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Contents

Executive Summary

Dr. P R Sodani
President
IIHMR University, Jaipur

I am delighted to present the report for the month of April 2021 of IIHMR University, Jaipur. We all are facing the challenges of second wave of the pandemic COVID-19. However, we at the University are continuing with our core activities of teaching, training, research, and collaborations through virtual platforms.

In April 2021, we have initiated and conducted a Course on Public Health Nutrition in association with IIHMR Bangalore. It was well received, and a good number of student community and programme managers attended the course. We will design and develop more such courses in the near future for larger benefits of the key stakeholders. Our training programmes are being conducted online. Know Your Alumni and Master Class sessions are going on and students are enjoying them.

Research papers are being published by faculty members and research scholars in SCOPUS-indexed and peer reviewed international journals such as Health Policy and Planning (Oxford), Journal of Health Management (Sage), Heliyon (Elsevier), and Pastoralism: Research, Policy and Practice (Springer)

We have signed two MoUs with Wellness Code Trust and GATI Intellect Ltd. for the purpose of expanding our academic and other contributions to society at large. The collaboration with **Wellness Code Trust** is to promote wellness in the country as strategic partner. The partnership agenda includes opening of Wellness Resource Centres in various parts of the country and promote prevention measures for overall wellness of the community. Similarly, the collaboration with **GATI Intellect Ltd.** is to design, develop and conduct post graduate diploma/diploma/certificate courses in the domain area on Supply Chain and Logistics Management in Healthcare and Pharmaceuticals and other related activities.

I am excited to share the recognition and award we have received from external agencies. IIHMR University is recognized among the top 100 Higher Education institutions of India. We have received Changemakers award for top Innovation and Creative Skills related initiatives.

Academics

Teaching / Learning / Evaluation

MBA Hospital and Health Management

First Year

Mar 29-Apr 2, Essentials of Hospital Services, 1.5 Credits
Apr 5-9, Self-Awareness and Mindfulness for Managers, 1.5 Credits
Apr 12-16, Apr 19-23, National Health Programmes, 3 Credits
Apr 26-30, Entrepreneurship and Innovations in Health Care, 1.5 Credits

Second Year, Hospital / Health Management

Mar 22-June 18, 2021, Dissertation/Internship

MBA Pharmaceutical Management

First Year

Mar 29-Apr 9, Business Communication, 3 Credits
Apr 12-16, Self-Awareness and Mindfulness for Managers, 1.5 Credits
Apr 19-23, Digital and Social Media Marketing, 1.5 Credits
Apr 26-30, Capstone Presentations Under Faculty Mentors, 1.5 Credits

Second Year

Mar 22-Jun 18, Dissertation/Internship

MBA Rural Management

First Year

Mar 29-Apr 2, Field Work Segment II, 1.5 Credits
Apr 5-9, Financial Management 1.5, Credits
Apr 12-16, Apr 19-23, Understanding Development Organization, 3 Credits
Apr 26-30, Preparation for Summer Training

Second Year

Mar 22-Jun 18, Dissertation/Internship

MPH Cohort 8

Mar 1-21, JHSPH Online Classes (IIHMR-Term Break)
March 22-April 2, Quality Management in Healthcare, 3 Credits

PhD Cohort 7

Assignment submission of fourth Course Work, Statistics-II, Scientific Writing, Plagiarism, Systematic Review and Meta-Analysis.

Examinations, Term 6 Courses: Mar 15-19, 2021

MBA Hospital and Health Management

Operations Management in Hospitals
Management Accounting
Clinical Epidemiology
Legal Framework in Health Care
Elective 1
Elective 2

Health

International Health
Health Insurance and Managed Care
Legal Framework in Health Care
Public Health Emergency Management
Elective 1
Elective 2

MBA Pharmaceutical Management

Pharmaceutical International Business Management
Pharmaceutical Production Management
Pharmaceutical Production Management
Business Data Analytics
Elective 1
Elective 2

MBA Rural Management

Forest, Grass Land and Farm Based Livelihood
Non-Farm livelihoods, Value Chain and Enterprise
Institutions of Collective actions: SHGs, FPOs and Cooperatives
Livelihood Entitlement and Advocacy
Field Segment - Livelihood, Skills and Enterprises
Elective 1
Elective 2

IIHMR Intellectual Capacity Building and Faculty Development Programme

April 3, 2021

Application of Game Theory to Public Health

Dr. Rani S Ladha, IIHMR University, Jaipur

April 17, 2021

A Review of Indian Health System in Terms of Healthcare Expenditure and Financial Risk Protection

Dr. Pankaj Talreja, IIHMR Delhi

Virtual Meetings

April 4, 2021
Meeting of Board of Studies, Institute of Health Management Research

April 06, 2021
Meeting of Academic Council, IIHMR University

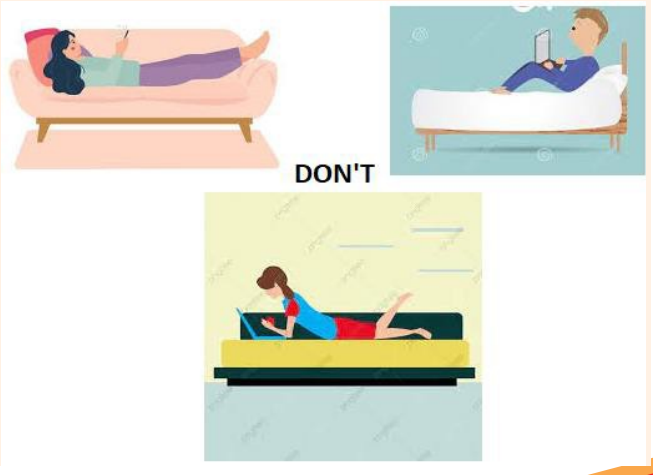
April 08, 2021
Meeting of Board of Management, IIHMR University

April 10, 2021
Meeting of Management Board, IIHMR (Sponsoring Body)

Initiatives taken for Staff, Students and Faculties

Guidelines for Online Classes

The rise of online learning and teaching in a virtual platform has has began as an adaptive and transformative challenge during the unprecedented time of COVID-19 around the world. Keeping this in mind IIHMR University has prepared the Guidelines for Online Classes for all the faculty members.



Research

Research Proposals Submitted

S. No.	Project Title	Funding Agency
1	Complementary Measures Activities under Rajasthan Water Sector Livelihood Improvement Project	JICA
2	Household and Enterprise Data Collection for Three Impact Evaluations in India	3ie
3	Endline Evaluation of Rice Fortification Scale Up Project in Gadchiroli, Maharashtra	Tata Trusts
4	Program Monitoring Visit (Borrower's Household Visits)	water.org
5	Development of Training Curriculum, Social & Behavioral Change Communication Aids and Capacity Building of Community Workers on Nutrition Intervention	American India Foundation
6	Technical Assistance for Advancing Gender Budgeting in Selected States of India	UN Women

Publications/Journals

Health Policy and Planning, 2021, 1–15
doi: 10.1093/heapol/czaa197
Original Article

Modern contraceptive availability and stockouts: a multi-country analysis of trends in supply and consumption

Pierre Muhoza [1,*], Alain K. Koffi[1], Philip Anglewicz[2], Peter Gichangi[3], Georges Guiella[4], Funmilola OlaOlorun[5], Elizabeth Omoluabi[6], P R Sodani[7], Mary Thiongo[3], Pierre Akilimali[8], Amy Tsui[2] and Scott Radloff[2]

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[4]Institut Supérieur des Sciences de la Population (ISSP) of the Joseph Ki-Zerbo University, Ouagadougou, Burkina Faso
[5]Department of Community Medicine, University of Ibadan, Ibadan, Nigeria
[6]Centre for Research, Evaluation Resources and Development, Ife, Nigeria
[7]IIHMR University, Jaipur, India
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Accepted on 18 December 2020

Abstract

Approximately 214 million women of reproductive age lack adequate access to contraception for their family planning needs, yet patterns of contraceptive availability have seldom been examined. With growing demand for contraceptives in some areas, low contraceptive method availability and stockouts are thought to be major drivers of unmet need among women of reproductive age, though evidence for this is limited. In this research, we examined trends in stockouts, method availability and consumption of specific contraceptive methods in urban areas of four sub-Saharan African countries (Burkina Faso, Democratic Republic of Congo, Kenya and Nigeria) and India. We used representative survey data from the Performance Monitoring for Action Agile Project that were collected in quarterly intervals at service delivery points (SDP) stratified by sector (public vs private), with all countries having five to six quarters of surveys between 2017 and 2019. Among SDPs that offer family planning, we calculated the percentage offering at least one type of modern contraceptive method (MCM) for each country and quarter, and by sector. We examined trends in the percentage of SDPs with stockouts and which currently offer condoms, emergency contraception, oral pills, injectables, intrauterine devices and implants. We also examined trends of client visits for specific methods and the resulting estimated protection from pregnancy by quarter and country. Across all countries, the vast majority of SDPs had at least one type of MCM in-stock during the study period. We find that the frequency of stockouts varies by method and sector and is much more dynamic than previously thought. While the availability and distribution of long-acting reversible contraceptives (LARCs) were limited compared to other methods across countries, LARCs nonetheless consistently accounted for a larger portion of couple years of protection. We

Article

COVID-19 Pandemic: Lessons for the Health Systems

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Jai Prakash Narain[1], P. R. Sodani[2] and Lalit Kant[3,4]

Abstract

The COVID-19 pandemic caused by a novel virus SARS-CoV-2 has swept the world, leaving behind a trail of free-falling economy, misery and death. The most vulnerable are the hardest hit—the elderly, those with chronic noncommunicable diseases and the poor and marginalised in society. The experience of various countries in handling the pandemic has shown that robustness of health system with surge capacity is critical to take the pandemic head-on. In the process important lessons for health systems have emerged. Countries with political leaders who led with a principled approach, while adopting an early and comprehensive strategy to contain the virus, have done better. Vulnerable populations should not be left to be further marginalised. To deal with the 'infodemic', communities should be engaged early. For successful handling of future challenges investment in public health is a must. National readiness and response capacity for epidemic control and disease surveillance need to be strengthened, leveraging modern technology. Institutional capacity building, pooling resources and harnessing innovations through partnerships would be key for mounting effective response now and in the future.

Keywords

COVID-19, lessons, pandemic, health systems

Introduction

COVID-19 (the disease produced by new coronavirus named SARS-CoV-2) is an unprecedented health and economic crisis, the kind never before witnessed in our generation. It has severely affected societies around the world in all spheres of life, exacting a heavy toll of life, crippling economies, increasing unemployment and accentuating further the divide between the rich and the poor. It is estimated that the

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Article

Mapping of Household Surveys to Measure Barriers to Access to Maternal and Child Health Services in India

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Shivam Gupta[1], Priyanka Das[1], Siddhartha Kumar[2], Arindam Das[3] and P. R. Sodani[4]

Abstract

Objective: To map the range of access barrier indicators for which data can be derived from the three most common health related household surveys in India.
Methods: A mapping review study was conducted to identify access dimensions and indicators of access barriers for maternal and child health (MCH) services included in three household surveys in India: National Family Health Survey (NFHS), District Level Household and Facility Survey (DLHS) and Annual Health Survey (AHS).
Results: The Tanahashi framework for effective coverage of health services was used in this study, and 12 types of access barriers were identified, from which 23 indicators could be generated. These indicators measure self-reported access barriers for unmet healthcare needs through delayed care, as well as forgone care, and unsatisfactory experiences during health service provision. Multiple barriers could be identified, although there was marked heterogeneity in variables included and how barriers were measured.
Conclusions: This study identified tracer indicators that could be used in India to monitor the population that experiences healthcare needs but fails to seek and obtain appropriate healthcare, and determine what the main barriers are. The surveys identified are well validated and allow the disaggregation of these indicators by equity stratifiers. Given the variability of the frequency and methodologies used in these surveys, comparability could be limited.

Keywords

Household surveys, maternal and child health, barriers to access of care, Tanahashi framework, equity stratifiers, delayed care, forgone care

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Article

Building Resilient Health Systems: Patient Safety during COVID-19 and Lessons for the Future

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Sharda Narwal[1] and Susmit Jain[2]

Abstract

Background: The COVID-19 pandemic has profoundly impacted the country's health systems and diminished its capability to provide safe and effective healthcare. This article attempts to review patient safety issues during COVID-19 pandemic in India, and derive lessons from national and international experiences to inform policy actions for building a 'resilient health system'.
Methods: Systematic review of existing published articles, government and media reports was undertaken. Online databases were searched using key terms related to patient safety during COVID-19 and health systems resilience. Seventy-three papers were included dependent on their relevance to research objectives.
Findings: Patient safety was impacted during COVID-19, owing to sub-optimal infection prevention and control measures coupled with reduced access to essential health services. This was largely due to inadequate infrastructure, human and material resources resulting from chronic underinvestment in public health systems, paucity of reliable data for evidence-based actions and limited leadership and regulatory capacity.
Conclusions: India's health systems were found ill prepared to tackle large-scale pandemic, which has major implications for patient safety. The shortcomings observed in the COVID-19 response must be rectified and comprehensive health sector reforms should be initiated for building agile and resilient health systems that can withstand future pandemics.

Keywords

Patient safety, COVID-19, health systems resilience, health security

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Book Review

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Chandrakant Lahariya, Gagandeep Kang and Randeep Guleria, *Till We Win India's Fight Against the Covid-19 Pandemic*. Haryana, India: Penguin Random House India Pvt. Ltd., 2020, 308 pp., ₹299, ISBN-9780143451808, (Hardbound).

Till We Win: India's Fight Against the Covid-19 Pandemic is written by medical, public policy and health systems experts in India who are working closely with government and public health stakeholders. The authors have designed this book as a primer for the general public to political leaders, policymakers and physicians—every kind of reader will be enlightened by this powerful book which has the potential to transform public health in India. The book is dedicated to the frontline healthcare workers, particularly the women from accredited social health activists (ASHAs) to nurses, who are the face of the health system. *Till We Win* illustrates the nature of the pandemic, epidemics, outbreaks and challenges that occurred due to the pandemic and how to convert the challenge posed by pandemic as an opportunity to strengthen the health system.

The book has four sections. In the opening section, the authors have explained the basic terminologies and concepts about viruses, infections and ecosystem, which are very necessary and supportive to understand the nature and challenges that arose due to the COVID-19 pandemic. In addition to this, in context of the current pandemic, some relevant references and comparisons with other pandemics are also incorporated for better understanding. All the questions on aspects of virus starting from its structure, entry and reproduction to the treatment, every single question that possibly occurs in a human mind, are covered by the authors in the first section.

The second section named 'Mounting a Response' is enriched with information on new add-ons to the public vocabulary, experiences and their lifestyle, such as quarantine, N95 masks, isolation, lockdown etc. Public health tools to fight the big challenge are explained through a very interesting theory named 'The Hammer and Dance Theory', in which all the approaches used to hit back the pandemic were discussed initiating from strong measures such as lockdown to public awareness on social distancing and hand hygiene. In a very effective way, the details of lockdown, mass self-quarantine and stay-at-home orders are discussed by elaborating the two major rationales of the lockdown: (a) slow the spread of the virus and (b) accelerate the health system's readiness and through answering essential questions, such as 'Why we have to go on wearing face masks, practice social distancing and sanitizing hands?', 'Will we need to wear a mask even after we get a vaccine?', 'How did India fare during the lockdown? and so on. After the detailed elaboration of the lockdown, the 'unlock' is explained by citing various examples from all over India, in which several subjects such as community participation, health and economy, strengthening of the health system, sustained policy attention and interventions, mental health services and duration of a pandemic are very well analysed by the authors. Considering the history of COVID-19, health workers played a vital role in the functioning of health services, which the authors have recognised

by stating some momentous stories from the frontline, which are very well acquainted with knowledge, inspiration and motivation.

The third section of the book delves into the explanation of the relation between science, solidarity and hope. In this section, doubts related to the availability of drugs, therapies, vaccine and treatment are responded by the authors by answering various questions associated with these topics. Most discussed and frequently asked questions by most of us, such as 'Is there any antibiotic available against COVID-19?', 'Is there any medicine or drug which one should purchase in advance?', 'Are there any home remedies to treat COVID-19?' etc., have been utterly covered by the authors. In addition, a detailed description of the universally asked questions ever from the time when the pandemic was announced—e.g. 'When will a vaccine against COVID-19 be available? and all the other correlated questions—has been provided. This section also clears doubts related to vaccinations.

The fourth section captures the future strategies and public health response to the pandemic. The authors have thrown light on how to convert this crisis into opportunities and have provided a road map for every citizen on how to stay safe in the new normal. A very clear perspective of the book has been explained in this section, which is very helpful and resourceful to the reader. The authors have used the most updated and reliable information. The reader can witness the whole journey of COVID-19 explained in a very detailed manner. In these difficult times, several people globally are struggling to cope up with the pandemic, and this book can be of great help to the people as it provides knowledge on how to stay safe and face the pandemic. I would recommend this book to all the readers who are interested to develop their in-depth understanding and knowledge about the pandemic, as this book is a very good resource for building a conceptual understanding of the COVID-19 pandemic.

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Review article

Prevalence of anxiety and depression in South Asia during COVID-19: A systematic review and meta-analysis

Md Mahbub Hossain, Mariya Rahman, Nusrat Fahmida Trisha, Samia Tasnim, Tasmiah Nuzhath, Nishat Tasnim Hasan, Heather Clark, Arindam Das, E. Lisako J. McKyer, Helal Uddin Ahmed, Ping Ma

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Nepal
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Psychiatry
Epidemiology

ABSTRACT

Introduction: The COVID-19 pandemic has impacted biopsychosocial health and wellbeing globally. Pre-pandemic studies suggest a high prevalence of common mental disorders, including anxiety and depression in South Asian countries, which may aggravate during this pandemic. This systematic meta-analytic review was conducted to estimate the pooled prevalence of anxiety and depression in South Asian countries during the COVID-19 pandemic.

Method: We systematically searched for cross-sectional studies on eight major bibliographic databases and additional sources up to October 12, 2020, that reported the prevalence of anxiety or depression in any of the eight South Asian countries. A random-effects model was used to calculate the pooled proportion of anxiety and depression.

Results: A total of 35 studies representing 41,402 participants were included in this review. The pooled prevalence of anxiety in 31 studies with a pooled sample of 28,877 was 41.3% (95% confidence interval (CI): 34.5–48.1, I^2 = 99.18%). Moreover, the pooled prevalence of depression was 34.1% (95% CI: 28.9–39.4, I^2 = 99%) among 37,437 participants in 28 studies. Among the South Asian countries, India had a higher number of studies, whereas Bangladesh and Pakistan had a higher pooled prevalence of anxiety and depression. No studies were identified from Afghanistan, Bhutan, and Maldives. Studies in this review had high heterogeneity, high publication bias confirmed by Egger's test, and varying prevalence rates across sub-groups.

Conclusion: South Asian countries have high prevalence rates of anxiety and depression, suggesting a heavy psychosocial burden during this pandemic. Clinical and public mental health interventions should be prioritized alongside improving the social determinants of mental health in these countries. Lastly, a low number of studies with high heterogeneity requires further research exploring the psychosocial epidemiology during COVID-19, which may inform better mental health policymaking and practice in South Asia.

1. Introduction

Novel coronavirus disease 2019 (COVID-19) is an acute respiratory illness caused by a newly discovered SARS-CoV-2 virus that emerged in December, 2019 [1,2]. The rapid spread of this disease critically impacted health and wellbeing globally, which was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020 [3]. The sudden outburst of this highly infectious disease presented an unprecedented burden on mortality and morbidity across global nations [1]. In addition, healthcare systems and economies have been struggling to overcome the challenges imposed by this pandemic. To slow down the spread of this relatively unknown virus, countries have implemented several strategies such as quarantine, social distancing, stay at home orders, lockdowns, and border closures [4, 5]. While the clinical care practitioners and public health experts have been focusing on containing the spread of the virus, the COVID-19 pandemic and related quarantine measures have taken a heavy toll on people's mental health and well-being [6, 7, 8, 9].

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Understanding 'culture' of pastoralism and 'modern development' in Thar: Muslim pastoralists of north-west Rajasthan, India

Rahul Ghai

Pastoralism 11, Article number: 3 (2021) | Cite this article

908 Accesses | 1 Altmetric | Metrics

Abstract

The paper attempts to understand the relation between pastoral cultures and irrigation-based intensive farming regimes promoted by modern development represented by the Indira Gandhi Canal (IGNP) in western Rajasthan. Participant observation and development practice engagement with pastoral communities over the past three decades give an opportunity to reflect on epistemic rationality that constitutes the discourse of modern development, formal statecraft of technocracy, and rule by experts. Historical markers of pastoralism in the interconnected regions of north-west Rajasthan and bordering regions of Multan and Bahawalpur in Pakistan are situated to trace the *longuee duree* of pastoral life systems in the Thar desert region. This oscillation between enhanced moisture regimes following inundation and increased desiccation of a moisture-deficient arid region has been at the core of sustaining the culture of pastoralism among semi-nomadic pastoralists of Muslim communities in north-west Rajasthan. The IGNP canal produces a space for modern development that opens up irrigated farming and an intensive natural resource use regime. This political economy of the IGNP canal systematically marginalizes pastoral natural resource use that was ecologically embedded. The varied experiences of adaptation responses by pastoral communities to this state-led marginalization points to the tenacious ability of pastoralism to continually adapt to the radically changing ecology. The paper argues for a complementarity of pastoral and farming use as an inclusive development vision. Beginnings can be made by a compassionate engagement with cultures of pastoralism that are endowed with resilience rooted in a historically constituted rationality to adapt and innovate with changing times. This may hold cues for a sustainable future of Thar.

THE WEEK MAGAZINE

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COVID-19 becomes enabler and accelerator of digital health adoption

By Dr. D.K. Mangal And Suryaprabha Sadasivan | April 07, 2021 17:15 IST

healthcare on wheels1.jpg
(File) Representational image

COVID-19 continues to impact lives across the world, hampering health equity and outcomes and creating barriers in the socio-economic growth of countries. The past year has been a testing time for the healthcare sector, to put it mildly. While the pandemic exposed the vulnerabilities of our healthcare system, it also led to an unprecedented push towards the adoption of digital technologies for healthcare management and to improve the overall efficiency of healthcare delivery.

Throughout the pandemic, innovative digital solutions such as the Aarogya Setu and other contact-tracing apps, telemedicine services, smart devices for healthcare monitoring, robotics, and Artificial Intelligence-enabled support for patient care, and most recently, the Co-WIN app for India's vaccination drive have anchored our response to the public health needs. These have also reiterated the role of technology in strengthening our health systems.

Traditionally, our healthcare system has been marred by several challenges. Some of the barriers to equitable access to health have been inefficient and inconsistently available healthcare facilities, shortage of trained and qualified healthcare professionals, low healthcare expenditure of the government, poor data collection, lack of technology adoption, and upgradation, among others.

Over time, it has become evident that these gap areas cannot be addressed through a linear approach and that convergence and adoption of digital technologies will be the only enabler of improved healthcare delivery, access, and patient care in the future of Indian healthcare system. One of the biggest challenges faced by the healthcare industry is the ability to consistently deliver high-quality patient care, regardless of their location. There is growing evidence of successful adoption of AI and the Internet of Medical Things (IoMT) for optimum utilisation of resources, improved health care delivery and operational excellence, enhanced patient experience as well as outcomes. These emerging technologies have proven to effectively support chronic disease management through real-time monitoring, drug management, improving the efficacy of medical staff, patients, and inventory tracking, enabling options for remote health monitoring among others.

With increasing internet access and digital literacy across urban and rural settings, we have seen a growing appetite for technology-enabled healthcare solutions among the different stakeholders in the sector. Even before the onset of COVID-19, the government has shown its intent to bolster its healthcare access, delivery, and outcomes by effectively leveraging technology through the National Digital Health Mission (NDHM). As part of this, the government aims to roll out initiatives such as the Electronic Medical Records (EMR), Health Facility Registry (HFR), Digi Doctor, Health ID among others to make healthcare efficient, accessible, inclusive, affordable, and safe. However, even today, technology adoption has been largely driven by the private sector as compared to public healthcare sector.

MDP / Training

S. No.	Program Name	Mode of Delivery	Duration	Date	Number of Participants
1.	Women Entrepreneurship Development Program	Online	Six-week	March 1-April 19	30
2.	Management Training for Administrative Nursing Cadre, Government of Madhya Pradesh (Batch 2)	Campus-based (Offline)	Five-day	March 1-5	22
3.	Management Training for Administrative Nursing Cadre, Government of Madhya Pradesh (Batch 3)	Campus-based (Offline)	Five-day	March 8-12	25
4.	Quantitative Decision-Making Methods in Health care Management	Online	Three-day	March 19-21	8
5.	Management Training for Administrative Nursing Cadre of Government of Madhya Pradesh (Batch 4)	Campus-based (Offline)	Five-day	March 22-26	12
6.	Medico-Legal Training for Healthcare Professionals	Online	Three-day	April 19-21	24

Upcoming

Online Management Development Programs

S.No.	Program Title	Program Director	Date
1	Online Women Entrepreneurship Development Programme (WEDP)- Batch 2	Dr. Sheenu Jain	03/May/2021 - 31/May/2021
2	Lean Six Sigma in Healthcare	Dr. Susmit Jain	28/May/2021 - 30/May/2021
3	Financial Decision Making for Effective Hospital Management	Dr. Prashant Sharma	01/Jun/2021 - 05/Jun/2021
4	Community Based Social Marketing For Health & Development	Dr. Seema Mehta	01/Jun/2021 - 03/Jun/2021
5	Two-Week Online Certificate Course in Research Methods and Data Analytics using R	Dr. Prashant Sharma	14/Jun/2021 - 25/Jun/2021
6	Front Line Managerial (FLM) Effectiveness	Dr. Sandeep Narula	23/Jun/2021 - 25/Jun/2021
7	Healthcare Operations Management - Techniques and Applications	Dr. Susmit Jain	24/Jun/2021 - 27/Jun/2021
8	Promoting Rational Use of Medicines in Resource Limited Settings	Dr. Saurabh Kumar Banerjee	28/Jun/2021 - 02/Jul/2021
9	Building Brand Effectiveness	Dr. Sandeep Narula	26/Jul/2021 - 30/Jul/2021
10	Financial Statement Analysis for Managers of Hospitals and Healthcare Organizations	Dr. Prashant Sharma	26/Jul/2021 - 30/Jul/2021
11	Quantitative and Qualitative Data Analytics using R	Dr. Prashant Sharma	09/Aug/2021 - 14/Aug/2021
12	Effective Healthcare Marketing Strategies in the wake of COVID-19	Dr. Seema Mehta	09/Aug/2021 - 11/Aug/2021
13	Structural Equation Modelling Using AMOS	Veena Nair Sarkar	23/Aug/2021 - 27/Aug/2021

New Initiative

IIHMR BANGALORE | INSTITUTE OF HEALTH MANAGEMENT RESEARCH
South Campus of IIHMR, Jaipur

IIHMR UNIVERSITY

Elective Course on Public Health Nutrition

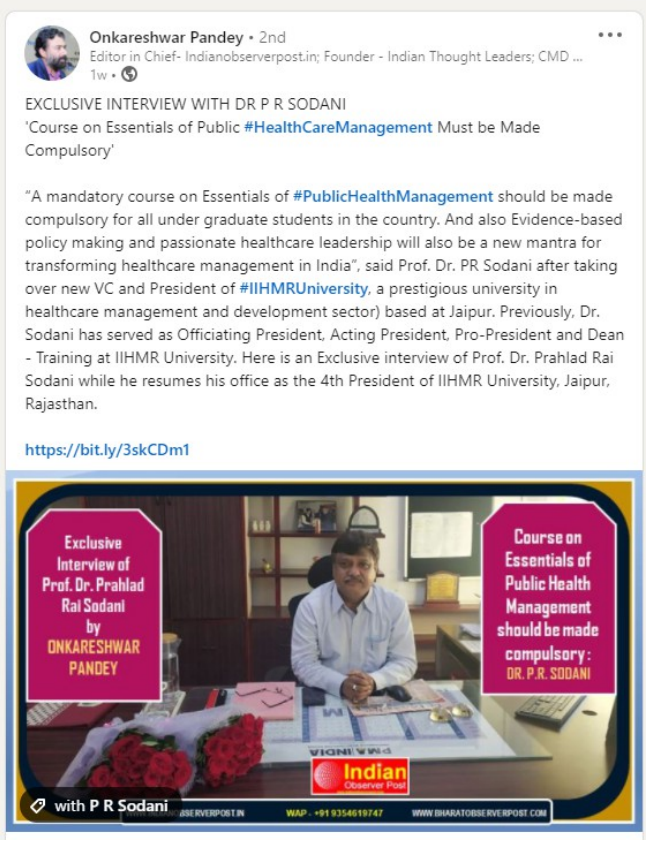
26TH APRIL – 7TH MAY, 2021
6:00 – 8:00 PM

Jointly organized by
IIHMR, Bangalore and IIHMR University, Jaipur

Interviews

A Press Briefing was organized where Dr. P R Sodani, President, IIHMR University and Mr. Anindya Sarangi, CEO, ASQ jointly addressed the media on the "Joint Quality Management Interventions in Healthcare"

Linked in

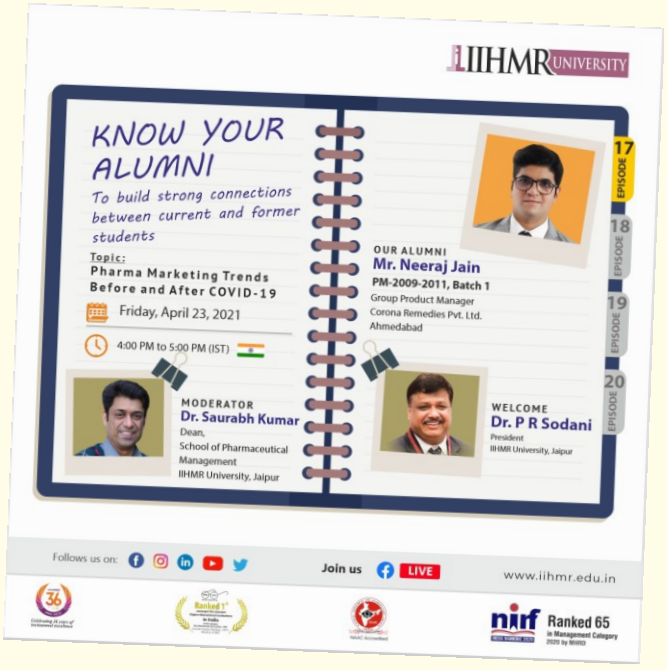


facebook

Alumni

Know Your Alumni

IIHMR University takes the lead to organize a series on **'Know Your Alumni'** specially curated to build a strong connection between the current and former students.



Alumni Achievement

IIHMR University

is proud of you

Ms. Pragya Pranjali
PGDHM, Batch 2005-07

Alumna from PGDHM, IIHMR University Jaipur, of 2005 – 2007 batch, Ms. Pragya Pranjali, who is a Public Health and Population Science professional, has been **awarded at the Power Women Awards 2021 in the category of Best Business Women Award.**

IIHMR University congratulates Pragya on this stellar achievement.

Ranking / Recognition

IIHMR University listed among Tech 100 Higher Education Institutions of India

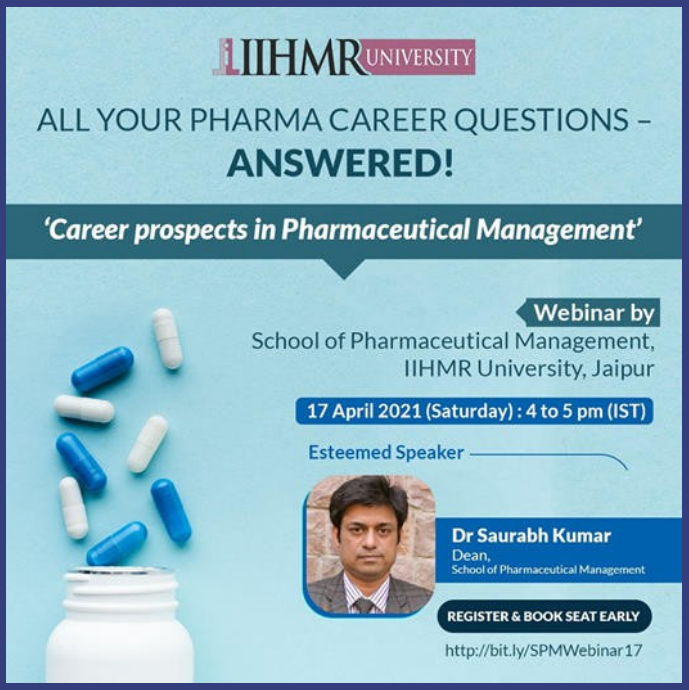
CHANGEMAKERS Award for Top Innovative & Creative Skills Related Initiatives

Dr. Prahlad Rai Sodani – President of IIHMR University – has carved an exceptional leadership journey by being a voice and force of transformation.

It is therefore, a moment of great joy to witness his achievements being recognized and honoured by the CHANGEMAKERS Award, an exclusive initiative by CareerGuide.com to honour visionaries who are altering their domains with inspiration and courage.

Dr. P. R Sodani won this AWARD for Top Innovative & Creative Skills Related Initiatives.

Webinars


IIHMR UNIVERSITY
ALL YOUR PHARMA CAREER QUESTIONS –
ANSWERED!
'Career prospects in Pharmaceutical Management'
Webinar by
School of Pharmaceutical Management,
IIHMR University, Jaipur
17 April 2021 (Saturday) : 4 to 5 pm (IST)
Esteemed Speaker
Dr Saurabh Kumar
Dean,
School of Pharmaceutical Management
REGISTER & BOOK SEAT EARLY
http://bit.ly/SPMWebinar17


IIHMR UNIVERSITY
Envisioning Atmanirbhar Bharat:
Conversation with Dr. Ramanan Ramanathan
Monday, April 5, 2021
05:00 PM - 06:00 PM (INDIA)
Dr. Ramanan Ramanathan
Dr. Prahlad Rai Sodani
Prof. Jyotirmay Mathur
Prof. Puneet Sharma
REGISTER NOW
https://bit.ly/3cK6cJi
Join us
LIVE
Scan QR to Register
Follows us on:
www.iihmr.edu.in
Ranked 65


IIHMR UNIVERSITY
SD GUPTA
SCHOOL of PUBLIC HEALTH
Webinar
Transforming Public Health Education in
Developing Nations
"The COVID-19 pandemic has impacted GDPs all over the world. There is an ongoing global economic crisis."
Dr. S. D. Gupta
Chairperson, IIHMR University
#WorldHealthDay2021

Master Classes

Episode 28: April 03, 2021

What's Driving the Future of Digital Health

Dr. Fahad Mustafa Khan
Senior consultant,
eHealth NSW Health, Australia

Mr. Niladri Majumder
Clinical Data Analytics & Implementation
Lead, University Health Network, Toronto, Canada, Digital Health Expert WHO

Collaborations / Partnership

IIHMR University signed a memorandum of understanding with IWCT

IIHMR University signed a memorandum of understanding with IWCT. The centre will provide relevant information to the visitors and offer evidence-based resources in audio, video, and text formats on multiple dimensions of wellness.

The alliance between IWCT and IIHMR will also enable the latter's Centre for Innovation, Incubation & Entrepreneurship to extend support to the upcoming healthcare start-ups. This MoU is valid for three years

IIHMR University signs an MoU with GATI Intellect Ltd.

IIHMR university signed an MoU on April 15, 2021 with GATI Intellect Ltd. Under this MoU, both IIHMR University and Gati Intellect Ltd would collaborate to start PG Diploma/ Certificate Course/ Management Development Program/ in the domain of Supply Chain and Logistics Management in context of Healthcare, Pharmaceutical and related value chains. This MoU is valid for a period of five years.

Constitution of Various Committees

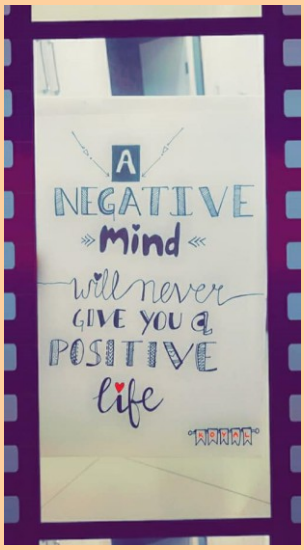
1. Alumni Committee
2. Cultural Committee
3. Hostel and Mess Committee
4. Sports Committee
5. Campus Welfare Committee
6. MPH Admission Committee

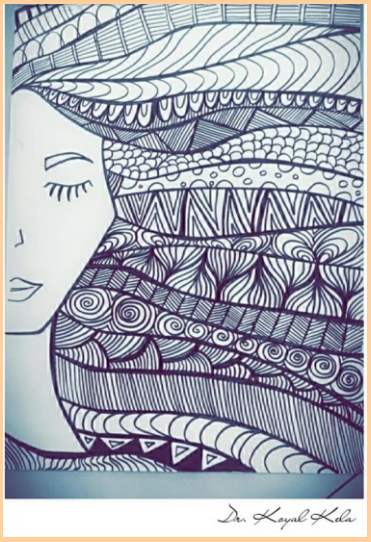
Events

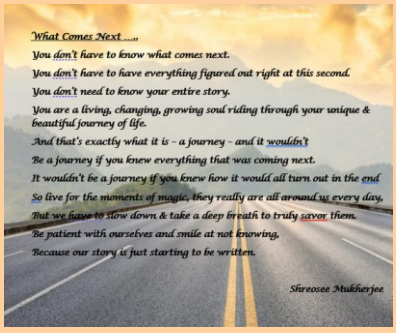
IIHMR University celebrated World Creativity and Innovation Day

World Creativity and Innovation Day is a global UN day celebrated to raise awareness around the importance of creativity and innovation in problem solving with respect to advancing the United Nations sustainable development goals, also known as the "global goals".

Students of IIHMR University celebrated the World Creativity and Innovation Day on April 21, 2021 and shared beautiful pieces of creativity.







Admissions/ Marketing/ Branding

No. of Applications received till April 2021

Program	Total no. of Paid Applications
MBA HM	**440**
MBA PM	**168**
MBA DM	**30**
MBA RM	**15**
MBA DH	**8**
MPH	**133**
Ph.D	**100**
Total	**894**

Overall Followers & Traffic April 2021

Platforms	Status on 1st April	Status on 26th April	Increased / Decreased
Facebook	58924	62116	3192 Increased
Instagram	3349	3409	60 Increased
LinkedIn	8314	8497	183 Increased
Twitter	1724	1734	10 Increased
YouTube	2790	2830	40 Increased
Website Visitors	**10548**		**Total Visitors**

Media Coverage

PR Value Report for the Month of April 2021

Item	Category A		Category B		Category C		Media Value (In Rs.)
	Print	Online	Print	Online	Print	Online	Only Print Media Coverage Value
Press Release	7	36	9	11	40	84	23,22,844/-
Quotes/Inputs	-	1	-	-	-	-	
Articles	-	4	-	-	-		
Electronic Coverage	-	1	-	-	-	2	89,970/-
Total	7	42	9	11	40	86	24,12,814/-

FUTURE ■ HEALTH

आईआईएचएमआर का आईडब्ल्यूसीटी से एमओयू, रिसोर्स सेंटर की हुई शुरुआत

ट्रीटमेंट के साथ 'वेलनेस' को भी मिले प्राथमिकता

डेली न्यूज, mix रिपोर्टर

जयपुर। आईआईएचएमआर यूनिवर्सिटी ने इंडस वेलनेस कोड ट्रस्ट के साथ एक सहमति-पत्र पर हस्ताक्षर किए। ट्रस्ट ने भारत में यूनिवर्सिटी के सहयोग से वेलनेस रिसोर्स सेंटर शुरू किया है। यह पहल पिछले 3 वर्षों में उत्तरी अमेरिका में सिलिकॉन वैली यूएसए के पेशेवर रूप से संचालित सबसे बड़े इंडिया कम्युनिटी सेंटर क्रेक द वेलनेस कोड (आईसीसी-सीडब्ल्यूसी) के सहयोग से की गई है।

वेलनेस रिसोर्स सेंटर का उद्घाटन एसएमएस मेडिकल कॉलेज एंड हॉस्पिटल के प्रिंसिपल डॉ. सुधीर भंडारी ने किया। भंडारी ने कहा कि कोविड- 19 के बाद मौजूदा दौर में चिकित्सकों और रोगियों ने बदलाव को अपना लिया है। जब हम रोग निवारक से जुड़े पहलुओं की तरफ देखते हैं, तो हमें 'वेलनेस' को प्राथमिकता देनी चाहिए। कोविड-19 ने एक किस्म की अर्जेंसी पैदा की है, जिसके बाद वेलनेस की तरफ लोगों का ध्यान गया है। जहां तक वेलनेस का सवाल है, तो यह बहुआयामी है और समग्र स्वास्थ्य, खुशी और कल्याण का कारण बनती है।

लाइफ स्टाइल में आए कई बदलाव

आईआईएचएमआर यूनिवर्सिटी जयपुर के प्रेसीडेंट, डॉ. पी.आर. सोडानी ने कहा कि कोविड-19 ने पूरे स्वास्थ्य क्षेत्र में परिवर्तन की एक नई लहर उत्पन्न की है। इस महामारी ने हमारी जीवनशैली को बहुत बड़ा झटका दिया है और मानसिक स्वास्थ्य पर भी गंभीर चर्चा होने लगी है। इंडस वेलनेस कोड ट्रस्ट के चेयरमैन और फाउंडर नरेन बख्शी ने कहा कि वेलनेस को सबसे बड़ी जरूरत समझा जाना चाहिए। समारोह में यूथ आईकन शिव विनय पांडे की ओर से योग सत्र का आयोजन भी किया गया। डॉ. रश्मि जैन ने सेंटर के बारे में जानकारी दी और न्यूट्रीशन और हैल्दी कुकिंग सेशन भी हुआ। आखिर में वेलनेस पर हुई वेबिनार में डॉ. प्रतीक्षा गांधी, रोहित साबू, नीता बूचरा ने विचार व्यक्त किए।

शहर में वेलनेस रिसोर्स सेंटर की शुरुआत

जयपुर। आईआईएचएमआर यूनिवर्सिटी ने सोमवार को इंडस वेलनेस कोड ट्रस्ट के साथ एक सहमति पत्र पर हस्ताक्षर किए। ट्रस्ट ने देश में आईआईएचएमआर के सहयोग से अपना पहला वेलनेस रिसोर्स सेंटर शुरू किया है। यह पहल पिछले 3 वर्षों में यूएसए के पेशेवर रूप से संचालित सबसे बड़े इंडिया कम्युनिटी सेंटर क्रेक द वेलनेस कोड के सहयोग से की गई है। इस मौके पर एसएमएस के प्रिंसिपल डॉ. सुधीर भंडारी, यूनिवर्सिटी के प्रेसीडेंट डॉ. पीआर सोडानी और इंडस वेलनेस कोड ट्रस्ट के चेयरमैन नरेन बख्शी ने विचार व्यक्त किए।

ऑनलाइन सर्टिफिकेट कोर्स संचालित

जयपुर ◆ आइआइएचएमआर विश्वविद्यालय की ओर से 1 से 10 अप्रेल तक 'इंट्रोडक्शन टू ह्यूमन बायोलॉजी एंड मेडिकल टर्मिनोलॉजी' पर दस दिवसीय ऑनलाइन मुफ्त पाठ्यक्रम आयोजित किया जा रहा है। नॉन-मेडिकल, नर्सिंग और पैरामेडिकल ग्रेजुएट स्टूडेंट्स के लिए यह प्रोग्राम माइक्रोसॉफ्ट टीम प्लेटफॉर्म के माध्यम से शाम 6 से 8 बजे से संचालित किया जाएगा। इस कोर्स में यूएई, सऊदी अरब, ब्राजील, नेपाल, बहरीन और भारत सहित विभिन्न देशों के उम्मीदवार पंजीकृत हैं और कार्यक्रम में सक्रिय रूप से भाग ले रहे हैं। इस पाठ्यक्रम का उद्देश्य मानव शरीर प्रणालियों की संरचना और शारीरिक कार्य के बारे में जानकारी प्रदान करना है, ताकि स्वास्थ्य और विभिन्न शरीर क्रियाओं को समझने में मदद मिल सके। विश्वविद्यालय के प्रेसिडेंट डॉ. पी आर सोडानी ने कहा कि इस कार्यक्रम से बहुत सारे पहलू है जो पेशेवरों को जानना आवश्यक है। इस कार्यक्रम के जरिए विषय को बहुत अच्छी तरह से और सरलता से समझाया जा रहा है। इस दौरान विश्वविद्यालय के चेयरमैन डॉ. एस डी गुप्ता ने भी संबोधित किया।

'Public health bridge between science and society'

EXPRESS NEWS SERVICE
JAIPUR, APRIL 7

PADMA BHUSHAN Prof K Srinath Reddy, president, Public Health Foundation of India (PHFI) on Wednesday said that public health cannot be confined to medicine and health as it is "the broadest bridge between science and society."

Reddy said this at a talk organised by The Indian Institute of Health Management Research (IIHMR), Jaipur, on 'Transforming Public Health Education in Developing Nations' on the occasion of World Health Day.

Reddy said, "To look at how public health education has to be shaped in the rest of the 21st-century, one must address the need of public health. It is essential to see how public health has evolved in the last 100 plus years in terms of the concept of education and its configuration. Public health is the overarching discipline that cannot be confined to medicine and health as it is the broadest bridge between science and society. It is necessary to integrate and address various determinants at the individual level, health system level and community level."

Dr SD Gupta, chairman, IIHMR, said, "Transformation of public health can be led by equity. While the primary points of inequalities have been persistent such as lack of accessibility, affordability, poverty, lack of education, inequitable distribution of income, livelihood, lack of proper nutrition, these gaps have caused major concerns in the health sector. We have been able to fill the gaps for maternal mortality and child mortality to date; however, nutrition has been a challenge. This is primarily due to the above factors playing a huge role."

He stressed the need of promoting four critical actions from global health leadership: working together, improving data collection, identifying and tackling the root cause of inequities and acting beyond borders by sharing resources such as testing kits, treatment drugs, and vaccinations with low-income countries.

आत्मनिर्भर भारत की अवधारणा पर विचार-विमर्श

जयपुर ◆ आइआइएचएमआर यूनिवर्सिटी जयपुर, अटल इनोवेशन मिशन (एआईएम), नीति आयोग और एमएनआइटी के इनोवेशन एंड इन्क्यूबेशन सेंटर (एमआइआइसी) ने आत्मनिर्भर भारत की अवधारणा पर संयुक्त रूप से विचार-विमर्श सत्र का आयोजन किया। इस दौरान आत्मनिर्भर भारत मिशन को व्यावहारिक रूप देने में इंटीग्रेटेड इनोवेशंस, नवीन टैक्नोलॉजी के क्षेत्र में स्टार्ट-अप्स, अटल इनोवेशन मिशन और लोकल से ग्लोबल की भूमिका पर विस्तार चर्चा की गई। सत्र में अटल इनोवेशन मिशन के मिशन डायरेक्टर और निति आयोग के अतिरिक्त सचिव डॉ. रमनन रामनाथन, आइआइएचएमआर यूनिवर्सिटी के प्रेसीडेंट डॉ. पीआर सोडानी और एमएनआइटी इनोवेशन एंड इन्क्यूबेशन सेंटर एमआइआइसी के हैड प्रो. ज्योतिर्मय माथुर समेत अन्य लोग उपस्थित रहे। कार्यक्रम का संचालन टीवी एंकर प्रो. पुनीत शर्मा ने किया आइआइएचएमआर यूनिवर्सिटी के प्रेसिडेंट डॉ. पीआर सोडानी ने अपने विचार व्यक्त करते हुए बताया कि आत्मनिर्भर भारत की अवधारणा में स्पष्ट रूप से संसाधनों की पहचान करना, उनके कौशल को सशक्त बनाने और उस कौशल का सम्मान करने की बात नजर आती है।

आईआईएचएमआर यूनिवर्सिटी ने की श्री पीडी अग्रवाल स्कॉलरशिप की घोषणा

जयपुर (कासं.)। प्रमुख स्वास्थ्य सेवा संस्थान के रूप में प्रतिष्ठित आईआईएचएमआर यूनिवर्सिटी ने श्री पीडी अग्रवाल स्कॉलरशिप की घोषणा की है। इसके तहत मेधावी छात्रों को 1 लाख रुपए की छात्रवृत्ति दी जाएगी और एससी/एसटी/ओबीसी और ईडब्ल्यूएस छात्रों के लिए फ्रीशिप का प्रावधान किया गया है। एमबीए हॉस्पिटल एंड हैल्थ मैनेजमेंट, डिजिटल हैल्थ, फार्मास्यूटिकल मैनेजमेंट, रूरल मैनेजमेंट और डेवलपमेंट मैनेजमेंट कार्यक्रमों के लिए आवेदन करने वाले छात्रों को स्कॉलरशिप का लाभ मिलेगा। आईआईएचएमआर यूनिवर्सिटी के प्रेसीडेंट डॉ. पी. आर. सोडानी ने कहा, 'मेधावी छात्रों को छात्रवृत्ति प्रदान करने का यूनिवर्सिटी का निर्णय उच्च शिक्षा में एक ऐसी ऐतिहासिक पहल है, जिसके माध्यम से युवा और प्रतिभावान उम्मीदवारों के बेहतर भविष्य के लिए निवेश करने का प्रयास किया गया है। हमने वंचित वर्ग के योग्य छात्रों को फ्री-शिप की अनुमति देकर शैक्षणिक योग्यता के आधार पर शिक्षण शुल्क छूट की भी घोषणा की है।'

डॉ. पीआर सोडानी बने प्रेसिडेंट

पत्रिका PLUS रिपोर्टर

जयपुर ◆ आइआइएचएमआर यूनिवर्सिटी के प्रेसिडेंट पद को संभालते हुए डॉ. पीआर सोडानी ने बताया कि यूनिवर्सिटी के प्रेसिडेंट के रूप में नए सफर की शुरुआत करते हुए मुझे अत्यधिक खुशी हो रही है। डॉ. सोडानी को 30 साल से ज्यादा अकादमिक शिक्षक, निर्देशक और संस्थापक का अनुभव है। 2017 से लेकर 2020 के दौरान, पीएमए एजाइल इंडिया कार्यक्रम के लिए डॉ. सोडानी प्रिंसिपल इन्वेस्टिगेटर के रूप में रहे, यह जॉन्स हॉपकिन्स यूनिवर्सिटी यूएसए के सहयोग से चलाया जा रहा था। साथ में फू ड फोर्टिफिकेशन प्रोग्राम के लिए तकनीकी सहायता ईकाई के प्रोजेक्ट डायरेक्टर के रूप में कार्य किया। आइआइएचएमआर के ट्रस्टी डॉ.अशोक अग्रवाल और चेयरमैन डॉ.एसडी गुप्ता ने बधाई दी।

आईआईएचएमआर यूनिवर्सिटी को करियर चेंजमेकर्स अवॉर्ड

महानगर संवाददाता

जयपुर। स्वास्थ्य देखभाल और अनुसंधान संस्थान के क्षेत्र में आईआईएचएमआर यूनिवर्सिटी को करियर चेंजमेकर्स अवॉर्ड से सम्मानित किया गया है। करियर गाइड डॉट कॉम ने टॉप इनोवेटिव एंड स्किल्स रिलेटेड इनिशिएटिव्स कैटेगरी के तहत यूनिवर्सिटी को इस अवॉर्ड से सम्मानित किया। अवॉर्ड समारोह का आयोजन वर्चुअल तौर पर किया गया, जिसमें अतिरिक्त पुलिस महानिदेशक मनीष एस. शर्मा, डॉ. सरिता साहनी, राजनीतिज्ञ घनश्याम तिवारी और शिक्षा उद्यमी और स्टार्टअप ईको सिस्टम के समर्थक प्रणव भाटिया मौजूद थे।

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