

# NIMS

National Institute of Medical Statistics

# Annual Report 2013-14



राष्ट्रीय आयुर्विज्ञान सांख्यिकी संस्थान  
National Institute of Medical Statistics

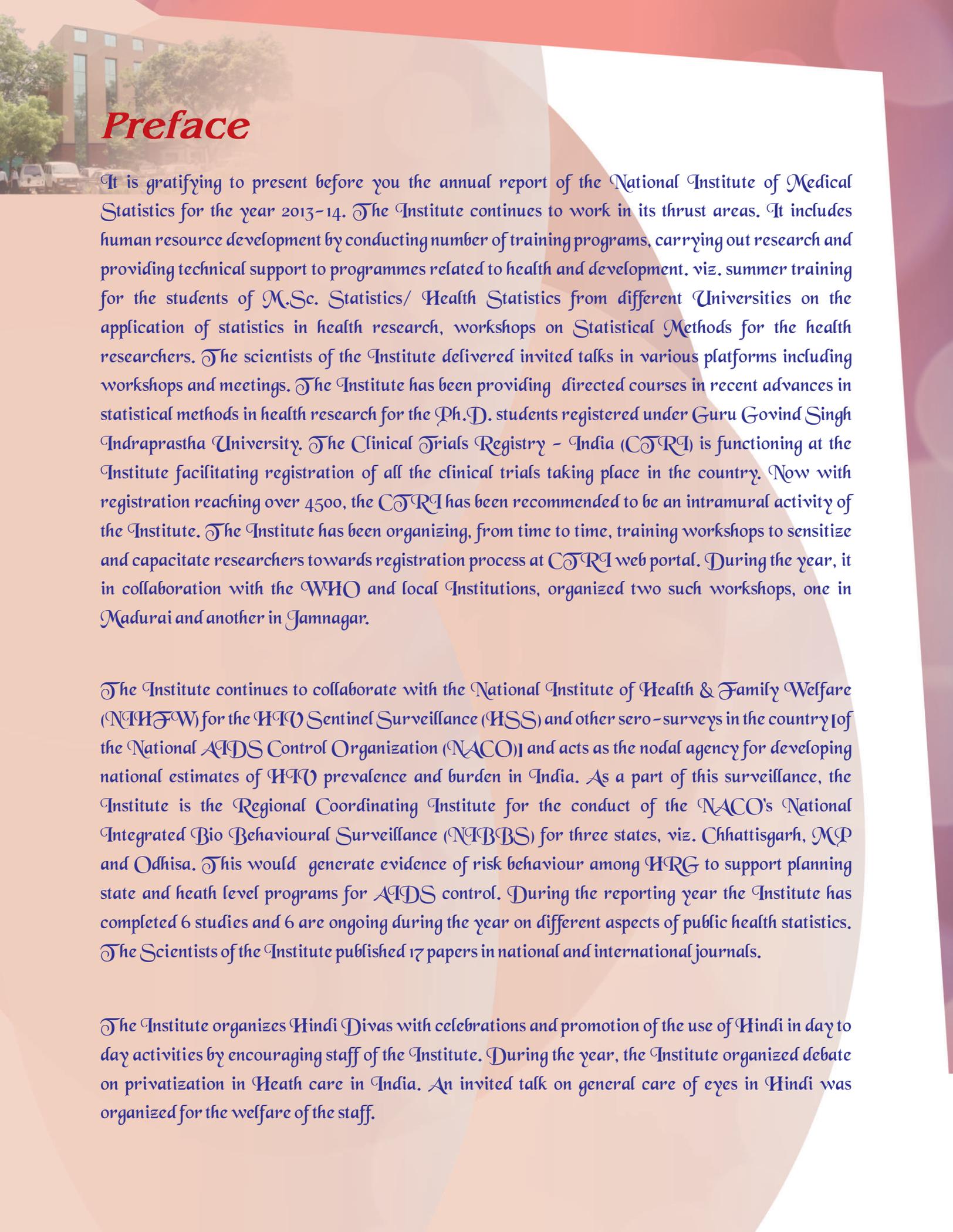
भारतीय आयुर्विज्ञान अनुसंधान परिषद  
Indian Council of Medical Research  
अंसारी नगर, नई दिल्ली-110029  
Ansari Nagar, New Delhi-110029





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## *Preface*

It is gratifying to present before you the annual report of the National Institute of Medical Statistics for the year 2013-14. The Institute continues to work in its thrust areas. It includes human resource development by conducting number of training programs, carrying out research and providing technical support to programmes related to health and development, viz. summer training for the students of M.Sc. Statistics/ Health Statistics from different Universities on the application of statistics in health research, workshops on Statistical Methods for the health researchers. The scientists of the Institute delivered invited talks in various platforms including workshops and meetings. The Institute has been providing directed courses in recent advances in statistical methods in health research for the Ph.D. students registered under Guru Govind Singh Indraprastha University. The Clinical Trials Registry - India (CTRI) is functioning at the Institute facilitating registration of all the clinical trials taking place in the country. Now with registration reaching over 4500, the CTRI has been recommended to be an intramural activity of the Institute. The Institute has been organizing, from time to time, training workshops to sensitize and capacitate researchers towards registration process at CTRI web portal. During the year, it in collaboration with the WHO and local Institutions, organized two such workshops, one in Madurai and another in Jamnagar.

The Institute continues to collaborate with the National Institute of Health & Family Welfare (NIHF&W) for the HTO Sentinel Surveillance (HSS) and other sero-surveys in the country [of the National AIDS Control Organization (NACO)] and acts as the nodal agency for developing national estimates of HTO prevalence and burden in India. As a part of this surveillance, the Institute is the Regional Coordinating Institute for the conduct of the NACO's National Integrated Bio Behavioural Surveillance (NIBBS) for three states, viz. Chhattisgarh, MP and Odhisa. This would generate evidence of risk behaviour among HRG to support planning state and health level programs for AIDS control. During the reporting year the Institute has completed 6 studies and 6 are ongoing during the year on different aspects of public health statistics. The Scientists of the Institute published 17 papers in national and international journals.

The Institute organizes Hindi Divas with celebrations and promotion of the use of Hindi in day to day activities by encouraging staff of the Institute. During the year, the Institute organized debate on privatization in Health care in India. An invited talk on general care of eyes in Hindi was organized for the welfare of the staff.

Thanks go to the members/experts of the Scientific Advisory Committee and Ethics Committee of the Institute for providing invaluable suggestions and guidance to carry out the research activities. I also take this opportunity to thank the scientific, technical and administrative staff for their efforts and valuable support in carrying out the research work of the Institute. I express my sincere gratitude to Dr. U.M. Katoch, Secretary, Department of Health Research (DHR) & Director General, Indian Council of Medical Research for his continued support and encouragement.



Prof. Arvind Pandey

Director

# Contents

## Training/Workshops Organized

- Dissemination workshops of Clinical Trial Registry 09
- Review Meeting of CTRI – Three, with Expert Group Formed for Various Health Conditions 09
- Summer Training Programme in Medical Statistics 10
- Statistical Methods for Monitoring and Evaluation 10
- Training of Trainer's Workshop for the Project “Household Malaria Survey” 12

## Awards 13

## Foreign Visit 14

## Completed Studies

- Extent of Integration of Indian System of medicine & homoeopathy (AYUSH) in National Rural Health Mission (NRHM) 17
- Multi level Modelling to Analyze Utilization of RCH Services and its Correlates 21
- The Prevention of HIV/STI among Married Women in Urban India 23
- A Study on the Potential Gain in Life Expectancy After Elimination of Specified Causes of Death in Selected States of India 25
- Maternal Health Care in Rural and Urbanised Villages of Delhi : A comparative study 26

## Collaborative Research

- National Sample Survey for Assessment of Disease Burden Due to Leprosy (Collaborative Study with JALMA) 29

## Ongoing Activity/Studies

- The Clinical Trials Registry – India (CTRI) [www.ctri.nic.in](http://www.ctri.nic.in) 31
- NACO's HIV Sentinel Surveillance, Modelling, Estimation and Projection 33
- Acceptance Level, Knowledge, Attitude and Practice of Indian System of Medicine in North Eastern states, India 43

## Collaborative Research

- Baseline Survey to Evaluate Impact of Malaria Control Programme in World Bank Project States (Collaborative Study with NIMR) 45
- A Retrospective Analysis of a Hospital Based Study of Febrile Patients in the Endemic Area of Northeast India. 46

**Invited Talks**

49

**Statistical Consultancy**

71

**Publications**

75

**हिन्दी दिवस**

79

**Staff List**

83

**Ethics Committee Members**

89

# **Training/ Workshops**



1-2

## DISSEMINATION WORKSHOPS OF CLINICAL TRIAL REGISTRY - INDIA-THREE

3

### Review Meeting of CTRI – Three, with Expert Group formed for Various Health Conditions

	Date	No. of participants	Sponsorship
1.	24 July 2013–13 September 2013	100	WHO
2.	26 <sup>th</sup> November 2013	100	WHO
3.	19 & 24 December 2013	4-5 Experts	WHO

## Objectives and Subject Coverage

The objective of the above workshops were:

1. To increase the awareness about the CTRI and to disseminate the information among the clinical researchers from various parts of India regarding registration of clinical trials being conducted in India .
2. To impart training to participants for the registration process of clinical trials in the CTRI website for smooth registration of their trials.
3. To discuss the challenges associated and difficulties faced with the registration

The various participants were faculty, MD students, clinicians, researchers, EC members from various medical colleges for the above workshops ( S. No. 1 & 2) while in Review Meetings at S.No. 3 were organized with Expert group. All the 28 data set points were reviewed and recommended for age classification and health conditions.



**Prof. M.S. Baghel, Director, IPGT & R Ayurveda,  
JamNagar and CTRI Team conducted Panel Discussion**

CTRI Team with Director, Centre for Research in Medical Entomology, ICMR, Madurai on the dais to welcome the participants.

#### 4 SUMMER TRAINING PROGRAMME IN MEDICAL STATISTICS

Training to the PG Students of Statistics, BHU, Varanasi and Amity University, Noida.

Date	Number of trainees
May-June 2013	19

#### Objectives

- The main aim of the training is impart applied statistical knowledge for better understanding of formulation of research studies, preparation of protocol and statistical methodology. Also, get the student acquainted with the techniques of data management and usage of statistical software for analysis and presentation of results to prepare report.

#### Topics Covered

- Developing Project Proposal and Management
- Data Management
- Application of Statistical Software for data analysis
- Research Exposure: The students were exposed to various research activities of the Institute and given opportunity to do some work i.e. data entry and analysis.
- Project Work: They were also involved in group project work and helped in preparing short report on some topics.

**Resource Persons:** Dr. H.K. Chaturvedi, Dr. Abha Aggarwal, Dr. Anil Kumar, Dr. D. Sahu, Dr. Tulsi Adhkari, Dr. Atul Juneja, Mr. Kh. Jitenkumar Singh

#### 5 STATISTICAL METHODS FOR MONITORING AND EVALUATION

Date	No. of Participants	Sponsorship
10-14 February 2014	12	National Institute of Public Cooperation and Child Development, New Delhi

#### Objective

- The aim of the workshop was to provide training to the researchers and officials of NIPCCD on statistical methods and analytical techniques used in Monitoring and Evaluation of Programme.

## Topics Covered

- The subject covered during the training on Process of Monitoring and Evaluation (M&E), Key Indicators and Time Frame of Assessment, Statistical Methods in M&E, Data Collection and Format, Statistical Analysis of data and presentation.

The workshop was organized for the staff of National Institute of Public Cooperation and Child Development, New Delhi as requested by the Director, NIPCCD. The participants who attended the training were the Research Officers, Assistant Directors and Research Assistants of NIPCCD and its Regional Centres.

**Resource Persons:** Dr. Arvind Pandey, Dr. S.K. Banara, Dr. Abha Aggarwal, Dr. H.K. Chaturvedi, Dr. Anil Kumar, Dr. Damodar Sahu, Dr. Tulsi Addhikari, Dr. Atul Juneja, Mr. Jiten Kumar Singh and Mr. B.K. Gulati.

**Coordinator:** Dr. H.K. Chaturvedi



## 6 TRAINING OF TRAINER'S WORKSHOP FOR THE PROJECT "HOUSEHOLD MALARIA SURVEY"

**Date:** 16-17 July 2013

- The workshop was organized jointly by NIMS and NIMR for all the state collaborative partners of the project on "Household Malaria Survey" at NIMR, Dwarka.
- The participants were scientists from the collaborative partner institutes (RMRCT, Jabalpur, RMRC, Bhubaneswar, Field Unit of NIMR) and State Officials of Maharashtra, Karnataka, West Bengal, Jharkhand working on Malaria Control.

**Resource persons:** Dr. Arvind Pandey, Dr. R.J. Yadav, Dr. H.K. Chaturvedi, from NIMS; Dr. Neena Valecha, Dr. M.S. Malhotra, Dr. Suryakant Sharma from NIMR; and Dr. S. Sridhar, World Bank.

### Guest Lecture by Dr. R.C. Yadava

A Lecture was delivered on 'Estimation of Sex ratio' by Prof. R.C. Yadava, Professor of Statistics, Banaras Hindu University, Varanasi at NIMS

## AWARDS

### Dr. R.J. Yadav

Recognition Award for Outstanding Contribution to Biostatistics by Confederation of Epidemiological Association on 21 December 2013 at Kottayam, Kerala.



### Dr. Abha Aggarwal

Awarded FSMS Award during ISMS Conference held on 24-26 October 2013 at Vellore.

### Dr. Atul Juneja

First prize on Debate Competition organized by NIMS, during Hindi Divas.



## FOREIGN VISIT

<b>Dr. Arvind Pandey</b>	26–29 September 2013	Guest Lecture in the session “Profile of HIV Positive in the Country with Geographical Distribution and the Estimation Process” of 11 <sup>th</sup> SEA Regional Scientific Meeting of the International Epidemiological Association (IEA-SEA-RSM-2013) at Pokhara, Nepal.
	9–10 December 2013	WHO Reference Group Meeting on Global Health Statistics in Geneva, Switzerland.
<b>Dr. R.J. Yadav</b>	2–7 June 2013	As a member of Indian Delegation, attended the meetings of International Organization for Standardization ISO/TC 69, its Subcommittees and Working Groups at American Statistical Quality, Milwaukee, USA. About thirty countries participated the meeting.

# **Scientific Programmes**



## COMPLETED STUDIES

### 1 EXTENT OF INTEGRATION OF INDIAN SYSTEM OF MEDICINE & HOMOEOPATHY (AYUSH) IN NATIONAL RURAL HEALTH MISSION (NRHM)

**Date of Initiation:** December 2011

**Date of Completion:** December 2013

**Funded by:** ICMR

#### Objectives

- To Measure the Extent of mainstreaming of Indian System of Medicine (AYUSH) under NRHM.
- To Study the Impact of NRHM Programme in the Utilization of AYUSH in the Demographically Weak Districts of U.P.

Indian Council of Medical Research entrusted National Institute of Medical Statistics, New Delhi to undertake this study. The study involved collection of information on availability of AYUSH manpower, training status, space for OPD patients, availability of AYUSH drugs and storage facility as well as information regarding involvement of AYUSH doctors in all National Health Programmes. Information on 1650 patients attending District Hospital/ CHC/ PHC of these system of medicine, 10,000 households (from 500 villages from 10 districts) with 12,581 sick members towards the Indian System of Medicine and Homeopathy (ISM&H) health care has also been collected in the study. The study has been conducted in ten districts of UP. Four blocks PHC/CHC from each district were covered. In addition, a survey of 50 beneficiaries from State Headquarter facility was also collected. About 20 from each block PHC/CHC availing ISMH facility and about 10 from each PHC availing ISMH facility were collected. Fifty villages were selected from each selected district for collection of information on usage of ISM & H. Twenty households with at least one member ill during the last three months and availed medical care services for treatment have been selected from each village. Information has been collected about their preferences, reasons for not preferring these system and their views for popularizing these system.

#### Findings

##### Extent of Integration

There are 1830 Doctors and 730 Pharmacists available in the state. All these positions are appointed on the contractual basis. Nurses and other staff were not being appointed under NRHM. For construction of 75 AYUSH wing separately at 75 District Headquarters, separate

budget has been allotted to district authorities for urgent construction. Additional posts of doctors from AYUSH were created in all the districts at the state. Additional doctors from AYUSH have been appointed on a contractual basis in all the districts. The appointment of AYUSH Doctors and Pharmacists were being renewed timely on completion of their term. The AYUSH doctors and Pharmacists who were posted during 2011 were given training at the district / divisional level. All prescribed medicines of AYUSH were available at different levels in the state. These medicines were being purchased by the district authorities. These medicines were being distributed by the state as per the fixed norms to all districts. AYUSH doctors were prescribing only AYUSH medicines. Even these AYUSH doctors were being trained to prescribe allopathy medicine in the state. AYUSH medicines were being purchased by the district authorities as per the uniform guidelines issued by the state government. All AYUSH doctors were participating in all National Health Programmes i.e, NRHM, MCH, RCH in the state. Integration of Indian System of Medicine & Homoeopathy in NHRM was visible in the state of Uttar Pradesh.

## **District Hospitals**

In total, 80 CHC/PHCs, 432 PHCs and 3270 sub-centres were covered in the study from ten districts spread over all four regions of the state of Uttar Pradesh. AYUSH male doctors were available as per their sanctioned post nearly in all the districts except in Mirzapur and Bareilly. Similarly, AYUSH female doctors were also available as per their sanctioned post in all the districts except Faizabad, Gorakhpur, Mirzapur, Berilly and Mathura. Pharmacists were available as per their sanctioned post in all the districts except Faizabad and Mirzapur. Similarly, Yoga instructors were available as per their sanctioned post in few districts. The appointment of all AYUSH doctor and all Pharmacists for one year only in all the districts. This is the policy of appointment of all AYUSH doctor and all Pharmacists in the state. All AYUSH doctors were attending OPD regularly in all the districts. AYUSH doctors were also participating in National Health Programme in all the districts.

AYUSH doctors were regularly participating in School Health Programmes under NRHM in all the districts. About 62% AYUSH doctors were trained for conducting delivery and three-fourth AYUSH doctors were also conducting delivery. AYUSH medicines were sufficiently available in all the hospitals. AYUSH medicines were being stored properly in half of the places. About half of the Chief Medical Officers were of the view that proper awareness about AYUSH and Publicity about AYUSH were the main suggestions for making AYUSH more effective and popular in the state. AYUSH health camps should be organized in all the districts level so that the popularity of AYUSH could be visible.

## CHC/BPHC/PHC

Average numbers of AYUSH Medical Officer were about 2.5 per CHC /BPHC / PHC. Average numbers of Pharmacists belonging to AYUSH were almost one at all the places. All AYUSH doctors were attending OPD regularly in all the CHC/BPHC/PHC. AYUSH doctors were also participating in National Health Programme in all the CHC/BPHC/PHC. AYUSH doctors were regularly participating in School Health Programme under NRHM in all the CHC/BPHC/PHC.

Regular supply of medicine, timely renewal of contract, permanent appointment, AYUSH medicines should be provided in the form of tablets, injections, capsules etc, independent AYUSH wing, proper infrastructure, support staff should be provided. AYUSH doctors should be utilized for their expertise only not as helpers to allopathic doctors. AYUSH doctors should be allowed to prescribe common OTC allopathic medicine. Skilled birth training should be given to AYUSH doctors. These are few suggestions for making AYUSH more popular.

## Satisfaction Level of Patients Attending Dispensary

In all, 1650 patients were surveyed in the exit interview. Of these, 902 were from Ayurveda, 474 from Homoeopathy, 248 from Unani and 26 from Yoga systems of medicine. About half of patients surveyed in exit interview were males and rest 52% were females. The proportion of male and female were almost same for all systems of medicine. About one-third patients were from district hospital, 45% were from CHC/BPHC and rest 23% were from PHC level. Patients suffering from respiratory diseases, gastrointestinal disorders, cough & cold and fever used all the systems of medicines. The main ailments for which patients visited Ayurveda dispensaries were cough & cold (17%), fever (16%), gastrointestinal disorders (12%) and gynecological disorder (14%). Skin diseases (18%), fever (12%) and gastrointestinal disorder (11%) were the main ailments for which patients visited Homeopathic dispensaries. The main ailments for which patients visited Unani dispensaries were cough & cold (20%), arthritis (11%) and skin diseases (10%). Respiratory diseases (23%) and gynecological disorder (11%) were the ailments for which patients visited Siddha dispensaries. More than 80% of the patients who have visited the dispensary three or more times reported to have been as progressing satisfactorily in all the systems.

Nearly 90% of the patients attending Ayurveda, Homoeopathy and Unani dispensaries were progressing satisfactorily even after two visits. Almost all such patients were of the view to utilize these systems in future. In case of normal ailments, among those attending Ayurveda dispensaries, 34% reported of availing Ayurveda system but 56% availed Allopathy. Similarly among those attending Homoeopathy dispensaries, 66% availed that only but 27% availed Allopathy system. Further, of those availing Unani/ Siddha system, about 7% availed these

systems and remaining either Allopathy or Ayurveda System. In case of serious ailments, among those attending different dispensaries, the reliance was more on allopathy. Almost all the patients were of the view to utilize the same system in future. Ensuring proper supply of medicines and better infrastructure were the main suggestions to improve the condition of dispensaries. Publicity was also one of the suggestions given by all the patients.

## Health Seeking Behavior

Information on the general perception of the community about these systems along with the reasons of accepting these systems were collected from 12,581 sick persons (who fell sick in last three months and took any treatment from 10,000 households). About 60% of households reported to have visited traditional healers at the time of their illness. The illnesses for which traditional healers were visited were mainly: bone setting (43%), dog bite (44%), snake bite (52%) and Jaundice (65%). Jaundice, sciatica, measles and migraine were the illnesses for which the patients also visited traditional healers. As a whole, ISM&H was preferred in government setup by 15% in case of normal ailments but in case of serious ailments, treatment preferred from government was about 44%. Similarly, the Allopathy system was more preferred in case of serious ailments. Only about 3% sick persons as a whole were availing ISM&H. Among these, most of them are availing from government setup. As regards to sex wise distribution, it has been observed that almost same proportions from both the sexes are availing ISM&H treatment.

As regards to their age groups, it has been observed that older persons were utilizing the services of ISM&H as compared to younger persons. Of those who preferred ISM&H, information has been collected on the reasons for their preference. The reasons given were mainly no side effects (59%), effective (50%) and cheap (32%). More than three-fourth of the allopathic users were aware of the Ayurveda and Homoeopathy.

Those who did not prefer ISM&H, information were collected on the reasons: the households not using ISM&H, reported reasons such as practitioners of these systems were not easily available (49%), slow response in treatment/ progress (36%), and no faith (11%). About 15% of the households were preferring for medical assistance from government health functionaries in case of normal ailments whereas they preferred private functionaries in case of serious ailments. The cost of allopathic treatment from private for three months was Rs. 832 (Rs. 802 for medicine and Rs. 30 for consultation). The cost of treatment for those availing ISM&H was Rs. 347 (Rs. 342 for medicine and Rs. 5 for consultation). The percentage of households availing ISM & H showed increase with income and literacy level more so for normal ailments. With increase in income and literacy, the preference thus, might increase with time. Most of the households suggested to open new government dispensary under ISM&H and also to ensure the sufficient supply of medicines.



2

## **MULTI LEVEL MODELLING TO ANALYZE UTILIZATION OF RCH SERVICES AND ITS CORRELATES**

**Date of Initiation:** 1 August 2012

**Date of Completion:** 1 April 2013

**Funding Agency:** Intramural

### **Background and Objectives**

The present study aims at emphasizing the role of hierarchical modeling in analyzing the association between the utilization of RCH services covering both maternal and child health related services and its association with the individual level (including the motivational factors), Community level and District level factors.

### **The Specific Objectives of the Study**

- a. To assess the inequity in the access and utilization of different RCH services, viz, maternal (ANC and PNC) and child health care (immunization and treatment seeking behavior).
- b. To investigate the degree to which the RCH utilization is influenced by the contexts within which the people live and other explanatory variables and to assess the superiority of multi-level modeling approach over the Standard Logistic Regression for the current situation.

### **Methodology**

The DLHS-3 survey data was used to carry out the study. In our study the outcome indicators and the explanatory variables were as under:

- Outcome Indicators (Dependent Variables)
- Maternal Health
- Child Health
- Explanatory Variables (Independent Variable)
- District Level Factors
- Village Level Factors
- Household Level Factors
- Individual (women) Factors

Inequity in access and utilization of under consideration RCH services were determined by seeing the access utilization differentials.

At the later stage comparison between the traditional logistic regression analysis and the multilevel modeling was done to assess the superiority of the multi-level modelling above the other.

## **Results/ Findings**

### **Maternal Health Indicator: Complete ANC**

The 3-level model shows that there is statistically significant association between the complete ANC and the household level covariates, viz, caste group, type of drinking water used in the household, type of toilet in the household and individual level covariates like, facilitation for availing ANC by the doctor, heard or seen message regarding the ANC care, education of the women and also the number of children ever born to the women.

Comparison of traditional regression model with the multi-level model, considering individual, village and district as 3 levels, with same covariates, demonstrate the intercept for the traditional model is 1.1206 as compared to 0.329 for the multilevel model. Further, the LR Test for multilevel VS the traditional regression model results in a Chi-square statistics value 38.62 (35.22 for two level model) with  $p\text{-value} < 0.001$ , shows a stronger advocacy for the three level modelling.

### **Child Health Indicator-Complete Immunization**

The 3 level model with district at the second level and PSU at third level shows that there is statistically significant association between complete Immunization and the village level indicators viz., health provider in the village, household level covariates like Wealth index quintiles of the family and individual level covariates viz., mother's age, age at consummation of marriage, mother's education father's education and also the number of children ever born to the women.

Comparing with the traditional regression model with same covariates, we find that the intercept for the traditional model is -98.852 as compared to -2.349 for the multilevel model 2 in which PSU as level 3 covariate level has been added to the model 1.

Further, in the LR Test for multilevel VS, the traditional regression model results in a Chi-square statistics value 87.94 (33.01 for two level model) with  $p\text{-value} < 0.001$ , which is even greater than the 2 level model shows that a stronger advocacy for the three level modelling.

## Policy Implication

All the large scale health surveys in the country are conducted under the hierarchical structure. The outcomes under this structure are influenced by not only the individual level factors, but also the context in which individuals live. In our analysis, we anticipate the causal pathways to lie at multiple levels simultaneously. It is essential to ascertain the contribution of the different sources or levels to the variation in the outcome. Not differentiating the level-contingent nature of different exposure measures can also lead to under- or over-estimation of the regression coefficients as well as the standard errors and ultimately resulting in wrong projections and policy advocacy. The results of the multilevel regression analysis in our study are distant from the traditional regression analysis.

### 3 THE PREVENTION OF HIV/STI AMONG MARRIED WOMEN IN URBAN INDIA

**Date of initiation:** July 2008

**Date of completion:** June 2013

**Funding Agency:** NIH through ICRW, New Delhi

## Background and Objectives

The project was conducted by our institute in collaboration with ICRW; Population Council, Delhi; Tata Institute of Social Sciences, Mumbai; CORO for Literacy, Mumbai; T N Medical College, Mumbai; University of Connecticut Health Centre, USA; Institute for Community Research USA; University Laval, Canada; Tulane University, USA; London School of Hygiene and Tropical Medicine, UK. The Institute provided technical assistance to the study.

The project objective was to develop and evaluate a culturally appropriate, health facility-based intervention to promote primary prevention of HIV and other sexually transmitted infections (HIV/STIs) among married women, aged 18-40, living in an economically marginal community in Mumbai, India.

The project acronym is RISHTA (Research and Intervention in Sexual Health: Theory to Action). The project implemented and evaluated a unique health model situated in a community of 600,000 to demonstrate clearly the value of focused education and counseling with married women, couples and communities in promoting positive health outcomes among women. As a result, the program has also generated important insights into what changes are needed within the health system to address more effectively the health of women.

## Results

### The Key Lessons Learned from this Project

1. The leading problem that women bring to health care providers is *safed pani* (vaginal discharge). Syndromic guidelines for treatment of this and related gynecological symptoms call for antibiotics to address STIs. The RISHTA project found that only one of the first 230 women recruited and presenting symptoms of *safed pani* had an STI. RISHTA research has shown that *safed pani* is significantly related to women's negative life circumstances (poor marital communication, domestic violence, forced sex and low self-esteem). These results show that *safed pani* is more a marker of psychosocial issues rather than biomedical disease.
2. To address women's psychosocial needs, an individual counseling program was developed as a complimentary component to medical care. Women who received medical care and individual counseling had significantly more positive outcomes in sexual health, psychological well-being and marital communication than those who received medical care only. These results demonstrate the need to broaden medical care to address the psychosocial issues associated with physical health symptoms which can also provide a model for mental health services in primary care.
3. Men's involvement in women's health and well-being is crucial. Women who received medical care and participated with their husbands in couples' intervention also had significantly more positive outcomes in sexual health, psychological well-being and marital communication than those that received medical care only. Couples' intervention provides a means of engaging men and improving the marital relationship and can be implemented by NGOs and the religious and educational sectors of the community in partnership with primary care centres.
4. The positive changes that occur at the individual and family levels must be supported by comparable changes in the cultural and community context. Towards that objective, RISHTA worked with the religious sector and the NGOs in the community to promote gender equity and reduce sexual risk. RISHTA conducted three annual surveys and found a highly significant improvement in men's gender equity attitudes in the intervention as compared to the control community. This change in the cultural norms supports the promotion of healthy behaviors of individuals and families and suggests that primary care centers must engage the communities it serves as a vital part of its medical role.

4

## A STUDY ON THE POTENTIAL GAIN IN LIFE EXPECTANCY AFTER ELIMINATION OF SPECIFIED CAUSES OF DEATH IN SELECTED STATES OF INDIA

**Date of Initiation:** 1 April 2013

**Date of Completion:** 31 March 2014

**Funding Agency:** Intramural

### Background and Objectives

Estimation of disease burden in a population provides a base for setting up priorities in health programmes. Cause of death statistics is essential for a meaningful planning of health care and allocation of resources. A fruitful estimation of the burden of mortality is possible only if there is a systematic and periodic collection of mortality data which is simple, rapid, accurate and reliable.

To achieve the following objectives, Medical Certification of Causes of Death data for the year 2003 from the Office of the Registrar General of India for five states namely, Bihar, Maharashtra, Rajasthan, Tamil Nadu and Kerala representing different geographical regions of India have been analyzed in this study:

- To review the cause-specific death rates in the selected states of India
- To construct the cause of death elimination tables
- To assess the gain in life expectancy at different ages by eliminating causes of death.

### Methodology

Abridged life tables for Bihar, Maharashtra, Rajasthan, Tamil Nadu and Kerala by age and sex have been prepared by using MCCD 2003 data. Cause of death elimination life tables have also been constructed by age and sex for leading cause of death groups namely, (i) certain infectious and parasitic diseases; (ii) diseases of the nervous system; (iii) diseases of the circulatory system; (iv) diseases of the respiratory system; and (v) pregnancy, childbirth and the puerperium. It was done for all the age groups viz., <1, 1-4, 5-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-69 and 70 years and above.

### Results/Findings

The life expectancy at birth in Bihar in 2003 was 68.2 years for males and 70.1 years for females; in Maharashtra it was 69.5 years for males and 73.3 years for female; in Rajasthan it was 65.9 years for males and 69.4 years for females; in Tamil Nadu it was 69.1 years for males and 74.1 years for females; and in Kerala it was 71.8 years and males and 77.5 years for females. Females were enjoying more life years in the selected states.

Following a simulation exercise for eliminating these causes to the tune of 25%, 50%, 75% and 100%, it was observed that elimination of diseases of the circulatory system yields maximum gain in life expectancy at birth in all the selected states; followed by diseases of the nervous system in Bihar; diseases of the respiratory system in Maharashtra and Kerala; and certain infectious and parasitic diseases in Rajasthan and Tamil Nadu. The maximum gain in life expectancy at birth was 12.6 years in males and 16.2 years in females in Tamil Nadu (diseases of the circulatory system) in comparison to other selected states. Likewise, one can see differences in the gain at different ages for each cause of death group.

## Policy Implications

The findings from this study have implications for practical decision making in setting up health goals, allocating resources, and evaluating health programmes. From an economic point of view, the potential gain in life expectancy for the working population is a better mortality indicator than the number of deaths or its related measures. Hence, an oversimplified approach of allocating research funds based on the number of deaths from different categories of diseases is misleading. The essential question is how to use disease prevention to improve health and reduce health disparities together with policies that aim to reduce socio-economic disparities, reform health care, and improve quality of care.

### **5 MATERNAL HEALTH CARE IN RURAL AND URBANISED VILLAGES OF DELHI: A COMPARATIVE STUDY**

**Date of Commencement:** April 2012

**Date of Completion :** 31 March 2013

**Sponsored by:** Intramural

## Background

There are two types of rural population in Delhi, one which living in rural villages (non-urbanized) and the other living in urbanized villages which are notified by the government. These villages are surrounded by the urban area developed in their land. The urban population has access to a wider range of health care options, particularly in large cities like Delhi, due to the better-developed health infrastructure. Being closer to the urban area, population in urbanized villages is expected to have more access to better civic facilities and to the advanced health facilities as compared to that in rural area. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.



On reviewing the literature, it has been found that there is not even a single study which provides information as to how the two rural areas, one that is closer to urban facilities and other one that is purely rural differ in terms of status of maternal care. The present study is being undertaken to know the status of maternal care in rural and urbanized village of Delhi. The comparison of the status in the two populations would provide information whether the population in urbanized villages is benefitted by their closeness to urban facilities.

## Objectives

1. To determine the status of maternal health care in rural and urbanized villages of Delhi.
2. To identify socio-economic factors associated with maternal health care status.

## Methodology

The study will be conducted in two divisions of Delhi—South and South-West Delhi and two categories of villages: non-urbanized and urbanized villages.

The desired sample size will be selected by adopting two-stage sampling. The first stage will be selection of 30 villages from each of the both categories of villages—15 villages from each of the two divisions. The second stage will be selection of 14 eligible households (Birth in last one year and the child is living at the time of interview and also the age of the child is more than six weeks). Interview of mothers who delivered recently and not completed six weeks of period after delivery will not be interviewed.

For the selection of villages, 15 villages of each category will be randomly selected (since size of the villages is not available) from each Division.

Information from the HHs and eligible mothers will be collected using predesigned questionnaire.

## Results

It has been found that more than two-third got registered with government doctors/ facilities and more than one fourth with private doctors/nursing homes or hospitals, and there is no statistical difference in ANC registration between the two types of the villages. More than 95% of the pregnant women received antenatal care during the second month of pregnancy and more than three-fourth of the pregnant women received antenatal care 5 or more times in both types of the villages. Eighty six percent of mothers received full antenatal care during pregnancy that includes, minimum of three antenatal visits, at least two tetanus toxoid injections and

receipt of iron and folic acid tablets, were same in both type of the villages. It may be concluded that awareness and ANC seeking is similar in both types of the villages. Further analysis revealed that Mother's and husband's education, monthly expenditure of the family i.e. economic status and religion of the family have significant influence on the utilization of ante natal care (Full ANC). Association with place of residence, village and urbanized village, was also observed with the type of family, caste, education and occupation of husband for Full ANC.

More than 85% of the deliveries were conducted by doctors in both types of the villages. No statistical difference was observed in number of deliveries conducted in institutions and homes in the two types of the villages. Mothers approaching for safe delivery were found to be slightly higher in urban villages. In addition to educational status of mothers and husbands, economic status and religion of the family. Safe delivery was also found to be highly associated with occupational status of the husband.

Postnatal care as defined earlier was provided to more than 90% of the mothers in both types of the villages. Furthermore, it is important to note that factors like type of family and caste are also highly associated with post natal care in addition besides all those factors that are associated with Safe Delivery.

Characteristics like, type of family, caste, education and occupation of husband have also been observed to be associated with the place of residence of mother.

In the present study, outcome indicators of MCH services such as Full ANC, Safe Delivery, Postnatal Care are almost similar, may be because MCH services particularly ANC services have been made accessible to all the mothers in both groups of villages in Delhi. Majority of the mothers were found to be availing the same irrespective of their socio-economic background place of living.

## COLLABORATIVE RESEARCH

### NATIONAL SAMPLE SURVEY FOR ASSESSMENT OF DISEASE BURDEN DUE TO LEPROSY (COLLABORATIVE STUDY WITH JALMA)

**Date of Initiation:** April 2010

**Date of Completion:** May 2013

**Funding Agency:** MOHFW (Leprosy Division)

### Background and Objectives

The 131 Report of the Committee on Petitions of Rajya Sabha, 2008, recommended that “a survey involving Panchayati Raj Institutions (PRI) may be undertaken so that the government can have realistic figures of Leprosy Affected Persons (LAPs) in the country to devise a national policy.” The Ministry of Health & Family Welfare (MOHFW) informed the committee that a multi-centric study to assess the burden of active leprosy cases, leprosy person with grade-I & grade II disabilities and the magnitude of stigma and discrimination prevalent in the society, will be undertaken.

A pilot study was conducted to assess the disease burden in Bareilly district of UP in 2009 by NIMS (ICMR) in collaboration with the Central Leprosy Division, MOHFW. Inverse sampling methodology was adopted in the pilot study. The results of the study were presented before the Expert Committee at the MOHFW under the Chair of the Secretary DHR & DG ICMR. It was recommended that a meeting of experts in the field of medical statistics, epidemiology and sample surveys may be called to discuss the survey methodology and finalize the sampling design to be charted for the whole country.

The Expert Group, in its meeting, recommended that the proposed inverse sampling methodology may be adopted in the national sample survey to assess the disease burden of leprosy in India. It was also recommended that the survey may be undertaken at the national level by NJIL & OMD in close collaboration with NIMS particularly for the design of the study with the following objectives:

1. To estimate new leprosy case load;
2. To assess leprosy burden by recording both grade.-I and grade.-II disability cases;
3. To assess magnitude of stigma and discrimination prevalent in the population.

## Methodology

In order to meet the above objectives, based on the experience of the pilot study and recommendations of the expert group, the NIMS undertook and prepared detail sampling design and plan for sample implementation as follows:

The inverse sampling methodology was adopted for the national survey which is a sampling technique to estimate the proportion of rare events (like leprosy), occurring in a population (See details of the methodology published in *Health and Population; Perspectives & Issues*, 2011, Vol. 34 No.4 pgs: 193-204.

About 15 to 20% of the districts from the 34 states and UT's were decided to be covered. Of the total 612 districts, 93 districts were decided to be covered for the rural population in addition to the urban clusters. It was opined that the district would form the basis of the sampling unit for the rural clusters. For deciding the number of new cases to be detected in the survey using the inverse sampling methodology, the estimated prevalence of the disease was taken as <1 per 10,000 at the district level, and co-efficient of variance of 20%. With these assumptions, the pre determined number of new cases to be detected per district worked out to be 27 ( $m=27$ ). Therefore, a population of at least 2.5 lakhs was to be covered to detect the required number of cases and districts and cities/towns of this size of population could be included in the survey.

## Results/ Findings

As per inverse sampling plan, survey was carried out in the population until pre-decided new cases were detected. The study population, in addition to new case detection, collected data on socio-demographic profile of the population. The socio-demographic profile of the study population vis-à-vis the census population of the State compared.

## Recommendations and Programme Implications

The inverse sampling methodology is simple and could be adopted by the system. Repeat survey could be conducted as an active surveillance to detect new cases and thereby treatment to reduce transmission in the population.

## ONGOING ACTIVITY/ STUDIES

### 1 THE CLINICAL TRIALS REGISTRY – INDIA (CTRI) [WWW.CTRI.NIC.IN](http://www.ctri.nic.in)

**Date of initiation:** April 2006

**Funding Agency:** Currently ICMR

### Background and Objectives

The Clinical Trials Registry – India (CTRI) is a web based system ([www.ctri.nic.in](http://www.ctri.nic.in)) for registering clinical trials in India and its neighboring countries which are not having their own registry. It was launched on 20 July 2007 by DG ICMR and is housed at National Institute of Medical Statistics, Indian Council of Medical Research. It was a landmark event in the medical history of India, as it was first of its kind in the country. It was established with the objectives:

- To establish a search portal which will also serve as a public record system by registering all clinical trials on health products that are drugs, devices, vaccines, herbal drugs and made available to both public and healthcare professionals in an unbiased, scientific and timely manner.
- To create a more complete, authentic, and readily available data of all ongoing and completed clinical trials
- To provide a corrective system against “positive results bias” and “selective reporting” of research results to peer review publication.
- Increase awareness and accountability of all the participants of the clinical trials and also for public access.
- To promote training, assistance and advocacy for clinical trials by creating database and modules of study for various aspects of clinical trials and its registration

Since its launch, more than 3600 trials have been registered, and details of these trials are freely viewable in the public domain.

### Methodology

A registry for clinical trials, Clinical Trials Registry–India (CTRI) is an online system for registering clinical trials conducted in our country. A web application was developed using open source technology i.e. PHP and MYSQL on LINUX platform. Web application is hosted at National Informatics Center (Laxmi Nagar Data Center) and managed by National Institute of Medical Statistics. The Registry is in production since 2007, anybody who wishes to conduct a clinical trial in the country would have to declare all items of the CTRI Trial Registration Data

Set. The Registry collects information on all prospective clinical trials to be undertaken in India and make this processed information available to the public.

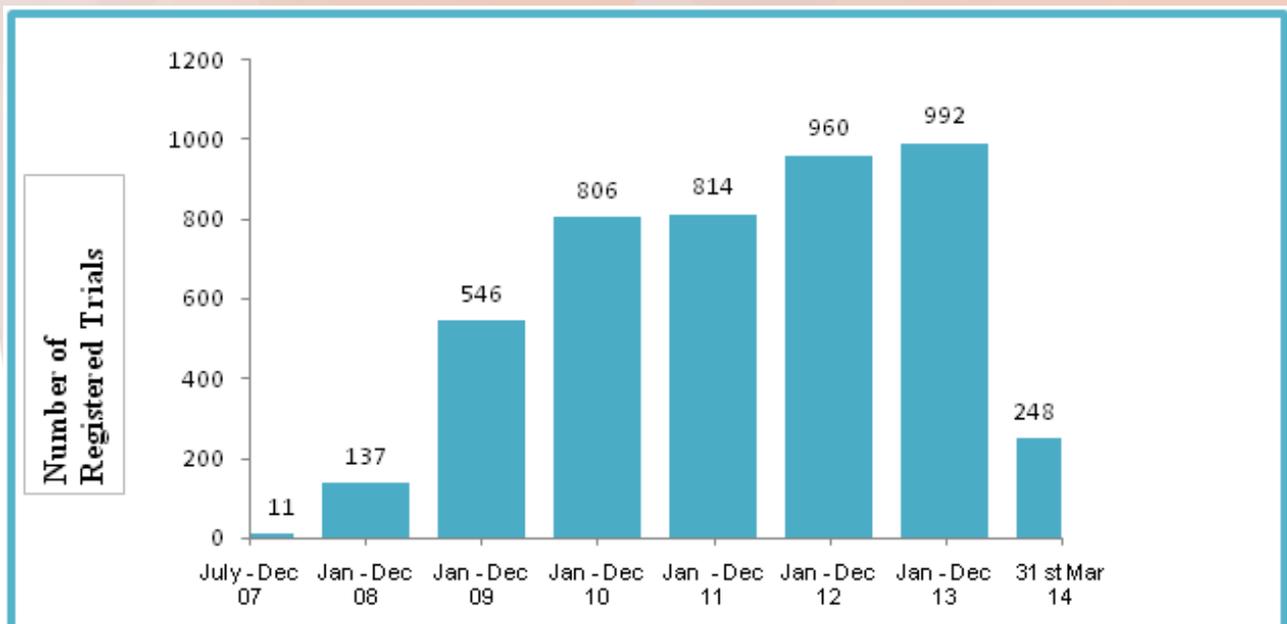
## Progress of the Study

During the year under report 4514 trials have been registered till 31 March 2014. In addition every three months remainders are being sent to all registrants for updating the registered trials by them. Prior to the launch of new version of the software about 1649 trials were registered. Of which about 70% of the registered trials have been updated as per the new version of the software.

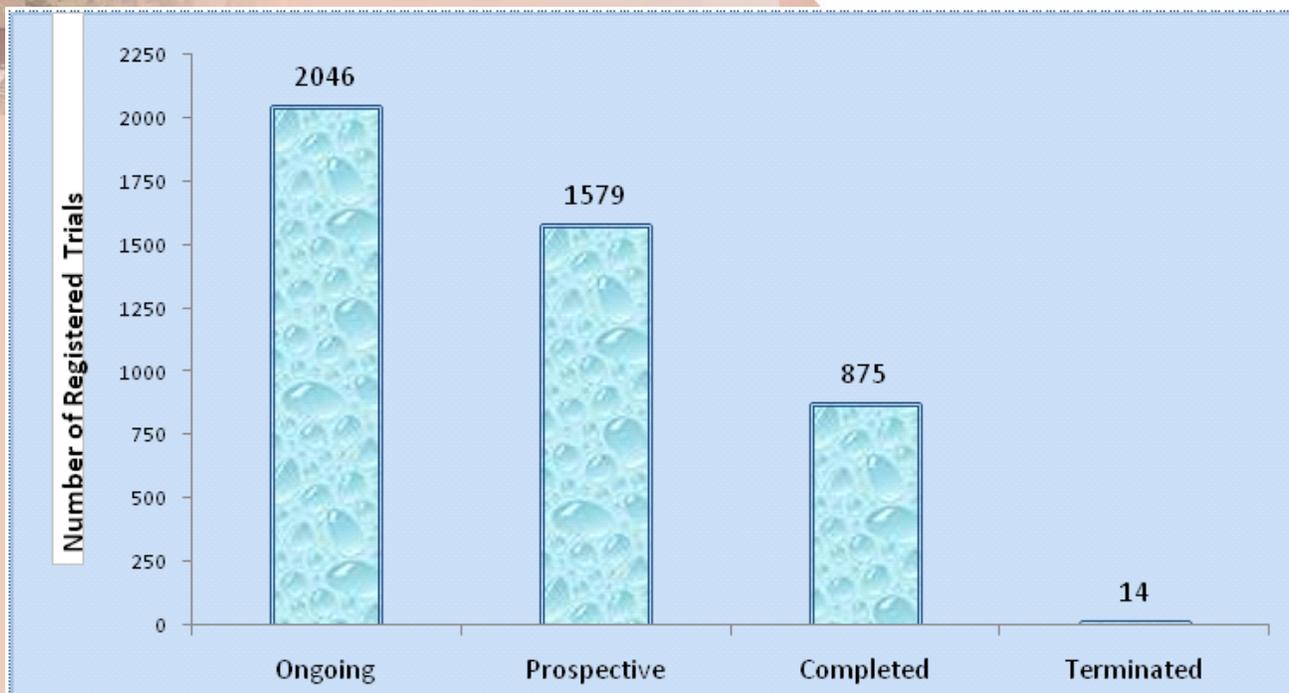
### CTRI Status as on 31/03/14

Number of Hits	>7,55,000
Number of Registered Users	>6700
Total Number of Trials Received	6631
Total Number of Trials Registered	4514
Number of Prospective Trials	1579
Number of Ongoing Trials	2046
Number of Completed Trials	875
Number of Terminated Trials	14
Number of Trials under Review/Awaiting Approvals	920
Number of Trials Sent Back for Modifications After Review	1197

### Year wise trend of trial registration till 31<sup>st</sup> March 2014



## Current Status of Registered Trials



### 2 NACO'S HIV SENTINEL SURVEILLANCE, MODELLING, ESTIMATION AND PROJECTION

**Date of Initiation:** 1 April 2013

**Tentative Date of Completion:** 31 March 2015

**Funding Agency:** NACO, New Delhi

## Introduction

HIV Sentinel Surveillance (HSS) is one of the vital components of second generation surveillance system in India to track the HIV epidemic in the country with the objective of understanding the level and trends of HIV epidemic among different population groups as well as to identify the spread of the epidemic to new pockets. It is implemented with the support of two national institutes and six regional institutes of India. The implementation structure is presented in figure 1 while the protocol for HSS ANC and STD are provided in figure 2(a) and 2(b).

The National Institute of Medical Statistics (NIMS) is the lead agency for estimation of HIV burden in India and states. It collaborates with National Institute of Health & Family Welfare (NIHFW) for the surveillance and undertakes analysis and estimation of HIV/AIDS burden and preparation of analytical report of HIV sentinel surveillance (HSS) data since 2002. The activity adopts a systematic and consultative process for estimation HIV burden in the

country with the help of a national working group under the guidance of Technical Resource Group at NACO. The last round of HIV Estimations was conducted in the country in 2012. The next round of HIV Estimations to estimate the levels and trends of HIV prevalence, incidence and burden at the National and State levels will be conducted after availability of data on HIV prevalence from the ongoing National Integrated Biological and Behavioural Surveillance for High Risk Groups.

**Figure 1: Implementation Structure of HIV Sentinel Surveillance**

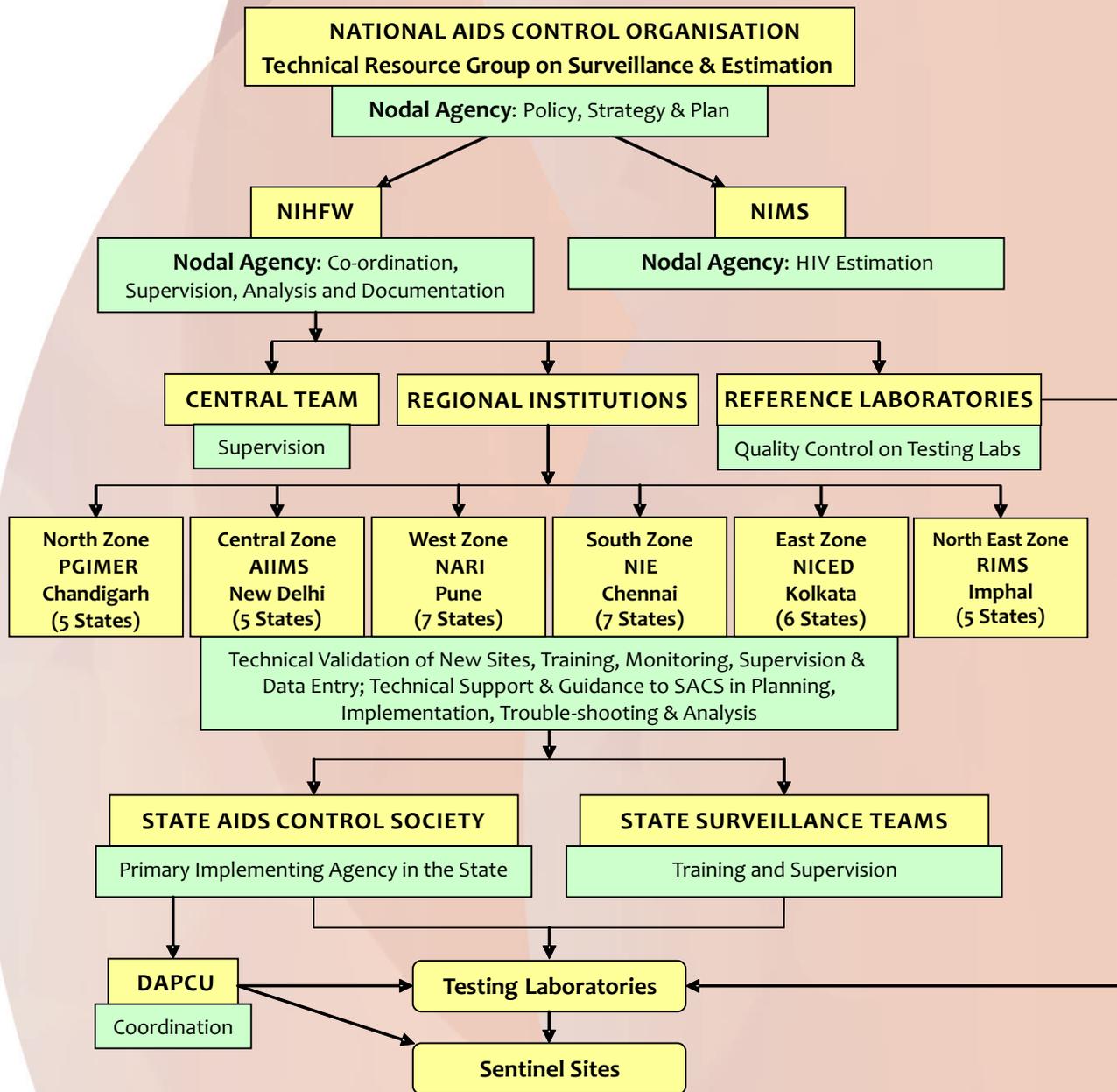


Figure 2 (a)

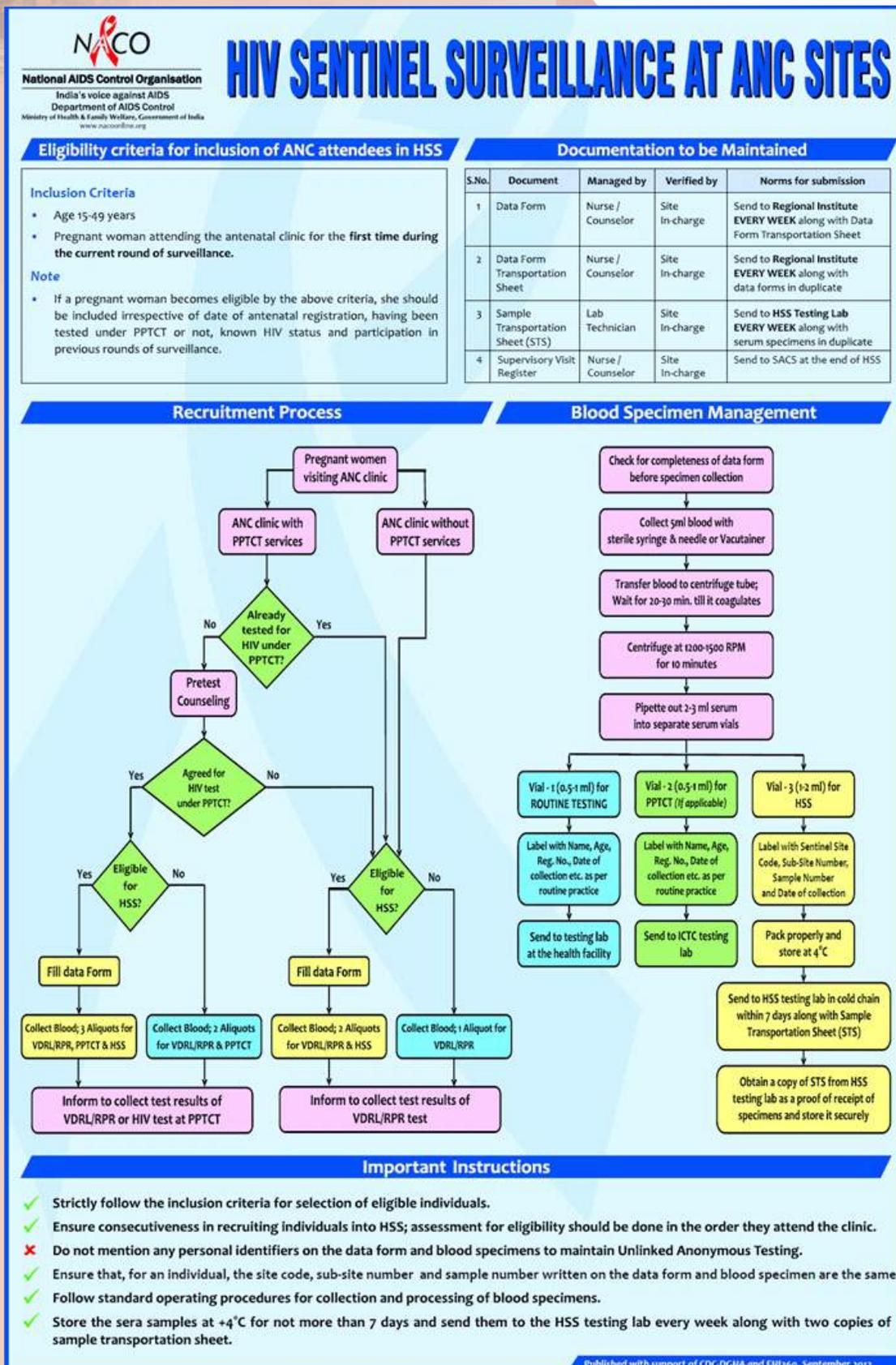


Figure 2 (b)



**NACO**  
National AIDS Control Organisation  
India's voice against AIDS  
Department of AIDS Control  
Ministry of Health & Family Welfare, Government of India  
www.nacoindia.org

# HIV SENTINEL SURVEILLANCE AT STD SITES

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Eligibility criteria for inclusion of STD patients in HSS

**Inclusion Criteria**

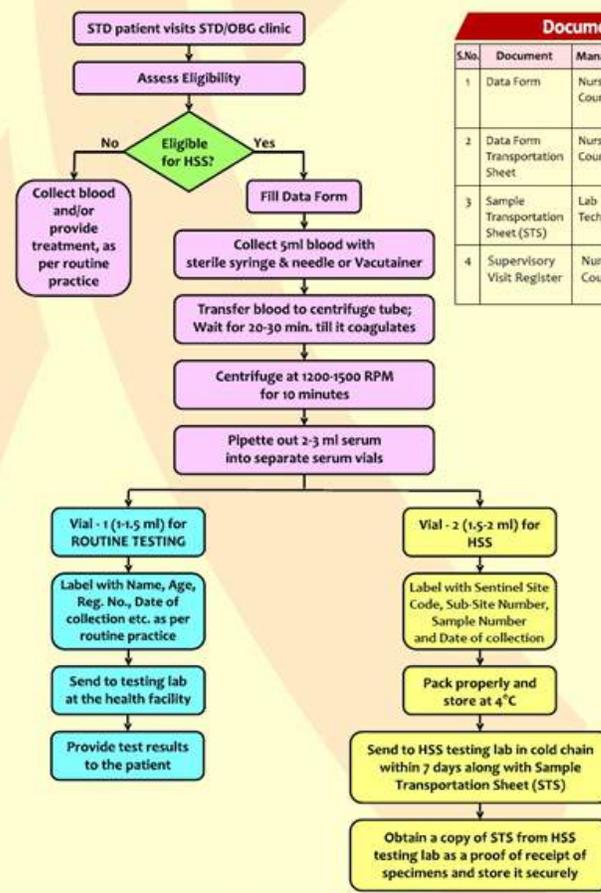
- Man or woman, in the age group 15-49 years
- Diagnosed with any of the following STD syndromes during current visit
  - Urethral discharge in males
  - Cervical discharge in females (on confirmation by per-speculum examination)
  - Ano-genital warts
  - Ano-genital ulcer
- Attending the STD/OBG clinic for the first time during the current round of surveillance

**Important points to note while assessing eligibility**

- In men, milking of urethra should be performed to determine the presence of urethral discharge, if necessary.
- In women, visualization of the cervix by per-speculum examination is necessary to determine the presence of cervical discharge and to clearly differentiate it from vaginal discharge, which is not a STD. If cervical discharge is not confirmed, the woman is not eligible for HSS.
- Patients who have been already diagnosed and prescribed treatment for their STD before the start of HSS, but are visiting the clinic for the first time during the round of surveillance are eligible for inclusion.
- Participation in a previous round of surveillance and HIV positivity status are not reasons for exclusion from the current round of HSS.

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Recruitment Process & Blood Specimen Management



```

graph TD
    A[STD patient visits STD/OBG clinic] --> B[Assess Eligibility]
    B --> C{Eligible for HSS?}
    C -- No --> D[Collect blood and/or provide treatment, as per routine practice]
    C -- Yes --> E[Fill Data Form]
    E --> F[Collect 5ml blood with sterile syringe & needle or Vacutainer]
    F --> G[Transfer blood to centrifuge tube; Wait for 20-30 min. till it coagulates]
    G --> H[Centrifuge at 1200-1500 RPM for 10 minutes]
    H --> I[Pipette out 2-3 ml serum into separate serum vials]
    I --> J[Vial - 1 (1-1.5 ml) for ROUTINE TESTING]
    I --> K[Vial - 2 (1.5-2 ml) for HSS]
    J --> L[Label with Name, Age, Reg. No., Date of collection etc. as per routine practice]
    L --> M[Send to testing lab at the health facility]
    M --> N[Provide test results to the patient]
    K --> O[Label with Sentinel Site Code, Sub-Site Number, Sample Number and Date of collection]
    O --> P[Pack properly and store at 4°C]
    P --> Q[Send to HSS testing lab in cold chain within 7 days along with Sample Transportation Sheet (STS)]
    Q --> R[Obtain a copy of STS from HSS testing lab as a proof of receipt of specimens and store it securely]
            
```

Documentation to be Maintained

S.No.	Document	Managed by	Verified by	Norms for submission
1	Data Form	Nurse / Counselor	Site In-charge	Send to Regional Institute EVERY WEEK along with Data Form Transportation Sheet
2	Data Form Transportation Sheet	Nurse / Counselor	Site In-charge	Send to Regional Institute EVERY WEEK along with data forms in duplicate
3	Sample Transportation Sheet (STS)	Lab Technician	Site In-charge	Send to HSS Testing Lab EVERY WEEK along with serum specimens in duplicate
4	Supervisory Visit Register	Nurse / Counselor	Site In-charge	Send to SACS at the end of HSS

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Important Instructions

- ✓ Strictly follow the inclusion criteria for selection of eligible individuals.
- ✓ Ensure consecutiveness in recruiting individuals into HSS; assessment for eligibility should be done in the order they attend the clinic.
- ✗ Do not mention any personal identifiers on the data form and blood specimens to maintain Unlinked Anonymous Testing.
- ✓ Ensure that, for an individual, the site code, sub-site number and sample number written on the data form and blood specimen are the same.
- ✓ Follow standard operating procedures for collection and processing of blood specimens.
- ✓ Store the sera samples at +4°C for not more than 7 days and send them to the HSS testing lab every week along with two copies of sample transportation sheet.

Published with support of CDC-DGHA and F11360, September 2012

## 2.1 NATIONAL INTEGRATED BIO-BEHAVIORAL SURVEILLANCE (NIBBS)

**Date of Initiation:** April 2013

**Tentative date of Completion:** March 2015

**Funding Agency:** NACO

### Introduction

The Integrated Biological and Behavioral Surveillance (IBBS) is a second generation surveillance mechanism conceptualized for better tracking of behaviour leading to HIV. India has rolled out the first phase of the National Integrated Bio-Behavioral Surveillance among the High Risk Groups (Female Sex Workers, Men who have sex with men and Injecting Drug Users) and migrants through a community based survey design. It is one of the largest community based surveys among high risk groups and vulnerable populations in the world. It aims at obtaining district, state and national level estimates of key behavioral indicators and HIV prevalence.

### Objective

The broad objective of the Integrated Biological and Behavioral Surveillance (IBBS) is to generate evidence on risk behaviour among HRG to support planning and prioritization of programme efforts at district, state and national levels. Its specific objectives are to measure and estimate the change in HIV-related risk behaviour and HIV prevalence at district and state level among key risk groups, between baseline and end line for NACP-IV and to analyze and understand HIV related vulnerabilities and risk profiles among key risk groups in different regions, by linking behaviour with biological findings.

The key behavioral indicators to be studied in the IBBS are knowledge indicators (HIV prevention, STI, Condom, HIV/AIDS services); Risk profile and practices; Sexual behaviour and condom use with different partners; Risk perception, HIV testing, Stigma and discrimination; Exposure to HIV/AIDS services. The key biological indicators to be assessed are: HIV; Syphilis (On-field diagnosis); and CD4 patterns & Incidence assay among positive samples. It consists of the following phases:

1. *Pre Surveillance Assessments:* The pre-surveillance assessment (PSA) is conducted in the districts identified and prioritized based on desk review. The main objectives of PSA was to get information of the size of HRGs, assess the different typologies to decide on sampling, document key patterns, networks and practices of high risk behaviour, assess the feasibility for conducting IBBS, gather information on

languages spoken, and identify the key stakeholders to be involved in the main IBBS. PSA was conducted between July-September 2013 and generated significant information which will be used by the field teams during the preparatory stages prior to field work.

2. *Sampling Frame Development:* Prior to the initiation of field activities, community preparation activities were undertaken with the aim of sensitization and understanding the concerns of local/ community stakeholders and establishing community level structures for monitoring the IBBS activities to ensure that ethical framework of IBBS is not compromised. For this, meetings and discussions are held with State Level AIDS Control Societies, Targeted Intervention NGOs and other community and gatekeepers at each domain. Community Advisory Board (CAB) and Community Monitoring Board (CMB) were established in each IBBS domain, whose main role is to protect the key populations' interests.

The sampling frame development (SFD) is the first step for beginning the field work and involves updating the information on hotspots, which is required for sampling during the field work. Existing lists of hotspots are the primary sampling units (PSU) and they are compiled from secondary information through TIs / SACS. Rapid field assessment are conducted by the field research agencies in all the domains of IBBS. In this process, data are gathered about the presence of key population members on different days and times as well as approximate numbers and patterns of mobility. The data thereafter can be used to develop a list of primary sampling units as the sampling frame to serve as the basis for cluster sampling.

3. *Behavioural and Biological Data Collection:* The third phase of IBBS is the main survey when eligible risk population members will be identified, selected and sampled as per cluster sampling methods, from the identified locations/ PSUs (during SFD) and brought to the IBBA venues established by field teams. The field investigators are to administer informed consent and conduct interviews to collect the behavioral risk information; then respondents are taken to a lab technician who collects blood sample (using pin prick). Behavioral data are entered into database using Computer Assisted Personal Interview (CAPI). Biological samples are sent to the National Reference Laboratories (NRL) where they are to be tested for HIV and this data to be entered separately.
4. *Data Analysis and Dissemination:* Data will be analyzed and disseminated as Top-line Findings, Process Documentation and National and State Report.

Following table provides the grouping of States by eight regions wherein NIMS region covers the States of Madhya Pradesh, Chhattisgarh, Orissa:

### Region Wise Distribution of States

Regional Institute	States
NIMS, New Delhi	Madhya Pradesh, Chhattisgarh, Orissa
NIHFW, New Delhi	Delhi, Rajasthan
AIIMS, New Delhi	Uttar Pradesh, Uttarakhand, Bihar, Jharkhand
PGIMER, Chandigarh	Punjab, Chandigarh, Haryana, Himachal Pradesh, Jammu & Kashmir
NARI, Pune	Maharashtra, Gujarat, Karnataka, Goa
NIE, Chennai	Tamil Nadu, Kerala, Andhra Pradesh, Puducherry
NICED, Kolkata	West Bengal, Assam, Meghalaya, Nagaland, Sikkim
RIMS, Amphal	Manipur, Mizoram, Arunachal Pradesh, Tripura

### Role of Regional Institutes

- Implementation Coordination with NACO, SACS, Field Research Agency for data collection, and DBS Laboratories
- Regional Training of Trainers (ToT), Field Training Support, Refresher ToT and Refresher Training Support
- Monitoring and Supervision of Field Activities, SFD, Community Preparation and Behavioural and Biological Sample Collection
- Data Analysis and Interpretation

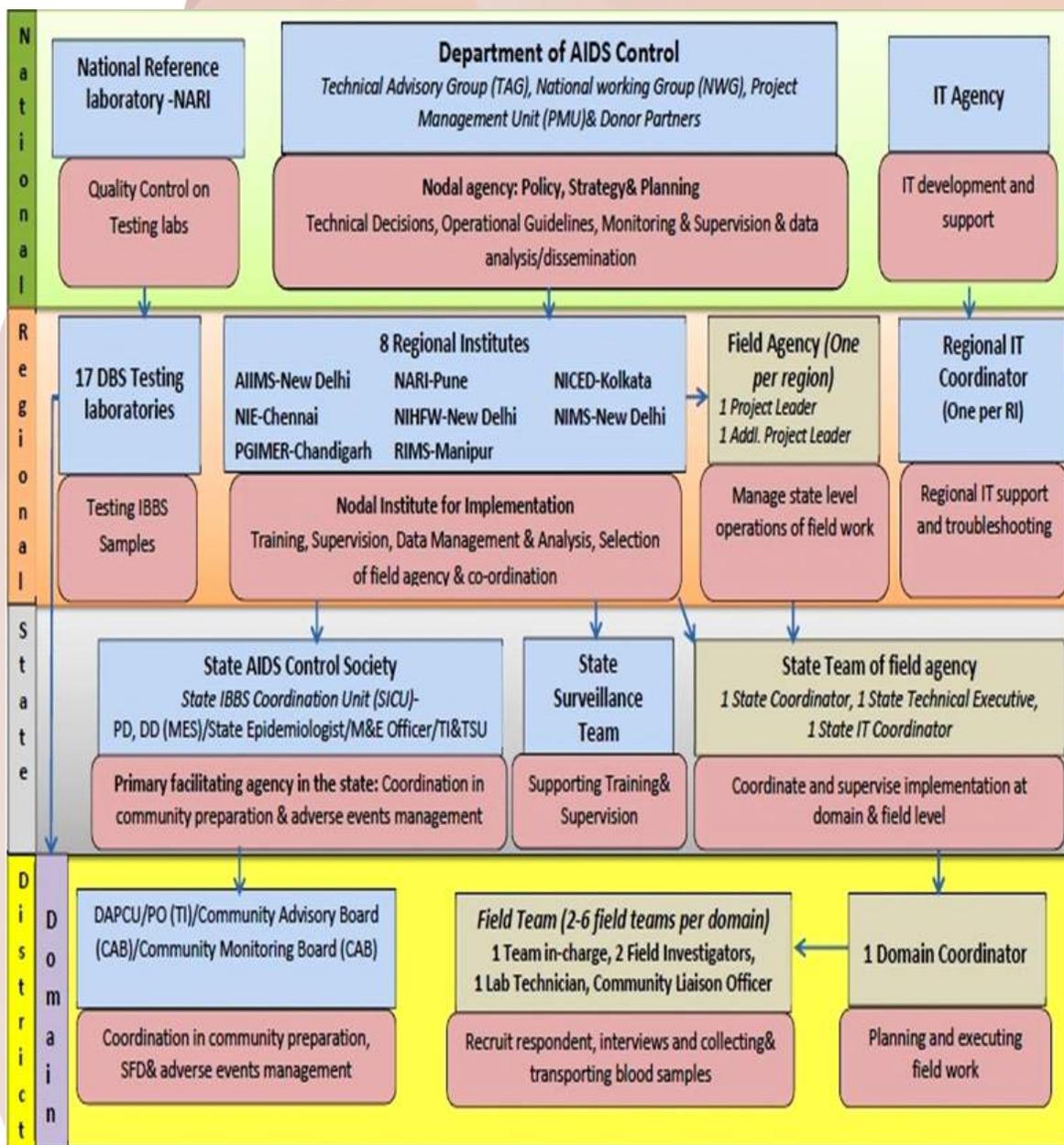
### Role of Field Research Agencies

- Recruitment of field investigators and other coordinators for field work;
- Training of selected field teams and coordinators
- Pre-testing of the surveillance instruments
- Community preparation activities including formation of Community Advisory Boards (CAB), Community Monitoring Boards (CMB) and Identification of Community Liaison (CL) person
- Rapid field assessment for Sampling Frame Development
- Procurement of consumables for blood specimen collection for using dried blood spot (DBS) methods.
- Fieldwork for behavioural and biological components in local languages (paper

based or through Computer Assisted Personal Interviewing (CAPI) techniques) including setting up of the interview sites, selection of respondents, conducting interviews and blood specimen collection, storage and transportation of data forms and blood specimen to specified locations and laboratories.

- Regularly monitoring of the field work through supervisory field visits including that of team leaders and state coordinators.
- Management of the equipments, consumables, etc.
- Preparation of periodic alerts, reports and updates ensuring that the field work is carried out as per IBBS protocol and ethical norms and quality norms.

### Implementation Structure of IBBS





## 2.2. KNOWLEDGE NETWORK-AVAHAN PROJECT

**Date of Initiation:** 1 September 2010

**Tentative Date of Completion:** 31 August 2014

**Funding Agency :** Population Council, New Delhi

### Introduction

In 2003, the Bill and Melinda Gates Foundation established the Avahan Program, a national HIV prevention initiative in India, to expand access to effective prevention programs in six states with high infection rates and along the nation's major trucking routes. The Avahan Program is currently working with 280,000 individuals such as female sex workers, men who have sex with men, and injecting drug users and about five million clients of sex workers and truckers who are at risk of contracting HIV. The scale of this operation and the diversity of the intervention environment make Avahan a 'live laboratory' of learning for HIV prevention. Since its start, a total of 24 distinguished organizations/ universities have been involved in program implementation, monitoring, evaluation, advocacy and knowledge building. During this period, extensive data have been collected by Avahan's program-implementing partners as well as by its evaluation and knowledge-building partners. The objective has been to continuously refine the program and also to inform and guide India's national program on best practices.

While Avahan's program-implementing partners have generated information on program access, quality, coverage and utilization of services, its knowledge-building and evaluation partners have conducted a number of cross-sectional and longitudinal behavioral and biological surveys such as the integrated behavioral and biological assessments, surveys of the general population, surveys of migrant and mobile population groups, analysis of data on HIV from the National Family Health Surveys, research on community mobilization and other studies. It is important that this wealth of data is synthesized and analyzed to draw out programmatic learnings for guiding future initiatives for HIV prevention in India and other countries with similar concentrated epidemics.

### Objective

The specific objective of the project is to prepare evidence-based monographs, reports and peer-reviewed journal articles using IBBA-NH trucker's data and clients of female sex workers IBBA data.

Abstract of two manuscripts which were prepared and published during the year are provided in the following paragraphs:

(1) **An Appraisal of Sexual Behaviors, STI/HIV Prevalence, and HIV Prevention Programs among Truckers in India: A Critical Literature Review** (*World Journal of AIDS*, 2014, 4, 206-218, Published Online in *World Journal of AIDS* June 2014 in

SciRes.<http://www.scirp.org/journal/wja>; <http://dx.doi.org/10.4236/wja.2014.42026>)

## **Abstract**

### **Background**

A systematic review portraying the changing pattern of sexual behaviors, STI and HIV prevalence and key strategies curb HIV and STI among truckers in India is lacking. This paper therefore aims to present a chronological review of literature regarding sexual behaviors, STI/HIV prevalence, and various HIV prevention programs implemented among truckers in India.

### **Methodology**

Published and unpublished studies (1990–2011) were identified through electronic databases, and hand searching.

### **Results**

Most studies on sexual behaviours and STI/HIV prevalence among truckers focused only on drivers and ignored their helpers. Evidences suggest that consistent condom use by truckers with both paid and non-paid female partners has increased during the past decade. Many recent studies suggest that the HIV prevalence among truckers is about 2% and it has been declining slowly during the past decade. The HIV prevention programs among truckers which started with the aim of raising awareness about HIV during early 1990s, have grown multi-folds to encompass not only the standard strategies like mid-media events, interpersonal counseling and STI care for HIV prevention, but also innovations such as the use of business franchisee models, and integrated research and evidence based planning in the program. The possibilities of using new approaches such as male circumcision and the use of pre-exposure prophylaxes are underway.

## Conclusion

More studies are needed to explore helpers' vulnerabilities to HIV. Very few studies have attempted to examine the impact of large-scale prevention programs among truckers. Efforts are required to examine the impact of different components of such programs to guide the HIV prevention efforts among truckers in India.

(2) **A Probability Model for Estimating the Force of Transmission of HIV Infection and Its Application** *American Journal of Mathematics and Statistics* 2014, 4(3): 171-177 DOI: 10.5923/j.ajms.20140403.06

## Abstract

Information on force of transmission of HIV infection is crucial for better understanding of the epidemic. It is useful for better programme planning and evaluation. The current study aims at fitting probabilistic models for estimating the force of transmission of HIV infection due to different risk behaviour, heterosexual/homosexual/IDUs. The force of transmission between the risk groups bridging the infection is obtained as the joint probability function of the growth probabilities of HIV positivity over time among them. The growth probabilities of HIV positivity is estimated by fitting appropriate probability distributions to observed data from HIV Sentinel Surveillance (HSS) in Andhra Pradesh, India. The joint probabilities are estimated assuming that the risk behavior among the groups is random and the growth of infection within each group is independent in a region. In the study population, the average force of transmission is estimated to be  $3.4755E-09$  among general population,  $1.5508E-03$  among MSMs and  $4.8455E-03$  among IDUs, and  $2.132E-03$  in the total population. The results are subsequently used to estimate the HIV burden and compared with the estimates derived by other approaches.

### 3 ACCEPTANCE LEVEL, KNOWLEDGE, ATTITUDE AND PRACTICE OF INDIAN SYSTEM OF MEDICINE IN NORTH EASTERN STATES, INDIA

**Date of Initiation:** 1 January 2012

**Tentative Date of Completion:** 31 December 2014

**Funding Agency:** ICMR

## Objectives

- To measure the levels of KAP of the people of North East areas on Indian System of Medicine

- To study about the common diseases treated by Indian System of Medicine
- To find out the common Indian System of Medicine drugs used by Indian System of Medicine practitioners
- To study the association between socio-demographic characteristics and satisfaction and /or trust on Indian System of Medicine.

## Methodology

**To achieve the objectives of the study, the following methodology is adopted:**

- One Tenth district (at least one) will be covered from each NE states.
- 50 villages/ blocks will be selected in proportion to the rural-urban population from each selected district.
- 20 households with at least one member ill during the last three months and availed medical care services for treatment will be selected from each selected district.

## Selection of Village

For collection of information on usage of ISM & H, a sample of 50 villages/ UFS will be selected as first stage unit (FSU) from each district of each state. Allocation of 50 FSUs (villages/UFS) among rural and urban sectors will be made in proportion to the rural-urban population of the district. Allocated number of villages will be done by using Systematic Sampling with probability proportional to size (PPS), size being the population of the villages. Allocated number of blocks will be done from the list by using circular systematic sampling with equal probability.

## Households

For selection of households in each selected village/ UFS, a house listing will be prepared by house-to-house visit. Using this list, 20 households will be selected randomly out of the households with at least one member ill during the last three months and availed medical care services for treatment.

## Progress

The data has been collected for the states of Meghalaya , two districts of Assam, Tripura and in progress in Mizoram and Manipur.

## COLLABORATIVE RESEARCH

### 1 BASE LINE SURVEY TO EVALUATE IMPACT OF MALARIA CONTROL PROGRAMME IN WORLD BANK PROJECT STATES (COLLABORATIVE STUDY WITH NIMR)

**Date of Initiation:** August 2013

**Expected date of Completion:** March 2015

**Funding Agency:** ICMR

### Objective

To estimate the key indicators related to coverage and care seeking in the malaria control programme.

### Methodology

The key indicators related to malaria control programme to be estimated in the survey were classified as household and individual level indicators. At household level, the IRS coverage (%) and availability of bed nets (%) are the main indicators whereas use of bed net, treatment seeking for fever are the main indicators for household individuals.

The sample size worked out assuming the 50% coverage of IRS and bed net with 10% permissible error and 95% confidence level was 384 households. But considering the design effect 4 and non-response 10%, the overall required sample size was 1700 households.

The sampling frame used for selection of primary sampling unit (PSUs) was the list of all the Block PHCs with API > 2 of the selected states. The 10 PHCs were selected randomly at first stage using the PPS method. At second stage, 8 villages/PSUs were selected randomly from the each selected PHC i.e. total 80 PSUs/ villages were selected.

In each selected villages, 22 households and 22 fever cases were selected using the method of circular systematic sampling from the household listing. In case the listed fever cases are less than 22 then all the fever cases were included in the survey.

Besides that all today fever cases were tested for malaria and treated, if positive and all death cases were interviewed to determine the possibility of death due to malaria.

### Work Progress

The survey instruments, study design, sampling plan and manuals were developed and finalized after a series of presentation in consultative meetings organized by NIMS, NIMR and NVBDCP with World Bank.

The Training of Trainer's Workshop was organized for all the state collaborative partners at NIMR, Dwarka during 16-17 July, 2013. The training was also imparted to field investigators and survey team of Maharashtra, Karnataka and West Bengal before initiation of survey on different dates in the month of August, September and October 2013. The survey has been completed in all the states. The data entry is going on.

## **2 A RETROSPECTIVE ANALYSIS OF A HOSPITAL BASED STUDY OF FEBRILE PATIENTS IN THE ENDEMIC AREA OF NORTHEAST INDIA.**

### **Background**

Febrile illness is the most common symptom of suspected malaria especially in the malaria endemic areas of Northeast India. Hospital based study data of two districts of upper Assam namely Golaghat and Tinsukia was analysed to assess the risk of malaria among inpatients who reported with febrile illness to health centres for treatment.

### **Methods**

A sample of 350 inpatients reported with fever during the study, 324 of them were included as suspected malaria cases for detailed investigation and interviewed. A total of 16 hospitals were selected for the study covering six Government (3 in rural and 3 in urban) and 10 private hospitals which included 4 tea garden hospitals depending on availability of indoor treatment facilities and patients.

### **Results**

The average age of patients was  $24.2 \pm 15.2$  years and 63% of them were males. The majority of patients (77.5%) belonged to lower household income category (< 5000 INR) and travelled to nearest town/city for treatment. Overall, prevalence of malaria (as diagnosed by clinical examination and blood tests) across different categories such as location, types of hospitals, household income was found 29.9%. Multivariate analysis revealed that adjusted odds ratios (AOR) of malaria cases was higher with location (2.13), type of Health Centre (1.75) and distance travelled to a health centre (2.09). The mean duration of hospital treatment was  $4.2 \pm 3.6$  days and delay in reporting to hospital was  $3.9 \pm 2.6$  days.

### **Conclusion**

The study emphasises the need to strengthen and improve the treatment facilities for malaria in government hospitals, and to create more awareness among people regarding early treatment, especially in the rural periphery villages of the endemic areas.



**Invited Talks**



## INVITED TALKS

### Dr. Arvind Pandey

Date	Topic of Lecture
16–18 April 2013	Lecture on “Government and Public Oversight: The Clinical Trials Registry of India” at the workshop on “Idea to Manuscript Outcomes Research” under the Development of Clinical Pharmacology in India by the ICMR at National Institute for Research in Reproductive Health (NIRRH), Mumbai.
27–29 April 2013	Lecture on “Disease Burden Estimation with Special Reference to Malaria in the XXIV National Congress of Parasitology, at the Regional Medical Research Centre for Tribal Health (ICMR) Jabalpur.
11–13 May 2013	As a resource person delivered a lecture in the Refresher Course (RC.264) at UGC-Academic Staff College, Himachal Pradesh University, Shimla.
20 June 2013	Member of the Panel discussion on NACOs experience in behavioural research in HIV/AIDS' in the Capacity Building Workshop on Operational Research & Ethics in HIV/AIDS Research on Targeted Interventions' at National Institute of Health & Family Welfare (NIHFW), Munrika, New Delhi.
02 August 2013	Lecture on “Collection of Health & Demographic Statistics its challenges” Training of Trainers for faculties from Universities at the National Academy of Statistical Administration (NASA), Greater Noida.
06–08 August 2013	Keynote Speaker at the National Conference on “National Rural Health Mission (NRHM): A Review of Past Performance and Future Directions” at Institute of Economic Growth, Delhi University, Delhi.
29–30 August 2013	CTRI Dissemination Workshop at Institute of Post Graduate Teaching & Research in Ayurveda, at Jamnagar, Gujarat.
04–05 October 2013	Speaker at the National Seminar on “Continuing Medical Education and Technologies” at Konaseema Institute of Medical Sciences & Research Foundation & KIMS General Hospitals at Vishakhapatnam (A.P.)

23 October 2013	Delivered Inaugural Address as Guest of Honour in the National Seminar on “Application and Role of Statistics in Multi-Disciplinary Research” at the Central University of Haryana, Mahanedragarh.
15–17 November 2013	Inaugural Function of the Golden Jubilee National Conference on “Recent Advances in Statistics and Applications” & delivered Keynote address at the School of Studies in Statistics, Pt. Ravishankar Shukla University, Raipur.
14–16 December 2013	Chair, Panel Discussion in the Annual Conference of Indian Association for the Study of Population at M.D. University, Rohtak.
25–27 December 2013	79th General Meeting of Indian National Science Academy (INSA) in collaboration at SGPGIMS, Lucknow.
16–18 January 2014	National Data Analysis Plan under NACP-IV - Launch Workshop of MoHFW at JIPMER, Puducherry with the support of CDC and FHI360.
07–08 March 2014	Resource Faculty to Workshop on Clinical Trials & Epidemiological Methods at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow.
28 March 2014	Lecture in the Conference on “Applications of Statistics in Social Science” at Calcutta University.

### **Dr. R.J. Yadav**

15–17 July 2013	Delivered lectures on Research Methodology, study instruments of the study in NVBDCP and world bank sponsored projects on “Base line and End line household survey for Malaria in 9 states of India” in the Training of Trainers' Workshop organized by NIMR & NIMS, New Delhi. State malaria officers & Govt. health officials of these states attended the workshop.
24 August 2013	As a Resource Person, delivered a lecture on Health Management Information System to the official of Kala A Zar Supervisors at RMRIMS, Patna.
02 September 2013	Delivered lecture on “Designing of a Research Study” to the officials of different states at NIPCED, Delhi.

05 November 2013 Delivered lecture on “Monitoring and Evaluation in Social Developmental Programme: Concept and Significance for Voluntary Organisations” to the officials of NGOs of different states at NIPCED, Delhi

27–28 December 2013 As Guest of Honour, and delivered Invited Talk in the meeting of International Biometric Society (Indian Region) at NIRT, Chennai.

28 February 2014 Delivered lecture to students of Ph.D & M.Sc of Jammu University.

### **Dr. Abha Aggarwal**

30 July 2013 “Introduction to Design of Clinical Trials and Its importance in registration” in the ICPO's Biostatistics & Research Methodology Workshop at ICPO, NOIDA

28 November 2013 Sampling methods for proposal development in Leprosy at the Proposal Development Workshop on Leprosy at IRIS Park Plaza, Safdarjung Enclave.

27–31 January 2014 Delivered lecture on Sampling Methodology, Determination of sample size, Regression Analysis and correlation, Type I & Type II Error at Third Fogarty International Training Course organized by SHARE INDIA at Medicity Institute of Medical Sciences, Hyderabad.

12 February 2014 Lecture on Sampling Methodologies for Training Workshop on Statistical Methods and Computing at NIPCCD Faculty at NIMS

### **Dr. H.K. Chaturvedi**

01 August 2013 On “Statistical Principles in Clinical Studies” in the Training Workshop on Clinical Trial Protocol, organized by PGIMR, Chandigarh

### **Dr. D. Sahu**

11–15 June 2013 Invited as a Resource Person for the Regional Training for Pre-Surveillance Assessment: IBBS for Investigators at National Institute of Cholera and Enteric Diseases, Kolkata.

27 September 2013 Invited to deliver lecture on Multivariate data analysis (Multiple regression and logistic regression) & SPSS Demonstration at NIHF, New Delhi.

16–18 January 2014 Invited to participate as a national resource person for the workshop on National Data Analysis Plan, NACP-IV, organized by NACO, Delhi at JIPMER, Puduchery.

10–14 February 2014 Act as resource person for the workshop on Statistical Methods and SPSS for NIPCCD officials, New Delhi organized by NIMS at NIMS.

03–08 March 2014 Invited to act as a resource person for the workshop on Clinical Trails & Epidemiological Methods organized by Dept. of Biostatistics & Health Informatics, SGPGIMS, Lucknow in collaboration with International Epidemiological Association, South East Asian Region at SGPGIMS, Lucknow.

11–12 March 2014 Participated as resource person for interim review workshop on National Data Analysis for Northern region organized by NACO, Delhi at PGMIR, Dr. RML Hospital, New Delhi.

### **Dr. Tulsi Adhikari**

10-14 February 2014 Delivered Statistical Methods and Computation for Monitoring and Evaluation of Programme Organized by National Institute of Medical Statistics, ICMR, New Delhi for Officers & Research staff of National Institute of Public Cooperation and Child Development, New Delhi

### **Dr. Atul Juneja**

19 June 2013 Invited to deliver a lecture on Sampling Techniques at NIPCCD New Delhi in workshop

03 September 2013 Invited to deliver a lecture at NIPCCD New Delhi during workshop

28–29 October 2013 Invited as lead discussant to speak on statistical issues in vulnerable population at workshop on Bioethics in Medical Research organized by ICMR at Vikram Hotel New Delhi

05 February 2014 Delivered lecture on Issues on Sampling and Sample size at workshop organized by Central Council for Yoga and Naturopathy (CCRYN) Dept of AYUSH New Delhi

10 February 2014 Lecture on Testing of Hypothesis at the Training Workshop on Statistical Methods and Computation for Monitoring and Evaluation of Programme for Officers & Research Staff of National Institute of Public Cooperation and Child Development, New Delhi

07-08 March 2014 Resource Person at the Workshop organized by Department of AYSUSH for scientists working in Ayurvedic Sciences in North Eastern Region at Gauwhati, Assam

### **Mr. Kh. Jitenkumar Singh**

10-14 February 2014 Resource Person at the Workshop organized by National Institute of Medical Statistics, ICMR, New Delhi on “Statistical Methods and Computation Using SPSS for Monitoring and Evaluation of Programme” for Officers & Research Staff of National Institute of Public Cooperation and Child Development, New Delhi

### **Meetings at NIMS**

#### **Dr. Arvind Pandey**

01 May 2013 Meeting with Dr. D.K. Raut, Professor, Deptt. of Community Medicine to discuss about the MOU to be signed by Vardhman Medical College, Safdarjung Hospital.

05 June 2013 Lecture on “Estimation of Sex Ratio” of Prof. R.C. Yadava, Prof., Deptt. of Biostatistics, Banaras Hindu University, Varanasi at NIMS.

18 June 2013 Meeting to discuss the result of the National Sample Survey of Leprosy at NIMS.

03 July 2013 Ethics Committee Meeting of NIMS at NIMS.

30-31 July & 01 August 2013 Impact Modelling Workshop at NIMS.

05 September 2013 Meeting to finalize the Sampling Design for Malaria Household Survey under GAFTM North-East States at NIMS.

11 September 2013 Celebration of Hindi Week at NIMS.

24 October 2013 Meeting with Dr. Dhariwal, Director, NVBDCP & Dr. Sridhar of World Bank on Situational Analysis of Kala-Azar in Bihar at NVBDC at NIMS.

13 December 2013 Scientific Advisory Committee (SAC) Meeting of NIMS.

25 March 2014 Ethics Committee Meeting of NIMS.

## Meetings of CTRI Project

### Dr. Arvind Pandey

24 June 2013	Fifth Steering Committee Meeting of CTRI at NIMS.
24 July 2013	CTRI Dissemination Workshop at Centre for Research in Medical Entomology (CRME), Madurai.
29 August 2013	CTRI Dissemination Workshop Institute of Post Graduate Teaching & Research in Ayurveda, at Jamnagar. Gujarat.
21 October 2013	Review Meeting of CTRI at WHO Office, New Delhi.
26 November 2013	Review Meeting of CTRI at NIMS.
19 December 2013	Second WHO meeting for the Review of CTRI data at NIMS.
24 December 2013	Third Meeting of WHO for the Review of CTRI data at NIMS

### Dr. Abha Aggarwal

21 October 2013	Attended a Review Meeting of CTRI at WHO office, Tennis Stadium
19 November 2013	Attended a Meeting with Mr. Ringe for Development of BA/BE trials
26 November 2013	Review Meeting of CTRI to discuss the Framework for Review of CTRI data.
19 December 2013	2 <sup>nd</sup> meeting of CTRI Review
24 December 2013	3 <sup>rd</sup> Meeting of CTRI review

### Dr. Atul Juneja

24 June 2013	Fifth Steering Committee Meeting of CTRI at NIMS.
24 July 2013	CTRI Dissemination Workshop at Centre for Research in Medical Entomology (CRME), Madurai.
29 August 2013	CTRI Dissemination Workshop Institute of Post Graduate Teaching & Research in Ayurveda, at Jamnagar. Gujarat.
21 October 2013	Attended a Review Meeting of CTRI at WHO office, Tennis Stadium

26 November 2013	Review Meeting of CTRI to discuss the Framework for Review of CTRI data.
19 December 2013	2 <sup>nd</sup> meeting of CTRI Review
24 December 2013	3 <sup>rd</sup> Meeting of CTRI review

## Scientific Meetings /Conferences/Training/Workshops attended

### Dr. Arvind Pandey

09 April 2013	Expert Consultation Meeting to discuss the Protocol for a Multi centric community based study on STI/RTI Prevalence among Adult Population at NACO, Chanderlok Building, New Delhi
12 April 2013	Chair the Meeting of the Sub-Group of the Technical Group on Methodology for assigning Causes of Death.(COD) in the Conference Hall, Office of the Registrar India, R.K. Puram, New Delhi.
22 April 2013	Review Meeting of Technical Resource Group to oversee the progress of Household surveys to be conducted in the areas covered under the World Bank and Global Fund supported projects of (NVBDC) at Director Office of NVBDCP, Sham Nath Marg, Delhi.
03 May 2013	3 <sup>rd</sup> Expert Committee Meeting of Expected Level of Achievement (ELA) at National Institute of Health & Family Welfare (NIHFW), New Delhi.
06 May 2013	Meeting of Technical Advisory Group to finalise IBBS domain, technical tools and guidelines and operational plans for the PSA at National AIDS Control Organization (NACO), Ministry of H&FW, Chanderlok Building, New Delhi.
14 May 2013	DSMB Meeting at Deptt. of Dermatology (Dr. G. Sethuraman) at AIIMS, New Delhi.
18-19 May 2013	Meeting of Expert Group in the field of Influenza Surveillance at Ramalingaswami Board, AIIMS, New Delhi.
27-29 May 2013	IBBS-TOT at National Institute of Health & Family Welfare (NIHFW), New Delhi.

20 June 2013	Panel discussion on 'NACO's experience in Behavioral Research in HIV/AIDS' in the Capacity Building Workshop on Operational Research & Ethics in HIV/AIDS Research on Targeted Interventions' at National Institute of Health & Family Welfare (NIHFW), Munrika, New Delhi.
28 June 2013	Meeting of Technical Research Group to oversee the progress and timeliness of population based survey under World Bank & GFATM Supported NVBDCP at office the NVBDCP, Sham Nath Marg,, Delhi.
08 July 2013	Second Expert Consultative Meeting of the UNFPA Sponsored Project on “Conditional Cash Transfer Schemes for Girl Children” at IIPS, Mumbai.
05 August 2013	Chair Third Meeting of Sub-committee of Technical Advisory Committee on SRS at the Conference Hall, Office of Registrar General India, R.K. Puram, New Delhi.
05 August 2013	High Level Mid-Term Review Meeting at Deptt. of AIDS Control, Chanderlok Building, New Delhi.
09-10 August 2013	Steering Committee Meeting for the National Family Health Survey (NFHS)-4 under the Chairmanship of Secretary (HFW) at Nirman Bhawan, New Delhi.
14 August 2013	Second Meeting of TAC on SRS at the Conference Hall, Office of Registrar General of India, New Delhi.
19 August 2013	Steering Committee Meeting for the National Family Health Survey (NFHS)-4 under the Chairmanship of Secretary (HFW) at Nirman Bhawan, New Delhi.
24 August 2013	Launch of the IDA assisted National AIDS Control Support Project (NACSP) by Hon'ble Union Health Minister Shri Gulam Nabi Azad at Nirman Bhavan, New Delhi.
28 August 2013	ICRW-RISHTA results Dissemination at Jakrata Hall, India Habitat Centre, Delhi.
02 September 2013	Chair: The Meeting of Sub Group of the Technical Group on Methodology for Assigning Causes of Death (COD) at the Office of Registrar General, India, New Delhi.

10–11 September 2013	Second Meeting of the Technical Advisory Group on National Integrated Biological and Behavioral Surveillance (IBBS) at Deptt. of AIDS Control, NACO, New Delhi.
19 September 2013	Colloquium on Intellectual Property Rights for High-Level Policy Makers in India: Strengthening Capacity to Influence Public Health Policy Decisions Relating to Pharmaceuticals Organized by World Health Organization-India, MoHFW, New Delhi at Hotel Oberoi, New Delhi.
16–17 October 2013	Expert Group Consultation on Improving Quality and Safety of Clinical Trials, SEARO at Regional Office, New Delhi.
28 October 2013	First Advisory Committee Meeting to Review the Progress of the Work Done on the Task Force Project on “Registry of People with Diabetes with Young Age at the Onset” through collaborating centres at AIIMS, New Delhi, PGI, Chandigarh, Madras Diabetes Research Foundation, Chennai; KEM Hospital & PD Hinduja Hospital Mumbai, SCB Medical College, Cuttack & RMRC, Dibrugarh.
15–17 November 2013	Chair the Inaugural Function of the Golden Jubilee National Conference on “Recent Advances in Statistics and Applications (RASA)” & deliver a Key note Address at School of Studies in Statistics, Pt. Ravishankar Shukla University, Raipur.
18 November 2013	Meeting to discuss the MOU with NIMS by the Chairmanship of Principal VMMC&SJH at Vardhman Mahvir Medical College & Safdarjung Hospital, New Delhi
21 November 2013	Meeting of National Statistical Commission (NSC) with TAC of NFHS-4 at Sardar Patel Bhawan, New Delhi.
10 January 2014	12 <sup>th</sup> Meeting of Technical Resource Group on Research & Development at NACO, New Delhi.
15 January 2014	Meeting of Technical Group on Methodology for Assigning Causes of Death under the Chairmanship of DGHS at Nirman Bhavan, New Delhi.
19–20 March 2014	Pan Masala Task Force Meeting of “Study on Association of Oral Pre-cancer with the Use of Pan Masala” at Bhopal, AIIMS

26 March 2014 Co-Chair the Meeting of Expert Group of the Project “Registry of People with Diabetes with Young Age at the Onset, “Through collaborating centres at AIIMS & UCMS, Delhi; PGI Chandigarh, Madras Diabetes Research Foundation, Chennai, KEM Hospital and PD Hinduja Hospital, Mumbai; SCB Medical College, Cuttack and RMRC, Dibrugarh.

### **Dr. R.J. Yadav**

05-06 April 2013 Attended International Workshop on Green National Accounts for India to discuss the Report of Expert Group. The Workshop was inaugurated by the Prime Minister of India. Heads of Statistical offices of various countries including BRICS and SAARC attended.

08 April 2013 As a Member in the Meeting of Committee for Management and Systems Division-3 at the Bureau of Indian Standards, Manak Bhawan, New Delhi.

17 April 2013 As a Member in first Meeting of Sub Committee for “Basic Statistical methods, MSD 3:4 at Bureau of Indian Standards, Manak Bhawan, New Delhi.

17 April 2013 As a Member of the Project Committee “Study on Malaria” at National Institute of Malaria Research, New Delhi.

22 April 2013 As a member of the project committee “study on malaria” at NVBDCP, New Delhi.

10 May 2013 As a Member in Meeting of Division Council at Bureau of Indian Standards, Manak Bhawan, New Delhi.

21 June 2013 As a Member in the Meeting of Institutional Review Board Meeting of NIPCED, New Delhi.

28 June 2013 As a member of the TAG, “Study on Malaria” at NVBDCP, New Delhi.

26-28 October 2013 As General Secretary, Indian Society for Medical Statistics attended Annual Conference of the Society at Christian Medical College, Vellore (TN).

## Dr. Abha Aggarwal

12 April 2013	PRG Meeting of RHN Division, ICMR to review the projects
01 May 2013	MOU for collaboration of Safdarjung Hospital with NIMS
21 May 2013	Attended a Meeting on Diaster Management at India Habitat Centre, New Delhi
18 June 2013	Meeting with Director, NLIL&OMD and other experts for Development of Weights for Leprosy Estimates.
24–28 June 2013	Training for Ethics and Values at LBSNAA, Mussorie
06 August 2013	Expert Group Meeting with JS and Secretary DHR and MOHFW for Presentation of NSS Report
24 September 2013	Award Function of ICMR at India Habitat Centre
25 September 2013	Lecture on the occasion of AIIMS foundation day
11 October 2013	Attended a Meeting at IP University as a Supervisor for the presentation of Synosis of Ph.D Student, IP University, Dwarka, New Delhi
23–26 October 2013	Presented a paper on “Estimates of Maternal Mortality Ratio in Orissa and Rajasthan” at the ISMS Conference at CMC, Vellore.
18 November 2013	Attended a Meeting for MOU at Safdarjung Hospital
22 November 2013	Attended a Meeting at IP University for the Approval of Synopsis.
13 February 2014	Attended as a Member of Proposal Review Committee of CCRH to review the proposals.
23–24 December 2013	Ethics in HIV Studies organized by NACO at Maulana Azad Medical College
01–07 March 2014	National TOT for IBBS project organized by NACO at NICCD
25 March 2014	Attended Ethical Committee Meeting as a Supervisor for the Ethical Approval of Research Study of Ph.D student.

## Dr. H.K. Chaturvedi

24-26 October 2013	Presented paper entitled “Does Hypertension Vary by Gender in Indian Population? An Analysis of Household Survey Data” in the : 31st Annual Conference of Indian Society for Medical Statistics(ISMS) by Department of Biostatistics, Christian Medical College (CMC), Bagayam, Vellore, Tamil Nadu.
22 April 2013	Meeting to review the progress of “Household Malaria Survey” was held at NVBDCP.
07 May 2013	Expert Committee Meeting for “Protocol Development on Evaluation of Kala-azar” held at RMRIMS, Patna.
24 May 2013	Meeting “On endline Household Survey for Malaria in World Bank's Phase-I States, held at NIMS.
20 June 2013	Meeting of the Screening Committee held at NIMS, New Delhi
28 June 2013	Technical Resource Group Meeting held at NVBDCP, New Delhi.
10 October 2013	ICMR Expert Group Meeting on Task Force Project “Study on Association of Oral Pre-cancer with Use of Pan Masala” held
20 December 2013	School Research Committee (SRC) meeting held at GGSIP University, Dwarka.
28 January 2014	Meeting of the National Steering Committee for Non-Communicable disease (NCD) Surveillance & Monitoring held at Nirman Bhawan, MoHFW, New Delhi.
February-March 2014	Member of Online Review of STS Applications for ICMR's Short Term Studentship Programme: Two Weeks review of Proposal

## Dr. D. Sahu

29-31 May 2013	Participated in National Training of Trainers (TOT) to create a pool of master trainers on PSA guideline, methodology, reporting, and supervision as well as on field implementation at AIIMS, Delhi organized by NACO, Deptt. of AIDS Control, MoHFW, Govt. of India, Delhi.
19-25 June 2013	Visited Bhubaneswar to Supervise and Monitor PSA: IBBS Fieldwork

31 July to 01 August 2013	Partner's Meeting Using 'Goal Model' to assess Impact of HIV Preventive Biomedical Tools at NIMS, New Delhi
05-08 August 2013	Review Meeting for PSA: IBBS at FHI-360 & WHO India, New Delhi organized by NACO, FHI-360 and WHO-India.
04 October 2013	Participated as Central Team Member National Review Meeting for HSS 2012-13 at NIHFWS Conference Hall, New Delhi
05 October 2013	Participated as PI National Review Meeting for IBBS 2013-14 at NIHFWS Conference Hall, New Delhi
24-26 October 2013	Participated in 31 <sup>st</sup> Annual Conference of Indian Society for Medical Statistics (ISMS) at Christian Medical College, Vellore.
06 March 2014	Selection Committee Member for Selection of Consultant for the Knowledge Network Project on
18-23 March 2014	Participated National TOT for National IBBS organized by NACO at NCDC, New Delhi.

### **Dr. Tulsi Adhikari**

15 April 2013	Tribal Health Forum Meeting at VCRC Pondicherry. Presented Concept Note on "Assessment of Improvement in the Utilization of RCH services through Male Participation among the Saharia Tribes in Gwalior District, Madhya Pradesh".
09-10 August 2013	Tribal Health Research Forum Meeting, Jodhpur, presented the research proposal on "Assessment of Improvement in the Utilization of RCH Services through Male Participation among the Saharia Tribes in Gwalior District, Madhya Pradesh".
24-26 October 2013	Annual ISMS Conference at Vellore, Presented the findings of the study "Undernutrition in Children under Two Years (U2) in India: An Analysis of Determinants"
31 October to 01 November 2013	Operator Exposure Evaluation & Recommendations for India : Working Group Meeting with the Spray Operators Exposure Modeling Committee at Vivanta by Taj, Suraj Kund, New Delhi.

02 December 2013	Meeting of the Pre-Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
13 December 2013	Meeting of the Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
20 February 2014	Launch of Indigenous Affordable Technologies for Vitamin A Analysis, Ferritin estimation and Food Pathogen Detection, Stein Auditorium, India Habitat Centre, New Delhi
31 March 2014	Health Accounting Scheme—Empowering People for Health Care through Multi-Sector Coordination—An Operational evaluation Website Evaluation Meeting at Reception Hall, Ground Floor, ICMR Headquarters, New Delhi.
<b>Dr. Atul Juneja</b>	
11 April 2013	DNB Committee Meeting at BLK Hospital New Delhi
05 May 2013	DNB Committee Meeting at BLK Hospital 11 May 2013
11 May 2013	Attended CTRI review meeting
11 May 2013	Accompanied and assisted Director in Expert Group Meeting of Amphumol
21 May 2013	Launch of Minimum Initial Services Package for Sexual and Reproductive Health at Habitat Centre organized by UNFPA
29 May 2013	Meeting related to Review of CTRI Issues of Analysis
03–04 June 2013	Meeting on Issues Related for analysis of DDT Project
05 June 2013	Talk by Prof RC Yadav on Modeling in Sex Ratio
20 June 2013	DNB Committee Meeting of BL Kapoor Hospital
24 June 2013	Steering Committee Meeting of CTRI
02 July 2013	Project Review Committee Meeting of CCRAS New Delhi
25 July 2013	Dissemination Workshop of CTRI at CRME (ICMR) at Madurai as Resource Person

05–08 August 2013	Meeting of IBBS Project on PSA at FHI New Delhi
05 September 2013	Meeting on the Issue of Sample Size for the Project on Dental Implants being taken by MAIDS New Delhi at NIMS New Delhi
09 September 2013	Participated in Hindi Debate Competition NIMS and won First Prize.
13 September 2013	CTRI Dissemination Workshop at IPGTRA, Jamnagar
17 September 2013	Attended the Meeting of Clinical Trials in Dental Implants at MAIDS New Delhi with Diirector NIMS
17 September 2013	Attended the Presentation Meeting of the Amphumol Study by Mrs Kavita Khanna at ICMR
24–26 October 2013	Presented a paper related to Tobacco Related Cancers at ISMS Conference in Vellore and co chaired a session
30 October to 01 November 2013	Deputed to Attend the Meeting of Regulatory Authority of Pesticides at Taj Vivanta Surajkund
30 October 2013	DNB Committee Meeting at BL Kapoor Hospital New Delhi
23 November 2013	Project Review Committee Meeting as Member at CCRAS New Delhi
19–24 December 2013	Meeting of the CTRI Review at NIMS
23–24 December 2013	Capacity Building Program on Ethics in HIV Studies organised by NACO
22 January 2014	Meeting to discuss Further Analytical Issues of Bhopal Gas Disaster Epidemiological Report, Chaired by DG ICMR
18–23 March 2013	Training of Trainers Workshop for IBBS Project at NCDC New Delhi organized by NACO

### **Mr. Kh. Jiten Kumar Singh**

29 to 31 May 2013	Participated in National Training of Trainers (TOT) to create a pool of master trainers on PSA guideline, methodology, reporting, and supervision as well as on field implementation at AIIMS, New Delhi organized by NACO, Deptt. of AIDS Control, MoHFW, Govt. of India, Delhi.
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05 June 2013	Lecture on “Estimation of Sex Ratio” of Prof. R.C. Yadava, Prof., Deptt. of Biostatistics, Banaras Hindu University, Varanasi at NIMS.
31 July to 01 August	Partner’s Meeting using 'Goal Model' to Assess Impact of HIV Preventive Biomedical Tools at NIMS, New Delhi
05–08 August 2013	Review Meeting for PSA: IBBS at FHI-360 & WHO India, New Delhi organized by NACO, FHI-360 and WHO-India.
24 September 2013	ICMR Awards Presentation Ceremony, India Habitat Centre, New Delhi
02 December 2013	Meeting of the Pre-Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
09-10 December 2013	Conference on “Work Environment, Stress and Health in India”, Taj Ambassador Hotel, New Delhi
13 December 2013	Meeting of the Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
23-24 December 2013	Capacity Building Program on Ethics in HIV Studies at Maulana Azad Medical College organized by NACO.
20 February 2014	Launch of Indigenous Affordable Technologies for Vitamin A Analysis, Ferritin estimation and Food Pathogen Detection, Stein Auditorium, India Habitat Centre, New Delhi
18-23 March 2014	Participated National TOT for National IBBS organized by NACO at NCDC, New Delhi.
31 March 2014	Health Accounting Scheme–Empowering People for Health Care through Multi-Sector Coordination – An Operational Evaluation Website Evaluation Meeting at Reception Hall, Ground Floor, ICMR Headquarters, New Delhi.

### Mr. B.K. Gulati

16-18 April 2013	2 <sup>nd</sup> Contact Session: Workshop on outcome research entitled “From Idea/ Research Question to Manuscript for Publication”, National Institute for Research in Reproductive Health, Mumbai
16 September 2013	Workshop on Design and Analysis of Randomized Controlled Trials, Indian Institute of Public Health-Delhi

24 September 2013	ICMR Awards Presentation Ceremony, India Habitat Centre, New Delhi
25 September 2013	Seminar on “Research for Development: Emerging Issues, Challenges and Innovations”, PHD House, New Delhi
02 December 2013	Meeting of the Pre-Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
09–10 December	Conference on “Work Environment, Stress and Health in India”, Taj Ambassador Hotel, New Delhi
13 December 2013	Meeting of the Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
21–24 January 2014	8 <sup>th</sup> Annual National Conference of Indian Public Health Association, S.V. Medical College, Tirupati
10–14 February 2014	Statistical Methods and Computation using SPSS for Monitoring and Evaluation of Programme
20 February 2014	Launch of Indigenous Affordable Technologies for Vitamin A Analysis, Ferritin Estimation and Food Pathogen Detection, Stein Auditorium, India Habitat Centre, New Delhi

## PH.D GUIDE/CO-GUIDE/ DOCTORAL COMMITTEE MEMBER

Guide/Co-guide/ Doctoral Committee Member	Topic	Institution / University	Name of Student
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### Dr. Arvind Pandey

Guide	Breast Feeding and Child Survival in India	GGs Indraprastha University	Dr. Nomita Chandhok
Co-guide	Modelling of HIV/AIDS in India	MD University, Rohtak	Mr. Ram Manohar Mishra (Awarded Ph.D. Degree)
Co-guide	Multi-Level Modelling to Study the Factors Associated with Infant and Child Mortality in India using DLHS	AIIMS	Mr. Bhaskar Thakur
Doctoral Committee Member	Tobacco and Alcohol Use among Adolescents in India: An Appraisal of Data Collection Methods and Modelling of Risk actors	AIIMS	Mr. Ashish Upadhyay

### Dr. R.J. Yadav

Guide	Child Survival and Epidemiological Understanding using Survival Model	Guru Govind Singh Indraprastha University	Mr. Ashish Yadav
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## Dr. Abha Aggarwal

Guide	Intergenerational change in childhood anthropometry and its relation to grandmother's age at child birth	Guru Govind Singh Indraprastha University	Shikha
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## Dr. Himanshu Chaturvedi

Guide	Spatial and Multilevel Modelling to Study the Utilization of Reproductive and Child Health Services in Empowered Action Group (EAG) states	Guru Govind Singh Indraprastha University	Mr. Jiten Kh Singh
Guide	Estimation of Survival of HIV/AIDS Patients on Antiretroviral Therapy and Predictive Performance of Survival Models for Censored Data	Guru Govind Singh Indraprastha University	Mr. Ram Chandra Bajpai



# **Statistical Consultancy**



## **STATISTICAL CONSULTANCY**

**Institute provided consultancy in finalization of Research Protocol/ Research Studies/ Research Papers for publications**

- 1. To faculty and PG students of different Medical Colleges in Delhi, viz.**
  1. Lady Harding Medical College & Kalawati Saran Children Hospital,
  2. RML Hospital,
  3. Safdarjung Hospital,
  4. Ganga Ram
  5. G.B. Pant Hospital etc.
  6. CCRAS, CCRH, CSIR, Maulana Azad Medical College, BL Kapoor Memorial Hospital
  
- 2. Review of articles from the following journals:**
  1. Indian Journal of Medical Research,
  2. International Health (INHE)
  3. BMC Health Services Research
  4. American Journal of Public Health
  5. Indian Journal of Community Medicine
  6. Indian Journal of Health
  7. Indian Journal of Cancer
  8. Indian Pediatrics
  9. AIDS, STI, AIDS & Behaviour etc.



# **Publications**



## PUBLICATIONS

1. Abha Aggarwal & Arvind Pandey: "Survey Methodology for Assessment of Disease Burden of Leprosy in India" *Health and Population Perspectives & Issues*: 2011 Vol 34 No.4. pgs. 193-203.
2. Anuradha Tamaria, Rekha Bharti, Manjula Sharma, Rupali Dewan, Garima Kapoor, Abha Aggarwal, Achla Batra, Aruna Batra: Risk Assessment for Psychological Disorders in Postmenopausal Women, *Journal of Clinical and Diagnostic Research*. December 2013, Vol-7(12): 2885-2888.
3. B.K. Gulati, Pandey A, Ubaidullah M, Sahu D., Kulkarni R and Begum S (2013). Potential gain in life expectancy after elimination of cardiovascular diseases in selected states of India: An analysis of Medical Certification of Causes of Death Data. *Asian Academic Research Journal of Multi disciplinary*. 16(1): 301-310.
4. H.K. Chaturvedi, J. Mahanta, Ram C. Bajpai, Arvind Pandey (2013) Correlates of opium use: retrospective analysis of a survey of tribal communities in Arunachal Pradesh, India. *BMC Public Health*, 13: 325.
5. H.K. Chaturvedi, Jiten K. Singh, Atul Juneja, T. Adhikari, D. Sahu and Arvind Pandey. Does hypertension vary by gender in Indian Population? An analysis of household survey data, Proceedings of ISMS Conference 2013.
6. K.B. Saha, D. Sahu, U. Saha, R.K. Sharma, M. Muniandi, P. Mishra, C. Mallick, J. Roy, A.K. Bhunia, A. Bisai & Arvind Pandey (2013) Towards developing communication strategies for HIV/AIDS control among scheduled tribes and scheduled castes women in three north-eastern states of India, *World Journal of AIDS*, 2013, Vol. 3, 367-377.
7. K.B. Saha, Uma Saha, R.K. Sharma & Arvind Pandey (2013) Reaching tribal men to improve awareness to sexual morbidities: experience from Baiga tribe in Central India, *Indian Journal of Medical Research*, Vol. 137, May 2013, pp. 928-934.
8. M. Gupta, V. Pilaniya, P. Chatterjee, N. Sood, M.K. Sen, T. Adhikari, J.C. Suri: Prevalence of nocturia in sleep-disordered breathing and its correlation with severity of the disease; *Indian Journal of Sleep Medicine*. 2012, 7(1), pp 23-28.
9. R.C. Bajpai, H.K. Chaturvedi & Arvind Pandey (2014), Relative survival: A useful tool in population based health studies, *American Journal of Mathematics & Statistics*, 2014, Vol. 4(1): 38-45, DOI.10.5923/j.ams.2014040.06.
10. R.C. Bajpai, P.Y. Raj, U.M. Jha, H.K. Chaturvedi & Arvind Pandey (2014), Demographic correlates of survival in adult HIV patients registered at ART centres un Andhra Pradesh, India: A retrospective cohort study, *Public Health Research*, 2014, Vol. 4(1): 31-38, DOI.10.5923/j.phr.20140401.06.

11. R. Goel, K.P. Malik, A. Goel, N. Sharma, Abha Aggarwal. Agricultural related corneal disease *Nepal J Ophthalmol. Jan. 2013; 5(9):45-9.*
12. R.J. Yadav, Arvind Pandey, A.K. Nigam, Padam Singh & Deepti Gulati (2013) Impact assessment of ICDS food fortification in the State of Uttar Pradesh, *Indian Journal of Community Health, Vol.25 (3) July-September 2013, pp. 285-292.*
13. S. Bansal, A. Saxena, Prachi S. Aneja, A. Juneja (2013): Role of dissection in influencing the outlook of medicos towards cadaveric donation, *Int. Jr. Pure & Appl. Sc. & Tech. Vol. 17(1), pp.84-92.*
14. Mayank Dhamija, G. Kapoor, A Juneja. Infusional chemotherapy and medication errors in a tertiary care pediatric cancer unit in a resource limited setting. *J. Pediatr Hematol Oncol, Volume 00, Number 00, (2013) (PAP)*
15. Shahina Begum, S.N. Dwivedi, Suneeta Mittal & Arvind Pandey (2013) Knowledge and practice of periodic abstinence among women in India, *Open Journal of Preventive Medicine, Vol. 3(4), doi:10.4238/opjpm:2013-34045.*
16. National Institute of Medical Statistics (2014) *Under-nutrition in children under 2 years (U2) in India: An Analysis of Determinants*, National Institute of Medical Statistics, ICMR, New Delhi 110 029.
17. M. Lakhanpal, D.S. Yadav, T.R. Devi, L.C. Singh, K.J. Singh, *etal*, (2014) Association of interleukin-1 $\beta$ -511 C/T polymorphism with tobacco-associated cancer in northeast India: a study on oral and gastric cancer, *Cancer Genet. 2014 Jan-Feb; 207 (1-2):1-11*

हिन्दी कार्य सम्बन्धित गतिविधियाँ



## हिन्दी दिवस

संस्थान में हिन्दी के प्रयोग को बढ़ावा देने की परम्परा को दृष्टि में रखते हुए, संस्थान की हिन्दी समिति ने 11 सितम्बर 2013 को हिन्दी दिवस मनाने का निर्णय किया। डा० दिनेश त्रिपाठी को एन०आई०एम०एस० के स्टाफ को हिन्दी में कार्य करने हेतु प्रेरित करने के लिए आमन्त्रित किया गया। प्रो० अरविन्द पाण्डेय जो कि स्वयं ही हिन्दी भाषा के उत्प्रेरक हैं, ने डा० त्रिपाठी और एन०आई०एम०एस० के स्टाफ का स्वागत किया। प्रो० पाण्डेय ने वैज्ञानिक कार्यकलापों को लोगों में हिन्दी में काम करने की महत्ता पर प्रकाश डाला।

डा० एस०के० बनारा ने भी श्री डी०सी० त्रिपाठी, वरिष्ठ हिन्दी अधिकारी, आई सी एम आर का स्वागत किया और उनसे अनुरोध किया कि वो संस्थान के स्टाफ को सम्बोधित करें। श्री त्रिपाठी ने सूचित किया कि वैज्ञानिक शब्दों का हिन्दी में अनुवाद करने के लिए हमेशा ही एक भ्रमित सी बनी हुई है जबकि हमें अपने रोजमर्रा के काम-काज में साधारण हिन्दी शब्दों का प्रयोग करना चाहिए तथा तकनीकी शब्दों को अंग्रेजी में लिखते हुए जबरन अंग्रेजी अनुवाद नहीं करना चाहिए। यह चर्चा काफी दिलचस्प रही और संस्थान के विभिन्न कार्यकलापों में हिन्दी प्रयोग करने हेतु स्टाफ में काफी उत्साह महसूस किया गया।



इस संस्थान के स्टाफ को गतवर्ष में हिन्दी कार्य करने में उनके योगदान को सराहा गया और प्रोत्साहित किया गया। समीक्षा समिति जिसमें डा० एच०के० चतुर्वेदी, डा० अनिल कुमार, डा० अतुल जुनेजा शामिल हैं, ने निम्न स्टाफ को विभिन्न पुरस्कार देने हेतु अपनी स्वीकृति दी।

प्रथम पुरस्कार श्री वी०पी० सिंह और श्री राम पाल को हिन्दी में कार्य करने हेतु अपने महत्वपूर्ण योगदान के लिये दिया गया। द्वितीय पुरस्कार श्रीमति कुसुम लूथरा, श्री देशबंधु और स्व० श्री देशराज, जबकि तृतीय पुरस्कार श्री बी०एस० शर्मा, श्री नरेश अग्रवाल, बलराज शर्मा, राजेन्द्र सिंह अवाना, और श्रीमति सतविन्द्र को दिये गये। पुरस्कार प्रोफेसर अरविन्द पाण्डेय निदेशक द्वारा वितरित किये गये।



डा० वी०पी० गुलयानी वरिष्ठ नेत्र चिकित्सक, सफदरगंज अस्पताल को भी इस अवसर पर संस्थान के स्टाफ को समझने योग्य आम बोल-चाल की हिन्दी भाषा में आखों की देख-भाल पर अपना व्यक्तव्य देने के लिये आमन्त्रित किया गया। उन्होंने सामान्य रोग जैसे केटरेक्ट, ग्लूकोमा, उनके लक्षण और उनके उपचारों पर अपने विचार व्यक्त किये। उन्होंने चश्मा हटाने से सम्बन्धित सही सर्जरी के लिए भी चेतावनी दी। स्टाफ ने इस चर्चा से भरपूर लाभ उठाया।



इस अवसर पर स्वास्थ्य देखभाल में निजीकरण विषय पर एक वाद-विवाद प्रतियोगिता का भी आयोजन किया गया। कई प्रतियोगियों ने इस विषय के पक्ष और विपक्ष में बोला। ज्यूरी जिसमें डा० आभा अग्रवाल, डा० एस०के० चतुर्वेदी और डा० अनिल कुमार शामिल हैं, ने पुरस्कारों की संस्तुति दी। प्रथम पुरस्कार डा० अतुल जुनेजा को, द्वितीय व तृतीय पुरस्कार क्रमशः श्री नरेश अग्रवाल और वी०पी० सिंह को दिए गए। श्री जितेन्द्र यादव को सांत्वना पुरस्कार दिया गया।

मनोरंजन कार्यक्रम की प्रतियोगिता भी आयोजित की गयी जिसमें गाने, कविताएं, इत्यादि थे, बड़ी संख्या में स्टाफ सदस्यों ने भाग लिया। इस प्रतियोगिता में श्रीमति मधु मेहरा को प्रथम पुरस्कार और द्वितीय पुरस्कार श्री जितिन कुमार तृतीय पुरस्कार जितेन्द्र यादव और सांत्वना पुरस्कार श्री वी०पी० सिंह को दिये गये। सभी पुरस्कारों को देने का श्रेय प्रोफेसर अरविन्द पाण्डेय निदेशक एन०आई०एम०एस० को दिया गया। श्री बी०एस० शर्मा के धन्यवाद ज्ञापन के साथ कार्यक्रम की समाप्ति हुई।





**Staff**



## RETIREMENTS 2013-14



**Sri Ram Nath**  
31<sup>st</sup> Dec 2013



**Mr. H.C. Joshi**  
31<sup>st</sup> July 2013



**Dr. Ram Kishore Gupta**  
30<sup>th</sup> Nov 2013

## STAFF-LIST

### Group-A

1. Prof. Arvind Pandey, Director
2. Dr. R.J. Yadav, Scientist 'G'
3. Dr. R.K. Gupta, Scientist 'F'
4. Dr. S.K. Benara, Scientist 'F'
5. Dr. (Mrs.) Abha Rani Aggarwal, Scientist 'F'
6. Dr. H.K. Chaturvedi, Scientist 'F'
7. Dr. Anil Kumar, Scientist 'E'
8. Dr. Damodar Sahu, Scientist 'D'
9. Dr. Tulsi Adhikari, Scientist 'D'
10. Dr. Atul Juneja, Scientist 'C'
11. Mr. Jiten Kumar, Scientist 'C'
12. Mr. B.K. Gulati, Scientist 'B'
13. Mr. B.S. Sharma, A.O.
14. Mr. Naresh Agarwal, L.I.O.
15. Mr. H.C. Joshi, T.O. 'B'

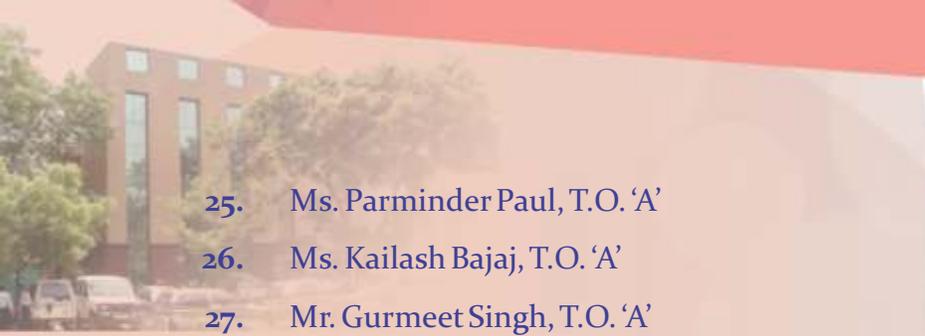
*Retired on 30.11.2013*

*Retired on 31.7.2013*

### Group-B Staff (Technical)

16. Mr. S.K. Mathur, T.O. 'A'
17. Mr. K.I. Badolia, T.O. 'A'
18. Mr. Shiv Kumar, T.O. 'A'
19. Mr. Vinay Kumar, T.O. 'A'
20. Mr. S.K. Bara, T.O. 'A'
21. Mr. Rajendra Singh, T.O. 'A'
22. Mr. Prem Chand, T.O. 'A'
23. Ms. Indira Rani, T.O. 'A'
24. Mr. Ajay KR., T.O. 'A'

*Store Officer*

- 
25. Ms. Parminder Paul, T.O. 'A'
  26. Ms. Kailash Bajaj, T.O. 'A'
  27. Mr. Gurmeet Singh, T.O. 'A'
  28. Mr. Parmatma Mahato, T.O. 'A'
  29. Ms. Sunita, T.O. 'A'
  30. Mr. Charan Singh, T.O. 'A'
  31. Ms. Madhu Mehra, T.A. (Research)
  32. Mr. Jatinder Yadav, T.A. (Research)
  33. Ms. Geeta Sharma, T.A.
  34. Ms. Prabila Toppo, T.A.

### **Group-B (Administration)**

35. Ms. Poonam, P.S.
36. Mr. Balraj Sharma, S.O.
37. Ms. Raj Kala, S.O.
38. Ms. Shalini Bhatia, Asstt.
39. Mr. Mukesh Kaushik, Asstt.
40. Ms. Usha Gulati, P.A.
41. Ms. Kusum Luthra, Assistant
42. Mr. B.M. Malhotra, Assistant
43. Mr. B.P. Singh, Assistant

### **Group-C (Technical)**

44. Ms. Kapil Gautam, Technician 'c'
45. Mr. Yatendra Kumar, Technician 'c'
46. Mrs. Ashpinder Kaur, Technician 'c'
47. Mr. Ganesh Prasad Jena, Technician 'c'
48. Mr. Thandi Mal, Technician 'c'
49. Mr. Raj Kumar Yadav, Technician 'A'

## Group-C (Administrative)

50. Ms. Satvinder Kaur, Jr. Steno.
51. Mr. Ram Pal, LDC
52. Mr. Desh Bandhu, Sr. Driver
53. Mr. Des Raj, Driver
54. Mr. Dharamvir Singh, Attendant (Service)
55. Mr. Gopi Chand, Attendant (Service)
56. Mr. Jagili Sabar, Attendant (Service)
57. Mr. Gyan Chand, Attendant (Service)
58. Mr. Neeraj Kumar, Attendant (Service)
59. Mr. Ram Nath, Attendant (Service)
60. Mr. Vimal Kumar, Attendant (Service)
61. Ms. Raj Mala, Attendant (Service)

*Expired on 31.3.2014*

*Retired on 31.12.2013*

## OBITUARY



**Sad Demise of Mr. Des Raj  
on 31<sup>st</sup> March 2014**



**Sad Demise of Mr. Vijay Chand  
on 3<sup>rd</sup> February 2014**

# **Ethics Committee**



## ETHICS COMMITTEE MEMBERS

**Prof. S.D. Seth**

*(Chairman)*

Advisor,  
Clinical Trial Registry-India,  
Ansari Nagar, New Delhi-110029.  
Email: drsdseth@yahoo.com  
Mobile No.9810755747

**Prof. (Ms.) Neerja Jayal**

*(Member)*

Law and Governance Division,  
Jawaharlal Nehru University,  
New Delhi-110067.  
E.mail:ngj@mail.jnu.ac.in  
Niraja.jayal@gmail.com  
Mobil No.9810199915

**Dr. Shashi Kant**

*(Member)*

Professor,  
Centre for Community Medicine,  
All India Institute of Medical Sciences,  
New Delhi 110029.

**Dr. R.N. Gupta**

*(Member)*

Ex. Dy. Director General (SG), ICMR,  
DG-II/287-B, Vikaspuri,  
New Delhi-110018.  
E.Mail: guptarn@gmail.com  
Mobile No.9810920903

**Dr. Sanghamitra Acharya**

***(Member)***

Professor,  
Centre for Social Medicine & Community Health,  
School of Social Sciences,  
Jawaharlal Nehru University,  
New Delhi-110067.

**Dr. Sudesh Nangia**

***(Special Invitee)***

Professor (Retd.)  
Centre for Study of Regional Development,  
JNU, New Delhi-110067.  
Mobile No. 9818255596  
Email:nangia42@hotmail.com

**Dr. Arvind Pandey**

***(Member Secretary)***

Director, NIMS,  
Ansari Nagar, New Delhi.

## SAC MEMBERS

### **Prof. P.P. Talwar**

Ex-Head, Deptt. of Statistics, NIHFV,  
B-1/1020, Vasant Kunj,  
New Delhi.

### **Prof. K. Ramachandran**

Plot No.40 A & B, Nana Nani Homes,  
1, Vasantham Gardens,  
Narasipuram Main Road,  
Thondamuthur,  
Coimbatore-641 109.

### **Dr. Padam Singh**

Ex-Additional DG, ICMR  
Head – Health Research,  
EPOS, 445, Udyog Vihar, Phase-III  
Gurgaon-122 016,  
Haryana.

### **Dr. F. Ram**

Director,  
International Institute of Population  
Sciences,  
Station Govandi Road,  
Deonar, Mumbai: 400 088.

### **Dr. S.N. Dwivedi**

Professor  
Deptt. of Biostatistics  
AIIMS, New Delhi.

### **Dr. Rattan Chand**

Chief Director (Statistics)  
Ministry of Health & Family Welfare,  
Nirman Bhawan,  
New Delhi-110011.

### **Dr. R.S. Paranjape**

Director,  
National AIDS Research Institute,  
Plot No. 73, 'G' Block,  
MIDC Bhosari,  
Pune: 411 026.

**Dr. R.C. Yadav**

Professor,  
Department of Statistics,  
B.H.U., Varanasi 221 005.

**Prof. D.C.S. Reddy**

Ex.-Head, Deptt. of PSM, BHU  
506, Consultants Flats,  
T.G. Complex, K.G.M.U.,  
Lucknow-226003.

**Dr. M. Bhattacharya**

Prof. & Head,  
Deptt. of Community Health Administration,  
NIHFW, Munrika,  
New Delhi.

**Dr. Shashi Kant**

Professor,  
Centre for Community Medicine,  
All India Institute of Medical Sciences,  
New Delhi-110029.

**ICMR Representative**

**Dr. Arvind Pandey  
(Member Secretary)**

Director, NIMS  
New Delhi.



**Scientific Advisory Committee Meeting 13<sup>th</sup> Dec 2013**