SUMMER INTERNSHIP PROGRAM

At

NATIONAL HEALTH MISSION, GUJARAT

From 6th May 2024 to 5th July 2024

A REPORT BY

Dr. SHUBHANGI GARG

Master of Business Administration

(HOSPITAL AND HEALTH MANAGEMENT)

2023-25

Under the Mentorship of

DR. NEETU PUROHIT

(Professor)

IIHMR UNIVERSITY

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

Certificate of Internship

This is to certify that ~~Mr./Miss.~~ Dr. Shubhangi Garg student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at IDSP - CoH, Gandhinagar.

During the period of ~~his~~/her internship programme with us, ~~He~~/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish ~~him~~/her every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission,Gujarat

Remya Mohan, IAS
Mission Director,
National Health Mission,Gujarat

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shubhangi Garg** of the academic year 2023-25 of **INSTITUE OF HEALTH MANAGMEMENT RESEARCH** has prepared poster with respect to her summer internship held during May-June 2024.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 22nd July 2024

(Signature of Faculty Mentor)

Dr. Neetu Purohit

(Professor)

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A Study of IDSP Program on IHIP Portal: Case Of Cholera Outbreak in Gandhinagar, Gujarat

UNDER THE GUIDANCE OF- Dr. NEETU PUROHIT

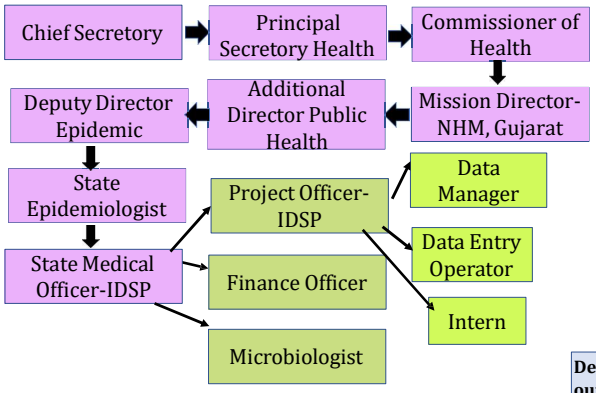
BY-Dr. SHUBHANGI GARG

ABOUT ORGANIZATION

NATIONAL HEALTH MISSION

- HISTORY: National Rural Health Mission (NRHM) was introduced first in 12th April,2005. Later on 1st May 2013, National Urban health Mission (NUHM) was launched as another Sub Mission. Both the sub Missions were combined and known as National Health Mission (NHM). The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. One of the key components of the NRHM is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.
- 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: The mission is to make public health delivery system fully functional & accountable to the community human resource management community involvement, decentralization, rigorous monitoring, & evaluation against standards, the convergence of health & related programs from village level upwards, innovations & flexible financing & also interventions for improving the health indicators

ORGANIZATION STRUCTURE



OBJECTIVES

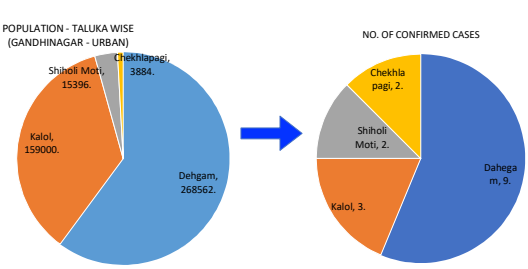
1. To advance learning about IDSP Program using IHIP (integrated health information platform) portal on disease surveillance activities.
2. To identify the areas for improvement during Cholera outbreak.

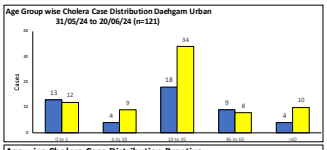
METHODOLOGY

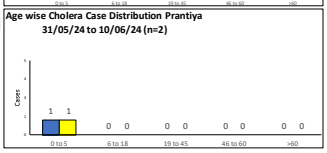
1. Prepared questionnaire for interviewing different epidemiologists in various districts, GMC & AMC.
2. Consulted field workers (MPHW) in different areas for S- form reporting & their functioning during outbreak.

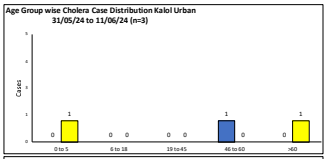
ANALYSIS

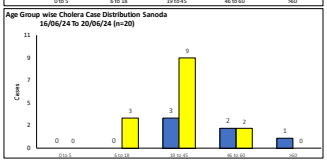
IDSP's primary objectives include the Real-time monitoring and evaluation, early detection and rapid response to outbreaks, strengthening state and district-level surveillance capabilities, developing a robust laboratory network for accurate diagnosis, and integrating surveillance data with GIS mapping for detailed analysis. Key functioning include data collection and reporting from health care facilities, laboratories, and community health workers; weekly disease reporting to track trends; immediate outbreak reporting followed by investigations; laboratory strengthening; and capacity building through training of health workers in disease surveillance and outbreak response.











Despite early monitoring & detection still the percentage of disease outbreak is not less, while study few observations were made at field:

1. **Technical Issues: The IHIP portal frequently encounters server issues, leading to downtime and disruptions in data reporting and access.**
2. **Low Recruitment of Manpower: There is a shortage of manpower available to handle the equipment and manage the IHIP portal effectively at the DSU level.**
3. **Insufficient Field Manpower: The number of field workers is insufficient as due to migratory population it makes difficult for them to collect and report data efficiently during S-form reporting.**
4. **Inadequate Training (Capacity Building): DSU staff lack appropriate training and capacity-building programs to effectively utilize the IHIP portal.**

Practical Exposure	Theoretical Understanding
• 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.	• Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations.
• Practically exposure in qualitative 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.	• Theory included knowledge of the research techniques , how to use facts or information already available, how to make questionnaire and analyze these to make a critical evaluation of the material.

SWOT ANALYSIS

LEARNING DURING INTERNSHIP

- Learned about IDSP programme and IHIP portal functioning.
- Analyzed secondary data to detect trends and potential outbreaks.
- Learned how the RRT team take action after the outbreak to stop the disease spread.
- Learned how communication happens for rapid dissemination of information to health authorities for prompt action.

CHALLENGES FACED DURING INTERNSHIP

- Extreme weather conditions
- Time Constraints for interaction with department ground level personnel & district's epidemiologists.
- Language Barrier

USEFULNESS OF INTERNSHIP

- Ground level conditions related to health sector in various areas.
- Practical exposure about the organization
- Understanding Public Health Systems
- Enhanced learnings with being out of comfort zone
- Building professional network
- Enhance wide range of skills

SUGGESTION

- Upgrade server infrastructure and implement regular maintenance to enhance reliability.
- Launch targeted hiring campaigns and offer competitive incentives to attract skilled personnel.
- Allocate budget for hiring additional field workers and establish a volunteer program for outbreak support with comprehensive training programs, including e-learning modules and workshops.
- Enhance community education and engagement programs on cholera prevention and response through IEC material.

IIHMR UNIVERSITY

Week- 1

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 1 **From:** 6th May 2024 to 11th May 2024

Activity Done	-Studied guidelines of "Introduction to IDSP Programme" and "IHIP portal for IDSP programme" to gain insights into the history of IDSP programs, how the portal is worked and reporting and analysis of data is done at SSU level. -Conducted data analysis using Excel sheets for the analysis of disease of SPL form across different districts of Gujarat. This involved categorizing data based on public and private institutions and creating graphical representations for better visualization and understanding. -Interacted with supervisors and colleagues to understand the practical aspects of IDSP programme in Gujarat.
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, Epidemiology, and Health and Development, all played a role in ensuring a smooth and adept understanding of what role each department of NHM plays.
Gaps identified on the working area.	-Major gaps that could be identified within the first week of being introduced to the organisation included lack of orientation program.

	-Language barrier is the another gap identified in working with NHM Gujrat
Suggestions for improvement	-Though the current level of functioning is adequate, one area that could use some improvement is the delivery of the orientation programme.
Plan for the next week	-Further the visit to AMC, Ahmedabad district, GMC, Gandhinagar district is arranged for the coming weeks to understand how portal works at DSU level. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 2

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 2 **From:** 13th May 2024 to 18th May 2024

Activity Done	-Observing and seeking the importance of reporting of diseases data to the IHIP portal. -Learning the specific reporting protocols of S, P, L form diseases, epidemic-prone diseases, waterborne diseases, and certain vector-borne diseases on IHIP portal. -I have completed the departmental task and prepared a presentation on epidemic-prone diseases for the department's review meeting. -I have reviewed the letter from the Ministry of Health and Family Welfare regarding the initiation of the IDSP program and familiarized myself with the ministry's role in the IDSP program.
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, Epidemiology, and Health and Development, all played a role in ensuring a smooth and adept understanding of what role each department of NHM plays.
Gaps identified on the working area.	-Problems related to the functionality or accessibility of the IHIP platform, which may impede efficient data entry and retrieval. -Lack of coordination among various stakeholders involved in disease surveillance at different levels.
Suggestions for improvement	-Invest in upgrading the IHIP platform to improve its functionality, user interface, and compatibility with different devices and internet browsers.

	-Work towards integrating the IHIP portal with other health information systems to enable seamless data sharing and interoperability, thereby reducing duplication of efforts and enhancing data completeness.
Plan for the next week	- For the visit, starts preparing the questionnaire for the IDSP (IHIP portal) to gain insight it. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 3

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 3 **From:** 19th May 2024 to 25th May 2024

Activity Done	-Assisting in the preparation of presentations and documents for meetings. -Analyzing the collected data to identify trends and patterns in disease occurrence. - Start writing the objective, aim, methodology for the study.(qualitative research) -Prepared the questionnaire for the visit at different district.
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, research methodology, demography, Epidemiology, and Health and Development, all played a role in ensuring a smooth and adept understanding of the things.
Gaps identified on the working area.	-Inadequate feedback to reporting units can demotivate healthcare workers from diligent data reporting.
Suggestions for improvement	-Train healthcare workers on the importance of feedback and how to effectively use it to improve their data reporting practices.
Plan for the next week	-Further visiting at DSU level- AMC, GMC and Ahmedabad and Gandhinagar district is planned for further research. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 4

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 4 **From:** 27th May 2024 to 1st June 2024

Activity Done	-Prepared and get approved the questionnaire by the IDSP MO for the visit at district level to interview the epidemiologist. -Learned about the National Viral Hepatitis Control Programme (NVHCP) by the Project Officer of the programme.
Linking theory (Classroom learning) with practice at your organisation	-Lessons on disease surveillance highlighted methods for monitoring and controlling disease spread in the National Health Program and research methodology for the study. The module on principles of management, epidemiology and organizational behavior and human resource management helped in learning the program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	-The workload is high, and the recruitment is low in department as there is no epidemiologist in the state.
Suggestions for improvement	- To improve this, optimize workflows, hire temporary staff, retain employees, invest in training, utilize automation and enhance recruitment efforts.
Plan for the next week	-Further interviewing the epidemiologist at DSU level- GMC, AMC and Gandhinagar district and Ahmedabad district is planned for the next week. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 5

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 5 **From:** 03rd June 2024 to 08th June 2024

Activity Done	-Had a visit to Gandhinagar Municipal Corporation (GMC) to get an information how IDSP functions at District level and also know about the outbreak and RRT team private hospital linked with PMJAY scheme reporting on IHIP portal and also made the report for the same and submitted to PO IDSP. -Also gather the information about the cholera outbreak going on in Gandhinagar district. -Prepared a Presentation for the EMO meeting and assist IDSP PO in some paper work regarding the meeting and letters for the EMO meeting.
Linking theory (Classroom learning) with practice at your organisation	-Lessons on disease surveillance highlighted methods for monitoring and controlling disease spread in the National Health Program, epidemiology, demography Module. The module on research methodology helps in making questionnaire, Business communication and planning helps in writing letters, and organizational behavior and human resource management helped in learning the IDSP program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	Gaps find by interviewing the epidemiologist at DSU level: -**Network Issues:** Poor network connectivity affects real-time data uploading on the Integrated Health Information Platform (IHIP) portal. -**Technical Limitations:** Software and network issues hinder timely updates.

	- **Device Quality:** Many health workers have low-quality mobile phones that frequently hang due to multiple installed apps, affecting data entry efficiency.
Suggestions for improvement	-**Network Improvements:** Collaborate with local authorities and telecom providers to enhance network infrastructure in key health surveillance areas. -**Technical Upgrades:** Seek funding or partnerships for upgrading software and acquiring better-quality mobile devices for health workers. -**Training and Support:** Provide comprehensive training to health workers on efficient data entry and management, and establish a technical support team to address issues promptly.
Plan for the next week	-Further interviewing the epidemiologist at DSU level - AMC and Gandhinagar district and Ahmedabad district is planned for the coming weeks. -Analysing of disease data of last 1 year for the checking the impact of training of health facilities. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 6

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 6 **From:** 10th June 2024 to 15th June 2024

Activity Done	-Had a visit to Ahmedabad Municipal Corporation (AMC) and Ahmedabad district office to gather an information about IDSP functioning on IHIP portal at District level from epidemiologist and also get to know about the outbreak and RRT team formation and functioning if it in outbreak and private hospital linked with PMJAY scheme reporting on IHIP portal and also made the report for the same and submitted to PO IDSP. -Also analysis the past 1 month of disease cholera outbreak data of district -wise in Gujarat using secondary data through IHIP portal. -Made a letter regarding training calendar 2024-2025 on dog bite and rabies case management. -Prepared and corrected a Presentation for the EMO meeting and assist IDSP PO in some paper work for the EMO meeting schedule on 15/06/24. -Attended the meeting and written the minutes of meeting also.
Linking theory (Classroom learning) with practice at your organisation	-Lessons on disease surveillance highlighted methods for monitoring and controlling disease spread in the National Health Program, epidemiology Module. The module on Business communication and planning, digital health module, organizational behavior and human resource management helped in learning the IDSP program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	Gaps find by interviewing the epidemiologist at DSU level:

	-Incomplete data entries due to negligence of the multipurpose health workers or field health workers in filling information in S- form disease. -Proper use of manpower is lacking in IDSP program as there is low recruitment in monitoring the IHIP portal.
Suggestions for improvement	-To improve data entries and monitoring in the IDSP, provide regular training, incentives, and accountability for health workers. Simplify tools, increase supervision, and offer feedback. -Boost manpower with more funding, partnerships, and volunteers. -Train staff continuously and use automation and mobile apps. Establish clear procedures, set performance metrics, conduct audits, and engage the members for feedback.
Plan for the next week	-Further interviewing the epidemiologist at Gandhinagar district is planned for the next week. -Analysing of water borne diseases (cholera and ADD) data of last 1 month for the tracking the trend analysis of the disease. -To get timeline of the work we are supposed to do so that we can prepare for it beforehand.

Signature of the Student

Week- 7

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 7 **From:** 17th June 2024 to 22nd June 2024

Activity Done	-Had a visit to Gandhinagar district office to gather an information about IDSP functioning on IHIP portal at District level from epidemiologist and made a report and submitted to PO, IDSP. -Get to know about the cholera outbreak and RRT team functioning in Gandhinagar cholera outbreak. -Had a field visit and analysis the data of 15 days+ 1 week monitoring cholera outbreak in Gandhinagar district of four talukas using secondary data.
Linking theory (Classroom learning) with practice at your organisation	-Lessons on disease surveillance in the field is highlighted methods for monitoring and controlling disease spread in the National Health Program Module, epidemiology, and demography. The module on research methodology helps in doing the interview to the epidemiologist and for completing the further analysis the data and finding the gaps according to it. The module human resource management and digital health helped in learning the IDSP program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	Gaps find by interviewing the epidemiologist at DSU level: -Proper use of manpower is lacking in IDSP program as there is low recruitment in monitoring the IHIP portal and as well as low recruitment in MPHW & FHW as burden on them is high, they need more helpers to manage their work as population in district is increases day by day.
Suggestions for improvement	

	-Increase recruitment and training for IDSP and IHIP staff. Use technology to streamline processes and redistribute workloads. Engage volunteers, improve incentives, and advocate for more funding. Regularly evaluate performance to ensure efficiency.
Plan for the next week	-Completing of further research by analysing the data, finding the gaps and made the suggestions and conclusion according to it. -Analysing of water borne diseases (ADD) data of last 1 month for the tracking the trend analysis of this disease as it is 2nd most trending disease in Gujarat. (District-wise in Gujarat). -Preparation of the reports and the poster for the college presentation.

Signature of the Student

Week- 8

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream:** MBA in Hospital and Health Management

Week no: 8 **From:** 24th June 2024 to 29nd June 2024

Activity Done	-Completed my qualitative research and find the gaps according to it. -Completed the poster work for the college. - Make the prediction model of seasonal flu by using last 10 years (2013- 2024) of data and make the prediction for year 2025. -Make the letter regarding the NRCP acceptance of the vaccine for the rabies.
Linking theory (Classroom learning) with practice at your organisation	- The module on research methodology helps in doing the research in the IDSP program. The module on epidemiology helps in the diseases. The module on business communication and planning helps in making the letter and human resource management module these collectively helped in learning the IDSP program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	-As there is vacant post for epidemiologist at the state and burden of the work is on the PO of IDSP department.
Suggestions for improvement	-To manage the workload, hire temporary epidemiologists or consultants, redistribute tasks, and train existing staff. Improve interdepartmental coordination, seek additional funding, and establish clear communication channels.
Plan for the next week	-To Complete the compilation of reports and make the final reports. -Prediction of data of seasonal flu 2025 is to be done.

Signature of the Student

IIHMR UNIVERSITY

COMPILED REPORT

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: IDSP Department

Name of the Student: Dr. Shubhangi Garg

Roll no: 1840 **Stream: MBA in Hospital and Health Management**

Activity Done	**-Studied IDSP and IHIP Portal Guidelines**: I explored the historical development and operational aspects of the Integrated Disease Surveillance Programme (IDSP) and the Integrated Health Information Platform (IHIP) portal. This included understanding how these systems facilitate disease monitoring and data reporting across India. **-Data Analysis Using Excel**: I conducted detailed analysis of disease data obtained from SPL forms across various districts in Gujarat. This involved categorizing the data based on sources (public vs. private institutions) and creating visual representations such as graphs to enhance comprehension and decision-making. **-Interacted with Supervisors and Colleagues**: I engaged closely with supervisors and colleagues to gain practical insights into how the IDSP programme functions in Gujarat, learning about operational challenges and best practices. **-Observed Reporting Protocols**: I learned about the critical protocols for reporting disease data on the IHIP portal, emphasizing the importance of accurate and timely data entry for effective public health interventions. **-Completed Departmental Task**: I prepared presentation on epidemic-prone diseases for a departmental review meeting, contributing to ongoing discussions and strategies in disease management.

	-**Reviewed MoHFW Letters**: I reviewed correspondence from the Ministry of Health and Family Welfare (MoHFW), enhancing my understanding of the ministry's role and directives within the IDSP programme. - **Assisted in Meeting Preparations**: I played a role in preparing presentations and documents for meetings, focusing on topics related to epidemic-prone diseases and other relevant health issues. -**Data Trend Analysis**: I identified trends and patterns in disease occurrences through detailed analysis, helping to inform decision-making and resource allocation. -**Qualitative Research Preparation**: I drafted the objective, aim, and methodology for qualitative research studies, laying the groundwork for in-depth investigations into IHIP portal at DSU level. -**Prepared Questionnaire for District Visits**: I developed questionnaires to interview epidemiologists at district levels, gathering insights into local disease surveillance practices and challenges and get approved the questionnaire by MO IDSP. -**Learned About NVHCP**: I gained insights from the Project Officer of the National Viral Hepatitis Control Programme (NVHCP), understanding its objectives, operational structure, and software tools (Techo plus), NVHCP MIP Portal used in functioning of the program. -**Visit to GMC**: I visited Gandhinagar Municipal Corporation (GMC) to understand local IDSP operations and management during disease outbreaks, focusing particularly on cholera outbreak responses and the activation of Rapid Response Teams (RRTs) using IHIP Portal. -**Cholera Outbreak Analysis**: I analyzed data and reports using secondary data pertaining to a cholera outbreak in Gandhinagar, evaluating the effectiveness of response strategies and data management during the crisis.

	-**Assisted in EMO Meeting Preparations**: I prepared presentations and paperwork for Epidemic Medical Officer (EMO) meetings, contributing to discussions and decisions on public health issues. -**Visit to AMC and Ahmedabad District Office**: I gathered insights into IDSP operations at the Ahmedabad Municipal Corporation (AMC) and Ahmedabad district, focusing on disease surveillance and outbreak management practice (for the research using questionnaire). - **Cholera Outbreak Data Analysis**: I collected, analyzed recent data on cholera outbreaks in Gandhinagar and surrounding districts, identifying trends and proposing recommendations for improved disease control measures. -**Prepared Training Calendar Letter**: I drafted a letter outlining the training calendar for managing dog bites and rabies cases, ensuring healthcare staff are adequately prepared and informed. -**Attended EMO Meeting**: I participated in Epidemic Medical Officer (EMO) meetings, documenting meeting minutes and contributing to discussions on disease management strategies and policies. -**Visit to Gandhinagar District Office**: I visited the Gandhinagar district office to gather further insights into IDSP operations and disease surveillance practices, focusing on local challenges and successes (for the research using questionnaire). -**Cholera Outbreak Data Analysis**: I conducted detailed analysis of cholera outbreak data from Gandhinagar district, monitoring trends and impacts over specific time periods across different talukas. -**Field Visit**: I conducted field visits to monitor the ongoing cholera outbreak in multiple talukas of Gandhinagar district, assessing response efforts and data accuracy in real-time scenarios.

	-Completed Qualitative Research: I concluded qualitative research studies, identifying gaps and proposing actionable recommendations to improve disease surveillance and response strategies. **- Prediction Model for Seasonal Flu**: Using ten years of historical data, I developed a predictive model for seasonal flu, forecasting trends and potential impacts for the upcoming year. **-Letter Regarding Rabies Vaccine**: I drafted a letter regarding the acceptance of a rabies vaccine under the National Rabies Control Programme (NRCP), ensuring compliance with program guidelines and protocols. **-Poster Work**: I prepared informative posters for college presentations, highlighting key findings and recommendations from various public health studies and analyses. **-Report Work**: I compiled comprehensive reports following Standard Operating Procedure (SOP) guidelines, summarizing research findings, recommendations, and implementation strategies for public health improvements.
Linking theory (Classroom learning) with practice at your organisation	**Theory Learned:** • **National Health Programmes and Health Policy:** Understanding the overarching framework and strategic objectives of national health initiatives. • **Health Care Delivery System:** Knowledge of how health services are structured and delivered at various levels. • **Epidemiology:** Basic principles of disease surveillance, data collection, and analysis. • **Health and Development:** The relationship between health outcomes and broader socio-economic factors. **Practical Application:** • **Guidelines Review:** The theoretical understanding of health policies and programs helped in grasping the intricacies of the IDSP programme and the IHIP portal's functionalities.

	• **Data Analysis:** Epidemiological principles were applied in analyzing disease data from different districts, enabling the identification of trends and categorization of data. **Theory Learned:** • **National Health Programmes:** Detailed insights into specific health programs and their operational frameworks. • **Health Policy and Health Care Delivery System:** Deepening knowledge of policy implementation and service delivery mechanisms. • **Epidemiology:** Advanced understanding of disease surveillance and outbreak response. • **Health and Development:** Impact of health programs on community development and vice versa. **Practical Application:** • **Reporting Protocols:** Understanding the protocols for reporting diseases on the IHIP portal was facilitated by theoretical knowledge of epidemiology and health program management. • **Presentation Preparation:** Knowledge from health policy and communication modules was instrumental in preparing a comprehensive presentation on epidemic-prone diseases. **Theory Learned:** • **Research Methodology:** Techniques for conducting qualitative and quantitative research. • **Demography:** Understanding population dynamics and their impact on health. • **Epidemiology:** Advanced data analysis techniques and interpretation of disease trends. • **Health and Development:** Linkages between health indicators and developmental outcomes. **Practical Application:**

	• **Questionnaire Preparation:** Research methodology principles were applied in designing a questionnaire for district visits. • **Data Analysis:** Demographic knowledge helped in categorizing and analyzing disease data to identify trends and gaps. **Theory Learned:** • **Principles of Management:** Strategies for effective management and optimization of health programs. • **Epidemiology:** Detailed methods for disease monitoring and control. • **Organizational Behaviour and Human Resource Management:** Understanding workplace dynamics and efficient resource management. **Practical Application:** • **NVHCP Learning:** Theoretical knowledge of disease surveillance and program management facilitated understanding the National Viral Hepatitis Control Programme. • **Questionnaire Finalization:** Application of research methodology and communication principles in refining the questionnaire for district visits. **Theory Learned:** • **Disease Surveillance:** Methods for detecting and responding to disease outbreaks. • **Business Communication and Planning:** Effective communication strategies and planning techniques for health program management. • **Digital Health:** Leveraging technology for health data management and analysis. **Practical Application:** • **GMC Visit:** Understanding the practical application of disease surveillance methods learned in theory. • **Cholera Outbreak Analysis:** Application of epidemiological principles in analyzing outbreak data and reporting findings.

	Theory Learned: • **Epidemiology:** Advanced techniques for data collection, analysis, and interpretation. • **Business Communication and Planning:** Strategic planning and communication in health program management. • **Digital Health:** Use of digital tools and platforms for health data management. **Practical Application:** • **Data Analysis:** Applied advanced epidemiological techniques to analyze cholera outbreak data. • **Training Calendar Preparation:** Utilized planning and communication skills to prepare a training calendar and related documents. **Theory Learned:** • **Disease Surveillance:** Comprehensive understanding of surveillance systems and outbreak management. • **Research Methodology:** Advanced research techniques and their application in field settings. • **Human Resource Management:** Strategies for efficient workforce management and optimization. **Practical Application:** • **Field Visit:** Applied theoretical knowledge of disease surveillance and research methodology during the field visit and data analysis. • **Cholera Outbreak Monitoring:** Used epidemiological principles to monitor and analyze the cholera outbreak in Gandhinagar. **Theory Learned:** • **Research Methodology:** In-depth techniques for qualitative and quantitative research. • **Epidemiology:** Predictive model and trend analysis. • **Business Communication and Planning:** Drafting professional documents and strategic planning for health programs.

	• **Human Resource Management:** Managing and optimizing health program workforce. **Practical Application:** • **Qualitative Research Completion:** Applied research methodology principles to complete qualitative research and identify gaps. • **Prediction Model:** Used epidemiological techniques to create a predictive model for seasonal flu. • **Document Preparation:** Utilized business communication skills to draft a letter regarding rabies vaccine acceptance.
Gaps identified on the working area.	**1.Orientation Program:** -Lack of an orientation program for new staff and interns. **2.Language Barriers:** -Communication challenges due to language differences. **3.IHIP Platform Issues:** -Functional and accessibility problems with the IHIP portal, impeding efficient data entry and retrieval. **4.Lack of Coordination:** -Poor coordination among various stakeholders involved in disease surveillance at different levels. **5.Inadequate Feedback:** -Insufficient feedback to reporting units, leading to demotivation among healthcare workers. 6.**High Workload and Low Recruitment:** -Excessive workload due to low recruitment, especially for epidemiologists and monitoring staff. **7.Network Issues:** -Poor network connectivity affecting real-time data uploading on the IHIP portal. **8.Technical Limitations:** -Software and network issues hindering timely updates and efficient data management.

	9.Device Quality: -Low-quality mobile phones used by health workers affecting data entry efficiency. **10.Incomplete Data Entries:** -Negligence of multipurpose health workers or field health workers in filling information in S-form disease reports. **11.Manpower Utilization:** -Inefficient use of available manpower in the IDSP program, leading to high workload on existing staff. **12.Vacant Positions:** -Vacant epidemiologist positions at the state level, increasing the workload on the Program Officer.
Suggestions for improvement	**1.Orientation Program:** -Implement a comprehensive orientation program to familiarize new staff and interns with the organization's processes and expectations. **2.Language Training:** -Provide language training or employ multilingual staff to overcome communication barriers. **3.IHIP Platform Upgrades:** -Invest in upgrading the IHIP platform to improve its functionality, user interface, and compatibility with different devices and internet browsers. **4.Health System Integration:** -Work towards integrating the IHIP portal with other health information systems to enable seamless data sharing and interoperability, reducing duplication of efforts and enhancing data completeness. **5.Regular Feedback:** -Train healthcare workers on the importance of feedback and how to effectively use it to improve their data reporting practices. **6.Optimize Workflows:** -Streamline processes and workflows to manage the high workload efficiently. Implement task redistribution and use technology to automate routine tasks.

	7.Increase Recruitment: -Increase recruitment efforts to fill vacant positions and hire temporary staff to manage the workload. Engage volunteers and seek partnerships to boost manpower. **8.Improve Network Infrastructure:** -Collaborate with local authorities and telecom providers to enhance network infrastructure in key health surveillance areas. **9.Technical Upgrades:** -Seek funding or partnerships for upgrading software and acquiring better-quality mobile devices for health workers. Provide comprehensive training and establish a technical support team to address issues promptly. **10.Enhanced Supervision:** -Increase supervision and accountability for health workers to ensure complete and accurate data entries. Provide regular training, incentives, and feedback. **11.Training and Support:** -Provide continuous training for health workers on efficient data entry and management. Establish clear procedures and performance metrics, and conduct regular audits. **12.Temporary Staff and Consultants:** -Hire temporary epidemiologists or consultants to manage the workload. Improve interdepartmental coordination, seek additional funding, and establish clear communication channels. **13.Feedback Mechanism:** -Establish a robust feedback mechanism to ensure that health workers receive timely and constructive feedback on their performance. This will help motivate them and improve data quality. **14.Resource Optimization:** -Optimize the use of available resources by redistributing tasks, utilizing technology for data management, and improving interdepartmental coordination.

Signature of the Student

PROJECT SECTION

A Study of IDSP Program on

IHIP Portal: Case Of Cholera Outbreak

in Gandhinagar, Gujarat

Activity Done	• Advance learning about IDSP Program using IHIP (integrated health information platform) portal on disease surveillance activities. • To identify the areas for improvement during Cholera outbreak.
Linking theory (Classroom learning) with practice at your organisation	- The module on National health program helps in understanding about the IDSP program. The module research methodology helps in doing the research in the IDSP program and IHIP portal. The module on epidemiology helps in understanding the diseases. The module on human resource management module helps in providing the suggestion for recruitment in the department for the work. The module on digital health helps in gaining insight in IHIP portal. These module collectively helped in learning the IDSP program more effectively and understanding the work environment more efficiently.
Gaps identified on the working area.	• **Inconsistent Infrastructure:** Many districts lack the necessary infrastructure to fully implement and utilize the IDSP program effectively. This includes insufficient internet connectivity and outdated computer systems. • **Technological Gaps:** The technological capacity varies significantly across regions, impacting the uniformity of data collection and reporting processes. • **Technical Issues:** Users have reported technical issues such as slow loading times and occasional system crashes, which hamper real-time data entry and access. • **Interoperability Challenges:** The integration of data from various sources into a single platform can be problematic, especially when different systems are not fully compatible with the IHIP portal.

	• **Inaccurate Reporting:** There are instances of underreporting or inaccurate reporting of disease data due to human error or inadequate training of health worker. • **Real-Time Data Limitations:** While the portal aims to provide real-time data, discrepancies in data entry timeliness and accuracy can affect the reliability of the information. • **Staff Shortages:** There is often a shortage of trained personnel dedicated to surveillance activities, impacting the efficiency and effectiveness of the IDSP program. • **User Training:** The need for continuous training programs to keep health workers updated on the functionalities of the IHIP portal is critical. Without adequate training, the full potential of the portal cannot be realized. • **Fragmented Communication:** Coordination between different levels of the health system (central, state, and district) is often fragmented, leading to delays in decision-making and response actions. • **Public Awareness Campaigns:** The effectiveness of public awareness campaigns is often limited by insufficient outreach and engagement with the community, impacting the overall public health response.
Suggestions for improvement	• **Enhanced Training**: Continuous training programs for health workers and field investigators on using the IHIP portal and conducting effective field investigations. • **Improved Resource Allocation**: Develop strategies for better resource allocation based on real-time data from the IHIP portal. • **Strengthened Public Awareness**: Implement more effective public awareness campaigns focusing on prevention and control of cholera. • **Upgraded Laboratory Facilities**: Invest in upgrading laboratory infrastructure and ensuring adequate supplies for timely and accurate diagnosis. • **Better Stakeholder Coordination**: Foster regular communication and collaboration among stakeholders to enhance the outbreak response.

Signature of the Student

Approved by the IIHMR University's Mentor