SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

From 6 May 2024 to 5 July 2024

A REPORT BY

Sanjay Sahu

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Anoop Khanna

IIHMR UNIVERSITY

Dr. Nilam Patel
Additional Director (P.H.)

Commissionerate of Health, Medical Services & Medical Education
Block No.5/2, Dr.Jivraj Mehta Bhavan,
Gandhinagar – 382010, Gujarat.
Tel. No. 079 232 57948, Fax No.54544
Email: adir-hlt@gujarat.gov.in

No: TB/382024/Completion Certificate/6759-60/24 **Date:05/07/2024**

Subject: Regarding dissertation Completion Certificate

Reference: Program Officer (Admin), NHM, Gandhinagar, Date 05-05-2024
Letter No:/HEC/0297/04/2024

TO WHOMSOEVER IT MAY CONCERN

This is to certify that, **Mr. Sanjay Sahu** Student of **MBA Hospital and Health Management** (2023-25) from **Indian Institute of Health Management Research, Jaipur** has successfully completed his Internship from State Tuberculosis Cell, Commissionerate of Health, Block 5/2, Dr Jivraj Mehta Bhavan Gandhinagar from 06/05/2024 to 05/07/2024 under National TB Elimination Program.

During his internship period we found him sincere and hard working.

We wish him all the success in his future.

Additional Director (Public Health)
Medical Services & Medical Education (HS)
Gandhinagar

Copy to:

- Program Officer (Admin), NHM, SPMU-Gandhinagar
- Dean-Placement and Alumni Relation I.I.H.M.R-Jaipur

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Mr. Sanjay Sahu of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to his summer internship held during May-July 2024.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 22 July 24

(Signature of Faculty Mentor)

Name: Dr. Anoop Khanna

Designation: Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Assessing the Patients' Perception and Awareness about TB Treatment adherence and Treatment follow up in Drug Sensitive Tuberculosis and Drug-Resistant Tuberculosis Patients under the National Tuberculosis Elimination Program in Gandhinagar district of Gujarat

Name: Sanjay Sahu; 1804; HM_28

Faculty Mentor: Dr. Anoop Khanna
Organization Mentor: Dr. T.K Soni

Organization History, Vision & Mission

History

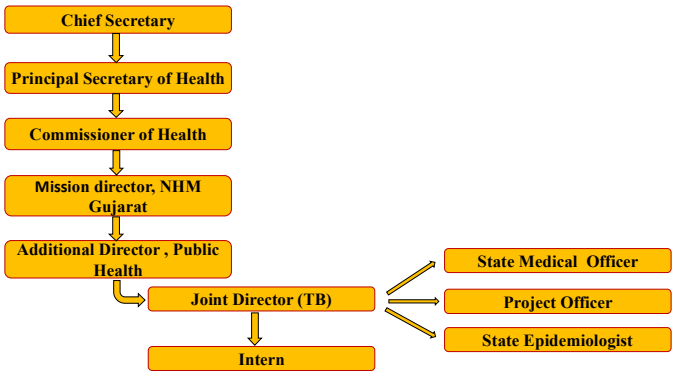
NHM was launched nationwide on 1st May 2013 by the Government of India which consists of two submissions:
1) National Rural Health Mission (NRHM) 12th April 2005
2) National Urban Health Mission (NUHM) 1st May 2013.

The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.

Vision and Mission

Attainment of Universal Access to Equitable, Affordable & Quality health care services, accountable & responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

Organization Structure



SWOT Analysis

Theory Understanding VS Practical Exposure

Practical exposure in a mixed-method study: Designing the study, collecting data, ensuring data quality, and conducting statistical analysis. This involved addressing logistical challenges, maintaining ethical standards, and adapting to unforeseen circumstances.

Theory Understanding: Theory included understanding sampling techniques, utilizing available information, and critically evaluating the material.

Implementing Theoretical Knowledge To Enhance Practical Exposure

Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations**. Practical Exposure gave me a firsthand experience in applying the theoretical knowledge**. It allowed me to work in a real-world healthcare setting, interacting with professionals, stakeholders, and beneficiaries.

Learnings

- Learn about primary data collection.
- Learn about Data analysis and to make comprehensive report.
- Learned how to operate Nik-shay Portal.
- Improvement in communication skills.
- Enhanced my report writing skills

Usefullness

- Exposure to the real field of work and learned work ethics
- Improvements in skill-sets
- Networking with experienced people in the industry.

Research Objective

Primary Objective:
- Assess perception and awareness of TB treatment adherence and follow-up among DSTB and DRTB patients under NTEP.

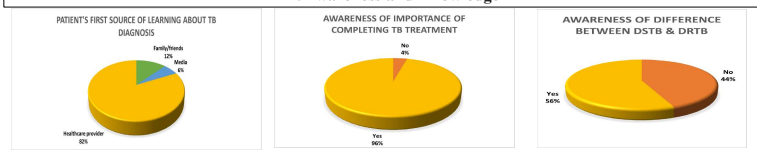
Secondary Objectives:
- Identify factors influencing non-adherence and follow-up in DSTB and DRTB patients.
- Compare perception and awareness of adherence and follow-up between DSTB and DRTB patients.
- Explore patient knowledge of the importance of treatment adherence and follow-up visits.

Research Methodology

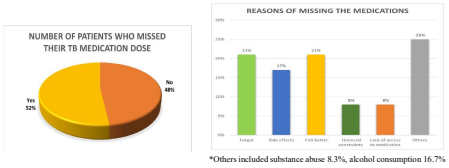
Source of Data: Secondary data through information uploaded in the NIK-SHAY portal.
Primary data collection through field visits for sampled districts.
Study Design: Mixed-method approach
Study Duration: 2 months
Study Population: Confirmed cases of DSTB and DRTB patients enrolled under NTEP in Gandhinagar district during 2023.
Study Area: The study area included several villages in Gujarat: Shahapur, Dehagam, Prantiya, Alampur, Moti Shiholi, Dashla, Dolarana Vasna, Dhanap, Isanpur Moti, Magodi, Lavarpur, and Valad.
Data Collection: Quantitative Component: Structured questionnaires
Qualitative Component: Interviews
Data Analysis: Quantitative data were analyzed using MS Excel & Qualitative data were analyzed using thematic analysis.

Research Findings

1. Awareness and Knowledge

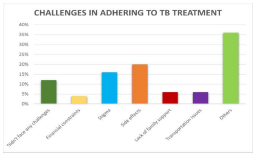


2. Treatment Adherence



*Others included substance abuse 8.3%, alcohol consumption 16.7%

3. Barriers and Challenges



*Others included Forgot to take medication 10%, Felt better 10%, lack of access to medication 4%, alcohol consumption 8%, substance abuse 4%

4. Follow-Up and Support

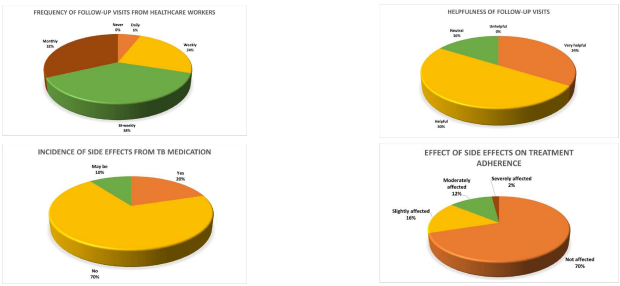
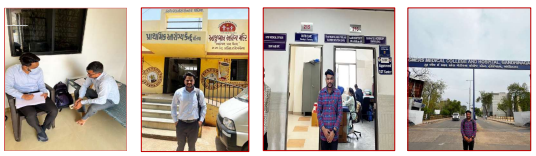


PHOTO GALLERY



Challenges

- Extreme hot environmental condition
- Language barrier
- Social stigma and Taboos

Suggestions

- Improve transportation options for patients to access treatment centers.
- Implement reminders and provide medications for side effects to ensure adherence.
- Integrate psychological support, address stigma, and substance abuse through counseling, including de-addiction services.
- Increase community education to reduce stigma and improve public understanding of TB and DR-TB.
- Ensure thorough and regular follow-up care for patients.
- Engage local leaders and utilize various media platforms for educational outreach.
- Enhance the quality and availability of free items provided to patients.
- Provide comprehensive care that includes all necessary support services in the TB treatment program

WEEKLY REPORT

WEEK 1

Name of the Organisation: NHM Gandhinagar - COH

Area/ Department/ Project of Summer Internship Program: NTEP

Name of the Student: Sanjay Sahu

Roll no: 1804 **Stream:** MBA HM 28

Week no: 01 **From**: 6/05/2024 to 9/05/2024

Activity Done	• Reported at NHM Bhawan to the mission director. • In the COH office, reported to the public health officer, who introduced me to the Medical Officer of TB. • Met with the joint director of TB, who suggested conducting research in a focus area. • Read extensively about NTEP in Gujarat and learned about ongoing implementations of NTEP. • Assisted the epidemiologist in analyzing the survey data related to community engagement of NTEP in the department. • Defined the problem statement for my research and reviewed literature or previous studies on TB.
Linking theory (Classroom learning) with practice at your organisation	• National Tobacco Control Programme related to the National Health Policy (NHP) module. • Hierarchy of public health institutions. • Learnings from modules such as Health Policy and Health Care Delivery System, Demography, Epidemiology, and Health and Development, all played a role in ensuring a smooth and adept understanding of the role each department of NHM plays. • Knowledge of Excel sheets helped in the analysis of data.
Gaps identified on the working area.	Nil within these 4 days
Suggestions for improvement	Nil
Plan for the next week	• Plan to conduct a field survey in the community to collect primary data for my research. • Plan to visit the district hospital.

Signature of the Student

WEEK 2

From: 13/05/2024 to 18/05/2024

Activity Done	• Gathered the introductory part and findings from the Global TB Report 2023 for my research. • Read about guidelines of NTEP and post-treatment follow-up. • Reviewed literature and previous articles related to my study or research topic. • Conducted a review of the literature. • Created the research design. • Developed questionnaires to aid in data collection.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology module is directly linked to conducting research.
Gaps identified on the working area.	• Identified that there is often a lack of effective communication between healthcare providers and patients, particularly in conveying the importance of treatment adherence. • Found that awareness programs for TB treatment adherence and follow-up are not reaching all segments of the population effectively. • Behavioural factors such as feeling better after initial treatment, substance use, and insufficient knowledge about treatment duration and consequences of non-adherence.
Suggestions for improvement	• TB Program could benefit from strategies that improve patient education, enhance socioeconomic support, and foster better communication between patients and healthcare providers. • Tailoring interventions to address the specific challenges faced by DSTB and DRTB patients can lead to improved adherence rates and better health outcomes.
Plan for the next week	• plan to conduct a field survey in the community to collect primary data for my research. • Begin the data collection process for the TB treatment adherence study by administering the prepared questionnaire to selected participants. • plan to visit the district hospital and rural hospital of Gandhinagar

Signature of the Student

WEEK 3

From: 20/05/2024 to 24/05/2024

Activity Done	• Get approval to visit the field for interviewing patients with DSTB and DRTB in Gandhinagar district. • Meet with the additional director of public health and show them the progress of my work so far. • Meet with the District TB Officer (DTO) urban, and also meet with the DTO officer rural of Gandhinagar. • Learn how the Nikshay portal is used to register cases under their care, order various types of tests from labs across the country, record treatment details, monitor treatment adherence, and transfer cases between care providers.
Linking theory (Classroom learning) with practice at your organisation	• Familiarity with digital health tools and platforms helped me quickly adapt to using the Nikshay portal for case registration, treatment monitoring, and reporting. • Research methodology module is directly linked to conducting research.
Gaps identified on the working area.	• Observed that there is frequently a communication gap between healthcare providers and patients, particularly in explaining the critical importance of adhering to the treatment regimen. • Noted that awareness initiatives for TB treatment adherence and follow-up are not effectively reaching all demographics within the population. • Recognized that behavioural factors, such as patients feeling better after initial treatment, substance use, and lack of sufficient knowledge about the treatment duration and the consequences of non-adherence, are significant barriers.
Suggestions for improvement	• Train healthcare providers on effective communication. • Create clear educational materials for patients. • Tailor awareness programs for all demographics. • Utilize diverse media platforms for outreach. • Educate patients comprehensively on treatment and consequences. • Offer counselling for substance use and behavioural barriers.
Plan for the next week	• Begin the data collection process for the TB treatment adherence study by administering the prepared questionnaire to selected participants. • plan to conduct a field survey in the community to collect primary data for my research.

Signature of the Student

WEEK 4

From: 27/05/2024 to 01/06/2024

Activity Done	• On Monday, I met with Dr. Deepak Patel, the DTO officer, and interviewed the DRTB patients at GMERS who had come for their follow-up. • Afterward, I visited the PHC and Sub Centres of Shahpur, Pranthiya, and Dahegam in Gandhinagar district, interviewing patients to assess their awareness, knowledge, and perception of NTEP. • Mid-week, I reported to the CHO office and met with the Medical Officer to show him the progress of my work.
Linking theory (Classroom learning) with practice at your organisation	• Familiarity with digital health tools and platforms helped me quickly adapt to using the Nikshay portal for case registration, treatment monitoring, and reporting. • Research methodology module is directly linked to conducting research.
Gaps identified on the working area.	• It's common to notice a disconnect between healthcare professionals and patients, especially when it comes to stressing the crucial nature of sticking to the treatment plan. • There's a gap in reaching all segments of the population with awareness efforts regarding adhering to TB treatment and follow-up. • Behavioural aspects like patients feeling improvement after starting treatment, substance abuse, and insufficient understanding of treatment duration and the risks of not following through pose substantial obstacles.
Suggestions for improvement	• Train healthcare providers on effective communication. • Create clear educational materials for patients. • Tailor awareness programs for all demographics. • Utilize diverse media platforms for outreach. • Educate patients comprehensively on treatment and consequences. • Offer counselling for substance use and behavioural barriers.
Plan for the next week	• Plan to extend coverage to other Primary Health Centers and Sub-Centers to collect data by interviewing DSTB and DRTB patients in Gandhinagar District. • Plan to meet with the DTO officer of the urban area of Gandhinagar District.

Signature of the Student

WEEK 5

From: 03/06/2024 to 07/06/2024

Activity Done	• Visit PHC and sub-centres (Lekhavada, Lavarspur, Alampur, Jhakhera, and Ishampur) near Gandhinagar district • Interviewing the patients of confirmed cases of DSTB and DRTB who are enrolled in NTEP to assess their awareness, knowledge, and perception. • Also met and discussed with the medical officers of different PHCs and ASHAs to determine the exact cause of loss to follow-up or treatment non-adherence. • Mid-week, I reported to the CHO office and met with the State Medical Officer of TB to show him the progress of my work.
Linking theory (Classroom learning) with practice at your organisation	• Familiarity with digital health tools and platforms helped me quickly adapt to using the Nikshay portal for case registration, treatment monitoring, and reporting. • Research methodology module is directly linked to conducting research.
Gaps identified on the working area.	• It was observed that patients often fail to follow up due to alcohol addiction, substance abuse, and a resulting loss of motivation to adhere to their treatment. • Other significant reasons for loss to follow-up include social stigma and transportation issues. • Lack of access to medication and the impact on patients' daily wages also contribute to the issue. • Some patients reported that they stopped taking medication and seeking further treatment because their symptoms had improved. • Additionally, some patients are unaware of the difference between DSTB and DRTB.
Suggestions for improvement	• Implement counselling and support programs to help patients overcome addiction and stay motivated. • Raise awareness to reduce social stigma and provide transportation assistance for patients. • Ensure a consistent supply of medication and explore financial support or compensation for patients who lose income due to treatment. • Educate patients on the importance of completing their treatment regimen even if they feel better, to prevent relapse or drug resistance. • Conduct educational sessions to inform patients about the differences between DSTB and DRTB, emphasizing the

	importance of proper treatment for each type.
Plan for the next week	• I plan to continue visiting the COH office next week and will also seek guidance from a local organization mentor to analyse the data collected from the Gandhinagar district. • I intend to meet with the state joint director of TB to present the collected data. • My plan for next week includes analysing the data.

Signature of the Student

WEEK 6

From: 10/06/2024 to 15/06/2024

Activity Done	• On Monday, I reported to the program officer of TB. • I met with Dr. Dixit Kapadiya (medical officer of TB), and I showed him the data I collected through the survey. • I analyzed the quantitative data with the guidance of the state epidemiologist. • The data analysis is right now in progress.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology module is directly linked to conducting research.
Gaps identified on the working area.	• It was noted that many patients fail to continue their treatment due to alcohol addiction, substance abuse, and diminished motivation to adhere to their prescribed regimen. • Other critical factors contributing to follow-up loss include social stigma and difficulties with transportation. • Limited access to medication and the adverse effect on patients' daily earnings further exacerbate the problem. • Some patients mentioned that they discontinued their medication and further treatment because they felt their symptoms had improved. • Moreover, there is a lack of awareness among some patients about the difference between DSTB and DRTB.
Suggestions for improvement	• Implement counselling and support programs to help patients overcome addiction and stay motivated. • Raise awareness to reduce social stigma and provide

	transportation assistance for patients. • Ensure a consistent supply of medication and explore financial support or compensation for patients who lose income due to treatment. • Educate patients on the importance of completing their treatment regimen even if they feel better, to prevent relapse or drug resistance. • Conduct educational sessions to inform patients about the differences between DSTB and DRTB, emphasizing the importance of proper treatment for each type.
Plan for the next week	• I intend to meet with the state joint director of TB to present the report • My plan for next week includes analysing the data.

Signature of the Student

WEEK 7

From: 18/06/2024 to 21/06/2024

Activity Done	• On Tuesday, report to the Program Officer TB. • Discuss my report with Dr. Sanket, the State Epidemiologist, and present the report and data to the Medical Officer of TB. • Data analysis has been completed, and I am now working on the poster.
Linking theory (Classroom learning) with practice at your organisation	• Research methodology module is directly linked to conducting research. • Modules such as Biostatistics and Demography assist me with data analysis.
Gaps identified on the working area.	• It was observed that many patients discontinue their treatment due to alcohol addiction, substance abuse, and a lack of motivation to adhere to their prescribed regimen. • Additional critical factors contributing to loss of follow-up include social stigma and transportation difficulties. • Limited access to medication and the negative impact on patients' daily earnings further exacerbate the issue. • Some patients reported stopping their medication and further treatment because they felt their symptoms had improved.

	• Furthermore, there is a lack of awareness among some patients about the differences between DSTB and DRTB.
Suggestions for improvement	• Implement counselling and support programs to help patients overcome addiction and stay motivated. • Raise awareness to reduce social stigma and provide transportation assistance for patients. • Ensure a consistent supply of medication and explore financial support or compensation for patients who lose income due to treatment. • Educate patients on the importance of completing their treatment regimen even if they feel better, to prevent relapse or drug resistance. • Conduct educational sessions to inform patients about the differences between DSTB and DRTB, emphasizing the importance of proper treatment for each type.
Plan for the next week	• The plan for next week is to present the final report to the Joint Director of TB. • Work on creating the poster

Signature of the Student

WEEK 8

From: 24/06/2024 to 29/06/2024

Activity Done	• Report to the project officer on Monday morning. • Learn how to operate the Nishay portal. • Work on the poster and compile the report. • Explore the different departments of the healthcare system, including Family Welfare. • Conduct a field visit for Mamta Divas on Wednesday. • Observe the immunization session.
Linking theory (Classroom learning) with practice at your organisation	• Value-added courses on designing strong PowerPoint presentations helped me a lot in creating the poster. • The NHP module helped me during the field visit of the immunization session.
Gaps	Session Site Discrepancy:

identified on the working area.	• The session site differed from the Micro plan (Sunshine Heights-2 instead of Sunflower Heights). Vaccine Handling: • All 4 ice packs were completely frozen without conditioning. • One Ziplock bag was missing from the vaccine carrier. • The bOPV vaccine was brought later to the session site. Staff Preparedness: • The ASHA was not thorough with the immunization schedule. Session Site Suitability: • The session was conducted in a poorly chosen location (basement/parking area in front of a lift). • There was no waiting area for beneficiaries. Hygiene Practices: • Sanitizer was not used between vaccinations. Documentation and Supplies: • The AEFI register was maintained but not brought to the session site.
Suggestions for improvement	Session Site Alignment: • Ensure that the session site aligns with the Micro plan to avoid confusion and logistical issues. Vaccine Handling: • Properly condition ice packs before use to maintain the required temperature. • Verify all necessary items, such as Ziplock bags, are included in the vaccine carrier before leaving for the session site. • Ensure all vaccines are brought to the session site at the beginning to avoid delays. Staff Training: • Provide refresher training for ASHAs on the immunization schedule to ensure they are well-prepared. • Conduct periodic training sessions on the importance of hygiene practices, including the use of sanitizer between vaccinations. Session Site Selection: • Choose more suitable locations for immunization sessions that provide adequate space and are free from distractions or hazards. • Ensure there is a designated waiting area for beneficiaries to improve comfort and organization. Hygiene Practices: • Reinforce the importance of using sanitizer between vaccinations to maintain hygiene and prevent infections. Documentation and Supplies:

	• Ensure the AEFI register and other necessary documentation are brought to the session site. • Conduct a checklist review before the session to ensure all essential supplies and equipment are available and in good condition.
Plan for the next week	• Will submit the final report to the organization mentor. • Plan to finalize the poster and compiled report. • Will also complete all the formalities and get all the essential documents from the organization.

Signature of the Student

Compiled Report

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: NTEP

Name of the Student: Mr. Sanjay Sahu

Roll no: 1804 **Stream:** MBA in Hospital and Healthcare Management

Activity Done	I undertook research to evaluate the perceptions and awareness of TB treatment adherence and follow-up among patients diagnosed with DSTB and DRTB in Gandhinagar, Gujarat, under the NTEP. **Research Preparation:** Firstly, I familiarized myself with the NTEP and identified the research area. In the first week, I discussed the selected topic with my mentor, Dr. TK Soni, and the state medical officer for TB. Following their approval, I finalized the research topic. **Literature Review:** I conducted a literature review, examining three articles related to my research topic to build a foundation for my study. **Research Design:** I then designed the research, outlining the purpose of the study, defining the research objectives, and deciding on the methodology. I also prepared the questionnaires for data collection. **Field Visits:** Upon approval of my research design and questionnaires, I conducted field visits to several villages in Gandhinagar, including Shahapur, Dehagam, Prantiya, Alampur, Moti Shiholi, Dashla, Dolarana Vasna, Dhanap, Isanpur Moti, Magodi, Lavarpur, and Valad. Additionally, I visited the GMERS hospital in Gandhinagar to interview DSTB and DRTB patients for both qualitative and quantitative data. **Data Collection:** For the quantitative component, I administered structured questionnaires to 40 patients with DSTB and 10 patients with DRTB to gather data on demographics, treatment adherence, and awareness levels. For the qualitative component, I conducted interviews with 6 patients with DSTB and 4 patients with DRTB to explore their perceptions, experiences, and challenges related to TB treatment and follow-up. **Data Analysis:** I analyzed the collected data, using MS Excel for the quantitative data and thematic analysis for the qualitative

	data. **Report Creation:** Following the analysis, I interpreted the data and created the final report. **Additional Learning:** Apart from my research, I also learned about the functionality of the Nikshay portal. Additionally, I explored various departments within the healthcare system, including Family Welfare. I conducted a field visit for Mamta Divas, where I observed an immunization session.
Linking theory (Classroom learning) with practice at your organisation	During my internship at NHM Gandhinagar - COH, I applied classroom learning to practical activities, effectively bridging theory with real-world practice. **National Health Policy:** Understanding the National Tobacco Control Programme and the hierarchy of public health institutions from the Health Policy and Health Care Delivery System modules was crucial. This knowledge was fundamental in grasping the roles and responsibilities within NHM. **Research Methodology, Biostatistics, Demography:** The research methodology module was directly applicable to my research tasks, including defining the problem statement, reviewing literature, designing research, and developing questionnaires. Proficiency in Excel and guidance from the state epidemiologist facilitated the analysis of quantitative data. Modules on Biostatistics and Demography further supported data analysis. **Digital Health:** Classroom familiarity with digital health tools enabled me to quickly adapt to using the Nikshay portal for case registration, treatment monitoring, and reporting, providing practical insights into TB case management under NTEP. **Creating Presentations and Reports:** Courses on designing PowerPoint presentations were beneficial in creating a comprehensive poster presentation of my findings, essential for effectively communicating research results to stakeholders. **Field Visits and Observations:** The National Health Policy module provided crucial insights during field visits for immunization sessions, allowing me to apply theoretical knowledge to real-world scenarios and enhance my learning experience.
Gaps identified on the working area.	**Communication and Awareness:** 1. Healthcare Provider-Patient Communication: ➢ There is frequently a communication gap between healthcare providers and patients, particularly in

	explaining the critical importance of adhering to the treatment regimen. Awareness Programs: ➢ Awareness initiatives for TB treatment adherence and follow-up are not effectively reaching all demographics within the population. ➢ Patients lack comprehensive understanding about TB treatment duration and the consequences of non-adherence. **Patient Behaviour and Motivation:** Behavioural Barriers: ➢ Patients often fail to continue their treatment due to alcohol addiction, substance abuse, and a lack of motivation. ➢ Many patients discontinue their medication because their symptoms improve, leading to premature treatment cessation. ➢ There is a significant lack of awareness among patients about the differences between DSTB and DRTB. **Socioeconomic Factors:** ➢ Social Stigma and Transportation: Social stigma and transportation issues pose significant barriers to consistent treatment adherence and follow-up. ➢ Economic Constraints: Limited access to medication and the adverse effect on patients' daily earnings further exacerbate treatment adherence issues. **Operational Gaps:** Session Site Management: ➢ Discrepancies between planned and actual session sites create confusion and logistical issues. ➢ Poor choice of session site locations, such as conducting sessions in unsuitable areas like basements or parking areas. Vaccine Handling and Preparedness: ➢ Issues with vaccine handling, such as unconditioned ice packs and missing items in the vaccine carrier. ➢ ASHAs, were not thorough with the immunization

	schedule. **Hygiene Practices and Documentation:** ➢ Hygiene practices, such as using sanitizer between vaccinations, were not consistently followed. ➢ Essential documentation, like the AEFI register, was maintained but not always brought to session sites.
Suggestions for improvement	**Enhanced Communication Training:** ➢ Train healthcare providers on effective communication techniques. ➢ Create clear and accessible educational materials. **Improved Awareness Programs:** ➢ Tailor awareness programs to reach all demographics effectively. ➢ Utilize a variety of media channels to distribute information. **Behavioural Support and Education:** ➢ Implement counseling and support programs to help patients overcome addiction and stay motivated. ➢ Educate patients comprehensively on the importance of completing their treatment regimen, even if they feel better. **Socioeconomic Support:** ➢ Provide transportation assistance and explore financial support or compensation for patients who lose income due to treatment. ➢ Address social stigma through community engagement and education. **Operational Enhancements:** ➢ Align session sites with the micro plan and ensure they are suitable for health sessions. ➢ Condition ice packs and include all necessary items in the vaccine carrier. ➢ Conduct refresher training for staff on immunization schedules and hygiene practices. ➢ Bring and maintain essential documentation at all session sites.

Signature of the Student

Approved by the IIHMR University's Mentor