



Vol. 01, Issue No. 06

May - June 2023

Pages: 11

Addressing Low Birth Weight and its Consequences: for a Brighter Future



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Low birth weight (LBW) is a term used to describe infants who are born with a birth weight less than 2500 grams, as defined by the World Health Organization (WHO). It is a major global public health issue that has both short-term and long-term repercussions for the affected children. Infants born with LBW face increased risks and challenges compared to those with normal birth weight. In fact, LBW infants are 20 times more likely to die than infants with a normal birth weight. It is estimated that more than 20 million babies, accounting for 15% to 20% of all global births, are born with low birth weight each year.

Recognizing the significance of this issue, efforts have been made to address and reduce the prevalence of low birth weight. By 2025, the goal is to decrease the number of newborns born with birthweights under 2500 grams by 30%. This ambitious target aims to bring about a substantial reduction from nearly 20 million to about 14 million newborns with low birth weight. Achieving this goal would require a relative reduction of 3% each year between 2012 and 2025.

Low birth weight can be caused by various factors, including intrauterine growth retardation and prematurity. These conditions can lead to increased neonatal mortality and morbidity. Studies have consistently demonstrated that infants born with low birth weight have a higher risk of dying within the first 28 days of life. Furthermore, those who survive are more likely to experience stunted growth and have lower IQ scores. The implications of low birth weight extend beyond infancy and childhood, as it also increases the risk of developing non-communicable diseases later in life, such as diabetes and cardiovascular disorders.

The burden of low birth weight is not evenly distributed worldwide. In 2015, the global estimate for low birth weight was 14.6, with the majority of cases found in low- and middle-income countries. However, it is important to note that low birth weight is a concern across all nations, as even high-income countries experience elevated rates relative to their circumstances. Geographically, South



Asia accounted for approximately 28% of global low birth weight cases, followed by sub-Saharan Africa with about 13%. These statistics highlight the need for targeted interventions and strategies to address the issue in specific regions.

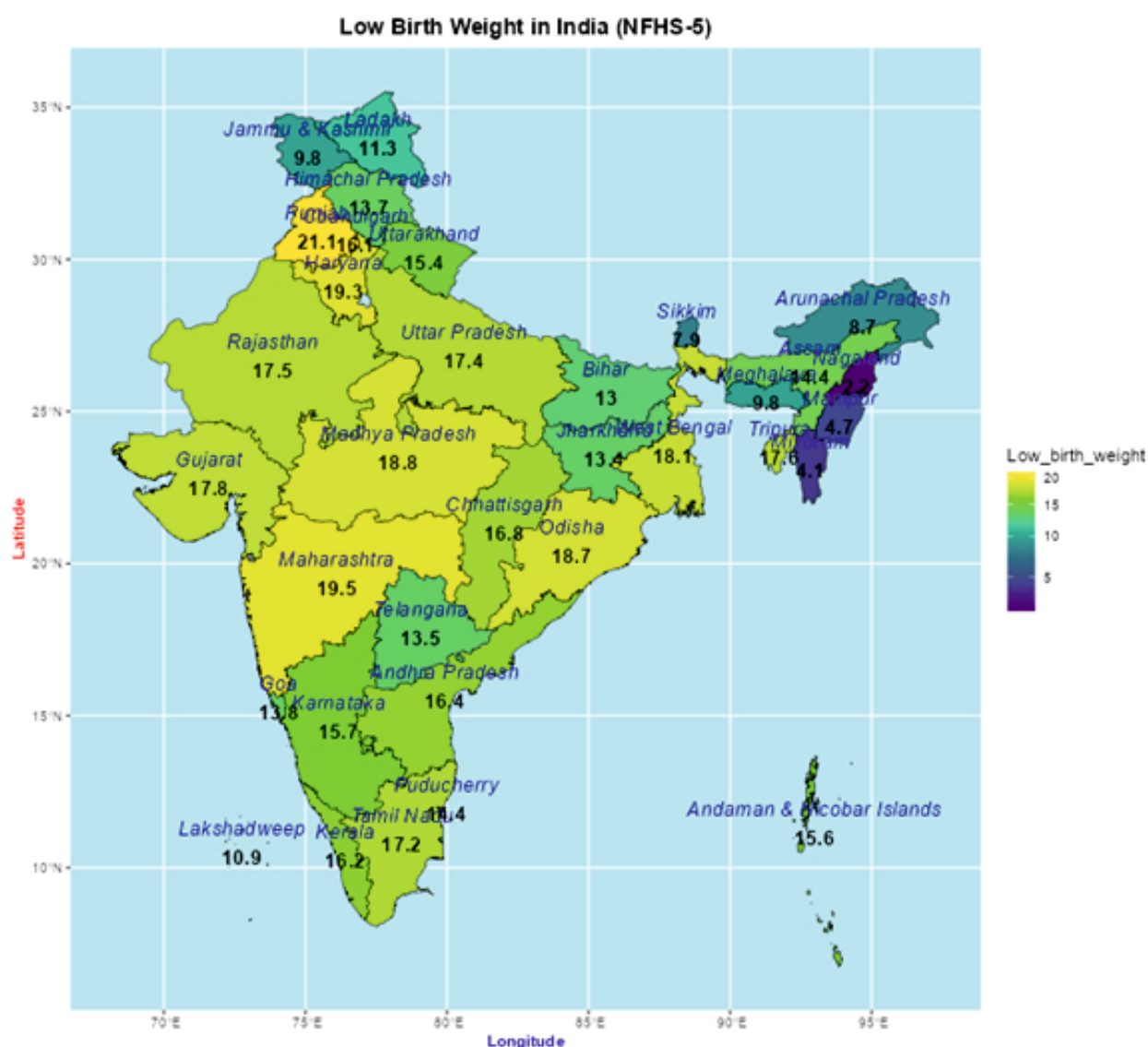
Accurate measurement and documentation of birth weight are critical for identifying cases of low birth weight. Unfortunately, globally, around 48% of children are not weighed at birth, which leads to underestimation of the true prevalence of low birth weight. This underscores the importance of improving birth weight monitoring practices to ensure accurate data collection and better understanding of the problem. In India, for example, 18% of children are born with low birth weight, while in the state of Karnataka, the prevalence is even higher at 15.9%.

The long-term implications of low birth weight are significant. Recent statistics indicate that as many as 1 in 4 children aged 0-5 are at moderate or high risk for developmental, behavioural, or social delay. While it is expected that most low birth weight children will experience catch-up growth within 6 months to 1 year, failure to achieve catch-up growth in terms of head circumference, height, and weight can increase the risk of cognitive impairment and academic difficulties. Furthermore, inadequate fetal growth is associated with a higher risk of various chronic non-communicable conditions, including type II diabetes, metabolic syndrome, and a range of mental health issues.

The impact of low birth weight goes beyond the individual child and extends to societal and developmental implications. The report on "Early Childhood Development in developing nations" highlights that more than 200 million children in developing countries are unable to achieve their full developmental potential. This staggering number underscores the urgency to address the factors contributing to low birth weight and its consequences.

Developmental difficulties are among the most common causes of long-term morbidity, affecting 10-20% of individuals according to the Disease Control Priorities project.

Promoting catch-up growth among low-birth-weight children is crucial for their overall well-being and development. By identifying the key factors that influence catch-up growth, healthcare providers can develop evidence-based interventions and support strategies tailored to individual needs. Factors such as gestational age, birth weight, nutrition (including breastfeeding and dietary intake), socioeconomic status, parental factors (involvement and support), and health and developmental factors all play a role in catch-up growth. Understanding the interactions and relative importance of these factors in predicting catch-up growth outcomes is essential for designing effective interventions. Tailored interventions that address the complex interplay of these factors have the potential to optimize catch-up growth trajectories in low-birth-weight children. Socioeconomic factors, such as parental education and income, have consistently shown associations with catch-up growth outcomes.



By addressing these factors, targeted interventions can help reduce healthcare disparities, enhance nutrition, and create supportive environments for low-birth-weight children, particularly those from disadvantaged backgrounds.

In conclusion, low birth weight remains a significant global public health issue with both immediate and long-term consequences. Efforts to reduce its prevalence and mitigate its effects are essential for improving the health and well-being of affected children. Catch-up growth

plays a vital role in promoting optimal development and reducing the burden of morbidity. By understanding the factors that influence catch-up growth and implementing evidence-based interventions, healthcare providers, policymakers, and families can work together to optimize the growth potential and long-term outcomes of low-birth-weight children. This scientific inquiry contributes to the broader understanding of child growth and development and holds implications for public health strategies and interventions worldwide.



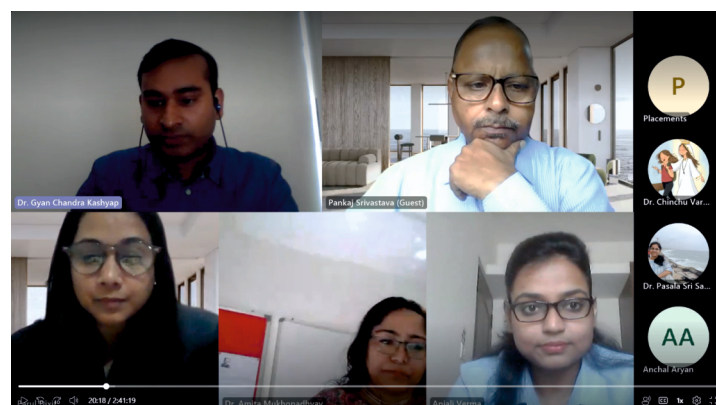
ACADEMIC PROGRAM

INTERNSHIP AND DISSERTATION

The students of PGDM batch 2021-23 completed their internship and dissertation in the month of June. A total of 94 students have submitted their dissertation reports. Some captivating dissertation topics include "Pre-Analytics in a Laboratory Diagnostics Setup: Enhancing Quality and Efficiency," "Requirement Mapping for Digitally Transforming the Operating Room and Deployment of the OR Module in the HIS," "Role of a Change Implementation Analyst at Oracle Cerner At Gen-Lab Solution Team," examining change management roles. Another intriguing study is "Detailed Analysis of Planning, Organization, Administration and Quality Indicators for MICU," while "Study on Adherence to International Patient Safety Goals in Narayana Institute of Cardiac Sciences, Bangalore" emphasizes patient safety.

Transforming technical language is discussed in "Transforming Microbiology Messages from Analytic Driven to Human Friendly Format in hl7 v2.x." The healthcare sector's efficiency is tackled through "Gap analysis at general Hospital for ATHMA Implementation and Supply Chain Management Process Flow Study at MSMC," and "Analysis of Hospital Performance based on the Quality Indicator Tool for Hospital Acquired Infection." Patient care strategies are examined in "Patient Care Management at Ex-Servicemen Contributory Health Scheme (ECHS) Polyclinic" and "Streamlining Healthcare Services: Conducting a Gap Analysis for Seamless Care Transition and Improved Patient Experience in Onco-sciences Department." Additionally, assessment standards are explored in "Assessment of Critical Equipment Management System for a Healthcare Organization: A Need-gap Analysis Based on NABH and JCI Guidelines."

The institutions from which these dissertations originate include Dr. Chandramma Dayananda Sagar Institute of Medical Education & Research, Phoenix Compliance, Pharmarack Technologies, CARE Hospitals, Max Super Speciality Hospital, Neurance.AI, and Santeware Healthcare Solutions, CGHS Polyclinic Bengaluru, Plan India.



Along with the institute's faculty, a panel of distinguished external evaluators has been invited to evaluate the dissertation work. The experts are Dr. Rita Agarwal, Dr. Karuna Ramesh (Mithra Hospital), Mr. Pankaj Srivastava (Biotexus pharmaceuticals), Mr. Mukund Kulkarni (Landmark Health Tech), Mr. Gourav Kumar (NIPI India), Dr. Chethana H S (Consultant-Healthcare Operations), Mr. Kopparthi Hemasai (Narayana Health), Dr. Nisha Varadaraj (Manipal Hospitals), and Dr. Naganand KA (Kauvrey Hospital).

SUMMER TRAINING PROGRAM



Training program from May to June 2023. This is integral part of the academic curriculum which aims to provide students with practical exposure to industry and help them adapt to workplace norms. The training took place

at prestigious institutions in sectors like Hospitals, Public Health, Health IT, and Pharmaceutical organizations, including renowned names such as Apollo Hospitals, Care Hospitals, KIMS Hyderabad, BLK-Max, Aster DM, Tech Mahindra, Medicovert, Hi-Doc Dr, Medica, Medanta, Micro Labs, St. Johns Hospitals, Vivo Lifesciences, Aurobindo, HCG, Santeware, and Vee Phoenix Compliance Pvt Ltd.

In addition to the valuable experience gained, some organizations also offered stipends of up to 20,000 to students. These institutions are among the prominent recruiters at IIHMR Bangalore.



RESEARCH AND PUBLICATIONS

360-degree assessment of the Ability and Quality of Community Health Officers (CHOs) for the management of Common Health Conditions

Project Team – Dr Usha Manjunath (Principal Investigator), Dr Akash Prabhune (Co-Principal Investigator), Mrs Sowmini, Ms Karpaga Priya, Ms Kavyashree

IIHMR Bangalore team has initiated a phase-wise data collection across the 15 districts of Karnataka. In Phase 1 the team visited the districts of Bidar, Gulbarga, Yadgir, Raichur and Vijayapura. 47 Health Wellness Centres were visited by the team along with the assessment of CHO, discussions and interviews with the staff, VHSNC and PRI members, and beneficiaries. Phase 1 has presented a dedicated and hardworking picture of CHOs across North Karnataka. Many of the CHOs were working during the long power cuts, with a limited supply of medications and supplies.



Top-line findings include

1. **Resilience and Dedication:** The Community Health Officers (CHOs) exhibited high levels of dedication despite challenging conditions, such as working in extreme heat without power for extended periods. They were well aware of the community's needs but expressed limitations in providing complete care due to the lack of drugs, equipment, and manpower at the Health and Wellness Centres (HWCs).
2. **Managerial Domain Challenges:** The CHOs faced challenges in the managerial domain, particularly in terms of adhering to standard guidelines. Friction between Auxiliary Nurse Midwives (ANM) or Health Inspector Officers (HIO) and the CHOs, as well as Primary Health Care Officer (PHCO) and the CHOs, contributed to these challenges. However, some cases demonstrated a good rapport between the HWC team, resulting in improved performance by the CHO during the assessment.
3. **Community Perception:** The community had a positive perception of most CHOs, except in Yadgir, where specific issues related to the availability of CHOs were raised by the community.



Dissemination of Improving the Health Care Access and Quality in The Context of Achieving Universal Health Coverage (UHC) Among Scheduled Tribes: An Implementation Research in Tumkur, Karnataka.

The dissemination workshop of the project “Improving the Health Care Access and Quality in The Context of Achieving Universal Health Coverage (UHC) Among Scheduled Tribes: An Implementation Research in Tumkur, Karnataka” funded by ICMR New Delhi was held on 26th May 2023 at Madhugiri, Tumkur. The attendees including the project team, IHMR faculty, the district surveillance officer (DSO) Taluk Health Officials, district NCD co-ordinator, Fluorosis consultant, panchayat members, CHOs, AWWs and ASHAs.



ALUMNI SPEAK



Dr. POONAM SHUKLA

Senior Consultant
Narayana Health

Dr. Poonam Shukla is currently working as a Senior Consultant at Narayana Health in the software development section. With a background in BHMS, she has pursued an MHA from IIHMR Bangalore to transition from clinical practice to a more technical and managerial role in healthcare.

Having garnered over 12 years of work experience, Dr. Shukla's career began as a quality manager at Apollo Hospital. She later worked at HCG and Fortis hospitals in Bangalore before moving on to a healthcare technology company, focusing on LMS implementation. Currently, she plays a key role in EMR, her, nursing apps, and HMIS implementation at NH Bangalore.

Throughout her career, Dr. Shukla has been involved in several significant projects, including NABH and JCI implementation at Apollo, and an infection control policy project for the Ministry of Health in Saudi Arabia. Her favourite project was the one in Saudi Arabia, where she was exposed to different cultures and hospital setups.

As a woman in the healthcare industry, Dr. Shukla acknowledges the challenges of gender bias and work culture. However, her hardworking nature, leadership skills, and ability to work well in a team have allowed her to overcome these obstacles and gain respect.

Looking ahead, she aspires to become a consultant, particularly focusing on government healthcare projects in India over the next five years. Dr. Shukla also envisions a future in healthcare with increased digitalization and accessibility, particularly in government hospitals, to ensure affordable and widespread provision of healthcare services.

For junior professionals and students, she advises gaining practical experience by working in hospitals before narrowing down specific roles or organizations. She emphasizes the importance of effective communication and collaboration as essential skills for professional growth.

Cont...



SWASTHYAM-2023

Public Health, Healthy Living, and Sustainable Development Goals

This international symposium jointly organized by the School of Public Health and PHRII is a two-day symposium that brings together public health experts, professionals, scholars, students, and NGO representatives worldwide. By bringing together eminent national and international delegates, researchers, and emerging social entrepreneurs, this symposium offers a comprehensive platform for learning and networking. It also exposes participants to various perspectives on health in relation to achieving SDG goals and targets and healthy living. You will get a fantastic opportunity to learn and engage in lively discussions and debates on a range of fascinating topics at the symposium, including basic public health topics and translation and implementation research, maternal and child health, air pollution, spirituality, and career opportunities for public health graduates. Additionally, this will also be useful for any prospective future partnerships and collaborations. This symposium consists of a wide range of learning sessions through plenary talks, scientific oral and poster presentations, themed panel discussions, and networking activities.

We also strongly emphasize social entrepreneurship, focusing on the ideation, implementation, and impact phases. We offer a safe, culturally and professionally diverse environment, carefully designed to facilitate personal and professional growth.

Oral Presentation by: Dr. Sarala R

Title: Impact of Implementation Research on Increasing Accessibility, Availability and Utilization of Health and Wellness Services among Scheduled Tribes

Authors : Dr. R. Sarala R, Dr. Usha Manjunath and Mr. Rajendra

Background: Improving the health status of the most

ALUMNI SPEAK

Dr. Shukla believes in keeping work and personal life separate to manage stress and maintain a healthy work-life balance. Outside the office, she devotes her time to personal matters, avoiding work-related distractions.

In her vision for the Indian healthcare industry, Dr. Shukla hopes to witness a more extensive integration of digital technologies in both public and private healthcare sectors. By implementing accessible and affordable healthcare practices, she aims to make a positive impact on healthcare accessibility for all segments of society.

Dr. Poonam Shukla's journey from clinical practice to healthcare technology and management serves as an inspiring example for IHMR students. Her experiences and insights contribute to a vision of an inclusive and digitally advanced healthcare system in India.

vulnerable population viz., scheduled tribes is critical to achieving UHC. In this context, implementation research focusing on advocacy, community participation and collaborations are crucial to identify the needs and means to achieve health. Against this backdrop, the objective of the study was to evaluate the impact of the implementation strategies in improving accessibility, availability, and utilization of HWC services.

Methods: Quasi-experimental design was adopted, and the study was carried out for 3 years in Pavagada (Control) and Madhugiri (Implementation) Taluks of Tumkur district, Karnataka. The mixed methodology of data collection was adopted in both formative and end-line assessments.

Results: In the ending, increased i) awareness about services at HWCs ii) access to HWCs iii) availability of CHOs iv) NCD screening at HWCs and community v) availability of NCDs services viz., DM, Hypertension vi) house visits by health workers especially by CHOs and iv) availability of a range of services during house visits by health workers was apparent in implementation sites than their counterparts. However, at the endline, poor follow-ups, referral systems for NCDs and participation of households in Yoga sessions in implementation and control sites were evident.

Conclusions: Advocacy, inter-and intra-departmental coordination, and engagement of the community and healthcare workers resulted in accelerating several services in the HWCs and community. However, continuous awareness about services/schemes for increasing demand and availability of all resources at HWCs is critical to ensure uninterrupted services, a continuum of care, and people to constantly utilize the services and reduce OPPE.

Oral Presentation by : Rajendra D

Title : Quality of Life among Community Health Workers in the districts of Koppal, Raichur and Mysore, Karnataka State, India

Authors: Mr. Rajendra D, Dr. Sarala R, Dr. Usha Manjunath

Background: The Quality of Life (QoL) of the CHWs is critical to continue their support in improving the health of the people and building a healthy nation. The objective of the study is to explore the Quality of Life among Community Health Workers (CHWs) and its association with socio-demographic variables.

Methods: A cross-sectional study was conducted among 739 CHWs in three districts of Karnataka, using a multistage random sampling technique. The proportion of ASHA workers to the population in each district determined district selection. The WHOQOL-BREF self-report instrument and a sociodemographic profile were used to assess QoL among CHWs. Multivariate regression models, T-tests, and ANOVA tests were employed to determine domain-wise significance ($\alpha=0.05$).

Results: Of the participants, 538 (72.8%) were ASHAs, 53 (7.2%) were Health Inspecting Officers (HIOs), and 148 (20%) were Primary Healthcare Officers (PHCOs). The overall QoL mean \pm SD was 3.4 \pm 0.95. The social relationship domain had the highest mean \pm SD of 66.5 \pm 21.7, while the environmental domain had the lowest mean \pm SD of 48.6 \pm 16.6.



Multivariate regression analysis indicated that primary education, individual income \geq INR 5000, and family income between INR 15000 and 40000 were associated with higher QoL scores. On the other hand, having 5 to 8 family members, aged between 25 and 44, and secondary or PUC/diploma education were associated with lower QoL scores.

Conclusion: CHWs had a moderate QoL, with room for improvement in physical and environmental factors. Enhancing factors such as job satisfaction, population coverage, income, physical safety, working environment, and transportation facilities could enhance the QoL of CHWs.





WHO Chief declares an end to COVID-19 as a global health emergency.

The head of the World Health Organization (WHO) has declared with 'great hope', an end to COVID-19 as a public health emergency, stressing that it does not mean the disease is no longer a global threat. The risk remains of new variants emerging that cause new surges in cases and deaths.

He said that the decision had not been made lightly. For the past year, the WHO-led Emergency Committee had been carefully examining the data, on the right time to lower the alarm. For over

12 months, the pandemic "has been on a downward trend", he said, with immunity increasing due to the highly effective vaccines developed in record time to fight the disease, and infections. Death rates have decreased and the pressure on the once overwhelmed health systems has eased.

Read more at:

[WHO chief declares end to COVID-19 as a global health emergency | UN News](#)



Two people held over alleged CoWIN data 'leak'

A man from Bihar was arrested and a juvenile was apprehended in connection with their involvement in the alleged data leak from the CoWIN portal in New Delhi, officials said on Thursday. The man is alleged to have used a Telegram app to leak the data, they said. There have been claims about a breach of data of citizens registered on the CoWIN platform and opposition parties have asked the government to take deterrent action.

The matter was sent for a review by the country's nodal cyber security agency CERT-In, which said in its initial report, that the backend database for the Telegram bot, which is at the centre of the alleged leak, was not directly accessing the APIs of the CoWIN database.

Read more at:

[Two held over involvement in CoWIN data 'leak', Health News, ET HealthWorld \(indiatimes.com\)](#)



GSK's RSV vaccine shows long-term efficacy in late-stage trial

GSK on 21st May said its vaccine for the respiratory syncytial virus (RSV), that had recently won EU approval, showed strong long-term protection in older adults in a late-stage trial. The British drug makers said that a phase III trial showed vaccine's higher efficacy over two seasons including participants with co-morbidities. Gsk's shot called Arexvy is designed to protect people aged 60 and over from RSV. European regulators approved the shot earlier this month for the disease which caused thousands of hospitalisations and deaths annually.

Read more at:

[GSK's RSV vaccine shows long-term efficacy in late-stage trial, ET HealthWorld \(indiatimes.com\)](#)



In the pink of health! 4 hospital stocks with upside scope of up to 33%

Post-covid, it is corporate actions, like mergers and takeover-related news keeping healthcare in the headlines. This high interest in the healthcare sector is due to two reasons. First, a large number of companies have got listed in the last two years and they are doing well once they have listed and as money chases performance, more private equity money is chasing hospital assets. Second, healthcare companies are bound to see growth, because the

average spend on healthcare will increase due to the expansion of insurance and spending by the government.

Company Name	Avg Score	Reco	Analyst Count	Upside Potential %	3m Returns %	Inst Stake %	Market Cap Type
Shalby	5	Strong Buy	2	33.8	11.0	0.1	Small
Fortis Healthcare	6	Buy	9	24.9	2.8	73.7	Large
Healthcare Global Enterprises	4	Buy	8	20.2	12.9	8.6	Mid
Narayana Hrudayalaya	8	Buy	8	3.6	19.3	18.8	Mid

Read more at:

[hospital stocks: In the pink of health! 4 hospital stocks with upside scope of up to 33% - The Economic Times \(indiatimes.com\)](#)



Policyholders will soon require ABHA ID to buy or renew insurance policies

The Insurance Regulatory and Development Authority of India (Irdai), has directed all insurers to get a unique Ayushman Bharat Health Account (ABHA) ID for new and existing policyholders. Under this scheme, the government will collect policyholders' health-related information and store it under their unique ABHA IDs.

Naval Goel, Founder and CEO of PolicyX.com, said, "ABHA IDs are excellent, covering all health-related details in one place. Digitalising all this data in one place brings

transparency and ease of access for the bearer of the ID and the healthcare provider. People can share their medical records seamlessly and find healthcare across the nation. This transforms healthcare into a completely hassle-free experience."

Read more at:

[Policyholders will soon require ABHA ID to buy or renew insurance policies. Here's how you can create one \(msn.com\)](https://www.msn.com)



Apollo expands Robotic colorectal surgery programme to Six Indian states

Apollo recently announced the expansion of its specialised Robotic Colorectal Surgery Programme to six cities, namely Chennai, Hyderabad, Bangalore, Delhi, Mumbai, and Vishakhapatnam. This expansion includes a team of experienced colorectal surgeons, expertise in organ-specific super specialities, and a wide range of treatment options for colorectal cancer.

Read more at:

[Apollo expands robotic colorectal surgery programme to 6 Indian states, ET HealthWorld \(indiatimes.com\)](https://www.indiatimes.com)



Fortis Healthcare to divest its Vadapalani, Chennai Hospital Business Operations to Kauvery Group of Hospitals

Fortis Healthcare Limited on Thursday announced the signing of definitive agreements for the sale of its hospital business operations at Vadapalani, Chennai to Sri Kauvery Medical Care (India) Limited for a sale consideration of Rs. 152 Crore. According to the company's press statement, the transaction will be an all-cash deal and is estimated to be consummated by the end of July 2023, subject to certain conditions as stipulated in the definitive agreements.

The facility, which is on leased premises, was commissioned in October 2020 and is located on the arterial Arcot Road. It currently has 110 operational beds with the potential to scale up to approx. 200 beds.

Read more at:

[Fortis Healthcare to divest its Vadapalani, Chennai Hospital Business Operations to Kauvery Group of Hospitals | The Financial Express](https://www.financialexpress.com)



How Wearable Devices and IoT in Healthcare are Monitoring Patient Health, Improving Outcomes, and Transforming the Healthcare Industry

In the era of digital transformation, wearable devices and the Internet of Things (IoT) have emerged as transformative technologies in the healthcare industry while experiencing a remarkable revolution. These cutting-edge technologies have emerged as powerful tools and have revolutionized patient monitoring, leading to improved outcomes and transforming the entire healthcare landscape. The integration of wearable devices and IoT technology in

healthcare has paved the way for a new paradigm, where real-time health monitoring and personalized care have become achievable realities. Let's delve into the significant impact of wearable devices and IoT in monitoring patients' health, improving outcomes, and ultimately transforming the healthcare industry.

Read more at:

[How Wearable Devices and IoT in Healthcare are Monitoring Patient Health, Improving Outcomes, and Transforming the Healthcare Industry | The Financial Express](https://www.financialexpress.com)



This healthcare machine detects your future ailments

Now, you can manage your health better, with a team of scientists at IIT- Allahabad designing a prototype of a machine , which they claim detects the probability of you developing any ailment in the future. A team of scientists lead by the Ms. Sonali Agarwal have worked on the unnamed machine prototypically called Medical Cyber Physical system for healthcare for the past four years which the DST had sanctioned for an amount of Rs. 32 lakhs in the year 2018. Agarwal said the data of the physical parameters of the person will be collected in 15 to 20 minutes from the machine. On the basis of this data the machine will calculate parameters based on a rule-based system by assessing the activities of the concerned and give a conclusion about the current health picture. This machine is just in the development stage and the psychometrics are yet to be verified.

Read more at:

http://timesofindia.indiatimes.com/articleshow/101147131.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst



Lesser of the two evils: High mental healthcare costs are pushing Indian families into poverty

For families that had a member with a mental illness, nearly a fifth of household monthly expenditure is spent on healthcare, on average, finds a study published in March 2023. Because of out-of-pocket expenditure on healthcare, about 21% of these households dropped below the poverty line, the study found.

The study, “Catastrophic Health Expenditure and Poverty Impact Due to Mental Illness in India” published in the Journal of Health Management, highlights the financial impact of mental healthcare and the need for financial risk protection for households with members suffering from mental illness.

Read more at:

[High mental healthcare costs are pushing Indian families into poverty \(scroll.in\)](https://scroll.in)

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