

ANNUAL REPORT 2013-14

Indian Institute of Public Health - Hyderabad and Bengaluru Campus
South Asia Centre for Disability Inclusive Development and Research



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PUBLIC
HEALTH
FOUNDATION
OF INDIA

ADDRESSING THE NEED FOR EVIDENCE-BASED ACTION ON HEALTH

Eight years ago, a unique, public private initiative was launched in India to focus on sustained and holistic strengthening of the broad dimensions of Public Health from a systemic level; making preventive, promotive, and therapeutic health work for the public at large. The Public Health Foundation of India (PHFI) is an initiative to redress the limited institutional capacity in India for rigorous training, research and policy development in the area of public health.

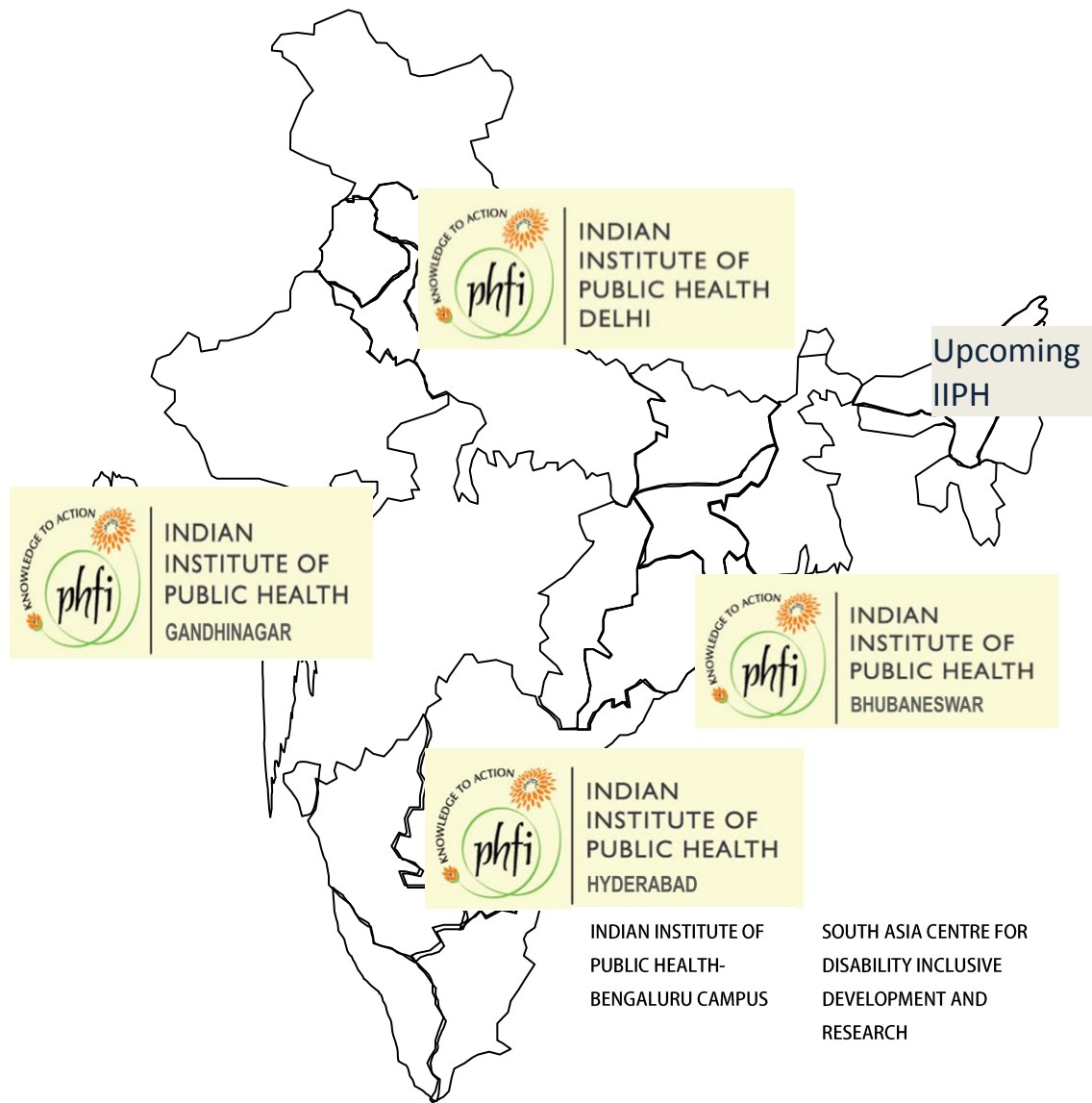
Structured as an independent foundation, PHFI adopts a broad, integrative approach to public health, tailoring its endeavours to Indian conditions and bearing relevance to countries facing similar challenges and concerns. The organisation has evolved collaboratively, through consultation and direction, from a coming together of Indian and international academia, state and central governments, multi- & bi-lateral agencies and civil society groups.

Under the aegis of the Public Health Foundation of India, four Indian Institutes of Public Health (IIPH) have been set up at Delhi, Gandhinagar, Hyderabad, Bhubaneswar and a fifth one is coming up at Shillong. In addition two satellite campuses have been operationalized at Gwalior and Bengaluru with active participation of the Governments of Madhya Pradesh and Karnataka. Centres of excellence have been set up for chronic diseases (SANCD), Disability (SACDIR), Cardio metabolic risk factors (CARRS), mental health and social determinants.

The aim of these institutes is to build a competent and skilled public health workforce through teaching, research, and sharing of knowledge and experiences in public health. The institutes aim to develop and deliver public health education and research activities relevant to India in content and context, while attaining international standards. They strive to make public health education multi-disciplinary, drawing upon subjects like epidemiology, biostatistics, life sciences, demography, health economics, social and behavioural sciences, environmental health and management. Our academic and training capacity building programmes attract a diverse student body from varied backgrounds including medicine, dentistry, nursing, biological sciences, nutrition, biotechnology, social sciences, economics and management to take India's health story to the next level.

This initiative is a response to the needs of India's changing public health scenario, and the aspirations of individuals who work at different levels of the system in order to improve the health of the country's population. The unmet need for greater public health expertise – both in numbers and in skill – to run the health system and services of the country; and for improved public health research, policy and practice has been repeatedly voiced as a serious gap that has resulted in significant public health challenges. As a response to these felt needs of the health system in India, PHFI and the IIPHS strive to augment the health system and spark efforts that can eventually lead the country's people towards better and healthier lives, and result in better health outcomes.

A REGIONAL HUB CATALYSING TRANSFORMATION





MESSAGE FROM THE DIRECTOR

It gives me great pleasure to bring to you this Annual Report for the Indian Institute of Public Health-

Hyderabad (IIPH-H), Indian Institute of Public Health-Bangalore (IIPH-Bangalore) and the South Asia Centre for Disability Inclusive Development and Research for the year 2013-14. In doing so, I hope to take you on a journey that shares how we are breaking the mould and applying innovative approaches to tackle some of India's most challenging public health issues.

At the institutes we are developing a regional hub of research, capacity building, advocacy and policy development for the Public Health Foundation of India. Although far from homogenous, the states in the south have progressed substantially in economic, social and demographic arenas. The pulse of change now lies in strong public health policy and practice that is aligned to our context and people. Our footprint goes well beyond South India, as leading efforts that are transformative, shaping the health of populations positively and with implications for the world.

Education

The institutes offer academic programmes and short term training courses to thousands of people since 2008. We have several courses to choose from, varying by discipline, duration and imbibing principles of application-oriented learning that is bold, fresh and exciting.

We are technically supporting the Government through capacity building of Medical Officers and programme managers in public health management and biostatistics and data management. We have an excellent

placement record, with many of our participants contributing to national and state-level departments and programmes on health and development, national and international NGOs and agencies as well as open doors to pursuing higher studies at renowned institutes.

Capacity and skills-building

Our short-term programmes offer flexible professional development for both early and mid-career professionals to contribute effectively to an overall improved system. In the past year we have deepened our engagement with cross-cutting areas like epidemiology, biostatistics, behavioural sciences, health economics, health services management, environmental health, health inequities and human rights, gender and health, health communication and the ethics of health care.

Research

In efforts to lessen the evident gaps in bringing effective service delivery for Diabetic Retinopathy (DR) and Retinopathy of Prematurity (ROP) in India, two critical causes of avoidable blindness, IIPH-H spearheaded a country-wide situational analysis of existing services, modalities and management protocols. The Project is continuing to develop innovative tools, expertise, and develop models for effective care that can be constantly measured, through their impact on the lives of individuals, families and communities.

In the last year we have also focused on capacity building, technical inputs and evaluation of the state disease surveillance cell, UIP, Drugs and logistic cell, NCD program, the state Aarogyasri Health insurance scheme, tobacco control, HIV/AIDS, disability and health related projects. Here I

would like to thank our supporters and partners: CBM, Engineering & Physical Sciences Research Council UK, Sightsavers, Indian Council for Medical Research, John Hopkin's Bloomberg School of Public Health, London School of Hygiene and Tropical Medicine, National Medical & Health Research Council Australia, The Queen Elizabeth Diamond Jubilee Trust and UNICEF.

Technical support and policy development

The past year was in an environment where we brought a sharper focus on the new challenges and opportunities to develop national and regional strategy and policy research. We aim to explore and innovate on how to reach communities with services and health information for behaviour change and innovate for developing solutions that work for communities. Our efforts remain directed towards achieving universal health coverage through the development of state public health cadres, as supported by agencies and forging partnerships. IIPH-H has also provided detailed inputs for the development of district Programme Implementation Plans in Karnataka and Andhra Pradesh.

Convergence

We continue to work with inter-linked state departments having an impact on public health, such as Transport on road safety



GVS Murthy

Vice President – South, Public Health Foundation of India and
Director

Indian Institute of Public Health – Hyderabad

Indian Institute of Public Health – Bengaluru Campus

South Asia Centre for Disability Inclusive Development and Research

initiatives, Education on school health initiatives, Food Safety for balanced nutritional outcomes and with Rural Development to organize community health efforts and the health needs of the differently-abled persons.

People

Our emphasis lies in building and strengthening technical expertise, strong field experience and game-changing perspectives among highly qualified and extremely motivated faculty. Many of us have been public health academics and practitioners for a long time, applying knowledge and analytical skills in diverse disciplines that impact public health.

It is also my honour to work with a dedicated team at the PHFI national level and the state teams spread over six states of the country. It is this dedication that has allowed us to initiate intensive clinical and social research, community mobilization campaigns, for capacity building strengthening and deepening health services at every level and investing in the transformative leadership. I thank them for all they do – and our collaborators all around the world who support us in so many ways.

We will continue to work with our stakeholders to sustain, and even enhance, this solid foundation to raise achievements in the coming years.

IIPH-H in numbers (Since inception in 2008)



4

Academic programmes; PG Diploma, MSc & PhD

272 

Students completed courses of study at IIPHH

95% 

Placement

235 

Student projects/ dissertations



A range of disciplines come together for public health

104 

short courses

3,307 

participants

Strength of **88**  people

43 researchers, 24 faculty and 21 support staff

50 

research projects

100% 

of projects meet time, cost and quality targets

Partners around the world



1,011  crore

revenue from research projects (2011-2014)

Remarkable student: faculty ratio



Numerous fellowships and awards received



164 articles published in journals

14 book chapters

36 presentations at conferences/symposiums

32 commissioned reports

INDIAN INSTITUTE OF PUBLIC HEALTH-HYDERABAD (IIPH-H)

On April 7, 2007, (World Health Day), the Public Health Foundation of India laid the foundation stone for its first institute in Hyderabad, in partnership with the Government of Andhra Pradesh. The Indian Institute of Public Health-Hyderabad (IIPH-H) commenced its activities on July 1, 2008, with a mission to deliver public health education and training, pursue research and advocacy and support policy development, as aligned to the public health priorities of the state and the nation.

The concept of a nodal institute of public health at IIPH-H has gained wide support nationally and internationally and the Government has been very supportive of our efforts. The organisation has undertaken a number of research projects for Central Government agencies and provided technical assistance in the implementation of national programmes, such as the National Rural Health Mission (NRHM), as well as state and regional level public health initiatives. Towards this end the institute collaborates with various academic, research, and administrative organizations to conduct workshops and conferences, and to undertake public health research and evaluation.



ACADEMIC PROGRAMMES (All course brochures attached)

Capacity building is one of the most significant ambitions at IIPH-H, as it has far-reaching power to infuse change across levels. Academic and skills-building programmes run each year, that include both long and short-term courses to enhance the number and impact of public health professionals. The flagship courses of IIPH Hyderabad are the Integrated PhD and MSc in Health Informatics, Masters in Public Health (in collaboration with University of Hyderabad), Post Graduate Diploma in Public Health Management and the Post Graduate Diploma in Biostatistics and Data Management.

Two Year Masters in Public Health in collaboration with University of Hyderabad

**One year Post Graduate Diploma in Public Health Management
(including 3 months project/ internship)**

**One year Post Graduate Diploma in Biostatistics and Data
Management (including two months project/ internship)**

**Two year Integrated M.Sc. and Five year Ph.D. in Health Informatics in
collaboration with Academy of Scientific and innovative Research
(AcSIR)**

Short-term courses include training in research methods, statistics, disease surveillance, epidemiology, public health disability and maternal and child health.



SHORT-TERM COURSES

We conduct training and skills -building programmes throughout the year on:

- Research methods
- Epidemiology
- Biostatistics & Data management
- Disease surveillance
- Disability
- Public Health for Hearing Impairment
- Change management.



TRAINING/ WORKSHOPS

MONTH, YEAR

<p>Public Health Planning for Hearing Impairment</p> <p>The course enabled participants from Government and NGOs to understand the magnitude and causes of hearing impairment and the challenges of providing hearing health in developing countries. It familiarised participants with public health approaches to ear and hearing care and show how to develop programmes for prevention and management. The programme was supported by ICED & LSHTM.</p>	<p>September, 2013</p>
<p>Modelling Techniques in Cancer Research & Statistical Methods in Cancer Research</p> <p>An in-depth overview of statistical methods commonly used in cancer research was addressed. Statistical details and theoretical properties of the methods and their practical applications were covered.</p>	<p>October, 2013 & Jan, 2014</p>
<p>Research Methodology Workshop Series - Workshop on Writing Research Proposal</p> <p>A tailor-made training for doctors of various disciplines nominated and sponsored by the National Board of Examinations (NBE).</p>	<p>November, 2013</p>
<p>Research Methods in Global Disability & Health</p> <p>This training aimed at participants from all IIPs to familiarize participants with research and evaluation methods relevant to disability with support from ICED & LSHTM.</p>	<p>February, 2014</p>
<p>Analyse your data with R</p> <p>The application oriented course aimed at enabling researchers to enhance quantitative scientific reasoning. The course introduced statistical methods, with an emphasis on data analysis and interpretations. It also introduces how to program in R and how to use R for effective data analysis and visualisation. Practical issues in scientific computing, from reading data, programming and creating informative and publication quality graphics were covered.</p>	<p>March, 2014</p>

<p>Data Analysis using STATA</p> <p>The objective of this course was to enable participants to understand and apply statistical reasoning to formulate public health questions in quantitative terms, apply statistical methods for inference, including confidence intervals, hypothesis as well as testing, calculation and interpretation p-values using STATA 11 IC. Design and interpretation of graphical displays of statistical information was also addressed.</p>	<p>March, 2014</p>
<p>Foundation Course in Health Research Methods</p> <p>The course on research methods for health professionals introduced both qualitative and quantitative research methods, with an emphasis on their application in health research. Linkages between epistemological, theoretical and methodological aspects of research were explained by using case studies. Formulation of specific, measurable, relevant research questions; study designs and selection of appropriate methodology; techniques for sampling, power and sample size calculations; assessment of data validity and reliability; inferential statistical testing techniques were covered in the quantitative section of health research</p>	<p>May, 2014</p>
<p>Good Clinical Practices in clinical and community trials</p> <p>This programme addressed core leveraging issues in the design, conduct and operational issues that arise in the day to day management of clinical trials. A rigorous and a scientifically valid approach to enhance the candidates' domain of expertise (both technical and ethical) were achieved.</p>	<p>May, 2014</p>
<p>Data Management using SPSS</p> <p>The course focused on sources and organization of data, modifying data values and labels, frequencies, cross tabulations and creating charts, working with SPSS syntax, merging files, introductory statistical concepts, non parametric tests and Bi-variate analysis and regressions.</p>	<p>May, 2014</p>
<p>Field Epidemiology Training Programme to the District Epidemiologists of the states of Kerala, Karnataka, Tamil Nadu, Andhra Pradesh and Telangana</p> <p>This training programme was sponsored and funded by the IDSP wing of NCDC, New Delhi and is being conducted for the District Epidemiologists across the states of Kerala, Karnataka, Tamil Nadu, Andhra Pradesh and Telangana</p>	<p>August – September, 2014</p>



THE YEAR AT A GLANCE

2013

Jul	Convocation for academic programmes IIPH- Hyderabad is recognised as a Collaborating Institution for Masters of Public Health (MPH) by the University of Hyderabad
Aug	Integrated PhD & MSc in Health Informatics launched in collaboration with Academy of Scientific and Innovative Research (AcSIR) Workshop on Evidence in Public Health to Improve quality of neonatal and child health
Sep	Commencement of Biostatistics and Data Management Short Course on Public Health Planning for Hearing Impairment Short documentary film developed on maternal mortality
Oct	Modelling Techniques in Cancer Research
Nov-Dec	Development of Manual for Non Communicable Diseases and Standard Treatment Guidelines and policy framework for Human Resource in Health, Karnataka

2014

Jan	Statistical Methods in Cancer Research
Feb	International Conference on Evidence for Disability Research Methods in Global Disability & Health
Mar	Analyse your data with R Data Analysis using STATA
Apr	Diabetic Retinopathy Summit
May	Foundation Course in Health Research Methods
Jul	National Task Force meeting on Diabetic Retinopathy
Aug-Sep	Field Epidemiologists Training Programme

RESEARCH ACTIVITIES

Rigorous research at our centres and institutes spans multiple disciplines (e.g., demography, anthropology, epidemiology, genetics, health economics, psychology, and nutrition) and includes a range of study designs, ranging from prevalence and cross-sectional surveys to genetic, epigenetic, environmental and risk factor epidemiology, cohort and multi-generational cohorts, outcomes evaluation and cost-effectiveness, qualitative methods, programme evaluation, clinical trials, translation research and systematic reviews.

KEY THEMATIC AREAS

PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASE

Today, half of India's deaths are due to diabetes, stroke, heart disease, chronic obstructive pulmonary disease (COPD), cancers, mental health disorders and injuries. There is an alarming acceleration in the prevalence of these chronic, non-communicable diseases (NCDs). Notably, NCDs not only disproportionately impact people at younger ages in India compared to developed countries causing premature loss of life, but also increasingly afflict the poorer sections of society.

A comprehensive strategy for the prevention and control of NCDs must integrate public health actions to minimize risk factor exposure at the level of the population and reduce risk at the level of individuals at high risk. Such a combination of the population approach and the high risk approach is synergistically complementary, cost effective, and sustainable and provides the strategic basis for early, medium and long term impact on NCDs in India.

Our efforts have been aimed at building evidence for understanding the NCD burden, etiology and interventions, education and training of health workers and health professionals, capacity building from the district to state and national levels, health communication and advocacy to promote health-seeking behaviours, and influencing policy through rigorous analysis of evidence and engagement with stakeholders and political leadership.

Select Highlights (image plus project descriptions)

Management of Hypertension and Prevention of Cardiovascular Diseases in India: the Role of Decision Support Systems

The study aimed at testing the effectiveness, cost effectiveness and cost utility of a decision-support system (DSS), in hypertensive patients attending Primary Health Centres (PHC) in a district of Andhra Pradesh, India compared to Usual Care (UC) at the end of 12 months of follow up. Findings have been published in peer reviewed high impact factor journals and also to the public and the community - 16 primary healthcare settings spread throughout the Mahabubnagar district (including remote and difficult to access tribal areas), Telangana State, India.

Randomly chosen 8 PHCs, homogenous in age and gender distribution, from a district in AP, India were cluster randomized to receive a DSS or UC. The cluster adjusted sample size is 784 subjects per intervention arm to detect a 4mm Hg difference in Systolic Blood Pressure (SBP) with a power of 90% and an alpha of 0.05. Evaluation, risk stratification, guideline based pharmacological treatment and take home advice (on lifestyle interventions and treatment adherence) would form the elements of DSS. Data on cardiovascular risk profiling and quality of life was collected at 0, 6 and 12 months after randomization. The primary end point would be

comparison of SBP at 0 and 12 months with comparison of quality of life scores and cost effectiveness (0 versus 12m) as secondary end points.

This research was completed as part of doctoral studies of Dr Raghupathy Anchala from the University of Cambridge, UK completed in Oct 2013. It was supported by the PHFI-UKC Wellcome Trust Capacity Building Programme and partly by the PHFI-Cambridge Scholarship.

Development and evaluation of a community-based intervention targeting frail dependent older people and their carers

The objective of the study was to develop a multi-component (complex) intervention package for use by non-specialist health workers targeting frail dependent older people and their carers, and carry out initial evaluation, as preparatory work for a definitive randomized controlled trial.

In Phase I a systematic review of literature and qualitative study involving community health professionals was conducted. This helped to identify persons to be involved in the administration of the intervention, to explore attitudes and expectations regarding elder care, current practices and perceived issues and problems. It was found that simple, cheap and effective interventions are available for common impairment among frail dependent older people and in some cases non-specialist healthcare workers can deliver these interventions effectively at community level. Limited evidence from LAMICs was sought to be overcome with the support from WHO (World Health Organisation) to establish an external advisory group.

Phase II evaluated the feasibility of each of the components of the intervention, with respect to the time needed for training and its effectiveness, the time taken to administer by Community Health Workers, and its fidelity, and the acceptability to older people and carers. It also assessed the efficacy of individual components of the intervention with simple before and after assessment of appropriate outcomes in order to establish the most active components, and test delivery and implementation factors.

This research was completed as part of doctoral studies of Dr AT Jotheeswaran from the Institute of Psychiatry, King's College London, UK completed in March 2013. It was supported by the PHFI-UKC Wellcome Trust Capacity Building Programme.

DISABILITY

In India, about 1.8 % - 2.1% of the population suffer from disabilities, which include visual, hearing, speech, locomotor and mental disabilities. Three-quarters of those with disabilities reside in rural areas, nearly half are literate but only a third are gainfully employed. Disabled people are more likely to be malnourished, impoverished, live in insanitary conditions and have lower social status as well as lesser access to the healthcare system. All these factors increase their risk of disease and adverse health outcomes.

Highlights

The National Survey of Blindness, Visual Impairment, Ocular Morbidity and Disabilities in Sri Lanka

The main objective of this survey is to find out the prevalence of blindness and disability in Sri Lanka. This is the first ever national study on blindness and disability in Sri Lanka. IIPHH provided technical support to the survey team. The back-end data base management and data analysis is also being coordinated by IIPHH.



Hearing impairment

Behavioural problems in impaired children and associated caregiver strain in India – A descriptive study

The goal of the study is to find the determining factors that contribute to the difference of psychosocial difficulties in hearing impaired children, compared to another group of hearing impaired children that do not develop these psychosocial difficulties. As per our understanding, this study is the part of a limited pool of first hand evidence from low and middle-income countries. Findings of this study have direct implications for current public health screening programmes and practice. This initiative was conducted through a joint exchange and collaboration programme of PHFI and the Maastricht University, Faculty of Health, Medicine and Life Sciences, CAPHRI School for Public Health and Primary Care, The Netherlands.

Ageing

Determinants and markers of aging in India

A review of the epidemiological literature and a nested case-control study on aging and its risk factors is underway. The expected outcomes shall shed greater light on determinants of aging, prevalence of risk factors for LO and its association with early life events and physical markers of aging. Specific questions pertain to whether birth weight and early childhood nutrition and growth are associated with early onset of lens opacities (LO) or other signs of biological aging and to understand the relationship between early onset lens opacities and other physical markers of premature aging.

The study will trace 2,218 individuals examined in 1999-2002, who will each be given a unique ID number. A lens opacity (LO) of 5-6% of will generate 75 to 90 participants with LO 80% of the cohort who are expected to participate. A total sample of 320 (3 controls per case and with 85% power to detect an odds ratio of 3 between the groups with two-sided 95% confidence level) will be chosen for a nested case-control study. Details on socio-demography and LO will be collected. Individuals with LO will be cases. Those who do not have LO on M-M grading identified by random sampling, and matched for age and gender will be recruited as controls. The two groups will be interviewed for information on vision, lens opacities, details on risk and confounding factors for LO. Digital retinal images will be taken and corneal endothelial cells counted for ocular aging markers. Hand grip strength, rising speed and walking speed will be measured for physical markers. Written consent will be obtained from participants. Quality of data will be maintained by training and monitoring of the field team.

This research is being conducted as part of a Research Fellowship under the PHFI-UKC Wellcome Trust Capacity Building Programme.

WOMAN AND CHILD HEALTH

India accounts for a quarter of all global maternal deaths during childbirth. Each year at least 212 mothers die for every 1 lakh live births. With over 240 million children under the age of five, India contributes 25 percent of the world's child deaths. These can be prevented.

Simple clinical procedures, blood tests, consultation with doctors, clean delivery rooms and the presence of a trained midwife can bring about a far-reaching reduction in pregnancy-related deaths - continue to be denied to many women across the world. Additional vulnerability to sexual and reproductive health issues, nutritional deficiencies affect the status of women, bearing implications for new born, infants, adolescents; spanning the entire life course.

IIPH-H is aiming to understand how proven health interventions for reducing newborn deaths and improving maternal and child health may be applied to the local context. It is therefore working towards bridging the dearth of information on scalable community-based approaches that may ensure a rapid and sustainable impact.



Gap analysis for implementation of reproductive, maternal, new born, child health plus adolescent health (RMNCH+A) Interventions in five high priority districts of Andhra Pradesh

The RMNCH+A strategy aims at accelerating the decline in maternal and child mortality and improving the health of pregnant mother and children overall by establishing the 'continuum of care', across various 'life stages', i.e. adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age and at levels of service delivery: in homes and communities, through outpatient services and hospitals with 'inpatient' facilities. The strategy also lays emphasis on reaching the unreached with a targeted approach over the next three years and beyond. The targeted approach is to select the 'high priority districts' (HPD) based on a composite health index derived from key maternal, child, adolescent and reproductive health indicators. The foremost and a critical step in the process of rolling out this strategy is the gap analysis in the HPDs to determine the baseline for formulating the plan of action and for setting targets for monitoring and evaluation of the progress. This assignment was completed in the districts of Kadapa, Kurnool, Vizianagaram and Visakhapatnam.

Referral systems for emergency obstetric care

A project to design and develop strategies for improving the referral systems for emergency obstetric care in India is underway. Assessing their contribution to reducing maternal mortality in India is a step that shall lead to efficacious interventions for impact. This effort is being funded by the Wellcome Trust Programme, UK.

AFFORDABLE TECHNOLOGIES

High connectivity products and devices, powered by technological innovation are capable of transforming access and affordability issues for the poor. This may be of relatively low-cost through basic diagnostics, linking with the health systems, as decision support and also for tracking and self-management of disease and disability. Many solutions hold the potential for mass scale-up to Government hospitals and among related allied health staff. The innovative use of technology is a key answer in the coming years, where resources are scarce.

Trusted Mobile Platform for self-management of chronic illness in rural areas (TRUMP)



This initiative is exploring the potential of mobile phone technologies and the development of a platform to support chronic disease management considering the needs of rural areas of India and the United Kingdom. A mapping of the health care context in rural areas is being conducted, focused on diabetes and depression and person-centred design of chronic care management is underway. Data collection on diabetes and depression is underway in Guntur district of Andhra Pradesh.

Improving Functional Outcomes for Children with Impairments through community health workers in India using mHealth (INFORM)

The potential impact of this idea is to transform the lives of children with Neuro-developmental Disabilities in low and middle income countries and simultaneously address the unmet need for families for evidence based home delivered interventions. The process of developing and evaluating mHealth Technology is underway. It is envisioned as a platform to enhance the quality of interventions, by disseminating animations and videos to demonstrate techniques to parents at relatively low cost and with assured quality. Additionally, video-taping may be used for discussion with a trained supervisor in appropriate settings. Pilot testing of this technology will provide valuable ideas on feasibility and next steps.

Smartphone-enabled, Carer-supported Educational intervention for management of Post-Stroke Disability in India

This formative research study aims to systematically develop an educational intervention to bridge the gaps in service access for rehabilitation of individuals with stroke-related disability in India. The feasibility and acceptability of delivering the intervention using Smartphones and with

caregiver support is being evaluated. The research study is being conducted in Chennai, India. If successful, it will help realize the potential of using Smartphone-enabled, carer-supported educational interventions, providing valuable information for clinicians and policy makers.

SOCIAL DETERMINANTS OF HEALTH

Approximately 52% of the Indian population are engaged in agriculture. Recent changes in the agrarian sector have been reflected in socio- cultural domains of farmer's lives. These include increase in small and marginal landholdings, shift from the subsistence to cash crops, individualization of agrarian practices, and insurmountable debts. Many small and marginal farmers caught in these struggles have experienced severe distress. In some states of India, farmer suicide has reached epidemic proportion.

There is a paucity of interdisciplinary research to understand and address farmer suicides from an integrated medical anthropological and public health perspective. Field work deploying principles of clinical ethnography including extended periods of stay in affected communities, participant observation, focus group discussions, and semi-structured interviews. The study sample includes identified affected and non-affected subjects, and relevant stakeholders including policy planners, bureaucrats, clinicians, and politicians. The aim of the study is to generate a holistic understanding of the phenomenon of suicides and to produce a culturally sensitive theory and a practical model that can be field tested in future interventions.

This research is underway as part of doctoral studies of Nand Kishore Kannuri from the University College of London, UK. It is supported by the PHFI-UKC Wellcome Trust Capacity Building Programme.

ROAD SAFETY

India has the second largest road network in the world with over 3 million km of roads of which 60% are paved. But while new roads are being built, faster automobiles are being invented; road safety is emerging as a major social concern in the country. Each year, road traffic injuries take away 1.2 million lives globally and injure many more. The death toll is on the higher side for the countries where pedestrians, motorcyclists and passengers are vulnerable and vehicles lack safety norms, like India. India accounts for about 10 percent of road accident fatalities worldwide.

Global Road Safety Program



In 2010 the UN Road Safety Collaboration, Consortium Partners to the new Bloomberg Philanthropies funded Road Safety in 10 Countries Project (RS10 Project) extended to governments to address key risks: drinking and driving, speeding and failing to use motorcycle helmets, seat-belts and child restraints.

Data collection: Three rounds of observational studies of drunk driving and helmet use (One round every three to four months) were conducted along with three rounds of roadside surveys of knowledge, attitudes, and practices (KAP) related to drunken driving, helmet use and awareness of social marketing campaigns among motorists. Two rounds of in-depth interviews and focus group discussions with personnel from general public, police, hospital, and related ministries as part of the baseline assessment were also conducted. Hospital-based surveillance in at least one (up to four) hospital to gather road traffic injury data on monthly basis are also to be established. A household survey of residents on injury events, risks, attitudes, and behaviours in the RS-10 intervention districts and collection of routine data on road traffic crashes, fatalities, and injuries from traffic police on a monthly basis as well as available data regarding road safety from non-governmental organizations was to be collected.



Participants: Participants in the roadside interview component of the study included drivers and passengers along selected roadways; participants in focus groups and in-depth interviews were police, health professionals, and community leaders, and members of the general public. Participants in the hospital based injury surveillance part of the study included victims of road traffic crashes presenting at emergency departments of hospitals.

Dissemination: Data was cleaned and submitted electronically, within 2 weeks after each round of data collection, to the John Hopkins School of Public Health, USA, following which joint scholarly reports for national (Indian) and international documents are being prepared.

Public Health impacts of children's travel to school in Hyderabad, India

Primary data has been collected on approximately 6,000 children in 45 schools in Hyderabad in order to develop the causal pathways of impacts of choice of mode of travel to school, relationship between distance to school and mode of travel to school, distribution and determinants of mode of travel to school and to construct a model to estimate the impacts of a policy that restricts school choice, on the distribution of mode of travel to school, and health outcomes. Preliminary findings have been noted and scientific papers are under preparation, to be sent to peer-reviewed journals.

This research is underway as part of doctoral studies of Dr Shailaja Tetali from the London School of Hygiene and Tropical Medicine, UK. It is supported by the PHFI-UKC Wellcome Trust Capacity Building Programme.

INDIAN INSTITUTE OF PUBLIC HEALTH — BENGALURU CAMPUS

With the aim of strengthening capacity in the state of Karnataka and achieving improved health outcomes the Bengaluru campus of IIPHH was started by PHFI. This effort is in partnership with the Government of Karnataka, through a Memorandum of Understanding and at a building of the State Institute of Health and Family Welfare, provided by the Government of Karnataka. Research activities commenced in full swing from April 2012 and academic programmes started from November 2012. The Bengaluru campus has in its initial two years, undertaken two short term trainings courses, has seven research projects underway and faculty have been awarded two fellowships. The campus has a total of 10 faculty members and administrative staff and is under the able guidance of our Director, Dr G.V.S. Murthy.

The first batch of the one year Post Graduate Diploma in Public Health Management comprised 30 candidates, deputed by the Department of Health and Family Welfare. The second batch started in August 2013 and this includes 36 candidates. This budding campus has acquired an affiliation from Rajiv Gandhi University of Health Sciences for diploma programmes and seeks to achieve recognition for a Masters in Public Health course in the near future. A Post Graduate Diploma in Hospital Management is on the anvil, for which planning is underway.

Technical support is a strong element at the IIPH- Bengaluru Campus, as it is at the forefront of developing action points for the National Urban Health Mission for the city of Bengaluru and in conducting a review of nutrition programmes in Karnataka to highlight key barriers, enablers and options. The faculty is active in reviewing existing national and state specific programmes, from their conceptualization, design, development and implementation.

RESEARCH EFFORTS

PREVENTION AND CONTROL OF NON COMMUNICABLE DISEASE

A manual for health professionals was developed in 2013-14 on Non Communicable Diseases and Standard Treatment Guidelines for the Karnataka State Health Systems Development and Reforms Project and Karnataka State Health Systems Resources Centre, Bangalore. This document was developed with support from the World Bank and is available at www.healthykarnataka.org.



FOLLOW UP OF MOTHERS WITH DIABETES AND THEIR CHILDREN

A pilot study is being conducted to establish feasibility of a large cohort study specifically to test the logistics of the study methodology and feasibility of cord-blood serum C-peptide level, glucose testing in infants and testing HbA1C levels in non-diabetic south Indian women for the larger cohort study. This shall aid in obtaining effect estimates (albeit underpowered) to determine

sample size and power calculations required for robust effect estimates in the main study. It shall also shed light on recruitment issues, mobility of pregnant women and determinants of following them up successfully, and viability of following pregnant women from diverse backgrounds. This effort is being funded by the Wellcome Trust till 2015.

SOCIAL DETERMINANTS OF HEALTH

A study exploring the role of gender in explaining reproductive health-related behaviour among Hindu and Muslim women in India has been commissioned as a Wellcome Trust Fellowship for two years. The specific research questions pertain to why Muslim girls in India are less likely to obtain modern education as compared to Hindu girls, whether girls' education induces agency among Muslim and Hindu women in the process of marriage negotiation. As a next step, the nature of sex-preferences (child) that can be distinguished across the different sections of Muslim and Hindu population of India, what causes these differences, and what implication do they have for family size and whether religious norms explain differentials in the nutritional status of Hindu and Muslim women in India, or connection with infant and child mortality outcomes are also being investigated.

INTRODUCTION OF THE HPV VACCINE

Cervical cancer is second most common cancers among women. Human Papilloma virus (HPV) is one of the most common sexually transmitted infection and nearly 80% of cervical cancers associated with HPV infection. Around 75-80 % of the sexually active individuals are affected with HPV in their lifetime. In India, the cervical cancer is nearly one-fourth of global burden. There are several risk factors known to contribute high incidence of cervical cancer. But the most important factor has been HPV infection. However, there is an effective HPV vaccine is available in the market against HPV type 6, 11, 16 and 18 to prevent cervical cancer. The current HPV vaccine provides protection against 75% of the HPV infection associated cervical cancers.

Though there is a huge burden of cervical cancer associated with HPV infection in India, the government has suspended the demonstration of vaccine in response to pressure from several influential groups. The HPV vaccine introduction is highly contested on several issues such as ethical aspect of the HPV vaccine study to vaccine safety, efficacy, adverse events monitoring, cost effectiveness of the vaccine, profit motives of pharma companies and conflict of interest between government officials involved and pharma companies. Finally, the debates on range of concerns are not addressed and appropriate answers are not provided to relevant actors. As a result, introduction of HPV vaccine is proving to be a challenge in India. Therefore, it is necessary to understand not just the technical debates but also a social and political analysis of HPV vaccine introduction in India by answering questions on, what influences different policy actors to make decisions on policy of HPV vaccine introduction in Indian context? The study is guided by health policy triangle framework. This research will explore the socio-political nature of HPV vaccine policy problem in Indian context. The study adopts qualitative method, it involves interview of health system actors, key informants interviews and interest groups. The study will be undertaken in four cities of the India. To organize the textual data from interview transcripts, the "framework" approach of qualitative analysis for applied policy research will be used.

This research is underway as part of doctoral studies of Dr T N Sathyanarayana from the University College of London, UK. It is supported by the PHFI-UKC Wellcome Trust Capacity Building Programme.

HEALTH SYSTEMS SUPPORT

A policy framework on Human Resources for Health was developed for Karnataka State Health Systems Resources Centre (KSHSRC), Bangalore in 2013-14. A document has been conceptualised and developed, distilling the vision and way forward for Universal Health Coverage in Karnataka for the Government of Karnataka. An intensive, creative effort was also completed in September 2013, with the completion of a Documentary Film on Maternal Mortality, with potential uses for training, advocacy and sensitisation. This film was also submitted to KSHSRC, Govt. of Karnataka.

A Field Epidemiologists Training Programme was also conducted for 21 participants to build their competencies in understanding and managing data, operating surveillance for decision-making, improving response to limited, localized outbreaks, exchanges within the health system and monitoring surveillance activities. This short training programme is supported by the Indian Integrated Disease Surveillance Programme (IDSP), Government of India.



Other than teaching at IIPHH Bengaluru Campus for the Post Graduate Diploma in Public Health Management course, the following faculty are technically supporting Government projects:

Dr T N Sathyanarayana

Expert Committee member, Traditional Medicine for Urban Health Council

Advisory Committee Member, AYUSH Grama

Dr Giridhara R Babu

External Examiner, Manipal University

Dr Suresh S Shapeti, Dr Giridhara R Babu and Dr T N Sathyanarayana

Technical Advisors, Karnataka State Health System Resource Centre

Advisory Committee Members of Nutrition project, Ashoka Innovators for the Public

Committee Members, Karnataka Public Health Act





**SOUTH ASIA CENTRE FOR DISABILITY
INCLUSIVE DEVELOPMENT & RESEARCH**

The World Health Organization (WHO) estimates that, globally 650 million people live with some disability (physical, mental, visual, hearing, learning, speech and intellectual) and 80% of this burden is in low/middle income countries. The Census 2011 in India estimated that 26 million people suffer from disability (2.2%). It is now understood that disability is a public health problem, but public health or health systems approaches to tackle this range of problems needs a closer look at evidence of successful service delivery initiatives in the South Asian context.

A centre of excellence was established in 2010, under the aegis of the Public Health Foundation of India (PHFI), in collaboration and with support from the London School of Hygiene and Tropical Medicine (LSHTM), and its component institution, the International Centre for Eye Health (ICEH), London, UK. The mission for the Centre is 'Inclusive Millennium: Evidence for Empowering Persons with Disabilities'.

The Objectives of SACDIR are:

- Develop the evidence base for understanding the magnitude of disabilities within the South Asia context;
- Train and reorient health care personnel to concerns of persons with disabilities;
- Organize modules on application of the International Classification of Functioning (ICF) recommended by WHO;
- Run short course training modules on disabling conditions & inclusive development;
- Develop a Masters Course in Disability Management & Research
- Conduct high quality need-based epidemiological, operations, sociological and outcomes-based research to improve the quality of life of persons with disabilities;
- Evaluation of existing programs for persons with disabilities in India and other South Asian countries;
- Develop innovative modalities for identifying persons with disabilities and providing appropriate care;
- Advocate at appropriate congregations and forum for disability inclusive development;
- Assist and influence policy development initiatives to foster disability inclusive development in the country and the region.

Four broad areas of functioning

1. Developing research capacity in the region and provide evidence for action

Provide leadership to efforts for augmenting the evidence base for effective planning and implementation of programmes for disability in the South Asia region. Research networks will be developed with research partners in the region. A number of internationally and nationally funded research projects are currently being undertaken with support from ICMR, CBM and Sightsavers. The International Centre for Eye Health, London School for Hygiene and Tropical Medicine is collaborating closely with SACDIR.

2. Augmenting skills of existing and new professionals through need-based training modules:

The first ever Short Course on Public Health Planning for Hearing Impairment in South Asia was conducted in October 2010 and is being offered annually. It is also proposed to offer a Masters level programme in Disability Management and Research.

Short courses on Research Methodology in Disability, Programme Planning for implementing public health programmes for visual impairment are being offered from 2011. Research skills of partner organisations are also being augmented through hands-on skill development workshops.

3. Assist in programme development and evaluation in the South Asia Region, with a major focus on India:

In collaboration with other stakeholders, including, CBM, Lions Clubs International Foundation, National Programme for Control of Blindness, Society for Elimination of Rural Poverty (SERP), Sangath, Sightsavers and respective State Governments, evaluation of existing programmes is being undertaken. The Centre will expand the network of institutions for collaboration over the next couple of years.

4. Help governments, NGOs and other stake holders in policy formulation and advocacy:

SACDIR is generating evidence for policy formulation and advocacy with supporting organisations. It works closely with the Government of Andhra Pradesh and other State Governments to support activities for empowering people with disabilities in the region.

Highlights

The International Conference on Evidence in Global Disability and Health was organised on 22-23rd February, 2014 at the C. R. Rao Advanced Institute of Mathematics, Statistics and Computer Sciences, University of Hyderabad. The symposium was co-hosted by SACDIR at IIPH-H with the International Centre for Evidence in Disability. A diverse selection of invited talks and oral presentations from disability activists, researchers, and programme implementers were part of the programme. The Symposium helped to forge new relationships and strengthen links among 125 delegates, from all around the world, including alumni of LSHTM from India and beyond. It was the second Symposium in this series. There were also more than 50 posters of research displayed, and each afternoon the delegates joined in workshops to explore particular topics in more detail. These talks stimulated lively discussion and debate, both in the conference hall as well as during lunch.



CURRENT RESEARCH

AVOIDABLE BLINDNESS

Diabetic Retinopathy is the leading cause of blindness among working adults and Retinopathy of Prematurity is a leading cause of infant blindness. The need for timely and effective screening, management and referral is critical. These causes of blindness can be prevented and are in need of deeper investigation.

The Queen Elizabeth Diamond Jubilee Trust in partnership with the Public Health Foundation of India and the London School of Hygiene and Tropical Medicine supported IIPH-H in conducting a multi-site situational analysis to assess the general health systems capacity to tackle cases and to search for elements that may help to mould successful models for service delivery, modalities and management protocols for care and public awareness. In all 856 public and private sector institutions for diabetes and eye care from the ten largest cities in India were visited for data collection. Information was also gathered on the available skills, workload, equipment and infrastructure for diabetes management and the modalities for provision/referral for eye examinations.



The methodology for data collection was finalised through a stakeholder consultation in August 2013. In order to encourage greater sharing and a wider understanding of the issues, IIPH-H conducted an Expert Group meeting in February 2014 and hosted a Diabetic Retinopathy Summit, in Hyderabad in April 2014. The Summit examined a landmark India-centric strategy for the prevention, detection and treatment of Diabetic Retinopathy (DR), a leading cause of avoidable blindness amongst diabetics in India. The summit was well attended by 78 participants representing various organizations. In July 2014, an extended National Diabetic Retinopathy Task Force meeting was convened by Deputy Commissioner, NCD, Ministry of Health and Family Welfare, Government of India in July 2014 at Dr RP Centre, AIIMS, New Delhi.

Diabetic Retinopathy Summit

*Developing a national strategy for the prevention, detection and treatment
of a major cause of avoidable blindness*

12-14 April 2014, Hyderabad



We are in the process of submission of research articles in Indian Journal of Endocrinology and Metabolism (IJEM), an open access journal, to publish a special issue with findings of DR situational analysis study. We are also planning to publish DR eye care related articles in Indian Journal of Ophthalmology (IJO) for wider circulation.

The Queen's Trust is also supporting a program on reducing avoidable blindness due to ROP in India. PHFI organized the 1st ROP Task Force Meeting at Dr. R.P. Centre for Ophthalmic Sciences, AIIMS in February 2014. Stake holder meetings were also convened during the year for finalizing the program components. Subsequently PHFI was invited to submit a proposal for managing the ROP Program in India. The proposal has now been accepted by the Trust and the programme implementation will start in October 2014.

INCIDENCE OF BLINDNESS

A collaborative study to determine the cumulative incidence of blindness and visual impairment is being conducted in Andhra Pradesh. This involves follow up on an original APED Study cohort. The study is being funded by LV Prasad Eye Institute and Sightsavers International and in collaboration with the International Centre for Eye Health, LSHTM, UK and LV Prasad Eye Institute, Hyderabad. The study will be completed by 2015.

Multi-centric collaborative study on impact of Global warming, environmental changes and ultra-violet radiation (UVR) exposure on Ocular Health in India

The purpose of the research is to collate a case study each of the Northeast region, coastal region in South India (Prakasam district, Andhra Pradesh) in comparison to Delhi/NCR (National Capital Region) for the impact of increased UVR on prevalence of cataract, dry eye, pterygium in people >40 yrs old and allergic disorders in children between 5-15 yrs of age. For this purpose,

the relevant data on ozone and UVR has been collected through satellite measurements at Guwahati and Prakasam district, Andhra Pradesh and the medical data was collected through Risk Assessment Surveys by teams from Dr. R. P. Centre, AIIMS (North India), Regional Institute of Ophthalmology Guwahati (North East) and coastal South India (SACDIR, Hyderabad).

The study is being undertaken using a mix of retrospective and prospective study designs. Cuddalore (TN) and Prakasam (AP) have had a series of blindness surveys undertaken over the past two decades. Data is also available from Chennai and other locations within 300 kms of Chennai. It is generally agreed that atmospheric pollution remains similar upto 300 kms. Therefore the retrospective analysis would correlate the findings on prevalence of blindness and visual impairment with the atmospheric indices. In addition, it is proposed to undertake a prospective study of a longitudinal nature to estimate the incidence of ocular conditions which are likely to be affected by climate change. Currently, data entry and data cleaning is in progress. This study is funded by ICMR and was initiated in November 2010.

MANAGING CHRONIC DISEASE-RELATED DISABILITY

Family led Rehabilitation after Stroke in India: The ATTEND Trial

Stroke is the sixth leading cause of global disease burden. It has been estimated that the annual new cases of stroke in India is 135 to 145 per 100,000 population, with early case fatality rates ranging from 27% to 41%. This equates to 1.5 million people having a stroke each year, and a further 500,000 people, each year, living with stroke disability. The most important treatment for stroke is well coordinated and organized acute care.

Although inpatient care and rehabilitation may meet important clinical, physical, and psychosocial needs during the early crisis phase, the needs of patients and family in the longer term are not easily addressed in hospital. The development of an effective low-cost community rehabilitation service for an emerging major chronic disease such as stroke, in India, has the potential to make an important public health impact.

In this light, IIPH-H is conducting a multicentre, randomised, blinded outcome assessor, controlled trial to determine whether a family-led caregiver-delivered home-based rehabilitation intervention versus usual care is an effective, affordable Early Supported Discharge strategy for those with disabling stroke in India. Outcomes will be assessed by a trained staff by home visits at 3 and 6 months, whilst being kept blind to treatments allocation of the patient. Clinic or telephone follow-up will be offered if home visit appointments are not possible.

Ten project sites viz., CMC Ludhiana, AIIMS Delhi, PGIMER Chandigarh, Apollo Kolkata, Lalitha Super Speciality Guntur, AP, GNRC Guwahati, Baptist Christian Hospital Tejpur, NIMS Hyderabad, CMC Vellore, Sri Chitra Tirunal Institute of Medical Sciences Trivandrum and Global Hospital Chennai have been selected and monitoring visits have commenced. Three more sites viz., JIPMER Pondicherry, Amrita Institute of Medical Sciences Cochin and Global Hospital Bangalore are planned to be included in this trial. This initiative is being conducted in partnership with SACDIR.

IMPROVING THE EVIDENCE BASE ON DISABILITY

People with disabilities, in most parts of the world, experience discrimination, and are widely excluded from the social, economic and political life of the community. While implementers

understanding the need to include people with disabilities in development activities, there is limited reliable and comparable data about people with disabilities in low and middle income countries as well as how to include people with disabilities and their priorities in programme design, implementation, and outcomes.

Rapid Assessment of Disability (RAD)

In collaboration with the Nossal Institute for Global Health, University of Melbourne, a Training of Trainers on the Rapid Assessment of Disability Tool was conducted in March 2013. The objective of the project is to determine the prevalence of disability among adults in in Uttarakhand and Andhra Pradesh through the community health global network (CHGN). This is part of the effort to achieve inclusive development with CBM and the tool is being administered in 50 clusters of Prakasam district of Andhra Pradesh through house to house surveys.

Population based survey and nested case control study

This study in Mahabubnagar district of Telangana is being conducted to develop and test a population based survey methodology to estimate the prevalence of disability in children and adults in Low and Middle Income Countries (LMICs).

The International Classification of Functioning, Disability and Health (ICF) framework is being used and efforts are underway

to compare the extent to which people, with and without disabilities, access key mainstream services and opportunities in health, education and livelihoods.



Data collection for qualitative component of the study has been completed and transcription and analysis are underway. This study is supported by the International Centre for Evidence in Disability (ICED), London School of Hygiene and Tropical Medicine, London, UK.

Gender as a determinant of uptake of services in persons with disabilities

This project aims to understand and generate evidence for disabilities and understand if gender is an important factor in the uptake of care and support services for persons with disabilities. Findings shall inform better planning and service delivery and bears relevance to care issues for self and family with relevance to health matters like antenatal care, immunization, care for chronic conditions like TB and acute care. The study is being conducted in two blocks/mandals of Medak in Andhra Pradesh and Bidar in Karnataka, where health, nutrition and development parameters are poor.

In the first stage, key informants (KIs) were recruited from the study area and trained to identify people with disability using a specially designed and pretested flip book with pictorial depictions

of the different impairments. Next, 20 KIs were trained per selected block to cover a population of 2000-3000 persons over a period of 4-6 weeks, going house to house. At the end of 6 weeks, trained field investigators reconfirmed the findings of the KI and simultaneously identified age-matched neighbourhood controls, without any disability. All identified individuals were administered a questionnaire to elicit responses regarding reproductive health care issues, in addition to recording basic demographic data. Disability status was also ascertained from the disability certificates and disability pension records available with the people with disability. All field investigators and KIs were people with disabilities.

In the second stage, a team of a medically trained physician and a therapist visited all listed individuals (people with disability and controls) at home to confirm the diagnosis, conduct a medical examination and for re-ascertaining information collected by field investigators.

Expanding employment opportunities for persons with disability

There is a lack of evidence on the barriers faced by persons with disability in accessing employment opportunities in India. Therefore the study was undertaken to ascertain the barriers to employment and employability for persons with disability in the IT and IT Enabled Services sector in Hyderabad, Andhra Pradesh India. The study was funded by CBM South Asia Regional Office (SARO). The main aim of the study was to work towards orienting Indian employers on disability inclusiveness with regard to employment of persons with disabilities. It was also an attempt to make Indian society disability inclusive by assessing both the enabling factors to employment and the barriers to employability of persons with disabilities in India.

The specific objectives of the study were to ascertain employers' barriers existing among selected work sectors to employ persons with disabilities and to identify physical access, information and communication access - employee barriers at work places for employment of persons with disabilities. The effort also enabled a documentation of enabling factors among selected industry sectors that have facilitated employment of persons with disabilities. Perspectives of the employers as well as persons with disabilities with respect to the provisions of the Indian Persons with Disability Act (1995) were also assessed.

BIRTH DEFECTS

A three year project to understand the public health consequences of folic acid deficiency in mothers and benefits of peri-conceptual folic acid supplementation on pregnancy outcomes with special reference to Neural tube disorders and Oro-facial clefts in India is underway. The methodology includes examining questions related to folic acid deficiency and its related consequences using a hierarchical evidence based approach from descriptive, analytical and experimental study designs. This project is funded by the UK Wellcome Trust Consortium to strengthen research capacity across PHFI institutions in an area related to maternal and child health and childhood disability.

The research is designed in three phases: a systematic review, prevalence study in Mahbubnagar District (completed), and currently third phase of the study is being set up wherein a hospital based case control and prevalence study is in progress in New Delhi.

This study has immense public health significance as the efficacy of the interventions will provide policy recommendations for supplementation with folic acid for mothers in the reproductive age group. If the effect is strong, it can also lead to recommendations on food fortification with folic

acid in the country. The study will also enable a cost-effective modality in using Key Informants for collecting evidence on birth defects at population level and bridge the evidence gap in this area in India. This will directly contribute to reduction in perinatal, neonatal and infant mortality due to folic acid deficiency.

BUILDING RESEARCH CAPACITY

Regional and Area office functionaries from Sightsavers were equipped with skills and knowledge of research design, methodology and techniques as relevant to their core areas of work– eye care, social inclusion and education. This involved an orientation of Sightsavers staff to strengthen skills in designing research, conducting and monitoring the research through writing a research proposal at a one week workshop at IIPH-Hyderabad so as to provide substantive inputs to partner organizations. Following this the two teams developed their project concept notes. One faculty was supporting each team and provided constant technical inputs. After the completion of data collection in the study areas, the teams returned to IIPHH for a second round of training on data analysis and report writing. Guidance and support to participants at all stages of research, based on the topics identified was provided, along with mentorship and coaching to disseminate and publish research findings. This process continued over 1.5 years.

HOW WE MEASURE OUR GROWTH?



“(The) faculty motivated us to start thinking scientifically about a problem... They taught us how to go about managing a problem or a programme starting from having a clear vision till the level of implementing the specific activities at the field level. The skills learnt during PGDPHM course have been very useful in my transition from medical officer to state programme officer, especially for activities such as procurement of goods, training of personnel, financial management, programme planning and implementation.”

Dr Sudha BK, Research Officer for Reproductive and Child Health Programme for the Department of Health and Family Welfare, Government of Karnataka, Alumna of PGDPHM 2012-13, IIPH-H, Bengaluru Campus

“The skills I acquired during PGDPHM course contributed to preparation of a 168 page District Health Action Plan. I have started to use epidemiology for planning evidence based interventions and analyze and evaluate using appropriate indicators.”

KH Prasad, District Project Management Officer, (KHSDRP &NRHM), Mysore



“This course moulded me as an ever-learning student. I am now an empowered and active employee, with an awareness of different national programmes and ground level realities in the public health system. I am also able to find SMART indicators and interpret data obtained for my role. I feel that my communication skills and leadership qualities have improved as I have greater comfort in the field and via e-mails and telephone with district personnel. “

Ammaji Chintada, State Monitoring & Evaluation Consultant, NVBDCP



This training programme (PGDBDM) helped me to sharpen my knowledge and provide hands on experience in the field of bio statistics, research methodologies & Public Health. Data Management, SAS Software, SPSS, R, Epidemiology, Demography and Biostatistics are topics and skills I find most useful for my current job.

Ms. Garima Sharma, Research Scientist –I (Biostatistician), Indian Council of Medical Research, New Delhi, Alumna of PGDBDM 2008-09, IIPH-H



“I learned many skills during my course work. Most importantly, I have gained knowledge about the various advanced statistical methodologies which are often used in the medical research. It also helped me to understand the public health system in India. In fact, I had a real pleasure to learn from highly educated and experienced faculties.”

Mr. Amol Pande, Junior Biostatistician and PhD candidate, Department of Biostatistics, University of Miami, Alumnus of PGDBDM 2008-09, IIPH-H



“PGDPHM program has definitely helped us in upgrading our skills and knowledge. These skills are very essential in the public health field. It helps us in effectively in planning, monitoring and implementation of public health activities and services.”

Sri. Uma Maheswara Gandhi, Alumnus of PGDPHM 2011-12, IIPH-H



This is a useful diploma for doctors... I have learned how to manage; utilize services from workers at lower levels, gain health-related information from society, utilize and manage funds allocated for the implementation of programmes, prepare budgets for programmes and workshops, plan and implement. As a health officer I have to manage all aspects pertaining to sanitation and public health and I learned all techniques from this course pertaining to public health and its management in the community from the grassroots level.

Dr. P. Ratnavali, Health Officer, Alumnus of PGDPHM 2011-2012, IIPH-H

“My son... Sabeel was eight months old when I realized that he was deaf and this left my family, and especially me, totally shattered. With a meagre income and hardly any facilities in the village for a child with disability, I felt totally helpless. Before the IIPH-H study, I had never participated in research. I was motivated to make him join a special school and he is now able to communicate in sentences. Through this I got the opportunity to interact with lot of parents and know their feelings about their children who are suffering with impairments and to develop communication skills and confidence. I am a mother. I went through all this pain. Now, I am a school librarian.” – Zareena Begum

“...since we know we have the training and assessment tool in our hand, we can use them to assess older persons. Even if nothing could be done at our level, we could at least refer them to appropriate service.”

“The doctor sir now uses a computer... I don't why, but he explains a lot about the disease condition. Before, he used to see us off in one or two minutes, but now things have changed. We have someone ... who has the knowledgeknows all the answers....to talk to.”

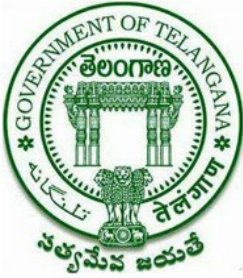
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VP- South, PHFI

Director – IIPH, Hyderabad and IIPH, Bengaluru Campus

Director – South Asia Centre for Disability Inclusive Development and Research (SACDIR)

Dr Murthy is a well-experienced public health and community eye health scientist. He established the first Department of Community Ophthalmology in India in 1992 at the All India Institute of Medical Sciences, New Delhi that is now a WHO Collaborating Centre for Prevention of Blindness. He is a Senior Lecturer at the International Centre for Eye Health at London School of Hygiene & Tropical Medicine, United Kingdom.

Dr Murthy has spearheaded many vision and community eye health research initiatives in India and around the world over the last 18 years and brings with him tremendous research, academic, policy and programmatic experience. He has been honored with more than 10 prestigious awards and fellowships in his career, and has published 20 books and more than a 100 papers in peer reviewed journals. He worked with the World Health Organization in setting up the Control of Childhood Blindness Global Programme supported by Lions Club International Foundation and UNAIDS, South Asia. He has received competitive research grants from the WHO, Department for International Development (DFID), US-India Fund, Wellcome Trust, Indian Council of Medical Research, Christian Blind Mission, Sightsavers and ORBIS International.

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Professor M. Jayaram

Academic Registrar & Senior Administrative Officer

Dr. M. Jayaram served the Government of Andhra Pradesh since January 1992 in various positions bearing a significant impact on health and community development. He has served in multiple capacities: Joint Director of Leprosy and Non-communicable diseases, Government of Andhra Pradesh, Chief Medical Officer of Health Greater Hyderabad Municipal Corporation, Medical Officer of Health (Health Officer), Municipal Corporation of Hyderabad, Secunderabad, District Leprosy Officer & Nodal Officer for HIV/AIDS in Rangareddy District, Assistant Professor of Community Medicine, Osmania Medical College, Assistant Medical Officer of Health (Health Officer) of the Vijayawada Municipal Corporation, and as Medical Officer, Government Leprosy Control Programme. His areas of interest include leprosy control, urban health, industrial health, tobacco control, non-communicable diseases and public health administration. Prior to Government service, he worked in Singareni Collieries for 10 years.

Dr. M. Jayaram completed his M.B.B.S from Guntur Medical college, Guntur and M.D, in community Medicine from Guntur Medical College, University of Health Sciences, Vijayawada and did his P.G. Diploma in Hospital Administration from the Institute of Social Sciences & Research, Vellore, Tamil Nadu.

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Dr Raghupathy Anchala

Associate Professor

MBBS (Armed Forces Medical College, Pune); DTCD - Tuberculosis and Chest Diseases, (BJ Medical College, Pune); MPH (University of Pittsburgh, USA) and PhD (Cambridge, UK)

Dr Anchala is a Chest Physician and a Public Health and Primary Care Specialist. A PHFI future faculty fellow, he was awarded Outstanding Student Award, Masters Level in 2008 by the GSPH, University of Pittsburgh; and was a recipient of Wellcome Trust-PHFI PhD Research Fellowship and Cambridge Commonwealth Trust scholarship.

Dr Anchala has developed course content and has been teaching on basic and advanced epidemiology, research methods, operational research, drug development, nutritional epidemiology (DL), GCP and clinical trial modules for courses at IIPHH since 2009. He has focused his efforts on developing, testing and implementation of Clinical Decision Support Systems for management of NCDs; epidemiology of hypertension, asthma and COPD; systematic reviews and meta-analysis; standardization of lung function testing in primary and secondary care settings; health technology assessment; and role of health information technology in prevention and management of NCDs. The translation of clinical practice guidelines in primary healthcare settings has been an area of intervention.

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Dr Rajan Shukla

Associate Professor

MPH, University of Minnesota; DPH, MBBS, Goa Medical College

Dr Shukla has had more than 17 years of experience in health care sector, initially as an emergency care physician, than in programme coordination, implementation and now as an academic who believes in practice; working in health system projects, evaluation and research. He works in the area of health care quality, health care financing and health insurance with special focus on promoting primary care and health equity. He believes in need for a responsive health systems through addition of community based approaches for health system accountability and also integrating Indian system of medicine with the bio-medical model to deliver comprehensive and holistic health care.

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Dr Anitha Thippaiah

Associate Professor

MPH, University of South Florida, USA; MD Community Medicine, St. John's Medical College, Bangalore; Post Graduate Degree in Hospital and Health Care Management from Indira Gandhi National Open University, New Delhi

Dr Thippaiah has a decade of experience working in various capacities with health departments of three states in South India, and has contributed to setting up of clinics for vulnerable groups.

She has trained health care professionals in management of Reproductive and Child Health, Sexually Transmitted Infections and HIV programs, and led the clinical team during the first Integrated Biological and Behavioral Survey in Karnataka. Her current profile involves teaching, research, capacity building and technical assistance.

Her areas of work include maternal and child health, programme planning, implementation and evaluation, health assessment, food safety and quality, biological and behavioral surveillance, and gender and women's health beyond reproduction.

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Dr Sitamma Mikkilineni

Additional Professor

Ph.D., MA Psychology, Andhra University

Dr Sitamma has over 20 years of experience as a teacher, trainer and consultant. She is also involved in participatory action research projects and advocacy in the areas of gender, education and mental health with different non-governmental agencies. She has designed and taught graduate, postgraduate and executive level courses, and has experience in training, consultation, counseling and research for a range of organizations in leadership, organizational development, cognitive & behavioral skills, women's health, and decentralization & decision making processes in health systems. Prior to PHFI, she was Head of the Department for Undergraduate and Postgraduate programs at the Institute of Chartered Financial Analysts of India University and also adjunct faculty at several management schools.

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Nanda Kishore Kannuri

Associate Professor

PhD Candidate, University College London; MPhil University of Hyderabad

Nanda Kishore Kannuri is Medical Anthropologist by training. Prior to joining IIPH he has worked for national and international development organizations for more than a decade. He is honorary member of faculty in school of medical sciences at the University of Hyderabad. His work experience includes Community-based participatory action research; Intervention and program management in HIV&AIDS, Operations research, Tuberculosis, Adivasi Health, and Disaster management. His teaching and research interests include socio-cultural determinants of Health, Mental Health, Qualitative methods, Health Policy and Systems Research, Ethnography of health and health care, Ecology and Public Health and Technology for inclusive health care.

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Dr. Neena John

Associate Professor

PhD, All India Institute of Medical Sciences, New Delhi;
Epidemiology, London School of Hygiene and Tropical Medicine (LSHTM)

Dr John has worked in the Department of Community Ophthalmology at the All India Institute of Medical Sciences, New Delhi for a decade, involved in eye health related research projects including epidemiological studies of eye problems, situational analyses of human resources and infrastructure, work capacity studies on of eye care personnel, blindness surveillance programs, and various capacity building training programs. She worked with the International Centre for Eye Health as a Research Fellow before joining IIPH-Hyderabad as an Epidemiology module organizer for the Biostatistics and Data Management Diploma Course. Her research interests are in disabilities and vision research, human resource planning for health care, and evidence based research tools.

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Dr Srikrishna S. R.

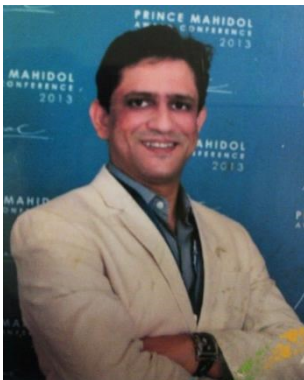
Associate Professor

MBBS, Sri Devraj Urs Medical College; MD, Community Medicine, St. John's Medical College and MPH in International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA.

Dr Srikrishna has thirteen years of experience in clinical and preventive work related to Public Health. Prior to working with PHFI, he worked with agencies like UNICEF, BMGF, Family Health International and Canadian International Development Agency. He served as a medical volunteer during the Tsunami at Nagapattinam and earthquake at Bhuj. As a researcher, he has several publications in national and international peer reviewed journals of repute.

His areas of work include epidemiology of communicable diseases and non-communicable diseases, reproductive and child health, disability inclusive development, disaster management and preparedness and health systems.

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Vivek Singh

Assistant Professor

PhD candidate, Maastricht University, Netherlands; MPH in Epidemiology, Emory University, Atlanta; MBBS, GMC Nagpur

Dr. Vivek Singh has 15 years of diverse global public health experience; working as an in-charge of a primary health center in a remote village; providing leadership and technical support to the healthcare system as a Surveillance Officer for WHO's Polio Surveillance Project in various states of India and as a consultant with Centre for Disease Control (CDC), Atlanta & WHO in Africa. His areas of interest are public health surveillance, health systems strengthening, global health security and global health diplomacy. He is a member of the Board of Directors of the International Society for Disease Surveillance (ISDS) and a member of the Steering Committee for the Asia Alliance on Global Health (AAGH).

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Dr Seema Murthy

Assistant Professor

MPH, University of Michigan; MBBS, Bangalore University

Dr Murthy has worked on a World Bank funded study, looking at “Incentives and Rural Employment Choices of Doctors and Nurses in India”. She is also looking at documenting the reservation policies for post-graduation studies for doctors serving the government in Andhra Pradesh. She has had experience working as a Senior Research Fellow on ‘Sentinel Surveillance Study for Cardiovascular Risk Factors’, a longitudinal study conducted by the Centre for Chronic Disease Control in an industrial population. She also worked on a Wellcome Trust funded ‘Indian Migrants Study’, to study the effects of rural to urban migration on diabetes and obesity. She is a recognized trainer in Basic Life Support and has been associated with Nightingales Life Saving Services. Dr Murthy is interested in applications of geographic information systems for public health mapping, and in human resources in public health.

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Dr Suresh Munuswamy

Assistant Professor

PhD, Tokyo Medical and Dental University; MPH, Oxford Brookes University; MBBS, Stanley Medical College

Dr Suresh Munuswamy started off his career as a Doctor setting up and running a charity clinic for three years treating approximately 150 patients a day. He became interested in Public Health to strengthen disease prevention and address socio demographic issues. After MPH at Oxford, UK he returned to work at his charity clinic, and soon afterwards became part of a team that successfully set up India's first School of Public Health in a private university (SRMU).

To focus more in to Public Health, he completed his PhD in Japan on informatics and technologies based public health care service. Back in India, he started learning and teaching Health Informatics at IIPH-H which has presently expanded in to India's first integrated MSc and PhD Health Informatics program. He is now also in the process of starting up Health Informatics - Rapid Prototype and Design Lab with support from the Department of Science and Technology, Government of India to work on Graphic Design, Product Design, Computer Vision and Visual Analytics for Health Care.

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Dr Josyula K Lakshmi

Assistant Professor

PhD, Health Promotion and Disease Prevention, and Gerontology & MS Health Promotion, Purdue University, USA; BHMS, University of Health Sciences, Andhra Pradesh

J. K. Lakshmi teaches Health Promotion, Health Communication, Environmental Health, Behavioural and Social Sciences in Health, Non-communicable Disease risks, and Research Ethics. She is engaged in research on road safety; health behaviours; and the public health workforce, particularly traditional, alternative and complementary health care providers in India. Her research and teaching interests are traditional, complementary and alternative medicine and workforce; physical activity; ageing; cultural influences on health behaviour; environmental health; and health communication.

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Dr AT Jotheeswaran

Assistant Professor

PhD in Epidemiology, M.Sc in Psychiatric Epidemiology, Institute of Psychiatry, King's College London, UK

Dr AT Jotheeswaran is a trained psychiatric epidemiologist. He is part of an International Dementia Research Network with centres in China, Africa, and Latin America. The Department of Ageing and Life Course, WHO have nominated him for World Economic Forum's "Young Global Leader" Award 2014. He has also been selected as an expert member for WHO Frailty and Sarcopenia Knowledge group established in 2014. He has 19 publications in peer-reviewed journals and co-author of two book chapters on Suicide and Dementia.

He is the recipient of the Wellcome Trust Master's level Training Fellowship (2005), PHFI-Wellcome Trust Doctoral Fellowship (2009), and recently, the PHFI Career Development Fellowship to build his research career in ageing and mental health. He has conducted a large population based cohort study to validate dementia diagnosis and understand etiology of dementia in India. He is working towards developing evidence-based packages of care for underlying health conditions (dementia, stroke, heart disease, Parkinson's disease, arthritis) in frail older people at primary health care settings in India.

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Dr Samiksha Singh

Assistant Professor

PhD Candidate, London School of Hygiene and Tropical Medicine, UK; MD, Community Medicine from University College of Medical Sciences (UCMS), Delhi; MBBS, Lady Hardinge Medical College, Delhi

Dr Singh has rich experience in public health, teaching and research, primarily in epidemiology, biostatistics and maternal and child health, urban poor and urban health with inclination towards health systems. In 2010, her research work was awarded as best abstract: Taylor and Francis Abstract at Penn-International Conference on Women Health Issues. She has been consultant for USAID, UNICEF, NACO and CRPF for projects in maternal and child health, and HIV/AIDS. She has also worked for Epi-Plus International, Canada on HIV surveillance amongst high-risk groups in Bulgaria and in initial phase of similar project in Sudan. Lately, she has worked on Maternal Death Reviews and development and operationalisation of MDR guidelines for Andhra Pradesh.

Realising the health systems in-capacity for appropriate referral of obstetric emergencies, she is focused on studying referral and transportation systems for obstetric emergencies in India. She has 9 publications in journals and books, 7 of which are in peer reviewed journals.

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Dr. Shailaja Tetali

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PhD Candidate, London School of Hygiene and Tropical Medicine; Masters (Injury Prevention), Karolinska Institute, Sweden; MPH, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum; MBBS, Sri Ramachandra Medical College and Research Institute, Chennai

Shailaja has been an Asst Prof at IIPH for the past 5 and half years. Her areas of interest include injury prevention and public health impacts of transportation choices. She has worked on issues in blood transfusion services, especially equitable access to safe blood, Patient Safety and Operations Research in Health. As local PI of the Global Road Safety Program in 10 countries (formerly RS 10 project) she leads a team of 16 people that are monitoring and evaluating key road safety indicators in Telangana and Andhra Pradesh. This project is in collaboration with Johns Hopkins School of Public Health, the WHO and the Global Road Safety Partnership.

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Dr Rashmi Pant

Assistant Professor

Ph.D, Statistics, Lucknow University; Certified Six Sigma Green Belt in Quality Control, Indian Statistical Institute, New Delhi

Dr Pant has over four years of teaching and research experience in the area of applied statistics. She has played a key role in designing and analysis for predictive modelling for soil mineral content in geophysical data studies, pre and post advertisement campaign studies and market research analytics for FMCG/alternative medicine companies, taxonomical separation studies for fisheries, food quality research. The results of technical research have been published in scholarly publications of international repute.

Dr Pant is working towards assessment of HIV transmission dynamics and the collective impact of all HIV prevention programming in Andhra Pradesh and Karnataka. She actively travels and participates in workshops and training sessions on health research issues to enhance the analytical capacity of key Indian institutions to continue similar work in the future.

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Souvik Bandyopadhyay

Senior Lecturer

PhD Candidate, Statistics, Calcutta University and MSc, Statistics, Burdwan University

Mr Bandyopadhyay was Assistant Professor in Statistics at Memari College, Burdwan (recruited by College service Commission), and a Guest Lecturer at The University of Burdwan.

His interest lies in analysing multivariate epidemiological data, statistical modelling, analysis of social survey, statistical computing and visualisation in R, teaching biostatistics and reproducible research. He was a recipient of the CSIR NET Fellowship and had been a junior research fellow at the department of Statistics, University of Calcutta. He has publications in peer reviewed journals in various disciplines including biostatistics, applied statistics, medicine, epidemiology, ophthalmology, botany and management.

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Mr. Hira Ballabh Pant

Tutor

MA Economics, Garhwal University (Uttarakhand); Post Graduate Diploma in Biostatistics and Data Management, IIPH Hyderabad

Mr. Hira Ballabh Pant is working as a tutor at Indian Institute Public Health, Hyderabad. Prior to IIPHH, he has worked as statistical assistant and field supervisor in Dr.RP Centre and department of Community Medicine, AIIMS. He is currently teaching data management and analysis in MS Excel, Access, STATA, Epi-info7, for PG diploma in Bio-statistics and data management and PG diploma in Public Health Management, Basics of Bio- statistics and Essentials of Computers for M.Sc. Health Informatics. He is involved in various research projects and extends support for data management and analysis. His research interests include data usage for effective and inclusive health care program design, and vision impairment.

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Mahesh Dorairaj

Tutor

B.E. (Computer Science), University Visvesvaraya College of Engineering (UVCE), Bangalore

He has 21 years of experience in the IT industry and served as project manager, DBA and independent consultant. He has worked on different domains like Manufacturing, Finance, HealthCare and Retail. His area of expertise is Database Management and has worked extensively on various Oracle platforms. He has been in Public health for the past 5 years and has supported research projects in Data management and Biostatistics at Madras Diabetic Centre, Share India, CCDC and PHFI.

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Suresh Kumar Kamalakannan

PhD Fellow

PhD candidate, London School of Hygiene and Tropical Medicine; MPH, SRM University; MSc, Physiotherapy; BA, Occupational therapy, The Tamil Nadu Dr. MGR Medical University

Suresh Kumar has a versatile professional experience as an academician, researcher and a clinician in the field of rehabilitation medicine and Public Health. His Public health competencies include health systems strengthening, Policy analysis and development. His clinical expertise is Neuro psychiatric rehabilitation.

He is an active systematic reviewer for Cochrane collaboration contributing in the field of evidence based rehabilitation and public health. He has won consecutive international awards for his innovative strategies to address health needs of people with disabilities. He had worked in diverse emergency contexts in coastal borders of South India and Nepal respectively. He had been a part of the early supported discharge program, organizing community services for stroke survivors around north London, working within the private financing initiatives of NHS in the U.K. He had been mentoring and supervising graduate medical and allied health students from India and various parts of the world in C.M.C Vellore.

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Dr Komal Preet Allagh

Research Associate

MPH, Loma Linda University, California; MBBS, Kasturba Medical College, Manipal

Dr Allagh is working at the South Asian Centre of Disability Research and Development (SACDIR). Her skills include designing research studies, developing and testing research tools, data quality monitoring, qualitative data analysis, scientific paper and report writing. During her four years tenure, some of the work she was involved in includes understanding barriers to employment and employability in persons with disabilities, maternal death review in Andhra Pradesh, district level gap analysis of RMNCH+A and functioning of eye health within the public health system at five states of India. She is currently involved in rapid assessment of disability in Andhra Pradesh and Uttarakhand and the public health consequences of folic acid deficiency in India. She is a recipient of the MCH Scholarship, Department of Health Promotion, Loma Linda University.

Her areas of interest are maternal and child health, disability related research.

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Jayanthi Sagar

Research Associate

MPhil Sociology, Madurai Kamaraj University; Master of Social Work, St. Francis's College For Women, Hyderabad; Bachelor of Social Work, Roda Mistry College of Social Work, Hyderabad

Ms Sagar has hands-on experience of collaborating with grassroots NGOs, Government and international agencies, with a keen interest in disability and diabetes related health management services. At present, she is engaged in a project on improving the evidence base for disability study in India.

She is an effective communicator with strong relationship management skills. She has worked at various levels, successfully managing field level and mid-level management with a focus on delivering quality operational research and community health activities, within targeted time frames. Ms Sagar has superior abilities in planning, budgeting, and forecasting of various projects.

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Shivani Mathur Gaiha

Research Associate – Health Communication

MSc Development Studies, School of Oriental and African Studies, University of London; BA Journalism, Lady Shri Ram College for Women, University of Delhi

Shivani has experience of technical and programme/ project design and implementation of health literacy and behaviour change communication initiatives tailored to diverse settings. She has spearheaded a number of mixed methods, community-based health literacy campaigns to effectively build grassroots engagement and facilitate action for improved health outcomes. Campaigns conducted used mass media and participatory mid-level media for Entertainment-Education on thematic areas of mental health and stigma, non-communicable disease, sexual health, healthy lifestyles, under-nutrition, maternal and child health and reaching young people.

Her past experiences with renowned media organisations like NDTV24x7, the Times of India Editorial Page and The India Today Group to international agencies such as UNICEF, UNHCR/WFP in London and NGOs have guided her in the direction of research for health communication programme implementation.

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INDIAN INSTITUTE OF PUBLIC HEALTH- BENGALURU CAMPUS



Dr Suresh S Shapeti

Senior Administrative Officer and Deputy Registrar

MBBS, MS (ENT)

Dr Shapeti has served in the Health and Family Welfare Department in various positions, heading seven state level positions. He joined the state health services in Karnataka in 1979 and retired as Joint Director Planning from the Directorate in October 2012 after 33 years of service. He is a medical doctor with post-graduation in ENT., who started his profession under an apprenticeship with Padmashree Dr R.B. Patil at Hubli. He also has experience of private practice. He has four publications.

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Dr Giridhara R Babu

Associate Professor

PhD, University of California Los Angeles (UCLA); MBBS, MBA, MPH,

Dr Babu worked with World Health Organization for more than half a decade, during which he led the efforts in stopping polio transmission in the state of Karnataka and initiated advocacy for Measles surveillance in India. He is the recipient of the Wellcome Trust strategic award for setting up a birth cohort in Bengaluru for studying the effect of hyperglycaemia in pregnancy on the adiposity in infants. In a steadfast public health career over 15 years, he has demonstrated by commitment and skills in addressing the determinants of chronic diseases and aging. Further details may be accessed at www.giridhar.org.

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Dr T N Sathyanarayana

Assistant Professor

MBBS, MPH, MBA, DHM, PhD Scholar

Dr Sathyanarayana has 14 years of experience in public health and served six years in World Health Organization as surveillance Medical Officer for polio eradication program. Prior to this he served as district leprosy medical officer for two years. As surveillance medical officer, he made special innovative efforts to strengthen routine immunization in Karnataka state and actively participated to begin measles surveillance program in Karnataka. Currently he is teaching the health policy-planning module at IIPHH-Bengaluru campus. His research interests are in national-global level vaccine policy decision processes, its political, socio-cultural nature of interpretation of evidence sources; Application of political, institutional and social analysis for vaccine policies; Health policy transfer between national and international jurisdictions, especially in relation to local, regional and global Vaccines/Universal Health Coverage policy initiatives and ultimate objective is to promote health care policies to create sustainable, integrated, patient focused health care system.

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Dr Biswamitra Sahu

Assistant Professor

PhD, Demography, University of Groningen, the Netherlands; MPhil, Population Studies, International Institute of Population Sciences, Mumbai; MA in Sociology, University of Hyderabad

Dr Sahu's research is primarily located in the domain of social determinants of health, specifically, intersectionality of health outcomes. In her doctoral research, she explored the reproductive behaviour of Muslims and Hindus in India and Bangladesh. Also, she has developed a short course in qualitative research methods. She has published a book and a couple of research articles in internationally acclaimed demography and human geography journals. Currently, she holds a PHFI-Wellcome Trust research fellowship (2013-2015). In the past, she has been recipient of The Netherlands Organization for Scientific Research grant (NWO-Wotro: 2006-2009), HERA fellowship (Ministry of Foreign Affairs, the Netherlands: 2004-2005) and Government of India fellowship (MOHFW: 2002-2003).

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Dr Basanagouda K Patil

Assistant Professor

MSc (Epidemiology) London School of Hygiene and Tropical Medicine, University of London; MBBS, MD, Community Medicine, India

Dr Patil has served as medical officer, research assistant, medical training specialist and assistant professor at a medical college and institute of national repute: National Institute of Mental Health and Neuro Sciences (NIMHANS). His past experience is in the fields of psychiatric & neurological rehabilitation, tobacco cessation, teaching and training Epidemiology and data analysis. He teaches Epidemiology, Biostatistics, and clinical trials. His research interests include tobacco control, clinical trials, CSR, and healthcare Information Technology.

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Dr Sudha Ramani

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MSc Health Services Research, Boston University School of Public Health;

Dr Ramani is faculty at the Indian Institute of Public Health, Hyderabad. She teaches qualitative research methods, health systems thinking and healthcare quality. Over the past six years, she has been working on research projects concerned with human resources in the health sector; interaction of vertical programs with the health system; diffusion of innovations; development of frameworks and case studies on cross-cutting public health issues; and other health-system related operations research. She has a masters' degree in health systems research. She was awarded the Future Faculty Fellowship by the Public Health Foundation of India for higher studies. She won the Professor Sukatme Scholarship for academic performance in Pune University and the Katherine Skinner memorial award for excellence in research at Boston University.

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Rajaram Ramprasad	Research Assistant (Folic Acid)
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Raghunath Reddy	Field Investigator - Folic Acid Project
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Naveen C	Field Worker - ICMR Project
Laxmi Narayana	Field Worker - ICMR Project
Tirumala Rao	Data Entry Operator - ICMR Project
V Satwika	Project Coordinator – RAD
B Anjaneyulu	
GGM Varaprasad	
Kishore S	
Ramesh M	

Administrative Team

K Jagan Mohan	Sr. Engineer
Vijaya Lakshmi	Executive Assistant to Director
B Madhavi Sunil	Administrative Officer
K Pramila Sanath	Administrative Officer
B. Lakshmi Chaitanya	HR Officer
P. Chaitanya Kumar	ICT Officer
T V Siva Nageswara Rao	Legal cum Admin Officer
K. Someswara Rao	Finance Officer
Annapurna Devi	Accounts Executive
D. Krishna Gayathri	Programme Officer
M. Kalyani	Asst. Librarian
M Srinivas Prasad	Admin Assistant
P. Balaiah	Driver
K. Srinivas	Driver
E. Suresh	Office Attendant
Nagesh	Office Attendant
Venkateswar Rao	Office Attendant
Ganesh	Office Attendant

AWARDS

GVS Murthy

Dr. Rustam D Ranji Rotary Award And Lecture 2013 –Sept 2013

Dr GVS Murthy, Director, Indian Institute of Public Health (IIPH), Hyderabad, was the recipient of the Dr Rustam D Ranji Rotary Award for distinguished service in the field of public health care, awarded by the Rotary Club of Hyderabad Dist 3150, in association with LVPEI on 18 September 2013. The annual award is in honour of Dr Rustam D Ranji, a distinguished ophthalmologist and philanthropist who had a 43 years long practice in Secunderabad.

Dr GVS Murthy was involved in many national and international epidemiologic research projects for generating evidence base for policy formulation and program implementation for blindness control activities. He delivered the annual Rustom D Ranji memorial lecture on “Health at the crossroads: Do we now need a health security bill?” Dr Murthy touched upon various aspects of public healthcare in India today and drew parallels between various nations in the world and our neighbouring countries including Pakistan, Sri Lanka and Bangladesh.

Anitha Thippaiah

Indo US Scientific and Technology Forum-PHFI Research Fellowship by Department of Science and Technology, Government of India, 2013-2014

Dr Anita Thippaiah has been working in the area of Public Health Nutrition and Food Safety Challenges. She received a fellowship to conduct research in collaboration with Colorado School of Public Health, Anschutz Medical College, University of Colorado in January 2014. This award was aimed at developing a ‘One health approach towards food safety for prevention of foodborne disease.’

AT Jotheeswaran

Research Career Development Fellowship by PHFI-UKC Wellcome Trust Capacity Building Programme

PUBLICATIONS (2013-2014)

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6. Giridhara R Babu, Sathyanarayana TN, Anant Bhan, J K Lakshmi, Megha Kishore, An appraisal of the tuberculosis programme in India using an ethics framework *Indian J Med Ethics*. 2014 Jan-Mar;11(1):11-5. PubMed PMID: 24509102.
7. Gudlavalleti VS, Allagh KP, Gudlavalleti AS. Self-adjustable glasses in the developing world. *Clin Ophthalmol*. 2014 Feb 17; 8:405-413. eCollection 2014.
8. Jotheeswaran AT, Martin Prince, Martin Webber. Social support network typologies and health outcomes of older people in low and middle income countries – A 10/66 Dementia Research Group population-based study. *International Review of Psychiatry*, 2014; Early Online: 1–10
9. Anne Van Driessche, Jotheeswaran AT, GVS Murthy, Eva Pilot, Jayanthi Sagar, Hira Pant, Vivek Singh, Babu DPK. Psychological well-being of parents and family caregivers of children with hearing impairment in south India: Influence of behavioural problems in children and social support. *International Review of Psychiatry*, 2014; Early Online: 1–8
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11. Mahdi AM, Rabiou M, Gilbert C, Sivasubramaniam S, Murthy GV, Ezelum C, Entekume G; Nigeria National Blindness and Visual Impairment Study Group. Prevalence and risk factors for lens opacities in Nigeria: results of the national blindness and low vision survey, *Invest Ophthalmol Vis Sci*. 2014 Apr 21;55(4):2642-51. doi: 10.1167/iops.12-10303. PMID:24526441[PubMed - in process]
12. Anitha Thippaiah, Komal Preet Allagh, Murthy GVS 'Challenges in Developing Competency Based Training Curriculum for Food Safety Regulators in India' *Indian Journal of Community Medicine*. April - June, 2014. (Accepted For Publication).
13. Thippaiah A, Azhar GS. Hysterectomy and other "hard" software (sensitive) questions. *Indian J Med Ethics*. 2014 Apr 1;11(2):128-9.

14. Komal Preet Allagh, Anitha Thippaiah, Herring. P, BR Shamanna, Murthy GVS "Use of innovative teaching methods in obstetric care among final year nursing students in Hyderabad, India" is accepted for publication in the future issue of the Indian Journal of Continuing Nursing Education. (Accepted For Publication).
15. Anchala R, Kannuri NK, Pant H, Khan H, Franco OH, Di Angelantonio E, Prabhakaran D. Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension *J Hypertens*. 2014 Jun;32(6):1170-7. doi: 10.1097/HJH.000000000000146.
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1. Vivek Singh & Rajeev Gera, Integrated versus Vertical Surveillance Systems. "Public Health Surveillance in the 21st Century" for Elsevier Publishing
2. Amit Dias, Motghare, Diasy Acosta, Jacob Roy, Jotheeswaran AT, and Ralph N.Martins. Chapter 12 : Trials of interventions for people with dementia. Book title: Global Mental Health Trials.Eds. Graham Thornicroft and Vikram Patel. Oxford University Press, 2014.
3. Thomas Krafft, Bidyut Sarkar, Eva Pilot & Vivek Singh. Research and innovations in 21st century surveillance. "Public Health Surveillance in the 21st Century" for Elsevier Publishing.
4. Pant, R., and Anchala, R. 2013. The what, the why and how of sample size estimation in clinical trials. IOSR Journal of Pharmacy and Biological Sciences, 2 (5): ISSN 2278-3008.
5. Krishna D Rao and Sudha Ramani. Human Resources for Health in India: Current Challenges and the Available Policy Options. Chapter for the India Infrastructure Report. 2013. IDFC, New Delhi.
6. Giridhara R. Babu, Raveesha R. Mugali and Vivek V. Singh, Vaccines and Immunisation: An Integral Aspect of Universal Health Coverage, Chapter for the India Infrastructure Report 2013-14, IDFC Foundation

Reports

1. Giridhara R Babu, Raveesha R Mugali, Vivek V Singh, India Infrastructure Report-2013: The Road to Universal Health Coverage: Issues & Challenges
2. Giridhar R Babu, Prasad.K.H, Anantha Kumar S R, Mohammed Farooque Khatib, Sri Krishna, Sudha Rani S V, Operational Guidelines for the NCD prevention and control in Karnataka. December 2013 Funded by: Government of Karnataka Department of Health and Family welfare
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7. John N. Murthy GVS, Sagar J, Allagh KP, Kamlakkanan S. Sex differences in the uptake of health care services in persons with disabilities: Identifying barriers to health care access. Report. Hyderabad, India: South Asia Centre for Disability Inclusive Development and Research (IIPH-H) and CBM -2014
8. Shamanna BR, Murthy GVS, Srikrishna, SR, Allagh, KP, Nagarathna, S, Kumar, S. Barriers to employment and employability for persons with disabilities in Hyderabad, Andhra Pradesh, India: a study report Hyderabad, India: South Asia Centre for Disability Inclusive Development & Research (IIPH-H) and CBM-2014
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10. Kundu S, Kumar J, Ravindran M, Mitra S, Murthy GVS, Allagh KP, Srikrishna SR, Barriers to uptake of outreach eye care services among the tribal population of Jhabua district, Madhya Pradesh, May 2014 (Sightsavers and SACDIR)
11. National Diabetic Retinopathy Summit Report, Hyderabad, April 12-14th 2014
12. Shukla R, Singh V, Allagh KP, RMNCH+A Gap Analysis Report for Districts of Adilabad, Kurnool, Vishakapatnam, Vizianagaram, Cuddapa, March 2014

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1. Anitha Thippaiah. Challenges and proposed solutions to conduct Maternal Death Review (MDR) in Andhra Pradesh at 3rd PHFI Research Symposium at Delhi on 7th Jan 2013
2. Sudha Ramani. Vertical programs and health systems strengthening in India: Lessons from three programs. Colloquium on Health Systems and Control of Neglected Diseases in Asia. November 2013. Bangalore.
3. Jayaram S. Madala and Srikrishna Sulgodu Ramachandra. Strengthening Civil Registration System in AP, India: Lessons from a 4 year study ISDS 2013 Conference Abstracts.
4. Jotheeswaran AT., How to write result and discussion for scientific paper, delivered at Medici Fogarty International research training workshop, organized between 27th to 31st Jan 2014

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COLLOQUIA



మధుమేహంతో దృష్టి సమస్యలు తీవ్రం!

- వారిలో అంధత్వ నివారణకు భారతీయ ప్రజాశాస్త్ర సంస్థ ప్రత్యేక కార్యచరన
- జాతీయ కీమత్తోకాకే చూపు కోల్పోయే ప్రమాదముంది హెచ్చరిక



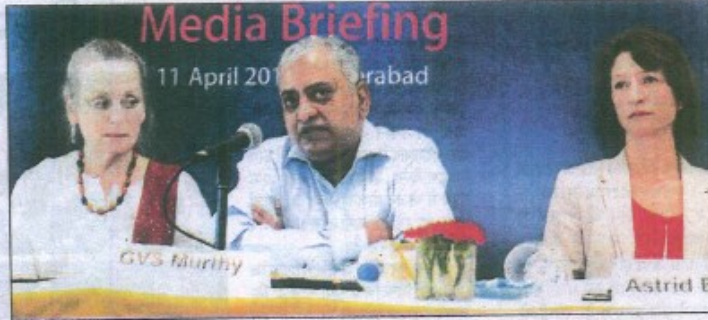
లోకాదు, ప్రాచీనాల్లో ప్రతి వయసుకు మధుమేహం లోకంలో ఒకటి వ్యాధి సమస్యగా గుర్తించబడింది. దీనిని ముందుగా గుర్తించి దీక్షిస్తే దీనివల్ల అందరికీ వారికి వచ్చే ప్రమాదమును నివారించుకోవడం కష్టం కాదు. ప్రాచీనాల్లో ప్రతి వయసుకు మధుమేహం లోకంలో ఒకటి వ్యాధి సమస్యగా గుర్తించబడింది. దీనిని ముందుగా గుర్తించి దీక్షిస్తే దీనివల్ల అందరికీ వారికి వచ్చే ప్రమాదమును నివారించుకోవడం కష్టం కాదు.

మధుమేహం వ్యాధిని నివారించడానికి ప్రాచీనాల్లో ప్రతి వయసుకు మధుమేహం లోకంలో ఒకటి వ్యాధి సమస్యగా గుర్తించబడింది. దీనిని ముందుగా గుర్తించి దీక్షిస్తే దీనివల్ల అందరికీ వారికి వచ్చే ప్రమాదమును నివారించుకోవడం కష్టం కాదు.

మధుమేహం వ్యాధిని నివారించడానికి ప్రాచీనాల్లో ప్రతి వయసుకు మధుమేహం లోకంలో ఒకటి వ్యాధి సమస్యగా గుర్తించబడింది. దీనిని ముందుగా గుర్తించి దీక్షిస్తే దీనివల్ల అందరికీ వారికి వచ్చే ప్రమాదమును నివారించుకోవడం కష్టం కాదు.

मधुमेह और दृष्टिहीनता को रोकने अंतर्राष्ट्रीय साझेदारी पर बल

हैदराबाद, 11 अप्रैल-(मिलान्य ब्यूरो) मधुमेह एवं दृष्टिहीनता से जुड़े विषयों पर राष्ट्रीय स्तर पर हुए एक सर्वेक्षण में हैदराबाद की स्थिति काफी विताजानक बतायी है। मधुमेह एवं मानसिक तनाव के मामले में हैदराबाद दक्षिण भारत में ही नहीं, बल्कि देश भर की सूची में सबसे ऊपर है। पब्लिक हेल्थ फंडेशन ऑफ इंडिया एवं दि क्वीन एलिजाबेथ युबिली ट्रस्ट ने लंदन स्कूल ऑफ हाइजिन एण्ड



ट्रायिकल मेडिसिन के साथ मिलकर दृष्टिहीनता की समस्या से निपटने का प्रयास करने के लिए साझेदारी पर बल

श्रीवा इलायका एवं परीयकार के उद्देश्य से निर्धनों एवं असहायों के हितार्थ

FOOD @ ₹ 1 DAILY

₹1 में भोजन वितरण प्रतिदिन

आज शनिवार, 12 अप्रैल, 2014 के सप्ताहोत्सव

श्री दर्शनकुमारजी लुंकड़ के जन्मदिन पर

सरप्राइज कार एक्सेलरेशन - पुना, महाराष्ट्र

संचालक : पादरु जैन युवा संगठन (रजि.) - हैदराबाद

ట్రాఫిక్ పై అవగాహన ఉమ్మడి బాధ్యత

అదనపు కమిషనర్ అమితాగార్

పంజాగుట్ట, మే 29 (టీవీడియా) : ట్రాఫిక్ నిబంధనలపై అవగాహన కల్పించడంలో ప్రజలు, ప్రభుత్వం ఉమ్మడిగా బాధ్యత వహించాలని నగర ట్రాఫిక్ అదనపు కమిషనర్ అమితాగార్ అన్నారు. గోల్కొండ హోటల్ లో 'ఇండియన్ ఇన్ స్టిట్యూట్ ఆఫ్ పబ్లిక్ హెల్త్ ఫౌండేషన్' ఆధ్వర్యంలో బుధవారం నిర్వహించిన ట్రాఫిక్ అవగాహన సదస్సును ఆయన ప్రారంభించారు. ఈ సందర్భంగా ఆయన మాట్లాడుతూ నగరంలో రోడ్డు ప్రమాదాల బారిన పడి మృతి చెందే వారి సంఖ్యను తగ్గించేందుకు ఇలాంటి కార్యక్రమాలు దోహదపడుతాయన్నారు. వాహనాలు సడపడంపై ప్రజల్లో సరైన అవగాహన ఉంటే ప్రమాదాలు తగ్గుతాయన్నారు. వాహనదారులకు అవగాహన కల్పించేందుకు ప్రభుత్వంతోపాటు స్వచ్ఛంద సంస్థలు ముందుకు రావాలన్నారు. ట్రాఫిక్ నిబంధనలపై ఇండియన్ ఇన్ స్టిట్యూట్ ఆఫ్ పబ్లిక్ హెల్త్ ఫౌండేషన్ సంస్థ చేస్తున్న కృషిని ఆయన అభినందించారు. ప్రజల్లో ట్రాఫిక్ నిబంధనలపై అవగాహన కల్పించడానికి మరిన్ని నూతన పద్ధతులను అవలంబిస్తామన్నారు. రద్దీగా ఉండే జంక్షన్ లో ప్రత్యేక ఏర్పాట్లు చేసేందుకు కృషి చేస్తామన్నారు. ఇందుకోసం జూబ్లీహిల్స్ చెక్ పోస్ట్ వద్ద మోడల్ జంక్షన్ ను కూడా ఏర్పాటు చేయనున్నామన్నారు. ఇండియన్ ఇన్ స్టిట్యూట్ ఆఫ్ పబ్లిక్ హెల్త్ ఫౌండేషన్ అనిస్టిట్యూట్ ప్రాఫెసర్ డాక్టర్ శైలజ తిలకాళి, నేషనల్ ఇన్ స్టిట్యూట్ ఆఫ్ మెంటల్ హెల్త్ అండ్ న్యూరో సైన్స్, బెంగళూరు హెచ్ ఓ డాక్టర్ గురురాజ్, ట్రాఫిక్ డీసీపీ పీవీఎస్.రామకృష్ణ, విధ పోలీస్ స్టేషన్ ట్రాఫిక్ సిబ్బంది పాల్గొన్నారు.

Database of disabled people in State soon

Special Correspondent

HYDERABAD: A survey is being conducted to establish a database of disabled people in the State to enable the government to evolve a more effective policy towards addressing their needs, according to P.V. Ramesh, Principal Secretary, Health, Medical and Family Welfare Department.

Talking to reporters during the launch of South Asia Centre for Disability Inclusive Development & Research (SACDIR) here on Sunday, he said multi-disciplinary teams of specialists have been formed in every district to examine and issue certificate to the disabled. The data would contain all details, including socio-economic and educational aspects. "We will try to complete at the earliest," he added. He said that a School Health Programme was being launched from November 14. Under the programme, a comprehensive screening for diseases, nutritional disorders and disability would be taken up. After completing in rural schools, it would be launched in urban schools.

The government was planning to enact a public health legislation in collaboration with Public Health Foundation of India. Javed Abidi, Director, National Centre For Promotion of Employment for Disabled People and Convenor, disabled Rights Group, launched SACDIR. He lamented that the number of disabled people in the country was grossly under-reported in the official statistics.

- To enable State to evolve a more effective policy
- Plan to enact a public health legislation

ON THE ANVIL

There is a particular need today for a new solidarity around the concept of public health. Action to tackle the causes for death, disability and to protect people and communities most at risk is overdue. The IIPH-H, SACDIR and IIPH-Bengaluru Campus are striving to address the need of the hour, so that future generations are completely armed, know where problems lie and can intensify efforts for the broader community.

We have been charged with the mandate of investing in people to strengthen public health capacity, collaborating in the transformational agenda for health systems strengthening, advancing the research frontier, enabling sound communication and advocacy and improving the field of public health practice with a specific focus on communities. Our latest foray in the realm of tackling two of the world's emerging causes of avoidable blindness shall

As we continue to inspire, grow and lead public health initiatives across the region, the state government has allotted 43.07 acres to PHFI to set up IIPH Hyderabad at Premavatipet Village, Rajendra Nagar, Rangareddy District. The construction plans for the campus are under approval and the compound wall construction is underway.

We hope to continually develop capacity building programmes of benefit to multiple stakeholders on varied thematic areas of public health in India and the region. In the near future, we envision starting distance learning courses in public health surveillance, essentials of health information, planning, implementation and evaluation of NCD programmes and other tailor-made programmes. These courses shall help to widen the reach of knowledge and equip practitioners in skills relevant to their area of work.

We have the power to establish a stronger community of actors from across the global society to contribute to local solutions. It is our belief that such an endeavour should not only enable us to better combat emerging and long-standing health concerns and social determinants, but also to reap benefits that will ring true for wide-ranging humanitarian challenges of today and tomorrow.

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