



SUMMER INTERNSHIP PROGRAM

DR. TUSHAR YADAV (HM 28), ROLL NO: 1877

GUIDED BY: DR. SUSMIT JAIN



ABOUT THE ORGANIZATION

The National Health Mission (NHM) is an initiative undertaken by the government of India to address the health needs of underserved rural and urban areas. Launched in 2013, it combines the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NHM aims to provide accessible, affordable, and quality healthcare services to all citizens, particularly the vulnerable sections of society.

Vision

The vision of NHM is to achieve universal access to equitable, affordable, and quality healthcare services that are accountable and responsive to the needs of the people, with a special focus on the marginalized sections of the population.

Mission

The mission of NHM is to:

- Improve the availability and accessibility of quality health care by strengthening health systems, institutions, and capacities at all levels.
- Ensure comprehensive primary health care services are available to all, especially in rural and underserved areas.
- Enhance community participation in health planning and decision-making processes.
- Reduce maternal and infant mortality rates and address other health determinants.

STRUCTURE: Mission Director > MD > AD > State program officer > consultant > coordinator > project officer > project assistant > computer operate.

ACTIVITIES DONE

- Data from various hospitals in the Gandhinagar district were collected using a structured questionnaire.
- Conducted interviews with healthcare providers to gather qualitative insights.
- Assessed the availability of dedicated pulmonary care units, bed capacity, and essential facilities like PFTs, imaging, oxygen therapy, mechanical ventilation, and ABG analysis.
- Evaluated ward facilities for Chronic obstructive pulmonary disease (COPD) patients, including the availability of isolation wards.
- Surveyed the number of medical staff including pulmonologists, general physicians trained in respiratory care, and other specialists.
- Assessed the number of allied health professionals like respiratory therapists, nurses, and physiotherapists.
- Reviewed training programs and continuing medical education (CME) opportunities focused on Chronic obstructive pulmonary diseases (COPD).
- Evaluated the availability of educational materials for healthcare providers and patients.
- Checked the availability and stock consistency of essential Chronic obstructive pulmonary disease (COPD) medications and equipment.
- Assessed the protocols for maintaining and calibrating medical equipment.
- Evaluated the familiarity and implementation of NHM Chronic obstructive pulmonary diseases (COPD) guidelines among healthcare providers.
- Assessed the frequency and effectiveness of clinical audits to ensure guideline adherence.
- Reviewed the follow-up care protocols and pulmonary rehabilitation programs.
- Assessed the methods for tracking patient outcomes and the availability of support services for COPD patients.

GLIMPSE OF ACTIVITIES



SWOT ANALYSIS OF MOMENTUM Routine Immunization Transformation and Equity (M-RITE)

Strengths

- Well-trained healthcare professionals
- Availability of essential drugs in most facilities

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Weaknesses

- Limited advanced equipment in rural areas
- Inadequate patient follow-up practices

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Opportunities

- Potential for telemedicine to improve rural healthcare
- Government initiatives to enhance healthcare infrastructure

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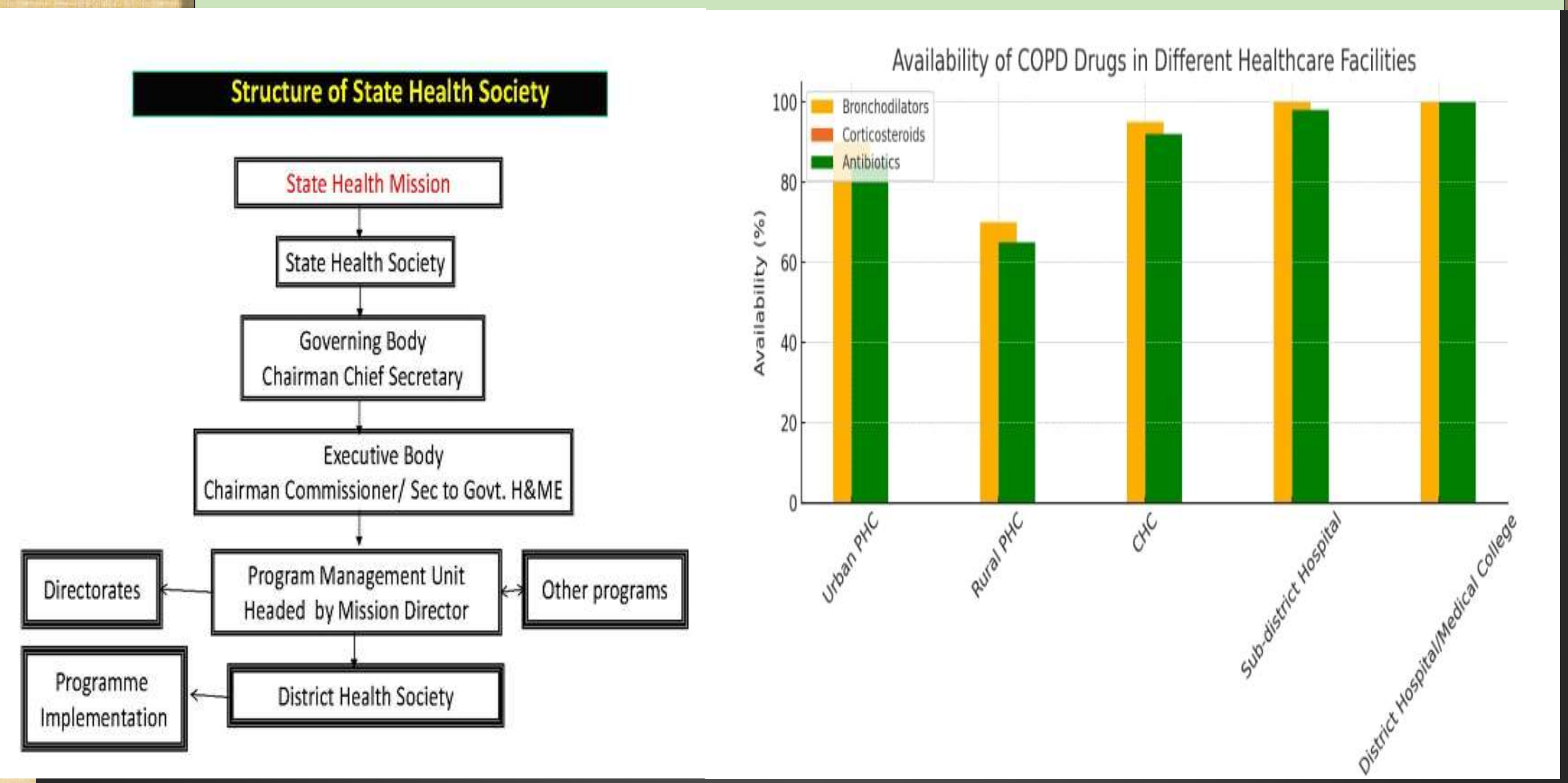
Threats

- Increasing prevalence of COPD
- Limited funding for healthcare improvements.

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SUGGESTIONS

- Increase the number of dedicated pulmonary care units and improve bed capacity.
- Ensure all hospitals are equipped with necessary diagnostic and therapeutic equipment.
- Recruit more pulmonologists and respiratory therapists.
- Increase training programs and CME opportunities focused on COPD management.
- Develop robust supply chain management to prevent stock-outs of COPD medications.
- Standardize protocols for equipment maintenance and calibration.
- Conduct regular training sessions on NHM COPD guidelines.
- Increase the frequency and rigor of clinical audits to ensure compliance.
- Standardize follow-up care protocols across all hospitals.
- Expand pulmonary rehabilitation programs and establish support groups or counselling services for COPD patients.



USEFULNESS OF INTERNSHIP

Provided exposure through an opportunity to work on COPD program and its challenges.

THEORETICAL UNDERSTANDING

- Grass-root level problems are not deeply discussed.
- Theoretical understanding gives knowledge.
- In the research methodology module, learned about how to collect and analyze data or information.
- In the Marketing Management module, learned about SWOT analysis.

PRACTICAL EXPOSURE

- Experienced grass-root level challenges.
- Deals with the implementation of work.
- Implemented classroom learnings in data collection & analysis.
- Performed SWOT Analysis.

LEARNINGS

- Classroom learning on hospital infrastructure management was applied in assessing the availability and adequacy of facilities for COPD management.
- Theories on staffing and workforce training were linked with the evaluation of medical and allied health professionals available for COPD care.
- Understanding of clinical guidelines and quality assurance practices was utilized in evaluating the adherence to NHM COPD guidelines and the implementation of clinical audits.
- Knowledge from patient care management and rehabilitation courses was applied in assessing follow-up care and pulmonary rehabilitation programs.

CHALLENGES

- ❖ Limited Access to Healthcare facilities and specialists.
- ❖ Lack of Awareness about COPD among the general population.