

SUMMER INTERNSHIP PROGRAM

At

NATIONAL HEALTH MISSION, UTTARAKHAND



From 13th May 2024 to 7th July 2024

A REPORT BY

Dr. Manya Tripathi

Master of Business Administration

(HOSPITAL AND HEALTH MANAGEMENT)

2023-25

Under the Mentorship of

Arindam Das, PhD , Professor





OFFICE OF MISSION DIRECTOR, NATIONAL HEALTH MISSION, UTTARAKHAND
(Uttarakhand Health & Family Welfare Society, Dept. of MH&FW, Gov. of Uttarakhand.)
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Letter No:- UKHFWS/NHM/Intern/Summer TRG/2024-25/1215 Date-09 / August /2024

CERTIFICATE OF INTERNSHIP

This is to certify that Dr. Manya Tripathi, School of MBA Health and Hospital Management from IIMR University, Jaipur has completed her Internship training w.e.f 13th May 2024 to 7th July 2024 in the Department of NCD (Mental Health & Cancer Care Program) at National Health Mission, Dehradun, Uttarakhand.

We wish her all the best for future.

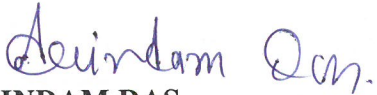
(Dr. Archana Ojha)
Officer Incharge- Training
National Health Mission,
Uttarakhand

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Manya Tripathi** of the academic year 2023-25 of **INSTITUTE OF HEALTH MANAGEMENT RESEARCH**, Jaipur has prepared a poster with respect to her summer internship held during 13th May- 7th July 2024.

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

Date: 22/07/24

A handwritten signature in blue ink that reads 'Arindam Das'.

ARINDAM DAS
PhD, Professor



NATIONAL HEALTH MISSION, UTTARAKHAND



Name – Dr. Manya Tripathi
Batch – HM 28
Roll No - 1745

Brief History

The National Health Mission (NHM) in Uttarakhand began as part of the National Rural Health Mission (NRHM) launched in 2005 to enhance rural healthcare. In 2013, the National Urban Health Mission (NUHM) was added to address urban health challenges. NHM focuses on improving healthcare access, reducing child and maternal mortality, and controlling communicable and non-communicable diseases. Uttarakhand's NHM adapts strategies to its unique geographic and demographic needs, emphasizing healthcare for remote and hilly regions. The mission integrates various health programs and initiatives for comprehensive coverage.

Mission

The mission of the National Health Mission (NHM) Uttarakhand is to ensure accessible, affordable, and quality healthcare for all, especially in rural and remote hilly areas, reduce maternal, infant, and child mortality rates, control communicable and non-communicable diseases, and strengthen healthcare infrastructure, workforce, and health awareness.

Vision

NHM aims to provide effective healthcare to all especially rural population. It seeks to raise public health spending from 0.9% to 2-3% of GDP and reform the health system for better resource management. The mission integrates health and family welfare programs, mainstreams AYUSH, and links health with sanitation, nutrition, and safe drinking water. It emphasizes decentralization and addressing disparities in health infrastructure.

Strength –

1. Government Support
2. Comprehensive Programs
3. Trained Workforce
4. Community engagement
5. Focus on rural health

Weakness-

1. Resource Constraints
2. Infrastructure Gaps
3. Supply Chain gaps
4. Data Management
5. Training & Development

SWOT Analysis

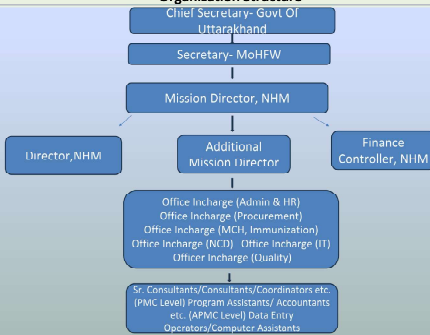
Opportunity

1. Public Private Partnership
2. Awareness Campaigns
3. Training programs
4. Technological Integration

Threats –

1. Changes in Government Policies.
2. Geographical changes
3. Fluctuations in government funding

Organization Structure



Challenges faced during Internship

1. Understanding the work culture of the organisation.
2. Data collection and analysis was tough due to lack of experience and proper guidance.
3. Difficulty in getting the time of organization mentor as he was very busy.



Topic- Mental Health Issues of the patients visiting District Hospital Dehradun: An Observational Study

Introduction-

Mental health is vital for overall well-being, influencing thoughts, feelings, actions, stress management, relationships, and decision-making. Disorders like depression, anxiety, schizophrenia, and bipolar disorder affect over 1 billion people globally, impairing daily function. In India, mental health issues are rising, with significant prevalence yet often underreported due to stigma and lack of awareness. The National Health Mission (NHM) addresses this through programs to improve services, increase awareness, and reduce stigma.

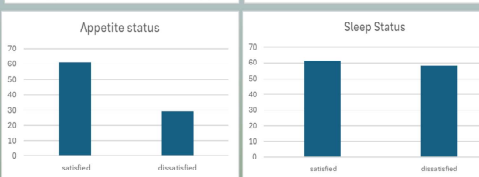
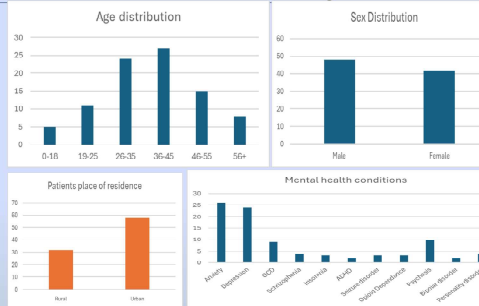
Objectives

- To observe the social, economic and demographic status of the patients
- To see the distribution of the patients suffering from various mental health issues
- Suggest to improve the services related to mental health in the district hospital

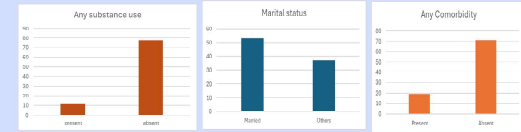
Methodology-

Type of Study	Study Population	Study Period	Inclusion Criteria-	Mode of Data Collection-
Observational Cross Sectional	Patients receiving mental health care from District Hospital, Dehradun.	27 th May'24 to 7 th June'24	Patients diagnosed with mental health conditions and currently receiving treatment at the district hospital	Hospital Records & face to face semi-structured interviews with patients receiving mental health services at District hospital.
		Sample Size 90		

Results and Findings



Faculty Mentor - Arindam Das, PhD
Organization Mentor- Dr. Farheeduzzafar



- The patient population is diverse, with a notable prevalence of middle-aged adults and a slightly higher number of male patients.
- A Chi-square test was performed to find statistically significant association between predictors and mental health condition of respondents. It was emerged out from the analysis that sex of respondent and sleep(satisfied/dissatisfied) have statistically significant association with depression.
- The presence of comorbid conditions such as diabetes and hypertension indicate the need for integrated care approaches.
- Depression and anxiety are the most common mental health issues, which may impact on sleep and appetite among patients.
- The OPD services are currently not up to the mark due to lack of human resources. A psychiatrist managing the entire patient load without support from any additional mental health professionals.
- The absence of IPD facilities and essential psychotropic medications significantly hampers the hospital's ability to provide comprehensive care.

Recommendations

1. Enhance Human Resources
2. Establish IPD Facilities
3. Medication Availability
4. Targeted Interventions- Implement specific interventions for managing and improving sleep and appetite disturbances, particularly for patients with depression and anxiety.
5. Awareness and Education



Learning

1. Helped me in understanding how to collect primary data.
2. Analysis of Data.
3. Importance of understanding the work culture and effective communication.
4. Understanding the challenges and strategies in delivering healthcare services at the grassroots level.
5. Experienced working with healthcare professionals.

Usefulness of internship

1. Exposure to Public Health Challenges
2. Networking with Healthcare professionals.
3. Insights into Health policies & programs.
4. Career Advancement

Theory V/S Practical

Theoretically –

1. Studying health policies, guidelines, and their intended impact.
2. Learning data collection and analysis methods.
3. Learning about importance of understanding Organisation culture and environment.
4. Understanding ethical principles, patient confidentiality, and public health ethics.

Practical Learning-

1. Witnessing the real-world implementation of policies and understanding the gaps and challenges.
2. Collecting Primary data & analysing it.
3. Experienced and understood the importance of understanding about the organization culture.
4. Applying ethical standards in interactions with patients and handling sensitive data responsibly

Week- 1

Name of the Organisation: National Health Mission, Uttarakhand

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

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 1

From: 13th May 2024 to 19th May 2024

Activity Done	- Introduction to Immunisation department. - Studied about immunisation schedule and guidelines related to immunisation. - Studied about SVS, RVS, DVS & their location in the state. - Was briefed about the working of HMIS. - Attended a meeting on switching from PCV10 vaccine to PCV 14. - Read about Urban Immunisation. - Collected data of immunisation status in different UPHCs and health posts from HMIS and prepared a report on the same.
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, and Health and Development, all played a role in ensuring a smooth understanding of what role each department of NHM plays.
Gaps identified on the working area.	-Major gaps within the first week of being introduced to the organisation included lack of orientation program.
Suggestions for improvement	-One area that could use some improvement is the delivery of the orientation programme which would help us to get to know the department better.

Plan for the next week	-Commencement of work or project given by ma'am.

Dr.MANYA TRIPATHI

Signature of the Student

Week- 2

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: NCD (Mental health & Cancer) Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 2

From: 20th May 2024 to 26th May 2024

Activity Done	-Department got changed to Mental health & Cancer. -Met the officer In Charge Dr. Farheeduzzafar Sir. -Read about the guidelines of NPNCD. -Read about guidelines of District Mental Health program. - Met the member of State mental health authority and got briefed by him. - Read about TELEMANAS. -Visited the TELEMANAS Cell and understood the working of the portal and about the total number of calls received
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, and Health and Development, all played a role in ensuring a smooth understanding of what role each department of NHM plays.
Gaps identified on the working area.	-Long waiting hours for any work to be done. -No proper data in TELEMANAS cell about the patients consulting.
Suggestions for improvement	-Proper data management for the patients who call in Telemanas cell for consultation.
Plan for the next week	-Visiting the District Hospital for gathering data of psychiatric patients and hospital facilities available related to mental health.

Dr. MANYA TRIPATHI

Signature of the Student

Week- 3

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 3

From: 27th May 2024 to 2nd June 2024

Activity Done	-Visited the District hospital and met the psychiatrist Dr. Nisha Singla. - Got introduced to mental health facilities available in the hospital. -Observed patient intake process and initial assessment.
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	- Experienced different type of mental health patients and collected data on patient demographics and types of mental conditions -Gathered information on mental health awareness camps organised
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, research methodology, demography, Epidemiology, and Health and Development, all played a role in ensuring a smooth understanding of the things.
Gaps identified on the working area.	-Limited staffing in the hospital for mental health patients. - Resource Constraints like human resource, infrastructure and medication supply. - No specialised services for severe patients. -Lack of awareness in people related to mental health.
Suggestions for improvement	-Public awareness programs should be conducted frequently so that people start getting aware about their mental health. - Proper recruitments should be done in the hospital for providing smooth mental health facilities to patients. - IPD services for severe patients.
Plan for the next week	-Continuing with my visit to District Hospital.

Dr. MANYA TRIPATHI

Signature of the Student

Week- 4

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 4

From: 3rd June 2024 to 9th June 2024

Activity Done	-Continued with the data collection about patient demographics & type of mental conditions -Gathered insights about the OPD IPD services in the hospital related to mental health and about the availability of psychotropic drugs.
Linking theory (Classroom learning) with practice at your organisation	-The module Research methods helped in data collection. -The module Essentials of Hospital Services helped in understanding the OPD IPD services of hospital.
Gaps identified on the working area.	-Limited staffing in the hospital for mental health patients. - Resource Constraints like human resource, infrastructure and medication supply. - No specialised services for severe patients. -Lack of awareness in people related to mental health.
Suggestions for improvement	- Public awareness programs should be conducted frequently so that people start getting aware about their mental health. - Proper recruitments should be done in the hospital for providing smooth mental health facilities to patients. - IPD services for severe patients. -Proper supply chain management for access to important psychotropic medications.

Plan for the next week	-Preparing a report on the 2 weeks visit to district hospital & presenting the same to the officer in charge.
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Dr. MANYA TRIPATHI

Signature of the Student

Week- 5

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 5

From: 10th June 2024 to 16th June 2024

Activity Done	-Reported back to Farheed Sir and informed him about the visit. -Prepared a report on the visit consisting of data on patient demographics, type of mental health conditions and mental health facilities in the hospital. -Also highlighted the gaps in services & recommendations for improvements.
Linking theory (Classroom learning) with practice at your organisation	-Research methods module helped in preparing a step-by-step report on the basis of the data collected from the District hospital.
Gaps identified on the working area.	-Challenges in implementation of DMHP program in the hospital.
Suggestions for improvement	-None.
Plan for the next week	-Gathering insights on the cancer facilities available in the district.

Dr.MANYA TRIPATHI

Signature of the Student

Week- 6

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 6

From: 17th June 2024 to 23th June 2024

Activity Done	-Read the guidelines about cancer screening program in the district and the type of care that should be provided by subcentres, PHCs, CHCs, and district hospital. -Read about the 3 common cancers of which screenings are conducted in subcentres, PHC and CHCs. -Decided to visit the nearby subcentres, observe and gather available data on cancer screening. -Visited the subcentres in Ambedkar Basti & Nanurkhera, met their CHOs to know about the status of cancer screening in their respective areas.
Linking theory (Classroom learning) with practice at your organisation	-The module on National Health program and Health policy helped in understanding the functioning of subcentres and ongoing cancer screening program more effectively.

Gaps identified on the working area.	-Lack of trained staff for screening of Cervical cancer. -Frequency of cancer screening should be shorter than 5 years. -Lack of community awareness related to self-examination of breast and oral cancer. -No proper data on cancer screening and lack of communication between the old and new CHOs related to the same.
Suggestions for improvement	-Training programs should be conducted for initiation of cervical cancer screening in subcentres. -Establish a reliable supply chain for screening equipments. -Community awareness programs for making people aware about the effects of cancer.
Plan for the next week	-Further interviewing CHO of subcentre in Kirsali to know about the status of cancer screening.

Dr. MANYA TRIPATHI

Signature of the Student

Week- 7

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 7

From: 24th June 2024 to 30nd June 2024

Activity Done	-Visited the subcentre in Kirsali to know about the status of cancer screening in the area. -Contacted the CHOs of other subcentres of Dehradun to gather insights about the type of cancer screened frequency of screenings, & the problems faced. -Started with the preparation of report on the visits to 3 subcentres.
Linking theory (Classroom learning) with practice at your organisation	- The module on National Health program and Health policy helped in understanding the functioning of subcentres and ongoing cancer screening program more effectively.
Gaps identified on the working area.	-Lack of data about cancer screening in subcentres. -Lack of trained professionals for Cervical cancer screening.
Suggestions for improvement	-Training programs for initiation of cervical cancer screening. - Evaluate the cancer screening programs to ensure efficiency and consistency.
Plan for the next week	-Completion of the report of cancer screening programs in subcentres. -Preparation of the final reports to be submitted to the Officer In charge.

Dr. MANYA TRIPATHI

Signature of the Student

Week- 8

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Week no: 8

From: 1st July 2024 to 7th July 2024

Activity Done	-Collected necessary data from the NCD portal and added the same in the report as suggested by Farheed Sir. -Completed the final report, got it approved and submitted the same to sir. -Documentation for internship completion.
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Linking theory (Classroom learning) with practice at your organisation	- The National Health program, Health policy and epidemiology modules helped me understand the burden of disease and the necessity of program to improve the overall health.
Gaps identified on the working area.	-Too much workload on the only consultant in NCD department.
Suggestions for improvement	-To manage the workload, hire consultants, redistribute tasks, and train existing staff. Improve interdepartmental coordination.

Dr. MANYA TRIPATHI

Signature of the Student

COMPILED REPORT

Name of the Organisation: National Health Mission, Uttarakhand

Area/ Department/ Project of Summer Internship Program: Mental health & Cancer Department

Name of the Student: Dr. Manya Tripathi

Roll no: 1745

Stream: MBA in Hospital and Health Management

Activity Done	-My internship started on 13th May 2024 in NHM Uttarakhand, and I was assigned the department of Immunisation under the guidance of Dr. Archana Ojha ma'am. - Studied about immunisation schedule and guidelines related to immunisation. - Studied about SVS, RVS, DVS & their location in the state. - Was briefed about the working of HMIS. - Read about Urban Immunisation. - Collected data of immunisation status in different UPHCs and health posts from HMIS and prepared a report on the same. -In the second week of internship my department got changed to NCD mainly Mental health & Cancer under the guidance of Dr.Farheeduzzafar Sir. -Was asked to read the guidelines of NPNCD and District Mental Health Program (DMHP). -Read about TELEMANNAS which provides 24*7 tele mental health services across all Indian states and UTs focusing on vulnerable groups and difficult to reach population. -Visited the Telemannas cell of Uttarakhand which is located in Dehradun.
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	-It is established providing free on call mental health services for the entire state by dialling toll free number 14416. -The service operates continuously, providing mental health support at any time of the day or night. -There are 4 counsellors who work in shifts to ensure uninterrupted service. Shifts are likely structured to cover all 24 hours, in 6 or 8-hour intervals to balance workload and coverage. -Each shift has 2 counsellors available to handle incoming calls. -The service received approximately 600-700 calls till April 2024, indicating a high demand for mental health support. -Most callers are from the 35+ age group, suggesting a focus on adult mental health issues. -Callers are greeted and assessed for their immediate needs and concerns. -Counsellors provide immediate emotional support, practical advice, and coping strategies during the call. -If needed, counsellors schedule follow-up calls or refer callers to appropriate mental health services for further support. -Counsellors undergo regular training to stay updated on best practices in mental health support. -There are mechanisms in place for quality control, such as regular reviews and feedback sessions to ensure high standards of service. -Collaboration with local mental health professionals and services to provide comprehensive support to callers. -In the third week of internship started with 2 weeks visit to the District Hospital to collect and
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analyse data on mental health patient demographics, comorbidities, mental health conditions, impact on sleep and appetite and prepare a report to evaluate the type of mental health services provided by the District hospital including OPD IPD services, human resource available and about the medications available.

-Goal is to gather insights and provide recommendations which would help in improving the quality of mental health care in the district.

-Data collection was done under the supervision of the psychiatrist Dr. Nisha Singla.

-After 2 weeks of data collection and in the 5th week of internship I started with the preparation of report on the same.

-It was a cross-sectional type of study.

-Data was collected through face-to-face semi-structured interviews with 90 patients.

-Criteria: Patients diagnosed with mental health conditions and receiving treatment.

-DATA:

Patient Demographics

- **Age Distribution:**

0-18: 6%	19-25: 12%
26-35: 26%	36-45: 30%
46-55: 17%	56+: 9%

- **Gender Distribution:**

- Male: 54% Female: 46%

- **Education Level:**

- No formal education: 5%
- Primary education: 4%
- Secondary education: 16%
- Higher education: 75%

- **Geographical Distribution:**

- Urban: 64%
- Rural: 36%

- **Employment Status:**

- Employed: 35%

	○ Unemployed: 42% ○ Student: 18% ○ Retired: 5% • Marital Status: ○ Married: 60% ○ Unmarried: 38% ○ Widow: 2% Comorbidities- • Diabetes: 10% • Hypertension: 7% • Both Diabetes and Hypertension: 4% Mental Health Conditions • Depression: 26% • Anxiety: 25% • OCD: 10% • Psychosis: 9% • Schizophrenia: 5% • Personality disorder: 5% • Opioid dependence: 4% • Insomnia: 4% • Seizure disorder: 4% • Alcohol dependence: 4% • ADHD: 2% • Bipolar disorder: 2% Impact on Sleep Cycle and Appetite- -65% of patients are not satisfied with their sleep. -32% of patients are not satisfied with their appetite. -Predominantly observed in patients with depression and anxiety disorders. Habits- -14% of patients engage in alcohol consumption, smoking, or substance abuse. -Important factors to consider in mental health treatment. Hospital Services Related to Mental Health-
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	1.OPD Services: -Daily footfall: 10-15 patients. -Most patients are follow-up patients. -Each patient receives a consultation with a psychiatrist lasting about 15 minutes. -Follow-up appointments are scheduled bi-weekly or monthly based on individual needs. 2.IPD Services: -The hospital lacks IPD facilities for mental health patients. 3.Human Resources: -The department has only one psychiatrist without additional mental health professionals. 4.Medication Availability: -No psychotropic medications are available in the hospital. Key Findings- - A diverse patient population that is predominantly male and primarily consists of middle-aged individuals. -Diabetes and hypertension are two examples of comorbid illnesses that highlight the necessity for integrated care strategies. - The most prevalent mental health conditions that have a major effect on diet and sleep are anxiety and depression. - Due to the widespread use of alcohol and tobacco, focused intervention initiatives are required. - A single psychiatrist managing a large patient load burdens OPD services. - Comprehensive care is hindered by the lack of IPD facilities and necessary psychiatric drugs.
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	Recommendations- -Enhance Human Resources: Recruit additional mental health professionals. -Establish IPD Facilities: Develop inpatient facilities for mental health patients. -Medication Availability: Ensure the availability of essential psychotropic medications. -Targeted Interventions: Implement specific interventions for sleep and appetite disturbances. -Awareness and Education: Conduct campaigns to reduce stigma and encourage timely help. Educate patients on the impact of habits like alcohol and smoking. Conclusion- The report emphasizes how critical it is to improve the district hospital's mental health services. Adopting the suggested actions can greatly improve the quality and accessibility of mental health services, ensuring patients receive timely and efficient care. -In the 6th week of Internship started working on Cancer. - Read the guidelines about cancer screening program in the district and the type of care that should be provided by subcentres, PHCs, CHCs, and district hospital. -Decided to visit the nearby subcentres, observe and gather available data on cancer screening. -Visited the subcentres in Ambedkar Basti, Nanurkhera and Kirsali met their CHOs to know about the status of cancer screening in their respective areas. -In the 7th week contacted the CHOs of other subcentres of Dehradun to gather insights about the type of cancer screened, frequency of screenings, & the problems faced.
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	-Started with the preparation of report on the visits to 3 subcentres. - Objective of visit- -Status Assessment: Review the status of cancer screening programs in each subcentre. -Discussion with CHOs: Understand their roles and responsibilities in the programs. -Identify Challenges: Gather insights on challenges and barriers faced in implementing the programs. -Training Needs: Determine any training or resource requirements for effective cancer screening. -Screening Data: Review the number of screenings conducted, reach, and coverage. -Outcome Examination: Evaluate the outcomes of the screenings. -Gap Analysis: Identify gaps and areas for improvement to enhance the effectiveness of the screening programs. OBSERVATIONS -Screening Frequency: Screenings for oral and breast cancers are conducted every 5 years, which may delay early detection and timely intervention. -Cervical Cancer Screening: Not conducted at the subcentres, representing a gap in the programs. -Common Challenges: The absence of cervical cancer screening across all subcentres limits program effectiveness. -Coverage: -Nanurkhera: 57% of target population screened for breast cancer; 88% for oral cancer; 49% referred for cervical cancer screening.
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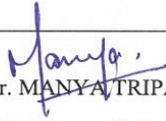
	-Ambedkar Basti: 58% of target population screened for breast cancer; 91% for oral cancer; 28% referred for cervical cancer screening. Kirsali: 43% of target population screened for breast cancer; 81% for oral cancer; 43% referred for cervical cancer screening. RECOMMENDATIONS- -Increase Screening Frequency: Conduct screenings every 2-3 years to enable early detection and timely intervention. -Training Programs: Implement training for CHOs and healthcare staff to conduct cervical cancer screenings. -Resource Allocation: Provide necessary tools for cervical cancer screening at subcentres. -Community Awareness: Conduct campaigns to educate the population about the importance of self-examination and preventive measures for breast and oral cancer. -In the last week of internship collected necessary data from the NCD portal and added the same in the report as suggested by Farheed Sir. -Completed the final report, got it approved and submitted the same to sir. -Documentation for internship completion.
Linking theory (Classroom learning) with practice at your organisation	-Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, and Health and Development, all played a role in ensuring a smooth understanding of what role each department of NHM plays. -Experienced the organisation culture, workflow & communication.

	-The theoretical understanding of health policies and programs helped in grasping the intricacies of the NCD programme -Research methodology principles were applied in designing a report on the visit to district hospital and subcentres. - Demographic knowledge helped in categorizing and analysing disease data to identify trends and gaps. - Use of digital tools and platforms for health data management as studied in Digital health module. -Applied research methodology principles to complete quantitative research and identify gaps. The National Health program, Health policy and epidemiology modules helped me understand the burden of disease and the necessity of the program to improve overall health. The module on National Health program and Health policy helped in understanding the functioning of subcentres and ongoing cancer screening program more effectively. The module Essentials of Hospital Services helped in understanding the OPD IPD services of hospital.
Gaps identified on the working area.	-Lack of an orientation program for interns. - Long waiting hours for any work to be done. -No proper data in TELEMANS cell about the patients consulting. -Challenges in implementation of DMHP program in the hospital. -Limited staffing in the hospital for mental health patients. - Resource Constraints like human resource, infrastructure and medication supply.

	- No specialised services for severe patients. -Lack of awareness in people related to mental health -Lack of trained staff for screening of Cervical cancer. -Frequency of cancer screening should be shorter than 5 years. -Lack of community awareness related to self-examination of breast and oral cancer. -No proper data on cancer screening and lack of communication between the old and new CHOs related to the same. -Lack of data about cancer screening in subcentres. -Lack of trained professionals for Cervical cancer screening. - Too much workload on the only consultant in NCD department.
Suggestions for improvement	-Implement a comprehensive orientation program to familiarize interns with the organization's processes and expectations. -Streamline processes and workflows to manage the high workload efficiently. Implement task redistribution and use technology to automate routine tasks. -Increase recruitment efforts to fill vacant positions and hire temporary staff to manage the workload. -Provide continuous training for health workers on efficient data entry and management.

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	-Optimize the use of available resources by redistributing tasks, utilizing technology for data management, and improving interdepartmental coordination. - Public awareness programs should be conducted frequently so that people start getting aware about their mental health. -Training programs should be conducted for initiation of cervical cancer screening in subcentres. -Establish a reliable supply chain for screening equipment and psychotropic drugs. -Community awareness programs for making people aware about the effects of cancer.
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Dr. MANYA TRIPATHI

Signature of the Student

Approved by the IIHMR University's Mentor



