

MONTHLY REPORT

MARCH 2022

**INSTITUTE of
HEALTH MANAGEMENT RESEARCH**

**SCHOOL of
PHARMACEUTICAL MANAGEMENT**

**SCHOOL of
DEVELOPMENT STUDIES**

**SD GUPTA
SCHOOL of PUBLIC HEALTH**



Ranked 73
in Management Category
2021 by MHRD



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Dr. P. R. Sodani

President
IIHMR University, Jaipur

Executive Summary

I am delighted to present the activities of the university in the month of March. It was the month of celebration and brought life and colors on campus. We progressed very well in our endeavours and began offline training programs and conducted one on campus and one in Goa. We have also begun international admissions activity in Abu Dhabi and Dubai.

We conducted the meeting of Board of Studies of all schools and reviewed their progress and took vital strategic decisions for the coming year. In the cycle of next year planning, we have devoted a lot of energy to balance the annual budget and in envisioning how IIHMR University might evolve and continue to lead in all its spheres. We are continuously working towards building new programmes and initiatives.

We are grateful to the Board of Management of IIHMR University for their continuous support, guidance, and mentoring in the university's growth and development.

Academics Teaching / Learning / Evaluation

1st Year - MBA

MBA Hospital and Health Management

Mar 07-11

Essentials of Hospital Services

Mar 14-18; Mar 21-25

National Health Programmes

Mar 05, Mar 19

Community Studies (Unnat Bharat Abhiyan)

Mar 28

Exam, Term 3 Courses

MBA Pharmaceutical Management

Feb 28 - Mar 04

Pharmaceutical Marketing

Mar 07-11; Mar 14-18

Business Communication

Mar 21-25

Business Development for Pharmaceutical Industry

Mar 05, Mar 19

Community Studies (Unnat Bharat Abhiyan)

Mar 28-Apr 01

Exam, Term 3 Courses

MBA Development Management

Mar 04; Mar 07-11

Understanding Development Organization

Mar 14-18

Research Methods -I

Mar 21-25

Preparation for Exams

Mar 05, 19

Community Studies (Unnat Bharat Abhiyan)

Mar 28

Exam, Term 3 Courses

2nd Year - MBA (All Programme)

Feb 28-Mar 4

Elective- 1

- Lean Six Sigma (LSS) in Healthcare
- Health Humanities - Arts in Healthcare
- Building Effective Soft Skills

Mar 7-11

Elective - 2

- Introduction of Implementation Science
- Corporate Social Responsibility and Business Ethics
- Supply Chain Risk & Security
- Data management using Excel and State

Mar 14-18

Exam, Term 6 Courses

Mar 21-Jun 17

Dissertation/Internship

MPH Cohort 9

21 Mar-07 Apr 2022

International and Global Health



Inaugural Ceremony of Executive Programmes for National Health Mission, Odisha



Inaugural Ceremony

25 March 2022 at 3.30 pm – 4:30 pm (Virtual)

Executive Masters in Public Health Management (EMPHM)
and
Executive Post-Graduate Diploma in Public Health Financial Management (EPHFM)

for
National Health Mission, Department of Health and Family Welfare
Government of Odisha



Inaugural Ceremony of Executive Masters in Public Health Management (EMPHM) and Executive Post Graduate Diploma in Public Health Financial Management (EPGDPHFM) was organised virtually on March 25, 2022. Over 250 participants attended the programme virtually. There were representatives from NHM Odisha, IIHMR University Jaipur, and IIHMR Delhi.

Dr P.R. Sodani, President, IIHMR University Jaipur presented the overview of the programme on EMPHM in inaugural ceremony.

The EMPHM for National Health Mission, Department of Health and Family Welfare, Government of Odisha, is a two-year executive degree course organized in four semesters. The course is designed to equip public health professionals with knowledge, skills, and competencies, required to manage the public health programmes and delivery system.

EPGDPHFM is a one-year programme especially designed for working professionals to enhance their financial management skills for better decision making under public health environment. Dr. Sutapa Bandopadhyay Neogi, Director IIHMR Delhi, gave overview of EPGDPHFM in the inaugural ceremony.

ARTICLE IN PRESS

Global Asthma Network Phase I, India: Results for allergic rhinitis and eczema in 127,309 children and adults

Monica Barne, MBBS,^{a,b} Sheetu Singh, MD,^c Daya Krishan Mangal, MD,^d Meenu Singh, MD,^e Shally Awasthi, MD,^f Padkuduru A. Mahesh, DNB,^g Sushil K. Kabra, MD,^h Sabir Mohammed, MD,ⁱ Thevaruparambil U. Sukumaran, MD,^j Aloke G. Ghoshal, MD,^k Sanjeev Sinha, MD,^l Sanjay K. Kochar, MD,^l Nishtha Singh, MD,^m Udaiveer Singh, MD,ⁿ Kamalesh Kumar Patel, PhD,^d Arvind Kumar Sharma, MD,^o Bhushan Girase, MPH,^{a,p} Sapna Madas, MSc Statistics,^{a,b} Anil Chauhan, PhD,^d Niranjana Sit, MD,^k Jayaraj B. Siddaiah, DM,^f Virendra Singh, MD,^m and Sundeep Salvi, MD, DNB, PhD^{a,b}

Pune, Jaipur, Chandigarh, Lucknow, Mysuru, New Delhi, Bikaner, Kottayam, and Kolkata, India



Background: The Global Asthma Network phase I study in India aimed to study the prevalence, time trends, and associated risk factors of allergic rhinitis and eczema among 6-7-year-old, and 13-14-year-old school children and their parents. **Objectives:** The objective of the study was to understand the current prevalence and associated risk factors of Allergic Rhinitis and Eczema in India among 6-7-year-olds, 13-14-year-olds and in their parents/guardians for newer directions to health care providers, policy makers and academicians. **Methods:** Cross-sectional, multicenter study using self- and parent-administered questionnaire among randomly selected school children aged 6 to 7 years from 8 centers and 13 to 14 years from 9 centers and their respective parents/guardians across India. **Results:** Prevalence of allergic rhinitis (AR) (%; 95% CI) among 20,084 6-7-year-olds (children), 25,887 13-14-year-olds (adolescents), and 81,296 adults/parents was 7.7% (7.4%-8.1%), 23.5% (23.0%-24.1%), and 9.8% (9.55%-9.96%) and that of eczema was 2.5% (2.3%-2.7%), 3.5% (3.27%-3.71%), and 9.9%

(9.7%-10.1%), respectively. Among 6-7-year-olds, AR and eczema showed a significantly ($P < .001$) declining time trend since the International Study of Asthma and Allergies in school children phase III in 2002-2003. Among 13-14-year-olds, AR ($P < .01$) but not eczema showed a significant temporal decline. Coexisting atopic condition, parental history of atopy, and some environmental factors consistent with previous studies were significant risk factors among children and adolescents. AR or eczema in either parent strongly predicted the same atopic condition among their adolescent offspring. Among adults, coexisting atopic condition was the strongest predictor of either AR or eczema. **Conclusions:** There is a slight declining time trend of AR and eczema in India over 2 decades among children and adolescents. Nearly 10% of Indian adults suffer from AR and eczema. Although genetic factors had the strongest association for AR and eczema among all age groups, certain early-life and environmental exposures need consideration to devise preventative strategies. (J Allergy Clin Immunol Global) 2022;127:1-11.

Key words: Allergic rhinitis, eczema, prevalence, risk factors, India, children, adolescents, adults

From ^athe Chest Research Foundation and ^bthe Pulmocare Research and Education Foundation, Pune, ^cthe Department of Pulmonary Medicine, Rajasthan Hospital, and ^dthe Department of Public Health and Epidemiology, IIHMR University, Jaipur, ^ethe Department of Advanced Pediatrics, Postgraduate Institute of Medical Education & Research, Chandigarh, ^fthe Department of Pediatrics, King George's Medical University, Lucknow, ^gthe Department of Pulmonary Medicine, Jagadguru Sri Shivarathreshwara Medical College, JSSAHER, Mysuru, ^hthe Department of Pediatrics, All India Institute of Medical Sciences, New Delhi, ⁱthe Department of Medicine, Sardar Patel Medical College, Bikaner, ^jthe Department of Pediatrics, Caritas Hospital, Thellakom, Kottayam, ^kthe Department of Respiratory Medicine, National Allergy Asthma Bronchitis Institute, Kolkata, ^lthe Department of Medicine, All India Institute of Medical Sciences, New Delhi, ^mthe Department of Respiratory Medicine, Asthma Bhawan, ⁿthe Division of Research, Asthma Bhawan, and ^othe Department of Community Medicine, Mahatma Gandhi Medical College and Hospital, Jaipur, and ^pPATH India, New Delhi.

This study was funded by the Cipla Foundation, Mumbai, India. Cipla Foundation had no role in data collection, analysis, or interpretation; trial design; patient recruitment; or any aspect pertinent to the study.

Disclosure of potential conflict of interest: The authors declare that they have no relevant conflicts of interest.

Received for publication November 30, 2021; revised January 29, 2022; accepted for publication January 31, 2022.

Available online xxx.

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<https://doi.org/10.1016/j.jaci.2022.01.004>

Allergic rhinitis (AR) is a chronic atopic disease characterized by bouts of sneezing, runny nose, and blocked and itchy nose particularly on exposure to environmental triggers such as dust, smoke, fungi, pollen, or other known allergens.¹ It is common in school children and adolescents, with prevalence ranging between 0.1% and 45% globally.^{2,3} When associated with ocular symptoms, it is termed allergic rhinoconjunctivitis (ARC). Eczema is an atopic skin condition that usually manifests in early childhood as a chronic itchy rash on the flexural surfaces. It is a major predictor for development of AR and asthma later in life.⁴⁻⁶ Both AR and eczema impact quality of life adversely and cause significant economic burden.^{7,8}

The International Study of Asthma and Allergic Diseases in School Children (ISAAC), phase I was initiated in 1995⁹ to study the global prevalence, severity, and association with environmental risk factors of asthma, AR, and eczema using a standardized validated tool and uniform methodology. The ISAAC phase II (1998) aimed at identifying the etiological factors, and the phase III study (2001-2003) was a repetition of the phase I study to assess temporal trends in prevalence.

Publications



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Policy Brief

#03, March 2022

Enhancing Quality at Health Care Facilities through WASH Initiatives: Learning from an Action Research Project in Madhya Pradesh

Goutam Sadhu¹, J.P Singh¹, Anoop Khanna¹, Hemanta Kumar Mishra², Parvinder Sharma³

1. Introduction

To provide basic health care, adequate water, sanitation, and hygiene (WASH) are essential components. In health-care institutions, WASH helps prevent infections and disease transmission, protect health care providers and patients, and maintain the dignity of vulnerable groups such as pregnant women and the disabled¹. Despite this, many health-care institutions lack basic WASH services, jeopardizing their ability to deliver safe care and exposing patients to significant health hazards.

The term "WASH in health care facilities" refers to the infrastructure and services that provide water, sanitation, health care waste management, hygiene, and environmental cleaning in all areas of a facility². WASH services, particularly in maternity and primary care settings, where they are frequently lacking, support essential universal health care features of quality, equity, and dignity for all people. WASH services at health care facilities in all regions fall short of WHO and national standards. As detailed in the Astana Declaration basic WASH services in health-care facilities are critical for providing high-quality care and ensuring that the primary health commitments, are achieved.¹

The major Concerns are that Inadequate Water, Sanitation, and Hygiene (WASH) services at India's health facilities contribute to the country's high neonatal mortality rate, which now stands at 21.7 deaths per 1,000 live births³. This is mostly owing to health-care facilities' ineffective infection prevention and control. Maternal mortality is observed to be greater in hospitals with inadequate WASH facilities⁴.

Women are discouraged from having institutional delivery, due to a lack of access to water and sanitation, or they delay seeking medical help. Healthcare-associated infections can be caused by insufficient WASH and a lack of infection prevention and control measures. *Acinetobacter baumannii*, *Enterococcus faecalis*, *Escherichia coli*, *Salmonella typhi*, *Streptococcus pneumoniae* are some of the pathogens.

The Joint Monitoring Programme (JMP) of WHO and UNICEF, a set of worldwide targets aiming at providing universal WASH services in health care institutions, has provided global figures (HCFs). Many individuals are serviced by health care facilities that lack the necessities for safe, high-quality care, such as water, sanitation, hygiene supplies, and proper bio-medical waste segregation.

¹ Professor, IIHMR University, ² Assistant Professor, IIHMR University, ³ Research Officer, IIHMR University

Training /MDP

MDP on *Leadership and Strategic Management in Healthcare for Senior Management Executives at Goa*



IIHMR University, Jaipur organized, short-duration programme on leadership and strategic management in healthcare from March 7-11 at International Centre Goa, exclusively designed to strengthen leadership and managerial competencies of senior management professionals. This programme was designed to transform senior management executives into high-performing leaders who can capitalize on existing opportunities and organizational strengths for improved management. It provided insights to enable them to manage organizational weaknesses and limitations strategically, thereby delivering effective healthcare services. Through this popular programme, we have delivered significant benefits to participants from public, private and NGOs sectors. The programme provided a unique opportunity to senior professionals to examine current and future challenges and interact with the eminent subject and industry experts.

This programme benefitted 28 participants from Government of Odisha, Government of Uttarakhand and Mahanadi Coalfields Limited (MCL). The participants had varied experience and engaged at senior management levels such as Additional Mission Director (NHM), Additional Director, Joint Director, Chief Medical Officer, Chief Medical Superintendent, Dy. Chief Medical Officer, Medical Officer, Senior Consultant, Project/Programme Manager.

Training /MDP

Training Programme on Comprehensive Primary Healthcare

for

*Madhya Pradesh Health Systems Strengthening
Program Collectives for Integrated Livelihood
Initiatives (CInI) - Tata Trusts*



IIHMR University, Jaipur organized a 3-day Training Programme on Comprehensive Primary Health Care for Madhya Pradesh Health Systems Strengthening Program (MPHSSP) during March 23-25. The MPHSSP is implemented by Collectives for Integrated Livelihood Initiatives (CInI) - Tata Trusts. The major objective of the training programme was to enhance the managerial competencies of the participants for better implementation of Comprehensive Primary Health Care (CPHC) through Health and Wellness Centers.

This programme benefitted 20 CPHC District coordinators working in Madhya Pradesh Health System Strengthening Project (MPHSSP), a collaborative Project of Tata Trusts – Cini and Government of Madhya Pradesh.

Training /MDP



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Cohort 2 (Ongoing)

Feb 05 - Apr 23, 2022

Participants **110**

Participating States **02**

- Chhatisgarh
- Jharkhand

Cohort 3 (Ongoing)

Mar 12 - May 28, 2022

Participants **101**

Participating State **01**

- Madhya Pradesh

Webinar

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4:00 - 5:30 PM

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Mr. Vikas Gupta,
 Co-Founder- 9.9 Group.
 Marketing professional, 35 years
 of experience in consumer
 marketing and sales.

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IIHMR Startups signs MOU with FundEnable a unit of Fortemagna Advisors Pvt. Ltd. for supporting early-stage startups in raising Investment / Seed money



IIHMR Startups (A Unit of IIHMR Foundation) and FundEnable, Mumbai entered a strategic alliance on March 11, 2022. This strategic partnership will support healthcare startups in raising funds or Investments to scale up their venture.

The MoU was signed by Dr. P.R. Sodani, Cofounder and Director, IIHMR Startups & President IIHMR University, and Mr. Vikrant Potnis, Founder-FundEnable and Managing Director - Fortemagna Advisors Pvt. Ltd. The scope of partnership includes providing awareness workshops on raising capital and fund, fundraising resources for startups, Pitch crafting, and providing fundraising and networking support. Drawing from each other's experience this partnership will certainly benefit our students, alumni, and startup community and help them with extensive suite of learning content, tools, and other resources.



Implementation of Unnat Bharat Abhiyan in IIHMR University

Community Engagement Initiative

IIHMR University has been selected as Participating Institution under Unnat Bharat Abhiyan, a flagship programmes of the Ministry of Human Resource Development, Government of India.

The mission of Unnat Bharat Abhiyan is to enable participating higher education institutions to work with the people of rural India in identifying development challenges and evolving appropriate solutions for accelerating sustainable growth.

**Integration of
UBA in Teaching
Calendar of
MBA Programme
2021-22**

**Constitution of the
Faculty Committee
for Planning and
Implementation of
the Unnat Bharat
Abhiyan Scheme**

**Formation of
UBA Student
Committee**

**Orientation
Programme on
Unnat Bharat
Abhiyan**

**Experience
Sharing Session
on Unnat Bharat
Abhiyan –
Success Stories**

**Selection of 5
Villages for
Implementation
of UBA Activity
by IIHMR
Students**

**Registration of
IIHMR
University with
Nodal Agency –
MNIT Jaipur**

International Women's Day 2022 Celebration

Theme : #BreakTheBias



Holi Celebration



AU Bank Jaipur Marathon – 3rd Edition

March 20, 2022



Admission Initiatives

International Admission Initiatives *-by office of International Affairs*



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Admission Initiatives

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Constitution of IPR Cell



Objectives

An Intellectual Property Right Cell (IPR Cell) has been created in the IIHMR University to look after the activities related to the Intellectual Property (IP) of the University, evaluation and filing of patents, copyrights, and design.

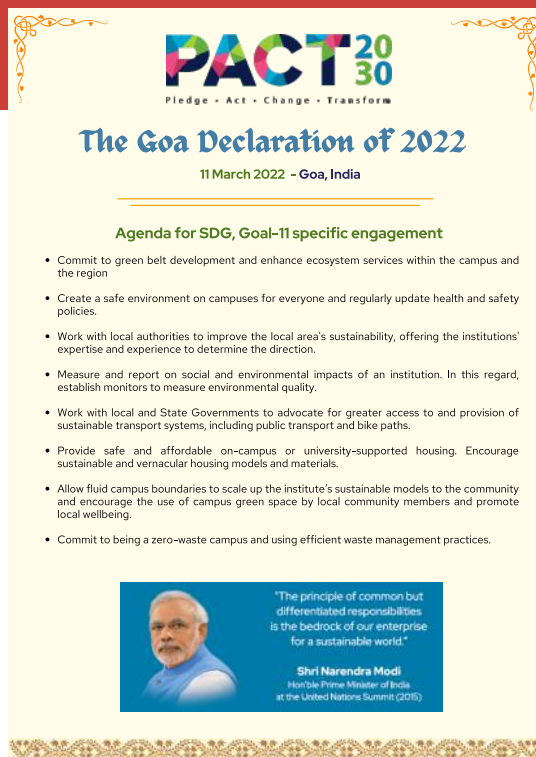
IPR Cell of IIHMR University will provide a platform for all the researchers, students, staff, faculty members, startups, and individuals to interact and discuss various breakthroughs, bottlenecks, and recent developments in research with particular relevance to creating, managing, filing, obtaining, and monetization of the IP assets.

The IPR Cell will work for the management of IP through University's IP Policy. Particular attention will be paid by the IPR Cell to conduct awareness sessions about IPR, guide the stakeholders in the generation and preservation of IP in the university.

Key Functions of IPR Cell

- To create an awareness about IPR and guide the stakeholders.
- To encourage and support, research scholars, faculty members, university staff, and students to involve in patentable IP generation.
- To impart training on future endeavors regarding IP filing processes. Provide support to inventors in novelty check on the IP, facilitate the discussion with IP attorney and enable the filing of IP.
- To work on enabling and supporting technology/IP transfer and commercialization.
- To enable IP Policy adoption and implementation at the university.

Accolades



Accolades

Dr. P. R. Sodani has been conferred with 'Times Power Icons 2022 – Rajasthan' in recognition of his contribution in the field of Health Management Research. The award is in association with CREDAI Rajasthan, ACME, ReNew Power and Times of India. The felicitation was done by Mr. Pratap Singh Khachariyawas, Cabinet Minister, Rajasthan, Bhagyashree, Indian Film actress, (Maine Pyaar Kiya fame) and Dr. Subodh Agarwal, ACS Energy, Mines & Petroleum and CMD, RRECL, Rajasthan.



Dr P R Sodani, President, IIHMR University was felicitated in the field of Health Management & Research

A popular mentor with faculty, students & research scholars

Prof PR Sodani is currently the President of IIHMR University, Jaipur. He is a health economist and public health professor of repute for more than two decades and has mentored faculty, students, and research scholars. He is also a reviewer for reputed national and international journals.



Media Coverage

THE ECONOMIC TIMES

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Over 20 private universities, HEIs sign pact to strengthen India's net zero commitment

PTI > Last Updated: Mar 17, 2022, 03:05 PM IST

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Synopsis

Among the signatories of the declaration are several prominent universities including O P Jindal Global University, Alliance University, IIHMR University, Chandigarh University, Chitkara University, World University of Design, and NIMS University, among others.



(Representative image)

Over 20 Indian private universities and higher educational institutions (HEIs) have pledged for "better and improved" actions to achieve UN's [Sustainable Development Goals](#) (SDG) in their institutions and cities to strengthen India's [net zero](#) commitment.

The institutions signed a "[Goa Declaration](#)" at the conclusion of the three-day [PACT2030 conclave](#), held in Goa last week.

As per the declaration, the universities called for urgent action to further SDG progress from local to global level.

"We, the representatives of higher educational institutions in India, participating in the PACT2030 Conclave held in Goa, India, from 10-12 March 2022, express our consent to be the founding members of PACT2030, and together as a call for urgent action to further SDG progress from local to a global level, declare the following agenda to guide the policies, plans, and operations of our institutions in creating World-Class Sustainable Universities, Sustainable India, and a Sustainable World," the declaration read.

Among the signatories of the declaration are several prominent universities including O P Jindal Global University, Alliance University, [IIHMR University](#), Chandigarh University, Chitkara University, World University of Design, and NIMS University, among others.

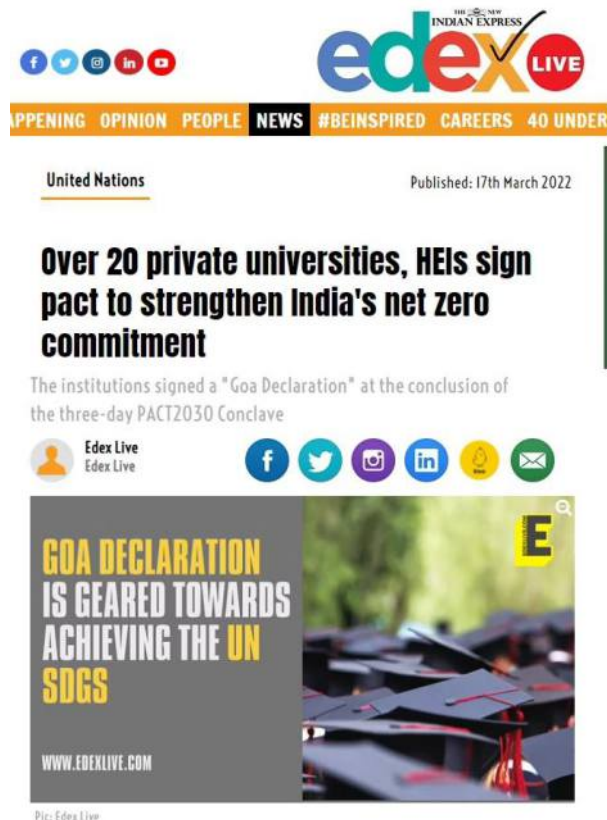
The PACT2030 (Pledge, Act, Change & Transform), a carbon-neutral conclave, was organised by QS I-GAUGE, a renowned agency for ranking of Indian educational institutions, from the UK based QS Quacquarelli Symonds Group. QS I-GAUGE will be the core behind the conclave every year which will be co-hosted by academic institutions.

The "Goa Declaration" is the first of its kind academic declaration towards achieving the UN's sustainable development goals. The conclave was co-hosted by the University of Petroleum and Energy Studies (UPES), Uttarakhand, and Kalasalingam Academy of Research and Education (Deemed to be University), Tamil Nadu.

"The top universities and luminaries of Indian higher education worked towards building consensus and sharing best practices, and perspectives among the delegates of the conclave to lay down a set of principles and promises to achieve sustainable development goals (SDGs), leading to the formation of the 'Goa Declaration'," said Ashwin Fernandes, director for QS I-GAUGE.

"Sustainable Development Goals 2030, originally envisioned by the United Nations (UN), was the foundation for the guidelines that are set in the Goa Declaration Document," he added.

Media Coverage



Over 20 Indian private universities and higher educational institutions (HEIs) have pledged for "better and improved" actions to achieve the UN's Sustainable Development Goals (SDG) in their institutions and cities to strengthen India's net zero commitment. The institutions signed a "Goa Declaration" at the conclusion of the three-day PACT2030 Conclave, held in Goa last week. As per the declaration, the universities called for urgent action to further SDG progress from the local to the global level. The "Goa Declaration" is a first-of-its-kind academic declaration towards achieving the UN's sustainable development goals.

"We, the representatives of higher educational institutions in India, participating in the PACT2030 Conclave held in Goa, India, from 10-12 March 2022, express our consent to be the founding members of PACT2030, and together as a call for urgent action to further SDG progress from local to a global level, declare the following agenda to guide the policies, plans, and operations of our institutions in creating World-Class Sustainable Universities, Sustainable India, and a Sustainable World," the declaration read.

Among the signatories of the declaration are several prominent universities, including OP Jindal Global University, Alliance University, **IIHMR University**, Chandigarh University, Chitkara University, World University of Design and NIMS University, among others.

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THE TIMES OF INDIA

'19% women couldn't access healthcare facilities in 2021'

Says Study By Health Dept & Pvt Research Body During Covid

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Jaipur: Covid affected women in different fronts, from accessing healthcare facilities to reduced household income. While Covid itself was difficult to deal with, curbs prevented women from accessing healthcare facilities.

Due to interrupted availability of family planning services during Covid in 2020-21, about 14% of women reported that their current or previous pregnancy was unintended, says Performance Monitoring for Action (PMA), India, a project on family planning (FP) and other key health indicators disseminated survey results for 2021—released by the reproduction and child health (director), health department, on Monday. IIMMR University implemented the project, PMA India, in Rajasthan.

In 2021, the situation was better than 2020. Nineteen per cent women, who wanted to visit a health facility centre, reported having difficulties accessing the facilities in 2021 compared to 65% in 2020 due to Covid restrictions.

The causes of difficulty in accessing facilities for women included closed facilities, partner does not approve, lack

MAJOR HIGHLIGHTS OF THE REPORT

- While many women started using contraception, some decided to opt out, said women who completed the Phase 1 (2020) and Phase 2 (2021) of the Performance Monitoring for Action (PMA) survey
- 75% of the family planning needs was being satisfied by modern contraceptive methods
- 14% of women reported that their current or previous pregnancy was unintended
- Only 19% of the women, who wanted to visit a health facility, reported difficulties in accessing healthcare facilities, compared to 65% in 2020 due to Covid-19 restrictions
- Availability of nearly all family planning methods at public facilities increased in 2021 as compared to 2021

of transportation, government restrictions on movement, cost, fear of Covid at facility.

The report says, "Fourteen per cent of the health facilities reported that they were closed, while 29% had reduced hours of operation during Covid restrictions."

The women were also affected as they did not get services for family planning. "Among facilities offering family planning services, 10% reported having services suspended during Covid restrictions," says the report, adding that provider-administered methods such as intra-uterine device or female sterilisation were not offered in 18% of facilities that offered family planning services during Covid

restrictions.

Among facilities offering family planning services, 29% reported that the supply of family planning methods had become irregular, while 5% reported it to have completely stopped during the restrictions.

Apart from family planning, the survey also shared findings on Covid from the same households. Among women who reported that their households experienced total or partial income loss in the past 12 months due to Covid, 68% reported having partially recovered some of their losses, while 8% reported no recovery from income loss yet.

More than half of the women who did not use family planning reported that the

non-use was their own decision, while 32% reported it to be a joint decision made with their partner. Trends in modern contraceptive methods reveal that injectables have been rising steadily, while female sterilization remains the most prevalent method in Rajasthan. Family planning method availability in public facilities has improved for all family planning methods since 2020. About 70% of the female clients at health facilities reported having access to affordable family planning method of their choice.

In Rajasthan, data collection was led by the Indian Institute of Health Management Research (IIHMR) under the project PMA India. PMA involves India as one of the programme countries out of the nine countries including Ethiopia, Kenya, Burkina Faso, Nigeria, Niger, Uganda and the Democratic Republic of Congo. IIHMR University implements the project in collaboration with Jhpiego, Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health with support from the Ministry of Health & Family Welfare Rajasthan.



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