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MONTHLY REPORT

MAY 2022

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India Rankings 2021: Management

Contents

Executive Summary

Dr. P. R. Sodani
President
IIHMR University, Jaipur

I am delighted to present the report of IIHMR University, Jaipur for the month of May 2022.

Leadership Certification Programme for Community Health Officers enters it's 5th Cohort from 28th May 2022.

IIHMR Startups (A Unit of IIHMR Foundation) signed MoU with AWS Activate, Arthayan and Apollo Hospital International Limited to support early-stage healthcare startups in enabling tech-support, clinical trials and in raising funds for their businesses.

An Induction Programme for Cohort-1 of Master of Public Health Management Executive batch (EMPHM) for NHM Odisha was organised along with the commencement of Residency-1.

Admission initiatives were taken up to help prospective students about the MBA/MPH programmes and its admission procedures.

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

Academics Teaching / Learning / Evaluation

Internship and Dissertation

MBA- Hospital and Health Management
MBA- Pharmaceutical Management
MBA - Rural Management

Batch 2020-22

Duration - March 21 - July 08, 2022

Summer Internship

MBA- Hospital and Health Management
MBA- Pharmaceutical Management
MBA - Development Management

Batch 2021-23

Duration - April 11 - June 03, 2022

Master of Public Health

Cohort-8
Nov 1- May 6, 2022 Practicum Training

Cohort-9
April 25 – May 6, 2022 Quality Management in Health Care

Ph.D. Programme

Cohort-9 : Course Work 1
April 26 – May 4

- Health Systems
- Ethics in Research
- Plagarism, Mendeley, Online Free Research Tools
- Advanced Excel
- Epidemiology

Executive Education

Cohort -1
Batch 2021-23

Master of Hospital Administration (Executive)
May 23 - June 04 Sem 2, Residency 2

Master of Public Health (Executive)
May 23 - June 04 Sem 2, Residency 2

INDIAN JOURNAL OF SCENCE AND TECHNOLOGY

RESEARCH ARTCLE

A Dire Need to hcorporate Hospital hformation System in Paramedics' Curriculum: Evidence from Private Hospitals' Paramedics of Delhi-NCR, hdia

Fahad Afzal[1]*, Satya Mehra[1], Hemant Kumar Mishra[2]

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2 Assistant Professor, School of Development Studies, HMR University, Jaipur, hdia

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Abstract

Background: Hospital hformation System (HS) is used to improve intra-organizational communication and retrieve digital copies of medical records. h hdia, approximately 300,000 paramedics passed out annually from 8500 institutes, without HS knowledge. h lack of trained paramedics, and unseen expenditures to train them, it is required to understand what is needed to augment efficiency in hospitals for generating revenue. **Objective:** The current paper aimed to bring attention about how HS user comfortability is influenced through work experience in years, personal usage of computer for self-work, and hospital size (bed strength) where paramedic works. This is essential to improve work efficiency and enhance the quality of services. **Methods :** A cross-sectional study with 505 paramedical staff through snowball sampling was interviewed online through a pre-tested schedule in Delhi-NCR. The sample size was calculated using Cochran's formula, considering the 50.0% prevalence of untrained paramedical on HS. Correlation, regression, and Pareto analysis were conducted in SPSS (version-22.0). **Findings:** Although HS awareness is high, 97% respondent did not receive any kind of computer education. 75% of them owned it through on-job experience and 96% of the respondent agreed that HS training should be inculcated in academics. The correlation and regression association were found positive between "hospital work experience" (R^2 = 0.72), "numbers of hours computer used in a week" (R^2 = 0.92) with "average comfortability score of using HS". **Novelty:** This paper brings forth the idea of understanding "average HS user comfortability score" and "prevalence of HS training in paramedic academic". The full potential of HS to generate business is underutilized in hdia. This could be achieved by modifying existing paramedic curriculum. Currently, majority of problems associated with the HS use is rectified by swift T support, and intensified on-job-training, however it could be mitigated by intervention in the form of mandating HS training in academic.

ORIGINAL ARTICLE e-ISSN: 2349-0659 p-ISSN; 2350-0964

Factors Related to Health Service Utilization among Adolescent Girls in Urban Slums of Jaipur, India

Rajnish Ranjan Prasad[1]*, Anoop Khanna[1], Hemant Dwivedi[2], Divya Santhanam[3]

Abstract

Objective: This study aimed to determine the factors associated with health-care service utilization among adolescent girls in urban slums in Jaipur, India. **Material and Methods:** A cross-sectional study of 417 adolescent girls was conducted. Descriptive statistics, Chi-square, and bivariate and multivariate logistic regression were used to analyze the data and determine the factors associated with healthcare service utilization. **Findings:** Only 48.2% of girls with health problems visited health-care facilities for treatment. About 68.6% delayed treatment by 3 or more days after the onset of symptoms, and 85.6% first tried remedies available at home. Girl's education (adjusted odds ratio [AOR] = 2.7; 95% confidence interval [CI] = 0.65– 8.57), mother's education (AOR = 3.43; 95% CI = 1.2– 9.96), father's income (AOR = 2.2; 95% CI = 0.76– 5.32), mother's income (AOR = 3.67; 95% CI = 1.03– 11.18), and counseling by field health workers (AOR = 3.23; 95% CI = 1.18– 7.89) were factors significantly associated with utilization of health services. Girls cited parental neglect of their health, insufficient funds, lack of privacy, and inconvenient assessment times at health facilities as major barriers. **Conclusion:** The findings from the study show that the utilization of facility-based health services among adolescent girls is low, and there is a significant postponement in visiting health facilities after the onset of symptoms. There is a need to create community-level awareness, improve outreach by field health workers, ensure privacy in health-care facilities, and improve facility-based health service utilization among adolescent girls.

Keywords: Adolescent girls, Adolescent health, Health service utilization, Urban slums

Asian Pac. J. Health Sci., (2022); DOI: 10.21276/apjhs.2022.9.3.21

Introduction

Adolescent girls suffer disproportionately from health and social risks in many parts of the world due to prevailing gender and social norms and androcentric worldviews. A report from the United Nations Children's Fund (UNICEF), UN Women, and Plan International shows that 5.5 million more girls between the ages of 15 and 19 were out of school than boys at the primary level and 25.1% of these girls were neither employed nor in training compared to only 10.0% of boys.[1] Further, report from UNICEF highlights that 21.0% of young women (20–24 years) were married as children, negatively impacting their physical and social well-being.[2] India is home to around 120 million adolescent girls.[3] Many girls face several challenges which have long-term adverse effects, including child marriage, malnutrition, gender-based violence, lack of awareness on health issues, and neglect of their health.[4] The findings from National Family Health survey show that 25.4% of young women (aged 20–24 years) were married before the age of 18 years and 3.7% girls in the age group of 15–19 years had either already become mother or were pregnant at the time of the survey.[4] The survey also finds that 54.1% of adolescent girls in the age group of 15–19 in India were anemic.[4]

As per the Census 2011, 31.1% of the country's population lives in urban areas and 17.4% of total urban population lives in slum areas.[3] Post-independence, the primary focus of Government of India was on strengthening health services in the rural areas, as availability and accessibility of health services in the rural areas were considered big challenge.[5] However, there is growing recognition that health services in the urban areas specially for the poor and the people residing in the slums need to be improved.[6] As the proportion of the population residing in urban areas increasing, the issue of urban health is gaining more attention.

Studies have shown that adolescent girls in urban slums suffer from health complications due to unhygienic living conditions, poverty, inadequate health services, and lack of basic amenities.[7,8] It is also important to note that adolescent girls are not a homogenous group, and there are differences depending on the caste, education level, and economic status.[8] Several studies have been done on determinants of health-seeking behavior and access to health-care services among adolescent girls and women in the rural areas.[6,9] However, studies on factors related to adolescent girl's utilization of health services, in urban slum setting, are very few. Some studies, which have been done on adolescent girls in urban slums, are primarily focused on assessing the nutritional status and menstrual hygiene.[9,10]

In 2014, Ministry of Health and Family Welfare, India, launched Rashtriya Kishor Swasthya Karyakram (RKSK) to provide quality health services to adolescent in the country.[11] However, the initiative is primarily focused on adolescent in rural areas with coverage of only 1–2 facilities such as district hospital and subdistrict hospitals in the district headquarters/urban areas and does not give sufficient attention to address the health needs of adolescent girls in urban slums.[11] This study was undertaken

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Publications

118 *Indian Journal of Public Health Research & Development, April-June 2022, Vol. 13, No. 2* DOI Number:10.37506/ijphrd.v13i2.17903

Factors Influencing the Magnitude of Menstrual Problems among Married Pre-menopausal Women of Rural Puducherry District

P. Sarala Devi[1], Arindam Das[2]

[1]Research Scholar in Public Health, Department of Public Health, [2]Associate Professor & Dean Research, IIHMR University, Jaipur

Abstract

Among rural women of India, the magnitude of menstrual problems is fairly large. Such problems will be still large enough among those who are at pre-menopausal ages. In view of this, we made an attempt here to understand the magnitude of menstrual problems among rural women and tried to identify the key factors influencing the same. The data has been collected from 780 married pre-menopausal women (aged 35–49 years), who are selected from 30 villages of five communes in Puducherry district. Descriptive and inferential statistics as well as linear regression technique adapted. Around 63.5 per cent of sample women perceived to be suffering from one or the other menstrual problems. Results of multiple linear regression analysis suggest that the likelihood of women suffering from menstrual problems is positively associated with current age, pregnancy wastage and ever used oral contraceptive pills or IUCD. Conversely, such probability is found to be negatively associated with years of schooling, family monthly income, grading of occupational status, menstrual hygiene and extent of freedom of movement. Efforts may be taken to improve the socio-economic conditions and imparting good menstrual hygienic practices among rural women though the Government resources, NGOs and Voluntary Organizations.

Key Words: *Menstrual Hygiene, Menstrual Problems, Multiple Linear Regression,*

Introduction

In India, rural women, to a large extent, suffer from one or more number of menstrual problems. This is mainly due to the fact that women first of all do not know whether the problems, which they perceive on symptomatic basis, are related to menstruation or not. Further, even if they know, they many not take treatment at the earliest mainly due to 'culture of silence' as they are menstrual / gynaecological related. Under these circumstances, these simple problems would develop to complicated ones and also cause some more related problems. Another worth noting point here is that women who are in their later part of reproductive ages (say 35 years & above) are more likely to suffer from menstrual problems due to various reasons like irregular menstrual cycles due to nearing menopausal age, occurrence of secondary sterility, use of contraceptive methods (especially temporary), number of pregnancies and/or reproductive wastage

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Amity Journal of Management Research

Factors of Customer Relationship Management affecting Loyalty of International Patients: An Empirical

Huma Sethi
IIHMR University, Jaipur, India

Abstract

This paper aims at exploring the factors of customer relationship management contributing to the loyalty of international patients. The study comprised of a mixed-method (qualitative and quantitative) wherein the quantitative study was carried out through probability sampling technique comprising of the sampling frame consisting of the hospitals in Delhi/ NCR region of India and the study sample comprised of the international patients/attendants at the time of discharge or after discharge treated at the hospitals under study. A structured questionnaire was formulated considering the drivers of CRM as per the extensive literature review. The data for the study was collected through cross-sectional survey via personal interviews of the participants and the responses were gathered using Likert scale. The strength of the relationship between the factors of CRM and loyalty was estimated using multiple regression analysis, and trust was found to be the most significant factor contributing towards the loyalty of international patients. The qualitative study was carried out through a focus group discussion wherein the respondents of the study were the employees working in the business development and international patient services departments of the hospitals under the sampling frame chosen for a quantitative study.

Since there have been very limited studies of this kind that have been undertaken concerning the Indian hospitals, this study is one of its kind which shall highlight the important factors as perceived by international patients and employees of the hospitals and thus can further be utilized by the corporate hospitals to strategise their business processes to make the most out of this emerging area of medical tourism.

Keywords: Customer relationship management, Customer Loyalty, Exploratory Factor Analysis, Medical tourism, Focus group discussion

JEL Classification: M10, M14, M16, M20, M31

Paper type: Research paper

Introduction

Customer relationship management is described as a customer-centric foundation focusing on the interactive and relationship aspects of an organization, thus allowing the businesses in

Publications

48 *Indian Journal of Public Health Research & Development, April-June 2022, Vol. 13, No. 2* DOI Number: 10.37506/ijphrd.v13i2.17892

Augmentation of Alderfer's ERG Needs Conducive in intent to Stay of Rural CHC Doctors in Tamilnadu: Structural Equation Modelling with Smart PLS

J. Shanmugapriya[1], Seema Mehta[2], Tanjul Saxena[3]

[1]Ph.D. Scholar, [2]Associate Professor, [3]Former Associate Professor, Institute of Health Management Research, IIHMR University, Jaipur

Abstract

This research article examines how to motivate the doctors to stay in rural locations. The study observed the impact of ERG needs on CHC doctors' intent to stay in rural Tamilnadu. A connection was made between ERG needs and intent to stay. It is a cross-sectional analytical approach to collect primary data from 318 doctors using a standardized questionnaire with a 5-point Likert scale. 'Growth needs' was shown to be the most important predictor of rural CHC doctors' intent to stay. Researchers and practitioners of public health can utilize this validated ERG instrument to investigate doctors' motivation for rural posting in India.

Key words: *Rural CHC doctors, ERG dimensions, Intent to Stay, structural equation modelling.*

Introduction

Unequal health workforce distribution is a global issue. According to the Global Health Observatory, almost 40% of WHO member nations have less than ten medical physicians per 10,000 people, and 26% have less than three. India has less than ten physicians per 10,000 people.[1]Tamilnadu is one of India's biggest states, with 97.35 percent of the land being rural and a rural population of 37229590 in 2011.[2]The aim of Health Sector 2023 is for Tamil Nadu to become India's leading state in increasing the standard of health care delivery by guaranteeing universal access to health facilities, expansion of primary healthcare and upgradation of medical colleges to worldwide standards.[3]However building infrastructure without human resources is futile. The government approved more GDMOs to meet the rising population's healthcare requirements but the number of shortfallremain 179 in 2020.[4]The vacant posts in coming years are another paradox, as GDMOs have a state of the intent to leave CHCs once after completing their PG training.[5]It was spelt out by Bailey, PG education emerged as the crucial factor in career choices.[6]Another major challenge is massive shortage of specialists in CHCs. As per the Rural Health Statistics data 2020, there is a deficit of 1312 specialists in rural CHCS of Tamilnadu,despite one doctor per 253 people is accessible.6 states have more doctors than WHO 1: 1000 guideline and Tamilnaduhas as high as 4 doctors per 1000 population, and in the first place. Skewed distribution of doctors is bigger problem than shortage.[10] since

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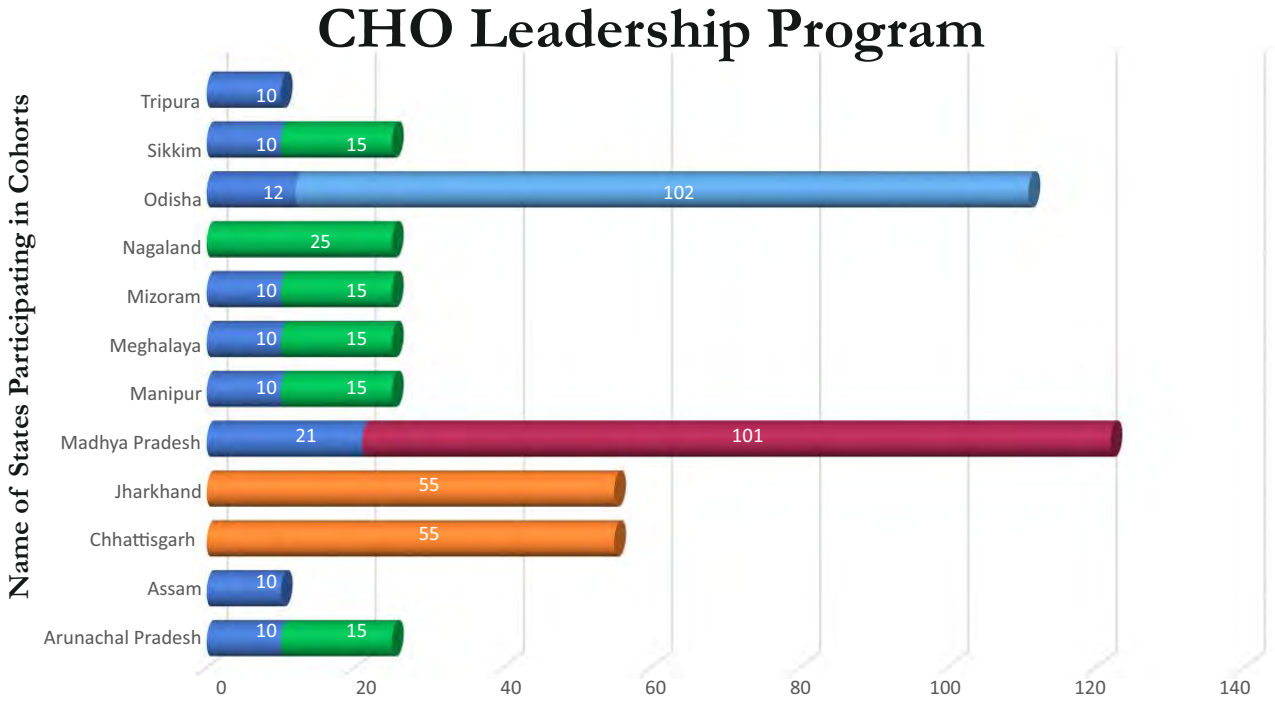
Training

Leadership Certification Programme for Community Health Officers

(A 10-week online training programme of 40-hours, covering 7 modules)



Cohort Completed

Cohort 1
Nov 20, 2021 - Feb 11, 2022
Total Participants - **103**

Cohort 2
Feb 05 - Apr 23, 2022
Total Participants - **110**

Cohort 3
Mar 12 - May 28, 2022
Total Participants - **101**

Ongoing Cohort

Cohort 4
April 23 - July 02, 2022
Total Participants - **100**

Cohort 5
May 28 - Aug 06, 2022
Total Participants - **102**

Forthcoming Cohort

Cohort 6
Jul 01 - Sep 23, 2022

Cohort 7
Aug 06 - Oct 15, 2022

Cohort 8
Sep 10 - Nov 19, 2022

Cohort 9
Oct 15 - Dec 24, 2022

Webinar


FAT TO FIT PROGRAM : 6 SESSIONS
OBESITY MANAGEMENT AND REVERSAL
SESSION 4
SLEEP MANAGEMENT FOR OBESITY
A PSYCHOLOGICAL AND YOGIC PERSPECTIVE
Bonus: Live Yoga Session
GUEST SPEAKERS
Sneha Vashisht
Internationally Certified Psychotherapist & Psychologist MBCT & CBT Practitioner
Sharad Kamra
Art of Living Facilitator Certified Level - 3 Yoga Instructor & Evaluator, Ministry of Ayush
Moderator
Dr. Rashmi Jain
Gynecologist & Laughter Yoga Ambassador
Key Takeaways
Understand the connection of obesity and sleep disorders
Develop good sleep hygiene
Know aids and techniques to manage healthy sleep cycles
Experience the power of yoga for Obesity and deep sleep
Keep your yoga mat ready
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Understanding Implementation Research and Science:
Why a course is needed for the benefit of Global Health
Tuesday, 17th May, 2022
2:00 – 3:00 PM (Geneva Time)
5:30 – 6:30 PM (IST)
Special Address
Dr. S.D. Gupta
Trustee Secretary
Indian Institute of Health Management Research, India
Welcome Address
Dr. P.R. Sodani
President
IIHMR University
Jaipur, India
Speakers
Moderator
Dr. Mahnaz Vahedi
MD, MiPH, Scientist
TDR, Research Capacity Strengthening
Dr. D.K. Mangal
Advisor
S D Gupta School of Public Health, IIHMR University, Jaipur, India
Dr. Vinod kumar
Dean
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Coordinator
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FAT TO FIT PROGRAM
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OBESITY MANAGEMENT AND REVERSAL
MINDFUL EATING AND MICRO MANAGEMENT OF MEALS FOR OBESITY
Diet Myths busted. Mindful eating & Health connection Decoded
22nd May 2022 | Time: 11:00am - 12:30pm
GUEST SPEAKERS
MODERATOR
Sneha Vashisht
Psychotherapist & Psychologist
Dr. Vandana Garg
Nutritionist
Dr. Rashmi Jain
Gynecologist
Key Takeaways
Understand mindfulness | Know health benefits of mindful eating | Understand your body's micro and macro nutrient needs
Learn best practices for nutritional planning | Preparing meals without compromising on your taste buds
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Webinar


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ACIC-BMU PRESENTS
SESSION ON BUSINESS MODEL CANVAS
DATE & TIME
21st May, 2022
Starts at 3:00 P.M.
Register here
Mr. Rahul Pandey
Founder-Pulpy Dive
Mr. Sudhakar Paul
Incubation Manager
AIC-AUDF
INSTITUTION'S INNOVATION COUNCIL
IIHMR UNIVERSITY
Institute of Innovation & Entrepreneurship (I²E)
teri school of advanced studies
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BML MUNJAL UNIVERSITY
A HERO GROUP INITIATIVE
ACIC-BMU PRESENTS
How to plan for Start-up and legal & Ethical Steps.
DATE & TIME
26th May, 2022
Starts at 6:30 P.M.
Register here
Mr. Amitava Banerjee
Former Consultant,
NFCG (PPP by MCA, Govt of India)
ACS, LLB, M. Com, B. Com, Dip in Business Laws (NUJS, Kolkata)
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Health Innovation Challenge

Know Your Alumni

MasterClass

MoU

IIHMR Startups partnered with AWS Activate, Arthayan and Apollo Hospital International Limited for supporting early-stage startups in technology assistance, raising funds and clinical research

IIHMR Startups (A Unit of IIHMR Foundation) signed MoU with AWS Activate, Arthayan and Apollo Hospital International Limited on 2nd May, 15th May and 18th May, 2022 respectively. These strategic partnerships will support early-stage healthcare startups in enabling tech-support, clinical trials and in raising funds for their businesses.

Partnership with AWS Activate will support early-stage startups to avail AWS credits worth $5000 for 2 years, AWS Support credits worth $1500 for a year, training credits, exclusive offers, go-to-market support and more. These benefits are designed to give startups right mix of tools, resources, and expert support to quickly get started on AWS and grow their business.

The MoU with Arthayan will help startups in funding facilitation and getting management advice. Their proprietary tech matches startups to VCs based on their investment thesis.

Strategic partnership with Apollo Hospital will support startups in clinical research, validation in Medtech and Healthtech devices and access for CSR funding.

Induction Programme for EMPHM Cohort-1

May 02, 2022

An MoU was signed between Odisha State Health & Family Welfare Society, Department of Health & Family Welfare, Government of Odisha and IIHMR University for conducting Master of Public Health Management (Executive), two-year programme. Residency 1 of this programme started with induction of the batch on campus.

Admission Initiatives

Admission Initiatives

World No Tobacco Day

Oath Taking Ceremony

May 31, 2022

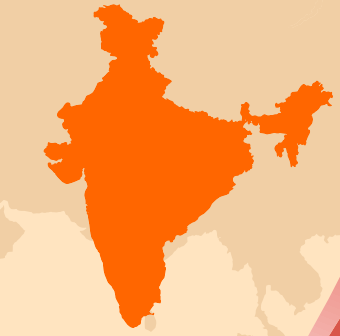
Ranking

Everyday We Grow!

EDUCATION WORLD
Survey rankings obtained in Education World 2022-2023

2nd All India Rank

*Under **Private Medical and Life Science Universities***



Media Coverage

THE TIMES OF INDIA

After bringing mgmt expertise to healthcare, IIHMR wants to focus on innovation

University President PR Sodani Says World Health Organisation Recently Selected It As One Of 7 Global Institutes To Offer Masters In Public Health In Implementation Science

TIMES BAZAAR

Srikanta.Tripathy
@timesgroup.com

When resources are scarce, priority should be in getting maximum bang out of the buck. But that's not always the case when it comes to the country's public health management. That India spends just about 1.4% of GDP against over 10% by many developed countries is essayed endlessly.

The predicament was not lost on Dr Ashok Agarwal when he returned to India after completing his Masters in Public Health Management (MPH) from Johns Hopkins University, USA. An MBBS from Kolkata, Dr Agarwal was bubbling with ideas to bring in research, strategy, capacity building to the bumbling healthcare delivery.

The family wanted to have an institution in memory of their father PD Agarwal, who had left Churu for Kolkata in difficult situations and then went on to set up the Transport Corporation of India. A medical college could have sat well keeping in the social conscience of the project they were looking for. But Dr Agarwal knew that the performance of health systems is low due to management failures. Before setting up the project, he met hundreds of people in policy making, healthcare services, management, and academia in India and abroad.

PR Sodani, current president of IIHMR University, Jaipur, says, "Initially, the concept attracted a mixed response, but he went on with his conviction and opened the Indian Institute of Health Management Research (IIHMR) in 1984."

IIHMR University president PR Sodani

It was a novelty in India, but soon attracted a lot of attention from governments and the private sector to strategise and plan for rolling out their public health programmes and managing hospitals.

"IIHMR broke new ground in research, education, and capacity building. Extensive research in areas of health systems and policy, programme management, health economics, human resources, communication, supply chain and pharma management significantly helped the central and state governments implement national health programmes and management of district hospitals," says Sodani.

Over the past 38 years, while retaining its uniqueness of carrying out research and capacity building, it has innovated new ways of bringing efficiency to healthcare service delivery. From research, the university entered education with a post graduate diploma in hospital and health management in 1994-95. In 2014, it was incorporated as IIHMR University offering MBA programmes in hospital and health management, pharmaceutical management, and development management.

Later, it collaborated with Johns Hopkins University for MPH. Recently, it has been identified among seven institutions globally by WHO for offering MPH in implementation science. "The university is creating a critical mass of researchers in health systems through its PhD programmes," says Sodani.

The research provided new opportunities of innovations for the students which created their role in the industry to support in management around the globe. "Over 4,000 alumni of IIHMR are working in reputed organisations in government and private organisations, both in India and abroad," adds Sodani.

Besides, Sodani says IIHMR University is working on implementing recommendations of National Health Policy 2017 by creating 'human resources for health' and providing higher education courses to potential students.

"Recently, the Odisha government inked an MoU with IIHMR for creating a pool of public health management professionals. Over the years, IIHMR has attracted participants from more than 40 countries for enhancing their public health management skills. While research was the prime focus initially, now education is also coming in a big way," adds Sodani.

Besides Jaipur, it has two more campuses, one each in Delhi and Bangalore, with a cumulative capacity of over 500 students.

On the road ahead, IIHMR has a few more ideas on its sleeve. "We want to start more programmes since we are a university. It would be in health-related areas, medical devices, digital health, entrepreneurship, and innovation. We are talking to international agencies for collaboration and development of new courses and are thinking of opening an incubation centre on our campus here," adds Sodani.

Media Coverage

DAILY FROM: AHMEDABAD, CHANDIGARH, DELHI, JAIPUR, KOLKATA, LUCKNOW, MUMBAI, NAGPUR, PUNE, VADODARA • POSTAL REGN. NO. JAIPUR CITY/014/2021-23

The Indian EXPRESS

JOURNALISM OF COURAGE

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IIHMR

After the success of 1st edition of Grand health Innovation Challenge, IIHMR Startups, a unique and only Health Incubator in Rajasthan has launched new Health Innovation challenge for health based startups. Applications for solutions are invited from pan India, on the theme of Telehealth & Telemedicine, Digital Therapeutics & New Business Models, Tech-led Innovations in Healthcare, Healthcare Analytics, mHealth, Billing & Fintech, Wellness & Organic Products, Medical Tourism. Original and innovative ideas from health sector is welcomed in this challenge for pitching. With the world moving towards new normal, healthcare needs are still on rise, and its time for startups to come forward and bring innovative solutions to tackle country's health-based needs. IIHMR has 37 years of legacy in supporting health management education, and now with their new wing IIHMR startups they wish to transform the healthcare sector in the country and looking for future ready solutions. Speaking about the Health Innovation Challenge, Dr. Sheenu Jain, Co-founder & Director IIHMR Startups said that 360* support will be provided to selected ideas to nurture their Innovation and make them scalable and sustainable and solve society's problems. We are very excited to receive overwhelming response from all parts of the country. We shall be selecting top 15 entries and they will present their idea to pool of expert mentors and seed money will be given to final selected ideas. Last date to apply for challenge is May 20.

Media Coverage

DR. P.R. SODANI

DEDICATEDLY REFORMING HEALTH AND EDUCATION SECTORS

A PUBLIC HEALTH SPECIALIST WITH A DOCTORATE IN HEALTH ECONOMICS, DR. SODANI HAS RECENTLY STARTED HIS TENURE AS THE PRESIDENT OF IIHMR UNIVERSITY, JAIPUR. A VISIONARY IN THE FIELD OF EDUCATION, HE HAS BEEN CREATING A POSITIVE IMPACT THROUGH TRAINING & RESEARCH ALONG WITH HIS OUTSTANDING SERVICES AS A CONSULTANT

STELLAR EDUCATIONAL BACKGROUND

Dr. Sodani has greatly contributed to setting up the Indian Public Health Education Institutions Network (IndiaPHEIN) and he holds the position of Secretary in IndiaPHEIN today. His career at IIHMR University is marked by an immensely progressive approach. He created a corporate culture at the university that has allowed it to evolve and benefit thousands of students.

Dr. Sodani earned his Ph.D. in Economics, with a focus on Health Economics, from the University of North Carolina, US. Thereafter, he obtained a Master's degree in Public Health. He went on to gain immense experience, which has helped him serve more people with greater proficiency. With over 2 decades of experience in the education sector, he set up the Centre for Health Economics at the University and is also the Founder Director of the Centre. Dr. Sodani has served in several roles including that of the Officiating President, Acting President, and Dean Training. His work does not restrict him to teaching at IIHMR but he has engaged himself in different assignments for the World Bank, WHO, BMGF, GAIN, UNFPA, UNICEF, Development Partners, and various governments.

Dr. Sodani's top-notch experience in tertiary-level teaching is unmatched. He believes in constructing a substantial learner-based educational and professional environment. He has achieved immense success in all verticals and teaches the MPH program with the Department of International Health at the Johns Hopkins Bloomberg School of Public Health, USA. He has extensively contributed towards the consulting and networking areas along with training, research, and education on Indian and global platforms.

CROWNING ACHIEVEMENT

Dr. Sodani has recently published a book on Managing Quality in Healthcare that has been widely distributed in India and abroad for public health courses. He is the Associate Editor of the Journal of Health Management, a peer-reviewed international journal published by SAGE. Dr. Sodani's quest to be the best is made evident by his various pursuits. He has joined hands with the South-East Asia Public Health Education Institutions Network (SEAPHEIN) as a Secretary-General. Dr. Sodani's remarkable entrepreneurial qualities have helped him in organizing numerous national and international programmes. He endorses and updates health professionals in popularising Public Health Leadership, Strategic Management, Public Health Education, Health Economics, Health Financing, and Hospital Management Education.

GARNERING GLORY

Dr. Sodani's dedication and commitment to the betterment of society and contribution towards promoting food fortification in Rajasthan has been recognized by the Global Alliance for Improved Nutrition (GAIN). He has been awarded the Outstanding Achievement Award for the same. For lending a helping hand to promote Public Health Education in the WHO South-East Asia Region, he was honoured with the Public Health Education Leadership Award by SEAPHEIN. One of the most decorated awards received by the professor is 'Dr. APJ Abdul Kalam Life-Time Achievement Nation Award' for his phenomenal achievement in teaching, research, and publication.

He has been adeptly guiding institutions as well as for educational policy creation and practice development in a range of countries including Afghanistan, Bangladesh, Bhutan, DPR Korea, France, Indonesia, Kenya, Myanmar, Nepal, Sri Lanka, Tanzania, Thailand, UK, USA, and India.

IIHMR UNIVERSITY

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