PREFACE

This gives me immense pleasure to share the activities done by the institute in last one year. I am happy and proud to present the annual technical report of the Institute, which has been recently named as National Institute of Medical Statistics (NIMS). Prof. N.K.Ganguly, DG, ICMR formally declared the Institute renamed on November 9, 2005 in presence of previous directors of Institutes - Dr. A.D.Taskar, Dr. S.S.Verma and Dr. Padam Singh. During the reporting period, renovation of the old office building was completed by UP Rajkiya Nirman Nigam Ltd. The new building has a modern conference room and training room with Internet facilities.

The institute organized five training workshops viz. (i) Summer training program for students (M.Sc. Statistics) of Banaras Hindu University and Kurukshetra University, (ii) Estimation of number of orphans and vulnerable children due to HIV/AIDS in collaboration with USAIDS future groups for scientific staff of the Institute (iii) Statistical Methods in Clinical Trials for technical staff of Central Council for Research in Ayurveda & Siddha, New Delhi (iv) National Workshop on Issues concerning large scale surveys on health and nutrition which was attended by renowned professionals from different institutes of India; (v) three regional sensitization-cum-capacity building workshops on Health Sector Policy reform option (HS-PROD) data base for state level officials and representatives from non-governmental organization was organized. The online database is being developed for Central Bureau of Health Intelligence, MOHFW, with assistance from European Commission Technical Assistance (ECTA), New Delhi. For capacity building, institute deputed several scientists to various national and international workshops.

During the reporting year, the Institute handled eighteen research projects; of which seven have been completed and eleven are ongoing. Most of the projects are extra-mural, supported by organizations such as ICMR, National AIDS Control Organization (NACO), UNAIDS, UNICEF, World Food Programme (WFP), DGHS, Govt. of Delhi, CARE-India, EPOS, New Delhi, Family Health International (FHI), New Delhi; Bill and Melinda Gates Foundation (BMGF) India and Department of Biotechnology (DBT), Department of Science and Technology, National Institute of Communicable Disease and National Commission on Population, MOHFW.

Some of the salient findings of the completed projects of the institutes contained in the annual report may be useful for researchers, programme planners and policy makers. The study on Impact Assessment of ICDS Food Fortification in state of Madhya Pradesh was reported as complete. The study showed significant decline in prevalence of clinical sign of Bitot Spot between the control and experimental group, the number of severely malnourished children also reduced significantly. The Point Prevalence of Tuberculosis among Mw vaccinated population at Ghatampur, Kanpur is reported as completed The study found that two doses of killed Mw vaccine administered at a interval of six months to healthy contacts leprosy cases appear to have prophylactic role in the prevention of pulmonary tuberculosis. The study was done in collaboration with JALMA, Agra. Another collaborative study done with the Institute of Cytology and Preventive Oncology, (ICPO) NOIDA, on bio-behavioral risk factors associated with cervical cancer in collaboration with was reported as complete. The study reviewed the risk factors associated with cervical cancer and screening techniques and the abridged version of the review has been published in an indexed journal.

The study on causes of death by verbal autopsy in Rajasthan and Bihar was reported as complete. The study found that 80% of total deaths were due to four major causes, infection and parasitic diseases, respiratory disorder circulatory disorder. The study is supported by ICMR. The institute successfully completed a study that examined the components of under-five mortality during 1978–2002. The analysis shows decline in under-five mortality in India during the period 1978–2002. The study concluded that India might not be able to achieve the set target of 30 by 2010 unless extra effort through RCH services is put into place. Another study, which is reported complete, is treatment seeking behavior and reporting pattern of patients to health services centre in two selected districts of Assam for fever. The study was undertaken by RMRC, Dibrugarh, while analysis and report writing was done in the Institute. Delay in accessing health care services for fever was more among people living in foothills than plains. The major reasons for delay in accessing health facilities in rural areas was due to poor financial status, lack of transport facilities and prior work commitment. The sixth study reported as complete is an explorative study done to assess the level of job satisfaction among scientists working in various institutes of ICMR. The response rate was above 85% and the report has been submitted to ICMR.

The eleven *ongoing studies* are (i) Analysis of data of India's District Household Survey (DHS) under RCH programme (ii) Impact Assessment of ICDS Food Fortification in the State of Uttaranchal, (iii) Health Sector Policy Reform Options Database (HS-PROD), (iv) HIV Estimation and Analytical Study of HIV Sentinel Surveillance Data 2005 (v) Integrated Analysis of HIV/AIDS Epidemic in India (vi) Estimation of Mortality due to HIV/AIDS (vii) Estimation of Orphans and Vulnerable Children (OVC) due to HIV/ AIDS, (viii) Integrated Behavioral and Biological Assessment (IBBA) National Highway Segments (ix) Statistical Modeling of HIV/AIDS Epidemic (x) Development of Health Research Information System. (xi) Infrastructure and Capacity Building for Clinical Trial Registration.

Findings of the research projects and related methodological developments are disseminated in the form of research papers/concept papers in national and international conferences/symposia. Papers are also published in journals and books of national and international repute.

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Director