Director's Report

Fifth annual general body meeting (1997-98),

January 26, 1999

Institute of Health Systems , HACA Bhavan, Hyderabad, AP 500004

Institute of Health Systems

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Ladies and gentlemen.
On behalf of the faculty and staff of the Institute, I extend a hearty welcome to all of you to this fifth annual general body meeting. First a few highlights and important events since the last general body which was held on 21st December, 1997.

1. Some time after my return from studies abroad, Mr. DR Garg asked me to take over the responsibility of Presidency from him. In accordance with decision of the board of governors, I assumed office as Honorary President with effect from 12th April, 1998. I thank Mr. Garg, and other members of the board of governors for having reposed their confidence and trust in me for this position.
2. Dr. Alex George had completed his three year term as Director. We were looking for a successor to him. I had requested Dr. Alex to identify a successor by going for a fresh recruitment of faculty. I had also requested him to continue with the Institute as a Professor. While the search for a new faculty was on, Dr. Alex suddenly decided to quit the Institute. This caused some amount of dislocation and slowing down of the Institute's activity. However, we soon recovered from this and have completed all our contractual obligations to grantee institutions.
3. At the time of setting up of our Institute, I had informed many of you of my commitment to devote my full time to development of the Institute. I could not do so earlier due to requirements of my civil service career, and the need for higher studies. Last year i.e. in 1998, many things coincided to provide me an opportunity of working full time for the Institute. I found that the state government would be agreeable to spare my service to the Institute on deputation basis. Dr. Alex had resigned and we were looking for a new faculty to act as Director. The time appeared to be consistent with my personal plans. So I thought this would be the right time to work full time. I approached Dr. Hrishikesh with my proposal. He was kind enough to agree and sought for my services from the government. At the request of our Chairman, Dr. Hrishikesh, Government of Andhra Pradesh, and Government of India have lent my services to the Institute for a period of two years. Accordingly I assumed office as full time Director of the Institute on August 20, 1998.
4. We moved to this new premises at HACA Bhavan on the auspicious Vijaya Dasami day i.e. October 1, 1998. Our participation in the professional councils building in DMS complex was reported in previous reports. But this project is yet to materialise. In the mean while, we needed more space to expand our activities. The present office where we are all gathered now provides us more space at a central location.
5. We have expanded training services, in addition to our traditional activity of health policy and management research.

I will now present before you the detailed report of our activities since the last general body meeting. I have structured my report as follows:

6. Faculty and staff
7. Reporting year (1997-1998) events and activities.
8. Current year events and activities till date.
9. Taking stock of the Institutes progress so far.
10. Institute's vision for the future.

I. Faculty and staff:

About half of the staff members who were serving under Dr. Alex, left the Institute immediately after he resigned. We were left with one each of the faculty (Mrs. Srilatha), accountant, and the attender who provided continuity. We expedited the selection processes set in motion earlier, and started new recruitment drives to identify faculty and staff required to sustain our programs and to expand our activities. Some of you have participated in the faculty selection process. As on date we have a total of 18 persons in various categories as shown here.

Category of personnel	Persons
Full time faculty	4
Part time faculty	1
Faculty associates and assistants	2
Interns and apprentices	3
Executives, staff and apprentices	6
Visiting Faculty	2
All	18

A copy of the latest faculty profile giving brief curriculum vitae of the faculty and associates, and list of staff is given at annex-1.

II. Reporting year events and activities:

During year under report i.e. 1997-98, main research activity of the Institute included:

1. Performance, acceptability and quality of family planning practices in AP,
2. Quality of reproductive health care offered in private hospitals in AP,
3. Exploratory study of hospital statistics and patient satisfaction in Karimnagar.

A. Performance, acceptability and quality of family planning practices in AP

(Commissionerate of Family Welfare. AP)

As reported earlier, this study was designed to compare family planning practices in two high performing and two low performing districts from each of the three geographical regions of AP. We completed this study and filed final report with the Commissioner Family Welfare (WP15-1997). The study revealed that spacing methods were not being used enough. The finding that most women acceptors of tubectomy had not used any spacing method, suggests inadequate extension work about usefulness of spacing methods. Educated women used spacing methods more often, compared to illiterates. The prejudice that vasectomy would affect daily routine of their spouses, was quite prevalent among the users of tubectomy. On the other hand those men who adopted tubectomy, did not report any difficulty. The study recommended that life history of successful vasectomy recipients could be used for extension purposes. Acceptance of vasectomy by men was associated with some degree of awareness and concern for gender equity. Thus disproportionate adoption of tubectomy by couples, should be viewed as an indicator of poor education and social awareness.

B. An enquiry into the quality of reproductive health care by private hospitals in AP.

(The Mac Arthur Foundation, Chicago)

1. This is a continuing study. I may remind you that objectives of this study were:
    i. To bring out the perceptions and expectations of women regarding the quality of reproductive health care offered in private hospitals.
    ii. To assess quality gaps in the provision of reproductive health care offered in private hospitals in AP.

2. The study consists of mainly two parts, namely;
    i. an exit survey of female patients with reproductive problems discharged from private hospitals and nursing homes, and
    ii. development of standards.
3. In the previous year we had reviewed the literature on quality assurance, and had completed the exit survey. A draft document on standards for provision of reproductive services was prepared. An interim report comprising these were sent to the Mac Arthur foundation, and was well appreciated by them.
4. The institute of health systems has developed standards for the following few selected reproductive health care procedures:
    i. normal delivery,
    ii. caesarean section,
    iii. medical termination of pregnancy, and
    iv. few gynaecological conditions.
5. Perceptions of users of the services as revealed by the exit survey were taken into account while drafting these standards. The standard developed by IHS are in tune with local needs and feasible for small hospitals of less than 30 beds.
6. The existing quality of reproductive care services provided by private hospitals and nursing homes was measured against the standards developed by us.
7. During this year we completed development of quality standards, and field work to compare actual practice in sample hospitals with the standard. An interim report comprising these was sent to Mac Arthur Foundation.

C. Exploratory study on hospital statistics and patient satisfaction in Karimnagar district hospital:

(Project Director, AP First Referral Health Systems Project)

1. This study was meant to look at the accuracy of hospital statistics reported by the district hospital of APVVP and to assess the level of patient satisfaction with services.
2. To check accuracy of the reported data, we collated hospital statistics from the primary registers and compared the result with the reported information. We found large scale discrepancy between the reported and collated figures. Instances of over reporting and underreporting were observed. Size of discrepancy appeared to be high for outpatient service but was present to some degree for other services including, surgeries, laboratory tests, inpatient statistics.
3. Following three major reasons of error in reported data were identified:
    i. Inadequate knowledge about usefulness of maintaining hospital statistics.
    ii. Shortage of staff to handle such large quantum of information.
    iii. Non computerisation at the first point of recording itself.
4. We identified the following scope for streamlining data reporting by hospitals and recommended the same to APVVP.
    i. Compile day wise abstract from primary registers and comparison with the information recorded in secondary registers.
    ii. Computerisation of data acquisition points and electronic transfer by use of a wide area network.
5. The exit survey of inpatients discharged after four or more days of stay, and outpatients was conducted during July 1997. Information about patients perception of

various aspects of hospital service was collected. These findings have been reported (WP20-1997).

III.Current year (1998-1999) events and activities:

A. An enquiry into the quality of reproductive health care by private hospitals in AP.

1. There was some apprehension in the minds of the funding agency about the fate of this project on account of the sudden departure of Dr. Alex George from this Institute. We assured the Mac Arthur Foundation, that the project will be completed as on schedule. Mrs. Srilatha, carried on the project as the Principal investigator and completed the final report which has since been submitted to the Mac Arthur Foundation.
2. An important finding from this study is that there is enormous gap from the standard, in most private hospitals and nursing homes.

B. Private health sector in AP

1. The AP First Referral Health Systems (APFRHS) Project authorities asked us to prepare a report on the state of the private health sector in AP and possible policy alternatives. We were able to complete this study in a very short time since a lot of research on the private health sector in AP has been going on in our Institute right from the beginning. We basically summarised the cumulative result of our research and commissioned a few more studies. These findings were presented in a workshop in May 1998, which was attended by stake holders from all over the state. The workshop was well appreciated. Results of these studies and the proceedings of the workshop have been released (RP1/1998). A local publisher has come forward to publish this report.

C. Periodic analysis of APVVP hospital performance

1. We were commissioned by the AP First Referral Health System (APFRHS) project to conduct periodic analysis of performance for a set of 100 APVVP hospitals.
2. Objectives of this project are:
    i. Work with APVVP to ensure timely flow of hospital statistics from all hospitals.
    ii. Check consistency of data from study set hospitals and identify potential sources of data inaccuracy.
    iii. Detailed hospital level study to understand nature of data inaccuracy and reporting problems.
    iv. Carry out detailed performance analysis of the study set of hospitals and identify outliers.
    v. Compute standard hospital activity indicators and performance measures for the non study set of hospitals. This has been added subsequently, at the request of APVVP to facilitate presentation of hospital statistics of all APVVP hospitals at one place.
3. Methodology: According to existing instructions from APVVP head office, the District Co-ordinators ought to send fortnightly report of hospital statistics for all APVVP institutions in the concerned hospital district. IHS role is to assist APVVP in strengthening this reporting system and not to replace it. To improve compliance of the system, IHS monitors progress of reports received by APVVP statistics section. Non complying districts and hospitals are identified. These are brought to the notice of senior executives of APVVP and APFRHS project. Usually APVVP senior

officials are requested to talk over telephone or other means and draw attention of defaulting District co-ordinators. It is hoped that this will convey the importance attached by APVVP head office to timely reporting of hospital statistics.

4. APVVP statistics section makes data available to IHS around last week of the month following the study month. IHS analyses the data for its consistency and then computes various performance indicators. The performance indicators are then used to identify outlier hospitals and potential sources of poor performance.
5. Performance is measured along two broad dimensions:
    i. Hospital activity indicators analysis, and
    ii. Service mix indicators.
6. Hospital activity indicators like turnover rate (TR) and bed occupancy (BO) are used to do a combined utilisation and productivity (CUP) analysis. Service mix analysis is done for various indicators. Detailed methodological basis of the performance analysis is described in Mahapatra and Berman (1994).
7. A sub set of hospitals are identified each month for field visit. Criteria for identification of hospitals for qualitative study is arrived at after studying the results of quantitative analysis of performance for the corresponding month. Most commonly followed criteria are given below.
    i. Outlier status.
    ii. Potentiality for inaccuracy in data gathering and compilation.
    iii. Inconsistency between level of hospital activity and service mix indicators.
8. Descriptive notes on qualitative study for each hospital is made available to the APVVP and APFRHS project along with the performance analysis report for the next month. For example performance analysis for August 1998 was presented to APVVP on September 1, 1998. Qualitative study for hospitals identified from this report was done in September 1998. These reports were included along with the performance analysis report of September 1998 presented to APVVP on November 1, 1998.
9. IHS faculty meet APVVP and APFRHS executives to personally discuss and highlight findings and to plan future course of action.
10. Work done so far: Study started with effect from July 1998. Performance analysis reports have been presented to APVVP for every month since then.

D. AP Burden of disease study:

1. You may recall that I had started the AP Burden of disease study in the Administrative Staff College of India (ASCI). The Institute contributed by way of some faculty and computing resources. The study could not be completed to my satisfaction because we did not have a good cause of death reporting system in our state. I though it is pointless to draw up a separate estimate of disease burden for the state without cause of death statistics from the state. I have tried to keep this interest alive and chose to continue the study as a part of my thesis work for the doctoral study that I am pursuing in the Harvard University, USA. The World Health Organisation, who have awarded a fellowship to me for my doctoral studies, have agreed to provide funding to meet the research expenses.
2. Dr. PV Chalapati Rao and Dr. Chincholikar are working with me on this project.
3. We are first trying to revamp the cause of death reporting system in the state so as to improve the quality and accuracy of cause specific mortality estimates.
4. We are collecting the cause of death reports received by the Vital statistics division of the state directorate of health and are feeding them into the computer. Each certificate

is then screened by a doctor to classify the information in the certificate as adequate or inadequate. Certificates with inadequate information are being sent to the field again for enquiry. We have involved the faculty form SPM departments of all medical colleges in the state. We conducted a workshop to train some of these faculties. Our faculty attended the survey of cause of death training programs conducted in each district.

5. We recognised that most of the cause of death reports from urban areas do not contain adequate information, mainly due to lack of appropriate skills and training with doctors practicing in the respective hospitals. Such lack of knowledge and skill to write a good cause of death report appears to be wide spread. To remedy this situation we have started a one day workshop series to train doctors from hospitals in urban areas. So far we have conducted two workshops in Hyderabad. Our aim is to gradually spread these workshops to districts, and other municipalities, so that capacity for proper cause of death reporting improves all over the state.

E. Training services:

1. Earlier we had developed training modules and implemented training programmes in the field, mostly for non formal health workers, allied health workers, etc.
2. This year we designed a course on enterprise development and government effectiveness (EDGE) for economies in transition for the National Institute of Small Industries and Extension and Training (nisiet). The course was offered by nisiet to a group of senior civil servants from Sri Lanka, and was well received.
3. We have now started to offer training services at the Institute. By now we have completed two one day workshops on cause of death certification and one two week programme on "Managing PHC in remote areas" for medical officers working in ITDA areas.
4. The program on Managing PHC in remote areas was reasonably subscribed and was received very well by the participants. We have now scheduled more such programs. Brochures containing dates of forthcoming training events have been placed in the members packet. I request you to consider and recommend these programmes to people you know and you think would benefit from this.
5. I would like to highlight some unique features of training programmes organised by our Institute, as below.
    i. Courses are designed to impart down to earth managerial and technical skills. The emphasis is on skills development. Hence every topic of coverage consists of a theory part followed by laboratory or practical work.
    ii. End of day faculty evaluation by participants. Summary of these feed backs are shared with faculty and they are encouraged to respond to participant assessment. Those who receive consistently poor ratings are dropped from subsequent courses.
    iii. End of course evaluation by the participants. These feedback are used to improve design of subsequent courses.
    iv. Mid term and final examination for participants. Only those who score adequate marks are given certificate of satisfactory completion. Note, however, that every one are provided certificate of attendance.
    v. Computer skills are imparted with every course, since computers have become a common personal productivity tool.

F. Naandi systems development

1. As you may be aware, some of the well known entrepreneurs of our state, motivated and inspired by a call from the Chief Minister have set up a community public trust called Naandi. This trust was inaugurated by the Governor, AP in the presence of Chief Minister and other dignitaries on November 1, 1998 i.e. the AP formation day.
2. The trust aims to act as a bridge between people for development of AP. It will mobilise contributions from people originating from the state, who may like to connect with their home land and participate in its development.
3. We were approached by the Naandi Foundation to develop various systems for this new organisations. Work on this project is already in an advanced state and we hope to complete our assignment by February end.

IV.Taking stock of the Institutes progress so far

As you can all see, the Institute has established its credentials as research and training Institution and has sustained its activity purely on the basis of projects. This means that we have had to satisfy some funding agency or other about our capacity to implement the project and have thereafter satisfied agreed deliverables. I may reiterate here that the Institute does not receive any block grant in aid from any source. All its activities have been supported by members contributions and the hard work put in by faculty and staff. However, the overall size of our operations have been, understandably, small. We are now in the ninth year of the Institutes birth. We are now in a critical take off stage and need to expand our activities to fulfil the basic objectives for which the Institute was set up. Hence it will be desirable to take stock of the progress made so far and then plan for the future.

Narrative report of our activities have been made available to you through previous reports to the general body. Here I will summarise the gross revenue generated by the Institute from the date of its inception. This gives us an idea about the size of the Institute's operation so far.

A. Financial performance:

Financial Year	IHS gross revenue in rupees		
	Foreign	Domestic	Total
1991	0.00	43905.00	43905.00
1992	424088.20	0.00	424088.20
1993	380000.00	50000.00	430000.00
1994	774567.90	275042.00	1049609.90
1995	403604.10	445517.00	849121.10
1996	768447.00	160186.00	928633.00
1997	103612.00	835250.00	938862.00
1998	599266.00	305100.00	904366.00

Institute's financial years are from April to March. Here each financial year is represented by the calendar year in which the financial year ends

V. Institute's vision for the future

Proposed organisational plan for 1999, is enclosed in annex-2. Please go through this and offer your advice.

The above mentioned document gives some idea of what we would like to do. However, I must confess that we are constrained by inadequacy of funds. After moving into the new premises, we have expanded substantially. We have to first recruit faculty, train them

and hone their skills, before we can canvass support for projects to be handled by them. In addition we had to spend substantial amounts to prepare the new office site. Hence our expenses have been slightly more than our revenue. We have used up about Rs60000/- from the corpus. We are now operating by closely monitoring our cash flow on weekly basis.

I would, however, like to assure you that, myself, faculty and staff are confident and dedicated to make this work. Our assessment is that the flow of funds expected from ongoing projects and anticipated projects will cover the current level of expenditure outlay.

I seek your help, advice and suggestions, about improvement of the Institutes finances and strengthening of its activities.

VI.Accounts and audit report:

The audited accounts of the Institute have been enclosed. I now request you to consider the same and give your suggestions.

Finally I thank you for having spared the time to participate in this meeting. Your presence is a great inspiration to me, and my colleagues in the Institute.

I would now request you to consider this report and give your valuable advise and guidance for further development of the Institute. I and my colleagues would like to assure you that we will do our best to relate your ideas and suggestions into action.

Date: January 26, 1999

Dr. Prasanta Mahapatra,
Director and Hon. President

Annex-1
Faculty profile and staff list

I. Full Time Faculty

Prasanta Mahapatra

Dr.Prasanta Mahapatra, Director of the Institute is a physician civil servant. He is on deputation from the AP cadre of the Indian Administrative Service. He is currently a WHO fellow and a doctoral candidate in international health economics at the Harvard School of Public Health.

Dr. Mahapatra established, for government of AP, the first University of Health Sciences (APUHS) in India, at Vijayawada and became its first Registrar. As Registrar of the APUHS and Director Medical Education, he was responsible for state wide coordination and management of tertiary hospitals and medical education services. He was collector of Nellore and then commissioner, AP Commissionerate of Medical Services (Vaidya Vidhana Parishad). While Commissioner APVVP, he prepared a project for development of first referral health system in the state. The project has since been funded by the World Bank and is now being implemented in Andhra Pradesh. As collector of Nellore, he introduced a collectors office manual, streamlined the public grievance redressal system, conceived and implemented land development projects integrating cadastral survey with soil conservation concepts. He has experience in disaster distress relief management, rural development, general administration and information technology applications in government.

Between 1991-1993 he was a International Health Policy Program Fellow and a Takemi Fellow at the Harvard School of Public Health. His research work, during this period, included measurement of public hospital performance, accreditation systems for health care organizations, traditional and herbal medicine etc. Dr. Mahapatra has been a member of the Harvard Burden of Disease Unit from its inception and contributed to the Global Burden of Disease estimates published in the World Bank's World Development Report, 1993. As a faculty in the Administrative Staff College of India, he started a study to estimate burden of disease in AP. He is currently pursuing research work for a doctoral degree in international health economics and policy at the Harvard University. He has published articles in the field of health policy, economics and management, rural development and office automation. Currently he is continuing with a study on sensitivity of estimated disease burden profile to differences in availability of local data, using Andhra Pradesh as a case study.

P.V. Chalapati Rao

Dr. Chalapati Rao, Senior Faculty in Epidemiology combines experience in research and clinical work. He holds a medical degree and a post graduate diploma in TB and Chest diseases. He has had clinical practice both in private and public sector hospitals. As an occupational health specialist of a private nursing home he catered largely to needs of industrial workers. Prior to that he was the clinical registrar in the department of pulmonology of MEDWIN hospital. As a Research Officer in the National Institute of Occupational Health (NIOH) of the Indian Council of Medical Research (ICMR), he worked on various projects in Environmental and Occupational Epidemiology, the Chief area of interest being in Environmental and Occupational Lung Diseases.

As a short service commissioned officer in the Army Medical Corps (AMC) he served in coastal, Himalayan and desert regions of India. After his AMC internship at the Cochin Naval yard, he served at a high altitude station in the north east frontier. During this period his clinical work involved rendering medical services to local tribal populations as well as members of the armed forces. Later he served as a medical officer in a desert area.

S. Srilatha

Ms Srilatha, Faculty in Quality Assurance in Health Care, is a graduate in nursing and has a masters degree in social science (public personnel management). She was recipient of the USAID award for outstanding performance in the nursing course curriculum. Her areas of interest include preparation of standards, quality assurance in health care organisation, consensus development methods, reproductive, and child health.

She has worked in a collaborative project in technology information forecast assessment at the Administrative Staff College of India. The project used consensus development methods to forecast technology trends for identified areas of health problems. Her papers and publications include quality assurance in nursing, and quality of reproductive health care provided in private hospitals.

P. Sridhar

Mr. Sridhar, is a commerce graduate with a diploma in software technology and systems management. He has done a post graduate course in hospital administration. He is currently working on a hospital performance measurement project for public hospitals. This project involves computation and analysis of hospital performance indicators, field visits to hospitals for qualitative study of factors contributing to outlier status etc. Earlier he was an administrative trainee at the Nizams Institute of Medical Sciences. He did a study of the patient handling system in MEDICITI hospital, looking at the hospital processes from patients perspective.

II. Part Time Faculty

Sanjay Chincholikar

Dr. Chincholikar is a general surgeon with interest in linkages between clinical care and public health. He was clinical fellow in various hospitals including the Nizams Institute of Medical Sciences, and the Osmania General Hospital. He did a clinical attachment in the Shotley Bridge Hospital, Consett County, Durham, UK. He is currently working on a project to improve the cause of death reporting and coding systems. His interests include hospital infection control, practice guidelines, educating people in identification of appropriate sources of professional advice.

III.Associates

G. Kalyan Ram

Mr. Kalyan Ram, Systems Administrator, has done a masters course in mathematics, a post graduate diploma in computer applications, and a certificate course on PC-Hardware maintenance. As a systems manager, he used to manage a local area network and management information systems in a three star hotel. Earlier he was a programmer in a data compression application project. He developed applications to translate variable length numeric data into binary format for storage in fixed size EPROM locations. He has working experience in Languages like Assembly, 8085, 8088/86, 80c31 Micro-controller, Pascal,

Clipper, & 'C', Operating Systems like MSDOS, Unix & Windows and Network Operating Systems like Novell Net ware (ver.2.1x & 3.1x) & Windows NT.

He is currently working on a project to build a country wide health systems network using public X.25 switching infrastructure. His areas of interest include building up of intranets for health care organisations, and personal computing applications in health system.

Mohd. Nazeem

Md. Nazeem did a masters degree in Social Welfare with specialisation in Personnel Management and Labour Welfare. He has extensive experience in social survey, data collection, entry and analysis. His survey works include projects on quality assurance in private hospitals. He is specialised in Lotus Software. Earlier he worked among cotton mill workers at the Yeshwant Sahakari Soot Girani Niyamith, Solapur.

IV.Interns

E. Srinath

Mr. Srinath, Software Engineering Intern, has a masters degree in commerce and is now pursuing a graduate degree from the National Institute of Information Technology (NIIT) for which he has completed the course work. He combines knowledge of accounting with skills in software technology. He was Technical Faculty with major computer training institutions like the CMC and the Frontier Institute of Information Technology (FIIT). He has administered in house training programs for Dr. Reddy's lab which is a leading pharmaceutical concern. He has worked on various software development projects including, bank automation and electricity billing.

B. Deepak Kumar

Mr. Deepak Kumar, Software Engineering Intern, is a Microsoft Certified Professional in Visual C++ and MS SQL SERVER. He is currently pursuing a masters degree in computer applications from IGNOU. He is a skilled developer of both application and system software. He writes in various languages including Visual Basic, C, C++, Visual C++, JAVA and on different software platforms including Window NT, Unix, Windows95, MS SQL Server, Sybase, System 10 etc. He has worked on many software development projects including shares accounting system, pay rolls, front office applications etc.

E. Savithri Devi

Ms Savithri Devi is a software engineering intern and is looking at information technology applications in the health field. Her primary interest is in development of database applications. She has development skills in various languages and platforms including; Visual Basic, SQL, Oracle 7.x, on operating systems like Windows, DOS, Unix and Netware.

V. Visiting Faculty

Dayakar Thota

Dr. (Lt Col) Dayakar Thota, Professor Hospital Administration, is a War Veteran having actively participated in both Bangla Desh and IPKF Operations. After short spell of private medical practice, he joined the Army Medical Corps in 1971. Dr. Dayakar holds a masters degree in hospital administration from the University of Poona and a second masters degree in defence studies from the Madras University.

Earlier (1995-96) Dr. Dayakar was professor and head of the department of hospital administration and Medical Superintendent of the Nizams Institute of Medical Sciences (NIMS). Prior to that he was the Professor of Hospital Administration at Manipal Academy of Higher Education (MAHE). He has guided many post graduate students for their research in various areas of hosptial administration. He is on the panel of post graduate examiners in Hospital and Health Administration conducted by MAHE Manipal, NIMS Hyderabad, University of Poona. AIIMS New Delhi and National Board of Examinations (DNBE).

He held varying administrative and instructional appointments while in Defense Services including organisation of the logistic support unit for IPKF in Sri Lanka, management of field medical units both in war and peace time operations.

His current areas of interest are quality assurance in health care, accreditation systems for health care, use of operations research in health management, organisational behaviour, and managing health care in remote areas.

Venkaiah A.

Mr. Venkiah has a degree in public finance and economics and is a professional trainer. He successfully completed an advanced programme on "Training for Trainers" conducted by the University of Manchester, UK, and was awarded a certificate in Training and development by the Institute of Training and Development, UK. Earlier he was senior faculty member in the Accounts Training College, and Institute of Administration of the government of Andhra Pradesh. Currently Mr. Venkiah is a freelance faculty and resource person. His areas of strength include, public administration, disciplinary procedures, public finance and accounting.

VI.Executives, staff and apprentices:

1. Ms. K.Vayshali, Executive
2. Mr. PR Natraj, Secretarial Assistant
3. Mr. B.Ramasubba Reddy, Technical Assistant
4. Ms V. Sobha, Sanitary worker
5. Mr. Kumar Parida, Camp attender

Annex-2

IHS - Organisational plan, 1999.

I. Organisational plan implicit in the activities so far:

To some extent, areas for development of IHS core competence was there in our mind while we set the Institute up. These were reflected in the aims and objectives of the Institute. Although the Institutes aims and objectives is an enlarged set to allow for creativity and future eventualities, we have focused on certain areas of the health system. Some priorities we have tried to follow, while seeking funding and responding to inquiries are as follows:

1. Quality assurance in health service, including accreditation systems, standards development etc.
2. Cost-effectiveness of health sector programs and interventions, including burden of disease estimation, government expenditure analysis, specific disease control and management strategies, program evaluation surveys, etc.
3. Information technology applications for health system, including computerised public databases of health care organisations, medicinal plants, ground work for the Indian Health Systems Network (IHSNET), etc.
4. Training programs for health and related sectors. Training for non formal health workers in tribal areas, taken up by IHS is part of this effort.

II. Organisational plan of action now:

It is proposed to pursue the above core areas more intensively for the current year and to consolidate our expertise and build up a permanent faculty base in them. Outline of proposed actions proposed to be pursued in each area is given below:

A. Quality assurance in health:

1. Launch IHS accreditation services for hospitals.

B. Cost-effectiveness of health service programs:

1. Revamp cause of death reporting system in AP, in collaboration with the public health department of the state, medical colleges.
2. Estimation of burden of disease in AP.
3. Health state preference measurement study.
4. Continue and regularise annual analysis of government expenditure on health and collaborate for production of AP budget data on disk.
5. Periodic analysis of performance and evaluation study.
6. Activise local interest in evidence based medicine.

C. Information technology applications for health system:

1. Launch IHSNET, i.e. the Indian Health Systems Network. Internet domain name registration has been done. A class B address space has been reserved. INET dial up connection obtained. INET leased line application filed. The proposed network will be built around the INET packet switching and Internet services provided by DoT.
2. Strengthen and expand existing public databases, namely APHIDB, Medflor-India, etc.
3. Development of software for public health administration.

D. Training programs for health and related sectors:

1. Start a post graduate course in health system management.

2. Continuing medical education programmes.
3. Short term training programmes to meet specific needs of health care organisations.
4. Computer skills training with special reference to needs of health care delivery institutions.

E. Action research facilities:

1. Identify and secure management of a few primary health centres and such other health facilities to act as permanent action research facilities of the Institute. Government have a scheme of giving over management of PHCs to non government organisations. It is proposed to take over management of a few PHCs under this scheme so that the Institute has some field research facilities.