



NIMS

ICMR

National Institute of Medical Statistics, New Delhi

Annual Report

2007—08



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Annual Report

2007-2008



**National Institute of Medical Statistics
(Indian Council of Medical Research)
Ansari Nagar, New Delhi—110029**



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PREFACE

It is my pleasure to present before you the annual report of NIMS 2007-08. The Institute had taken up a number of training programs for the students of statistics and public health of different Universities and Institutes on various aspects of medical statistics. I am happy to state that the Institute has been recognized for the Ph.D. programme in Medical Statistics by Guru Govind Singh Indhraprastha University.



During the year under report, the Institute handled sixteen scientific projects of which four were reported as complete and twelve were ongoing. The scientific projects have been supported by the organizations like MOHFW, DWCD, ICMR, NACO, UNAIDS, WHO, UNICEF, WFP, BMGF/FHI etc.

Having been identified as the national nodal agency, the Institute has initiated the first phase survey of IDSP-NCD Risk Factor Survey under the Ministry of Health and Family Welfare (MOHFW). In the evaluation of Kishore Shakti Yojna of the Deptt. of Women and Child Development is another responsibility of the Institute. We are also involved in the statistical designing and data management of clinical trial of vaccine for the Japanese Encephalitis being done in Pune.

The Institute had also organized dissemination workshops on HIV/AIDS model based estimation technique in different regions of the country. The Institute organized training of trainers' workshop for the participating states of IDSP. This was followed by the data entry workshop for the software and data entry personnel involved in the project. This Institute under took training of ISS probationers of 2007 batch and a regular training program in medical statistics for M.Sc. students from different Universities.

Of the eight projects reported complete three projects were related to HIV/AIDS. This include data management and analysis of HIV sentinel surveillance (HSS) and HIV burden and related mortality. The capacity building for application of various HIV estimation methodologies was also taken up as a project. Assessment of impacts of food fortification of child health in Utrakhand was reported as complete. The result of the project revealed significant decline in vitamin deficiency. The study on evaluation of quality and access of adolescent friendly services in India was reported as complete. According to the analysis, 9 in every 10 of the clients in the study area were satisfied with the services. The study on behavioral surveillance survey among youth was reported as complete.

The results compared the baseline and end line results after intervention on various parameter knowledge about HIV/AIDs, prevention measures, use of condoms etc. The Institute has partnered with CBHI in development of data base on health sector policy reforms in India. (www.hsprodia.nic.in). These reforms focussed on poor and under privileged.

The scientists attended various national and international conferences and presented scientific results. The scientists as well as administrative staff were deputed to various training programs as a part of capacity building measure. The results of the studies carried out by this Institute were published in various books and journals of repute. The Institute has good infrastructure facilities for training, and scientific activities with excellent internet facilities.

Arvind Pandey

Director



***Trainings/
Workshops***



TRAINING PROGRAMMS

Date	Topic / place / Participants
19-21 February 2007	Model based HIV estimation workshop for East and North East was organized at NICED, ICMR, Kolkata. Personnel from Regional Institutes and SACS attended the workshop
14-16 March 2007	Model based HIV estimation workshop for West region was organized at IIPS, Mumbai. Personnel from Regional Institutes and SACS attended the workshop
21-23 March 2007	Model based HIV estimation workshop for South region was organized at NIE, Chennai. Personnel from Regional Institutes and SACS attended the workshop.
26-28 March 2007	Model based HIV estimation workshop for North region was organised at PGI, Chandigarh. Personnel from Regional Institutes and SACS attended the workshop
18-20 April 2007	Workshop on Model based HIV estimation for rest of the States was organized. Personnel from Regional Institutes and SACS attended the workshop.
30 April – 2 May 2007	Workshop on data collection methodologies for estimating Obstetric fistula was organized. National and International experts in the field of HIV epidemiology attended the workshop.

<p>4-6 June 2007</p>	<p>Workshop on consultation of Stakeholders on HIV estimation was organised at All India Institute of Medical Sciences, New Delhi. National and International experts in the field of HIV epidemiology attended the workshop</p>
<p>15 May – 22 June 2007</p> 	<p>Summer Training in Medical Statistics was organized at NIMS for the students of M.Sc. (Statistics), Banaras Hindu University and <i>M.Sc.(Health Statistics)</i>, Institute of Medical Sciences, B.H.U.</p>
<p>12 September 07</p> 	<p>Dissemination Workshop for Clinical Trial Registry was organised at National Institute of Research in Reproductive Health, Mumbai for the Pharma industry and researchers in the field of clinical trials.</p>
<p>24-28 September 2007</p> 	<p>Orientation Course on Statistical Techniques and SPSS was organised for the Scientists of National Institute of Public Co-operation and Child Development.</p>

27 April, 2007	Workshop on consensus generation and sensitization of Clinical Trials Registry – India was organized for the Pharma Industries
<p>18- 20 July 2007</p> 	Three days Training of Trainer's Workshop for IDSP NCD Risk Factors Survey (Phase-I) at ICMR, New Delh
9 October 2007	Workshop on sensitization for clinical trial registration was organized for the Journal editors from all over the country at ICMR
3 December 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation was organised at All India Institute of Medical Sciences, New Delhi. Personnel from Regional Institutes and SACS attended the workshop.
8 December 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation was organised at All India Institute of Hygiene and Public Health, Kolkata. Personnel from Regional Institutes and SACS attended the workshop.

8 December 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation was organised at All India Institute of Hygiene and Public Health, Kolkata. Personnel from Regional Institutes and SACS attended the workshop.
10-12 December 2007	Capacity Building Workshop on Application of Multivariate Mixed Effects Models was organised at Department of Biostatistics, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow. Personnel from Regional Institutes attended the workshop.
13- 14 December 2007	Two days Data Entry Workshop for IDSP NCD Risk Factors Survey (Phase-I) at NIMS, New Delhi
9 January 2007	Training in Medical Statistics was organized at NIMS for Dr. Maung Maung Toe, Director (Research), Ministry of Health, Govt of Myanmar
14-18 January 2008 	Training on Medical Statistics was organised at NIMS for the students of M.Sc. (Statistics) students from Kurukshetra University.

21-23 March 2008



Dissemination of Clinical Trial Registry was organised at the 8th ICON Meeting organized by ICON-Indian Cooperative Oncology Network, Bhubaneswar, Orissa.





***Completed
Studies***

COMPLETED STUDIES**C1 Data Management and Analysis of HIV sentinel surveillance data and estimation of HIV burden in the country**

Date of commencement: February 2007

Date of completion: July 2007

Funding Agency: NACO/WHO

National Institute of Medical Statistics has contributed in developing a data base of HIV sentinel surveillance (HSS) system in India. This Institute has been carrying out epidemiological analysis of the HSS data since 2002 and also been deriving estimate of the HIV burden every year since 2003. During the period 2002-2006 NIMS provided technical support for

- ◆ improving the quality of data management,
- ◆ reviewing and validating the assumptions initially introduced for HIV estimation and
- ◆ comparing global methods of estimation with the method used in India

While the achievement in 2006 was the approval of the recommendation of NIMS by National expert committee on HIV estimation to switch over to WHO/UNAIDS Workbook method for 2007 HIV estimation, the task in 2007 was to

- ◆ strengthen capacity at National level on the application of the WHO/UNAIDS Workbook method,
- ◆ Identify the data needs and gaps for using the Workbook method for HIV estimation at state level and
- ◆ Restructure the Workbook for HIV estimation suitable to the epidemic characteristics in India
- ◆ Calibrate the HIV prevalence among ANC women to the population based prevalence observed from NFHS-3.

In order to achieve the above target, NIMS organized four region workshops capacitating the researchers in the field on the application of WHO/UNAIDS Workbook. The participants were encouraged to modify the epidemic structure of the Workbook in the light of their experience in

the light of their experience in field in respective states. Different structure of the Workbook formulated by the participants were extensively discussed in various core group meetings and various options suggested by the group was presented before the expert committee and finalized the Workbook structure for HIV estimation 2007 in India.

HIV Estimation 2007

During the year 2005–2006 a series of activities were initiated to improve the estimation methodology, and the input data base for estimation has been enriched with the availability of multiple data sources. The HSS expanded to over 1,122 sentinel sites covering almost all the districts of the country. The third round of National Family Health Survey (NFHS-3) tested over 102,000 blood specimens from adult men and women through a population-based household survey. The second round of national behavioural surveillance survey (BSS-2) and the baseline integrated biological behavioural assessments (IBBA) survey were also conducted during the year. More authentic information was available about the size of population at high risk (PHR) from the NACP-III document. The year 2006 is a benchmark in the history of the estimation of PLHIV in India for following reasons.

- ◆ the input data base for estimation has been enriched with the availability of multiple data sources, NFHS-3, BSS-2 and IBBA.
- ◆ The HSS has been expanded to over 1,122 sentinel sites covering almost all the districts of the country.
- ◆ More authentic information was available about the size of population at high risk (PHR) from the NACP-III document and
- ◆ WHO/UNAIDS workbook and Spectrum software were used to derive point prevalence over time and to project PLHIV in all ages.

The overall approach to 2006 estimates included five steps as listed below:

1. The sentinel surveillance data was reviewed and used to estimate HIV prevalence for each risk group using the appropriate statistical method, accounting for intra and inter site variation within a specific state. The HIV prevalence among ANC attendees was calibrated with the population-based survey data from NFHS-3.
2. The data on HIV prevalence among each risk group with respective size estimates as given in NACP-III were fed into the restructured UNAIDS/WHO Workbook to estimate state wise adult HIV prevalence for 2006.
3. The trend in HIV prevalence in each risk group within a state was estimated based on the valid consistent sites using the random effect model. A valid consistent site was those with consecutive five year's information and coverage of at least three-fourth of the target sample size in each year. The HIV prevalence for each risk group for previous years (2002–2005) was then estimated by applying the slope of the trend over the prevalence of 2006.
4. Adult HIV prevalence for these years for each state was estimated by creating separate workbooks. An epidemic curve was fitted for each state using the estimated adult prevalence for five years 2002–2006 to project the HIV prevalence for the epidemic period 1985–2010.
5. The projected HIV prevalence for each state was fed into Spectrum along with programme data on antiretroviral program coverage, percent of mother baby pairs given NVP etc. and some epidemiologic assumptions, to calculate the number of people living with HIV in all ages.

Population Groups in the Workbook

Populations at higher risk (PHR)

- Female sex workers (FSWs)
- Men who have sex with men (MSM)
- Male and female injecting drug users (IDUs)
- Truckers (includes drivers and cleaners)

Populations at lower risk (PLR) includes all individuals not accounted for in the PHR

- General Population Females – Urban
- General Population Females – Rural
- General Population Males – Urban
- General Population Males - Rural

Assumptions*Urban/Rural*

- FSWs assumed to be 67% urban and 33% rural;
- MSM assumed to be 60% urban and 40% rural;
- IDU assumed to be 90% urban and 10% rural in all states except Manipur and Nagaland where IDU assumed to be 40% urban and 60% rural;
- Truckers assumed to be 10% urban and 90% rural;

Male/Female

IDU assumed to be 10% female and 90% male.

Results

Table-1: Adult HIV prevalence and HIV infections for all age in India

Adult HIV prevalence	0.36 (0.27-0.47)
Number of HIV infections (All ages)	2.5 (2.0 - 3.1) million

Table-2: Adult HIV prevalence by sex

Sex	HIV prevalence				
	2002	2003	2004	2005	2006
Female	0.36%	0.33%	0.37%	0.32%	0.25%
Male	0.53%	0.52%	0.45%	0.45%	0.44%
Total	0.45%	0.43%	0.41%	0.39%	0.36%

Table-3: Percent Distribution of HIV infections by sex and year

Sex	2002	2003	2004	2005	2006
% Female	39.1	39.1	39.1	39.1	39.3
% Male	60.9	60.9	60.9	60.9	60.9
Total infections (in million)	2.73	2.67	2.61	2.54	2.47

Conclusion

The estimates were derived for the past five years, i.e. 2002–2006 and found that the epidemic is stable at the national level, although at the state-level some high prevalence states showed a decline and some in the low prevalence areas showed an increase in the epidemic. The decline was significant only in Tamil Nadu. The lowered estimate does not connote any decline in the epidemic but a correction for some incongruities in data and the previous method of estimation. There are reasons to become alert on the epidemic situation. The HIV prevalence among ANC women is more than one percent in 104 districts (75 in high prevalence states and 29 in low-moderate states). Of these 14 districts had more than 3% HIV prevalence among ANC women. Newly emerging epidemic among IDUs are found in five districts, Ludhiana, Chandigarh, Darjeeling, Khorda, bathinda.

C2 National level capacity building for the application of various HIV estimation methodologies

Date of commencement: February 2007

Date of completion: July 2007

Funding Agency: NACO/WHO

This project has been completed in collaboration with four regional Institutes, specially trained for the purpose. RMRC (ICMR), Dibrugarh, for the East and North East, NIE (ICMR), Chennai for the South, IIPS, Mumbai for the West and PGIMER, Chennai for the north regions were trained at NIMS.

Five workshops (serial number 1-5 in table below) were organized to capacitate state level officials on HIV estimation methodologies in four regions. Experiences and outcome of these workshops were used in restructuring the WHO/UNAIDS Workbook suitable to Indian epidemic situation.

After finalizing the HIV estimate 2007, two more workshops (serial number 6 in the table) were organized to disseminate the estimation process using the restructured Workbook.

Meeting/workshop type	Venue	Date	No of participants
Model based HIV estimation workshop for East and North East	NICED, Kolkata	19-21 Feb 2007	12
Model based HIV estimation workshop for West	IIPS, Mumbai	14-16 Mar 2007	11
Model based HIV estimation workshop for South	NIE, Chennai	21-23 Mar 2007	9
Model based HIV estimation workshop for North	PGIMER, Chandigarh	26-28 Mar 2007	12
Additional Workshop on Model based HIV estimation for the states who could not participate in the above workshops	NIMS, ICMR, New Delhi	18-20 Apr 2007	12
Dissemination Workshop on HIV/AIDS Model Based Estimation	AIIMS, New Delhi	3 Dec, 2007	17
	AIIPH, Kolkata	8 Dec, 2007	16
Capacity Building Workshop on Application of Multivariate Mixed Effects Models	Department of Biostatistics, SGPGIMS, Lucknow,	10-12 Dec, 2007	26

As per recommendation of the expert committee on HIV estimation Dr. Ray Shiraishi from CDC assisted the HIV estimation team 2007 evaluate the HIV epidemic trend for various risk groups using random effect model on HSS data. Later a workshop was organized (serial number 7 in table above) to capacitate more scientists on the application of multivariate mixed effects models.

C3 Estimation of AIDS Related Mortality

Date of commencement: November 2005

Date of completion: December 2007

Funding Agency: UNAIDS

In pursuit of the UNAIDS supported activity to facilitate the AIDS deaths estimation, a meeting of the National Expert Committee on estimation of AIDS Mortality was held on October 25, 2005 for consultation and consensus regarding the methodologies to be adopted for estimation under the chairmanship of Prof. Mari Bhatt, Director, International Institute for Population Sciences and in the presence of Dr Dharmashaktu, Additional Project Director, National AIDS Control Organization (NACO). The revision of both HIV estimates in India over time and the average survival time since HIV sero-conversion calls for recalculation of AIDS related mortality. These revisions are considered more precise compared to earlier estimates because the assumptions involved in earlier methods have been validated or replaced with evidence based information. AIDS related mortality in states was estimated from revised HIV burden and survival time using spectrum software. Further, death rate in India depicted a reduction in declining trend in the age group 25-49 after 1994 indicating the impact of HI/AIDS epidemic on death rate after ten years of epidemic progress in the country. The excess death in the age group has been estimated for 1994-2002 using kink regression approach. However, the proportion of excess death attributable to HIV/AIDS remained a question. Comparing the results with AIDS mortality estimated from alternative approach, the above proportion is derived.

The group tentatively identified the following Institutions for undertaking the estimation of AIDS deaths exercise under the overall coordination of the Institute for Research in Medical Statistics (IRMS):

- a. International Institute for Population Sciences (IIPS) and National Institute of Medical Statistics (NIMS) New Delhi for estimating AIDS mortality using the spectrum model.
- b. National Institute of Health and Family Welfare (NIHFW), New Delhi, for estimating excess deaths by state level using SRS data, and using civil registration system in urban India.

The overall coordination will be with NIMS, New Delhi

Objectives

Estimation of AIDS deaths using different methodologies and dissemination of results

Results

AIDS related mortality is estimated from the revised HIV burden and the survival time using Spectrum software. The method applies the average survival time since HIV sero-conversion on the projected PLHIV over time in the absence of ART and considering longer survival of people on ART. The excess death due to AIDS is estimated introducing a dummy variable in the trend equation with constant rate of decline. The excess death was estimated for three groups of states, (i) four high prevalence states, Andhra Pradesh, Karnataka, Maharashtra and TamilNadu, (ii) five states with low prevalence of HIV and poor health indicators, Bihar, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh, (iii) Low to moderate prevalence of HIV and good health indicators.

C4 Assessment of the impact of food fortification of child health in Uttarakhand

Date of commencement: January 2004

Date of completion: October 2007

Funding Agency: WFP

Objectives

- To provide the baseline prevalence of Iron and Vitamin-A deficiency and worm load among children under age 5;
- To monitor the supplementation of food;
- To undertake the end line evaluation survey evaluating the impact of supplementation

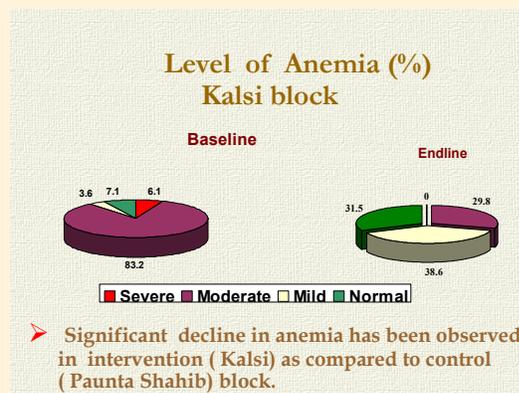
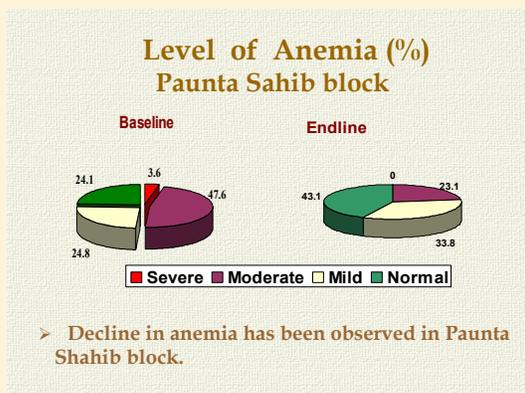
Field Area

Kalsi Block as Experimental and
Paunta Shahib as Control block .

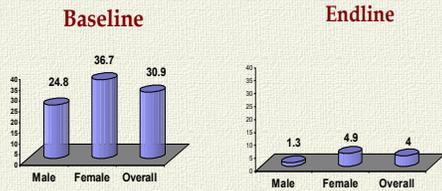
Methodology

- 30 villages each from the two blocks were selected by Probability Proportional to Population Size (PPS);
- 25 children from each selected village for the anthropometrics measurement, dietary intake and clinical examination;
- 10 children for the bio-medical examinations including Hb level, serum retinal and worm load.

Findings

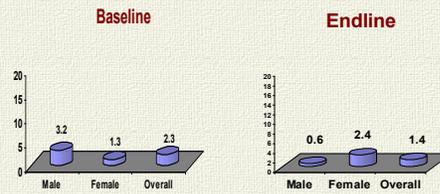


Vitamin-A deficiency (%) - Kalsi



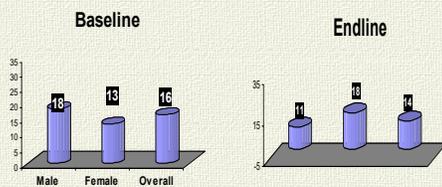
➤ Significant improvement have been observed among the children having Vitamin -A deficiency (serum levels > 19.9 mcg/dl) in end line.

Vitamin-A deficiency (%) Paunta Sahib



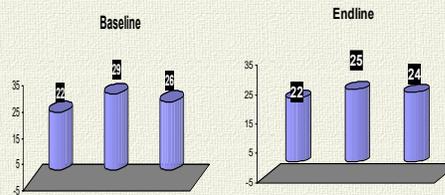
➤ Improvement have been observed among the children having Vitamin -A deficiency (serum levels > 19.9 mcg/dl) in end line.

Presence of Worm (%) Kalsi block



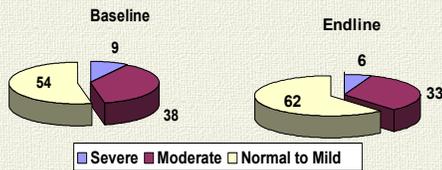
➤ Slight improvement has been observed.

Presence of Worm (%) Paunta Sahib block



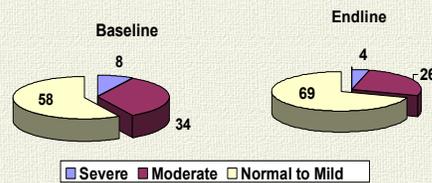
➤ Slight improvement has been observed.

Nutritional Status (%) Pre School Children (1-5 Years) SD Classification - Kalsi



➤ Children having severe and moderate malnutrition decline from baseline to End line.

Nutritional Status (%) Pre School Children (1-5 Years) SD Classification - Paunta Sahib



➤ Children having severe and moderate malnutrition decline.

Prevalence of Bitot's Spot (%)

	Kalsi		Paunta Sahib	
	Base	End	Base	End
Male	1.2	.6	0.5	.3
Female	1.2	.0	0.0	1.9
Total	1.2	.3	0.3	1.1

▪ The prevalence of Bitot's Spot decline in experimental block.

▪ **Impact of fortified food is visible.**

C5 Adolescent friendly health services in India : An evaluation of quality and access to services

Date of commencement: August 2006

Date of completion: July 2007

Funding Agency: WHO

Objectives

- ◆ Role of adolescent friendly health services their feasibility and sustainability.
- ◆ Whether the establishment of adolescent friendly centres has increased the quality and access to health services.
- ◆ Access to adolescent friendly health services

Methodology

Three sites

1. Government Hospital, Chandigarh
2. Safdrajung Hospital, Delhi
3. Government Hospital, Kolkata.

Selected out of 14 centers that are functional without interruption for the last 3 years.

- ◆ A qualitative assessment was carried out to evaluate the role of the adolescent friendly Health clinics (AFHCs)
- ◆ Through interviews with key stakeholder (Client, staff, parents), and review of relevant documents.
- ◆ To assess the influence of outreach intervention on the schools and
- ◆ Level of access to information and health services of adolescents in the schools, students and teachers of selected schools.

Study Instruments

- ◆ Client satisfaction Schedule
- ◆ Parent satisfaction Schedule

- ◆ Student satisfaction Schedule
- ◆ Staff satisfaction Schedule
- ◆ Facility survey tool

Health Center Profile

- ◆ Adequate manpower was available.
- ◆ Required facilities were also available.
- ◆ Privacy of the clients were being maintained at Centers.
- ◆ General ambience was very good.
- ◆ Outreach sessions were organized regularly.
- ◆ Communication with the client was Highly satisfactorily in all the cities.
- ◆ Inconvenient working hours was the main obstacle in utilizing services.
- ◆ Special training required for better communication with adolescents.
- ◆ Though short of supply but no problem in providing health services to adolescents.
- ◆ All the staff were aware of the management/ policies procedures.

Client perception

Salient findings

Chandigarh

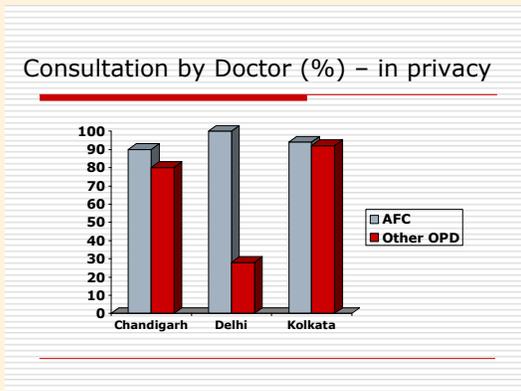
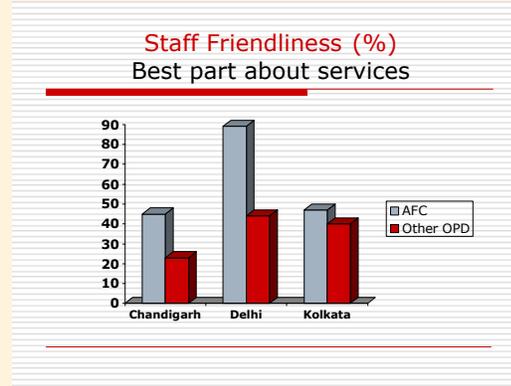
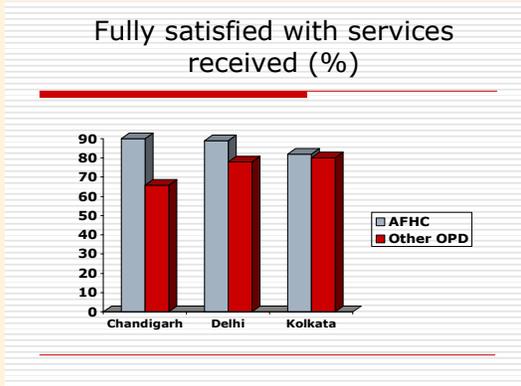
- ◆ About 90% of clients were very much satisfied with the services received at AFHC as compared to only 65% in other clinic.
- ◆ Clinic environment and friendliness of AFHS staff was better as compared to control sites.
- ◆ Privacy of the adolescent was being maintained.
- ◆ General ambience standard was available.
- ◆ Sufficient IEC material was displayed.
- ◆ On an average, 3-4 outreach sessions per month were organized.
- ◆ Inbuilt monitoring was being done regularly.

Delhi

- ◆ About 90% of clients were very much satisfied with the services received at AFHC as compared to 77% in other clinic.
- ◆ Friendliness of AFHS staff was better as compared to control sites.

Kolkatta

- ◆ About 82% of clients were very much satisfied with the services received at AFHC as compared to 80% in other clinic.
- ◆ Friendliness of AFHS staff and Useful advice given by them was the best as compared to other clinic.

*Likely to Utilize AFHC service in future*

Chandigarh

- ◆ All clients were of the view to utilize this service as compared to 77% in other clinic.

Delhi

- ◆ All were of the view to utilize AFHC services.

Kolkatta

- ◆ More than 90% clients were of the view to utilize AFHC services

Encouragement to Utilize AFHC service to friends

- ◆ All clients were willing to encourage their friends to utilize AFHC services in Delhi, Kolkata and Chandigarh.

Reasons, if any, which makes difficult to utilize AFHS clinic

- ◆ Long distance was the main reason stated by the clients which makes difficult to utilize AFHS clinic in all three centers i.e, Delhi, Kolkatta and Chandigarh.
- ◆ Inconvenient working hours was main obstacle stated by almost all clients in all three cities.

Parents' perceptions*Concern about children health*

- ◆ Almost all parents/ guardians were very much concerned about their children health in all three cities.
- ◆ All were aware about the functioning of AFHS, their timings and its location in all three cities.
- ◆ Almost all parents/guardians were aware that Medical Examination, medicines and counseling were available free of costs at AFHCs in all three cities.

Timings of AFHCs

- ◆ Almost all parents/guardians were of the view that existing timings of AFHCs is suitable to them in all three cities.

Behavior of Staff of AFHCs

- ◆ The behavior of all health staff including Doctors, counselors and Paramedical staff was quite friendly in all three cities.

Environment of AFHCs

- ◆ The waiting area of the AFHCs was more comfortable as compared to other OPDs in all three cities.

Impression about AFHCs

- ◆ The overall impression about the AFHCs was quite satisfactory as reported by all parents/ guardians in all three cities.

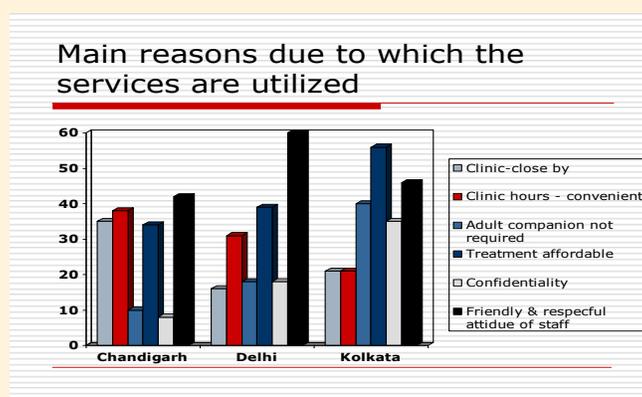
Students Profile

Performance level

- ◆ Almost all students were giving much attention in their performance level in schools in all cities.

Sharing the feeling with friends

- ◆ More than three fourth of students were having at least one close friend.
- ◆ About half of the students were giving much importance to friends thought.



C6 Impact of the first phase of RCH programme : Analysis of data of India's district level survey

Objective

Main objective

- ◆ To undertake a comprehensive review of the RCH Programme and find out the impact of the first phase of RCH Programme

The specific tasks to be carried out

- ◆ Analysis of the primary data collected in DLHS in the two rounds in 1998-1999 and 2002-04;
- ◆ Analysis of Reproductive Health Status of women in the Country in these two periods;
- ◆ Make out the indicators as contained in the annexure to the Project Agreement Document (PAD) of RCH-1; and
- ◆ Budget & Expenditure analysis of RCH-1.

Findings

Contraceptive Prevalence rate

- Out of 593 Districts, 105 districts showed significant increase level of contraception during five-year period
- Most used method is female sterilization
- More than half (53 %) of the currently married women use any family planning method
- Only one-third districts prevalence more than 60 percent
22 districts of UP and 17 districts of Bihar CPR below 25 percent

Unmet need

- Over all 4 percent point decline in unmet need for family planning (25 % in 1998-99 to 21% in 2002-04)
- About 40 percent districts shows significant decline in unmet need
30-40 percent of currently married women want to space or limit their births to use family planning from EAG states (70 out of 96 districts).

Full Antenatal Care

- ◆ Full ANC coverage has increased in 319 districts out of 593 over a period of 5 years
- ◆ Only 2 out of 10 women had full ANC in India
- ◆ In only 31 districts of India, 50% women had full ANC
- ◆ In 234 districts full ANC coverage is below 10 percent

Institutional and Safe Delivery

- ◆ *National Population policy goal is to achieve 80% Institutional Delivery and 100 percent delivery to be conducted by Trained Health professionals by year 2010*
- ◆ In 278 districts out of 593, Institutional delivery shows increase from 1998-99 to 2002-04.
63 districts mostly from southern and western India achieved 80% institutional deliveries.

Home visit by Health workers

- ◆ Home visit by Health workers has been increased in 313 districts from RCH-1
- ◆ At all India Level only 10% women were visited at home by health workers
- ◆ In at least 265 districts (122 belongs to EAG states) < 5% women

were visited by any health workers

Child Immunization

- ◆ One of the National Socio-Demographic Goal formulated by National Population Policy is to achieve universal immunization of children against all vaccine preventable diseases by 2010.
- ◆ In India only 46% children are fully vaccinated and almost 20% have not received any routine vaccination.
- ◆ There has been no improvement in full vaccination since RCH-1

Knowledge level of RTI/STI among women and Men in India

- ◆ For both men and women Knowledge level increases in 241 districts from 1998-99 to 2002-04

Current scenario based on DLHS-2 (2002-04)

Women

- ◆ Knowledge level is less than 60% in more than 75% districts in India
- ◆ Less than 1% awareness is in 2 districts of J&K and 100% awareness is in Saharsa district of Bihar
- ◆ In 22 districts of India knowledge level is 95%

Men

- ◆ Awareness level is less than 60% in more than 73% districts in India
- ◆ In 59 districts the awareness level is below 20%
- ◆ 2 districts from West Bengal and 1 district from Kerala the knowledge level is more than 95%

Knowledge of HIV/AIDS

- ◆ National AIDS Control Organisation programme advocate to spread preventive and correct knowledge of HIV/AIDS
- ◆ In 50% percent districts of India half of the currently married women have heard of HIV/AIDS.

Knowledge of HIV/AIDS is lower among

- ◆ young women,
- ◆ rural women,
- ◆ non-literate women,

- ◆ scheduled tribes women
- ◆ women belonging to HHs with a lower standard of living
- ◆ women belonging to other religion

Girls Marrying below age 18

- ◆ One of the socio- demo. goals of the National Population policy is to promote delay of marriages for girls not earlier than age 18 years.
- ◆ % of girls getting married after age 18 years increased to almost 369 districts over time.
- ◆ There are 109 districts in India where 50% girls get married by age 18.
- ◆ In 245 districts, one -third girls gets married below age 18 years.

Birth order 3+

- ◆ NPP (2000)' goals indicated to vigorously promote small family norms to achieve replacement level of TFR by 2010
- ◆ In India, 42% of currently married women have third or more births.
- ◆ In 195 districts, 50% of currently married women have third or more births.
- ◆ In 225 districts- percentage of third and higher order births declined over time.

Budget and Expenditure Analysis in RCH-1

The following are the highlights of the findings:

- ◆ The overall allocation to the RCH activities in RCH-I project was Rs. 2381 crores (or 23.8 billion) which comes to Rs. 23 per person in about eight years of the project life. The expenditure was only Rs. 13 person (or about one-half of the allocation).
- ◆ Except the North-Eastern states where about 84 percent of the allocation could be spent, most of the other states spent somewhere between 50 to 60 percent of their allocation. As categories, smaller states and the North-eastern states spent more money than the other categories of states.

Recommendations

- ◆ There is need to assess whether the states do not have capacity to spend this large money or they over-estimate the cost of the activities which they propose. Such assessment will help in better budgeting in the next such projects.
- ◆ One important factor for less than allocation expenditure was a slow start of the project activities. There is, perhaps, need of initiating some pre-project activities so that the process of implementation could be accelerated.
- ◆ The other important factor that can help accelerate the implementation is close monitoring of the progress of the project by technical persons who could not only identify slow progress but help the states in their initial problems of implementation.
- ◆ The allocation of the states to construction and renovation activities of the buildings was much higher than what could be spent. There is need to understand why expenditure on the construction categories was low when most of the states have been citing poor infrastructure for poor programme performance.

C7 Behavioural Surveillance Survey (BSS) among Youth—2006

Date of commencement : June 2006

Date of completion : Dec 2006

Funding :

Objective

The aim of the study is to provide a baseline information for the interventions among the young people supported by NACO and UNICEF. The study will be repeated periodically for trend analysis, which will indicate the impact of the interventions as well generate invaluable information about behaviour and life style of young people in the country.

The specific objectives of the study are:

- ◆ Measure changes in the key knowledge and behavioural indicators of youth, based on the baseline estimates of the indicators identifying the persistent problem areas.
- ◆ Explore programmatic implications which will help in expansion of interventions leading to reduction in the transmission of HIV / AIDS

among the young people.

- ◆ Generate quantitative measure of behavioural indicators for analysis within wave and trend analysis over multiple waves

Profile of respondents (youth)

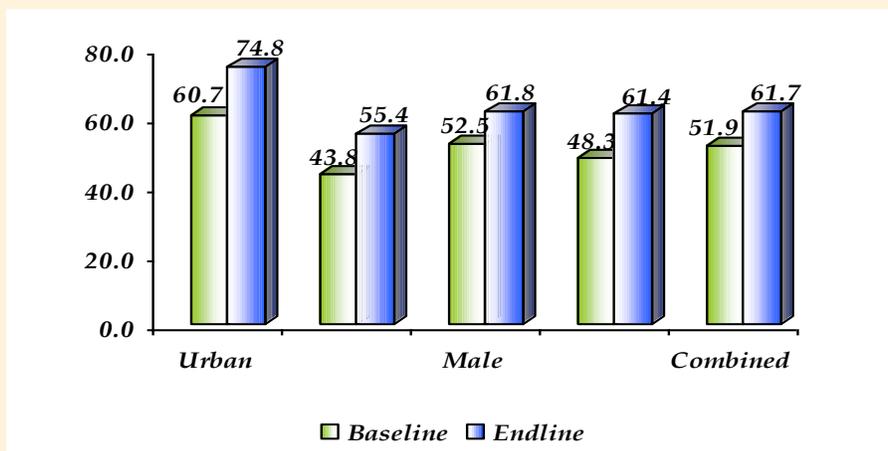
- ◆ Total sample of 78,916
- ◆ 50.7% rural areas and 49.3 % urban areas.
- ◆ 50.7% males 49.3% females.
- ◆ Median age was 20 years.
- ◆ 87% were literates.
- ◆ The proportion of the literates was higher in urban areas and among male.
- ◆ Less than one-third of the youths were currently married. The proportion of the currently married was higher in rural (33%) and among females (44%).

Sample design

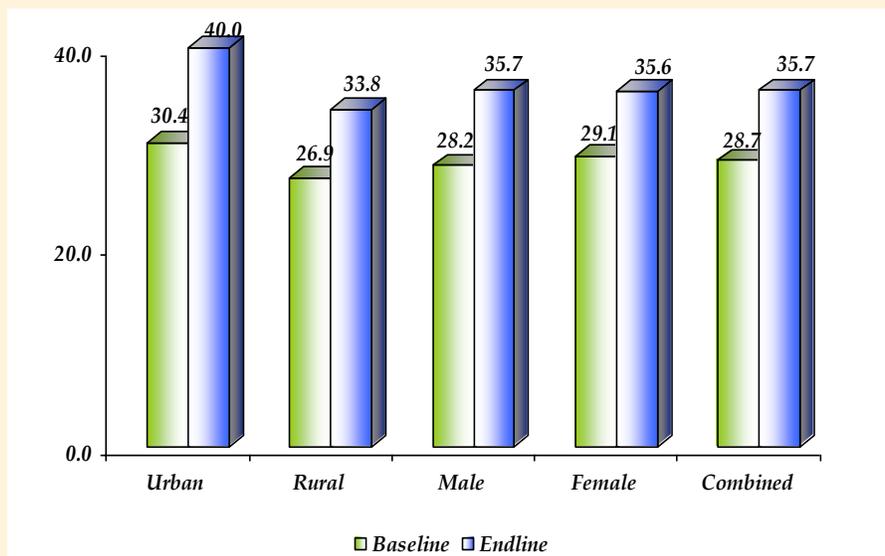
States/UT	25		
PSUs (Rural+Urban)	2434	40 respondent/psu (20=M,20 F) =GP 20 respondent/psu (10=M,10 F) =YP	
General Population survey (15-49 yrs)			
Total Respondent		97240	
Youth Survey (15-24 years)			
	During General Popula- tion Survey	Additional (Youth Sur- vey)	Total
Total Respondent Covered (15-24 years)	30,791	48,125	78,916

Results

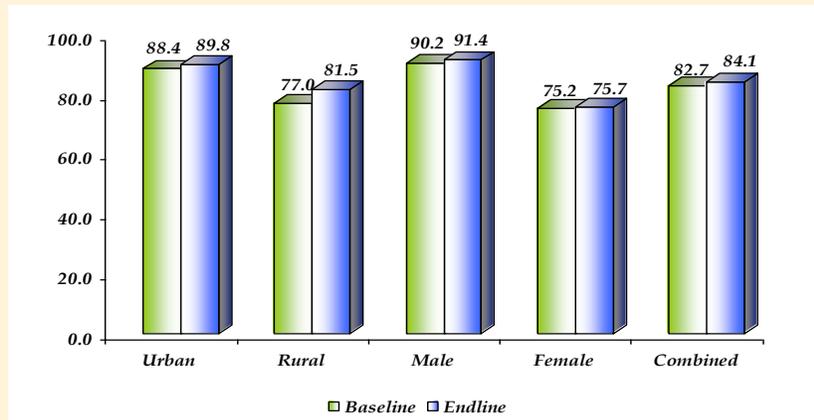
The findings have been presented graphically. A survey by NACO was conducted among general population (15-49 years) in 2001 (referred as baseline). The information for youth has been culled out and analysed. The present findings (referred as endline) have been compared with baseline wherever possible.



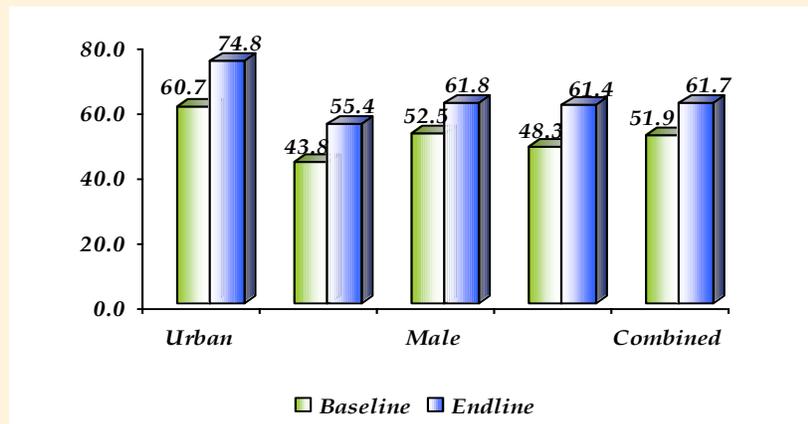
Know two Correct Prevention Modes



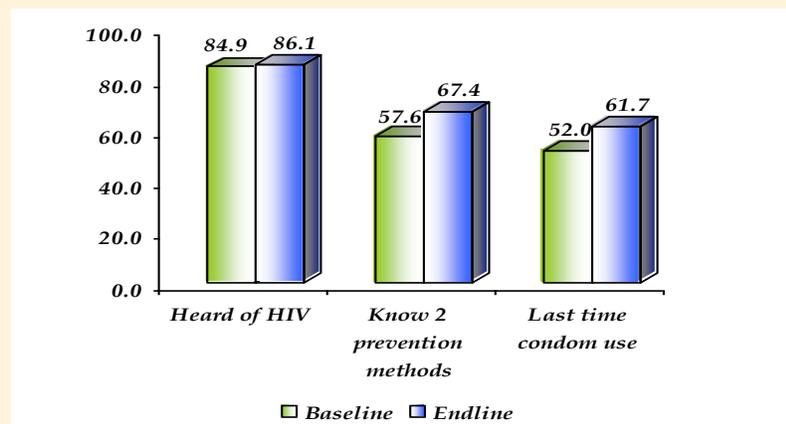
Heard of STIs



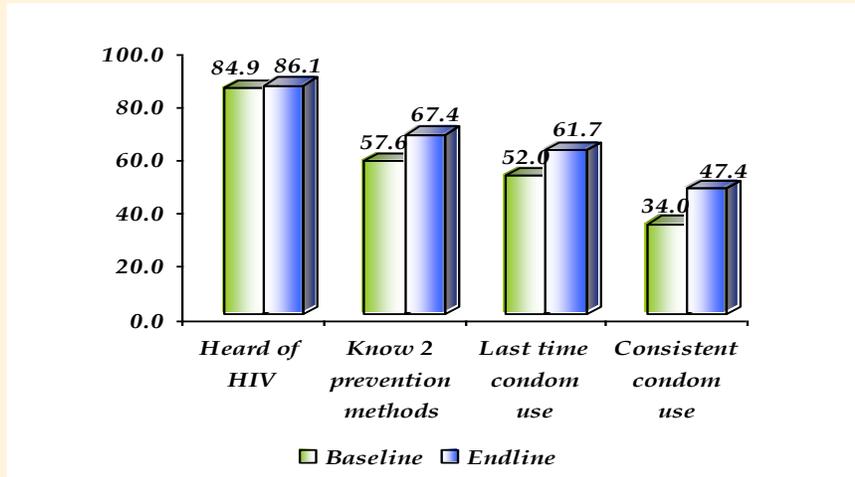
Heard of Condoms



Last Time Condom Use in Non-Regular Sex

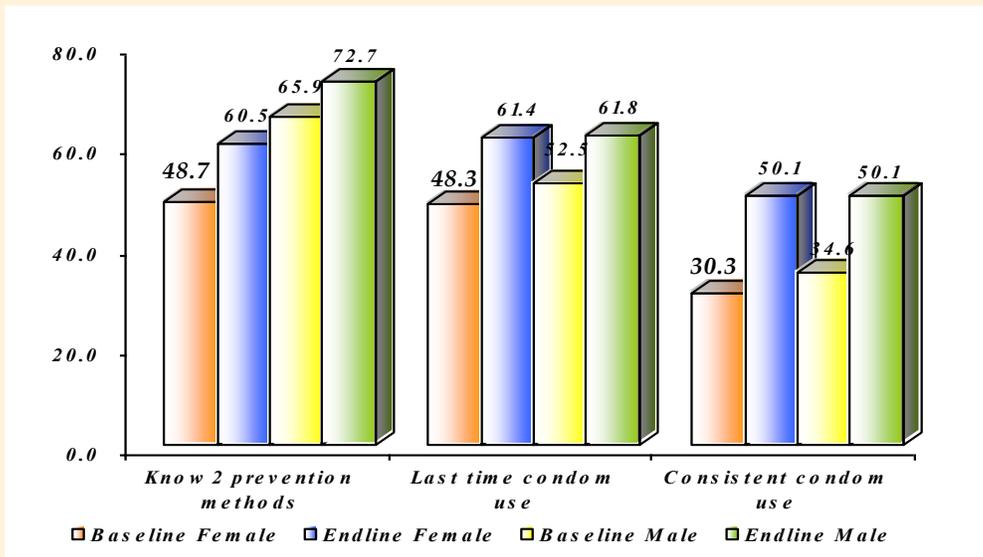


Indicators (Combined All India)



Comparison of Important Indicators

Comparison of Indicators & Gender

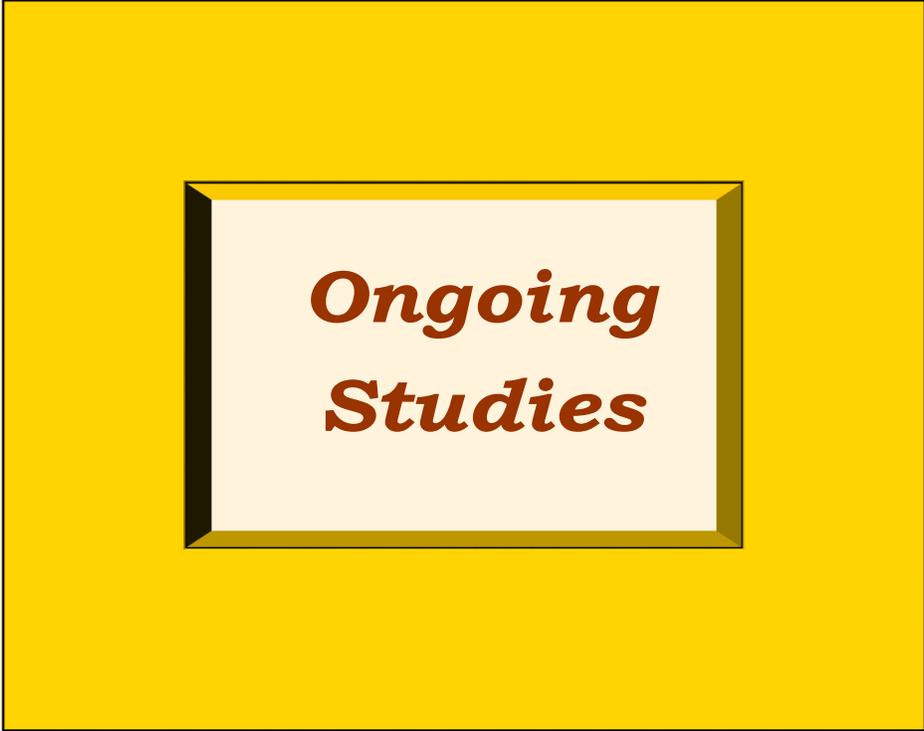


C8. “Health Sector Policy Reform Options Database (HS-PROD) of India”

The project on developing “Health Sector Policy Reform Options Database” has been taken up by NIMS with the collaboration and financial grant provided by MoHFW and European Commission Technical Assistance. Health Sector Reform can be described as the sustained and purposeful process of change to improve the performance of health sector, motivated by the failure to deliver outcomes important to society. They are designed to improve functioning and performance of the health sector. Reforms are mainly focused on the needs of poor and under privileged.

The HS-PROD is an online database (www.hsprodindia.nic.in), which is being developed to provide information about Indian good practices and innovations in health services management. More than 200 entries or document on health sector reforms has been uploaded to the website after reviewed by PMG members (Experts). These entries are distributed across the states and 16 subject areas. This target has been achieved by the working team with their joint effort, proper planning and management of project. Three regional partnership workshops at New Delhi, Bangalore and Bhubaneswer were organized for sensitization of state level partners and stakeholders. The purpose of organizing the workshop is to disseminate about the website to state level programme implementers and policy makers, identify potential partners in the states and identify the resource person who can assist in gathering information about various initiatives started by the States to improve the quality of health care services.





***Ongoing
Studies***

ONGOING STUDIES

O1 Estimation of Number of Orphans and Vulnerable Children in India Due To HIV/AIDS and Children Requiring ART

Date of commencement: June 2006

Funding Agency: UNICEF

Background

The HIV/AIDS epidemic has increased adult and child mortality rates substantially in many countries. Adult deaths from AIDS often occur to men and women in their thirties and early forties. As a result many people who die from AIDS leave behind young children as orphans. In India many more children are orphaned from other causes, than from AIDS. But AIDS orphans bear a special burden since they are more likely to lose both their parents than a child who loses a parent through an accident or childbirth. AIDS orphans may also be more likely to be clustered in extended families or communities than other orphans, making it harder for support to be mobilized. They may also face stigma as a result of their parent's infection.

Objectives

1. To estimate the number of HIV+ Children, Orphans, AIDS orphans, children need for treatment by state and specifically,
 - HIV+ children
 - AIDS and non-AIDS orphans
 - Maternal, paternal and double orphans
 - Orphans by age
 - New cases
 - Children need for treatment
2. To support strategic planning for support to orphans in need
3. Organize training program to capacitate at state level to generate state specific estimate

Progress

Certain issues related to the program are to be resolved. Frequent group meetings are being organized to finalize the methodology.

O2 Statistical modeling of HIV/AIDS epidemic.

O2 Statistical modeling of HIV/AIDS epidemic.

This is a project approved by the ICMR Task Force for Statistics to develop statistical models to study the unobservable epidemic characteristics of HIV/AIDS epidemic such as variations in incubation period, to study the progression of disease from infection to AIDS and deaths and estimate the HIV burden and mortality rates.

Variations in incubation period have been studied. A stochastic model has been developed to study the transmission rate of infection between risk groups and general population and to derive the disease progression and epidemic spread. Using the estimated function for disease progression, the HIV burden and mortality due to AIDS has been derived for all states and compared with the results of global methods.

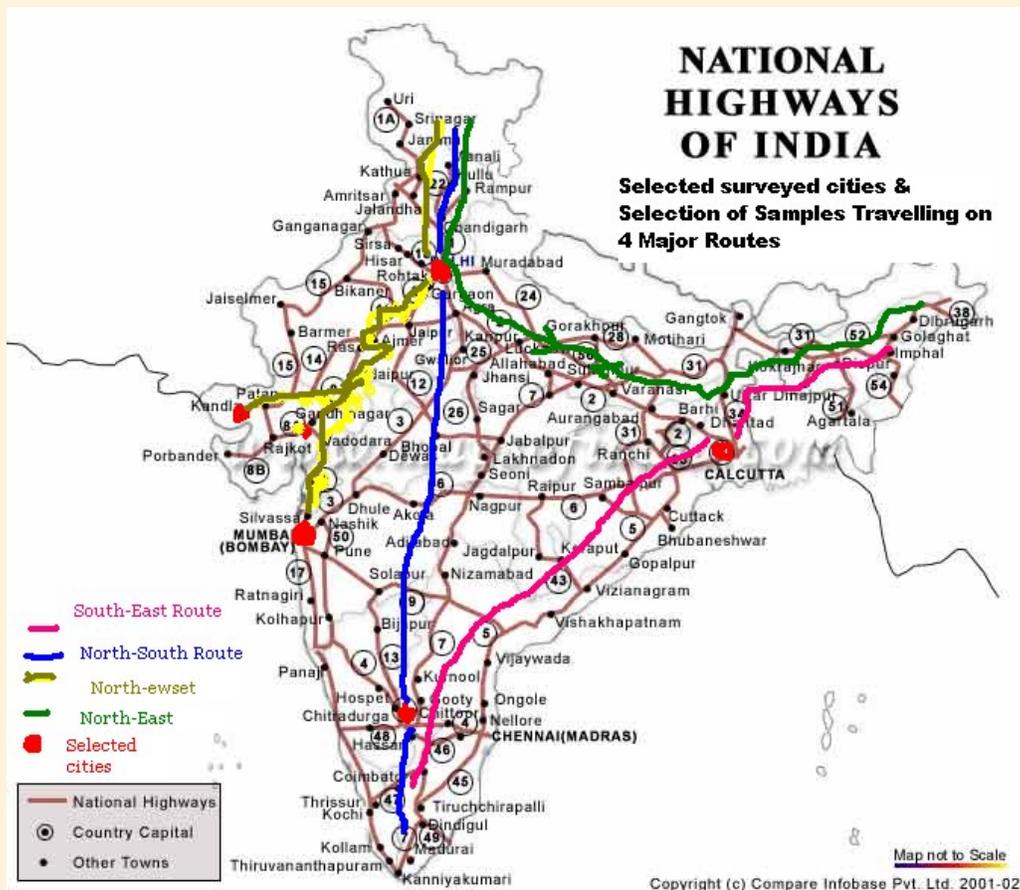
O3 Integrated Biological and Behavioural Assessment on National Highway (IBBA-NH)***Objective***

The IBBA-NH aims to assess the impact of the interventions undertaken by Avahan India AIDS Initiative to prevent the spread of HIV/STI among high-risk population in selected states and national highways with funding from Bill & Melinda Gates Foundation (BMGF). The data would gathered by IBBA-NH at three points of time would facilitate in estimating the sizes of target population and further to use the available information for modeling the impact of interventions among the trucking population. Hence, a large-scale cross-sectional study among long distance truck drivers (LTDs) of India was undertaken based on behavioural interviews and collection of biological specimens.

Study Design

The study was designed to sample out long distance truck drivers who generally ply on national highway carrying consignment to distances more than 800 kms away the place they the journey from. The national highways consist of only 2% of India's total road network but accounts for 40% of the total road traffic. The estimated size of truck drivers in India is around 5 million and about half of them ply on long distance routes

traversing across the state and national highways. As truck drivers follow a particular route, therefore the study would provide results specific to 4 routes selected on basis of its traffic volume – Northeast, North-south, Northwest and Southeast. Seven transshipment locations catering to these 4 routes which are the main origin or destination points were identified where the truck drivers become stationary for sometime and would be easily available for IBBA-NH survey. Further, eligible truck drivers were recruited from selected transport establishments who provide consignments to the study population. The map gives the routes and transshipment location details.



Pre-survey assessments were conducted to understand the structure of transshipment location and trucking industry.

As the target population is mobile it was decided to adopt **Time location cluster (TLCs) sampling**. IBBA used two-stage sampling plan, in which clusters (transport offices) were selected at the first stage by Probability Proportional to Size, followed by selection of unequal number of respondents in the second stage to maximize the efficiency of the field teams. Post-survey weighting was done.

A sampling frame was developed after rigorous exercise to identify the transport offices (TE) that directly deal with the truckers. Time was attributed to the number of days in a week the transport office was operating on and thus, TLCs was worked out by repeating a TE as many times as the number of days in week it operates on. The number of TLCs were selected on the basis of predetermined sample size of truckers required to measure the change of about 15 percent in the study parameters, i.e., condom use.

The mathematical expression for the required sample size for a given sub-population (n) is given below:

$$n = D \frac{[Z_{1-\alpha} ((2p(1-p) + Z_{1-\beta} ((p_1(1-p_1) + p_2(1-p_2)))^2]}{(p_2-p_1)^2}$$

Where

n = the required sample size

D = design effect

p₁ = the estimated proportion at the time of the first survey

p₂ = the target proportion at some future date, so that (P₂ – P₁) is the magnitude of change we want to be able to detect

p = (p₁ + p₂) / 2

Z_{1-α} = the Z – score corresponding to the desired level of significance

Z_{1-β} = the Z – score corresponding to the desired level of power

The overall sample size was 2193 and for each route the estimated size was as follows: NE - 535, NS – 529 and NW 628 and SE - 501.

Survey Procedure

A team consisting of representatives from NIMS, ICMR and Family Health International (FHI) developed consent form, questionnaire, laboratory and field protocols. The questionnaires were translated in various languages.

Community preparation was done to facilitate smooth functioning of the survey at transshipment location by forming community advisory board and community monitoring board.

The survey team comprised of behavioural team comprised of investigators and supervisors to conduct behavioural interviews and biological team composed of clinician and lab technician. Rigorous training was arranged separately for both the teams, however half a day was kept to build a synergy between the teams.

The sequence of the interview is as follows: the truck drivers were selected by supervisors and brought to the interview zone which was adjust to the clinic site and interview was done by the investigators only after taking written consent. Thereafter, the participant visited the clinician for check-up and biological samples were collected. Referral cards were given to collect syphilis information from designated Khushi clinics established on national highways and other clinics and treatment.

The survey period was launched in the last week of June 2007 and completed by first week of September 2007. Monsoons and festivals extended the survey period. The survey was able to collect complete data from 2066 participants, who had participated in the interviews and also given both blood and urine samples. The route-wise completed interviews were as follows: 498 from Northeast; 540 from north south; 515 from northwest and 514 from Southeast.

Preliminary Observation

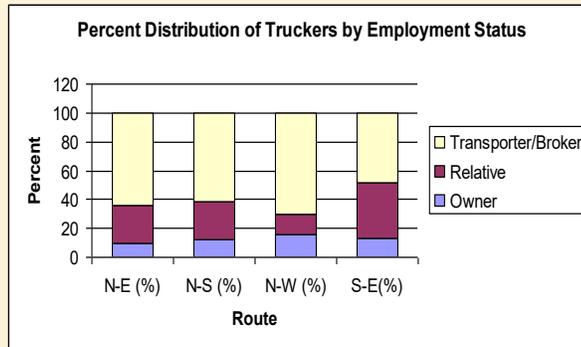
Among the four routes, LDTD traveling on S-E route were relatively older than rest of the three routes. The mean age was 34 years for SE route drivers while it was below 30 for the rest of the routes. Around three-fourths of the respondents were currently married. The proportion of currently married LDTD was highest for the SE route (82 %) and lowest was in NW route (73%).

Nativity of the respondents showed that in the N-E route, LDTD are predominately from the state of Uttar Pradesh (47%) and Bihar/Jharkhand (24%). The nativity of LDTD traveling in N-S route was more varied.

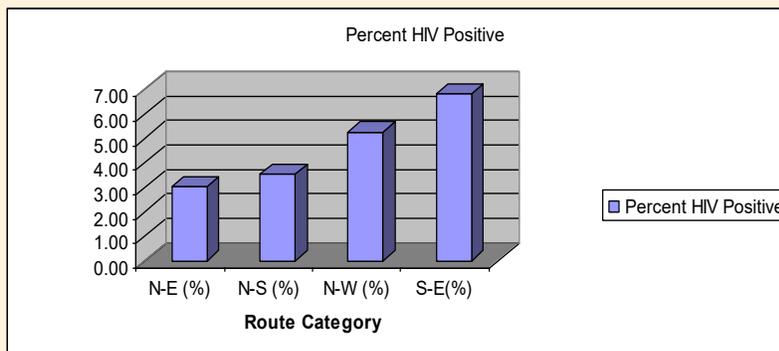
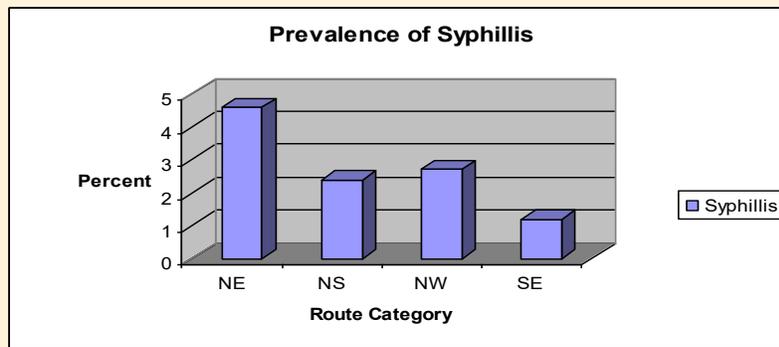
Nonetheless, about three-fourth of the LDTD in NE route were from North-Indian states including Haryana (21%), Uttar Pradesh (23%), Madhya Pradesh/Chhattisgarh (9.1%), Rajasthan (15%) and Bihar/Jharkhand (6%). Similar nativity pattern could be observed in NW where respondents were native of UP (21%), Haryana (22%), Rajasthan (25%) and Punjab (11%). However, LDTD from S-E route were largely native of Andhra Pradesh (58%) and Tamil Nadu (25%).

The employment status as given in Fig 1 shows that majority of truck drivers were driving vehicles owned by transporter/ fleet owner or broker (booking agents). However, few drivers are themselves owner of the truck they were driving.

Fig 1



The biological results exhibited below shows route wise differential in syphilis and HIV prevalence. Among the four routes syphilis prevalence



04 Clinical Trials Registry - India

Date of commencement: April 2006

Expected date of completion: March 2009

Funding Agency: DST

- ◆ The (CTRI), www.ctri.in was launched on 20th of July 2007, by DG, ICMR and is hosted at the National Institute of Medical Statistics, ICMR, New Delhi.
- ◆ The CTRI is a online public record system for registration of all clinical trials being conducted in our country.
- ◆ The CTRI (www.ctri.in) is a free ,searchable portal.
- ◆ Registration of trials is voluntary but some fields are mandatory for registration.

The primary purpose of this Registry is to make information regarding clinical trials being conducted in India freely available to anyone who desires the information.

All interventional trials which are open to recruitment as well as ongoing and prospective trials will be registered

Who is responsible for registering a trial?

- ◆ Principle Investigator (PI) or the Primary Sponsor
- ◆ For Multi-Centric and Multi-Sponsor Trials, it is the lead PI or lead Sponsor should take responsibility for registration.
- ◆ In case of Multi-Country Trials, the Indian PI should also get the trial registered in CTRI quoting any other Registration number as its Secondary ID.

Key features of the CTRI

- ◆ Hosted on Internet (www.ctri.in) with its HQ. at NIMS.
- ◆ Facility for online registration of prospective & ongoing clinical trials.
- ◆ Three levels of Access
- ◆ **User** (Authorized to register clinical trials)

- ◆ **Administrator** (Responsible for the Registry)
- ◆ **Public** (Facility to search information on registered clinical trials)
- ◆ Facility for User to fill up the Form over a period of time and submit at his/her convenience.
- ◆ Facility for User to edit a Trial which is already registered.
- ◆ Facility to search information based on multiple parameters.
- ◆ Perform deduplication i.e. check for eliminate duplicate entry of a single trial.
- ◆ Facility to generate Regular and Graphical Reports.

Progress

Regional Meeting

- ◆ In order to promote trial registration in the CTRI as well as clarify doubts and queries regarding the functioning of the CTRI software application and trial registration process, a meeting was held for the various stakeholders at NIRRH, Mumbai on 12 September 2007.
- ◆ *WHO Network Register Meeting, Geneva*
- ◆ WHO Network Team apprised about the current status of the CTRI and its future prospects in the meeting held on 29th – 30th November, 2007.

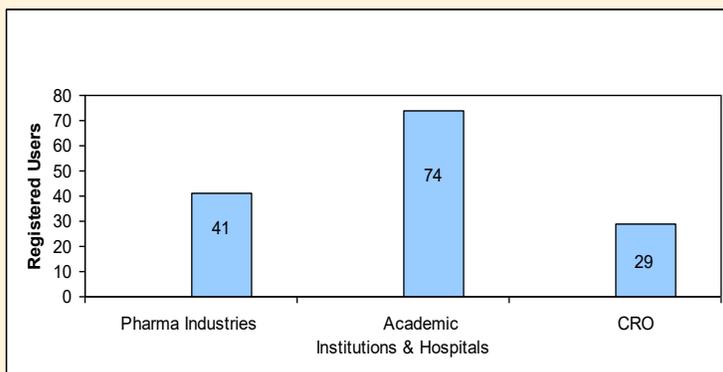
Presentations in various conferences

- ◆ In addition, the CTRI team has presented the overview of CTRI and explained the process flow of the trial registration in CTRI at various conferences.
- ◆ The number of hits received by the CTRI site has crossed the 4500 mark.

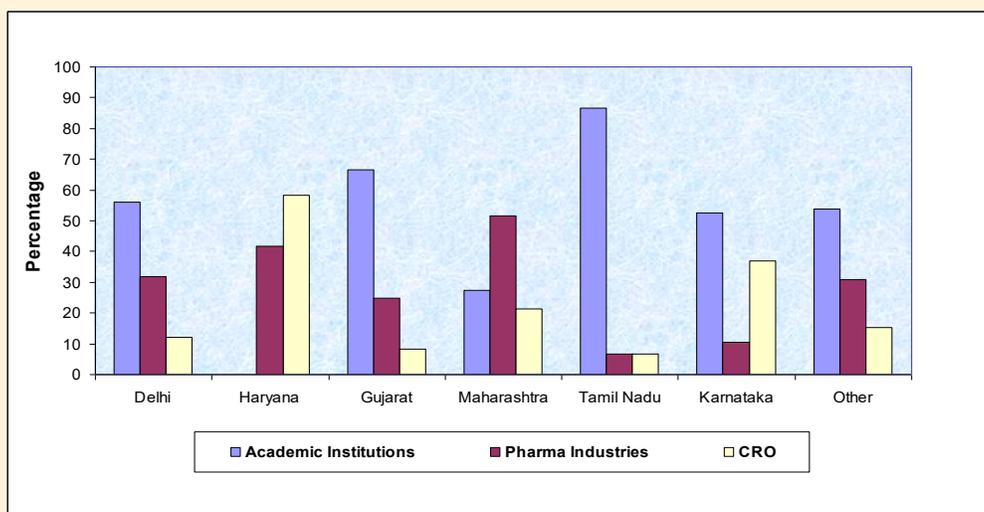
Documents Developed

- ◆ Article on CTRI has been developed for publication in IJMR to generate awareness regarding trial registration
- ◆ Documented and disseminated 2 CTRI Bulletins with the 3rd one under process
- ◆ Developed CTRI flyer for rapid assimilation of CTRI features and trial registration process
- ◆ Developed Process for registration of trials.

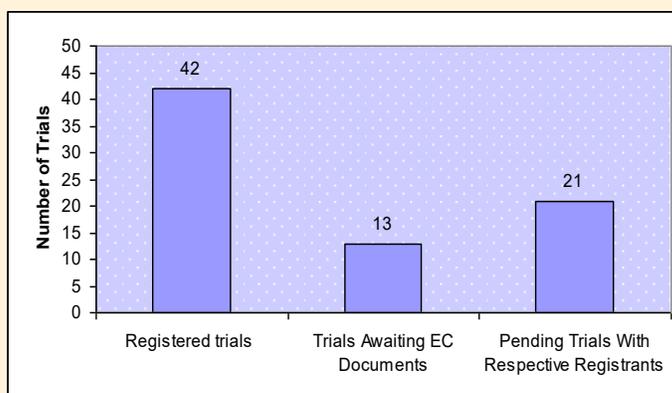
Details of Registered Users



State-wise break up of Registered Users



Details of Trials Submitted to CTRI



05 IDSP – NCD Risk Factors Survey

Date of commencement : May 2007
 Funding Agency : NICD/ICMR/World Bank
 Expected date of completion : March 2009 (3years)

Background

- ◆ Non-communicable diseases (NCDs) are increasingly recognized as a major cause of morbidity and mortality.
- ◆ WHO Report 2004, NCDs account for almost 60% of deaths and 47% of the global burden of disease.
- ◆ The Government of India with the assistance of the World Bank proposes to implement IDSP in the country.
- ◆ Non-communicable diseases(NCD) risk factors are
- ◆ Behavioral- Tobacco and Alcohol use, Dietary habits and Physical Activity.
- ◆ Physical Measurements - Height, Weight [Body Mass Index (BMI)], Waist circumference and Blood pressure
- ◆ Biochemical - Blood Glucose.

Non-communicable Diseases and risk factors

Tobacco

CVD

Alcohol

Diabetes Mellitus

Unbalanced diet

COPD

Physical inactivityCancer

FOUR COMMON RISK FACTORS RESPONSIBLE FOR MAJORITY OF THE NCDs

Objectives

- ◆ To estimate the prevalence and distribution of risk factors in different strata of States/Regions of India.
- ◆ Establish a database of NCD risk factors and monitor trends of important risk factors over a period of time.
- ◆ Support evolving strategies for interventions of identified risk factors to reduce the burden of non-communicable diseases.
- ◆ *Major Roles of NIMS (NNA)*
- ◆ Overall coordination for implementation of survey across the States.
 - Develop Uniform Survey methodology
 - Develop Survey Instruments & Training Manuals
 - Organize Training of Trainer's (TOT) workshop
 - Develop software for data entry and analysis
- ◆ Monitor the progress of survey and provide technical support to SSA and RRC.
- ◆ Data Management and Analysis to prepare State Report
- ◆ Prepare National Report

State wise progress (Phase-I)

State	Number of PSUs	Number of PSUs Completed		Data Cleaning Report (NNA)
		Survey	Data Entry	
Andhra Pradesh	100	90	50	8
Karnataka	100	--	--	--
Kerala	100	50	19	5
Maharashtra	100	100	50	50
Madhya Pradesh	100	39	4	8
Mizoram	100	17	8	8
Tamil Nadu	100	61	4	4
Uttarakhand	100	65	2	2

06 Evaluation of Kishori Shakti Yojna (KSY) Scheme for Adolescent Girls

Date of commencement: April 2007

Expected date of completion : Dec 2008

Funding Agency: Ministry of Women & Child Development

Background

The AG Scheme was introduced during 1991-92 under ICDS to address the life cycle approach of human development. It was devised as a special intervention scheme for adolescent girls in the age group of 11-18 years (with particular attention to school drop-outs). It used the ICDS infrastructure to address to their needs for self-development, nutrition and health, literacy and numerical & vocational skills etc. The scheme was implemented in 507 blocks in the country. The scheme was revised, and renamed as Kishori Shakti Yojana (KSY) and expanded to cover 2000 operational projects during IX Plan.

Objectives

In order to appraise the progress and achievement of the project as also the impact of various inputs, it is necessary to examine the programme in its totality. As the baseline parameters of several process and impact indicators are not available, it is proposed to

Collect data on certain identified process

Impact indicators and also

Compare some indicators

Results

Perception of the Beneficiary

The perception of each beneficiary about the benefits which has been received from Kishori shakti Yojna has been presented in table 1.

Table 1: Benefited from training under Kishori shakti Yojna (%)

Sr No	State	Percentage
1	Uttar Pradesh	69.9
2	Bihar	49.0
3	Punjab	80.1
4	Gujrat	89.1
5	Orissa	91.3
6	West Bengal	97.5
7	Maharastra	83.9

It has been observed that more than two thirds of the beneficiary have been benefited from the training under KSY in UP , about half in Bihar, more than three fourth in Punjab, Gujrat & Maharastra. This percentage is more than 90 percent in the states of Orissa and west Bengal.

This shows the impact of KSY in the community. Some more efforts are to be done in the states of UP and Bihar.

General Information about the Aganwadi centre

The general information about the aganwadi worker centre has been presented in table 2. As per the plan of the study, the detailed information about their perception were covered from 1600 beneficiaries from UP and 504 from the state of Bihar. In every villages, AWCs were working and almost every one was knowing about it. About two thirds were having the knowledge of KSY in UP where as only few knew in Bihar.

The general information about the KSY among beneficiary as well as non-beneficiary has been presented in table 3.

In all the states the knowledge about the detailed coverage of KSY was higher among beneficiaries as compare to non-beneficiaries.

Landscape Table

Landscape Table

It has been observed that more than three fourth of the beneficiaries in both the states are fully aware about the functioning of KSY i.e, it provides the knowledge on personal health hygiene, nutrition as well as on nutrition also. The adolescents who were not registered with KSY did not know too much about KSY.

KSY workers were visiting the area in more than 90% of the cases except for Punjab and Gujarat where it was 88% and 69% respectively. In more than 80% of cases the time spent by the KSY staff per visit was more than 15 minutes in all the states except for Orissa where it was 70% (Table-4)

Table 4: Details on visiting of KSY (%) - beneficiary only

Main Indicators	Uttar Pradesh	Bihar	Punjab	Gujarat	Orissa	West Bengal	Maharashtra
Working of KSY (beneficiaries only)							
Visiting AWC	93.2	96.2	88.5	68.8	99.2	100	95.8
How often							
Daily	30.8	55.8	51.1	10.4	10.4	0.6	34.5
Twice a week	15.1	12	43.2	3.8	34	5.7	41.8
Weekly	39.1	13.1	2.9	27.4	42.2	23.9	21.2
Fortnightly	4.8	3.7	1.4	39.6	6.7	59.7	2.5
Occasionally	10.1	15.4	1.4	18.9	6.7	10.1	0
Time spent (per visit)							
<15 min	17.3	8.5	19.9	19.7	30.1	5.6	38.8
15-30 min	22.1	30.6	14.9	14	16.2	0.6	38.2
30 min-1 hr	25.8	26.7	8.7	32.5	17	58	23
more than 1 hr	34.8	34.2	52.8	3.2	36.4	34	0

In Bihar only 26% of the beneficiaries reported that meeting and training were organized at the anganwadi centers. In UP and Gujarat only 57% and 62% beneficiaries respective said the same thing. In rest of the states more than 80% of the beneficiaries reported about the meeting / training at the a AWCs.(table- 5)

Table 5:Meeting /training organized in AWC (%)- beneficiary

<i>Main Indicators</i>	Uttar Pradesh	Bihar	Punjab	Guja- rat	Orissa	West Bengal	Maha- rashttra
<i>Meeting(s) orga- nized in AWC</i>	57	26.2	84.5	62.4	98	96.9	
<i>Frequency of meetings</i>							
Daily	3.2	1.5	19.9	2	8		22.1
Weekly	20.6	15.9					
Twice a week			16.2	4.1	26	1.9	7.7
Fortnightly	2.9	23.5	58.8	33.7	56.7	68.2	51.8
Monthly	45.9	22	1.5	10.2	6	8.3	13.8
Occasionally	26.6	37.1		50	2.9	19.7	1.5
Never	0.8	0	2.9			0.6	3.1
<i>Attending KSY training for skill development</i>	27.6	0	64	51	4.8	74.7	40.9
<i>Training- useful & interesting</i>	95.6	0	74.5	50.3	4	60.5	27.9
<i>Utilizing skill at home</i>	88.1	0	78.9	51	5.3	54.9	46.1

The beneficiaries were getting the supplementary food from the AWCs but it was not very frequent (table-6) The reasons reported for, not receiving the supplementary food were, food not provided by the AWWs, they did not like the food or, the food was not adequate.

Table 6: Supplementary food received from AWC (%) - beneficiary

<i>Main Indicators</i>	Uttar Pra- desh	Bihar	Punjab	Guja- rat	Orissa	West Bengal	Maha- rashtra
<i>Get supplementary food from AWC</i>	91.9	92.3	86.3	62.4	74.9	93.8	46.1
<i>If yes- how often</i>							
Daily	5.8	29.6	55.4	35.7	35.3	0.7	92.8
Weekly	84.5	55.8	34.5	12.2			0
Others	9.7	14.5	8.6	52.1	62	99.3	7.2
<i>If no- reason(s)</i>							
Not provided by AWW	30.8	55.8	40	2.8	60.7	42.9	18
Did not like	15.1	12	33.3	41.7	12.8		37.7
Not adequate	39.1	13.1	13.3	27.8	17.1	14.3	34.1
Others	15	19.1					

The KSY beneficiaries participate in the training in preventive health, hygiene, nutrition, environmental sanitation, family life education, child care and development etc, organized by the AWCs. In UP and Bihar the findings are not very encouraging. There is a need for proper training in Family life education, home nursing, first aid and communicable diseases, child care, impact of constitutional rights on life quality, vocational skills and agro-based skills. Punjab is lacking behind in training in impact of constitutional rights on life quality, Orissa and West Bengal needs attention for training in agro-based skills.

07 PHC Facility Survey of Demographically Weak Districts

Date of commencement: May 2007

Expected date of completion : Dec 2008

Funding Agency: ICMR

Objectives

- To take stock of the existing health facilities at the PHC level with regard to the available manpower, Infrastructure and family welfare services provided by them in the recent period.
- Strengthening of PHCs - Infrastructure, Facilities, Training, Equipments etc.
- Improvement in the services due to strengthening
- To undertake survey on quality of care from beneficiaries on a sample basis for 5-10 percent of sites.
- To collect information from the Private Sector including private clinic/ nursing homes /NGO/ voluntary organizations on RCH services provided by them for co- opting them in public private partnership.

Coverage parameters

Population, sub- centres and villages attached to the PHC.

Physical facilities

Building, staff quarters, vehicle, water and electric supply, OT, IUD room, labour room, laboratory, instruments and equipments.

State	PHCs	PHC to be covered
M.P.*	528	80
U.P.*	1440	215
Bihar*	181	27
Rajasthan	907	138
Total	3056	460

Manpower

Medical, Paramedical and Supporting staff.

Performance

Eligible couples, Pregnant women, Births & Deaths for the PHC area. De-

liveries, IUD insertion, MTP/ Sterilization, Out Patient/ In patient attendance.

Progress

The data collection in about three fourth of the PHCs have been completed.

Analysis of the data is in progress.

08 Noise Induced Health Effects in Vasant Kunj and Dwarka Area

Date of commencement:

Expected date of completion :

Funding agency :

The study has been undertaken by the Institute in collaboration with

- Centre for Occupational & Environmental Health
- Maulana Azad Medical College,
- Delhi Pollution Control Committee.

Objectives

- To assess noise exposure by measurement of noise in the defined areas.
- To assess the impact on the auditory system.
- To assess the non-auditory effects of noise in the study population.
- Comparing noise levels and the clinical effects in the study population with the control group.

Methodology

Study Population

Two sets of population (Group A & Group B) within Delhi will be studied.

Group A: Exposed population

The study will be conducted in Vasant Kunj & Dwarka areas of Delhi, which are along the air corridors of the Delhi Airport.

Group B: Unexposed population:

The study will be conducted in Rohini & Dilshad Garden area of Delhi which are demographically similar but having exposure to noise below hazardous levels.

Sample Size

Considering the 6% prevalence of significant hearing impairment in the general population and 8% (presumed) in the exposed group, a sample of 3000 individuals from each of the two groups needs to be studied. i.e. 1500 individuals per colony. Presuming household size of 5 in Delhi (as per the Delhi Census 2001), 600 households will be selected from each group and thus 300 from each colony. ($\alpha = 0.05, 1 - \beta = 0.90$)

Inclusion Criteria

All the individuals (*10 yrs and above age*) living in the selected households

The study will be undertaken in the following manner :

- Information will be collected on the specified parameters on all the selected individuals by trained investigators using pre-designed questionnaires.
- Noise measurement will be done in the houses along the aircraft path in the Study areas by industrial hygienist
- Average noise levels during the day as well as the night will be assessed with a Sound level meter and noise dosimeter.
- Frequency analysis of the sound will also be undertaken with an Octave band analyzer.
- Assessment of pulse rate and blood pressure will be done by trained investigators.
- Screening for hearing loss with Oto-acoustic emissions will be undertaken with a hand held OAE machine. The test will be performed by a trained investigator. The result will be recorded as Pass or Fail.

- Duration of the study: 12 months
- Planning and Development of Tools: 2 months
- Data collection: 6 months
- Data analysis & Preparation of the Report: 4 Months

Progress

The NIMS has provided statistical planning of the study and the necessary support in designing of the proforma. The survey work is in progress in Dilshad Garden , one of the four areas proposed for survey viz. Dilshad Garden, Sarita Vihar, Vasant Kunj and Dwarika.

09 Evaluation of viremia in healthy adults after single dose vaccination with Japanese encephalitis SA14-14-2 live-attenuated vaccine

Date of commencement : Jan 2006

Expected date of completion : Dec 2008

Funding Agency: ICMR

Objectives

To determine levels of viraemia after administration of a single dose of live attenuated SA14-14-2 Japanese encephalitis vaccine in adult subjects between days 1-8 and day 15. and the side effects experienced by subjects.

Number of Subjects Planned

- Total number of subjects: 26
- Expected drop-out rate : 25%
- Approximate number to be enrolled: 35
- Expected screen failures: 40%
- Subjects will be screened until a sufficient number of eligible subjects are identified

Methodology

- Eligible subjects will be vaccinated with a single dose of live attenuated JE vaccine
- Subjects will be evaluated for viraemia between days 1 to 8.
- Subjects will be evaluated for safety for one year following vaccination; solicited adverse events will be recorded for day 1 to 8;
- safety laboratory assessments will be done on D 15 unsolicited adverse events will be recorded from the day of vaccination till 30 days and serious adverse events will be recorded for one year.
- Subjects will be tested for seroconversion on day 30 following the day of vaccination.
- Subjects will be tested for persistence of antibody for the period of one year.

Endpoints

Primary Endpoints -

- The levels of viremia will be determined as follows:
- Mean duration of viraemia will be evaluated between day 1 and 8
- Mean peak infectivity titer of the virus between day 1 and
- Mean infectivity titers with standard deviation by day 8 after vaccination,
- area under the curve for the 8 days after vaccination,
- Absence of viraemia by day 15 after vaccination.

Secondary Endpoints –

- Immunogenicity will be determined as follows:
- Proportion of vaccinees showing the presence of neutralizing antibody titers at 30 days, 6 months and 1 year after vaccination (i.e. seroconverting vaccinees).

Safety will be evaluated as follows:

- Immediate reactions for 30 minutes following the vaccination.
- Occurrence of solicited adverse events on the day of vaccination, and

- for eight consecutive days after vaccination.
- Occurrence of unsolicited adverse events from the day of vaccination till 30 days.
 - Occurrence of serious adverse events for the entire study period i.e. one year after vaccination.

Progress

- Developed database design in visual basic , and back end in MS Access. Documented handed over to NIV
- Software is handed over to NIV
- NIMS Team attended Site Initiation Meeting held on 9th May 2007 at Pune.
- Demonstrated the software for data entry at site to NIV group.
- Developed Statistical Analysis Plan and handed over to NIV.

New proposals

- N1 Estimation of maternal mortality ratio in India: An Appraisal of the methodologies, data need and estimates**
- N2 Evaluation of Janani Suraksha Yojana: Development of study design and sampling plan**
- N3 A study on the socio-economic differentials of PLHIV**
- N4 Malnutrition among women and children in India: An analysis of State-level indicators**
- N5 A study of health care seeking and satisfaction level amongst the Bhopal Gas victims**



CLINICAL TRIALS REGISTRY-INDIA

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News & Events

CTRI Bulletin Issue 1 Jul 2007
 Click here to view CTRI Bulletin Issue 1 Jul 2007

The Clinical Trials Registry- India (CTRI) has been set up by the ICMR's National Institute of Medical Statistics (NIMS) and is funded by the Department of Science and Technology (DST) through the Indian Council of Medical Research (ICMR). It also receives financial and technical support through the WHO, WHO-SEARO, and the WHO India Country office. [\[Read more...\]](#)

Mission

The mission of the Clinical Trials Registry-India (CTRI) is to encourage all clinical trials conducted in India to be prospectively registered before the enrollment of the first participant and to disclose details of the 20 mandatory items of the WHO International Clinical Trials Registry Platform (ICTRP) dataset. [\[Read more...\]](#)

Vision

The vision of the CTRI is to ensure that every clinical trial conducted in the region is prospectively registered with full disclosure of the 20-item WHO ICTRP dataset, as well as all items of the CTRI dataset, in order to 1) improve transparency and accountability, 2) improve the internal validity (details of the



Clinical Trials Registry-India (CTRI)

The CTRI is an online register of clinical trials being conducted in India. Any researcher who plans to conduct a trial involving human participants, of any intervention (drug, surgical procedure, preventive measures, lifestyle modifications, devices, educational or behavioral treatment, rehabilitation strategies and complementary therapies) are expected to register the trial in CTRI before enrollment of the first participant. Registration is voluntary but some fields marked* are mandatory for registration to proceed. Some fields marked WHO also need to be filled if the trial is to receive a registration number and fulfill WHO/ICMJE requirements. Incomplete entries will be given a provisional registration number that will not suffice for purposes of publication in journals that endorse the ICMJE recommendations for trial registration. Registration of trials in the CTRI is free. All registered trials will be made publicly available. The CTRI will be



Publications

PUBLICATIONS

1. Abha Aggarwal, Arvind Pandey & B.N. Bhattacharya (2007): Risk Factors for Maternal Mortality in Delhi Slums: : A Community Based Case Control Study ; *Indian J Med. Sci.*, Vol 61, No.9, Pgs. 517-526.
2. Abha Aggarwal, Arvind Pandey, P.P.Talwar, B.N.Bhattacharya etal (2007): "Evaluation of India Population Project -IPP-VIII in Four Metropolitan cities of India" *JERSS vol2 pgs 28-39*.
3. Adhikari T., Singh P.. Development of Socio-Economic Indices for Identification of Poor *Journal of Empirical Research in SocialScience*, Vol. 2 No. 1-2 pp. 52-62.
4. Aggarwal Abha, Arvind Pandey & B.N. Bhattacharya (2007) Risk factors for maternal mortality in Delhi slums: A community based case-control study, *Indian Journal of Medical Sciences*, Vol. 61, No. 9, September, pp.517-526.
5. Arvind Pandey, M. Thomas, D.C.S. Reddy, Shashi Kant & M. Bhattacharya (2007) Process of Estimating the number of people living with HIV in India : *Indian Journal of Public Health* Vol 51 No.1 January -March 2007.
6. Chandra Prem, S.N. Dwivedi, CS Bal, Ajay Kumar & Arvind Pandey (2007) Innovative role of imputation method/analysis in clinical trial on remnant ablation in differentiated thyroid cancer, *Statistics in Transition (new series): Journal of Polish Statistical Association*, August, Vol. 8(2), pp.251-272.
7. Juneja Atul, A. Sehgal & Arvind Pandey (2007) Cervical cancer screening in India: Strategies revisited, *Indian Journal of Medical Sciences*, Vol. 61(1), January, pp.34-47.
8. K. Katoch, Padam Singh, T. Adhikari, S.K. Benara, H.B. Singh, D.S. Chauhan, V.D. Sharma, M. Lavania, A.S. Sachan and V.M. Katoch. Potential of Mw as a prophylactic vaccine against pulmonary tuberculosis *Vaccine, Volume 26, Issue 9, 26 February 2008, Pages 1228-1234*.

9. Padam Singh, Arvind Pandey & Abha Aggarwal(2007) : “House- to-house survey vs. Snowballing Survey Technique for capturing maternal deaths in India: A Pilot Study in Search of a Cost Effective Method.: *Indian J Med Res* 125, April 2007, pgs 60-66.
10. Pandey Arvind, M. Thomas, D.C.S. Reddy, Shashi Kant & M. Bhattacharya (2007) Process of estimating the number of people living with HIV in India, *Indian Journal of Public Health*, Vol.51(1), January-March Issue, pp.7-13.
11. Rashmi,A.Seth, T.Sekhri & Abha Aggarwal (2007): Effect of perinatal factors on cord blood TSH levels : *Journal of pediatric Endocrinology and Metabolism*, Vol20 No.1 pg 59-68.
12. S.K. Benara & Arvind Pandey (2007): Understanding HIV/AIDS Numbers; A Critical Analysis – In proceeding “Strengthening Linkages between Sexual and Reproductive Health and HIV/AIDS” : Editor: Donata Balaiah,et.al. NIRRH (ICMR), Mumbai pp.417-432.
13. Wajid, S.; Naqvi, S. H.; Juneja, A.; Bharadwaj, M.; Mitra, A. B., Allelic Variations in CYP2D6 Gene and Susceptibility to Cervical Cancer : [*Drug Metabolism Letters*](#), 1(4), Dec. 2007 , pp.276-280
14. Yadav R.J., Arvind Pandey & Padam Singh, (2007) A study of acceptability of Indian System of medicine and Homeopathy in India: Results from the State of West Bengal, *Indian Journal of Public Health*, Vol.51(1), January-March Issue, pp.47-49.
15. CTRI- *Bulletin: issue 1; July 2007*
16. CTRI Bulletin; *Special Issue on Launch; August 2007*
17. CTRI Bulletin ; *Vol. 2(1); January,2008.*

***Meetings/
Workshops
Conferences
Attended***

MEETINGS/CONFERENCES/WORKSHOPS ATTENDED

Jan. 28-30, 2008	Meeting to review of cost & quality assessment on AFHS at Chandiagrh.	R.J.Yadav
April 5, 2007	Meeting to review the process of HIV Estimation at National AIDS Control Organization (NACO), New Delhi.	Arvind Pandey
April 9, 2007	A meeting of the Research Advisory Committee on the Project' Quality of Pre-School Education under different programmes including ICDS' held at NIP-CCD, New Delhi	R.K.Gupta
April 13-14, 2007	Annual Sentinel Surveillance for HIV infection 06 – Review Workshop for NGOs.	Arvind Pandey
April 27 2007	Organised a meeting with Pharma Industry for Clinical Trial Registry and presented CTRI- India	Abha Aggarwal, Atul Juneja
April 30- May 2, 2007	Workshop on Data Methodologies for estimating obstetric fistula at Hotel Le-Meridien, New Delhi.	R.J. Yadav
30 April- 4 May 2007	Attended '172 nd Workshop on Implementation of Reservation Directives for SC/ST/OBC “ organized by Third World Development Centre at Manali, Himachal Pradesh.	Anil Kumar
May 1, 2007	Expert group meeting of IDSP NCD Risk Factors Survey organized by ICMR at NIMS and presented the survey document for finalization to the experts.	H.K. Chaturvedi, Tulsi Adhikari, Atul Juneja
9 th May 2007	Site initiation training program for JE Adult Viremia Study, KEM Hospital at Pune.	Abha Aggarwal, Tulsi Adhikari, Atul Juneja
May 11, 2007	Meeting to look into the final questionnaire of DLHS-3 in Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.	Arvind Pandey
May 12, 2007	Meeting on "In-depth analysis of HIV/AIDS situation in the states of Manipur and Nagaland through triangulation of all available data sets" at National Institute of Health & Family Welfare (NIHFW), New Delhi.	Arvind Pandey

May 14, 2007	Meeting of Population Council /UNFPA on "The mapping of Female Sex Workers.	Arvind Pandey
May 20-23 2007	Invited as a Resource Person to attend the Annual Meeting of the Society for Clinical Trial at Montreal, Canada.	Abha Aggarwal
24 May 2007	National Technical Advisory Committee meeting of Integrated Disease Surveillance Project – NCD Risk Factor Surveillance	Arvind Pandey H.K.Chaturvedy Tulsi Adhikari Atul Juneja
May 29, 2007	Academic Council Meeting to finalize the results of various academic programmes at International Institute of Population Sciences (IIPS), Mumbai.	Arvind Pandey
June 2, 2007	Dissemination Seminar organized by PFI, New Delhi & Population Reference Bureau, Washington D.C.) on the occasion of release of Chartbooks on HIV/AIDS in India, Uttar Pradesh and Bihar at IIC, New Delhi.	Arvind Pandey
June 4-8, 2007	Clinical Trial Design, Diagnostic Test and Cluster Design organized by Christian Medical College, Vellore, Taminadu, India	H.K.Chaturvedy
June 5, 2007	Workshop on Knowledge System in India at World Health organization, Regional office of South East Asia, World Health House, New Delhi.	R.J.Yadav
June 14, 2007	Second Meeting of the Committee of the compilation of Expected Level of Achievement (ELA) and Couple Protection Rate (DPR) at Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.	Arvind Pandey
June 18 2007	Meeting at Central Council for Research in Homoeopathy for designing the study on Chikungunya during Epidemic at CCRH, Janakpuri, New Delhi.	Abha Aggarwal
June 23, 2007	A meeting to discuss the Youth Report for BSS 2006 held at NIMS.	R.K.Gupta
June 25-27 2007	Attended a meeting on Cochrane Systemic Reviews at CMC, Vellore	Abha Aggarwal, ATul Juneja
June 27, 2007	Meeting of the working group on HIV estimation at Chennai to finalize the HIV estimates in consultation with national and international experts.	Arvind Pandey

June 27, 2007	Unleashing the potential of urban growth - state of world population 2007 by Mr. Jai Pal Reddy, Union minister of urban development at India Islamic center, New Delhi organized by UNFPA.	R.J. Yadav
July 2, 2007	A meeting of the Ethical Committee of the Council in central council for research in homoeopathy for designing the study on Chikungunya during Epidemic.	Abha Aggarwal
July 6, 2007	Launch of the 3 rd Phase of National AIDS Control Programme at New Delhi by Hon'ble Minister of Health & Family Welfare of Ministry of Health & Family Welfare & Chairman, National AIDS Control Board.	Arvind Pandey
July 6, 2007	A meeting of the Institutional Ethical Committee (IEC) at Constella Futures Office, Rao Tula Marg, Moti Bagh, New Delhi.	Abha Aggarwal
July 18, 2007	Technical group on Research entitled "Human resources requirements for health in India" at Nirman Bhawan, New Delhi organized by CBHI, DGHS.	R.J.Yadav
July 18 - 20 2007	Three days Training of Trainer's Workshop for IDSP NCD Risk Factors Survey (Phase-I) at ICMR, New Delhi as resource person.	H.K. Chaturvedy, Tulsi Adhikari
July 19, 2007	Third Meeting of Technical Advisory Committee of District Level Household Survey (DLHS) -3 at Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.	Arvind Pandey
July 20, 2007	Organised a large scale Launch Ceremony of Clinical Trial Registry India (CTRI) at NIMS and Demonstrated the process of Trials Registration to DG,ICMR.	Arvind Pandey, R.J.Yadav, R.K.Gupta, S.K.Benara, Anil Kumar, Abha Aggarwal, Atul Juneja
July 23, 07	Meeting on the WHO project Feasibility of involving ayurveda for the treatment of Osteoarthritis at CCRAS Janak Puri, New Delhi	Tulsi Adhikari, Atul Juneja
June 25-27, 2007	A meeting on Cochrane Systemic Reviews at CMC, Vellore	Abha Aggarwal
July 25, 2007	First Meeting of R G Office on Annual Health Survey (AHS) at Nirman Bhawan, New Delhi.	Arvind Pandey

Aug 2,07	UNFPA Brainstorming Meeting on 'Estimation of Missing Girls at Birth and Juvenile Ages in India' at New Delhi.	Arvind Pandey
Aug 14,07	Pre-surveillance meeting for Annual Sentinel Surveillance for HIV infection at NIHF, New Delhi.	Arvind Pandey
Aug 16, 2007	Joint meeting of the Steering Committee & Technical Advisory Committee of NFHS-3 at Nirman Bhavan, New Delhi.	Arvind Pandey
Aug 20, 2007	Third meeting of the Committee on Expected Level of Achievement (ELA) at Ministry of Health & Family Welfare, New Delhi.	Arvind Pandey
Aug 24, 2007	National Dissemination on "Multi-Level Approach to HIV/STI prevention: Experience from RISHTA organized by IIPS, Population Council & University of Connecticut School of Medicine, USA & Instt. For Community Research, USA at IHC, New Delhi.	Arvind Pandey
August 27,2007	Governing Body of Institute of Applied Statistics and Development Studies, at Lucknow (UP).	R.J.Yadav
Aug 28 2007	A meeting on Formulation of Registry in Ayurveda, Siddha & other Traditional System of Medicine at CCRAS, New Delhi.	Abha Aggarwal
Aug 30-31 2007	Attended a 43 rd meeting of the Scientific Advisory Committee (AYUSH) of Central Council for Research in Ayurveda & Siddha.	Abha Aggarwal
September 6, 2007	Technical Committee for Conference on Nutrition and HIV/AIDS at Taj Ambassador Hotel, New Delhi organized by International Life sciences Institute- India , New Delhi.	R.J.Yadav
Sept 8 2007	Attended a meeting on "Preparation of Field Site for Malaria Vaccine Trial in and around Jabalpur, Madhya Pradesh", Pachmari Madhya Pradesh. Organized by RMRC, Jabalpur	Abha Aggarwal
Sept 12 2007	Organised a dissemination workshop of Clinical Trial Registry and presented CTRI process at NIRRH, Mumbai.	Abha Aggarwal
13 Sept 07	Review meeting of the osteoarthritis project at CCRAS New Delhi.	Atul Juneja

6 Oct, 2007	Meeting on the development of questionnaire for health seeking behavior and satisfaction level for gas effected patients in Bhopal at NIMS, New Delhi.	R.K. Gupta, Atul Juneja
Oct 9 2007	Organised and presented CTRI in meeting with Biomedical Journal Editor of Clinical Trial Registry – India at conference hall, ICMR, New Delhi.	Abha Aggarwal
Oct 16- 07	Annual Sentinel Surveillance for HIV infection- Pre-Surveillance meeting for Central Team Member in the NIHFV, New Delhi.	Arvind Pandey
Oct. 27-29, 2007	Presented paper at the XXIX Annual Conference of Indian Association for the Study of Population (IASP) organized by Banaras Hindu University, Varanasi, UP.	Arvind Pandey, H.K.Chaturvedy D.K. Sahu Tulsi Adhikari, Atul Juneja
Nov 1, 2007	A meeting on “Operational research on use practice and prepackaged blister pack ugs” at NIMR, 22, Sham Nath Marg, New Delhi.	Abha Aggarwal
Nov. 1- 2, 2007	"Innovations and Technologies for India's Public Health System" : A Joint Conference organized by RTI International , USA and ICMR, New Delhi at Grand Hotel, New Delhi.	H.K.Chaturvedy
Nov 5–6, 2007	National workshop on “Homoeopathy for Healthy Mother and Happy Child” at CCRH, Janakpuri, New Delhi.	Abha Aggarwal
Nov 7, 2007	A meeting to discuss the final report of BSS (Youth)-2006 held at NIMS.	R.K.Gupta
Nov 22, 2007	Presented the progress of IDSP NCD Risk Factors Survey (Phase-I) at the World Bank Mid Term Review Mission held at NICD, DGHS, Delhi.	H.K.Chaturvedy
Nov 30-Dec 2, 2007	Paper presented in the Sliver Jubilee National Conference of Indian Society for Medical Statistics at Manipal University, Manipal.	R.K.Gupta, Abha Aggarwal, H. K. Chaturvedy, Tulsi Adhikari, Atul Juneja
Dec. 08, 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation on AIDS of NIMS at All India Institute of Hygiene & Public Health (AIH& PH), Kolkata.	Arvind Pandey
Dec 13, 2007	Technical Advisory Committee for the Project Home based management of young infants at Delhi.	R.J.Yadav

14 Dec 2007	Attended National Seminar on “E-Sequurity Education through E-Learning” organized by CDAC, Noida.	Anil Kumar
Dec 14, 2007	Regarding “inclusion of biochemical measurements into ongoing IDSP-NCD Risk Factors Survey (Phase-I) at NIMS, New Delhi.	H.K. Chaturvedi
Dec. 19, 07	Meeting with the delegation from Mongolia to study the Indian System for monitoring Millennium Development Goals (MDGs) and indicators at Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi.	Arvind Pandey
7 Jan 2008	Attended lecture on “Sangh Ki Rajbhasa Niti” organized at NIMS, Delhi	Anil Kumar
Feb 5, 2008	Launching of Website of ERMED e journal consortium in Ministry of Health and Family welfare, New Delhi.	R.J. Yadav
Feb.13, 08	National Monitoring Committee Meeting for monitoring progress of Non-Communicable Disease Risk Factor Survey under IDSP at Nirman Bhawan, New Delhi.	Arvind Pandey
Feb 29, 2008	Attended a Meeting for hosting the site with NIC representative.	Abha Aggarwal
Feb 24-27, 2008	International conference on Microbicides 2008 at Ashoka Hotel, New Delhi.	R.J. Yadav
Feb 26-29, 2008	North Zone Workshop on Quality Research Methodology and its Application in Health Research at Department of Anthropology, Delhi University, organized by ICMR.	Tulsi Adhikari, Atul Juneja
March 7, 08	Meeting on the Surveillance of Risk Factors for Non-Communicable Diseases at District level under the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke at Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.	Arvind Pandey
March 11, 08	Meeting of the Editorial Committee of the book “India: The State of Population 2007” at the Office of the National Commission of Population, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi.	Arvind Pandey
March 13, 2008	Presented CTRI and a new proposal on Evaluation of JSY in SAC Meeting at NIMS	Abha Aggarwal
March 20, 2008	Attended a meeting on JSY in UNFPA, Lodhi Road, New Delhi	Abha Aggarwal

March 24-25 2008	International Conference on "Population, Health and Human Resources in India's Development" at Institute of Economic Growth (IEG), Delhi & delivered a talk on "An Appraisal of Population and Health in India".	Arvind Pandey
March 27,2008	A meeting regarding 'Patient Satisfaction Study of Bhopal Gas Victims' held at CRS, Bhopal.	R.K.Gupta, Atul Juneja
<i>Meeting at ICMR & Its Institutes</i>		
April 4, 2007	Meeting of UNICEF Study with Wetlands International on Vulnerability Mapping Avian Flu at ICMR.	Arvind Pandey
April 5, 2007	Meeting to discuss the DBS Method for HIV Testing in NFHS-3 at ICMR, New Delhi.	Arvind Pandey
April 16, 2007	Workshop on Microarray Technology at Institute of Pathology, ICMR, NEW Delhi.	Arvind Pandey
April 17-18, 2007	Brain Storming Session on Fortified Foods at NIN, Hyderabad.	Arvind Pandey
April 24, 2007	Chairperson in the Meeting of Task Force on Statistics (to assist ICMR in identifying priority projects in Statistics and Health Systems to be undertaken during the next financial year.	Arvind Pandey
April 26, 2007	Meeting on Data Analysis and Report Writing for HSS-2006 at NIE, Chennai.	Arvind Pandey
April 27-28, 2007	Regional Level Round up Meeting on Model Based HIV estimation of HIV/AIDS at NIE, Chennai.	Arvind Pandey
May 1, 2007	Expert Group Meeting on Non-communicable Diseases Risk Factor Surveillance under the Integrated Disease Surveillance at ICMR, New Delhi.	Arvind Pandey
May 4, 2007	Meeting on Measles in Modelling at ICMR, New Delhi.	Arvind Pandey
May 18, 2007	PRG Meeting of MCH at ICMR, New Delhi.	Arvind Pandey
June 11, 2007	Meeting of IDSP (NCD) at ICMR, New Delhi.	Arvind Pandey
July 04, 2007	Meeting of Technical Resource Group on surveillance and estimations and stakeholder at ICMR, New Delhi.	Arvind Pandey
July 06, 2007	Award function of ICMR at Vigyan Bhawan, New Delhi.	Arvind Pandey

July 06, 2007	Demonstration delivered on: Introduction to HIV estimates (Workbook and Spectrum) at NICD in the Training programme organized by NACO for State Epidemiologist at NICD.	Arvind Pandey
July 13, 2007	Scientific Advisory Group (SAG) Meeting at ICMR, New Delhi.	Arvind Pandey
July 18-20, 2007	Training of Trainer's Workshop of IDSP-NCD at NIMS.	Arvind Pandey
Aug 8, 2007	ICMR-UNICEF meeting reg. Avier flu at ICMR, New Delhi.	Arvind Pandey
Sept 10, 2007	Meeting of IDSP-NCD at National Institute of Communicable Diseases(NICD), New Delhi.	Arvind Pandey
Sept. 17-19, 2007	6 th Joint Working Group (JWG) meeting of Indo-US collaboration on Maternal and Child Health and Human Development Research for Collaborative research of mutual interest at ICMR Hqrs.	Arvind Pandey
Sept 19, 2007	Joint Symposium on "NICHD/India Collaboration: Accomplishments and future possibilities" by Indo-US collaboration on contraceptive and Reproductive Health Research and the Maternal and Child Health and Human Development Research at ICMR, New Delhi.	Arvind Pandey
Oct. 5, 2007	Oration presided over by the Hon'ble Minister of H&FW at the 96 th Annual Day Celebrations of ICMR, New Delhi.	Arvind Pandey
Oct. 8, 2007	Expert Group Meeting on "Advanced Centre for Genomics of type 2 Diabetes" at Divn. of NCD, ICMR, New Delhi.	Arvind Pandey
Oct 22, 2007	Meeting with US delegation led by Frank Cerra, Sr. Vice President for Health Sciences, University of Minnesota, at ICMR Hqrs.	Arvind Pandey
Dec 06-07, 2007	Review Meeting for "A Study Assessing the Need and Strategies for Use of Parmomycin in Treating Kala-Azar" at RMRI, Patna;	Arvind Pandey
March 10, 2008	Meeting of the Monitoring Committee of the NCD-Risk Factor Survey, National Institute of Communicable diseases (NICD), New Delhi.	Arvind Pandey

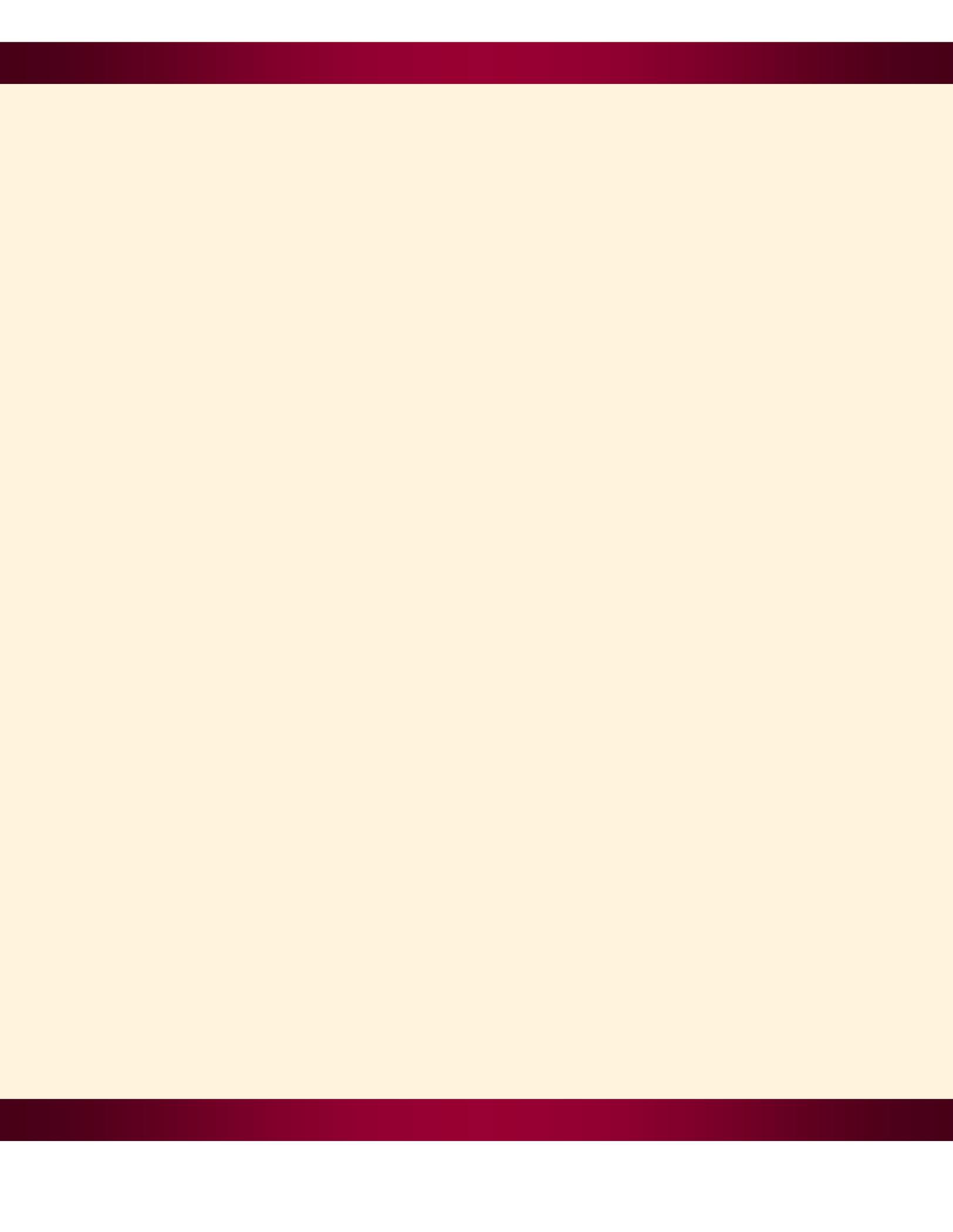
<i>Meeting of Other Institutes</i>		
July 26, 2007	Dissemination Meeting on “Developing Integrated Monitoring and Evaluation” of Adolescent Reproductive Health Programme of ICRW at IIC, NewDelhi.	Arvind Pandey
July 31, 2007	3 rd Programme Advisory Committee (PAC) Meeting of NSTMIS Scheme in Indian National Science Academy Building, New Delhi	Arvind Pandey
Oct 26-28, 2007	XXIX Annual Conference of the Indian Association for the Study of Population (IASP) at BHU, Varanasi.	Arvind Pandey
Dec 1, 2007	Annual Conference of ISMS Conference at Manipal University, Manipal & presented a paper in the symposium on “ Estimates of HIV Prevalence in India”.	Arvind Pandey
Feb. 23-24, 2008	India CLEN General Body Meeting.	Arvind Pandey
Feb. 27, 2008	Consultation Meeting at the International Centre for Research on Women (ICRW), Lodi Estate, New Delhi.	Arvind Pandey
Feb 28-29, 2008	Two day Conference “Regional and Global Lessons Learned in Reproductive Health” organized by Population Council at New Delhi.	Arvind Pandey
March 6, 2008	Consultative Meeting of the Management Development Institute of Population and Development (a unit of Parivar Seva Sanstha) to discuss the thrust areas and research priorities, at the India International Centre, Lodi Estate, New Delhi.	Arvind Pandey
<i>Meeting at NIMS</i>		
April 3, 2007	Clinical Trial Registry- India (CTRI) Meeting.	Arvind Pandey
May 28, 2007	UNAIDS Group Meeting with DG at NIMS.	Arvind Pandey
June 23, 2007	To discuss the findings etc. of the Study BSS with TAG members and other experts before finalizing the report of the project with ORG .	Arvind Pandey
Dec.3, 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation at AIIMS.	Arvind Pandey
Dec. 14 2007	Technical Experts Meeting for Biochemical Component of IDSP-NCD Risk Factor at NIMS	Arvind Pandey
March 13 2008	Scientific Advisory Committee (SAC) Meeting at NIMS.	Arvind Pandey
Dec. 10-12, 2007	Capacity Building Workshop on Applications of Multi-variate Mixed Effects Model at the SGPGI, Lucknow.	Arvind Pandey
Dec.13-14, 07	Data Entry Workshop for IDSP-NCD Risk Factors Survey.	Arvind Pandey

Field Visits & Meeting of the Projects		
April 27, 2007	Pharma Meeting of Clinical Trial Registry-India (CTRI) at ICMR, New Delhi.	Arvind Pandey
March 21, 2007	Annual Conference of Indian Cooperative Oncology Network (ICON) with dissemination of Clinical Trial Registry – India, at Bhubaneswar, Orissa;	Arvind Pandey
May 7, 2007	IBBA-PI Meeting at Bangalore organized by NARI Pune.	Arvind Pandey
July 11, 2007	Evaluation work of the Project Kishore Shakati Yojana(KSY) at SGPGIMS, Lucknow.	Arvind Pandey
July 15, 2007	Kishore Shakati Yojana (KSY) project meeting for evaluation of work at SGPGIMS, Lucknow.	Arvind Pandey
July 20, 2007	Launching of Clinical Trials Registry- India (CTRI) at NIMS.	Arvind Pandey
Sept 11-12, 2007	Regional Meeting of the Western Zone on Clinical Trial Registry – India (CTRI) Meeting at NIRRH, Mumbai.	Arvind Pandey
Sept. 24, 2007	Reproductive Child Health (RCH) project meeting of Technical Advisory Committee (TAC) at Jodhpur.	Arvind Pandey
Oct 9, 2007	CTRI Journal Editor Meeting at ICMR, New Delhi.	Arvind Pandey
Oct 9, 2007	First Monitoring and Evaluation Technical Advisory Group (M&E-TAG) for the Vistar Project at New Delhi.	Arvind Pandey
Oct 10, 2007	Meeting of CTRI to clarify the issue of procurement of servers and development of in-house infrastructure at WHO, New Delhi.	Arvind Pandey
Dec. 31, 2007	Meeting for monitoring progress of Non-communicable Disease(NCD) Risk Factor Survey under IDSP at NIC, New Delhi.	Arvind Pandey
Jan. 23-24, 2008	IBBA Project Meeting of Tuber Plan.	Arvind Pandey
Feb. 28, 2008	KSY project Meeting at Lucknow.	Arvind Pandey
March 14-15, 2008	Meeting of the IBBA Project at Mahabaleshwar, Maharashtra;	Arvind Pandey

Viva Voce/Examiner/Doctoral Committee Meeting M.Phil/Ph.D.		
May 28, 2007	Fourth Doctoral Committee Meeting for Mr. Alok Kumar, Ph.D. Student in the Deptt. of Biostatistics to review the progress of his work.	Arvind Pandey
Aug 3-4, 2007	Viva-Voce of Mr. N.D. Mishra at Jammu.	Arvind Pandey
Sept 7, 2007	Viva voce of Mr. Rahul at Allahabad University.	Arvind Pandey
Sept 17, 2007	Ph.D Viva-voce of Ms. Shahina Begum at Deptt. of Biostatistics, AIIMS, New Delhi.	Arvind Pandey
Nov. 2, 2007	Ph.D. Viva Voce of Mr. Vikas Kumar, KC on his Ph.D. thesis "Men's participation in Women's Reproductive and Child Health Care: A Study of Western Hill Region, Nepal" at JNU, New Delhi.	Arvind Pandey



***Lectures
Delivered
During the
Year***



LECTURES DELIVERED DURING THE YEAR

April 19-20, 2007	Delivered a talk on "Estimation Methods" in a Seminar regarding Special Reference to HIV/AIDS at BHU, Varanasi.	Arvind Pandey
April 25-26, 2007	Workshop on Research Methodology & delivered lecture on "Study Designs and Data Handling" at RMRC, Dibrugarh.	Arvind Pandey
June 1-15, 2007	Delivered 16 lectures on "Electronic Data Processing" to Medical Record Officers trainee of Safdurjung hospital New Delhi.	Anil Kumar
Aug 16-17, 2007	Delivered lecture on Survey methodology, mapping and house listing, and fieldwork of IDSP NCD Risk Factors Survey during training workshop of project staff at Aizawl organized by Regional Institute of Medical Sciences (RIMS), Manipur.	H.K.Chaturvedi
Sept 12, 2007	Resource person for the dissemination workshop on National Clinical Trial Registry at NIRRH(ICMR), Mumbai	Atul Juneja
Sept 24-28, 2007	Organized & Delivered lectures in Orientation Course on Statistical techniques & SPSS to the faculty of NIPCCD Delhi.	R.K. Gupta, Anil Kumar, Tulsi Adhikari, Atul Juneja
Oct 2-5, 2007	Delivered lecture on survey methodology and fieldwork of IDSP NCD Risk Factors Survey during training workshop of project staff at Hyderabad organized by Indian Institute of Health and family Welfare, Hyderabad.	H.K.Chaturvedi
Oct 11-12, 2007	Delivered lecture on survey methodology and demonstration of fieldwork of IDSP NCD Risk Factors Survey during training workshop of project staff at Trivanum organized by Clinical Epidemiological Unit, Trivanum Medical college, Trivanum, Kerala.	H.K.Chaturvedi
Oct 11-12, 2007	National Workshop of National Report of the NFHS-3 at Ministry of H & FW, Nirman Bhavan, New Delhi.	Arvind Pandey
Oct 15-16, 2007	Delivered lecture on survey methodology, mapping and house listing, and demonstration of fieldwork of IDSP NCD Risk Factors Survey during training workshop of project staff at Lucknow organized by Dept. of Community Medicine, King George Medical College, Lucknow, UP.	H.K.Chaturvedi

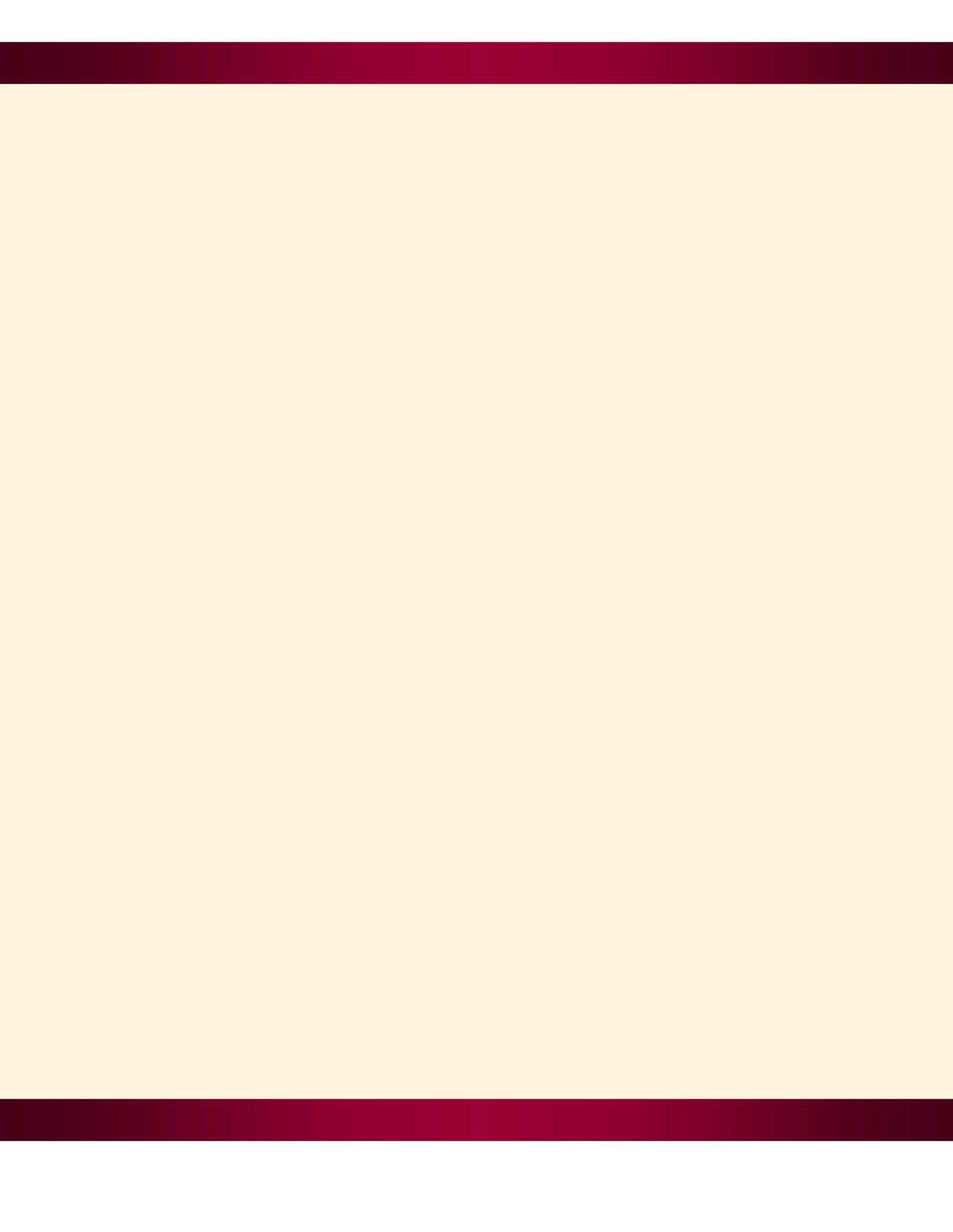
Oct 22, 2007	Delivered a lecture on Role of Statistics in Medical Research at the training program on Official Statistics and related methodology for 61 st term of course in statistics of International Statistical Education conducted by Central Statistical Organization, New Delhi	Atul Juneja
Nov 1-15, 2007	Delivered 16 lectures on “Electronic Data Processing” to Medical Record Technician’s trainee of Safdurjung hospital New Delhi.	Anil Kumar
Nov 22, 2007	Delivered lecture on Research methodology and Non parametric testing procedures at the Training course on Biostatistics and epidemiology in biomedical research conducted by ICPO (ICMR) NOIDA	Atul Juneja
Dec 08, 2007	Dissemination Workshop on HIV/AIDS Model Based Estimation on AIDS of NIMS at All Institute of Hygienic & Physical Health (AIH&PH), Kolkata.	Arvind Pandey
Dec 13-14, 2007	Delivered lectures at the IDSP NCD Risk Factors Survey (Phase-I) Data Management workshop at NIMS, New Delhi.	H.K.Chaturvedi, D.Sahu, Tulsi Adhikari, Atul Juneja
Dec 15, 2007	Resource person for invited talk on “Conduct of Multicentric controlled clinical trials problems, Pitfalls and Solutions Randomization procedures and practical applications” at CCRAS, Janakpuri, New Delhi.	Abha Aggarwal
Dec 16, 2007	Delivered a talk on Sample size determination at the WHO Workshop on Research methodology held at CCRAS. .	Atul Juneja
Jan 14-18 2008	Delivered lectures during training programme on medical statistical organized for M.Sc. (II) Statistics students of Kurukshetra University.	Arvinandey, R.J.Yadav, R.K.Gupta H.K.Chaturvedi, Anil Kumar, Tulsi Adhikari, Atul Juneja,
Feb.4-5, 2008	Presented a paper entitled “Understanding Behavioural Dimensions of Reported Reproductive Tract Infection among the Tribes: Experience from primitive Lodha Tribe of Eastern India”, at “National Seminar on Tribal Health in India – Problems and Future Perspectives” organized by Deptt. of Anthropology, School of Social Sciences and International Studies, Pondicherry University (A Central University)	Arvind Pandey

Feb 14, 2008	Resource person for invited talk on CTRI during the conference “Recent Statistical techniques in Bio-Statistics, Management Sciences and related areas” during 14 th – 16 th February 2008 at M.S. University of Baroda.	Abha Aggarwal
Feb 28, 2008	Delivered lecture at GHSIMR, Kanpur	Arvind Pandey
March 1, 2008	Resource person for invited talk on “Data Analysis in Clinical Trials” at CCRAS, Janakpuri, New Delhi.	Abha Aggarwal
March 17-20, 2008	Resource person for the training of ISS probationers at NIMS New Delhi.	Arvind Pandey , R.J. Yadav R.K. Gupta, Anil Kumar, Abha Aggarwal, H.K. Chturvedy, Tulsi Adhikari, Atul Juneja
March 21, 2008	Resource person for invited talk on CTRI during 18 th ICON Meet from 21 st – 23 rd March 2008 at Bhubaneswar, Orissa.	Abha Aggawal, Atul Juneja
March 24-25, 2008	International Conference on “Population, Health and Human Resources in India’s Development” at Institute of Economic Growth (IEG), Delhi University. North Campus. & Presented a Paper on: Population and Health Policy Evaluation.	Arvind Pandey





***Foreign
Visit***



FOREIGN VISIT

Dr Arvind Pandey

August 19-23 07 8th International Congress on AIDS in Asia and the Pacific at Sri-Lanka, Colombo.

Jan. 21, 2008 1st Consultative Meeting of the Regional Advisory Group on improved use of strategic information to scale up HIV and AIDS response in Asia and Pacific at Thailand, Bangkok.

Dr Abha Aggarwal

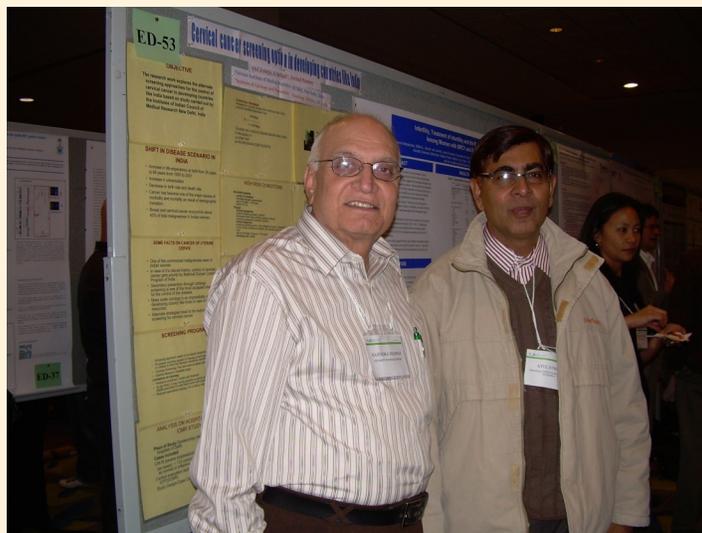
Jan. 17 – 19 2008 Visited Hawaii, USA to attend 7th Annual Hawaii International Conference on Statistics, Mathematics and Related Fields for Chairing two sessions of Biostatistics and also presented the following two papers :

1. Risk Factor for Maternal Mortality : A Case-Control Study in Indian Slums and Maternal Mortality.
2. House-to-House Survey vs. Snow balling Survey Technique for the collection of Data on Maternal Death in India: A Cost Effective Method.



Dr. Atul Juneja

15-17 Nov 07 Annual Conference of National Cancer Institute of Canada at Toronto and presented a paper on Cervical Cancer Screening Options in Developing Countries like India (Atul Juneja, A.Sehgal, A.Pandey)





***Leading
Events
During the
Year***

LEADING EVENTS DURING THE YEAR

- ◆ Launch of clinical trial registry – India 20th July 2007 by Prof N.K.Ganguly

- ◆ Dissemination workshops for clinical trial registry for pharma industry and journal editors.

- ◆ Orientation program on statistical technique & SPSS for scientist of NIPCED.

- ◆ The institute is identified as National Nodal Agency for first phase of IDSP- NCD program of Ministry of Health & family welfare. The Institute organized training of trainers workshop.

- ◆ HS-PRODThe institute has partnered with CBHI- Ministry of health and family welfare in developing the online database on Indian food practices and innovation in health service management. European Commission Technical Assistance had extended financial support for the project.





