HC-101 HEALTH AND DEVELOPMENT

COURSEOBJECTIVES

The key objective of this course is to provide the students a holistic understanding of therelationship between health and development in the global context.

Unit 1 - Development and Health

Defining development: What do we mean by development?

Health and wealth: Bidirectional linkages between health and development.

Evolution of development thinking and different development paradigms.

Capabilities Approach/Human Development Approach and health.

Unit 2 - Food, Nutrition, Health and Development

Basic and nutrition security: concept, issues and indicators An overview of food and nutrition (in) security in the world nutrition transition.

Food and nutrition security in India.

Food, nutrition, health and development linkages.

Unit 3 - Gender, Health and Development

An overview of gender, health and development linkages Social and cultural norms and gender differential in health and mortality outcomes.

Importance of eliminating gender disparities in health outcomes for intergenerational equity and human rights.

Unit 4 - Climate Change and Health

Climate change: a new killer disease?

Climate change and health nexus: what do we know so far climate change and patterns of infection.

Country case studies on health implications of climate change.

Unit 5 - The Social and Cultural Determinatsof Health and Development

Social and Cultural Determinats of Health

- Caste and health
- Gender and Health
- place of birth/ residence and health

READINGS

Students are provided with a copy of *course module* which contains suggested readings forrelevantsections. Additionally, the following readings are suggested:

- Alkire, S. And Robles, G. (2016). Global Multidimensional Poverty Index 2016. Briefing 41, Oxford Poverty and Human Development Initiative. Available at http://www.ophi.org.uk/wp-content/uploads/Global-MPI-2016-2-pager.pdf
- Banerjee, A., and Duflo, E. (2011) Low-Hanging Fruit for Better (Global) Health? InAbhijit Banerjee and Esther Duflo's Poor Economics: A radical rethinking of the way tofightglobalpoverty (pp.41-95). NewYork: BBSPublicAffiars.
- 3. Dreze, J., & Sen, A. (2013). India's healthcarecrisis. In Jean Dreze and Amartya Sen's *Anuncertainglory: India and its contradictions (pp. 143-181)*. London: Allen Lane.
- FAO(2012). The state of food in security in the world: Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition. Rome: Food and Agriculture Organization. Available at http://www.fao.org/publications/en/
- Garrett, L. & Schneider, K. (2009). Global Health: Getting it Right. In Anna Gatti andAndrea Boggio (Eds.) Health and Development: Toward a Matrix Approach, (pp 56-78). NewYork: Palgrave Macmillan.

HC 102 - PRINCIPLES OF MANAGEMENT

COURSE OBJECTIVES

Thecourseisintendedtoprovideanin-depthinputaboutthebasicprinciplesofManagement. The studentswillbeimparted knowledgeandexposuretoprinciplesofmanagement, through lectures, case studies, and assignments both individual and group. The emphasis is both on theory and application of these theories in reallifesituation.

UNIT- 1 Introduction.

ConceptandsignificanceofManagement-

:Managementasascienceoranart.DistinctionbetweenManagementandAdministrationFunctionalManagementPrinciplesofManagementEvolutionofManagementthoughtClassicalSchool.Neo-ClassicalSchool&ModernSchool.

UNIT- 2 PlanningandDecisionMaking

Planning:Nature.Process.Types.Peoples&SignificancePlanningVsForecasting.Object ives.Meaning.Characteristics.Types.&ImportanceofMBODecisionMakingMeaning&Significance,types,process,rationale&limitations

UNIT- 3 Organizing.

Concept&ProcessofOrganizing.OrganisationStructures&DesignDepartmentation:Me aning.NeedsandConsiderations.Span ofManagement.

Authority.PowerandResponsibility.DelegationofAuthorityMeaning.AdvantagesandLimitations.CentralizationandDecentralizationofAuthoriy.

UNIT- 4 Direction. Motivation & Leadership.

Direction-

Meaning.PrinciplesandTechniquesMotivation•Meaning.SignificanceandTheories.Leadership-Concept,TheoriesandStyles,Leadership&decisionmaking

UNIT- 5 Controlling&Co-ordination

Controlling-Meaning. Characteristics and Steps Prerequisites of effective control. Coordination-Meaning Importance and Principles. Coordination as an essence of management

READINGS

Koontz. 'O'Donnell EssentialsofManagement
TerryandFrank PrinciplesofManagement
DruckerPeter PrinciplesofManagement

Prasad.LM PrinciplesandPracticeofManagement

Narayan&Rao PrinciplesofManagement Jain.J.K PrinciplesofManagement

HC-103 BIO - STATISTICS

COURSEOBJECTIVES

Thebroadobjective of the course on biostatistics is to develops kills in use of data in planning, implementation and monitoring health services, and programme management. The students will be trained in basic statistical techniques to collect, compile, process and analyze, present data, and drawscientific conclusions from the data at various levels in the health system. The specific objective sare as under:

Unit-1 Basic concepts of biostatistics:

importance of biostatistics and its uses in health and hospital management. Statical techniques according to research question and study design. Basic statistical terms and its definition.

Unit -2 Sources of Data :.

primary and secondary data sources, Census, Vital registration system, health service records, hospital records, sample survey, health survey, population survey, disease notification, environmental health data, advantages and disadvantages of various sources.

Unit- 3 Central Tendency, Dispersion:

Mean, Median and Mode.

Variance, standard deviation, coefficient of variation.

Unit-4 Distribution of Data:

Types of distribution- normal distribution, binormaldistribution, poisson distribution. Timeseries Analysis and Forecasting: Components of Timeseries. Measuremento ftrendforecasting by Graphical, Moving average, and Least squaremethods.

Unit -5 Statistical inferences:

Testing hypothesis - statistical test of significance Correlation, Regression.

READINGS

The standard text books will be used as text books besides a series of reference books. Someselectedonesarecitedbelow:

- Rosner, Bernard (1982) Fundamentals of Biostatistics, Duxbury Press, BostonMassachusetts,2nd Edition.
- Daniel, Wayne W. (1991) Biostatistics: A Foundation for Analysis in the Health Sciences, John Wileyand Sons, New York, 5th Edition.
- Dunn, Olive J. (1977) Basic Statistics: A Primer for the Biomedical Sciences, John Wileyand

Sons, New York, 2nd Edition.

Hassard, Thomas H. (1991) Understanding Biostatistics, Mosby Year Book, St. Louis.

HC-104 ESSENTIALS OF EPIDEMIOLOGY

COURSE OBJECTIVES

The objective of this course is to help the students understand the basic principles of Epidemiology, Epidemiological methods and approaches and their applications in epidemiological data and measurements in situational analysis, measuring disease burden and healt his tatus, and in planning, monitoring, supervision and evaluation of health care. The course will also help the students in investigation of outbreaks and epidemics, and planning and conducting disease surveillance.

Unit- 1 General Concept of Epidemiology:

Definitionofepidemiology,epidemiologicapproachandpurposesofepidemiology Frameworkofhealthservicesfromepidemiologicperspective,Strategiesofepidemiology.

Unit-2 Natural History of Disease, Dynamics of Disease, Transmission, and Preventionand Control:

Health and disease, Ecology of health, Epidemiological triad, Natural history of disease, dynamics of disease transmission, Approaches to preventionand levels of control.

Unit - 3 Epidemiology of Select Disease:

Vectorbornedisease(Malaria), Waterbornediseases (Diarrhoea)

Airbornediseases(Tuberculosis), HIV and STDs, Lifestylediseases (Diabetes, and CVDs), Injuries and daccidents.

Unit -4 Measures of DiseaseFrequency:

Measurement–Rate, ratio, proportion and index, MorbidityRate–incidence and prevalence and their relationship,

Mortalityrate–crude and specific death rates, proportional mortality rate,
Standard death rate, Group exercise on calculating rates and ratio.

Unit -5 Public Health Surveillance:

Definitionandpurposesofsurveillance, Organizationandprocesses, Analysisandinterpretation of data, Evaluation of publiche alth surveillance.

READINGS

- LeonGordis(2015). Epidemiology. 5thEdition.
- Beaglehole, BonitaR, KjellstromT. BasicEpidemiology, WorldHealthOrganization, Geneva
- $\bullet \ \, \mathsf{Epidemiology} for \mathsf{DistrictHealthManagers.} World \mathsf{HealthOrganization}, \mathsf{Geneva}.$
- MausnerJudithandBahnK(1974):Epidemiology:AnintroductoryText,W.B.Saunders Publishers,Philadelphia

HC - 105 ORGANISATION BEHAVIOUR

COURSE OBJECTIVES

Thebroadobjective of the course on OB is to build knowledge and skills to perform a seffective health and hospital manager, both in the public and private sector.

Unit-1 FocusandPurpose:

Definition, need and importance of organizational behaviour-

Natureandscope-Framework-

Organizationalbehaviormodels, Organization and the environmental factors.

OrganizationalTheory,Organizationalbehaviormodification.Misbehavior-Types.

Unit -2 Personality:

Understandingpersonality, differences, Creativity, Personal effectiveness, Emotional Intelligence.

Unit- 3 Work Motivation:

ManagerialassumptionsabouthumannatureApplyingMotivationconceptsatWork. Attributionalprocess:Internality.

Development of attitude, perceptual differences, values and ethics.

Unit-4 Leadership:

Leadershiptheoriesandleadershipstyles(applicationofLPlinventory) Sourcesofleader'sinfluenceTheconceptofempoweringLeadershipandsupervision.

Unit-5 Understanding GroupDynamics:

Group and team, problem solving in groups. managing conflicts, collaborationnegotiation.

READINGS

- OrganizationalBehaviour:AnIntroduction
- WHOCompetencyFrameworkwww.who.int/employment/
- competencies/WHOcompetencies EN.pdf
- CreativityPersonalEffectiveness
- FourthEye:ExcellencethroughCreativitybyPradipNKhandwallaWHOCompetencyFr

amework

- Motivation:Managerialassumptionsabouthumannature, Dr. Thomas A. Harris is the author of I'm OK – You're OK, the 1969 bestseller basedupontheideas of Transactional Analysis by Dr. Eric Berne
- LeadershipTheoriesandLeadershipStyles(applicationofLPlinventory
- ManagementofOrganizationalBehaviourbyHersey, PandBlanchard,K
- · LearningOrganization,ChangeandDevelopment.

HC-106 ESSENTIALS OF HEALTH ECONOMICS

COURSE OBJECTIVES

The main objective of the course is to provide the students with basic understanding ofeconomic principles and its application to healthcare sector.

Unit - 1 Introduction of Economics:

WhateconomicsisallaboutUnderstandingeconomicproblem,Fundamentaleconomicproblems,BasicconceptsineconomicsPositivev/normativeeconomic,Micro/macroeconomics

Unit -2 Introductionto Health Economics:

Understandinganddefininghealtheconomics, Describemajorareasinhealt heconomics, Scopeofhealtheconomics. Relevanceofhealtheconomics to health planning Contribution to health policy planning.

Unit3 DemandforHealthCare:

DefiningdemandIndividual,demandcurveMarketde mandcurve
Changeandshiftindemand,Determinantsofdemandforhealthcare,E
lasticityofdemand
Price,incomeandsubstitutioneffectComplementaryandsubstitutio ngoodsConsumersurplus.

Unit4 CostandSupplyAnalysis:

Costconcepts, Costfunction.
Cost-outputrelationship:long-runCost-outputrelationship:short-runEconomiesofscale.

EstimationofcostfunctionSupplyfunction.

Unit - 5 CostandCostAnalysisforManagerialDecisions:

Costs:conceptualfoundations
Understandingcostclassificationinhealthcareprograms, Healthcareprogramcosting
Useofcostdatabyprogrammanagers, Costallocationtodeterminepri
cingBudgetingforhealthprograms.

READINGS

ListofBooks

- Barnum, H. and J. Kutzin (1993). Public Hospitals in Developing Countries. The Johns Hopkins University Press.
- Clewer Ann and D Perkins (1998). Economics for Health Care Management.PrenticeHall.
- Folland, S., A.C. Goodman, and M. Stano (1997). The Economics of Health and Health Care. Prentice Hall.
- Over M (1991). Economics for Health Sector Analysis: (Concepts and Cases. The World Bank.
- Shepard D.S., D Hodgkin, and Y Anthony (1998). Analysis of Hospital Costs: AManualfor Managers. Health System Development Programme, WHO.
- Witter, S, T Ensor, M Jowett and R. Thompson (2000). Health Economics for Developing Countries: A Practical Guide. Macmillan Education Ltd.

HC- 107 MANAGEMENT ACCOUNTING

COURSE OBJECTIVES

The basic purpose of this course is to develop an insight of postulates, principles and techniques of accounting and utilisation of financial and accounting Information for planning, decision making and control.

Unit- 1 BasicAccountingConcepts:

FinancialAccounting:Concept.Importanceandscope.GenerallyacceptedaccountingPrincip les.PreparationofFinancialStatementwithspecialreferencetoanalysisofabalanceSheetand MeasurementofBusinessIncome.

Unit-2:ManagementAccounting:

Concept, Need, Importance and Scope. Cost Accounting, Records and Process. Cost Ledgera nd Control Accounting. Reconciliation and Integration Between financial and cost Accounting, Joband Process Costing.

Unit-3 Budgeting:

Various Types of Budgetand their Preparation. Master Budget. Flexible Budget, Budgetary Control. Performance Budgeting. Zero Based Budgeting.

Unit-4 MarginalCosting:

Concept, Importance and Contribution in Decision Making. Limitations of Cost Accounting, Cost Volume Profit Analysis-

BreakEvenAnalysis,MarginofSafety,PVRatio.ConceptofVariances(Materialsandlab or).

Unit-5 ConceptandNeedforanalysisofFinancialStatements-

Typesandtoolsofanalysis:Trendanalysis,CommonsizestatementsandCompara tivestatements.FinalAccountsofCompany-Understanding.

READINGS

Shukla.S.M. :AdvanceAccounting. Sharma&Gupta :ManagementAccounting.

Jain&Narang. :Accountancy.

PandeyI.M :CaseinManagementAccounting

Shukla&Grewal :AdvancedAccountancy

HC -108 BASIC COMMUNICATIONS IN HEALTH

COURSEOBJECTIVES

The broad objective of the course on communication planning management is to developcommunicationskillsformasscommunicationandinterpersonal communication. The specific objectives are a sunder.

Unit- 1 Introduction:

Definitionandprocessofcommunication, Essentialsofeffective communication, Barriersto communication. Communicationnetworks. Rote of communication in organisational effectiven ess. Use of grapevines.

Unit-2 HealthCommunicationanditsFrameworks:

Elementsofstrategic

Communication Frame works of health communications IEC,BCC,SBCC.

Unit-3 CommunicationPlan:

Audience analysis Barrier analysis, Communication objectives, Media channels, Tooldevelopment, Theories of message development.

Unit4 CommunicationinHealthCareRelationship:Professional-

Patientrelationship, roleuncertainty, responsibility conflict, power difference. Professional Pr

Professional-

Familyrelationship, limited contact with professionals, limited access to information,

Patient-Familyrelationship, disruption of family memberrole, closed

communicationpatterns.

Unit-5. LetterWriting:

Significance, purpose, writingstyle, structure, layout, content, principles of letter writing-you attitude, clear and concise, correct and complete, emphasize the positive, courteous and considerate.

Memos-Meaning, classification-documentary, congratulatory and disciplinary, and purpose, structure and layout

READINGS

- McquarteD(1987):MassCommunicationTheoryandIntroduction, SagePublicationSecondEdition.
- Hubley, John (1994): Communicating Health—An Action Guide to Health Education and Health Promotion, McMillan.
- Piotrow, Phyllis, Kincard, Lawrence D, Reunion II, and Rinehart, Ward (1997): HealthCommunication;LessonsfromFPandRCH,John'sHopkinsSchoolofPublic Health
- UNFPA. Interpersonal Communication Skills—Training Manual. Country Support TeamUNFPA, Nepal.