SUMMER INTERNSHIP PROGRAM

at

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, MUNIRKA, NEW DELHI

From 1st May 2024 to 28th June 2024

A REPORT BY

JYOTSNA

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

MR. ASHISH BANDHU

Assistant 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)

बाबा गंगनाथ मार्ग, मुनीरका, नई दिल्ली-110067
दूरभाष (कार्यालय): 91-11-26165959, 26166441, 26188485, 26107773
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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. Jyotsna, 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– "**Ensuring Excellence: A Deep Dive into the Quality Monitoring of Ayushman Bharat Health & Wellness Centres**" 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. Manish Chaturvedi.

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
National Institute of Health & Family Welfare
बाबा गंगनाथ मार्ग मुनीरका, नई दिल्ली–110067
Baba Gangnath Marg Munirka, New Delhi-110067

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that Ms. Jyotsna of academic year 2023-25 of Institute of Health Management Research has prepared a poster with respect to her summer internship held during 01 May- 28 June 2024.

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

Date: 18th July, 2024

Ashish

(Signature of Faculty Mentor)

Name: Mr. Ashish Bandhu

Designation: Assistant Professor

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Ministry of Health & Family Welfare
Government of India

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

IIHMR UNIVERSITY

NAME-JYOTSNA
ROLL NO- 1723(MBA –HHM28)

FACULTY MENTOR- MR.ASHISH BANDHU
INDUSTRY MENTOR- DR.MANISH CHATURVEDI

1.BRIEF HISTORY, VISION & MISSION

The National Institute of Health and Family Welfare (NIHFW)

1. **ORIGIN AND ESTABLISHMENT:**

- Establishment on March 9, 1977, through the merger of the National Institute of Health Administration (NIHA) & the National Institute of Family Planning (NIFP).
- An autonomous organization under the Ministry of Health and Family Welfare, Government of India.

2. **ROLE:**

- Acts as the apex technical institute &think tank of the country.

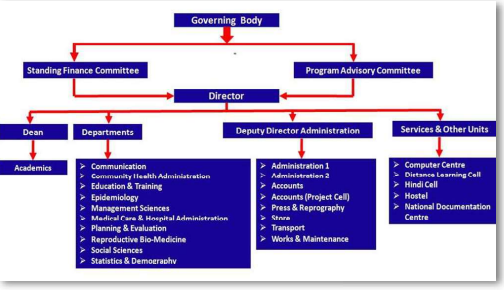
VISION

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

MISSION

Acts as a think tank, catalyst, and innovator for public health and family welfare programs. Engages in education, research, consultancy, and specialized services through interdisciplinary teams.

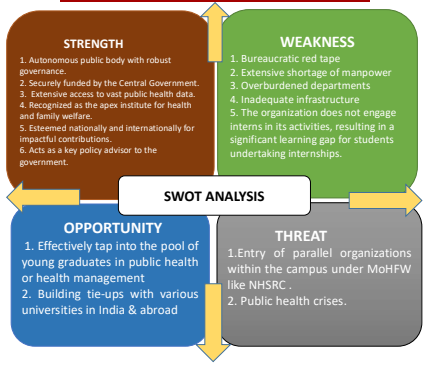
2 .ORGANIZATION FRAMEWORK



3.THEORETICAL VS PRACTICAL KNOWLEDGE

The theory provides a foundational knowledge base for understanding real-time processes. Practical exposure emphasizes applying this knowledge, skill development, and experiential learning, demonstrating the adaptation of theoretical concepts to real-world public health situations. In the Health Policy module, we explored Ayushman Bharat and its components .A visit to an Ayushman Bharat Health and Wellness Centre provided firsthand insights into this actual operations. Similarly , CHI demonstrated the functionality of the Ayushman Bharat dashboard and other related programs. Additionally, practical exposure to the Mother and Child Tracking System , NCCVRMC and National Lab Skills deepened my understanding of these essential health initiatives

4.SWOT ANALYSIS



5.CHALLENGES FACED DURING INTERNSHIP

- Adapting to new working conditions and professional environment.
- Slow progress pace
- Insufficient supervision and minimal engagement of the intern.
- Communication gap between mentor and mentee.
- Insufficient work.
- I encountered the challenge of not being able to visit NHSRC, which limited our exposure to its operations.

6.LEARNING DURING INTERNSHIP

- Along with my current academic studies , the internship allowed me to apply the knowledge and skills I acquired.
- Experience with secondary research.
- Boosted soft skills.
- Positive exposure to the Public sector
- Developed the connections and expanded professional networking.

7.USEFULNESS OF INTERNSHIP

- Engaged in high-level Stakeholder Meetings to drive revisions in Distance Learning Course Modules.
- Acquired profound insights into critical health systems, including the Mother and Child Tracking System. Central Health Informatics, and initiatives like DAKSH and LMIS-SAKSHAM, NCCVMRC
- Benefitted from direct interactions with seasoned professionals
- Immersed myself in grassroots realities during visits to Ayushman Arogya Mandir Barikhand and Smailpur.
- Thrived in a dynamic, multidisciplinary work environment
- Demonstrated adaptability and competence by bridging theory and practice effectively.

8.SUGGESTION FOR IMPROVEMENT

- To optimize the internship experience, I recommend specifying distinct 2 or 3-month internship periods. This strategic approach streamlines applications from across India and ensures focused engagement.
- Assigning 4-5 students to each mentor. This deliberate arrangement fosters open communication, and practical learning and cultivates a conducive environment.
- Involve interns in all organizational activities to enhance their learning experience.
- Provide thorough organization orientation for interns to understand context and expectations.
- Regularly assess, mentees' progress to ensure skill development.
- Combine practical experiences with classroom-based learning during internships.
- Implement clear objectives, and schedule meetings and feedback mechanisms for consistent guidance.
- The organization should boost staffing levels to ease departmental workloads and upgrade infrastructure , including establishing designated areas for interns to work.

9. ABOUT PROJECT WORK

Ensuring Excellence: A Deep Dive into the Quality Monitoring of Ayushman Bharat Health and Wellness Centre.

Objective - The objective was to explore and review the diverse aspects of quality monitoring in Health & Wellness Centres.

Methodology-

Study design: This was a descriptive desk review of the literature, encompassing numerous research articles from various credible sources.

Data Source: Secondary data was obtained from official documented evidence from the Press Information Bureau, Government documents like NHSRC, and Organisation reports. Searches were also conducted in electronic databases, including PubMed and Google Scholar.

Recommendation

- Despite Ayushman Bharat Health and Wellness centre aims to enhance primary healthcare still challenges remain in improving health services quality and infrastructure .
- Implementing a comprehensive quality monitoring framework with standardized checklists is essential for systematic evaluation and quick resolution of gaps .
- Continous monitoring , evaluation and adaptive strategic are crucial for addressing challenges and maximizing the benefits of AB-HWCs.

10.GLIMPSE OF ACTIVITY DONE

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

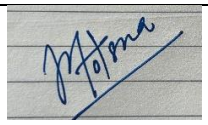
Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 1 From: …1st May 2024…to 3rd May 2024……

Activity Done	• I met with my mentor Dr. Manish Chaturvedi , who is the Professor and Head of Department(Acting) MCHA. • Reviewed the Ayushman Bharat Health and Wellness Center Guidelines and policies as suggested by my mentor for my review paper. • Learning about the training of CHO in health and wellness centre • Visited the campus.
Linking Classroom theory with practice at organization	• Understanding the application of these concepts in the context of Ayushman Bharat Health and Wellness Centre
Gaps identified in the working area.	• Observed a lack of practical examples in the classroom modules that reflect ground realities
Suggestions for improvement	• Suggest including the implementation of Ayushman Bharat Health and Wellness Centre in the curriculum.
Plan for the next week	• Will continue my research for the same so as to progress in my review paper .



Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute Of Health and Family Welfare

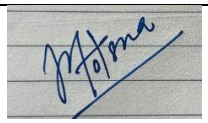
Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 2 From: …6th May2024 to 10th May 2024

Activity Done	• Under the guidance of Dr. Manish Chaturvedi, we shifted our focus on how quality assessment can be done. • This week I delved into the Quality Monitoring Of Health and Wellness Center, a crucial component of Ayushman Bharat Scheme. • My research extended to understanding universal health coverage, and its global importance. • Additionally I explored the operational framework of Community Health Officer, their qualities, roles and responsibilities.
Linking Classroom learning) with practice at the organisation	• The components of research are intricately linked to the components of Ayushman Bharat Health and wellness Center with the module Health Policy and Healthcare Delivery System. The module provided a foundation for analyzing the practical aspect of the Ayushman Bharat Scheme, particularly the Health and Wellness Centers .
Gaps identified on the working area.	• During my lecture , I gained knowledge through the teacher's point of view , but during this work I delved into it and surfed the dashboard of program and it gave me the insights about how the program works .
Suggestions for improvement	• Much practical knowledge is needed for understanding public health at the grass root level. We need to think how the National Health Program work and become successful, rather than just listening to the limited information which has been taught to us during the lectures.
Plan for the next week	• My mentor suggested me to create a framework of the review paper and discuss with him on monday about the same. • Will continue my research for the same.



Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 3 From: 13th May 2024 to 17th May 2024

Activity Done	• Explored aspects related to the National Quality Assurance Standards and AB-HWC. • Received valuable guidance from my mentor. • Studied a booklet on universal health coverage from KPMG 2019 • Explored the challenges faced in different areas. • Read article on infrastructure assessment . • Visited Mother –Child Facilitation center: and gained insights from project manager Sharad Sachdev about data collection by 86 agents and 2 medical officers present . • Multilingual system functioning in 22 states , with women assigned for comfort during interactions.
Linking theory (Classroom learning) with practice at your organisation	• The components of research are intricately linked to the components of Ayushman Bharat health and wellness Center with the module Health Policy and Healthcare delivery system .
Gaps identified on the workingarea.	• 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 for understanding public health at the grass root level. • Suggest incorprating case studies on the implementation of health policies in classroom learning.
Plan for the next week	• Plan to analyze the impact of HWC all over the India. • Plan to attend orientation program on skills lab • Plan to attend lectures of MD(CHA)students by Dr. Manish Chaturvedi .

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute Of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 4 From: 20th May 2024 to 24th May/2024

Activity Done	• Read article about what challenges were faced by CHO while implementing HWC. • My mentor Dr. Manish Chaturvedi invited me to attend the "Stake holders meeting for revision of course modules of distance learning". • They had 6 modules which included 1)Health and Family welfare 2)Applied epidemiology 3) Health promotion 4)Public health nutrition 5) Health Communication 6) Hospital Management. • Assisted Dr. Shiv Chandra Mathur in reviewing the "Health and Family Welfare"module. • Noted all the modification , deletion, addition required in the modules as per the suggestion of Dr. Mathur. • I interacted with Dr. Sanjeev Kumar who worked with UNICEF, NHA, and was director of IIHMR University New Delhi . He suggested me some change required in my review paper how the framework should be modified .
Linking theory (Classroom learning) with practice at your organisation	• The components of research are intricately linked to the components of Ayushman Bharat health and wellness Center, what challenges are being faced in healthcare delivery system with the module Health Policy and Healthcare delivery system .
Gaps identified on the working area.	• A gap was identified between theoretical knowledge of policy implementation and the practical challenges faced by CHO in implementing the AB-HWC program
Suggestions for improvement	• Incorporate case studies and real life scenarios into the module to bridge the gap between theory and practice. • Modules should be revised before assigning to students for their better knowledge.
Plan for the next week	• Plan to attend orientation program on CHI,LMIS, NCCVMRC. • Plan to attend orientation program on skills lab

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 5 From: …27th May 2024 to 31th 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 Gatishakti, 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 both from 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 Divison 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 Nodal officer of Project Saksham Dr. Pushpanjali Swain & 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 Saksham'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, placed in NIHFW, and functional oversight is provided by the Immunisation division, MOHFW

	- 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 organisation	• 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 on 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 ae 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 skills lab • I would suggest LMIS Saksham to 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.

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 6 From: 03rd June 2024 to 07th June 2024

Activity Done	• Conducted a literature review and drafted the introduction and background for "Ensuring excellence : a deep dive into quality monitoring of Health and wellness centres. • Created timeline on the evolution of Health and wellness Centre; saw how GPHCF evolved into HWCs. • Attended an orientation on DLC , and was briefed by Dr. Dutta, he is an advisor • Met my mentor Dr. Manish Chaturvedi and he told me to look for all outcome indicators necessary for assessing quality of health and wellness .
Linking theory (Classroom learning) with practice at your organisation	• The research on AB-HWC and Ayushman Bharat ties back to classroom modules on Health Policy and Healthcare Delivery System. • 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 on the working area.	• Implementation challenges faced in health and wellness centre while implementing the scheme and how everything should be looked up • Found a communication gap between mentor and mentee within our working organization which leads to confusion and no clear vision, resulting in delay in review paper completion and time lost.
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 intern can contribute to ongoing projects , fostering innovation and learning .
Plan for the next	• I will continue with my work on the review paper as I have to

week	submit it till 18th june .

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 7 From: …: 10th June 2024…to 14th June 2024

Activity Done	• Completed a comprehensive literature review on Health and Wellness Centre 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: Health and Wellness Centre. • Finalized the writing of my review paper on Ayushman Bharat: Health and Wellness Centre, ready for submission to my mentor.
Linking theory (Classroom learning) with practice at your organisation	• 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 on 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.

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 8 From: …: 18th June 2024…to 21th June 2024

Activity Done	• Compiled all the data and research findings I had gathered over the past weeks for my review paper. • Submitted the compiled review paper to my mentor, who provided feedback specially on the introduction and background sections. • Made the required changes based on mentor's feedback and resubmitted the revised review paper and obtained all the necessary signatures required for the same.
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 on the working area.	• A gap between theoretical policy formulation and practical implementation challenges was noted. • Identified a significant gap in the review process, my mentor delegated the review of my paper to a Master student instead of conducting the review personally, which led to a potential oversight in quality assurance and a barrier in publication. • The high expectations from faculty and department heads at prestigious public health institutions like NIHFW added pressure as they expected students to be well-prepared and knowledgeable in academic writing tasks such as review paper composition.
Suggestions for improvement	• Propose the inclusion of case studies in the curriculum that illustrate real-world implementation scenarios. • To enhance the quality and accuracy of feedback, it is crucial for mentors to personally review the work rather than delegating it to junior staff or master students. • Suggest practical training sessions that will simulate the challenges faced during the execution of health policies.
Plan for the next week	• Will submit my compiled work in academic section for further formality and certification.

Signature of the Student

Reporting Format(Weekly)

Name of the Organisation: National Institute of Health and Family Welfare

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no: 1723 Stream: MBA Hospital and Health Management

Week no: 9 From: …: 24th June 2024…to 28th June 2024

Activity Done	• Visited Ayushman Arogya Mandir Barikhad and Ayushman Arogya Mandir Smailpur after obtaining permission from my mentor • Conducted interaction with the personnel at both the centres to gather information about day-to-day operations and challenges. • Gained insights into the functioning of the Health and Wellness centre through these interactions. • Had an in depth discussion with my mentor regarding the operations and findings from my visit & also gained insights about NIHFW. • Submitted my final report to the academic section officer and received the completion certificate.
Linking theory (Classroom learning) with practice at your organisation	• 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".
Gaps identified on the working area.	• Despite the guideline by the Government about Ayushman Bharat Health and Wellness Centres the medical officer , ASHA were often absent which negatively affected patient care. • The centres were not consistently open , particularly on weekends, leading to patient struggling with their problems . • A major gap identified was the absences of multilingual information poster about services, disease and helpline numbers. This lead to significant difficulties for rural area residents, many of whom do not understand English , in accessing and comprehending essential health information. • A gap between theoretical policy formulation and practical implementation challenges was noted.
Suggestions for improvement	• Implement a strict schedule and accountability for medical officers and ASHA workers to ensure their presence during operational hours, including weekends. • Establish regular audits and monitoring processes to identify and address operational issues promptly. • Develop and distribute informational posters and materials in

	multiple languages as per locality needs to ensure community education regarding services. • After overall observation it is important to incorporate case study to get grass root level information which is missing leading to less information on various topics.
Plan for the next week	• NOT APPLICABLE

Signature of the Student

Compiled Reporting Format

Name of the Organization: NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

Area/ Department/ Project of Summer Internship Program: Department of Medical Care and Hospital Administration

Name of the Student: JYOTSNA

Roll no:1723 Stream: MBA in Hospital and Health Management

Activity Done	• I met with my mentor, Dr. Manish Chaturvedi, who is the Acting Professor and Head of the Department. During our meeting, my mentor recommended the guidelines and policies for the Ayushman Bharat Health and Wellness Center as valuable resources for my research paper. Additionally, I learned about the training for Community Health Officers (CHO) in health and wellness centers. Lastly, I also had the opportunity to visit the campus . • This week, we shifted our focus to quality assessment under the guidance of Dr. Manish Chaturvedi. I delved into the quality monitoring of Health and Wellness Centers, which is a crucial component of the Ayushman Bharat Scheme. My research extended to understanding universal health coverage and its global importance. Additionally, I explored the operational framework of Community Health Officers, including their qualities, roles, and responsibilities. • I've been focusing on various aspects related to National Quality Assurance Standards and AB-HWC. I received valuable guidance from my mentor and studied a booklet on universal health coverage from KPMG 2019. I've explored the challenges faced in different areas and read an article on infrastructure assessment. I also visited the Mother-Child Facilitation Center and gained insights from project manager Sharad Sachdev about data collection by 86 agents and 2 medical officers present. Additionally, I learned about the multilingual system functioning in 22 states, with women assigned for comfort during interactions. • I recently attended a 2-day stakeholder meeting at the National Institute of Health and Family Welfare (NIHFW) in New Delhi. The meeting was convened after 20 years to revise the course modules of distance learning programs. During the meeting, I had the opportunity to meet and discuss the importance of updating the curriculum with key stakeholders, including Dr.

	Dheeraj Shah, Director of NIHFW, 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. • Additionally, I had the chance to engage with healthcare experts and participate in discussions about practical aspects of healthcare education. I was involved in revising the "Health and Family Welfare" module, Theme 1, under the guidance of Dr. Shiv Chandra Mathur, a Public Health Specialist working as an Independent Consultant & Pediatrician at SMS Hospital in Jaipur. I also had the privilege of conversing with Dr. Sanjeev Kumar, who shared his extensive experience from working with UNICEF across 22 countries, as well as his insights as the former director of IHMR, New Delhi, and the former executive director at NHSRC. • During the meeting, I took part in group presentations for each distance learning course and documented all the changes and suggestions recommended by stakeholders. This experience provided me with valuable insights into conducting official meetings and introduced me to renowned individuals in the public healthcare field, enhancing my understanding of the healthcare sector. Furthermore, I continued reading articles and annual reports by NHSRC for my review paper. • Centre for Health Informatics (CHI) Visit, under MOHFW: • After being briefed by Kanika Singhal, an AI expert, I received an overview of CHI's role and objectives. I learned about some active programs under CHI such as PMSMA, PMNDP, PM Gatishakti, and portals of human remains. We discussed the data flow process from the grassroots to the national level and explored various CHI portals, emphasizing the necessity for interconnectivity among 69 portals across 20 divisions. We addressed challenges such as data breaches and state-level incoordination. Additionally, they showed us the portals of PMSMA and PMNDP from both the facilities side and the state side. • National Skills Lab: DAKSH • We was briefed by Dr. Geetanjali and introduced to the lab's objectives, which are to provide quality RMNCHA services. The lab was established in 2015 under the Maternal Health Division of MOHFW. During my visit, I witnessed training sessions where trainees practiced 35 basic skills over six days using mannequins. The lab comprises four skill stations and one labor room. • LMIS:Saksham • We met with Dr. Pushpanjali Swain, the Nodal officer of Project Saksham, and Dr. DK Yadav, the Assistant Nodal officer of the

	project. During the meeting, I learned about the three main objectives of the LMIS Saksham project, which was launched by the Ministry of Health and Family Welfare (MOHFW). I also took note of Saksham's presentation at the G20 Summit India 2023, where it was presented as a digital public good for Indo-Pacific countries to support their capacity building under India's Quad Presidency. • National Cold Chain & Vaccine Management Resource Centre (NCCVMRC) Visit: • we visited the NCCVMRC, located in NIHFW, and its operations are overseen by the Immunisation division of MOHFW. During my visit, I learned about the center's crucial role in supporting the country's immunization supply chain. I gained valuable insights into the capacity building of program managers and their training process. Additionally, I was briefed on the storage and transportation processes of vaccines and introduced to the WIF and WIC refrigerators and enclosures. It was also mentioned that all the equipment at the center was provided by UNICEF. • I conducted a literature review and drafted the introduction and background for the report titled "Ensuring Excellence: A Deep Dive into Quality Monitoring of Health and Wellness Centers." I created a timeline showcasing the evolution of Health and Wellness Centers, tracing how GPHCF evolved into HWCs. I also attended an orientation session on DLC and received a briefing from Dr. Dutta, who serves as an advisor. Additionally, I met with my mentor, Dr. Manish Chaturvedi, who advised me to identify all outcome indicators necessary for assessing the quality of health and wellness. • I have conducted a comprehensive literature review on the Health and Wellness Centre and India's status before its implementation. I also analyzed the evolution of Ayushman Bharat from policy to implementation. Furthermore, I reviewed the two components of Ayushman Bharat: Health and Wellness Centres and the PM-JAY scheme, and assessed the positive impacts and challenges faced during the implementation of Ayushman Bharat: Health and Wellness Centres. I have completed writing my review paper on Ayushman Bharat: Health and Wellness Centre, and it is now ready for submission to my mentor. • I ensured that I compiled all the data and research findings I had gathered over the past few weeks for my review paper. After that, I submitted the compiled review paper to my mentor, who provided feedback specifically on the introduction and background sections. I made the necessary changes based on my mentor's feedback, and then resubmitted the revised review paper. Finally, I obtained all the necessary signatures required

	for the review paper. • I visited Ayushman Arogya Mandir Barikhad and Ayushman Arogya Mandir Smailpur after obtaining permission from my mentor. I conducted interactions with the personnel at both the centers to gather information about day-to-day operations and challenges. • Through these interactions, I gained insights into the functioning of the Health and Wellness Center. I had an in-depth discussion with my mentor regarding the operations and findings from my visit, and also gained insights about NIHFW. Finally, I submitted my final report to the academic section officer and received the completion certificate.
Linking theory (Classroom learning) with practice at your organization	• We will focus on understanding how these concepts apply to the Ayushman Bharat Health and Wellness Centre within the Healthcare Delivery System module. • This research is closely connected to the components of the Ayushman Bharat Health and Wellness Center, especially the Health Policy and Healthcare Delivery System module. This module forms the basis for analyzing the practical aspects of the Ayushman Bharat Scheme, with a specific focus on the Health and Wellness Centers. • The stakeholder meeting at the National Institute of Health and Family Welfare is in line with the "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 "Principles of Management" module. • The CHI and LMIS project pertains to the Digital Health module, providing comprehensive knowledge of health informatics and emphasizing the critical importance of data privacy and security. The NCCVMRC project is associated with the Essentials of Hospital Services module, focusing on supply chain logistics and vaccine management within healthcare settings. Furthermore, the Skills Lab DAKSH project aligns with the National Health Programs module, offering insights into the RMNCHA program and underscoring the pivotal role of DAKSH training in enhancing the quality of RMNCHA services. • Research on AB-HWC and Ayushman Bharat is connected to classroom modules on Health Policy and Healthcare Delivery System.

	• The orientation on DLC provided practical insights into managerial skills essential for public health administration, linking back to Principles of Management, a key area of study in the first year. • The research on Universal Health Coverage and Ayushman Bharat, including its two components, is associated with the module on 'Health Policy and Healthcare Delivery System. Additionally ,I applied the principles of academic research that I learned in the 'Research Methods' module to the process of writing my review paper.
Gaps identified in the working area.	• Observed a lack of practical examples in classroom modules that reflect ground realities. • While I gained knowledge from the teacher's point of view during the lecture, delving into the work and exploring the program dashboard gave me insights into how the program works. • 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.. • gaps identified 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. • Key challenges identified: - Data security and state-level coordination in CHI - Limited practical experience due to reliance on mannequins in the skills lab - Language barriers and limited app accessibility in LMIS SAKSHAM. The app currently operates in only two languages: English and Hindi. - The equipment and technology used for vaccine storage and transportation may require upgrades to meet the latest standards and ensure maximum efficacy in NCCVMRC. • Implementation challenges encountered in health and wellness centers while implementing the scheme and the necessary steps to address them. • The presence of a communication gap between mentors and mentees within our organization, leading to confusion, lack of clear vision, and causing delays in the completion of review papers, resulting in time lost.

	• A gap between theoretical policy formulation and practical implementation challenges was noted. • Discrepancies in the expected versus actual outcomes of health programs were observed. • There was a noted gap between theoretical policy formulation and practical implementation challenges. • When my mentor identified a significant gap in the review process, they delegated the review of my paper to a Master's student instead of conducting the review personally. This led to a potential oversight in quality assurance and a barrier in publication. • The high expectations from faculty and department heads at prestigious public health institutions like NIHFW added pressure, as they expected students to be well-prepared and knowledgeable in academic writing tasks such as review paper composition. • Despite the guidelines set by the government for the Ayushman Bharat Health and Wellness Centers, the medical officers and ASHA workers were often absent, which negatively affected patient care. Additionally, the centers were not consistently open, especially on weekends, leading to patients struggling to access the needed care. • A major gap was identified in the absence of multilingual information posters about services, diseases, and helpline numbers. This led to significant difficulties for rural area residents, many of whom do not understand English, in accessing and comprehending essential health information. Another gap was noted between theoretical policy formulation and practical implementation challenges.
Suggestions for improvement	• I propose incorporating the implementation of Ayushman Bharat Health and Wellness Centres into the curriculum to provide a comprehensive understanding of public health at the grassroots level. Gaining practical knowledge is essential, and reliance on the limited information provided in lectures is insufficient. It is crucial to examine the operational dynamics and success factors of the National Health Program to foster a deeper and more impactful understanding. • A strong foundation in practical knowledge is essential for understanding public health at the grassroots level. Therefore, it is recommended to integrate case studies on the implementation of health policies into classroom learning. • To enhance practical learning, I propose integrating more case studies and real-world scenarios into the curriculum. Furthermore, establishing a robust feedback loop involving alumni and current students is essential to identify and address areas of the curriculum that require updates, ensuring it remains relevant, dynamic, and effective.

	• I recommend implementing a more centralized coordination system in CHI to enhance data sharing and coordination. Additionally, incorporating virtual reality simulations in the skills lab would provide more realistic training scenarios. It is also imperative for LMIS Saksham to expedite the process of making the app multilingual to cater to a diverse user base. Furthermore, fostering innovation in cold chain management by supporting research into new technologies and methods for vaccine preservation is crucial for improving overall efficiency and effectiveness. • Establish a structured mentorship program with defined goals, scheduled meetings, and feedback channels to provide interns with consistent support. Develop a written plan at the beginning of the internship outlining the research topics and objectives. Additionally, foster a research-oriented atmosphere where interns can actively contribute to existing projects, thereby promoting innovation and learning. • I propose conducting practical training sessions to simulate the challenges encountered in health policy execution. Additionally, integrating case studies into the curriculum is recommended to demonstrate real-world implementation scenarios effectively. • Mentors should personally review work to improve the quality and accuracy of feedback, rather than delegating this task to junior staff or master's students. • Enforce a strict schedule and ensure that medical officers and ASHA workers are accountable and present during operational hours, including weekends. Implement regular audits and monitoring processes to quickly identify and resolve operational issues. Also, develop and distribute informational posters and materials in multiple languages tailored to local needs to effectively educate the community about available services. Conduct comprehensive case studies to gather critical grassroots-level information and address significant knowledge gaps on various topics..

Signature of the Student

Approved by the IIHMR University's Mentor