Internship

at

Lords Education and Health Society (LESH) / Wadhwani Initiative for Sustainable Healthcare (WISH), Madhya Pradesh

By

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MBA Health and Hospital Management

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1. INTRODUCTION

An internship is a part of the second-year academic curriculum, where one must observe and learn the work culture of the organization. Also, it is necessary to participate in various departmental activities, so as to get oriented with different departments that give first-hand exposure.

It is the process to understand process of work and thereafter be able to involve in decision making.

I am appointed as Intern-Innovations in LEHS|WISH, Jaipur. My department deals with the introduction/demonstration of healthcare innovations in the public healthcare system that will strengthen the delivery of primary and preventive healthcare by addressing the key barriers to quality RMNCH+A services and affordable healthcare delivery for the underserved population. It works to create an enabling environment by leveraging the collaboration between various Government/Development agencies such as BIRAC, Lemelson Foundation, Immunity Charm Foundation, etc. and LEHS|WISH for validating different innovations (validation studies) in primary healthcare settings and the subsequent efforts to scale up and integrate (feasibility studies) some of these promising innovations into the mainstream public healthcare delivery models of the government.

1.1 Goals of Internship

1. To understand the work process of LEHS|WISH and it's organizational structure.
2. To understand the work process of various Primary Health Centers under LEHS|WISH in Rajasthan.
3. To learn various managerial and administrative skills required to work with the government system and to effectively implement all the healthcare innovations in primary health centers to ensure overall benefit for the community.

2. ABOUT RAJASTHAN

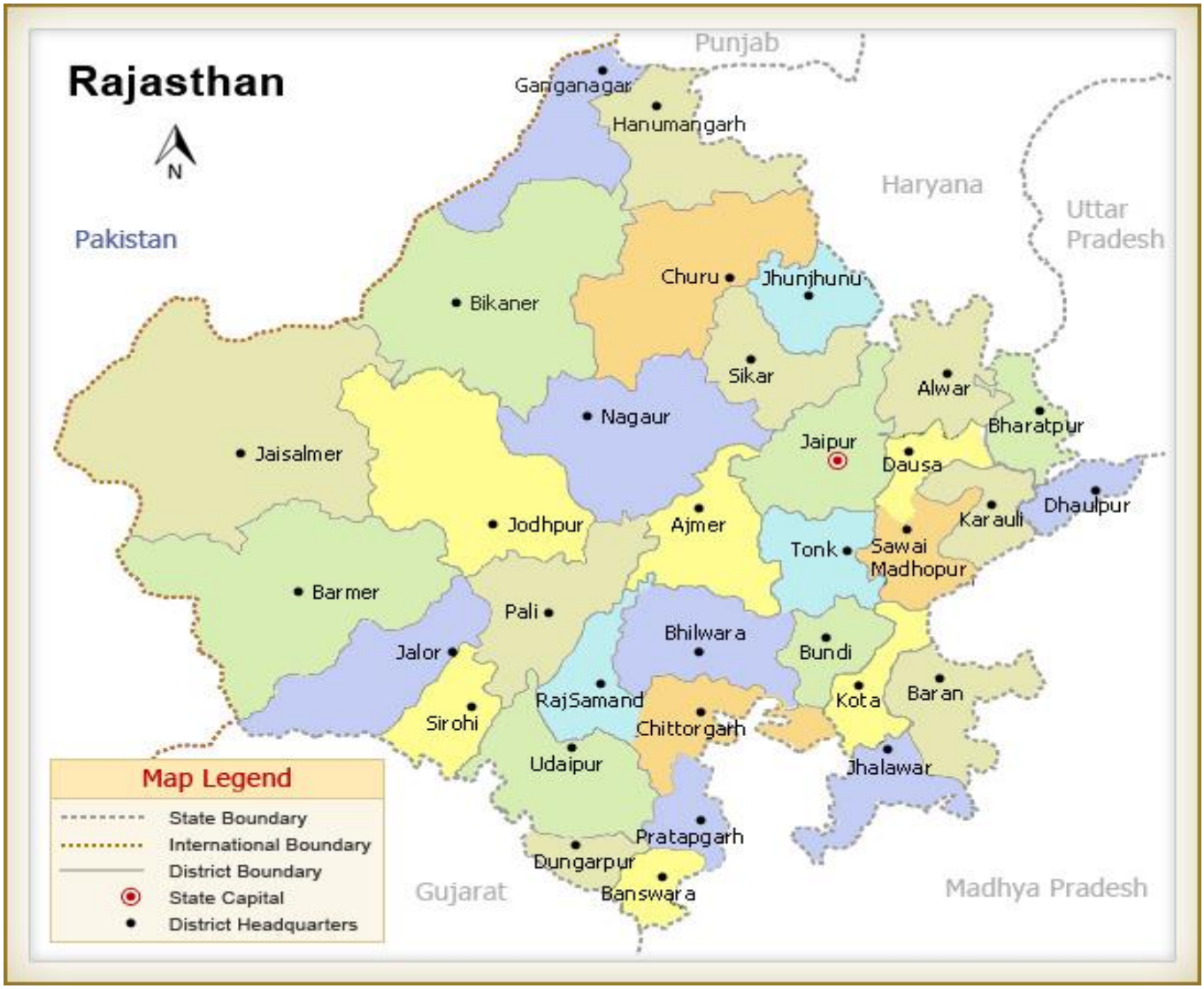

FIGURE 2.1: Map of RAJASTHAN

Rajasthan is a state in Northern India. It is located at 26° 55' 19.4520" N latitude 75° 46' 43.9860" E longitude. It shares a border with the Pakistani provinces of Punjab to the northwest and Sindh to the west, along the Sutlej-Indus river valley. Elsewhere it is bordered by five other Indian states: Punjab to the north; Haryana and Uttar Pradesh to the northeast; Madhya Pradesh to the southeast; and Gujarat to the southwest. The state was formed on 30 March 1949. Its capital and largest city is Jaipur.

Table 2.1: Demographic profile of Rajasthan

Description	2011	2001
Actual Population	68,548,437	56,507,188
Male	32,997,440	27,087,177
Female	32,997,440	27,087,177
Population Growth	21.31%	28.33%
Percentage of total Population	5.66%	5.49%
Sex Ratio	928	921
Child Sex Ratio	888	909
Density/km2	200	165
Density/mi2	519	428
Area(Km^2)	342,239	342,239
Area mi2	132,239	342,239
Total Child Population (0-6 Age)	10,649,504	10,651,002
Male Population (0-6 Age)	5,639,176	5,579,616
Female Population (0-6 Age)	5,010,328	5,071,386
Literacy	66.11%	60.41%
Male Literacy	79.19%	75.70%
Female Literacy	52.12%	43.85%
Total Literate	38,275,282	27,702,010
Male Literate	23,688,412	18,047,157
Female Literate	14,586,870	9,654,853

Source: Census 2011

Table2.2: Demographic Profile Details: Area Wise

Description	Rural	Urban
Population (%)	75.13%	24.87%
Total Population	51,500,352	17,048,085
Male Population	26,641,747	8,909,250
Female Population	24,858,605	8,138,835
Population Growth	18.96%	29.01%
Sex Ratio	933	914
Child Sex Ratio (0-6)	892	914
Child Population (0-6)	8,414,883	2,234,621
Child Percentage (0-6)	16.34%	13.11%
Literates	26,471,786	11,803,496
Average Literacy	61.44%	79.68%
Male Literacy	76.16%	87.91%
Female Literacy	42.20%	63.81%

Source: Census 2011

Table 2.3: Key Health Indicators

Health Indicator	India	Rajasthan
Institutional Delivery	78.9% (NFHS 4)	84 % (NFHS 4)
Maternal Mortality Ratio (MMR)	130 (SRS 2014-16)	199 (SRS 2014-16)
Infant Mortality Rate (IMR)	34 (SRS 2016)	41 (SRS 2016)
Neonatal Mortality Rate(NMR)	24 (SRS 2016)	28 (SRS 2016)
Early Neonatal Mortality Rate (ENMR)	18 (SRS 2016)	22 (SRS 2016)
Under 5 Mortality Rate (U5MR)	39 (SRS 2016)	45 (SRS 2016)
Total Fertility Rate (TFR)	2.3 (SRS 2016)	2.7 (SRS 2016)
Sex Ratio at Birth	898 (SRS 2016)	857 (SRS 2016)

3. ABOUT THE ORGANIZATION

The Wadhwani Initiative for Sustainable Healthcare (WISH) is the flagship program of Lords Education and Health Society (LEHS), a Society registered under the Societies Registration Act, 1860, with its registered office in New Delhi. The founder donor of LEHS|WISH is Mr. Sunil Wadhwani and Mrs. Nita Wadhwani Foundation (USA). WISH program works towards improving the quality of and access to primary healthcare for underserved communities in India by implementing focused healthcare models through partnerships with state governments, international agencies and the private sector; and by appropriately introducing promising healthcare innovations in the public health system. LEHS|WISH firmly believes that a fully operational and high quality-compliant primary healthcare delivery system significantly expands service-coverage, contributes to improved health outcomes, and reduces out of pocket expenditure for beneficiaries.

Vision

WISH will enable the availability of good quality, affordable primary health care for all or other.

Mission

Creating healthy communities through innovative, affordable, and quality primary healthcare or other.

Organizational Values: CRISP

- **Compassion** towards the people we serve
- **Respect** for one another, which most of all means being accountable for our commitments.
- **Innovation** in what we do and how we do it.
- **Speed** a sense of urgency to improve the health of the underserved.
- **Passion** for results!

Strategies of LEHS|WISH

LEHS|WISH has set various strategic criteria to improve the health of poor people in India and other developing countries.

- **Serving the BoP:** Staying focused on BoP needs in top priority states; on-the-ground results are critical to success.
- **Contextualization:** Understanding/adapting to the context of diverse, local BoP needs, behavior, and expectations is key to success.
- **Alliance:** Knowing no-one can do it alone; developing the right alliances for success.
- **Low cost:** Making innovative solutions affordable, accessible and sustainable low-cost solutions pave the way to success.
- **Enterprising:** Enabling social enterprises with high volume/low margin business models will lead to success.

LEHS|WISH's Initiative to Tackle the Challenges

- **Strengthening Primary Health Centers**: By scaling & leveraging innovations in primary health, providing 'test-beds' or 'social-labs', thus – reducing the burden on secondary & tertiary care
- **Bridging the Gap:** By bringing together the Infrastructure, Government's reach and Innovation, thus – building a quality primary health system of acceptable standards
- **Affordable Service**: By providing low-cost primary care service to underserved communities through a combination of PPPs, deploying innovative Point-of-Care-Devices (PoCs), thus – reducing the overall health expense and out-of-pocket expense (OOPE)
- **Tech-enabled Model**: Deploying technologies such as teleconsultations, Medicine-Vending Machines, Electronic Health Records, thus – minimizing the shortage of skilled staff

3.1 LEHS|WISH Programs

WISH currently works across 5 states:

a) **Assam**: One of the Consortium Partners of TSU under USAID Partnerships Framework

- Transformation of 53 UPHCs into Health & Wellness Centers.
- Transformation of 6 Tea Garden Clinics into Smart PHCs.
- Support to the government to pilot EHR at 100 primary health centers (rural & urban)
- Introduction and scaling up innovations
- Demonstrate 5 THWCs in urban areas

b) **Delhi/NCR**: Technical Assistance & Knowledge Management Partner to the Government

- Support to the government to scale up mohalla clinics program
- Integration of Key RMNCH+A services to mohalla clinics (ANC + Immunization)
- Digital Health Management System
- Community process through Jan Swashtya Samiti, Capacity Building

c) **Madhya Pradesh**: Technical Support Unit

- Fostering Health & Wellness Centre scheme in the state
- Urban Health, RMNCH+A, NCDs
- Healthcare innovations, M&E, data analytics
- Demonstration of 10 THWCs

d) **Rajasthan**: Technical Support Unit and Public-Private Partnerships

- Technical Support to transform primary healthcare facilities into HWCs under Ayushman Bharat
- Operationalizing PHCs (Rural-Urban) under PPP and their transformation into HWCs
- Demonstration of THWCs at SC and PHC levels
- Healthcare innovations, digital health management system

e) **Uttar Pradesh:** Technical Assistance for HWCs and Project SUBAH on dengue prevention

- TA to two Aspirational Districts and demonstration of 10 THWCs in two districts (Shrawasti and Fatehpur)
- Implementation of Project SUBAH on dengue prevention

3.2 Improving Primary Healthcare Outcomes in Rajasthan

In 2015 LEHS|WISH curated a unique innovation-led model to transform the underperforming Primary Health Centres (PHCs) and Sub-Centres (SCs) in India into well managed and high performing, smart facilities that will increase the coverage of critical health services and contribute to improving health outcomes. The Govt. of Rajasthan welcomed the approach and entered into a 5-year MoU to transform under-performing facilities and establish a high-quality primary healthcare delivery system in 12 districts of the State, catering to a total population of 800,000. These districts are in remote areas with difficult terrain, limited accessibility, high poverty levels, and poor health indicators. Under this PPP, currently, LEHS|WISH is currently working to transform underperforming health centers into high-quality Health and Wellness Centers across 14 districts of Rajasthan. These rural and urban PHCs together serve approximately 0.65 million populations, located in remote areas with hard to reach geographies, limited accessibility, high poverty level, and poor health indicators. WISH has introduced a technology-led solution which has helped develop innovative processes, thereby increasing efficiency, reducing costs and improving health standards. These centers are fully staffed with doctors, attendants, auxiliary nurse midwives(ANM), general nursing and midwifery (GNM) and other personnel. They are equipped with high-end medical services and technology, with the well maintained government supplied pharmaceutical drugs and assured availability of healthcare services.

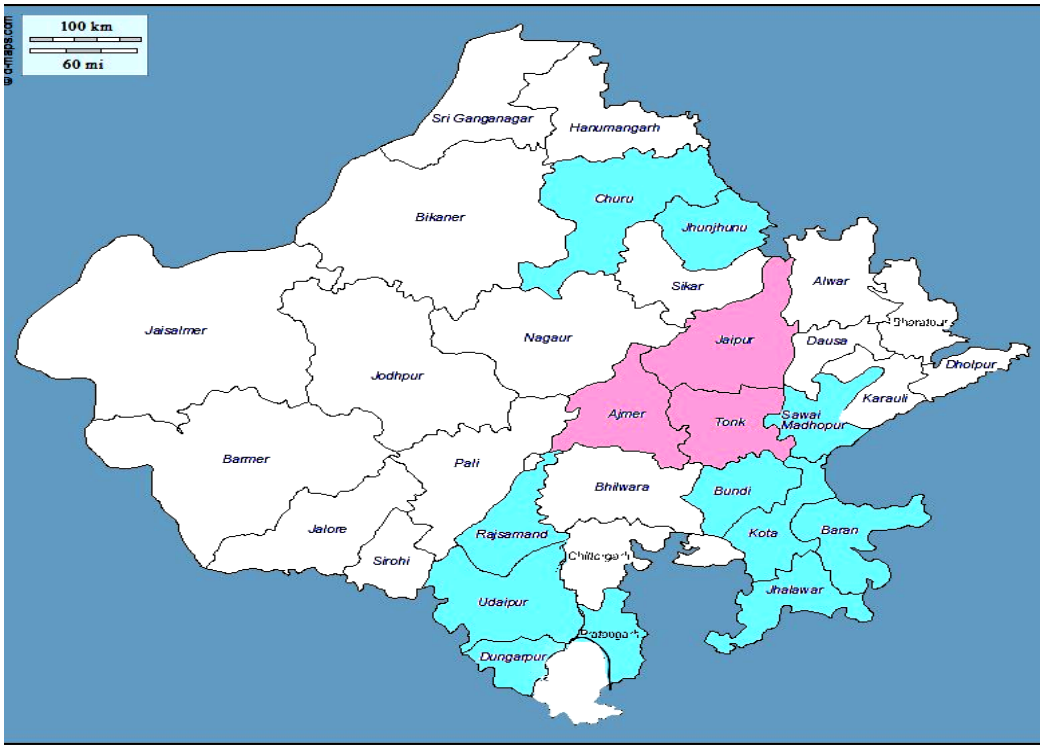

Figure 3.1: Districts of Rajasthan with WISH model of Primary Health Centers

3.3 Departments of LEHS|WISH, Rajasthan

- ✓ Program and Operations
- ✓ Research Monitoring Evaluation and Learning (RMEL)
- ✓ Human Resource (HR)
- ✓ Finance
- ✓ Administration

3.4 Innovations of LEHS|WISH

Objectives:

- Improve healthcare reach in terms of accessibility, affordability with potential to reduce the cost of care, quality inclusive of the safety of a healthcare product
- Identifying and assessing promising need-based, high potential innovations and demonstration of their technical worthiness for scale up.
- Providing field test beds for a demonstration of innovations within the public healthcare system (field plus feasibility).
- Building an effective partnership to identify and nurture innovations.
- Facilitate introduction and connect of innovators with public procurement initiatives.
- Building an innovation ecosystem to accelerate scale-up of innovations.

S.No.	Innovation	Features
1.	**ATOM** 	• ATOM stands for "accurate tele-electrocardiogram on mobile" and boosts itself as an ECG device tailor-made for populations screened in primary healthcare settings and in outreach camps. It can record a medical grade 12-lead simultaneously. • The entire test takes about five minutes. Bluetooth connectivity between the hardware and the mobile ensures the uninterrupted transmission of the ECG Pdf file recorded on ATOM app through messaging services such as Whatsapp or through emails to a cardiologist for immediate teleconsultation.
2.	**Sanket Life** 	• SanketLife is the world's first and only wireless + Leadless 12 Lead Portable ECG device that is capable of taking the single lead, 6-lead and 12-lead medical grade ECG. • It is equally suited to doctors for ECG screening in clinics, home/remote monitoring of heart-patient /history of people with a high risk of heart-disease like high BP, high cholesterol, obesity & diabetics.
3.	**Mobile Path Lab** 	• Lab- in a suitcase- mobile pathology lab with 36 tests capability with remote calibration and report generation facility. It has a power-backup of 4 hours extendable to 24 hours. • It is a compact Portable Clinical Laboratory which empowers PHCs to perform additional 37 lab tests like LFT, KFT, etc.

4.	**Mobile ODT** 	▪ Mobile ODT helps to conduct cervical and vulvar digital examinations in a variety of settings. ▪ The system combines high-quality optics, image and video capture with secure, HIPAA-compliant online data management, allowing to document cases, add annotations and filters directly to images, and export the information into EMR, simplifying the medical workflow.
5.	**TrueNat** 	• TrueNat TB test is a new molecular test for diagnosing TB in one hour as well as testing for resistance to the drug rifampicin. • This test for TB uses a sputum sample taken from each patient. The test works by the rapid detection of TB bacteria using the polymerase chain reaction (PCR) technique.
6.	**SOHUM** 	• A low cost and unique newborn hearing screening device which uses brainstem auditory evoked response, the gold standard in auditory testing to check for hearing response in a newborn. • Hearing screening device is a highly proprietary, non-invasive, safe device to screen neonates for hearing impairment with high sensitivity and specificity and is specially designed for mass screening of neonates in resource constrained settings.
7.	**AINA** 	• AINA is a blood monitoring system with high quality and versatile multi-parameter diagnostic platform. It is a safe and reliable innovation to manage chronic diseases by clinicians integrated with a patient facing disease management platform.

8.	**Birth Kit** 	• Ayzh Birth Kits is equipped with 6 instruments for conducting deliveries in safe and sterile environment
9.	**Telemedicine and Swasthya ATM**  	• Remote doctor driven teleconsultations are found useful & valuable and help generate e-records as well. Telemedicine improves access to medical care through virtual doctors. A generated prescription is scanned on the Health ATM which then dispenses medicines.

4. CONCRETE EXPERIENTIAL LEARNING DURING INTERNSHIP

1. Coordinated with the District Coordinators for the collation of various information in regard to innovations.
2. Liaising and coordinating with government officials for the clinical trial of innovation device in a public hospital.
3. Coordinated and attended training for various devices.
4. Data compilation for ongoing clinical trials in primary health centers during the internship period.
5. Designing stickers and completed branding on the devices.
6. Preparing concept notes and proposals.
7. Verification of data to improve quality.

Conferences Attended

- Project dissemination conference in Clark's Amer by Save the Children.
- International Conference on Global Health and Medical Tourism (GIoHMT) organized by IIHMR University and IIM, Kozhikode held at IIHMR University, Jaipur on 12th March 2019.