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Healing the Underserved: India's Rural Healthcare Crisis and the Case for a Voluntary Fellowship Model

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The Central Paradox

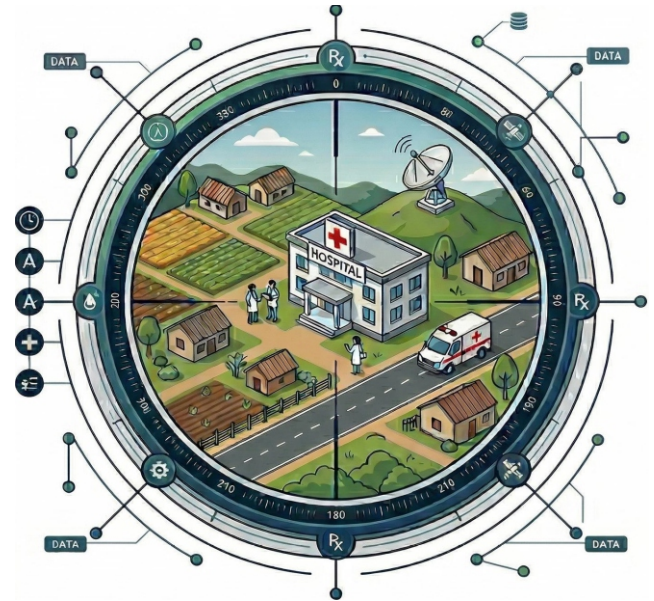
India produces more than 90,000 new doctors every year. Yet in thousands of villages, a sick child still faces a journey of four hours to see a qualified physician. This paradox abundance nationally, acute scarcity locally is the central challenge this paper addresses.

With over 1.5 million registered allopathic doctors, India is not short of doctors in aggregate. But two-thirds of its 1.4 billion people live in rural areas, while two-thirds of its doctors live in cities. The national vacancy rate for surgical specialists at Community Health Centres stands at 71.9%; for paediatricians, 69.7%. The rural doctor shortage is not, at its root, a production problem. It is a distribution problem driven by misaligned incentives, inadequate infrastructure, and a medical education system that trains doctors for urban hospitals and then is surprised when they do not go to villages.

This paper argues for a structured, voluntary, financially viable fellowship that makes rural service the beginning of a distinguished career rather than an interruption to one. It draws on qualitative interviews conducted by IIMR Bangalore with 44 stakeholders experienced rural health leaders, doctors currently practising in rural settings, and young FFE scholars at the threshold of their careers.

India's Healthcare Architecture: A System Built in Layers

India's public health system is organised as a three-tier pyramid. At the base sit over 157,000 Sub-Centres, each staffed by Auxiliary Nurse Midwives serving 3,000–5,000 people. Above them are roughly 24,935 Primary Health Centres (PHCs), the first point of contact with an MBBS doctor, designed for 20,000–30,000



people each. At the middle tier are 5,735 Community Health Centres (CHCs), 30-bed facilities expected to provide specialist care to populations of 80,000–120,000. District Hospitals, Medical Colleges, and premier institutions like AIIMS crown this pyramid almost entirely located in urban areas.

The private sector dominates ambulatory care, accounting for roughly 80% of outpatient visits and 60% of inpatient admissions. It ranges from world-class corporate chains to precarious single-doctor clinics largely unregulated, largely unaffordable for the poor, and almost entirely urban.

Between these sits a third actor critical to understanding both the problem and the solution: the not-for-profit healthcare sector faith-based hospitals, mission networks, and community health trusts that have served populations neither the government nor the market could reach.

Defining 'Rural': A Critical Complexity

Rural India is not one thing. A village in the Nilgiris Hills at 1,800 metres altitude with no monsoon road access, and a village 15 kilometres from Patna with paved roads and daily buses, are both classified 'rural' yet their healthcare realities could not be more different. State governments further classify geographies as 'Difficult,' 'Most Difficult,' or 'Inaccessible' to incentivise medical officers, with criteria varying widely: in Kerala,

'difficult' means Wayanad's hilly forest tracts; in Chhattisgarh, it means the Bastar Division, where Left Wing Extremism makes physical access a matter of personal safety; in Rajasthan, it spans both the Thar Desert and the southern tribal belt. Designing interventions at national scale requires reading the specific geography, not just the label.

The Three Pillars and Why All Are Necessary

The Government's Role is one of reach without depth. India's network of 157,000+ Sub-Centres represents one of the largest rural health infrastructure investments in the developing world. Yet a PHC designed for one doctor often has none; a CHC meant for four specialists is frequently run by a single MBBS officer managing the entire clinical load. Government postings offer stability without growth, presence without support.

The Not-for-Profit Sector is the third pillar that holds the ecology together. What makes it distinctive is not the absence of profit, but the presence of mission orientation — an alignment between institutional goals and practitioner values that creates a fundamentally different work environment. Four case studies illustrate this sector's range:

- **Karuna Trust** pioneered the Public-Private Partnership model, taking over management of government PHCs starting with Gumballi in 1996. Today it runs 46 PHCs across four states. Rural Karnataka's infant mortality rate is roughly 43 per 1,000 live births; Karuna Trust-managed PHCs have brought that down to 8.3 — proving rural PHCs can achieve urban-quality outcomes when managed well.
- **Christian Medical College, Vellore**, founded in 1900, requires all MBBS students to complete a compulsory rural posting as a core component of medical education — giving graduates a lived understanding of rural health that urban-trained doctors rarely acquire. CMC is a vital source of authentic rural mentors, which our interviews identified as essential.
- **Cachar Cancer Hospital**, built by the community of Silchar in Assam's remote Barak Valley, was transformed when Dr. Ravi Kannan left Chennai's prestigious Adyar Cancer Institute in 2007. From 23 staff and 1,200 annual patients, the hospital today employs over 450 people, with 75% of patients — mostly daily wage workers and tea garden labourers — receiving free or subsidised treatment. Dr. Kannan received the Padma Shri and Ramon Magsaysay Award in 2023. The lesson: a doctor who chooses purpose over position can transform a struggling institution into a world-class rural centre.
- **SEARCH (Gadchiroli)**, founded in 1986 by Drs. Abhay and Rani Bang, demonstrates community-owned primary healthcare. Its home-based neonatal

care programme reduced neonatal mortality by 70% — a finding published in *The Lancet* that reshaped global policy. Infant mortality in intervention villages fell from 121 per 1,000 to under 30. The most marginalised populations are not beyond reach; they are simply underserved by systems never designed for them.

The government provides infrastructure, legitimacy, and reach; not-for-profits provide management quality, mission culture, and community trust. Together they create what neither could achieve alone — but only where active architecture exists to connect them.

Two Worlds Within Rural Healthcare

The government posting offers guaranteed salary, job security, and a pension — not trivial benefits. But it is also one of the least growth-oriented medical careers in India. Promotion runs on seniority, transfer policy is opaque, and the clinical environment is often inadequate. Essential drugs run out; equipment breaks and goes unrepaired. As one MBBS doctor in Rajasthan put it: "I performed minor sutures under my phone's flashlight during an 8-hour power cut." MBBS training in India is almost exclusively hospital-based, so the shock of arriving at a rural PHC alone — the only doctor making independent emergency decisions — is widely described as the most destabilising experience of early practice.

Well-run not-for-profit facilities offer what the government system rarely can: functioning infrastructure, structured mentorship, and a career path connecting rural practice to professional growth. Senior physicians are more likely to play genuine mentoring roles. A doctor who proves themselves at a Karuna Trust PHC can move into management, co-author research, and build procedural skills that improve postgraduate competitiveness. The not-for-profit hospital, well-designed, turns rural service into a portfolio rather than a gap in a CV. Manpower is the linchpin. A building without a doctor is not a health facility — it is a monument to an intention.

The Urban Aggregation and the Failure of Compulsion

Urban hospitals offer career velocity — more cases, greater complexity, specialist teams, advanced diagnostics. In the competitive landscape of NEET-PG (the national postgraduate entrance exam), time in a resource-constrained rural setting can feel like falling behind. This 'dead time' anxiety was the single most consistent finding across interviews with young doctors: talented graduates with genuine desire to serve are deterred not by indifference but by the rational fear that rural service today means losing competitive ground tomorrow. Financial pressure compounds this — many MBBS graduates carry significant family obligations at a life stage when independent earnings remain years away.

India's dominant policy response has been the compulsory rural service bond, requiring graduates from government colleges to serve rural areas or pay penalties of ₹5–40 lakhs. It has not worked. Evasion rates are high. In January 2025, the Supreme Court questioned states' power to impose bonds on All-India Quota students, significantly weakening their legal foundation. But the deeper failure is human: a doctor arriving under coercion will not build trust with a community or stay a day longer than required. The bond creates presence; it does not create care.

The Case for a Voluntary Fellowship

If coercion has failed, what works? The evidence points to a model built around five interlocking components — none of which, in isolation, is sufficient.

Financial Dignity. The Rural Healthcare fellowship is built on co-investment: partner hospitals pay a minimum ₹50,000/month as a binding MoU clause, FFE adds a ₹25,000 stipend, and with in-kind accommodation the effective package reaches ₹85,000–90,000/month — competitive with junior resident positions in Tier-2 cities. Milestone bonuses at 6, 12, and 24 months reward commitment without the punitive dynamic of a bond.

Career Capital. Rural service must convert into tangible career assets. The fellowship protects two hours daily for NEET-PG preparation (written into hospital SOPs), awards a Family Physician Certificate at 12 months, and supports one peer-reviewed publication per year through IIHMR's academic team. A two-year fellow leaves with a publication record, a specialty certificate, and documented independent practice.

Structured Mentorship. A four-layer architecture ensures mentorship cannot evaporate. An L1 Mentor (on-site senior doctor, paid a formal honorarium) provides weekly guidance; an L2 Mentor (remote expert from networks like CMC Vellore) delivers monthly virtual sessions; an L3 Mentor (FFE alumnus in postgraduate training) offers near-peer solidarity; an IIHMR Programme Coordinator monitors progress and flags warning signs early.

Peer Cohort. Professional isolation is the leading cause of rural doctor attrition — more powerful than salary. All fellows are inducted together, organised into Peer Pods of five, connected by structured monthly calls. No fellow is placed without at least one peer within 50 kilometres. Singleton placements are prevented by design.

Institutional Verification. Fellows are placed only at facilities passing an eight-point checklist: the ₹50,000 salary floor, on-site accommodation, named L1 Mentor, 24-hour electricity, 10+ Mbps internet, outpatient volume of 40+ patients daily, functional OT and emergency care, and gender safety provisions. A fellowship placed in an inadequate facility is worse than none — it creates exactly the experience that drives

young doctors permanently away from rural practice.

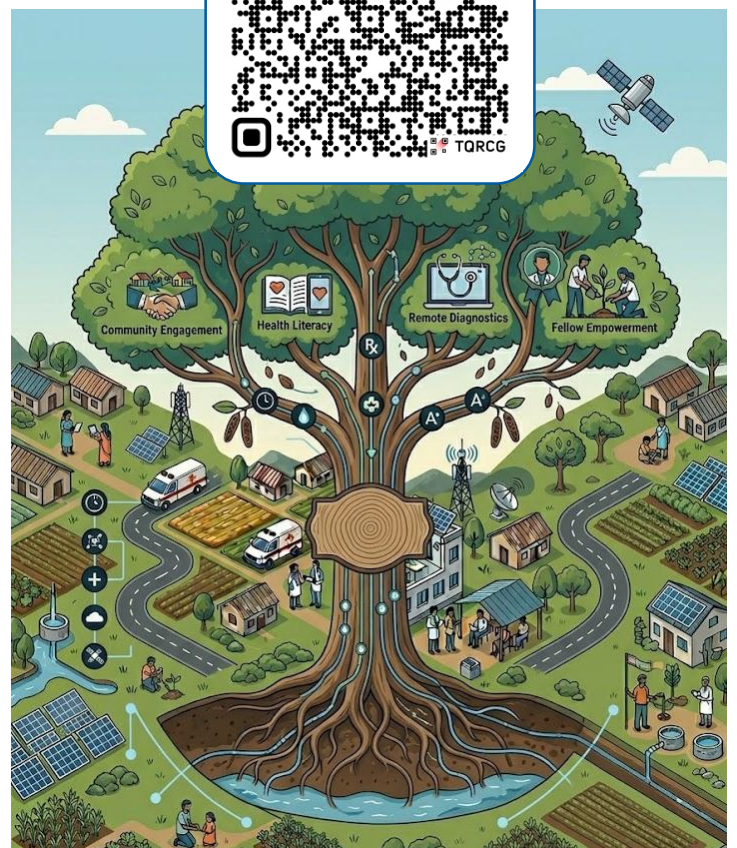
Conclusion: What This Asks of Philanthropy

India's rural doctor shortage has been studied extensively, debated generously, and addressed inadequately. The government has built the infrastructure. The not-for-profit sector has shown what mission-driven rural health can look like. A generation of young doctors — many first-generation graduates from rural families — stand at a crossroads, genuinely open to rural service if someone can make it a viable choice.

What this asks of philanthropic partners is not simply funding. It asks for willingness to believe that the answer is neither coercion nor charity, but dignity: paying doctors fairly, training them well, supporting them consistently, and trusting that when young people from rural India are given a real choice, many will choose to go home.

As one rural practitioner put it: "It is better to be something in a small place than nothing in a big place." The communities of rural India have been waiting long enough. The doctors who could serve them are ready. What is needed now is the bridge.

The full whitepaper "Healing the underserved: India's rural healthcare crisis and the case for a voluntary fellowship model" can be accessed here.





ACADEMIC PROGRAM

IIHMR BANGALORE ORGANISES AWARENESS PROGRAMME ON LGBTIAQ+ INCLUSION AND INTERSECTIONALITY

The Institute of Health Management Research, Bangalore, conducted an Awareness Programme on LGBTIAQ+ Inclusion and Intersectionality on 2nd December 2025 at the Seminar Hall. The session, organised as part of the academic activities for the year 2025 to 2026, witnessed the participation of 76 students and faculty members. The programme aimed to sensitise future healthcare leaders and professionals to issues of diversity, equity, and inclusion, while fostering an informed and compassionate understanding of LGBTIAQ+ communities.

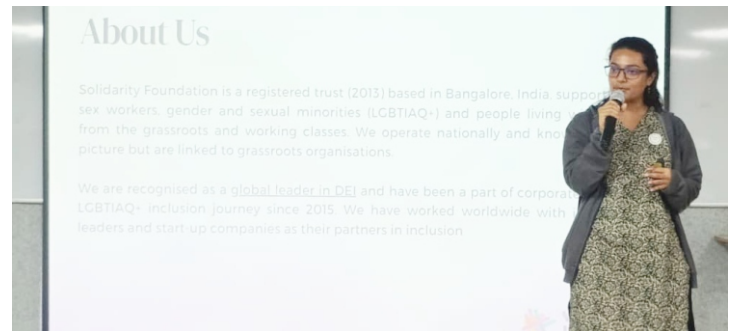
The session featured two distinguished resource persons from the Solidarity Foundation – George Thomas, Digital Inclusion and Innovations Lead, and B. Shreya, DEI Lead. George Thomas has been actively involved in advancing workplace inclusion, LGBTIAQ+ allyship, and intersectional advocacy through both corporate initiatives and grassroots engagement.

The speakers began the session by contextualising the systemic barriers faced by LGBTIAQ+ individuals in India. They discussed persistent health disparities, mental health burdens arising from stigma, and the structural discrimination experienced in workplaces and community spaces.

A key framework explained during the session was intersectionality, highlighting how overlapping identities such as gender, caste, socioeconomic status, and sexuality intensify marginalisation. Through real world examples, they illustrated how exclusion manifests differently in urban and rural contexts, and why healthcare systems must adopt inclusive, community centred approaches.

The discussion further addressed common myths and misconceptions about gender identity and sexual orientation. The speakers emphasised the importance of early sensitisation within educational institutions, the role of counselling services, and the responsibility of healthcare professionals to act as allies and change agents. Strategies for creating inclusive workplaces were explained, including policy enforcement, awareness training, safe reporting mechanisms, and community engagement initiatives. The emphasis remained on practical, implementable steps rather than abstract ideals.

An interactive question and answer session followed, during which students and faculty engaged deeply with the resource persons. Participants raised questions on navigating workplace inclusion challenges, addressing



bias in healthcare delivery, and supporting intersectional identities in underserved communities. The speakers responded with grounded insights, encouraging attendees to integrate diversity and equity principles into their professional practice and institutional initiatives.

The programme concluded with a vote of thanks delivered by Dr. Sarala, who honoured the speakers with token of appreciation on behalf of IIHMR Bangalore. The session left a significant impact on participants by equipping them with awareness, practical understanding, and a sense of responsibility toward building inclusive healthcare systems. It reaffirmed IIHMR's commitment to nurturing socially conscious leaders capable of advancing equity and dignity within healthcare and beyond.

K S E M A - A N E V E N T B Y T H E RAMALINGASWAMI CENTRE OF EQUITY AND SOCIAL DETERMINANTS OF HEALTH (RCESDH-PHFI)

On the 16th of December, the students of IIHMR-B participated in an educational visit to the Epidemic Hospital in Bengaluru served as a comprehensive learning experience, designed to bridge the gap between classroom-based theoretical knowledge and real-world public health practice. By providing practical exposure to epidemic management and healthcare systems, the visit allowed participants to gain a deeper appreciation for the interdisciplinary nature of public health.

A foundational aspect of the visit was understanding the historical evolution of epidemic management. Through the "Echoes of epidemics" history walk, participants

explored the origins of the Epidemic Hospital and its response to past infectious disease outbreaks, emphasizing how institutional learning and adaptability shape present-day preparedness. This historical context was complemented by an examination of hospital architecture. Participants observed how specific design elements, such as natural lighting, proper ventilation, open corridors, and spatial segregation of wards are critical for infection prevention and control. These insights underscored that effective disease containment relies heavily on environmental design and infrastructure planning to protect both patients and healthcare workers.

To strengthen conceptual clarity and applied learning, the visit incorporated several interactive activities. The "Sankrama" activity guided participants through the stages of disease transmission and outbreak response via a narrative progression, highlighting the necessity of early detection, timely interventions, and coordinated public health responses.



Following this, the "Equity" activity fostered creative collaboration to examine the social determinants of health. By reflecting on how socioeconomic status, geography, and vulnerable populations influence healthcare access and outcomes, participants recognized the critical need for inclusive and equitable policies to ensure no group is disproportionately affected during an epidemic.

Further deepening the understanding of public health governance, the "Arogya Ayke" group discussion focused on policy frameworks, formulation, and the complexities of implementation during health emergencies. This session emphasized the importance of leadership, evidence-based decision-making, and coordination across different levels of the health system.

ALUMNI SPEAK



Ms. Monami Chakraborty

Quality Lead
Apollo Hospitals Enterprises Ltd.
Bangalore

"Connecting Patient Care with System Improvement"

This time in Pulse, meet Ms. Monami Chakraborty class of 2023 is now shaping outcomes behind the scenes at Apollo Hospital Enterprises Limited, Bangalore as a Quality Lead. Though her path began in nursing, hands-on with patients, it gradually bent toward refining systems instead. Five years into healthcare quality, she trades bedside routines for steady upgrades across processes. Her move was not sudden; more like layers peeling over time. From tending individuals to tuning entire workflows, one step led to another. What started as clinical work grew into something broader, quieter, but just as vital. You'll find her focused not on moments of care, but how those moments stay consistent, day after day.

Monami finished school her in West Bengal before moving into nursing at the college level. Her time in patient care opened her eyes to how clinics run from inside, yet she felt drawn to broader change beyond bedside work, she shifted direction – by enrolling in hospital management program . The course at IIHMR Bangalore became her bridge between healing and operations. With each step, pieces like safety, efficiency, and comfort started fitting together more clearly. Outcomes improved when perspective widened.

As Quality Lead at Manipal Hospital overseeing standards across departments shapes much of what she does each day. Compliance with NABH norms- That falls under her watch too. Audits happen regularly, led by her hand. Training sessions for nurses and clinical teams are part of the rhythm. Improvement isn't just talked about - it gets pushed forward through her efforts. Patient care shifts subtly upward because of these moves. She didn't start here though. Other hospitals had seen her before, in similar lanes. There, audits were also on her plate. Staff development came up often. Legal and regulatory boxes needed ticking - she managed those. Experience piled up quietly over time.

Monami's work life shows a string of meaningful project responsibilities. From the beginning, her

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Additionally, the "Aralu" activity cultivated empathy and critical thinking by requiring participants to evaluate six statements and prioritize them for three distinct age groups. By assigning pins to the two most important statements for each group, participants practically explored how human needs and values evolve across different stages of life.

Beyond technical and subject-specific knowledge, the experiential learning methods employed throughout the visit significantly enhanced participants' soft skills, including analytical thinking, communication, teamwork, and problem-solving. Ultimately, the educational visit successfully integrated history, architecture, infection control, health equity, and policy perspectives into a cohesive narrative. It broadened the understanding of holistic epidemic management and contributed significantly to the academic and professional development of the attendees in the field of public health.

NATIONAL CONSTITUTION DAY CELEBRATION - 2025

The Institute of Health Management Research (IIHMR), Bangalore celebrated National Constitution Day on 26th November 2025. With great enthusiasm and respect for the values of the Indian Constitution, the event began with the ceremonial lamp lighting by the faculty members and students, symbolizing the light of knowledge and the spirit of constitutional values. This was followed by the collective reading of the Preamble, where everyone reaffirmed their commitment to justice, liberty, equality, and fraternity.

A quiz competition based on the Indian Constitution was organized as part of the celebration to encourage awareness among students. The winners of the quiz were Dr. Sanjita, Debanshi, and Tejaswini got first, second and third prize respectively. Their participation and performance added great value to the event. The Director, Dr. Usha Manjunath, addressed the gathering with an inspiring speech highlighting the importance of the Constitution and the need for responsible citizenship. Her words motivated students to uphold constitutional principles in their daily lives.



ALUMNI SPEAK

role included steering audits for JCI, CAP, NABH, NABL, along with nursing excellence standards. Behind every effort was a push toward better performance in CSSD and nursing care. Instead of just reviewing problems, she set up systems that track incidents while digging into their causes. Training moments around safety didn't feel forced - she shaped them into regular conversations. One thing stood out: how clearly, she organized checks on staff skills across departments.

Still, juggling heavy workloads didn't stop Monami from pushing forward. Because she leaned on team support, everything moved smoother than expected. True progress came when deadlines got ranked by urgency each week. Each conversation with department leads kept things clear before problems grew. Being ahead of messages made a noticeable difference over time.

Monami shapes her work mindset by watching how her parents lived theirs. Their steady habits, quiet strength, and daily push toward growth left a mark. A good leader listens first - really hears people - even when things get messy. Staying clear under pressure matters just as much as shifting gears fast when needed hits hard. Solving problems quietly, without drama, keeps momentum going. What sticks longest is lifting others up when the path gets steep.

Facing tough moments at work, Monami keeps moving by spotting what's good and saying thanks inside. Hobbies pull her away for short stretches - she reads, writes down how she feels, while also hunting through fresh ideas online. Order matters to her, just like fixing things instead of dwelling. One story she turns to again? Fish! - A remarkable way to boost morale and improve results, written by Stephen C. Lundin with help from Harry Paul and John Christensen.

Down the road, Monami plans to deepen her role in shaping how health care quality is influencing choices made at higher levels while keeping focus on safer care and better-run organizations. The field itself might move faster if digital tools track quality more often, workers build skills steadily, then empathy and openness become everyday habits in every part of treatment.

Patience matters most, she says, especially when passion drives you forward. Not far behind comes the truth - quality lives in how we treat each other, not just forms or stamps on paper. Curiosity makes

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The event concluded with a heartfelt vote of thanks, followed by the singing of the National Anthem, marking a dignified end to the celebration. The programme successfully instilled constitutional awareness and strengthened the spirit of unity among students.

NATIONAL LIBRARY WEEK & LIBRARIAN'S DAY CELEBRATION

The National Librarian Day 2025 was celebrated on 03 December 2025 at the Seminar Hall, IIHMR Bangalore, organized by the Department of Library and Information Centre. The program witnessed enthusiastic participation from students, faculty members, and staff.

The event began with a welcome speech, setting the tone for the celebration by Mr.Suresh Babu, Librarian. This was followed by the lighting of the lamp, symbolizing knowledge, learning, and enlightenment. A series of engaging activities were conducted, including a Quiz Competition and Pick and Speak, which encouraged active student involvement and showcased their spontaneity and communication skills.

The program also included an Award Distribution Ceremony, recognizing winners and participants for their enthusiastic contribution. An inspiring Address by the Director highlighted the evolving role of libraries in the digital era and emphasized the importance of information literacy in higher education. The event concluded with a Vote of Thanks, expressing gratitude to the management, faculty, participants, and organizing team.

ALUMNI SPEAK

the difference; it keeps lessons alive across years of work. Learning never stops if you listen closely enough. What stays central, though, is warmth - the kind that shows up in small gestures, not grand plans.

Starting with patient care, Monami Chakraborty saw gaps that needed more than just medical skill. Because she cared about outcomes, she dug into how hospitals operate behind the scenes. When routines failed people, she looked beyond treatment plans toward better structures. Though many stick strictly to medicine, she blended it with process thinking. Since errors often stem from design flaws, her approach reduced risks quietly but steadily. While climbing the ranks, she never let go of listening to staff or patients. If improvements ignore human needs, they rarely last - something she kept front of mind. Even as responsibilities grew, kindness shaped every decision she made. After years of quiet work, her path shows progress does not demand loud moves. Instead, lasting impact grows where expertise meets genuine concern.





CULTURAL EVENTS

CLUTCH CARNIVAL:

A Celebration of Strength, Spirit and Sportsmanship

The campus was filled with excitement and high energy as the Sports Committee organized “Clutch Carnival,” sports day that brought students together in the true spirit of teamwork and healthy competition.

The event began with a warm welcome, followed by the sports oath, reminding everyone of the importance of fairness, unity, and respect on and off the field. The inauguration officially marked the beginning of a series of thrilling competitions that kept the momentum alive throughout the carnival

Students enthusiastically participated in a wide range of events, including tennikoit, throwball, volleyball, cricket, badminton doubles, table tennis, tug of war, carrom doubles, and chess. From intense outdoor matches that drew loud cheers from the crowd to indoor games that demanded patience and strategy, every competition reflected dedication and determination..



One of the most exciting aspects of Clutch Carnival was the overwhelming participation and team spirit displayed by the students. Friends turned into teammates, competitors encouraged one another, and the entire campus came together to celebrate not just victories, but effort and perseverance.

More than just a sports day, Clutch Carnival was a reminder that college life thrives on unity, resilience, and shared experiences. The cheers, the challenges, and the moments of triumph created memories that will be cherished long after the games concluded.

IIHMR-B CELEBRATES 21 YEARS OF EXCELLENCE:

Foundation Day & Alumni Meet

IIHMR-B proudly celebrated its 21st Foundation Day and Alumni Meet on 13th December 2025, marking a significant milestone in its journey of academic excellence, leadership, and community building. The event brought together faculty, students, distinguished guests, and alumni, making it a memorable occasion filled with reflection, inspiration, and celebration.

The program commenced with a warm welcome address by Dr. R. Sarala. This was followed by director's report by Dr. Usha Manjunath's, she presented the institution's growth, achievements, and vision for the future.

The celebration was further elevated by the presence of eminent dignitaries. The chief guest, Prof. S. Sadagopan, addressed the gathering with insightful thoughts, inspiring students to embrace innovation and leadership. The special guest, Dr. S. D. Gupta, shared valuable perspectives drawn from his vast experience, adding depth and meaning to the occasion. The event also featured inspiring addresses by the guests of honour, including Dr. Nisha Varadraj, Hospital Director, Manipal Hospital, and Dr. C. S. Kedar, IAS (Rtd), whose words resonated with students and alumni alike, encouraging them to contribute meaningfully to the healthcare and management sectors.





Adding vibrancy to the celebration, various student clubs presented engaging cultural and creative performances, showcasing the talent and enthusiasm within the IIHMR-B community. The vote of thanks delivered by Dr. Deepashree MR. The evening concluded with a delightful dinner, offering alumni, faculty, and students an opportunity to reconnect, network, and relive cherished memories. The students could interact with seniors and alumni about their career path and opportunity.

The 21st foundation day and alumni meet was not just a celebration of years completed, but a tribute to the legacy, achievements, and strong community that define IIHMR-B. It stood as a proud reminder of how far the institution has come and the promising journey that lies ahead.

CELEBRATING THE SPIRIT OF KARNATAKA:

Kannada Rajyotsava at IIHMR Bangalore

The Institute of Health Management Research (IIHMR), Bangalore, resonated with cultural pride and festive enthusiasm as it celebrated Kannada Rajyotsava on 19 November 2025 at Seminar Hall, bringing together students, faculty, and staff to honour the rich linguistic and cultural heritage of Karnataka. The celebration commenced on a patriotic note with flag hoisting by our honourable Director ma'am Dr. Usha Manjunath, followed by the rendition of the state anthem, symbolizing unity, respect, and reverence for the land and language of Karnataka. This solemn beginning set a meaningful tone for the day's proceedings and instilled a sense of pride among the participants.

The programme formally opened with a warm welcome

address by Dr. Vaishnavi Matsagar, a first-year PGDM (HHM) student, who eloquently highlighted the significance of Kannada Rajyotsava and emphasized the importance of preserving regional identity in a diverse academic environment. Her address beautifully connected tradition with contemporary student life, setting the stage for the vibrant performances that followed.

Adding grace and classical elegance to the celebration was a Bharatanatyam performance by Renuka, a first-year PGDM (AI&DS) student. Her expressive movements and rhythmic storytelling reflected the depth of India's classical dance traditions and captivated the audience, earning widespread appreciation.

The intellectual and cultural depth of the programme was further enriched by a thought-provoking address by Dr. Enosh Paul, a first year PGDM (AI&DS) student who spoke passionately about Karnataka's glorious history, cultural diversity, and enduring contributions to art, literature, and society. His speech left a lasting impression on the audience and reinforced the value of cultural awareness among future healthcare leaders.

Music added a soulful dimension to the event as Dr. Anurag, a first year PGDM (HHM) student rendered a melodious song that created a soothing and reflective atmosphere, allowing the audience to connect emotionally with the essence of Kannada culture.

To infuse fun and interactive learning, the celebration featured a Kannada Tongue Twister Competition, which delighted participants and showcased the beauty and complexity of the Kannada language. The competition encouraged enthusiastic participation, with Dr. Shalini Sinha securing the first prize and K. Swetha winning the second prize. This was followed by the Kannada Whisper Game, which generated laughter and camaraderie, making language learning an enjoyable experience.





The energy of the programme peaked with a high-spirited group dance performance, reflecting teamwork, coordination, and youthful enthusiasm. This was complemented by a mesmerizing Yakshagana performance by Dr. Varshini, which brought traditional folk storytelling to life through vibrant costumes, expressive gestures, and dramatic narration transporting the audience into Karnataka's rich theatrical heritage.

The celebration concluded with a heartfelt Vote of Thanks delivered by the Master of Ceremony, expressing gratitude to the resource person Dr. Deepashree M R, Assistant Dean – Academics, all performers, faculty members, student volunteers, and participants who contributed to the success of the event. The day ended on a pleasant note with high tea, providing an opportunity for informal interaction and reflection on the vibrant cultural experience.

Through this celebration, IIHMR Bangalore reaffirmed its commitment to promoting cultural inclusivity, regional pride, and holistic education, ensuring that students not only excel academically but also remain deeply connected to India's diverse cultural roots.

SPREADING JOY, LOVE, AND TOGETHERNESS:

Christmas Celebrations at IIHMR Bangalore

The spirit of Christmas filled the campus of the Institute of Health Management Research (IIHMR) Bangalore, with joy, love and laughter, togetherness and harmony as students, faculty, and staff came together to celebrate the festival of joy and goodwill on 23rd December 2025. Held at the Badminton Court, the celebration was a vibrant expression of togetherness, warmth, and festive cheer, reflecting the true essence of Christmas.

The IIHMR campus was beautifully adorned with twinkling lights, decorated Christmas trees, and festive ornaments, creating a lively and joyous ambiance that

instantly uplifted everyone's spirits. Adding to the celebrations, food stalls offering a delightful variety of cakes, snacks and other food items were arranged earlier in the day, allowing students and staff to indulge in festive treats and enjoy informal moments of bonding.

The formal programme commenced at 3:30 p.m. with a melodious Christmas song performed by first-year students, setting a serene and joyful tone for the evening. This was followed by an energetic group dance performance, also by first-year students, which captivated the audience with its enthusiasm and festive rhythm, earning loud applause and appreciation.

One of the most heartwarming moments of the celebration was when the entire gathering joined together to sing traditional Christmas carols, fostering a strong sense of unity, harmony, and shared joy among the IIHMR community. The collective participation beautifully reflected the spirit of love and togetherness that Christmas represents.

Fun-filled games like Memory Game and Pictionary made the event engaging and interactive, with active participation from students and faculty. Dr. Enosh A. Paulson and Mahesh Mareneni won the Memory Game, while Dr. Sneha Deepak, Riya Jalmi, Swapna, and Soujanya secured top positions in Pictionary, adding excitement and friendly competition to the celebration. The festive spirit peaked with the arrival of Santa Claus distributing sweets, followed by a joyful Secret Santa exchange. The celebration concluded with refreshments, creating a warm and memorable atmosphere while reflecting the values of love, sharing, and unity that define Christmas at IIHMR Bangalore.





RESEARCH AND PUBLICATIONS

DISSEMINATION SEMINAR: DIGITAL HEALTH EXEMPLARS (DHE) STUDY

The dissemination seminar presented findings from the Digital Health Exemplars (DHE) Study, which identified India as one of five global exemplar countries for digital health implementation. Karnataka was selected as a focal state within India due to its high composite score (22 out of 30) in ABDM implementation, scaled digital health programs, and strong health-tech ecosystem. The seminar was held on 6th December 2025 at the IAS Officer's Association, Bangalore. Participants from state government, academia and other organizations attended the seminar. The study examined Karnataka's unique regulatory-driven approach to digital health adoption, comparing it with Andhra Pradesh's executive-led model and Rajasthan's consolidation strategy. Key interventions analyzed included the Microsites Initiative (supply-side) and the Scan and Share Service (demand-side).



Karnataka's regulatory-driven approach has successfully established foundational digital infrastructure with high verification rates. However, the significant gap between registration and meaningful use reveals that compliance alone is insufficient for transformation. The state must now pivot from infrastructure-building to value demonstration, addressing workforce constraints, infrastructure gaps, and incentive misalignments. Learning from Andhra Pradesh's rapid scale-up through intensive ground-level engagement and performance management, Karnataka can accelerate adoption by empowering frontline workers, making strategic infrastructure investments, reforming incentive structures, and building genuine patient and provider trust in the ABDM ecosystem.

The success of ABDM 2.0 will ultimately be measured not in registrations but in transformed health outcomes for every citizen a vision requiring sustained commitment to demonstrating tangible value, strengthening ecosystems, empowering workforces, and fostering innovation tailored to local contexts.

DISSEMINATION SEMINAR: AYUSHMAN BHARAT DIGITAL MISSION: INDIA'S JOURNEY TOWARDS DIGITAL HEALTH TRANSFORMATION IN ANDHRA PRADESH (DIGITAL HEALTH EXEMPLARS)



Andhra Pradesh has positioned itself as a national frontrunner in India's digital health transformation under the Ayushman Bharat Digital Mission (ABDM), aiming to achieve near-universal digital health coverage by mid-2025. The state generated over 4.7 crore Ayushman Bharat Health Accounts (ABHAs), covering about 90% of its population. It became the first state to digitally link more than one crore health records within a year. This achievement is rooted in strong political commitment, a data-driven governance approach led by the Chief Minister's Office, and the use of the Real Time Governance System (RTGS) for continuous monitoring and accountability. Andhra Pradesh embedded ABDM into routine health service delivery through decentralised governance structures such as Gram and Ward Sachivalayams, large-scale NCD screening drives, and integration with flagship programs like Dr YSR Arogyasri and PM-JAY using ABHA as a common identifier. A multi-source financing strategy combining central funds, NHM allocations, ECRP-II resources, and significant state investment ensured sustainability, while partnerships with technical and global organisations strengthened capacity and innovation. The state further institutionalised interoperability, cybersecurity, and data protection in line with national standards and the DPDP Act, 2023. Overall, Andhra Pradesh demonstrates how digital health can be successfully institutionalised as a core governance reform, offering a scalable and sustainable model for citizen-centric health system transformation in India.

The speakers emphasised the need for a multi-pronged approach, including awareness campaigns, strong policy enforcement, cessation programs, and youth involvement. The overall program was held in the presence of the chief guests, Sri K. V. N. Chakradhar Babu, IAS, Director of Secondary Health; Sri Dr M. G. Raghunandan, Director of Medical Education; Dr K. Padmavathi, Director of Public Health; Dr. C S Kedar Former Director General – ESIC, Senior Advisor -IIHMR Bangalore; Dr. Usha Manjunath, Professor and Director IIHMR Bangalore, Sri A. A. Rao, OSD to Health Minister and Sri B. V. Rao, State Nodal Officer, ABDM.





CENTRE FOR LEARNING & DEVELOPMENT

WORKSHOP ON MASTERING THE ART OF PROPOSAL WRITING



IHMR Bangalore successfully conducted a 5-day workshop on “Mastering the Art of Proposal Writing” in November 2025, with a total of 18 participants from academic and public health backgrounds. The workshop was delivered in a blended format, with online sessions held on 4th, 7th, and 21st November, and in-person sessions conducted on 14th and 15th November.

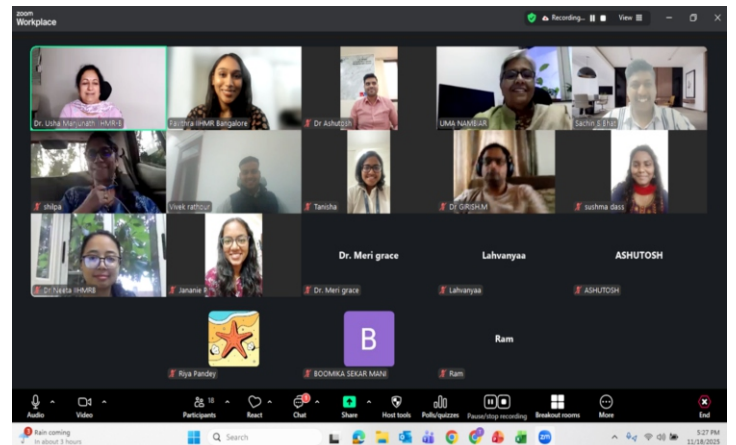
Designed for early-career professionals, researchers, and faculty members, the workshop focused on building practical skills in developing clear, compelling, and structured proposals. Participants were guided through key components of proposal writing, including analyzing RFPs, drafting problem statements, developing methodologies, budgeting, timeline planning using Gantt charts, and preparing persuasive narratives.



The sessions, led by Dr. R. Sarala, Professor and Dr. Usha Manjunath, Professor, combined interactive lectures, experiential learning exercises, peer collaboration, and feedback-driven discussions. The blended format ensured flexibility while maintaining strong engagement and hands-on learning.

The workshop concluded with participants expressing enhanced confidence in conceptualizing and drafting fundable proposals aligned with organizational and funding requirements. The program reaffirmed IHMR Bangalore's commitment to strengthening research and professional competencies in public health and social sciences.

EXECUTIVE PROGRAM ON DIGITAL HEALTHCARE & SMART HEALTH SYSTEM –EMPOWERING LEADERS TO DRIVE TECH-POWERED HEALTH SYSTEMS



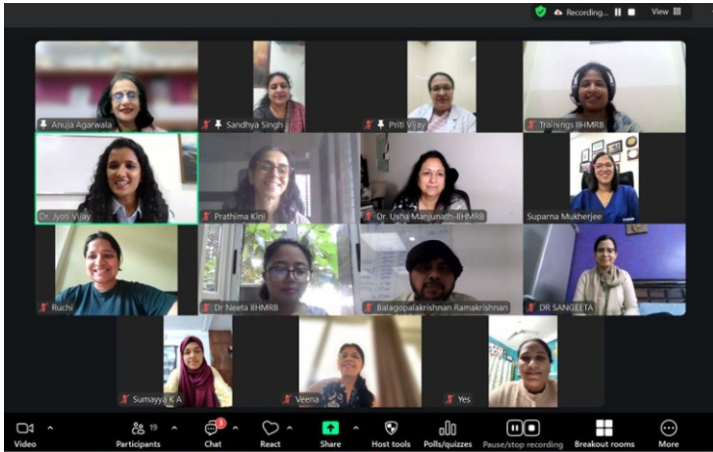
IHMR Bangalore successfully conducted the Executive Program in Digital Healthcare and Smart Health Systems (formerly Managing Digital and Connected Health) with the participation of 27 professionals from diverse healthcare and allied sectors.

The 3-month online program was designed to empower leaders to drive digital transformation in healthcare organizations. The curriculum covered key domains including digital health ecosystems, artificial intelligence and emerging technologies, technology implementation, digital health economics, data analytics, privacy and compliance, along with a capstone project and industry interactions.

The program brought together healthcare professionals, public health experts, industry leaders, and digital health innovators, creating a rich interdisciplinary learning environment. Through expert-led sessions, panel discussions, hands-on learning, and continuous mentorship, participants gained practical insights into aligning digital strategies with organizational goals and improving healthcare delivery outcomes.

The successful completion of the program reflects IIHMR Bangalore's continued commitment to nurturing future-ready leaders capable of leading technology-enabled, patient-centric health systems.

CERTIFICATE PROGRAM ON ADVANCING EXCELLENCE IN CLINICAL NUTRITION COHORT -3

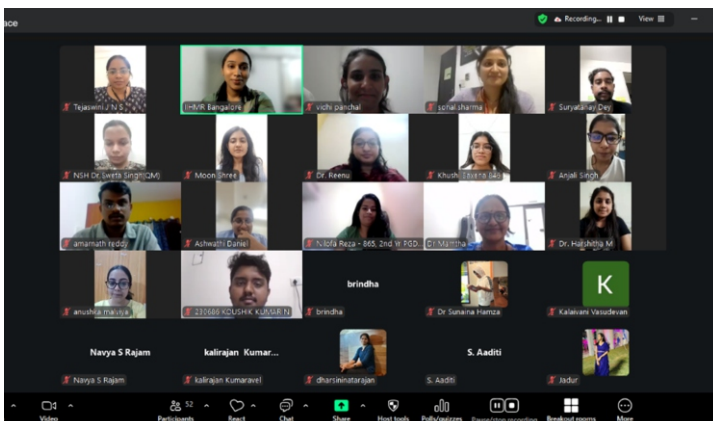


The program on Advancing Excellence in Clinical Nutrition (AECN) attracted enthusiastic participation from Pediatricians, healthcare professionals, nutritionists, academicians, and public health practitioners aiming to strengthen their expertise in clinical nutrition and therapeutic care.

Designed to bridge the gap between theory and practice, the program emphasizes evidence-based nutritional management for disease prevention and clinical conditions. Participants are actively engaged through interactive lectures, case-based discussions, and practical learning sessions that enhance their ability to apply nutrition science in clinical and community settings.

The program is coordinated by Dr. Jyoti Vijay, who brings strong academic and research expertise in Food Science and Nutrition. Under her guidance, the cohort continues to benefit from structured learning, expert insights, and practical exposure.

CERTIFICATE PROGRAM ON HOSPITAL QUALITY AND PATIENT SAFETY COHORT -3



IIHMR Bangalore successfully completed Cohort 3 of the Certificate Program in Hospital Quality and Patient Safety, with 18 participants from hospitals and healthcare organizations. The program focused on strengthening competencies in quality management systems, patient safety frameworks, accreditation standards, risk management, and continuous quality improvement practices. Through interactive sessions, case discussions, and practical insights, participants enhanced their understanding of building safer and more efficient healthcare systems.

The program was coordinated by Dr. Deepashree M. R., who ensured structured delivery and academic rigor throughout the course. The successful completion of Cohort 3 reflects IIHMR Bangalore's commitment to building capacity in hospital quality and patient safety, enabling professionals to implement best practices and improve patient care outcomes.

SYSTEMATIC REVIEW AND META-ANALYSES IN PUBLIC HEALTH RESEARCH

IIHMRB has organized a five-day training program on Systematic Review and Meta-Analyses in Public Health Research for the faculty and research officers. Experts from Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India and faculty from IIHMR Bangalore conducted the training program. This training is part of the faculty development and research capacity building efforts by the institute.





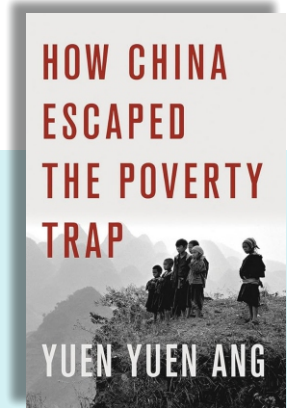
BOOK REVIEW



BOOK TITLE:
HOW CHINA ESCAPED THE POVERTY TRAP

(Author: Yuen Yuen Ang, Cornell University Press, 2016, No of pgs-344)

Ms. Drushya Barapatre
PGDM Batch 2025-2027



In the book "How China Escaped the Poverty Trap", political scientist Yuen Yuen Ang explains how China achieved rapid economic growth and lifted millions of people out of poverty over the past few decades. Instead of attributing China's success only to Western-style economic reforms, Ang argues that China followed a unique development path that combined strong central government control with local experimentation. This distinctive approach allowed China to grow rapidly despite weak institutions and limited resources in its early stages of development.

One of the key concepts introduced by Yuen Yuen Ang is “directed improvisation.” This approach allowed local governments to experiment with economic policies while following general guidelines from the central government. Instead of strict top-down planning or a fully free-market system, local officials could adapt strategies to regional needs. They experimented with policies such as taxation, land use, and attracting foreign investment, helping China manage its large population and diverse regional economies effectively.

Another important idea in the book is adaptive governance. China's governance system evolved to allow learning through experimentation. Local authorities tested different development strategies, and successful policies were later expanded to other regions. At the same time, the central government maintained overall authority and political stability

Ang also challenges the traditional development theory that countries must first establish strong institutions before achieving economic growth. Conventional thinking suggests that effective institutions such as strong legal systems and stable governance structures must exist before markets can function properly. However, China followed a non-linear development path where markets and institutions evolved together. Ang describes this process as “co-evolution,” meaning that economic growth and institutional development progressed simultaneously. China did not wait for perfect institutions before encouraging investment and market activity. Instead, institutions gradually improved as the economy expanded.

In addition, incentives played a major role in China's development strategy. The government created strong incentives for local officials to promote economic growth. Promotions and career advancement were often linked to the economic performance of the regions they governed. This motivated local leaders to actively attract businesses, increase investment, and create development opportunities. As a result, different regions competed with each other to achieve better economic outcomes, which further accelerated national growth.

Through these strategies, China managed to escape what economists call the “poverty trap,” a condition where poor countries remain poor because they lack the resources and institutions needed for development. Instead of waiting for ideal conditions, China adopted a pragmatic approach that encouraged experimentation and gradual reform. This approach showed that economic growth can begin even when institutions are still developing.

However, Ang also highlights certain limitations in China's model. The strong focus on economic growth has sometimes led to problems such as environmental damage, inequality, and lack of transparency in governance. As China becomes a more advanced economy, new challenges such as sustainability, public health, and social equity may require different policy approaches.

Overall, Ang's work provides valuable insights for policymakers and scholars interested in development and economic growth. Although China's model may not be easily replicated in other countries, it demonstrates the importance of adaptability, experimentation, and context-specific strategies in overcoming poverty and achieving long-term development.

Infosys and NIMHANS Launch Workplace Mental First-Aider Training Manual

Bengaluru, November 10, 2025: Infosys, in collaboration with the National Institute of Mental Health and Neurosciences (NIMHANS), has unveiled the Wellness Matters: Mental Health First Aider Training Manual—a comprehensive guide aimed at helping employees recognize early signs of mental distress, provide peer support, and facilitate access to professional help. The initiative is part of Infosys' ongoing commitment to fostering psychologically safe, inclusive, and supportive workplace environments. The Mental Health First Aider Training Manual is designed to equip employees with practical tools to identify and respond to mental health concerns. It covers key areas such as self-awareness, self-care, understanding mental health conditions, addressing substance use issues, and building basic counselling skills.

Read more here: <https://thecsr universe.com/articles/infosys-and-nimhans-launch-mental-health-first-aider-training-manual-to-strengthen-workplace-wellbeing>

Lifestyle Disorders Driving Rise in Kidney Disease Across India

Chronic kidney disease (CKD) is emerging as one of the country's most pressing public health concerns, a renowned nephrologist said. CKD is fuelled by lifestyle disorders like diabetes and hypertension and compounded by environmental and occupational factors, kidney ailments are no longer confined to the elderly or the urban elite, he said. If left unchecked, kidney disease could soon take on the proportions of an epidemic, the nephrologist said. Talking to PTI, Dr H Sudarshan Ballal shared his experience of witnessing how India's renal healthcare evolved from scarcity to scale but also watched new challenges emerge with unsettling speed. "When I returned to India in 1991 from the US, there were just 800 nephrologists in the entire country. In fact, there were more Indian nephrologists practising in the US than in India. We used to call ourselves one in a million," Ballal recalled.

Read more here: https://www.business-standard.com/health/lifestyle-disorders-pushing-india-towards-kidney-disease-epidemic-125110200136_1.html



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