SUMMER INTERNSHIP PROGRAM

at

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI

From 1st May 2024 to 28th June 2024

A REPORT BY

KUNIKA SHARMA

Master of Business Administration

Hospital and Health Management

2023-25

Under the Mentorship of

DR. ALOK KUMAR MATHUR

Associate Professor

IIHMR UNIVERSITY, JAIPUR

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी संस्थान)
आरोग्यम् सुखसम्पदा
The National Institute of Health and Family Welfare
(An Autonomous Institute under Ministry of Health & Family Welfare, Government of India)

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F.No. A-33012/5/2007-Acad.
Dated: 28/06/2024

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Ms. Kunika Sharma, currently enrolled in the MBA (Hospital and Health Management), student from IIHMR University, Jaipur has successfully completed her Summer Training/ Internship programme on the Project Report entitled– "**From Vision to Reality: Dissecting Ayushman Bharat's Role in Indian Healthcare**" at The National Institute of Health and Family Welfare, New Delhi for the period from 1st May, 2024 to 28th June, 2024 under the guidance of Prof. Nanthini Subbiah.

Her conduct during the Summer Training Programme was good and I wish her a bright career ahead.

(Dr. V.K. Tiwari)
Dean of Studies

डीन आफ स्टडीज
Dean of Studies
राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
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IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Kunika Sharma** of the academic year 2023-25 of Institute of Health Management Research has prepared a poster concerning her summer internship held from 1st May - 28th June 2024.

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

Date: July 18, 2024

Dr. Alok Kumar Mathur
Associate Professor

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Ministry of Health & Family Welfare
Government of India

आरोग्यम् सुखसम्पदा

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान
The National Institute of Health and Family Welfare

IIHMR UNIVERSITY

PRESENTED BY – KUNIKA SHARMA ROLL NO. – 1735 (MBA HM 28)
UNDER THE GUIDANCE OF DR. ALOK KUMAR MATHUR (UNIVERSITY MENTOR) AND
DR. NANTHINI SUBBIAH (ORGANISATION MENTOR)

1. BRIEF HISTORY

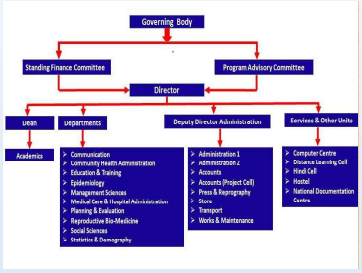
The National Institute of Health and Family Welfare (NIHFW), was established on 9th March 1977 by the merger of two national-level institutions, viz. the National Institute of Health Administration and Education (NIHAE) and the National Institute of Family Planning (NIFP). The NIHFW, an autonomous organization, under the Ministry of Health and Family Welfare, Government of India, acts as an 'apex technical institute' as well as a 'think tank' for the promotion of health and family welfare programs in the country.

2. VISION AND MISSION

VISION: NIHFW is to be seen as an Institute of global repute in public health & family welfare management.

MISSION: To act as a think tank, catalyst & innovator for the management of public health and related health & family welfare programmes by pursuing multiple functions of Education & Training, Research & Evaluation, Consultancy & Advisory services as well as provision of specialized services through interdisciplinary teams.

3. ORGANISATION STRUCTURE



4. DIFFERENCE BETWEEN THEORETICAL UNDERSTANDING AND PRACTICAL EXPOSURE

Theoretical knowledge gained in classrooms provides the foundation for understanding concepts, theories, and policies. However, practical knowledge acquired through hands-on experience is where theory truly comes to life. It's in the real-world application that we learn to adapt, problem-solve. In the classroom, I learned about the Ayushman Bharat and it's two components. However, while writing a review paper on Ayushman Bharat's role in Indian healthcare, I had the opportunity to go beyond textbooks. I thoroughly assess policy, and consolidate findings. In addition, participating in orientations for several centers and projects, such as the Mother-Child Tracking System, CHI, LMIS-Saksham, National Skills Lab, and NCCVMRC, offered valuable insights into the operations and functioning of these establishments and understand their practical applications.

5. SWOT ANALYSIS

6. CHALLENGES FACED DURING INTERNSHIP

- Adapting to the new environment and meeting the high expectations of the mentors for review writing
- difficulties related to understanding and writing review literature
- Limited supervision and the lack of a structured mentorship program during the internship
- The institute's lack of involvement with interns in activities and projects
- Challenges in communicating with other departments within the organization
- Delayed Orientation Program, the orientation program, which ideally should have occurred in the first week, was delayed until the fourth week
- Lack of Work, Feeling underutilized or bored
- The challenge of being unable to visit the NHSRC, which limited our exposure to its operations and resources.

7. LEARNINGS DURING INTERNSHIP

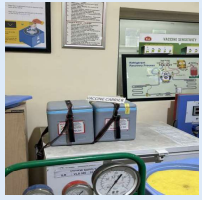
- In addition to my academic studies, the internship opportunity allowed me to put into practice and utilize the skills and knowledge I had acquired.
- Liaisoning and networking. Additionally, it allowed me to work alongside with experienced professionals and acquire knowledge from their expertise.
- Engaging in a literature review process.
- To improve and develop interpersonal and communication abilities.
- Broad exposure to the government sector.
- and substantial personal growth
- Gained comprehensive insights into Ayushman Bharat's significance within India's healthcare system. Explored its components, including Pradhan Mantri Jan Arogya Yojana (PMJAY) and Health and Wellness Centers (HWCs).Analyzed challenges encountered during the scheme's implementation.

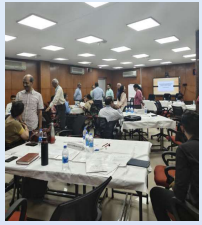
8. USEFULNESS OF INTERNSHIP

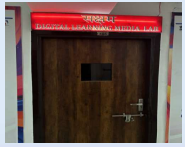
- I got an opportunity to take part in a crucial stakeholder meeting at the NIHFW. The conference centered around the revision of course modules for distance-learning courses which was held after 20 years.
- Gaining comprehensive knowledge about the diverse facets of the organization and the various projects undertaken by the institute such as , such as the Mother-Child Tracking System, CHI, LMIS-Saksham, National Skills Lab, and NCCVMRC
- Engaging with experts and acquiring knowledge.
- It helped in developing and improving a range of skills relevant to the government sector, such as conducting literature review, communication, interpersonal, and problem-solving abilities.
- clarification of interests regarding Career

9. SUGGESTIONS

- The internship program should be limited to specific months (e.g., two months per year) rather than running throughout the year. As it will Improve communication among interns, increase learning opportunities, and better distribution of work among them.
- Orientation should be conducted during the first week of the internship Including department-specific orientations to familiarize interns with all the ten departments at NIHFW, rather than accommodating repeated requests from interns. The organization should proactively schedule it at the outset.
- Mentors should actively engage with students. Regularly check if students have received orientation. Arrange orientation sessions if the interns have missed any.
- Mentors at the organization should involve students in ongoing activities to provide practical exposure. This approach ensures practical knowledge for students without making them feel that their time is being wasted, allowing them to learn effectively
- The internship at NIHFW should also feel like proper classes, allowing mentors to assess how much students have learned
- The organization should increase staffing levels to reduce the burden on departments and improve infrastructure, including creating dedicated spaces for interns to work.
- To strengthen Ayushman Bharat, focus on enhancing Health and Wellness Centers (HWCs) by allocating funds, developing human resources, and upgrading infrastructure. Simultaneously, increase awareness about Pradhan Mantri Jan Arogya Yojana (PMJAY) through media campaigns, validate the BIS database, and implement equitable reimbursement systems. Engage clinicians in claims evaluation and prioritize financial oversight. Additionally, consider including India's 'missing middle' population in healthcare initiatives. These combined efforts will propel Ayushman Bharat toward its goal of providing health for all.







(Weekly Report 1st week to 9th week)

Weekly Report - 1

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 1

From**:** 1st May to 3rd May 2024

Activity Done	• Met with my mentor Prof. Nanthini Subbiah, Head of the Department of CHA • Researching the components of the Ayushman Bharat Health and Wellness Centres (AB-HWCs) to prepare a review paper as requested by my mentor and did the campus visit.
Linking theory (Classroom learning) with practice at your organization	• The Ayushman Bharat scheme is a key national health initiative that I can connect to my classroom learnings on public health policies and programs. Analyzing the implementation and components of AB-HWCs will allow me to apply my knowledge of healthcare delivery systems.
Gaps identified in the working area.	• There is a lack of practical examples in classroom modules that accurately reflect real-life situations.
Suggestions for improvement	• I recommend incorporating practical training sessions into the curriculum that demonstrate real-world implementation scenarios.
Plan for the next week	• Will continue my research on the Ayushman Bharat Health and Wellness Centres, gather more information on the specific components, and outline the review paper's structure.

Weekly Report - 2

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student**:** Kunika Sharma

Roll no**:** 1735

Stream: MBA HHM 28 (2023-25)

Week no: 2

From**:** 6th May to 10th May 2024

Activity Done	The researched aspect of AB-PMJAY • under the guidance of mentor, Professor Nanthini Subbiah, we shifted our focus to the execution status of AB PM-JAY in the context of universal health coverage. • This decision was made to better assess the scheme's effectiveness and its alignment with SDG goal 2030 and target 3.8 which emphasizes achieving UHC. • Explored the scheme's two components: the Health and Wellness Centres for primary care, and PM-JAY for secondary and tertiary care. • Read articles to investigate the extent to which PM-JAY contributes to UHC.
Linking theory (Classroom learning) with practice at your organization	• Connected the components of AB-PMJAY with the module 'Health Policy and Health Care Delivery System' learned during the first semester. • Also, connected the SDG goal 2030 in achieving Universal health coverage with the module 'Health and Development'.
Gaps identified in the working area.	• During the lectures, I gained knowledge through the teacher's point of view, but during this work, I delved into it and surfed the dashboards and portal of AB-PMJAY which gave me an insight into how this insurance model works. • Noted the need for more empirical evidence on PM-JAY's impact on reducing catastrophic health expenditures. • Noted a gap in the practical application of theoretical knowledge.
Suggestions for improvement	• Much practical knowledge is needed to understand Public Health Programs at the grassroots level. • We need to think about how these public health insurance works and become successful, rather than just listening to the limited information which was taught during the lectures.

Plan for the next week	• Aim to organize research more systematically. • Intended to review policy documents and implementation reports to understand the challenges faced during the rollout of AB-PMJAY.

Weekly Report – 3

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 3

From: 13th May to 17th May 2024

Activity Done	• Explored WHO, UNICEF and World Bank resources to understand the global perspective on UHC • Analyzed health insurance schemes in Asian countries, noting the challenges and strategies for achieving UHC. • Reviewed NHP 2017, focusing on its objectives and goals • Decorated the notice board for the Department of Medical Care and Hospital Administration • Studied Ayushman Bharat roadmap for achieving UHC in India • Visited Mother and Child Tracking Facilitation Centre: gained insights from project manager Sharad Sachdev. Learned about the operational aspects of the center, including outbound calling, beneficiary tracking, and multilingual support across 22 states.
Linking theory (Classroom learning) with practice at your organization	• Connected the research on UHC and health insurance schemes with the module 'Health Policy and Health Care Delivery System' learned during the first semester.
Gaps identified in the working area.	• Identified a gap in the application of theoretical policy models to the practical execution of health schemes • Noted a lack of comprehensive data on the effectiveness of beneficiary tracking systems in improving health outcomes
Suggestions for improvement	• Much practical knowledge is needed to understand Public Health policies at the grassroots level. • Suggest incorporating case studies on the implementation of health policies in classroom learning
Plan for the next week	• Plan to analyze the impact of UHC policies in different Asian countries • Plan to attend orientation program on skills lab • Plan to attend lectures of MD(CHA) Students by Dr. Manish Chaturvedi

Weekly Report – 4

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 4

From: 20th May to 24th May 2024

Activity Done	• Attended a pivotal 2 days stakeholder meeting at the National Institute of Health and Family Welfare (NIHFW) in New Delhi, which was held after 20 years. The meeting focused on revising the course modules of distance learning courses. • Was briefed by Dr. Dheeraj Shah, Director of NIHFW, and Dr. Atul Goel, Director General of Health Services (DGHS) at the Ministry of Health and Family Welfare, and Dr. Manish Chaturvedi, HOD of MCHA Department at NIHFW. Their discussions emphasized the necessity of curriculum adaptation to keep pace with healthcare advancements. • Was Introduced by Dr. Sanjay Gupta, Dean of IIHMR, Jaipur to all the stakeholders present. This introduction facilitated my engagement with healthcare experts and discussions about the practical aspects of healthcare education. • The 6 modules were: Hospital Management, Health and Family Welfare, Applied Epidemiology, Health Communication, Public Health Nutrition, Health Prevention • Assisted in the revision of the "Health and Family Welfare" module, Theme 3, under the guidance of Dr. Rajib Das Gupta, Professor at the Centre of Social Medicine and Community Health, JNU, New Delhi. I incorporated the changes he recommended into the curriculum. • Had the privilege of conversing with Dr. Sanjeev Kumar, who shared his extensive experience from working with UNICEF across 22 countries and his insights as the former director of IHMR, New Delhi, and as the former executive director at

	NHSRC. • Participated in group presentations for each distance learning course, followed by open discussions. I was involved in writing down all the changes and suggestions recommended by all stakeholders during the meeting. • Gained valuable experience in how official meetings are conducted, especially those concerning significant curriculum changes in prestigious institutions. • Met with renowned individuals in the public healthcare field, which provided a unique learning opportunity and a broader perspective on the healthcare sector during this meeting. • Also, continued reading the articles and the annual reports by NHA for my Review paper
Linking theory (Classroom learning) with practice at your organization	• The stakeholder meeting at the National Institute of Health and Family Welfare aligns with" Essentials of Hospital Services" module, where I learned about the importance of leadership and strategic planning in healthcare settings. • The discussions on curriculum adaptation reflect the need for continuous improvement, a key principle in management that I learned from the module "Principles of Management".
Gaps identified in the working area.	• gaps identified are the need for a curriculum that evolves with healthcare advancements. This gap is evident in all the 6 modules, where the current curriculum lacks practical, real-world applications that are crucial for effective learning.
Suggestions for improvement	• I suggest incorporating more case studies and real-world scenarios into the curriculum. • Implementing a feedback loop from alumni and current students can help identify areas of the curriculum that require updates.
Plan for the next week	• Plan to visit the skills lab, Center for Health Informatics, Learning Management Information System (LMIS), and National Cold Chain and Vaccine Management Resource Center (NCCVMRC)

Weekly Report - 5

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student**:** Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 5

From: 27th May to 31st May 2024

Activity Done	1. Centre for Health Informatics (CHI) Visit, under MOHFW: • Briefed by Kanika Singhal, AI Expert • Received an overview of CHI's role and objectives. • Learned about some active programs under CHI such as PMSMA, PMNDP, PM Gati Shakti, and portals of human remains. • Discussed the data flow process from the grassroots to the national level. • Explored various CHI portals and the necessity for interconnectivity among 69 portals across 20 divisions. • Addressed challenges such as data breaches and state-level incoordination. • They also showed us the portals of PMSMA and PMNDP bothfrom the facilities side and state side. 2. National Skills Lab: DAKSH • was briefed by Dr. Geetanjali • Introduced to the lab's objectives to provide quality RMNCHA services. • was established in 2015, under the Maternal Health Division of MOHFW • Witnessed training sessions where trainees practiced 35 basic skills over six days using mannequins. • comprises of 4 skill stations and 1 labor room 3. LMIS: Saksham • was briefed by Assistant Nodal officer of the Project Saksham Dr. DK Yadav. • Understood the three main objectives of the LMIS Saksham project. • the project was launched by MOHFW • Noted Sak Sham's presentation at the G20 Summit India 2023 and its offering as a digital public good for Indo-Pacific

	countries for their capacity building under India's Quad Presidency 4. National Cold Chain & Vaccine Management Resource Centre (NCCVMRC) Visit: • visited NCCVMRC, which resides in NIHFW, and the immunization division of the MOHFW provides functional oversight. • Learned about the center's role in supporting the country's immunization supply chain. • Gained insights into the capacity building of program managers and the training process. • Briefed on the storage and transportation processes of vaccines. • Introduced to the WIF and WIC refrigerators and enclosures. • they also told us that all the equipment there was given by UNICEF
Linking theory (Classroom learning) with practice at your organization	• The CHI and LMIS project is linked to the Module "Digital Health" where I learned about health informatics and the importance of data privacy and security. • The NCCVMRC project is linked to the "Essentials of Hospital Services" where I learned about the supply chain logistics and vaccine management • The Skills lab DAKSH project is linked to the module "National Health Programmes" where I learned about the RMNCHA Programme and the importance of DAKSH training for improving the quality of RMNCHA Services.
Gaps identified in the working area.	• gaps identified are the challenges in data security and state–level coordination in CHI • limited hands-on experience due to reliance on mannequins in the skills lab • language barriers and limiting app accessibility are the gaps identified in the LMIS SAKSHAM as the app is currently operating on only 2 languages i.e. English and Hindi • The equipment and technology used for vaccine storage and transportation may need upgrades to keep up with the latest standards and ensure maximum efficacy in NCCVMRC.

Suggestions for improvement	• I would suggest incorporating a more centralized coordination system in CHI for data sharing and coordination. • I would suggest incorporating virtual reality simulations for more realistic scenarios in the skills lab • I would suggest that LMIS Saksham accelerate the process of making the app multilingual. • I would suggest encouraging innovation in cold chain management by supporting research into new technologies and methods for vaccine preservation.
Plan for the next week	• I will continue with my work on the review paper.

Weekly Report – 6

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 6

From: 3rd June to 7th June 2024

Activity Done	• Conducted a literature review and drafted the introduction and background for the review paper on Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). • Created a detailed table on the current status of AB PM-JAY implementation across states and union territories. • Attended an orientation on Distance Learning Courses (DLC) and was briefed by an experienced advisor of NCDC Dr. Dutta. • Met with mentor Professor Nanthini Subbiah and received guidance to shift the research focus to Ayushman Bharat's broader components. • Began a literature review for Ayushman Bharat, focusing on India's health status before Universal Health Coverage (UHC) and the National Health Policy 2017.
Linking theory (Classroom learning) with practice at your organization	• The research on AB PM-JAY and Ayushman Bharat ties back to classroom modules on 'Health Policy and Healthcare Delivery systems. • The orientation on DLC provided practical insights into managerial skills, which are essential for public health administration— ties back to 'Principles of Management' a key area of study in the first year.
Gaps identified in the working area.	• Communication gaps with the mentor led to a change in the research topic, resulting in lost time and effort. • A need for clearer and earlier guidance from mentors to avoid misdirection in research efforts. • Implementation challenges within the Ayushman Bharat program, particularly in achieving effective coverage and integration across states.

Suggestions for improvement	• Implement a formal mentorship program with clear objectives, regular meetings, and feedback mechanisms to ensure interns receive consistent guidance • Create a documented roadmap at the start of the internship to outline the expected research areas and goals. • Encourage a research-driven environment where interns can contribute to ongoing projects, fostering innovation and learning. • The proposed recommendation for the Ayushman Bharat program is to tackle the issue of guaranteeing prompt and sufficient repayment of claims to the healthcare facilities that are part of the program, particularly those that are private. Several medical facilities have encountered problems related to payments being delayed, inadequate package rates, elevated rejection rates, and burdensome procedures. Simplifying this process could improve the efficiency and effectiveness of the program.
Plan for the next week	• I will continue with my work on the review paper as I have to submit it before the 21st of June.

Weekly Report – 7

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student**:** Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 7

From: 10th June to 14th June 2024

Activity Done	• Completed a comprehensive literature review on Universal Health Coverage and India's status before its implementation. • Analyzed the evolution of Ayushman Bharat from policy to implementation. • Reviewed the two components of Ayushman Bharat: Health and Wellness Centres and the PM-JAY scheme. • Assessed the positive impacts and challenges faced during the implementation of Ayushman Bharat. • Finalized the writing of my review paper on Ayushman Bharat and its components, ready for submission to my mentor.
Linking theory (Classroom learning) with practice at your organization	• The research on Universal Health Coverage and Ayushman Bharat and its 2 components is linked to the module on "Health Policy and Healthcare Delivery System". • Applied the principles of academic research learned in the module "Research Methods" to the process of writing my review paper.
Gaps identified in the working area.	• A gap between theoretical policy formulation and practical implementation challenges was noted. • Discrepancies in the expected versus actual outcomes of health programs were observed.
Suggestions for improvement	• Propose the inclusion of case studies in the curriculum that illustrate real-world implementation scenarios. • Suggest practical training sessions that will simulate the challenges faced during the execution of health policies.

Plan for the next week	• Will Submit the completed review paper to my mentor for evaluation and feedback. • Await and review the feedback provided by my mentor to refine and enhance the paper if necessary.

Weekly Report - 8

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 8

From:18th June to 21st June 2024

Activity Done	• This week, I independently refined and concise my review article on Ayushman Bharat for the third time as instructed by my mentor, focusing on critical analysis and personal interpretation without any direct guidance due to my mentor's busy schedule, I managed to some extent identify key points and improve the clarity of the article. • I obtained my mentor's signature before submission.
Linking theory (Classroom learning) with practice at your organization	• The refinement process allowed me to apply theoretical knowledge from classroom learning learned in the module "Research Methods" to practical systematic literature review methodologies. It highlighted the importance of having foundational skills in academic writing, which are often assumed to be pre-existing at the postgraduate level.
Gaps identified in the working area.	• The independent task revealed a gap in my comprehension and ability to critically analyze complex healthcare policies independently. • A significant gap identified was the lack of mentorship during the refinement process, considering this was my first experience writing a review paper Given that my mentor works in a public health government organization and is often preoccupied with duties, including work related to the ministry, her availability was limited. Her upcoming tour next week further constrained her ability to provide guidance. The expectation to concise the paper effectively without guided assistance was challenging. • Additionally, there was an expectation gap; as a postgraduate student, I was presumed to have prior knowledge and expertise in writing review papers, which was not the case. The gap between the expectation of expertise in review paper writing and my experience as an amateur researcher was evident

Suggestions for improvement	• To bridge this gap, I will review additional literature on healthcare policy implementation, and engage in self-reflective practices to enhance critical thinking and analytical skills • Also, I suggest establishing a more structured mentorship approach for first-time review paper writers, including step-by-step guidance and iterative feedback sessions. • Recognizing the challenges faced due to my mentor's demanding schedule, it would be beneficial to have a secondary support system or peer-review group in place for additional guidance. This would be particularly beneficial for students who are new to academic writing.
Plan for the next week	• I will submit the completed review article prepared during the summer internship program at NIHFW to the academic section to obtain the completion certificate from the institute.

Weekly Report - 9

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

Week no: 9

From: 24th June to 28th June 2024

Activity Done	• Submitted the project report to the academic section, marking the completion of the internship. • Obtained the internship completion certificate. • Engaged in an insightful chat with Dr. Manish Chaturvedi, HOD MCHA.
Linking theory (Classroom learning) with practice at your organization	• The research on the journey from policy to implementation of Ayushman Bharat aligns with the module "Health Policy and Health Care Delivery Systems".
Gaps identified in the working area.	• Discrepancies exist between theoretical concepts learned in the classroom and the practical realities encountered during your internship. • Our coursework lacked sufficient real-world case studies or examples.
Suggestions for improvement	• Propose the inclusion of more real-world case studies in classroom modules to illustrate complexities and challenges during policy implementation.
Plan for the next week	• Not Applicable

Compiled Reporting Format

Name of the Organisation: National Institute of Health and Family Welfare, New Delhi

Department of Summer Internship Program: Community Health Administration

Name of the Student: Kunika Sharma

Roll no: 1735

Stream: MBA HHM 28 (2023-25)

From: 1st May to 28th June 2024

Activity Done	• Met with my mentor, Professor Nanthini Subbiah, who is the Head of the Department of CHA. I'm currently researching the components of the Ayushman Bharat Health and Wellness Centers (AB-HWCs) to prepare a review paper as requested by my mentor. Additionally, I conducted a campus visit. • With the guidance of Professor Nanthini Subbiah, we decided to shift our focus to the implementation status of AB PM-JAY in the context of universal health coverage. This decision was made to better assess the scheme's effectiveness and its alignment with the SDG goal for 2030, which emphasizes achieving UHC. I delved into the scheme's two components: the Health and Wellness Centers for primary care, and PM-JAY for secondary and tertiary care. Additionally, I read articles to investigate the extent to which PM-JAY contributes to UHC. • I have conducted research using resources from WHO, UNICEF, and the World Bank to gain a better understanding of Universal Health Coverage (UHC) from a global perspective. Additionally, I analyzed health insurance schemes in Asian countries and noted the challenges and strategies for achieving UHC. I also reviewed NHP 2017 with a specific focus on its objectives and goals. Moreover, I decorated the notice board for the Department of Medical Care and Hospital Administration. Furthermore, I studied the Ayushman Bharat roadmap for achieving UHC in India. Finally, I visited the “Mother and Child Tracking Facilitation Centre (MCTS)” and gained valuable insights from project manager Sharad Sachdev. I learned about the operational aspects of the center, including outbound calling, beneficiary tracking, and multilingual support

	across 22 states. • During the past two days, I attended an important stakeholder meeting at the National Institute of Health and Family Welfare (NIHFW) in New Delhi. This meeting was called after a 20-year gap with the main focus being the revision of the curriculum for distance learning courses. We received briefings from Dr. Dheeraj Shah, the Director of NIHFW, Dr. Atul Goel, the Director General of Health Services (DGHS) at the Ministry of Health and Family Welfare, and Dr. Manish Chaturvedi, the Head of the MCHA Department at NIHFW. Our discussions centered around the need to update the curriculum to keep up with advancements in healthcare. Dr. Sanjay Gupta, the Dean of IIHMR, Jaipur, introduced us to all the stakeholders, providing an opportunity to interact with healthcare experts and delve into the practical aspects of healthcare education. The six modules reviewed were: Hospital Management, Health and Family Welfare, Applied Epidemiology, Health Communication, Public Health Nutrition, and Health Prevention. I worked on revising the "Health and Family Welfare" module, Theme 3, with guidance from Dr. Rajib Das Gupta, a Professor at the Centre of Social Medicine and Community Health, JNU, New Delhi. I incorporated the changes he suggested into the curriculum. I also spoke with Dr. Sanjeev Kumar, who shared his extensive experience working with UNICEF across 22 countries. Additionally, he provided insights as the former director of IHMR, New Delhi, and as the former executive director at NHSRC. We participated in group presentations for each distance learning course, followed by open discussions. I was responsible for taking notes on all the changes and suggestions put forward by the stakeholders during the meeting. This experience provided valuable insights into how official meetings are conducted, particularly those related to significant curriculum changes in esteemed institutions. I also had the opportunity to meet renowned individuals in the public healthcare field,

	providing a unique learning experience and a broader perspective on the healthcare sector during this meeting. Alongside the meeting, I continued reading articles and NHA annual reports for my Review paper. • During our visit to the Centre for Health Informatics (CHI) under the Ministry of Health and Family Welfare (MOHFW), we received an informative briefing from Kanika Singhal, an AI Expert. We gained an understanding of CHI's role, objectives, and active programs such as PMSMA, PMNDP, PM Gati Shakti, and portals of human remains. Furthermore, we discussed the data flow process and the need for interconnectivity among 69 portals across 20 divisions. We also addressed challenges such as data breaches and state-level coordination. Additionally, we witnessed demonstrations of the PMSMA and PMNDP portals from both the facilities side and the state side. Moving on to the National Skills Lab, also known as DAKSH, we were introduced to its objectives by Dr. Geetanjali. The lab, established in 2015 under the Maternal Health Division of MOHFW, provides quality RMNCHA services and conducts training sessions for trainees to practice 35 basic skills over six days using mannequins. During the LMIS: Saksham briefing, we were informed about the LMIS Saksham project's three main objectives by Dr. DK Yadav, the Assistant Nodal officer of Project Saksham. The project, launched by MOHFW and presented at the G20 Summit India 2023, is being offered as a digital public good for Indo-Pacific countries for their capacity building under India’s Quad Presidency. Lastly, during our visit to the National Cold Chain & Vaccine Management Resource Centre (NCCVMRC) placed in NIHFW, we learned about the center's role in supporting the country’s immunization supply chain, gained insights into the capacity building of program managers and the training process, and were briefed on the storage and transportation processes of vaccines. We were also introduced to the WIF and WIC refrigerators and enclosures and were informed that all the equipment there was provided by UNICEF. • I completed a literature review and wrote the

	introduction and background for a review paper on the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). I also developed a detailed table on the current status of AB PM-JAY implementation across states and union territories. I participated in an orientation session on Distance Learning Courses (DLC) and received guidance from experienced NCDC advisor, Dr. Dutta. Furthermore, I had a meeting with my mentor, Professor Nanthini Subbiah, who advised me to shift the research focus to Ayushman Bharat's broader components. I also started a literature review for Ayushman Bharat, with a focus on India's health status before Universal Health Coverage (UHC) and the National Health Policy 2017. • I have recently completed a thorough literature review on Universal Health Coverage and India's status before its implementation. Additionally, I analyzed the evolution of Ayushman Bharat from policy to implementation. Moreover, I reviewed the two components of Ayushman Bharat: Health and Wellness Centers and the PM-JAY scheme. I assessed the positive impacts and challenges faced during its implementation. I have finalized the writing of my review paper on Ayushman Bharat and its components and it is ready for submission to my mentor. • This week, I revised and condensed my review article on Ayushman Bharat for the third time as instructed by my mentor. Despite not receiving direct guidance due to my mentor's busy schedule, I managed to identify key points and improve the clarity of the article to some extent. I obtained my mentor's signature before the submission. • Submitted the internship project report to the academic section, signifying the completion of the internship. Also, received the internship completion certificate.
Linking theory (Classroom learning) with practice at your organization	• The Ayushman Bharat scheme is a crucial national health initiative that relates to my classroom studies on public health policies and programs. Examining the implementation and components of AB-HWCs will help me apply my knowledge of healthcare delivery systems. • Connected the components of AB-PMJAY with the module 'Health Policy and Health Care Delivery

	System' learned during the first semester. Also connected the SDG goal 2030 in achieving Universal health coverage with the module 'Health and Development'. • Connected the research on Universal Health Coverage (UHC) and health insurance schemes with the module "Health Policy and Health Care Delivery System," which was studied during the first semester. • The stakeholder meeting at the National Institute of Health and Family Welfare is in line with "Essentials of Hospital Services" module, where I gained insights into the significance of leadership and strategic planning in healthcare settings. The discussions on curriculum adaptation highlight the necessity for ongoing improvement, which is a fundamental principle in management that I learned from the "Principles of Management" module. • The CHI and LMIS project is associated with the "Digital Health" module. This is where I gained knowledge about health informatics and the significance of data privacy and security. The NCCVMRC project is connected to the "Essentials of Hospital Services" module. This is where I learned about supply chain logistics and vaccine management. The Skills Lab DAKSH project is linked to the "National Health Programs" module. Here, I learned about the RMNCHA Program and the importance of DAKSH training for enhancing the quality of RMNCHA Services. • The research on AB PM-JAY and Ayushman Bharat is related to classroom modules on 'Health Policy and Healthcare Delivery Systems'. The orientation on DLC provided practical insights into managerial skills, which are essential for public health administration. This ties back to 'Principles of Management', a key area of study in the first year. • I made sure to study the research on Universal Health Coverage and Ayushman Bharat, including its two components, in the "Health Policy and Healthcare Delivery System" module. I then utilized the academic research principles that I learned in the "Research Methods" module to write my review paper. • The refinement process enabled me to apply theoretical

	knowledge acquired in the "Research Methods" module to practical systematic literature review methodologies. It emphasized the importance of possessing fundamental academic writing skills, which are sometimes assumed to already exist at the postgraduate level. The research on the journey from policy to implementation of Ayushman Bharat aligns with the module "Health Policy and Health Care Delivery Systems". • The research on the journey from policy to implementation of Ayushman Bharat aligns with the module "Health Policy and Health Care Delivery Systems".
Gaps identified in the working area.	• There is a lack of practical examples in classroom modules that accurately reflect real-life situations. • During the lectures, I only gained knowledge from the teacher's perspective. However, while working on this project, I delved deeper into exploring the dashboards and portal of AB-PMJAY. This helped me gain a better understanding of how this insurance model operates. Additionally, I noticed a lack of concrete evidence regarding PM-JAY's effectiveness in reducing catastrophic health expenses, as well as a gap between theoretical knowledge and its practical application. • Identified a gap in the application of theoretical policy models to the practical execution of health schemes. Noted a lack of comprehensive data on the effectiveness of beneficiary tracking systems in improving health outcomes. • The identified gaps include the need for a curriculum that evolves with healthcare advancements. This gap is evident in all 6 modules, where the current curriculum lacks practical, real-world applications crucial for effective learning. • Data security and state-level coordination are challenging in CHI. Hands-on experience is limited due to reliance on mannequins in the skills lab. Language barriers and limited app accessibility exist in LMIS SAKSHAM, as the app is currently available only in English and Hindi. The equipment and technology used for vaccine storage and transportation may need upgrades to meet the latest standards and ensure maximum efficacy in

	NCCVMRC. • Communication gaps with the mentor led to a change in the research topic, which resulted in a loss of time and effort. Mentors need to provide clearer and earlier guidance to prevent misdirection in research efforts. There are challenges in implementing the Ayushman Bharat program, particularly in achieving effective coverage and integration across different states. • A gap exists between theoretical policy formulation and practical implementation, leading to challenges. Discrepancies between expected and actual health program outcomes have been observed. • While working independently, I noticed that I didn't have the necessary skills to analyze complex healthcare policies critically. One major problem was the lack of guidance while I was writing a review paper for the first time. My mentor, who works in a government organization focused on public health, was often busy with ministry-related work, and her upcoming tour further reduced her availability to provide guidance. As a postgraduate student, there was an assumption that I had prior experience in writing review papers, which wasn't the case. This gap between expectations and my experience as a novice researcher was clear. There were inconsistencies between the theoretical principles we learned throughout classes and the real-world situations I encountered throughout the course of my internship. The coursework we were assigned lacked a sufficient number of real-world case studies or examples. • Discrepancies exist between theoretical concepts learned in the classroom and the practical realities encountered during your internship. Our coursework lacked sufficient real-world case studies or examples.

Suggestions for improvement	• I recommend incorporating practical training sessions into the curriculum that demonstrate real-world implementation scenarios. • Having practical knowledge is crucial for understanding Public Health Programs at the grassroots level and we must consider how public health insurance works and how it became successful, instead of relying solely on the limited information provided in lectures. • Much practical knowledge is needed to comprehend Public Health policies at the grassroots level. It is suggested to incorporate case studies on the implementation of health policies in classroom learning. • I recommend integrating more case studies and real-world scenarios into the curriculum and establishing a feedback loop with alumni and current students to identify areas that require updates. • I would recommend implementing a centralized coordination system in CHI for better data sharing and coordination. I would propose integrating virtual reality simulations for more realistic scenarios in the skills lab. I would advise using LMIS Saksham to speed up the process of making the app multilingual. I would suggest promoting innovation in cold chain management by supporting research into new technologies and methods for vaccine preservation. • Implement a formal mentorship program with clear objectives, regular meetings, and feedback mechanisms to ensure interns receive consistent guidance. Create a documented roadmap at the start of the internship to outline the expected research areas and goals. Encourage a research-driven environment where interns can contribute to ongoing projects, fostering innovation and learning. The recommendation for the Ayushman Bharat program is to tackle the difficulty of guaranteeing prompt and sufficient reimbursement of claims to hospitals that have been approved, particularly those in the private sector several hospitals have had issues related to payment delays, inadequate package prices, elevated refusal rates, and cumbersome protocols. Optimizing this technique could improve the efficiency and efficacy of the program.

	• I Propose adding case studies to the curriculum to illustrate real-world implementation scenarios. I also Suggest practical training sessions to simulate challenges faced during health policy execution. • To bridge this gap, I will conduct further literature reviews on healthcare policy implementation and engage in self-reflective practices to improve critical thinking and analytical skills. I also recommend establishing a more structured mentorship approach for first-time review paper writers, which includes step-by-step guidance and iterative feedback sessions. Recognizing the challenges posed by my mentor's demanding schedule, it would be beneficial to have a secondary support system or peer-review group for additional guidance. This would be particularly advantageous for students who are new to academic writing. Propose including more real-world case studies in classroom modules to illustrate complexities and challenges during policy implementation. • Propose including more real-world case studies in classroom modules to illustrate complexities and challenges during policy implementation.

Signature of the Student

July 18, 2024

Approved by the IIHMR University's Mentor