SUMMER INTERNSHIP PROGRAM

at

NATIONAL HEALTH MISSION, RAJASTHAN

From: 6thMAY, 2024 to 5th WLY, 2024

A REPORT BY

RIYA SHEKHAWAT

Master of Business Administration

(HOSPITAL & HEALTH

MANAGEMENT)

2023-25

under the Mentorship of

DR. SANJAY GUPTA

Government of Rajasthan
National Health Mission, Rajasthan
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No. F 2 (153) NHM/SPM/2024/ 846 Dated: 5/7/24

CERTIFICATE

This is to certify that Dr Riya Shekhawat, student of MBA, Indian Institute of Health Management Research (IIHMR University, Jaipur) has successfully completed her Summer Training at National Health Mission, Rajasthan from 06/05/2024 to 05/07/2024. She has worked on the project-

TO KNOW THE STATUS OF NCDs CLINICS OF URBAN PRIMARY HEALTH CENTRE, JAIPUR, RAJASTHAN

Her performance was found satisfactory. We extend her good wishes for a bright and successful career ahead.

(Dr Jitendra Kumar Soni)
Mission Director, NHM
Special Secretary
Medical Health & Family Welfare

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Dr. RIYA SHEKHAWAT of the academic year 2023-25 of the 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

Dr. Sanjay Gupta
Dean & Professor

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TO ASSESS THE CHALLENGES FACED BY NCD CLINICS IN UPHCs OF JAIPUR IN PROVIDING QUALITY CARE: A RESEARCH INQUIRY

Presented by : Dr Riya Shekhawat
Roll no : 1801

Mentor: Dr Sanjay Gupta (Faculty Mentor), IIHMR University, Jaipur
Arun Vashistha (Organization Mentor) , NHM , Rajasthan

NATIONAL HEALTH MISSION

The National Health Mission (NHM) was launched in the month of April by the government of India in 2005. The National Health Mission (NHM) encompasses its two Sub-Missions, **The National Rural Health Mission (NRHM) 12 April 2005** and **The National Urban Health Mission (NUHM) 1 May 2013.**

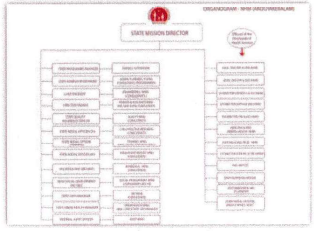
VISION

Attain universal access to equitable, affordable, and quality healthcare services that are accountable and responsive to the needs of the people, especially the vulnerable and underprivileged."

MISSION

Our Mission of NHM is to provide **accessible, affordable, and quality healthcare services** for all, focusing on marginalized populations, reducing infant and maternal mortality, promoting disease prevention and management, strengthening healthcare systems, and prioritizing vulnerable groups.

ORGANISATION STRUCTURE



NPNCD PROGRAMME

- Considering increase burden of NCDs , MOFHW launched a programme – National Programme of Prevention and Control of Non – Communicable Disease.
- It provides comprehensive services for early diagnosis , treatment , follow up and referral etc..

- Initially it was launched in 100 districts across 21 states but effective implementation came when it integrated with NHM in 2013-2014
- After that there had been acceleration in setting up NCD clinics in PHC , CHC , and District hospital.
- Population based screening has been started for hypertension , diabetes and common cancers..

AIM OF PROJECT

The Aim of this project is to conduct a comprehensive analysis of the referral system for NCD clinics in UPHCs of Jaipur , Rajasthan

RESEARCH QUESTION

To what extent do the NCD clinics renders the services for prevention , early diagnosis and management in selected UPHCs in Jaipur

OBJECTIVE

- Analyze NCD clinics' effectiveness in screening, diagnosing, treating, and following up on non-communicable diseases.
- Assess resources and identify service bottlenecks to enhance clinic services.

METHODOLOGY

1. **Study design**: cross-sectional study
- This investigation assesses NCD clinics in five Jaipur UPHCs with quantitative and qualitative data.

2. **Selection of UPHCs:** The study focuses on five UPHCs in Jaipur chosen based on specific criteria.

Five UPHCs are purposively chosen from Jaipur in the present research.

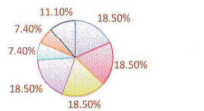
- Various samples are collected to represent the entire city population.
- NCD clinics in UPHCs have sections for improved data collection.

3. **Data collection.**. The clinic collected data and used self-administered questionnaires to gather opinions from doctors, nurses, dieticians, and counselors on the situation and improvement.

- Distribution of NCDs: diabetes, hypertension, cardiovascular diseases, and chronic respiratory diseases.
- The patient's visit frequency, especially attendance, is noted regularly.

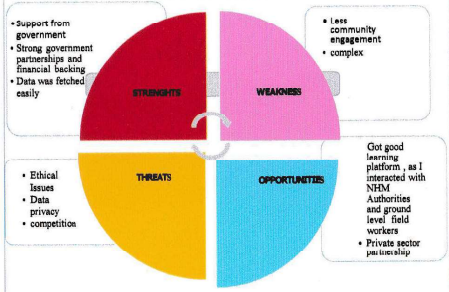
FINDINGS

COMMON ISSUES IDENTIFIED IN UPHCs



- UPHC with fixed day for NCD Ptients
- UPHC wihtout standard treatment guidelines
- UPHC with last year training back
- UPHC with no IEC materials
- UPHC without MO and no counselling services
- UPHC with inadequate space in NCD clinic
- UPHC without lab technician and CHO not assigned

SWOT ANALYSIS



FIELD VISIT

THEORITICAL WORK

- Simply learned about the procedure how program is implemented.
- Familiarity with NPNCD guidelines along with the work of the NCD clinics.
- Rules and regulations norms policies.

PRACTICAL EXPOSURE

- Collected primary data manually on the basis of the questionnaire.
- Analysis of questionnaires for NCD clinics for the comprehensive study.
- Analyzed protocols and procedures implemented in NCD clinics of UPHCs .
- Reviewed hospital's referral register for the past year.

CHALLENGES FACED DURING THE STUDY

- Proper data was not available on a particular , it was available in discrete form.
- Lack of awareness among the target population effect the work efficiency.
- Lesser time for Data Collection.

LEARNING DURING INTERNSHIP

- Practical knowledge of departments, organization structure and work of NHM during our orientation session scheduled for a week.
- Exposure to witness how a Health care System works with various field visits and training programs .
- Learn about primary data collection , NCD portal and App
- Learn about Data analysis and to make comprehensive report.

USEFULNESS OF INTERNSHIP

- Great learnings of discipline, communication skills, leadership skills.
- Get to know the exact situation of healthcare sector by visiting field and meeting with different professionals.
- Good connections with the staff from lower to higher position.
- Gain confidence by applying both practical and theoretical concepts in field.

SUGGESTIONS

- Strengthen referral guidelines
- Train healthcare professionals to improve screening and use of NCD portal and App.
- Foster communication among healthcare facilities."
- Create a referral process feedback loop for analysis.
- Proper maintenance of records is required for follow up
- Regularly promote counseling services in the community.

REPORT

Date: May 11, 2024

To: Dr. Sanjay Gupta

Subject: Weekly Report - Intern Duties at NHM Rajasthan

Respected Sir,

I trust this email initiates well. Therefore, am writing to brief you on my activities/duties as an intern at the NHM Rajasthan over the past week. The date of joining of my internship wasMay 6, 2024 where we were assigned Under the guidance of Dr. Lokesh Chaturvedi (State program Manager) with the one-week orientation of the programme which are held under the NHM by the various head departments.

May 6, 2024 (MONDAY): The programs components which were assigned for the orientation on that day were

1. ISC (Ambulatory services): focusing on accessibility, quality of care, and areas for improvement. Ambulatory services play a crucial role in providing timely and essential healthcare to patients who do not require overnight hospitalization.

2. FW (Family welfare) aimed to address health and well-being issues among rural communities in the region. program focused on providing essential services and education on reproductive health, maternal care, child nutrition, and family planning.

- Activities: Health Camps, Health Education Workshops, Distribution of Essential Supplies,
- Outcomes: Improved maternal and child health outcomes, reduced infant mortality rates, Empowered families to make healthier choices through education and access to essential services, Enhanced community awareness and engagement in health-related issues.

3. AAM (Aam Arogya Mandir): (Common Health Center) initiative in Rajasthan. Aam Arogya Mandir aims to provide accessible and affordable healthcare services to rural and underserved communities across the state.

4. MMU/MMV (Mobile medical units): mobile healthcare units equipped with medical staff, diagnostic equipment, and essential medications, designed to deliver primary healthcare services to underserved and remote communities.

5. PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques): The PCPNDT Act is a legislation aimed at preventing the misuse of prenatal diagnostic techniques for sex-selective abortion and addressing gender-based discrimination.

May 7, 2024

1. **MH (Maternal health)**: encompasses a comprehensive set of interventions aimed at promoting safe motherhood and reducing maternal mortality and morbidity.
2. **CH (Child Health):** Child health programs aim to improve the health outcomes of children under five years of age through a range of interventions and services.
3. **RI (Routine Immunization):** aim to protect individuals against vaccine-preventable diseases through the timely administration of vaccines.
4. **QA (Quality Assurance):** aims to ensure that services provided meet established standards of safety, effectiveness, and patient-centeredness.

5. **MNJY (Mukhyamantri Nishulk Janch Yojana):** This scheme aims to provide free diagnostic services to the residents of Rajasthan, particularly focusing on economically disadvantaged individuals, to ensure timely diagnosis and treatment of diseases.
6. **MNDY (Mukhyamantri Nishulk Dava Yojna):** aims to provide free essential medicines to the residents of Rajasthan, particularly focusing on economically disadvantaged individuals, to ensure access to affordable healthcare.

May 8, 2024

1. **NPNCD (National Programme for Prevention and Control of Non-Communicable Diseases):** aims to address the growing burden of non-communicable diseases by implementing preventive and control measures at the state level.
2. **NVBDCP (National Vector Borne Disease Control Programme):** aims to prevent and control vector-borne diseases through various interventions, including vector control measures, disease surveillance, and public awareness campaigns.

May 9, 2024

1.**IDSP (Intergreated disease surveillance program):** The IDSP is a comprehensive disease surveillance system that aims to detect and respond to disease outbreaks promptly, thereby preventing the spread of infectious diseases and reducing morbidity and mortality.

Kindly inform me of any other tasks or tasks areas that you would like me to focus on in the next one or two weeks.

Thank you for your mentorship.

Best regards,

Riya Shekhawat

HM 28(Section B)

reporting format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From: 13/5/24.....**to**.....17/5/24.....

Activity Done	• On 13 and 14 of May, 2024 there was the brief orientation of program such as NTEP, NOHP, NMHP, NUHM, ASHA, RBSK, RKSK, NLEP, NPCB etc. • On 15 may, 2024 we choose the department of choice of interest (NPNCD) under the guidance of Dr. R.N Meena ji • On 16 may, 2024 we overview the guidelines given for NPNCD program such as: 1. new operational guidelines NPCDCS 2. NCD module for ANM MPW 3. New ASHA module 4. MO Module for PBS for NCDs 5. NPNCDS program manager Under the guidance of Mr. Arun Vashishtha Sir (State program officer of NCD Cell) • On 17 may 2024, workshop was attended which was held for CHO for cancer screening.
Linking theory (Classroom learning) with practice at your organisation	• Experience of the healthcare system, policy implementation, and community health challenges in Rajasthan, under the teaching of national health program and health policy module. • Health behaviour theories can aid in designing effective community health interventions under the organization behaviour module.

	• emphasizes research methodologies and data analysis techniques relevant to public health, under the research methodology and biostastics program.
Gaps identified on the working area.	• Education about NCDs, their risk factors, and preventive measures are the leading gaps which are identified. • Limited availability of trained healthcare professional and diagnostic equipment. • Shortages of trained healthcare professionals, including physicians, nurses, and community health workers, may limit the capacity to deliver NCD related services effectively.
Suggestions for improvement	• Expansion of Screening and Diagnostic Services • Enhanced Public Awareness Campaigns. • Emphasis on Prevention and Health Promotion.
Plan for the next week	• Brief study of 5 years of screening for NCDs done in Rajasthan from the data, along with cleaning of data and studying of graph how screening has help in NCDs. • Learning from online data from the portal. • To research over the screening of diabetes in Rajasthan as a research topic

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From:20/5/24.....**to**.....25/5/24.....

Activity Done	• On 20 and 21 of May, 2024 there was the brief analysis of data regarding Screening, Diagnosis, Treatment, Counselling & Follow-up services of Hypertension and Diabetes Mellitus Rajasthan State April 2018- March 2022. • On 22 and 23 may, we understand how the online portal of NPNCD program works offers valuable insights into disease trends, screening efforts, treatment modalities, and health education initiatives. • On 25 may 2024, we learn how indicators are assigned for any program, what are the numerator and denominators of indicators, how the data is converted into excel format.
Linking theory (Classroom learning) with practice at your organisation	❖ Things learned from this data study which was given on 20 and 21 of may: 1. Screening: Number of individuals screened for hypertension and diabetes mellitus. Percentage of the target population screened. 2. Diagnosis: Percentage of screened individuals diagnosed with hypertension and diabetes mellitus. 3. Treatment: Number of individuals receiving treatment for hypertension and diabetes mellitus. 4. Counselling: Number of counselling sessions conducted for hypertension and diabetes mellitus. 5. Follow-up: Percentage of treated individuals attending follow-up appointments.

	❖ Learning from online portal was: 1. It centralizes epidemiological data, tracking screening, diagnostics, and treatment outcomes. 2. Patient registries and reminders ensure continuity of care and follow-up engagement. 3. It supports research and innovation by providing access to anonymized data and collaborative platforms.
Gaps identified on the working area.	• Education about NCDs, their risk factors, and preventive measures are the leading gaps which are identified. • Limited availability of trained healthcare professional and diagnostic equipment. • Shortages of trained healthcare professionals, including physicians, nurses, and community health workers, may limit the capacity to deliver NCD related services effectively.
Suggestions for improvement	• Expansion of Screening and Diagnostic Services in several blocks of Rajasthan state • Enhanced Public Awareness Campaigns and workshop regarding the NCDs • Emphasis on Prevention and Health Promotion.
Plan for the next week	❖ Visit to Kawatiya hospital, Jaipur (shastri Nagar) to visit the NCDs clinics and how they are functioning. ❖ More learning from online portal as well as the 6 years data study of diabetes mellitus and hypertension screened among target population in Rajasthan state.

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From:27/5/24.....**to**.....31/5/24.....

Activity Done	• On 27 of May, 2024 there was visit to Kanwatiya Hospital (Government District hospital, Jaipur) to have a brief analysis on NCD clinics, related to their functioning. • On 28 May, 2024 brief study about data analysis of aspirational blocks in Rajasthan screening of diabetes and hypertension. • On 29 to 31 may 2024, there was a training of cervical cancer screening by VIA in Mahila Chikitsalaya, Jaipur for aspirational blocks MO under NHM with collaboration of Clinton foundation.
Linking theory (Classroom learning) with practice at your organisation	❖ Things learned the NCD clinics of 27 may: 1. Understanding the prevalent non-communicable diseases like diabetes, hypertension etc. 2. Learn to conduct and interpret diagnostic tests such as blood pressure measurement, blood glucose testing etc. 3. Familiarize with treatment guidelines and protocols for managing various NCDs including medication management, lifestyle interventions, and referral criteria. 4. Develop communication skills for counselling patients on disease management, medication adherence, lifestyle modifications, and the importance of follow-up. ❖ Learning from training of cervical cancer screening by VIA :

	1. Understand the step-by-step process of conducting VIA screening and familiarize with the equipment needed for the procedure. 2. Learn how to prepare patients for VIA screening, including explaining the procedure and obtaining informed consent 3. Learn to recognize and differentiate between normal cervical tissue and lesions indicative of precancerous or cancerous changes. 4. Recognize the significance of community education and awareness campaigns to promote cervical cancer screening and early detection.
Gaps identified on the working area.	• . Limited availability of VIA screening services in certain geographical areas, resulting in reduced accessibility for women, especially in rural or remote regions. • Insufficient awareness among women about cervical cancer, its risk factors, and the importance of screening, leading to low uptake of VIA screening services. • Inadequate training and skills development among healthcare providers conducting VIA screening, resulting in variability in the quality and accuracy of screening outcomes.
Suggestions for improvement	• Expansion of Screening and Diagnostic Services in several blocks of Rajasthan state • Enhanced Public Awareness Campaigns and workshop regarding the NCDs • Emphasis on Prevention and Health Promotion.
Plan for the next week	• Brief analysis of study of the training outcomes • Study of data of aspirational blocks screening and their follow up treatment.

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From:3/6/24.....**to**.....7/6/24.....

Activity Done	• Visit to Alwar for 5-day (3-7) JUNE training program of CHO of various blocks to understand the NPNCDs and NCD portal • Learning how a VC is conducted through state level to district to check upon the work undergoing in the program. • How WHO is linked with NHM and its program and how they are functioning from state to district areas.
Linking theory (Classroom learning) with practice at your organisation	• Prior to the visit, we were providing theoretical background on (NCDs and (NPNCD), and the NCD portal. We Discuss the objectives, strategies, and importance of these programs in public health. • Applying the theoretical knowledge learning the to understand how these programs are implemented at the grassroots level and gain insights into the challenges • Through VC teaching of the principles of effective communication, organizational communication structures, and the role of technology in facilitating communication. • Through WHO learning about the specific initiatives and programs supported by WHO in collaboration with NHM, focusing on NCD prevention and control and exploring case studies, success stories, and data illustrating the impact of WHO interventions at the state and district levels.

Gaps identified on the working area.	• Discrepancy between theoretical knowledge and practical implementation • Lack of alignment between classroom teachings and real-world scenarios • Insufficient understanding of how WHO aligns with national health goals
Suggestions for improvement	• Encourage more hands-on activities during training sessions • Foster partnerships with industry experts for practical insights • Introduce case studies showcasing WHO's impact on national health missions
Plan for the next week	• Deep study on the above training visit • Learning of NCD portal functioning

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From: 10/6/24.....**to**.....14/6/24.....

Activity Done	• Learning how a VC is conducted through state level to district to check upon the training work undergoing in the region of Dungarpur (Rajasthan) • How WHO and the other various organizations is linked with NHM and its program and how they are functioning from state to district areas. • Functioning of NCDs online portal and observing the data day by day changes in it.
Linking theory (Classroom learning) with practice at your organisation	• The NCD portal and the theoretical underpinnings of NCDs and NPNCDs. We Talk About the Goals, Approaches, and Significance of These Initiatives in Public Health. • Putting the theoretical knowledge to use in order to comprehend how these programs are carried out locally and obtain insight into the difficulties. • By means of VC instruction on the fundamentals of efficient communication, organizational communication frameworks, and the contribution of technology to communication. • Discovering through WHO the particular projects and programs that WHO supports in partnership with NHM, with an emphasis on NCD prevention and control, as well as examining case studies, success stories, and data demonstrating the effectiveness of WHO interventions at the state and district levels

Gaps identified on the working area.	• Inconsistency between theoretical understanding and real-world application • Inconsistency between what is taught in the classroom and actual situations • Inadequate knowledge of how national health goals and WHO align
Suggestions for improvement	• Promote more practical exercises in training sessions. • Encourage collaborations with professionals in the field to gain useful insights • Provide case studies illustrating the influence of the WHO on national health missions.
Plan for the next week	• Deep study on the above training visit • Learning of NCD portal functioning

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From: 17/6/24.....**to**.....21/6/24.....

Activity Done	• Learning of both NCD portal and NCD app as a user with login id of ASHA, ANM, CHO, MO • Visit to various UPHC in Jaipur for the gap analysis Of both qualitative as well as quantitative data basis upon the questionnaire (checklist). • UPHC in Jaipur such as (UPHC Mahesh Nagar, UPHC Barkat Nagar, UPHC Malviya Nagar, UPHC Gandhi Nagar, UPGC Hawa sadak) for the demonstration to see the functioning of NCDs clinic.
Linking theory (Classroom learning) with practice at your organisation	The learning from UPHC is: • The method addresses the complex nature of NCDs, ensuring continuity of care and improving patient outcomes. • conduct outreach activities to educate the public about risk factors, early detection, and management of NCDs • Effective disease management depends on making NCD clinics inexpensive and available to all urban populations, especially the underprivileged. • UPHCs can successfully manage the rising burden of non-communicable illnesses in urban areas by putting an emphasis on integrated care, prevention, community participation, and continuous improvement.
Gaps identified on the working area.	• Shortage of trained healthcare professionals with inadequate workforce planning.

	• Limited diagnostic services and facilities necessary for early detection and monitoring • Poor data management practices along with lack of knowledge • Lack of ongoing training programs for healthcare workers to update their knowledge and skills. of online services
Suggestions for improvement	• Offer possibilities for job progression and ongoing education., enhance working environment and provide mental health assistance. • Invest on necessary diagnostic and medical equipment , along with the staff members and Schedule routine maintenance.
Plan for the next week	• Deep study on the above UPHC visit for the research work , • Learning of NCD portal functioning

Reporting Format

(Weekly)

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Week no: 2

From:24/6/24.....**to**.....28/6/24.....

Activity Done	• Learning of National Programme for Health Care of the Elderly (NPHCE) • Visit to CMHO office for learning about its functioning • Learning how to make a scientific report as well as various types of bar graphs etc for the research paper.
Linking theory (Classroom learning) with practice at your organisation	The learning from NPHCE is: • Ministry of Health and Family Welfare oversees the program implementation at the national level. • Geriatric clinics provide regular OPD services for elderly patients at medical colleges, district hospitals, and community health centres. • Integrating NPHCE services with other national health programs for comprehensive care. The learning from CMHO office: • The implementation of health programs and policies at the district level, Supervises the functioning of PHC, CHC, and other health facilities. • ensures effective implementation of national health programs like the(NHM), immunization programs, and disease control initiatives, and manages the allocation of resources, including budget, manpower, and medical supplies.

Gaps identified on the working area.	• Shortage of trained healthcare professionals with inadequate workforce planning. • Limited diagnostic services and facilities necessary for early detection and monitoring • Poor data management practices along with lack of knowledge • Lack of ongoing training programs for healthcare workers to update their knowledge and skills. of online services
Suggestions for improvement	• Offer possibilities for job progression and ongoing education., enhance working environment and provide mental health assistance. • Invest on necessary diagnostic and medical equipment, along with the staff members and Schedule routine maintenance.
Plan for the next week	• Compiling of all the internship work and submitting of report.

Compiled Reporting Format

Name of the Organisation: NHM Rajasthan

Area/ Department/ Project of Summer Internship Program: NPNCD (National Programme for Prevention & Control of Non-Communicable Diseases)

Name of the Student: Riya Shekhawat

Roll no: 1801 **Stream:** Hospital and Health management - 28

Activity Done: Scheduled activity from 6 MAY, 2024 -10 MAY ,2024

I am writing to give you an update of my activities and responsibilities while interned at the NHM Rajasthan in the last two months. My joining date for the intern was May 6, 2024 where we were grouped Under the supervision of State program Manager Dr. Lokesh Chaturvedi and as per the one-week orientation of the programme, which are conducted under the National Health Mission by various head departments. The programs components which were assigned for the orientation on that day were:

1. ISC (Ambulatory services)
2. FW (Family welfare)
3. AAM (Aam Arogya Mandir)
4. 4. MMU/MMV (Mobile medical units)
5. 5. PCPNDT (Pre-Conception and Pre-Natal Diagnostic Techniques)
6. MH (Maternal health)
7. CH (Child Health):
8. RI (Routine Immunization):
9. QA (Quality Assurance):
10. MNJY (Mukhyamantri Nishulk Janch Yojana)
11. MNDY (Mukhyamantri Nishulk Dava Yojna)
12. 1. NPNCD (National Programme for Prevention and Control of Non-Communicable Diseases
13. 2. NVBDCP (National Vector Borne Disease Control Programme)

SCHEDULED ACTIVITES FROM 13 MAY -17 MAY, 2024

we choose the department of choice of interest (NPNCD) under the guidance of Dr. R. N Meena ji and we overview the guidelines given for NPNCD program such as:

1.new operational guidelines NPCDCS
2. NCD module for ANM MPW
3. New ASHA module
4. MO Module for PBS for NCDs
5. NPNCDS program manager

working under the supervision of Mr. Arun Vashishtha Sir (State program officer of NCD Cell), to understand the functioning of the program how it works from ground level to the state level, to have a knowledge of every role of the health officer.

Furtherly I attended the workshop that is organized for the CHO for cancer screening, which was

organized as virtually for updating of workshops

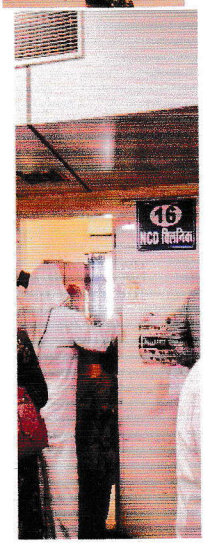
SCHEDULED ACTIVITES FROM 20 MAY – 25 MAY, 2024

There was the brief analysis of data regarding Screening, Diagnosis, Treatment, Counselling & Follow-up services of Hypertension and Diabetes Mellitus Rajasthan State April 2018- March 2022. (Regarding the study how the program is functioning in the state of Rajasthan.) This was the example how the data is collected and summarized in a presentation way.

- We also understand how the online portal of NPNCD program works offers valuable insights into disease trends, screening efforts, treatment modalities, and health education initiatives and we learn how indicators are assigned for any program, what are the numerator and denominators of indicators, how the data is converted into excel format.

SCHEDULED ACTIVITES FROM 27 MAY -31 MAY, 2024

There was visit to Kanwatiya Hospital (Government District hospital, Jaipur) to have a brief analysis on NCD clinics, related to their functioning, how the screening is done, what are the treatment protocols, what are the counselling services advice to the patient, how the OPD is registered manually and then updated to the NCD portal.



- The brief study about data analysis of aspirational blocks in Rajasthan screening of diabetes and hypertension, where and why they were lacking to reach the target of screening. ·
- There was three days of training of cervical cancer screening by VIA in Mahila Chikitsalaya, Jaipur which was a collaboration of NHM, Rajasthan with Clinton organization for aspirational blocks MO to seek the knowledge of cervical cancer and how it can easily be diagnosed in a vast community in an easier and simplified way. There was 2-day theoretical knowledge of the training along with the one day of practical knowledge how the VIA is performed and how to diagnose this.
- Also, there was the interaction with the NTCP (National tobacco control program) to seek the counseling advice for the patients as wells as the treatments going on, and what are the OPD counts of a single financial year of the cases.

SCHEDULED ACTIVITES FROM 3 JUNE- 7 JUNE, 2024

- Visit to Alwar for 5-day (3-7) JUNE training program of CHO of various blocks to understand the NPNCDs program and NCD portal awareness will be facilitated us in detailed, highlighting how to use the portal and its various functions. Mainly it was a combination of workshops, lectures, and a related group activity, involving the use of a software tool. Along with the main aim was to be

fitted with the appropriate skills and knowledge that would enable them to efficiently manage and work for the NPNCDs in their locality.

- Learning how a VC is conducted through state level to district to check upon the work undergoing in the program. This knowledge is essential because it helps the program's implementers to meet the intended goals in the most efficient manner. The training is designed in such a way that CHOs should be prepared and ready to lead and also be part of VC meetings.

SCHEDULED ACTIVITES FROM 10 JUNE – 14 JUNE, 2024

- How WHO and the other various organizations is linked with NHM and its program and how they are functioning from state to district areas. They offer help and documented procedures to support the safety of healthcare systems to deliver efficient services. The organizations ensure that they work hands in hand with the NHM on the national level in the formulation of policies and frameworks of health-related issues.
- It also helps in data collection and analysis so that the decision making is more of research based. Daily interactions and consultations help to sustain an engaging conversation between WHO and officials of other organizations as well as NHM.
- Functioning of NCDs online portal and observing the data day by day changes in it.

SCHEDULED ACTIVITES FROM 17 JUNE- 21 JUNE, 2024

- Learning of both NCD portal and NCD app as a user with login id of ASHA, ANM, CHO, M0 of how the health staff manages the data entry or the follow up treatment of any patient and what are the situation to reach the target for the upcoming year.
- Visit to various UPHC in Jaipur for the gap analysis of both qualitative as well as quantitative data basis upon the questionnaire (checklist). For the purpose of the research work.
- UPHC in Jaipur such as (UPHC Mahesh Nagar, UPHC Barkat Nagar, UPHC Malviya Nagar, UPHC Gandhi Nagar, UPGC Hawa sadak) for the demonstration to see the functioning of NCDs clinic.

SCHEDULED ACTIVITES FROM 24 JUNE – 28 JUNE, 2024

- Learning of National Programme for Health Care of the Elderly (NPHCE) how it is associated or linked with NPNCD program, learning about the functioning and till what re the outreached outcomes we have reached.
- Visit to CMHO office in Sethi colony, Jaipur for learning about its functioning of all health care facilities in the district; by ensuring adequate and appropriate infrastructure, equipment, manpower and consumables.
- Learning how to make a scientific report as well as various types of bar graphs etc. for the research paper.

SCHEDULED ACTIVITES FROM 1 JULY – 5 JULY, 2024

- Submitting of the report on the research work we have done on UPHCs "To know the status of NCD clinics in UPHCs of Jaipur district, Rajasthan "
- Mainly learning about how the scientific report is made. What are the contents which should be attributed in the research work.

Linking theory (Classroom learning) with practice at your organization:

- In these two months, the internship at NHM Rajasthan has provided me with an initial perception of varied health programs. This was quite vivid and evident from the one-week orientation and I was in a position to compare some fundamental principles of NHM programs.
- These sessions have proved beneficial for getting a broad concept about the public health activities and how they are implemented in Rajasthan.
- I choose to deal with the NPNCD department and chose this area of interest with the assistance of my mentor. During this period, I reviewed the guidelines for the NPNCD program, including: During this period, I went through the following factors with the NPNCD program-

1. It provided me a glimpse of the control and prevention of the NCDs and it mainly refers to the program aims, what are the methodologies that can be used to measure achievements of the program.
2. The practice of promoting the aim of non-communicable diseases that include screening, diagnosing at the community level and especially the patient education how it is done.
3. It guides to provide an insight about the data management of the NPNCD program and the managerial activities and administrative aspects.
4. Also, I also had a chance for an online training class for the CHO on the screening of cancer for the asymptomatic patients and were described and explained in detail starting from the fact of how screens can help the patient to improve his or her health status.

- My area of analysis in the Kanwatiya hospital which is known as the Government District Hospital in Jaipur was to look at the functioning of the NCD clinics, screening techniques development of the treating the individuals, counseling services to the patient regarding the NCD's and the manual registration of the OPD which then enters the updated information into the NCD portal.
- I gained training at Mahila Chikitsalaya, Jaipur, with the Clinton organization, that helped me with adequate knowledge on cervical cancer screening through Visual Inspection with Acetic Acid (VIA).
- It consisted of both the lectures and the practical sessions with focus and attention to ease of diagnosis of cervical cancer in larger population base.
- Finally, my exposure to the National Tobacco Control Program showed me how to counsel the patient, what is the ongoing treatments are, and OPD cases of a ongoing year.
- These positions all together contributed to the overall improvement of knowledge and skills in public health program implementation and evaluation specifically the NCD management and cancer screening programs.
- By participating in a comprehensive training program organized at Alwar for Community Health Officers (CHOs) from different blocks with focus on NPNCDs programe and awareness about NCD portal.
- This consisted of a mixture of workshops and lectures cum group-based activities that revolved around how to operate the NCD app on the regular basis and what are the points to be remembered during the course.
- I also learned not only video conferences are being organized from state to district level for tracking the program progress.
- It is essential to know how these VCs are structured and executed so that we can run our program goals with efficiency. But one of the key parts about that training was preparing CHOs to lead and

participate in VC meetings.

- I had a chance to learn how to operate of NCD portal and App having multiple login IDs like ASHA, ANM, CHO, MO etc. during my internship
- This practical lesson was instrumental in learning how health staff undertake the processes of data entry, follow-up treatments and patient surveillance. As well as showcasing the physical and technical barriers to health targets, it aided in framing achievable aims for next year
- I also had the opportunity to go on research visits to different UPHCs in Jaipur as a part of gap analysis based on secondary data and some mixed methods (quantity-qualitative) methodologies. ("To know the status of NCD clinics in urban primary health Centre, Jaipur Rajasthan") I reviewed all current operations, identified gaps and assessed the quality of service using a comprehensive 34 questionnaire-based checklist.
- In the last days of my internship, I learned know how the (NPHCE) is related to NPNCD programme. I studied how NPHCE functions and if its objectives are in sync with the goals of NPNCD ad measured to see what outcomes it has achieved so far.
- I also visited the office of Chief Medical and Health Officer- Sethi Colony, Jaipur to get an idea about how health care facilities are managed at district level It was an opportunity to learn about the infrastructure, equipment, manpower and consumables in hospitals.
- I also learnt how to develop different types of bar graphs and the like, which are critical skill in scientific reporting and most importantly, data visualization.
- Together, these experiences enriched my skill set in managing integrated health care programs and illustrated the significance of data-driven public health decision-making.

Gaps identified on the working area:

The areas in which gaps are seemed in my perspective way of study are:

1. In the process of understanding the NCD portal and app, what was very evident to me is that health staff struggle with data entry, follow-up treatments and patient tracking.
   - Multiples logins ID such as ASHA, ANM, CHO & MO sometimes used to create confusion and indirectly hint for the need of better process with training thereby it would have led generation of error free data in a timely manner.
2. Background visits to different UPHCs in Jaipur underscored insufficiency of infrastructure, equipment and manpower.
   - Gap analysis on the other hand showed lack of basic medical supplies and staff shortage in a number of centers, thereby reducing care cycles and quality at NCD clinics.
3. In the examination of Kanwatiya Hospital, it came into existence that there is lot variation in screening methods and diagnostic tools used for NCDs.
   - Standardized protocols and adequate training of health workers could improve the accuracy and utility of these methods.
4. Training of CHOs on NPNCD in Alwar and NCD portal revealed lack of knowledge and skills in implementing NCD app among health workers Reflective implementation training more emphasis is needed to strengthen their understanding and use of the portal.
5. Interaction with the National Tobacco Control Program (NTCP) indicated that although counseling services are available, long-term follow-up of patients is needed to ensure long-term compliance and treatment has won the battle.
6. Despite learning to make different bar graphs as well as scientific reports, I found out that these

skills were not all shared equally by the health workers.

- By having regular workshops on data visualization and scientific reporting it would help in better monitoring and evaluation of health programs.

7: The training sessions for VIA based cervical cancer screening at Mahila Chikitsalaya, Jaipur was very useful.

- But such skill development chances are not provided to many health workers indicating the need for more widespread and continuous training programs.

SUGGESTION FOR IMPROVEMENT:

The ideas which I have learned during my internship course here are some suggestions we can proceed further:

- For NCD, health staff and particularly ASHA, ANM, CHO and MO find it challenging to perform Data entry, Interventions/follow up treatments, Patient tracking across the multiple login IDs.
- This generates confusion and as a result the chances of making a mistake are very high. To address this:

➢ Ensure that a single sign-on feature is executed to combine the numerous identified parts.
➢ This can help to eliminate confusion and to make data entry easier, thereby making it easier to record the information which is collect at all the levels in a format that is understandable at all levels.
➢ Ensure proper orientation of the users primarily targeting the employees on the NCD portal and app

- Visits to Urban Primary Health Centers (UPHCs) in Jaipur highlighted the insufficiency of infrastructure, system, and manpower. To enhance this:

➢ Conduct an equal need for the evaluation and allocate resources as a result. And to Prioritize UPHCs which are maximum in need of primary clinical materials and team of workers.
➢ Invest in upgrading the infrastructure of UPHCs. This includes making sure that there are adequate facilities and equipment to offer best care.
➢ Identify ways to address the shortage of healthcare workers by hiring more staff and offering continuous professional development opportunities. This will lessen the workload for the current staff and improve the highest quality of treatment.

- Interaction with the National Tobacco Control Program (NTCP) revealed that although patient counseling services are offered, there is insufficient long-term patient follow-up. To make this better:

➢ Establish a strong procedure for follow-up to make sure patients continue to receive care and assistance.
➢ This can involve scheduling follow-up appointments, reminders, and routine check-ins.
➢ Install a patient tracking system to keep tabs on patients' development and guarantee that treatment regimens are followed. This contributes to enhancing results and sustaining long-term involvement

- Although not all health professionals have access to such opportunities, the Mahila Chikitsalaya in Jaipur provided valuable training sessions for VIA-based cervical cancer screening. To make this better:

➢ Expand training programs to guarantee that more health workers have access to chances for skill

development. This may entail establishing online training courses and regional training facilities.

- Establish a system of continuous professional development where health workers receive assistance and training on an ongoing basis.
- This raises the standard of care overall and keeps their abilities up to date.

CONCLUSION: I have gained profound insights into the operation of the NPNCD program during my summer internship at NHM Rajasthan, which has been incredibly fulfilling. I now understand the need of uniform training and processes, the necessity of infrastructure upgrades, and the usefulness of expedited data entry. Engaging with diverse health experts and taking part in practical training sessions has highlighted the importance of ongoing education and flexibility in the field of public health. My comprehension has been greatly expanded by this experience, and it has also better equipped me for my future

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Approved by IIHMR University Mentor –