

INTERNSHIP REPORT

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INTRODUCTION-

Jhpiego is a nonprofit global leader in creating and delivering transformative healthcare solutions for the developing world. In partnership with national governments, health experts, and local communities, we build health providers' skills and develop systems that save lives now and guarantee healthier futures for women and their families. We aim to revolutionize health care for the planet's most disadvantaged people.

Jhpiego, a Johns Hopkins University Affiliate, translates decades of program experience and in-depth technical knowledge into moments of care that can mean the difference between life and death for women and families. The moment a woman gives birth; the moment a midwife helps a newborn to breathe; the moment a nurse screens for cervical cancer with a simple vinegar swab; the moment a community health worker tests a man for HIV and reports he is HIV free. By embedding the know-how and skills into everyday practice, we can increase access to quality health services and create a healthier future for generations to come. Access to lifesaving health care for all people, wherever they are, wherever they live, that's our mission.

Jhpiego saves lives, improves health, and transforms futures.

MISSION	Jhpiego creates and delivers transformative healthcare solutions that save lives. In partnership with national governments, health experts, and local communities, Jhpiego builds health providers' skills and develops systems that save lives now and guarantee healthier futures for women and their families.
VISION	Self-reliant countries, healthy families, and resilient communities. All women and families, regardless of where they live, have equitable access to high-quality, lifesaving health care delivered by competent and caring providers.

CPHC-NISHTHA

This five-year project, funded by USAID, aims to transform, redesign, and re-engineer primary health care (PHC) in India for provision of equitable, comprehensive, and client-centered PHC that contributes to improved health outcomes for marginalized and vulnerable populations, including women and girls. NISHTHA supports creating a strong, responsive, accessible, sustainable, and affordable PHC system that ensures the effective delivery of reproductive, maternal, newborn, child, and adolescent health

services and integrates quality services for the control of tuberculosis. NISHTHA is working to ensure the availability of a skilled workforce, create sustainable training ecosystems, and improve health care infrastructure and responsive health systems at the national level and across 12 states (Assam, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura). Core areas of support include: 1) providing technical assistance for the rollout of the Government of India's flagship Ayushman Bharat Health and Wellness Center program, which aims to achieve universal health coverage in India; 2) creating an ecosystem for designing, incubating, and testing innovative solutions; and 3) fostering strategic partnerships between the public and private sectors to strengthen comprehensive PHC and ensure effective delivery of maternal and child health, family planning and tuberculosis services and the School Health and Wellness program. Jhpiego is also establishing learning labs across the country, upgrading and operationalizing 30,050 health facilities into functional Health and Wellness Centers, and empowering 24,000 community health officers to lead PHC teams—thereby providing approximately 143 million people with access to high-quality, comprehensive PHC services.



SERVICES PROVIDED BY THE ORGANIZATION

- Family Planning and Reproductive Health,
- Maternal and Newborn Health,
- Cervical Cancer Prevention,
- Infectious Diseases: HIV/AIDS/Sexually Transmitted Infections,
- Malaria Prevention and Treatment,
- Tuberculosis (TB)

SERVICES PROVIDED UNDER NISHTHA

1. End-to-end technical support to states for operationalization of Ayushman Arogya Mandirs.



Strategic, Technical and
Operational support



Inform policy through
field evidence



Governance Mechanisms
for Primary Healthcare



Sustainable Local
Solutions



Competency Enhancement
of Primary Healthcare
Teams



Expanded Service
Delivery



Health Promotion
and Wellness



Social Behavior Change
Communication and
Community Engagement



IT enabled Recording and
Reporting Mechanisms



Support for enhancing
telemedicine uptake



Continuum of
Care Linkages



Mentoring and Supportive
Supervision

2. Learning Labs and Innovations to Demonstrate Contextualized Scalable Solutions
3. Support for NQAS in Intervention States
4. Strengthening Supply Chain Mechanisms till Primary Healthcare
5. Roll Out of Expanded Package of Services
6. Strengthening AYUSH Arogya Mandirs
7. CHO Leadership Certification Program
8. iLearn: e-Learning Management System for CHOs
9. Bringing Pvt Sector for Strengthening Eye Care Services
10. Community Monitoring & Accountability Mechanism through Jan Arogya Samiti
11. Cross-Sectoral Partnerships for Sustained Healthy Hygiene Behaviors
12. Model Resilient Villages
13. Increasing uptake of FP services among young and low parity couples
14. Strengthening Intra Partum Care at Arunachal Pradesh
15. Integrating NTEP in Primary Health Care
16. Beyond Routine TB Services at AAMs
17. TB Family Caregiver Model

18. Collaborative Framework for TB in Pregnancy
19. Differentiated TB Care Services under TIFA
20. Public Health Surveillance: USAID- NISHTHA's support on Strengthening Public Health Surveillance actively engaged with National Centre for Disease Control (NCDC) and the 8 State Governments to strengthen public health surveillance in eight states
21. Citizen Centric Disease Surveillance Model
22. Support for NPCCHH Programme
23. Technical support for development of Green and climate resilient health facilities
24. Technical Support for surveillance of heat and air pollution related illnesses
25. Gender & Social Inclusion Standards for Ayushman Arogya Mandirs (AAM)
26. Strengthening the Capacities of the Primary Healthcare team to address- Gendered Health Inequalities
27. Communication, Documentation and Knowledge Management
28. Monitoring and Evaluation

OBJECTIVES OF INTERNSHIP

1. Assist the Quality Thematic Lead in field testing and feedback collection on the NQAS playbook and logbook
2. Assist in validation of resource materials used for record review under NQAS through concurrent literature review of available GoI and state guidelines.
3. Assist in performance measurement of NQAS implementation in the intervention states.
4. Perform a literature review on existing best practices on Quality Assurance/ improvement interventions in LMIC countries including India.
5. Assist in the identification of gaps in the roll-out of the expanded range of services at HWCs
6. Do a literature review on the existing disease burden and OOPe in India and NISHTHA intervention states

KEY ACTIVITIES/ PROJECTS UNDERTAKEN OTHER THAN THE DISSERTATION

- Attended the workshop on the health-seeking behavior of the tribal population and their traditional healthcare practice.
- Review of all the EPS operational guidelines and bucketing current National programs under each EPS.
- Verified Eat Right Campaign data from state leads and compiled it to form a summary report.
- Assisted in the identification of gaps in the roll-out of the expanded range of services at AAMs.
- Literature review on health outcomes of tribal population and BOD, pattern of illness, and health-seeking behavior.

- Review of National health accounts data, NSS 75th report, Health in India report, and Niti Aayog's reports on health financing indicators.
- Worked on the HWC List of EDLs- SCPHCs- State-wise mapping for drug categories.
- Follow up with the state leads regarding NQAS State status on - Operationalization, HR, and Funds; worked on AAM EDL for PHC.
- Filled Excel sheet regarding Funds for different segments approved in State ROP and verified the funding amount from State ROP.
- Worked on Job Aids for CHO on EPS.
- Tabulated NFHS 5 data on a few selected indicators for districts.
- Literature review on existing best practices on Quality Assurance & improvement interventions in LMIC countries including India.
- Conducted a thorough analysis of articles to identify areas lacking information and established criteria to uphold excellence within telemedicine.
- Incorporated suggestions and implemented modifications to the job aids based on feedback received.