SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Uttarakhand

From 08 May 2024 to 07 July 2024

A REPORT BY

Saumya Kaushal

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Susmit Jain , Associate Professor

IIHMR UNIVERSITY

OFFICE OF MISSION DIRECTOR, NATIONAL HEALTH MISSION, UTTARAKHAND
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Letter No:- UKHFWS/NHM/Intern/Summer TRG/2024-25/1216 Date- 09 / August /2024

CERTIFICATE OF INTERNSHIP

This is to certify that Dr. Saumya Kaushal, School of MBA Health and Hospital Management from IIHMR University, Jaipur has completed her Internship training w.e.f 8th May 2024 to 7th July 2024 in the Department of CPHC at National Health Mission, Dehradun, Uttarakhand.

We wish her all the best for future.

(Dr. Archana Ojha)
Officer Incharge- Training
National Health Mission,
Uttarakhand

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Saumya Kaushal** of academic year 2023-25 of Institute of Health Management Research has prepared a 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: 22/07/2024

22.07.2024

(Signature of Faculty Mentor)

Name: Dr. Susmit Jain
Designation: Associate Professor

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COMPREHENSIVE GAP ANALYSIS AND OPERATIONAL ASSESSMENT OF AYUSHMAN AROGYA MANDIR (AAM) OF DEHRADUN

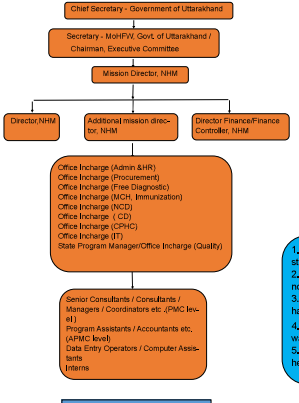
Brief history and description about organization National Health Mission (NHM) was inaugurated in Uttarakhand on 27 October 2005. Maternal and child health programs had been taken as priority by the state and NHM further strengthened them. Its role is to strengthen primary healthcare through public health interventions via community ownership. The state has however, achieved success in uplifting healthcare service delivery at the grass - root level despite having difficult geographical terrain and severe deficiency of skilled manpower.

Organization vision and mission:

Vision: NHM's vision is to enhance public health coverage throughout the country with special focus on the states having weak public health indicators. It focuses to revitalize the traditional health practices and AYUSH as a part of public health system. Since NHM works at the state level it plays an important role in decentralization of health programs and policies to uplift district level management of health delivery.

Mission: The program is launched to carry out essential architectural corrections in the basic public health care delivery system to facilitate the access of quality health care to people. NHM is determined to ensure that public health care services reaches everyone especially the rural population, thus achieving equitable, affordable, and effective primary (public) health care services.

Organization structure (Organogram) of NHM Uttarakhand



Learning & value additions

Difference between practical exposure and theoretical understanding

Practical Exposure	Theoretical Understanding
1. Gained insight into the authentic organizational atmosphere as learnt in Principles of Management.	1. Read about basic principles of management in the Principles of Management module.
2. Learned professional work practices like conducting meetings as taught in Business Communication.	2. Read about professional business ethics in the Business communication module.
3. Understood professional behavioral ethics that should be adopted in a professional setting as a part of Organization Behavior module's learning.	3. Learned about various behavioral ethics and patterns in the Organization Behavior module.
4. Got exposed to the ground reality of healthcare delivery system's functioning through field visits to the centres.	4. Read about basics of public health and healthcare delivery system in the Health Policy and Healthcare Delivery system module.
5. Practically experienced the working of National health programs launched by the government by attending review meetings and visiting centres.	5. Read about various national health programmes ran by the government in the National Health Programs module.
6. Learned about the healthcare delivery system's hierarchy (referral system) - continuum of care as taught in the Health Policy and Healthcare Delivery system module.	6. Learned about various research methods in the Research Methods module.
7. Learnt about various healthcare policies and programs like National viral hepatitis control program (NVHCP) , Atal Vayo Abhyuday Yojana , National Programme for Control of Blindness and Visual Impairment, etc.	
8. Visited public healthcare centres like Sub centres, Primary health centre (rural and urban) and learned about their functioning closely.	

SWOT Analysis of Comprehensive Primary Healthcare (CPHC)

Strengths

1. CPHC has holistic care approach covering all aspects of health, it not only focuses on cure but also on early detection, early interventions to control severity of the condition and also on management of chronic diseases.
2. It covers a wide range of health conditions from physical health to mental health.
3. CPHC has patient centric approach - it focuses on healthy patient provider relationship and ensures complete well being of patient while patient having the decision making power with them.
4. CPHC ensures that healthcare services are not only affordable but also accessible for people of every economic and social strata living in difficult geographical terrains also.
5. It coordinates with the government's vision to reduce Out Of Pocket Expenditure (OOPE) , so that poor people can also have access to healthcare services.
6. CPHC has comprehensive approach regarding healthcare , that is, it includes preventive, curative, rehabilitative and palliative care.

Weaknesses

1. CPHC is resource constraints in various aspects be it staff shortage in comparison to their need, funds scarcity as even though it is a government initiative it requires funds to run program at such a large scale , pan India.
2. Another weakness is infrastructure challenges as many centres are situated in difficult terrains therefore its tough to arrange adequate facilities there. Moreover, not every centre has enough space as per the guidelines of NHSRC and IPHS and lack equipments too.
3. Another hurdle is that people are more driven towards private healthcare services and therefore show lack of interest in government facilities and that too at a primary level and free of cost.
4. At many instances health providers complain of too much workload as there is lack of staff and existent ones have to compensate for it.
5. There is too much administrative burden as there are many peripheral bodies governed by a central body situated in the state office of NHM.

Opportunities:

1. Technological advancements hold a wide range of opportunities for CPHC as it will not only help in monitoring through portal entries but also benefit patients too.
2. Telemedicine when applied at every centre benefits patients a lot as they can get specialist doctor's advice at a sub centre (SC) too.
3. Electronic health records is a great opportunity to ensure easy access to a patient's health records whenever required.
4. Another opportunity lies in the community engagement and ownership of the program. CPHC is for the community only, once they start accepting their roles and responsibilities towards their health and healthcare system, it will work wonders in the field of public health.
5. Another opportunity is to develop a well - skilled workforce to enhance effective and efficient healthcare delivery.

Threats:

1. One of the major threat is political instabilities since CPHC is a government initiative any political reform, policy reform, government reform will have an impact on its functioning and status.
2. Economic instabilities pose a threat to CPHC's funding and also in demand of services.
3. Another threat is competition from the private sector. Private sector has a lot of funds and therefore use upgraded technology and equipments thus it's a challenge for CPHC to motivate people to use government facilities.
4. Epidemics and pandemics are a huge threats to not only CPHC but also to every healthcare sector be it public or private.

CHALLENGES FACED DURING INTERNSHIP

1. To adapt in the professional government organization's environment. To understand their functioning and protocols and to follow them.
2. To locate the exact address of the health care centres to be visited as they are not marked on any of the online maps.
3. It was difficult to manage field visits in the hilly and rural terrains of Uttarakhand.
4. To alter the lack of health seeking behavior of the people and to motivate them was challenging.
5. Since portal entries were not updated regularly it was difficult to obtain data on health indicators.

USEFULNESS OF INTERNSHIP

1.This opportunity allowed me to gain practical experience regarding the reality of how public healthcare operates in India.
2. It also highlighted the grievances of the healthcare providers so that they reach the administration level.
3. Experienced how does the State healthcare administration functions and monitors the CPHC working.
4. Got an opportunity to work in the dynamic public health sector and learn about its usefulness and challenges.
5. This internship opportunity helped me to gain insights on how does the healthcare functions at the primary level and what are the difficulties faced by the population as well as by the health providers.
6. Learned about the various portals which monitors the CPHC working and guidelines of National health systems resource centre (NHSRC) and Indian public health standards (IPHS).

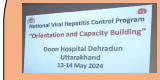
SUGGESTIONS

1. The CPHC department should consider the infrastructure renovations of the centres to promote spacious working centres for the officials.
2. Timely appointments of the vacant staff positions can be taken care of so that the existing staff is not overburdened and smooth functioning of the healthcare delivery system can be assured.
3. Portal entries should be encouraged at the field level so that fair monitoring can be done as at various centres staff fails to update portal entries regularly at the Ayushman Arogya Mandir Portal (AAM Portal)
4. Proper communication and coordination should be maintained between the peripheral centres(primary centres) and central body(The state)
5. Necessary training of the staff should be scheduled to sensitize and motivate them.

Waste management at sub centres

LEARNINGS DURING INTERNSHIP

1. National viral hepatitis control programme (NVHCP) - In the initial days of internship there were few learnings from NVHCP as well. It is a programme run by the government to control viral hepatitis. Got an opportunity to attend the Government of India team's visit to Dehradun to review the progress of the program(orientation) and formulate a district action plan(capacity building). Learned about various government's actions undertaken to control viral hepatitis.



Meeting purpose

Meeting participation

2. Conducted many field visits on the occasion of World Hypertension Day and World No Tobacco Day - got to know about various activities conducted by the government on these days as they are part of the 42 health calendar days. On the World Hypertension day rallies were organized, non communicable disease (NCD) screening was done, free medicines were dispensed to people, etc. On No Tobacco Day, since the theme was focused on children, therefore activities were organized for Government school children of class 6th - 8th. Anti tobacco drawing competition was organized followed by prize distribution.

Drawing competition on No tobacco

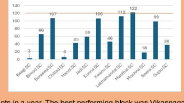
Prize distribution

Rally on World Hypertension Day

3. Under CPHC, project involved gap analysis of the decided indicators for AAM's working and operational assessment of AAM functioning to know whether yearly targets set by the government as per the guidelines are achieved or not and to know about health provider's grievances if any. The analysis is based on five indicators : Jan Arogya Samiti (JAS), teleconsultation, wellness sessions (yoga), footfall and extended 12 service delivery. The data is taken from the field visits and from portal entries as well. The data is from April 2023 to March 2024. Here's a brief overview of analysis:

(a) Teleconsultation: Target is 300 consultations in a year at both primary health centre (PHC) and SC. The best performing block was Chakrata of Dehradun having 9 out of 14 centres completing the target.

(b) Yoga sessions - target is 120 sessions in a year. The best performing block was Chakrata with 4 centres crossing 100 sessions mark.



(c) Footfall - target is 2160 patients in a year. The best performing block was Vikasnagar block of Dehradun with 4 centres having more than 2160 patients in a year.

(d) In case of JAS according to the AAM portal 29 out of 41 PHCs have JAS (71%) and 112 out 130 SCs have JAS (86%).

(e) According to portal 93 out of 182 centres deliver 12 services at their centres (51%)

Grievances - There were certain issues raised by the healthcare providers during the field visits which when resolved will enhance the CPHC working. 1. There are vacant positions of medical officers, community health officer, data entry operators at various centres which in turn hampers the efficiency of health service delivery.
2. Few centres need infrastructure renovation to ensure spacious centers, like separate rooms for community health officer (CHO) and auxiliary nurse midwife (ANM).
3. Centres situated in the hilly and rural areas have network connectivity issues reportedly which hampers the portal monitoring.
4. Few centres' CHOs reported that their co - workers. Accredited social health activists (ASHA) lack technical skills to do portal entries necessary for monitoring of CPHC working.

Organization mentor

Visit at Ayushman Arogya Mandir

NCD screening by CHO

IEC material displayed at sub centre

Name - Saumya Kaushal Roll no. - 1820
Faculty mentor –Dr Susmit Jain, Associate Professor, IIHMR University
Organization mentor - Dr Fareeduzzafar , Officer Incharge, CPHC, NHM Uttarakhand

Report

(Week 1)

Name of the Organisation: NHM Uttarakhand

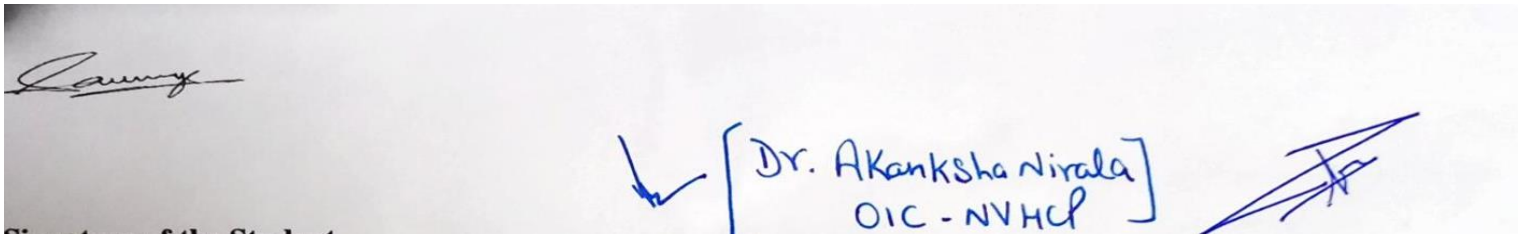
Area/ Department/ Project of Summer Internship Program: NVHCP and CPHC

Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream:** MBA HM

Week no: I **From:**08/05/2024 to 11/05/2024

Activity Done	1. Introduction about the organization and its two departments, the National Viral Hepatitis Control Programme (NVHCP) and Comprehensive Primary Health Care (CPHC). 2. Read detailed operational guidelines of NVHCP and CPHC through health and wellness centres. 3. Contributed to the preparation of the Government of India team visit in the NVHCP program. 4. Compiled monthly progress reports of NVHCP and NPCBVI programs.
Linking theory (Classroom learning) with practice at your organization	1. National health programs module by Dr. Mamta Chauhan. Dr. Sanjay Gupta. and Dr. Varsha Tanu 2. Hierarchy of public health care services (referral system) by Dr. Sanjay Gupta 3. Basic principles of management in the POM module by Dr. Alok Mathur
Gaps identified on the working area.	Not found until now
Suggestions for improvement	Nil
Plan for the next week	Finalize Projects to work upon



Signature of the Student

Approved by the Organisation Mentor

Approved by IIHMR University's Mentor

Report

Week 2

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Internship Program: NVHCP and CPHC

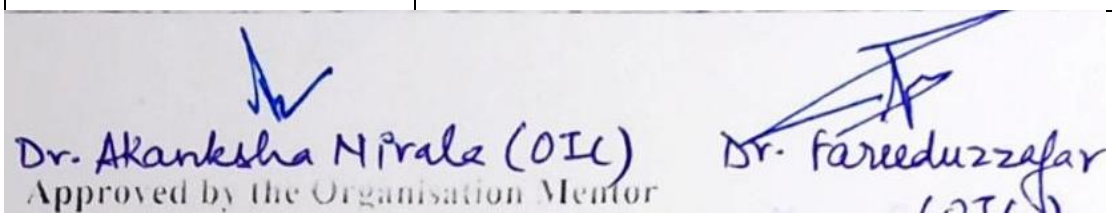
Name of the Student: Dr. Saumya Kaushal

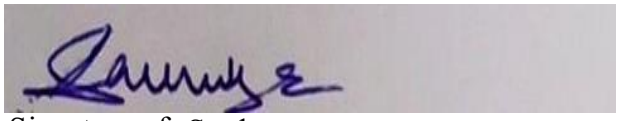
Roll no: 1820 **Stream:** MBA HM

Week no: 2 **From:** 13/05/2024 to 19/05/2024

Activity Done	**1.** Attended Government of India team visit headed by Dr. Sandhya Kabra, Deputy Commissioner, NVHCP, MOHFW, New Delhi. **2.** Read about the NVHCP portal and district action plan for NVHCP. **3.** Read about CPHC guidelines in detail. **4.** Read about the Atal Vayo Abhyuday Yojna **5.** Read about the CP – CPHC guidelines – its components, stakeholders, processes, and indicators. **6.** Went for a field visit to AAM – Ayushman Arogya Mandir on World Hypertension Day. Experienced rally, screening of NCD and tele consultation component of CPHC.

Linking theory (Classroom learning) with practice at your organisation	**1.** Business communication module (how to conduct a meeting) by Dr. Alok Mathur **2.** Health policy and healthcare delivery system module by Dr. Sanjay Gupta **3.** National health program module by Dr. Mamta Chauhan, Dr. Sanjay Gupta, and Dr. Varsha Tanu.
Gaps identified on the working area.	Gap between portal entries of patient and indent demand of medicine.
Suggestions for improvement	Can be improved by increasing vigilance.
Plan for the next week	To do more field visits to better understand about CPHC.





Signature of Student

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Report

Week 3

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Intermhip Program: CPHC

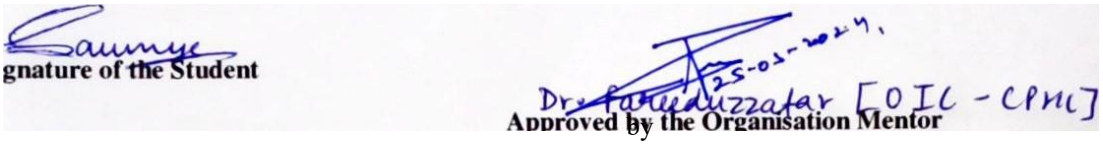
Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream:** MBA HM

Week no: 3 **From:** 20/05/2024 to 26/05/2024

Activity Done	1. Department shifted to only CPHC. 2. Got briefed about the HMIS and portals of CPHC. 3. Read about 9 elements and 12 service packages and criteria of CPHC. 4. Read about all 13 districts' CPHC status. 5. Learned about telemedicine's HUB and SPOKE model. 6. Learned about JAS. 7. Read in detail about NHSRC, IPHS standards, program management structure, and program monitoring indicators. 8. Went to an outreach intervention at a government school named Chaktunwala Government Primary School, Doiwala, Dehradun. 9. Read about essential medicines and diagnostics list of PHC and SHC. 10. Decided about the indicators that I will monitor. 11. Documented my field visits.
Linking theory (Classroom learning) with practice at your organisation	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. National health program module by Dr. Mamta Chauhan, Dr. Sanjay Gupta, and Dr. Varsha Tanu.
Gaps identified on the working	Nil in this week
Suggestions for improvement	Nil

Plan for the next week	To do more field visits to better understand about CPHC and actively work on the decided indicators.



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Week 4

Name of the Organisation: NHM Uttarakhand

Plan for the next week	To decide upon further PHC and SC visits

Area/ Department/ project of Summer Internship Program: CPHC

Name of the Student: Dr. Saumya Kaushal

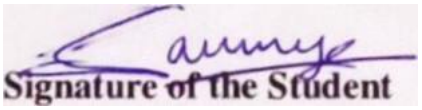
Stream: MBA HM

Roll no: 1820

Week no: 4 **From**: 27/05/2024 to 02/06/2024

Activity Done	1. Read about indicators to jnake a questionnaire for provider and community level. 2. Finalized report on NVHCP central team visit. 3. Finalized reports on World Hypertension Day and No Tobacco Day visits. 4. Read about the 12 service packages of CPHC in detail. 5. Made provider-level and community-level questionnaires. 6. Went on SC — HWC (AAM) visit to Shamshergarh, Doiwala, Dehradun, and collected data on decided indicators. 7. Went to the nearby community to collect data. 8. Met with the SC's ASHA, ANM and CHO. 9. Visited PHC Bala Wala, district Dehradun, and collected data on the daily and monthly footfall and most frequent services offered. 10. Compiled the data collected this week.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Behaviour change communication module by Dr. Neetu Purohit 3. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna
Gaps identified on the working area.	Nil in this week
Suggestions for improvement	Nil

oved by the Organisation Mentor



Signature of the Student

Week 5

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Internship Program: CPHC

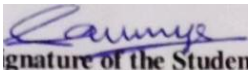
Name of the Student: Dr. Saumya Kaushal

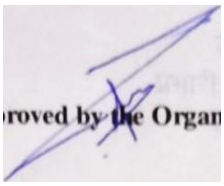
Roll no: 1820 **Stream:** MBA HM

Week no: 5 **From:** 03/06/2024 to 09/06/2024

Activity Done	l. Visited subcenters narnely Sodasaroli. Majra. Badripur. Nanurkhera. and Majri Mafi to collect primary data on indicators such as wellness services,Teleconsultation, footfall,JAS,MAS, VHSND and 12 essential packages. 2. Met with the CHOs, ANMs, and ASHAs of the AAMs visited to understand their work and issues. 3. Noted the availability of IEC materials in the centers 4. Visited the community to understand the health-seeking behavior of the people in that area.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Behaviour change communication module by Dr. Neetu Purohit 3. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna
Gaps identified in the working area.	Reluctance in people regarding the uptake of government health services
Suggestions for improvement	By improving the availability of services and increasing awareness among people.

Plan for the next week	To decide upon further PHC visits and questionnaire.





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Week 6

Name of the Organisation: NHM Uttarakhand

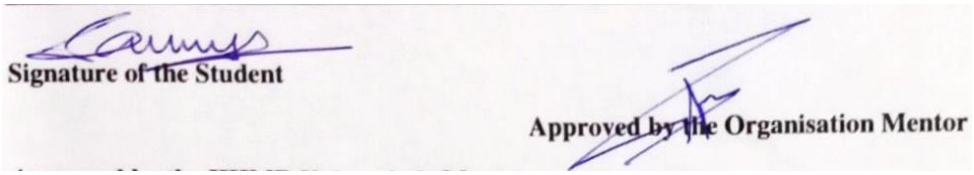
Area/ Department/ Project of Summer Internship Program: CPHC

Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream**: MBA HM

Week no: 6 **From**: 10/06/2024 to 16/06/2024

Activity Done	1. Completed detailed questionnaire for the visits of SC at Sodasaroli, Majra, Majri Mafi, Badripur, and Nanurkhera. 2. Decided on PHC indicators and read about them in detail. 3. Made questionnaire for PHC visit. 4. Went for a field visit to PHC Nehru Gram and collected primary data on decided indicators like wellness sessions, JAS, OPD records, Tele consultation, and referral system. 5. Filled detailed questionnaire for the PHC visit.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Behaviour change communication module by Dr. Neetu Purohit 3. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna 4. Business communication module by Dr. Alok Mathur.
Gaps identified in the working area.	Reluctance in people regarding the uptake of government health services. Scope of improvement in the referral system (continuum of care)
Suggestions for improvement	By improving the availability of services and increasing awareness among people.
Plan for the next week	To compile collected data from the visits.



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Week 7

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Intermhip Program: CPHC

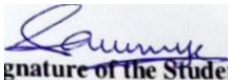
Name of the Student: Dr. Saumya Kaushal

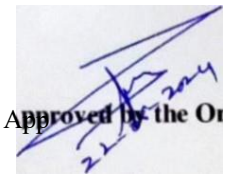
Roll no: 1820 **Stream:** MBA HM

Week no. : 7 **From:** 17/06/2024 to 23/06/2024

Activity Done	1. Organized and finalized PHC questionnaire. 2. Collected final list of functional PHCs and SADs of Uttarakhand. 3. Collected data from PHC Koti Dhalani, Sabhawala, Selaqui, Balawala. Manthat. Quansi, Raiwala, and Tyuni regarding decided indicators focused on the proper functioning of the PHCs to ensure continuum of care. 4. Furthermore, compiled the reported data on indicators. 5. Inquired about the staffs grievances regarding the centers' working and their probable solutions.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Behaviour change communication module by Dr. Neetu Purohit 3. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna 4. Business communication module by Dr. Alok Mathur. 5. Basics of Excel by Dr. Anupam Mehrotra.
Gaps identified in the working	There is an evident gap in the field work and reported portal entries—scope of improvement in the facilities of rural centers and migration-affected areas.
Suggestions for improvement	By improving the facilities provided at the centres, increasing awareness among people, and providing a proper number of staff.

Plan for the next week	To collect more PHC data and compile it accordingly.





Approved by the IIHMR University's Mentor

Week 8

Name of the Organisation: NHM Uttarakhand

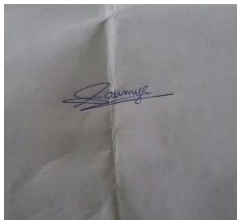
Area/ Department/ Project of Summer Internship Program: CPHC

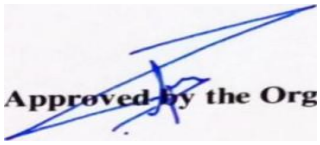
Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream**: MBA HM

Week no: 8 **From:** 24/06/2024 to 30/06/2024

Activity Done	1. Collected data from all remaining PHCs namely Chidderwala, Gumaniwala, Lakhwar, Nehrugram, Thano, Bhagwantpur. Pigitlani. and Sarona and compiled it. 2. Listed their grievances, if any, to compile later in the final report. 3. Started working on the final report — finalization of synopsis. 4. Collected the latest financial year's(April 2023-March 2024) data from the portal to get the latest trend on the CPHC working.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Behaviour change communication module by Dr. Neetu Purohit 3. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna 4. Business communication module by Dr. Alok Mathur. 5. Basics of Excel by Dr. Anupam Mehrotra.
Gaps identified in the working	There is an evident gap in the field work and reported portal entries. a lack of human resources, and a scope of infrastructure improvement as well.
Suggestions for improvement	By improving the communication between the periphery and central bodies of management and upscaling the facilities provided at the centers.
Plan for the next week	To work on the final report of the study





Signature of student

Organization mentor

Approved by IIHMR university's mentor

Week 9

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Internship Program: CPHC

Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream**: MBA HM

Week no: 9 **From :**01/07/2024 to 07/07/2024

Activity Done	1. Collected data on the Dehradun district's UPHCs, SCs, and PHCs from April 2023 to March 2024. 2. Made the project's final report including findings for all the five indicators. listing health provider's issues, and providing way forward / recommendations for enhancing CPHC working. 3. Pointed out portal entries' discrepancies to improve it further. 4. Got the report approved by the organization's mentor. 5. This being the last week, performed all the formalities for completing the internship at NHM. 6. Compiled the final report and poster for IIHMR university submission.
Linking theory (Classroom learning) with practice at your organization	1. Health policy and healthcare delivery system module by Dr. Sanjay Gupta 2. Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna 3. Business communication module by Dr. Alok Mathur. 4. Basics of MS Excel and MS Word by Dr. Anupam Mehrotra. 5. Organization Behaviour module by Dr. Nutan Jain and Dr. Neetu Purohit.
Gaps identified in the working area.	None in this week
Suggestions for improvement	None
Plan for the next week	Submit final report and poster to college and report back to IIHMR University

Signature of the Student

Approved by the Organisation Mentor

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Approved by the IIHMR University's Mentor

Compiled Report

Name of the Organisation: NHM Uttarakhand

Area/ Department/ Project of Summer Internship Program:

Comprehensive primary Healthcare (CPHC)

Name of the Student: Dr. Saumya Kaushal

Roll no: 1820 **Stream:** MBA HM

Activity Done	• Firstly, an introduction about the organization and its two departments, the National Viral Hepatitis Control Programme (NVHCP) and Comprehensive Primary Health Care (CPHC). • Then I read detailed operational guidelines of NVHCP and CPHC through health and wellness centres now named as Ayushman Arogya Mandir(AAM) to create an understanding of the programs. • Got an opportunity to contribute in the preparation of the Government Of India team visit in the NVHC program. • Compiled the monthly progress reports of NVHCP and NPCBVI programs for April month and learned about the monthly progress in all the 13 districts of Uttarakhand and the indicators that are assigned to measure the progress. • Attended the GOI team visit headed by Dr. Sandhya Kabra, Deputy Commissioner, NVHCP, MOHFW, New Delhi, and her team of consultants and advisors. It was a review meeting as well as a training session to not only educate the districts but also motivate them to accomplish the targets. Got to know about the NVHCP portal and district action plan for NVHCP. • Read about the Atal Abhyuday Yojna. • Understood the CP – CPHC guidelines – its components, stakeholders, processes, and indicators. • Went for a field visit to AAM – Ayushman Arogya Mandir on World Hypertension Day, experienced rally,

	screening of NCD, and tele consultation component of CPHC. • In the third week my department was shifted to only CPHC. • Got briefed about the HMIS portal, portals of CPHC – AAM portal, and NCD portal. • Read about 9 elements and 12 essential service packages and criteria of CPHC. • Read in detail about CPHC comprising of 13 districts' CPHC status, telemedicine's HUB and SPOKE model, JAS – Jan Arogya Samiti. • Went to an outreach intervention at a government school named Chaktunwala Government Primary School, Doiwala, Dehradun on the occasion of World No Tobacco Day. During this intervention, a drawing competition was organized where children drew amazing illustrations and wrote motivating slogans and speeches on tobacco inhibition. Prizes were distributed to motivate the children. • Following this NHSRC and IPHS guidelines were read in detail to enhance the understanding of the program management structure and program monitoring indicators. • Documented my field visits. • Decided on the project that I will undertake and discussed with my organization's mentor, the indicators to be monitored. • Read about the essential drugs and diagnostics list of PHC and SHC. • After this I read the decided indicators – teleconsultation, JAS, Footfall, wellness sessions, and 12 service packages; in detail to make a questionnaire for the provider level. • Made final reports on the field visits that I had conducted.

	• After finalizing the questionnaire I visited a few SHCs – namely Shamshergarh, Nanurkhera, Majra Mafi, Badripur, Sodasaroli, and Majra, and collected data on the indicators and met with the CHOs, ASHAs, and ANMs. • I also went into the community to understand people's health–seeking behavior and approach regarding primary healthcare services. • After SCs visits I went to PHC Balawala and Nehru Gram as well to understand their work and also know about their issues and grievances if any, to mention in the final report. • I also observed the IEC material availability. • After the visits, the entire questionnaire was filled in detail. • Further, I collected the final list of functional PHCs and SADs of Uttarakhand. • Subsequently, data collection took place from the PHCs namely, PHC Koti Dhalani, Sabhawala, Selaqui, Manthat, Quansi, Raiwala, Chidderwala, Gumaniwala, Lakhwar, Thano, Bhagwantpur, Pigitlani, Tyuni, and Sarona. • Not only data was collected the hindrances to the delivery of healthcare services were also reported. • The grievances of the health care providers were noted such as: (1) There were many vacant positions of Medical officers and community health officers (CHO), due to this the existing staff is overburdened. (2) At few centres especially in the hilly and rural areas there are network connectivity issues, therefore, the online portal entries are not updated regularly and hence affect the monitoring of the CPHC working. (3) Many centres lack Data entry operators therefore the existing staff has to compensate for it and thus delivery of healthcare services is hampered. (4) Many sub – centres have infrastructural issues like no separate rooms for CHOs and ANMs, lack of

	proper space outside the rooms within the centre's boundary for Yoga and plantation. • At last, I started working on the final report submission to the organization. • The synopsis included the background of CPHC and why was it implemented. • Collected the latest financial year's (April 2023 – March 2024) data from the portal to get the latest trend on the CPHC working in Dehradun. • Made the final report including findings for all the five indicators, listing health provider's issues and providing a way forward/ recommendations for enhancing CPHC status in Dehradun. • Pointed out portal entries' discrepancies to further improve it. • Got the report approved by the organization's mentor and thus concluded the project with report submission.

Linking theory (Classroom learning) with practice at your organisation	• Various classroom theories were linked to the practical applications in the working area. • The National Health Programs module by Dr. Mamta Chauhan, Dr. Sanjay Gupta, and Dr. Varsha Tanu helped in a better understanding of the programs being run in the organization like the NVHCP – National Viral Hepatitis Control Program, CPHC – Comprehensive Primary Healthcare and NPCBVI – National Program for Control of Blindness and Visual Impairment. • The hierarchy of public health care services (referral system) by Dr. Sanjay Gupta helped in understanding the CPHC –continuum of care, that is, what is the healthcare delivery system and what is the referral system, the roles of Sub – centre, Primary health centre, Community health centre, and district hospitals. • Basic principles of management in the Principles Of Management module by Dr. Alok Mathur helped in understanding the work culture of an organization and how to adapt accordingly. • Business communication module (how to conduct a meeting and work professionally in an organization) by Dr. Alok Mathur helped in conducting meetings effectively and how to communicate professionally through emails and letters. • Health policy and healthcare delivery system module by Dr. Sanjay Gupta linked to the primary healthcare delivery system and its components and thus helped in increasing understanding regarding public health. • Behaviour change communication module by Dr. Neetu Purohit helped in understanding the health-seeking behavior of the community and how to improve it as it is through proper behavior change communication only by which we can communicate health benefits to people in an effective way so that they modify their behavior. • Research methods module by Dr. Neetu Purohit and Dr. Anoop Khanna helped in formulating the project/study, making questionnaires, taking interviews, etc.

	• Basics of MS Excel and MS Word by Dr. Anupam Mehrotra helped in the compilation and documentation of reports and visits. • Organization Behaviour module by Dr. Nutan P Jain and Dr. Neetu Purohit - situational leadership theory's practical application is a recommendation in the way forward for CPHC status improvement. • The concept of Out of Pocket Expenditure(OOPE) taught in Essentials of Health Economics and Financing module by Dr. Arun Tiwari helped to better understand the one of the most important reason to launch the program of CPHC as it is the high OOPE that makes it difficult for the poor to avail healthcare services. • The Health and Development module by Dr. Mamta Chauhan taught the Health For All aim of India and helped in understanding the need of programs like Comprehensive Primary Healthcare. • Behavior Change Communication module by Dr. Neetu Purohit helped in understanding the difference in health seeking behavior of different people belonging to different social strata of society. • Organization Behavior module by Dr. Neetu Purohit and Dr. Nutan P Jain taught about the organization's culture and thus helped to understand their rules and regulations, to follow them.

Gaps identified on the working area.	• First and foremost, a gap was found between the portal entries and indent demand for medicines, during the field visits this gap surfaced. • There were no proper procedures or guidance for the organization's interns, and there were no well-defined roles assigned to people regarding interns. • There was evident reluctance in people regarding the uptake of government health services. • Moreover, most of the people in the community are unaware of the primary health care services offered. • Scope of improvement in the referral system (continuum of care). • There is an evident gap in the fieldwork and portal entries. • There is a scope of improvement in the facilities of rural centres and migration-affected areas. • There is a lack of human resources – lack of Medical Officer, Data Entry Operator, Lab Technician, MPW (M), etc., thus hampering the efficiency of work. • Infrastructure renovation is required at some centres. • Lack of communication between the central administrative body and periphery bodies of healthcare delivery system. As it was noticed that either the peripheral bodies' issues do not reach the central team or many a time the instructions from the administration don't reach them to follow. • It was challenging to reach at the exact location of Sub - centres and Primary health centres as they are not marked on any online maps and there is no one to guide the newly appointed people to reach the centres. • There is no well defined portal dedicated for staff issues and thus there is lack of coordination among them.

	• Many officials at the centres didn't know about the exact services they needed to deliver thus indicating gaps in the training and awareness part. • There are coordination issues between the employees working in the same team . • Community people living in nearby locations to the centre didn't know about them and the services offered there.

Suggestions for improvement	• The gap between portal entries and fieldwork and indent for medicines can be improved by increasing vigilance in doing entries and providing data entry operators to do so. • Proper guidelines and assistance for interns joining the organization. • Health-seeking behavior can be improved in the community by improving the availability of services and increasing awareness among people. • By improving facilities like network connectivity, water, and electricity supply, etc. at the rural centres. • Proper appointments should be made and vacant positions should be employed to enhance service delivery. • Improving communication between peripheral and central bodies of management and upscaling the facilities provided. • Proper training for sensitization of healthcare providers to motivate them and make them aware of their roles and responsibilities. • A dedicated portal for addressing to grievances of the healthcare providers can be established to resolve their issues and this in turn will motivate them to work efficiently. • Regularly review meetings should be organized to increase vigilance among the staff and to provide them proper guidance which will in turn motivate them to work better. • Infrastructure renovation should be done wherever required.

Signature of the Student 

22.7.2024

Approved by the IIHMR University's Mentor

(Dr. Sushmit Jain)

SUMMER INTERNSHIP PROGRAM report (2).pdf

ORIGINALITY REPORT

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