SUMMER INTERNSHIP PROGRAM

at

National Health Mission, Gujarat

From 6 May 2024 to 5 July 2024

A REPORT BY

Deepshikha

Master of Business Administration

Hospital and Health Management

2023-25

under the Mentorship of

Dr. Goutam Sadhu

IIHMR UNIVERSITY

Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION

Certificate of Internship

This is to certify that ~~Mr./Miss.~~ Dr. Deepshikha student of IIHMR University, Jaipur has successfully completed the Internship of MBA (Hospital and Health Management) from 06.05.2024 to 05.07.2024 at Family Planning - CoH, Gandhinagar

During the period of ~~his~~/her Internship programme with us, ~~He~~/She has been exposed to different processes and was found diligent, hardworking & inquisitive.

We wish ~~him~~/her every success in life & career.

Mrs. K.M. Sheth, GAS
Programme Officer(Admin)
National Health Mission,Gujarat

Remya Mohan, IAS
Mission Director,
National Health Mission,Gujarat

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Deepshikha** of the academic year 2023-25 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 her work as per the guidelines. Her poster is approved for presentation.

Date: July 22, 2024

(Signature of Faculty Mentor)

Dr. Goutam Sadhu
(Professor)
IIHMR UNIVERSITY
JAIPUR

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Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

SIP ORGANISATION: NHM GUJARAT
ORG. MENTOR : DR S G JAIN
UNIV. MENTOR : DR GOUTAM SADHU

SUMMER INTERNSHIP PROGRAM IIHMR UNIVERSITY JAIPUR

SUBMITTED BY : DR. DEEPSHIKHA

3-YEAR TREND ANALYSIS OF FAMILY PLANNING PROGRAM & DEVELOPMENT OF IEC MATERIAL

NHM GUJARAT

PROFILE OF ORGANISATION

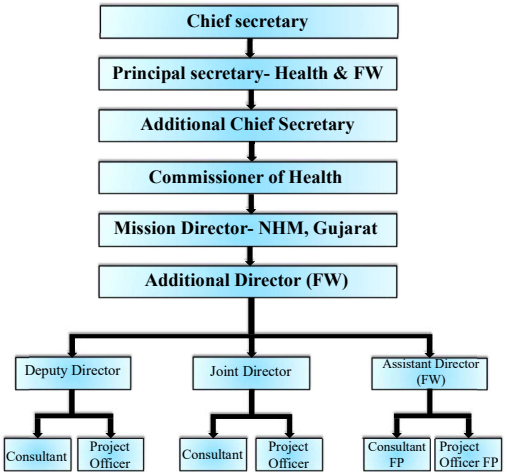
1. BRIEF HISTORY

The National Health Mission was launched by Government of India on April 12, 2005, to provide rural people, particularly vulnerable groups, with accessible, affordable, and high-quality health care. Later, on 1st May 2013 it was renamed as National Health Mission (NHM) after widening its service coverage to urban areas. The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCAH+N), and Communicable and Non-Communicable Diseases.

2. VISION & MISSION

Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter- sectoral convergent action to address the wider social determinants of health.

3. ORGANISATIONAL STRUCTURE



LEARNINGS AND VALUE ADDITIONS

4. THEORETICAL UNDERSTANDING V/S PRACTICAL EXPOSURE

Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations. Practical Exposure gave me a firsthand experience in applying the theoretical knowledge.

Theoretical concepts

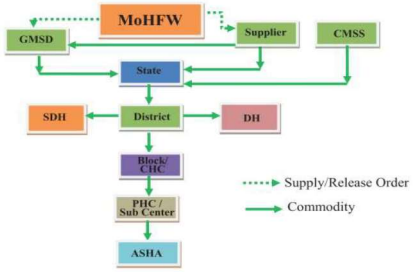
- Internet of Things
- Program Implementation Plan
- Data analysis
- Designing effective IEC material

Practical Learnings

- FP-LMIS portal
- PIP formulation
- Flow chain of FP commodities
- Trend Analysis
- IEC material development
- Real-time work in a government setup

5. LEARNINGS DURING INTERNSHIP

A) FLOWCHAIN OF FP COMMODITIES



B) TREND ANALYSIS (2021-24)

Objective: The primary objective of this analysis is to evaluate the effectiveness of the family planning program in Gujarat, identify trends, and provide insights into the program's performance over the last 3 years.

Project design: A trend analysis using secondary data.

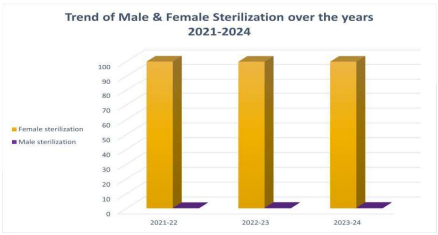


Fig. 1

The above chart shows a higher number of female sterilizations as compared to male sterilizations which reveals a significant gender disparity.

Inference:

1. Low participation and acceptance of male sterilization procedures.
2. Lack of awareness or education about male options.
3. Societal norms that place contraceptive responsibilities on women.

Interpretation: It could indicate potential barriers for men, such as perceived stigma or lack of support and male dominant society.

Recommendation: Need for more balanced contraceptive awareness specially focused IEC, BCC, SBCC and education to increase male participation.

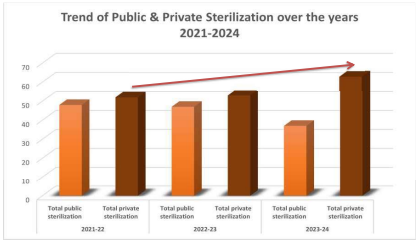


Fig. 2

Over the span of 2021 to 2024, there's a clear shift in the distribution of sterilization procedures from public to private institutions. This indicates a growing preference or accessibility of sterilization services provided by private healthcare facilities over public ones during this period as more and more private institution service providers are trained and empaneled by the state to provide sterilization services.

Also, people have a belief that private facilities are better than the government facilities.

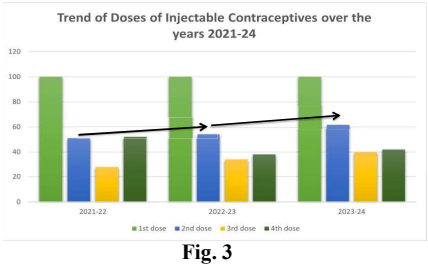


Fig. 3

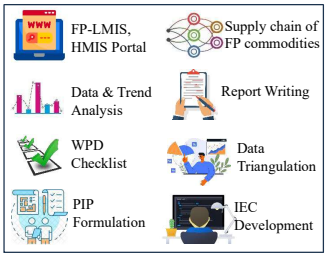
Over the observed years, adherence to subsequent doses of injectable contraceptives showed a positive trend. Initially, all individuals consistently received the first dose, indicating high initial acceptance. However, returning for subsequent doses varied annually.

The cause for decrease in second and third dose could be to factors such as transfer to private institutions, forgetfulness, side effects, and misconceptions.

Recommendation: Proper counselling, education, developing effective IEC/ BCC/ SBCC may help address these challenges and enhance adherence rates over time.

C) IEC MATERIAL ON AWARENESS OF MALE STERILIZATION

VALUE ADDITIONS



6. CHALLENGES FACED

- Difficulty in communicating due to lack of understanding of local language.

7. USEFULNESS OF INTERNSHIP

- Exposure to the real field of work and learned work ethics.
- Improvements in skill-sets.
- Networking with experienced people in the industry.

8. SWOT & TOWS ANALYSIS OF FP-LMIS

Internal factors / External factors	STRENGHTS (S)	WEAKNESS (W)
	• Real time data on stock levels, reducing the chances of stockouts and overstocking. • Data accuracy and reliability. • Timely availability of supplies. • Auto generated reports offer clear insights for program review.	• Technical issues, such as server downtimes, can hinder the effective use of FP-LMIS. • Dependence on digital literacy. • Dependence on internet connectivity. • Complexity of Use.
OPPORTUNITIES (O) • Expansion to Other Health Programs. • Collaborations and Partnerships. • Government policies supporting digital health initiatives can provide additional funding and resources.	**S-O Strategies** -Utilize real-time stock management capabilities to streamline logistics for other health programs. -Promote the system's reliable data collection to gain support from policymakers for funding. -Partner with tech companies to keep the system updated and incorporate new features, ensuring FP-LMIS remains relevant and effective.	**W-O Strategies** -Partner with tech companies to resolve technical issues. -Use government policies supporting digital health initiatives to secure resources & reduce dependence on digital literacy.
THREATS (T) • Resistance to change. • Data privacy and security. • Low operationalization of ASHAs. • Informal transactions.	**S-T Strategies** -Strengthen data security protocols to mitigate risks related to data privacy. -Use the system's timely availability of supplies to demonstrate its benefits, reducing resistance from staff. -Engage ASHAs through supervision, monitoring & training.	**W-T Strategies** -Invest in advanced cybersecurity measures to protect against data breaches. -Continuously refine the user interfaces based on feedback to make the system user-friendly & reducing complexity. -Implement measures to track and discourage informal transactions.

SUGGESTIONS

- Implementation of a Referral Tracking System- within the HMIS to accurately track and attribute sterilization cases to the original referring locations.
- Introduce incentive mechanisms for ASHA workers based on their performance in indenting.
- Establish a transparent system to monitor and report the performance of both public and empanelled private institutions cases.
- The FP-LMIS portal should be optimized to be lag-free, ensuring the software operates quickly and efficiently.

ACKNOWLEDGEMENT

I am deeply grateful and privileged to have had the opportunity to pursue my internship at the National Health Mission, Gandhinagar, Gujarat during my MBA in Hospital and Health Management.

I did my internship in the Family Planning Program under the NHM, Gujarat where I had the privilege of working under Dr. S G Jain (Organiztion mentor), Dr. Devesh Tripathi (Consultant, Family Planning Program) and Dr. Shikha Panchal (Program Officer, Family Planning Program) for their unwavering support, guidance, and expertise have played a pivotal role in my learning and growth during my time in NHM. Their willingness to share their knowledge and provide guidance throughout my project has been instrumental in its success.

I would also like to extend my heartfelt thanks to my university mentor, Dr. Goutam Sadhu for his unwavering support, encouragement and valuable insights that have been instrumental in shaping my understanding and approach towards my project and complemented my internship experience.

The internship has been an enlightening and transformative experience. I am truly grateful for the opportunity to work with such dedicated professionals who have been instrumental in shaping my understanding of the organization and its objectives. Their commitment to excellence and their continuous support have greatly contributed to my professional development.

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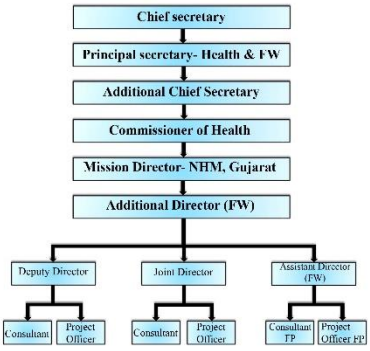

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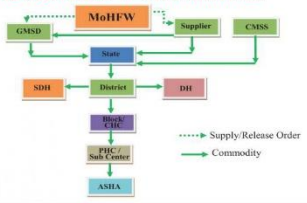

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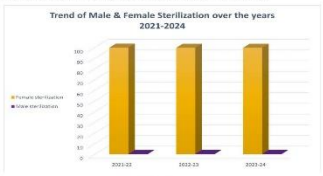

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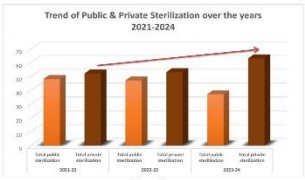

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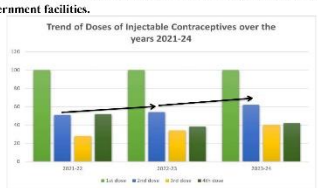

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INTRODUCTION OF GUJARAT STATE

Gujarat, located on India's western coast, shares its borders with Rajasthan, Madhya Pradesh, Maharashtra, and the Union Territories of Daman and Diu and Dadra and Nagar Haveli. It's a vibrant state, ranking as the sixth-largest in India by area and the ninth-largest by population. The state is divided into six regions, each comprising 4 to 7 districts.

In terms of administration, Gujarat is organized into districts, subdivisions, blocks, and villages. It has 33 districts, 122 subdivisions, and 248 blocks. The state's urban governance includes 8 municipal corporations and 156 municipalities, while rural governance is managed through 14,273 Panchayats.

INTRODUCTION TO NHM (NATIONAL HEALTH MISSION)

The Government of India launched the National Health Mission (NHM) to provide comprehensive healthcare to its citizens, focusing on both urban and rural areas through the National Urban Health Mission (NUHM) and the National Rural Health Mission (NRHM). NHM brings together several national health programs, including the Reproductive and Child Health II project (RCH-II), the National Disease Control Programs, and the Integrated Disease Surveillance Project. It also integrates traditional health systems like Ayurvedic, Yoga, Unani, Siddha, and Homeopathy (AYUSH).

Key components of NHM include:

- Health System Strengthening: Improving the infrastructure and efficiency of health services.
- Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A): Ensuring the health of mothers, newborns, children, and adolescents.
- Disease Management: Addressing both communicable and non-communicable diseases.

The mission’s primary objectives are to:

- Enhance access to quality healthcare.
- Foster community ownership and demand for health services.
- Strengthen public health systems for efficient service delivery.
- Improve equity and accountability in healthcare provision.
- Promote decentralization to offer effective healthcare, especially in rural and disadvantaged areas.

NHM aims to make high-quality, affordable healthcare accessible to all, with a special focus on rural residents, particularly vulnerable groups like women and children. By doing so, it strives to build a healthier, more equitable society.

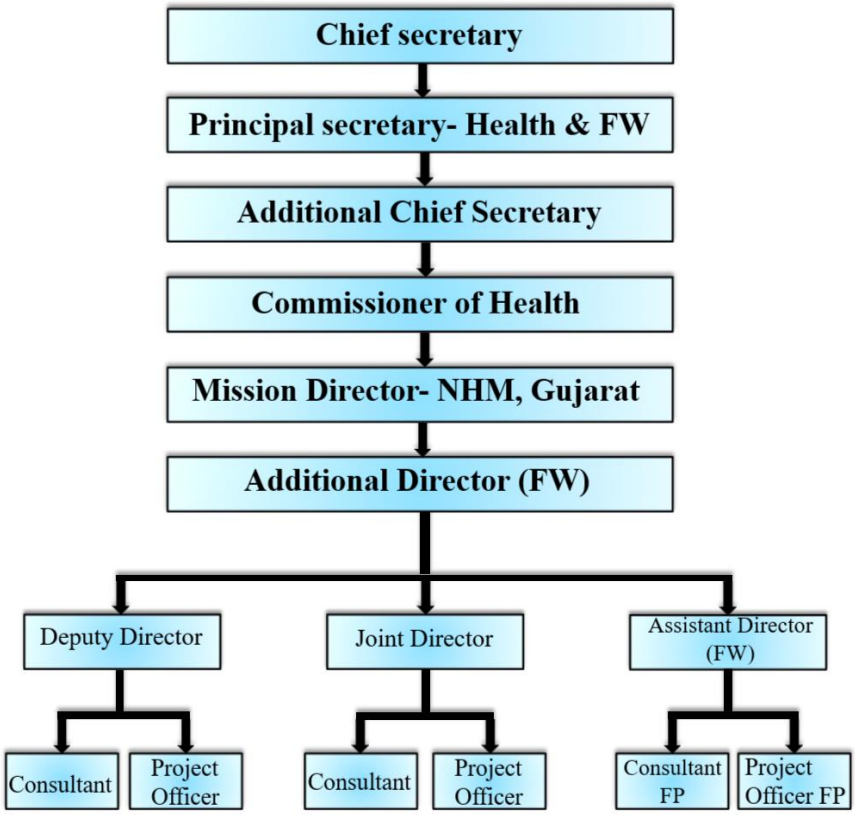
GOALS OF NHM:

- Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years.
- Universalize access to public health services for Women's health, Child health, water, Hygiene, sanitation and nutrition
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Ensuring population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH promotion of healthy lifestyles.

According to National Family Health Survey (NFHS) (5):

PARTICULARS	INDIA	GUJARAT
TFR	2.0	1.9
MCPR	67%	65%

Organization structure



INTRODUCTION TO THE FAMILY PLANNING (FP) PROGRAM

Couples have the right and responsibility to plan their families, deciding if and when to have children, and taking steps to achieve their desired family size. Family planning methods are crucial for preventing unwanted pregnancies and reducing preventable deaths from pregnancies that are "too soon or too many," significantly impacting maternal, newborn, and child health outcomes.

- **Too early or too late**: If a mother is under 18 or over 35, the risks associated with pregnancy increase.
- **Too frequent**: If the interval between pregnancies is less than 2 years, or if the next pregnancy occurs within 6 months after a miscarriage or abortion, the health risks rise.
- **Too many**: If a woman is pregnant for the fifth time or more, the potential complications multiply.

Unwanted pregnancies can have serious health consequences:

- **For the mother**: These include anemia, increased risk of infections, abortions, hemorrhage, obstructed labor, pre-eclampsia, and premature rupture of membranes.
- **For the child**: Risks include low birth weight and higher chances of infant mortality.

HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP):

Before trying to become pregnant, a woman should consider using family planning methods to ensure her health and the health of her future children. Some key guidelines for that :

- **Age**: She is at least 18 years old before having her first child.
- **Spacing between pregnancies**: It's advisable to wait at least 24 months after childbirth before becoming pregnant again. The ideal interval between births is at least 36 months.
- **After a miscarriage or abortion**: She should wait at least 6 months before trying to conceive again.

Contraceptives play a crucial role in maintaining Healthy Timing and Spacing of Pregnancies (HTSP). Here’s when pregnancy can occur if no contraceptives are used:

- 6 weeks postpartum: If she's not exclusively breastfeeding.
- 6 months postpartum: If she's exclusively breastfeeding.
- 4 weeks postpartum: If she's not breastfeeding at all.
- 4 weeks after a second-trimester abortion.

Using contraceptives helps manage the timing and spacing of pregnancies, ensuring healthier outcomes for both the mother and the child.

FAMILY PLANNING METHODS

Family planning services are available to women and couples aged 15 to 49, ensuring they have the tools to plan their families effectively. The National Family Planning program offers a variety of contraceptive options, all free of charge at public health facilities and through ASHAs (Accredited Social Health Activists).

Temporary Methods:

1. **Intrauterine Contraceptive Devices (IUCDs)**: IUCD 380A and IUCD 375.
2. **Injectable Contraceptive**: Medroxyprogesterone Acetate (MPA).
3. **Oral Contraceptive Pills**: Combined pills (Mala N) and centchroman pills (Chhaya pills).
4. **Conventional Contraceptives**: Condoms.

Permanent Methods:

1. **Female Sterilization**: Laparoscopic or minilap sterilization.
2. **Male Sterilization**: Conventional or non-scalpel vasectomy.

These options provide a range of choices to suit different needs and preferences, helping individuals and couples make informed decisions about their reproductive health.

Compiled Report

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: Family Planning

Name of the Student: Dr. Deepshikha

Roll no: 1702 **Stream:** MBA in Hospital and Healthcare Management

Activity Done

Introduction to Family Planning Program

During my internship, I studied the guidelines of "Introduction to Family Planning" and the "Family Planning Guidance Booklet for CHO" to gain comprehensive insights into the history of family planning programs, various contraceptive methods, schemes under the National Family Planning Program, and the role of Community Health Officers (CHOs). This foundational knowledge enabled me to complete a detailed 13-page document on the family planning program, encompassing key aspects such as program objectives, strategies, implementation processes, and the different methods employed. Additionally, I learned about the flow chain of family planning commodities, from the highest level to end users, which provided me with a thorough understanding of the logistics and distribution process.

FP-LMIS

I completed reading the Family Planning Logistics Management Information System (FP-LMIS) training manual and user guide, which enabled me to gain proficiency in using the FP-LMIS website, particularly its user interface. Through this, I learned the processes for indenting and issuing family planning commodities. Additionally, I acquired in-depth knowledge about logistics supply chain operations at all facility levels through the FP-LMIS portal.

FP-LMIS is a user-friendly application that has been developed by MoHFW to strengthen the FP commodity supply chain. It is a single, integrated computerized application designed to oversee and control Family Planning resources at every level. Data is displayed, compiled, analyzed, and validated using the application from every level of the FP commodities logistics system to facilitate the formulation of strategic logistical decisions.

This application not only provides decision makers with essential information on stockouts, overstock, expired, and damaged inventory through reports and graphs to assist in planning the procurement of commodities for the National Family Planning Program, but it also calculates annual demand and usage for online indenting, distribution, and stock management.

The FP–LMIS portal can be accessed at www.fplmismohfw.in

Key features:

It is a web-based, mobile app-based, and SMS-based applications provide instant access to stock information from the national level down to the ASHA level, facilitating efficient management and distribution. These applications feature auto forecasting of contraceptive needs, ensuring that supplies are adequately planned and maintained. Additionally, SMS alerts for key indicators help keep stakeholders informed and prompt timely actions. The system also includes auto-generated reports for program evaluation, enhancing the ability to monitor progress and make data-driven decisions for improved program outcomes.

Key benefits:

- Effective supply chain management to minimize supply imbalances and stockouts.
- Reduction in paperwork.
- Decreased time required for data collection, transmission, and result aggregation.
- Timely and accurate data to support decision-making.

The Main Menu bar of the home page of the portal contains the following options:

1. ***Forecast*:** This option is used to generate demand and approve demand by the store from where the demand is raised and the store to which the demand is to be raised respectively.
2. ***Purchase***: This option is used to procure commodities, cancel purchase orders, track the details of the purchase order, plan the distribution of the purchased commodities across various warehouses and view the supplier interface desk which contains details of the name of the item, batch number, sample drawn quantity, manufacturing date and the expiry date of the items supplied by the supplier. The SSM Division procures some quantities of commodities from PSUs and/or through the tendering process and the rest of the quantities through CMSS.
3. ***Stock:*** This option is used to receive consignments through the challan process at the State warehouse or GMSD, enter the Ground Stock (physically usable stock available in the warehouse at a point in time) in a warehouse and receive & acknowledge the items by the store when received.
4. ***Indent:*** This option is used to create or generate an indent and approve the indent requested by the supervisor.
5. ***Issue:*** This option is used to issue items against an indent received from the sub-store, issue stock to any of the sub-stores without an indent, issue items to the client and inter transfer the supply between two sub-stores under a particular warehouse.
6. ***Reports:*** This section provides reports like current stock, issue report, damage summary report, expiry summary report, particular batch number of any commodity, stock ledger report, received report, reports on critical performance indicators such as procurement status, stock position, stock out situation & near expiry status, annual demand report and compiled demand report.

HMIS

I learned about the functionality of HMIS (Health Management Information System) website, its user interface and various indicators related to FP. Learned how to extract and compile data of the family planning performance across all districts and corporations as well as at the facility levels from the HMIS portal and analyzed the performance of the different indicators.

ANALYSIS OF THE PERFORMANCE OF THE FAMILY PLANNING INDICATORS ACROSS ALL THE DISTERICTS AND THE CORPOATIONS

For the performance indicator analysis, I extracted data sheets from the HMIS portal. After obtaining the "total performance" and "performance in public facilities" data sheets for all the districts and corporations separately, I had compiled all the four data sheets into a single sheet. Next, I calculated the performance data for private facilities by subtracting public facility performance from the total data for each indicator across all districts and corporations. Thereafter, I subtracted the performance data (total, public and private facilities) of the corporations (AMC, BMC, GMC, JMC, JuMC, RMC, SMC and VMC) from their respective districts (Ahmedabad, Bhavnagar, Gandhinagar, Jamnagar, Junagadh, Rajkot, Surat and Vadodara) to assess district level performance. Finally, with the help of Microsoft Excel, I analyzed the performance of the indicators across all the districts and corporations in the six different regions of Gujarat.

The performance indicators under the Family Planning Program are:

1. Female sterilization against ELA (Expected Level of Achievement)
2. Male sterilization against ELA (Expected Level of Achievement)
3. Percentage of Postpartum (within 48 hours of delivery) intrauterine contraceptive device (PPIUCD) inserted = (PPIUCD inserted in public facilities ÷ Institutional deliveries in public facilities) *100
4. ANTARA – Injectable contraceptive (MPA-Medroxy Progesteron Acetate)
    i. Percentage of dropout at Second Dose MPA [{(no. MPA 1st dose - no. of MPA 2nd dose)/no. of MPA 1st dose)} *100]
    ii. Percentage of dropout at Third Dose MPA [{(no. MPA 1st dose - no. of MPA 3rd dose)/no. of MPA 1st dose)} *100]
    iii. Percentage of dropout at Fourth Dose MPA [{(no. MPA 1st dose - no. of MPA 4th dose)/no. of MPA 1st dose)} *100]
5. Number of Combined Oral Pill cycles distributed
6. The number of Condom pieces distributed
7. Number of Centchroman (weekly) pill strips distributed
8. Number of Emergency Contraceptive Pills (ECP) given
9. Complications following male sterilization
10. Complications following female sterilization

Using the HMIS, I also extracted district-wise data on postpartum intrauterine contraceptive device (PPIUCD) insertions and calculated the respective percentages. I prepared a monthly data report for the period from April 2023 to March 2024, covering various facilities including AAM-PHC 24*7 (R), AAM-PHC (R), UPHC-AAM, and other equivalent PHCs. Additionally, I compiled comprehensive data on the total number of public and private sterilizations.

Data Analysis

During my internship, I conducted extensive data analysis using Excel, where I analyzed the total number of female sterilizations and IUCD insertions across different regions of Gujarat. I categorized the data based on public and private institutions and created graphical representations for better visualization and understanding. In terms of performance analysis, I evaluated various family planning indicators across all districts and corporations in the six regions of Gujarat. I focused on analyzing data of eligible couples using different family planning methods, especially those with three or more live children who do not use any family planning method.

I also performed trend analysis and reporting by analyzing and creating charts for the Family Planning Program's overview for the fiscal years 2020-21, 2021-22, 2022-23, and 2023-24 using HMIS data. I conducted trend analysis and comparison of the percentages of male and female sterilizations over the years 2021-24, as well as the percentages of public and private sterilizations and doses of injectable contraceptives over the same years.

To summarize my findings, I created a comprehensive PowerPoint presentation covering the analyzed data of the Family Planning Program from FY 2021-24. This presentation included an overview of the total number of sterilizations, male and female sterilizations, IUCD and PPIUCD insertions, and the use of oral pills, conventional contraception, and injectable contraceptive MPA (first dose).

Field Visits to PHC & UPHC

Viratnagar UPHC

On May 29th, I visited the Viratnagar Urban Health Center (UPHC), which is under the Ahmedabad Municipal Corporation, and gathered detailed observations on its operations. The OPD and medicine dispensing system operates from 9 am to 12 noon. The center houses a minor OT where tubal ligation and non-scalpel vasectomy procedures are conducted, with 8-12 operations performed every Tuesday and Thursday, and patients discharged by 4 pm. For these procedures, each beneficiary signs a consent form, and their Aadhaar card and bank account details are recorded to ensure they receive the provided incentives.

The Viratnagar UPHC maintains detailed registers for tubal ligation and non-scalpel vasectomy, documenting beneficiary and ASHA details on the day of surgery, with records uploaded monthly to the HMIS website. Analysis of these records, along with HMIS portal data, shows that the number of male and female sterilizations at Viratnagar UPHC is higher compared to nearby UPHCs. This is attributed to an extensive patient pool, including referrals from other UPHCs, which boosts Viratnagar's performance indicators but negatively impacts those of other UPHCs.

The ARSH Clinic (Adolescent Reproductive Sexual Health Clinic) operates on Tuesdays and Thursdays, educating adolescent boys and girls up to 18 years on menstrual and reproductive health and family planning methods. Sessions are conducted for girls on Tuesdays and boys on Thursdays.

The vaccine storage cold chain system at Viratnagar UPHC ensures vaccines are efficiently distributed. On Mondays, Wednesdays, and Fridays, ASHAs receive estimated vaccines for their respective populations, which they transport in vaccine carriers to the field. Daily records are kept in E-VIN registers, one for dispensing records and another for usage records, with data uploaded to the Techo website.

Lastly, the UPHC has a system for indenting family planning commodities. When there is a stockout of any commodity, the UPHC sends an indent to the Arogya Bhavan of Ahmedabad district, and supplies are typically provided within 2-3 days.

Bhaipura UPHC

On May 29th, I visited the Bhaipura Urban Health Center (UPHC), which is part of the Ahmedabad Municipal Corporation, and made several observations about its operations. The OPD and medicine dispensing system operates from 9 am to 12 noon. The center maintains an Inserted Copper-T record register (Interval IUCD) and has separate registers for female and male sterilizations. However, since the facility does not conduct these operations, beneficiaries are referred to the Viratnagar Urban Health Center, and only the referred patients are recorded in these registers. The number of male sterilization referrals is notably low each year.

The vaccine storage cold chain system at Bhaipura UPHC ensures that on Mondays, Wednesdays, and Fridays, ASHAs receive estimated vaccines for their populations, which they transport in vaccine carriers to the field for administration. Daily records are meticulously maintained in E-VIN registers, with one register tracking the number of vials dispensed each day and another tracking the number of vials used per day, and this information is uploaded to the Techo website.

I also learned about the process ANMs use to update records on the Techo website. ASHAs collect data from the field through door-to-door visits, and ANMs update the records either by the family code of the person or directly by their name.

Regarding the indenting process for family planning commodities, whenever there is a stockout of any commodity, the UPHC sends an indent to the Arogya Bhavan of Ahmedabad district. The pharmacist then personally goes to Arogya Bhavan to collect the indented commodities.

Additionally, I engaged with the healthcare workers at ***PHC Palaj*** to understand their workflows and challenges better, providing me with a comprehensive view of the operational dynamics at this health center.

<u>World Population Day Campaign</u>

I studied the guidelines for the World Population Day (WPD) Campaign 2024, which will be observed in India in four distinct phases: the "Preparatory Phase" (from 1st June to 20th June 2024), the "Community Mobilization Fortnight" (from 27th June to 10th July 2024), the "Service Provisioning Fortnight" (from 11th July to 24th July 2024), and the "Reward & Recognition" phase. To ensure that all necessary preparations and activities align with the campaign objectives, I developed a detailed checklist. As part of my

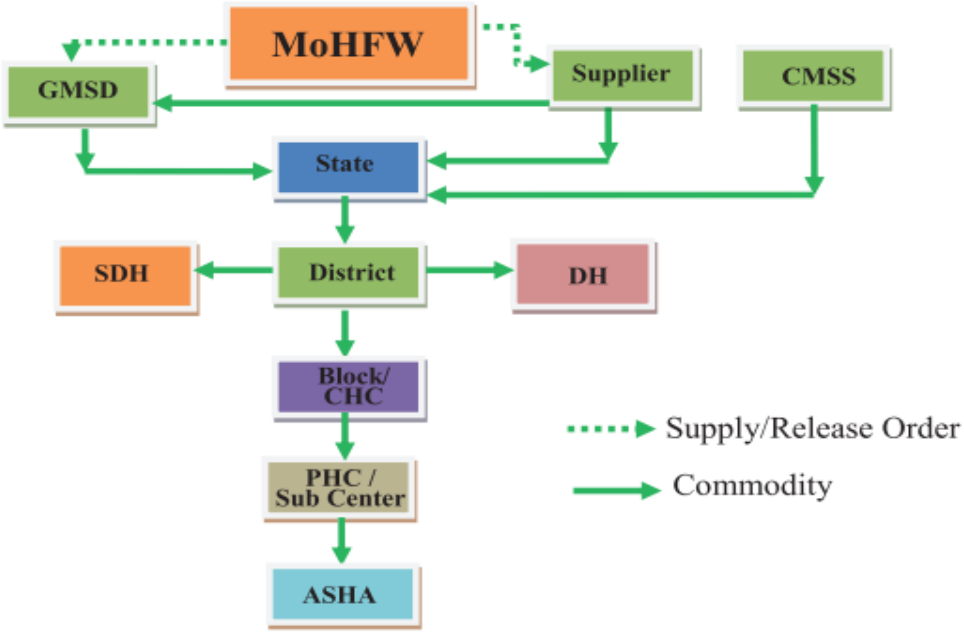
involvement in the campaign, I conducted a field visit to Anand district to observe the mobilization phase. During my visit, I checked whether IEC materials were present and noted that virtual meetings were conducted where all districts displayed their activities and district officials explained how to fill out reports. Additionally, I contributed to the campaign's Information, Education, and Communication (IEC) efforts by submitting an animation video designed to raise awareness about male sterilization.

JSSK & Child Health

I studied the guidelines of the Janani Shishu Suraksha Karyakram (JSSK) program and gained a thorough understanding of its objectives and operations. As part of my work, I compiled the JSSK yearly report for the fiscal year 2023-24 and learned how the JSSK scheme functions, triangulating its performance indicator data collected physically with the HMIS data. Additionally, I reviewed the overall programmatic brief of the Child Health program and job aid for home visits by ASHA, specifically focusing on HBNC and HBYC. This comprehensive study has provided me with valuable insights into both the JSSK and Child Health initiatives.

Program Implementation and Planning

I learned about the flow chain of funds for family planning commodities, gaining insights into how resources are allocated and distributed.



Additionally, I wrote a fundraising proposal aimed at training healthcare workers and procuring family planning commodities in a district as part of a CSR project. This experience enhanced my understanding of the financial mechanisms involved in supporting family planning initiatives.

Linking theory (Classroom learning) with practice at your organisation

Linking classroom learning with practice at my organization has been a transformative experience. My foundational knowledge of how the National Health Mission (NHM) functions and the roles of various departments enabled a smooth integration into the organization's workflow. Understanding the structure and objectives of national health programs facilitated effective collaboration and communication with different NHM departments. I applied principles of public health management to evaluate the effectiveness of health services at Urban Primary Health Centers (UPHCs). The family planning program module in Demography provided essential insights into Total Fertility Rate (TFR), various family planning methods, and schemes, which were crucial in compiling a detailed family planning document. Additionally, principles of epidemiology and health development were utilized to assess and improve programs like Janani Shishu Suraksha Karyakram (JSSK) and Child Health, focusing on enhancing maternal and child health outcomes. My familiarity with digital health allowed for quick adaptation to using the FP-LMIS and HMIS websites, facilitating data entry, tracking, and reporting processes. Theoretical knowledge in communication strategies and behavior change communication was instrumental in creating effective IEC materials to promote male sterilization. Finally, the steps learned in Project Implementation Plan (PIP) formulation were directly applied in writing proposals and planning program implementations, reinforcing the connection between theory and practice.

Gaps identified on the working area.

1. There is a significant delay in receiving family planning commodities after placing orders.
2. There is an informal practice of exchanging commodities between various stores, without updating these transactions on the FP-LMIS portal. This leads to discrepancies in inventory tracking and data accuracy.
3. All the cases are registered in HMIS under Viratnagar UPHC, which shows a high sterilization index for Viratnagar and a poor index for the places from where they are referred.
4. During the years 2021-2024, for subsequent doses of injectable contraceptives fewer individuals returned for the second, third, and fourth doses compared to later years, indicating challenges in follow-up adherence.

Suggestions for improvement

1. Enhance inventory management with real-time tracking and improve communication with vendors for faster delivery.
2. Establish a standardized protocol for the exchange of commodities between stores, ensuring all transactions are promptly and accurately updated on the FP-LMIS portal.
3. Implementation of a Referral Tracking System- Establishing a system within the HMIS to accurately track and attribute sterilization cases to the original referring locations.
4. Implement reminder systems, such as SMS alerts, to prompt individuals for subsequent doses.

   Conduct community awareness campaigns emphasizing the importance of completing the full course of injectable contraceptives.

8 WEEKLY REPORTS

Week 1

Name of the Organisation: National Health Mission, Gujarat

Area/ Department/ Project of Summer Internship Program: Family planning

Name of the Student: Dr. Deepshikha

Roll no: 1702 **Stream:** MBA in Hospital and Health Management

Week no: 01 **From:** 6/05/2024 **to** 9/05/2024

Activity Done	-Studied guidelines of "Introduction to Family Planning" and "Family Planning Guidance Booklet for CHO" to gain insights into the history of family planning programs, various contraceptive methods, schemes under the National Family Planning Program, and the role of Community Health Officers (CHOs). -Conducted data analysis using Excel sheets on the total number of female sterilizations and IUCD insertions across different regions of Gujarat. This involved categorizing data based on public and private institutions and creating graphical representations for better visualization and understanding. -Interacted with supervisors and colleagues to understand the practical aspects of family planning implementation in Gujarat.
Linking theory (Classroom learning) with practice at your organisation	-Classroom learnings from various modules that were taught across our first year played a substantial role in our understanding of how the NHM functions. -Learnings from modules such as National Health Programmes, Health Policy and Health Care Delivery System, Demography, Epidemiology, and Health and Development, all played a role in ensuring a smooth and adept understanding of what role each department of NHM plays. -Knowledge of excel sheet helped in the analysis of data.

Gaps identified on the working area.	Major gaps that could be identified within the first week of being introduced to the organisation included lack of orientation program.
Suggestions for improvement	Though the current level of functioning is adequate, one area that could use some improvement is the delivery of the orientation programme. I believe it will give us more clarity about the work we are supposed to do.
Plan for the next week	-Further analyse the data on contraceptive methods to identify trends and patterns. -Accompany supervisors during field visits to gain firsthand experience in community-level family planning service delivery.

Week 2

From: 13/05/2024 **to** 18/05/2024

Activity Done	Preparation of Family Planning Program Document: • Completed a 13-page document detailing the family planning program which included various aspects such as program objectives, strategies, implementation processes, and different methods. FP-LMIS Training Manual Review: • Finished reading the FP-LMIS training manual and user guide. • Gained an understanding of the logistics management information system used for family planning resources.
Linking theory (Classroom learning) with practice at your organisation	• Learnings of Family planning program in Demography helped me to make the document. (TFR, FP methods, various schemes of FP)
Gaps identified on the working area.	• A shortage of trained and dedicated personnel for stock indents, as well as staff transfers or relocations, cause knowledge and skill deficiencies. • There is a significant delay in receiving commodities after placing orders, impacting the timely availability of essential supplies.

Suggestions for improvement	• To address FP-LMIS issues, implement comprehensive training and certification programs, create dedicated roles, and develop detailed SOPs. • Enhance inventory management with real-time tracking and improve communication with vendors for faster delivery.
Plan for the next week	• Learn to use the FP-LMIS software. • Go on a field visit.

Week 3

From: 20/05/2024 **to** 24/05/2024

Activity Done	• Learned the functionality of the FP-LMIS website, focusing on its user interface and various modules for data entry, tracking, and reporting. • Learned about the flow chain of family planning commodities from the highest level to end users, understanding the logistics and distribution process. • Created a document detailing the brief of Family Planning services in various districts of Gujarat. • Learned about the functionality of HMIS website, its user interface and various indicators related to FP.
Linking theory (Classroom learning) with practice at your organisation	• Familiarity with digital health tools and platforms helped me quickly adapt to using the FP-LMIS and HMIS websites.
Gaps identified on the working area.	• There is an informal practice of exchanging commodities between various stores, without updating these transactions on the FP-LMIS portal. This leads to discrepancies in inventory tracking and data accuracy.
Suggestions for improvement	• Establish a standardized protocol for the exchange of commodities between stores, ensuring all transactions are promptly and accurately updated on the FP-LMIS portal.
Plan for the next week	• Engage in more detailed training sessions on the

	FP-LMIS and HMIS systems. • Observe a district warehouse for FP commodities to understand the storage, management, and distribution processes.

Week 4

From: 27/05/2024 **to** 1/06/ 2024

Activity Done	- Field Visits to Viratnagar UPHC and Bhaipura UPHC. - Compiled a comprehensive report document summarizing the findings from the field visits. - Read the guidelines for the upcoming World Population Day campaign 2024. - Developed a detailed checklist to ensure all necessary preparations and activities align with the campaign objectives.
Linking theory (Classroom learning) with practice at your organisation	- Applied principles of public health management learned in the classroom to evaluate the effectiveness of health services at the UPHCs.
Gaps identified on the working area.	- All the cases are registered in HMIS under Viratnagar UPHC, which shows a high sterilization index for Viratnagar and a poor index for the places from where they are referred.
Suggestions for improvement	- Implementation of a Referral Tracking System- Establishing a system within the HMIS to accurately track and attribute sterilization cases to the original referring locations.
Plan for the next week	- To learn Data triangulation. - Go on a field visit.

Week 5

From: 3/06/2024 **to** 7/06/ 2024

Activity Done	June 4-5, 2024 (JSSK Program) • Read and understood the guidelines of the Janani Shishu Suraksha Karyakram (JSSK) program. • Compiled the JSSK yearly report for the FY 2023-24. • Conducted data triangulation by comparing HMIS data with physical reports. June 6-11, 2024 (Child Health Program) • Studied the guidelines of overall brief of the Child Health program. Worked on an analysis chart of the Family Planning program's overview for FY 2020-21, 2021-22, 2022-23, and 2023-24 using HMIS data.
Linking theory (Classroom learning) with practice at your organisation	Understanding the determinants of health and the development of health programs and applying this knowledge in assessing and improving programs like JSSK and Child Health to enhance maternal and child health outcomes.
Gaps identified on the working area.	Supportive and follow-up mechanisms by ASHA workers in Home-Based Newborn Care (HBNC) is not as per the guidelines.
Suggestions for improvement	• Periodic review and analysis of performance by ASHA resource cell, a robust monitoring and evaluation framework to ensure consistency and accuracy in data reporting. • Introduce incentive mechanisms for ASHA workers based on their performance in follow-up and support activities. • Encourage the use of mobile applications and other digital tools for real-time data entry and monitoring by ASHA workers.
Plan for the next week	• Continue working on the Child Health program. • Prepare a presentation on the findings and suggestions for the Family Planning program overview analysis.

Week 6

From: 10/06/2024 **to** 15/06/2024

Activity Done	• I studied the guidelines of the Child Health Program. • Analysis and interpretation of data pertaining to the overview of the Family Planning program over the years 2021-2024, followed by making of PowerPoint presentation summarizing the analysed data of the FP program. • I worked on creating Information, Education, and Communication (IEC) material promoting the importance of male sterilization over female sterilization.
Linking theory (Classroom learning) with practice at your organisation	• Knowledge gained in communication strategies and behavior change communication during my studies was instrumental in creating effective IEC material to promote male sterilization.
Gaps identified on the working area.	• During the years 2021-2024, adherence to subsequent doses of injectable contraceptives demonstrated a positive trend. However, fewer individuals returned for the second, third, and fourth doses compared to later years, indicating challenges in follow-up adherence.
Suggestions for improvement	• Implement reminder systems, such as SMS alerts, to prompt individuals for subsequent doses. • Conduct community awareness campaigns emphasizing the importance of completing the full course of injectable contraceptives.
Plan for the next week	• Review of the developed IEC material. • Field visit

Week 7

From: 18/06/2024 **to** 21/06/2024

Activity Done	• Met with the Healthcare workers at PHC Palaj. • Created a PowerPoint presentation that provided an overview of the Family Planning Program. The presentation was data-driven and analysed various aspects of the program. • Submission of an animation video as part of the IEC material to raise awareness about male sterilization.
Linking theory (Classroom learning) with practice at your organisation	Knowledge gained in communication strategies and behaviour change communication during my studies was instrumental in creating effective IEC material to promote male sterilization.
Gaps identified on the working area.	The number of sterilizations performed in private institutions has been steadily increasing each year.
Suggestions for improvement	• Establish a transparent system to monitor and report the performance of both public and empanelled private institutions. • Highlight improvements and success stories from public healthcare facilities to build trust.
Plan for the next week	Review of the developed IEC material.

Week 8

From: 24/06/2024 **to** 29/06/2024

Activity Done	Created various components of a poster under the guidance of my mentors. This involved: - Designing and organizing information in a visually appealing and informative manner. -Collaborating with my mentor to ensure accuracy and relevance of the content. Conducted a field visit to Anand district to observe the World Population Day campaign- mobilization phase.
Linking theory (Classroom learning) with practice at your organisation	Utilized my knowledge of healthcare management principles to understand the operational aspects of the family planning department.
Gaps identified on the working area.	• Limited access to vehicles for field visits, making it challenging for interns to reach field areas efficiently. • Ensuring the accuracy and timeliness of data entry remains a challenge.
Suggestions for improvement	• Allocate dedicated vehicles for field visits to enhance mobility and reach remote areas effectively. • Conduct regular audits to ensure compliance with protocols and identify areas for improvement.
Plan for the next week	Work on my report.

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