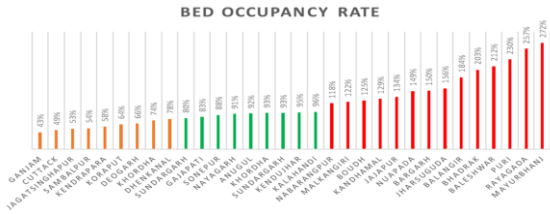
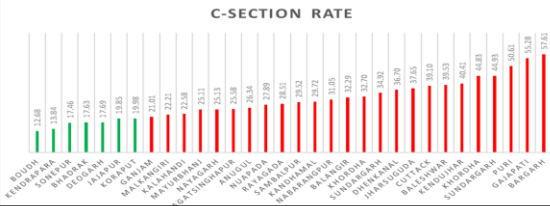
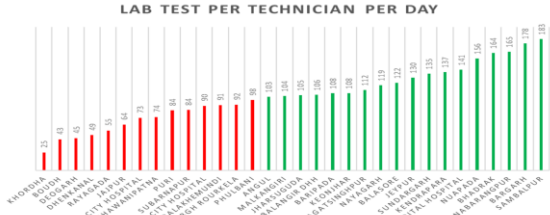
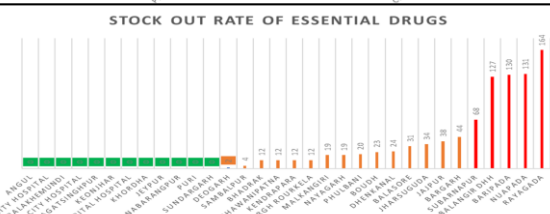
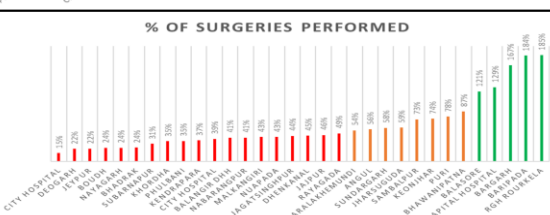


Name: Tejaswini Pattnaik; 1643; HM_27		Faculty Mentor : Dr Anupam Mehrotra Industry Mentor : Dr Mithun Karmakar										
NHM-O History , Vision & Mission The National Rural Health Mission has been in operation since June 2005 in Odisha and has been renamed as National Health Mission (NHM) after widening its service coverage to urban areas. Odisha, has shown a steady and sustained improvement in most of the key impact level indicators of health sector performance since the launch of NRHM. Vision: Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health. Mission: It is both flexible and dynamic and is intended to guide State towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions and capabilities.		Research Objectives 1. To assess the performance of district headquarter hospitals vis-à-vis selected Key Performance Indicators (KPIs) through HMIS data. 2. To test the accuracy of HMIS reporting on field in selected DDH's of the state in central region										
Learning & Value Addition • Understanding of Monitoring and Evaluation (M&E) Frameworks. • Data Collection and Analysis Skills. • Enhanced my report writing skills. • Effective communication of evaluated results to stakeholders.		Research Methodology Source of data : Objective 1- Secondary data through information uploaded by DHHs on HMIS Objective 2- Primary data collection through field visit for sampled districts. Study design : Cross Sectional Study Duration: 2 Months Sampling : Objective 1 – Census Objective 2 – Technique : Purposive ; Sample size : 10% of all DHHs = 3 ; Zone: Central Selected Respondent: Administrative representative Tool : Structured Questionnaire and record verification										
Core Values • Safeguard the health of the poor, vulnerable and disadvantaged • Strengthen public health systems • Empower community to become active participants • Institutionalize transparency and accountability • Improve efficiency to optimize use of available resources.		Study Findings:										
STRENGTHS 1. Well-established network and central infrastructure 2. Skilled workforce 3. Active engagement - Communities & stakeholders 4. Technological advances – telemedicines and HMIS				NQAS certified : Kalahandi DHH LaQshya Certified Dhenkanal Khordha								
WEAKNESS: 1. Infrastructure challenges - remote & tribal areas 2. Data quality in terms of completeness & correctness 3. Data Validation and analysis of received data				Rayagada Kandhamal Kalahandi Malkangiri Gajapati Bolangir Jajpur Nabarangpur								
OPPORTUNITIES 1. Cloud based data storage. 2. Developing validation tool. 3. Intersectoral Collaboration 4. Public Private Partnership				Nayagarh Cuttack Jagatsinghpur Sundargarh Koraput Anugul								
THREATS 1. Natural Disasters: Cyclones , floods, etc 2. Disease outbreaks. 3. Wrong data interpretation may lead to faulty planning & financial resource allocation.				Kayakalp Award: Malkangiri Runners up: Sundargarh								
Implementing theoretical Knowledge to enhance practical exposure: Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations. Practical Exposure gave me a firsthand experience in applying the theoretical knowledge. It allowed me to work in a real-world healthcare setting, interacting with professionals, stakeholders, and beneficiaries.				Commendation : 24 more districts Records verified on field 1. Khordha Dhh 2. Cuttack city hospital 3. Balasore								
SWOT ANALYSIS		Result Findings										
THEORY UNDERSTANDING VS PRACTICAL EXPOSURE • <u>Practically exposure</u> in cross-sectional study : Planning study design , Collecting data , managing data quality and performing statistical analysis. • Involved addressing logistical issues, ensuring to meet ethical considerations & adapting unforeseen circumstances. • <u>Theory</u> included knowledge of the sampling techniques , how to use facts or information already available, and analyze these to make a critical evaluation of the material.		<table><tr><th>Facility name</th><th>Total score</th><th>Best practices</th></tr><tr><td>DHH Kalahandi</td><td>74</td><td>NQAS , LaQshya certified, Kayakalp commendation, Low stock-out rate</td></tr><tr><td>DHH Sundargarh</td><td>57</td><td>High surgery rate, Low stockout rate , LaQshya certified and Kayakalp runners-up</td></tr></table>		Facility name	Total score	Best practices	DHH Kalahandi	74	NQAS , LaQshya certified, Kayakalp commendation, Low stock-out rate	DHH Sundargarh	57	High surgery rate, Low stockout rate , LaQshya certified and Kayakalp runners-up
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Usefulness of summer training at NHM-O: • <u>Overall Understanding:</u> how healthcare management concepts and principles are implemented in a functioning organization. • <u>Operations :</u> gained insights into the complexities of healthcare delivery, resource management, and policy implementation. • <u>Networking :</u> with professionals in the healthcare field, including government officials, healthcare practitioners, researchers, and administrators. Gave a chance to learn from experienced professionals working at NHM Odisha.												
Challenges • Due to time constraint • Only 10% of studied sample was surveyed on field. • All the line items of HMIS could not be evaluated		Proposed Suggestions • Proper capacity building and refresher training of staffs on regular basis. • Ensuring data quality in terms of completeness ,correctness and validation.										
												