SUMMER INTERNSHIP PROGRAM

at

NHM Punjab (Director Health Services)

From May 2, 2024 to June 28, 2024

A REPORT BY

Gursimran Kaur

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Nutan. P. Jain, Professor

Completion Certification from the Organization

CERTIFICATE

This is to certify that Dr./Mr./ Ms. Gursimran Kaur of 2023-25 (batch) of IIHMR, Jaipur (Name of the department/institute) has worked with our organization for his/her summer internship from May, 2nd, 2024 to June 28th, 2024 (date). The overall performance shown by him/her during the period was excellent/good/average. This certificate is being issued to meet the requirements of the IIHMR University.

Date: 28th June, 2024.

(Signature of organization Mentor)

Name: Dr. Sandeep Singh Gill

Designation: Assistant Director & SMO-NRHM

Seal/Stamp of the Organization

Assistant Director
O/o Director Health Services, Punjab
Sector 34-A, Chandigarh

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr Gursimran Kaur** of academic year 2023-25 of **Institute of Health Management and 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: 20/07/2024

(Signature of Faculty Mentor)

Dr. Nutan. P. Jain

Professor

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NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES IN STATE OF PUNAJB

Organization Mentor: Dr. Sandeep Singh Gill

University Mentor: Dr. Nutan. P. Jain

INTRODUCTION

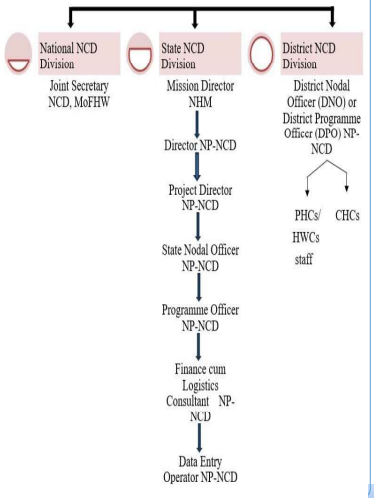
About NP-NCD:

- Initially introduced in 2010 as National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke(NPCDCS), the National Programme for Prevention and Control of Non-communicable diseases (NP-NCD) was renamed on May 5, 2023
- Non-Communicable Diseases (NCDs) like Diabetes mellitus, Hypertension, Cancer, Stroke and chronic respiratory diseases are gradually prevalent across Asian regions due to risk factors like alcohol and tobacco use, poor diets, physical inactivity, and high blood pressure.
- A common chronic Non-Communicable Disease in both industrialized and developing nations are type 2 Diabetes mellitus (DM) and Hypertension (HTN).
- One of the most common metabolic diseases in the world, diabetes mellitus causes a great deal of death and disability. Diabetes affects 19.4 million people in India, and the World Health Organization (WHO) has declared the country the worldwide diabetes capital, with nearly 80 million diabetics expected by 2030.
- Furthermore, the prevalence of hypertension among adults is anticipated to rise by 60%, affecting 1.56 billion people by 2025.

NP-NCD Objectives:

- Health Promotion through behaviour change.
- Screening, early diagnosis, management, referral and follow-up
- Build capacity of health-care providers
- Strengthen supply chain management
- Monitoring, supervision and evaluation of programme
- To co-ordinate and collaborate with other programmes, departments/ministries, civil societies

NP-NCD PROGRAMME STRUCTURE:



ANALYSIS

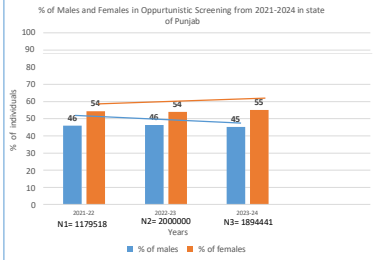
OBJECTIVES OF SECONDARY DATA ANALYSIS

1. To conduct the trend analysis of the patients diagnosed by Opportunistic Screening of Hypertension and Diabetes Mellitus and initiated for treatment.
2. To compare between the diagnosed patients of Hypertension and Diabetes and initiated for treatment attending health facility in Punjab.

METHODOLOGY

Data for the Opportunistic Screening as received from Districts in the monthly reporting format for the opportunistic screening conducted at District Hospital/ Sub District Hospitals (DH/SDH), Primary Health Centres (PHCs) and Community Health Centres (CHCs) of Punjab for the duration, April-March 2021 to April-March 2024.

KEY RESULTS



Percentage of patients diagnosed and put on treatment for Diabetes Mellitus

	2021-2022	2022-2023	2023-2024
	n= 11,79,518	n= 20,00,000	n= 18,94,441
% of individuals diagnosed from screened patients	21	16	14
	n= 2,46,038	n= 3,20,249	n= 2,72,727
% of individuals put on treatment from diagnosed patients	85	82	85

Percentage of patients diagnosed and put on treatment for Hypertension

	2021-2022	2022-2023	2023-2024
	n= 11,79,518	n= 20,00,000	n= 18,94,441
% of individuals diagnosed from screened patients	22	18	16
	n= 2,59,017	n= 3,67,546	n= 3,08,190
% of individuals put on treatment from diagnosed patients	88	85	88

CHALLENGES FACED DURING INTERNSHIP

- Over occupancy of government officials in various activities lead to limited interaction
- Lack of access to the NP-NCD portal to the summer trainee

KEY LEARNINGS

- Gained knowledge about the functioning of public health system in Punjab.
- NP-NCD Programme management issues in execution.
- Analysis of secondary data.
- Collaborated with team members at different levels: Healthcare professionals like ASHA, MPHW and other officials.
- Assisted in monitoring.

DIFFERENCE BETWEEN PRACTICAL EXPOSURE AT SIP ORGANIZATION AND THEORETICAL UNDERSTANDING FROM IIHMR UNIVERSITY

Practical Exposure:

- Setting objectives and plans
- Experience in coordination of tasks among the team
- Forming a collaborative work environment.

Theoretical Understanding:

- Strategic planning.
- Chain of command and workflow management
- Transformational leadership style

USEFULLNESS OF INTERNSHIP

- Hard and soft skills development.
- Facilitates building professional relationships.
- Understanding of work environment.

PRESENTED BY:

Name: Dr. Gursimran Kaur

Roll no.- 1714

Batch: MBA HM-28

Reporting Format
(Weekly)

Name of the Organisation: NHM Punjab

Area/ Department/ Project of Summer Internship Program: NPCDCS

Name of the Student: Gursimran Kaur

Roll no: 1714 **Stream:** HM

WEEK 1

From: 01/05/2024 to 05/05/2024

Activity Done	• Joining as an intern and Meeting with the organization mentors • Operational Guidelines of NPCDCS at different levels of Hospitals
Linking theory (Classroom learning) with practice at your organisation	• NPCDCS operational guidelines are implementation at different healthcare levels and their impact on disease management • Strategic planning behind NPCDCS and how policies are formulated and executed at various levels of healthcare. • NPCDCS guidelines streamline operations at different hospital levels and optimize resource use.
Gaps identified on the working area.	-
Suggestions for improvement	-
Plan for the next week	• Review of Oral Cancer STOP Project of Punjab in different districts from patients through random calling.

WEEK 2

From: 06/05/2024 to 12/05/2024

Activity Done	• National Programme for Health Care of the Elderly • Oral Cancer Patients follow up
Linking theory (Classroom learning) with practice at your organisation	• Concepts of healthcare management include health promotion, disease prevention, healthcare delivery, and continuity of care. • Principles of operations management in healthcare, including process optimization, resource allocation, and quality control. • Healthcare marketing, public health communication, and community engagement.
Gaps identified on the working area.	• Insufficient effectiveness of NPHCE implementation at different levels of hospitals. • Lack of a robust framework for evaluating the policy recommendations
Suggestions for improvement	• Implement pilot programs based on the recommendations and evaluate their outcomes before broader implementation. • Establish partnerships with government health departments, NGOs, and research institutions for better effectiveness.
Plan for the next week	• Oral cancer data analysis: To understand the gaps at patient and hospital levels

WEEK 3

From: 13/05/2024 to 19/05/2024

Activity Done	• Oral cancer data analysis: To understand the gaps at patient and hospital levels
Linking theory (Classroom learning) with practice at your organisation	• Concepts of healthcare management including patient care, resource management, and quality assurance. • Strategic planning in healthcare, policy formulation, and implementation.
Gaps identified on the working area.	• Delay in the diagnosis of oral cancer due to lack of awareness and screening. • Inadequate follow-up and rehabilitation services.
Suggestions for improvement	• Implement community-based awareness and screening programs. • Develop and implement standardized follow-up protocols.
Plan for the next week	• Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab

WEEK 4

From: 20/05/2024 to 26/05/2024

Activity Done	• List of oral cancer patients made specifically for those who are either suspected or diagnosed with oral cancer but are not getting treatment. • Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab.
Linking theory (Classroom learning) with practice at your organisation	• **Public health perspective:** Uncontrolled diabetes and hypertension can increase the risk of oral cancer. Early detection and management of these conditions can contribute to oral cancer prevention. • **Business perspective:** The cost of treating advanced cancers is significantly higher than early intervention. Early detection programs can benefit the healthcare system by reducing overall costs.
Gaps identified on the working area.	• Lack of awareness campaigns for early detection of oral cancer, diabetes, and hypertension. • Limited access to affordable screening and treatment facilities, especially in rural areas. • Inadequate healthcare infrastructure or personnel trained in managing these conditions.
Suggestions for improvement	• Financial Assistance Programs • Community Outreach Programs • Focus on Specific Demographics: address the needs of high-risk populations. • Technology Solutions
Plan for the next week	• Sending a letter to specific districts with suspected/diagnosed but untreated patients for cancer to trace the patients and educate them. • Further continue secondary data analysis

WEEK 5

From: 27/05/2024 to 02/06/2024

Activity Done	• Breast cancer project by NHM: Compiling the diagnostic reports and treatment received by the patients and receiving the remarks. • Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab.
Linking theory (Classroom learning) with practice at your organisation	• .**Healthcare Management Theory**: understand the organizational structures and processes involved in compiling diagnostic reports and treatment data. • **Health Information Systems (HIS): use of electronic health records to fetch information about the patients.** • **Interdisciplinary Collaboration**: Interdisciplinary collaboration for teamwork and communication among healthcare professionals. Communication strategies to facilitate effective collaboration among clinicians, administrators, and other stakeholders involved in managing breast cancer patients' diagnostic and treatment data. • **Social Determinants of Health**: Theoretical frameworks on social determinants of health can help students understand the underlying factors that contribute to the prevalence of Type 2 Diabetes mellitus and hypertension in different districts of Punjab
Gaps identified on the working area.	• Understanding of gaps related to policy compliance, resource allocation, and healthcare disparities. • Addressing gaps in disease prevention, early detection, and management.
Suggestions for improvement	• **Training and Capacity Building** • **Digital Health Solutions** • **Community Engagement and Feedback** • **Standardized Data Collection Protocols**
Plan for the next week	• Contacting the DDHOs of all districts of Punjab regarding amendment of the errors. • Further continue secondary data analysis

WEEK 6

From: 03/06/2024 to 09/06/2024

Activity Done	• Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab.
Linking theory (Classroom learning) with practice at your organisation	• **Case Study Analysis**: Using data on T2DM and hypertension, students can analyze the effectiveness of current public health policies in Punjab. • **Strategic Plan Development**: Create strategic plans for addressing high prevalence rates in specific districts, considering resource constraints and healthcare infrastructure.
Gaps identified on the working area.	• Incomplete Data • **Limited Disaggregation** • Insufficient Healthcare Facilities • Lack of Awareness Programs • Policy Gaps • Implementation Challenges
Suggestions for improvement	• Improving Data Collection and Quality • Enhancing Healthcare Infrastructure • Raising Public Awareness and Education • Strengthening Policy Implementation • Addressing Economic and Social Barriers
Plan for the next week	• Further continue secondary data analysis

WEEK 7

From: 10/06/2024 to 16/06/2024

Activity Done	• Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab. • Cleaning of the data and converted it into systematic tables and made graphs.
Linking theory (Classroom learning) with practice at your organisation	• **Case Study Analysis**: Using data on T2DM and hypertension, students can analyze the effectiveness of current public health policies in Punjab. • **Strategic Plan Development**: Create strategic plans for addressing high prevalence rates in specific districts, considering resource constraints and healthcare infrastructure.
Gaps identified on the working area.	• Incomplete Data • **Limited Disaggregation** • Insufficient Healthcare Facilities • Lack of Awareness Programs • Policy Gaps • Implementation Challenges
Suggestions for improvement	• Improving Data Collection and Quality • Enhancing Healthcare Infrastructure • Raising Public Awareness and Education • Strengthening Policy Implementation • Addressing Economic and Social Barriers
Plan for the next week	• Further continue secondary data analysis

WEEK 8

From: 17/06/2024 to 23/06/2024

Activity Done	• Secondary data analysis for Type 2 Diabetes mellitus and hypertension in all districts of Punjab. • Writing of research paper with all the steps and conclusion of the data.
Linking theory (Classroom learning) with practice at your organisation	• Importance of epidemiology in understanding and managing public health issues. • Following the steps of Research • Ethical considerations • Strategic planning and decision-making in healthcare.
Gaps identified on the working area.	• Lack of detailed demographic information (e.g., socioeconomic status, lifestyle factors) that can provide deeper insights. • The linkage between data analysis findings and practical policy recommendations might be weak or generic. • The availability and quality of secondary data might be inconsistent.
Suggestions for improvement	• Enhanced Data Collection • Stakeholder Involvement • Implementation Framework • Utilize Comprehensive Data Sources
Plan for the next week	• Finishing of secondary data analysis along with approval of organization mentor after completion of the analysis.

WEEK 9

From: 24/05/2024 to /05/2024

Activity Done	• Visit to a Health and Wellness centre and formation of a checklist. • Completion of the Secondary Data Analysis • Formation of Report
Linking theory (Classroom learning) with practice at your organisation	• Following all the steps of Research writing to give the extracted data a form to represent it as a paper with all the illustrations as graphs and tables.
Gaps identified on the working area.	• Lack of Demographic data • Unorganized data • Incomplete data • Delays while completing data
Suggestions for improvement	• Training of district health officers should be done to get organized, clean and complete data. • Implement a centralized data management system to ensure all data is stored in an organized manner. Develop and enforce data entry standards to ensure consistency in how data is recorded.
Plan for the next week	-

Compiled Report

Name of the Organisation: Director Health Services (NHM Punjab)

Area/ Department/ Project of Summer Internship Program: NP-NCD Programme

Name of the Student: Gursimran Kaur

Roll no: 1714 **Stream:** Hospital and Health Management (Section A)

Activity Done	Week 1 • Joining as an intern and meeting with the organization mentors. • Operational Guidelines of NPCDCS at different levels of Hospitals. Week 2 • National Programme for Health Care of the Elderly (NPHCE). • Oral Cancer Patients Follow-up. Week 3 • Oral Cancer Data Analysis**:** Understanding gaps at patient and hospital levels. Week 4 • Listing Oral Cancer Patients: Creating a list of oral cancer patients who are either suspected or diagnosed but not receiving treatment. • Secondary Data Analysis: Analysing data for Type 2 Diabetes mellitus and hypertension in Punjab.

	Week 5 • Breast Cancer Project: Compiling diagnostic reports and treatment received by patients and receiving remarks. • Secondary Data Analysis: Analysing data for Type 2 Diabetes mellitus and hypertension in Punjab. Week 6 • Secondary Data Analysis: Analysing data for Type 2 Diabetes mellitus and hypertension in Punjab. Week 7 • Data Cleaning and Visualization: Cleaning data, converting it into systematic tables, and creating graphs. Week 8 • Research Paper Writing: Writing a research paper with steps and conclusions based on the data. Week 9 • Health and Wellness Centre Visit: Visiting a health and wellness centre and forming a checklist. • Completion of Data Analysis: Completing secondary data analysis and forming a report.

Linking theory (Classroom learning) with practice at your organisation	*Week 1: NPCDCS Operational Guidelines* **Using the NPCDCS Guidelines** • **Theory**: Understanding how various healthcare levels carry out national health programs. • **Practice**: Witnessing how the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) guidelines are implemented in the real world. • **Important Lessons**: Students gain knowledge of the details involved in implementing, overseeing, and assessing policies within the healthcare system. **Strategic Planning** • **Theory**: Strategic planning is identifying long-term objectives and the most effective way to reach them. • **Practice**: Analyzing the application of the NPCDCS's strategies and the strategic planning that goes into them. • **Important Lessons**: Knowing how strategic plans are developed and carried out while taking different healthcare levels and resource limitations into account. **Resource Optimization** • **Theory**: In operations management, resource optimization refers to using resources as effectively as possible to maximize output.

	• **Practice**: Acquiring knowledge of how NPCDCS guidelines can optimize resource utilization and improve operations at various hospital levels. • **Principal Findings**: Understanding of how operational guidelines can result in a more effective use of medical resources. *Week 2: NPHCE and Oral Cancer Patients Follow-up* ***Concepts of Healthcare Management*** • **Theory**: The fundamental elements of healthcare management include disease prevention, continuity of care, healthcare delivery, and health promotion. • **Practice**: Putting these ideas to use in follow-up for patients with oral cancer and elderly care (NPHCE). • **Principal Findings**: Acquiring a thorough understanding of patient care and the significance of continuity in medical services. **Management of Operations** • **Theory**: Quality control, resource allocation, and process optimization are all part of operations management. • **Practice**: Putting these ideas into practice in medical settings to enhance productivity and patient outcomes. • **Important Takeaways**: Practical illustrations of how operations management concepts can improve the provision of healthcare. **Public Health Communication** • **Theory**: In order to promote health and prevent disease, effective public health communication entails

	educating and involving the community. • **Practice**: Maintaining a check on community engagement and healthcare marketing tactics. • **Key Takeaways**: Realizing how crucial communication is to public health campaigns. *Week 3: Oral Cancer Data Analysis* ***Healthcare Management*** • **Theory**: The three main pillars of healthcare management are quality control, resource management, and patient care. • **Practice**: Data analysis to find inadequacies in hospital resource management and patient care for oral cancer patients. • **Key Takeaways**: Data is crucial in regulating healthcare resources and quality. **Strategic Planning** • **Theory**: Developing and implementing policies is a part of strategic planning in the healthcare industry. • **Practice**: Taking part in strategic planning activities to close identified gaps in the treatment of oral cancer. • **Important Takeaways**: How strategic planning converts academic understanding into real-world healthcare advancements. *Week 4: Oral Cancer, Diabetes, and Hypertension Data Analysis* **Public Health Perspective** • Early detection and management of chronic conditions can prevent worsening health outcomes. • Analyze the link between uncontrolled diabetes, hypertension, and the risk of oral cancer.

	• Key insights include the interconnectedness of different health conditions and the significance of early intervention. **Economic Perspective** • Cost-benefit analysis in healthcare assesses the economic impact of early intervention versus later-stage treatment. • **Practice**: Assessing the financial impact of early detection programs for oral cancer. • **Key insights**: Early detection can reduce healthcare costs by preventing advanced disease stages. *Week 5: Breast Cancer Project and Data Analysis* **Healthcare Management** • **Theory**: Healthcare management organizational structures and procedures. • **Practice**: Gathering treatment information and diagnostic reports to learn about organizational workflows. • **Key Takeaways**: The effects of efficient management procedures and structures on patient care. **Health Information Systems (HIS)** • Theoretically, HIS uses technology to handle medical data. • **Practice**: Gathering patient data via electronic health records. • **Key Takeaways**: How technology can enhance patient care and data management. **Interdisciplinary Teamwork** • **Theory**: When various healthcare professionals work together, patient care is improved. • **Practice**: Keeping an eye on administrators, clinicians, and other

	stakeholders' collaboration and communication. • **Key Takeaways**: The advantages of multidisciplinary teamwork in patient data and treatment management. **Social Factors Affecting Health** • **Theory**: Health outcomes are influenced by variables like environment, education level, and socioeconomic status. • **Exercise**: Examining the ways in which these variables affect the frequency of Type 2 Diabetes and high blood pressure. • **Key Takeaways**: Recognizing the influence of the wider health determinants on the prevalence of disease. *Week 6: Data Analysis for T2DM and Hypertension* **Analysis of Case Studies** • **Theory**: Assessing the efficacy of public health policies through the analysis of actual data. • **Practice**: Analyzing T2DM and hypertension data using case study techniques. • **Key Takeaways**: Case study analysis can offer insightful information about the efficacy of public health policies. **Development of a Strategic Plan** • **Theory**: Creating strategic plans to deal with health issues while taking resource limitations into account. • **Practice**: Formulating data-driven strategic plans to address high rates of hypertension and type 2 diabetes. • **Key Takeaways**: The strategic planning process in light of public health issues.

	Week 7: Data Cleaning and Visualization ***Data Management*** • Theoretically, effective data management entails data organization, cleansing, and visualization. • **Practice**: Organizing unprocessed data into tables and graphs. • **Key Takeaways**: Clear and well-structured data are essential for precise analysis and decision-making. *Week 8: Research Paper Writing* ***Epidemiology*** • **Theory**: The study of population effects of diseases and disease control strategies. • **Practice:** Writing a research paper based on epidemiological data. • **Important Takeaways**: The function of epidemiology in comprehending and handling public health concerns. **Research Methodology** • **Theory**: A methodical approach to research that takes ethics into account. • **Practice**: When writing the paper, adhere to ethical standards and research protocols. • **Key Takeaways**: The significance of following ethical guidelines and using a systematic approach to research. **Strategic Planning and Decision-Making** • **Theory**: Goal setting, data analysis, and well-informed decision-making are all components of strategic planning and decision-making. • **Practice**: Making strategic planning and healthcare decisions based on research findings.

	• **Key Takeaways**: How data-driven choices can enhance patient outcomes. *Week 9: Health and Wellness Centre Visit and Report Formation* **Research Writing** • **Theory**: The method of organizing and recording research results. • **Practice**: Composing an extensive report that presents data using tables and graphs. • **Key Takeaways**: The abilities needed to clearly convey research findings in written reports.
Gaps identified on the working area.	This analysis draws attention to important managerial issues with Punjab: ❖ **Program Efficiency:** • Weak Evaluation: The inadequacy of our current evaluation techniques makes it difficult to assess the effectiveness of programs and pinpoint areas in need of development. • Delays in diagnosis: Patients who experience worse outcomes necessitate corrective action when oral cancer is not discovered in a timely manner because of inadequate screening and awareness campaigns. • Limited Follow-up Care: Inadequate post-diagnosis support is a barrier to effective disease management in the current system. ❖ **Management of Resources:** • Unequal Access: Disparities in the delivery of healthcare arise from a lack of affordable screening and treatment facilities, especially in rural areas. To close the gap, strategic resource allocation is needed. • Infrastructure Problems: To effectively manage NCDs and oral cancer, healthcare facilities lack the necessary tools and staff. Upgrades to

	the staff training program and infrastructure require investments. • Allocation of Resources Discrepancies: Service gaps are caused by an uneven allocation of resources among healthcare facilities. To guarantee fair distribution, we must recognize and resolve these disparities. ❖ **Data & Decision Making:** • Inconsistent and incomplete data collection makes it difficult to monitor programs and make well-informed decisions. We must put in place a reliable system for gathering data. • Limited Data Analysis: Interventions cannot be customized to meet the needs of a particular population because of insufficient demographic data analysis. To maximize the effectiveness of the program, more thorough analysis is needed. • Inadequate Policy Connection: The effective translation of data analysis into practical policy recommendations is lacking. To guarantee evidence-based decision-making, the gap between data and policy must be closed. ❖ **Implementation of the Program:** • Lack of Awareness: There have been insufficient public awareness campaigns about oral cancer and early NCD detection. To reach the public, we must create and implement focused awareness campaigns. • Implementation Difficulties: There are challenges in converting health policies into workable and effective program implementation. To guarantee efficient program delivery, we must optimize the implementation procedures.
Suggestions for improvement	❖ **<u>Short-term and Immediate Actions (Day-to-Day):</u>** ➢ **Implementation of NPHCE**:

	• Make quick assessments at different hospital levels to pinpoint specific obstacles to the successful implementation of NPHCE. • Create task forces to deal with pressing implementation problems for Rapid response to implementation challenges. ➢ **Programs for Raising Awareness**: • Start community-based programs for diabetes, hypertension, and oral cancer screening and awareness. • Create and deliver educational resources to raise consciousness through IEC Materials through pamphlets, brochure ➢ **Protocols for Follow-Up:** • Create and put into effect standardized follow-up procedures for patient care. • Make sure that all healthcare personnel have received this training. ➢ **Data Structure**: • Put in place standardized procedures for gathering data right away. • Teach healthcare employees how to enter data accurately. ➢ **Adherence to Policy**: • To find gaps in healthcare disparities and resource allocation, quickly conduct audits like quality audits, clinical audits and financial audits at healthcare facilities. • If possible, make the necessary corrections right away. ❖ **<u>Intermediate actions (Weeks to Months):</u>** ➢ **Trial Initiatives**:

	• Create and carry out pilot projects in accordance with suggested policies. • Analyze pilot program results and adjust strategy as necessary. ➢ **Collaborations:** • For better resource use and expertise sharing, form alliances with NGOs, government health departments, and research institutes. • Start collaborative screening and awareness campaigns with partners. ➢ **Outreach to the Community**: • Create and carry out focused outreach programs for community groups that are at risk. • Create channels for community feedback on a regular basis. ➢ **Education and Developing Capabilities:** • Improve healthcare workers' training programs to help them become more adept at managing diseases, screening patients, and providing patient care. • Organize conferences and workshops on the newest techniques in public health. ➢ **Technology-Related Solutions:** • Incorporate technological solutions to improve patient care and delivery efficiency. • To enhance patient care tracking and data management, put digital health solutions into practice. ❖ **<u>Long-term Actions : (Months to Years)</u>**: ➢ **Infrastructure for Healthcare** • Create a thorough plan to modernize healthcare infrastructure and facilities, especially in rural areas.

	• Encourage more money and resources to be allocated to infrastructure development. ➢ **Financial support:** • Develop and implement patient financial assistance programs, with an emphasis on underprivileged populations. • Collaborate with both governmental and non-governmental entities to furnish enduring financial support. ➢ **Data Collection:** • Create a centralized data management system and extensive data sources. • Provide district health officers with regular training on how to gather accurate, comprehensive, and well-organized data. ➢ **Framework for Implementing Policies:** • Provide a strong framework for the implementation of public health policies. • Enhance the implementation of policies by conducting routine monitoring and assessment. ➢ **Public Awareness:** • Encourage enduring public awareness and education initiatives. • Collaborate with community organizations and media outlets to maintain awareness campaigns. ➢ **Eliminating Barriers:** • Determine and remove any financial and social barriers to receiving healthcare. • Create initiatives with the long-term goal of removing these barriers in mind. ➢ **Stakeholder Participation**

	• Boost the participation of stakeholders in the development and execution of health initiatives. • Engage stakeholders on a regular basis to get their input and make any necessary strategy adjustments.

Approved by the IIHMR University's Mentor