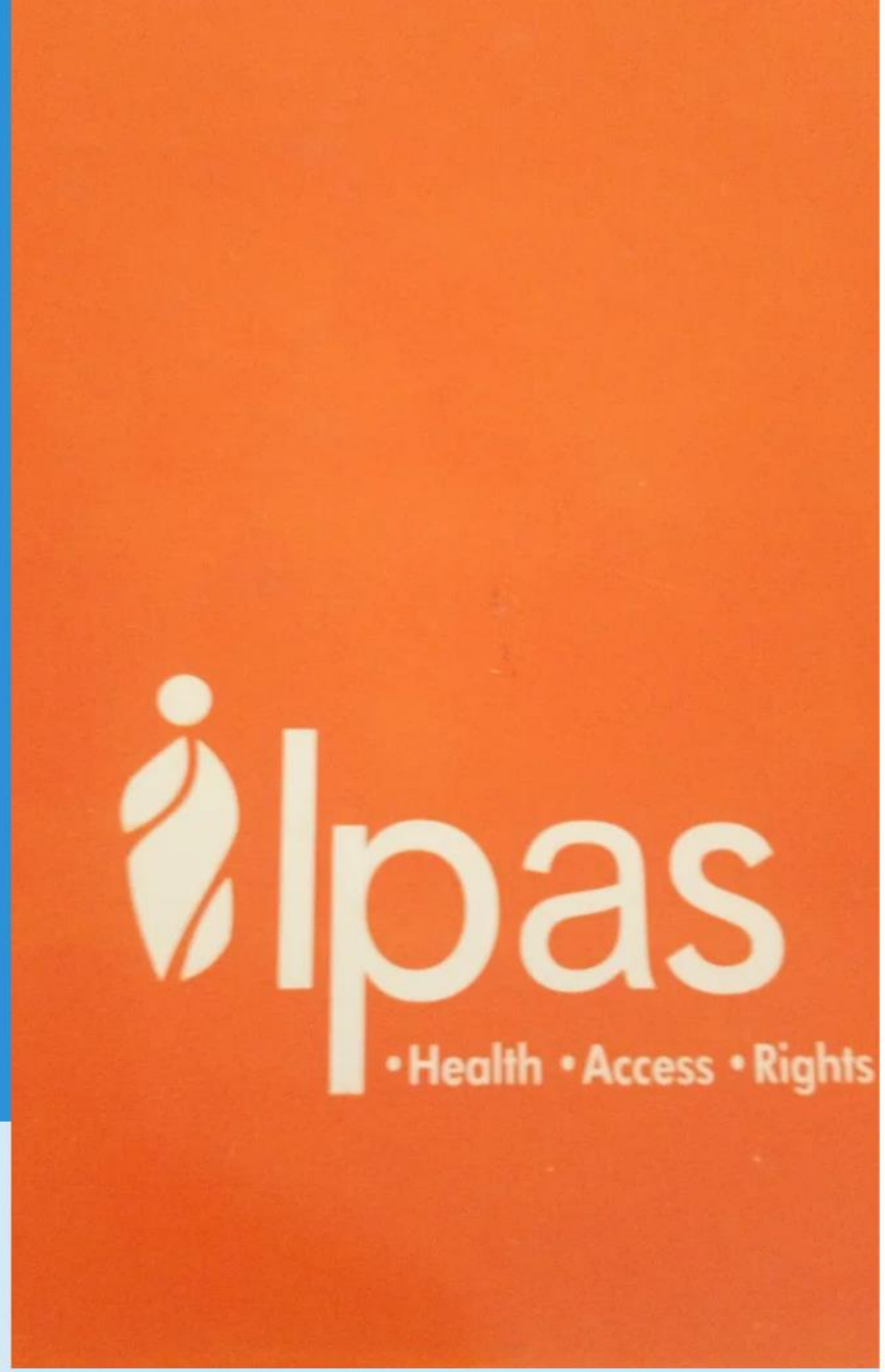
SUMMER TRAINING 2020

Work from Home (Assigned by the Organization)

PART 1



BY
SANCHI BHASIN
MBA-HEALTH AND HOSPITAL MANAGEMENT 2019-2021
ROLL NUMBER- 0985

SCOPE OF WORK

•ROP analysis for comprehensive abortion care, family planning programs for 2017
-2020 for Ipas development foundation intervention states
•To study and document the financial allocation for comprehensive abortion care,
family planning and Rastriya Kishor Swasthya Karyakram from 2017-2020 for Ipas development
foundation intervention states
•Documentation of office orders for family planning and comprehensive abortion care programs
•Social media content analysis (submitted directly to the organisation and not included
in the report)

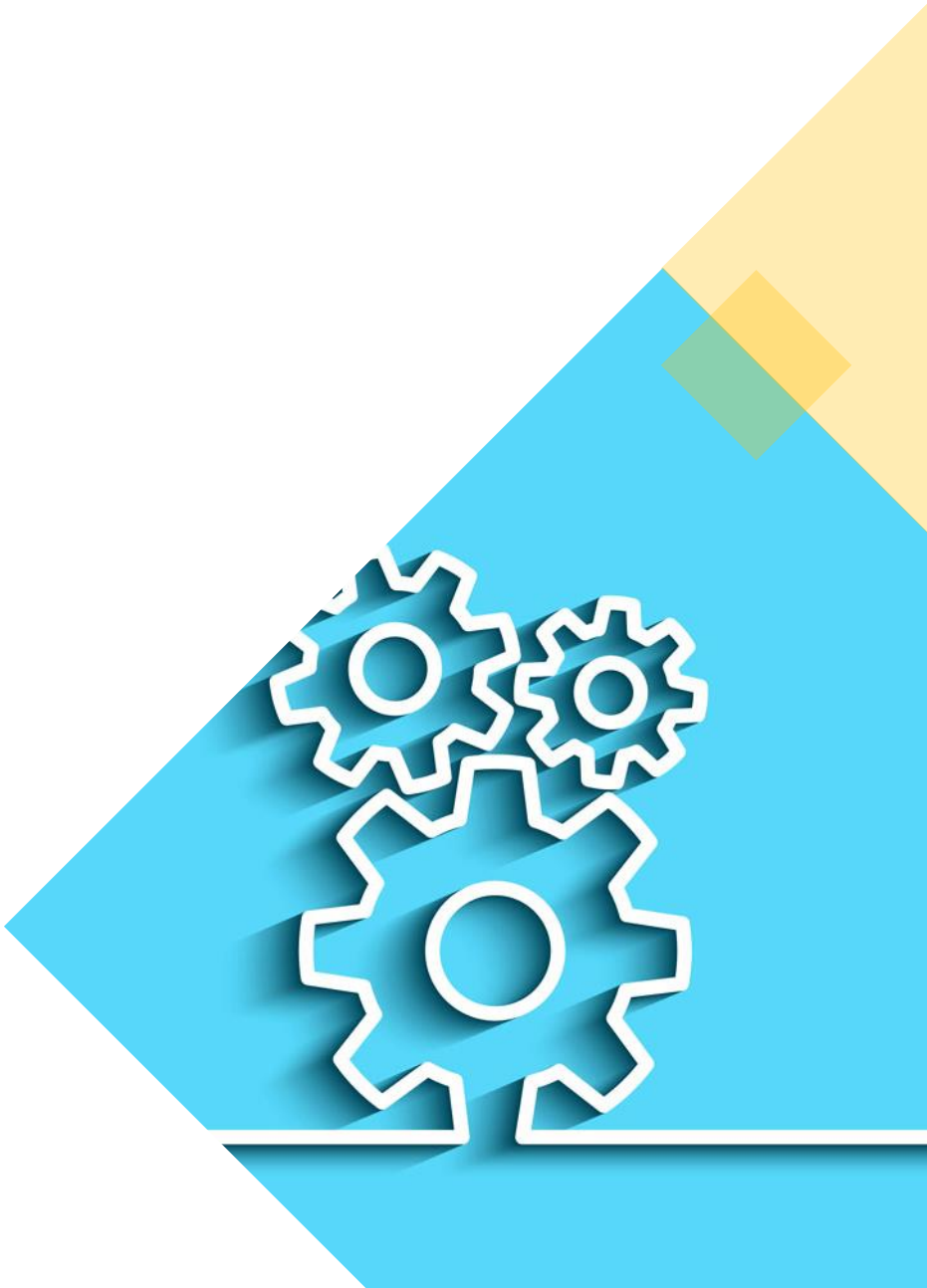
OBJECTIVE

Analysis of the record of proceedings(RoPs) for three financial years 2017-2018; 2018-2019 and 2019-2020 for comprehensive abortion care(CAC) and family planning(FP) programs for the 11 Ipas Development Foundation intervention states

METHODOLOGY

Collection of data

The data was collected from publicly available sources for the following states: Assam, Bihar, Chhattisgarh, Rajasthan, Karnataka, Maharashtra, Madhya Pradesh, Uttar Pradesh, Odisha, Jharkhand and West Bengal. The RoPs and PIPs were downloaded from the NHM website available under the state annual plan from 2017 to 2020. Key indicators for CAC and FP in terms of number of beneficiaries were taken into account corresponding to their respective years were taken from the standard reports available at the health management information system portal.

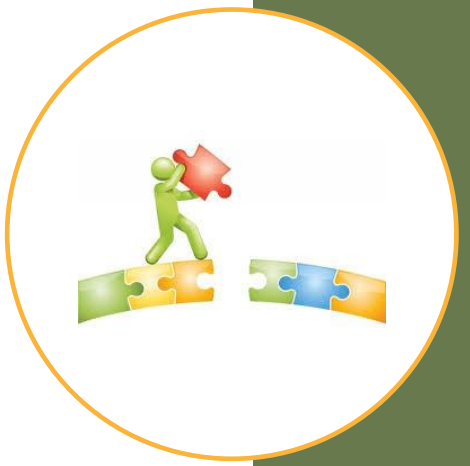


Analysis

- In depth analysis was done to understand the fund allocation under CAC and FP program. Various components like training, incentives, procurement, workshops etc were reviewed. To analyse the cost per beneficiary, service delivery data and over all amount allocation was considered. For family planning spacing method and limiting methods cost per beneficiary was reviewed separately. To understand the allocation pattern, percentage change in allocation was also calculated. Though analysis was limited to three financial years between 2017 to 2020, to understand change in allocation in the 2017-2018 RoP, broad allocation of 2016-2017 RoP was taken.
- MS excel was used for data compilation and analysis and for all the eleven states.
- Purpose of the analysis was to gain understanding of national programs funding mechanism.

Limitations

- While most components that are available under RoP were reviewed and considered, it may be possible that certain fund allocations which were done in combination with another program or component may not have been included. Also, Human resource cost like salary/ consultancy or allowances were not considered in the analysis.
- Any information which is not available in the public domain was not considered for analysis.
- Due to pandemic IDF office was closed, followed by limited access to its employees. Hence during internship period, the office experience could not be gained and also certain tasks which required review of documents in office could not be done.



STATEWISE STATISTICS

A

ASSAM

figure 1:CAC percentage change in ROP

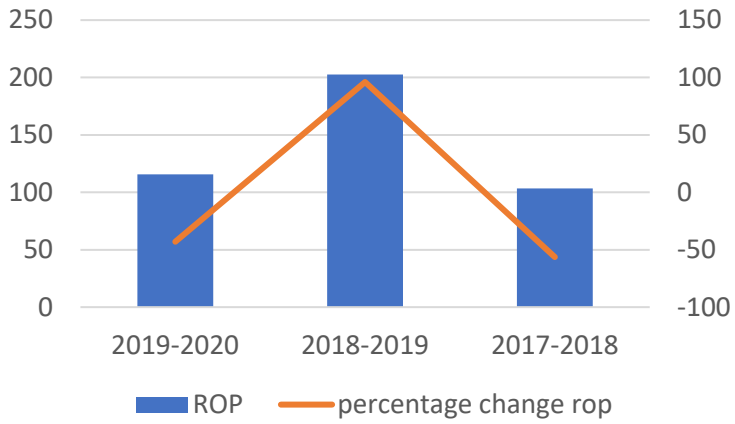


figure2: benficiaries and expense per woman for abortion

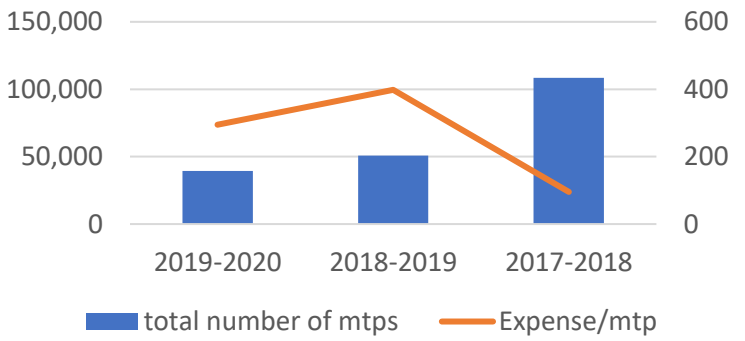


figure 3: FP percentage change in family planning

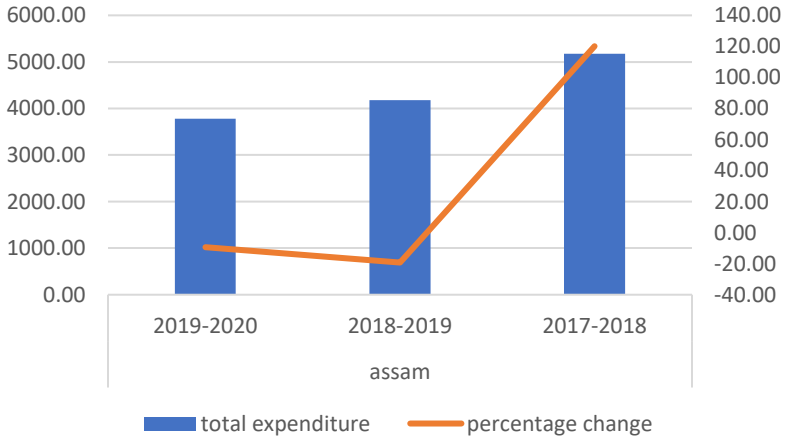


figure 4: spacing method family planning estimates

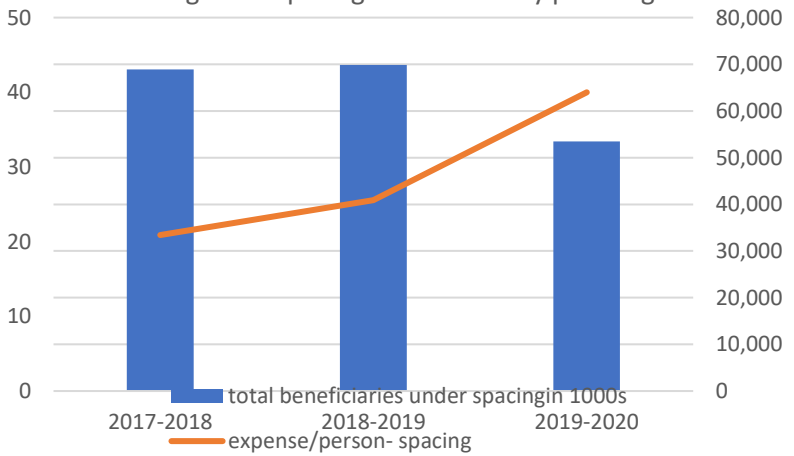
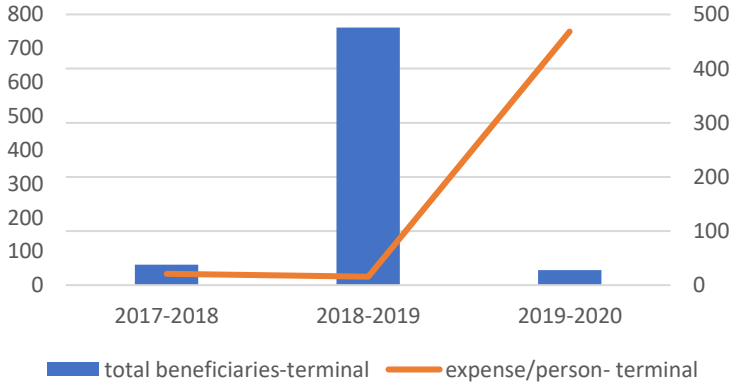


figure 5: terminal family planning estimates



BIHAR

figure 6:CAC percentage change in ROP

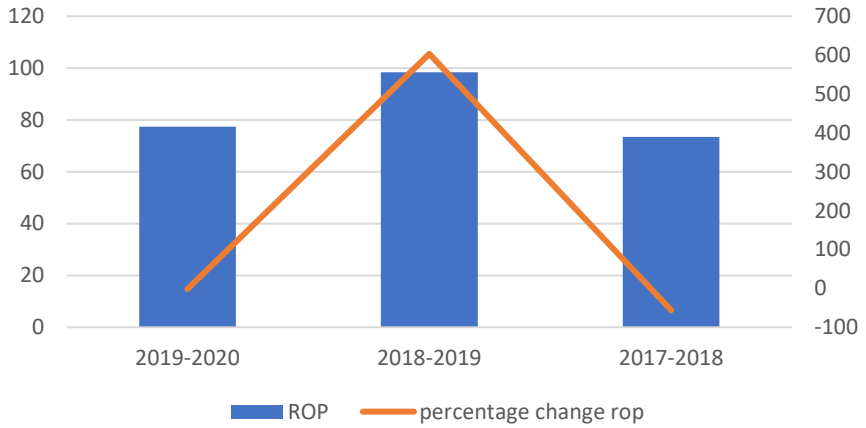


figure7: benficiaries and expense per woman for abortion

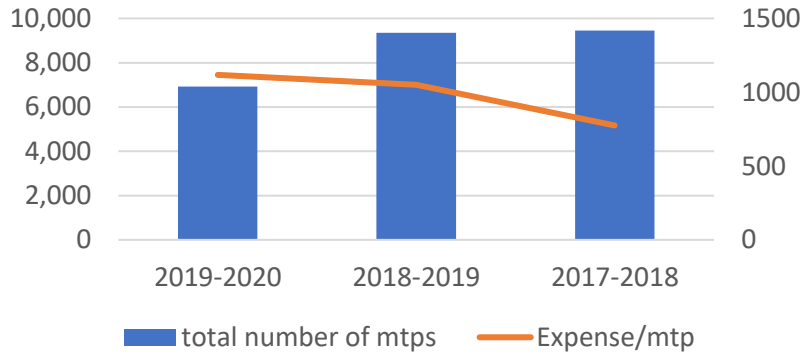


figure 8: FP percentage change in family planning

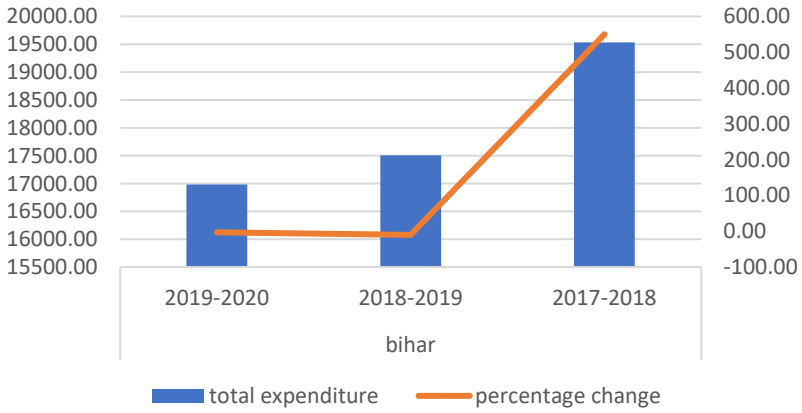


figure 9: spacing method family planning estimates

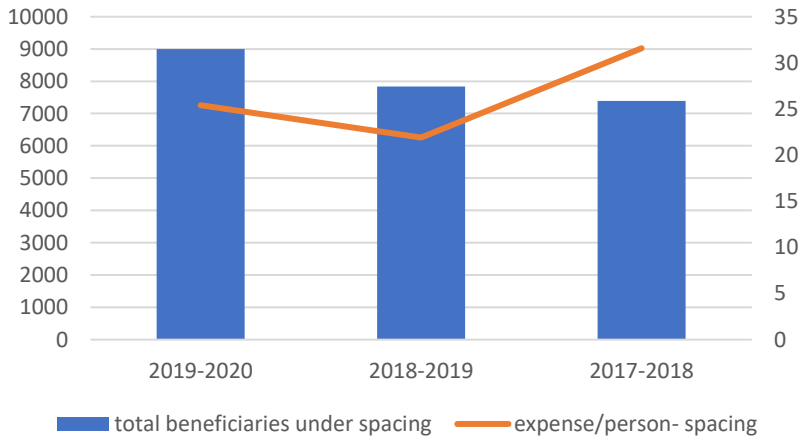


figure 10: terminal family planning estimates

CHATTISSGARH

figure 11:CAC percentage change in ROP

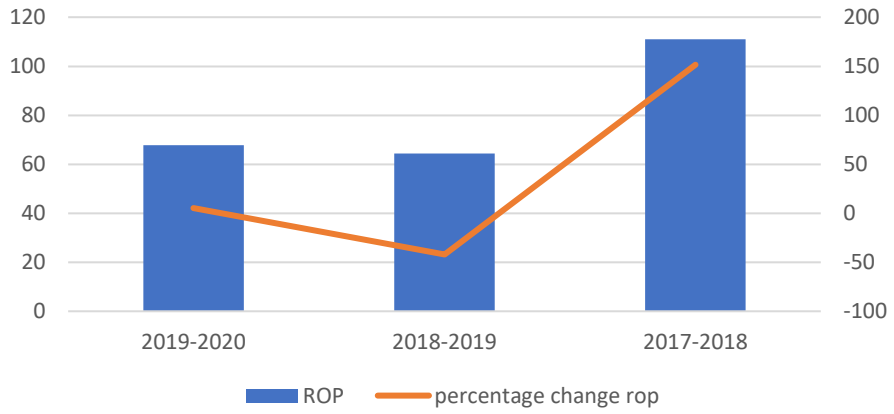


figure12: benficiaries and expense per woman for abortion

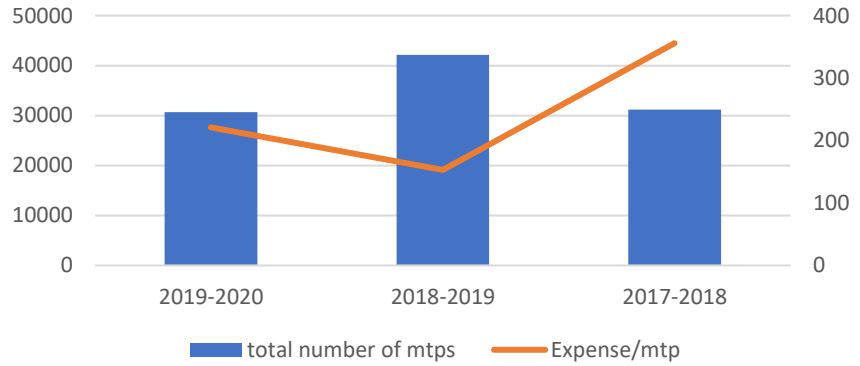


figure 13: FP percentage change in family planning

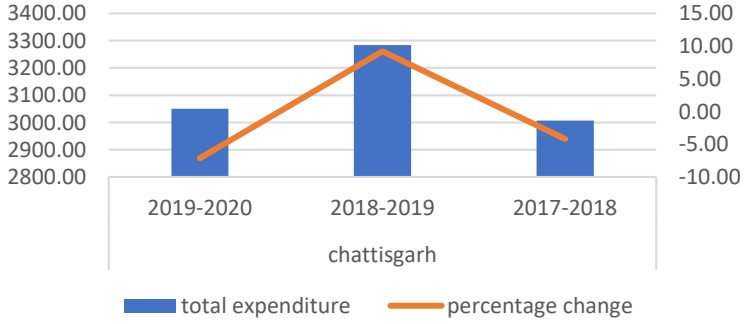


figure 14: spacing method family planning estimates

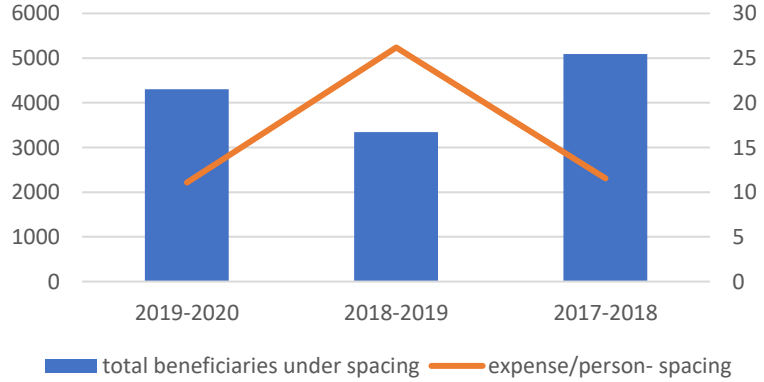
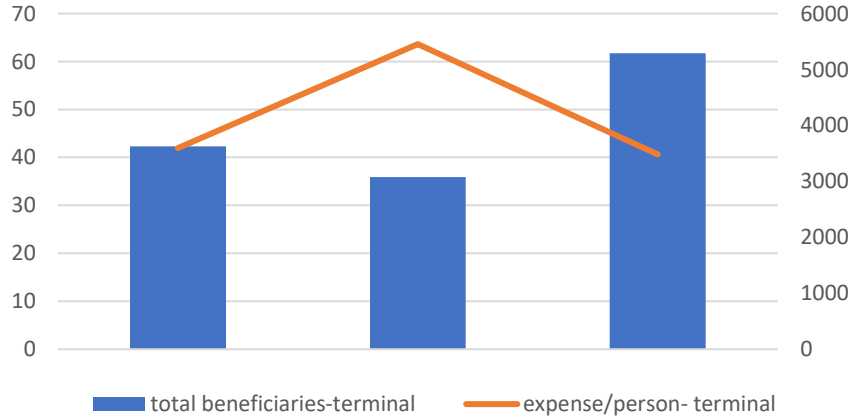


figure 15: terminal family planning estimates



JHARKHAND

figure 16:CAC percentage change in ROP

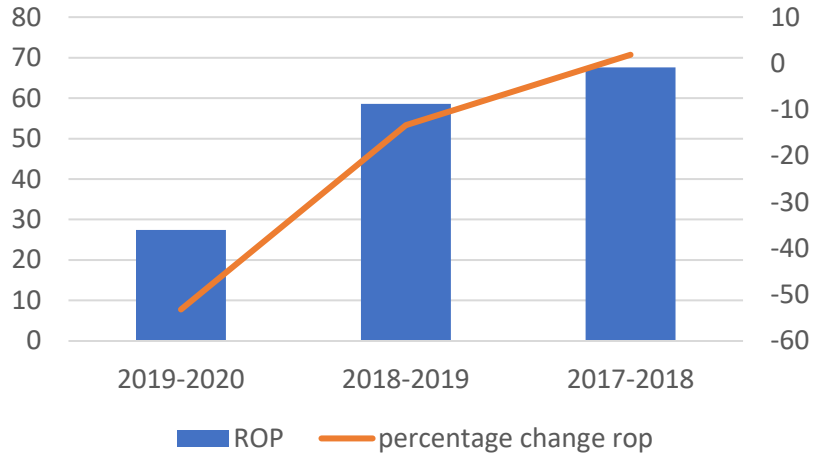


figure17 : benficiaries and expense per woman for abortion

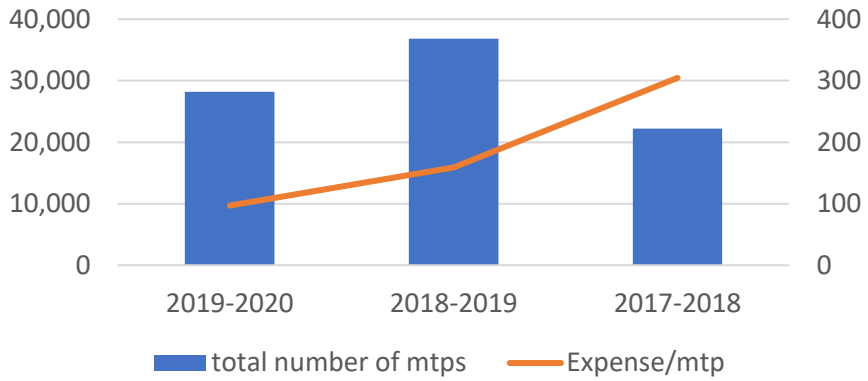


figure 18: FP percentage change in family planning

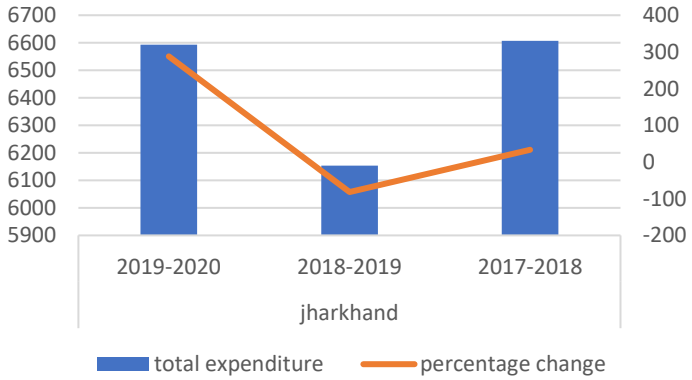


figure 20: terminal family planning estimates

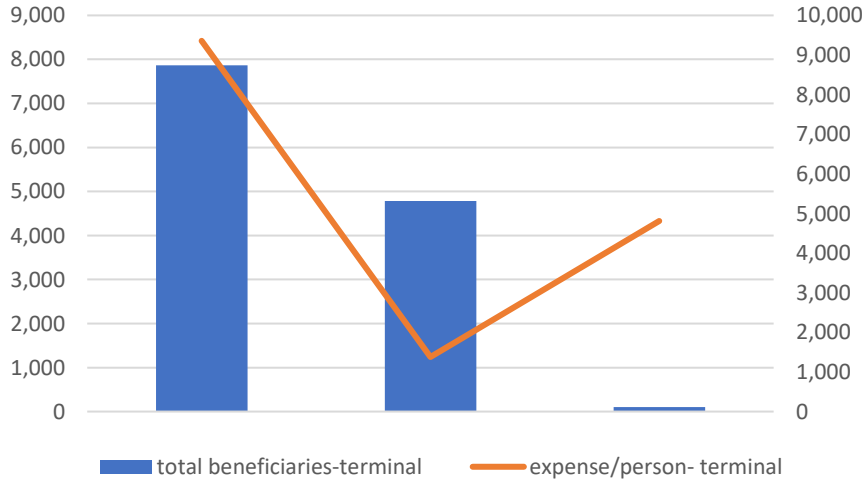
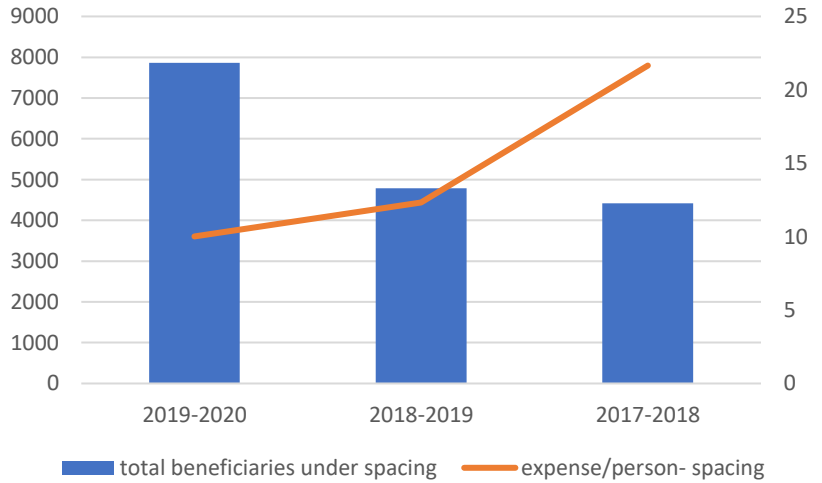


figure 19: spacing method family planning estimates



KARNATAKA

figure 21: CAC percentage change in ROP

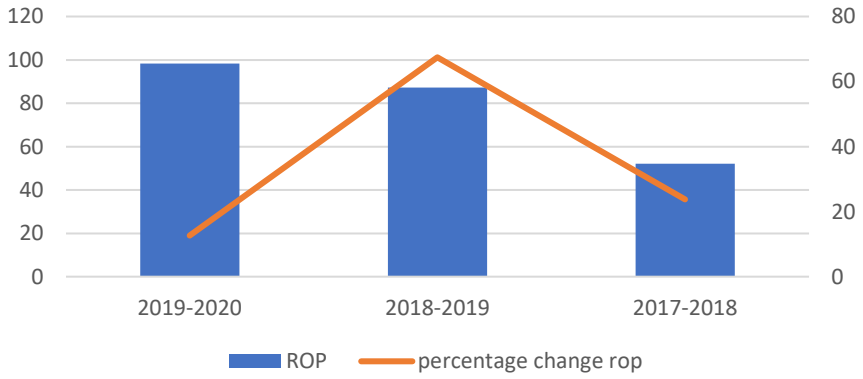


figure22: benficiaries and expense per woman for abortion

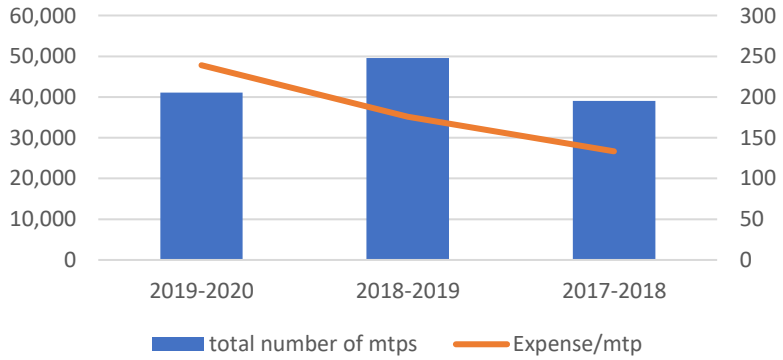


figure 23: FP percentage change in family planning

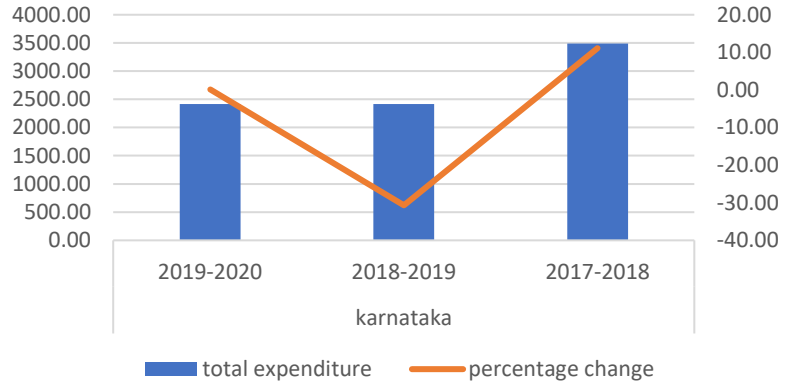


figure 24: spacing method family planning estimates

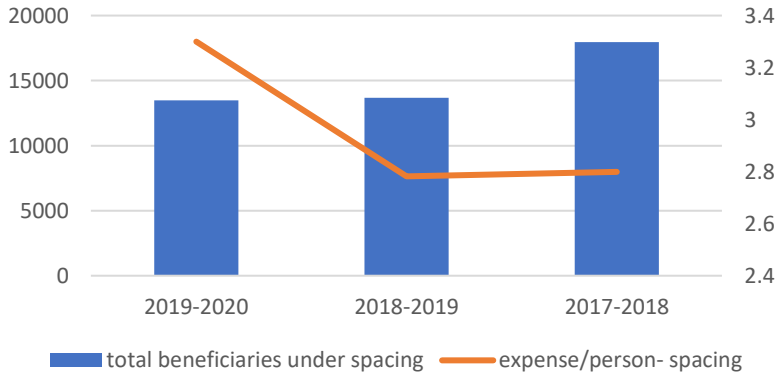
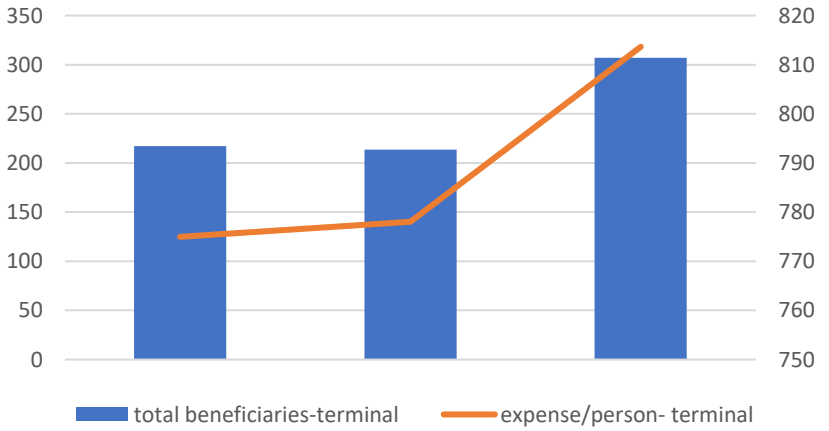


figure 25: terminal family planning estimates



MAHARASHRTA

figure 26:CAC percentage change in ROP

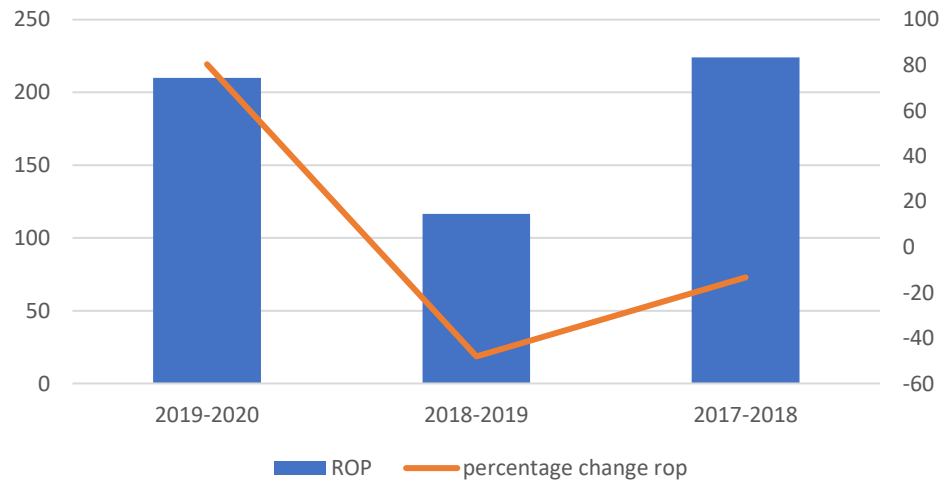


figure27: benficiaries and expense per woman for abortion

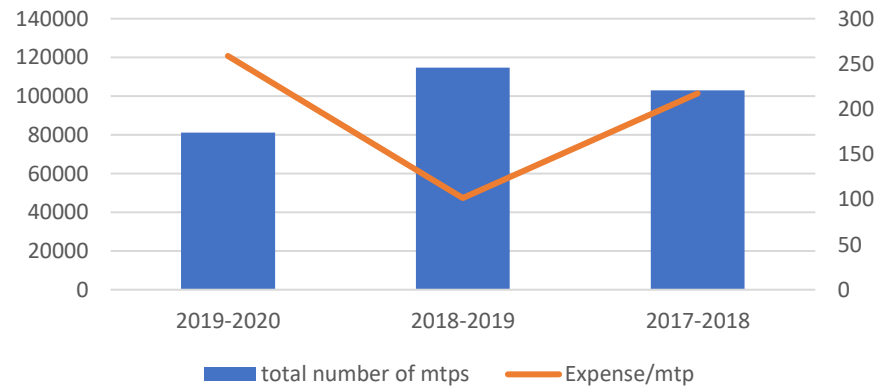


figure 28: FP percentage change in family planning

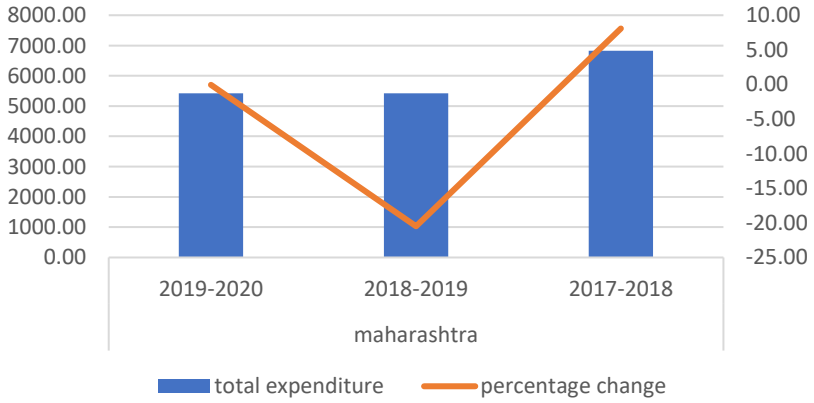


figure 29: spacing method family planning estimates

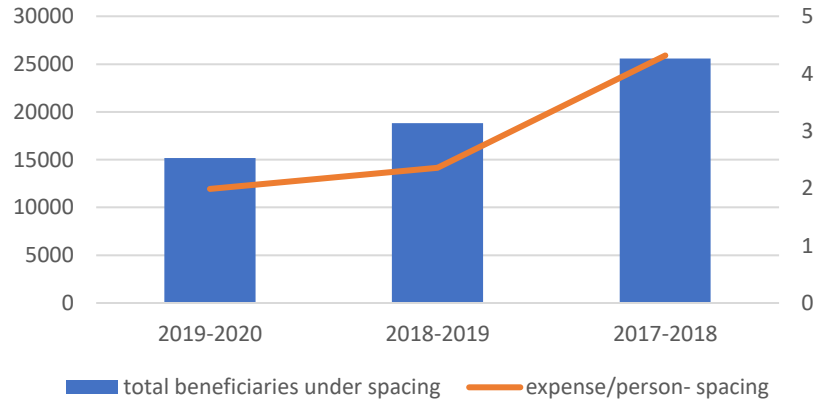
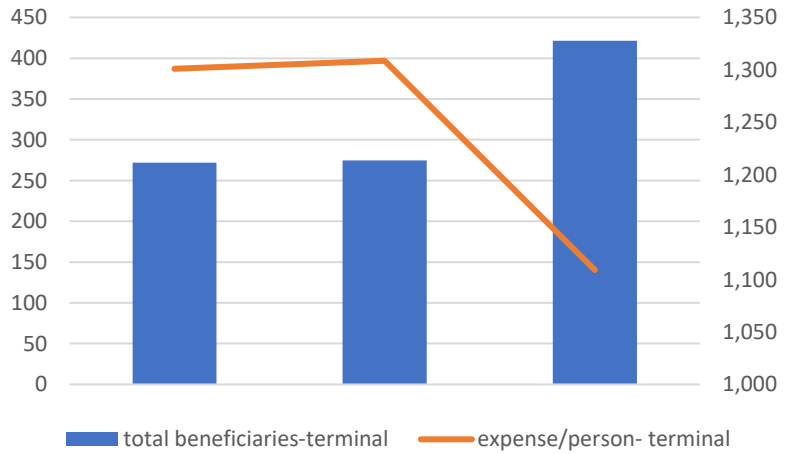


figure 30: terminal family planning estimates



MADHYA PRADESH

figure 31:CAC percentage change in ROP

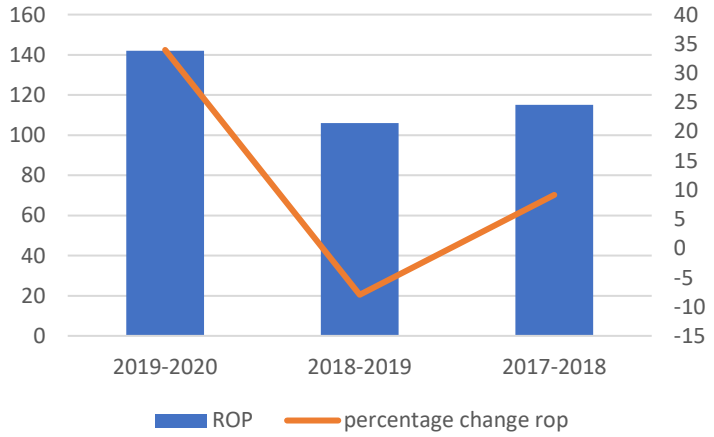


figure 32: benficiaries and expense per woman for abortion

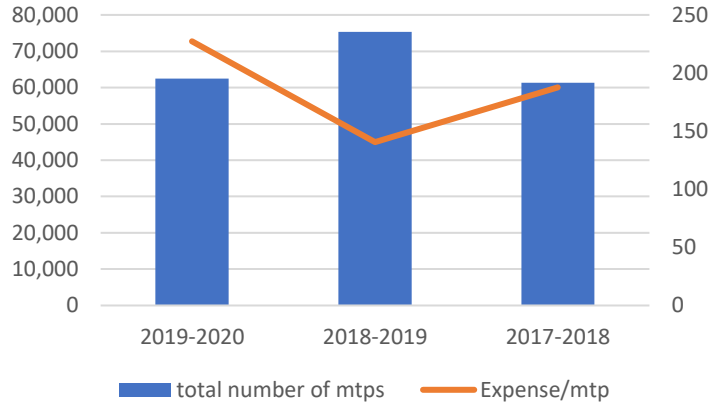


figure 33: FP percentage change in family planning

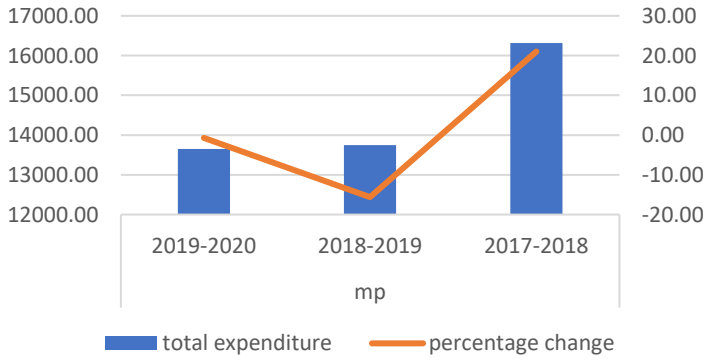


figure 34: spacing method family planning estimates

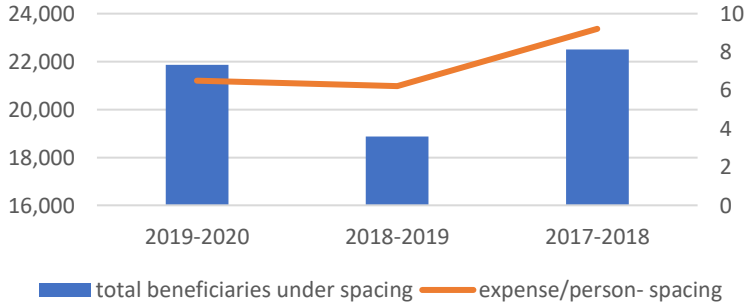
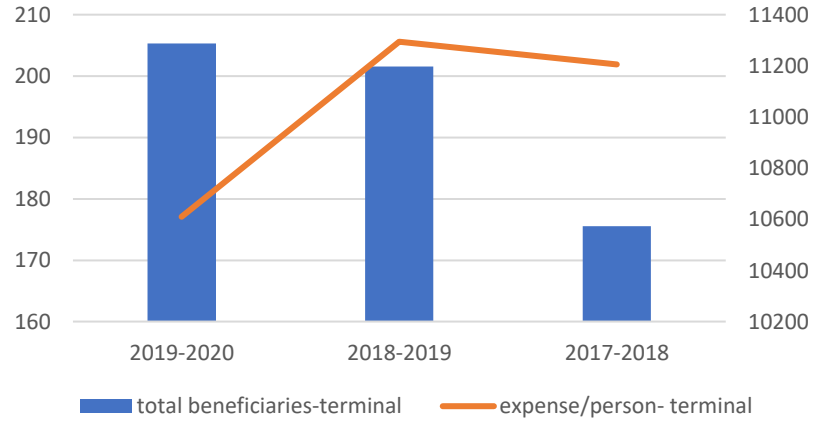


figure 35: terminal family planning estimates



ODISHA

figure 36:CAC percentage change in ROP

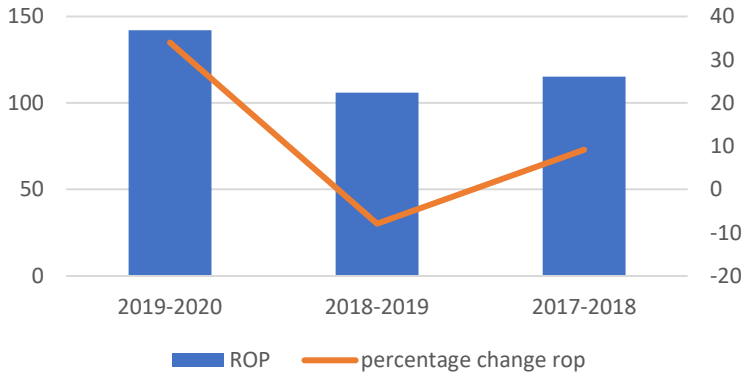


figure37: benficiaries and expense per woman for abortion

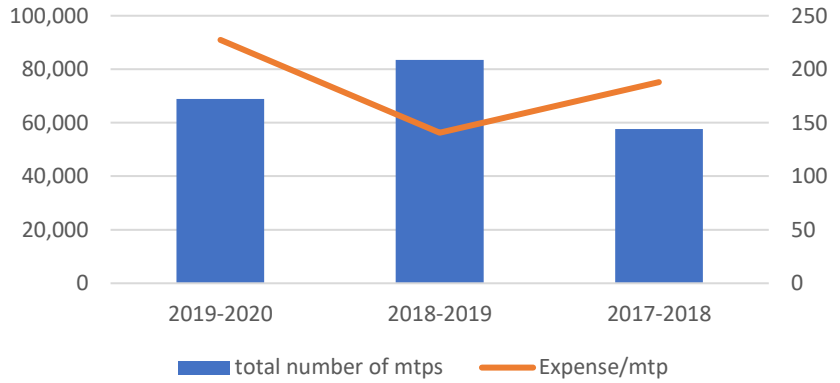


figure 38: FP percentage change in family planning

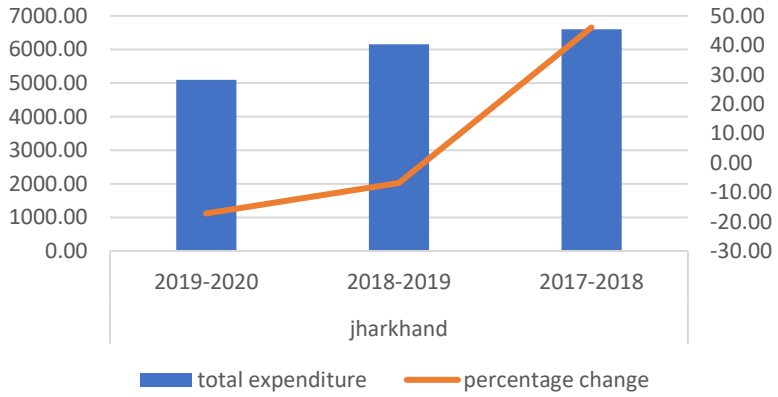


figure 39: spacing method family planning estimates

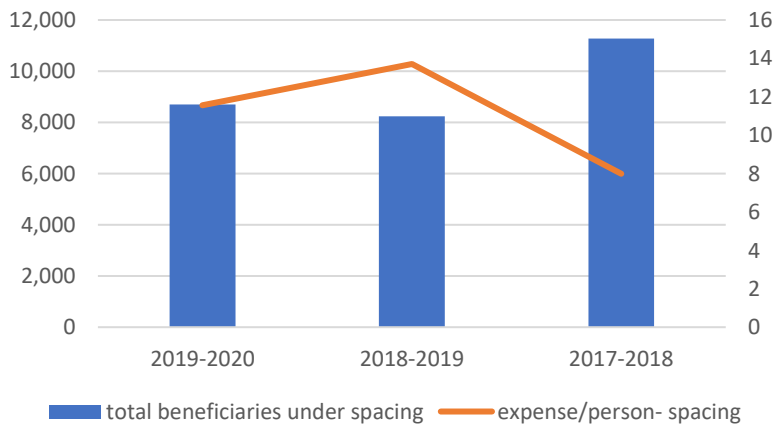
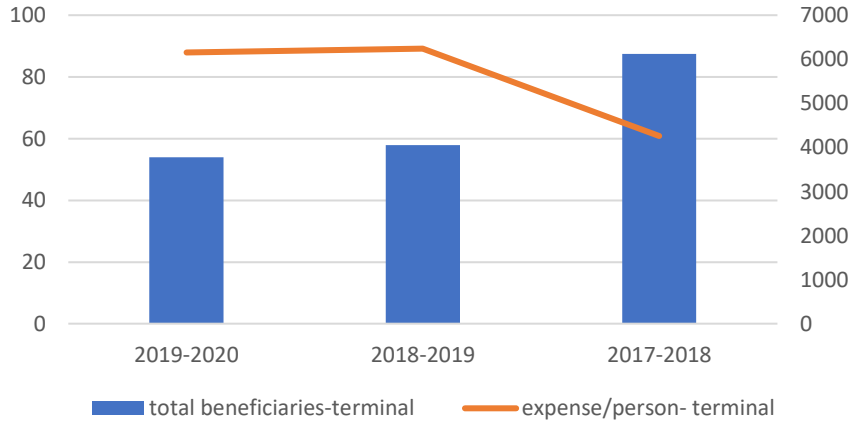


figure 40: terminal family planning estimates



RAJASTHAN

figure 41:CAC percentage change in ROP

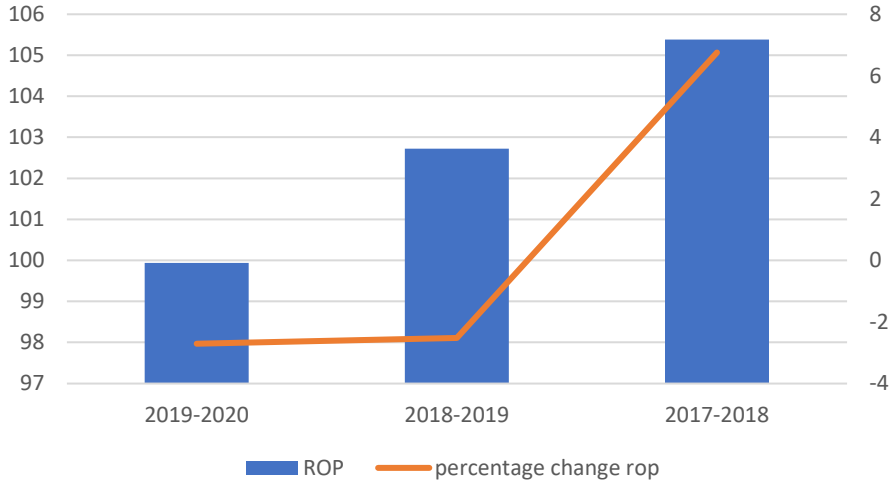


figure42: benficiaries and expense per woman for abortion

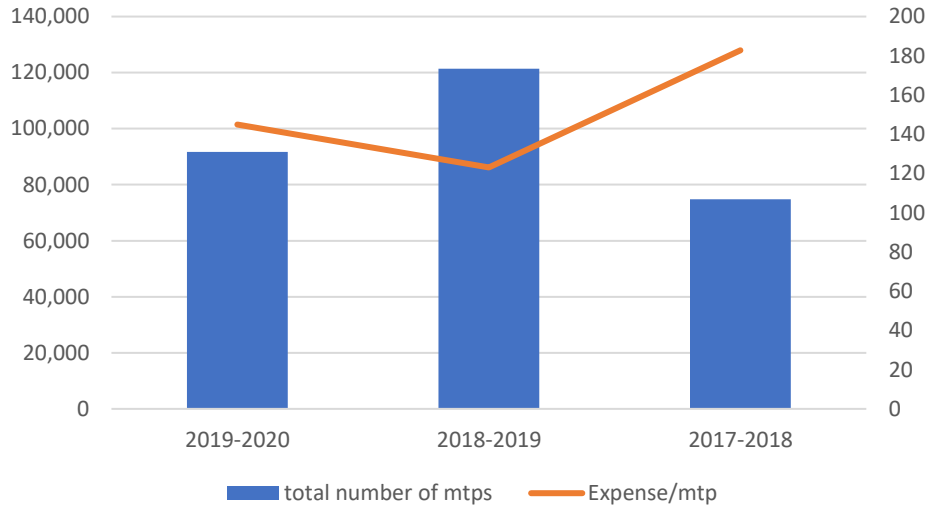


figure 43: FP percentage change in family planning

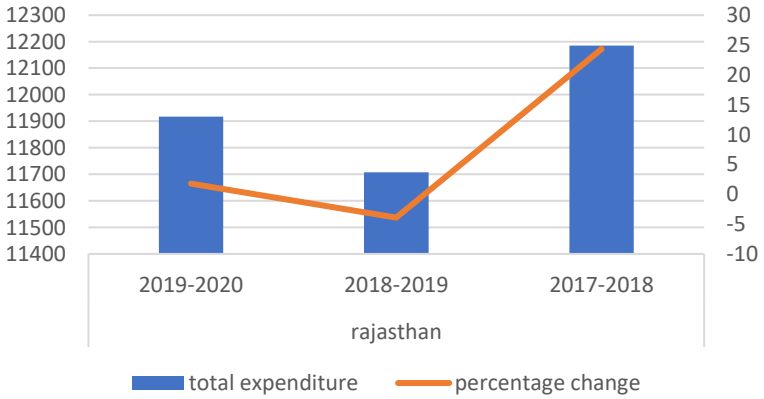


figure 44: spacing method family planning estimates

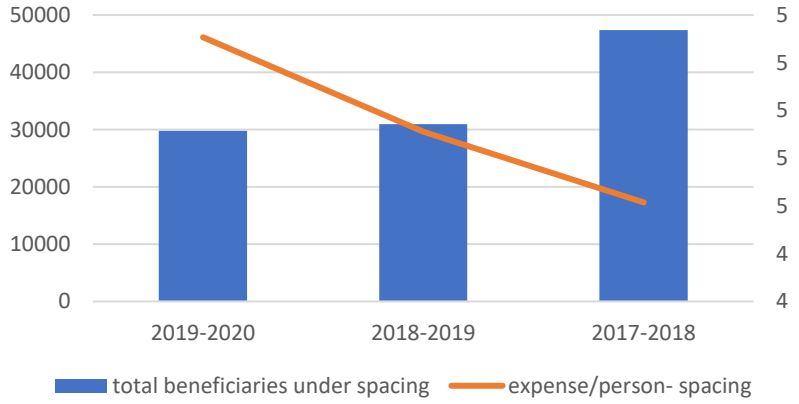
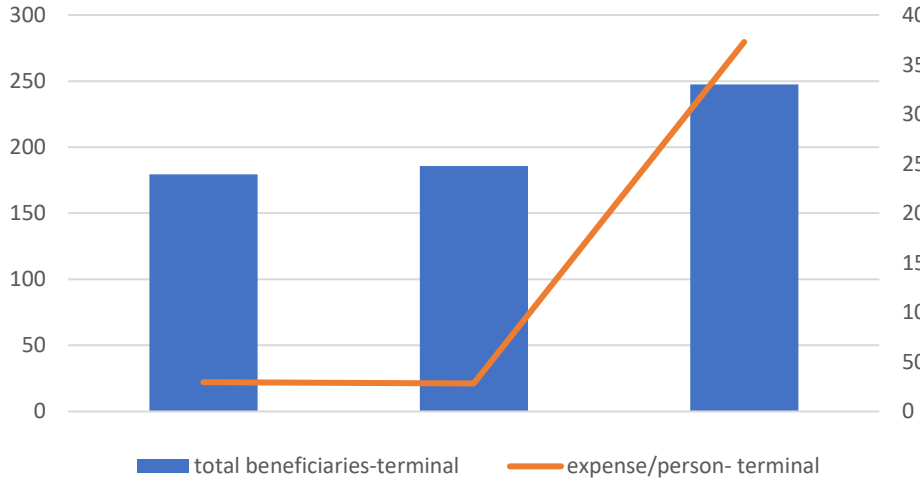


figure 45: terminal family planning estimates



WEST BENGAL

figure 46:CAC percentage change in ROP

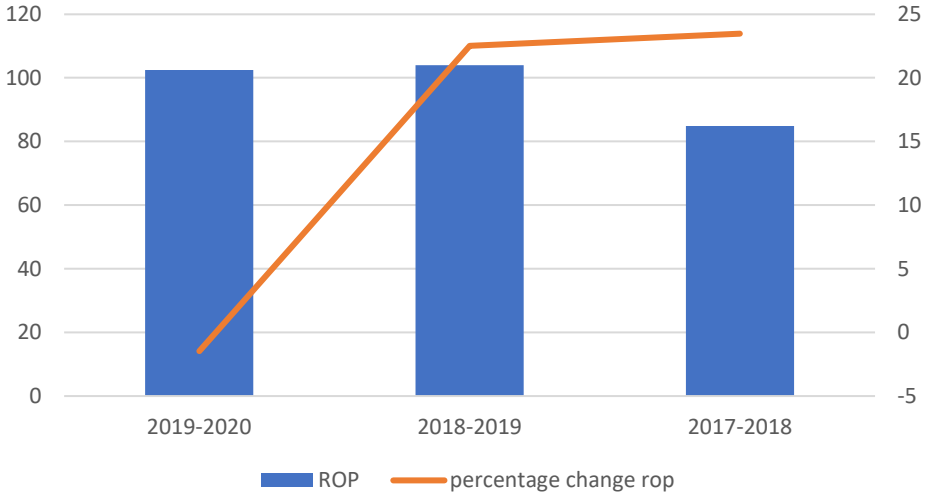


figure47: benficiaries and expense per woman for abortion

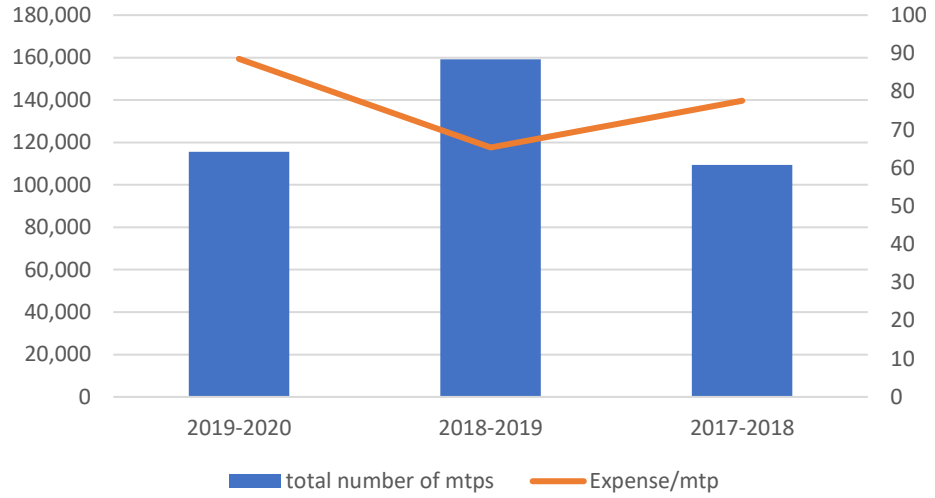


figure 46:CAC percentage change in ROP

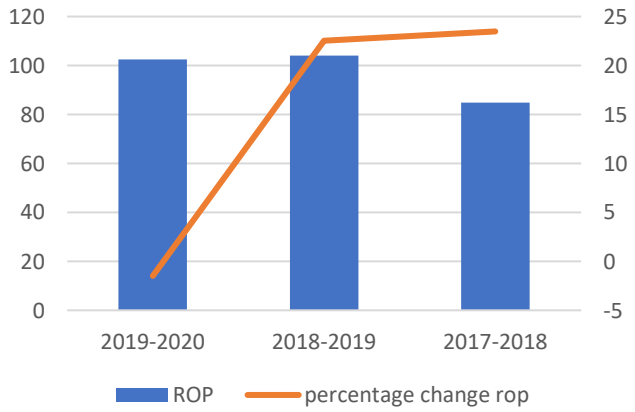


figure 49: spacing method family planning estimates

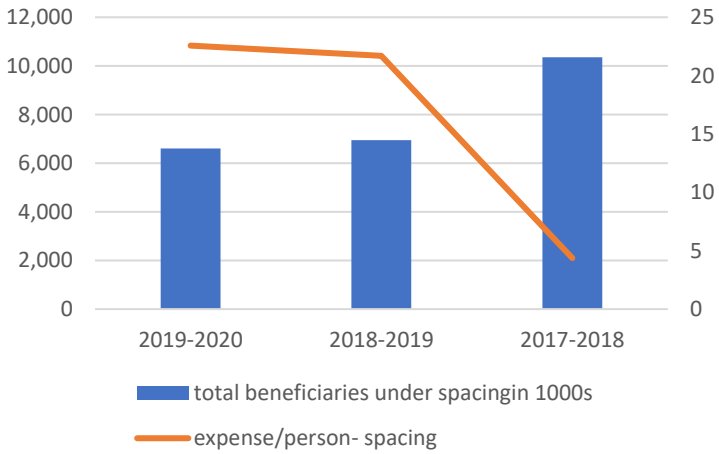
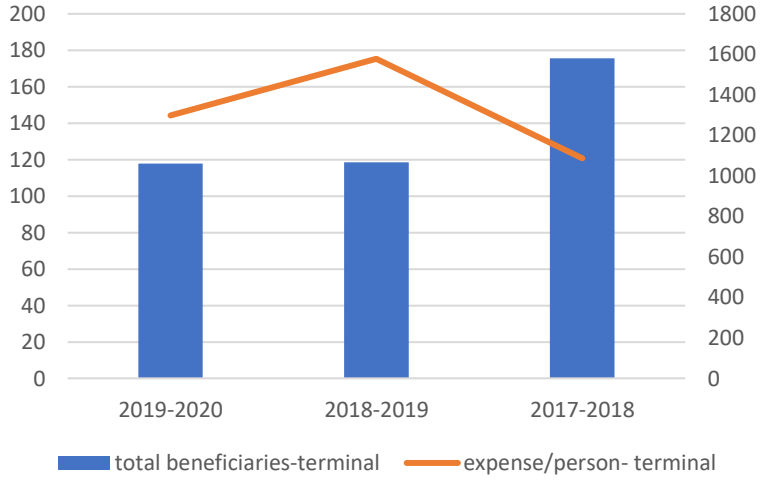


figure 50: terminal family planning estimates



UTTAR PRADESH

figure 51:CAC percentage change in ROP

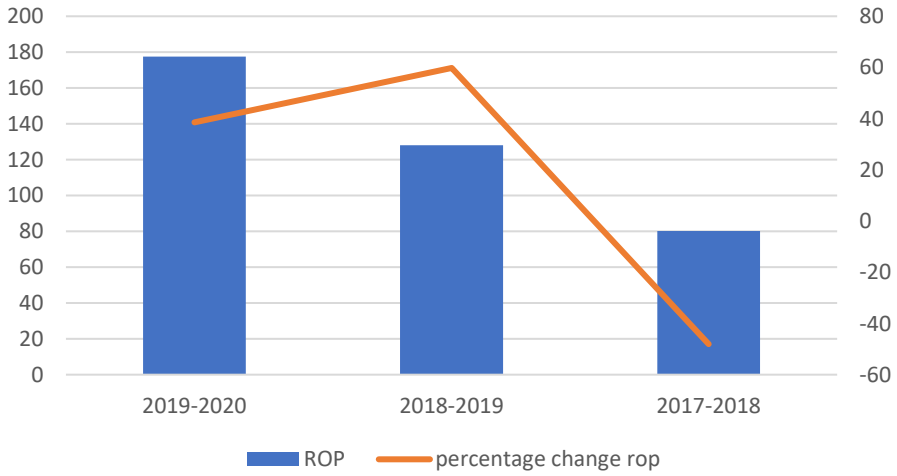


figure52: benficiaries and expense per woman for abortion

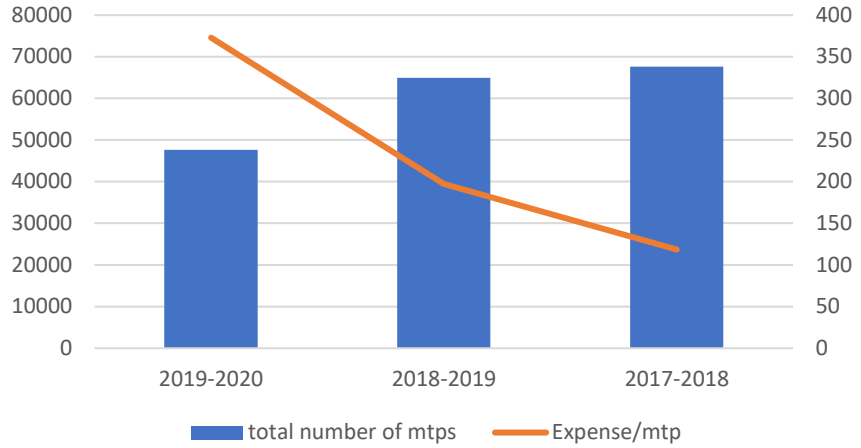


figure 53 : FP percentage change in family planning

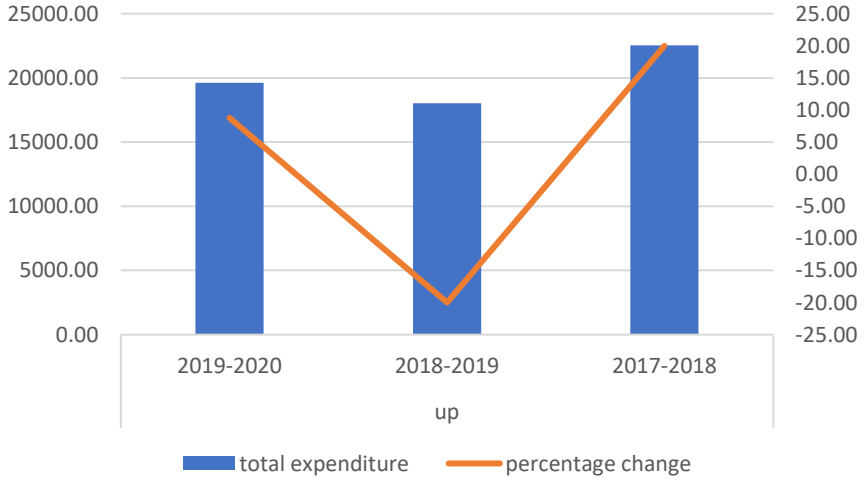


figure 54: spacing method family planning estimates

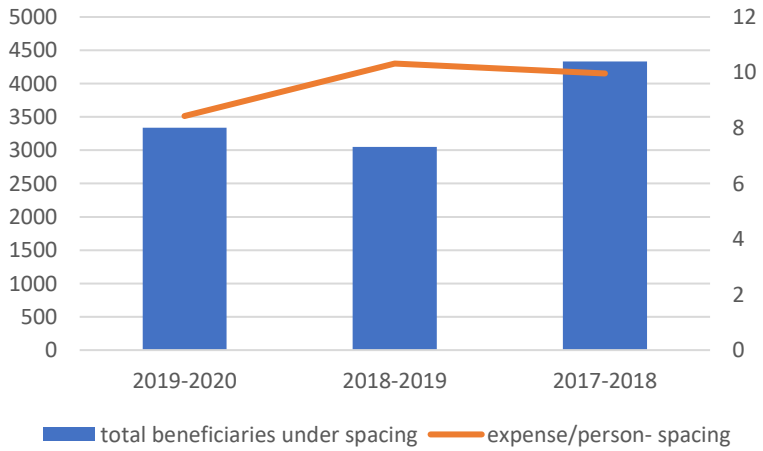
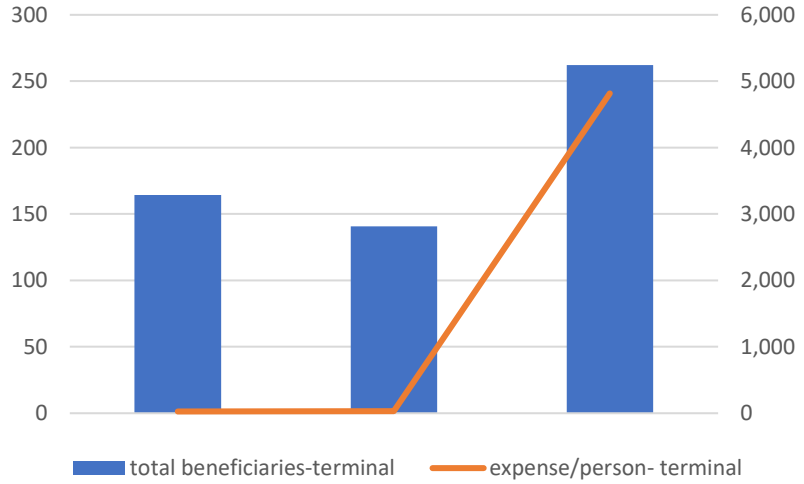


figure 55: terminal family planning estimates



CONCLUSION AND INSIGHTS

- This analysis gives a peak into state budgetary requirements and utilisation of funds for the same.
- It also throws light strategies used to attain the desired health targets for that state.
- It may reflect how the expense per person goes up as the RoP spending is decreased
- An overall decrease in RoP with an Increase in PIP for that year, or a decline in both with or without increase in expense may reflect on problem areas which can be explored like underutilization of funds, corruption, inefficient resource allocation, lack of human resource, poor service delivery, lack of acceptance of the program etc example in the case of Assam for CAC services.
- It also reflects on policy changes through the years, for example how there was a shift from promotion of terminal methods of family planning to spacing methods, which can be observed with the increasing number of beneficiaries and expenditure for the latter and a declining trend in the former.
- It also reflects on the strategies the government is trying to push under various schemes, for instance, in 2017 condoms and combined contraceptive pills were most prevalent methods of contraception and injectables the least popular, however as time progressed and with the launch of pariwar vikas Yojna IUCDs gained some popularity in 2018 and injectables became popular towards 2020, leaving permanent methods of family planning in the lagging.
- It also reflects which states still struggle in keeping up with the newer schemes like injectables in spacing methods, and still have permanent methods of FP more prevalent, example, Rajasthan.
- This evaluation also gives an insight into better performing states, with high number of beneficiaries and low over all cost due to efficient use of resources, like West Bengal

eHealth: More than just an electronic record
by -The University of Sydney

ONLINE COURSE

PART 2

COURSE DISCRIPTION

- This ehealth enables all healthcare providers including students, practioners, managers and administrators, as well as researchers to understand the value that ehealth in today's day and age brings to our life. it ranges over the use of technology, prevalent trends and incorporates a global perspective.
- The course spans over 5 weeks covering 5 modules taught by the Faculty of Health Sciences, University of Sydney.

OBJECTIVE

•understand what is ehealth and the direction in which it is steering into

•The type of data we collect in terms of health and how it can be used
to alter the future

•How consumers can now participate with use of new technology in their
healthcare decisions

•Use of ehealth in bettering coordination and efficient delivery and the
hurdles in doing so

LEARNING METHODS

The course used video lectures, cases, assignments, practice quizzes and also provided for reading material and references. The course also encouraged discussions and peer reviews.

MODULE 1- WHAT IS eHEALTH

LEARNINGS

- Ehealth means different for different people
- the current and future challenges of eHealth for both health consumers and health practitioners
- Applications of ehealth

MODULE 2- HEALTH IN OUR HANDS

- potential of mobile technology to support the shift from “healthcare” to “health”
- issues around the design and evidence for effective health apps
- How is health digitised
- How to evaluate ehealth

MODULE 3- DATA AND THE “QUANTIFIED SELF”

HOW DIGITATION OF RECORDS GOES A LONG WAY

USE OF BIGDATA IN HEALTH

HOW DATA IMPROVES EFFICACY OF HEALTH SERVICE DELIVERY

PATIENT DATA AND PRIVACY CONCERNS

MODULE 4- COMMUNICATING WITH HEALTHCARE PROFFESIONALS THROUGH TECHNOLOGY

- eHealth interactions between consumers and healthcare professional
- advantages of technology based eHealth services in improving access and communication in healthcare
- differences between online and face to face health service interactions
- new models of healthcare supported by telehealth, social media and personalized apps

MODULE 5- eHEALTH CASE STUDIES

Present day examples of ehealth in our lives

The future of ehealth in clinics

Peer graded assignements