180 eligible staff members (excluding Group 'D' Staff) of the Institute have attained working knowledge in Hindi, out of which 93 staff members have proficiency in Hindi and the remaining 87 have acquired working knowledge in Hindi.

3. Incentive Scheme for Progressive Use of Hindi in Official Work.

During the period under report, 10 employees of the Institute have participated in the aforesaid Incentive Scheme. Their work will be evaluated by a sub-committee.

4. Hindi Fortnight

Hindi Fortnight was celebrated during 1-15 September 2013 in the Institute under which the following activities were organized:

- On 2 September 2013, Director, NIHFW, appealed to all the staff members urging them to make progressive use of Hindi in day-to-day official works.
- An Essay Competition was organized on the topic Desh mein Mahiloan ke Swasthya Evam Poshan Ke Prati Jagrukta on 3 September 2013,
- Hindi Noting and Drafting competition was organized on 4 September 2013,
- Fourteenth Hindi workshop was organized for the staff members of the Institute during 5-6 September 2013,
- Hindi elocution competition on Sarvajanic chikitsa sevaon ka vartman star was held on 9 September 2013,
- Written Hindi quiz competition was held on 11 September 2013, and

Hindi Day was celebrated on 13 September 2013. Prof Jayanta K. Das, Director, NIHFW, chaired the function. Dr. Anand Pradhan, Head, Dept. of Hindi Journalism, Indian Institute of Mass Communication, New Delhi, graced the Day as the Chief Guest. Mr. Arvind Kumar, Hindi Officer, presented a brief report on the use of Hindi in the official work of the Institute. Dr. Anand Pradhan spoke on Rajbhasha Hindi Ka Badta Prasaar Aur Iska Prayog. On this occasion, Prof. Jayanta K. Das, Director, NIHFW, Shri Vinod Kumar Sharma, Deputy Director (Admn.) and Prof. A.K.Sood, Head, Deptt of Education and Training also addressed the gathering and urged to make maximum efforts for the use of Hindi in their day to day official works.

5. Other Activities

Participation in Meetings/Conference

Mr. Arvind Kumar, Hindi Officer and Dr. Ganesh Shankar Srivastav, Sub- Editor (Hindi) participated in the Third Hindi Rajbhasha Sammelan during 12-13 February 2014 organised by MOHFW at Dr. Ramalingaswami auditorium, AIIMS, New Delhi.

6. Dhaarna

On the occasion of 37th Annual Day of the Institute, Mr. Luv Verma, Union Secretary (Health & F.W.), released the 20th issue of Hindi magazine Dhaarna (a compilation of Hindi articles on technical subjects) on 9 March 2014.

EVENTS

Celebration of Bharat Ratna Dr. Bhimrao Ambedkar's Birth Anniversary

The 122th Birth Anniversary of Bharat Ratna Dr. Bhimrao Ambedkar was celebrated on April 23, 2013. On the occasion, Prof. Jayanta K. Das, Director, NIHFW, highlighted the life and achievements of Dr. Bhimrao Ambedkar. Prof. A.K. Sood, Dean, NIHFW, Dr. Gyan Singh, Dr. Kiran Rangari, Dr. Ganesh Shanker Srivastava, Mr. Ram Badan Dubey and Mr. Jag Meher Singh also spoke on the occasion.



World Population Day

The World Population Day was observed by the Institute on July 11, 2013. 'Adolescent Pregnancy' was the theme of the year. Prof. Jayanta K. Das, Director, NIHFW, Chaired the function. The programme started with a presentation on 'An Overview and Current Scenario of India's Population' by Dr. Pushpanjali Swain, Reader, Department of Statistics and Demography. Also, an informative skit on 'Adolescent Pregnancy' was presented by the students of PGDPHM with special focus on consequences of early marriage and teenage pregnancy. In his address, Prof A.K. Sood, Dean of studies, shared various reasons for population growth in India. Shri V.K. Sharma, Deputy Director (Administration) shared a poem in Hindi on population issues. While addressing the audience, Prof. Jayanta K. Das, Director, focussed on issues concerning population stabilization in the country. As part of the World Population Day, a quiz competition was also organized on the occasion and the winners were awarded prizes by the Director.



Independence Day Celebrations

The Independence Day was celebrated on August 15, 2013 in the Institute. This pious day began with the flag hoisting ceremony in the Institute by Prof. Jayanta K. Das, Director, NIHFW, followed by reciting the National Anthem. Prof. A.K. Sood, Dean of Studies, Prof. M. Bhattacharya and Prof. A. M. Khan addressed the faculty and staff members of the Institute. As part of the Independence Day celebrations, a cultural programme was organized by the staff and their family members including children in the residential area of the Institute.



Vigilance Awareness Week

Vigilance Awareness Week was observed in the Institute. Prof. Jayanta K. Das, Director, took the pledge and administered the same to the public servants on October 30, 2013 for adhering to integrity and transparency in official functioning; and eradicate corruption from all spheres of life.

Communal Harmony Week

With the objective of serving the victims of communal riots and to denounce communalism; NIHFW observed the 'Communal Harmony Campaign' including the 'Flag Day' during November 19-25, 2013. An amount of Rs. 2580/- (Two Thousand and Five Hundred Eighty Only) was collected during the Flag Day on November 25, 2013 and the same has been deposited to 'The Secretary, National Foundation for Communal Harmony, Lok Nayak Bhawan, New Delhi-110003.

New Year Day

On 1 January 2014 morning, all the staff gathered in front of the Administrative Block and exchanged New Year wishes with each-other. The Director wished everybody a healthy, joyous and successful year ahead.

Mother and Child Tracking Facilitation Centre (MCTFC) Inaugurated at NIHFW

It has been 9 years since the National Rural Health Mission (NRHM) started on 12 April 2005 in some selective districts of 18 Empowered Action Group states. Currently it has been expanded across India. Reproductive and Child Health has been an integral component of NRHM. Considering the importance of mother and child health to develop a healthy nation, the NRHM wing of the Union Ministry of Health and Family Welfare has set up a Mother and Child Tracking Facilitation Centre in the NIHFW premises. Hon'ble then Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, inaugurated the MCT Help Desk on 31 January 2014.



Annual Sports Day

The Annual Sports Day was observed on 6 March 2014 on the play ground of the Institute. Mrs. Rupa Das, Head of the Department of Geography, Delhi Public School, R. K. Puram, New Delhi, graced the day as the Chief Guest. Mrs. Das gave away the prizes to the winners of various indoor and outdoor games.



37th Annual Day

The Institute celebrated its 37th Annual Day on the lawns of the Institute on 9 March 2014. Congratulating the Director and the entire staff, Chief Guest, Mr. Lov Verma, Union Secretary, Health and Family Welfare, stated that the potential of NIHFW is widely required by the MoHFW and the Health Departments of states. Putting emphasis on the importance of distance learning, he suggested to regularly up-date the distance learning modules. He also wished to increase the number and type of in-service training courses as well as to include quality substance in the courses. Mr. Verma stated that NIHFW's activities should be tailor-made to make them need-based and India-focused. He applauded Prof. Jayanta K. Das for having been able to lead a wide number of activities and projects, and called for further consolidation of training programmes.



Padmashree Dr. Jagdish Prasad, Director General of Health Services, GoI, graced the occasion as the Guest of Honour. Praising the reforms brought out by the Director and his energised team, he stated that the Institute being the hub of all technical training programmes in the country, it has done justice to itself by demonstrating high-quality professionalism in the recent years. He wanted NIHFW to put up a blueprint of one-week duration training programme along with its module which could influence the MOHFW to make the

course mandatory for all the doctors joining central Government jobs. Padmashree Dr. Prasad expressed his desire that NIHFW may initiate a plan to start a 500-bedded hospital. He wanted the Director to put up a proposal of increasing the retirement age of NIHFW faculty to 65 years in the next Governing Body meeting of the Institute. Citing Cuba's example of integrated health system, he stressed that NIHFW might think over on developing a training module for AYUSH as well.

Presenting the Director's Report, Prof. Jayanta K. Das briefed the august audience about the milestones achieved in all the areas of public health during the preceding year, and stated a few bottlenecks hindering the speedy progress of some academic and research activities such as lack of at par status of NIHFW like other autonomous bodies of MOHFW. Concluding his report, he assured the dignitaries that NIHFW, under his leadership, was poised to take off with top public health priorities enhancing and strengthening the public health system in the country.



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On the occasion, two NIHFW publications- XX issue of the Hindi journal Dhaarna, and a book titled Establishment of Trauma Care Facilities in State Government Hospitals Located on National Highways were released. The dignitaries gave away the prizes to the best workers, best sportspersons (Male and Female) and meritorious students of the institute.



Alumni Hall Inaugurated

The Chief Guest of the Annual Day Mr. Lov Verma, Union Secretary, Health and Family Welfare also inaugurated the Alumni Hall on 9 March, 2014 at the third floor of the Academic Building of the Institute. Dedicating the hall to all the alumni of MD- Community Health Administration (MD- CHA) and Diploma in Hospital Administration (DHA), Prof. Das said that the alumni would use the hall for research and professional deliberations and discourses as well as reunions.



GUEST LECTURES

- Dr. Sanjeev Kumar, Senior Public Health Consultant, delivered a lecture on Millennium Development Goals: Past, Present and Future on 3 May 2013.
Prof. Ashish K. Jha, Harvard School of Public Health, Harvard, delivered a lecture on Obamacare: Goals, Controversies and the Lessons for Universal Health Coverage on 7 June 2013.
- Prof. Yogesh Atal, renowned social scientist, delivered a lecture on Social Science and Health on 5 July 2013.
- Dr. Nobojit Roy, Chief of Surgery and Professor of Disaster Health, BARC Hospital and JTCDM, Tata-ISS University, Mumbai, delivered a lecture on Public Health Dimensions of Disaster Response and Disaster Preparedness on 2 August 2013.
- Dr. Siddharth Agarwal, Director, Urban Health Resource Center, India, delivered a lecture on Nutrition and Well-being in Rapidly Urbanizing India: An Imperative for Government, NGOs and Citizens on 6 September 2013.
- Prof. Dinesh Abrol, Institute of Studies in Industrial Development, delivered a lecture on Industrial Policy and Pharmaceuticals- Implications for Universal Access to Essential Medicines by on 4 October 2013.
- Prof. Indrani Gupta, Head, Health Policy Research Unit, Institute of Economic Growth, Delhi, delivered a lecture on Health Financing for Universal Health Coverage on 1 November 2013.
- Dr. K. Kolandaswamy, Director, Public health, Government of Tamil Nadu; delivered a lecture on Tamil Nadu Public Health Systems- A Case Study; and Mr. V.R. Muraleedharan, Academician, IIT-Chennai, delivered a lecture on Good Health at Low Cost- A Cross-Country Comparison of Tamil Nadu with the Middle-Income Nations on 13 December 2013.
- Prof. Ranjit Roy Chaudhury, Chairman, Task Force for Research, Apollo Hospital, Delhi, spoke on Access to Essential Medicines as a Part of Public Health Programme on 3 January 2014.
- Prof. C.A.K. Yesudian, Dean, School of Health Studies, Tata Institute of Social Sciences (TISS), Mumbai, spoke on Challenges in Health Systems Research on 7 February 2014.
- Prof. Alan Murray from New Castle University, The UK, spoke on Making Health Care Safe: Clinical Experience, Device Problems, World Experience, Indian Situation, What Next? on 3 March 2014.



VISITORS TO THE INSTITUTE

The Institute had the privilege of receiving the following visitors during the year:

- Honorable then Minister of Health and Family Welfare Shri Ghulam Nabi Azad visited the institute on 31 January 2014.
- Mr. Lov Verma, Union Secretary, Health and Family Welfare visited the institute on 9 March 2014.
- Dr. Jagdish Prasad, Director General of Health Services, Ministry of Health and Family, Government of India, visited the Institute on 9 March 2014.
- A nine-member delegation of officials from the Ministry of Health and Family Welfare, Govt. of Bangladesh;
- A delegation constituted by the Faculty of Medical Sciences, University of Delhi, under the Chairpersonship of Prof. Upreet Dhaliwal, Dean (Medical), Delhi University, Delhi, visited the Institute on 26 September 2013.



In addition, Senior Medical Officers, medical and nursing students from the following institutions visited NIHFW:

- M.Sc. Nursing students from Amala College of Nursing, Thrissur, Kerala.
- B.Sc Nursing students from Hiranandani College of Nursing, Powai, Mumbai.
- B.Sc Nursing students from Government T.D. Medical College, Alappuzha, Kerala.
- B.Sc Nursing students from Bel-Air College of Nursing, Satara, Maharashtra.
- B.Sc Nursing students from Smt. Nagarathamma College of Nursing, Bangaluru.
- Nursing students from Sahyadri Nursing College, Mangalore, Karnataka.
- Nursing students from Shree Devi College of Nursing, Mangalore, Karnataka.
- B.Sc. Nursing students from ST. Ann's College of Nursing, Mangalore, Karnataka.
- B.Sc. Nursing students from Al-Ameen College of Nursing, Tiruvannamalai, Tamil Nadu.
- B.Sc. Nursing students from Vignesh Nursing College, Tamil Nadu.
- Senior Medical Officers and 2 faculty members from BSF Academy, Tekanpur, Gwalior, visited the Institute.
- Nursing students from College of Nursing, E.M.S. Memorial Co-operative Hospital and Research Centre, Kerala.
- Third year Post-graduate Students from Maulana Azad Medical College, New Delhi.
- B.Sc. nursing students from Bombay Hospital College of Nursing, Mumbai.
- B.Sc. Nursing students from Sir H.N. Hospital and Research Centre, College of Nursing, Mumbai.
- M.D. (PSM) students from Department of Community Medicines VMMC and Safdarjung Hospital.
- MD (PSM) students from Department of Community Medicines College of Medical Sciences, GTB Hospital.
- B.Sc. nursing students from Dr. D.Y. Patil, College of Nursing, Navi Mumbai.
- B.Sc. nursing students from Shree Devi College of Nursing, Mangalore, Karnataka.
- B.Sc. nursing students from Unity Academy of Education, College of Nursing, Mangalore.
- B.Sc. nursing students from Sadhu Vaswani College of Nursing, Pune.
- B.Sc. nursing students from Tejasvini Nursing Institute, College of Nursing, Mangalore.

- B.Sc. and Post Basic B.Sc. nursing students from Laxmi Memorial College of Nursing, Mangalore.
- B.Sc. and Post Basic B.Sc. nursing students from Bharati Vidyapeeth University, College of Nursing, Navi Mumbai.
- B.Sc nursing students from Arcot Sri Mahalakshmi Women's College of Nursing, Tamil Nadu.
- IV year Basic B.Sc. and II year Post-Basic B. Sc. nursing students from Hiranandani Nursing College, Powai, Mumbai.
- IV year B. Sc. and M. Sc. nursing students from K. Pandyarajah Ballal Nursing Institute, College of Nursing, Ullal, Karnataka.
- IIInd year Post-Basic B. Sc. and IV year B. Sc. nursing students from Athena College of Nursing, Athena Hospital Complex, Mangalore, Karnataka.
- IV year B. Sc. nursing students from Vidyarathna College of Nursing, Udupi, Karnataka.
- IV year B.Sc. and Post-Basic B. Sc. nursing students from SRM College of Nursing, SRM University, SRM Nagar, Tamil Nadu.
- IV year B. Sc. nursing students from Vidyapeeth College of Nursing, Pune.
- B. Sc. nursing students from S. C. S. College of Nursing Sciences, Mangalore, Dakshina Kannada, Karnataka.
- IV year B. Sc nursing (Basic) students from Udupi College of Nursing, Manipal, Karnataka.
- IV year B. Sc. nursing students from College of Nursing, ST. Philomena's Hospital, Bangalore, Karnataka.
- IV year Basic B. Sc. nursing students from Terna Nursing College, Nerul (W), Navi Mumbai.
- IV year Basic B. Sc. nursing students from Mother Teresa College of Nursing, Aurangabad, Maharashtra.
- II year M. Sc. nursing students from Aswini College of Nursing, Thrissur, Kerala.
- Final year M. Sc. nursing students from Westfort College of Nursing, Thrissur, Kerela; and
- IV year B.Sc Nursing Degree Students from College of Nursing, St. Martha's Hospital, Bangalore, Karnataka.

PUBLICATIONS

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- Gandotra, R., Karol, G. S. & Manisha. (2013). Improving health through public-private partnerships. *Health Action*, ISSN # 0970-471.
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- Kumar A. & Mahapatro, M. (2013). The cutting edge in the blunt space: An anthropological construct of ANM's social world in the community. In book- *Healthcare in Low-resource Settings*. PAGE Press, Pavia, Italy, Volume 1 (1): 40-43.
- Mahapatro, M. et al. (2013). Control and support models of help-seeking behavior in women experiencing domestic violence in India. Accepted for publication in *Book- Victim and Violence*, Springer Publishing.
- Bachani D., Sogarwal, R., Shukla, S. K., Shelat, T. & Gupta, S. (2013). Dietary practices and physical activity performed by adolescents in selected districts of India. *Indian Journal of Community Health*, Vol. 25 (2).
- Sogarwal, R., Bachani, D., Kumar, B. & Gupta, S. (2014). Risk factors of non communicable diseases among higher secondary school students in selected districts in India. *American Journal of Public Health Research*, Vol. 2 (1): 16-20.
- Khanna, R., Karikalan, N., Mishra, A. K., Agarwal, A., Bhattacharya, M. & Das, J. K. (2013). Repository on maternal child health: Health portal to improve access to information on maternal child health in India. *BMC Public Health*, 13 (2): 1471-2458.
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- Subbiah, N., Joon, V. & Bhattacharya, M. (2013). Challenges faced by nursing personnel in rural India. *Journal of Nursing Science and Practice*, Vol-III (3).
- Subbiah, N., Sarin, J. & Geetanjali. Effectiveness of educational intervention on neonatal resuscitation among nursing personnel. *Journal Human Perspectives and Population Issues*.
- Subbiah, N. & Jeganathan, A. Socio cultural beliefs influencing breastfeeding practices among primi-postnatal mothers residing in urban slum areas of Delhi. *Journal Human Perspectives and Population Issues*.
- Subbiah, N. & Jeganathan, A. Impact of AIDS on Indian children. In book- *AIDS - Causes and Cure* by C. Chidambaranathan & I. Jenitta Mary, Aavishkar Publishers and distributors, ISBN 978-81-7910-449-1.

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- Bhattacharya, V. (2013). Nutritional programmes in India and inter-sectoral coordination. Book- *Nutrition and Child Care*, Pointer Publishers, ISBN: 978-81-7132-762-1.
- Bhattacharya, V., Shivdasani, J. P., Diwan, B., Gandotra, R. & Karol, G. (2013). Role of community participation in improving Malnutrition. Book- *Nutrition and Child Care*, Pointer Publishers, ISBN978-81-7132-762-1, p. 157-167.
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- Bhattacharya, V. (2013). Community involvement in prevention and control of HIV/AIDS. Edited book- *AIDS: Causes and Cure* by C. Chidambaranathan and I.Jenitta Mary, Aavishkar Publishers and Distributors, ISBN 978-81-7910-449-1, P. 117-129.
- Joon, V. & Jaiswal, V. (2012). Impact of climate change on human health in India: An overview. *Journal Human Perspectives and Population Issues*, 35 (1): 11-22.
- Manisha, Singh J.V. & Vivek Adhish S. (2014): Role of Health Education in the Promotion of Hygiene among Primary School Children in Delhi Schools, *Journal of Contemporary Economy and Polity*, 103-108
- Manisha, Adhish Vivek S.& Singh J.V (2013): Involvement of Various Stakeholders in Health Care Provision in MCD Schools of South Delhi, *Journal of Matadarsh*, 201-206
- Gandotra Ramesh, Manisha, Shivdasani J.P. & Datta U. (2014): Initiative to Improve Burn Injury Facilities in India, *Health Action*, 6-8.
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APPOINTMENTS AND SUPERANNUATIONS

Recruitments

- Mr. Shivcharan has been appointed as the Electrical Supervisor on 7 October 2013.
- Dr. Jai Kishun has been appointed as Assistant Professor in the Department of Statistics and Demography on 13 December 2013.
- Mr. Sudhir Gorai has been appointed as Laboratory Assistant on 28 January 2014.
- Mr. Harsh Kumar has been appointed as MTS on 26 March 2014.
- Mr. Rajender has been appointed as MTS on 26 March 2014.

Promotion

- Mrs. P. Jaishree Das, Staff Nurse, has been promoted to Nursing Sister on 4 October 2013.

Superannuations

- Ms. Nirmal S., Staff Nurse, superannuated from service on 31 May 2013.
- Ms. Prem Lata, Assistant, superannuated from service on 31 May 2013.
- Smt. Paramjit Arora, Stenographer Grade II, superannuated from service on 31 July 2013.
- Shri Subbal, MTS, NDC, superannuated from service on 31 July 2013.
- Prof. A.M. Khan, Head, Department of Social Science, superannuated from service on 30 September 2013.
- Mr. Jai Singh, Addressographer, superannuated from service on 31 October 2013.
- Mrs. S. Kaul, Stenographer Gr.-I, superannuated from service on 31 October 2013.
- Mr. Promod Kumar, Stenographer Gr.-II superannuated from service on 31 October 2013.
- Dr. Gyan Singh, CMO, superannuated from service on 31 January 2014.
- Prof. M. M. Misro, Department of RBM; and Prof. T. Mathiyazhagan, HOD, Department of Communication; superannuated from service on 28 February 2014.
- Mr. S. K. Sharma, UDC, superannuated from service on 31 March 2014.



List of Governing Body Members

(As on 31 March 2014)

1.	Shri Ghulam Nabi Azad Hon'ble Union Minister of Health and Family Welfare, Nirman Bhavan, New Delhi	Chairman (Ex. Officio)
2.	Shri Lov Verma, IAS Secretary (Health & F.W.) Ministry of Health and Family Welfare Nirman Bhavan, New Delhi	Vice-Chairman (Ex. Officio)
3.	Dr. Jagdish Prasad Director General of Health Services Ministry of Health and Family Welfare Nirman Bhavan, New Delhi	Member (Ex. Officio)
4.	Dr. V.M. Katoch Secretary, Deptt. of Health Research, (MOHFW) and Director General Indian Council of Medical Research, Ansari Nagar, New Delhi	Member (Ex. Officio)
5.	Dr. M.C. Misra Director All India Institute of Medical Sciences Ansari Nagar, New Delhi	Member (Ex. Officio) director@aiims.ac.in
6.	Shri C.K. Mishra Additional Secretary (Health) MoHFW Nirman Bhavan New Delhi.	Member (Ex. Officio) ash-mohfw@nic.in

7.	Shri Gautam Guha Addl. Secretary & Financial Advisor Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi	Member (Ex. Officio)
8.	Dr. Vishwas Mehta Joint Secretary (Trg.) Ministry of Health and Family Welfare Nirman Bhavan, New Delhi	Member (Ex. Officio)
9.	Dr. F. Ram Director International Institute for Population Sciences Govandi Station Road, Deonar, Mumbai – 400 088	Member (Ex. Officio)
10.	Dr. Rakesh Sarwal, Advisor (Health) Planning Commission, Parliament Street New Delhi	Member (Ex. Officio)
11.	Dr. Shiv Lal Former Special DG, DGHS C-150, First Floor, Sarvoda Enclave, Arvindo Marg, New Delhi-110 017.	Member (Chairperson of PAC, NIHFW) (Ex. Officio) w.e.f. 30-11-2012 Mobile No.9810609970 drlalshiv@gmail.com
12.	Shri Alok Mukhopadhyay, Executive Director, Voluntary Health Association of India B-40, Qutab Institutional Area South of IIT Delhi, New Delhi	Member w.e.f. 06-08-2013
13.	Dr. M. Prakasamma, Executive Director Academy for Nursing Studies and Women’s Empowerment Research Studies (ANSWERS) Flat No. 215, Amruthaville Apartments Raj Bhavan Road, Somajiguda Hyderabad-500082.	Member w.e.f. 06-08-2013

14.	Professor Narendra Kumar Arora Executive Director INCLIN Trust, 2 nd Floor F-1/5, Okhala Industrial Area, Phase-1 New Delhi-110020.	Member w.e.f. 06-08-2013
15.	Smt. Shailaja Chandra Former Secretary, AYUSH. F-6/3, Vasant Vihar Near Priya Cinema New Delhi.	Member w.e.f. 06-08-2013
16.	Dr. Yogesh Jain Jan Swasthya Sahyog PO Box No.39 Bilaspur-495001. Chhattisgarh.	Member w.e.f. 06-08-2013
17.	Dr. Leena Visaria Honorary Professor Gujarat Institute of Development Research GOTA, Ahmedabad-380060 Gujarat	Member w.e.f. 06-08-2013
18.	Dr. Soumya Swaminathan Director National Institute of Research in Tuberculosis, Mayor, Sathiyamoorthy Road, Chetpet Chennai-600031.	Member w.e.f. 06-08-2013
19.	Dr Jayanta K. Das Director NIHFW, New Delhi.	Member-Secretary (Ex. Officio)

(1-11 and 19 are ex-officio members and 12-18 are eminent persons nominated by the Chairman)

List of Standing Finance Committee Members

(As on 31 March 2014)

1.	Shri Lov Verma, IAS Secretary (H&FW) Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi – 110 108.	Chairperson
2.	Dr. Jagdish Prasad Director General of Health Services, Nirman Bhavan, New Delhi – 110 108.	Member
3.	Shri Gautam Guha Additional. Secretary & Financial Advisor Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi 110 108.	Member
4.	Dr. Rakesh Sarwal Advisor (Health) Planning Commission Yojna Bhavan, New Delhi	Member
5.	Dr. Vishwas Mehta Joint Secretary (Trg.) Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi – 110 108.	Special Invitee
6.	Prof. Jayanta K. Das Director NIHFW, New Delhi.	Member-Secretary (Ex. Officio)

List of Programme Advisory Committee Members

(As on 31 March 2014)

1.	Dr. Shiv Lal, Former Special DG, DGHS C-150, First Floor, Sarvoda Enclave, Arvindo Marg, New Delhi-110 017.	Chairperson w.e.f. 30.11.2012 Mobile No.9810609970 drlalshiv@gmail.com
2.	Dr. Vishwas Mehta Joint Secretary (Trg.) Ministry of Health and Family Welfare Nirman Bhavan, New Delhi – 110 108	Member (Ex. Officio) Tel: 23062857
3.	Dr. Jagdish Prasad Director General D.G.H.S. Nirman Bhavan New Delhi-110108	Member (Ex. Officio) Tel: 23061438
4.	Dr. Rakesh Sarwal Adviser (Health) Room No. 333-A Planning Commission Parliament Street New Delhi – 110 001	Member (Ex. Officio) Tel: 23096600
5.	Dr. F. Ram Director International Institute of Population Sciences Govandi Station Road, Mumbai – 400088	Member (Ex. Officio) Tel: 022-25562062
6.	Dr. V.M. Katoch Director General Indian Council of Medical Research Post Box – 4911, Ansari Nagar New Delhi-110029	Member (Ex. Officio) Tel: 26588204
7.	Shri Deepak Upreti Principal Secretary (Health & F.W.) Deptt. of Health & F.W. Govt. of Rajasthan Room No. 5213, Govt. Secretarial Main Building, Jaipur-302 005, Rajasthan	Member w.e.f. 31.7.2012

8.	Dr. Madhu Khullar Additional Director Health Services Directorate of Health Services Jammu Division (Near MLA Hostel, Indira Chowk, Jammu) Govt. of J&K Jammu-180 001.	Member w.e.f. 31.7.2012
9.	Dr. Ashutosh Gupta Director State Institute of Health & Family Welfare, Indira Nagar Lucknow, Uttar Pradesh.	Member w.e.f. 31.7.2012
10.	Director (Health Services) Directorate of Health Services Govt. of Gujarat, Ahmadabad. Gujarat.	Member w.e.f. 31.7.2012
11.	Dr. S.V. Adhish Professor Deptt. of CHA NIHFW, New Delhi	Member w.e.f. 12.09.2013
12.	Dr. T.G. Shrivastav Professor Department of RBM NIHFW, New Delhi	Member w.e.f. 1.8.2011
13.	Dr. A.K. Sood Prof. & Head, Deptt. of E&T, & Dean of Studies, NIHFW, N. Delhi.	Member (Ex-Officio)
14.	Prof. Jayanta K. Das, Director NIHFW, New Delhi	Member-Secretary (Ex. Officio)

List of Faculty Members

(As on 31 March 2014)

Prof. Jayanta K. Das	Director
Prof. A. K. Sood	Dean of Studies
Department of Communication	
Dr. Neera Dhar	Professor and Acting Head
Dr. Ankur Yadav	Assistant Professor
Department of Community Health Administration	
Dr. M. Bhattacharya	Professor and Head
Dr. S. V. Adhish	Professor
Dr. Sanjay Gupta	Associate Professor
Dr. Nanthini Subbiah	Associate Professor
Department of Medical Care and Hospital Administration	
Prof. A. K. Sood	Professor and Acting Head
Department of Education and Training	
Dr. A. K. Sood	Professor and Head
Dr. U. Datta	Professor
Dr. Neera Dhar	Professor
Dr. Poonam Khattar	Associate Professor
Department of Epidemiology	
Dr. M. Bhattacharya	Professor and Acting Head
Department of Management Sciences	
Dr. Rajni Bagga	Professor and Acting Head
Department of Planning and Evaluation	
Dr. N. K. Sethi	Professor and Head
Dr. V. K. Tiwari	Professor
Dr. K. S. Nair	Assistant Professor
Department of Reproductive Bio-medicine	
Dr. K. Kalaivani	Professor and Head
Dr. T. G. Shrivastav	Professor
Dr. Beena Khillare	Associate Professor
Dr. Renu Shahrawat	Assistant Professor
Dr. Rajesh Kumar	Assistant Professor
Department of Social Sciences	
Dr. T. Bir	Professor and Head
Dr. Meerambika Mahapatro	Associate Professor
Department of Statistics and Demography	
Dr. Pushpanjali Swain	Associate Professor and Acting Head
Dr. Jai Kishun	Assistant Professor

CONSOLIDATED SANCTIONED MANPOWER IN NIHFW AS ON 31 MARCH 2014

S.No.	Category	Sanctioned No.	No. in Position (%)	Vacant Posts (%)
1.	Group-A (Consolidated)	67	34 (50.7%)	33 (49.2%)
	• Group-A: Faculty	50	23 (46%)	27 (54%)
	• Group-A: Non-Faculty	17	11 (64.7%)	6 (35.2%)
2.	Group - B	103	65 (63%)	38 (37%)
3.	Group-C (Technical and Non-technical)	123	78 (63.4%)	45 (36.6%)
4.	Group-C MTS	100	73	27
5.	Group-C Offset Press Helper and Lab. Attendant	2	02	0
Total		395	252 (63.8%)	143 (36.2%)