

National Institute of Medical Statistics

Annual Report

2014-15



Training/Workshops Organized

1. Protocol Writing at NJIL&OMD, Agra		
Date : 9 -11 July, 2014	No. Of participants : 22	Sponsorship :
<p><i>Objective:</i> The main aim of the workshop is to provide training on “Protocol Writing“ to the Medical Researchers/Scientists and Research Scholars working in the NJIL & OMD, Agra.</p> <p><i>Topics Covered</i> Presentations on the protocol writing were made by NIMS Scientists covering the all the topics such as development of study protocols, methodology of protocol, study design and sample size calculation etc.</p> <p>Total eight research protocol prepared by the Scientists/ Researchers of NJIL & OMD were presented for discussion during the training. Each protocol was critically reviewed especially the main objective of the study and methodology of conducting the study considering the expected main outcomes. Accordingly, the possible scope of improvement in the study design and sample size etc. was suggested by NIMS. At the end, Director and Scientist of NJIL & OMD expressed their view points and satisfaction about the training.</p> <p>Resource persons: Dr. Arvind Pandey, Dr. H. K. Chaturvedi, Dr. Tulsi Addhikari, Dr. Atul Juneja,</p>		
2. Application of Statistical Methods in Health Research. NIMS		
Date : 5 – 30 January, 2015 (in Two Batches)	No. Of participants : 41	Sponsorship :
<p><i>Objective:</i> The main aim of the workshop is to provide training on “Application of Statistical Methods in Health Research“ to Post Graduate Students of Kurushetra University, Kurushetra as requested by the Head of the Statistics Department.</p> <p><i>Topics Covered :</i> Several topics was covered during the training such as Statistics in biomedical research, Formulation of research projects, Study design of observational and experimental studies, Determination of sample size, Parametric and Non-parametric tests, etc. by the NIMS Scientists. Besides lectures on these topics, the hands on computer based training of statistical software’s (SPSS and STATA) were also provided to all the students of two batches.</p>		
		<p>The feedback received from the students and their Professors/HOD was highly encouraging and appreciable. They requested the Institute to organize such programs for them in future also.</p>

3. Statistical Methods in Biomedical Research, NIOH in collaboration with NIMS

Date : 22 – 24 Jan,
2015

No. Of participants :
20

Sponsorship :

Objective:

The objective of the workshop was to provide training to the researchers and scientists on “application of statistical methods in biomedical research” and helping them to understand the statistical needs in research planning and conducting the study including analysis of the research data.

Topics Covered

The lectures on several topics was delivered during the training such as application of Statistics in biomedical research, Study design, descriptive statistics and presentation of data, Determination of sample size, Correlation and regression analysis, Statistical tests and confidence interval, categorical data analysis, etc. The hands on computer based training on SPSS package (statistical software’s) was also provided on statistical analysis of data.

3 Days Workshop on
Statistical Methods in Biomedical Research
(IN COLLABORATION WITH NATIONAL INSTITUTE OF MEDICAL STATISTICS, NEW DELHI)
22-24 January, 2015



 **NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH**
(Indian Council of Medical Research)
Ahmedabad - 380016, India. 

4	Summer training for the PG students of Statistics of BHU (6 students), AMITY University NOIDA, May-June 2014 (4 students);	
5	Dissemination Workshop of Clinical Trials Registry - India, in collaboration with the WHO and the Centre for Research in Medical Entomology (CRME), Madurai, 24 July 2013 (100 participants)	
6. Health data management and analysis using STATA.		
Date : 27 – 30 Oct, 2014	No. Of participants : 20	Sponsorship : Intramural
<p>A four day training workshop on, health data management and analysis using STAT software, was organized at NIMS for the Monitoring and Evaluation Officers of UNICEF</p>		
T7	<p>Regional training of trainers for National IBBS to create pool of resource persons for the implementation of the survey in the States of Chhattisgarh, Madhya Pradesh and Odhisa, 1-7 April 2014 (70 participants) 28th April – 11 May 2014 in Madhya Pradesh.</p>	
		
T8	<p>Refresher training of trainers for creating pool of resource persons for the implementation of the survey among different high risk groups in the States of Chhattisgarh, Madhya Pradesh and Odhisa, 9-10 November 2014 (70 participants)</p>	

*Guest Lecture on Sex Ratio by Dr. R.C.Yadav at NIMS
Summer Training*



Awards

Dr Abha Aggarwal

Awarded FSMS during ISMS conference held on 24-26th October 2013 at Vellore

Dr. R.J.Yadav

Awarded *Outstanding contributions to Biostatistics* by Confederation of Epidemiological Association at its annual conference at M.G. University, Kottayam.

Foreign Visit

Dr. Arvind Pandey	
July 19-26, 2014	International AIDS Conference, Melbourne, Australia
Dr. Abha Aggarwal	
17-19 th Nov.2014	Invited as a speaker by OMICS Group to speak in the <i>session</i> "Epidemiology, Emerging Infectious Diseases & Public Response Planning" on "Leprosy Scenario in India" during the 2 nd international conference on Bacteriology held at Chicago, USA

Completed Studies

1. Knowledge Network-Avahan project

Date of Initiation: September 1, 2010

Date of Completion: August 31, 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 behaviors 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.

2. Acceptance level, knowledge, attitude and practice of Indian System of Medicine in NE

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 study the association between socio - demographic characteristics and satisfaction and /or trust on Indian system of Medicine.

Findings:

ASSAM

In the study, 3,000 households were covered to know their perception about the ISM&H. From these households in all, 4800 sick persons (who fell sick in last three months) and taken any treatment were interviewed. Detailed analysis including Health seeking behavior, their satisfaction level as well as expenditure incurred during illness of the sick persons according to their age group, sex and suggestions for improvements in ISMH facilities, Availability of nearest health care facility according to their type of facility, distance of nearest health facility and system of medicines adopted in dispensary are being presented. As expected, it has been observed that more than three fourth of the household are being headed by male members. About 20% of the persons were in service job, less than the one tenth was land less labour. As regards to the educational level, more than 40% were having the education level more than high school. Only few (5%) were illiterate. About half of the households were having income level more than 15,000/. About one fourth were having income up to Rs.5000 of which about 13% were having income up to Rs 3000/.

About 40 percent 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 (37%), Dog bite (23%), Jaundice (20%), Measles (16%), Sciatica (9%) and Snake bite (5%). Jaundic, 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 65% in case of normal ailments but in case of serious ailments, assistance preferred for Government was about 25%. Allopathy system was more preferred in case of serious ailments as compared to Ayurveda in normal ailments which were about 45% .

About 41 % sick persons were actually availing the treatment of Ayurveda as well as 12% were taking treatment of Homoeopathy. The percentage of households availing ISM&H were higher in case of normal ailments where the proportions were lower in case of serious ailments. These trends were same irrespective of their literacy level as well as income level. About 72% 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. 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 Cheap (40%), No side effects (32%), Effective (21%) and Almost all of the allopathic users were aware of the Ayurveda, Homoeopathy and Unani. Almost everyone was aware about this system of medicine. Information has been collected on the reasons that did not prefer ISM&H. The households not preferring ISM&H, reasons reported were Slow response in treatment/ progress (16%), practitioners of these systems were not easily available (7%) and no faith (7%). About 59 percent of the households were preferring for medical assistance from government health functionaries in case of serious ailments whereas about 51% in case of normal ailments.

In case of normal ailments, about 64% (44% as Ayurveda and 20% as Homoeopathy) were taking assistance of ISMH but in case of serious ailments, only 23% (12% as Ayurveda and 11% as Homoeopathy) were taking assistance of ISMH. The monthly expenditure was Rs. 342 in case of normal ailments and Rs. 1400 in case of serious ailments. The cost of allopathic treatment from private for three months was Rs. 1326 (Rs. 1071 for medicine and Rs. 125 for consultation). The cost of treatment for those availing ISM&H was Rs. 806 (Rs. 513 for medicine and Rs. 79 for consultation).

Only 14% of the those preferring/using ISM&H were of the view that practitioners of these system were easily available. As regards to the availability of medicine, about 16% were of the view that medicines of these systems were easily available. About three fourth were of the view that cost of drug was not high. As regards to the consultation charge, almost all were said that it was less than Rs 50. Most of the households suggested to open new Government dispensary under ISM&H and also to ensure the sufficient supply of medicines.

Nearest health facility was available at only 31% places. Almost about (84%) allopathy system of medicine was available. Only at 29% places, sufficient facilities were available in

the health facility. Only few (about 8%) of the primary health centres were within one km. About three fourth of households were utilizing/ availing government facility i.e, dispensaries under ISMH System.

MIZORAM

In the study, 1,000 households were covered to know their perception about the ISM&H. From these households in all, 2204 sick persons (who fell sick in last three months) and taken any treatment were interviewed. As expected, it has been observed that about 85 % of the household are being headed by male members. About 38% of the persons were in service job, only 5% were land less labour. As regards to the educational level, more than two thirds were having the education level more than high school. Very few (1.5%) were illiterate. About half of the households were having income level more than Rs. 15,000/. About one fourth were having income up to Rs. 5000 of which about 17% were having income up to Rs 3000/. As expected, the average family size is 6. About one third (32%) of households reported to have visited traditional healers at the time of their illness. The illnesses for which traditional healers were visited were mainly Dog bite (38%) and Bone setting (27%). Jaundic, 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 17% in case of normal ailments but in case of serious ailments, assistance preferred for Government was only 12%. Similarly, the Allopathy system was more preferred in case of serious ailments as compared to Ayurveda in normal ailments. The percentage of households availing ISM&H were higher in case of normal ailments where the proportions were lower in case of serious ailments. These trends were same irrespective of their literacy level as well as income level.

About one tenth of sick persons were actually availing the treatment of Homoeopathy and 4% were taking treatment of Ayurveda. Only few were taking treatment of Unani. About 16% 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.

Of those who preferred ISM&H, information has been collected on the reasons for their preference. The reasons given were mainly Effective (74%), No side effects (6%) and Cheap (4%). About two thirds of the allopathic users were aware of the Ayurveda, Homoeopathy and Unani. The households not preferring ISM&H, reasons reported were practitioners of these systems were not easily available (11%), No faith (10%) and Slow response in treatment/ progress (9%). About 67 percent of the households were preferring for medical assistance from government health functionaries in case of serious ailments whereas about 79% in case of normal ailments.

In case of normal ailments, about 17% were taking assistance of ISMH but in case of serious ailments, only 12% were taking assistance of ISMH. The monthly expenditure was Rs. 390 in case of normal ailments and Rs. 748 in case of serious ailments. The cost of treatment for those availing Ayurveda was also costly Rs. 3270. Only 17% of the those preferring/using ISM&H were of the view that practitioners of these system were easily available. As regards to the availability of medicine, about 19% were of the view that medicines of these systems were easily available.

More than one third was of the view that cost of drug was moderate. As regards to the consultation charge, almost all were said that it was less than Rs 50. Most of the households suggested to open new Government dispensary under ISM&H and also to ensure the sufficient supply of medicines.

Nearest health facility was available at about 71% places. Almost about (71%) allopathy system of medicine was available. At 31% places, sufficient facilities were available in the health facility. Only few (about 21%) of the primary health centres were within one km. Half of the PHCs were available at the distances of more than two kms. Three fourth of the PHCs, the system of medicine was of Homoeopathy. More than three fourth of households were utilizing/ availing government facility i.e, dispensaries under ISMH system.

MEGHALAYA

In the study, 1,000 households were covered to know their perception about the ISM&H. From these households in all, 848 sick persons (who fell sick in last three months) and taken any treatment were interviewed. It has been observed that more than half of the household are being headed by female members. About two thirds were doing farming. About one fourth was land less labour. Only few were having the education level more than high school. More than one fourth was illiterate. Almost all households were having income up to Rs.3000.

More than two thirds 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 and Jaundice. Dog bite, snake bite and Measles were the illnesses for which the patients also visited traditional healers. As a whole, ISM&H was preferred in case of Ayurveda was 97% in case of normal ailments but in case of serious ailments, preference was only 93%. The percentage of households availing ISM&H were higher in case of normal ailments where the proportions were lower in case of serious ailments. These trends were same irrespective of their literacy level as well as income level.

Only few sick persons were taking treatment of homoeopathy. About 35% 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. It has been observed that children were utilizing the services of ISM&H as compared to older persons. The reasons given were mainly Cheap (56%), Practitioner easily available (41.3%) and Effective (2.5%).

Awareness of the Ayurveda, Homoeopathy and Unani was very low among those who prefer Allopathy.

The households not preferring ISM&H, reasons reported were practitioners of these systems were No faith in these system (33%), Medicines not easily available (17%) and Slow response in treatment/ progress (17%) . About 93 percent of the households were preferring for medical assistance from government health functionaries in case of serious ailments as well as in case of normal ailments. In case of normal ailments, almost all were taking assistance of ISMH but in case of serious ailments, only 95% were taking assistance of ISMH. The monthly expenditure was Rs. 181 in case of normal ailments and Rs. 521 in case of serious ailments. The cost of allopathic treatment from private for three months was Rs. 644. The cost of treatment for those availing Homoeopathy was also Rs. 600.

Only 2% of the those preferring/using ISM&H were of the view that practitioners of these system were easily available. As regards to the consultation charge, almost all were said that it was less than Rs 50. Most of the households suggested to open new Government dispensary under ISM&H and also to ensure the sufficient supply of medicines. About 60% of health facility was available within 2 km. Nearest health facility was of allopathy. Sufficient facilities were not available in the health facility. No PHC was available within one km. More than half of the PHCs were available at more than two km. Half of these PHCs, the system of medicine was of Homoeopathy. Almost all of households were utilizing/ availing government facility i.e, dispensaries under ISMH system.

TRIPURA

In the study, 1,000 households were covered to know their perception about the ISM&H. From these households in all, 940 sick persons (who fell sick in last three months) and taken any treatment were interviewed. It has been observed that more than three fourth of the household are being headed by male members. Only few persons were in service job. More than half (56%) were doing farming. About one fourth were land less labour. As regards to the educational level, about one fourth was having the education level more than high school. Only one tenth were illiterate. More than two thirds of the households were having income up to Rs. 5000. As expected, the average family size is 6.

About two thirds of households reported to have visited traditional healers at the time of their illness. The illnesses for which traditional healers were visited were mainly Dog bite, Jaundice, Measles, Bone setting and snake bite were the illnesses for which the patients also visited traditional healers.

As a whole, ISM&H was preferred in case of Ayurveda was 37% in case of normal ailments but in case of serious ailments, preference was only 24%. About 23% sick persons were actually availing ISMH in case of sickness. About 9% of the sick persons were availing treatment of Homoeopathy and 7% of sick persons were taking treatment of Ayurveda and Unani each. The percentage of households availing ISM&H were higher in case of normal ailments where the proportions were lower in case of serious ailments. These trends were same irrespective of their literacy level as well as income level. About 24% 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.

It has been observed that children were utilizing the services of ISM&H as compared to older persons. Of those who preferred ISM&H, information has been collected on the reasons for their preference. The reasons given were mainly No side effect, Cheap and Effective and feel homely with ISMH Practitioner .

Awareness of the Ayurveda, Homoeopathy and Unani was very high among those who prefer Allopathy. Households not preferring ISM&H, reasons were practitioners of these systems were Medicines not easily available, Slow response in treatment/ progress .

About 56 percent of the households were preferring for medical assistance from government health functionaries in case of normal ailments where as 48% in case of serious ailments. In case of normal ailments, about 29% were taking assistance of ISMH but in case of serious ailments, only 23% taking assistance of ISMH. The monthly expenditure was Rs. 249 in case of normal ailments and Rs. 690 in case of serious ailments. The cost of allopathic treatment from private for three months was Rs. 1079. The cost of treatment for those availing Homoeopathy was Rs. 744. About 29 % of the those preferring/using ISM&H were of the view that practitioners of these system were easily available. As regards to the availability of medicine, about 16% were of the view that medicines of these systems were easily available. Only 13% were of the view that cost of drug was high. As regards to the consultation charge, almost all were said that it was less than Rs 50.

Most of the households suggested to ensure the sufficient supply of medicines and to open new Government dispensary under ISM&H. About 42% of health facility was available within distance of one km. Nearest health facility was Allopathy system of medicine. At only 26% places, sufficient facilities were available in the health facility.

About one fourth places, Primary health centre was available within one km. About half of the PHCs were available at the distances of within two km. Half of these PHCs, the system of medicine was of Homoeopathy. About half of households were utilizing/ availing government facility i.e, dispensaries under ISMH system .

MANIPUR

In the study, 1,000 households were covered to know their perception about the ISM&H. From these households in all, 2810 sick persons (who fell sick in last three months) and taken any treatment were interviewed. It has been observed that about 90% of the household are being headed by male members. About one fourth (27%) persons were in service job. About 15% were doing farming. Only 3% were land less labour. As regards to the educational level, More than two thirds (67%) were having the education level more than high school. Only few (1.6%) were illiterate. More than two fifth of the households were having income more than Rs.15000. As expected, the average family size is 5.

Only few (3.9%) 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 (2%) and Dog bite were the illnesses for which the patients also visited traditional healers. As a whole, only few were preferring ISM&H in case of normal ailments as well as in case of serious ailments. The percentage of households availing ISM&H were higher in case of normal ailments where the proportions were lower in case of serious ailments. These trends were same irrespective of their literacy level as well as income level.

About 3% of the sick persons were availing treatment of Homoeopathy and very few of sick persons were taking treatment of Ayurveda and Unani each. About 5% sick persons as a whole were availing ISM&H. Among these, most of them are availing from Non 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 children. Of those who preferred ISM&H, information has been collected on the reasons for their preference. The reasons given were mainly no side effect (61%) and effective (36%). Awareness of the Ayurveda and Homoeopathy was very high among those who prefer Allopathy. Information has been collected on the reasons that did not prefer ISM&H. The households not preferring ISM&H, reasons reported were Slow response in treatment/ progress (43%) and No faith in these system (34%).

About 75 percent of the households were preferring for medical assistance from government health functionaries in case of normal ailments and only 37% in case of serious ailments. In case of normal ailments as well as in case of serious ailments, only few were taking assistance of ISMH.

The monthly expenditure was Rs. 157 in case of normal ailments and Rs. 669 in case of serious ailments. The cost of allopathic treatment from private for three months was Rs. 1728 . The cost of treatment for those availing Ayurveda was high as Rs. 4708 .

About one fourth of the those preferring/using ISM&H were of the view that practitioners of these system were easily available. As regards to the availability of medicine,

about 24% were of the view that medicines of these systems were easily available. About 20% were of the view that cost of drug was moderate. As regards to the consultation charge, almost all were said that it was less than Rs 50.

Most of the households suggested to ensure the sufficient supply of medicines and to open new Government dispensary under ISM&H.

About 28% of health facility was available within distance of 1 km. Nearest health facility was allopathy system of medicine. Sufficient facilities were available in about one fourth of the health facility. Only 12.5% of the PHC was available within one km. only 28% of the PHCs were available at the distances of more than two kms. Half of these PHCs, the system of medicine was of Homoeopathy and Ayurveda. (Table 6.19). More than two thirds (72%) of households were utilizing/ availing government facility i.e, dispensaries under ISMH system

Ongoing Activity/Studies

1. The Clinical Trials Registry – India (CTRI) 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) for registering clinical trials in India and its neighboring countries which are not having their own registry. It was launched on 20th 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 6000 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 manages 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.

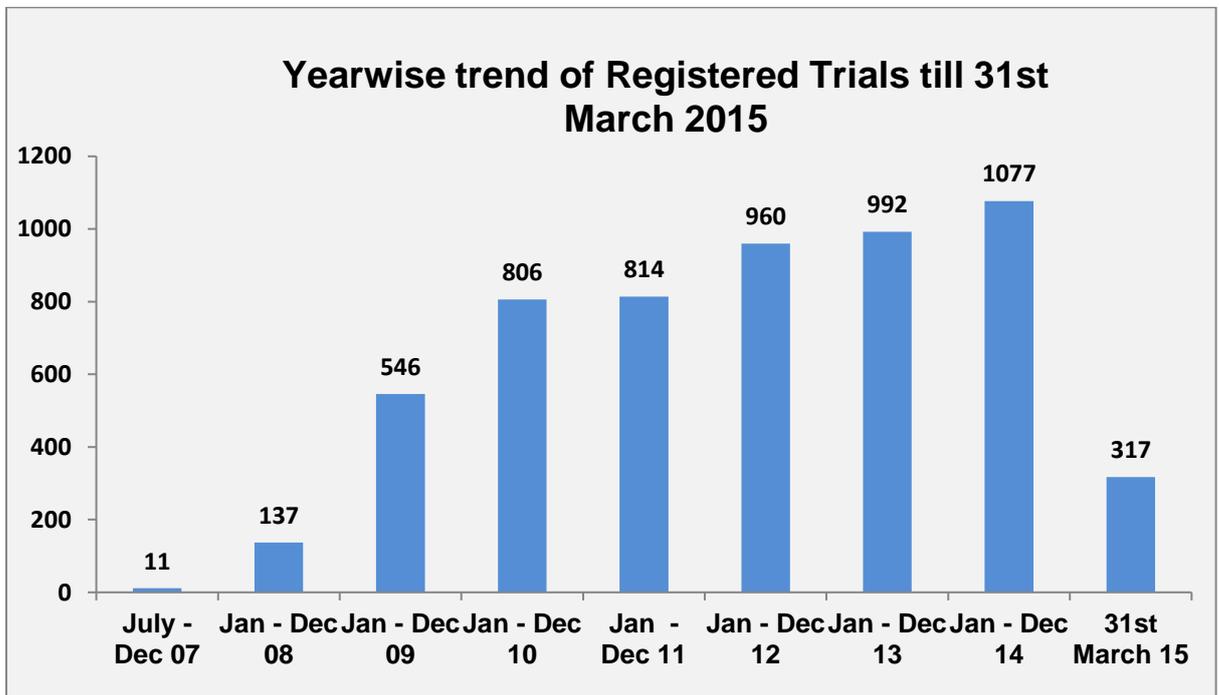
Progress of the study :

During the year under report 1146 trials have been registered till 31st March 2015 as compared to 995 trials during April 13 to March 14. 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 90% of the registered trials have been updated as per the new version of the software.

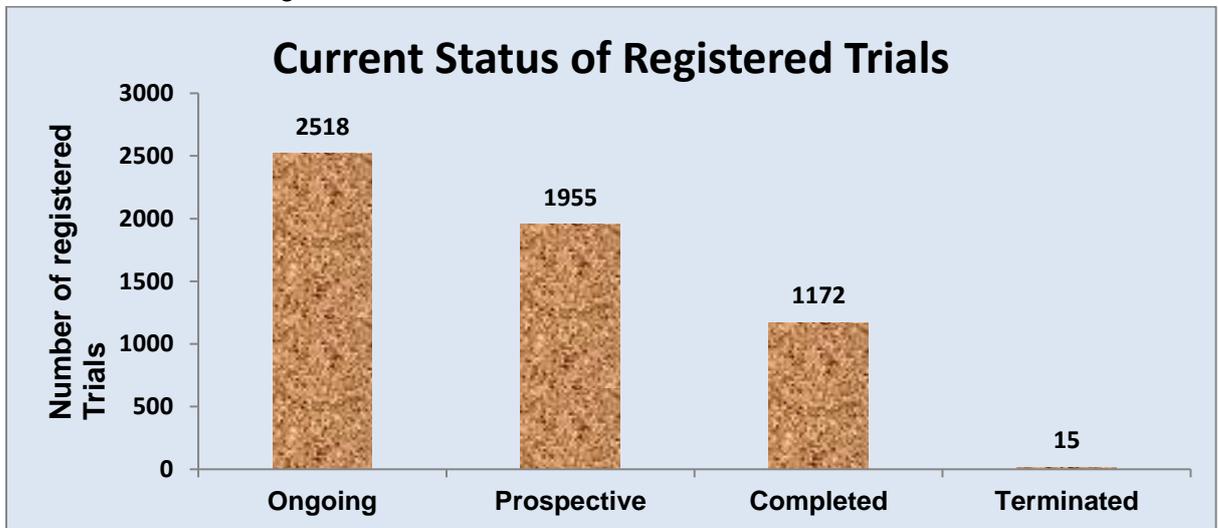
Current CTRI Status till 31/3/ 2015

Number of Hits	>1033031
Number of Registered Users	>10213
Total Number of Trials Received	8859
Total Number of Trials Registered till 31.3.15	5660
Number of Prospective Trials	1955
Number of Ongoing Trials	2518
Number of Completed Trials	1172
Number of Terminated Trials	15
Number of Trials under review/awaiting approvals	1438
Number of Trials sent back for modifications after review	1761

Year wise trend of trial registration till 31st March 2015



Current Status of Registered Trials



O2: Project: Estimation of malaria burden in India: a prospective national study and validation of methodologies of burden estimation. – A collaborative project with NIMR

The proposal has been prepared jointly by National Institute of Malaria Research and National Institute of Medical Statistics, ICMR, New Delhi. The final form of proposal is approved by the expert group committee of MoHFW and then the proposal was submitted to NVBDCP for funding. After getting final approval from MoHFW, the Institute has presented the sampling plan, sample size for estimation and study design in Expert Committee meeting on 2nd September, 2015. The committee approved the design with some suggestions. The project has been approved and funded by MoHFW and study has been initiated after receiving the fund i.e. November, 2014.

Accordingly, the sampling frame of all the districts of our country has been prepared considering the last three years (2010-2013) annual parasite incidence (API) data provided by NVBDCP. Three Strata of districts has been prepared i.e. High ($API \geq 5$), Medium ($2 \leq API < 5$), and Low ($API < 2$) and two districts from each strata has been selected as per the approved methodology. Finally, three Block PHCs in the each districts has been selected for annual surveillance and capture the required sample size for each Block PHC (about 65,000). The recruitment of project staff and field workers has been completed. Materials related to the training to the project staff, data collection formats and plan of initiation of surveillance in all the selected study population are finalized.

O3: Project: Base line household survey of intervention coverage of National Malaria Control program in World Bank supported States and districts of India.

This is a collaborative project with National Institute of Malaria Research, ICMR, New Delhi. The study in five phase I States such as Andhra Pradesh, Chhattisgarh, Madhya Pradesh, Jharkhand & Odisha has been completed by NIMR. The Institute is involved to provide technical support for conducting the study in Phase II states namely Gujarat, Karnataka, Maharashtra & W. Bengal.

Baseline Household Malaria Survey has been completed in the selected endemic areas of all the four States namely Maharashtra, Gujarat, Karnataka and West Bengal. Data Entry on computer has been completed and data cleaning is under progress. The preliminary finding of the study has been presented in the Technical Advisory Group (TAG) meeting of NVBDCP, MoHFW, New Delhi held on 27th January, 2015.

O4: Project: End line survey to evaluate impact of intervention coverage of National Malaria Control program in World Bank supported States and districts of India.

The Institute (NIMS) is a collaborative partner with NIMR, New Delhi; NIRTH, Jabalpur; and RMRC, Bhubaneswar to provide the technical support related to study design, plan of

conducting the survey and data analysis. The End line survey is conducted in five states viz Andhra Pradesh, Odisha, Jharkhand, Chhattisgarh and Madhya Pradesh.

The sampling frame of the study area of each state was prepared for selection of 10 of PHCs from the Sampling frame of PHCs under the malaria intervention and 8 villages from each selected PHCs was selected after preparing the sampling frame of villages of each selected PHCs. In total 80 villages were selected for conducting the household malaria survey.

The training of field staff recruited for the survey by the NIRTH, Jabalpur; RMRC, Bhubaneswar and Field Units of NIMR for conducting the survey in the respective states has been completed for all the five states. The Field work and data collection has been completed in three States viz Madhya Pradesh, Chhattisgarh, and Jharkhand and remaining two states the survey is under progress. Data entry work is also initiated in three states.

O5: National Integrated Biological and Behavioural Surveillance (Chhattisgarh, MP & Odhisa)

Date of Initiation: April 2013

Tentative date of Completion: Dec 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 & 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 & condom use with different partners; Risk perception, HIV testing, Stigma & 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 consist 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 & 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 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 will be 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 analysis and report writing is in progress.

O6: Burden of Disease due to cancer in India;

Date of Initiation: May 2014

Expected date of completion : December 2015

Funding: Intramural

Introduction

With the demographic transition, non communicable diseases like cancer have become is a matter of concern in India. It would be important for the health system to make a base line assessment of magnitude of the disease. In the view of supporting the health needs of the data the study was taken up in collaboration with Institute of Cytology and Preventive Oncology ICMR NOIDA

Objective

To estimate the disease burden due to cancer through various measures which includes absolute number, life time risk of disease, premature mortality.

Progress

The published data on National Cancer Registry Program along with SRS data was taken to carry out the computations. Access to the NCRP reports of 2009-10 through website was procured from Institute of Bioinformatics (ICMR) Bengaluru. As this data could not be utilized for carrying out the computations support from data management personnel was obtained to convert the data carrying out analysis. The transformed data was checked for its correctness or format derailment. This was regularly discussed with coordinators at ICPO.

The incidence and mortality data as available through the population based cancer registries at Bengaluru Bhopal Barshi Chennai Delhi Mumbai were considered for analysis which came into existence in 1982 under ICMR . It was seen that microscopic confirmation of cases was seen in 90% of the cases. The computations are in progress.

07: Exploratory Geo-spatial analysis to study the Utilization of RCH Services in North-East States

Background and objectives:

The broad objectives of the study is to explore the potential spatial patterns and associations of utilization of Reproductive and Child Health services.

- a) Visualization of data on utilization of RCH services
- b) Spatial statistical analysis on utilization of RCH services

Methodology : The present study use District Level Household Survey, DLHS -3 (2007-2008) data. The study employ relevant geo-spatial techniques such as Spatial visualization methods, and will use Spatial modeling techniques – Moran-I statistics, Univariate LISA, Bivariate LISA, spatial error, spatial lag, Spatial autocorrelation and Geo-spatial regression to address the research questions.

Progress of the study : Visualization of data :The main goals of data visualization is to communicate information clearly and effectively through visual representation. The transformation of utilization of reproductive and child health data (i.e., Received Any ANC, at least 4 ANC visit, full ANC, delivery at health facility, safe delivery, Postnatal Care, and Contraceptive Prevalence Rate, and complete immunization) to information maps is completed.

O8 : Application of the Bongaarts model to study the proximate (behavioural) determinants of human reproduction process.

Objective of the research study : To estimate TF in the Bongaarts Mode

Progress of the study : Data collected and calculate TF of Gujarat, Goa, Rajasthan.

Assistance in health sector planning and national programme monitoring & evaluation at the Ministry of Health & Family Welfare

Prof. Arvind Pandey	
April 22-23, 2014	Dissemination Meeting of Rapid Situational Analysis of DAC supported Blood Banks & Review meeting of Regional Training Centres for Blood Transfusion Services organized by Department of AIDS Control, MOHFW, at Hotel Lalit, Barakhamba Road, New Delhi.
June 16-17, 2014	Technical Discussion on Civil Registration and Vital Statistics (CRVS) SEARO at WHO, New Delhi.
June 26, 2014	1 st Meeting of Expert Group Committee for establishment of CBHI as National Institute of Health Intelligence (NIHI) at MOHFW.
July 1, 2014	Meeting on Family Planning Indicators to review program and survey data at the national & state level of Ministry of Health & Family Welfare at India Habitat Centre, Lodi Road, New Delhi.
July 3, 2014	Expert Group Meeting regarding finalization of training material and tools after pre-testing of "Household Survey for Malaria in endemic districts of 7 NE States under Global Fund Supported Integrated Malaria Control Project-II (IMCP-II)" at NIHFW.
July 17-18, 2014	Interim review of Blood Transfusion Services and to develop the conceptual framework for implementation of Blood Transfusion Services in India under the Chairmanship of Secretary, Dept. of AIDS Control, MOHFW, at NACO, New Delhi.
August 1, 2014	13 th Meeting of Technical Resource Group on Research & Development (TRG-R&D) at NACO, New Delhi.
August 5, 2014	Meeting to finalize the modalities for selection of laboratories for testing DBS-HIV of NFHS-4 at Nirman Bhawan, MOHFW, New Delhi.
August 5, 2014	Expert Group Meeting on "Estimation of Blood requirements in India" under NACP-IV to discuss the conceptual framework, methodology and approach to carry out the estimation at Conference Hall, Department of AIDS Control, MOHFW, NACO, New Delhi.

August 12-13, 2014	National IBBS Implementation Technical Advisory Group (TAG) Meeting in connection with Sampling Frame Development (SFD) & Community Preparation Phase at Department of AIDS Control, NACO, MOHFW, New Delhi.
August 21, 2014	Technical Advisory Group Meeting on Urban Maternal and New-born Health at the India Habitat Centre, Lodi Road, New Delhi.
September 5, 2014	Expert Group Meeting for improvement and broadening the scope of National Health Profile (NHP) Publication under the Chairmanship of DGHS at Nirman Bhawan, MOHFW, New Delhi.
October 8, 2014	Meeting on Causes of Death by Verbal Autopsy under the Chairmanship of DGHS, Ministry of H&FW. New Delhi.
Nov. 10, 2014	Chair, First Meeting of the Drugs Survey-Statistical Design Committee at Indian Statistical Institute, Kolkata.
Nov. 17, 2014	Meeting of National Estimation of Blood Requirement in India at NACO.
Nov.17-21, 2014	Annual Pre-Surveillance Meeting of HIV Sentinel Surveillance (HSS) 2015 at NIHFW, New Delhi.
Dec. 8, 2014	14 th Meeting of Technical Resource Group on Research & Development at NACO, New Delhi.
Dec. 13, 2014	Chair, Second Meeting of the Drugs Survey-Statistical Design Committee at National Institute of Biologicals, NOIDA
Jan. 29, 2015	Chair, third Meeting of the Drugs Survey-Statistical Design Committee at Indian Statistical Institute, Kolkata.
Feb. 5, 2015	Project Monitoring Committee (PMC) of National Family Health Survey (NFHS)-4, Nirman Bhawan, New Delhi.
Feb.12, 2015	STI Surveillance Situational Analysis and recommendation to the program under the chairmanship of Addl. Secretary (NACO) at NACO, New Delhi.
Feb.19-23, 2015	Field Visit to Jaunpur district of Eastern UP for the work of Sentinel Surveillance as a member of Central Team of Sentinel Surveillance.
March 16, 2015	Technical Advisory Committee Meeting at ICRW, New Delhi.

Invited Talks/Lecture Delivered

Prof. Arvid Pandey	
<i>Lectures in Conferences of professional bodies and dissemination of research</i>	
August 22&23	Lecture on 'HIV/AIDS situation in India' in Training of Trainers (ToT) for field Agency at National Family Health Survey-Round 4 (NFHS-4) for first phase States/Group of States/UTs at Hotel Chariot Resort.
Nov.1-2, 2014	Prof. S.K. Bhattacharya Memorial Oration of the Indian Society for Medical Statistics at University of Jammu, Jammu at 32 nd Annual Conference of ISMS at Jammu University.

Jan. 23-24, 2015	Keynote address in the inaugural session of seminar on “Population Studies and Public Health” at Dept. of Social Work, Mahatama Gandhi Kashi Vidyapith, Varanasi.
March 26-27, 2015	Delivered valedictory address in the international seminar on “Mortality and Causes of Death Studies in India: Requirement, Availability and Analysis during past four decades” & Chair a session on Causes of Death (COD) by Verbal Autopsy at Jawaharlal Nehru University, New Delhi.
Dr R.J.Yadav	
May 19, 2014	Lectures on “ <i>Monitoring and evaluation in Social developmental Programme: concept and significance for voluntary organizations</i> ” to the officials of NGOs of different states at NIPCED, Delhi.
July 17-19, 2014	Guest of honor, and delivered Invited talk in the meeting of International Biometric Society (Indian Region) during at NIRT, Chennai.
Oct. 31-Nov 2, 2014	Chaired a technical session and delivered a talk during annual conference of <i>Indian Society of Medical Statistics</i> at Jammu University, Jammu.
Dr. Abha Aggarwael	
Nov.1-3, 2014	Invited to Chair a scientific session on “Program Evaluation” in ISMS conference at Jammu
Dr. H.K.Chaturvedi	
June 2014,	Delivered lectures during Summer Training Programme for Post-graduate Students of Banaras Hindu University , Varanasi and Amity University, NOIDA on project formulation and Statistical applications in biomedical research.
July 9-11, 2014	Delivered lecture in “ the Workshop on Protocol Writing ” conducted by National Institute of Medical Statistics (NIMS) at NJIL&OMD, Agra on “Research Methodology and Protocol Development” and also reviewed the project proposals.
26 Sept., 2014	Invited and delivered a talk on “Scientific Report Writing” in the Workshop on “Orientation Course for Functionaries of Voluntary Organisations on Monitoring & Evaluation of Developmental Programmes for Women and Children” organized by NIPCCD, New Delhi.
5-31 Jan. 2015	Delivered lectures on various research topics such as project protocol development, design of research studies etc. during Training Programme for Post-graduate Students of Kurukshetra University, Kurukshetra.
22 – 24 Jan. 2015	Delivered lectures on various topics on application of statistical methods in biomedical research in the Workshop on Statistical Methods in Biomedical Research organized by NIOH, Ahmadabad in collaboration with NIMS, New Delhi.
Dr. Anil Kumar	
27-30 Oct 2014	Delivered a lecture during the workshop on use STATA package for the Monitoring and Evaluation Officers of UNICEF organized by NIMS.

June 2014,	Delivered lectures to the MSc. Students of Banaras Hindu University who visited NIMS as part of the program on application of statistics in biomedical research.
5-31 Jan. 2015	Delivered lectures to the MSc. Students of Kurukshetra University who visited NIMS as part of the Training workshop on Statistical Methods in Health Research.
Dr. Tulsi Adhikari	
9-11 July 2014	Delivered lecture on Sample size determination at workshop on research Methodology and protocol Development organized by NIMS at National JALMA Institute for Leprosy and other Mycobacterial Diseases, Agra
27-30 Oct 2014	Delivered a lecture on Parametric and Non-Parametric tests during the workshop on use STATA package for the Monitoring and Evaluation Officers of UNICEF organized by NIMS.
27 Nov.2014	Delivered a lecture on Distributions (Normal, Binomial , Poisson & Exponential) during a workshop on Applications of Statistical Software in Medical Research organized by ICPO (ICMR) NOIDA.
June 2014,	Delivered lectures to the MSc. Students of Banaras Hindu University who visited NIMS as part of the program on application of statistics in biomedical research.
5-31 Jan. 2015	Delivered lectures to the MSc. Students of Kurukshetra University who visited NIMS as part of the Training workshop on Statistical Methods in Health Research.
Dr. Atul Juneja	
17 April 2014	Delivered a lecture at Defence Institute Psychological Sciences Min. Of Defense at Work shop on Research Methodology on Targetted Design of Studies and Sample size
9-11 July 2014	Delivered lecture on design of studies at workshop on research Methodology and protocol Development organized by NIMS at National JALMA Institute for Leprosy and other Mycobacterial Diseases Agra
22 Sept.2014	Delivered a lecture on Issues in Sample size at workshop held NIPCCD for functionaries of NGOS of India.
26 Sept.2014	Delivered lecture Involvement of Statistics for Protocol writing with special reference to STS Scheme of ICMR
27-30 Oct 2014	Delivered a lecture on testing of Hypothesis during the workshop on use STATA package for the Monitoring and Evaluation Officers of UNICEF organized by NIMS.
28 Nov.2014	Delivered a lecture on Pit falls of Statistics during a workshop on Applications of Statistical Software in Medical Research organized by ICPO (ICMR) NOIDA.
24 Jan.2015	Delivered a lecture on sample size issues during a workshop on Computational Biology held at Department of Zoology Jaipur University.

13 Feb 2015	Delivered a lecture on data management and analysis at CME conducted by Department of AYUSH at Bakson Homoeopathic Medical College, Greater NIODA.
17 Feb 2015	Delivered a lecture on research Ethics in Surveys for Directors of ISS cadre during the workshop organized by NSSTA, Min. of Statistics and Programme implementation, Greater NOIDA.
25 Feb'15	Participated in panel discussion during the workshop on Meta Analysis organized by Hind Medical College, Barabanki in collaboration with KG Medical College, Lucknow
June 2014, 21	Guided and delivered lectures to the MSc. Students of various universities viz. BHU, Kurukshetra University who visited NIMS as part of the program on exposure to application of statistics in biomedical research.
23-25 2015	Delivered lectures on ANOVA techniques and Correlation and Regressions to the students pursuing Ph.D in Life Sciences from various universities of Punjab and Haryana at Centre for Research in Rural Development Chandigarh.
Mr. Jitenkumar Kh Singh	
27-30 Oct 2014	Delivered three lecture on statistical data analysis using STATA and trained hands on practical class during the workshop on use STATA package for the Monitoring and Evaluation Officers of UNICEF organized by NIMS.
May-June 2014,	Delivered lectures and trained hands on practical class to the MSc. Students of Banaras Hindu University who visited NIMS as part of the summer training program on application of statistics in biomedical research.
5-31 Jan. 2015	Delivered lectures and trained hands on practical class to the MSc. Students of Kurukshetra University who visited NIMS as part of the Training workshop on Statistical Methods in Health Research.
Dr. B.K.Gulati	
November 27-30, 2014.	National Workshop on Big Data and Analytics, Department of Statistics, S.V.University, Tirupati
Dr. Lucky Singh	
5-30 January 2015	Training workshop on Statistical Methods in Health Research was organized at National Institute of Medical Statistics, New Delhi, (Two batches each of 20 students).

Scientific Meetings /Conferences/Training/Workshops attended

Prof Arvind Pandey	
April 5-6, 2014	Tribal Health Research Forum (THRF) Meeting at RMRC, Belgaum.
April 15-16, 2014	21 st Scientific Advisory Group Meeting, Division of ECD at ICMR.
May 6, 2014	Expert Group Meeting to discuss issue of Stent at ICMR, New Delhi.
May 26-27, 2014	Meeting to see the progress of work and mentoring of Scientist B recruited through LDCE at ICMR.
June 4, 2014	Meeting related to Point Prevalence Morbidity of selected population/families reference to drinking water utilization of NIREH (ICMR) at ICMR, New Delhi.
June 6, 2014	3 rd Expert Group Meeting on Amphomul at ICMR.
August 9-10, 2014	Annual Tribal Health Research Forum meeting at NIRT, Chennai.
Aug. 13, 2014	Meeting of Epidemiological Research Expert Group at the National Institute of Research in Environmental Health (NIREH), Bhopal.
Aug. 22, 2014	Meeting of Malaria Group at ICMR HQ. New Delhi.
Sept. 2, 2014	Meeting on Malaria Burden Estimation to discuss Sample Size and Action Plan at NIMR, New Delhi
Sept. 10, 2014	ICMR Expert Group meeting on National NCD Monitoring Surveys at ICMR HQ, New Delhi
Sept. 20-21, 2014	Scientific Advisory Committee (SAC) of DMRC, Jodhpur, Rajasthan.
Sept. 29, 2014	Pre-SAC of Regional Medical Research Centre for Tribal (RMRCT) Jabalpur.
Oct. 20, 2014	Executive Council Meeting of ICMR at ICMR HQ, New Delhi.
Oct. 21, 2014	42 nd Meeting of Scientific Advisory Committee (SAC) of National Institute of Occupational Health, Ahmedabad.
Oct. 28-29, 2014	28 th Scientific Advisory Committee Meeting of RMRC, Dibrugarh
Nov. 13, 2014	Annual Day function of NIMR, Dwarka, New Delhi
Dec. 18, 2014	35 th Scientific Advisory Committee Meeting of NIMR, New Delhi
Jan.7, 2015	Meeting of Tribal Health Research Forum at ICMR, New Delhi
Feb. 25, 2015	Meeting of the Executive Council of the ICMR at ICMR, New Delhi.
March 17, 2015	Meeting of the Expert Group to review the progress of work done under ICMR-INDIAB-NE project at NIMS.
March 27, 2015	Meeting regarding discussion for funding of protocol of BOD Study at National Institute of Pathology(IOP), SJ Campus, New Delhi.
<i>Meeting of ICMR & its Institutes</i>	
April 5-6, 2014	Tribal Health Research Forum (THRF) Meeting at RMRC, Belgaum.
April 15-16, 2014	21 st Scientific Advisory Group Meeting, Division of ECD at ICMR.
May 6, 2014	Expert Group Meeting to discuss issue of Stent at ICMR, New Delhi.
May 26-27, 2014	Meeting to see the progress of work and mentoring of Scientist B recruited through LDCE at ICMR.
June 4, 2014	Meeting related to Point Prevalence Morbidity of selected

	population/families reference to drinking water utilization of NIREH (ICMR) at ICMR, New Delhi.
June 6, 2014	3 rd Expert Group Meeting on Amphomul at ICMR.
August 9-10, 2014	Annual Tribal Health Research Forum meeting at NIRT, Chennai.
Aug. 13, 2014	Meeting of Epidemiological Research Expert Group at the National Institute of Research in Environmental Health (NIREH), Bhopal.
Aug. 22, 2014	Meeting of Malaria Group at ICMR HQ. New Delhi.
Sept. 2, 2014	Meeting on Malaria Burden Estimation to discuss Sample Size and Action Plan at NIMR, New Delhi
Sept. 10, 2014	ICMR Expert Group meeting on National NCD Monitoring Surveys at ICMR HQ, New Delhi
Sept. 20-21, 2014	Scientific Advisory Committee (SAC) of DMRC, Jodhpur, Rajasthan.
Sept. 29, 2014	Pre-SAC of Regional Medical Research Centre for Tribal (RMRCT) Jabalpur.
Oct. 20, 2014	Executive Council Meeting of ICMR at ICMR HQ, New Delhi.
Oct. 21, 2014	42 nd Meeting of Scientific Advisory Committee (SAC) of National Institute of Occupational Health, Ahmedabad.
Oct. 28-29, 2014	28 th Scientific Advisory Committee Meeting of RMRC, Dibrugarh
Nov. 13, 2014	Annual Day function of NIMR, Dwarka, New Delhi
Dec. 18, 2014	35 th Scientific Advisory Committee Meeting of NIMR, New Delhi
Jan.7, 2015	Meeting of Tribal Health Research Forum at ICMR, New Delhi
Feb. 25, 2015	Meeting of the Executive Council of the ICMR at ICMR, New Delhi.
<i>Meetings of the Other Institutes</i>	
April 29,2014	Meeting of Expert Committee – cum – Board of Studies of PG Course in Public Health (MPH), MD University, Rohtak.
May 2-3, 2014	Meeting of National STI Survey at NARI, Pune.
September 9, 2014	Subcommittee Meeting of the group for Estimation of National Blood Need at Chennai (Organized by CMC Vellore)
Feb.10, 2015	Indian Human Development Survey (IHDS) Advisory Committee Meeting at NCAER, New Delhi
Feb.16, 2015	Faculty Assessment Meeting of NIPER, Hajipur at RMRIMS, Patna.
March 9, 2015	Annual Day Function of NIHFW with Minister of Health as the Chief Guest
<i>Capacity building workshops on the application of statistical methods in biomedical research</i>	
April 1-6, 2014	Regional Training Programme of National Integrated Biological & Behavioural Surveillance (IBBS) at NIHFW, New Delhi.
April 27-28, 2014	State Training Programme of National Integrated Biological & Behavioural Surveillance (IBBS) at Bhubaneswar, Odisha.
May 15 – June 14, 2014	Summer Training programme in Medical Statistics to the PG students of Statistics, BHU, Varanasi, and Amity University, NOIDA (10 students).

July 9-11, 2014	Workshop on protocol development was organized at National JALMA Institute of Leprosy and Other Microbial Diseases, ICMR, Agra, (25 participants) and finalized 9 proposals.
Sept. 24, 2014	Capacity Building Training Programme on HIV Estimation at Maharashtra State AIDS Control Society, Pune.
Nov. 3-7, 2014	1 st Scientific Writing Course Workshop of National Data Analysis Plan (NDAP), NACO at Taj Vivanta, Surajkund, Haryana.
Jan. 2-5, 2015	Training programme of HIV Sentinel Surveillance, at the UP State AIDS Control Society, Lucknow.
Jan. 15-16, 2015	2 nd Scientific Writing Course Workshop of National Data Analysis Plan (NDAP), NACO at Taj Vivanta, Surajkund, Haryana.
Jan. 5-31, 2015	Workshop on Statistical Methods in Health Research at National Institute of Medical Statistics, New Delhi, 5-31 January 2015 (Two batch each of 20 students).
Jan. 23 – 25, 2015	Training workshop on Statistical Methods in Biomedical Research was organized at National Institute of Occupational Health, Ahmedabad (17 participants).
March 2-5, 2015	Training workshop on the application of Spectrum was organized at Manesar, Haryana, in collaboration with the NACO and UNAIDS (15 participants).
Dr. R.J.Yadav	
July 21, 2014	committee for Management and Systems Division-3 at Bureau of Indian Standards, Manak Bhawan, New Delhi.
July 3, 2014	TAC for finalization of study instruments of study “Household Survey for Malaria in endemic districts of Seven North-Eastern States” at NIHFWS, Delhi
October 31- November 2, 2014	Annual conference of <i>Indian Society of Medical Statistics</i> at Jammu University, Jammu.
Feb. 12, 2015	Meeting of committee for Management and Systems Division-3 at Bureau of Indian Standards, Manak Bhawan, New Delhi
May 17, 2014	Meeting of Institutional review Board meeting of NIPCED, New Delhi
May 15, 2014	TAG for “study on malaria” at NIHFWS, New Delhi.
May 11 & 12, 2014	TAG for “study on Food fortification in Orissa” at Govt. of Orissa, Bhubneshwar on the request of WFP.
July 25, 2014	TAG, burden of NCDs and their risk factors at ICMR Hq,
July 25, 2014	TAG, 7 th meeting of task force on yaws eradication programme at 330 PM at DGHS office , Nirman Bhawan, New Delhi
Oct. 1-4, 2014	Three days training course on RTI at Hotel Taj Vivanta, Bangalore.

Oct 17 & 18, 2014	TAG, "study on Food fortification in Orissa" at Hotel Crown, organized by Govt. of Orissa, Bhubneshwar on the behalf of WFP.
27 Jan., 2015	TAG, "study on malaria" at NIMR, New Delhi
Dr. Abha Aggarwal, Scientist'F'	
4.4.2014	Attended as a member of PRG group for reviewing proposal submitted for approval of funds from ICMR.
25.4.14	Attended a lecture in ICMR on E Journals
28.4.2014	Attended as a recourse person in Research committee of Safdarjung Hospital to review the proposal developed by Faculty for submission in ICMR.
12.5.2014	Attended a meeting for updated version of SPSS at NIMS.
4.6.2014	Attended a meeting for review of Review of CTRI report with Representative of WHO for its finalization.
12.6.2014	Attended a meeting for discussion with Dr. C M Aggarwal, MOHFW for development of a proposal on MDT, Leprosy.
17.6.2014	Attended a meeting at ICMR HQ for the discussion on "A study on Partogram" of RHN Div.
27.6.2014	Attended 10 th Meeting of school research committee of university school of Medicine & Para Medical health sciences as a supervisor for presentation of Ph.D students.
25.7.2014	Attended seventh meeting of the Task Force on YAW Eradication Programme(YEP) at DGHS Resource Centre, Nirman Bhawan., New Delhi
12.8.2014	Attended a meeting for presentation of Thompson Reuter at ICMR.
2.9.2014	Attended PRG meeting of ICMR for review of proposals.
October 9 to 11, 2014	"36 th – Repeat Residential Training Programme for CPIOs / CAPIOs / SPIOs / SAPIOs / Nodal Officers on The Right to Information Act, 2005" at Hotel Vivanta by Taj – Yeshwantpur, 2275 Tumkur Road, Yeshwantpur Bangalore 560022.
14.10.2014	Attended a meeting at ICMR, RHN, division..
17.10.2014	Attended a meeting of 1 st Investigator's meeting- ICMR Task Force study on Partograph at IICMR.
12.12.2014	Attended pre SAC meeting of NIMS and made presentations for new study.
16.12.2014(FN)	Attended a brainstorming session of DST for formulating the guidelines for a Scheme on "Mobility" under Knowledge Involvement in Research Advancement through Nuturing(KIRAN) programme.
16.12.2014(AN)	Attended a meeting at IP university as a supervisor for Guide Directed Course of Ph.D student.
17.12.2014	Attended meeting at ICMR to review the STS proposals.
24.12.14	Attended and presented new proposals developed in SAC, NIMS meeting .
8.1.2015	A meeting with Representative WHO to discuss the modelities for development of E Module for CTRI.
18.3.2015	A meeting with Representative WHO , Dr. Sethi and Q3 officials to review the draft e module for CTRI.
25.3.2015	Meeting with WHO, Dr. Sethi and Q3 officials for finalization of various issues for e Module for CTRI
Dr. H.K.Chaturvedi	

5 April, 2014	Attended and presented the research proposal in “ICMR Tribal Health Forum” meeting held at RMRC, Belgaum, Karnataka
15 May, 2015	Technical Resource Group meeting held at NIHFW, New Delhi
23-24 June, 2014	Attended a high-level policy seminar on “ BRICS and Global Health ” organized by WHO at New Delhi.
27 June, 2014	Attended 10 th Meeting of school research committee of university school of Medicine & Para Medical health sciences as a supervisor for presentation of Ph.D students.
July 3, 2014	Expert Group Meeting regarding finalization of training material and tools after pre-testing of “Household Survey for Malaria in endemic districts of 7 NE States under Global Fund Supported Integrated Malaria Control Project-II (IMCP-II)” at NIHFW.
4 August, 2014	Expert PRC meeting on “Reproductive Health Issues in Tribal Population” held at ICMR, New Delhi
2 Sept., 2014	Attended and presented the sampling design and plan of estimation of malaria burden in the Expert Meeting of the project - “Estimation of Malaria Burden in India: A prospective national study to validate recently proposed methodologies of burden estimation in India ” held at NIMR, New Delhi
27 Nov., 2014	Task Force Group meeting on “School Based Interventions for Cardiovascular Risk factors” at ICMR, New Delhi
5 Dec., 2014	Expert Meeting on the project - “Estimation of Malaria Burden in India: A prospective national study to validate recently proposed methodologies of burden estimation in India ” held at NIMR, New Delhi
16. Dec., 2014	Attended Meeting of school research committee of university school of Medicine & Para Medical health sciences as a supervisor for presentation of Ph.D students.
27 Jan., 2015	Technical Resource Group (TRG) meeting organized by NVBDCP, MoHFW at NIMR. New Delhi.
27 Feb., 2015	Pre-Ph.D. Thesis Presentation in School Research Committee meeting of GGSIP University school of Medicine & Para Medical Health Sciences as a Supervisor of Ph.D student.
Dr. Damodar Sahu	
April 24-25, 2014	Participate two days Core Expert Group Training on Migrants & CMW Domain under National IBBS conducted on 24 th & 25 th April 2014 at Hotel Mapple Emerald in New Delhi organized by NACO & PHFI, Delhi
April 28-May 4, 2014	Participate as resource person and regional Institute observer for the state field training programme of IBBS SFD and data collection for the state of Odisha organized by AC Nielsen, Bhubaneswar
May 8-13, 2014	Participate as resource person and regional Institute observer for the state field training programme of IBBS SFD and data collection for the state of Odisha organized by AC Nielsen, Bhubaneswar
May 31 to June 6, 2014	Participate as resource person and regional Institute observer for the state field training programme for HRG of Odisha state organized by AC Nielsen, Bhubaneswar
September 23 – 27, 2014	Participate as resource person for the Training Workshop on HIV and AIDS Estimation and Projection Methods at district level of Maharashtra state organized by UNAIDS, Delhi at The Citiotel, Pune, organized by MSAC, Pune & UNAIDS, Delhi

October 17-23, 2014	Participated as resource persons and RI observer for the state-level refresher training of HRG population for the state of Odisha under National IBBS organized by Nielsen at Bhubaneswar
October 16-21, 2014	Participate as resource person and RI observer refresher state level training during for the state of Odisha under National IBBS organized by Nielsen at Bhubaneswar
November 20-21, 2014	Participate as resource person for the National Training Workshop for HSS-2014-15 for SACS and RI organized by NIHFW & NACO, Delhi at NIHFW, Delhi,
November 26-27	Participated refresher TOT of Destination Migrants under National IBBS organized by PHFI & NACO at Mapple Hotel, Delhi
December 19-23, 2014	Participate as resource person and RI observer for refresher training of currently married women and migrants population for field staff for the state of Odisha under National IBBS organized by Nielsen at Bhubaneswar
January 5-16, 2015	Training Workshop (batch-I): for M.Sc. (Statistics) students of Dept. of Statistics & R.O., Kurukshetra University, Kurukshetra organized by NIMS at NIMS, ICMR, Delhi.
January 19-30, 2015	Training Workshop (batch-II): for M.Sc. (Statistics) students of Dept. of Statistics & R.O., Kurukshetra University, Kurukshetra organized by NIMS at NIMS, ICMR, Delhi.
March 3-5, 2015	Participated the 3 days training Workshop to train National Working Group member on the updated spectrum tool by experts from UNAIDS Geneva as a the HIV Estimations 2015 at the Heritage Village Resort Manesar organized by NIMS, NACO, and UNAIDS Delhi.
June 11, 2014	Invited to present progress of IBBS Implementation in the review meeting of National IBBS Implementation with SACS and Regional Institutes organized by DAC, NACO, Delhi at NACO.
July 24, 2014	Participated Expert Group meeting on Tribal Health held at ICMR HQ, New Delhi.
August 22, 2014.	Participated the First meeting of the Technical Group on population projection for the period 2011-2035 at Committee Room No. 406A, Nirman Bhavan, New Delhi organized by National Commission on Population, MoHFW, New Delhi
November 7-9, 2014	Participated and chair two technical sessions in the XXXVI Annual Conference of the Indian Association for the Study of Population (IASP) at Golden Jubilee Hall, University of Kerala, Kariavattom, Thiruvananthapuram organized by PRC, Kerala
December 19, 2014	Participate HIV Sentinel Surveillance for 2014-2015- National Pre-Surveillance Meeting of Central Team Members at NIHFW organized by NACO & NIHFW, New Delhi
March 26-27, 2015	Participated the International Seminar on "Mortality and Cause of Death Studies in India: Requirement, Availability and Analysis During Past Four Decades"organized by Centre for the Study of Regional Development, JNU Convention Centre, New Delhi
<u>Supervision & Monitoring visits of NIBBS Project/HSS 2014-15 Rounds</u>	
July 27- August 3, 2014	Supervision and monitoring SFD fieldwork; conduct review meeting to evaluation SFD field work with national team member, OASCS, and FRA team at OSACS Bhubaneswar for three domains of Odisha.
July 2-7, 2014	Supervising and monitoring visit to Odisha for review progress of IBBS SFD field work and supervision three domain (FSW, TG & CMW)

July 17-23, 2014	Supervising and monitoring visit to Madhya Pradesh (Bhopal, Indore, Ujjain) and Chhattisgarh (Raipur and Durg) to review meeting with MPSACS, CHSACS & FRA team members progress of SFD fieldwork
December 2-9, 2014	Supervising and monitoring visit to Odisha (khordha) for data collection of IBBS main survey field work.
December 19-23, 2014	Supervising and monitoring visit to Odisha (Bhubaneswar) for data collection of IBBS main survey field work.
January 20-24, 2015	Supervising and monitoring visit Odisha (Bhubaneswar, khorda and Aska) for IBBS supervision and monitoring data collection for high risk population.
March 7-10, 2015.	Supervising and monitoring visit for data collection of IBBS in the state of Odisha for Migrants domain.
March 17-21, 2015	Supervising and monitoring visit as a Central Team Member for ANC data collection of HIV Sentinel Surveillance round 2015 in the state of Jharkhand (Ranchi, Giridih, Dumka & Deoghar).
March 29-April 1, 2015	Supervising and monitoring visit as a Central Team Member for ANC data collection site and testing sites of HIV Sentinel Surveillance round 2015 in the state of Odisha (SCB medical college, Cuttack & MKCG medical college, Berhampur, City Hospital, Berhampur).
April 1-7, 2014	Organised and resource person for the regional training of trainers (TOT) workshop on National IBBS for region-I States Madhya Pradesh, Chattisgarh & Odisha (SACS, FRA and SST members) organized by NIMS, ICMR at NIHFV, Delhi (45 participants)
October 9-10, 2014	Organised and resource persons for the refresher regional TOT of HRG population under National IBBS organized by NIMS & NACO at NIMS, ICMR, New Delhi (30 participants)
October 27-30, 2014	Organised and resource persons for the training "Health Data Management and Analysis using STATA" at NIMS, New Delhi for UNICEF Officials organized by NIMS (15 participants)
March 3-5, 2015	Participated the 3 days training Workshop to train National Working Group member on the updated spectrum tool by experts from UNAIDS Geneva as a the HIV Estimations 2015 at the Heritage Village Resort Manesar organized by NIMS, NACO, and UNAIDS Delhi.
Dr. Tulsi Adhikari	
Aug 12 2014	Meeting on Multi-centric study to assess Health effects of pesticides on general population, to discuss the methodology and budget of the project, at ICMR HQ, New Delhi
Nov 3-7, 2014	2 nd international Workshop on Micronutrient and Child Health (MCHWS-2014)
31 st March 2014	Presentation of Website-Health Accounting Scheme, ICMR HQ.
Dr. Atul Juneja	
1-7 April 2014	Regional TOT of IBBS Project at NIHFV, New Delhi
14-15 April 2014	TOT on of IBBS Project for CMW and Migrants typology organized by NACO, Mapple Emerlrald Hotel Rajokri New Delhi
29-Apr-14	Project Review Committee meeting as member at CCRAS, New Delhi
29-Apr-14	DNB Committee meeting at BL Kapoor Memorial Hospital, New Delhi
9-11 May, 2014	Resource person for the training of field staff of IBBS project at AIIMS Bhopal
19-22 May 2014	Visited Chhattisgarh on supervisory visit of IBBS project
30-31 May,	Resource person for the Training of field workers of IBBS project at

2014	Raipur, Chhatisgarh.
3 June 2014	Visited NIRTH(ICMR) Jabalpur in connecting with the meeting on building partnership of the project on Saharia Tribes being taken up by NIMS.
06-Jun-14	Presentation of the design by Bharat Serum for the Amphumol Study on dose efficacy at ICMR New Delhi.
11-Jun-14	DNB Committee Meeting of BL Kapoor Memorial Hospital, New Delhi.
24-Jun-14	DNB Committee meeting at BL Kapoor Memorial Hospital New Delhi.
4-6 July 2014	Supervisory visit to Chhattisgarh in connection with IBBS project (Visited Bilaspur and Durg)
14-Jul-14	Meeting of the project on Multi Institutional Pilot Study to evaluate Capability of Infra Red Thermography to diagnose breast lesions and correlate with mammography.
26-Jul-14	DNB Committee meeting at BLK Kapoor Memorial Hospital New Delhi
4-6 August 2014	Supervisory visit to Balaghat (MP)for IBBS Project
07-Aug-14	Attended brain storming session on Prakriti Classification at CCRAS New Delhi
18Sept.2014	Meeting with Dr Ashish from FRA on survey issues of IBBS Project at NIMS New Delhi
27 Sept. 2014	DNB Committee meeting of BL Kapoor Memorial Hospital New Delhi
11 Oct.2014	DNB Committee meeting of BL Kapoor Memorial Hospital New Delhi
16-19 Oct2014	Regional TOT of IBBS project at Raipur as resource person.
6-9 Nov.2014	Attended 36 th Annual IASP Conference at Kerala University, Trivandrum and presented a paper on Tobacco related Cancers.
16-20 Nov 2014	Supervisory visit to Chhattisgarh in connction with IBBS Project (Visited Raipur Durg Basna)
20 Dec.2014	DNB Committee meeting of BL Kapoor Memorial Hospital New Delhi
26 Dec.2014	Ethics Committee meeting at BL Kapoor Memorial Hospital
21 Jan.2015	Represented CTRI at meeting of national Apex Committee of Stem Cell Research at ICMR New Delhi
04-Feb-15	Attended Word Cancer Day Meet at ICPO (ICMR) NOIDA Prof Luthra honoured on the occasion.
27-Feb-15	Meeting of the Amphumol study on the issues of conducting a trial as advised by technical committee.
Dr. B.K.Gulati	
May 13, 2014	Dissemination workshop of the project entitled "The Prevention of HIV/STI among Married Women in Urban India"
November 7-9, 2014.	XXXVI Annual Conference of the Indian Association for the Study of Population (IASP), Department of Demography and Population Research Centre, University of Kerala, Thiruvananthapuram and delivered lecture on Analysis of level and trends of infectious and parasitic diseases in India
November 30-December 2, 2014	International Conference on Statistics and Information Technology for a Growing Nation and XXXIV Annual Convention of the Indian Society for Probability and Statistics (ISPS), Department of Statistics, S.V.University, Tirupati and delivered lecture on A Study to Examine the Trend of the Diseases of the Circulatory System in India
December 12, 2014	Meeting of the Pre-Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
Dr. Lucky Singh	

03-05 March, 2015	National Workshop on HIV Estimates at Gurgaon.
Subhash Gautam Scientist B	
Dec, 9 2014	Meeting regarding presentation of project proposals by Scientist-B (2 nd Batch) recruited through Limited Departmental Candidates Examination (LDCE)
Dec, 12 2014	Pre-Scientific Advisory Committee of National Institute of Medical Statistics, NIMS, New Delhi
Dec. 24, 2014	The Scientific Advisor Committee(SAC) meeting of the Institute, New Delhi

Ph.D. Meeting of Ph.D. Students & Guide/Co-guide/ Doctoral Committee Member

The Institute has been functioning as a recognized Institute for the Ph.D. programme in Medical Statistics of GGS Indraprastha University, New Delhi and Gauhati University, Guwahati. There are 11 students registered and working for their Ph.D. at the Institute.

Guide/Co-guide/ Doctoral Committee Member	Topic	Institution / University	Name of Student
Dr Arvind Pandey			
Guide	Breast Feeding and Child Survival in India	GGS Indraprastha University	Dr. Nomita Chandhok
Co-guide	Modelling of HI V/AI DS 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	Intergenerational change in childhood anthropometry and its relation to grandmother's age at child birth	Guru Govind Singh Indraprastha University	Mr. Ashish Yadav
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
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 HI V/AI DS Patients on Antiretroviral Therapy and Predictive Performance of Survival Models for Censored Data	Guru Govind Singh Indraprastha University	Mr. Ram Chandra Bajpai
Dr. D. Sahu			
Guide	Trends and correlates of HIV prevalence among female sex workers in north india: A multivariate and multi level analysis	GGS Indraprastha University	Gunjika V. Mishra

Statistical consultancy

Provided consultancies to PG students for designing the studies and to Faculty for designing their Research proposals and research papers. Guided them in Finalization of their protocol/ Research studies/ research papers for publications from the Institutions listed below

1. Lady Harding Medical College & Kalawati Saran Children Hospital,
2. RML Hospital,
3. Safdarjung Hospital,
4. Ganga Ram
5. G.B. Pant Hospital etc.
2. ICMR HQ, CCRAS, CCRH, CSIR, Maulana Azad Medica College, BL Kapoor Memorial Hospital etc

. Reviewed Research Papers/ Proposal

1. Indian Journal of Medical Research,
2. International Health (INHE)
3. BMC Health Services Research
4. BMJ (Online)
5. American Journal of Public Health
6. Indian Journal of Community Medicine
7. Indian Journal of Health
8. Indian Journal of Cancer,
9. Indian Pediatrics,
10. AIDS, STI, AIDS & Behaviour etc.;

Publications 2014-15

Intramural – 22

1. Abha Aggarwal, Arvind Pandey & Kiran Kotach: Survey methodology for assessment of disease burden of leprosy in India ***Health and Population – Perspectives & Issues***, 2011 Vol. 34, No. 4 (published in 2014), pp. 193-204.
2. Anil Kumar, B.K. Gulati, Arvind Pandey: Examining the Probable Causes of Perinatal Deaths by verbal autopsy in Rajasthan, India. ***Asian Academic Research Journal of Multidisciplinary***. December, 2014, Vol. 1, Issue 28:281-289, ISSN: 2319-2801.
3. Anil Kumar, Gupta RK, Pandey A, Gulati BK. (2015). Pregnancy related problems faced in rural areas of Delhi – A study. ***Asian Academic Research Journal of Social Sciences & Humanities***. February, Vol. 1, Issue 32; 236-248, ISSN: 2278-859X.
4. Arvind Pandey, Sahu D, Gulati BK and Shukla A.K.: Examining the Demographic Determinants of Infant Mortality in India: Policies and Challenges; In Suresh Sharma (Ed.) ***Maternal and Child Health in India***. 2015, Bookwell, Delhi, 1-13.
5. Atul Juneja, S. Sharma: Issues of Sample size in Sensitivity and Specificity analysis. ***Journal of cancer Research and Therapeutics***, 2014 <http://www.cancerjournal.net/preprintarticle.asp,id=139396>.
6. Atul Juneja, Tulsi Adhikari, Arvind Pandey, Shashi Sharma, Ashok Sehgal: Share of Tobacco Related Cancers: Gender and Time Gaps-Indian Scenario, ***Journal of Clinical and Diagnostic Research (Community Medicine Section)***, 2015 January, Vol. 9(1): LC01-LC03, DOI: 10.7860/JCDR/2015/9912.5422.
7. B. Chatterjee, Jyotsna Suri, J.C. Suri, Pratima Mittal, Tulsi Adhikari, Impact of sleep-disordered breathing on metabolic dysfunctions in patients with polycystic ovary syndrome. ***Sleep Medicine***, 2014, 15(12); 1547–1553.
8. B.K. Gulati, Arvind Pandey, M. Ubaidullah, Sheab Onnur: Examining the Trend of Share of Neonatal and Post-neonatal Mortality in Infant Mortality in India and its selected States. ***Asian Academic Research Journal of Social Sciences & Humanities***. 2014, November, Vol. 1, Issue 29:429-437, ISSN: 2278-859X.
9. Damodar Sahu, Harihar Sahoo and Nihar Ranjan Mishra: Pattern, Stream and Type of Migration in India, ***Demography India***, 2014, Vol.41. No. 1 &2 (2012), pp 177-185.
10. G. Jain, R. Khatuja, Atul Juneja, S. Mehta: Laparoscopy as a first line diagnostic tool for infertility evaluation. ***Journal of Clinical and Diagnostic Research***, 2014; 8(10):OC01-OC02. doi:10.7860/JCDR/2014/9822.4929.
11. Hemraj Pal, Anurag Srivastava, S.N. Dwivedi, Arvind Pandey and Jisu Nath: Prevalence of Drug Abuse in India through a National Household Survey, ***International Journal of Current Science***, 2015 Vol. 15: E 103-113.

12. H.K. Chaturvedi, J. Mahanta, R.C. Bajpai & Arvind Pandey: Risk of malaria among febrile patients: retrospective analysis of a hospital based study in an endemic area of northeast India, *International Health*, 2014 Vol. doi:10.1093.inthealth/ ihu20, pp. 1-8.
13. Jeetendra Yadav, **Kh. Jitenkumar Singh** and J.V. Madhusudan. "Awareness about HIV/AIDS among unmarried youth girls in EAG states, India". Golden Research Thoughts. 2015 Jan; Issue-7(Vol-4): 200-300.
14. Kavita Agarwal, Achla Batra, Aruna Batra, and Abha Aggarwal: Randomized Comparison of Isosorbide Mononitrate and PGE2 Gel for Cervical Ripening at Term including High Risk Pregnancy *International Journal of Reproductive Medicine*; 2014, Article ID 147274, pp. 1-5, <http://dx.doi.org/10.1155/2014/147274>.
15. M. Lakhanpal, D.S. Yadav, T.R. Devi, L.C. Singh, K. Jitenkumar Singh: Association of interleukin-1 β -511 C/T polymorphism with tobacco-associated cancer in northeast India: a study on oral and gastric cancer." *Cancer Genetics* 2014 Jan-Feb; 207(1-2):1-11.
16. R.C. Bajpai, H.K. Chaturvedi & Arvind Pandey: Relative survival: A useful tool in population based health studies, *American Journal of Mathematics & Statistics*, 2014, 4(1): 38-45, DOI.10.5923/j.ams.2014040.06.
17. R.C. Bajpai, P.Y. Raj, U.M. Jha, H.K. Chaturvedi & Arvind Pandey: Demographic correlates of survival in adult HIV patients registered at ART centres in Andhra Pradesh, India: A retrospective cohort study, *Public Health Research*, 2014, Vol. 4(1): 31-38, DOI.10.5923/j.phr.20140401.06.
18. R.K. Gupta, Anil Kumar, Arvind Pandey: Maternal Health Care in Rural and Urbanized Villages of Delhi - A Comparative Study, *Indian Journal of Community Health*, 2015 Vol. 27(1), Jan- March, pp. 46-51.
19. Rekha Bharti, Achla Batra, Aruna Batra, Garima Kapoor, AbhaAbha Aggarwal, Anuradha, Anjali Dabral: A Prospective Randomized Control Study of 'Early' vs. 'Late' External Cephalic Version for Breech Presentation; *International Journal of Contemporary Surgery*; 2014, Volume : 2, Issue : 1, pp. 110-115.
20. R. Khatuja, G. Jain, S. Mehta, N. Arora, Atuln Juneja, N. Goel: Changing trends in use of laparoscopy: A clinical audit, *Minimally Invasive Surgery*, doi:10.1155/2014/562785.
21. S.N. Dwivedi, Hemraj Pal, Anurag Srivastava, Arvind Pandey, Jisu Nath: National household survey on drug abuse in India: methodological appraisal, *International Journal of Current Science*, 2014 Vol. 11, E 1-9.
22. Tulsi Adhikari, Arvind Pandey: Undernutrition among children under-two years in southern states of India: An examination of prevalence and risk factors; *Population Dynamics and Health Issues of Children in India*, 2014, pp. 3-18.

Extramural – 12 (23-34)

ICMR 5 (23-27)

23. Abha Rani Aggarwal, RanjanaKar, Arvind Pandey (2015) Estimates of Maternal Mortality Ratio and the associated medical causes in Orissa and Rajasthan States - A cross sectional study, ***Indian Journal of Community Health***, Vol. 27(1), Jan- March, pp. 18-24.
24. Donta Balaiah, Saritha Nair, S. Begum and C.P. Prakasam (2015) Association of domestic violence from husband and women empowerment in slum community. ***Journal of Interpersonal Violence*** February 24,2015,doi:10.1177/0886260515573574).
25. M. Thomas, D. Sahu, Yujwal Raj & Arvind Pandey (2014) A probability model for estimating the force of transmission of HIV infection and its application, ***American Journal of Mathematics & Statistics***, 2014, 4(3): 171-77, DOI.10.5923/j.ams.2010403.06.
26. S. Begum, D.D. Naik, Saritha Nair, U. Iddya, B.N. Mali, P.S. Keskar, Donta Balaiah: Mobilizing Women from a Low Income Community to Attend Cervical Cancer Screening Camps: Insights from a Study in an Urban Slum of Mumbai. ***Gynecol Obstet*** (Sunnyvale). 2014, Vol. 4: 197 doi:10.4172/2161-0932.1000197
27. S. Begum, SarithaNair, Donta Balaiah, CP Prakasam (2014) Prevalence of unmet need for contraception in urban slum communities, Mumbai, ***Int. J. of Reprod. Contracept. Obstet. Gynecol.***: 2014; 3(3): 627-630.

Non ICMR 7 (27-33)

28. A. Raj, M. Ghule, M. Battala, B. Madhusudana, A. Dasgupta, J. Ritter, SarithaNair, N. Saggurti, J. Silverman, D. Balaiah (2014). Brief Report: Parent adolescent child concordance in social norms related to gender equity in marriage: findings from rural India, ***Journal of Adolescence***. 2014 Oct; 37(7):1181-4.
29. Damodar Sahu, Arvind Pandey, R.M. Mishra, N. Saggurti, Shekhar Setu, I.R. Singh (2014) An appraisal of sexual behaviours, STI/HIV prevalence, and HIV prevention programs among truckers in India: A critical literature review, ***World Journal of AIDS***, 2014, 4, 206-218, SciRes.:<http://dx.doi.org/10.4236/wja.2014.42026>.
30. Damodar Sahu, Sowmya Ramesh, R.M. Mishra, K. Srikanth Reddy, R. Bharadwaj, S. Niranjana, Arvind Pandey, Mandar Mainkar, Bitra George (2015): Are Truckers Being over Stigmatized as HIV Carriers in India? Evidences from Behavioural and Biological Cross-Sectional Surveys among Clients of Female Sex Workers, ***Open Journal of Preventive Medicine***, Vol. 5, pp.85-91, Published Online March 2015 in SciRes. <http://www.scirp.org/journal/ojpm dx.doi.org/10.4236/ojpm.2015.53010>.
31. Pravin K. Jha, Damodar Sahu, K. Srikanth Reddy, Padum Narayan, Arvind Pandey (2014) Multiple Sexual Partners and Vulnerability to HIV: A Study of Patterns of Sexual Behaviour

- in the Slum Population of India, **World Journal of AIDS**, 2014, 4, 373-381. Published Online December 2014 in SciRes. <http://dx.doi.org/10.4236/wja.2014.44044>.
32. Saggurti N, Saritha Nair, J.G. Silverman, D.D. Naik, M. Battala, A. Dasgupta, Donta Balaiah, A. Raj: Impact of the RHANI Wives intervention on marital conflict and sexual coercion, **Int J Gynaecol Obstet**. 2014 Jul; 126 (1):18-22.
 33. Saritha Nair, J. Schensul, S. Begum, M.S. Pednekar, C. Oncken, SM Bilgi, A.R. Pasi and Donta Balaiah (2015) Use of Smokeless Tobacco by Indian Women Aged 18-40 years during Pregnancy and Reproductive years, **PLOS One**. 10(3):2015 e0119814. doi:10.1371/journal.pone.0119814.
 34. Sheila K.M., Saritha Nair, Anindita D, Anita R, Donta Balaiah, Niranjana S, D.D. Naik, J.G Silverman: Postpartum contraception utilization among low-income women seeking immunization for infants in Mumbai, India, **Contraception**. 2014 Jun; 89(6):516-20.

हिंदी दिवस

संस्थान में हिंदी के प्रयोग को और बढ़ावा देने के लिए, संस्थान की हिंदी समिति ने १२ सितम्बर, 2014 को हिंदी मनाने का निर्णय लिया इस उपलक्ष में अखिल भारतीय भारतीय आयुर्विज्ञान अनुसंधान परिषद् हड्डी रोग विशेषज्ञ, प्रोफेसर सी एस यादव को हड्डी रोगों पर एक व्याख्यान देने के लिए आमंत्रित किया गया ।



संस्थान की हिंदी राजभाषा समिति के अध्यक्ष डॉ. आर. जे. यादव ने प्रोफेसर प्रोफेसर सी एस यादव का स्वागत किया और संस्थान के निदेशक प्रोफेसर अरविन्द पाण्डेय ने संस्थान के सभी कर्मचारियों को सम्बोधित करते हुए कार्यलय में दैनिक एवं वैज्ञानिक कार्यालयकलापो में हिंदी की मेहत्ता पर प्रकाश डाला ।



संस्थान के कर्मचारियों को, गतवर्ष हिंदी में कार्य करने के लिए सराहा गया तथा उनके प्रोत्साहन के लिए कर्मचारियों को विभिन्न पुरस्कारों से सम्मानित किया गया, इस कार्य हेतु गठित समीक्षा समिति के सदस्यों,

डॉ. आभा रानी अग्रवाल, वैज्ञानिक - 'एफ़.', डॉ. दामोदर साहू, वैज्ञानिक - 'ई', डॉ. सरिता नायर, वैज्ञानिक - 'डी', ने निम्नलिखित कर्मचारियों का नाम पुरस्कारों के लिए नामांकित किया तथा अध्यक्ष द्वारा इन नामों का अनुमोदन किया :-



- 1.
- 2.
- 3.

प्रोफेसर सी एस यादव ने अपने कर कमलो से इन कर्मचारियों को पुरस्कार से सम्मानित किया, तदोपरांत प्रोफेसर यादव



ने 'मास्पेशियो एवं हड्डी तंत्र' की रोगों के बारे में व्याख्यान प्रस्तुत किया, उन्होंने रोगों के लक्षण और उनके उपचारों पर अपने विचार व्यक्त किये तथा इस सम्बन्ध में विटामिन डी की लोचो में कमी तथा उस कमी को पूरा कैसे किया जाये, इस सम्बन्ध में भी अपने विचार व्यक्त किये। व्याख्यान के पूर्व प्रोफेसर यादव ने संस्थान के कर्मचारियों के सवालोंने का भी जवाब दिया यह व्याख्यान संस्थान के कर्मचारियों के लिए काफी लाभकारी रहा।

इस अवसर पर नवीन संचार माध्यम, उपयोग/ द्रुपर्योग पर एक वाद विवाद प्रतियोगिता का भी आयोजन की गया। कई प्रतियोगियों ने इसके पक्ष -विपक्ष में बोला ज्यूरी जिसमे कि डॉ. आर. जे. यादव, डॉ. आभा रानी अग्रवाल एवं डॉ. अनिल कुमार थे, पुरस्कारों की संस्तुति की।



प्रथम पुरस्कार _____ को, द्वितीय पुरस्कार _____ को तथा तृतीय पुरस्कार _____ को दिए गए _____ को सान्तवना पुरस्कार दिया गया।

मनोरंजन कार्यक्रम की प्रतियोगिता के अंतर्गत गाने/भजन/कविता पाठ किया गया। बड़ी संख्याओं में कर्मचारियों ने इस प्रतियोगिता में भाग लिया।

इस प्रतियोगिता में _____ को प्रथम पुरस्कार, _____ को द्वितीय पुरस्कार एवं _____ को तृतीय पुरस्कार से सम्मानित किया गया। , _____ को सांतवना पुरस्कार दिया गया



पुरूस्कार वितरण प्रोफेसर
यादव के करकमलों द्वारा
किया गया

श्री बी. एस. शर्मा ने
धन्यवाद ज्ञापन से कार्यक्रम की
समापति हुई।

Retirement of Mr. Prem



Mr. Prem, retired from his duties on 31st March 2015 after completing years of service.

STAFF - LISTS

Group A

1. PROF. ARVIND PANDEY, DIRECTOR
2. DR. R.J. YADAV, SCIENTIST `G`
3. DR. S.K. BENARA, SCIENTIST `F`
4. DR. (MRS.) ABHA RANI AGGARWAL, SCIENTIST `F`
5. DR. H.K. CHATURVEDI, SCIENTIST `F`
6. DR. ANIL KUMAR, SCIENTIST `F`
7. DR. DAMODAR SAHU, SCIENTIST `E`
8. DR. TULSI ADHIKARI, SCIENTIST `D`
9. DR. ATUL JUNEJA, SCIENTIST `D`
10. DR. SARITHA NAIR, SCIENTIST `D`
11. MR. JITEN KUMAR, SCIENTIST `C`
12. MR. B.K. GULATI, SCIENTIST `C`
13. LUCK SINGH, SCIENTIST `C`
14. MR. B.S. SHARMA, A.O. Retired on 31st October 2014
15. MS. POONAM, A.O.
16. MR. NARESH AGARWAL, L.I.O.

Group `B` staff (Technical)

17. MR. S.K. MATHUR, T.O.-A
18. MR. K.L. BADOLIA, T.O.-A
19. MR. SHIV KUMAR, T.O. (A)
20. MR. VINAY KUMAR, T.O.-A/STORE OFFICER
21. MR. S.K. BARA, T.O.-A
22. MR. RAJENDRA SINGH, T.O.-A
23. MR. PREM CHAND, T.O. (A) Retired on 31st March 2015
24. MS. INDIRA RANI, T.O. (A)
25. MR. AJAY KR., T.O. (A)
26. MS. PARMINDER PAUL, T.O. (A)
27. MS. KAILASH BAJAJ, T.O. (A)
28. MR. GURMEET SINGH, T.O. (A)
29. MR. PARMATMA MAHATO, T.O. (A)
30. MS. SUNITA, T.O. (A)
31. MR. CHARAN SINGH, T.O. (A)
32. MS. MADHU MEHRA, T.A. (RESEARCH)
33. MR. JATINDER YADAV, T.A. (RESEARCH)
34. MS. GEETA SHARMA, T.A.
35. MS. PRABILA TOPPO, T.A.

Group-B (Administration)

35. MR. BALRAJ SHARMA, S.O.
36. MS. RAJ KALA, S.O.
37. MS. SHALINI BHATIA, ASSTT.
38. MR. MUKESH KAUSHIK, ASSTT.
39. MS. USHA GULATI, P.S.
40. MS. KUSUM LUTHRA, ASSISTANT
41. MR. B.M. MALHOTRA, ASSISTANT
42. 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. DHARAMVIR SINGH, ATTENDANT (SERVICE)
54. MR. GOPI CHAND, ATTENDANT (SERVICE)
55. MR. JAGILI SABAR, ATTENDANT (SERVICE)
56. MR. GYAN CHAND, ATTENDANT (SERVICE)
57. MR. NEERAJ KUMAR, ATTENDANT (SERVICE)
58. MR. VIMAL KUMAR, ATTENDANT (SERVICE)
59. MS. RAJ MALA, ATTENDANT (SERVICE)

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

Dr. Arvind Pandey, Member Secretary
Director, NIMS,
Ansari Nagar, New Delhi.

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.
E.mail: sanghmitra.acharya@gmail.com
(M) 9810547096

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

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,
Director, NIMS
New Delhi.

Member Secretary

Pre-SAC Meeting



The Pre-SAC meeting of the Institute, held on 12th Dec, 2014 at the NIMS conference hall. Prof. PP.Talwar, Dr. Padam Singh, Prof. D.C.S. Reddy, Dr. S.N.Dwivedi and Dr. Kamni Walia, ICMR representative were present at the meeting.

SAC meeting



The Scientific Advisory Committee meeting of NIMS was held on 24th Dec 2014 at the conference hall of the Institute. Dr. V.M.Kaotch, DG ICMR, appreciated the work of the scientists of NIMS.