Internship at
IIHMR University, Jaipur

By

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MBA Hospital and Health Management

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The IIHMR University, Jaipur

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DECLARATION

I hereby declare that the Project Report entitled **"Increasing the Percentage GDP Healthcare Expenditure from 1.15 to 2.5% - A Road Map"** submitted by me to Department of Patient service, Aditya Birla Memorial Hospital, Pune, is a bonafide work carried out by me and is original and not submitted to any other University or Institution for the award of any internship Certificate or published any time before.

***PLACE*:** Jaipur ***Name*:** Dr Shubham Painoli

DATE: 11/04/2017

ACKNOWLEDGEMENT

The success and final outcome of this project required a lot of guidance and assistance from many people and I am fortunate to have got this all along the completion of my project work. Whatever I have done is only due to such guidance and assistance and I would not forget to thank them.

I respect and thank **Dr Vivek Bhandari** for giving me an opportunity to do the project work and I am also thankful to the hospital staff for providing me the support and guidance which made me complete the project on time.

I would also like to thank my Principal **Dr. Col. Ashok Kaushik** without whom the project would have been a distant reality.

I owe my profound gratitude to my project guide **Dr Monika Chaudhary,** who took keen interest in my project work and guide all along, till the completion of my project work by providing the necessary information.

I also wish to thank specially my family members and well-wishers who have always been supportive in successful completion of my project.

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ABOUT IIHMR

Established in 1984 in Jaipur, IIHMR is the first of its kind in India, with attention solely focused on health systems management. Recognized by Department of Science & Technology , Ministry of Finance and Government of India as a Research Institution. Accredited to International Hospital Federation & Association of University Programmes in Health Administration.

IIHMR Jaipur has now become the IIHMR University. The IIHMR University is a specialized Research University in management research, postgraduate education and training exclusively in the health sector. The University aims to generate new knowledge and technologies to provide evidence and inputs for developing effective policies and health interventions and strategies. The origin of the IIHMR University has its roots in pioneering and significant contribution of Institute of Health Management Research (IIHMR), Jaipur in the last three decades to policy and program management research, and capacity development in health and hospital management in India and South-East Asia, which has enabled it to attain the status of a university. The IIHMR University has a mission to improve the standards of health through better management of health care and related programs through management research, education, training and institutional networking in a national and global perspective in the health sector.

Over the last 30 years, IIHMR, working as a WHO Collaborating Centre for District Health Systems and designated as an Institute of Excellence by the Ministry of Health and FamilyWelfare, has played a major role in promoting and conducting health policy and program management research. The Institute has been instrumental in a paradigm shift in the management of health care and hospitals in India. A critical mass of professionally trained health and hospital managers has been produced by IIHMR. For its contribution to management education, it has gained several Leadership Awards. In addition, IIHMR has become a major destination for training and capacity development in leadership and strategic management, hospital management, disaster management, quality management, project management, health management information systems, and health economics and finance

Collaborating Universities

World Health Organization; SEAPHEIN; Johns Hopkins University, USA; Chester University, UK; Mahidol University, Thailand; SAARCTBInstitute;TheUNION;Afghan Public Health Institute,Kabul; BPKoirala Institute of Public Health, Nepal.

The Institute undertakes training, research and consultancy in health management in close collaboration with international organizations such as UNFPA, UNICEF, WHO, World Bank, ODA, DANIDA, KFW & GTZ, NORAD, CARE and USAID. Working for Ministry of Health & Family Welfare (GOI), Planning Commission, Indian Council of Medical Research, state governments and others. International Linkages collaborated with University of North Carolina, USA to offer masters programme to candidates from South-Asia.

MISSION

IIHMR University is dedicated to the improvement in standards of health through better management of health care and related programmes. It seeks to accomplish this through management research, training, consultation and institutional networking in a national and global perspective.

THRUST AREAS

IIHMR University is engaged in policy issues, program planning and management and capacity building in the health and related sectors. It undertakes research, training and consulting activities in the following areas:

- **Public Health and Primary Health Care**
- **Health and Hospital Management**
- **Pharmaceutical Management**
- **Population and Reproductive Health**
- **Health Economics and Finance**
- **NGO Management and Networking**
- **Policy and Program Management Research**

COLLABORATION/GLOBAL NETWORKING

The University has been instrumental in setting up collaboration and networking globally with various national and international organizations and universities to promote public health education in the health sector. We take pride in having technical tie-ups with these prestigious institutions and organizations.

Working together as partners, disseminating information and sharing knowledge at the national and global levels are the fundamental ethos of the Institute. Emphasis has been given to networking with prestigious universities and organizations at the international and national levels.

World Health Organization (WHO)

IIHMR is a WHO Collaborating Centre for District Health System Based on Primary Health Care for its excellence in health management research, training and educational programs. As the collaborating centre of WHOSEARO, the Instituteworks in the areas of organization and management of the health system, strengthening the district health system, quality management in health care, operations research, and health sector reforms. The Institute operates as a resource centre; organizes intra - and inter-country training programs; and collaborates with WHO in monitoring and evaluation and provides expertise in health system management and research.

South-East Asia Public Health Education Institution Network (SEAPHEIN)"

South-East Asia Public Health Education Institution Network (SEAPHEIN) has been created by the WHO South-East Asia Regional Office to promote collaboration and sharing of information and knowledge among the member countries in the Region in pursuit of strengthening public health education and training. IIHMR is the founding and an active partner of the network and has signed agreements for collaboration with various institutions in SEAR countries to promote capacity building in public health, management and joint collaborative research.

India Public Health Education Institution Network(IndiaPHEIN)

To promote public health education in India, India Public Health Education Institution Network (IndiaPHEIN) has been developed and promoted under the stewardship of WHO-SEARO. The Institute hosts the Secretariat of IndiaPHEIN and plays a leading role in establishing the network to strengthen public health education in India.

NIHFW

IIHMR and NIHFW have agreed to promote cooperation in education, training and research. The areas of co-operation include joint training; research; visits by and exchange of scholars, teachers and other staff; exchange of students for long and short term programs; exchange of research materials (reports, information, published papers etc.); and sharing of information through video conferencing.

The Afghan Public Health Institute (APHI)

The Afghan Public Health Institute (APHI), Ministry of Public Health, Afghanistan and IIHMR Jaipur have agreed to work together to promote management education, research and training in the health sector in Afghanistan.

ACTD Afghanistan

ACTD is a registered non-profit, non-political and non-governmental organization working for the development and transformation of the civil society in Afghanistan. ACTD was established in 2007 by a group of Afghan professionals to offer research, training and consultancy services in order to develop practically applicable knowledge. IIHMR has signed a MoU with ACTD to strengthen research, training, and consultancy services in health management areas in Afghanistan.

IbnSina, Kabul, Afghanistan

To establish and strengthen the capacity of the NGOs and the employees of the Government of Afghanistan, IIHMR has signed an agreement with IbnSina Afghanistan andworking together to provide training in important health management areas, such as health policy planning and management, health care financing, policy for HIV/AIDS, project planning, implementation monitoring and evaluation, quality assurance and hospital management in Afghanistan.

SAARC

The IIHMR and the SAARC Tuberculosis and HIV/AIDS Centre (STAC) have technical tie-up for conducting training in the SAARC countries. The Institute has been instrumental in providing

technical support to the STACseveral trainings on Leadership&Strategic Management in SAARCregion.

Gulf Medical University (GMU), Ajman, UAE

IIHMR and Gulf Medical University (GMU), Ajman, UAE have agreed to launch various academic programs and short-term courses in healthcare management and other related areas in UAE. GMU is recognized as a standard bearer of excellence in medical education in the Gulf region delivering high quality medical education and training to professionals from 54 nations. The two organizations will jointly develop various education courses in Hospital Administration and Healthcare Management.

SUPBIOTECH, Paris, France

The collaborative arrangement with the SUPBIOTECH, Paris is aimed at the exchange of faculty and students and development of special programs and internships. The collaboration calls for research and degree programs and conferences andworkshops to be offered and conducted jointly.

University of Chester

IIHMR and the University of Chester have signed a MoU for cooperation to enhance academic and research opportunities for the staff and students and also to develop cultural linkages between both the institutions in the field of public health.

B.P. Koirala Institute of Health Sciences (BPKIHS), Nepal.

To establish educational affiliation between the two organizations, the Institute has signed a Memorandum of Understanding with B.P. Koirala Institute of Health Sciences (BPKIHS), Nepal. The major areas of agreement include advice and consultancy on structural, academic, policy and procedural matters related to the establishment of a new School of Public Health, partnership to support the development of School of Public Health, support in curriculum development in public health, exchange of faculty and training of faculty and staff in public

health, participation and support in teaching training activities, student exchange, collaboration in research activities, collaboration in service and public health policy activities etc.

Mahidol University, Thailand

Mahidol University, Thailand – The Institute has technical collaboration with Mahidol University, Thailand and Padjadjaran University, Gadjah Mada University and Hasanuddin University, Indonesia to jointly develop academic and educational activities, such as student exchange programs, faculty exchange programs, technical cooperation and collaboration in research projects.

INSTITUTIONAL COMMITTEE FOR ETHICS AND REVIEW OF RESEARCH (ICERR),IIHMR UNIVERSITY, JAIPUR

The main role of the committee is to review the research proposal and grants from ethics perspectives of research on human subjects. The committee will follow the Indian Council of Medical Research Ethical Guidelines for Biomedical Research on Human Subjects. The Committee may also invite Institutional Review Board registered with U.S. Department of Health and Human Services (IORG0007355), if required.

Mission

The Committee is dedicated to ensure three principles of respect, beneficence, and justice Health Management Research endeavors.

Vision

The health management research conducted at IIHMR is directed towards the increase of knowledge, conducted under conditions that no person(s) become mere means for the betterment for researchers, professional fair treatment and transparency; and consistent with the persons dignity and well-being thatthey are placed at no greater risk. The outcome(s) of the research are applied for community benefits at large.

Quality of research work needs to be improved, not only scientifically but from the human rights perspectives, protecting dignity, rights and welfare of research participants and the safety of researchers. One of the objectives of the Committee is to contribute to the effective (quality and consistent) ethical review mechanism for health and population research,

The IIHMR University is committed to protect research participants and improve the quality of research. The basic responsibility of the Committee is to ensure a competent review of all ethical aspects of the project proposals received by it in an objective manner. The Committee will provide advice to the researchers on all aspects of the welfare and safety of the research participants. The Committee follows primarily the Ethical Guidelines for Biomedical Research on Human Participants (2006) of ICMR. The responsibilities of the Committee can be defined as follows:

- To ensure a competent scientific / technical review along with all ethical aspects of the project proposals received by it in an objective manner
- To protect the dignity, rights and well being of the potential research participants;
- To ensure that universal ethical values and international scientific standards are expressed in terms of local community values and customs; and
- To assist in the development and the education of a research community responsive to local health care requirements

COMPUTER LAB

The computer center is well equipped with state-of-the-art computing resources to cater the needs of the academic as well as administrative activities of the IIHMR. The center has adequate infrastructure and is working round the clock throughout the year. Besides providing support to the ongoing activities of the IIHMR University like research, teaching, training and consultancy, the center is actively engaged in software development in the field of health and hospitals.

The salient features of the center are newest servers, more than 400 latest computers, more than 60 laser printers; videoconference facility; technically competent software and hardware professionals. The center is having Academic Alliance with Microsoft (Dream Spark) which allows using different Microsoft packages for academics; apart from this center also having statistical packages (SPSS, Stata), Microsoft office, Microsoft visual studio, latest Antivirus software. The center is also having perpetual software licenses and dedicated hardware for managing e-learning courses.

The center has fiber optic based wired and Wi-Fi based wireless local area network interconnecting nodes throughout the campus. Center is also outfitted with Windows Server, Exchange Server and other servers for better communication and interconnection at internal and external level. All the faculty members, staff and students have been provided with latest laptops/desktop computers with provision to access LAN, Internet etc.

Fast speed Internet access is available with the help of dedicated lease line. Internet facility is made available to the staff, students and training participants for external communication and for global exposure to research and training. Use of internet is closely monitored by a powerful

Unified Threat Management appliances fulfilling the norms of Ministry of Communication and I.T.(DoT, GoI).

All the departments of the IIHMR e.g. academic, Stores, Accounts, Purchase, Hostel and Personnel are fully computerized with SAP-ERP software. Well qualified team is enthusiastically mixed up in developing and managing internal, external software package and research tools. The research tools are developed using specific technologies for effective use of computer science in the domain of health and hospital.

DR. D.A. HENDERSON LIBRARY AND DOCUMENTATION CENTRE

About Library

Overview

The IIHMR University Library & Documentation Centre was dedicated on May 31, 1996 to Dr. D. A. Henderson, renowned for his outstanding contribution to the eradication of small pox.

The library is spacious, air conditioned and well-equipped. It is being run according to an open access system. The objective of the library is to provide its users, appropriate and adequate material in minimum amount of time enabling them to achieve excellence in research, teaching, learning, and community services. It is the first automated library in the state. It is divided into three functional units viz., Technical Unit, Documentation Unit and Information Unit. The library is being fully computerized which includes: availability of Wi-Fi facility, circulation, web OPAC feature i.e. online public access catalogue, digital library available through Green Stone software, availability of computers for students to access library resources and for the staff to maintain the records through LIBSYS 4 (6.3 Release)

Library Timing

Time 8.00 a.m. to 10.00 p.m. on all working days

9.00 a.m. to 5.00 p.m. on Sundays, Second & Third Saturdays.

(Library remains closed only on few public holidays observed by the University).

SERVICES

The Library offers a range of services including reference and consultation, membership and circulation, photocopying, resource-sharing, information-alert service, user-awareness programmes and access to the world's online library of books Delnet and electronic databases.

1. Reference Section

The Library has a reference section, which provides some rare and expensive books. These books are meant only for reference in the library itself.

2. User -Awareness Program

The Library takes an active part in the orientation programme organized by the institute for the benefit of new students in the beginning of each academic year. They are taken around the library to familiarize them with various sections of the library to create awareness about the services so as to make optimum use of the library.

1. **Workshops and seminars (International & National) are Organized by Library annually**. To remain connected with the present digital era and the newest library technology and to connect with different libraries all around DR. D. A. HENDERSON LIBRARY & DOCUMENTATION CENTRE Organized Workshop sand seminars.

Programme(s) Organized

- Meet your Members- An online session of DELNET Book Fair Seminar on Online Journals and Digital Library Systems Seminar on Online Journals and Networking.
- National workshop on Building Digital Libraries Using GSDL and Dspace" Jointly organized by IIHMR University Library, and SALIS, New Delhi.
- 12th MANLIBNET Annual Convention Knowledge Dissemination Through Libraries and Information Centers: Sharing Vision for The Future Jointly Organized by IIHMR University Library, and Management Libraries Network (MANLIBNET)
- "International Seminar on Libraries at Crossroads" organized by SLA-Asian Chapter, SMS Medical College, Jaipur and IIHMR University Library, at SMS Medical College, Jaipur (Raj).
- International Seminar on changing perception of libraries and librarianship organized by IIHMR University Library. October 29,2012
- International Seminar on Cultural Heritage Information: Strategic Role of Library and Information Centers organized by IIHMR University Library. November 16,2013
- Three-day National Workshop on Library Automation Software (KOHA) and Content Management System (JOOMLA) by IIHMR University Library. September 19-21,2014
- Two Days National Workshop on Scholarly Writing, Reference Management, and Deterring Plagiarism December 21-22, 2015 by IIHMR University Library.

4. Reference and Consultation

The library is open to all members. It follows an open access system that allows users a direct access to the library stock. Students can access the collection through online enquiry from computers.

5. Photocopying Service

The library provides photocopying service to the faculty-members and students at nominal charges.

6. Current Awareness Service

A monthly list of the contents of books, latest journals and magazines is sent to the faculty-members.

The library also provides latest information to its users through newspaper-clippings.

7. Internet services:

The Library provides the Internet facility to the users for accessing e-journals and web-resources.

E-LIBRARY

About E-Library

Library has provided to users online database and full text collection can be access through digital library. This is based on Open source Greenstone digital library software. Online database are like indiastat.com, ProQuest, "J-Gate Social & Management Sciences (JSMS) SAGE Online Journals, Online Journals Link, Full Text Journal Articles, Journal of Health Management, WHO SEAR Publications and around 500 book full text and various report example- World Health report, Word Bank Report, RCH Report, NFHS Report, NSSO reports, SRS bulletin, Policy Documents, National Committee Reports and around more than 1000 articles of various Journals, are available in our digital library portal.

Our student's dissertation, Summer Training report and MPH Students Capstone projects full text are also available on our digital library.

The library has 10 PCs and other accessories adequate to cater to the needs of users. The PCs are meant for users to access OPAC, databases, ebooks, e-journals and other e-resources. The library has been Wi-Fi enabled to provide wireless access to the Internet. Users are welcome to use their laptops in the library.

Online Database Library have E-books (ProQuest E-Book Central and EBSCOHost – eBooks Academic Subscription Collection) and Online Journals of ProQuest, J-Gate and sage online journals and statistical database indiastat.com.

• **ProQuest Ebook Central:** IIHMR University Library has purchased 86 e-Books and they are available in our digital library (This resource may accessed within campus without Login ID/Password).

• **ProQuest Health Managemen**t™ is designed to meet the needs of researchers studying the field of health administration. This high-demand healthcare management content provides the most reliable and relevant information on a wide range of topics, including: Hospitals, Insurance, Law, Statistics, Business management, Personnel management, Ethics, Health economics, Public health administration ProQuest Coverage for around 800 key journals with over 4,500 Doctoral Dissertations and Theses, ProQuest Health Management provides users with the highest quality content, much of which is not available elsewhere. (This resource may accessed within campus without Login ID/Password).

- EBSCOHost – eBooks Academic Subscription Collection- There are more than 135,000 eBooks in this package, including titles from leading university presses and coverage with all Academic Subject from leading university presses such as Oxford University Press, MIT Press, State University of New York Press, Cambridge University Press, University of California Press, McGill-Queen's University Press, Harvard University Press, and many others. Additional academic publishers include Elsevier Ltd.; Ash gate Publishing Ltd; Taylor & Francis Ltd; Sage Publications, Ltd. and John Wiley & Sons, Inc.

All titles are available with unlimited user access, and titles are regularly added.

• **J-Gate** is an electronic gateway to global e-journal literature. It offers bibliographic information services to scholarly and technical electronic journal literature. J-Gate Social & Management Sciences (JSMS) is a subset of J-Gate and indexes e-journals in the fields of Electronics, Electrical, Civil, Information Technology, Computer science etc. Journal coverage: 6700 Indexed, 2000 free full text. (This resource may accessed within campus without Login ID/Password).

•**Sage journals-** Library has subscribed five sage online and print journals. (This resource may accessed within campus without Login ID/Password).

•**Indiastat.com:** Indiastat.com, an initiative of Data net India Pvt Ltd. It is a gateway to comprehensive and authentic socio-economic information related to India. This is the mother site of a cluster of 57 websites delivering socio-economic data about India and its states covering various sectors. Information available online can be used by these professionals as per their need and discretion. With over 700,000 comprehensive pages on the net, the site covers wide-ranging topics like agriculture, demographics, market forecast, health, media, economy,

crime and social welfare etc. Indiastat.com has 56 associate sites which include 19 Sector specific and 31 India/State/UTs specific sites. (This resource may accessed within campus without Login ID/Password).

CORE ACTIVITIES

Research

In the area of research the IIHMR University is contributing to the development of health and population policies, strategies, programme monitoring, evaluation and generation of new knowledge. Over the years there has been an expansion in the nature and scope of projects and research studies undertaken by the IIHMR University. The range is wide; from studies involving survey and data generation to exploratory and impact studies of health services and programmes. The IIHMR University entered into policy research and development in a major way, influencing policy making at the state and central government levels. Some of the projects are interpretative in nature and have come up with new interpretations of ground reality.

Training

Developing managerial and leadership skills at various levels in health care, including hospitals, is an important mission of the IIHMR University. The IIHMR University capacity building programme has laid particular emphasis on strengthening technical and managerial capacity building of programme officials, NGOs and researchers working at different levels in India and other countries in the South- Asia region. Over the years, it has acquired the distinction of an apex training University in the country.

Teaching

The educational programs at IIHMR are top ranking sectoral business management programs in the country. The students of IIHMR have made immense contribution to strengthening and improving the management of the health sector in India as well as at the international level. The graduates of IIHMR have made a phenomenal difference and paradigm shift in effective management in the health sector. The alumni of IIHMR are placed in highly reputed hospitals, healthcare organizations, and pharmaceutical companies, consulting organizations in India and abroad and also in various state governments.

IIHMR, Jaipur was the first to introduce a postgraduate program in hospital and health management in India. The course was started in the year 1996. IIHMR has now been established as the IIHMR University, Jaipur. In this academic session, the IIHMR University will offer MBAHospital and Health Management,MBAPharmaceutical Management andMBARural Management.

IIHMR has introduced Masters in Public Health (MPH) in collaboration with the Johns Hopkins University, Baltimore, USA, a first of its kind program in India. The course is conducted jointly and the degree will be awarded by the Johns Hopkins University, USA. PhD of the IIHMR University is offered to impart hospital Pharmaceutical,Rural and healthcare research edge to its participants.

Note: The loan counter shall be closed at 9.00pm on working days and 4.30 pm on Second/Third Saturday and Sunday.

Membership and Circulation

The library serves over 557 members including students, faculty-members, research scholars and Outside Institutional Member.

S.No.	Category of Readers	No. of Documents Issued at time	Days
1.	Faculty	13	30
2.	SRO/RO/RO/etc.	9	30
3.	Steno/Assistant/TRO/etc.	4	30
4.	MPH Students	6	15
5.	PHD Students	3	15
6.	Students	3	15
7.	Out Side Member	3	15
8.	Outside Institutional Member	3	15

Publication

Library publish abstracts of dissertation submitted by the MBA students. The Institute of Health Management Research, Jaipur is annually bringing out a publication “Abstracts of Dissertations" since 2010. It is a continued, systematic, and sincere effort to Collect and collate abstracts of students' dissertations.

Outside Individual and Institutional Membership

Membership for the library is open to any Indian individual and institution. To become a member, they have to fill a prescribed form and pay membership fee as under and can borrow publications for duration of 15 days and can further reissue for one week. (For details please contact the Librarian at ext-727)

ABOUT IIHMR UNIVERSITY COURSES

The IIHMR University,Jaipur offers the following Full time Programme's

- **MBA- Hospital and Health Management (MBA-HM)**
- **MBA-Pharmaceutical Management (MBA-PM)**
- **MBA-Rural Management (MBA-RM)**
- **Master Of Public Health (MPH)**
- **PhD.**

MBA- Hospital and Health Management (MBA-HM)

MBA-HM, with an intake of 180 students is a two-year full-time programme and is designed to enrich the students with knowledge of the latest management tools and concepts in order to develop essential competencies. The innovative and integrated curriculum aims at developing outstanding professionals for governmental and non-governmental organizations, public and private corporate hospitals and health care organizations.

MBA-Pharmaceutical Management (MBA-PM)

The IIHMR University,Jaipur offers a two-year full-time MBA in Pharmaceutical Management. It is a flagship educational programme aiming at developing trained professionals with requisite skills in planning and operating management techniques; diagnosing and solving management problems; and acquiring consultancy skills, with a view to preparing them to manage pharmaceutical industries

As the programme has set high standards of management education in the pharmaceutical management sector, it has attained the status of a premier programme in the country. Our students go for training and placement to a large number of pharmaceutical organizations. The programme, has an intake capacity of 60 seats.

MBA-Rural Management (MBA-RM)

It is considered to be a flagship educational programme in developing trained professional managers with requisite skills for managing rural development organizations, both in the public and the private sectors, and to meet the rising demand for quality of rural and development sector. The focus of the programme is on self learning through participatory approach. The programme, has an intake capacity of 20 seats.

The Master of Public Health (MPH)

The Master of Public Health programme, in foriegn collaboration with Johns Hopkins University Bloomberg School of Public Health will be a full time degree programme of 24 months in duration. During this tenure students will travel to Baltimore, Maryland, at the Johns Hopkins Bloomberg School of Public Health. Onsite courses will be held at the Indian Institute for Health Management Research campus in Jaipur starting after that. The Programme offers students the unique opportunity to attend the same academically rigorous courses offered at JHSPH in Baltimore, MD with a convenient venue at the IIHMR.The programme, has an intake capacity of 30 seats.

ABOUT PHD PROGRAMME

THE IIHMR UNIVERSITY

Established in 1984 in Jaipur, IIHMR is the first of its kind in India, with attention solely focused on health systems management. The University undertakes education, training, research and consultancy in hospital management, health management, pharmaceutical management, rural management and related fields of health concerns. The Institute of Health Management Research has been established as The IIHMR University vide Act No.3 of2014 of the Government of Rajasthan. Hereinafter, the organisation will be addressed as The IIHMR University.

World Health Organisation designated The IIHMR University as a WHO Collaborating Centre for District Health Systems based on primary health care in South-East Asia Region for its significant contribution to strengthening health systems by promoting and conducting health policy and programme management, research and capacity building. The Ministry of Health and Family Welfare, Government of India identified it as institute of excellence for training and capacity building.

The University's campus is spread over an exquisitely landscaped area of 14.37 acres with a lush green cover, characterized by stark and majestic buildings in stone creating monumental spaces with minimal decor. The serene ambiance has inspired students to strive for excellence. The University is well equipped with student friendly infrastructure. The spacious campus provides for the right learning ambience.

THE UGC APPROVAL

The IIHMR University has been accorded approval by the UGC vide its letter number F. No. 8-21/2014 (CPP-I/PU) dated October 15, 2015.

THE Ph. D PROGRAMME

Introduction

IIHMR University has started offering a full-fledged Ph. D programme since 2014 added to its existing postgraduate programme. Although the programme builds on IIHMR university’s core competencies in the domain of public health, health and hospital management, pharmaceutical management and rural development, the programme is envisaged to be multidisciplinary in nature and allows potential candidates to pursue research on a wide range of topics. The areas of research for the doctoral programme include, but are not strictly restricted to, public health, health and hospital management, nursing management, pharmaceutical management, population and development, health economics and finance, rural and urban health, health communication and behavior change, information technology in the health sector, health systems, food security and nutrition, and rural development. The programme is open to postgraduates and professionals in the field of management, public health and medicine, nursing, Indian System of Medicine

(ISM), health economics and finance, demography, rural management/development and relevant social and behavioral science disciplines. There are 20 Seats in the Ph. D programme for batch commencing in 2017. (Part time or full time). Part-time Ph. D will be allowed provided all the conditions mentioned in the extant Ph. D Regulations are met as per the UGC Regulations.

Objectives of the Programme

The Ph. D programme broadly aims at building and strengthening research capacity in three broad thrust areas of IIHMR that include i) public health/health systems, ii) pharmaceutical management and iii) rural development. The overarching purpose of the programme is to create a cadre of researchers who are well equipped with necessary skills to undertake evidence-based policy research on issues of contemporary significance related to these areas, with the larger goal of promoting sustainable human development. More specific objectives of the Ph. D programme are:

Building research capacity to strengthen health, pharma, rural and in the mandated disciplines of the University developing a cadre of outstanding academics and management professionals for higher level health, pharmaceutical and rural management teaching and research in postgraduate institutions and universities, health care industry, and Government and consulting organizations.

The programme is designed to enable the students to enhance the research competency and skills of postgraduates, researchers, academicians, teachers and mid-career professionals in private and Government health sectors in policy and programme management research in the health and other sectors.

Duration of the Programme

The minimum programme duration is three years including period of registration. Registration in Ph. D is subject to passing qualifying examination which will be based on the course work in the first year of the programme. Programme has four important mile stones; namely; course work with 16 credits; writing and presenting research proposal, data collection and thesis writing, presentation and submission.

The maximum period allowable to complete Ph. D is six years. The candidate will have to re-register if s/he does not complete Ph. D in six years.

ELIGIBILITY CRITERIA

Candidates for admission to the Ph D. programme shall have a Master's degree or a professional degree declared equivalent to the Master’s or M Phil degree by the corresponding statutory regulatory body, with at least 55% marks in aggregate or its equivalent grade 'B' in the UGC 7-point scale (or an equivalent grade in a point scale wherever grading system is followed) or an equivalent degree from a foreign educational Institution accredited by an Assessment and

Accreditation Agency which is approved, recognized or authorized by an authority, established or incorporated under a law in its home country or any other statutory authority in that country for the purpose of assessing, accrediting or assuring quality and standards of educational institutions.

A relaxation of 5% of marks, from 55% to 50%, or an equivalent relaxation of grade, may be allowed for those belonging to SC/ST/OBC (non-creamy layer)/Differently-Able and other categories of candidates as per UGC Guidelines from time to time, or for those who had obtained their Master's degree prior to 19th September, 1991. The eligibility marks of 55% (or an equivalent grade in a point scale wherever grading system is followed) and the relaxation of 5% to the categories mentioned above are permissible based only on the qualifying marks without including the grace mark procedures.

RESEARCH

IIHMR is now stepping into the fourth decade of research in the healthcare sector. Over the past three decades IIHMR has conducted more than 500 research projects and studies at the national and international levels. These studies have high relevance to health policies and programs. IIHMR has extensively worked on assignments/consultancies for studies and projects funded by various bilateral agencies, the Government of India and State Governments. The areas included health system, human resource and training, family welfare, maternal and child health, medical education, health management information system, evaluation, education and communication, information technology survey, project implementation plan, health economics and financing, drugs, strategy planning, HIV/AIDS, nutrition, communication behaviour, national health policy, health insurance, quality assurance, operations research, reproductive health, and gender health.

In this endeavour, the IIHMR University continues its efforts in expanding its focus on research in policy and program management in the health sector. The following are the studies/research projects completed and those ongoing during the year 2014-15. This web page features around 80 Research Projects/Studies undertaken in the last 6 years:

AREA OF RESEARCH

The research programs at IIHMR have mainly focused on policy, health programs, health systems and population management. These studies were mainly surveys, operational research, program evaluation, and implementation science.

S.No.	Area of Projects	No
1	Health Program Evaluation	51
2	Health Survey	49
3	Health System and Strategies	51
4	Human Resource &Training	33
5	Family Welfare	26
6	National Health Policy/Policy Projects	25
7	Operations Research	20
8	Project Implementation Plan	15
9	Health Economics/Financing/Insurance	13
10	NGO	13
11	Maternal Health/Child Health	12
12	Health Management Information System	10
13	HIV/AIDS	9
14	Information, Education and Communication	7
15	Information Technology	5
16	Public Private Partnership	5

S.No.	Area of Projects	No
17	Nutrition	4
18	Quality Assurance	4
19	Medical Education	2
20	Others	6

Salient Features of Research Work

a.IIHMR has conducted several research studies that have influenced various policies and programs.

- IIHMR's national study on salt iodization led to universalization of salt iodization in India
- The evaluation study of Nation Polio Surveillance enabled the government to change and strengthen the organization structure and human resources for eradication of poliomyelitis.
- Evaluation of Global Fund in 16 countries across all continents helped The Global Fund to re- strategize the prevention and control in malaria, tuberculosis and HIV especially in the developing countries.
- Evaluation of National AIDS Control Program helped re-design of NACP Phase III
- Evaluation of National Leprosy Eradication Program in India helped WHO and GoI to declare elimination of leprosy in India.
- Evaluation of National Tuberculosis Control Program helped implementation of revised operational strategies in India
- Global Resource Flow Study for HIV and Reproductive health in 160 countries provided necessary inputs to UN for increasing allocation of funds to these programs.
- Evaluation of Health Systems and Technical Support to Ministry of Health, Islamic Republic of Afghanistan helped restructuring and strengthening health care in that country.
- Future Health Systems in Five countries for strengthening health systems with the support of DFID has provided opportunities to test research innovations to improve and strengthen health systems
- Integrated drinking water and sanitation brought safe drinking water to 350 villages of Churu district of Rajasthan, and established new models of public-private-people partnership in managing water resources at the local levels.

b.Currently IIHMR is implementing projects of high national importance, namely,

- Food Fortification in Rajasthan
- Health for Urban Poor (HUP) in Rajasthan and Chhattisgarh
- Future Health Systems for Poor (FHS) in West Bengal
- Resource Flow Analysis for Reproductive health and HIV globally with United Nations

RESEARCH PROJECTS ONGOING

Future Health Systems: Research Programme Consortium on Effective Health Service Delivery (FHS)

Agency : DFID, UK and Johns Hopkins University, USA

Team : Barun Kanjilal, Debjani Barman, Shibaji Bose (Consultant), Upasona Ghosh, Arnab Mandal, Lalitha Swathi Vadrevu, Rittika Brahmachari, Rohit Jain

The Future Health System (FHS) research project in India was initiated by IIHMR in 2006 as a part of a Research Program Consortium led by the Bloomberg School of Public Health, the Johns Hopkins University and in partnership with six other institutions across the world. The primary objective of this project was to prepare a knowledge base on which an appropriate strategy for a more equitable health system would be developed. In India, the FHS research is implemented by IIHMR with the primary focus on the health care delivery system in the Indian part of the Sundarbans. The main focus of this research is to generate knowledge on the barriers to delivery and access of health care services for children and find out the ways by which they can be made more effective in the Sundarbans. It tries to understand the multidimensional nature of the crisis in health care access in the Sundarbans to plan effective service delivery mechanism. The generation of knowledge primarily relates to the what, where, and how of an effective service delivery system.

The research is currently in its second phase (2011-16). During the year (2014-15), several studies were conducted on Rural Medical Practitioners, Innovative public health programmes in the Sundarbans region of West Bengal. Based on the survey results, a series of research products (briefs, journal article, blogs, etc.) on child health issues and their solutions were published and disseminated. The project is currently in its sixth year. Two studies were completed in 2014-15. They were: health system innovations in Sundarbans and Social networking of RMPS. The evidence from these studies will be disseminated to a wide range of stakeholders working for child health through a state level consultation meet in June 2016.

Comprehensive National Nutritional Survey Zone-1

Agency : UNICEF India

Team : Dhirendra Kumar, Laxman Sharma, SP Chhatopadhyay, Deepanshu Srivastava, Nivedita Roy, Rajeev Bhagel

The Comprehensive National Nutrition Survey (CNNS) aims to obtain information on micronutrient status, worm infestation, and the nutritional risk factors for NCDs such as physical fitness, blood pressure, glucose concentration and lipid profiles among three age-groups namely pre-school children (0-5) years, school-age children (6-14) years and adolescents (15-19) years in India. The Specific Objectives of the Survey are:

- To design, develop, organize and conduct national nutrition survey among target groups of children as lead agency to coordinate the entire operation in India
- To identify and select regional agencies to conduct survey in the states in consultation with UNICEF and MOHFW India
- To design, develop and organize survey questionnaires, tools, checklists for sample collection and field manuals for CNNS
- To organize centralized TOT for lead trainers from regional agencies.
- To organize samples collection of the subjects and laboratory testing in coordination with the regional agencies and laboratory institution of India
- To coordinate, monitor and supervise the data collection of the CNNS.
- To develop the data entry software, table generation and analysis
- To organize and supervise the data entry and sample report of the subject in coordination with the regional agencies and laboratory institution of India
- To prepare a draft report for state and national level
- To advocacy and dissemination of the report.

The methodology of the study isto estimates for the nutrition status among the three age groups: pre-school children (0-5 years), school- age children (6-14 years), and adolescents (15-19 years) in 30 states of India.

Performance Monitoring and Accountability 2020 (PMA-2020)

Agency : Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, USA.

Team : Dhirendra Kumar, Danish Ahmad, Kshitiz Sisodia, Gargee Gopesh, Rajnish Chordia, Sandeep Kumar, Narendra Singh Shekhawat, Punit Soni

Performance Monitoring and Accountability 2020 (PMA2020) project uses innovative mobile technology to routinely gather data on family planning and water, sanitation and hygiene. Data are collected at household and facility levels via mobile phones through a network of female

Resident Enumerators stationed throughout the country. Resident Enumerators (REs), transfer data by phone to a central server via the mobile data network. In real-time, data are validated, aggregated and prepared into tables and graphs, making results more quickly available to stakeholders as compared to a paper-and-pencil survey. PMA2020 can be integrated into national monitoring and evaluation systems by offering a low-cost, rapid-turnaround survey platform that can be used for various other health data needs. Similar program is also being carried out in 11 different countries of Asia and Africa.

IIHMR University, Jaipur implementing the Performance Monitoring and Accountability 2020 (PMA2020) in Rajasthan, India with the technical and financial support from Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, USA. IIHMR University has set up a Project Management Unit of central staff and deployed a cadre of female Resident Enumerators and primary data collectors. The overall direction and support of PMA2020 is being provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

ASHA Motivation Audit

Agency : Oxfam India

Team : Nutan Jain, Vidya Bhushan Tripathi, Matadin Sharma, Piyush Kumar MishraThis study will focus on identifying motivating and demotivating factors for ASHAs performance and will come out with key recommendations on enabling factors for ASHA motivation. The study will identify factors that are contributing to improved performance among ASHAs and also those elements in an ASHA's personal, familial and community ecosystem that are hindering her from delivering to the best of her capabilities.

The study will be conducted in the high priority districts of Uttar Pradesh in which RMNCH+A strategy is being facilitated by TSU in Uttar Pradesh. a mixed method (qualitative and quantitative) approach will be used for data collection. The objectives of the study are:

- To identify the key factors of low and high motivation level among the ASHAs.
- To assess the need of training, mentoring and support towards better job satisfaction and quality health provisioning.
- To draw up recommendations on enabling factors for ASHA motivation

National Family Health Survey (NFHS-4) Rajasthan

Agency : International Institute for Population Sciences (IIPS), Mumbai, Ministry of Health & Family Welfare, GoI Team : Anoop Khanna, BS Singh, RS Rathore, Gowthamghosh B, Mohammed Sherif, Melvin Baxla, Kailash Prajapati

Ministry of Health & Family Welfare, Government of India (MoHFW-GoI) is conducting CAPI based National Family Health Survey-4 (NFHS-4) in all 35 States and Union territories of India. NFHS is being undertaken with the main objective of strengthening India's demographic and health database by providing information that is both valid and reliable.

In the second round, MoHFW-GoI entrusted IIHMR with the task of conducting field work of NFHS-4 in Rajasthan. IIHMR is conducting district wise household survey in all 33 districts of Rajasthan. As per the estimate, 32680 households will be covered from 1634 PSUs of Rajasthan. The sample spreads in all 33 districts. Each district will have 43-86 Primary Sampling Units (PSUs) covering rural and urban representation as per the percentage of rural and urban population of the state. From each PSU pre-determined 22 households are being surveyed.

One of the components of the household survey is Clinical Anthropometry Biochemical Testing (CAB). The CAB component includes measurements of height, weight, blood pressure, hemoglobin and random blood sugar for men, women and children in the selected households. In a subsection of the households, Dried Blood Spots (DBS) are being taken from men and women for HIV testing.

National Family Health Survey (NFHS-4) Odisha

Agency : International Institute for Population Sciences (IIPS), Mumbai, Ministry of Health & Family Welfare, GoI

Team : Pradeep Panda, Ranjan Prusty, Amya Rangan, Hemant Mishra, Sikandar Pradhan, Praful Barla, Sarthak Mohpatra, Laxmi Dhar Malik

Ministry of Health & Family Welfare, Government of India (MoHFW-GoI) is conducting CAPI based National Family Health Survey-4 (NFHS-4) in all 35 States and Union territories of India. NFHS is being undertaken with the main objective of strengthening India's demographic and health database by providing information that is both valid and reliable.

In the second round, MoHFW-GoI entrusted IIHMR with the task of conducting field work of NFHS-4 in Odisha. IIHMR is conducting district wise household survey in all 30 districts of Odisha. As per the estimate, 28380 households will be covered from 1419 PSUs of Odisha. The sample spreads in all 30 districts. Each district will have 43-86 Primary Sampling Units (PSUs)

covering rural and urban representation as per the percentage of rural and urban population of the state. From each PSU pre-determined 22 households are being surveyed.

One of the components of the household survey is Clinical Anthropometry Biochemical Testing (CAB). The CAB component includes measurements of height, weight, blood pressure, hemoglobin and random blood sugar for men, women and children in the selected households. In a subsection of the households, Dried Blood Spots (DBS) are being taken from men and women for HIV testing.

National Family Health Survey (NFHS)-4 Chhattisgarh

Agency : International Institute for Population Sciences (IIPS), Mumbai, Ministry of Health & Family Welfare, GoI

Team : JP Singh, Arindam Das, Suresh Siwal, Paras Kumar

Ministry of Health & Family Welfare, Government of India (MoHFW-GoI) is conducting CAPI based National Family Health Survey-4 (NFHS-4) in all 35 States and Union territories of India. NFHS is being undertaken with the main objective of strengthening India's demographic and health database by providing information that is both valid and reliable.

In the second round, MoHFW-GoI entrusted IIHMR with the task of conducting field work of NFHS-4 in Chhattisgarh. IIHMR is conducting district wise household survey in all 18 districts of Chhattisgarh. As per the estimate, 18920 households will be covered from 946 PSUs of Chhattisgarh. The sample spreads in all 18 districts. Each district will have 43-86 Primary Sampling Units (PSUs) covering rural and urban representation as per the percentage of rural and urban population of the state. From each PSU pre-determined 22 households are being surveyed.

One of the components of the household survey is Clinical Anthropometry Biochemical Testing (CAB). The CAB component includes measurements of height, weight, blood pressure, hemoglobin and random blood sugar for men, women and children in the selected households. In a subsection of the households, Dried Blood Spots (DBS) are being taken from men and women for HIV testing.

Khushi Baby (KB): Efficacy and Impact Assessment of Novel Mobile Health Solution for Vaccination Record Keeping in Rural Udaipur, Rajasthan

Agency : Future Health Systems, Johns Hopkins University, USA

Team : Mohammed Shahnawaz, Ruchit Nagar, Barun Kanjilal

The primary objective of Khushi Baby Inc (KB), a not for profit venture, is to improve monitoring of child vaccination by digitizing individual vaccine records with low-cost technology that does not require high-level connectivity. To achieve this objective, KB has designed an NFC (Near Field Communication)-enabled mobile application which simultaneously stores vaccine records on a physical NFC chip and sends them to a cloud-based database. The chip, costing less than $1, can be encased in any culturally appropriate form factor, a pendant to hang around a baby's neck. With KB's Android application, community health workers can read/update vaccine records on the chips in even the remotest rural areas, and the database will be updated as soon as the phone re-enters an area with internet network (2G/3G/Wi-Fi). Thus, each baby with a culturally appropriate wearable chip will have an easily accessible digital vaccine record and contribute to a database which improves understanding of vaccination rates by health care workers, agencies, and governments.

This simple solution uses off-the-shelf technology to keep costs low and offers many advantages to current data collection methods, which rely heavily on manual paper reporting. KB can also standardize reporting functions to make electronic databases easily accessible and allow for sophisticated data analysis and individual record tracking which can inform vaccination interventions.

Bottleneck Analysis of Civil Registration Vital System (CRVS) in Chhattisgarh

Agency : UNICEF Chhattisgarh

Team : Nutan Jain, Suresh Joshi, Arindam Das, Matadin Sharma, Piyush Mishra, Vidya Bhushan Tripathi

The RBD Act 1969 has made registration of births and deaths compulsory. Civil registration system (CRS) is defined as continuous, compulsory recording of the occurrence and characteristics of vital events. It provides a safe guard to social status and individual benefits. The Act enables the government to regulate the registration and compilation of vital statistics in the state so as to ensure uniformity and comparability leaving enough scope to the states to develop efficient system of registration suited to the regional conditions and needs.

The aim of the bottleneck analysis is to reinforce the provisions of the RBD Act in both letter and spirit to achieve cent percent registration. The objectives of bottleneck analysis are to:

- identify barriers, bottlenecks, and enabling factors which either constrain or advance the achievement of universal registration of births and deaths in the state;
- assess capacity and strategy of CRVS in Chhattisgarh;and
- suggest roadmap for accelerating civil registration with a sharper focus on equity

The results of Bottleneck Analysis (BA) are intended to strengthen the civil registration system and to achieve 100 percent birth, stillbirth and death registration. The BA provides key indicators at the district level. The study was conducted in five districts of Chhattisgarh: Balrampur, Dantewada, Raipur, Sarguja and Sukma.

Strengthening Civil Registration and Vital Statistics System in India to Achieve Vision 2020: Facilitation to Office or Registrar General, India

Agency : UNICEF India

Team : Nutan Jain, DK Mangal, Neetu Purohit, Vidya Bhushan Tripathi

In order to strengthen the Civil Registration and Vital Statistics System (CRVS) in Asia and the Pacific, a Ministerial Conference was held during 24-28 November, 2014 at Bangkok, which was attended by the Union Hon'ble Minister of State of Home. The said conference adopted a declaration and endorsed a regional framework of actions and goals for the CRVS Decade 2015-2024 so as to accelerate and focus the efforts of Government and development partners to achieve the vision. It proclaimed a shared vision that by 2024, all people in Asia and Pacific will benefit from universal and responsive civil registration and vital statistics systems that facilitate realization of their rights, support good governance, health and development. The Conference was organized under the theme "Get everyone in the picture".

The following three goals are set up:

- Goal 1: Universal civil registration of births, deaths and other vital events.
- Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights;
- Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated.

India after careful analysis has set itself an ambitious vision of achieving Universal Birth Registration and cent percent registration of institutional deaths by 2020. This has been christened as "Vision 2020". To chalkout the strategies for improvement in Civil Registration System and formulate the plan of action for the States, a team of experts, comprising international and national experiences in the field of Civil Registration and Vital Statistics (CRVS) has been set up with the help of UNICEF through IIHMR University Jaipur. The team

will conduct a participatory comprehensive assessment of CRVS and formulate an action plan for achieving the vision. The team is working under the overall guidance/supervision of Registrar General India.

In order to conduct a participatory assessment, an orientation workshop was arranged successfully at Jaipur during January 19-22, 2016 with the coordination of IIHMR, UNICEF and ORGI. The Workshop was attended by the representatives from the Chief Registrars and DCO Offices of selected 6 States namely Assam, Bihar, Rajasthan, Madhya Pradesh, Kerala, Uttar Pradesh, representatives of UNICEF and ORGI also attended the workshop. A comprehensive assessment tool for Chief Registrars, District Registrars, Registrars and Medical institutions was framed and discussed with the participants. The tools framed for Registrars were tested on pilot basis during field visit at Jaipur on 21st January, 2016. In order to evaluate the registration system of the States, it has been decided to organize the field visit in the selected States during February/March, 2016. A strategy along with acceleration plan for the low performing states will be prepared.

Rapid Assessment of ANC, Natal and PNC Services in UNICEF focused Districts in Rajasthan

Agency : UNICEF Rajasthan

Team : Suresh Joshi, NK Sharma, Rahul Sharma, Vijay Mishra

Coverage Evaluation Survey MNCH interventions in small villages of Dungarpur and Barmer Districts : The IIHMR University undertakes a rapid Coverage Evaluation Survey in the districts of Barmer and Dungarpur to see reach out with MCHN services in small and difficult to reach villages in the UNICEF Focus Districts in Rajasthan. The proposed studies assess the coverage levels of various MCHN indicators and compare it with the earlier survey to see the change due to the intervention. The study also attempts to establish the evidence of effectiveness of the present strategy facilitated by UNICEF State Office. 30 clusters were identified from village with less than 1000 population from each districts and in each identified village 7 children in the age group of 1-2 and 7 women who have delivered in last 12 months were assessed for different MCHN interventions. In addition, information regarding water sanitation, education personal hygiene and nutrition would also be collected from household which have less than 5 children and adolescent girls. The study also focus on assessing the knowledge and skills of service providers including Health workers, Anganwadi worker and ASHA sahyogini in providing MCHN related services in the villages covered under the study. A review of the service inputs would be matched to understand the bottlenecks in making service available and accessible.

Assessment of quality of services provided in 4 UNICEF HPDs (Banswara, Barmer, Dungarpur and Jalore) with special emphasis on Intrapartum and Newborn care: A Rapid Health Facility Assessment (RHFA) to understand the quality of service in the district hospital, CHCs and PHC s in four UNICEF focused districts viz., Banswara, Barmer, Dungarpur and Jalore with a focus on intra-partum and post partum care in the institutions. The labour room and nurseries and sick new born units have been the focus for up-gradation. The inputs focused on capacity building and supplies to improve quality of service to match the NABH accreditation guidelines.

The rapid health facility assessment would be conducted on a randomly selected CHC and PHCs where UNICEF extra inputs have been undertaken. The focus of the rapid assessment would be to find out the current status of the quality parameters adhered while providing maternal and new born care in the identified health institution. It would also make an attempt to identify the good practices undertaken by service provider to maintain quality. Further the assessment would also attempt to identify any bottlenecks encountered in undertaking and maintaining quality parameters in the institution.

Technical Support Unit for Food Fortification in Rajasthan

Agency : Global Alliance for Improved Nutrition (GAIN)

Team : Dhirendra Kumar, Sudeep Sharma, Ranjeeta Rani

With an aim to improve the food and nutrition security of the people of Rajasthan and improving their nutrition and health status, Government of Rajasthan in its budget declaration of the year 2015-16 announced provisioning of fortified food items like fortified wheat flour, fortified edible oil and double fortified salt through Fair Price Shops under Public Distribution System (PDS). For this, GAIN and IIHMR University has setup a Technical Support Unit (TSU) at IIHMR University, Jaipur in November 2015 for providing technical support to Department of Food and Civil Supplies and Rajasthan State Food and Civil Supplies Corporation Ltd. for supporting in translating the budget announcement into action and facilitating smooth implementation whereby the fortified staple foods are mainstreamed into the PDS. TSU is providing support to the Government under the core areas such as Production, Quality Assurance, Social Marketing and Promotion and Monitoring and Evaluation.

Gender Rights in Adolescent Friendly Health Services (AFHS): Policy and Practice in a Government Programme in West Bengal State of India

Agency : World Health Organization, Geneva

Team : Manasee Mishra, Nutan Jain, Saheli Manish Kumar

The study aims to develop a case study on the Adolescent Friendly Health Services (AFHS) in West Bengal state of India. It critically analyses the state mandated AFHS intervention using human rights principles and a gender sensitive approach. Nine human rights principles have been used for the purpose. These are: non-discrimination, availability, accessibility, acceptability, quality of health services, informed decision making about own health, privacy and confidentiality, participation in health policy and service decision making, transparency and accountability. Qualitative research methodology has been adopted for the study. Both secondary and primary data shall be used. A sample of urban and rural sites in the state shall be visited. The study is among a group of case studies from across the world expected to inform programme strategies of the WHO in the future.

Climate Change, Uncertainty and Transformation

Agency : Norwegian University of Life Sciences, Norway

Team : Upasona Ghosh, Manasee Mishra, Shibaji Bose (Consultant), Sabyasachi Mandal (Research Assistant)

The study uses qualitative methodology to explore how different actors from above (e.g. policy makers), middle (e.g. media)and below (e.g. local communities) conceptualize climate change related uncertainties in the Sundarbans in West Bengal. It explores how and to what extent climatic uncertainties are impacting the major drivers in the lives of the 'below' of Sundarbans, and how people are living with such uncertainties. Further, it explores whether and to what extent climatic uncertainties are leading towards transformation in the socio- ecological system of the Sundarbans. The study is expected to contribute to an understanding of the following in the Sundarbans in West Bengal: contextual and social changes due to the changing climate; coping and adaptation mechanisms of the people of the Sundarbans due to climatic threats; policy paradigms and implementation with specific reference to changing climate; and future alternative pathways for sustainable development for the people of the Sundarbans.

Linkages of Parallel Health Providers and Impact on Health System: A Social Network Analysis from Indian Sundarbans

Agency : IIHMR In-House Research Grant

Team : Rittika Brahmachari, Sabyasachi Mandal (Research Assistant)

Social network theory informs the study. Using qualitative methodology, the study explores the following: the presence and functioning of the network of rural medical practitioners with health system actors in the Sundarbans in West Bengal; the extent of influence of the healthcare market on the rural medical practitioners and vice versa; and how to make use of these networks for effective service delivery for the people of the Sundarbans in West Bengal. The study found three types of significant linkages in the social network of the rural medical practitioners: formal healthcare actors, private healthcare market actors, and community based actors. The network comprises of strong and weak social ties which act as safety nets for the rural medical practitioners. The resilience of these groups of community based informal healthcare providers has the potential to complement the formal healthcare providers, both in normal times and during climate shocks. The strengthening of the weak ties with formal healthcare providers can lead to building resilient and responsive health systems.

Are Women of Indian Sundarbans Living in Dark: A Gender Analysis of Eye Health Problem

Agency : Cross Research Programme Consortia Partnership on Gender, Ethics and Health Systems (RinGS)

Team : Debjani Barman, Arnab Mandal, Manasee Mishra, Barun Kanjilal

The study is located in the Indian Sundarbans. It follows context embeddedness and intersectional approach, and uses mixed methods. It seeks to answer the following: assess differences in perception of visual impairment by gender and other social determinants; assess the differences in detection of visual impairment by gender and other social determinants; explore the differences in health care seeking and financing for visual impairment by gender and other social determinants; and explore the difference in dependencies following visual impairment by gender and other social determinants.Gender, age and education are important determinants of visual impairment and care seeking for eye health.

In the Sundarbans in West Bengal, elderly females are less likely to seek care despite being more likely to develop eye problems. Elderly educated males are less likely to suffer from eye problems. Preliminary findings of in-depth interviews reveal a low perceived severity of eye problems and low importance to eye care seeking among females. This may be due to women's activities being primarily restricted to the household. Elderly women with male partners or sons were found to have less decision making power than single women or widows. Male relatives often take decisions related to eye health on behalf of the women.

Participatory Action Research on Interventions to Support Deaf Young People in West Bengal and Karnataka

Agency : Deaf Child Worldwide (DCW), UK

Team : Manasee Mishra, Usha Manjunath, Saheli Manish Kumar, Syed Ali A, Mahadeva Prasad

The purpose of the action research project is to design, implement and test a set of interventions for deaf young people in a sample of the DCW project sites in India. The action research project takes into consideration the policy and socio-cultural contexts (including issues of gender equity). The process of designing the set of interventions, implementing and testing it, is to be carried out in a participatory manner, with deaf young people being active participants throughout the process.

Such a participatory action research would benefit them in the immediate and long term contexts. Deaf young people would be empowered during their engagement in the process. Activities such as reflections of life experiences, articulation of aspirations, interaction with peers, or the enabling environment created through the action research intervention would positively affect them as the action research project is underway.

The long term benefits of the action research project are that, it would offer a set of interventions that has been designed, implemented and tested for its effectiveness. Future programming of DCW for deaf young people in India and other countries across the world will be actively informed by the set of interventions tested in the action research project.

Strengthening Convergent Action for Reducing Child under Nutrition

Agency : ICICI Foundation, Mumbai

Team : Sunita Nigam, Abhishek Dadich, Rajeev Dhakad, Abhishek Kumar

Strengthening Convergent Action for reducing Child under nutrition is a three-year pilot project being implemented by ICICI Foundation for inclusive Growth in partnership with Department of Women and Child Development, Government of Rajasthan. This intervention is aimed at improving nutritional status, prevention, reference, management and treatment at MTC.

The project seeks to improve the nutritional status of 0-6-year-old through a three pronged, comprehensive approach of preventing and managing under nutrition and the treatment of

severe under nutrition. In the first phase, the project implemented in 250 anganwadi centres in two blocks viz Kishanganj and Shahbad of Baran District of Rajasthan State. In second phase the other 244 anganwadi centres were covered for scaling up.

The key objective of the project is to measure key outcome indicators to assess the impact of the project vis-à-vis its objective and shares the successful practices among the key stakeholders.

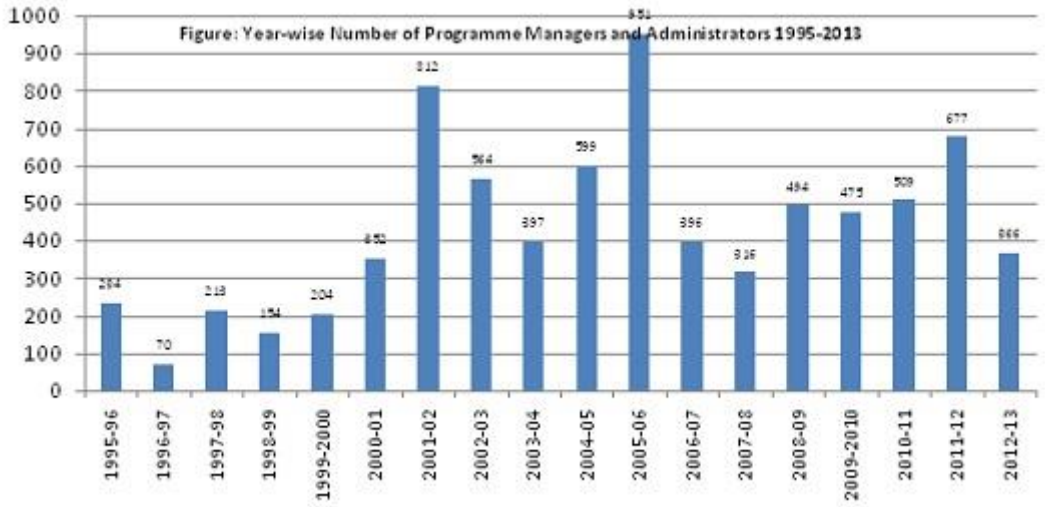
The assessment of nutritional status will be carried out based on the indices of weight-for-age, height-for-age, weight-for- height and MUAC. These three indices of nutritional status will be expressed in standard deviation units (z-scores) from the median for the international reference population. Children who are more than two standard deviations below the reference median on any of the indices will be considered as undernourished, and children who falls more than three standard deviations below the reference median will be severely under-nourished.

TRAINING CAPABILITIES

Training Capabilities of IIHMR, Jaipur

The Institute of Health Management Research, Jaipur has been actively involved in training and capacity building of professionals working with in health sector. The Ministry of Health and Family Welfare, Government of India recognises it as an Institute of Excellence for training and capacity building. The institute has designed and conducted number of training courses for Government of India and other States/UTs to improve leadership and managerial competency. The Institute has been designated as WHO Collaborating Centre for District Health System based on Primary Health Care. As a WHO Collaborating Center, institute receives request from WHO-SEARO for designing and conducting WHO fellowship programmes for in-country and international participations.

Over 480 training programmes pertaining to institutes thrust areas have been organized since the inception of the institute. In its various programmes, IIHMR has trained more than 8000 health administrators and managers in India and abroad. IIHMR has emphasis on creating and developing a critical mass of professionally trained programme managers and health administrators to improve management practices in health and related systems. Number of participants has been shown in figure.



The key training areas includes Leadership and Strategic Management, Quality Management, Hospital Management, Results Based Management, Programme Management, Monitoring and Evaluation, Supply Chain Management, Data Management, Promoting Rational Use of Drugs, Disaster Management and Training of Trainers.

Types of training programmes conducted at IIHMR, Jaipur

Management Development Programmes (MDP)

- Leadership and Strategic Management
- Programme Management
- Monitoring and Evaluation
- Results Based Management
- Disaster Management
- Hospital Management
- Quality Management in Hospital and Health Care
- Data Management
- Promoting Rational Use of Drugs in the Community
- Supply Chain Management

WHO Fellowship Programmes

IIHMR receives regular request from WHO-SEARO to conduct fellowship programmes. The following fellowship progammes has been conducted by our institute:

- Public Health Management
- Strengthening Human Resources for Health
- Health Planning and Development
- Management and Implementation of Development Projects

- Health Care at Primary Level
- Public Private Partnership in Health
- Monitoring and Evaluation of Health Programs

Custom Training Programmes

IIHMR Jaipur collaborates and partners with select organizations to plan, design and conduct custom training programmes that address organization's specific training needs to enhance managerial competencies of the programme managers for better outcomes and performance. The expected outcome of training programme is a determined learning experience that enables the governmental/non-governmental organization to improve its performance. To ensure maximum benefit, these custom training programme partnerships involve close coordination between the organization's leaders/managers and dean training at IIHMR Jaipur deantraining@iihmr.edu.in.

Professional Development Courses (PDC) in Management, Public Health and Health Sector Reforms

The Ministry of Health and Family Welfare, Government of India identified the institute as Collaborating Training Institute for organizing the 10-week duration Professional Development Course to improve the leadership and managerial competence of district medical officers working with government.

Countries participated in Training Programmes

The participants from following countries benefitted from our training programmes:

- Afghanistan
- Argentina
- Australia
- Bangladesh
- Bhutan
- Central Pacific
- Congolese D.R.C
- DPR Korea
- Egypt
- Ethiopia
- Ghana
- India
- Indonesia
- Jorden
- Kenya
- Maldives
- Mozambique

- Myanmar
- Namibia
- Nepal
- Nigeria
- Pakistan
- Philippines
- Sri Lanka
- Sudan
- Syria
- Tanzania
- Uganda
- United States of America (USA)
- Vietnam and Zimbabwe

TRAINING FACILITIES

Training Halls

The institute has training halls venue equipped with all the modern training facilities like LCD, OHP, white board, chalk board, flip charts, and air-conditioning.

Library

The library and documentation centre has a well-balanced collection of books and periodicals. The training participants are issued temporary library ids to enable issue of books during the

training period.


Guest House Facility

The institute has its own fully furnished air-conditioned guest house located in the institute campus. The participants are provided rooms on twin-sharing basis equipped with satellite TV, tea/coffee kits and other amenities.


Computer Centre

The institute has six computer labs with 300 computers, 90 printers and internet facility. The whole campus has is connected with Wi-Fi for internet access. Participants are provided ids to access internet/Wi-Fi 24hours during the training period.


Dining Area

The institute has a designated dining Area at the MDP center for the training participants where all meals (breakfast, lunch and dinner) are exclusively served.


Recreation

The institute has recreation facilities like gymnasium, badminton court, volleyball court, basket ball court and indoor games accessible to the training participants


TRAINING PAST EVENTS

Healthcare Operations Management - Techniques and Applications

A three day Management Development Programme (MDP) on “Healthcare Operations Management-Techniques & Applications”, scheduled between 19th – 21st December, 2016, was organized at IIHMR University, Jaipur. Operations management is the design, operation, and improvement of the processes and systems that create and deliver the organization’s products and services.

The topics covered were Hospital as a system, Hospital Project Management using PERT/CPM, Using Software for analysis, Logical Frame Analysis (LFA) as a tool of Project Management, Forecasting techniques in health care operations, Facility Location and Layout techniques in health care, CPV, Factor Rating, GIS in facilty location, Layout planning using SLP, Computerized layout analysis, Supply Chain and Inventory Management techniques, EOQ, JIT, ABC/VEN analysis, Quality Management techniques, TQM & Six-Sigma, 7 QC tools, Pareto Chart, Fishbone diagram, Scatter Diagram, Histogram, Control Charts in healthcare, Introduction to NABH/JCI Standards, Queuing & capacity planning in hospitals, Using decision sciences software for analysis.

The participants include, Mr. Simhadri Hanuman (General Manager Finance and Accounts), Prerna Anaesthesia and Critical Care Services, Hyderabad, Dr. Vijay Kumar Battina (Chief Physiotherapist), Prerna Anaesthesia and Critical Care Services, Hyderabad Mr. Sagnik Saha (Senior Manager Operations and Quality), Prerna Anaesthesia and Critical Care Services, Hyderabad, Dr. Gaurav Kumar, Medical Officer, Jindal Institute of Medical Sciences, Hisar, Haryana, Mr. Huzefa T. Merchant, IT Manager, Saifee Hospital, Mumbai, Mr. Mustafa E. Burhanpurwala Associate Manager – Purchase, Saifee Hospital, Mumbai, Ms. Tasneem A. Fidvi Sr. Mgr. Administration, Saifee Hospital, Mumbai, Mrs. Zarine L. Khety Head - Clinical Pharmacy and Scientific Officer, Saifee Hospital, Mumbai, Dr. Santosh Kumar Besra, Surgeon & Freelance Healthcare Consultant, Kolkata, West Bengal, Dr. Sharon Jacob, Sr. Administrator, Fathima Eye Care Hospital, Thodupuzha, Idukki, Kerala.

The programme was coordinated by Dr. Susmit Jain, Asstt. Professor, IIHMR University, and proved to be highly useful for the participants.

Policy Advocacy for Health Professionals of WBVHA

The Institute of Health Management Research organized a 3-day Custom Training program on “Policy Advocacy for Health Professional of West Bengal Voluntary Health Association” during

December 5-7, 2016. The major objectives of the program were to develop the Understanding of Policy Advocacy, Policy Making and Implementation, Policy Advocacy in Health and related programs, Policy Advocacy in Public and Private Sector and Sharing Experiences in Policy Advocacy. The program was attended by Project Directors, Research Assistants, Finance Manager and Public Health Specialist. The program was coordinated by Dr. P.R. Sodani, Dean Training, IIHMR University, Jaipur

Qualitative Data Analysis in Healthcare Services

The Institute of Health Management Research organized a MDP on “Qualitative Data Analysis in Healthcare Services” during November 23-27, 2016. The specific objectives of the training program were to develop understanding of qualitative research methods and their application to professional practice, to develop insight for designing qualitative data collection tools and techniques, to develop skills in content analysis of the data collected through various techniques in qualitative research for example interviews, observations, focus groups, letters, diaries, newspapers articles and minutes of meetings, to develop skills in computer assisted qualitative data analysis, to develop critical appraisal skills for assessing the quality and rigor of published qualitative research, to develop writing skills for publication on qualitative research including conferences, journals and textbooks. The program was attended by the Research Officers, Project Officers, MPH students and Medical Officers. The course was coordinated by Dr. Neetu Purohit, Associate Professor at IIHMR University, Jaipur.

Results Based Management in Health Programs

The Institute of Health Management Research organized a MDP on “Results Based Management in Health Programs” during November 21-25, 2016. The overall aim of the course was to enhance participant’s understanding of Results Based Management and use the tools effectively to achieve results. The program covered understanding Results Based Management, operationalizing Results Based Management, logical framework analysis, performance management framework, risk management and developing results based reporting system. The course was attended by Technical officers of MSH, Project officers and Public Health Professionals. The course was coordinated by Dr. P.R. Sodani, Dean Training at IIHMR University, Jaipur.

Pharmacovigilance and Drug Monitoring

The School of Pharmaceutical Management organized a 5-day MDP on “Pharmacovigilance and Drug Monitoring” during November 14-18, 2016. The major objectives of the program were to understand aspects of Medication Safety and Pharmacovigilance in practice, to understand safety concern of the medicines regarding risks/ benefits of medicine use in humans including the cause, manifestations and consequences of adverse drug effects (ADEs), to introduce participants to fundamental statistical, compliance and regulations concepts and methods, to understand about detection and monitoring of the Adverse Drug Reaction (ADR), to manage a Pharmacovigilance center & its effective working an d to understand aspects for Pharmacovigilance compliance and monitoring. The course was attended by Pharmacovigilance consultant and Pharmacist from South Africa. The course was coordinated by Mr. Rahul Sharma, Assistant Professor at IIHMR University, Jaipur.

Family Planning and Reproductive Health Commodity Security

The Institute of Health Management Research organized a 10-day Custom Training program on “Family Planning and Reproductive Health Commodity Security” during October 10-21, 2016. UNFPA (Asia and Pacific Region Office) has entered MOU with IIHMR University to ensure that international standard training courses are regularly available on a range of topics related to Reproductive Health Commodity Security and Family Planning (RHCD/FP) through a recognized regional institution in Asia (i.e. IIHMR) that can address the learning needs of Government and non-government health officials working in this sector across the Asia Pacific region. IIHMR committed to run RHCS/FP courses on an annual basis for at least 5 years. The first international course under this MOU is offered on International Training Program on Family Planning and Reproductive Health Security, October 10-21, 2016 at IIHMR University, Jaipur. In all, 26 participants from eight countries participated in the program. The program was coordinated by Dr. P.R. Sodani, Dean Training, IIHMR University, Jaipur

Safeguarding Quality of Medicines in Resource Limited Settings

The School of Pharmaceutical Management organized a 5-day MDP on “Safeguarding Quality of Medicines in Resource Limited Settings” during September 19-23, 2016. The major objectives of the program were to provide technical guidance for establishing a robust quality

assurance framework for ensuring good quality of medicines despite limited human and financial resources, to comprehend key concepts and principles pertaining to quality of medicines, to Underline the key issues and challenges affecting the quality of medicines in the existing healthcare systems and identifying the ways to mitigate the quality issues. The participants who attended the program were from Medical Corporation of Gujrat, WHO officials from Timor-Leste, Professors and Pharmacists. The course was coordinated by Dr. Saurabh Kumar Banerjee, Assistant Professor at IIHMR University, Jaipur.

Leadership and Strategic Management in Healthcare for Senior Management Executive

The Institute of Health Management Research organized a high-value MDP on “Leadership and Strategic Management in Healthcare “during September 19-23, 2016 at Resort de Alturas, Goa. In all, there were 17 participants from four countries – Bangladesh, Bhutan, India and Maldives who attended the program. The participants had varied experience and engaged at senior management level in their respective organizations. The participants were from for-profit and not-for-profit organizations including, hospitals, healthcare management organizations, pharmaceutical organizations, academic and research organizations. The program was rated very high by the participants. The program resource persons included Dr SD Gupta, Mr. Sudharshan Jain, Mr. A. Vaidheesh (GSK), Ramesh Bhat (former IIMA Professor), Venkat Raman (Professor FMS, Delhi University), Mr. Rajendra Gupta (Advisor, Union Health Minister), Rishi Mohan Bhatnagar (Aeris Communication), Dr Nutan Jain and Dr. PR Sodani.

Use of District Health Information System

The Institute of Health Management Research organized a 5-day Custom Training program on “Use of District Health Information System” during August 20-24, 2016. The major focus of HISP, India is to strengthen the development and use of integrated health information systems within a public health inspired framework in India and the South Asian region. The program trained the officials working with NHM, DoH, NVBDCP, PGIMER, TVHA, PSI, IHAT and WHO.

Developing Sales Force Effectiveness

The School of Pharmaceutical Management organized a 5-day MDP on “Developing Sales Force Effectiveness” during July 20-24, 2016. The major objectives of the program were targeting specific market and customers, Sales Organization Deployment, Talent Selection and Management and Sales Force Rewards. The program had elaborate sessions on Sales Force Structure, Performance Management, Incentive Compensation, Segmentation and Targeting of customers, Training Learning and development, Key Account Management, Analytics and Data. The participants were from pharmaceutical companies such as Inceptapharma, Johnson and Johnson and Panacea biotech. The course was coordinated by Dr. Sandeep Narula, Associate Professor at IIHMR University, Jaipur.

Planning and Managing Social and Behavioral Change Communication Interventions in Health Sector (SBCC)

The Institute of Health Management Research organized a 5 day MDP on “Planning and Managing Social and Behavioral Change Communication Interventions in Health Sector” during July 18-22, 2016. The major objective of the program was to provide clarity on the basic concepts of information, education and communication (IEC) and Social Behavior Change Communication (SBCC), to assess communication needs and evolve program based interventions, to plan and implement a SBCC program, to select appropriate media channels and produce BCC messages and materials that are adapted to people's needs, to use of new technologies, to apply different methods of monitoring and evaluation, to Assess the impact of communication interventions. The course was attended by the consultants at NHM, Project officers and Public Health Professionals. The course was coordinated by Dr. Neetu Purohit, Associate Professor at IIHMR University, Jaipur.

Training program on Rejuvenating Nursing Staff for Behavior Change: Power of Positive Attitude and Motivation for Government of Madhya Pradesh

The Institute of Health Management Research organized a 3-day Custom Training program on “Rejuvenating Nursing Staff for Behavior Change: Power of Positive Attitude and Motivation” during May 15-17, 2016. The program was coordinated by Dr. Neetu Purohit, Associate Professor at IIHMR University, Jaipur

Training Program on Personal and Professional Excellence for Department of Panchayat and Rural Development, Govt of West Bengal

The School of Rural Management conducted 5 batches of training program during April- July, 2016. The program focused on roles and functions of Managers and Administrators specially in the context of Rural Development and Panchayat bodies to assess their efficacy in present roles with the help of psychometric instruments, to ideate, debate and deliberate upon strategies to improve role efficacy, to Internalize styles of leadership in most appropriate way for variegated management roles, to develop an introspective perspective into self-motivation and motivating others, to gain an insight into nature of conflicts and strategies of Conflict Management and to develop understanding of team working and nuances of team building. The program was coordinated by Dr. Tanjul Saxena and Dr. Goutam Sadhu.

Orientation Course on AMRUT for IIHS/GOR

The Institute of Health Management Research has organized 8 batches of “Orientation Course on AMRUT” during April, 2016- December, 2016. The Orientation Courses on Atal Mission for Rejuvenation & Urban Transformation (AMRUT) under the Individual Capacity Building Programme of AMRUT was supported by Ministry of Urban Development (MoUD), Government of India (GoI). The Indian Institute for Human Settlements (IIHS), Bengaluru was the empaneled training entity that conducted these programs as part of the MoU signed with the Government of Rajasthan. The aim of the training program through the orientation courses is to engage the Urban Local Bodies (ULB) staff in understanding existing challenges of urban India, especially with respect to basic services, infrastructure and civic amenities, to comprehend the need for this Mission and understand its guidelines, components and processes. The Mission aims to improve urban infrastructure and amenities in 500 cities across India with a focus on services like water supply, sewerage, storm water drainage, public transport and green spaces and parks.

18TH Professional Development Course in Management, Public Health and Health Sector Reforms

The Institute of Health Management and Research organized a 70-day Professional Development Course in Management, Public Health and Health Sector Reforms during April 25-July 2, 2016. The professional development program is supported by Ministry of Health and Family Welfare, Government of India and nodal agency for the program is National Institute of Health and Family Welfare, New Delhi. The participants are nominated by Department of Medical, Health and Family Welfare, Government of Rajasthan. The idea of this course is to improve the managerial competence of district and block level medical officers in public health, management and health sector reforms. In all 18 Medical Officers participated in the course from 13 different districts of Rajasthan. The course was coordinated by Dr. P.R. Sodani, Dean-Training at IIHMR University, Jaipur.

Patient Medication Safety and Rational Use of Drugs

The School of Pharmaceutical Management organized a 5 day MDP on “Patient Medication Safety and Rational Use of Drugs” during April 25-29, 2016. The specific objectives of the program were to enable participants understand the concepts and need of medication safety culture in organization, to develop error-reduction strategies around the use of high-alert medications, to understand the problems and factors influencing irrational use of drugs in community and to get an exposure of techniques improving access to medicines. The participants for the course were pharmacists from Sudan. The course was coordinated by Mr. Abhishek Dadhich, Assistant Professor at IIHMR University, Jaipur.

Healthcare Operations Management – techniques & applications

A 5-day Management Development Programme (MDP) on “Healthcare Operations Management-Techniques & Applications” was held during 15th – 19th March, 2016. The programme was coordinated by Dr. Susmit Jain, Assistant Professor, IIHMR University, Jaipur. Operations management is the design, operation, and improvement of the processes and systems that create and deliver the organization’s products and services. The objective of the programme was to apply operations management techniques in efficient and effective delivery of healthcare/hospital services. The participants were from Government of Tripura, Dept. of

Health & Family Welfare, Shalby Hospital, Gujarat, (Leading Multi-Speciality Tertiary Care Healthcare Institutions in Western India) & Chaitanya Hospital (leading hospital of Chandigarh), Chandigarh. The programme proved to be highly useful for the participants.

Data Analytics in Health (MS- excel based Applications and Techniques)Data Analytics in Health (Ms- excel based Applications and Techniques)

A five day Management Development Program (MDP) on “Data Analytics in Health” was held during 18th – 22th January, 2016 at IIHMR University, Jaipur. The program was coordinated by Professor Sandeep Narula from IIHMR University, Jaipur. This MDP was designed to promote the use of data analytics in decision making in healthcare and to gain better insight which would help to demonstrate values and achieve better health outcome. The learning from this MDP helped the participants in managing large set of data and better decision making. There were a total of two candidates for the training program from Goa and Delhi and this training program proved to be highly useful for the participants.

Pharmacoepidemiology and Drug Safety

A five Management Development Program (MDP) on “Pharmacoepidemiology and Drug Safety” was held during 8th – 12th February, 2016 at IIHMR University, Jaipur. The program was coordinated by Assistant Professor Mr. Rahul Sharma from IIHMR University, Jaipur. The specific objectives of the program was to understand different aspects of Pharmacoepidemiology in practice, understanding about the Pharmacoepidemiological study designs, assessing the effectiveness of drugs, different techniques used to study the patterns and determinants of drug utilization, issues regarding risks and benefits of drug use in humans including the cause, manifestations and consequences of adverse drug effects (ADEs), introduction to fundamental statistics, compliance and regulations concepts and methods. There were two participants from South Africa, who participated in the training program.

17TH Professional Development Course in Management, Public Health and Health Sector Reforms

The 17th Professional Development Course in Management, Public Health and Health Sector Reforms commenced at Institute of Health Management Research, Jaipur, and the program was held during 12th October, 2016 to 20th December, 2016.. The course was coordinated by Dr. P.R. Sodani, Dean-Training at IIHMR University, Jaipur. The professional development program is supported by Ministry of Health and Family Welfare, Government of India and nodal agency for the program is National Institute of Health and Family Welfare, New Delhi. The participants are nominated by Department of Medical, Health and Family Welfare, Government of Rajasthan. The idea of this course is to improve the managerial competence of district and block level medical officers in public health, management and health sector reforms. In all 23 Medical Officers participated in the course from different districts of Rajasthan.

Patient Medication Safety and Communication Skills for Hospital Pharmacists

A 5-day Management Development Program (MDP) on “Patient Medication Safety and Communication Skills for Hospital Management” was held during 11th – 15th January, 2016 at IIHMR University, Jaipur. The program was coordinated by Assistant Professor Mr. Abhishek Dadhich from IIHMR University, Jaipur. The specific objectives of the program were to enable participants understand the concepts and need of medication safety culture in organization, Developing error-reduction strategies around the use of high-alert medications, effective communication techniques and human error that may impact on patient medication safety, promoting two-way communication with patients and health care professionals, identifying common barriers to verbal communication and describing ways to overcome each barrier. The training programme was covered by the media and appeared in Dainik Bhaskar, City Bhaskar and other online sources as well.

Pharmaceutical Management in Hospitals

A five Day Management Development Programme was coordinated by Dr. N.K. Gurbani on “Pharmaceutical Management in Hospitals” during November 2-6, 2015. The programme focused on the tools and techniques for medicines and medication Management in hospitals. The participants were exposed to real life situation which helped them to find the practical

solutions and implement them in their own settings. The specific objectives of the program were, to enable participants understand and comprehend the concepts and principles of access to medicines with tools and interventions to promote rational use of medicines in hospitals, to facilitate appreciation and significance of Drug and Therapeutics Committees (DTCs) towards Pharmaceutical management in hospitals, to enable participants understand the goals, role, structure and functions of DTCs and to enable participants understand issues related to quality & safety of medicines and supply Chain management. There were total 20 participants for the training programme from different regions such as Bhutan, Nepal, India, Sri Lanka and Sudan. The training programme was covered by the media and appeared in Dainik Bhaskar, City Bhaskar and other online sources too.

Training Programme on Healthy Living through Yoga & Pranayam

A three day Custom Training Program (CTPs) was conducted based on request from Power Grid Corporation of India Limited on “Healthy Living through Yoga and Pranayama” during October 26-28, 2015 at IIHMR University, Jaipur. The program was coordinated by Dr PR Sodani, Dean Training at IIHMR University, Jaipur. The overall aim of the programme was to improve the participants understanding towards healthy living through Yoga and Pranayam. The training session promoted the better understanding of Yoga and Pranayam techniques for improved concentration, willpower, peace of mind, mental stability, perfect intellectual clarity and openness. The course covered the following areas such as-Working Towards Work-life Balance, Managing Stress in Daily Life, Yoga and Pranayam for Healthy Life, Key Asanas: Understanding and Practice, Key Pranayamas: Understanding and Practice, Meditational Practices: Understanding and Practice, Food Habits and Balanced Diet. There were total 22 managers who took part in the training session.

Enhancing Competence of Trainers

A five day Management Development Program (MDP) on “Enhancing Competence of Trainers” was held during 7th -11th September, 2015 at IIHMR University, Jaipur. The program was coordinated by Dr. Nutan P.Jain, Professor at IIHMR University, Jaipur. The overall objective was to equip the participants with important training skills and to ensure that they are able to apply the learning in their trainer’s role. The training majorly focused on encouraging the understanding of the systems ,concept of training and identifying stages of training cycle and

their changing roles and responsibilities during stage, selecting and using appropriate training methods and techniques, management of training and developing a training plan . There were 13 participants for the program from Madhya Pradesh, Orissa and Rajasthan.

Rational Use of Medicines with Added Focus on HIV/AIDS, TB and Malaria

A two weeks Management Development Program (MDP) on “Rational Use of Medicines with added Focus on HIV/AIDS, TB and Malaria” was organized at IIHMR University, Jaipur during 17th -28th August, 2015. The program was coordinated by Dr. Nirmal Gurbani, Professor (Pharmaceutical Management) at IIHMR University, Jaipur. The idea of the program was to promote the understanding of rational use of medicines, providing key information and expertise towards better access to medicines and healthcare services, strategies to promote rational use of medicine and to expose the participants to practical approaches in developing effective strategies for change. There were 4 participants for the program from Democratic republic of Congo, Tanzania, Maldives and Kiribati (Pacific Island).

Operations Management Techniques & Applications in Healthcare Management

A five day Management Development Programme (MDP) on “Operations Management Techniques & Applications in Healthcare Management” was organized between 10th – 14th August, 2015 at IIHMR University, Jaipur. The programme was coordinated by Dr. Susmit Jain, faculty, IIHMR University, Jaipur. The objective of this MDP was to apply operations management philosophies, techniques, and tools in healthcare for making the healthcare delivery efficient and effective. The participants were from United Association for Public Health & Education, Mumbai, Mumbai Smiles (A Spain based NGO), Mumbai, Sterling Hospitals (Market leader in private chain of hospitals across Western India), Ahmedabad, George Institute for Global Health, Hyderabad, Chaitanya Hospital (leading hospital of Chandigarh), Chandigarh. The programme was very much liked by the participants.

For details of the programme please click the link “Training Report – Operations Management”.

Patient Medical Safety and Quality Management

A three day Management Development Program (MDP) on “Patient Medical Safety and Quality Management” was held during 13th -15th July, 2015 at IIHMR University, Jaipur. The program was coordinated by Assistant Professor Mr. Abhishek Dadhich from IIHMR University, Jaipur.

The specific objectives of the program were understanding concepts and need of medication safety culture in organization, developing error-reduction strategies, effective communication techniques and human error that may have impact on patient medication safety and to create patient medication safety culture in hospital. There were 6 participants for the program from Sudan and Nepal.

Training of Trainers on Healthcare Leadership

Custom Training Program (CTPs) was conducted based on request from Maharashtra Emergency Medical Services Project, BVG India Ltd in Collaboration with IIHMR, Bangalore on "Training of Trainers on Healthcare Leadership" during 28th -30th June, 2015 at IIHMR University, Jaipur. The training was coordinated by Dr. Nutan Jain, Professor at IIHMR University, Jaipur. The specific aim of the training was to develop leadership skills among the participants, explaining the importance of team, enhancing their role as a trainer and demonstrating a positive attitude towards work. The course covered the life skills, communication skills, leadership and strategic leadership, leadership styles, team development strategies, role efficacy, trainers' styles, optimism in trainers. The total participants for the training were 8 from Maharashtra and Karnataka.

Developing Sales Force Effectiveness

A three day Management Development Program (MDP) on "Developing Sales Force Effectiveness" was held during 22nd-24th June, 2015 at IIHMR University, Jaipur. The course was coordinated by Dr.Sandeep Narula, Associate Professor at IIHMR University, Jaipur. The prime focus of the program was targeting specific market and customers, Sales Organization Deployment, Talent Selection and Management and Sales Force Rewards. The program had elaborate sessions on Sales Force Structure, Performance Management, Incentive Compensation, Segmentation and Targeting of customers, Training Learning and development, Key Account Management, Analytics and Data. There were a total of 5 participants for the program from Bangalore, Haryana and Maharashtra.

16TH Professional Development Course in Management, Public Health and Health Sector Reforms

The 16th Professional Development Course in Management, Public Health and Health Sector Reforms commenced at Institute of Health Management Research, Jaipur, and the program was held during 15th June 2015 to 23rd August 2015. The course was coordinated by Dr. P.R. Sodani, Dean-Training at IIHMR University, Jaipur. The professional development program is supported by Ministry of Health and Family Welfare, Government of India and nodal agency for the program is National Institute of Health and Family Welfare, New Delhi. The participants are nominated by Department of Medical, Health and Family Welfare, Government of Rajasthan. The idea of this course is to improve the managerial competence of district and block level medical officers in public health, management and health sector reforms. In all 22 Medical Officers participated in the course from 13 different districts.

Towards Healthy Living for Work-Life Balance

Two sets Custom Training Program (CTPs) were conducted based on request from Power Grid Corporation of India Limited on “Towards Healthy Living for Work- Life Balance” during 20-22nd April, 2015 and 23rd-25th July, 2015 at IIHMR University, Jaipur. The programs were coordinated by Dr PR Sodani, Dean Training at IIHMR University, Jaipur. The overall aim of the program was to improve the participant understanding towards healthy living for work-life balance. The program covered various topics such as Work-Life balance concept, Work-Life index, understanding and determinants of wellbeing, personal effectiveness, stress management, anger management, time management, interpersonal style, factors enhancing healthy living and working towards work life balance. The total participants for the first round were 14 during the month of April and 19 for the second round held in July.

Healthcare Operations Management “Techniques & Applications"

A five day Management Development Programme (MDP) on “Healthcare Operations Management: Techniques & Applications” was organized at IIHMR University, Jaipur between 17th -21st March, 2015.

Operations management is the design, operation, and improvement of the processes and systems that create and deliver the organization's products and services. The goal of operations management is to more effectively and efficiently produce and deliver the organization's products and services. Manufacturing organizations have successfully employed the programs, techniques, and tools of operations improvement for many years. Recently, leading healthcare organizations have begun to employ the same tools. The objective of this MDP was to apply operations management philosophies, techniques, and tools in healthcare for making the healthcare delivery efficient and effective.

In this programme, the participants were from Healthcare Global (HCG) Enterprises Ltd., Bangalore, (leader in cancer care in Asia), Dr Shroff Charity Eye Hospital, Delhi (Oldest Eye Hospital in Delhi), The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), International health research organization located in Dhaka, Bangladesh, Seth Nandlal Dhoot Hospital (run by VIDEOCON INDUSTRIES) Aurangabad, Maharashtra, India, (leading multi-super speciality Hospital in Maharashtra), Ministry of Public Health, Islamic Republic of Afghanistan (Sponsored by WHO Regional Office for Eastern Mediterranean), and the Directorate of Health Services, Ministry of Health & Family Welfare, Govt. of Chhattisgarh. In all there were 15 participants.
Dr. Susmit Jain, Assistant Professor, IIHMR University, was the faculty and the programme coordinator.

For More Detail about the MDP Download Report

WHO In-Country Fellowship on Monitoring and Evaluation of Health Programmes and WHO In-Country Fellowship on Research Methods and Data Analysis Management

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct WHO In-Country Fellowship on Monitoring and Evaluation of Health Programmes and WHO In-Country Fellowship on Research Methods and

Data Analysis Management of 2-weeks durations. IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program. The program enabled the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts. The major objective of the programme was to understand overall knowledge on steps of research methods and evaluation, skill to develop terms of referance for conducting a health program evaluation and releated research, clear understanding on monitoring system and supervision, data management framework, skills to use data planning and decesion making and brad understanding of monitoring and validation. The fellowship was coordinated by Dr. Suresh Joshi.

International Training Program on Procurement of Medicines and Health Products for CMS, Sudan

The Central Medical Supplies Public Corporation, Sudan approached the Institute of Health Management Research, Jaipur to design a 5-day training programme to address the drug procurement related issue. The course covered supply chain management, selection of medicines, quality assurance of medicines, procurement planning and procedures, quantification, supplier & product prequalification, pricing and budgeting, distribution and storage and other releated issues with reference to trade related intellectual property rights (trips). The training course was coordinated by Dr. N.K. Gurbani.

15th Professional Development Course in Management, Public Health and Health Sector Reforms

The 15th Professional Development Course in Management, Public Health and Health Sector Reforms commenced at Institute of Health Management Research, Jaipur, the programme will

be held during 25th August 2014 to 02nd November 2014. The programme is supported by Ministry of Health and Family Welfare, Government of India and nodal agency for the programme is National Institute of Health and Family Welfare, New Delhi. The participants are nominated by Department of Medical, Health and Family Welfare, Government of Rajasthan. The overall aim of the course is to improve the managerial competence of district and lock level medical officers in public health, management and health sector reforms. In all 18 Medical Officers are participating in the course. The course is coordinated by Dr. P.R. Sodani.

WHO In-country Fellowship Program on Health Management and Financing, 04-16 August, 2014

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct **WHO In-country Fellowship Program on Health Management and Financing** of 2-week duration. IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program. The program enabled the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts. The major objective of the program is to better understand the health management and financing. This course is designed to help the participants better understand various concepts, frameworks and issues involved in Health Management and Financing. The course covers the Fundamentals of Health Care Delivery System, Health Policy/NRHM, Health Economics and Financing, Strategic Management for Health Programme Management and Evaluation, Analytical and Computer Skills. The participants reviewed the selected papers on health systems, quality management, patient satisfaction, health insurance, financing, and gain better understanding on issues and challenges in broad areas of health management and financing. The course was coordinated by Dr. P.R. Sodani and Dr. Alok Mathur.

WHO In-Country Fellowship Program on Health Systems Research, 28 July – 1 August, 2014

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct WHO In-country Fellowship Program on Health Systems Research of 5 days duration. IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program. The program enabled the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts. The major objective of the program was to better understand the health systems research. This course was designed to help the participants better understand Health Systems Research. The course covered the fundamentals of Health Systems, conceptual framework of Health Systems and its linkages, Health Systems building blocks, purpose and nature of Health Systems. The participants reviewed range of research questions, methodological approaches and study designs that health systems research encompasses, as well as cross-cutting issues pertinent to health systems research. The course covered and discussed the Health Systems in India and issues for further research for improving the performance of Health Systems. The fellowship was coordinated by Dr. P.R. Sodani.

Induction Training Programme for Newly Recruited Medical Officers under Department of Public Health and Family Welfare, Government of Madhya Pradesh, 14-25 July 2014

The Department of Public Health and Family Welfare, Government of Madhya Pradesh approached the Institute of Health Management Research, Jaipur-a WHO Collaborating centre for district health system based on primary health care- to conduct the Induction Training Programme for newly recruited medical officers under the department .In response to this, the Institute of Health Management Research, Jaipur developed and conducted this training programme.The programme enabled the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts.The overall aim of the Induction Training Programme was to improve the participants understanding on health systems and various programmes being implemented. In all, 17 newly recruited medical officer were training under the programme. The course was coordinated by Dr. P.R. Sodani.

WHO In-Country Fellowship on Public Private Partnership in Health, 9th June 2014 – 8th July 2014

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct WHO In-country Fellowship Program on Public Private Partnership in Health of 30 days duration.IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program. The Ministry of Health and Family Welfare, Government of India nominated 92 officials under this program.The program was designed to enable the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts. The objective of the program was to improve the participants understanding on Public Private Partnership in Health. The second batch of 29 participants was held during 09th June to 08th July, 2014 at IIHMR Jaipur. The fellowship program was coordinated by Dr. P.R. Sodani.

WHO In-Country Fellowship on Quality Management in Hospital and Health Care, 9th June 2014 – 8th July 2014

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct WHO In-country Fellowship Program on Quality Management in Hospital and Health Care of 30 days duration for seven participants. IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program.The program enabled the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts.The major objective of the program was to better understand the quality management in hospitals and health care organizations and programmes. The program was held during 09th June to 08th July, 2014 at IIHMR Jaipur. The fellowship program was coordinated by Dr. S.D. Gupta and Dr. P.R. Sodani.

WHO In-Country Fellowship on Public Private Partnership in Health, 5th May 2014-3rd June 2014

WHO India Country Office approached the Indian Institute of Health Management Research (IIHMR), Jaipur to design and conduct **WHO In-country Fellowship Program on Public Private Partnership in Health**of 30 days duration.IIHMR Jaipur – a WHO collaborating centre for district health system based on primary health care – agreed to design and conduct the fellowship program.The Ministry of Health and Family Welfare, Government of India nominated 92 officials under this program. The program is designed to enable the participants to discuss current and future challenges in a setting that provides a rare and unique opportunity to interact with subject experts.The objective of the program is to improve the participants understanding on Public Private Partnership in Health.The first batch of 31 participants was held during 05th May to 03rd June, 2014 at IIHMR Jaipur. The fellowship program was coordinated by Dr. P.R. Sodani.

Disaster Management and Preparedness, May 12th-16th, 2014

Disasters have been a part of our existence since times immemorial and form a major area of concern in the modern world due to reasons known to most us. The human race has progressed a lot and has found several ways of fighting the deadliest of the disasters of all kinds. One such method to fight disasters is to learn to manage disasters and also be prepared to face the after effects.Keeping the same in mind a five-day long Management Development Programme was conducted at IIHMR, Jaipur on Disaster Management and Preparedness from May 12th- 16th, 2014. The programme had inputs from some of the experts in the field of disaster management and from professionals with a first-hand experience of managing disasters.The participants were seven in number and all of them found the entire exercise highly beneficial and informative.

EVALUATION Of HEALTHCARE INTERVENTIONS, May 5th-11th, 2014

The month of May at IIHMR, Jaipur began with an exclusive Management Development Programme, the purpose of conducting which was to educate healthcare professionals from

Bnagladesh, in the field of Evaluation of Healthcare Interventions. There were a total of nine participants and the programme was much appreciated by all of them.The Government of the People's Republic of Bangladesh wanted to train its existing healthcare professionals in the field of Evaluation In order to be able monitor and assess the programme goals on regular basis and to increase the accuracy and effectiveness of the ongoing interventions. For which it is found essential to develop skills related to programme evaluation. It was in this context that to develop the capacity of senior/mid-level managers at the project level this training was initiated. The training went on for seven days and the participants were enabled further in the same arena.

Workshop on Health Economics for Policy Makers and Managers in India, March 12th,2014

The Institute of Health Management Research, Jaipur in collaboration with Eli Lilly and Company India Pvt. Ltd initiated an effort to sensitize the policy makers and senior administrators to better understand the applications of health economics in decision making, by organizing **Workshop on Health Economics for Policy Makers and Managers in India**.The workshops were organized at New Delhi on 10th March 2014 and Chennai on 12th March 2014. The workshop was attended by more than 50 policy makers and senior administrators. International key speakers from Australia and India were involved in delivering the sessions in the workshop. Dr. P.R. Sodani, Dean (Training) coordinated the workshop.

Health Care Operations Management,March 10-14th ,2014

The world today is fast developing in all possible areas. The increasing health facilities have also resulted in a population explosion and at this juncture the major challenge of healthcare organisations is to provide high quality care at a lower cost. It is therefore felt that Health care managers must find ways to get best results from limited resources available.Operations management is the design, operation, and improvement of the processes and systems that create and deliver the organization's products and services. The healthcare area is filled with opportunities for significant operational improvements. Under the same strategy and with an increasing demand for training in the field of ‘Health Care Operations Management’, IIHMR, Jaipur planned and organised a MDP on the same.Participants from Nigeria and India participated in the programme. The programme was spread over a period of five days and was much appreciated by the participants and received rave reviews.

Supply Chain Management, March 10th-14th, 2014

intense training and development programme on Supply Chain Management in the pharmaceutical sector, with a specific stress on rational and judicious distribution of drugs was conducted at IIHMR, Jaipur.It has been observed by international agencies like the UN that essential medicines are still inaccessible for population struggling with poverty and are still fatally affected by diseases like HIV/AIDS, tuberculosis and malaria. Under the UN initiative for Universal Healthcare Coverage, a healthcare system can serve at its best only with access to medicines. Access to medicines can be best ensured by proper selection and use of quality medicines, sustainable financing and reliable supply system.The above mentioned training and development programme was designed keeping in mind the requirements of the Supply Chain Management Sector and participants from Tanzania, Sudan, Srilanka, Malawi participated in it. The programme was of a duration of five days.

Promoting Rational Use of Drugs in the Community, Februay 24-March 4,2014

Need for more effective planning, research and implementation of rational use of medicines in the community was the main purpose of the Management Development Programme conducted at IIHMR, Jaipur. The MDP was a condensed version adopted from the official two weeks WHO course on ‘Promoting Rational Drug Use in the Community. The focus was also on how to investigate medicines use in the health facilities. The course was participatory in nature and used the knowledge, skills and experiences of participants as a major resource throughout.The primary objective of the MDP was to provide an exposure to the methods to study and remedy inappropriate medicine use in the community along with an exposure to practical approaches to investigating and prioritizing medicine use problems and means to develop effective strategies for change. It also aimed at understanding methods for improving access to medicines.In all 9 participants took part in the training programme from various reputed Institutions like National School of Public Health, Brazil, University of Sao Paulo, Brazil, University of Amsterdam, The Netherlands, National Health Insurance, Sudan, DAC Office in Herat, Afghanistan, Kiribati, Pacific Islands and India.The programme was inaugurated by Dr. S.D. Gupta, Corporate Director, IIHMR, Dr. P.R. Sodani, Dean Training, IIHMR, Jaipur and Dr. J.S. Bapna, Programme Coordinator on 24th February 2014 and was concluded on the 4th of March, 2014.

Pharmacovigilance in Clinical Research, February, 2014

IIHMR, Jaipur once again contributed substantially in the field of Health Care Management when it organized and conducted a Management Development Programme on Pharmacovigilance in Clinical Research in the month of February, 2014.Pharmacovigilance and its approaches are used to study the effects of a particular drug used in the market after its new launch. The MDP comes useful and important under the current scenario of increasing adverse effects and the regulatory environment.The aim of the course was to discuss with participants, the diverse and numerous methods to evaluate information from health care providers and patients, in order to identify information about hazards associated with medicine and preventing any harm from happening to the patients and its users.In all 8 participants were there in the programme from Ministry of Public Health, Kabul University, General Directorate of Pharmaceutical Affairs Afghanistan.

Quality Management and Patient Safety in Hospital and Health Care, January 27th-31st, 2014

Quality Management and Patient Safety are some of the primary and quick growing concerns of the present Health sector at both national and international level. Realizing the immense demand for the same, a management development programme on this issue was organized at IIHMR, Jaipur from January 27th to January 31st, 2014. The objective of the programme was to develop an understanding of the concepts of quality and to develop essential skills in the assessment and measurement of it.In all, 11 participants were there in the programme from Ministry of Public Health, Kabul University, General Directorate of Pharmaceutical Affairs Afghanistan and NRHM Kerala (India). The format and the concepts of the MDP was much appreciated by all its participants.


Pharmaceutical Management in Hospitals, December 18-22,2013

Management Development Programme on ‘Pharmaceutical Management in Hospitals’ held at IIHMR, Jaipur from 18-20 December 2013, for WHO-South East Asia Region (SEAR), received a wide approbation from all its participants. There were a total of 12 partakers from countries like Bangladesh, Bhutan, Indonesia, Nepal, Sri Lanka, Thailand and India.The workshop was focused on enhancing the participants’ capacity on Negotiation Skills, Assertive Communication, Team building and interpersonal relationships, Conflict management & Means to resolve the situation. It also discussed learning approaches for better coordination and negotiation at all levels among partners as well as participants. The MDP also focused on sharing the personal and country level experiences of the participants.


Pharmaceutical Management in Hospitals, November 18-22,2013

Pharmaceutical Management in Hospitals is one of the key issues being addressed at international level, when it comes to the point of expanding the role of Pharmaceutical

management and its contribution in the field of Hospital management. Keeping the same in mind an International level Management Development Programme was organized at IIHMR, Jaipur from 18th to 22nd November, 2013. In all 9 participants were there in the programme from Nigeria (5), Afghanistan (2) and India (2).The primary objectives of this programme were to enable the participants in understanding and comprehending the concepts and principles of access to medicines with tools and interventions to promote rational use of medicines in hospitals. To facilitate appreciation and significance of Drug and Therapeutics Committees (DTCs) towards pharmaceutical management in hospitals and to enable participants understand the goals, role, structure and functions of DTCs. Along with the above mentioned purposes to expose the participants to practical approaches in developing effective strategies for change.The Programe was organized by IIHMR, Jaipur and coordinated by Dr. Nirmal Gurbani.

Rational Use of Medicines: A foucs on HIV/AIDS,TB and Malaria, August 19-30,2013

'Rational Use of Medicines: A foucs on HIV/AIDS,TB and Malaria' was the title and the focal point of the international level MDP, held at IIHMR,Jaipur from August 19-30,2013.Afghnistan, Uganda and Tanzania were the countries that sent their participants for the same.

CME: Continuing Medical Education, 9th-10th September

Institute of Health Management Research (IIHMR), Jaipur organized a management development programme on 'Continuing Medical Education' (CME) on Food Fortification for Medical Officers of the Department of Medical and Health, Government of Rajasthan to orient and sensitize them on food fortification programme and related issues.The MDP was spread over a period of two days from September 9th to September 10th, 2013 and proved out to be a uniquely beneficial experience to the participants due to its carefully designed structure.


Enhancing Competence of Trainers,October 7th-11th,2013

Enhancing Competence of Trainers was the core issue addressed during the Management Development Programme held at IIHMR, Jaipur (07-11 October 2013).The Primary purpose of the Training Programme was to develop an understanding of the concept of training, and identify stages of training cycle and their changing roles and responsibilities during various stages of performing their tasks/duties. Major stress was also laid upon developing an understanding about principals of Learning and Training.In all 16 participants were there in the programme from Bangladesh and India.

For More Deatils Download Brochure


Result Based Management in Health Sector, October 7th-11th, 2013

Result Based Management in Health Sector is a management approach whereby an organization ensures that all its processes, products and services contribute to the achievement of desired results, which has, in past sometime become the need of the hour under pressures from all directions for the purpose of optimal utilization of resources available.In all 20 participants were there in the programme from Countries like Afghanistan, Bangladesh, Namibia and India along with Experts of International repute as the resource persons.

CENTER FOR INJURY RESEARCH

Introduction

Injuries are one of the leading causes of death and disability in world, with a greater proportion of burden falling on low and middle income countries. For example, injuries lead to more than 1.1 million deaths in India and are associated with more 61 million disability-adjusted life years (DALYs) each year, which constitutes more than 20% of the global deaths and DALYs due to injuries each year (IHME, 2013). In India, injuries are responsible for about 12% of all deaths and DALYs lost due to all causes. Road traffic Injuries are the most common type of injury and were the tenth leading cause of years of life lost in India in 2013. Efforts to understand and prevent injuries in India do not match the scale of problem. Non-communicable diseases (53.4%) and injuries (11.8%) now constitute the bulk of India’s disease burden. National Health Programs for non-communicable diseases are very limited in coverage and scope. The disease conditions (primarily communicable) for which national programs do provide universal coverage account for less than 10% of all mortalities and only for about 15% of all morbidities. Clearly, there is a growing need to conduct research to enhance understanding of injury epidemiology, identify interventions to mitigate impact of injuries, develop program strategies to increase the reach of these interventions, and to build capacity for independent research on injuries in India.

The IIHMR University, Jaipur has established a Center for Injury Research to enhance understanding and build capacity for injury prevention and control research in India and South Asia.

GOAL AND AIMS

The IIHMR University, Jaipur has established a Center for Injury Research to enhance understanding and build capacity for injury prevention and control research in India and South Asia.

To realize this goal the following specific aims are proposed:

- **To develop a strategic plan for establishing a Center for Injury Research at The IIHMR University, Jaipur.** The development of a strategic plan early in year one will be an important step in generating consensus and refining specific elements of the Center at IIHMR.
- **To train a critical mass of scientists, health professionals and academics in the principles of injury prevention and control research.** The training of researchers whose principal interests lie outside injury will be important for identifying leaders and opportunities for collaboration across disciplines and problem areas.
- **To initiate research on injury epidemiology, interventions and program implementation strategies to prevent and minimize the burden of injuries in India.** Research studies will be important to expand the injury research literature from India and provide locally relevant examples of interventions and implementation strategies.
- **To raise awareness and facilitate dialog among public health professionals as well as the general public in India about the importance of injury research in India.** This will help to improve understanding, support and generate viable funding for injury research in India.
- **To foster collaboration among injury researchers and other stakeholders within India and establish linkages with the global injury research community.** This is critical because injury research requires joint learning and sharing of ideas across disciplines and institutions.

CIR ACTIVITIES

Research

Title: Helmet and Seatbelt use in Rajasthan: Observed usage rates and Knowledge, Attitudes and Practices *(Completed)*

The Center for Road Safety at the Sardar Patel University of Police, Security and Criminal Justice, Rajasthan has started implementing a project after this baseline study to improve road safety in the state of Rajasthan, India through legislative revision followed by advocacy for increased helmet use. The IIHMR University, Jaipur conducted the baseline evaluation of the project and collected data on helmet and seatbelt use and knowledge, attitude and practices associated with these two risk factors in all seven divisional headquarters of Rajasthan.

The study indicated that in Rajasthan, about 39% of the two wheeler drivers were observed wearing helmet correctly with highest rate in Jaipur division (62.7%) and lowest rate in Bharatpur division (15%). Less than 12% of the pillion riders were observed to wear helmet correctly, with Jaipur at highest rate (41.2%) and Kota at lowest rate (0.1%).The percentage of motorcycle drivers who self-reported to always wear helmet was 55% in the State. In urban areas, 61% motorcycle drivers reported that they always wear helmet, while 41% in rural and 56% in highway responded similarly. Further almost 66% female and 54% male drivers reported to always wear helmet. When asked about top five reasons to always wear a helmet, a little more than two third of the participants reported that they wear helmet because it can save their life, a little less than half of them were of the opinion that it is required by law, one third told that they wear helmet in order to prevent fine by police. Less than one fourth reported that they wear helmet to protect themselves from weather and 2% reported that their family members force them to wear helmet.

In the State, one third of drivers and one fourth of front seat passengers were observed to wear seatbelt. Across the divisions, drivers wearing seatbelt were found highest (70%) in Jaipur and lowest in Bharatpur (8%). Overall 54% of the respondents reported that they always use seatbelt. Half of the female reported that they always use seatbelt, whereas males who reported that they always use seatbelt were 54%. Respondents on highway who always use seatbelt were about 58%. In urban area about 55% reported that they always wear seatbelt. Among those who self reported to always use seatbelt about two third reported that it can save their life, a little more than two fifth reported that it is required by law and two fifth reported that they wear because police can fine them. 4% reported that the car will not stop beeping if they don't wear seatbelt.

Title: Study on Burn Injuries in Rajasthan *(Ongoing)*

Burn injury is a leading cause of disability and death worldwide, and proper interventions could reduce mortality and severity of disability related to burn injury. Epidemiological study on burn injuries and exploration of the risk factors in different regions is important for designing preventive intervention. Considering the importance of the issue, the Centre for Injury Research, IIHMR University initiated a retrospective study on Burn Injury on the patients that had been admitted during 2015 in SMS Medical college, Jaipur, Rajasthan. The objective of this study is to develop an understanding about the predominant causes and patterns of burn injury,

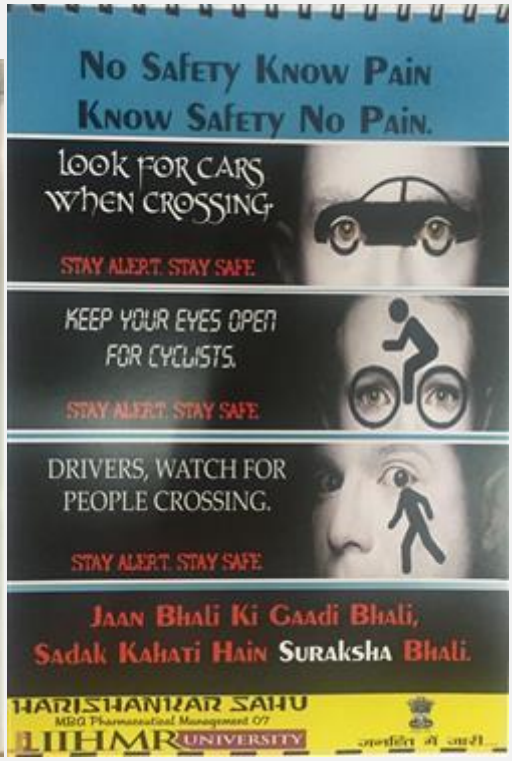
including the demographic factors like – age, sex, caste, religion, economic status, level of education, income level and employment. The data analysis is in process. The study is expected to provide important inputs for effective prevention and management of burn injuries. The study will also lead to research papers for publication.

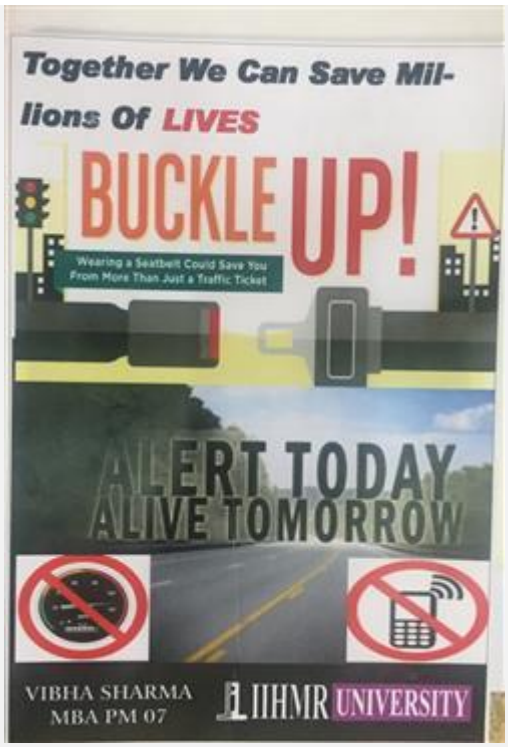
Training

Training and Capacity Building

A Training session was conducted for the students of MBA (Health, Hospital, Rural and Pharma) of IIHMR on preparing IEC Materials for awareness generation regarding road safety during February 2016. The training was facilitated by Dr. Alok Mathur, Associate Professor, IIHMR University and around 120 students participated in the programme. The students were not only sensitized on the road safety issues, but also acquired skills for developing IIHMR material on the issue at the community level.

Glimpse of IEC Material Developed by Students





Participation

- Active participation of Dr. Alok Kumar Mathur, coordinator, CIR-IIHMR University in State level meetings about the helmet advocacy for motorcycle riders in the state of Rajasthan, conducted by Centre for road safety, Sardar Patel University of police, security and criminal justice, Jodhpur on 30-6-2015.
- Dr. Alok Kumar Mathur, attended workshop on benefits of helmet use, conducted by Centre for road safety, Sardar Patel University of police, security and criminal justice, Jodhpur.
- Mr Ashish participated in the state level workshop on road safety organized by Ministry of Road Transport & Highways, Govt. of India, New Delhi, Transport Department, Govt. Of Rajasthan and Centre for Road Safety SPUP on 28th December 2016 at Auditorium, SIAM, Durgapura Jaipur.

CENTER FOR GENDER STUDIES

About Center of Gender Studies

Contact us

About Center of Gender Studies

Established in 2016, the Center of Gender Studies (CGS) at the Indian Institute of Health Management Research (IIHMR) University aims to generate policy-relevant knowledge on the

gender-health-development linkages, within the broader framework of human rights and capabilities. The CGS has its origin in the 'Resource Center on Women's Health, Empowerment and Rights' that was set up in 1997 in the then IIHMR Institute in a project mode for five years with the financial support from the Ford Foundation. The experience and knowledge generated through this project highlighted the significance of institutionalizing gender, and 'Gender Health Resource Center' (GHRC) was established. The Center promoted gender-sensitive knowledge on health through academic programs, research and management development programs.

In recognition of its work in the area of health systems management, in 2013 IIHMR was accorded the status of a university. This provided IIHMR an opportunity to diversify in other fields of study relevant to health and development. In line with these structural changes, the CGS, that leverages and builds on the previous work and experiences. The CGS believes that gender relates to men and women both, as well as such people who do not identify with their assigned gender at birth or the binary gender system. The CGS aims to generate evidence-based knowledge on the gender aspects of health, and how they relate to development policy and practice.

More specifically, the key activities of CGS through which it promotes knowledge on gender-health-development nexus include:

1. Offering courses/ sessions on gender in the existing postgraduate programs in the streams of health, hospital, pharmaceutical and rural management.
2. Providing technical support for gender mainstreaming in planning, implementing and monitoring and evaluation of programs
3. Generating policy-relevant research on various aspects of gender-health-development nexus.
4. iv) Acting as a vibrant forum for building capacities of persons involved in implementation and formulations of the policies related to gender, health and development.
5. v) Organizing events like lectures, seminars, workshops, competitions on wide-ranging gender issues to sensitize the students and staff of the university to the importance of gender.
6. vi) Collaborating with community groups, national and international non-governmental organizations, policymakers, other academic institutions, with the purpose of promoting gender-transformative outcomes.

ACTIVITIES FOR GENDER STUDIES

Research

Documentation and Dissemination

Management Development Programmes/Training Programmes

Networking and observing/ celebrating important national/ international days

Information Bank (Downloads)

Event

Research

Competency Framework for Mainstreaming Gender Responsive Health Care Services: Major Concerns

The Institute is conducting a two year project titled, "Developing competency framework for mainstreaming gender responsive health care services" supported by Indian Council of Medical Research (ICMR) with an objective to assess health care providers and managers understanding / perspective on gender equality and equity and thus to develop a competency framework for helping health care providers, both men and women to cater services receptive to gender. The formative phase of the study included review of roles and responsibilities of various health functionaries from the gender perspective. Then a matrix indicating the gender gaps in the roles, responsibilities and services of the health care providers was developed with the help of Delphi expert-team. Along with the matrix, indicators based on knowledge, attitude and practices of health care providers regarding adolescent reproductive and sexual health were also developed to assess their gender related competencies. Situational analysis was done for assessing the current situation of the healthcare services being provided. Data from six districts of Rajasthan (Ajmer, Banswara, Bharatpur, Jodhpur, Sri Ganganagar and Udaipur) was collected for developing competency framework. It is important to understand that only four ANMs/ GNMs had ever attended training on ARSH since NRHM was launched in 2005.

A vast majority of ANMs and GNMs felt that there should be government scheme for the benefit of adolescent boys as SABLA or other schemes have focused on adolescent girls only. In our context, girls are informed by their mothers and sisters/ sisters-in-law but there is no one to help adolescent boys. Some primary health care centers run teen clinic or adolescent health clinic (AHC) weekly on fixed days. Following are some findings based on understanding of ANMs/GNMs about adolescence:

1. Around 70 per cent of the ANMs/GNMs were of the view that sexual desire and physical attraction are some of the important health concerns of both girls and boys during adolescence.
2. Three-fifth of the ANMs/GNMs felt that during adolescence, both girls and boys, have an attention seeking behavior.
3. More than half of the respondents were of the view that adolescents become self exploratory and evaluative.
4. A majority of them suggested that to mainstream gender in reproductive and sexual health services, health and sex education should be provided to both adolescent boys

and girls and their curiosities should be satisfied, then only they can lead a healthy life without any discrimination.

Based on further analysis a competency framework will be developed and tested out.

Socio-Cultural Dimensions of Sustainability of Sensitizing Self-Help Groups to Reproductive-health via Empowerment and Engagement (SSSTREE) - A Way Headed to End Frailty

Self-Help Groups (SHGs) are small voluntary associations of people from the same socio-economic background with a purpose of solving their common problems through self-help and mutual help. Usually self-help groups are women-oriented and most of their activities are concentrated towards savings and credit activities (apart from other activities focusing on women's empowerment, health and education attainment). Thus to make the SHG women members aware of their 'health rights', especially the reproductive right, Socio-Cultural Dimensions of Sustainability of Sensitizing Self-Help Groups to Reproductive-health via Empowerment and Engagement (SSSTREE) project was conceptualized. The study was undertaken by IIHMR, Bangalore and IIHMR, Jaipur with 10 SHGs in Chaksu block of Jaipur district in Rajasthan. The project aimed at familiarizing the SHG members with priority problems in health and RCH matters; to create awareness; and to sustain interest and memory through lesson plans in the prioritized problems. For this purpose some of the issues were identified, like, menstrual and personal hygiene, symptomatic recognition of RTI/STI, cervical cancer, HIV/AIDS were identified. FGDs were conducted with all the SHGs to understand the baseline status of the knowledge and attitude of the SHG members. Three day training on these issues was also conducted for 100 SHG members in two rounds. After the training, again End line FGDs were conducted with the SHGs to know the change in the attitude and knowledge of the SHG members.

During the training, participants were informed about the importance of hemoglobin level in the blood, which should be 12 or more and were taken to the CHC to check their Hb level. They came to know about it for the first time and promised to be very cautious about it for all their family and community members. During the training, an open session was held with doctor from CHC where all the participants clarified their misconceptions and problems so that they can be assured of their health status. The medical doctor also informed them about RTI/STI causes and consequences and also informed about the best ways to prevent these infections.

The training included audio visuals as well as charts and flexes so that the rural SHG members can understand the issues in their best ways. The participants came to know about the burning issue of cervical cancer. They were explained the causes, consequences, prevention and treatment of cervical cancer, which they felt was the most important information that they

acquired from the training. The participants were also informed about the various schemes run by government for the betterment of people, which they were unaware of.

Change towards health and hygiene in the attitude of rural SHG members was observed. They have started washing hands with soap before doing household chores and also started practicing hygiene during menstruation. They now drink filtered water and have started eating green and leafy vegetables and fruits. They have become attentive towards cervical cancer and have decided not to bear child frequently. The SHG members have become aware of their health rights and do not hesitate in asking their husbands to go for a checkup if any sexual problem exists. These women have taken the initiative to educate women and adolescent girls of their village about health and hygiene in order to access their 'reproductive right'.

PRAGYA- A MULTISECTORAL APPROACH TO GENDER TO IMPROVE FAMILY PLANNING/ REPRODUCTIVE HEALTH PROJECT

Pathfinder International has been working in Bihar on sexual and reproductive health. Their project - PRACHAR has worked to improve the health of the women and girls, and adolescents. They have involved adolescents, young women, men, their parents and influential members of the society as the target groups. The overall aim of this study was to develop an understanding of the gendered approach under PRACHAR project phase I and II. The specific objectives were to:

1. review the PRACHAR reports to understand the gender multi-sectoral factors;
2. explore multi-sectoral linkages to improve behavioral outcomes
3. examine the processes that were implemented/ considered as strengths
4. recommend improvement/ refinement of existing interventions that lack gender dimensions for youth.

Under this qualitative study, Focus Group Discussions (FGDs) were used to gather the information that was required and the sample included adolescent girls and boys who demonstrated positive behavior change and those who did not demonstrate any change in behaviour, parents (both mothers and fathers) of adolescents with positive and negative behavior changes, trainers in PRACHAR, community influencers and change agents (both men and women). The data collection tools included FGD guidelines for each category of respondents, observation sheet, and demographic profile. The proposal and the FGD guides were presented before to the Ethical Review Committee of IIHMR and suggestions of the committee were incorporated before its actual implementation. A total of 21 FGDs were conducted in July 2010 followed by their transcription and translation. Analysis was done by reviewing and extracting content from transcripts using the software package NVIVO Version 8.

The findings of the study revealed that participants were well informed regarding the benefits of further education as most of them mentioned educating their sons as well as daughters and equal importance was being given to both of them. Family size had reduced, as mentioned by our respondents most of whom preferred to have two children. Government's support has been substantial in providing incentives to those who are underprivileged. PRACHAR's contribution towards the change was perceived as significant and could not be neglected. There has certainly been an improvement but also a need for regular and follow-up training to aid in the desired behaviour change was felt. Government is providing support to the deprived but some sections of the society are still neglected and there is need to shift the focus on them. People are aware of the legal age for marriage but early marriage still takes place, dowry being the most commonly cited reason. It is interesting to note that dowry is associated with more educated as well as less educated girls. There is a need to enforce the laws and strict monitoring is required for this. Since guardians are predominantly the decision makers at home; even they should be trained and made aware of the sensitive issues. The study team recommended that:

1. Inclusion of the deprived and the socially excluded as the target group
2. Capacity building on gender issues and revision of the existing module accordingly
3. Capacity building of parents (fathers and mothers) and teachers (men and women)
4. Mobilising communities to eliminate the harmful practices such as early marriage and dowry
5. Providing girls with viable alternatives to early marriage
6. Enforcing existing laws on the age at marriage
7. Considering gender based violence as a public health issue.

COUNTING THE GIRLS- MOBILIZING CIVIL SOCIETY FOR ENSURING BIRTH REGISTRATION OF GIRL CHILDREN

Birth Registration and the issuance of a birth certificate is the first legal acknowledgement of a child's existence by the State. Article 7 of the UN Conventions on the right of child states that "The child shall be registered immediately after birth and shall have the right from birth to a name (and) the right to acquire a nationality." Two decades after India became a signatory to the UN Convention on the Rights of Child, more than 9.3 million children every year are still denied their right to an identity. An unregistered child is in danger of being denied the right to an official identity, a recognized name and a nationality. With no document to prove how old they are - or even who they are - they are likely to join the millions facing discrimination and lack of access to basic services such as health and education. The current project will focus on the poor and vulnerable children especially the girl child of the deprived sections of society, to get identification through birth registration. Birth registration refers not only to registration but also to

receiving the birth certificate. The children below 10 years of age will be covered for birth registration under the National Campaign. The project will also try to link issues of child rights violation with birth registration and certification. The previous experience has shown that less number of girls are registered and through this project will try to explore and address the reasons for the same.

IIHMR has been participating actively in conducting major health related surveys, RCH surveys, RCH survey for Rajasthan, Haryana and Punjab, adolescent health, gender gap in health staus, RTI/STIs in India and violence against Gender are some of the priority areas identified for research. Gradually more efforts are being made towards working in the direction of Gender empowerment and rights issues and this is reflected in the Institute's activities.

बालिका जन्म पंजीयन एवं प्रमाण पत्र क्यों ?

– बालिका जन्म पंजीयन कानुनन अनिवार्य है।
– बालिका का पहला अधिकार।
– बालिका के नाम का अधिकार।
– बालिका की पहली पहचान।
– बालिका विवाह को रोकने में आयु का प्रमाण
– विवाह पंजीयन के लिए आयु का प्रमाण
– सरकारी योजनाओं जैसे बालिका विवाह, प्रेरणा योजना, मुख्यमंत्री बालिका सम्बल योजना, बालिका समृद्धि योजना, सहयोग योजना, पालनहार योजना, अर्न्तजातीय विवाह योजना, राजस्थान विश्वकर्मा गैर संगठित कामगार अंषदायी पेंषन (प्रोत्साहन) योजना आदि का लाभ लेने के लिए।
– सामाजिक सुरक्षा (बालिका मजदूरी, अट्टा–सट्टा, बालिका तस्करी आदि) के लिए आवष्यक।
– बालिकाओं की संख्या का सही आंकलन के लिए (लिंग–अनुपात)
– बालिका षिक्षा का अधिकार।
– बालिका का राषन कार्ड बनवाने के लिए।
– सरकारी योजनाओं का लाभ दिलाने के लिए।
– खेलकूद में बालिकाओं की भागीदारी के लिए आयु का प्रमाण।

1.1 "Gender's Rights to Life Project" is initiated by the Columbia University (CU) and is being implemented by United Nations Children's Fund (UNICEF) and GoR to contribute to the realisation of Gender's rights to life and to the highest attainable standard of health. It aims to reduce maternal death and disability in a sustainable manner in three districts of Rajsthan: Jhalawar, Baran and Dholpur. A needs assessment study was conducted by IIHMR in three districts. It has been observed that EmOC services were poor in the districts. Then the institute, as a Technical Support Unit operationalised the project in the districts. Through the project important infrastructural inputs are made to ensure adequate EmOC services at the district hospital level. At the same time organisational transformation is sought through the use of appreciative inquiry methodology. Appreciative Inquiry worksops and its documentation is done with technical support of IIHMR.

1.2 A 17-month study was conducted by the Institute on " Men's Perspective on Domestic Violence Against Gender" supported by ICRW with the following objectives:

1. Understand violence in the domestic sphere
2. Examine the link between violence and masculinity
3. Study the process of social construct, with special reference to socio- culturalcontext, in male identity formation vis-à-vis sexuality
4. ascertain the community's response to violence in the domestic sphere
5. assess awareness level of men about legal issues in violence against Gender

1.3 Aapni Yojna

An Integrated Water supply, Sanitation and Health Programme is implemented in three districts of Rajasthan: Hanumangarh, Churu and Jhunjhunu to improve the health status and living conditions of the target population. The Community Participation Unit (CPU) has been formed

by consortium of five leading NGOs with IIHMR as a nodal agency. Gender's participation in the project is a cross-sectoral component and considerably increasing. Gender's-, Self-Help -, User- and other groups serve as the platforms for Gender's decision-making and are now multiplying in all regions where CPU is actively involved. Female stakeholders take up responsibilities related to water, sanitation and health at Water and Health Committees (WHCs), Pani Panchayats, User groups, etc., at the Mohalls and village level.

1.4 ASHA Motivation Audit in Uttar Pradesh

Documentation and Dissemination

The perspectives and experiences of Gender on health issues, successful Gender's health interventions and gender sensitive programme strategies are the focus of documentation efforts.

2.1 Case Study The case study of Child in Need Institute (CINI), West Bengal, namely "RCH Initiatives of Child in Need Institute, 24 Paraganas (S), West Benagal" was developed under the project. For this activity, an exploratory trip was made to the organisations. Experiences of moving from a maternal and child health programme to a comprehensive rural health programme were recorded. This is an ongoing activity. Hindi adaptation of this case study and other published case studies is in process. The case studies, developed under the project, are shared with the partner organizations. The studies are also used for teaching in various academic programmes.

2.2 Pragya series: partnership in Gender's empowerment It is an effort to calibrate the performance of our partner NGOs who are venturing into health sector. The Pragya series is published to disseminate the information on the strategies adopted by the partner NGOs to implement various projects for the well-being of the community particularly Gender and children.

2.3 Other documents developed under the resource centre are: Set of references: The centre has compiled set of references on "Gender and HIV/AIDS", "Mental Health among Indian Gender". "Gender and RCH Module" is compiled as an aid for the grassroots level health workers. It focuses on development stages of a child to an adult man/ woman. It also describes the biological and social differences of a man and woman and gender empowerment. The module is pictorial and can be used by grassroots level workers, with low educational qualification.

A three-day gender training module is developed for the Post Graduate Diploma in Health and Hospital Management (PGDHM) course focusing on gender and health issues.

A one-day gender training module for training of NGO health professionals and other programme managers is also developed. It is being used extensively for mainstreaming gender in the ongoing Management Development Programmes of the Institute. "Towards Empowering

Gender" is a compilation of various capacity building activities conducted under the project "Resource and Training Centre on Gender's Health, Empowerment and Rights" supported by the Ford Foundation.

2.4 A dissemination-cum-experience workshop was organized with the development practitioners (on reporductive health in gender perspectives) of Jaipur on August 11, 2000 at IIHMR. The objectives of the workshop were:

Learning from the participants' experiences on Gender empowerment, rights and health Sharing the activities of the Ford Foundation supported Resource and Training Centre on Gender's Health, Empowerment and Rights Project. Identifying areas of further collaboration with the participants

Management Development Programmes

Training of Trainers on Adolescents Reproductive and Sexual Health under SABLA

Objectives of the scheme are to:-

1. enable self development and empowerment of Adolescent Girls
2. improve their nutrition and health status;
3. spread awareness among them about health, hygiene, nutrition, Adolescent Reproductive and Sexual Health (ARSH), and family and child care;
4. upgrade their home based skills, life skills and vocational skills;
5. mainstream out of school AGs into formal/non formal education;
6. inform and guide them about existing public services, such as PHC, CHC, Post Office, Bank, Police Station, etc.

Download SABLA2012 report

Capacity Building Workshop of Programme Officers and CDPOs on SABLA

The objectives of the training were to:

1. Clarify various components of the scheme for reaching out to school going and non school going adolescent girls.
2. Improve knowledge of nutrition, sexual and reproductive health and rights
3. Link those above 16 years of age with vocational skills opportunities.
4. Strengthen POs and CDPOs to train Supervisors and Pracheta for the scheme and further to train Anaganwadi workers and Saathin for better implementation of the programme at the district and field level.

Download SABLA2014 report

Gender - responsive budgeting

Gender - responsive budgeting helps to track the way the budgets respond to women's priorities and the way governments use funds to reduce poverty, promote gender equality and lower the rates of maternal and child mortality. There is a need to create skills to effectively engage in mainstreaming gender in planning and budgeting processes at country, state and local levels. The Institute organized a gender-responsive budgeting training program in collaboration with the Gender Cell of the Directorate of Women Empowerment and UNFPA, Rajasthan during October 25 - 29, 2010 with the following objectives

1. To have an overview of the development of gender-responsive budgeting in India, basic gender concepts, the purpose and the core concepts related to gender-responsive budgeting.

2. To understand that an active role in gender-responsive budgeting will contribute to a larger initiative that is in line with Government of India's national and international commitments
3. To understand that the nature of gender-responsive budgeting differs between countries due to a range of factors.
4. To develop the appropriate strategy for successful gender budgeting at their respective level.
5. To understand a non-academic method of gender analysis and the different entry point tools preferred by the Ministry of Women and Child Development (MWCD) and how they relate to the five steps of gender budgeting.
6. To gain a practical experience of appraising proposals for new social services and infrastructure projects.
7. To understand the data needs associated with gender budgeting.
8. To develop recommendations on the basis of gender-aware impact analysis and evaluation.

The Program broadly covered the areas of gender concepts and gender budgeting in India, What is gender budgeting, gender budgeting processes - planning and policy transformation, gender budgeting analysis tools - Diane Elton's tools, costing tools - MGD costing methodologies, gender budget statements, country case studies, entry point tools for gender budgeting, gender appraisal of new programs, designing indicators for gender budgeting, impact analysis and lastly, outcome budget - group work and presentation. The Participants for the workshop included mainly the nodal officers from 10 departments of the State Government (like Department of Agriculture, Finance, PRI, etc.) and from NGOs. The program was divided into small sessions which were facilitated by Ms. Benita Sharma, Dr. Paramita Mazumder and Dr. Swapna Bist Joshi from Delhi. They are consultants with rich experience in gender-responsive budgeting. The resource persons included the Institute's faculty and research officers.

Policy Formulation and Advocacy Efforts

The Institute has been particpating actively in the formulation of State Population Policy and State Policy on Gender. 1.Two-day state level workshop was organised jointly with the Rajasthan State Gender Commission (January 15-16, 2001) with support of UNICEF, Rajasthan. The workshop presupposed that Gender have the capability to reproduce and the freedom to decide why, when and how often. This would initiate the process of empowerment of Gender. The objective of the workshop was to develop operational strategies for the implementation of the State Gender Policies and the Population Policy with the ultimate goal of improving the reproductive health of Gender in the state. 2.A workshop was organized by the Institute in collaboration with UNICEF and Rajasthan Gender's Commission Regional Consultation on "Girl Child and the Tenth Five Year Plan" (November 27-28, 2001). The consultation was a part of the Joint UN Inter agency Working Group on Gender and Development's (UNIAWG-G&D) commitment to promoting gender equality, particularly, within the context of formulation of the tenth five-year plan. The tenth five year plan is being formulated

against a backdrop of some disturbing trends like the juvenile sex ratio (0-6 years) dipping to its lowest in fifty years in all but four states, which gives a clear evidence of the toll on girls and Gender's lives. The regional consultation was initiated taking cognisance of this fact and to support and complement the efforts of the Planning Commission in developing gender sensitive policies to recognize female human capabilities and their potential for ushering in development. The idea was to bring a new dimension to the planning process in India, to advocate and mainstream gender concerns, a core requisite for sustained development across all sectors

Technical Support to Gender's Health Programmes

The Institute has a multi-disciplinary faculty and consultants with wide ranging experience in research and training. It also has the technical know-how to provide support to Gender's health programmes and has been working with international and government agencies. Area Networking and Development Initiatives (ANANDI), Devgarh Baria, a Gujarat based partner organisation, has requested the Institute to conduct two training workshops for their field workers. The resources provided were the expertise by way of resource persons and training material. A gender sensitisation workshop for 11 Gujarat based NGOs working in Saurashtra and Panchmahal region was also conducted.

Networking and observing/ celebrating important national/ international days

HEALTH AND NUTRITION: EMPOWERMENT OF SELF-HELP GROUP MEMBERS

Supported by: Project Management Unit (PMU), Global Alliance for Improved Nutrition (GAIN)

Organized by: Gender Health Resource Center (GHRC) at IIHMR

Every Year, 28th May is observed as the International Day of Action on Women's Health throughout the world. It is a day to call for action towards the improvisation of women's health / protecting the sexual and reproductive health of women. Although progress is reflected in many of the areas but there are still major areas of concern as far as women and children are concerned.

One-day workshop was organized by Gender Health Resource Center (GHRC) at IIHMR, Jaipur on May 28, 2013 to observe the International Day of Action on Women's Health focusing on the 'Health and Nutrition: Empowerment of Self Help Group Members'. A total of 70 participants attended the workshop, including women SHG members who came from both rural and urban areas of Jaipur. The workshop was organized with an objective to empower SHG women members by providing information on micronutrient malnutrition and availability of fortified wheat

flour, oil, milk and soya dal analogue through both theopen market and government distribution channels .

The workshop was started by asking the women to pick a vegetable or pack of cereals from the basket to introduce self by relating with the picked item. After the 'fun-filled introduction', which also worked as an ice-breaking activity, the participants sang a chetna geet (inspirational song), which worked as an energy source to enlighten their strengths. Importance and objectives of the day were shared with the participants.

Dr. Deepti Gulati, Senior Associate, GAIN introduced the project. The GAIN project aims at reducing the prevalence of micronutrient deficiencies by making available fortified wheat flour, oil, and milk which are used on daily basis irrespective of rich and poor. A Project Management Unit (PMU) at IIHMR has now launched fortified wheat flour, oil and milk through open market channels and government distribution channels. She explained the participants the process of fortification and also described the need to fortify the food. She said that as nowadays even fruits and green vegetables have become costly, poor people are unable to afford these, which results in malnourishment as proper nutrients required by the body are not supplied to it. Thus, to make these nutrients available to all, GAIN has started a project to fortify some of the food products. By the process of fortification required vitamins and minerals are added to the product, which makes it rich in nutrients, which may help in reducing malnourishment. She also added that although fortified food will help in reducing malnourishment, but it is also important to eat green vegetables and fruits in a very interesting and simple way (saying colorful plate with the colorful things like white, yellow, green, and orange)

Dr. M.L. Jain, ex Director (RCH), Govt of Rajasthan explained the importance of nutrition for a woman. He said that as oil, milk, wheat flour are the most common food items consumed by a household, it can be easy to reduce or even remove malnutrition if these products are fortified. He also informed that government supplies fortified wheat flour at the ration shops. The products are fortified at no extra cost.

To demonstrate, the participants were then served with nutrient added biscuits and milkshake made from fortified milk. Dr. Jatinder Bir Singh, Project Manager, PMU-GAIN shared the posters, pamphlets, jingle and videos which are being used in the promotion of fortified products by PMU. He also shared the process of fortification and the technicalities involved with it. The samples of fortified oil and milk were shown to the participants and were asked to remember the stamp of fortification which every fortified product contains.

After fortified lunch, again chetna geet was sung to revive the strengths. Dr. Santosh Gandhi, Gynecologist, held an open session with the participants, where they discussed their health problems with her. She helped the participants to establish anemia with the need of spacing between births. She discussed the available methods of contraception at AWCs, with ASHAs, ANMs. She also discussed about emergency contraceptives pill (ECP), which was recently launched by the government, was a new concept for the few. Dr. Rajeshwari Gupta, Gynecologist, explained the participants about IUCD. A sample of IUCD was also shown to the participants. She informed them about the new available IUCD, which can be used for 10 years. She also clarified the myths associated with IUCD insertion, which helped a lot to the participants in building their confidence towards its use.

At last, a group activity was performed, where the participants from different areas were divided in groups of five and were asked to discuss the knowledge and information gained in the workshop. They were also asked to write the group's and individual's accountability on carrying the information gained in the workshop to further in the community. The workshop was then

wrapped up with a vote of thanks to the participants, resource persons, and BCT, GSS, SRKPS representatives who gave their time in making the workshop a success.

Partner Organisation 1: Deepak Charitable Trust (DCT), Baroda, Gujarat

Ms. Aruna Lakhani,Chief Co-ordinator/ Honorary Secretary Shri Ashok Makwana, Programme Officer Website: www.dct-dmf.org Deepak Charitable Trust is involved in improving the quality of life of people living in Nandesari area. The past five years have witnessed the growth of DCT towards a definite and a clear direction leading to integrated community development. The growth has been all round, both in quantity and quality of its professional staff and the intervention programmes. Now, DCT has carved a niche for itself in implementing innovative intervention strategies and has proved that it is possible to build capacities of relatively non-literate community, particularly Gender. A deep and clear understanding of the community has led to devising strategies which work and have naturally discarded models which don't work within the cultural and social realities of the area

Partner Organisation 2: Society for Conscientisation Awareness and Training

(ECAT Bodhgram, Kukanwali, Kuchaman City, Dist. Nagaur), Rajasthan Ms. Kamla Chaturvedi Mr. Ram Swaroop Raika Mr. Dileep Yadav Website: ecatbodhgram@satyam.net.in The organisation has been active in Kutchman block since 1988 and has its own campus (Bodhgram). Initially it started work as a Technology Mission Project on drinking water but slowly graduated to meet community's other felt needs like health, nutrition, sanitation, education, and Gender's development. ECAT aims at sustainable development of the community through: Understanding marginalisation and subordination Empowerment, especially

of Gender Promoting people's collective/organisation to raise the quality of their life Implementing multidimensional action programmes through people's participation To consolidate the efforts of the organisation in the area of Gender's development, it undertook the responsibility of setting up the district IDARA unit in Nagaur in 1997.

Partner Organisation 3: Bhoruka Charitable Trust (BCT), Bhorugram, Churu, Rajasthan

Mr.Amitabh Banerjee Project Director Mr. Balwan Singh Ms. Yashwanti Punia Bhoruka Charitable Trust (BCT) was founded in 1964 by late Shri Prabhu Dayal Agarwal, a philanthropist and the Founder Chairman of TCI-Bhoruka Group of Companies, as a response to the gross poverty that he saw in Rajgarh, Rajasthan. It is involved in working for rural development in 300 villages of district Churu, Rajasthan. The Trust is involved in running non-formal schools for girls in 150 villages, ICDS centre in 200 villages, and other development activities. BCT believed that the transformation in the villages would be more effective if it began at home. BCT is dedicated to socio-economic transformation of rural and remote areas of India, especially the weaker and socially underprivileged groups, through physical, social, cultural and economic development of rural people, groups and institutions.

Partner Organisation: DHARA Sansthan (Society for Develoment Health Hygiene and Rural Action), Barmer, Rajasthan

Shri Mahesh Panpalia An organisation, namely Manav Sewa Samiti was established in 1989 in Barmer, which mainly worked as a Charitable Dispensary till 1997. In 1998, the name was changed DHARA Sansthan -a Society for Develoment Health Hygiene and Rural Action. Its main objective is to create awareness of various development issues (education, health, empowerment, and overall quality of life) with a participatory and decentralised approach.

TOTAL HOSPITAL SOLUTIONS

Total Hospital Solutions, a hospital management consultancy unit, has been conceived by the Institute to help, guide and support healthcare institutions. The Institute offers Total Hospital Solutions for both existing and upcoming hospitals by providing hospital management consultancy services with the help of a highly qualified and experienced team of professionals and a wide network of consultants - management consultants, doctors, architects, MEPS consultants (mechanical-HVAC, electrical, plumbing and sanitary services), biomedical engineers, and software professionals.

For upcoming hospitals we take up both turnkey projects and different modules of hospital project management, such as feasibility study, equipment planning, and commissioning of hospitals. For existing hospitals, systems study and reengineering, manpower evaluation, recruitment and training and marketing are the major areas of our interest. We offer our optimized and value-added solutions at right prices and in a time-bound manner.

The core team members of the Institute have worked in various top managerial positions in reputed hospitals of the country and have developed expertise to a level that has resulted in unmatched capabilities in handling demanding tasks of operational management and health care business development.

The Institute offers the following services:

- Hospital Design, Commissioning of Hospitals
- Manpower Planning, Training and Recruitment
- Financial Planning and Feasibility Study
- Project Management
- Equipment Planning and Procurement
- Systems Study and Design for Optimum Utilization of Services
- Designing of Standard Operating Procedures
- Designing and Implementation of Management
- Information System
- Costing and Tariff Rationalization
- Hospital Waste Management
- Business Development of Hospitals
- Guidance in Obtaining ISO Certificate

1. Project Management

- Planning and Designing of Hospitals and Healthcare Facilities
- Conducting Hospital Feasibility Study
- Developing Detailed Project Report
- Hospital Project Management
- Equipment Planning and Procurement Licensing and Commissioning the New Hospital Projects

2.Hospital Operations

- Systems Study and Design for Optimum Utilization of Services
- Designing of Standard Operating Procedures

- Supply Chain Management
- Managed Hospitals Operations Contract
- Costing and Tariff Rationalization
- Establishing Hospital Waste Management System

3. Marketing of Hospital's and Healthcare Services

- Business Development of Hospitals
- Establishing CRM
- Establishing Customer Satisfaction Feedback Systems
- Costing and Tariff Rationalization
- Conceptualising Community Outreach Services

4. Quality of Healthcare

- Implementing Hospital Accreditation, NABH/JCI etc.
- Implementing ISO Certification
- Conducting Medical and Clinical Audits
- Developing Quality Indicators
- Developing Patients Charters etc.
- Developing Attractive Quality for Hospitals

5. Human Resource Management

- Human Resource Planning,
- HR Recruitment Training of Staff for Hospital Operations, Quality, Six Sigma, Balance
- Score Card, Motivations, Team Building, Strategic Leadership etc.

6. Health and Hospital Information System

- Designing Hospital Information System (ERP Solutions)
- Implementing Hospital Information System
- Developing Monitoring Indicators

7. Hospital Operations and Medical Research

- Designing Hospital Operations Research Projects Such as Quieng Problems, Resource Utilisation etc.
- Implementing Hospital Research Projects
- Desining Medical Research Such as Linkages Between the Life Style Modifiable Diseases and Patientcare, Spirutuality and Patient Care etc.
- Designing and Implementing Six Sigma Projects

The important hospital specific training programmes, organized by the Institute are:

- NABH Assessors Training Programme- by Dr. Santosh Kumar, S Brig. (Dr.) SK Puri
- Six Sigma: Its Application to Hospital Settings- by Dr. Santosh Kuma
- Hospital Management Information System- by Dr. Santosh Kumar
- Effective Management of Hospital Services- by Brig. (Dr.) SK Puri
- Disasters Management - by Brig. (Dr.) SK Puri
- Patient Safety Workshop Organised in Collaboration with QCI, New Delhi by Dr. Santosh Kumar, Brig. (Dr.) SK Puri
- Hospital Accreditation Awareness Programme Organized in Collaboration with QCI and CII by Brig.