National Institute of Health and Family Welfare acts as an apex technical Institute and a think tank in the field of health and family welfare. Basically, it builds and shapes human resources in the health sector. Since 9th March 1977, the Institute has been dealing with a wide-range of issues concerning public health, family welfare and health management through a multi-disciplinary approach towards public health issues in the country. It is worth noting that the post-graduate education, in-service training courses, research and evaluation; consultancy, advisory and specialized services; and project activities have met the demands of national, primarily the Ministry of Health and Family Welfare; and international organisations.

New initiatives such as the National Cold Chain Vaccine Management Resource Centre (NCCVMRC) and the National Skills Lab- Daksh have gained momentum in collaboration with partners at the national as well as at the international levels. Hon’ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda inaugurated the NCCVMRC and Daksh on the 38th Annual Day of the Institute. NIHFW has been supporting the Ministry of Health and Family Welfare in various capacities, starting from development of human resources to implementation and evaluation of different programmes in the country. Being the national nodal agency for training in the National Health Mission (NHM), a flagship programme of the Government of India, NIHFW’s contribution is crucial. For its result-oriented performances, so many agencies bank upon NIHFW to carry out the desired research and evaluation works, projects, training programmes at various levels. In the reported year, MOHFW and various other organizations have entrusted NIHFW with projects such as Annual Sentinel Surveillance; Mother and Child Tracking System (MCTS); Centre for Health Informatics (CHI); NCCVMRC, Daksh, Clinical, Anthropometric and Bio-medical component (CAB); Annual Health Survey (AHS); Health Policy Project; etc. Shri J. P. Nadda, Hon’ble Union Minister of Health and Family Welfare, has lauded the initiatives of NIHFW in skill development.

At the national level, developed with the objective of sharing experiences and promoting public health in the country, the Public Health Education and Research Consortium (PHERC); a network of partners, has spread further. The consortium has attracted a large number of medical and nursing colleges, State Institutes of Health and Family Welfare, Collaborating Training Institutes and Non-Governmental Organisations. Public Health Foundation of India (PHFI), Indian Council of Medical Research (ICMR), International Institute for Population Sciences (IIPS), etc. have been the partners at the national level while WHO, UNICEF, CDC UNAIDS, UNFPA, WBI, USAID, DFID, Futures Group International, Partners in Population and Development (PPD), SEAPHEN and INCLEN, etc. are the partners at the international level. Next year, we are starting three new Diploma Courses through distance mode viz. Health Communication, Applied Epidemiology, and Public Health Nutrition.

Faculty members of the Institute have proven their acumen in the respective areas of expertise. They provided consultancy and advisory services to many organisations. Specialized services in the areas of Mother and Child Health (MCH), infertility/reproductive health, publications, documentation, etc. continued their momentum in bringing laurels to the Institute during the year. For the first time in the history of the Institute, amongst the Category-A states, NIHFW got the third position in the Indira Gandhi Official Language Awards for the year 2012-’13 for implementing the Official Language Policy. I had the honour to receive this award in person from the Hon’ble President.

We, at NIHFW, strive hard to promote each individual’s capacities. We are committed to withstand new challenges so that our Institute can attain new heights, and we can touch new milestones.

(Jayanta K. Das)
Director
National Institute of Health and Family Welfare (NIHFW), an autonomous organization of the Union Ministry of Health and Family Welfare, functions as a ‘think tank’ for promotion of health and family welfare programmes in the country. The core focus areas of the Institute are postgraduate education, in-service training of medical and para-medic personnel, research and evaluation, consultancy and advisory services, specialized projects and specialized services in the field of health and family welfare. In this effort, the Institute through its departments like Communication, Community Health Administration, Education and Training, Epidemiology, Medical Care and Hospital Administration, Management Sciences, Planning and Evaluation, Reproductive Bio-Medicine, Statistics and Demography and Social Sciences addresses a wide range of public health, population and family welfare issues and concerns.

Under post-graduate education, NIHFW conducts (i) a three-year post-graduate Degree (M.D.) in Community Health Administration; (ii) a two-year post-graduate Diploma in Health Administration; and (iii) a one-year post-graduate Diploma in Public Health Management. Also, the Institute has been conducting three Diploma courses of one-year duration each in ‘Health and Family Welfare Management’, ‘Hospital Management’ and ‘Health Promotion’ through distance learning mode for the last two decades. This year, the Institute has developed learning materials of three new Diploma Courses through distance learning viz. Diploma in Health Communication, Diploma in Applied Epidemiology, and Diploma in Public Health Nutrition with a maximum intake capacity of 100 in each course. These three courses will be started next year. On the basis of the feedback received from various State Governments; the first course is customized for graduates as well as for those working in health sector whereas the second one is tailored for Medical Officers, Surveillance Officers and Epidemiologists; and the third one is designed for graduates working in the health sector. These courses have been developed with the support of European Union funded Institutional and Technical Support (ITS) Project. Currently, the Institute is working to introduce two other new courses on e-learning mode, namely- Professional Development Course in Management, Public Health and Health Sector Reforms for Senior Medical Officers; and Programme Management and Support Unit for Programme Managers.

In-service training courses ranging from one to ten-week duration for middle and senior level health personnel who are working at different levels in various parts of the country have been organized by the Institute. One notable in-service training course of the Institute is the Professional Development Course (PDC) in Management, Public Health and Health Sector Reforms for Senior Medical Officers which is run by the Institute in collaboration with 17 collaborating training institutes located across the country. 85 participants have been trained in PDC including 19 in the Institute. In all, 56 training courses and workshops have been conducted in the Institute during 2014-‘15.

The Institute is also known for its research endeavours and devotes a considerable time to research issues with special focus on operational research, applied research and evaluation of various health and family welfare programmes in the country. During the year under review, the Institute was engaged in 24 studies of which 13 have been completed; and the remaining studies are in various stages of execution.

As a Nodal Institute for training under NHM/RCH–II, NIHFW has delivered its responsibilities of organizing national-level training courses and coordination of the NHM/RCH-II training activities in various parts of the country with the help of 17 Collaborating Training Institutions (CTIs).
The Institute coordinated and monitored the Annual Sentinel Surveillance activities entrusted by the National AIDS Control Organization (NACO). During the year, officers from all the States AIDS Control Societies and Regional Institutes (epidemiologists/micro-biologists and faculty from medical colleges/research organizations) were oriented with the operational guidelines for surveillance.

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

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

During the year, two new national-level initiatives have been added. The National Cold Chain Vaccine Management Resource Centre (NCCVMRC) and the National Skills Lab- Daksh have been set-up and started functioning in the Institute.

NCCVMRC is a joint initiative of NIHFW, MoHFW and UNICEF. Its basic objective is to facilitate the establishment and functioning of an optimum and efficient immunisation supply chain system in India. NCCVMRC functions as the nodal resource agency of the Immunisation Division of the MoHFW in capacity building, research, technical support and coordination among the stakeholders. This centre will also build the capacity of all the district level cold-chain technicians involved in Universal Immunization Programme to undertake the repair and maintenance of about 70,000 cold-chain equipment in about 25,000 cold-chain points in the country. In addition to that, about 50 cold-chain officers and vaccine and logistics managers have also been trained in vaccine logistics management. NCCVMRC also manages the National Cold Chain Management Information System (NCCMIS) which is a real time and comprehensive cold chain equipment inventory management system commissioned by the MoHFW. NCCMIS is currently operational across the country covering all the states and districts which is one of the first such systems in the world with such a comprehensive set of features and information.

National Skills Lab- Daksh was established at NIHFW in collaboration with LSTM, UK and the Maternal Health Division of MoHFW, GoI; for upgrading the skills of health care providers for providing quality RMNCH+A services. The main functions of this Skills Lab are to handhold and guide the states in creating skills lab and also train the state trainers.

NIHFW has entered into a cooperative agreement with CDC, Atlanta, for development and conduction of two training programmes across India: (i) Management Training in Public Health for Programme Managers at State, District and Sub-district Level; and (ii) Rapid Response Team Training for State, District and Sub-district Levels. The proposed activities have been planned for a duration of five years with the focus of NIHFW during the first year is on developing two courses followed by pilot-testing of these courses.

A Policy Unit has been set-up in the institute with the technical and financial support from USAID through Health Policy Project (HPP), Futures Group International, to undertake evidence-based policy research and analysis, advocacy and multi-sectoral coordination on issues related to population, health and nutrition. Initially, the major focus of the Unit has been on population and family planning.
The Mother and Child Tracking System (MCTS) centre was established in the Institute on 1 October 2012 with the objective of building the capacity for improving data quality on Mother and Child Tracking System (MCTS). The centre is effectively working under the leadership of the Director, NIHFW; with support from the Ministry of Health and Family Welfare, Government of India.

MoHFW, Government of India, has established a Centre for Health Informatics (CHI) at NIHFW under the overall administrative control of the Director, NIHFW. The NHP serves as a single-point of access to multilingual health information, application and resources. A wide spectrum of users such as academicians, citizens, students, health care professionals, researchers etc. will be benefitted from the National Health Portal. This centre is functioning through a Project Director and other staff who been appointed to work on the National Health Portal (NHP). The Honourable Union Minister of Health and Family Welfare, Mr. J. P. Nadda, has formally launched the portal on the inaugural day of the India International Trade Fair (IITF) on 14 November 2014. NHP disseminates information in six languages- Hindi, Gujarati, Bangla, Tamil, Punjabi and English. It has also presence on social networking sites like Facebook and Twitter.

Improving Healthy Behaviors Programme (IHBP), a USAID-funded project, has signed a Memorandum of Understanding (MoU) with the Institute in October 2012. In accordance with the MoU, IHBP would provide technical support to NIHFW, in the latter’s efforts to turn itself into a ‘Center of Excellence in Capacity Building of Behaviour Change Communication’. As a part of this effort, IHBP provided technical assistance to NIHFW to plan, start-up and operationalize a multi-media enabled Social Behaviour Change Communication (SBCC) National Resource Centre in NIHFW.

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

The Demographic Data Centre has been functioning since 2003 that serves as data bank of information on socio-demographic, health and family welfare, etc. available from various sources at the national and state-levels. The Centre has procured NFHS-1, 2 and 3; DLHS-1, 2 and 3; various rounds of NSSO Data, Census-1991, 2001 and 2011 and Annual Health Survey of nine States. The Centre has prepared population profiles using census data which are available on the institute website for the public.

NIHFW has been able to sustain the momentum in the process of collaborations with various international agencies such as WHO, UNICEF, USAID, Liverpool School of Tropical Medicine, Partners in Population and Development (PPD), INCLEN, Futures Group International, and European Union, etc.

Under the official language implementation policy in the Institute, Hindi- the national language of the country; is given its due importance in day-to-day official works. For example, to mark the significance of Hindi, the Institute publishes a Hindi publication called ‘Dhaarna’ with the articles contributed by the faculty and staff members of the Institute and others on issues like public health, population and family welfare. Amongst the Category-A states, NIHFW got the third position in the Indira Gandhi Official Language Awards for the year 2012-’13 for implementing the Official Language Policy.
NIHFW undertakes various types of education and training programmes targeting the public
health practitioners and researchers of public health and family welfare. The Institute undertook the following courses and training programmes during the reported financial year 2014-15:

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

Three-year M.D. in Community Health Administration

As per the mandate of the Institute to provide appropriate trained manpower to meet the health needs of the country, the Institute has been offering a three-year post-graduate degree course, M.D. in Community Health Administration, since 1969. With 10 seats, this course is affiliated to the University of Delhi. Over the years, this course has become very popular among health professionals in the country. Hitherto, a total of 276 students have passed out this course.

During 2014-2015, 19 students attended the course including eight in the third year, four in the second year and seven in the first year.

Two-year Post-Graduate Diploma in Health Administration

Started in 1993, this two-year Post-Graduate Diploma in Health Administration offered by the Institute is also affiliated to the University of Delhi. The course has an in-take capacity of six students a year.

One-year Post-Graduate Diploma in Public Health Management

This is a flagship course of MoHFW, GoI. This is conducted in collaboration with PHFI and AIHHP, Kolkata. NIHFW has conducted the course for the nominees from Uttar Pradesh, Uttarakhand, J&K and Rajasthan. This one-year Post-Graduate Diploma course in Public Health Management is also offered by the institute in collaboration with Partners in Population and Development (PPD), Dhaka, Bangladesh from the year 2008 to the candidates of the member countries of PPD. This Diploma Course has 30 seats for national candidates and 10 for international candidates. Four national students and eight students from foreign countries have enrolled in this course during 2014-15. The International students are four from Ethiopia and one each from Uganda, Ghana, Gambia and Vietnam. Since the introduction of this course, 64 students have passed out hitherto.
Diploma in Health and Family Welfare Management through Distance Learning

This course has been specially designed to impart knowledge to the participants about the existing structure and functioning of the health care system, including its managerial problems. In addition, various management concepts, techniques, tools and resource management are discussed in this course and open to medical, nursing, dental and AYUSH graduates. 93 candidates have been enrolled for this course in the current year. 88 candidates appeared in the examination in 2014-'15 out of which 75 have successfully completed the course. Since the introduction of this course in 1991-'92, 1497 students have been awarded this Diploma.

Diploma in Hospital Management through Distance Learning

This course has been specially designed to impart knowledge to the participants about the existing structure and functioning of the health care system including managerial problems in hospitals. In addition, various management concepts, techniques, tools and resource management are discussed in this course and open to medical, nursing, dental and AYUSH graduates. This course was started in August 1995. As the response from the students from across the country has been positive; this course has been continuing. 198 candidates were enrolled for this course in the year 2014-'15. Out of 255 candidates appeared in the examination in 2014-'15, 205 students have successfully completed the course during this year. Hitherto, 2394 students have successfully completed this Diploma Course.

Diploma in Health Promotion through Distance Learning

Started in the academic year 2010-'11, this course has been designed to impart knowledge to the participants to focus on lifestyle related problems and is also meant for medical, paramedical and other stakeholders. 32 candidates were enrolled for this course in the reported year. Out of 56 candidates appeared in the examination in 2014-'15, 44 have successfully passed this course this year. Till now, 267 students have been awarded this Diploma.

The following three new courses have been prepared with all its learning materials. With a maximum intake capacity of 100 candidates in each course, these courses will be introduced from the year 2015-'16.

(i) Diploma in Health Communication

On successful completion of the course, the participants will be able to:

- Describe communication theory and practice and the basic concepts of health and diseases in various socio-cultural contexts;
- Utilise communication channels to inform the target audience on health;
- Explain media law and advocacy programmes;
- Design a health communication strategy; and
- Monitor and evaluate the health communication programmes.
(ii) Diploma in Applied Epidemiology

After successful completion of the course, the candidate will be able to:

- Acquire knowledge of various epidemiological techniques and uses of epidemiology;
- Conduct epidemiological investigation into disease causation and outbreak; and
- Demonstrate the ability to use the skills related to epidemiology for improvement of the health system.

(iii) Diploma in Public Health Nutrition

The candidates, on successful completion of the course, will be able to

- Generate greater awareness and understanding of the nutritional sciences pertaining to Public Health Nutrition (PHN);
- Demonstrate an understanding of the approaches, methods and skills in PHN for nutrition and Health Nutrition (PHN);
- Demonstrate an understanding of the political, institutional, socio-scientific influences on PHN;
- Develop the ability to translate research into practice through skills in nutrition surveillance, policy/programme planning, implementation and evaluation as well as overall management of the programmes; and
- Conceptualize the interdisciplinary perspective of PHN at all levels—individual, household and community in the context of state, national and international scenario.

In-service Training Courses/Workshops/Meetings

NIHFW carries a reputation in the field of health and family welfare in the country. It organizes a variety of tailor-made in-service training courses for the benefit of national and state-level health personnel of various categories. The customised training courses are focused on issues like NHM/NRHM/RCH, HIV/AIDS, National Health Programmes, Reproductive Bio-medicine, Health, Care of Elderly, Immunization, Information Technology in Health, Nutrition and Life Disorders, Geographic Information System, Logistics and Supply Management System, Health Management, Hospital Management, Human Resource Management, Health Communication, Training Technology, Health Promotion, Health Economics/Health Financing, Statistics and Demography, Social Sciences, Adolescent, Research Methodology and so on.

During the year under review, it organized 56 training courses, workshops and meetings for various categories of health personnel. The details are listed below:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Dates</th>
<th>Title</th>
<th>Coordinator</th>
<th>No. of Participants</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1 – 3 April 2014</td>
<td>Training for Survey Team of AHS- CAB</td>
<td>Prof. K. Kalaivani</td>
<td>14</td>
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<td></td>
<td>22 – 24 April 2014</td>
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<td>19 – 21 May 2014</td>
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<td></td>
<td>2 – 4 June 2014</td>
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<td>Sl. No.</td>
<td>Dates</td>
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<td>2</td>
<td>1 – 7 April 2014</td>
<td>Joint Regional Training of Trainers for Integrated Biological and Behavioural Surveillance (IBBS)</td>
<td>Prof. M. Bhattacharya</td>
<td>57</td>
</tr>
<tr>
<td>3</td>
<td>29 April 2014</td>
<td>The Expert Group Consultative Meeting for Human Resource in Health (HRH) for Universal Health Coverage (UHC)</td>
<td>Prof. A. K. Sood</td>
<td>34</td>
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<tr>
<td>4</td>
<td>26 – 30 May 2014</td>
<td>Training Course on Capacity Building of Health Personnel in Health Promotion</td>
<td>Dr. Poonam Khattar</td>
<td>9</td>
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<tr>
<td>5</td>
<td>2 – 6 June 2014</td>
<td>Training Course on Curriculum Design and Evaluation for Faculty of Training Institutions</td>
<td>Prof. A. K. Sood</td>
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<tr>
<td>6</td>
<td>18 – 20 June 2014</td>
<td>Training of State Trainers on National Cold Chain MIS (Batch-VII)</td>
<td>Prof. M. Bhattacharya</td>
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<td>7</td>
<td>1- 2 July 2014</td>
<td>Workshop to Review and Finalize the Contents of Health Education Material for Classes III to X</td>
<td>Dr. Poonam Khattar</td>
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<td>8</td>
<td>1 July – 6 Sept. 2014</td>
<td>19th Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers</td>
<td>Dr. T.G. Srivastav, Dr. Nanthini Subbiah</td>
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<tr>
<td>9</td>
<td>7 – 25 July 2014</td>
<td>90th Training course on Hospital Administration for Senior Hospital Administrators</td>
<td>Prof. A.K. Sood</td>
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<td>10</td>
<td>8 – 10 July, 2014</td>
<td>Facilitator Training on Effective Cold Chain Vaccine Management Course (ECCVMC)</td>
<td>Dr. Sanjay Gupta, Dr. Vijay Kumar</td>
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<td>11</td>
<td>14 – 18 July 2014</td>
<td>Training Course on Social and Behaviour Change Communication (SBCC) for Delhi State IEC Officials under NHM</td>
<td>Prof. Neera Dhar, Dr. Ankur Yadav</td>
<td>19</td>
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<td>12</td>
<td>14 – 19 July 2014</td>
<td>Training for Cold-Chain Technicians for Repair and Maintenance of Non-CFC ILR/DF</td>
<td>Prof. M. Bhattacharya</td>
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<tr>
<td>13</td>
<td>21 – 25 July 2014</td>
<td>Training Course on Social and Behaviour Change Communication (SBCC) for the Central Tuberculosis Division and State TB Officers under NHM</td>
<td>Prof. Neera Dhar</td>
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<td>14</td>
<td>21 - 26 July 2014</td>
<td>Training for Cold-Chain Technicians for Repair and Maintenance of Non-CFC ILR/DF</td>
<td>Prof. M. Bhattacharya</td>
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<td>15</td>
<td>28-31 July 2014</td>
<td>Third Workshop for the Northern and North-Eastern Region on Regional Basis to Sensitize the Concerned Stakeholders on MERS-CoV</td>
<td>Dr. Ramesh Chand</td>
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<td>16</td>
<td>4 - 8 August 2014</td>
<td>Training Course on Enhancement of Training Skills (Micro Teaching and Training Aids) for Faculty Members of Training Institutions and Health Professionals</td>
<td>Prof. Neera Dhar</td>
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<td>17</td>
<td>12 August 2014</td>
<td>9th Meeting of Steering Committee of National Health Portal (SCNHP)</td>
<td>Prof. S.N. Sarbadhikari</td>
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<tr>
<td>Sl. No.</td>
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<td>18</td>
<td>19 - 22 August 2014</td>
<td>Training on Medical Officers and ANMs for Scale-up of RKS in India</td>
<td>Dr. Poonam Khattar</td>
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<td>19</td>
<td>26 August 2014</td>
<td>2nd Inter-Institutional Meeting of Policy Unit</td>
<td>Dr. Priyanka Singh</td>
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<td>20</td>
<td>1 – 5 Sept. 2014</td>
<td>Training Course on Social and Behavior Change Communication (SBCC) for Himachal Pradesh State IEC Officials under NHM</td>
<td>Prof. Neera Dhar, Dr. Ankur Yadav</td>
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<td>21</td>
<td>1 – 6 Sept. 2014</td>
<td>Training Course on Management for Senior Nursing Administrators</td>
<td>Dr. Nanthini Subbiah</td>
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<td>22</td>
<td>15 – 19 Sept. 2014</td>
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<td>Dr. Poonam Khattar</td>
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<td>23</td>
<td>22 – 26 Sept. 2014</td>
<td>Training Course on Data Analysis Using SPSS for Health and Demographic Research</td>
<td>Dr. Pushpanjali Swain</td>
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<td>24</td>
<td>7-10 Oct. 2014</td>
<td>Training of Master Trainers (TOT) for Submission of Performance of Rashtriya Kishor Swasthya Karyakram (RKS)</td>
<td>Dr. Poonam Khattar</td>
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<td>25</td>
<td>13-17 Oct. 2014</td>
<td>Training Course on IT Application for Information Management in Medical Libraries</td>
<td>Prof. K. Kalaivani</td>
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<td>26</td>
<td>13-17 Oct. 2014</td>
<td>Training Course on Master Training of Trainers on Social and Behaviour Change Communication (SBCC)</td>
<td>Prof. Neera Dhar</td>
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<td>27</td>
<td>13-17 Oct. 2014</td>
<td>Training Course on Monitoring under National Health Mission</td>
<td>Prof. V. K. Tiwari</td>
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<td>28</td>
<td>14-18 Oct. 2014</td>
<td>Regional TOT of NIHFW and RIs for IBBS Activity</td>
<td>Prof. M. Bhattacharya</td>
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<td>30</td>
<td>10-14 Nov. 2014</td>
<td>Leadership Development in the Health Sector</td>
<td>Prof. Rajni Bagga</td>
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<td>31</td>
<td>17 - 18 Nov. 2014</td>
<td>HIV Pre-Surveillance Meeting of SACS, RI and DAC</td>
<td>Prof. M. Bhattacharya</td>
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<td></td>
<td>(1st Batch)</td>
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<td>20 - 21 Nov. 2014</td>
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<tr>
<td></td>
<td>(2nd Batch)</td>
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<td>17-21 Nov. 2014</td>
<td>Training Course for NGOs Working with the Health Sector on NHM in India</td>
<td>Prof. T. Bir</td>
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<td>33</td>
<td>17-21 Nov. 2014</td>
<td>Mainstreaming Gender in Health, Gender-based Violence and Human Rights for Health Professionals</td>
<td>Dr. Poonam Khattar</td>
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<td>34</td>
<td>24-27 Nov. 2014</td>
<td>Training on Master Trainers (TOT) of Rashtriya Kishor Swasthya Karyakram (RKS)</td>
<td>Dr. Poonam Khattar</td>
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<tr>
<td>35</td>
<td>24-29 Nov. 2014</td>
<td>Training Course on Cold Chain Technicians for Repair and Maintenance of Non-CFC/DF</td>
<td>Prof. M. Bhattacharya</td>
<td>13</td>
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**Ph.D. and Summer Training Programme**

In addition to the various courses and in-service training programmes, students from universities are encouraged to pursue their Ph.D. courses and summer trainings in biotechnology, bio-chemistry, zoology, etc. at this Institute. The faculty members of the Institute act as supervisors and co-supervisors for these scholars. 15 students had been enrolled for their Ph.D. in NIHFW with registration in various universities while 21 students completed their short-term summer training in various departments.
Research programmes of the Institute basically deal with operational research, applied research, and evaluation of various health programmes across the country. Some research studies focus on reproductive health. The Ministry of Health and Family Welfare, Government of India; international and bilateral organizations also bank on the Institute to undertake research and evaluation programmes. In addition to research studies, research projects on major areas of public health and family welfare of regional and national importance are conceived and undertaken.

During the year under review, the Institute was involved in 24 studies out of which 13 have been completed including eight by the M.D. (CHA) students, and another 11 are under progress as follow:

1. **Effect of Janani Suraksha Yojana on Pregnancy Care and Maternal Outcomes**  
   *(Renu Shahrawat, Pushpanjali Swain and Vinod Joon)*

**Objectives**

- To analyze the maternal outcome and pregnancy care utilization in DLHS-3 data in selected districts;
- To identify socio-economic inequities in maternal deaths and pregnancy care utilization in DLHS-3 data; and
- To identify any differences in maternal outcomes and health service utilization between DLHS-2 and DLHS-3 data and any change in socio-economic inequities between the two survey periods.

**Major Findings**

- Total of 605 deaths were reported among the women of reproductive age group (15-44 years). More than half of the maternal deaths (54%) were from the three states, Uttar Pradesh, Bihar and Jharkhand; 57.5% were reported from poorer section of the society; 52% were in the young age of 20-29 years; one-fifth of the maternal deaths occurred in the youngest age group i.e. less than 20 years.
- More than three-fourth of both maternal deaths and survivors were from rural areas. The highest number of maternal deaths and survivors belonged to Other Backward Caste category with more than 40%.
- Women residing in rural areas were 24% less at risk of maternal death than their urban counterparts. Women belonging to Scheduled Tribe were at 36% increased risk as compared to women belonging to General Caste. Women belonging to the poor quintile were 2.1 times at risk and women in the poorest quintile were 2.4 times at risk as compared to women in the richest quintile. The risk of maternal death was higher amongst women who were less than 20 years or 40 years and above.
- Place of residence for a woman residing in Low Performing States was not a risk factor. Women belonging to Scheduled Tribes were at 46% increased risk as compared to women belonging to general caste. Women from poorest quintile were at 43% increased risk of maternal death. The increase in the coverage of JSY in a district from less than 3% to more than 10% resulted in the reduction of the risk of maternal death by 17%.
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- No death was reported from women aged 40+ years. The decreasing trend of maternal death with increasing JSY coverage was not observed in HPS as was observed for LPS. One of the possible explanations for this difference in HPS is that the majority of the BPL card owners were actually the non-poor people (63%) as per the categorisation. Whereas in LPS, majority of BPL card holders were indeed poor people (67%).

- As the parity of women increased, the chances of institutional delivery decreased. Rural women were 29% less likely to get post-natal care in comparison to urban women. Caste-wise ST women were least likely (16% less) to go for post-natal care. Economic status wise, poorest (71%) women were least likely to go for post-natal care as compared to women of richest quintile. Women who were youngest (less than 20 years) 11% less likely where as those in the age group 35-39 years were 14% more likely to get postnatal care as compared to 20-24 year old women.

- Women were more likely (16%) to get post-natal care if number of JSY beneficiaries in a district was more than 10%. As women became more educated, their chances of getting postnatal care also increased. Women with at least 15 years of education were 3.3 times more likely to go for PNC. Women with higher parity sought lesser post-natal care.

Policy Implications

- As two-third of maternal deaths are reported from LPS states, continued investment in health is required in these states to make the health systems effective and responsive to the needs of pregnant women.

- JSY aims at reducing maternal deaths by covering vulnerable women specially who are socially backward and poor but many of these are left out. The barrier to seeking care for these women by making services more accessible in underserved areas especially for ST women needs to be worked out. Certification for poor women needs to be removed in HPS states because in these states, two-third of BPL card holder pregnant women was non-poor.

- To achieve substantial reduction in maternal mortality focus should be on availability of functioning health facilities and quality of care.

- Further, we need to address the social determinants of maternal health. There should be medium/long-term goals outside health system like improving the education level of women in our country. This would demand an increase in seeking quality health care services.

2. A Study on Adolescents’ Reproductive and Sexual Health Scheme under RCH Programme in the State of Mizoram (V. K. Tiwari, L. Lam Khan Piang and K. S. Nair)

Objectives

- To assess the knowledge, attitude and practice of reproductive health issues among adolescents;

- To assess awareness regarding nutritional issues and anaemia among adolescents;

- To assess the preparedness of health facilities and health personnel at PHC and sub-centre levels to provide reproductive and sexual health services to adolescents;

- To assess the activities conducted by VHSCs during the organization of VHNDs;

- To assess the activities organized by RCH Officer for the orientation of service providers for ARSH under RCH;

- To assess utilization of services such as, contraception, abortion and counseling by adolescents; and

- To analyze factors affecting reproductive and sexual health status among adolescents in the selected districts.
Major Findings

- In the study sample, majority of the students (74%) were from 11-12 standard and rest 26% were from 9-10 standards. Sample consisted of 48% males and 52% females. Majority of them (62%) belonged to rural areas and 38% belonged to urban areas. More than 90% of students belong to Christian religion.

- It was found that adolescents were spending their leisure time in sports (34.8%), music (67.8%), reading novels/magazine (35%), watching movies (60%) and hanging out (42.3%). About 61% of them accepted to have moved out for party/picnic and 56.8% of them confirmed that alcohol is served in parties while 9.8% accepted that drugs and other intoxicants were also served. More than one-third (37%) of them stated that they have consumed alcohol, 12% of them taken drugs like SP, Relipen, Phensidyl, Corex, Digepam, correctional fluid, etc. and 3.3% had taken drugs like brown sugar, cocaine, heroin, etc. About 38% adolescents replied that their friends were taking drugs. Tobacco products were consumed by 88% of the respondents. About 72% of adolescents accepted seeing pornographic movies and majority (75%) of them used internet/mobile phone followed by CD/DVD (33%). About 45% of them stated to have watched porn movies alone while 20%-25% watched with their boy/girl friends.

- The respondents were aware of temporary contraceptive methods such as condom (93%), Oral Pills (56%) and Emergency Contraceptive pills (53%). Only 65% of them knew that condom protects from STDs and HIV/IDS. Majority of adolescents (94%) were aware of HIV/AIDS and around 70% of them were aware of Integrated Counseling and Testing Center (ICTC) for voluntary testing of HIV/AIDS counseling located in Aizawl. Awareness about STDs was quite high (83%) and 2.2% accepted to have symptoms like STDs. About 45% of them availed treatment of STDs. However, 6.6% agreed that their friends were also having symptoms of STDs.

- About 10% of the adolescents accepted to have indulged in pre-marital sex out of which majority of them (70%) had pre-marital sex between 15 and 19 years. Less than half (46%) of them were involved rarely and one-third (34%) of them stated sometimes. Majority of pre-marital cases was with boyfriends (51%) and 16% was with girlfriends. Sex with prostitutes, strangers was very less (<3-5%). Around 50% of the first sex experience was due to peer pressure and fun. About 14% of the respondents who confessed to have had sex, used condom during the first encounter. Main reasons for not using condom in the first time was due to unplanned sex (24%), no need felt (22%) and lack of pleasure (19%). First time sex resulted in the desire for more sex among a quarter of the respondents (25%) while 20 per cent felt guilty.

- High percentage (88%) of students received reproductive health education, with major sources like parents (71%) and school teachers (68.2%). They were of the view that family, life/sex education should be provided to students; mostly opined that it could be from 5th standard onwards.

- Schools didn’t organise programmes on adolescent sexual health, as only 34% of the students responded in affirmative about any sex education activity in the school. Only 8% of them replied availability of drop box in schools for response to their queries. Only one-fourth of them were aware of the telephone helpline by the government through ICTC.

- Very low percentage (18%) were aware about existence of ARSH clinic in their area and 5.2% adolescents ever visited doctors for consulting reproductive health matters but only one-third of them found the services acceptable. Unfortunately government health staff was source of information to 9% of those who were aware.
Policy Implications

- Adolescents’ Reproductive and Sexual Health (ARSH) programme in the State needs to include better awareness and counseling against drug abuse and pornographic literatures.
- Involvement of schools, parents, community leaders and church is recommended in ARSH programme.
- There is a need of separate telephone helpline for counseling to adolescents under the ARSH programme but not integrated helpline with ICTC under HIV/AIDS control programme.


Objectives

- To study the existing medical cadres in the state;
- To identify the gaps in the existing medical cadres;
- To assess the felt need of public health cadre by officials of the state;
- To identify the advantages and disadvantages of public health cadre felt by various stakeholders; and
- To assess the financial liability of developing a public health cadre.

Major Findings

- There are two cadres among Medical Officers (MOs), namely- MO (General Sub-cadre) and MO (Specialist Sub-cadre) who are promoted as per seniority in their respective channels. For going up in the ladder, subject to availability of posts, different years of service experience are required with some minimum years of service in remote/extremely remote areas.
- There is acute shortage of staff especially among medical officers. 57.8 per cent of the posts were lying vacant. Being situated in a hilly terrain combined with meagre financial incentives, lack of promotional avenues, lack of facilities like road connectivity and banks are some of the basic problems; it is very difficult to stay in some of the districts.
- Nearly 70 per cent of the State population lives in rural area and in difficult terrain. Officials expressed that public health services are not up to the desired level. Most of the medical professionals felt the creation of a separate public health cadre. Uttarakhand being a hilly State, it is characterized by variations in social, economic, cultural, and geographic aspects. Different regions have different health needs. Public health cadre will play an important role in identifying the various health needs and better implementation of national health programmes. However, there is a feeling that multiple cadres without clear-cut guidelines may lead to dissatisfaction.
- After joining (before promoted to MO Grade-I), Medical Officer should be given option for choosing family medicine or public health. Further, the future CMOs/Dy. CMOs should be from public health cadre. Extra remunerations for working in most difficult and difficult areas, with extra one month leave per year could be considered. Public health cadre should be considered only for those doctors who join after official announcement. As such, there is no direct financial implication in developing this cadre.
• As the State does not have a separate directorate of public health, it should be created with its own dedicated budget and workforce, own career path and incentives, promotional and growth prospects. All the medical professionals felt the need for training in public health. In the short-term, all existing MOs should be given training in public health by the State Institute and Medical College on the pattern of Professional Development Course of 10-week duration. A public health cadre could also be developed for nursing and para-medical staff too. A committee could be set up for looking into this aspect.

Policy Implication

• To facilitate the convergence and development of public health systems that are responsive to the health and well-being of the people, it is important to recognise the need for a comprehensive strategy that must include a public health cadre.

4. To Assess the Knowledge, Attitude and Practices Related to Use of Smokeless Forms of Tobacco among School Children in the District of Dehradun (Poonam Khattar, S. D. Kandpal and Pradeep Saxena)

Objectives

• To determine the prevalence of smokeless Tobacco consumption among school students of Dehradun district;
• To assess the Knowledge, Attitude and Practice (KAP) regarding the use of smokeless forms of tobacco among school going students of Dehradun district; and
• To correlate smokeless tobacco consumption habit with various determinants.

Major Findings

• The overall consumption of smokeless form of tobacco among the students was 12%. 114 (14.25%) of the students belonging to private schools were consuming smokeless form of tobacco as compared to 78 (9.75%) in government schools. 6.9% of the students of Urban schools reported to have consumed smokeless form of tobacco as compared to 17% in rural schools.
• Out of the total students consuming tobacco, majority of them (18.8%) belonged to class 9, followed by 16.2%, 6.8%, and 6.2% belonged to classes 8, 7 and 6 respectively. Out of the total students consuming smokeless forms of tobacco (n=192), majority (61.0%, n=117) were males as compared to 39% females (n= 75).
• Tobacco use is strictly prohibited in all the schools selected for the study. Some of the schools were also counselling their students regarding the ill-effects of tobacco. Some of the schools provided information to their students by displaying a tin painted Board inside the school premises. Some other schools were carrying out sudden checking sessions for Tobacco pouches etc. The offenders were suspended from classes for some duration and their parents were informed about it.
• All the schools were aware of the law that sale of tobacco outside the schools is prohibited in a radius of 100-200 metres diameter. Some of them have taken measures to prevent sale of tobacco by awareness in their schools and among shopkeepers. One of the school has constituted committee “Parent-Teacher association” and if any shopkeeper found guilty then this committee requests local community to outcast such shops.
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- Half of teachers reported that sale of tobacco related products are not allowed in and around school premises while around 40% teachers reported that 8-10 shops near the school were selling tobacco products such as Dilbag, Minaar (Khaini), Shekh Bahar, Safal and Golden (khaini). To stop the sale of tobacco products near the school, school authorities had put up posters on ban of tobacco product around school, information about tobacco-related diseases, and had asked the shop owners not to sale tobacco products.

Policy Implications

- Majority of the students had started consuming smokeless forms of tobacco during 10-13 years of age. This aspect calls for a well-planned school health programme to create knowledge and awareness, especially from the primary school level.
- Since 18.8% and 16.2% users belong to class IX and class VIII respectively, there is an urgent need of sensitizing the school health personnel also to take effective “Tobacco-Free Schools” policies. For implementing ‘No Tobacco Policy’ in the schools, random checking and frequent sensitisation programmes for students, teachers, family members and community members are to be undertaken full-heartedly.
- Behaviour Change Communication (BCC) activities to address the problems due to lack of knowledge and associated health hazards should be part of health promotion programmes.
- Health education on tobacco with lessons on harmful effects of tobacco should be included in school curricula.

5. A Qualitative Study of Utilisation of MCH Services and Care-Seeking Behaviour among Rural Women in Southern Odisha (Meerambika Mahaptaro)

Objectives

- To assess the utilization of MCH services among women;
- To study the barriers to utilization and health seeking behaviour of MCH services at village level; and
- To study the knowledge translation and perception among the health care staff and village-level workers (community volunteers, VHSC, CBO, SHGs, Mahila Mandal, etc.) for improving evidence-based practices.

Major Findings

- Barriers to hospital-level obstetric care are physical access to delivery points, transportation and road conditions, and cost. Distance, vehicle and financial constraints, perceived attitude of women towards super natural healing further reduces their will to seek care at a health facility.
- A risk-approach, solely based on epidemiologically defined risk factors without consideration of women’s perception, does not benefit at-risk mothers. Divergent etiological concepts and perceived hospital care are important determinants for the use of obstetric care in Odisha. Though women know about the dangers of recurrence yet they resort to traditional healing. High positive outcome in previous pregnancies also tend to affect them not to go to a health-facility in the current pregnancy putting them at risk.
- Cash incentives and infrastructural improvements, community and professional perceptions towards the issue are also equally important.
Social barriers often work against the medical scientific knowledge. ASHA as a ground-level health professional working in an SC, loses her efficacy in a closely-stratified community. Therefore, real-life clinic of grass-root health workers is constantly mediated with cultural impediments and social infrastructure.

Recommendations

- As a first step to increase the acceptability of hospital care to rural women, health workers should be aware of their specific psychological vulnerability, community's perceptions and preferences.
- The grass-root level workers, who are recognized as key assets in the healthcare system, should be engaged in participatory evaluation processes as they have better contacts with patients, knowledge on patient views, and knowledge about the local contexts. This, in turn, would result in spreading awareness and effective assessment in the context of prevalent cultural practices concerning pregnancy and child birth.

M.D. THESES

Besides the above-mentioned studies, the following 8 research studies have been completed by the students under the three-year duration M.D. (CHA) Course.

1. **Assessment of Disaster Preparedness of a Large Hospital in Delhi**  
   **(U. B. Das and A. K. Sood)**

**Objectives**

- To assess the disaster plan of a large hospital in Delhi;
- To study the functioning/operational readiness of concerned departments dealing with care of population affected by any disaster in the past;
- To assess the awareness, knowledge and practices of doctors, nurses and staff of these departments; and
- To suggest effective measures to handle a disaster.

**Major Findings**

- The hospital disaster plan was not comprehensive. It did not mention contingency measures for any chemical, biological, radiological and nuclear disasters. There was no mention of an estimated surge capacity of the hospital i.e. extent to which the infrastructure and manpower of the hospital can be enhanced to cater to an unusually large population affected by any kind of disaster/mass casualty.
- Mechanism of transfer of excess patients to neighbouring hospitals was not clearly mentioned in the disaster plan. Majority of the medical equipment in the concerned wards, OTs and ICUs were functioning both on the day of mock drill and on the day of red alert i.e. 15th August 2013.
- Disaster ward of the hospital had a dedicated cupboard of medicines and consumables which were periodically checked and updated on a regular basis. But the disaster ward did not have any dedicated medical equipment for acute care of mass casualty victims who might come in large numbers without any prior information.
- Participation in mock drills was found to be low among the members of the hospital disaster committee, doctors and nurses of concerned departments of the hospital.
Knowledge about the steps to be followed to manage disaster victims with poly-trauma injuries was found to be good with a mean score of 58% for doctors and 55% for nurses of the concerned departments.

Training in trauma care was compulsory for nursing staff posted in the casualty and the various units of trauma centre of the hospital. It was found to be optional for nurses of wards of the concerned departments and doctors of the hospital as a whole.

**Recommendations**

- Hospital disaster plan should be modified to include all types of hazards i.e. chemical, biological, radiological and nuclear disasters; and standard operating procedures (SOP) to be followed during mock drills and real disasters should be clearly mentioned in the disaster plan.
- Linkages with neighbouring hospitals and other concerned agencies i.e. fire brigade, police, ambulance services should be clearly mentioned in the disaster plan.
- A copy of hospital disaster plan should be made available in all wards and departments for all doctors, nurses and other staff to be familiar with.
- Training in trauma care and disaster management should be made compulsory for all levels of doctors and nurses in all the departments and specialties.
- Participation in mock drills should be made compulsory for all levels of doctors and nurses irrespective of their departments and specialties.

2. **Study of Existing Situation of a District of Haryana in Terms of Implementation of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPPCCDCS)**

*(Anil Kumar Singh and Utsuk Datta)*

**Objectives**

- To describe the organogram and functioning of the district health system in the context of implementation of NPPCCDCS;
- To explore the existing status of implementation process of NPPCCDCS programme in selected district health institutions in a district e.g. District Hospital, CHC, PHC and sub-health centre;
- To find out the bottlenecks in the implementation of NPPCCDCS programme in the district health institutions; and
- To document the preparedness level of a district health institutions for the NPPCCDCS programme.

**Major Findings**

- Under the District Health System of Kurukshetra, District NCD cell; NCD clinic, DCCU and DCCF at District Hospital; NCD clinics at two CHCs; four PHCs and eight sub-centres had to be manned with 25 health personnel as per programme guideline. However, only 10 health personnel had been recruited out of which only 50% had been trained which was also not as per the norms. AYUSH health providers were not involved in the implementation process.
• Though the existing human resources were contributing to the programme, but their partial involvement, poor integration and poor convergence were observed.
• There was no PIP for this programme. No outsourcing facility was in place for unavailability of health services in the district. No PPP model was working on this. Camps were not regularly organized. No home-based care was provided from any level of health facility. There was no segregation of data of old and new cases for diabetes, CVDs, cancers and stroke at any level.
• All the studied health institutions had inadequate infrastructure combined with space constraints and logistic supply. District NCD Cell, District NCD clinic, DCCU and DCCF were not performing as per the programme guideline while NCD clinics at both CHCs were on paper but not started yet. NCD clinic at the district level and DCCU were running as general OPDs. DCCF had no drugs for chemotherapy. Only follow-up of simple cases of diabetes and hypertension were managed at NCD clinics of CHCs. However, referral services and monthly reporting was done in all health institutions.
• During August 2011 to August 2015, less than 60% funds were utilized. 50% of the patients felt better availability of laboratory facility and medicine after implementation of the programme while equal percentage of patients wished sufficient availability of the same.
• All the interviewed doctors 100 (25/25) were facing shortage of manpower and 64% (16/25) of the doctors felt constraints in providing home-based care and IEC activities. More than 68% (17/25) of the doctors advocated for recruitment of manpower, regular training of all categories of health personnel, and continuous supply of laboratory materials, logistics, IEC materials and medicines.

Recommendations

• There should be clear guidelines for time-bound completion of recruitment procedure and at least one orientation training programme/induction training before holding the charge under this programme.
• The strengthening of health institutions should be done at all levels especially at the peripheral-level.
• There should be regular supply of essential medicines / laboratory materials and IEC materials.

3. A Study on the Content of Ante-natal Care Services Provided by the Sub-District Level Hospitals or Their Equivalents and the Peripheral Health Facilities in a Selected District of Delhi (Shalini Kelkar and K. Kalaivani)

Objectives

• To describe the functional set-up including the availability of human resources, materials and equipment for provision of ANC services and to identify the shortcomings/ gaps in the infrastructure and service provided in the sub-district hospitals or their equivalents and peripheral health facilities like maternity homes and government dispensaries or PUHCs;
• To examine the content of ante-natal care services as per the GOI guidelines;
• To identify the problems faced by service providers with respect to provision of effective ANC services; and
• To suggest the remedial measures for improvements.
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Major Findings

- Although there was no deficiency of both consumables as well as equipment in all the health facilities but these were not utilized for providing good content of antenatal care.
- The sub-district level hospital or its equivalent was overloaded by normal cases of pregnancy. On the other hand, the peripheral health facilities like PUHCs were largely under-utilized.
- In the sub-district hospital or its equivalent, many of the usual components of ANC like complete history-taking, weight measurement and proper abdominal examination were not always done despite the cases being attended by the skilled obstetricians.
- Though the content of ANC provided by the government maternity homes was somewhat better than the SDH but in PUHCs, history-taking was poorly done and abdominal examination was not done at all.
- Antenatal cards were not properly filled in and treatment of anaemia was not being done as per the GOI guidelines in any of the health facilities.

Recommendations

- Reverse referral system needs to be strengthened so that the sub-district hospitals provide antenatal care services only to complicated cases of pregnancy while ANC for normal cases can be provided by the peripheral health facilities.
- The sub-district hospitals should provide trainings and play a mentoring role for the peripheral health facilities.
- The doctors, nurses and laboratory personnel posted in the sub-district hospitals should first translate their acquired skills into practice. Then only they will be able to provide supportive supervision to those posted in the peripheral health facilities.

4. A Study of Knowledge, Attitude and Practices of Healthy Lifestyle and Profile of Identified Risk Factors of Non-Communicable Diseases among College Students of Delhi University (Joy Kumar Chakma and Sanjay Gupta)

Objectives

- To assess the knowledge, attitude and practices of healthy lifestyle among students of selected colleges;
- To determine the factors leading to unhealthy lifestyle in them;
- To find out the profile of identified risk factors of NCDs among the students and
- To suggest suitable interventions based on the findings.

Major Findings

- Majority of the subjects had only average knowledge on healthy lifestyle and unfavourable attitudes towards healthy lifestyle.
- High prevalence of physical inactivity, sedentary lifestyle and poor dietary habit was observed among the subjects.
- Tobacco use was prevalent in 16% and alcohol use in 21% of the subjects.
- Majority of them used tobacco and alcohol for socialization under peer pressure and also for enjoyment.
Smoking tobacco was common in public places like college and hostel campuses despite it being banned under COTPA 2003.

Unhealthy weight (both overweight and underweight) was prevalent in about 40% of the subjects. Of them, 15.77% was overweight, 10.22% was obese class-I and about 5.55% was obese class–II while >8% was under weight as per the WHO Classification of BMI for Asian Indians.

About 1.55% of the subjects were recorded to have high normal blood pressure as per WHO/API classification of BP for classification of hypertension for adults aged 18 years and above.

Recommendations

- Health education must be a part of curricula; and effective IEC campaigns for increasing knowledge and sensitizing students must be in place for promoting healthy lifestyle among them.
- Periodic health screening of students will be useful in early detection of risk factors along with counseling for promotion of healthy lifestyle.
- Motivational efforts for adopting a healthy lifestyle through extracurricular activities like quiz contest, debates, etc. on health related topics specific to the consequences of unhealthy lifestyle and risk factors NCDs are needed to be introduced.
- Organization of special motivational programmes like yoga, meditation, etc. may be useful in stress reduction/management leading to healthy living among the students.
- Sports activities are to be vigorously held to promote physical activities.

5. **A Quality Assessment Study of Institutional Delivery Services in Government Health Facilities of a Union Territory of India**

*(Manoj Kumar Singh and T. Bir)*

**Objectives**

- To find out the present status of institutional delivery facilities available and accessible in the UT of Dadra and Nagar Haveli;
- To assess the quality of care in institutional delivery services given in the Union Territory as per IPHS;
- To find out the constraints in maintaining the quality of standard in institutional delivery services in the Union Territory of DNH;
- To see the client satisfaction level of institutional delivery services; and
- To suggest suitable remedial measures for increasing the quality and coverage of institutional delivery services in the UT.

**Major Findings**

- Building infrastructure, location and approachability of health facilities were good.
- Cleanliness was found to be very good at DH while it was satisfactory at CHC, PHCs and SCs.
- Knowledge of SN/ANMs regarding normal labour and immediate newborn care was poor.
- MOs need training for Em. Obs. Care and paramedics (SN and ANMs) need reorientation for SBA and NSSK.
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- Supply of medicines and consumables to peripheral facilities was inadequate and irregular.
- Infection control measures and waste disposal were inadequate especially at SCs and PHCs.

Recommendations

- Relevant SOPs/guidelines for important procedures should be made available at the health facilities.
- Supplies to peripheral health units should be regularized and tailor-made to suit their demands.
- Quality Assurance Programme should be framed and implemented at all levels of health facilities.
- Periodic reorientation trainings should be organized for staff nurses and ANMs.
- Standard practices which they already know, must be followed.

6. Study of the Patient-Safety Measures in a Large Hospital in Delhi (Ravinder Singh and S. V. Adhish)

Objectives

- To study the patient-safety measures such as current mechanism of medication and blood transfusion; health care associated infections and adverse drug reactions; and surgical safety measures in a large hospital in Delhi;
- To study the communication of the staff among themselves and with the patients;
- To assess the incidence of the bed sores as a proxy indicator of patient care;
- To study the documentation of patient-safety measures taken by the Hospital;
- To seek the views of the administrators, doctors, nurses, nursing orderlies along with patients and attendants regarding patient-safety measures; and
- To suggest effective measures for improvement.

Major Findings

- Judicious use of injections was not followed by many prescribers.
- While the biomedical waste management programme had been implemented in the hospital but the waste containers were not at arm’s length.
- Recapping of needles was prevalent among the nursing staff.
- All the participants informed that they clean the skin-area with spirit-soaked cotton swab before giving injections. Out of the 106 participants who had sustained needle-stick injury; only 9 (11.77%) said that they took Post-Exposure Prophylaxis.
- There is provision of Hepatitis B immunization in the hospital but only less than half of the study population was immunized.
- Most of the patients stated that junior doctors hardly bother to listen to the patients.
- There was deficiency in display of information and education on hand hygiene.
- The hospital lacked a dedicated data base for the surveillance of Hospital Associated Infections.
Recommendations

• Hand hygiene training and sensitization may be done for the staff.
• Communication skills training may be initiated for the Junior Doctors.
• Use of soaked cotton with spirit in plastic containers may be avoided.
• Reporting of adverse drug reactions was low; hence, staff may be trained for identification and reporting of adverse drug reactions.
• The post-exposure prophylaxis ART uptake was low among needle-stick injury suffered healthcare staff. IEC materials may be displayed more in the work area to encourage the staff regarding PEP in case of sharp exposure.
• IEC material regarding hand hygiene promotion should be placed in all the wards.
• Data base for surveillance of the hospital associated infections should be maintained.

7. Study of Services Provided under Chacha Nehru Sehat Yojna (CNSY) in Government Schools of a Selected District in Delhi (Prakash Jha and A. K. Sood)

Objectives

• To study the organizational structure and functioning of Chacha Nehru Sehat Yojna (CNSY) in government schools of a selected district in Delhi;
• To seek the views of stakeholders such as principal, teachers, school children and health personnel, etc. regarding the services provided under CNSY; and
• To suggest measures for improving the services provided under CNSY.

Major Findings

• The organizational structure in West-A district was according CNSY guidelines but no separate post for district CNSY in-charge was sanctioned.
• Principal and nodal teachers were available as per the norms of Chacha Nehru Sehat Yojna in all the three selected schools.
• There was 25% shortage of medical officers and public health nurses in the district.
• The coverage of CNSY was also very poor as only 50% of government schools were covered during 2013-2014. The CNSY plan had insufficient micro-planning about visits of health teams to government schools, inadequate mechanism for referral and transport of students for ailments diagnosed during health check-up. Plan does not mention about training load, content or venue for capacity building of teachers and health staff in school health services.
• None of the schools had any written health related policy guideline. All the schools had basic infrastructure for maintaining hygienic environment, safe drinking water, and provision of separate toilets for boys and girls.
• Screening visits were planned by CNSY health teams but school authorities did not get any written prior information about the visit.
• Public health nurses stated that target of examining 60 students a day was high and impractical. The referral and follow-up services were poor due to lack of specialists in the special referral center.
Nodal teachers and principals reported about lack of CNSY health manual, adequate space and IEC material in their respective schools. They also felt that they were overburdened with many other tasks.

Medical officer and nurses reported that there was poor communication and coordination among health and education staff.

The students who were referred for any ailment, reported that they were not explained their condition properly and nobody accompanied them to the referred center from the school.

**Recommendations**

- Roles and responsibilities of both education and health department in implementing CNSY need to be clearly defined.
- Recruitment process should be started as soon as possible under CNSY programme; and also coordination with private doctors, NGO’s should be started to provide health services in schools.
- It is also recommended to initiate annual health screening at the start of session with active involvement of parents.
- Nodal teachers should have dedicated posting for effective implementation of CNSY.

8. **Study on Functioning of Programme Management Units (PMU) under NHM at District-Level**  
   (Arun Kumar Tiwari and Utsuk Datta)

**Objectives**

- To describe the organizational structure of the Programme Management Units at district and block level with the role and responsibility of unit members;
- To study the roles and responsibilities of the Programme Management Unit in the preceding financial year in terms of achievement of NHM goal;
- To study the support of district health units towards Programme Management Unit for better performance;
- To find out the constraints in the functioning of Programme Management Unit; and
- To suggest measures for improvement based on analysis of the functioning of the Unit.

**Major Findings**

- Organizational structure of DPMU was same in both the districts. Organizational structure of BPMU of both the districts was same with overall in-charge of the BPMU is SMO; but there is no post of BPM in both the districts of Haryana.
- With regard to training, staff of DPMU who were working for more than 6 months had undergone training as per their job function while recently joined staff had not undergone any training.
- In both the districts, remarkable achievement was witnessed in terms of major health indicators.
- All the PMU staff had been appointed on contractual basis, usually for 1 financial year. For renewal of their contact for the next financial year, all of them required a series of a cumbersome process which was de-motivating them.
• Inadequate infrastructure such as lack of ample office space, computer facilities and internet facilities at the block level was hampering the proper functioning of the PMUs.

• Though the PMU staff was regularly reporting the performance to the higher officials, only 40% of them received feedback from the higher officials. Some feedback was given through telephone while some through e-mail. In the absence of proper feedback mechanism, guidance was not proper leading to improper functioning.

Recommendations

• All the posts must be filled up and the post of Block Programme Manager should be created. HR policy may be revised with a focus on the duration and renewal of contracts and the salary aspect.

• Block-level infrastructure has to be strengthened with the provision of communication channel like internet and transport facility.

• A joint training of Programme Manager and Health Manager should be organized that would facilitate them to understand each other’s roles and responsibilities. Periodical training must also be conducted to enhance the knowledge and skill of all the staff at all levels of PMU.

On-going Research Studies


2. Strengthening of Pre-Service Education of Nursing and Midwifery in India.

3. Study on Social Determinants of Family Size and Its Implications in Population Growth in Uttar Pradesh and Bihar

4. Evaluation of National Programme for the Health Care of Elderly (NPHCE)

5. Development of Immunoassay for Dexamethasone using Different Heterology in Immunogen and Enzyme.


7. Development of 17α, 20β Dihydroxy-4-pregne-3-one Immunoassay Using Different Spacers in Immunogen and Enzyme Conjugates.

8. A Randomised Controlled Trial of the Impact of Behavioural Intervention Package on the Health Status of Married Abused Pregnant Women Aged 15-45 Years Attending Antenatal Clinic of LNJP Hospital, New Delhi.

9. A Monograph on Gender Violence and Health Care in India.

10. Development of Medroxyprogesterone Acetate Immunoassay Using Different Spacers in Immunogen and Enzyme Conjugate and Different Antigen in Enzyme Conjugate.

11. Evaluation of National Vector-borne Disease Control Project (Malaria) in the Northeastern States of India.
The Institute, since its inception, has been providing some selective health care services mainly for training and research purposes. The clinic of the Institute provides services in the field of infertility management, menopause and adolescents and youths. NIHFW also facilitates access to documents, journals, reports, etc. through the National Documentation Centre and Department of Communication.

Details of the specialised services are as described below:

**Clinical Services**

**Maternal and Child Health (MCH) Services**

The RBM Clinic gives special emphasis on Maternal and Child Health (MCH) services. The Well Women Clinic takes care of the needs of women. The services on ante-natal and post-natal care, immunization, supply of iron and folic acid, vitamin ‘A’ supplementation, etc. were provided to the patients visiting the clinic. Children up-to the age of 5 years are immunized in the clinic.

**Management of Infertility**

The Institute is recognized as one of the centres of excellence in reproductive health care. The laboratory facilities are utilised for thorough investigation of reproductive disorders such as endocrinological, anatomical/surgical, etc. of patients. The scientific approaches adopted in the management of endocrinological and reproductive disorders and infertility management have been proved to be successful.

**Clinical Laboratory Services**

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

The clinic provides the following laboratory services:

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

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

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

Adolescents and youths form a major chunk of the Indian population. They carry with them hopes and new aspirations, and are energetic. Therefore, adolescents and youth require special attention, education and specialist guidance for adopting a healthy life-style. They need to be oriented and guided on various health issues. Proper counseling and health education of the Adolescents and youth on various health issues can lead to decline of unwanted pregnancies, reproductive tract infections and sexually transmitted infections. Keeping this in view, the adolescent and youth clinic of the Institute provides them information/counseling regarding reproductive health needs in a friendly atmosphere. During the year under report, 63 female adolescents were provided the services.

Press Unit

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

Printing and Publication Services

The Institute prints and publishes various publications every year as a part of its continuing education programme. Some of the important publications are:

- Multi-colour brochures for various training programmes
- Modules/Blocks of DLC
- Report on Assessment of Functioning of Janani Express in Tribal Districts
- Report of Knowledge Resource Centre
- Annual Accounts 2013-2014
- Stock verification reports of all departments, NIHFW
- Evaluation Report of PMSSY Scheme of MOHFW
- National Cold Chain Assessment Report
- Health and Population: Perspectives and Issues
- NIHFW Newsletter
- Dhaarna

Health and Population: Perspectives and Issues

The Institute has been publishing its ISSN-numbered multi-disciplinary quarterly Journal, Health and Population: Perspectives and Issues regularly since 1978. With a wide circulation both at national as well as international-level, it includes articles of scientific and educational interest in the areas of health services, family welfare, population, hospital administration, health-economics, health-communication, population, social sciences and other allied disciplines.
The Journal is indexed in the following:

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

The abstracts of papers published in the journal are also available on the Institute’s web-site www.nihfw.org while the full papers are available on www.indmed.nic.in.

**NIHFW Newsletter**

Started in 1999, the quarterly newsletter carries the developments taken place in the areas of academic research, education, training, projects and collaborations, visitors, guest-lectures, etc. in a specific quarter. The quarterly developments are disseminated to all the concerned across the country. The Newsletter is also available on www.nihfw.org.

**Audio-Visual Services**

Art, photographic and projection services were provided by the Institute for various activities in the year under report.

**National Documentation Centre**

Library facilities available at National Documentation Centre (NDC) are one of the best in India in the field of public health. Over a period of two decades, NDC has developed a well-balanced and up-to-date collection of over 60,000 documents including 38,800 books, 11701 journals, technical reports, annuals reports, statistical reports, conference reports, modules, non-book materials, etc. in the field of health, population and family welfare and allied areas carrying worldwide information.

NDC undertook the following activities in the reported year:

- Started in 1999, the training course on IT Application for Information Management in Medical Libraries has trained more than 500 health science librarians so far.
- Developed a database of MD Theses in public health submitted in PG health science colleges and institutions in India.
- Union Catalogue of non-book materials is available in all health science libraries in Delhi including NIHFW.
- Bibliographical database on Tribal Health, HIV/AIDS, Female Feticide, etc.
• Compiled a Compendium of Reports/Documents published in health and family welfare disciplines in India.

NDC did the following documentation services in 2014-15:

• Selective Disseminate Service (SDS)
• Current Awareness Services (CAS)
• Health and Family Welfare Abstract (Quarterly)
• Health News Repositories (both English and Hindi)
• Daily Health News Bulletin
• Daily Press Clipping Services
• List of Additions

In addition to the above, through Online Public Access Catalogue (OPAC), bibliographical details of all publications/documents are accessible at the link- http://14.139.63.242/. Important publications like committee/commission reports, technical reports, HPPI journals, important NIHFW publications, etc. have been digitized and accessible through the link- http://www.nihfw.org/WNDCC.aspx.

**NDC is a member of following online services:**

NDC is an active member of Developing Library Network (DELNET) and shares its resources with more than 1900 member libraries including Library of Congress, Washington. DELNET has a total collections of 2,03,71,835 books and 20,235 periodicals.


**Demographic Data Centre**

The Demographic Data Centre in the Department of Statistics and Demography has been functioning since 2003. The purpose of the centre is to develop a data bank of information on socio-demographic, health and family welfare, etc. available from different sources at the national and state-levels; which in turn, provides ready reference materials to the professionals and researchers. The Demographic Data Centre procured NFHS-1, NFHS-2, NFHS-3, DLHS-1, DLHS-2, DLHS-3, various rounds of NSSO Data, Census-1991, 2001 and 2011 Data and Annual Health Survey of Nine States. Data are analyzed and published from time to time. The Centre has prepared a population profile using census 2011 data and uploaded on the institute website and also prepared a census population profile 2001-2011 as well as State-wise Census 2001-2011 Pyramids for demographic data centre.

**Computer Services**

The Institute has provided computer access to all its faculty, research and administrative staff. All the computers in the Institute are connected with campus-wide network. There are six servers hosted in the computer centre to support the network and various applications. The Institute has provided internet facility through 4 MBPS leased-line connectivity through MTNL.
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The Computer Centre has a state of the art video-conferencing facility that is used for e-learning and meetings with World Bank, GDLN and other national and international organizations. The Computer Centre has two modern Computer Labs for training purposes.

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

Detailed information about the Institute is available on-line on www.nihfw.org which is managed and maintained by the Computer Centre of the Institute.
National Institute of Health and Family Welfare (NIHFW) is the Nodal Institute for training under NHM/RCH–II. It has been coordinating and monitoring all the training programmes under NHM with the support of 17 Collaborating Training Institutions (CTIs) spread all over the country.

**Highlights**

**Review and Progress of State Programme Implementation Plans (PIPs):** The RCH unit reviewed and prepared comments on training component of the PIPs of all States for 2014-15 and submitted to MoHFW. The Nodal Officer, ANO, consultants from RCH Unit attended NPCC meetings for all the 36 States/UTs conducted at MoHFW for finalizing and approving the budgets of 2014-15 for the States/UTs. The RCH-II Unit compiled and analyzed the Annual Progress Report for 2013-14, Quarterly Progress Reports (QPR) for first, second and third quarters (2014-15) with state-wise, level-wise, thematic-wise and category-wise analysis which were submitted to MoHFW.

To ensure that there are no critical gaps in the training plans using data from large scale surveys like DLHS/AHS as well as MIS; analysis was done for some of the districts. Efforts have been made to fill up the vacancies in the project unit of NIHFW, SIHFWS/CTIs with quality manpower. List of CTIs with contact details, status and staff position has been uploaded on NIHFW’s website.

**Monitoring**

As per the mandate of MoHFW on focusing more on the quality of training under NHM; consultants of NIHFW and CTIs undertook monitoring visits to various districts and peripheral facilities including training centres. They assessed Integrated EmOC training, SBA (AYUSH MO), CAC, BEmOC, LSAS, NSSK, F-IMNCI, IMNCI, RI, RBSK, SNCU, IYCF, IUCD, PPIUCD, PPIUCD-TOT, Minilap, MTP, Site assessment for CAC, SBA plan-4 for integrated Health Worker, training site assessment, etc. Core skill training and SBCC training for various categories of health personnel were conducted in a number of states. In addition to that, facility assessment as well as training site assessment was also done in many districts. During the period, officials and RCH consultants at NIHFW and CTIs visited 73 districts in 11 States.

**Other Activities**

Consultants from NIHFW undertook field monitoring visits to 26 districts of 8 State/UTs for Intensified Diarrhoea Control Fortnight, a special activity to control childhood diarrhoeal deaths. They covered 9 districts in 6 States for field monitoring of National Deworming Day. Training Management Information System (TMIS) software was piloted in 7 States- Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Odisha and Uttar Pradesh by March 2014. TMIS reorientation training on the modified features of the software has been done in Karnataka, Odisha and Andhra Pradesh. As part of MoHFW’s core team for TMIS implementation, officials visited Madhya Pradesh to provide training to District-level nodal staff who will be managing TMIS at districts.
NIHFW has linkages with 17 institutions for 10-week duration Professional Development Course (PDC) in Management, Public Health and Health Sector Reforms for District Level Medical Officers (DMOs). During the year, 101 Medical officers were trained at 5 institutes including NIHFW. Since the introduction of the PDC in 2001, a total of 2359 officers from various states have been trained so far.

**Annual Sentinel Surveillance for HIV Infection**

NIHFW has been entrusted with the responsibility of coordinating and monitoring of Annual Sentinel Surveillance and Intergraded Behavioural and Biological Surveillance (IBBS) activities by the Department of AIDS Control (DAC).

**HIV Epidemic Trends**

The overall HIV prevalence among ANC clinic attendees, considered a proxy for prevalence among the general population, continues to be low at 0.35%. The highest prevalence rate was recorded in Nagaland (0.88%) followed by Mizoram (0.68%), Manipur (0.64%), Andhra Pradesh (0.59%) and Karnataka (0.53%), Chhattisgarh (0.51%), Gujarat (0.50%), Maharashtra (0.40%), Delhi (0.40%) and Punjab (0.37%) where the prevalence rate is higher than the national average. Bihar (0.33%), Rajasthan (0.32%) and Odisha (0.31%) recorded a lower HIV prevalence rate than the country average. HIV epidemic continues to be concentrated with HIV prevalence in high risk population groups.

**Progress**

HSS round 14th continued in the year 2014-15. NIHFW has conducted pre-surveillance meeting for NACO, SACS, CTMs and RI in December 2014. During the year, NIHFW completed the country report of HSS 2012-13 and HIV estimation of Rajasthan and Uttar Pradesh. Intergraded Behavioural and Biological Surveillance (IBBS) has entered in Phase 3 comprising the main survey and data collection. It has conducted Regional ToT in October 2014 and Refresher Regional ToT in January 2015 for RI members, SST members, SICU team and FRA members. Officials of the Institute are part of the Technical Advisory Group to frame and design IBBS. The Institute has been identified as a Regional Institute for conducting IBBS for Delhi and Rajasthan for training of field teams, monitoring, supervision, and quality assurance of data. The Institute has designated six SST members from medical colleges of Delhi and Rajasthan to facilitate the supervision and monitoring of IBBS.

**Public Health Education and Research Consortium (PHERC)**

With a aim to develop strategies for greater involvement of partner institutions in national public health programmes through capacity building for education and research, NIHFW has developed a Public Health Education and Research Consortium (PHERC) through a network of partners; and looks forward to individuals and organisations like Medical Colleges, SIHFWs/HFWTCs/CTIs, Nursing Schools/Colleges and Mother NGOs to participate in the same.

The consortium is a joint effort to pool all the available Public Health Human Resources from all the interested institutions through the network for the betterment of Public Health in the country. Currently, PHERC has a partnership of 179 Medical Colleges, 173 Nursing Colleges, 50 Health Training Institutions (SIHFWs and HFWTCs), CTIs and 214 NGOs and 21 others from 36 States and Union Territories.
Mother and Child Tracking System (MCTS)

Mother and Child Tracking System (MCTS) was started in December 2009 to improve the delivery of health care services to pregnant women, thereafter 42 days post-delivery; and children up to five years of age through name-based tracking of each beneficiary; and further monitoring of service delivery. It has been declared as a Mission Mode Project (MMP) under the National e-Governance Plan (NeGP) in July 2011. This Tracking tool helps in reducing maternal and infant death in the country. This step is an endorsement of the Government of India to the United Nations’ Millennium Development Goal to reduce IMR and MMR to less than 28 and 109 respectively by the year 2015. The centre is working in the department of Statistics and Demography under the direction of Director, NIHFW and Ministry of Health and Family Welfare.

Current Status

So far, a total of 8,38,39,069 pregnant women and 72,114,490 children have been registered in MCTS since its start-up. 2,07,49,126 pregnant women and 1,77,40,999 children have been registered in MCTS during the year 2014-15. About 2,24,774 ANMs and 9,32,154 ASHAs have been registered in MCTS out of which 98 per cent of the ANMs and 91 per cent of the ASHAs have been registered with phone numbers in the entire country.

During the period under report, the centre has accomplished the following tasks:

- Capacity building in States/UTs for the new initiative in MCTS i.e. Unstructured Supplementary Service Data (USSD) which has been commissioned for facilitating the data entry for near real time basis.
- Training Materials such as pre and post-training feedback forms, presentation about MCTS portal and various reports available for monitoring have been developed.
- Analytical factsheet for all the States/UTs for MCTS progress assessment has been done.
- Field-visit monitoring checklist and guidebook have been developed.
- As part of monitoring visits and capacity building, four regional workshops were conducted by the MCTS Centre in Bangalore, Kolkata, Jaipur and Agartala during September-October 2014 wherein 241 participants were trained. One national workshop was held in March 2015 in which all the 36 States/UTs took part.
- State-level workshops were conducted in 13 States in which 1020 participants were trained. The States are Andhra Pradesh, Bihar (51), Delhi (31), Himachal Pradesh (35), J&K (220), Jharkhand (60), Madhya Pradesh (58), Maharashtra (290), Mizoram (20), Uttar Pradesh (250) and Uttrakhand (30).
- Field-visits to Himachal Pradesh (Shimla), Manipur (Bishnupur, Senapati) and Mizoram (Aizwal) were conducted to understand the process flow, and provide supportive supervision for MCTS and Integrated RCH Register.

Mother and Child Tracking Facilitation Centre (MCTFC)

The Mother and Child Tracking System maintains a huge database of beneficiaries’ and health providers’ contact details and services. To maintain the quality of service delivery and to address the queries of service providers, MCTFC was established in 2013. Besides monitoring the delivery of MCH services to the pregnant women and children, it directly communicates with the ANMs, ASHAs, pregnant women and parents of young children on their mobile phones.
to sensitize them regarding their medical services which are due. Establishment of MCTFC Facilitation Centre at NIHFW has resulted in better interaction with beneficiaries and front-line health workers (ANMs and ASHAs) for verification of the records and services delivered, encouraging for timely availing/providing of due services, informing them about various mother and child care services, programmes and initiatives like JSSK, JSY, RBSK, National Iron Plus Initiative (NIPI), contraceptive distribution by ASHAs, etc. sending the appropriate health promotion messages in voice and text to beneficiaries according to the month of pregnancy or age of the child. MCTFC has employed 103 Helpdesk Agents (HAs), with a daily log-in of 80 HAs. The Facilitation Centre is operational from 9:00 a.m. to 6:00 p.m. The Centre has a target of 7 lakh calls every month including Interactive Voice Response System (IVRS). The introduction of free in-bound calls to the Facilitation Centre is on the anvil facilitating the beneficiaries and health workers seek guidance on health care related queries and obtain health consultation. Currently, the Centre is calling beneficiaries of 12 Hindi-speaking states. In the year 2014-15, one more State has set up a call centre for verifying MCTFC data at the state-level making the total number of States/UTs 13.

The HAs contact the service providers and recipients of mother and child care services for their feedback on related issues and concerns. As a result, the feedback helps the Government of India/State Governments to easily and quickly evaluate the programme interventions leading to have appropriate corrective measures to improve the health service delivery. They also check with the ASHAs and ANMs regarding availability of essential drugs and supplies like ORS packets and contraceptives. Training needs of the ASHAs and ANMs are also assessed.

**Infrastructure at MCTFC**

The state-of-art call centre has in NIHFW campus has a seating capacity for 80 Helpdesk Agents and other managerial staff. MCTFC has a central server room for hosting servers, network and telecom equipment and application. Helpdesk Agents are provided with computers and softphone for making calls to the beneficiaries and health workers.

**MCTFC Application**

The MCTFC application has two modules each for pregnant women, children, ASHAs and ANMs. The modules for pregnant women include detail information on Ante-Natal Care (ANC), Post-Natal Care (PNC) for lactating mothers and immunization details of children. Further, the modules contain information about the government health intervention programmes meant for pregnant women/children and standardized awareness messages tailored to the current health condition of the beneficiary. The modules developed for children contain information like location details, health worker details, immunization details and other child-related information. They also contain standardized child health awareness messages for children up to the age of 1 year. Similarly, the modules for ASHAs and ANMs contain their verification details such as name, location and bank details. The modules also validate the services that are rendered by ASHAs and ANMs like ANC visits, immunization, family planning, adolescent health, etc.

**Operationalisation of MCTFC**

MCTFC is currently operational with outbound calls to beneficiaries and health workers every day except on national holidays. In addition, two doctors at the Centre respond to the specific queries of beneficiaries and health workers; and provide non-clinical advice. Currently, calls are being made primarily to states with Hindi and English-speaking population. In future, the facility may be expanded to cater to the needs of the non-Hindi States.
MCTFC Coverage

MCTFC Call Coverage*

- Pregnant Women: 4,86,160
- Parents of Child (0-5 Yrs): 4,33,092
- ANM: 1,28,029
- ASHA: 2,43,736

MCTFC communicates with beneficiaries such as pregnant women and parents of children, and health workers like ANMs and ASHAs to meet the objective of the project. Till date, millions of beneficiaries and health workers have been served in 13 States/UTs.

Since the starting of MCTFC, it has catered to millions of beneficiaries and health workers in 13 States/UTs as depicted below:

Geographical Coverage: MCTFC has covered 13 States / UTs to connect with the beneficiaries/health workers:
Centre for Health Informatics (CHI) for National Health Portal (NHP)

To provide health information and health care related information to the citizens of India, the Ministry of Health and Family Welfare (MoHFW) has set-up the National Health Portal (NHP) in pursuance with the decisions of the National Knowledge Commission (NKC). The NHP serves as a single-point of access to multilingual health information, application and resources. A wide spectrum of users such as academicians, citizens, students, health care professionals, researchers etc. will be benefitted from the National Health Portal.

NIHFW has established a Centre for Health Informatics (CHI) to work as the Secretariat for managing the activities of the National Health Portal. The National Health Portal has been formally launched by the Honourable Union Minister of Health and Family Welfare, Mr. J. P. Nadda on 14 November 2014 at Pragati Maidan, on the sidelines of India International Trade Fair (IITF). Presently, NHP disseminates information in six languages- Hindi, Gujarati, Bangla, Tamil, Punjabi and English. It is also providing information for professional use by health workers. NHP has presence on Facebook at https://www.facebook.com/NHPINDIA and Twitter at https://twitter.com/nhp_india.

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

Under the Routine Immunization Programme of the Government of India, NCCVMRC has been set-up in the Institute with the mandate to serve as a resource centre for all cold-chain and vaccine management activities. Hon’ble Union Minister of Health and Family Welfare, Mr. J. P. Nadda inaugurated it on 9th March 2015 on the sidelines of the 38 Annual Day of NIHFW. The activities of the centre include capacity building of programme managers and implementers, monitoring and supervision, reviews and studies of the cold-chain and vaccine system in the country.

A National Cold-Chain Management Information System (NCCMIS) is operational across all states and UTs of India to provide real time information on all cold-chain equipment along with real time temperature monitoring of selected bulk vaccine stores.

Currently, NCCVMRC is monitoring the status of more than 70,000 cold-chain equipment across India with about 27,000 cold-chain points in real time. In collaboration with the National Cold Chain Training Centre (NCCTC), Pune; NCCVMRC at NIHFW has trained more than 300 cold-chain technicians in repair of cold-chain equipment. NCCVMRC has completed the National Cold-Chain Assessment and the National EVM assessment along with a study on the impact of solar hybrid systems in Maharashtra.
National Cold Chain Management Information System (NCCMIS)

NCCMIS is a real time and comprehensive cold chain equipment inventory management system commissioned by the MoHFW and managed by the National Cold Chain Vaccine Management Resource Centre (NCCVMRC) with technical and financial support from UNICEF. NCCMIS is currently operational across the country covering all the states and districts which is one of the first such systems in the world with such a comprehensive set of features and information. NCCVMRC is leading the development of the revised version of the system with incorporation of key elements such as vaccine management, temperature monitoring, supply chain supervision capabilities and mapping of supply chain which will enable it to become a one-stop solution for a comprehensive immunisation supply chain MIS across India.

District Level Household Survey (DLHS)-4

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

The Institute participated in the procurement, quality testing and distribution of instruments and materials to the partner institutions. Inducted master trainers at the partner institute level and also acted as a partner Institute for state of Delhi. The project has been completed and the final report of the project will be published by IIPS, Mumbai.

CDC, Atlanta-NIHFW Capacity Building Collaborative Project

NIHFW has entered into a cooperative agreement with CDC, Atlanta, The United States of America, for development and conduction of two training programmes across India: (i) Management Training in Public Health for Programme Managers at State, District and Sub-district Level; and (ii) Rapid Response Team Training for State, District and Sub-district Levels. The proposed activities have been planned for a duration of five years with the focus of NIHFW during the first year is on developing two courses followed by pilot-testing of these courses. The next four years would be devoted to capacity building of state (district and below district personnel in the two identified areas; and a situation analysis of the Health IT would also be undertaken. The five year project has been approved by CDC and funds have been committed. Recruitment of a few posts has been done and some other posts are being filled up. Work on development of the courses has started. A new basic epidemiology course is also being developed.
Policy Unit for Health, Nutrition and Population Development

Policy Unit was set up in the institute in 2011 with technical support and financial funding from USAID through Health Policy Project to undertake an evidence-based policy research and analysis, advocacy and multi-sectoral coordination on issues related to population, health and nutrition. The Unit works under the Department of Planning and Evaluation and is managed by a Steering Committee under the Chairmanship of the Director, NIHFW. The Steering Committee provides direction and oversees the functioning of the Unit. The activities of the Unit are guided by an Advisory Panel under the Chairmanship of Shri A. R. Nanda, Former Secretary, MoHFW, Government of India.

Thus, Policy Unit facilitated a Technical Committee under the chairmanship of Dr. S. Y. Quraishi, Ex-Election Commissioner of India, Government of India, and formulated an advocacy booklet for the Parliamentarians with the title- Family Planning: An investment in Family Planning for Health and Development to ‘call attention’ on the issues of population and its impact on people of India and overall development for parliamentarians. The unit held Inter-Institutional Collaboration meetings at NIHFW to bring the different organisations working on population stabilization and family planning on a common platform and hold joint activities. Policy unit developed a Competency-Based Syllabus (Family Planning and Population Stabilization) for Under Graduate (UG) and Post Graduate (PG) Medical Education for inclusion of Family Planning in the present curriculum and the report has been submitted to the Medical Council of India. During the year under report, the policy unit prepared (i) Family Planning: An investment in Family Planning for Health and Development; (ii) Follow-up on the recommendations on Effectiveness of Fund-Allocation and Spending for NHM in Uttarakhand; (iii) Inter-Institutional Collaboration Report; and (iv) Policy Unit– Final Report. As the Health Policy Project is about to be concluded in May 2015, efforts are underway for continuation of the unit from the institute funding.

European Union Funded Institutional and Technical Support Project

The Institutional and Technical Strengthening Project (ITS) was initiated in the year 2009 with the support of European Union and Government of India (EU-GoI) under Sector Policy of Support Programme at NIHFW. The project is completed on 31 December 2014. Under the project, the following activities were carried out as the terminal deliverables:

New Courses

ITS supported the Institute in developing of five courses in which three new courses are in distance learning mode namely i) Diploma in Health Communication, ii) Diploma in Applied Epidemiology iii) Diploma in Public Health Nutrition and two new courses are in e-learning mode namely i) Professional Development Course and ii) Programme Management and Support Unit (PMSU). All the courses are being launched in the year 2015.

Quality Assurance Manual

The quality assurance manual has been developed with guidelines for assessing quality in training under Health sector. For the first time, all the documents developed have focused on gender-equity.
Training Management Information System (TMIS)

The RCH project at NIHFW has developed training database format in Excel and collected data in the districts through CTIs and RCH / NHM unit throughout the country. After the compilation of data, each state sends monthly and quarterly reports to NIHFW. To overcome the limitations of manual compilation of data at state and national-level, MOHFW/NIHFW felt the need for an online updatable database which can be administered at national, regional, state and district-level; and started designing a web-based training database software. The beta-version of the software was made available on NIHFW website. In 2012, under the directions of MOHFW and NIHFW, the European Union-funded Institutional and Technical Support (ITS) project provided technical assistance to develop a web-based application- Training Management Information System (TMIS). The progress of TMIS during the period April 2014-March 2015 is as follows:

- TMIS was piloted in 7 States of India namely- Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Odisha and Uttar Pradesh by March 2014.
- Haryana was made fully functional in April 2014 using TMIS for quality data entry and using the information for further action like micro-planning, annual Project Implementation Plan (PIP), monitoring of staff’s training and capacity with the long-term goal to improve human resources for health.
- Odisha, Karnataka and Andhra Pradesh have uploaded the HR and training data online.
- Uttar Pradesh, Madhya Pradesh, Assam and Bihar have completed data collection and validation of data is in progress.
- TMIS reorientation training has been done in Karnataka, Odisha and Andhra Pradesh keeping the modified features of the software in mind.
- Mapping of national-level variables for designation, qualification, specialization, etc. which vary from state to state has been done.
- For implementing TMIS, coordination has been done with the nodal officers of Rajasthan, Goa, Kerala, Nagaland, West Bengal, Himachal Pradesh, Kerala and Arunachal Pradesh.

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

NIHFW is one of the Consortium Members of the project, Enhancing Capacity to Apply Research Evidences in Policy Making. The Center for Operation Research (CORT), International Institute for Population Studies; and the Department of Health and Family Welfare, Gujarat, are the other members. CORT is the nodal agency to maintain co-ordination between the consortium members.

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

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

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

In consultation with the Gujarat Government, the project was terminated in December 2014.

**Annual Health Survey (AHS)**

Currently, India is undergoing health, nutrition and demographic transition. We have a dual burden of health and nutrition. In view of large inter-district variations in health, nutrition, fertility and mortality parameters; India needs a decentralized district-based planning for implementation and monitoring of the health and family welfare programmes. In response to the recommendation of the PMO and the Planning Commission for generating comprehensive district-level data on the health and nutrition status of all members of the family, the Registrar General of India is carrying out the Annual Health Survey (AHS) with a Clinical, Anthropometric and Bio-chemical (CAB) component. The survey is funded by the Ministry of Health and Family Welfare.

The CAB survey is carried out in a sub-sample of the AHS survey population comprising 1350 households per district; based on the assumption that the prevalence of abnormal fasting glucose level is likely to be seen in 4 per cent of the population. This provides district-level data on the prevalence of under and over-nutrition, anaemia and hypertension, abnormalities in fasting glucose levels, and household availability of iodised salt. The following information, measurements/estimations were taken in all members of the selected households:

- height and weight of all members of the household- women, men and children aged 1 month and above,
- Hb estimation in women, men and children aged 6 months and above,
- blood pressure in all members of the household aged 18 years and above,
- fasting blood sugar levels in all members of the household aged 18 yrs and above,
- household salt is tested for iodine content to assess the household access to iodised salt,
- information on infant and young child feeding and caring practices in all children < 3 years,
- data on acute illnesses in the fortnight preceding the survey in all children < five years, and
- information on physiological status of currently married women in the reproductive age; whether pregnant or lactating, and if so, duration of same.

NIHFW coordinated the project with support from six other partner institutions namely- Nutrition Foundation of India, New Delhi; National Institute of Nutrition, Hyderabad; Regional Medical Research Institute, Bhubaneswar; Regional Medical Research Centre, Dibrugarh; Tribal Medical Research Centre, Jabalpur; and Desert Medical Research Centre, Jodhpur. ORGI supervised the project.

During the year under report,

- NIHFW has conducted 12 training courses of field investigators from six training institutions and trained 170 persons. All the other PIs have also completed their training courses.
- Field Survey has been completed by 31 December 2014. Hb samples received by all PIs have been estimated and reported to Field Survey Agencies. NIHFW has done Hb estimation for about 543990 samples.
• 20 per cent of all the measurements and blood spot collection for Hb have been done in duplicate. Each laboratory strictly adheres to the internal quality assurance for daily Hb estimation. Inter-lab QA mechanisms are also being implemented.
• The data cleaning and analysis of the CAB data is under way.

Total number of samples received and assessed by all the Partner Institutions (PIs) are given below:

<table>
<thead>
<tr>
<th>Name of Institute</th>
<th>No of blood samples received from FSAs and Hb done</th>
<th>Hb estimation done for QC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) NIHFW</td>
<td>543078</td>
<td>43802</td>
<td>586880</td>
</tr>
<tr>
<td>(ii) RMRC, Bhubaneswar</td>
<td>127164</td>
<td>7020</td>
<td>134184</td>
</tr>
<tr>
<td>(iii) RMRC, Dibrugarh</td>
<td>81261</td>
<td>830</td>
<td>82091</td>
</tr>
<tr>
<td>(iv) RMRCT, Jabalpur</td>
<td>160593</td>
<td>910</td>
<td>161503</td>
</tr>
<tr>
<td>(v) DMRC, Jodhpur</td>
<td>102347</td>
<td>1270</td>
<td>103617</td>
</tr>
<tr>
<td>(vi) NIN, Hyderabad</td>
<td>220397</td>
<td>1305</td>
<td>221702</td>
</tr>
<tr>
<td>(vii) NFI, Delhi</td>
<td>466510</td>
<td>46638</td>
<td>513148</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1701350</td>
<td>101775</td>
<td>1803125</td>
</tr>
</tbody>
</table>

**Improving Healthy Behaviors Programme (IHBP)**

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

As per the MoU signed between IHBP and NIHFW, IHBP provides technical support to NIHFW in the latter’s efforts to come up as a Centre of Excellence in Capacity Building of Social and Behaviour Change Communication (SBCC). As a part of this effort, IHBP provided technical assistance to NIHFW to plan, start-up and operationalize a multi-media enabled SBCC National Resource Center in NIHFW.

**National Skills Training Unit (DAKSH)**

Provision of providing quality health care services in public health facilities is one of the important mandates under the National Health Mission. To achieve this, it is important that the health care providers such as Medical Officers, Nurses and ANMs working at the health facilities, are required to be skilled in the areas of reproductive, maternal, newborn and child health care. Presently, the quality of pre-service teaching and in-service trainings is largely focused on knowledge; and provides limited opportunities
for practicing the skills. So, there is a need for creating a simulated environment for practicing on mannequins before the trainees are allowed to manage the cases independently.

Keeping this in mind, the Government of India has introduced a system of competency-based training and certification programme to be implemented through Skills Labs. MOHFW, GOI, in collaboration with the Liverpool School of Tropical Medicine (LSTM), U.K. has taken this initiative named- DAKSH project for establishing five state of the art skills labs at Delhi and NCR. Hon’ble Union Minister of Health and Family Welfare, Mr. J. P. Nadda inaugurated the National Skills Lab in the Institute on 9 March 2015, on the sidelines of the 38th Annual Day of NIHFW. The other four skills labs are established in Safdarjung Hospital, Lady Hardinge Hospital, The Trained Nurses Association of India, and Jamia Hamdard College of Nursing. The main functions of these skills Labs are to handhold and guide the States/UTs in creating skills labs as well as to train the state trainers. At present, these five skills labs are assigned to help the 10 high-focus states to conduct 6-day TOT training programmes.

The skills lab training covers training requirements of Auxiliary Nurse Midwives, Staff Nurses, Medical Officers and Obstetricians. Initially in-service training was provided and later on pre-service training has also been covered. Standardized skill stations comprising quality mannequins, pedagogy and objective-structured clinical examination (OSCE) are integral parts of these trainings.

**Developing Health Education Materials for School Children (for Classes III - X)**

The Department of Education and Training developed eight booklets for the students of classes III to X, and facilitators’ guides for each class. A two-day workshop was organized to finalize the books with the help of experts from each sub-group. After thorough review of all the books, suggestions were incorporated and a prototype for each class was prepared. This prototype was submitted to MoHFW and suggestions received were incorporated. Pre-Testing of the prototype was done in selected schools of Delhi. The observations of students, teachers and principals were taken into account, and books were revised accordingly. Finalization of the prototypes was undertaken with help from the selected experts. The final drafts were again submitted to MoHFW. The books for the children were designed by a Graphic Designer with illustrations to make them child-centric and interesting. A total of 16 booklets have been developed and submitted to the MoHFW.
Activities of the Director

Besides managing and supervising all the activities of the Institute; Prof. Jayanta K. Das, Director, with expertise in the field of Public Health, Health Management and Hospital Administration; took active part in the following meetings, discussions, workshops, etc. in different organizations in various capacities. A few of his significant activities are given below:

**International**

- Participated in the ‘Making it Happen Conference’, hosted by Liverpool School of Tropical Medicine (LSTM), London, UK, during 9-11 June 2014.
- Acted as an External Examiner for PG Examination for MD Community Medicine and Tropical Disease, Batch-2011 at BP Koirala Institute of Health Sciences, Dharan, Nepal on 27 and 28 July 2014.
- Participated in the High-Level Consultation on South - South Cooperation (SSC) to be co-organized by UNFPA and National Health and Family Planning Commission of China (NHFPC) at Taicang, China during 30 November - 1 December 2014.

**National**

- World Malaria Day 2014 on ‘Invest in the Future: Defeat Malaria’, jointly organised by the National Vector Borne Disease Control Programme (NVBDCP), Ministry of Health and Family Welfare, Government of India; National Institute of Malaria Research (NIMR) and Caritas India, at Hotel Claridges, New Delhi, on 25 April 2014.
- Made a presentation on Contribution of Training Institutes for Capacity Building of Service Providers in RMNHA+A Approach, at India Habitat Centre, on 5 May 2014
- Wrap-up Meeting of Technical Committee under the Chairmanship of Dr. S.Y. Quraishi, Ex-Chief Election Commissioner, in NIHFW, on 15 May 2014.
- World No Tobacco Day 2014 Commemoration, organised by the Ministry of Health and Family Welfare, in collaboration with WHO Country Office for India and Public Health Foundation of India (PHFI), at India Habitat Centre, New Delhi, on 29 May 2014.
• Meeting of Board of Studies of University School of Medicine and Para-Medical Health Sciences, Guru Gobind Singh Indraprastha University, at IP University, Dwarka, New Delhi, on 27 June, 7 November 2014 and 7 January 2015.

• Technical Resource Group (TRG) Meeting regarding the Household Survey for Malaria in endemic districts of 7 North-East States under Global Fund supported Integrated Malaria Control Project –II (IMCP-II), at NIHFW, on 15 May 2014.

• Chaired the fourth Meeting of Institutional Review Board (IRB) of National Institute of Public Cooperation and Child Development (NIPCCD) to review the Research Studies proposed for the year 2014-15 with respect to ethical and academic issues, in New Delhi, on 17 May 2014.

• Made a presentation on Safe Drinking Water and Sanitation for Health, at the Symposium on Impact of Environment on Health, organised by the Ministry of Health and Family Welfare, Government of India, on the occasion of World Environment Day 2014, at Vigyan Bhawan, New Delhi, on 5 June 2014.

• Delivered a lecture on Future of Public Health Education in India, at Kalinga Institute of Medical Sciences (KIMS), Bhubaneswar, on 29 June 2014.

• As a member, attended the presentation on the concept plan of the School of Public Health (SPH) for preparation of detailed designs/DPR for infrastructure of the proposed SPH at AIIMS, Raipur; held at the office of JS (PMSSY) in Nirman Bhawan on 2 July 2014.

• Acted as the Resource Person in the Workshop on Medical Writing and Ethics and took session on Making it to Publication- Choosing the Right Journal, organised by the Institute for Health and Family Welfare, Kolkata on 07 July 2014.

• On the occasion of World Population Day, organised by the Union Ministry of Health and Family Welfare, Government of India, in collaboration with Jansankhya Sthirta Kosh (JSK); attended the workshop on Involving Adolescent and Youth for Population Stabilization at India Habitat Centre, New Delhi on 11 July 2014.

• Chaired the session on Strengthening Nursing and Midwifery Cadre in India at the National Dissemination Meeting on Igniting Change for Women, Children, and Families in India: Programme Learning from USAID’s Flagship Maternal and Child Health Integrated Programme (MCHIP), held at The Lalit Hotel, Delhi on 13 August 2014.

• Attended the Dissemination Workshop on Effective Vaccine Management (EVM) Assessment in Odisha on 22 August 2014.

• Attended a Workshop on SNOMED CT– Introduction and Implementation, organised by FICCI-Delhi in collaboration with C-DAC, Pune and Union MoHFW; at FICCI, New Delhi on 26 August 2014.

• Addressed the inaugural session of the SHARE-FICCI Project- Partnership beyond Borders: India and Africa- Private Sector Engagement; at the Imperial Hotel, New Delhi on 3 September 2014.

• Attended the second meeting as a member of the Working Group for Essential Medicines to All Indians on Supply Chain Management at the Board Room of the Minister’s Office, MoHFW on 12 and 25 September, and 10 October 2014.

• Acted as a resource person for the Regional Workshop on Mother and Child Tracking System, in Kolkata on 18 and 19 September 2014.

• Chaired the session on Mainstreaming at Planning and Policy Level in the 2nd International Conference on Occupational and Environmental Health; at NDMC, New Delhi on 26 September 2014.

As a member, attended the meeting of the Technical Group on Methodology for Assigning Causes of Death under the Chairmanship of Dr. Jagdish Prasad, DGHS at Nirman Bhawan, MoHFW, New Delhi on 8 October and 19 November 2014.

Attended the Workshop on Integrated Approaches for Prevention and Management of Pneumonia and Diarrhoea for Achievement of MDG 4 organised by the Union Ministry of Health and Family Welfare in collaboration with WHO Country Office for India and UNICEF at Le Meridian hotel on 14 October 2014.

Attended a one-day workshop on Capacity Building of Cold-Chain Equipment manufactures and Professional Institutes in India on WHO-PQS Standard organised by the National Cold Chain Training Centre (NCCTC), Pune, in association with MoHFW, NHSRC, UNICEF, WHO-PQS Secretariat and NCCVMRC-NIHF at Hotel Royal Plaza, New Delhi on 20 October 2014.

Attended a one-day workshop on Beti Bachao - Beti Padhao to save the girl child and enable her education, launched by the Union Ministry of Women and Child Development at NIPCCD Headquarters, New Delhi on 29 October 2014.

Co-chaired a session on Learnings from the States in the National Convention on Quality in Public Health organised by the National Health Systems Resource Centre at NDMC Convention Centre, New Delhi on 3 November 2014.

Attended the India-Sweden Health-Care and Public Health Memorandum of Understanding– Celebrating Five-Years of Successful Collaboration and Way Forward at the India Habitat Centre, New Delhi on 24 November 2014.


Chaired the Consultative Workshop on Development of National Cold Chain and Vaccine Logistics Action Plan (NCCVLAP) at Surya Hotel, New Delhi on 27 and 28 November 2014.

Made a presentation on ISO 13485- Need of the Hour, in the Workshop on Electrical Safety in Medical Devices and Implementation of ISO 13485; organized by the Deutsche Gesellschaft Fur International Zusammenarbeit (GIZ) GmbH in partnership with Bureau of Indian Standards (BIS), India at Le Meridien hotel, New Delhi on 28 November 2014.

Chaired the National Consultative Workshop on Clinical Establishment Act, at NIHFW on 16 and 17 December 2014.

As a member, attended the NIPI Program Advisory Group (PAG) meeting to review the progress of the NIPI Implementing Partners against the Approved Work-Plan of 2014 and Agreement of Work-Areas for NIPI Implementing Partners for 2015. The Additional Secretary and Mission Director (AS & MD), NHM, MoHFW, chaired the meeting at MoHFW, New Delhi on 16 December 2014.
Delivered the keynote address on Public Health in India: Issues and Challenges, at the 15th Annual Conference of Indian Public Health Association, Railway Service Branch which was held simultaneously with the 44th Annual Scientific Conference and CME of Indian Railway Medical Service Association; at Kolkata on 17 January 2015.

Chaired the session on Roadmap to Roll-out Free Medicines and Free Diagnostics Scheme across the Country in the National Forum, held at the India International Centre (IIC), New Delhi on 21 January 2015.

As a member of the Technical Resource Group (TRG), reviewed the progress and latest status of the population-based survey of 7 NE States being conducted by NIHFW and Endline Survey, Midline Survey and Disease Burden by NIMR under the Chairmanship of Dr. Shiv Lal, Former Spl. DGHS (PH) and Director, NCDC and Advisor (Public Health) at the National Institute of Malaria Research (NIMR), Dwarka, New Delhi on 27 January 2015.

Attended the Dissemination Workshop of 8th Common Review Mission (CRM) of National Health Mission under the chairmanship of Shri J. P. Nadda, Hon’ble Union Minister of Health and Family Welfare, at Shakuntalam Convention Centre, ITPO, Pragati Maidan, New Delhi on 16 February 2015.

Attended the Second Steering Committee of National Health Mission under the chairmanship of Shri J. P. Nadda, Hon’ble Union Minister of Health and Family Welfare, at Vigyan Bhawan on 19 February 2015.

As a panellist of the session on Consumers Rights to Healthy Food, made a presentation in the national conference on Consumer Rights on the occasion of World Consumer Rights Day, organised by the Department of Consumer Affairs, at Vigyan Bhawan, New Delhi on 18 March 2015.

Attended the meeting on Harmonisation of Child Health Training, organised by the Ministry of Health and Family Welfare, UNDP Newborn Project, at Nirman Bhawan, New Delhi on 18 March 2015.

Attended the launch of media campaign of Mission Indradhanush, an initiative for full immunization of all children against 7 vaccine-preventable diseases, at the India Habitat Centre, New Delhi on 23 March 2015.

Attended the one-day National Advocacy Conference for Sensitization of State Health Secretaries/DHS and Other Stakeholders on NOPT and Celebration of National Organ Donation Day, at Vardhman Mahavir Medical College, Safdarjung Hospital, New Delhi on 27 March 2015.

Activities of the Faculty Members

Prof. N. K. Sethi, HOD, Department of Planning and Evaluation

Participated in the consultation on Universal Health Coverage for India, organised by the Public Health Foundation of India at India Habitat Centre, New Delhi on 16 September 2014. He acted as the facilitator in the Scaling Up Nutrition (SUN) country network teleconference organised by the SUN Movement Secretariat, Geneva, on 3 September 2014.

Prof. V. K. Tiwari, Department of Planning and Evaluation

- Attended the one-day workshop on Adolescents and Youth: New Evidence on their Situation and Needs, organised by the Population Council at India Habitat Centre, New Delhi on 26 August 2014.
- Attended the National Conference on Recent Trends and Developments in Statistics (NCRTDS), at the Department of Statistics, M.D. University, Rohtak, Haryana during 21 - 23 February 2015.
- Delivered a lecture on Capacity Building in Health Systems Research at the Department of Statistics, MD University, Rohtak, Haryana, on 2 March 2015.

Prof. Rajni Bagga, Acting HOD, Department of Management Science

Presented the following papers and chaired a session in the National Conference of Nursing Research Society of India in Indore during 14-16 November 2014:
- SWOT Analysis for Critical Comparison of Nursing and Mid-wifery Capacities in Two Major States- Kerala and Madhya Pradesh;
- Voices Emerging from North-Eastern States: Key Nursing Issues Requiring Reforms; and
- Burnout among Nurses in Tertiary Care Hospitals: A Qualitative Exploration.
- Attended the national convention on Quality in Public Health at the NDMC Convention Centre, New Delhi on 3 and 4 November 2014.

Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography

- Attended the national conference AIDSCON- 4: Towards an AIDS Free World; and presented a paper Epidemiology and Drivers of HIV/STI Infections; also chaired a session in the conference organized by Chandigarh State AIDS Control Society during 5-6 December 2014.
- Attended the 14th World Congress on Public Health at Kolkata, West Bengal during 12 –16 February 2015.
- Facilitated in the State TOT for National Integrated Biological and Behavioural Surveillance (IBBS) at Jaipur, Rajasthan during 24 – 26 February 2015
- Attended the Workshop on Estimation and Projection Methods at Manesar, Haryana, during 3 – 5 March 2015.

Dr. Jai Kishun, Assistant Professor, Department of Statistics and Demography

- Attended the CRM Dissemination Workshop at Shakuntalam Convention Centre, Pragati Maidan, New Delhi on 16 February 2015.
During the year under review, several administrative procedures for finalizing the matters relating to retirement, pension, promotion/appointment, etc. have been streamlined in the Institute.

(i) Governing Body (GB)

The major responsibility for management of the Institute’s affairs has been entrusted with the Governing Body, constituted under the Chairmanship of the Hon’ble Union Minister for Health and Family Welfare. Policy decisions are taken in the meeting to further enhance the functioning of the Institute. The list of GB Members is given in Annexure-I.

(ii) Standing Finance Committee (SFC)

The SFC is an important committee which provides guidance in the matters of financial management of the Institute. The 55th Meeting of the Standing Finance Committee of NIHFW was held on 24 March 2015 under the chairmanship of Shri. Bhanu Pratap Sharma, Secretary, Health and Family Welfare, MoHFW. The list of SFC Members is given in Annexure-II.

(iii) Programme Advisory Committee (PAC)

The committee includes representatives of different disciplines, drawn from Central and State levels and Central Training Institutes, either directly or indirectly involved in the promotion of health and family welfare programmes in the country. The committee normally meets at least twice in a year to review the activities of the Institute to provide guidance in the academic activities. The list of PAC Members is given in Annexure-III.

The Programme Advisory Committee meeting was held on 27th and 28th February 2015. Prof. Shiv Lal, Former Special DG, DGHS, GoI, Chaired the meeting and assessed all the training and research activities of the Institute for the year 2015-’16. The PAC also reviewed all the completed studies as well as the current status of the on-going studies. All the faculty members, Medical Officers and Research Officers attended the meeting.
**NIHFW is Awarded for Implementing Official Language Policy**

For the first time, NIHFW has won the third position in the Indira Gandhi Official Language Awards for the year 2012-13 for implementing the Official Language Policy in Category-A states. Director, NIHFW, Prof. Jayanta K. Das had the honour to receive the award in person from the Hon’ble President, Mr. Pranab Mukherjee at Rashtrapati Bhawan on 14 September 2014 in the presence of Hon’ble Union Home Minister, Mr. Rajnath Singh.

**Official Language Implementation Committee**

An Official Language Implementation Committee is functioning in the Institute under the Chairmanship of Director, NIHFW, to monitor the progress of the implementation of Official Language Policy in the Institute. During the period under report, (i.e. from April 2014 to March, 2015) the Committee regularly held all its quarterly meetings.

The current Composition of the Official Language Implementation Committee is as given below:

<table>
<thead>
<tr>
<th></th>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prof. Jayanta K. Das, Director</td>
<td>Chairman</td>
</tr>
<tr>
<td>2</td>
<td>Prof. Utsuk Datta, Dean and Professor, Deptt. of Education and Training</td>
<td>Vice-Chairman</td>
</tr>
<tr>
<td>3</td>
<td>Shri. Rajiv Ranjan Singh, Dy. Director (Admn.)</td>
<td>Member</td>
</tr>
<tr>
<td>4</td>
<td>Prof. S.V. Adhish, Acting Head, Deptt. of C.H.A.</td>
<td>Member</td>
</tr>
<tr>
<td>5</td>
<td>Dr. V. K. Tiwari, Professor, Deptt. of Planning and Evaluation</td>
<td>Member</td>
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<td>6</td>
<td>Prof. (Mrs.) Neera Dhar, Professor and Acting Head, Deptt. of Communication, Deptt. of Education and Training</td>
<td>Member</td>
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<td>7</td>
<td>Dr. Mirambika Mahapatro, Assoc.Professor, Deptt. of Social Sciences</td>
<td>Member</td>
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<td>8</td>
<td>Dr. Ankur Yadav, Asstt. Prof., Deptt. of Communication</td>
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<td>9</td>
<td>Dr. Rajesh Kumar, Asstt. Prof., Deptt. of R.B.M.</td>
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<td>10</td>
<td>Shri Salek Chand, Senior. Documentation Officer, N.D.C.</td>
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<td>11</td>
<td>Shri P. D. Kulkarani, Programmer, Computer Centre</td>
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<td>12</td>
<td>Section Officer (Admn. 1)</td>
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<td>Officer In-charge (Stores)</td>
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<td>18</td>
<td>Dr. Ganesh Shankar Srivastav, Sub-Editor (Hindi)</td>
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<td>19</td>
<td>Mr. Arvind Kumar, Assistant Director (O.L.)</td>
<td>Member - Secretary</td>
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A brief summary of the progress of implementation of Official Language Policy during the period under report (April 2014 – March 2015) follows:

1. **Use of Hindi in Correspondence**

During the period under report, 96.05 per cent of the letters (including telegrams and fax messages) 97.14 per cent of the letters meant for region ‘A’, 88.26 per cent for region ‘B’ and 87.7 per cent letters for region ‘C’ respectively were issued in Hindi against the fixed target of cent per cent for ‘A’ & ‘B’ regions, and 65 per cent for ‘C’ region respectively. Cent per cent of the General Orders were issued bilingually during the period under report. Similarly, all the letters received in Hindi were replied to in Hindi.

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

i. Annual Report, 2013-2014
ii. Annual Accounts, 2013-14
iii. Recruitment advertisements of the Institute and R.C.H. project
iv. Translation of tender notices
v. Survey Schedules
vi. Interview schedule of the Department of Social Sciences
vii. Script on Diabetes (Department of Communication)
ix. Audit Report Certificate, SAR para and related material for the year 2013-14
x. Material for Institute’s quarterly Newsletter
xi. Revised portion of staff quarters rules and regulations received from W and M Section
xii. Various forms related to day-to-day works of the Institute
xiii. Research information document received from the Department of R.B.M.
xiv. Text content of panels for Annual Day-2015
xvi. Questionaire received from Department of C.H.A.

In addition to the above, the Unit edited the Annual Report 2013-14 of Jansankhya Sthirta Kosh (Population Stabilisation Fund) received from the Department of C.H.A.; and co-ordinated the following works of word processing and preparation of training modules translated by C.T.B.:

a. Patient Care and Support Services (Block-4)
b. Health Care Programme Management (Block-3)

2. **Hindi Teaching Scheme**

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

Out of 12 Stenographers in the Institute, 11 stenographers have already been trained in Hindi Stenography and one stenographer is being nominated for Hindi Stenography training. Similarly, out of 19 typists/LDCs, 14 have already been trained in Hindi typing and the rest are being nominated for Hindi typing training in the next session.
B. Training of Staff in Hindi

All the 186 eligible staff members of the Institute have attained working knowledge in Hindi, out of which, 103 have proficiency in Hindi and the remaining 82 have acquired the working knowledge in Hindi and another employee is undergoing Hindi Bhasha Prabodh training.

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

During the period under review, 12 employees of the Institute have participated in the said Incentive Scheme. Their work will be evaluated by a sub-committee constituted with the approval of the Director.

4. Hindi Fortnight

Hindi fortnight was celebrated in the Institute during 1-15 September 2014 and the following activities were organized:

- On 1st September 2014, an appeal was issued from the Director, NIHFW, to all the staff members urging them to make progressive use of Hindi in their day-to-day official works.
- On 2nd September 2014, an essay competition was organised for the staff. The topic of the Essay Competition was 'Paryavarniy parivarroti ka swasthay par prabhav.'
- On 4th September 2013, Hindi Noting and Drafting competition was organised.
- Fourteenth Hindi workshop was organized for the staff members of the Institute during 4-5th September 2014.
- On 8th September 2014, Hindi Elocution Competition on Vartman Smaj mein Mahiloan ki Suraksha aur Unki Jagrukta ke prati Chetna Star was organised.
- On 10th September 2014, written Hindi quiz competition was organised.
- Hindi Day was celebrated on 12th September 2014. Prof Jayanta K. Das, Director, NIHFW, chaired the occasion and in order to acquaint the staff members with the provisions of Official Language Act, a lecture by Hon'ble Chief Guest Prof. Nirmala Jain, Eminent Critics and Hindi writer on ‘Vaishvikarn ke daur mein Hindi aur sarvjanik sangthano mein uska prayog’ was also organised. On this occasion Prof. T. Bir, Actg. D.D (A) and Prof. Jayanta K. Das, Director, NIHFW also addressed the gathering and urged to make maximum efforts for the use of Hindi in their day to day official work of the Institute. Dr. Ganesh Shankar Srivastav, Sub-Editor (Hindi), anchored the programme.

5. Other Activities

Officers of the Hindi Cell participated in the meeting of Nagar Rajbhasha Karyanvayan Samiti, held at Seva Bhawan, R.K. Puram, New Delhi on 29th January 2015. They also participated in the IV two-day Hindi Rajbhasha Conference organised by the MoHFW at H. L. L. Lifecare, Thiruvananthpuram, Kerala, during 29-30th December 2014.

Dr. Ganesh Shankar Srivastav, Sub-Editor (Hindi), received the Pt. Ram Prasad Bismil Award-2014 from the Chairman, Sahitya Academy.

6. Dhaarana

Officers and staff members of the Institute as well as outside authors are encouraged to write on technical subjects and literature in Hindi. The 21st issue of Dhaarana on Jan Swasthay (public health) has been published during the year under review.
NIHW observed the 123rd Birth Anniversary of Bharat Ratna Dr. Bhim Rao Ambedkar on 17 April 2014 as his birth day i.e. 14 April was declared a holiday. On 14 April 2014, Director, NIHFW, Prof. Jayanta K. Das offered floral tributes to the chief architect of the Indian Constitution, at the Administrative Block of the Institute. On 17 April, various staff members reminisced the great man and his great deeds for the nation. They spoke on how Dr. Ambedkar overrode the obstacles in his life.

XIV Veda Prakasha Memorial Oration

The XIV Veda Prakasha Memorial Oration was organised on 22 May 2014 in the auditorium of NIHFW. Prof. P. P. Talwar, former faculty of NIHFW, delivered the oration on Population Policy and Programme: India’s Story. Among the important points, he lucidly discussed the inception of family planning programme in India, short and long-term results of fertility reduction, how ‘the emergency period’ affected the family planning programme and its after-effects, International Conference on Population and Development (ICPD- Cairo), target-free approach, Community Needs Assessment Approach (CNAA), National Population Policy (NPP- 2000), Millennium Development Goals (MDGs), National Rural Health Mission (NRHM), and current levels of population parameters and goals.

Presiding over the oration, Mr. Lov Verma, Union Secretary, Health and Family Welfare, Ministry of Health and Family Welfare, stated that life expectancy has been increased from 32 years at the time of India’s independence to 65 years in the census 2011 while the current infant mortality rate (IMR) of 50 deaths per 1000 births still remains among the highest in the world. Mr. Verma stressed on how information, education and communication (IEC) are indispensable for stabilizing the spiraling population of India. He stated that it had become imperative to stabilize the Indian population for the country’s overall development. The Chief Guest felicitated Prof. Talwar with a medal, a cash award of rupees ten thousand and a memento.

At the outset, Director, Prof. Jayanta K. Das; Dean of Studies, Prof. A. K. Sood; Mr. Verma and Prof. Talwar offered floral tributes to late Shri Veda Prakasha. Prof. Sood briefed the audience about the life and times of late Shri Veda Prakasha. Prof. K. Kalaivani, HOD, Reproductive and Bio-medicine; presented the vote of thanks.
XV Veda Prakasha Memorial Oration on Population

National Institute of Health and Family Welfare (NIHFW) organised the XV Veda Prakasha Memorial Oration on Thursday, the 4th December 2014 in the auditorium of NIHFW. Delivering the oration on Population Problems- Myths and Realities, Shri Amulya Ratna Nanda, former Secretary, Health and Family Welfare, GoI; former Registrar General of India and Census Commissioner; and Ex-Executive Director, Population Foundation of India; discussed the myths surrounding the issue of population in India. He narrated some of the crucial and tactical aspects of Indian population growth during the last 50 years. Explaining the demographic transition process he talked on population momentum, population size phobia that has risen from 36 crores in 1951 to 126 crores by now.

Among the other important issues, he spoke on genesis and evolution of the population problem, population control efforts across the globe, neo-Malthusians, National Health Policy-1983, National Population Policy-2000, target-free approach, social health, RCH/NHM and demology. Concluding the oration, he stressed on the inclusion of population issues appropriately in the school and university curricula on utmost priority-basis, intensive training and re-orientation of academia, bureaucracy, law-makers and programme managers, interdisciplinary research, well-researched policy advocacy, periodical scrutinisation of population programme strategies, skewed sex-ratio and counselling on gender-sensitivity, etc. Quoting Noble laureate and welfare economist Prof. Amartya Sen, he said that cooperation rather than authoritarianism was the most effective way in conceptualising and tackling the population problem; and population problem was people’s problem and population programme must be people’s programme.

Chairing the oration, Prof. Ranjit Roy Chowdhary, a stalwart in population studies, also emphasized on careful handling of population and family welfare issues and concerns since India was in a very tactical situation as far as its demography was concerned. He presented a cash award of rupees ten thousand along with a medal to Mr. Nanda. Dr. Jayanta K. Das, Director, NIHFW, presided over the oration and informed the house that NIHFW had been trying its best in dealing with the population and family welfare issues through its inter-disciplinary research studies, training programmes, consultancy and advisory services.

World Population Day

UNFPA has marked 11 July as the World Population Day. This is celebrated every year world-wide by organizing lectures, rallies and other activities to create awareness among people about population issues. The theme for World Population Day for 2014 was ‘Investing in Young People’. Addressing the gathering, Dr. Pushpanjali Swain, Acting Head, Department of Statistics and Demography, and coordinator of the occasion; presented an
overview of the current scenario of India’s population vis-a-vis the world’s. She shared her views on practice of early marriage, early pregnancy and large number of young people in Indian population and their problems.

A skit on Population Burden and limited resources was presented by M.D. (CHA) and DHA first year students. The skit was very creative as well as informative followed by a quiz programme for the audiences. Prof. M. Bhattacharya, HOD, Department of Community Health Administration, briefed about the objectives of Jansankhya Sthirta Kosh (Population Stabilisation Fund). She also shared her experiences of Prerna Strategy in which the couples who have broken the stereotype and how they are identified and promoted as role models for responsible parenthood.

Prof. Jayanta K. Das, Director, NIHFW, shared his views about population dynamics, family welfare, concerns related to the largest population of young people in India and investing in this age group to get rich dividends in future. He also shared his views on the proceedings that took place at the India Habitat Centre in the morning that day. The winners and participants of the quiz competition were given away prizes.

68th Independence Day

68th Independence Day of India was celebrated on 15 August 2014 with the unfurling of the national tricolor by Prof. Jayanta K. Das, Director. Addressing the gathering, he revisited Hon’ble Prime Minister’s speech from the ramparts of Red Fort that morning and called upon the staff and the young children for devotion in work their respective spheres of work. Wishing everybody on the occasion, he appealed each individual to be a ‘change agent’ first rather than expecting others to change. Children of the staff recited patriotic songs and some other personnel also reminisced the sacrifice made by our great martyrs to make India free from the tentacles of colonialism and imperialism.

Launching of Clean India Campaign (Swachh Bharat Mission)

Honouring the call from the Hon’ble Prime Minister, Mr. Narendra Damodardas Modi, to make the country filth-free; Prof. Jayanta K. Das, Director, NIHFW, took a pledge and administered the same to all the staff on 2 October 2014, on the occasion of 145th Birth Anniversary of Mahatma Gandhi. He said, “Cleanliness is next to Godliness,” and added that he would try his best to keep his surroundings neat and tidy in every possible manner. He and other employees swept and cleaned the campus premises and outside the campus brooms. As a follow-up of this initiation, regular and timely cleanliness drives are being done in the Institute from time to time.
Vigilance Awareness Week

Vigilance Awareness Week was observed in the Institute. Prof. Jayanta K. Das, Director, took the pledge and administered the same to the public servants on October 30, 2014 for adhering to integrity and transparency in official functioning; and eradicate corruption from all spheres of life.

Communal Harmony Week

With the objective of serving the victims of communal riots and to denounce communalism; NIHFW observed the ‘Communal Harmony Campaign’ including the ‘Flag Day’ during November 19-25, 2014. The amount of money collected on Flag Day has been deposited with ‘The Secretary, National Foundation for Communal Harmony, Lok Nayak Bhawan, New Delhi.

Annual Sports Day

The Annual Sports Day was observed on 4th March 2015 on the play ground of the Institute. Mrs. Rupa Das, Head, Department of Geography, Delhi Public School, R. K. Puram, New Delhi, graced the day as the Chief Guest. Mrs. Das; Prof. Jayanta K. Das, Director; Prof. U. Datta, Dean of Studies; and other faculty members gave away the prizes to the winners of various indoor and outdoor games.

38th Annual Day

The Institute celebrated its 38th Annual Day on 9th March 2015. Hailing the contribution of the National Institute of Health and Family Welfare to the health system of the country; Hon’ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda called the staff to turn the Institute as the ‘brain’ of the health system in the country. He applauded Prof. Jayanta K. Das for having been able to lead a wide number of activities and projects, and called for further consolidation of training programmes.

Quoting the goals of the National Health Mission to bring down the Total Fertility Rate to 2.1, Maternal Mortality Ratio to 100 and Infant Mortality Rate to 25 by 2017; Shri Nadda, hailed the initiatives of NIHFW in skill development. He also inaugurated the National Cold Chain Vaccine Management Resource Centre (NCCVMRC) and the National Skill Lab- Daksh on the sidelines of the Annual Day. Shri Nadda stressed on making NIHFW a role-model in best practices, quality, substance and pace. “Convergence of various issues and aspects to address the pressing health concerns is to be focussed,” he emphasised. He also assured that MoHFW would fully support NIHFW in all its initiatives. He wished NIHFW to sensitise the public representatives such as MPs, MLAs, and representatives of local bodies and brought them into the fold to carry forward all the good-works to the grassroot-level which has been ignored for a long time.
Dr. Rakesh Kumar, Joint Secretary, informed that apart from the National Skill Lab set-up in NIHFW, currently there are four other labs but he added that every State must have a Skill Lab as 44 thousand mothers die of pregnancy and child-birth complications a year which could be decreased by the skilled personnel.

Addressing the gathering, Padmashree Dr Jagdish Prasad, DGHS, briefed about the salient features of the National Health Policy-2015 which is being introduced almost 13 years after the last National Health Policy adopted in 2002 and the first one in 1983. “We need take concerted actions at policy levels as policy is a first step in achieving universal health coverage,” he asserted. Emphasising the importance of IT in educating, training and enhancing the skills of health personnel, he wished NIHFW to develop a Tele-conferencing Centre that can train thousands of personnel simultaneously at various centres across the country. He also called the NIHFW faculty to study the gaps prevailing in various National Health Programmes. He also stressed the need to form a committee to find out the loopholes in the existing ANC, PNC and immunization programmes in addition to logistic issues involved in the drugs distribution system in the country.

Presenting the annual report, Prof. Jayanta K. Das, Director, NIHFW, briefed the audience about the milestones achieved during the preceding year. He added that the faculty of NIHFW was over-burdened with so many mandates which needed to be looked into seriously as these bottlenecks were hindering the speedy progress of some academic and research activities. He informed that 38 years ago, the Institute had a sanctioned faculty strength of 49 which has come down to 20 in spite of more and heavier responsibilities and manifold work-areas. “Despite such an acute staff shortage, we have been able craft many success stories,” he said. Prof. Das informed the audience that the NCCVMRC was supported by UNICEF and the Immunisation Division of MoHFW while the National Skills Lab- Daksh was supported by the Liverpool School of Tropical Medicine and the Maternal Health Division of MoHFW.

On the occasion, the dignitaries gave away prizes to meritorious persons in the fields of academics and sports.
During 2014 – 2015, the following dignitaries delivered the Guest Lectures in NIHFW:

Dr. Prema Ramachandran, Director, Nutrition Foundation of India, New Delhi; delivered a lecture on Evolution of National Programmes to Improve Food Security on 4 April 2014.

Dr. Arthur L. Frank, Professor and Chair, Environmental and Occupational Health Programme, School of Public Health, Drexel University, Philadelphia, USA; delivered a lecture on Public Health at Workplace on 4 July 2014.

Dr. Narendra Kumar Arora, Executive Director, INCLEN International, delivered a lecture on Injection Safety: Strategy to Improve Patient Care on 1 August 2014.

Dr. Abhay Bang, Director, SEARCH (Society for Education, Action and research in Community Health), delivered a lecture on Aarogya Swaraj on 6 June 2014.

Dr. Vijay Kumar Ramteke, Former D.G. of Indian Railways, delivered a lecture on An Experience in Operationalising an Integrated Occupational Health Service in Indian Railways on 2 May 2014.
The Institute received the following guests during the year:

- Nick Tomlinson, Hawna Binci and Jan-Amand Clark from Department of Health, UK; Dr. Himang Bhardwaj from British High Commission; Nel Druce, Department For International Development (DFID), UK; Dr. Elizabeth Goodburn, IMD-RCGP, UK; and Wendy Russel, Health Education, UK; visited the Institute on 1 September.
- Five officials from the Embassy of France; visited on 21st January 2015.
- A seven-member delegation from Myanmar; visited on 4th February 2015.
- A delegation from National Statistical System Training Academy (NSSTA); visited on 2nd January 2015.

Also, students from the following institutes visited NIHFW during the year:

- Bel-Air College of Nursing, Satara, Maharashtra;
- Kasturba Gandhi College of Nursing, Pillaiyarkuppam, Puducherry,
- St. Ann’s College of Nursing, Mangalore, Karnataka;
- Aladi Aruna College of Nursing, Alangulam, Tirunelveli, Tamil Nadu,
- Post-Graduate Trainees, Officers of Armed Forces Medical College, Pune;
- College of Nursing, Dr. Blabhai Nanavati Hospital, Mumbai;
- Bombay Hospital College of Nursing, Mumbai, Maharashtra,
- Teerthanka Mahaveer College of Nursing, Moradabad, Uttar Pradesh,
- Sardar Rajas College of Nursing, Tirunelveli, Tamil Nadu;
- Mother Theresa Post-Graduate and Research Institute of Health Sciences, Puducherry;
- MIOT College of Nursing, Chennai, Tamil Nadu, visited on 17th November 2014;
- Unity Academy of Education, College of Nursing, Sheddiguri, Mangalore, Karnataka;
- Tejasvini Nursing Institute, College of Nursing, Kudupu Mangalore, Karnataka;
- Vignesh Nursing College, Tamil Nadu;
- Akal College of Nursing, Sirmour district, Himachal Pradesh;
- Laxmi Memorial College of Nursing, Mangalore, Karnataka;
- Hiranandani College of Nursing, Powai, Mumbai, Maharashtra;
- Kasturba Gandhi College of Nursing, Puducherry;
- Fortis Institute of Nursing, West Mumbai, Maharashtra;
- Vidyarathna College of Nursing, Udupi, Karnataka;
- SRM College of Nursing, SRM University, Kancheepuram, Tamil Nadu;
- Sri Devi College of Nursing, Ballalbagh, Mangalore, Karnataka;
- College of Nursing, Govt. Medical College Nagpur, Maharashtra;
- St. Joseph’s College of Nursing, Hoshangabad, Madhya Pradesh;
- Athena College of Nursing, Mangalore, Karnataka;
- Nirmala College of Nursing, Shimoga district, Karnataka;
- St. Philomen’s Hospital, Bangaluoru, Karnataka;
- JSS College of Nursing, Mysore, Karnataka;
- Father Muller College of Nursing, Mangalore, Karnataka;
- Raak Nursing and Para-medical College, Puducherry.
- Kasturba Nursing College, Wardha, Maharashtra;
- St. Marth’s Hospital, Bengaluru, Karnataka; and
- Arulmigu College of Nursing, Kanchipuram, Tamil Nadu.
### PUBLICATIONS

- **P. K. Datta and J. K. Das (2014).** An overview of information, education and communication (IEC) Activities in Revised National Tuberculosis Control Programme (RNTCP) and Role of NGOs. Indian Journal of Preventive and Social Medicine, Vol. 43 (4)
- **Nishant Kumar, Vijay Kumar Tiwari, Kuldeep Kumar, Kesavan Sreekantan Nair, Sherin Raj and Deoki Nandan (2014).** Evolving Social Health Scheme for Workers in Unorganized Sector: Key Evidences from Study of Cycle Rickshaw Pullers in Delhi, India. The International Journal of Health Planning and Management, Published online in Wiley Online Library, (wileyonlinelibrary.com) DOI: 10.1002/hpm.2244.
• Rajni Bagga, Vaishali Jaiswal and Ritika Tiwari (Jan.-June 2014). Key concerns and challenges of nursing and mid-wifery teaching and training in India. Indian Journal of Continuing Nursing Education, 15 (1).


• Chee Ng, Ajay P Chauhan, Bir Singh, Jagdish Prasad, Jayanta Das and Mohan Isaac (2014). Integrating mental health into public health: The community mental health development project in India by Indian Journal of Psychiatry.


Appointments

Mrs. Anju Bala, has been appointed as Steno, Grade-III, on 1 October 2014.
Mr. Shailesh Kumar has been appointed as LDC on 20 October 2014.
Miss Sweeti has been appointed as LDC on 27 October 2014.
Mr. Rajesh Yadav has been appointed as LDC on 12 November 2014.

Promotions

Mr. Puranmal Meena has been promoted from IBM Typewriter to Sr. Technical Assistant (Photo-type Setting) on 2 May 2014.
Mr. Manjoor Ahmed has been promoted to Driver Grade-II.
Mr. Ram Khilari has been promoted to Driver Grade-II.
Mr. Suresh Kumar Burman has been promoted to UDC.

Retirements

Mr. Rajiv Kumar Magoo, Stenographer, Grade-I, superannuated from service on 31 May 2014.
Prof. Madhulika Bhattacharya, HOD, Department of CHA, retired from service on 31 December 2014.
List of Governing Body Members  
(As on 31st March 2015)

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<th>No.</th>
<th>Name</th>
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<td>1.</td>
<td>Shri Jagat Prakash Nadda</td>
<td>Chairman (Ex. Officio)</td>
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<td>Hon’ble Union Minister of Health and Family Welfare, Nirman Bhavan, New Delhi</td>
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<td>Shri B.P. Sharma, IAS</td>
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<td>Secretary (Health &amp; F.W.)</td>
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<td>Dr. Jagdish Prasad</td>
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<td>Dr. V.M. Katoch</td>
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<td>Dr. Arun Kumar Panda</td>
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<td>Ms. Vijaya Srivastava</td>
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<td>Shri Ali Raza Rizvi</td>
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<td>International Institute for Population Sciences</td>
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<td>Govandi Station Road, Deonar, Mumbai – 400 088</td>
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<td>10.</td>
<td>Dr. Rakesh Sarwal, Advisor (Health)</td>
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<td>No.</td>
<td>Name and Details</td>
<td></td>
</tr>
<tr>
<td>-----</td>
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</tr>
<tr>
<td>11.</td>
<td>Shri Alok Mukhopadhyay, Executive Director, Voluntary Health Association of India B-40, Qutab Institutional Area South of IIT Delhi, New Delhi</td>
<td>Member</td>
</tr>
<tr>
<td>12.</td>
<td>Dr. M. Prakasamma, Executive Director Academy for Nursing Studies and Women’s Empowerment Research Studies (ANSWERS), Flat No. 215, Amruthaville Apartments Raj Bhavan Road, Somajiguda Hyderabad-500082</td>
<td>Member</td>
</tr>
<tr>
<td>13.</td>
<td>Professor Narendra Kumar Arora Executive Director INCLEN Trust, 2nd Floor F-1/5, Okhala Industrial Area, Phase-1 New Delhi-110020</td>
<td>Member</td>
</tr>
<tr>
<td>14.</td>
<td>Smt. Shailaja Chandra Former Secretary, AYUSH, F-6/3, Vasant Vihar, Near Priya Cinema, New Delhi</td>
<td>Member</td>
</tr>
<tr>
<td>15.</td>
<td>Dr. Yogesh Jain Jan Swasthya Sahyog PO Box No.39, Bilaspur-495001, Chhattisgarh</td>
<td>Member</td>
</tr>
<tr>
<td>16.</td>
<td>Dr. Leela Visaria Honorary Professor Gujarat Institute of Development Research GOTA, Ahmedabad-380060, Gujarat</td>
<td>Member</td>
</tr>
<tr>
<td>17.</td>
<td>Dr. Soumya Swaminathan Director National Institute of Research in Tuberculosis, Mayor, Sathiyamoorthy Road, Chetpet Chennai-600031</td>
<td>Member</td>
</tr>
<tr>
<td>18.</td>
<td>Vacant</td>
<td>Member (Chairperson of PAC, NIHFW) (Ex. Officio)</td>
</tr>
<tr>
<td>19.</td>
<td>Dr Jayanta K. Das Director NIHFW, New Delhi</td>
<td>Member-Secretary (Ex. Officio)</td>
</tr>
</tbody>
</table>

(1-11 and 18-19 are ex-officio members and 11-17 are eminent persons nominated by the Chairman)
## List of Standing Finance Committee Members
(As on 31st March 2015)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Designation</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shri B.P. Sharma, IAS</td>
<td>Chairperson</td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td></td>
<td>Secretary (H&amp;FW)</td>
<td></td>
<td>Nirman Bhavan, New Delhi – 110 108</td>
</tr>
<tr>
<td></td>
<td>Dr. Jagdish Prasad</td>
<td>Member</td>
<td>Director General of Health Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nirman Bhavan, New Delhi – 110 108</td>
</tr>
<tr>
<td>3</td>
<td>Ms. Vijaya Srivastava</td>
<td>Member</td>
<td>Additional Secretary &amp; Financial Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nirman Bhavan, New Delhi 110 108</td>
</tr>
<tr>
<td>4</td>
<td>Dr. Rakesh Sarwal</td>
<td>Member</td>
<td>Advisor (Health)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NITI Aayog</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yojna Bhavan, New Delhi-110 001</td>
</tr>
<tr>
<td>5</td>
<td>Shri Ali Raza Rizvi</td>
<td>Special Invitee</td>
<td>Joint Secretary (Training &amp; Medical Education)</td>
</tr>
<tr>
<td></td>
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<td>Ministry of Health and Family Welfare</td>
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<tr>
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<td></td>
<td>Nirman Bhavan, New Delhi – 110 108</td>
</tr>
<tr>
<td>6</td>
<td>Prof. Jayanta K. Das</td>
<td>Member-Secretary</td>
<td>Director, NIHFW</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>New Delhi-110 067</td>
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</tbody>
</table>
### List of PAC Members
(Ass on 31st March 2015)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position</th>
<th>Address</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vacant</td>
<td>Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Shri Ali Raza Rizvi</td>
<td>Member (Ex. Officio)</td>
<td>Joint Secretary (Training. &amp; Medical Education) Ministry of Health and Family Welfare Nirman Bhavan, New Delhi – 110 108</td>
<td>Tel: 23062857</td>
</tr>
<tr>
<td>3.</td>
<td>Dr. Jagdish Prasad</td>
<td>Member (Ex. Officio)</td>
<td>Director General D.G.H.S., Nirman Bhavan, New Delhi-110108</td>
<td>Tel: 23061438</td>
</tr>
<tr>
<td>4.</td>
<td>Dr. Rakesh Sarwal</td>
<td>Member (Ex. Officio)</td>
<td>Adviser (Health) Room No. 333-A, NITI Aayog Parliament Street, New Delhi – 110 001</td>
<td>Tel: 23096600</td>
</tr>
<tr>
<td>5.</td>
<td>Dr. F. Ram</td>
<td>Member (Ex. Officio)</td>
<td>Director International Institute of Population Sciences Govandi Station Road, Mumbai – 400088</td>
<td>Tel: 022-25562062</td>
</tr>
<tr>
<td>6.</td>
<td>Dr. V.M. Katoch</td>
<td>Member (Ex. Officio)</td>
<td>Director General Indian Council of Medical Research Post Box – 4911, Ansari Nagar, New Delhi-110029</td>
<td>Tel: 26588204</td>
</tr>
<tr>
<td>7.</td>
<td>Shri Mukesh Sharma</td>
<td>Member</td>
<td>Principal Secretary (Health &amp; F.W.) Dept. of Health &amp; F.W., Govt. of Rajasthan, Room No. 5213, Govt. Secretarial Main Building, Jaipur-302 005, Rajasthan</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Vacant</td>
<td>Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Position</td>
<td>Association and Details</td>
<td>Role</td>
</tr>
<tr>
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<td>-----------------------------</td>
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<td>----------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>Dr. B. S. Pathania</td>
<td>Director</td>
<td>Health Services</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Directorate of Health Services</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Jammu Division</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Near MLA Hostel, Indira Chowk, Jammu)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Govt. of J&amp;K, Jammu-180 001</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Dr. N. L. Shrivastav</td>
<td>Director</td>
<td>State Institute of Health &amp; Family Welfare</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indira Nagar</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lucknow, Uttar Pradesh</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Dr. Bina Vadalia</td>
<td>Director</td>
<td>Health Services</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Directorate of Health Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Govt. of Gujarat, Ahmadabad, Gujarat</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Dr. S. V. Adhish</td>
<td>Professor</td>
<td>CHA, NIHFW</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>New Delhi</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Dr. V.K. Tiwari</td>
<td>Professor</td>
<td>Department of P&amp;E</td>
<td>Member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NIHFW, New Delhi</td>
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</tr>
<tr>
<td>14</td>
<td>Prof. Utsuk Datta</td>
<td>Deptt. of E&amp;T &amp; Dean of Studies</td>
<td>NIHFW, New Delhi</td>
<td>Member (Ex-Officio)</td>
</tr>
<tr>
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</tr>
<tr>
<td>15</td>
<td>Prof. J.K. Das</td>
<td>Director</td>
<td>NIHFW, New Delhi</td>
<td>Member-Secretary (Ex. Officio)</td>
</tr>
</tbody>
</table>
**Annexure-IV**

**List of Faculty Members**  
(As on 31st March 2015)

<table>
<thead>
<tr>
<th>Department</th>
<th>Faculty</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Director</strong></td>
<td>Prof. Jayanta K. Das</td>
<td>Director</td>
</tr>
<tr>
<td><strong>Dean of Studies</strong></td>
<td>Prof. U. Datta</td>
<td>Dean of Studies</td>
</tr>
<tr>
<td><strong>Department of Communication</strong></td>
<td>Dr. Neera Dhar</td>
<td>Professor and Acting Head</td>
</tr>
<tr>
<td></td>
<td>Dr. Ankur Yadav</td>
<td>Assistant Professor</td>
</tr>
<tr>
<td><strong>Department of Community Health Administration</strong></td>
<td>Dr. S. V. Adhish</td>
<td>Professor and Head</td>
</tr>
<tr>
<td></td>
<td>Dr. Sanjay Gupta</td>
<td>Associate Professor</td>
</tr>
<tr>
<td></td>
<td>Dr. Nanthini subbiah</td>
<td>Associate Professor</td>
</tr>
<tr>
<td><strong>Department of Medical Care and Hospital Administration</strong></td>
<td>Dr. A. K. Sood</td>
<td>Professor and Acting Head</td>
</tr>
<tr>
<td><strong>Department of Education and Training</strong></td>
<td>Dr. A. K. Sood</td>
<td>Professor and Head</td>
</tr>
<tr>
<td></td>
<td>Dr. U. Datta</td>
<td>Professor</td>
</tr>
<tr>
<td></td>
<td>Dr. Neera Dhar</td>
<td>Professor</td>
</tr>
<tr>
<td></td>
<td>Dr. Poonam Khattar</td>
<td>Associate Professor</td>
</tr>
<tr>
<td><strong>Department of Epidemiology</strong></td>
<td>Dr. Sanjay Gupta</td>
<td>Associate Professor and Acting Head</td>
</tr>
<tr>
<td><strong>Department of Management Sciences</strong></td>
<td>Dr. Rajni Bagga</td>
<td>Professor and Acting Head</td>
</tr>
<tr>
<td><strong>Department of Planning and Evaluation</strong></td>
<td>Dr. N. K. Sethi</td>
<td>Professor and Head</td>
</tr>
<tr>
<td></td>
<td>Dr. V. K. Tiwari</td>
<td>Professor</td>
</tr>
</tbody>
</table>
Department of Reproductive Bio-medicine
Dr. K. Kalaivani  Professor and Head
Dr. T. G. Shrivastav  Professor
Dr. Beena Khillare  Associate Professor
Dr. Renu Shahrawat  Assistant Professor
Dr. Rajesh Kumar  Assistant Professor

Department of Social Sciences
Dr. T. Bir  Professor and Head
Dr. Meerambika Mahapatro  Associate Professor

Department of Statistics and Demography
Dr. Pushpanjali Swain  Associate Professor and Acting Head
Dr. Jai Kishun  Assistant Professor
<table>
<thead>
<tr>
<th>Category</th>
<th>Sanctioned No.</th>
<th>No. in Position (%)</th>
<th>Vacant Posts (%)</th>
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<tbody>
<tr>
<td>Group-A</td>
<td></td>
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</tr>
<tr>
<td>• Faculty</td>
<td>50</td>
<td>21 (42%)</td>
<td>29 (58%)</td>
</tr>
<tr>
<td>• Non-Faculty</td>
<td>16</td>
<td>13 (81.2%)</td>
<td>03 (18.7%)</td>
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<tr>
<td>Group-B</td>
<td>129</td>
<td>69 (53.5%)</td>
<td>60 (46.5%)</td>
</tr>
<tr>
<td>Group-C (Technical and Non-technical)</td>
<td>123</td>
<td>81 (65.85%)</td>
<td>42 (34.15%)</td>
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<tr>
<td>Group-C MTS</td>
<td>94</td>
<td>72 (76.6%)</td>
<td>22 (23.4%)</td>
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<tr>
<td>Group-C Offset Press Helper and Lab. Attendant</td>
<td>02</td>
<td>02</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>414</td>
<td>258 (62.3%)</td>
<td>156 (37.6%)</td>
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