



Yearly Status Report - 2019-2020

Part A

Data of the Institution

1. Name of the Institution		MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES, SEVAGRAM, WARDHA, MAHARASHTRA
Name of the head of the Institution		Dr Nitin Gangane
Designation		Principal
Does the Institution function from own campus		Yes
Phone no/Alternate Phone no.		917152284343
Mobile no.		9552810655
Registered Email		dean@mgims.ac.in
Alternate Email		ngangane@mgims.ac.in
Address		Dean, Mahatma Gandhi Institute of Medical Sciences, Sevagram, Wardha Maharashtra 442102
City/Town		Wardha
State/UT		Maharashtra

Pincode	442102																								
2. Institutional Status																									
Affiliated / Constituent	Affiliated																								
Type of Institution	Co-education																								
Location	Rural																								
Financial Status	Self financed and grant-in-aid																								
Name of the IQAC co-ordinator/Director	Dr Vinod Shende																								
Phone no/Alternate Phone no.	917152284341																								
Mobile no.	7350499877																								
Registered Email	vinod@mgims.ac.in																								
Alternate Email	drvinodshende@gmail.com																								
3. Website Address																									
Web-link of the AQAR: (Previous Academic Year)	https://www.mgims.ac.in/files/NAAC/AQAR%202018-19.pdf																								
4. Whether Academic Calendar prepared during the year	Yes																								
if yes,whether it is uploaded in the institutional website: Weblink :	https://www.mgims.ac.in/files/NAAC/Academic%20Calendar%202019-20.pdf																								
5. Accrediation Details																									
<table border="1"> <thead> <tr> <th rowspan="2">Cycle</th> <th rowspan="2">Grade</th> <th rowspan="2">CGPA</th> <th rowspan="2">Year of Accrediation</th> <th colspan="2">Validity</th> </tr> <tr> <th>Period From</th> <th>Period To</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>A</td> <td>3.16</td> <td>2011</td> <td>16-Sep-2011</td> <td>15-Sep-2016</td> </tr> <tr> <td>2</td> <td>A</td> <td>3.30</td> <td>2017</td> <td>02-May-2017</td> <td>01-May-2022</td> </tr> </tbody> </table>						Cycle	Grade	CGPA	Year of Accrediation	Validity		Period From	Period To	1	A	3.16	2011	16-Sep-2011	15-Sep-2016	2	A	3.30	2017	02-May-2017	01-May-2022
Cycle	Grade	CGPA	Year of Accrediation	Validity																					
				Period From	Period To																				
1	A	3.16	2011	16-Sep-2011	15-Sep-2016																				
2	A	3.30	2017	02-May-2017	01-May-2022																				
6. Date of Establishment of IQAC	30-Mar-2012																								
7. Internal Quality Assurance System																									

Quality initiatives by IQAC during the year for promoting quality culture

Item /Title of the quality initiative by IQAC	Date & Duration	Number of participants/ beneficiaries
Dr PRJ Gangadharan Endowment Award presentation and oration	08-Nov-2019 1	400
Mentor review meeting (Pre and para clinical departments)	09-Oct-2019 2	135
Golden Jubilee Alumni Get-together	11-Sep-2019 2	250
Training on use of NAAC software	29-Aug-2019 1	12
Meeting of the IQAC to discuss new criteria for assessment	19-Jul-2019 1	12
Curriculum Implementation Support Programme (CISP) Workshop as per MCI guidelines	27-May-2019 3	31
Preparation of Academic Calendar	01-May-2019 30	400
COVID-Relief measures: One day salary contribution of MGIMS employees to PM CARES Fund for COVID-19	05-Jun-2020 1	400
Inauguration of Golden Jubilee Auditorium complex by Honorable President of India	17-Aug-2019 1	1000
Celebration of Golden Jubilee of MGIMS-year long activities: Hon	11-Sep-2019 365	1000

[View File](#)

8. Provide the list of funds by Central/ State Government- UGC/CSIR/DST/DBT/ICMR/TEQIP/World Bank/CPE of UGC etc.

Institution/Department/ Faculty	Scheme	Funding Agency	Year of award with duration	Amount
Microbiology	Capacity Building and strengthening of hospital infection control and prevention of antimicrobial resistance	ICMR, CDC India	2019 365	5500000

Ophthalmology	Extracapsular cataract extraction (ECCE), intraocular lens (IOL) implantation, phaco and medical retina training project for district ophthalmologists at MGIMS Sevagram	National Programme for Control of Blindness and Visual impairment	2019 365	310000
Medicine	Initiating antimicrobial stewardship activities in hospitals in India	ICMR	2018 365	939000
Obstetrics and Gynecology	Community based study of effect of biomass fuel in pregnancy outcome	ICMR	2018 365	1330000
Pathology	Population Based Cancer Registry of Wardha District	ICMR	2010 365	3879000
Pathology	Population Based Cancer Survival on Cancers of the Breast, Cervix and Head & Neck	ICMR	2017 365	88000
Community Medicine	Empowering family and community for responsive caregiving	UNICEF, Mumbai	2019 365	20723000
Community Medicine	Study to evaluate efficacy of probiotic supplementation for prevention of neonatal sepsis in low birth weight infants	ICMR	2020 365	1958000
Microbiology	IDSP State Surveillance Network Referral Lab	Govt of Maharashtra	2010 365	100000
Microbiology	Sentinel	Govt of	2011	436000

	Surveillance of hospitals for Vector Borne Disease	Maharashtra	365	
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9. Whether composition of IQAC as per latest NAAC guidelines:	Yes
Upload latest notification of formation of IQAC	View File
10. Number of IQAC meetings held during the year :	5
The minutes of IQAC meeting and compliances to the decisions have been uploaded on the institutional website	Yes
Upload the minutes of meeting and action taken report	View File
11. Whether IQAC received funding from any of the funding agency to support its activities during the year?	No

12. Significant contributions made by IQAC during the current year(maximum five bullets)
MGIMS's Golden Jubilee celebrations and inauguration of Golden Jubilee Auditorium complex
Sevagram health and demographic surveillance system is operational
District Early Intervention Centre started at MGIMS
Skills training at national emergency life support centre started
Organization of symposia and workshops on Basic Cardiac Life Support course (BCLS), PPH emergency care and management and Sports Physiology

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13. Plan of action chalked out by the IQAC in the beginning of the academic year towards Quality Enhancement and outcome achieved by the end of the academic year
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Plan of Action	Achivements/Outcomes
To construct state of art auditorium	Swarna jayanti sabhagar complex inaugurated at the hands of Hon President of India and is now functional. The auditorium complex is

	being built over 1495 sq.metres with 750seating capacity
To develop Health and Demographic Surveillance System (HDSS) at Sevagram	The Sevagram Health and Demographic Surveillance System (HDSS), supported by Kasturba Health Society, has been set up covering a population of around 120,000 from selected villages of the Wardha community development block.
To start District Early Intervention Centre (DEIC)	The Govt of India and the National Health Mission have sanctioned the development of a District Early Intervention Centre (DEIC) at MGIMS Sevagram. The centre will help in screening underprivileged children of (0-18 years) for the 4 Ds- Disease, Deficiency, Disability and Developmental Delay
To start skills training at National Emergency Life Support (NELS)	MGIMS was chosen as one of the first five centres in India by the Director General of Health Services (DGHS) and the Ministry of Health and Family Welfare (MOHFW), Govt of India, to build a centralized state-of-the-art simulation and skills laboratory under the National Emergency Life Support Programme. The Centre is ready and awaiting the second inspection from a team from the Central Ministry team, after which training sessions can begin
To promote undergraduate research	Several undergraduate students were supported by research grants under the Undergraduate Research Promotion Scheme. Our undergraduates won research and innovation awards.
To start Palliative care centre	Patients and their families fighting with end of life issues and struggling with pains and maladies that chronic incurable disease breed can look forward to a ray of hope. A 30bed palliative care centre on the campus is afoot and is likely to be functional by August 2020.
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14. Whether AQAR was placed before statutory body ?	Yes
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Name of Statutory Body	Meeting Date
Local management commiittee	25-Jan-2021

15. Whether NAAC/or any other accredited body(s) visited IQAC or interacted with it to assess the functioning ?	No
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16. Whether institutional data submitted to AISHE:	Yes
Year of Submission	2020
Date of Submission	31-Jan-2020
17. Does the Institution have Management Information System ?	Yes
If yes, give a brief description and a list of modules currently operational (maximum 500 words)	<p>The Hospital Information System (HIS) was launched at MGIMS in 2004. Over the years, 20 modules were developed and successfully deployed to capture, save and display information from all sections of the hospital. All the modules use the HIS to record, store, retrieve and use data related to their offices. MGIMS has now the distinction of being one of the few medical institutions in the country where the Hospital Information System is actually being put to productive use. The HIS introduced electronic mail, powered by Google. Every user has registered and assigned a unique MGIMS email ID that identifies them with MGIMS. They use the MGIMS email ID to communicate within the campus and also outside. With electronic mails fast replacing traditional paperbased communication systems, the campus is steadily moving towards a paperless campus. The entire campus (classrooms, seminar rooms, auditorium, library, hostels, administrative sections, hospital, laboratories, operating rooms, administrative buildings and homes), now enjoy a seamless highspeed internet connectivity through a wireless network. List of modules currently operational:</p> <ul style="list-style-type: none"> • Registration • Insurance • Outpatient department • Emergency Services • Inpatient • Laboratories • Blood Bank • Operation Theaters • Pharmacy • Dietary Section • Medical Record Department • Admission Discharge • Personal Section • Student Section • Accounts • Central Store • Payroll • Transport

Part B

CRITERION I – CURRICULAR ASPECTS

1.1 – Curriculum Planning and Implementation

1.1.1 – Institution has the mechanism for well planned curriculum delivery and documentation. Explain in 500 words

• MGIMS follows the updated curricula developed by the affiliating university, Maharashtra University of Health Sciences (MUHS). • Based on the guidelines of the Medical Council of India, MGIMS has constituted a curriculum committee. The Curriculum Committee members have undergone the Faculty Development Programme conducted by the Regional Nodal Centres of MCI. The curriculum committee meets every 6 months to ensure that the basic guidelines required by MUHS are being fulfilled. The committee encourages each department to review its academic activities for the entire year. During these meetings, the staff members are encouraged to make suggestions for changes or improvements to be made in the areas of syllabus, teaching and academic performance of students. Attendance of students, as well as, results at the internal assessment and university level are discussed, and modalities for improvement of the same are decided. The committee also discusses the infrastructural and faculty requirements (e.g. lecture halls, projection facilities, skills Laboratory postings, community postings etc) to conduct classes in the next semester. The curriculum committee meets and prepares the academic calendar annually. The committee finalizes the timetable for the entire course each year. Departmental responsibilities are assigned. • Decisions of the committee are shared with all departmental heads. The committee works in collaboration with the IQAC, MEU and Institutional Research committee and Ethics Committee. • The curriculum committee provides support to implement MCI's AETCOM module and the CBME curriculum which will be implemented from next year. • Each phase of MBBS has a different committee constituting departmental heads who monitor the completion of syllabus, conduct of internal assessment examinations and attendance in that professional year. • Suggestions which are required to be implemented at the level of the University are drafted and communicated to MUHS through the Dean. Other feedback pertaining to separate disciplines are submitted to the University through several institute faculty who are representatives at MUHS and on the University's Board of Studies • The IQAC collects feedback from faculty, students, alumni and supporting staff and analyzes it. • The Medical Education Unit (MEU) conducts training of faculty in several areas such as mentoring, MCQ construction, curriculum development, skills training. In view of MCI's and MUHS' recent thrust on competency based medical education, special sessions have been included in the Basic MEU workshops to make faculty familiar with these concepts. • Research methodology workshops have been made mandatory for all postgraduate guides at the level of the university. • In addition to these activities, different subgroups of the MEU perform needs assessment and evaluation of the institute's specific programmes using different programme evaluation methodologies. • The Documentation Unit of the institute is in charge of preparing the annual report each year. It maintains details of all research, academic and service activities conducted in the institute.

1.1.2 – Certificate/ Diploma Courses introduced during the academic year

Certificate	Diploma Courses	Dates of Introduction	Duration	Focus on employ ability/entrepreneurship	Skill Development
CCMH (Certificate course in Management of Hypertension) PHFI Cycle III	NA	01/05/2019	240	Needed in terms of increasing prevalence of hypertension	Management and Prevention of Hypertension

Certificate Course In Evidence Based Management Of Diabetic Retinopathy CCDR Cycle IV	NA	01/03/2019	90	Needed to prevent complications and in view of increasing prevalence of diabetes	Detection and management of diabetic retinopathy Certificate Course in Gestational Diabetes Mellitus - Cycle V Nil 01/04/2018 90 Needed in terms of increasing prevalence of diabetes Diagnosis and management of Diabetes Mellitus Post Graduate Diploma
Certificate Course In Gestational Diabetes Mellitus - Cycle V	NA	01/04/2019	120	Needed in terms of increasing prevalence of diabetes	Diagnosis and management of Diabetes Mellitus

1.2 – Academic Flexibility

1.2.1 – New programmes/courses introduced during the academic year

Programme/Course	Programme Specialization	Dates of Introduction
PG Diploma	PGDGM (Post Graduate Diploma in Geriatric Medicine) IGNOU	01/01/2019
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1.2.2 – Programmes in which Choice Based Credit System (CBCS)/Elective course system implemented at the affiliated Colleges (if applicable) during the academic year.

Name of programmes adopting CBCS	Programme Specialization	Date of implementation of CBCS/Elective Course System
Nil	NA	Nil

1.2.3 – Students enrolled in Certificate/ Diploma Courses introduced during the year

	Certificate	Diploma Course
Number of Students	122	16

1.3 – Curriculum Enrichment

1.3.1 – Value-added courses imparting transferable and life skills offered during the year

Value Added Courses	Date of Introduction	Number of Students Enrolled
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Gandhian Thought	19/08/2019	100
Values in Health Care - A Spiritual Approach (VIHASA)	25/08/2019	100
Democracy in India/ Election to local self- Government bodies/ Good Governance	19/08/2019	100
Sensitization to Language	20/08/2019	100
AETCOM (MEU)	22/08/2019	100
Integrated Medicine/ Holistic Health	24/08/2019	100
Coping with stress	26/08/2019	100
Personal Professional Development (MEU)	28/08/2019	100
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1.3.2 – Field Projects / Internships under taken during the year

Project/Programme Title	Programme Specialization	No. of students enrolled for Field Projects / Internships
MBBS	An assessment of Mental health and perception of community related Mental illness treatment in Mahakal village:- A mixed method study	20
MBBS	Knowledge, attitude and practice of Menstrual hygiene in adolescent girls in Mahakal village	25
MBBS	To study magnitude of alcohol addiction among adult population and to explore reasons of alcohol addiction in Mahakal village:- A mixed method study	20
MBBS	To study Knowledge, attitude and practice regarding water sanitation and hygiene in Mahakal village	25
MBBS	To study magnitude of non-tobacco and tobacco chewing products in school going children of Mahakal village:- A cross sectional study	10
MBBS	Association between father's involvement in	1

	early child learning and social and emotional development of children	
MBBS	Evaluation of association of psychological stress and hypertension on adults more than 30 yrs of age: a community based case-control study from rural central India	1
View File		

1.4 – Feedback System

1.4.1 – Whether structured feedback received from all the stakeholders.

Students	Yes
Teachers	Yes
Employers	Yes
Alumni	Yes
Parents	Yes

1.4.2 – How the feedback obtained is being analyzed and utilized for overall development of the institution? (maximum 500 words)

Feedback Obtained
<p>• Collecting feedback is the regular feature of the Internal Quality Assurance Cell. The IQAC designs the questionnaires which are either administered through written or online questionnaires. Feedback is collected on different aspects such as: curriculum, infrastructure, teaching-learning process, assessment, student facilities, support system, management issues etc. Feedback is collected from</p> <ul style="list-style-type: none"> • Students: The questionnaire is circulated to all students and the students are encouraged to write their frank feedback on different aspects in a structured manner. The feedback is also obtained by informal discussion of students with their mentors and faculty of individual departments. • Faculty: Faculty gives feedback through survey questionnaires and also through agendas raised in meetings of college council. • Alumni: A structured online feedback form is sent to alumni on email and through social networks. Feedback is also taken in person during alumni meetings • Parents: Every year the parents are informed about the progress of their ward and along with that a feedback form is also sent which is analyzed after getting back the filled form • Community: Regular interactions are done with community leaders, social workers and patients to get necessary feedback. • Patients: Regular feedback is taken from inpatients who are admitted for more than 3 days. OPDs have suggestion boxes to provide feedback <p>• All feedback is analyzed, discussed by the management at various levels (curriculum committee, college council, mentor meetings, medical education department, individual departments). Feedback which needs to be acted upon is implemented after building a consensus. Feasible changes are made and disseminated to stakeholders</p> <p>• This has resulted in improving the general facilities available to students at the hostels and the college building and in improving teaching.</p>

CRITERION II – TEACHING- LEARNING AND EVALUATION

2.1 – Student Enrolment and Profile

2.1.1 – Demand Ratio during the year

Name of the Programme	Programme Specialization	Number of seats available	Number of Application received	Students Enrolled
MBBS	MBBS	100	100	100
View File				

2.2 – Catering to Student Diversity

2.2.1 – Student - Full time teacher ratio (current year data)

Year	Number of students enrolled in the institution (UG)	Number of students enrolled in the institution (PG)	Number of fulltime teachers available in the institution teaching only UG courses	Number of fulltime teachers available in the institution teaching only PG courses	Number of teachers teaching both UG and PG courses
2019	398	144	Nil	Nil	135

2.3 – Teaching - Learning Process

2.3.1 – Percentage of teachers using ICT for effective teaching with Learning Management Systems (LMS), E-learning resources etc. (current year data)

Number of Teachers on Roll	Number of teachers using ICT (LMS, e-Resources)	ICT Tools and resources available	Number of ICT enabled Classrooms	Number of smart classrooms	E-resources and techniques used
135	111	3	4	4	300

[View File of ICT Tools and resources](#)

[View File of E-resources and techniques used](#)

2.3.2 – Students mentoring system available in the institution? Give details. (maximum 500 words)

The mentorship programme was initiated in 2009. One faculty member is the Coordinator of the Mentoring Cell. The programme is being run with about 94 mentors every year with each mentor being allotted 5-6 students preferably from the same semester batch which they teach. Mentors are expected to interact informally with their mentees at least once every month as per the mutual convenience. They are expected to explore student opinions about the quality of teaching, assessment etc. and to ask whether they have any grievances regarding their stay and experience at the hostel and at the institution. Feedback from mentees is taken on various parameters such as teaching and learning in the institute, mess, library, gymnasium, sports ground, personal issues if any. This activity also serves the purpose such as taking regular visits to hostel as a part of anti-ragging measures and to warn the mentees not to involve themselves in ragging. The mentors are expected to submit compiled feedback from mentees to the Dean and the coordinator of the Mentoring cell every quarter. Quarterly meetings are held with the Dean to discuss the compiled summary from mentors report. Action taken based on this feedback is discussed with students and mentors by the Dean in his interactions with them. Feedback as regards to the steps taken by the management to address the concerns of the students is communicated back to them in subsequent meeting. Thus this program apart from its official purpose, it also serves the important purpose of close interaction between faculty and students. It acts as a bridge between administration and students. Overall this activity helps students academically as well as to help them to cope with personal problems if any. Mentoring is also provided outside this schedule as per the needs of the students. Grievances, if any, are redressed or forwarded to the respective sections. Counseling support is provided on a one-to-one and small group basis.

Number of students enrolled in the institution	Number of fulltime teachers	Mentor : Mentee Ratio
499	94	1:5

2.4 – Teacher Profile and Quality

2.4.1 – Number of full time teachers appointed during the year

No. of sanctioned	No. of filled positions	Vacant positions	Positions filled during	No. of faculty with
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positions			the current year	Ph.D
152	138	14	37	11

2.4.2 – Honours and recognition received by teachers (received awards, recognition, fellowships at State, National, International level from Government, recognised bodies during the year)

Year of Award	Name of full time teachers receiving awards from state level, national level, international level	Designation	Name of the award, fellowship, received from Government or recognized bodies
2020	Dr B S Garg	Professor	Lifetime Achievement Award received from Indian Association of Preventive and Social Medicine (IAPSM and IPHA) Conference in Wardha
2019	Dr K R Patond	Professor	Lifetime Achievement Award received from Vidarbha Orthopaedic Society in Akola
2019	Dr Dilip Gupta	Professor	Received Fellowship of Association of Surgeons of India (FASI) at the National conference of ASI in Bhubaneswar
2019	Dr K K Mishra	Professor	Awarded Dr SM Lulla Oration by Bombay Psychiatry Society in Mumbai
2019	Dr K K Mishra	Professor	Awarded Dr Indla Rama Subba Reddy Award at 20th Annual National Conference of Indian Association of Private Psychiatry in Mumbai
2019	Dr Sucheta Tidke	Professor	Received Hind Ratan Award in the House of Commons London presented from NRI Welfare Society of India in association with Indian Solidarity Council

2019	Dr Anupama Gupta	Professor	Awarded Rajbhasha Samman of Central Railway for her services to conserve, promote and disseminate Marathi-Hindi Literature by Central Railway Division in Mumbai
2019	Dr Dhiraj Bhandari	Professor	Received Best scientific paper award at Maharashtra ISACON in Sholapur
2020	Dr Abhay Deshmukh	Lecturer	Received Academic Excellence/Best Teachers Award - 2020 in recognition of his valuable contribution to the academic community and the students from Institute of Scholars
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2.5 – Evaluation Process and Reforms

2.5.1 – Number of days from the date of semester-end/ year- end examination till the declaration of results during the year

Programme Name	Programme Code	Semester/ year	Last date of the last semester-end/ year-end examination	Date of declaration of results of semester-end/ year- end examination
MBBS	105103	2nd Semester	30/06/2019	23/08/2019
MBBS	105103	5th Semester	31/12/2019	19/02/2020
MBBS	105103	7th Semester	31/12/2019	19/02/2020
MBBS	105103	9th Semester	31/12/2019	19/02/2020

[View File](#)

2.5.2 – Reforms initiated on Continuous Internal Evaluation(CIE) system at the institutional level (250 words)

MGIMS follows guidelines for Internal assessment as mandated by MUHS. Attendance records and marks of internal assessment have to be submitted online to the university. Record keeping of internal assessment is monitored by University officials by regular on-site visits. Students are expected to see their evaluated answer books and sign. In the institute, a Custodian of examinations is appointed by the University. He/She looks after the conduct of examinations as well as Central Assessment Programme according to MUHS guidelines. An examination strong room has been set up. CCTV cameras and jammers have been installed in the examination room. This team facilitates proper conduct of examinations and paper evaluation. An Internal Vigilance Squad has also been constituted

2.5.3 – Academic calendar prepared and adhered for conduct of Examination and other related matters (250

words)

The curriculum committee meets and prepares the academic calendar annually. The curriculum committee decides and finalizes the teaching programme for each department before the start of every academic year. The committee is represented by the Dean, faculty representatives from the preclinical, paraclinical, surgical and allied branches, medicine and allied branches, student representatives and the MEU coordinator. The timetables for each professional are approved by head of each department and finalized by this committee. The academic calendar consists of the course objectives, rules and regulations, names of faculty, teaching plan, clinical postings, dates of internal assessment examinations, tentative dates of university examinations, vacations, list of holidays, dates for annual social gathering, social service camp and ROME camp and important telephone numbers. This calendar is provided to all students and is also available on the college website.

2.6 – Student Performance and Learning Outcomes

2.6.1 – Program outcomes, program specific outcomes and course outcomes for all programs offered by the institution are stated and displayed in website of the institution (to provide the weblink)

<https://www.mgims.ac.in/files/NAAC/MBBS%20Programme%20Outcomes.pdf>

2.6.2 – Pass percentage of students

Programme Code	Programme Name	Programme Specialization	Number of students appeared in the final year examination	Number of students passed in final year examination	Pass Percentage
105103	MBBS	Third MBBS Part II	97	66	68.04
105103	MBBS	MBBS Part I	101	99	98.02
105103	MBBS	Second MBBS	101	94	93.07
105103	MBBS	First MBBS	101	98	97.03

[View File](#)

2.7 – Student Satisfaction Survey

2.7.1 – Student Satisfaction Survey (SSS) on overall institutional performance (Institution may design the questionnaire) (results and details be provided as weblink)

<https://www.mgims.ac.in/files/NAAC/Analysisreport.pdf>

CRITERION III – RESEARCH, INNOVATIONS AND EXTENSION

3.1 – Resource Mobilization for Research

3.1.1 – Research funds sanctioned and received from various agencies, industry and other organisations

Nature of the Project	Duration	Name of the funding agency	Total grant sanctioned	Amount received during the year
Students Research Projects (Other than compulsory by the University)	365	ICMR	1	1

Interdisciplinary Projects	365	See annexure	24.24	24.24
Minor Projects	365	Kasturba Health Society Sevagram	1.43	1.43
Major Projects	365	See annexure	490.54	490.54
View File				

3.2 – Innovation Ecosystem

3.2.1 – Workshops/Seminars Conducted on Intellectual Property Rights (IPR) and Industry-Academia Innovative practices during the year

Title of workshop/seminar	Name of the Dept.	Date
NA	NA	

3.2.2 – Awards for Innovation won by Institution/Teachers/Research scholars/Students during the year

Title of the innovation	Name of Awardee	Awarding Agency	Date of award	Category
MIT COVID-19 Innovation Challenge (India- Turning the Tide) Hackathon	Sneha Yadav	Massachusetts Institute of Technology, USA	26/09/2020	MIT COVID-19 Innovation Challenge (India- Turning the Tide) Hackathon
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3.2.3 – No. of Incubation centre created, start-ups incubated on campus during the year

Incubation Center	Name	Sponsored By	Name of the Start-up	Nature of Start-up	Date of Commencement
NA	NA	NA	NA	NA	Nil
No file uploaded.					

3.3 – Research Publications and Awards

3.3.1 – Incentive to the teachers who receive recognition/awards

State	National	International
3	6	0

3.3.2 – Ph. Ds awarded during the year (applicable for PG College, Research Center)

Name of the Department	Number of PhD's Awarded
0	Nil

3.3.3 – Research Publications in the Journals notified on UGC website during the year

Type	Department	Number of Publication	Average Impact Factor (if any)
International	Anatomy	4	Nil
International	Biochemistry	5	Nil
International	Community Medicine	19	Nil
International	Dermatology	9	Nil
International	Medicine	6	Nil

National	Microbiology	2	Nil
National	Neurosurgery	3	Nil
International	Obstetrics and Gynecology	14	Nil
International	Pathology	6	Nil
International	Pediatrics	5	Nil
View File			

3.3.4 – Books and Chapters in edited Volumes / Books published, and papers in National/International Conference Proceedings per Teacher during the year

Department	Number of Publication
Obstetrics and Gynecology	1
Community Medicine	7
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3.3.5 – Bibliometrics of the publications during the last Academic year based on average citation index in Scopus/ Web of Science or PubMed/ Indian Citation Index

Title of the Paper	Name of Author	Title of journal	Year of publication	Citation Index	Institutional affiliation as mentioned in the publication	Number of citations excluding self citation
Epidemiology of confirmed coronary heart disease among population older than 60 years in rural central India–A community-based cross-sectional study	Sheetal Bodkhe, Sumedh U. Jajoo, Ulhas N. Jajoo, Sheetal Ingle, Subodh S. Gupta, Bharati A. Taksande	Indian Heart Journal	2019	2	Mahatma Gandhi Institute of Medical Sciences	10
Challenges in health professionals' training and health care for wellness	Dr. S. Chhabra	International Journal of Healthcare Management	2019	2	Mahatma Gandhi Institute of Medical Sciences	365
Effectiveness of SNAPPS for improving clinical	Effectiveness of SNAPPS for improving clinical	BMC Medical Education	2019	4	Mahatma Gandhi Institute of Medical Sciences	350

reasoning in postgraduates: Randomized controlled trial	reasoning in postgraduates: Randomized controlled trial					
Nerve conduction studies of peripheral motor and sensory nerves in the subjects with prediabetes	Rathi N., Taksande B., Kumar S.	Journal of Endocrinology and Metabolism	2019	32	Mahatma Gandhi Insitute of Medical Sciences	32
Hydroxyc hloroquine prophylaxis for COVID-19 contacts in India	Rathi, S., Ish, P., Kalantri, A., Kalantri, S.	The Lancet Infectious Diseases	2020	57	Mahatma Gandhi Insitute of Medical Sciences	135
Effect of home-based newborn care on neonatal and infant mortality: A cluster randomised trial in India	Reeta Rasaily, N C Saxena, Sushma Pandey, Bishan S Garg, Saraswati Swain, Sharad D Iyengar, Vinita Das, Sheela Sinha, Subodh Gupta, Anju Sinha, Shiv Kumar, Arvind Pandey, Ravindra Mohan Pandey, Harshpal Singh Sachdev, Mari Jeeva Sankar, Siddarth Ramj	BMJ Global Health	2020	Nil	Mahatma Gandhi Insitute of Medical Sciences	791

Insertion sequences and sequence types profile of clinical isolates of carbapenem-resistant A. baumannii collected across India over four year period	Saranya Vijayakumar, Shalini Anandan, Dhiviya Prabaa Ms, Kalaiyasi Kanthan, Sumitha Vijayabaskar, Arti Kapil, Pallab Ray, Sujatha Sistla, Sanjay Bhattacharya, Chand Wattal, Thirunarayan, Vijayshri Deotale, Purva Mathur, Kamini Walia, Vinod C Ohri, Ba	Journal of Infection and Public Health	2020	1	Mahatma Gandhi Institute of Medical Sciences	226
Social media and medical education: Issues, influences, and impact	Anshu	Effective Medical Communication: The A, B, C, D, E of it	2020	Nil	Mahatma Gandhi Institute of Medical Sciences	316
Expression of ER/PR Receptor, Her-2/neu, Ki67 and p53 in Endometrial Carcinoma: Clinicopathological Implication and Prognostic Value	Shivkumar, V.B., Atram, M.A., Gangane, N.M.	Indian Journal of Gynecological Oncology,	2020	Nil	Mahatma Gandhi Institute of Medical Sciences	105
Role of human papillomavirus infection in head	Marta Tagliabue, Marisa Mena, Fausto	Cancers	2020	1	Mahatma Gandhi Institute of Medical Sciences	762

and neck cancer in Italy: The HPV-AHEAD study	Maffini, Tarik Gheit, Beatriz Quirós Blasco, Dana Holzinger, Sara Tous, Daniele Scelsi, Debora Riva, Enrica Grosso, Francesco Chu, Eric Lucas, Ruediger Ridder, Susanne Rrehm, Johannes Paul Bogers, Daniela Lepanto,					
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3.3.6 – h-Index of the Institutional Publications during the year. (based on Scopus/ Web of science)

Title of the Paper	Name of Author	Title of journal	Year of publication	h-index	Number of citations excluding self citation	Institutional affiliation as mentioned in the publication
Role of human papillomavirus infection in head and neck cancer in Italy: The HPV-AHEAD study	Marta Tagliabue, Marisa Mena, Fausto Maffini, Tarik Gheit, Beatriz Quirós Blasco, Dana Holzinger, Sara Tous, Daniele Scelsi, Debora Riva, Enrica Grosso, Francesco Chu, Eric Lucas,	Cancers	2020	13	762	Mahatma Gandhi Institute of Medical Sciences

	Ruediger Ridder, Susanne Rrehm, Johannes Paul Bogers, Daniela Lepanto,					
Expression of ER/PR Receptor, Her-2/neu, Ki67 and p53 in End ometrial Carcinoma: Clinicopat hological Implicatio n and Prognostic Value	Shivkumar, V.B., Atram, M.A., Gangane, N.M.	Indian Journal of Gynecologi c Oncology,	2020	6	105	Mahatma Gandhi Insitute of Medical Sciences
Insertion sequences and sequence types profile of clinical isolates of carbape nem- resistant A. baumannii collected across India over four year period	Saranya Vijayakuma r, Shalini Anandan, Dhiviya Prabaa Ms, Kalaiyasi Kanthan, Sumitha Vi jayabaskar , Arti Kapil, Pallab Ray, Sujatha Sistla, Sanjay Bha ttacharya, Chand Wattal,	Journal of Infection and Public Health	2020	9	226	Mahatma Gandhi Insitute of Medical Sciences
Moving beyond clinical medicine: Revised mandate for public health mic robiology	Narang, R., Deshmukh, P., Sherwal, B.	Indian Journal of Medical Mi crobiology ,	2020	10	232	Mahatma Gandhi Insitute of Medical Sciences
Effect of home- based	Reeta Rasaily, N C Saxena,	BMJ Global Health	2020	10	791	Mahatma Gandhi Insitute

newborn care on neonatal and infant mortality: A cluster randomised trial in India	Sushma Pandey, Bishan S Garg, Saraswati Swain, Sharad D Iyengar, Vinita Das, Sheela Sinha, Subodh Gupta, Anju Sinha, Shiv Kumar, Arvind Pandey,					of Medical Sciences
Hydroxyc hloroquine prophylaxi s for COVID-19 contacts in India	Rathi, S., Ish, P., Kalantri, A., Kalantri, S.	The Lancet Infectious Diseases	2020	6	135	Mahatma Gandhi Insitute of Medical Sciences
Combating the COVID-19 pandemic in a resou rce-constr ained setting: Insights from initial response in India	Anuj Mundra	BMJ Global Health	2020	2	9	Mahatma Gandhi Insitute of Medical Sciences
Impact of communi ty-based health insurance and economic status on utilizatio n of healthcare services: A househol d-level cr oss-sectional	Rajnish Joshi, Abhijit Pakhare, Sameer Yelwatkar, Anant Bhan, S P Kalantri, Ulhas N Jajoo	National Medical Journal of India	2020	28	3520	Mahatma Gandhi Insitute of Medical Sciences

survey from rural central India						
Transvaginal laparoscopic appendectomy using innovative submucosal tunnels: a conducive modification for improving hybrid NOTES access and its critical appraisal	Jategaonkar, P.A., Yadav, S.P., Gupta, D.	Tropical Docto	2020	7	269	Mahatma Gandhi Insitute of Medical Sciences
Diabetic retinopathy screening at primary and community health centers in Maharashtra	Ajay K Shukla, Smita Singh, Azhar Sheikh, Sanjay Singh, Gir dharilal Gupta, Ravi Daberao	Indian Journal of Ophthalmology	2020	3	42	Mahatma Gandhi Insitute of Medical Sciences

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3.3.7 – Faculty participation in Seminars/Conferences and Symposia during the year :

Number of Faculty	International	National	State	Local
Attended/Seminars/Workshops	5	101	147	87
Resource persons	11	63	37	151
Presented papers	4	42	41	13

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3.4 – Extension Activities

3.4.1 – Number of extension and outreach programmes conducted in collaboration with industry, community and Non- Government Organisations through NSS/NCC/Red cross/Youth Red Cross (YRC) etc., during the year

Title of the activities	Organising unit/agency/ collaborating agency	Number of teachers participated in such activities	Number of students participated in such activities
Self help groups	Dept of community medicine	12	100

Tree plantation activity at Mahakal	NSS	12	100
Red Ribbon Club	NSS	12	100
NSS Special Camp Activity at Mahakal village	NSS and Dept of Community Medicine	12	100
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3.4.2 – Awards and recognition received for extension activities from Government and other recognized bodies during the year

Name of the activity	Award/Recognition	Awarding Bodies	Number of students Benefited
Achievers of Maharashtra Award	For contribution in the field of Medicine and Education	Sakal Media Group	400
Hospital Infection Control Championship	Highest score among participating institutions	JIPMER, Puducherry	400
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3.4.3 – Students participating in extension activities with Government Organisations, Non-Government Organisations and programmes such as Swachh Bharat, Aids Awareness, Gender Issue, etc. during the year

Name of the scheme	Organising unit/Agency/collaborating agency	Name of the activity	Number of teachers participated in such activities	Number of students participated in such activities
Swachh Bharat Abhiyan	KHS	Swachhata Pakhwada	135	400
World Breastfeeding Week	Bioethics Unit Pediatrics	Poster and charts presentation	4	100
World Leprosy Day	Bioethics Unit	Donation drive for patients at maharogi Seva samiti ashram	4	100
International Yoga Day	Arogyadham	Yoga day	10	400
World Health Day	Dept of Community Medicine	Universal Health Coverage	6	400
Bal Suraksha Diwas	Dept of Community Medicine	Child survival day	12	100
Family Life Education	Dept of Community Medicine	Family life education for adolescent girls	12	100
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3.5 – Collaborations

3.5.1 – Number of Collaborative activities for research, faculty exchange, student exchange during the year

Nature of activity	Participant	Source of financial support	Duration
Clinical Observership at Guys cancer centre London	Shreyak Garg	Fully sponsored by Tata Trust with Stipend of 580 pounds	19
International Summer School in Internal Medicine at University of Copenhagen, Denmark	Mimansa Dixit	Self Financed	12

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3.5.2 – Linkages with institutions/industries for internship, on-the- job training, project work, sharing of research facilities etc. during the year

Nature of linkage	Title of the linkage	Name of the partnering institution/ industry /research lab with contact details	Duration From	Duration To	Participant
NA	NA	NA	Nil	Nil	NA

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3.5.3 – MoUs signed with institutions of national, international importance, other universities, industries, corporate houses etc. during the year

Organisation	Date of MoU signed	Purpose/Activities	Number of students/teachers participated under MoUs
Maastricht University and MGIMS Sevagram	17/08/2019	Rural Placement	48
Medical School for International Health, Ben Gurion University of the Negev, Israel and MGIMS Sevagram	27/12/2019	Clerkship in International Health and Medicine	41
Mahatma Gandhi Antarrashtriya Hindi Vishwavidyalaya (MGAHV) and MGIMS Sevagram	25/06/2020	To promote and develop Hindi language and literature	2

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CRITERION IV – INFRASTRUCTURE AND LEARNING RESOURCES

4.1 – Physical Facilities

4.1.1 – Budget allocation, excluding salary for infrastructure augmentation during the year

Budget allocated for infrastructure augmentation	Budget utilized for infrastructure development
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460	357.78
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4.1.2 – Details of augmentation in infrastructure facilities during the year

Facilities	Existing or Newly Added
Others	Newly Added
Value of the equipment purchased during the year (rs. in lakhs)	Newly Added
Number of important equipments purchased (Greater than 1-0 lakh) during the current year	Newly Added
Video Centre	Existing
Seminar halls with ICT facilities	Existing
Classrooms with Wi-Fi OR LAN	Existing
Classrooms with LCD facilities	Existing
Seminar Halls	Existing
Laboratories	Existing
Class rooms	Existing
Campus Area	Existing
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4.2 – Library as a Learning Resource

4.2.1 – Library is automated {Integrated Library Management System (ILMS)}

Name of the ILMS software	Nature of automation (fully or patially)	Version	Year of automation
KOHA	Fully	17.11.15.000	2019

4.2.2 – Library Services

Library Service Type	Existing		Newly Added		Total	
Text Books	10257	Nill	292	196717	10549	196717
Reference Books	20499	Nill	375	593595	20874	593595
e-Books	121	Nill	41	Nill	162	Nill
Journals	89	Nill	Nill	Nill	89	Nill
e-Journals	297	Nill	Nill	Nill	297	Nill
Digital Database	14	849570	Nill	13570	14	863140
CD & Video	111	Nill	69	Nill	180	Nill
CD & Video	1713	Nill	55	Nill	1768	Nill
Library Automation	2	Nill	Nill	Nill	2	Nill

Others(s pecify)	1	Nil	Nil	Nil	1	Nil
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4.2.3 – E-content developed by teachers such as: e-PG- Pathshala, CEC (under e-PG- Pathshala CEC (Under Graduate) SWAYAM other MOOCs platform NPTEL/NMEICT/any other Government initiatives & institutional (Learning Management System (LMS) etc

Name of the Teacher	Name of the Module	Platform on which module is developed	Date of launching e-content
Dr Anshu	Laboratory diagnosis of Diabetes Mellitus	MGIMS Classroom (Moodle platform)	01/07/2019
Dr Devesh Gosavi	Pharmacotherapy of CNS disorders	MGIMS Classroom (Moodle platform)	30/06/2019
Dr Subodh S Gupta	Developing course with Moodle	MGIMS Classroom (Moodle platform)	01/07/2019
Faculty members, Department of Community Medicine (Joint effort)	Community Health amp Development - Learning from the people: Part I	MGIMS Classroom (Moodle platform)	01/09/2019
Faculty members, Department of Community Medicine	Community Health amp Development - Learning from the people: Part II	MGIMS Classroom (Moodle platform)	01/11/2019
Dr Subodh S Gupta	RMNCH	MGIMS Classroom (Moodle platform)	01/03/2020
Dr Abhishek Raut	Basic epidemiology	MGIMS Classroom (Moodle platform)	01/07/2019
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4.3 – IT Infrastructure

4.3.1 – Technology Upgradation (overall)

Type	Total Computers	Computer Lab	Internet	Browsing centers	Computer Centers	Office	Departments	Available Bandwidth (MBPS/ GBPS)	Others
Existing	335	1	1	2	1	15	22	1	0
Added	60	0	0	0	0	0	0	0	0
Total	395	1	1	2	1	15	22	1	0

4.3.2 – Bandwidth available of internet connection in the Institution (Leased line)

1 MBPS/ GBPS

4.3.3 – Facility for e-content

Name of the e-content development facility	Provide the link of the videos and media centre and recording facility
MGIMS Classroom	https://www.mgims.ac.in/classroom/

4.4 – Maintenance of Campus Infrastructure

4.4.1 – Expenditure incurred on maintenance of physical facilities and academic support facilities, excluding salary component, during the year

Assigned Budget on academic facilities	Expenditure incurred on maintenance of academic facilities	Assigned budget on physical facilities	Expenditure incurred on maintenance of physical facilities
324	324	612.5	493.77

4.4.2 – Procedures and policies for maintaining and utilizing physical, academic and support facilities - laboratory, library, sports complex, computers, classrooms etc. (maximum 500 words) (information to be available in institutional Website, provide link)

Procedures and policies for maintaining and utilizing physical, academic and support facilities Maintenance of Campus infrastructure (buildings, classrooms and laboratories) The infrastructural facilities of the Institute are maintained by the Engineering and Maintenance Department (EMD). The EMD has two sections: (a) electrical and (b) civil inclusive of motor rewinding and welding unit. The EMD looks after the maintenance and repair of buildings, classrooms and laboratories throughout the year 24 x7. Adequate staff is appointed for maintenance. A well-equipped workshop is available. Usually no external personnel are required, except for major constructions which are handed over to contractors after tenders are floated. When individual departments require any civil engineering or electrical work to be done, they send in their requests to the EMD, which immediately attends to the same. Any major repairs which require financial expenditure are first sanctioned by the Secretary of KHS and then attended to the EMD. All the buildings are insured for fire and earthquake damage every year. Campus specific initiatives which have been undertaken to improve the physical ambience: • Gardens have been developed wherever vacant space was available in the campus. The whole campus is under green cover and no space is left open without tree cover except roads and lawns. • Building painting and repair is undertaken once in 5 years for maintenance of the buildings. Maintenance of equipment There are two Bio-Medical Engineers in the Equipment Maintenance Department who cater to all the repair calls of equipments. In case, they need the help of the Company Engineer, he is called. All equipment which are sensitive are covered under Annual Maintenance Contracts and Comprehensive maintenance contract. For other services, tenders are floated and annual rate contract is finalized with the service provider and trouble free service is ensured. Library Procedures There is a library advisory committee comprising of nine members, including the Dean, Officer in Charge of library, Officer In-charge, Technical, Librarian, Faculty representing pre,para and clinical departments. The advisory committee reviews the working of library, takes decisions on policy matters, making the library more student friendly, annual expenditure, budget allocations for books to different departments and planning on future development. Various book bank schemes are available for the economically weak students under which text books are given to the students for their whole term as follows: 1 MUHS Book Bank Scheme for Economically Backward Students 2 Social Welfare Dept., Govt. of India: For SC/ST students those who are beneficiaries of Govt. of India Scholarship scheme and income of whose parents' are not exceeding Rs. 2,00,000/- 3 Needy Students Library for all students 4 Dr. Anand Karkhanis Book Bank Scheme for all students Hospital Information System Hospital Management Information System (HMIS) has a maintenance contract for updating applications. Electronic Medical Records System (EMR) is in built in the application itself and gets automatically updated. Digital diagnostic and imaging systems including PACS is under annual maintenance contract with the vendor.

<https://www.mgims.ac.in/files/NAAC/Procedures%20and%20Policies.pdf>

CRITERION V – STUDENT SUPPORT AND PROGRESSION

5.1 – Student Support

5.1.1 – Scholarships and Financial Support

	Name/Title of the scheme	Number of students	Amount in Rupees
Financial Support from institution	MGIMS Student Welfare Scheme	14	560700
Financial Support from Other Sources			
a) National	DMER, Social Welfare Department, Tribal Development Department, GOM	177	2051453
b) International	NA	Nil	0
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5.1.2 – Number of capability enhancement and development schemes such as Soft skill development, Remedial coaching, Language lab, Bridge courses, Yoga, Meditation, Personal Counselling and Mentoring etc.,

Name of the capability enhancement scheme	Date of implementation	Number of students enrolled	Agencies involved
Workshop on Revised National Tuberculosis Control Programme	28/02/2020	66	Dept of Community Medicine
Workshop on basics of mechanical ventilation	05/10/2019	41	Dept of Medicine and Anesthesia
26 th Annual Workshop on Basic Neonatal Care and Neonatal Resuscitation	26/08/2019	100	Dept of Pediatrics
Workshop on communication skills	02/08/2019	100	Dept of Anatomy, Physiology and Biochemistry
Seminars of 1st MBBS students	01/10/2019	100	Academy of Basic Medical Sciences
Ethics in medical education	09/08/2019	100	Bioethics Unit
Basic Research Methodology Workshop	05/12/2019	17	Research Unit
Workshop on questionnaire designing and online data entry	02/01/2020	26	Research Unit
Workshop on protocol writing	23/07/2019	44	Research Unit
Workshop on Developing Good Study Skills	16/08/2019	100	Medical Education Unit

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5.1.3 – Students benefited by guidance for competitive examinations and career counselling offered by the institution during the year

Year	Name of the scheme	Number of benefited students for competitive examination	Number of benefited students by career counseling activities	Number of students who have passed in the comp. exam	Number of students placed
2019	Coaching for NEET	67	67	67	54

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5.1.4 – Institutional mechanism for transparency, timely redressal of student grievances, Prevention of sexual harassment and ragging cases during the year

Total grievances received	Number of grievances redressed	Avg. number of days for grievance redressal
Nil	Nil	Nil

5.2 – Student Progression

5.2.1 – Details of campus placement during the year

On campus			Off campus		
Name of organizations visited	Number of students participated	Number of students placed	Name of organizations visited	Number of students participated	Number of students placed
NA	Nil	Nil	Nil	Nil	Nil
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5.2.2 – Student progression to higher education in percentage during the year

Year	Number of students enrolling into higher education	Programme graduated from	Department graduated from	Name of institution joined	Name of programme admitted to
2020	54	MBBS	MBBS	See Annexure	PG

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5.2.3 – Students qualifying in state/ national/ international level examinations during the year (eg:NET/SET/SLET/GATE/GMAT/CAT/GRE/TOFEL/Civil Services/State Government Services)

Items	Number of students selected/ qualifying
Any Other	54

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5.2.4 – Sports and cultural activities / competitions organised at the institution level during the year

Activity	Level	Number of Participants
Vidarbha Zone interzonal sports tournament	University/ State	400
Lawn Tennis selection trials	University	100

Taradevi memorial intercollegiate debate competition 2019	Regional	24
Udgams : Introduction of 2019 Batch	Institute	200
Riwaayat: : Annual cultural festival	Institute	400
Ganesh Festival 2019	Institute	400
Gandhi Jayanti Celebrations 2019	Inter college	300
Literary day 2019	Institute	200
Sangeet Sandhya 2019	Institute	200
Janmashtami Celebrations 2019	Institute	400
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5.3 – Student Participation and Activities

5.3.1 – Number of awards/medals for outstanding performance in sports/cultural activities at national/international level (award for a team event should be counted as one)

Year	Name of the award/medal	National/ Internaional	Number of awards for Sports	Number of awards for Cultural	Student ID number	Name of the student
2019	Colour holder in chess championship	National	1	Nil	2016070	Pradyut Malik
2019	Colour holder in chess championship	National	1	Nil	2018042	Mihir Waykole
2019	Colour holder in swimming championship	National	1	Nil	2017079	Shiju Shivraman
2019	Colour holder in lawn tennis championship	National	1	Nil	2018068	Shayan Mukherjee
2019	Colour holder in lawn tennis championship	National	1	Nil	2018092	Yaser Khan
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5.3.2 – Activity of Student Council & representation of students on academic & administrative bodies/committees of the institution (maximum 500 words)

Cultural Activities: Students of the organizing batch of 2016 conducted several cultural events. The first programme of the year was Janmashtami pooja and dahi

handi celebration, next is Udgams the introduction party for the new 2019 batch where students showed off their talents. On Foundation Day the cultural society was involved in decorating the auditorium with paper cuttings and khadi cloth. The three day Ganesh festival followed with the help of 2018 batch. A Sangeet Sandhya was organized for all undergraduate students with antakshari and performances by all the batches. Dandiya night Manomay was also organized, like every year but on a bigger scale this time. The tradition of fete which was brought back last year after a gap of five years was continued. The Institute's 51st annual Cultural Festival 'Riwaayat 2020 was organized on on 29th Feb and 1st Mar 2020 with performances showcasing the sacrifices of the Indian army, the frightening stories of acid attacks, folk dances that descended from the remote valleys of Nepal to energetic bhangras, creative fashion shows, skits and rocking band and orchestra performances. Sargam was organized on the day two in which a lot of students and teachers shared their melodies with audience. Literary Activities: An intercollegiate debate competition was organized on 9 Sep 2019 in the fond memory of Late Smt. Taradevi, mother of Dr Sushila Nayar. The topic of debate was "Censorship in the media curtails the freedom of speech and expression. Literary Day was celebrated on the evening of 3rd Mar 2019. Students of all batches actively participated in a number of literary events. The off stage events were Easy writing competition, Poster and Poetry competition. The 44th edition of the college magazine, 'Sushruta' was released on the occasion of Foundation day on 12 Sep 2019 by Chief Guest, Padmashri Dr T P Lahane, DMER Maharashtra. Sports: This year, our institute organized a Vidarbha Zone sports tournament and Lawn tennis selection trials of MUHS Nashik. Total 5 students were selected in MUHS Nashik team and awarded colors, they represented MUHS at National level. The 'NSS Special Camp 2019' for the 2019 batch of medical students of MGIMS, Sevagram was organized from 17 Sep 2019 to 11 Oct 2019 at village Mahakal under Anji PHC area. This camp was attended by 100 students of 2019 batch. A Red Ribbon club was formed in which all the 100 students of 2019 batch enrolled their names. The students took the pledge to fight against the HIV/ AIDS and also participated in the rally organized for generating the awareness against HIV AIDS and Swachhata. Tree plantation programme was conducted in the village Mahakal. A total of 100 saplings were planted. The students gifted a tree to each of their adopted families, health education was given to the villagers at household level as well as the community level on cleanliness. Student representatives were included in IQAC, curriculum committee, academy of medical sciences and other committees.

5.4 – Alumni Engagement

5.4.1 – Whether the institution has registered Alumni Association?

Yes

The institute has a registered alumni association. A complete electronic database of alumni is maintained. Every year, the batch celebrating its Silver Jubilee year has its Silver Jubilee programme on the campus in the last week of December. The programme includes a get together of the alumni with felicitation of teachers. The Institute hosts lunch and their stay on the campus. Alumni contribute academically and financially towards the development of the institution and its programmes. Some batches have gone back to their adopted villages and contributed to village development schemes. A vibrant alumni group on social media interacts with undergraduates and gives them career guidance. Apart from the annual meeting, the office bearers meet frequently and plan various activities Alumni support for the following activities: o Career guidance of students o Deliver talks and lectures at the institute o Financial support of students who come from disadvantaged backgrounds o enhancing the academic learning environment Alumni are encouraged to give feedback about the institute infrastructure and course. Many alumni have been working since

several years in the institute as faculty. They help in the keeping the links alive with alumni.

5.4.2 – No. of enrolled Alumni:

2904

5.4.3 – Alumni contribution during the year (in Rupees) :

100000

5.4.4 – Meetings/activities organized by Alumni Association :

MGIMS Golden Jubilee Alumni Get-together in Sep 2019 and Alumni meet of 1995 batch in Dec 2019. 10 Meetings were held to plan alumni meet and celebrations in Golden Jubilee year of institute participation as resource person in academic activities

CRITERION VI – GOVERNANCE, LEADERSHIP AND MANAGEMENT

6.1 – Institutional Vision and Leadership

6.1.1 – Mention two practices of decentralization and participative management during the last year (maximum 500 words)

The functioning of the institute is decentralized and several institutional committees comprising of faculty, non teaching staff and students look after different aspects of governance and administration. The Dean is the head of academic affairs and deals with issues related to students, faculty and parents. The Secretary of the Kasturba Health Society looks after all management issues with KHS employees, i.e. both teaching and non-teaching staff. The Medical Superintendent is responsible for the day-to-day running of the hospital and deals with concerns of the patients and clinicians. The President of the KHS along with his team of trustees oversees all these roles and also handles financial responsibilities. KHS has explicit guidelines for functioning which ensures that each individual employee contributes to institutional development. Faculty are given different administrative responsibilities besides their clinical work. Faculty are responsible for financial, academic, hostel, curriculum, examination, grievance, purchase, admission and several other different administrative roles. Students are also part of the IQAC, curriculum committee, and research committees. The departmental committees and the curriculum committees keep a check on the curriculum schedule and take action if any changes are needed. Regular academic and administrative audits are conducted. All decisions are taken during meetings of committees such as college council, students council, curriculum committee, etc. Communication is open and transparent. Efforts are on to implement e-governance strategies and making functioning more efficient. Most sections including students section, accounts section, personnel section etc are linked through the hospital information system. Every faculty and student has an email ID using the mgims.ac.in intramail. Communication has become paperless.

6.1.2 – Does the institution have a Management Information System (MIS)?

Yes

6.2 – Strategy Development and Deployment

6.2.1 – Quality improvement strategies adopted by the institution for each of the following (with in 100 words each):

Strategy Type	Details
Examination and Evaluation	The examination assessment formats are available on the University

website. The milestones and proficiencies expected from learners are clearly defined in the curriculum. Efforts are on at the University level to implement an assessment system which will value development of competencies. To facilitate faculty development in this area, the Regional Nodal MET Centres of the Medical Council of India as well as our Medical education Unit trained our teachers in Competency Based Medical Education. all theory undergraduate and postgraduate answer books are assessed by two independent examiners at the Central Assessment Programme (CAP) centres. Each department monitors the performance of its students. Details of students with low attendance and/or poor performance at internal examinations are conveyed to the Dean at regular intervals. These students are given periodic feedback about their attendance by Heads of Departments and need to be more regular.

Curriculum Development

The curriculum committee meets and prepares the academic calendar annually. The academic calendar consists of the course objectives, rules and regulations, names of faculty, teaching plan, clinical postings, dates of internal assessment examinations, tentative dates of university examinations, vacations, list of holidays, dates for annual social gathering, social service camp and ROME camp and important telephone numbers. The curriculum committee decides and finalizes the teaching programme for each department before the start of every academic year. The committee is represented by the Dean, faculty representatives from the preclinical, paraclinical, surgical and allied branches, medicine and allied branches, student representatives and the MEU coordinator. The timetables for each professional are approved by head of each department and finalized by this committee. Strict records of attendance are maintained to ensure 80 attendance for both theory and practicals.

Teaching and Learning

The curriculum committee makes a schedule according to which students are posted in groups in different clinical departments starting in their

2nd year until their final year. Faculty meet at the levels of department, each professional, curriculum committee and college council. Any change required in the process is discussed and action is taken wherever necessary. Regular meetings with students' representatives are held to understand their requirements and difficulties faced by them. This also ensures that the academic schedule is on time and is as per the needs of the students.

Research and Development

Research funds are available to conduct short research projects in the institute. There is a seed amount of Rs 10 lakhs for the same. Specific projects which have been approved by the Institutional Ethics Committee can be submitted to the research committee with a budgetary request. Research committee evaluates the budgetary requirements and approves the funding. Typically requests upto Rs 25,000 have been sanctioned in the previous years. Several research schemes introduced provide incentive to promote undergraduate research

Library, ICT and Physical Infrastructure / Instrumentation

The library is completely digitalized. The campus is entirely connected by wi-fi. Each faculty and student has a intramail email ID which makes communication easy. The new library allows students to study from books and e-resources

Human Resource Management

The Local Management Committee, the Standing Finance Committee, the Governing Council and the Kasturba Health Society meet twice a year. The major decisions about growth and development of the institute are taken by the members of these committees. These committees review proposals, approve them and allocate budgets according to the vision of the institute. The institute has its own personal promotion scheme where along with their contribution to the growth of their respective department and institute, publications made by the faculty are taken into consideration before they are promoted. • Special leave and partial reimbursement of travel expenses is provided to faculty to present papers in international academic meetings, conferences or workshops once in every three years. •

	Deputation or study leave is permitted depending on performance to pursue higher studies or train in a specialized area.
Industry Interaction / Collaboration	MGIMS has links with around 80 NGOs which work in rural areas. Students used to be given rural placement earlier but the introduction of NEET has stopped this. We train students to give NEET exam for PG courses. Career choices and advice are given by teachers, alumni mentors and institutional guests who interact with students regularly
Admission of Students	Student selection is done through a centralized process according to NEET scores. 50 seats are for students from Maharashtra and the rest are from outside the state. Students are also admitted to PG courses through NEET

6.2.2 – Implementation of e-governance in areas of operations:

E-governance area	Details
Finance and Accounts	<p>The accounts section is linked through hospital information system. All data are now stored online.</p> <p>Automation in accounts section: The HIS provides general ledger, accounts payable, accounts receivable, fixed asset, and cash management solutions enabling a current, consolidated, and fast view of the financial status of the organization at any point in time. Payments received from patients, and payments paid to vendors, salaries are electronically generated, tuition and hostel fees now take an electronic route and all transactions can be tracked and easily posted to the General Ledger system to reflect their effect on accounts and financial reports.</p> <p>Enrollment with PFMS : All the payments in the Accounts Department is now received and paid through Public Financial Management System (PFMS) which is rolled-out by the Controller General of Accounts (CGA) at the behest of Finance Ministry, Department of Expenditure as a Public Finance Management (PFM) reform. The entire funds received from Govt. is through PFMC under both Plan and non-Plan Schemes. This Web-based online software application developed and implemented by the Office of Controller General of Accounts (CGA) for establishing efficient fund flow system as well as a</p>

payment cum accounting network. Now the accounts department provides a real time, reliable and meaningful management information system and an effective decision support system, as part of the Digital India initiative of GoI. Now, the enhanced application caters to all Plan and Non Plan payments, all tax and non-tax receipts and functions such as a comprehensive HRMIS and self-contained pension as well as GPF modules. PFMS has Core Banking System (CBS) interface to all Public Sector Banks, Regional Rural Banks, major private sector banks, Reserve Bank of India, India post and Cooperative Banks. Due to PFMS there is transparency in all the transaction where money is spent and transferred made by our accounts dept

Student Admission and Support

A separate student module is present in students section. Database of students is being maintained. Communications with university is send online. Collection of UG/PG fee like enrollment fee, term fee, tuition fee and other fee are collected through Net banking only. All the counseling procedure of UG/PG after NEET examination of the candidate is online process whether through DMER or DGHS. Data is being collected on several parameters such as student enrolment, fee collection, thesis submission, UG PG various data. Online submission of information of various information to various agencies like MUHS, MCI, Govt. of India, Govt. of Maharashtra is through sharing of networking. Communication between the students and college and vice-versa is done by emails only.

Examination

Paper setting is done online. Internal assessment and practical exam scores are submitted online. Thesis are now submitted and evaluated online. All the examination halls are equipped with HD web cameras for transparency during examination and directly transmitted to MUHS for vigilance. As per the university centralized assessment programme (CAP) for undergraduate and post-graduation examinations, the theory answer scripts are bar coded. UG examination consists of multiple choice questions (MCQ) and is assessed and double evaluated by OMR scanning as all

the sections are bar coded. The identity of the candidate cannot be ascertained. Double evaluation of the answer book is done in a one strong room fitted with CCTV camera with recording facility. Entry of all the evaluated sheets after scanning is submitted online to University within stipulated time for quick declaration. All the list of examiners is also sent by the CAP custodian by email to university.

Administration

All personnel data are maintained online. Communication is mostly paperless and done through intramail. Biometric attendance is maintained. Leave data is stored online. Efficient management information system for record keeping of employees and students: The Hospital Information System (HIS) has made administrative tasks more efficient and transparent by installing 20 different modules. These are - Insurance, Registration, OPD Management, Emergency Services, Central Admission, Investigations, Pharmacy, Blood Bank, Central Inquiry, Patient Medical Record, OT, Billing, Inpatient Management, Transport, Students Management, General Store, Diet -Kitchen, Personnel Information system, Payroll System, Accounts Management System. The modules involved in MIS are for following activities -

- o All employees service details including leave records are linked electronically to accounts section (payroll)
- o All employee salary increments are automated, and the system is in place to keep a record of promotions, and outof- turn increments. Once such decisions are taken in the personal management system, these automatically update the accounts and payroll services.
- o All student details, such as year of joining, academic qualifications on enrolment etc are electronic
- o All tuition fees, transcript, and form details are also electronic and flow through the student information system.
- o The record of student attendance is maintained electronically on an offline system.

The marks obtained in different subjects as part of internal assessment are communicated to the health university as an electronic file.

Planning and Development	<p>Purchase, stock maintenance is done online. Departments submit their requirements online. Automation of inventory and stock management: The HIS has specific modules for automating the routine workflow of hospital pharmacy, e-prescriptions, purchase, inventory management and distribution of various drugs, sutures and surgical items to outpatient pharmacy, inpatient pharmacy, wards and operating rooms in the entire hospital. The system ensures that the pharmacies are well-stocked. We have created transparency, better monitoring and complete control over the drug distribution in the hospital.</p>
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6.3 – Faculty Empowerment Strategies

6.3.1 – Teachers provided with financial support to attend conferences / workshops and towards membership fee of professional bodies during the year

Year	Name of Teacher	Name of conference/ workshop attended for which financial support provided	Name of the professional body for which membership fee is provided	Amount of support
2020	Dr Subodh Gupta	40th TUFH International Conference	The Network TUFH 2019, Darwin Australia	100000
2020	Dr Anshu	40th TUFH International Conference	The Network TUFH 2019, Darwin Australia	100000
2020	Dr Sumit Kar	International Conference	Asian Dermatology	80000
2019	Dr Indrajeet Khandekar	DNACON 2019	SRMS RamNagar	5000
2019	Dr.Girish Mote	MOACON 2019	Kolhapur Orthopedic Association	9000
2019	Dr.Amrish Saxena	59th Annual Conference of Academy of Medical Sciences	National Academy of Medical Sciences	15000
2019	Dr Pramod Jain	Annual Conference of Orthopedics	Vidarbha Orthopaedics Society	4500
2020	Dr PS Nagpure	72 nd Annual Conference	Association of Otolaryngologists	12641
2020	Dr A K Shukla	Annual Ophthalmology Conference	All India Ophthalmological Society	8300

2020	Dr Smita Shukla	Annual Ophthalmology Conference	All India Ophthalmological Society	8300
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6.3.2 – Number of professional development / administrative training programmes organized by the College for teaching and non teaching staff during the year

Year	Title of the professional development programme organised for teaching staff	Title of the administrative training programme organised for non-teaching staff	From date	To Date	Number of participants (Teaching staff)	Number of participants (non-teaching staff)
2019	Curriculum implementation support programme (CISP) workshop (as per MCI guidelines)	NA	27/05/2019	29/05/2019	25	Nil
2019	Breaking patterns, creating change (Theatre workshop for humanities)	NA	17/07/2019	18/07/2019	24	Nil
2019	Training on writing specific learning objectives (SLO)	NA	30/07/2019	30/07/2019	71	Nil
2019	Training on Survey of cause of death (SCD) and medical certification of cause of death (MCCD)	NA	14/10/2019	16/10/2019	20	Nil
2019	Capacity building for medical college faculties	NA	18/12/2019	22/12/2019	19	Nil

	in maternal, neonatal, child health nutrition (MNCHN) research					
2020	Workshop and training on PPH emergency care using a bundle approach program	NA	22/01/2020	27/01/2020	56	Nil
2019	NA	Basic Workshop in Research Methodology for nursing faculty	05/12/2019	07/12/2019	Nil	19
2019	NA	Basic cardiac life support workshop, 2nd BCLS course	30/08/2019	30/08/2019	Nil	29
2019	NA	Training of trainers on nurturing care	08/07/2019	12/07/2019	Nil	118
2020	NA	Quality improvement workshop for ASHA facilitator and ASHAs	24/01/2020	24/01/2020	Nil	72

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6.3.3 – No. of teachers attending professional development programmes, viz., Orientation Programme, Refresher Course, Short Term Course, Faculty Development Programmes during the year

Title of the professional development programme	Number of teachers who attended	From Date	To date	Duration
IGNOU- Post graduate Diploma in	1	01/07/2019	31/12/2019	880

counselling and family therapy				
IGNOU- Diploma in early childhood education	2	01/01/2019	30/06/2020	545
IGNOU- Diploma in nutrition and health education	2	01/07/2019	30/06/2020	365
Advanced Course in Medical Education	3	22/04/2019	23/09/2019	155
Postgraduate diploma in child developmental neurology	1	17/09/2019	19/02/2020	155
National workshop on sports physiology	95	10/01/2020	10/01/2020	1
Workshop on PPH emergency care using bundle branch approach	35	10/08/2019	12/08/2019	3
Workshop on management of snakebite patients	49	18/10/2019	18/10/2019	1
Qualtitative methods in health research	25	06/08/2019	10/08/2019	5
Workshop on questionnaaire designing and online data collection	27	02/01/2020	04/01/2020	3
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6.3.4 – Faculty and Staff recruitment (no. for permanent recruitment):

Teaching		Non-teaching	
Permanent	Full Time	Permanent	Full Time
37	37	5	5

6.3.5 – Welfare schemes for

Teaching	Non-teaching	Students
Residential accommodation on campus.	Residential accommodation on campus.	Provision of free medical diagnostic and

Payment of salaries according to government pay scales. Provision of free medical diagnostic and consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications for employee and their families. provision of special leave, travel, accommodation and conference fee reimbursement for one conference every year, international every three years. Loan facility

Payment of salaries according to government pay scales. Provision of free medical diagnostic and consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications for employee and their families. Workers Welfare fund: The hospital operates a worker welfare fund in which each employee deposits Rs 20 per month. The money is used to pay hospital bills for illnesses which needed to be treated elsewhere. Loan facility,

consultation, and employee health insurance scheme which provides for free inpatient care and controlled out-patient medications

6.4 – Financial Management and Resource Mobilization

6.4.1 – Institution conducts internal and external financial audits regularly (with in 100 words each)

The institute's accounts are audited regularly. M/s KK Mankeshwar Sons, a chartered accountant firm of 80 years standing conducts these audits. Our accounts are also subject to audit by the Comptroller and Auditor General (CAG). Besides these, once in a while, auditors from the Govt of India and Govt of Maharashtra also visit us for audits.

6.4.2 – Funds / Grants received from management, non-government bodies, individuals, philanthropies during the year(not covered in Criterion III)

Name of the non government funding agencies /individuals	Funds/ Grnats received in Rs.	Purpose
Kasturba Health Society, Sevagram	379300000	25 contribution of Total Annual Expenditure of MGIMS, Sevagram
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6.4.3 – Total corpus fund generated

0

6.5 – Internal Quality Assurance System

6.5.1 – Whether Academic and Administrative Audit (AAA) has been done?

Audit Type	External		Internal	
	Yes/No	Agency	Yes/No	Authority
Academic	Yes	MUHS	Yes	MGIMS Sevagram
Administrative	Yes	CAG Audit	Yes	M/S Mankeshwar and Co.

6.5.2 – Activities and support from the Parent – Teacher Association (at least three)

1. Regular meetings have been held with parents. They have been informed about the academic performance of their wards 2. Invited to graduation ceremony 3. Support for underprivileged students with contributions to book bank for needy students 4. Helps in raising student issues and resolving them by discussion and consensus

6.5.3 – Development programmes for support staff (at least three)

1. Biomedical waste management training workshops 2. Biosafety training workshops 3. Fire Safety drill and training 4. Laboratory safety training

6.5.4 – Post Accreditation initiative(s) (mention at least three)

1. Promotion of undergraduate research. Several initiatives started 2. Initiation of teachers diary Writing of learning objectives started, Lesson plans started 3. E-learning initiative implemented 4. Digital library promoted, e-journals now accessible on intranet 5. Skills teaching promoted, CPR training promoted among faculty and students

6.5.5 – Internal Quality Assurance System Details

a) Submission of Data for AISHE portal	Yes
b) Participation in NIRF	No
c) ISO certification	No
d) NBA or any other quality audit	Yes

6.5.6 – Number of Quality Initiatives undertaken during the year

Year	Name of quality initiative by IQAC	Date of conducting IQAC	Duration From	Duration To	Number of participants
2019	Collection of student Feedback	01/11/2019	01/11/2019	31/12/2019	340
2019	Basic Cardiac Life Support (BCLS) CME and Workshop	30/08/2019	30/08/2019	30/08/2019	29
2019	Basic Cardiac Life Support (BCLS) CME and Workshop	04/09/2019	04/09/2019	04/09/2019	11
2019	Workshop on Managemnet of snakebite patients	18/10/2019	18/10/2019	18/10/2019	40
2020	Quality Improvement Workshop for ASHA Facilitators	24/01/2020	24/01/2020	24/01/2020	72
2019	Training on Survey of Cause of Death and	14/10/2019	14/10/2019	16/10/2019	20

	Medical certification of cause of death				
2019	World Breastfeeding Week: Training on proper technique, positioning, signs of attachments, benefits of breastfeeding to lactating mothers	01/08/2019	01/08/2019	07/08/2019	400
2020	Donation drive on World leprosy day	30/01/2020	30/01/2020	08/02/2020	25
2019	Theatre workshop for Humanities	17/07/2019	17/07/2019	18/07/2019	24
2019	Workshop on developing good study skills	24/08/2019	24/08/2019	24/08/2019	100
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CRITERION VII – INSTITUTIONAL VALUES AND BEST PRACTICES

7.1 – Institutional Values and Social Responsibilities

7.1.1 – Gender Equity (Number of gender equity promotion programmes organized by the institution during the year)

Title of the programme	Period from	Period To	Number of Participants	
			Female	Male
Gender and Helath	27/08/2019	27/08/2019	42	57

7.1.2 – Environmental Consciousness and Sustainability/Alternate Energy initiatives such as:

Percentage of power requirement of the University met by the renewable energy sources
<p>1. Water harvesting and composting is carried out 2. Plastic is banned on campus 3. Use of solar panels in hostels and laboratories 4. Replacement of all old electrical devices by energy efficient devices 5. Waste paper and old hospital linen recycled in recycling unit of institute 6. Tree plantation drives, green campus 7. Promotion of cycling on campus 8. Water conservation messages in summer</p>

7.1.3 – Differently abled (Divyangjan) friendliness

Item facilities	Yes/No	Number of beneficiaries
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Ramp/Rails	Yes	11
Provision for lift	Yes	10
Scribes for examination	Yes	1
Rest Rooms	Yes	120
Physical facilities	Yes	220

7.1.4 – Inclusion and Situatedness

Year	Number of initiatives to address locational advantages and disadvantages	Number of initiatives taken to engage with and contribute to local community	Date	Duration	Name of initiative	Issues addressed	Number of participating students and staff
2019	1	1	15/07/2019	15	Social Accountability	Health education of households	140
2019	1	1	01/04/2019	365	Engagement with Self-help group of women	Community mobilisation	40
2019	1	1	01/04/2019	365	Formation of Kishori Panchayat	Community mobilisation, community health action Participation of adolescents	40
2019	1	1	01/04/2019	365	Formation of Kisan Vikas Manch	Community mobilisation, community health action Participation of men	40
2019	1	1	01/04/2019	365	Engagement with Panchayati Raj Institutions	Empowerment of local self governance	40
2019	1	1	01/04/2019	365	Engagement with Village Health Sanitation and	Community health action	40

					Nutrition Committee		
2019	1	1	01/04/2019	365	Training of health care providers from public sector	Capacity building of district health system	30
2019	1	1	01/04/2019	365	Participation in various national health programs	Community health action	50
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7.1.5 – Human Values and Professional Ethics Code of conduct (handbooks) for various stakeholders

Title	Date of publication	Follow up(max 100 words)
Code of conduct for students, faculty and employees	18/08/2019	Published in prospectus and academic calendar every year. All employees sign it on joining the institute.

7.1.6 – Activities conducted for promotion of universal Values and Ethics

Activity	Duration From	Duration To	Number of participants
Non violence pledge Gandhi Jayanti Celebrations	02/10/2019	02/10/2019	400
International Yoga Day	21/06/2019	21/06/2019	400
Community all religion Prayer every Friday	01/04/2019	31/03/2020	400
World Breakfast Week	01/08/2019	07/08/2019	400
World Leprosy Day	08/02/2020	08/02/2020	400
Workshop on Ethics in Medical Education	09/08/2019	09/08/2019	100
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7.1.7 – Initiatives taken by the institution to make the campus eco-friendly (at least five)

<p>1. Water harvesting and composting is carried out 2. Plastic is banned on campus 3. Use of solar panels in hostels and laboratories 4. Replacement of all old electrical devices by energy efficient devices 5. Waste paper and old hospital linen recycled in recycling unit of institute 6. Tree plantation drives, green campus 7. Promotion of cycling on campus 8. Water conservation messages in summer</p>
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7.2 – Best Practices

7.2.1 – Describe at least two institutional best practices

1. **Dr Sushila Nayar Scheme for Promotion of Undergraduate Research:** In order to nurture the research culture at MGIMS further, in 2014, an annual award was instituted for undergraduate research named after our founder Director, Dr Sushila Nayar. The award session provides a platform for young researchers to hone their skills in presenting scientific research and prepares them for dissemination of research findings in scientific fora. Beginning 2017-18, the undergraduate award was made part of a comprehensive approach to build a conducive environment for undergraduate research, known as 'Scheme for promotion of undergraduate research', and includes research grants, travel grants, incentives for publication of papers and periodic need based workshops in order to build the research aptitude of undergraduate students.

2. **E-learning using MGIMS Classroom:** The web-based MGIMS Classroom is an initiative to enhance the learning experience of students at Mahatma Gandhi Institute of Medical Sciences, Sevagram utilizing the immense potential of information technology. MGIMS Classroom offers interactive online classes developed by eminent teachers at MGIMS, Sevagram to support the classroom, clinical and community-based teaching of students.

3. **Title of the Practice Reorientation of Medical Education (ROME) Camp** to prepare medical students for role of primary health care provider

4. **Objectives of the Practice Reorientation of Medical Education (ROME) Camp,** a two weeks residential camp at Rural Health Training Center, is conducted at the beginning of the sixth semester for every batch of medical students with the objectives:

- To help students understand the health care delivery system and other support systems available in the community in India.
- To demonstrate to the students the implementation of National Health Programs
- To help students understand the effect of family and social environment in the etiology of diseases
- To orient students to manage an illness with the limited resources available
- To impart skills to students to conduct community health needs assessment through use of quantitative as well as qualitative methods

3. **The Context** Although the aim of MBBS program is to create a basic doctor, who is able to provide primary health care, the medical education in India has miserably failed to do so. Many of our MBBS graduates join the health care delivery system immediately after completing their MBBS. However, we are creating doctors who are not equipped enough to don the role of PHC medical officer, if s/he is posted in a primary health care setting.

4. **The Practice Re-orientation of Medical Education (ROME) camp** is a two week residential camp at one of the rural centres of the Department of Community Medicine (DCM). The students stay at the RHTC and do clinical case study, survey for assessment community health needs and other activities in the villages of field practice area of the RHTC. The camp curriculum focuses on primary health care and attempts to create conditions for the students to gain a hands-on understanding of the nature of rural health problems. The camp is an integrated approach to public health and clinical disciplines where the field clinics for students are arranged within the patient's house. For one week daily in the morning hours (9am-12pm) faculties from Medicine, Surgery, Pediatrics, OBGY, ENT and Ophthalmology visit the RHTC and take clinical case presentation in the families from a nearby village. Attempt is made to imprint on the minds of budding doctors the role of family, environment and culture on origin, progress of the disease and treatment seeking behavior. The students are taken for exposure visit to various Government Health Facilities, e.g. Subcenter, Primary Health Center, Rural Hospital and interact with health care providers. Discussions are held on various roles of a PHC medical officer, importance and approaches for community mobilization and health promotion, management of health management information system etc. Interaction with District Health Officer and other District level Program Managers are organized in which implementation of various National Health Programs are discussed. The

students are also given practical exposure on assessment of community health needs. After being trained on the methods of community health needs assessment, the students identify 3-4 issues for community needs health assessment, develop plan, prepare tools, do data collection, analyze data and present their final report it during the valedictory function. 5. Evidence of Success We regularly collect feedback from students after the camp. Other methods to evaluate these camps have also been utilized time-to-time. Through a forced field analysis conducted on students immediately after completion of their ROME Camp, the main perceived factors helping students to learn was their exposure visit to the Primary health centre, Sub-centre and Anganwadi centre (94.7), which was an opportunity for them to directly interact and learn from Auxiliary Nurse Midwife and Anganwadi worker (68.4) (see Note 2). The other positive factors were facilitation of a workshop on Problem-Solving for Better Health (PSBH) (63.2), interactive sessions of short duration (57.9) and their participation in community needs assessment surveys on immunization coverage and an exercise on focus group discussion (52.6). The main factors perceived to work against learning were the fewer interactive sessions within the knowledge-based theory teaching and the statistics used in these sessions (57.8), the use of lengthy PowerPoint presentations in the lecture sessions (42.1), and the overly-busy schedule (36.8). The other problem students noted was that there was too little time given to Epiinfo™ software.

BEST PRACTICES AT MGIMS SEVAGRAM HEALTH INSURANCE SCHEME OBJECTIVES OF THE PRACTICE MGIMS Sevagram's unique health insurance scheme creates health consciousness in community by making people responsible for their own health and the health of their community. It gives more strength to the Gram Sabha, makes it accountable for village health and forces it to take decisions for village development. It also provides health care facilities at doorsteps and arranges for hospitalization of those who need it. The scheme avoids charity and creates awareness of human rights.

THE CONTEXT When people fall ill, accessing health care leads to unexpected expenses. This invariably disturbs the entire budget of the household, more so in people who belong to the low socioeconomic strata of society. This out-of-pocket expenditure is worrisome to underprivileged families who often do not have so much cash in times of emergency. Using the concept of risk pooling, the MGIMS Health Insurance Scheme allow individuals and entire villages to insure their health on an annual basis.

THE PRACTICE There are two main types of health insurance schemes that are carried out in the hospital - The Health Insurance Scheme and the Jowar Health Assurance Scheme. The main objectives of these two schemes are to create health consciousness in the community.

Health Insurance Scheme: An individual can insure himself and his family by paying Rs 400 a year and in return he gets 50 subsidy in OPD and indoor bills. In the month of December each year, these insurance cards are made and families need to show these cards during registration throughout the next annual year to avail subsidies on all bills. The Jowar Health Assurance Scheme: Here each participating village is made responsible to pay a payment with the rest of the health expense being covered by the hospital with financial support from the central and state governments. This co-payment (hardly 10 of total amount spent on them) was in the form of a common fund created by the villager by collecting Jowar (sorghum) during the annual December harvest time. Each family in the village contributes based on the size of the individual families land holding. Thus families contribute according to their capacity but receives services according to their needs. The collected harvest is then sold to generate a fund which is then used to provide health assurance for the villagers by strengthening primary care services within the village, and also by subsidizing tertiary level health care for all the participants. This micro-finance health insurance scheme allows individual villages to get the benefit of universal health coverage. For a mere 10 equity it allows these villages to gain access to additional public health resources from the central and state government through Kasturba Hospital who picked up the additional 90 of the health care

expenses. EVIDENCE OF SUCCESS The health insurance scheme of the institute has won several accolades as it seeks to create health consciousness in the community. This scheme fulfills the very basic tenets of health care delivery. In 2019-20, a total of 111399 health insurance cards were sold for 403614 members. 17941 families (78951 members) around Sevagram volunteered to obtain health insurance from this hospital. Forty villages were also insured (172813 individuals). The Jowar Health Assurance Scheme has succeeded in creating an environment of active self participation in health care decision making by the villagers and made it accessible and affordable by linking it to existing governmental resources. In 2019-20, 2593 families which comprised of 11425 individuals were enrolled in this scheme.

Upload details of two best practices successfully implemented by the institution as per NAAC format in your institution website, provide the link

<https://www.mgims.ac.in/files/NAAC/Promotion%20of%20UG%20Research.pdf>

7.3 – Institutional Distinctiveness

7.3.1 – Provide the details of the performance of the institution in one area distinctive to its vision, priority and thrust in not more than 500 words

Community Mobilization for Health Action. Objectives of the Practice: The Department of Community Medicine, MGIMS, Sevagram engages in community mobilization with the following objectives: • To mobilize and empower community based organizations (with a focus on women) for leadership in health • To create platforms for community dialogue in health and catalyzing the process of community health action through engagement of various community-based organizations The Department of Community Medicine at MGIMS, Sevagram, has been working with community-based organizations in more than 80 villages in Wardha district for almost two decades and has developed a model of community mobilization for health action. 4. The Practice Over the last two decades, in the field practice area of MGIMS, Sevagram, a strong network of community-based organizations has been developed. The process started with sensitization of Village Panchayats for health action. Later, in order to further strengthen health action efforts by Village Panchayats, community-based organizations were formed. In an average-sized village a minimum of 3-4 women's self-help groups (SHGs), one 'Kisan Vikas Manch' (KVM - Farmers' Development Associations) and one 'Kishori Panchayat' (KP - Adolescent Girls Forum) was constituted. These community-based organizations were oriented to health issues in the rural areas through discussions held during their monthly meetings. Later, Village Coordination Committees (VCCs) were constituted in every village by including representatives from each of these community-based organizations, Gram Panchayat, village informal leaders and frontline workers from health and ICDS. The community-based programme operated through the Village Co-ordination Committees (VCCs), thus constituted. These village committees entered into a social franchise agreement under this project where the VCC ensured provision of essential maternal and child health services to the villagers, while MGIMS, Sevagram took up the responsibility of building capacity of these committees and developing tools and techniques for community-based activities to be conducted by the committees. With strong and sustained capacity-building in form of regular handholding for more than a year, the VCCs could take charge of community-based activities at the village level. In most of the programme villages, the VCCs participated in assessment of community health needs, developed village health plans, implemented the activities decided in coordination with other stakeholders, and monitored the community-based health activities in their respective villages. The community networks were especially effective in disseminating health messages in the village and for creating new social norms. When guidelines for formation of Village Health Nutrition and Sanitation Committees (VHNSC) were issued by the Government of Maharashtra

under NRHM, we engaged with them and worked to build their capacity. Currently, we are working in more than 90 villages in Wardha. There are total 275 Self Help Groups and 89 Kishori Panchayats functional in the four primary health centre (PHC) areas adopted by the Department of Community Medicine.

Provide the weblink of the institution

<https://www.mgims.ac.in/files/NAAC/Institutional%20Distinctiveness.pdf>

8.Future Plans of Actions for Next Academic Year

1. Construction of two hostel blocks with capacity of 100: Considering the needs of students, the management has decided to construct two new hostel blocks. These new hostel blocks will be built besides Postgraduate student's hostel block. This will be the part of 3rd phase of construction of hostel blocks. Each block will have 50 rooms thus in total 100 rooms will be added to existing capacity. New hostel blocks will be built on total area of 25300 square metres, out of which 915.81 square metres will be built up area whereas 1816.88 square metres will be development area. The estimated cost of construction would be 2.69 crore. The money for construction of these hostel blocks was raised from Alumni of Institute. 2. IVF Laboratory will be set up at MCH Building: MGIMS shall soon have the IVF facility. The In- Vitro Fertilization laboratory will be built at basement floor of MCH wing. The laboratory will be built on an area of 5000 Square feet. 3. Renovation of Pathology department and Lecture hall: Renovation of Pathology department has already started. Management has decided to renovate the existing lecture halls in a phase wise manner with air-conditioned and facility for LCD projections. 4. To start COVID-19 testing laboratory: MGIMS will set up a lab for conducting corona virus detection test. The lab would perform RT-PCR, a test that detects the RNA of corona virus and identifies those who have fallen a prey to the corona virus. 5. Dedicated COVID-19 Hospital: This hospital in Sevagram shall comprise a 350- bed isolation ward where people who test positive for corona virus (those with or without symptoms) shall be admitted. A 50-bed Intensive Care Unit (ICU) equipped with ventilators, monitors, infusion pumps and monitoring systems shall house patients who require mechanical ventilation or at risk of, or develop, multi-organ failure.