SUMMER INTERNSHIP PROGRAM

At

ERNST AND YOUNG, NEW DELHI

From 1st May 2024 to June 30th, 2024

A REPORT BY

IPSITA PANIGRAHI

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Dhirendra Kumar

IIHMR UNIVERSITY

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Internship Certificate

02-Jul-2024

Dear Ipsita,

This is to confirm the successful completion of Ipsita Panigrahi's internship with us from 01-May-2024 to 30-Jun-2024.

During the internship period, Ipsita worked on the project titled, Healthcare projects , and was assigned to the SAT - TCF - LEAD ADVISORY-PROJECT FINANCE function in SaT.

She showed willingness to expand her knowledge and worked enthusiastically on the project.

We wish Ipsita continued success in her academic pursuits and professional journey.

Warm Regards,

Anand Parab
Authorised Signatory

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Ipsita Panigrahi** of the academic year **2023-25** of the School of **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during May-June 2024.

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

Date:

(Signature of Faculty Mentor)

Name: Dr. Dhirendra Kumar

Designation: Professor

Detailed Landscape Assessment of Asia Pacific Region and proposed DMC's- Bangladesh, Uzbekistan, Kazakhstan, Vietnam and Indonesia for PHC Level Management of NCD's.

Name – Ipsita Panigrahi **Roll No. – 1718 [MBA-HM 28]** **Faculty Mentor – Dr. Dhirendra Kumar** **Organisation Mentor – Dr. Kanchan Dua**

ORGANIZATION AND SUMMER INTERNSHIP EXPERIENCE

BACKGROUND AND HISTORY

Ernst & Youngis a British international professional services partnership headquartered in London, England. It is recognised as one of the Big Four accounting firms. The corporation was formed in 1989..

More than **700+** offices across **150+** countries.

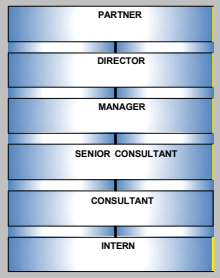
In 1989, Ernst & Whinney and Arthur Young & Co. merged to establish a partnership.

Fortune magazine's ranking of the 100 Best Companies to Work over the last 25 years.

EY IN HEALTHCARE

- **A** Digital Strategy & Policy
- **B** Health Financing
- **C** Health Systems Strengthening
- **D** Operational Transformation
- **E** Healthcare ICT and Integration

ORGANISATION STRUCTURE



VISION & MISSION

Vision

To build a better working world.

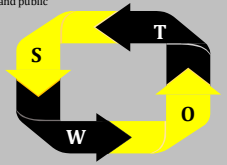
Mission

Revolves around helping clients achieve their potential by delivering exceptional service and solutions. They focus on providing insights and quality services promote trust and confidence in global capital markets and economies.

SWOT ANALYSIS

STRENGTHS
- Strong multidisciplinary healthcare sector workforce
- Clients spanning in both private and public

THREATS
- Intense competition from other consulting firms.
- Frequent shifts in the healthcare regulations



WEAKNESS
- Lack of Inter-Sectoral Coordination
- Lack of Investment in R&D
- Resource constraints

OPPORTUNITIES
- Increased demand for healthcare consultancy
- Constant advancements in the healthcare landscape

USEFULNESS OF INTERNSHIP

- Learnt to approach unstructured problems
- Firsthand learning of internship
- Networking
- Exploring healthcare as a career path with their roles and responsibilities
- Invaluable work Experience.
- Exploring healthcare as career path with their roles and responsibilities
- Skill development

CHALLENGES FACED

- Lack of prior experience in consulting industry.
- Limited mentor and team interaction.
- Limited client interaction.
- Adapting to the fast-paced environment in terms of project demands and deadlines, work culture.
- Time management and lack of regular feedback.

LEARNING AND VALUE ADDITION

PROJECT OVERVIEW

Background

Prevention and control is the primary strategy to reduce the prevalence of NCDs. An effective management of NCD can be undertaken through ***strengthening precautionary measures*** screening, treatment, and increasing access to health care through PHCs delineating a high impact on health outcomes. This study will facilitate the understanding of components of NCDs, evaluation of current scenario in selected DMCs, identification of best practices and formulation of policy briefs with recommendations to improve the health outcomes.

Objectives

- To strengthen integrated primary health care management of NCDs in the selected developing member countries.
- To increase knowledge of best practices and capacity and support in implementation to enhance PHC level, NCD management.
- To formulate actionable recommendations, policies and outline strategies for improving PHC level NCD management along with support to DMC in policy implementation

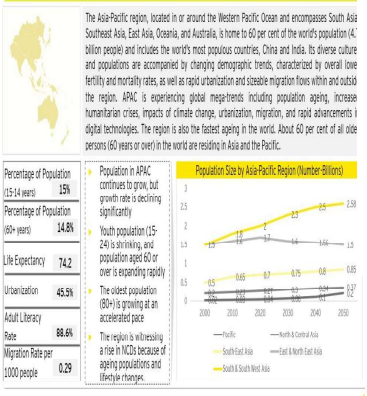
Overall underlying gender inequalities in health care access and community level approaches to screening detection and follow ups to be assessed

Overview of current NCD scenario in the region

- ✓ The 3 major NCDs in the Asia Pacific region are **CVDs, Cancer and Diabetes** due to the increasing loss of disability adjusted life years (DALYs)
- ✓ The 4 major behavioural risk factors for NCDs are: tobacco use, alcohol consumption, inadequate physical activity and unhealthy diet

1. Cardiovascular disease (CVD) is the leading cause of NCD deaths in Asia-Pacific, although highly preventable. CVD was the cause of an estimated 9.85 million deaths in SEARO and WPRO and accounted for 45% of all NCD deaths in 2019 in these regions. Ischaemic heart diseases and stroke were the two major causes of death in Asia Pacific in 2019, accounting for 25.4% of total deaths in South-East Asia and 34.5% of all deaths in the Western Pacific region
2. Cancer is the second leading cause of NCD deaths in the Asia-Pacific region. Cancer was the cause of an estimated 5 million deaths (or 24% of total NCD deaths) in Asia-Pacific in 2019. Lung cancer was the leading type of cancer accounting for 20.7%. 17.9%, and 13.5% of all cancer deaths in high, upper-middle, and lower-middle- and low-income countries and territories in 2019, respectively
3. Diabetes is the third leading cause of NCD deaths in Asia-Pacific. About 227 million people live with Type 2 Diabetes and about half of them are undiagnosed and unaware of developing long-term complications. Amongst lower-middle- and low-income Asia-Pacific countries and territories, deaths attributable to high blood glucose increased by 14% between 2000 and 2019

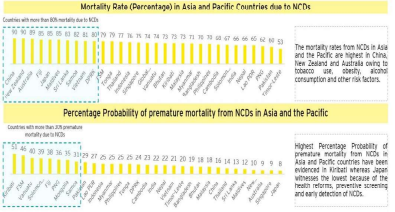
Demographic Profile - Asia Pacific



Overview of current NCD scenario in the region

80% Mortality rate attributed to NCDs

Populations across the region are getting older and sicker. By 2025, 460 million individuals will be over 65 years of age. At the same time, an estimated 265 million people will be diagnosed with diabetes, and 250 million over the age of 18 are expected to be obese. All these factors will necessitate a shift from acute care services to chronic care management.



KEY LEARNINGS

- Professional behaviour
- Effective communication.
- Secondary Research , Data Compilation , Data Analysis.
- Being a Solution and Action Oriented
- Positive attitude and enthusiasm with the chance to grow

SUGGESTIONS

- Strengthen internal communication processes.
- Provide regular feedbacks for performance monitoring to understand the expectations better.
- The layout of the Project should be discussed in brief, for acknowledgement of the work to be processed.

PRACTICAL EXPOSURE

Brainstorming to find Real-time solutions Enhances Problem Solving Skills

THEORETICAL UNDERSTANDING

Theoretical and Conceptual Knowledge Comprehensive understanding of policies/health systems

Week no: 1

From: 1st May to 5th May 2024

Activity Done	Joining week essentially included introduction to the team followed by familiarizing with the project and relevant jargons. Briefing about the key tasks to be performed and team meetings to understand the objective of the project.
Linking theory (Classroom learning) with practice at your organisation	Strategic Management and Policy Implementation, research methodology Healthcare Management and Operations Marketing and Public Health Campaigns Financial Management in Healthcare have been relevant.
Gaps identified on the working area.	**No major concerns have been identified yet.** However, due to work-from-home format it is slightly difficult to establish a personal connect with the organization mentor.
Suggestions for improvement	Collaboration platforms for file sharing and project management.
Plan for the next week	The next step is to do the secondary research on the project - **DETAILED LANDSCAPE ASSESMENT OF ASIA – PACIFIC REGION AND PROPOSED DMCs- BANGLADESH, UZBEKISTAN, KAZAKHSTAN, VIETNAM, AND INDONESIA FOR PHC-LEVEL MANAGEMENT OF NCDs**

WEEK 2

From: 6th to 12th May 2024

Activity Done	In the productive week , went to the EY Office in Aerocity New Delhi met with other team members – Senior Associate and Associate (Strategy and Transaction) got hang on to the work as well the project and was still working on the secondary research of the project also worked on the table of content for Asia Pacific Region – Demographic profile Health Key Indicators Overview of current NCDs scenario in the asia pacific region for Cancer, Cardiovascular Diseases, Diabetes
Linking theory (Classroom learning) with practice at your organisation	▪ Application of Demographic and Health Data in Business Strategy ▪ Health Economics and Policy ▪ Market Analysis and Business Development ▪ Corporate Social Responsibility (CSR) and Healthcare Initiatives ▪ Strategic Planning and Decision Making in the Healthcare Sector
Gaps identified on the working area.	• **Data Inconsistencies**: Lack of standardized data collection methods across Asia Pacific countries hinders accurate comparison and trend analysis of health indicators. • **Healthcare Infrastructure Disparities**: Unequal distribution of healthcare facilities and resources leads to varying access to prevention, treatment, and management of NCDs. • **Limited Public Awareness**: Insufficient health education programs result in low awareness among populations regarding risk factors and early symptoms of major NCDs. • **Policy Fragmentation**: Inconsistent health policies and regulations among countries impede regional collaboration and coordinated efforts for NCD prevention and control. • **Financial Constraints**: Funding gaps in healthcare budgets limit investment in NCD prevention programs, diagnostics, and treatment facilities. • **Healthcare Workforce Shortage**: Shortage of trained healthcare professionals specialized in managing NCDs poses a challenge in delivering quality care across the region. • **Impact of Demographic Shifts**: Rapid urbanization and aging populations in some countries exacerbate the burden of NCDs, requiring targeted interventions and healthcare adaptations.

Suggestions for improvement	• **Standardize Data Collection**: Implement uniform data collection methods and reporting standards across Asia Pacific countries to enhance the accuracy and comparability of health indicators. • **Improve Healthcare Infrastructure**: Invest in equitable distribution of healthcare facilities and resources, focusing on underserved and rural areas to ensure comprehensive access to NCD prevention, treatment, and management. • **Enhance Public Awareness**: Launch widespread health education campaigns to raise awareness about risk factors and early symptoms of NCDs, promoting proactive health-seeking behaviours. • **Harmonize Health Policies**: Foster regional collaboration to develop consistent health policies and regulations, facilitating coordinated efforts in NCD prevention and control. • **Increase Healthcare Funding:** Allocate more resources to healthcare budgets specifically for NCD prevention programs, diagnostics, and treatment infrastructure to address financial constraints. • **Expand Healthcare Workforce**: Strengthen healthcare workforce capacity by training more professionals specialized in NCD management and ensuring their deployment in critical areas. • **Adapt to Demographic Shifts:** Develop targeted healthcare interventions and infrastructure adjustments to address the challenges posed by rapid urbanization and aging populations, mitigating the increased burden of NCDs.
Plan for the next week	The next step is to find relevant information about multilateral agency funding for asia pacific region.

WEEK 3

From: 13th to 19th May 2024

Activity Done	Worked on Multilateral agency funding , Innovative financing mechanism in healthcare for asia pacific region which involves Multilateral agency Funding in healthcare system. Worked on national plans/initiatives and policies in Bangladesh related to NCD management Objectives, Vision, Progress, Current status of Implementation and Impact- policies specific to NCDS - hypertension, CVD, Diabetes, Cancer
Linking theory (Classroom learning) with practice at your organisation	**Strategic Management** -Case Studies on Policy Implementation, SWOT Analysis **Economics and Policy** -Economic Impact of NCDs Policy, Analysis **Project Management**-Project Planning and Implementation, Risk Management **Finance** - Healthcare Financing Models ,Investment Analysis **Marketing and Communication-** Health Campaigns ,Stakeholder Engagement
Gaps identified on the working area.	**Coordination Gaps**: Lack of coordination among stakeholders in healthcare policy implementation, leading to fragmented efforts. **Financial Sustainability**: Insufficient long-term funding and challenges in scaling successful pilot projects for broader impact. **Data Deficiency**: Limited availability of comprehensive data to inform policy-making and measure impact effectively. **Preventive Measures**: Inadequate focus on preventive healthcare and early intervention strategies for NCDs. **Community Engagement**: Insufficient engagement and education of communities on NCD prevention and management.

	□ **Capacity Building**: Lack of capacity building and training programs for healthcare providers to effectively manage NCDs. □ Communication **Strategies**: Ineffective communication and marketing strategies for public health campaigns targeting NCDs. □ Financial **Transparency**: Challenges in maintaining financial transparency and accountability in healthcare financing mechanisms
Suggestions for improvement	□ Enhanced **Coordination**: Establish multi-stakeholder task forces and regular coordination meetings to align efforts and ensure integrated healthcare policy implementation. □ **Financial Strategies**: Develop sustainable funding models, including public-private partnerships and diversified funding sources, to support long-term healthcare initiatives. □ **Data Systems**: Invest in robust health information systems to collect and analyze comprehensive data for informed decision-making and impact assessment. □ **Preventive Focus**: Prioritize preventive healthcare through widespread awareness campaigns, routine screenings, and early intervention programs for NCDs. □ **Community Involvement**: Engage communities through targeted education and outreach programs to increase awareness and participation in NCD prevention and management. □ **Training Programs**: Implement continuous professional development and training programs for healthcare providers to enhance their capacity in NCD management. □ **Effective Communication**: Develop and deploy strategic communication plans using digital platforms and tailored messaging to improve public health campaign effectiveness. □ **Financial Transparency**: Strengthen financial governance frameworks and regular audits to ensure transparency and accountability in healthcare financing.
Plan for the next week	**N**ational plans and Initiatives for NCD management in Vietnam.

WEEK 4

From: 20th to 26th May 2024

Activity Done	In a productive week ,the team held a series of meetings to tackle the week's key task , coordinated with the team members to ensure alignment on the project process worked on National plan and Initiative for NCD management in Vietnam. • National strategy on prevention and control of NCDs of Vietnam includes Diabetes ,Hypertension, Nutrition. Worked on Bukhara Regional Multiprofile Medical centre which is a major healthcare facility in Bukhara ,Uzbekistan Did a research on – Bukhara Multiprofile Medical Centre including – Speciality offered Most advanced medical technologies , Diagnostics Equipment, Impact , Length of stay for patient, International collaboration, Treatment option available.
Linking theory (Classroom learning) with practice at your organisation	Healthcare strategies, healthcare policy: Guest Lectures, Field Visits, Research Projects Research and Data Analysis: Research methodologies, data analysis, healthcare analytics. International business, cross-cultural management, global health initiatives – Simulations, Group Discussions, Guest Speakers
Gaps identified on the working area.	**Identified Gaps:** **Accessibility:** There may be challenges related to the accessibility of services for rural populations. **Healthcare Workforce**: Potential shortages in specialized healthcare professionals and the need for ongoing training and development. **Infrastructure:** Need for continuous upgrades to infrastructure to keep pace with technological advancements. **Funding:** Securing consistent and adequate funding for the procurement of advanced medical technologies and equipment. **Patient Awareness:** Enhancing patient awareness and education about the available medical services and treatment options. **Integration of Services**: Better integration of different healthcare services to provide a seamless patient experience.

	Data Management: Improving data management systems for better patient record-keeping and utilization of health data for research and policy-making. **Community Outreach**: Strengthening community outreach programs to promote preventive care and early diagnosis of diseases.
Suggestions for improvement	Accessibility: **Telemedicine Expansion**: Implement and expand telemedicine services to reach rural populations, ensuring they have access to consultations and follow-ups without the need for extensive travel. **Mobile Health Clinics**: Deploy mobile health clinics equipped with essential diagnostic and treatment facilities to serve remote areas on a rotational basis. Healthcare Workforce: **Incentivize Rural Practice**: Provide financial incentives, housing, and career development opportunities to attract and retain specialized healthcare professionals in rural areas. **Continuous Education and Training:** Establish ongoing training programs, including online courses and workshops, to ensure healthcare professionals stay updated with the latest medical advancements and practices. Infrastructure: **Investment in Modern Facilities:** Allocate funds for the construction and renovation of healthcare facilities, ensuring they are equipped with the latest technology and infrastructure. **Technology Integration**: Upgrade existing infrastructure to support the integration of advanced medical technologies like electronic health records (EHRs) and telemedicine platforms. Funding: **Diversified Funding Sources:** Explore multiple funding sources, including government grants, private investments, and public-private partnerships, to ensure a steady flow of financial resources.

	Efficient Resource Allocation: Implement transparent and efficient budgeting processes to ensure funds are allocated effectively, prioritizing critical areas such as advanced medical technology procurement and infrastructure upgrades. Patient Awareness: **Health Education Campaigns**: Launch widespread health education campaigns using various media channels to inform patients about available services, treatment options, and the importance of preventive care. **Community Health Workshops**: Organize community workshops and seminars to engage directly with the population, addressing their specific health concerns and questions. Integration of Services: **Coordinated Care Models**: Develop and implement coordinated care models that ensure seamless integration of various healthcare services, from primary care to specialized treatments. **Interdisciplinary Teams:** Form interdisciplinary healthcare teams to provide holistic care to patients, ensuring collaboration among different specialists. Data Management: **Advanced Data Systems:** Invest in robust data management systems that allow for efficient patient record-keeping, secure data storage, and easy access to health information for both patients and healthcare providers. **Data Analytics for Policy Making**: Utilize health data analytics to inform research, improve clinical outcomes, and guide health policy decisions, ensuring data-driven approaches to healthcare management. Community Outreach: **Preventive Care Programs:** Strengthen community outreach programs focused on preventive care, such as vaccination drives, health screenings, and education on healthy lifestyles. **Early Diagnosis Initiatives:** Promote initiatives aimed at early diagnosis of diseases through regular health check-ups

	and awareness campaigns about common symptoms and risk factors. .
Plan for the next week	Work on the secondary data also to work on the report structure.

WEEK 5

From: 27th to 2nd June 2024

Activity Done	In a productive week ,the team held a series of meetings to tackle the week's key task , coordinated with the team members to ensure alignment on the project process worked on the eligibility requirement for giving and taking CSR(Corporate social Responsibility) funding in terms of which category of organization can avail CSR fundings. Worked on ADB and its focus areas of work with several countries in health sector.
Linking theory (Classroom learning) with practice at your organisation	Project Management and Strategic Planning • Organizational Behaviour • *Business Ethics and Social Responsibility* • Health Economics
Gaps identified on the working area.	**Identified Gaps:** **CSR Eligibility Criteria Clarity**: There is a need for more precise and detailed criteria regarding which categories of organizations can avail CSR funding to avoid ambiguity and ensure compliance. **Improved Coordination**: Enhanced communication and coordination mechanisms among team members are necessary to ensure better alignment and efficient progress tracking on the project. **Comprehensive ADB Analysis**: A deeper and more comprehensive understanding of the Asian Development Bank's (ADB) health sector projects and initiatives in various countries is required. **Documentation and Reporting**: Improved documentation and reporting processes for the meetings and project progress to enhance transparency and accountability.

	Training and Capacity Building: Providing additional training and capacity-building opportunities for team members to ensure they are well-equipped to handle the complexities **Feedback Mechanism**: Establishing a robust feedback mechanism to continuously assess and improve the CSR funding process and project alignment with ADB's health sector goals.
Suggestions for improvement	**1. Refining CSR Eligibility Criteria:** • **Develop a Points System:** Create a point system based on factors like the organization's impact, target population, and alignment with ADB health goals. Organizations exceeding a certain threshold qualify for funding. • **Partner with Experts:** Involve NGOs or development specialists to help define clear eligibility categories. • **Publish Detailed Guidelines:** Publish detailed eligibility guidelines outlining the application process, required documents, and selection criteria. **2. Enhancing Coordination:** • **Develop a Communication Plan:** Establish a communication plan outlining communication channels, meeting frequency, and information sharing protocols. • **Utilize Collaboration Tools:** Implement project management software to track tasks, deadlines, and progress in a shared workspace. • **Regular Team Meetings:** Hold regular team meetings to discuss progress, address issues, and ensure everyone is on the same page. **3. Deepening ADB Project Understanding:** • **Organize Training Sessions:** Organize training sessions with ADB representatives to gain deeper understanding of their health sector initiatives. • **Conduct Country-Specific Research:** Research specific health priorities and ADB projects in countries targeted for CSR funding. • **Develop Project Alignment Matrix:** Create a matrix aligning your CSR goals with relevant ADB health projects in target countries.

	4. Strengthening Documentation and Reporting: • **Standardize Meeting Minutes:** Develop a standardized format for meeting minutes, including action items and deadlines. • **Utilize Reporting Templates:** Create reporting templates for project progress updates, ensuring consistent data collection. • **Develop a Knowledge Repository:** Establish a central repository to store meeting minutes, reports, and other project documents. **5. Fostering Training and Capacity Building:** • **Conduct Needs Assessment:** Assess the team's current knowledge and skills to identify specific training needs. • **Provide CSR-Specific Training:** Offer workshops on CSR best practices, impact assessment, and donor compliance. • **Encourage Skill Development:** Support team members attending relevant conferences and workshops to enhance their expertise. **6. Implementing a Feedback Mechanism:** • **Develop Feedback Surveys:** Create surveys for stakeholders (organizations, team members) to gather feedback on the CSR process. • **Host Open Forums:** Organize open forums for team members and partner organizations to share feedback and suggestions. • **Establish a Feedback Review Process:** Develop a process to review feedback, identify improvement areas, and implement changes.
Plan for the next week	

WEEK 6

From: 3rd June to 9th June 2024

Activity Done	In a productive week ,the team held meetings to tackle the week's key task , coordinated with the team members to ensure alignment on the project process

	Worked on ADB and its focus areas of work with several countries in health sector and the countries which have worked on which focus areas. Worked on Mental Health Related and health digital technology related vision and Priorities of Bangladesh-Recommendation and Future Direction.
Linking theory (Classroom learning) with practice at your organisation	• Project Management and Team Coordination • International Business and Health Sector Focus • Sector-Specific Strategies and Policies • Health Economics • Cross-Cultural and Regional Understanding
Gaps identified on the working area.	**Identified Gaps:** **Details of Key Tasks:** • There is a lack of specific information about what the key tasks were that the team tackled during the meetings. **Meeting Outcomes:** • The outcomes or decisions made during the meetings are not mentioned, which makes it unclear what was achieved. **Team Coordination Strategies:** • Specific methods or tools used to ensure alignment among team members on the project process are not detailed. **Countries and Focus Areas:** • The specific countries that ADB worked with in the health sector and their respective focus areas are not listed, which would provide a clearer picture of the scope and impact. **Recommendations for Bangladesh:** • Specific recommendations made for mental health and digital health technology in Bangladesh are not provided. **Future Directions:** • The future directions identified for mental health and digital technology initiatives in Bangladesh are not detailed. **Stakeholder Involvement:** • Information on which stakeholders were involved in the discussions about mental health and digital technology in Bangladesh is not mentioned.

Suggestions for improvement	**Details of Key Tasks:** Provide a clear list of the key tasks tackled during the meetings. For example, outline specific agenda items, discussion topics, and any critical issues addressed. **Meeting Outcomes:** Summarize the outcomes or decisions made in each meeting. Highlight any significant agreements, action items, and next steps decided by the team. **Team Coordination Strategies:** Describe the methods and tools used for coordination. This could include regular check-ins, project management , communication platforms and any collaborative techniques employed. **Countries and Focus Areas:** List the countries ADB worked with in the health sector and specify their focus areas. Provide brief descriptions of the initiatives or projects in each country to illustrate the scope and impact. **Recommendations for Bangladesh:** Outline the specific recommendations made for improving mental health and digital health technology in Bangladesh. Provide context for each recommendation and explain how they were derived from the team's analysis or discussions. **Future Directions:** Detail the future directions identified for mental health and digital technology initiatives in Bangladesh. Explain the rationale behind these directions and any planned steps to achieve them. **Stakeholder Involvement:** Identify the stakeholders involved in the discussions about mental health and digital technology in Bangladesh. Describe

	their roles, contributions, and how their input influenced the recommendations and future directions.
Plan for the next week	

WEEK 7

From: 10th June to 16th June 2024

Activity Done	After meetings to tackle the week's key task , coordinated with the team members to ensure alignment on the project process worked on the data received by the client on the PHC checklist of Vietnam .Worked on the data and created an organised excel sheet of availability of services according to each district of Vietnam such as ▪ Awareness campaigns/programs on NCD's ▪ Nutrition and diet counselling ▪ Tobacco cessation program ▪ Program to promote physical activity ▪ Immunization services ▪ Antetal care to reduce risk of NCD in pregnant women for each district of Vietnam and many more.
Linking theory (Classroom learning) with practice at your organisation	▪ **Project Management**: Discuss the coordination and collaboration techniques used to ensure alignment among team members. ▪ **Data Analysis and Organization**: Handled the data received from the client, emphasizing the skills needed to analyse and organize data effectively. ▪ **Strategic Planning**: The categorization of services and the focus on district-level data demonstrate strategic thinking and resource allocation. Relate this to lessons on strategic planning and resource management. ▪ **Public Health and NCD Prevention** ▪ **Project Management**
Gaps identified on the working area.	▪ **Review the Data**: Examine the Excel sheet to understand the current availability of services across different districts. ▪ **Benchmarking**: Compare the availability of services in each district against national or international standards for healthcare services. ▪ **Identify Missing Services**: Look for districts where certain services are absent or insufficient.

	▪ **Awareness Campaigns/Programs on NCDs**: Identify districts with lower levels of public engagement or awareness. ▪ **Absence of Tobacco Cessation Programs in High Usage Areas:** Districts with high tobacco usage but no cessation programs may struggle to reduce smoking rates and related health issues. ▪ **Insufficient Antenatal Care in Certain Districts:** Districts with high pregnancy-related complications but insufficient antenatal care may see higher maternal and infant morbidity and mortality rates. ▪ **Data Analysis Techniques** ▪ **Policy Development**
Suggestions for improvement	**1. Review the Data** • **Standardize Data Collection**: Implement uniform data collection methods across all districts to ensure consistency and comparability. • **Regular Updates**: Ensure that data is updated regularly to reflect current service availability and emerging health needs. • **Training for Data Handlers**: Provide training for those collecting and handling data to minimize errors and improve accuracy. **2. Benchmarking** • **Set Clear Benchmarks**: Define clear national or international standards for healthcare services to be used as benchmarks. • **Regular Assessments**: Conduct regular assessments to compare district performance against these benchmarks. • **Public Reporting**: Publish benchmarking results to increase transparency and accountability. **3. Identify Missing Services** • **Resource Allocation**: Allocate resources to districts identified as lacking specific services. • **Mobile Health Units**: Deploy mobile health units to provide services in underserved areas. • **Community Partnerships**: Partner with local organizations to fill gaps in service provision.

	4. Awareness Campaigns/Programs on NCDs • **Targeted Campaigns**: Develop targeted awareness campaigns for districts with low public engagement or awareness about NCDs. • **Utilize Multiple Channels**: Use a variety of communication channels (social media, community meetings, local radio) to reach different segments of the population. • **Involve Local Leaders**: Engage local leaders and influencers to promote awareness campaigns and increase community participation. **5. Absence of Tobacco Cessation Programs in High Usage Areas** • **Establish Programs**: Set up tobacco cessation programs in high tobacco usage areas. • **Train Healthcare Workers**: Train healthcare workers in these areas to provide cessation support. • **Public Awareness**: Increase public awareness about the dangers of tobacco use and the availability of cessation programs. **6. Insufficient Antenatal Care in Certain Districts** • **Improve Access**: Enhance access to antenatal care services, especially in districts with high pregnancy-related complications. • **Outreach Programs**: Implement outreach programs to educate pregnant women about the importance of antenatal care. • **Integrated Services**: Integrate antenatal care with other health services to provide comprehensive care for pregnant women. **7. Data Analysis Techniques** • **Advanced Training**: Provide advanced training in data analysis techniques for healthcare professionals. • **Analytical Tools**: Invest in robust data analytics tools and software to aid in the analysis and interpretation of health data. • **Data-Driven Decisions**: Encourage the use of data-driven decision-making in healthcare planning and policy development. **8. Policy Development**

	• **Inclusive Policy Making**: Involve stakeholders at all levels (government, healthcare providers, community members) in the policy development process. • **Evidence-Based Policies**: Develop policies based on evidence and data collected from the field. • **Regular Reviews**: Establish mechanisms for regular review and updating of policies to ensure they remain relevant and effective. **General Improvement Suggestions:** • **Capacity Building**: Invest in capacity building for healthcare providers, including continuous education and training programs. • **Infrastructure Development**: Improve healthcare infrastructure to support the delivery of comprehensive services in all districts. • **Collaboration**: Foster collaboration between government, non-governmental organizations, and the private sector to enhance healthcare service delivery. • **Monitoring and Evaluation**: Implement robust monitoring and evaluation systems to track the progress of interventions and make necessary adjustments. .

WEEK 8

From: 17th June to 23rd June 2024

Activity Done	After meetings to tackle the week's key task , coordinated with the team members After working on the data received by the client on PHC checklist of Vietnam and Availability of services in each district including North, Central and South Vietnam last week. Rechecked the entire data provided by the client. Client has given data for PHCs but the data has been collected for 42 PHC worked on segregation and mapping those on Vietnam's Map. There were 42 PHCs on the data provided – North Vietnam – 19 Central Vietnam- 12 South Vietnam – 11
Linking theory (Classroom learning) with practice at your organisation	• Project Management and Team Coordination • Data Analysis and Interpretation • Understanding Healthcare Systems • Strategic Planning in Healthcare • Quality Improvement in Healthcare
Gaps identified on the working area.	**Identified Gaps:** **1. Data Completeness and Quality** **Potential Gaps** **Incomplete Data:** Missing information in the PHC checklist or incomplete data on service availability. **2. Service Availability** **Potential Gaps:** **Uneven Distribution:** Significant disparities in service availability across different regions (North, Central, South). **Service Shortages:** Lack of essential services or facilities in specific districts. **3.Regional Disparities** **Potential Gaps:** **Infrastructure Differences:** Variations in healthcare infrastructure quality and capacity between urban and rural areas.

	Access Issues: Barriers to accessing healthcare services due to geographical, economic, or social factors. **4.Process Efficiencies** **Potential Gaps:** **Coordination Problems:** Inefficient coordination among team members affecting project progress. **Process Bottlenecks:** Identifying steps in the project or service delivery process that cause delays or inefficiencies. **5.Resource Allocation** **Potential Gaps:** **Inefficient Resource Use:** Suboptimal allocation of resources leading to wastage or underutilization. **Funding Shortfalls:** Insufficient funding for critical areas impacting service delivery.
Suggestions for improvement	**1.Data Completeness and Quality** **Implement Comprehensive Data Collection Protocols:** Develop standardized procedures for data collection across all PHC facilities. Ensure that all relevant fields in the PHC checklist are mandatory and provide training to staff on the importance of complete and accurate data entry. **Regular Data Audits:** Conduct regular audits to identify and rectify missing or incomplete data. Use automated tools to flag incomplete entries and follow up with the responsible personnel for corrections. **2. Service Availability** **Equitable Distribution of Services:** Conduct a thorough needs assessment in different regions (North, Central, South) to understand the specific healthcare demands. Based on this assessment, allocate resources and services to ensure more equitable distribution across all regions. **Increase Service Coverage:** Identify districts with service shortages and prioritize the establishment of essential services in these areas. Consider mobile clinics and

	telehealth services to reach remote or underserved populations. **3. Regional Disparities** **Enhance Rural Healthcare Infrastructure:** Invest in upgrading healthcare facilities in rural areas to match the standards of urban centers. This includes building new facilities, improving existing ones, and ensuring they are well-equipped. **Improve Access to Services:** Address barriers to healthcare access by implementing transportation services, subsidizing healthcare costs for economically disadvantaged populations, and conducting outreach programs to educate communities about available services. **4. Process Efficiencies** **Streamline Coordination Mechanisms:** Improve communication and coordination among team members through regular meetings, centralized communication platforms, and clear delineation of roles and responsibilities. Implement project management tools to track progress and manage tasks effectively. **Identify and Address Bottlenecks:** Conduct process mapping to identify steps causing delays or inefficiencies. Develop targeted interventions to streamline these processes, such as simplifying administrative procedures, reducing wait times, and automating repetitive tasks. **5. Resource Allocation** **Optimize Resource Utilization:** Perform a resource utilization review to identify areas of wastage or underutilization. Reallocate resources where necessary to ensure they are used effectively and efficiently. **Secure Adequate Funding:** Advocate for increased funding from governmental and non-governmental sources. Explore alternative funding mechanisms, such as public-private

	partnerships, grants, and community contributions, to ensure sustainable financing for critical areas.
Plan for the next week	

COMPILED REPORT

Name of the Organisation: Ernst & Young , New Delhi

Area/ Department/ Project of Summer Internship Program: DETAILED LANDSCAPE ASSESMENT OF ASIA – PACIFIC REGION AND PROPOSED DMCs- BANGLADESH, UZBEKISTAN, KAZAKHSTAN, VIETNAM, AND INDONESIA FOR PHC-LEVEL

Name of the Student: Ipsita Panigrahi

Roll no: 1718 **Stream:** Hospital and Health Management

Activity Done	Week 1 • **Joining as an intern and meeting with the organization mentors.** • Familiarizing with the project and relevant jargons. Briefing about the key tasks to be performed and team meetings to understand the objective of the project Week 2 • Worked on the table of content for Asia Pacific Region – Demographic profile, Health Key Indicators • Overview of current NCDs scenario in the Asia pacific region for Cancer, Cardiovascular Diseases, Diabetes Week 3 • Multilateral agency funding , Innovative financing mechanism in healthcare for Asia pacific region which involves Multilateral agency Funding in healthcare system. • National plans/initiatives and policies in Bangladesh related to NCD management Objectives, Vision, Progress, Current status of Implementation and Impact- policies specific to NCDS - hypertension, CVD, Diabetes, Cancer Week 4 • National plan and Initiative for NCD management in Vietnam.

	– National strategy on prevention and control of NCDs of Vietnam includes Diabetes ,Hypertension, Nutrition. • Bukhara Regional Multiprofile Medical centre which is a major healthcare facility in Bukhara ,Uzbekistan Week 5 • Eligibility requirement for giving and taking CSR(Corporate social Responsibility) funding in terms of which category of organization can avail CSR fundings. • ADB and its focus areas of work with several countries in health sector. Week 6 • Mental Health Related and health digital technology related vision and Priorities of Bangladesh- Recommendation and Future Direction. Week 7 • Data classification of PHC checklist of Vietnam received by client. Week 8 • Segregation and mapping the classified data on Vietnam's Map Week 9 • Impact of setting medical cities in India • Compilation of the report.
Linking theory (Classroom learning) with practice at your organisation	*Week 1* We focused on applying strategic management, research methodology, healthcare operations, marketing, and financial management. Activities

	included developing strategic plans, conducting research, enhancing operational efficiency, executing public health campaigns, and managing healthcare finances. *Week 2* This week emphasized using demographic and health data for business strategies, analyzing health economics and policies, conducting market analysis, implementing CSR initiatives, and strategic planning to improve healthcare delivery. *Week 3* We delved into strategic management through case studies and SWOT analysis, assessed the economic impact of NCDs, focused on project planning and risk management, explored healthcare financing models, and executed health campaigns with stakeholder engagement. *Week 4* Our activities included healthcare strategy development through guest lectures and field visits, research methodologies and data analysis, and exploring international business and cross-cultural management via simulations and group discussions. *Week 5* We concentrated on project management and strategic planning, understanding organizational behaviour, emphasizing business ethics and social responsibility, and analysing health economics to guide financial decisions. *Week 6* This week involved effective project management and team coordination, focusing on international business aspects within healthcare, developing sector-specific strategies and policies, applying health economics, and enhancing cross-cultural understanding.

	Week 7 We discussed project management coordination techniques, handled client data analysis, demonstrated strategic planning through service categorization, focused on public health and NCD prevention, and reinforced project management skills. *Week 8* This week focused on project management and team coordination, data analysis and interpretation, understanding healthcare systems, strategic planning in healthcare, and implementing quality improvement initiatives. *Week 9* Final week emphasized on: Strategic Planning: Implemented strategies for large healthcare projects, analyzed economic impacts, and ensured regulatory compliance. Operations & Marketing: Enhanced healthcare delivery, promoted medical cities, and managed financial aspects. Technology & Innovation: Integrated telemedicine, AI, and fostered healthcare innovation. Ethics & CSR: Addressed ethical concerns in healthcare access and supported community health initiatives also compilation of reports.
Gaps identified on the working area.	• **Data Inconsistencies:** Lack of standardized data collection methods affects accurate comparison and trend analysis. • **Healthcare Infrastructure Disparities:** Unequal distribution of facilities and resources limits access to NCD prevention and management.

	• **Limited Public Awareness:** Insufficient health education programs lead to low awareness of NCD risk factors. **Policy Fragmentation:** Inconsistent policies among countries impede coordinated NCD prevention efforts • **Financial Constraints:** Funding gaps limit investment in NCD programs and treatment facilities. **Healthcare Workforce Shortage:** Shortage of trained professionals challenges quality care delivery • **Impact of Demographic Shifts:** Rapid urbanization and aging populations exacerbate the NCD burden. • **Coordination Gaps:** Inefficient coordination among stakeholders leads to fragmented efforts. • **Service Availability and Regional Disparities:** Significant disparities in service availability across regions. • **Process Efficiencies:** Coordination problems and process bottlenecks affect service delivery efficiency • **Resource Allocation:** Inefficient use of resources and funding shortfalls impact service delivery. • **Data Management:** Incomplete and inconsistent data affects decision-making. • **Community Outreach:** Insufficient community engagement and education on NCDs. • **Integration of Services:** Lack of integration among healthcare services • **CSR Eligibility Criteria Clarity:** Need for clearer criteria for CSR funding. • **Documentation and Reporting:** Improved processes needed for transparency and accountability • **Infrastructure**: Uneven facility distribution, outdated technology, and poor supporting infrastructure. • **Access**: High costs, inadequate insurance, and difficulty serving rural areas.

	• **Policy & Regulation**: Inconsistent regulations and limited public-private partnerships. • **Economic Impact**: Challenges in funding, uneven economic benefits, and local job creation gaps. • **Social:** Poor community integration, lack of health education, and insufficient patient-centric care. • **Technology:** Issues with digital records, limited telemedicine, and slow tech adoption. • **Research:** Gaps in research facilities, limited academic collaboration, and difficulties with clinical trials
Suggestions for improvement	• **Standardize Data Collection:** Implement uniform methods and reporting standards across regions. **Improve Healthcare Infrastructure:** Invest in equitable distribution of resources and enhance infrastructure, especially in underserved areas • **Enhance Public Awareness:** Launch health education campaigns and involve local leaders to promote awareness. **Harmonize Health Policies:** Develop consistent health policies through regional collaboration. • **Increase Healthcare Funding:** Allocate more resources for NCD prevention and treatment. **Expand Healthcare Workforce:** Provide incentives and training to attract and retain specialized professionals • **Adapt to Demographic Shifts:** Develop targeted interventions and infrastructure adjustments for changing demographics. • **Enhance Coordination:** Utilize project management tools and regular meetings

	to improve communication and alignment. • **Increase Service Coverage:** Conduct needs assessments and allocate resources to address service shortages. • **Streamline Processes:** Improve coordination and address bottlenecks to enhance process efficiency. • **Optimize Resource Utilization:** Review and reallocate resources to ensure effective use. • **Improve Data Management:** Implement comprehensive data collection protocols and regular audits • **Strengthen Community Outreach:** Develop targeted programs and use multiple communication channels to increase engagement. • **Improve Service Integration:** Implement coordinated care models and interdisciplinary teams to provide holistic care • **Refine CSR Criteria:** Develop a points system and detailed guidelines for eligibility. • **Strengthen Documentation:** Standardize meeting minutes and create a central repository for project documents. • **Infrastructure**: Upgrade facilities and technology. • **Access:** Implement affordability measures and improve rural services. • **Regulations**: Standardize regulations and foster partnerships. • **Funding**: Secure sustainable funding and encourage collaboration. • **Community**: Strengthen community ties and health education. • **Technology:** Boost digital health solutions and tech adoption. • **Research:** Enhance research facilities and academic partnerships.

Approved by the IIHMR University's Mentor