# Summer Training Report

At

**DHARA SANSTHAN**

Barmer

(April 1, 2020 to May 31, 2020)

A Report on

Working under project **CORONA RELIEF INITIATIVES**

(An initiative to combatCorona)

By

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Under the guidance of

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**MBA Hospital and Health Management**

**2019-2021**


**Institute of Health Management Research, Jaipur**

# Acknowledgement

This year 2020 with its early onset was really unpredictable. The summer training period coincided with the Corona virus pandemic which provided us the health professionals a great opportunity to learn. It was a great experience to work with **Dhara Sansthan** in such times of crisis. It provided me with the required exposure and a lot of real time experience was gained overall. Visiting in the field and working with the professionals and government authorities to mitigate the corona virus impact through needed interventions of both awareness and provision of the essentials was a once in a life time learning opportunity for young professionals like us.

My overall development and professional experience was boosted up during this time. I would want to thank everybody who was with me in the course of these 2 months. I would want to express my deepest gratitude to all my mentors in the university as well as in Dhara Sansthan because of whom all this could be made possible.

I would want to thank my mentor **Dr. Monika Choudhary** ( Associate professor, IIHMR University) and my organization mentor,**Mr. Mahesh Panpalia** ( Chief Executive , Dhara Sansthan) who clarified all my doubts and troubles and made sure that I get what I came to learn for. They were very helpful and supportive despite all the chaotic situation of COVID-19 was. It was a tough time for every healthcare organization yet they made sure that I get all the required guidance and exposure. They provided me with the necessary suggestions, helped me rectify minor mistakes and taught me ways to tackle a situation more effectively.

Furthermore, I would want to acknowledge the essential guidance of **Mr. Sonaram** ( Senior program manager, Dhara Sansthan), **Mr. Avinash Rawal** ( manager, CSR Vedanta cairn oil and gas ltd), and all the field coordinators of Dhara Sansthan without whom this whole journey of 3 months couldn't have been possible.

Lastly, I would like to extend my gratitude to my parents and batch mates who were always there to invest their time and efforts to help me smoothly complete the training. Each one of you is a real gem.

Sincerely,

Lalita Kumari

## DECLARATION

I do hereby declare that I am a student of first year, MBA Health and Hospital Management, IIHMR University, Jaipur, Rajasthan of Batch 2019-21.

I would like to state that I have carried out my Summer Training at Dhara Sansthan, Barmer under **the CORONA RELIEF INITIATIVE**. My Industry Guide and Mentor was Mr. Mahesh Panpalia, Chief Executive, Dhara Sansthan and the Internship is done under the guidance of my Faculty Mentor Dr. Monika Choudhary, Assistant Professor, IIHMR University.

This project report is my own and has not been submitted to any other Institute or University for the purpose of award of any degree or diploma.

Lalita Kumari

MBA Health and Hospital Management

Batch 2019-21

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## List of Acronyms

**1**. CMIE - the Center for Monitoring Indian Economy

2. CSR- Corporate Social Responsibility

3. ICDS- Integrated Child Developmental Scheme

4. MHV- Mobile Health Van

5. MSW- Masters in Social Work

6. ANM- Auxillary Nurse Mid-Wife

7. CDC- Center for Disease Control

8. SHG- Self- Help Group

9. ASHA- Accredited Social Health Activist

## AN INSIGHT: THE CORONA PANDEMIC

Following an outbreak of pneumonia without any known cause of its occurrence, a novel strain of corona virus (2019-nCoV) was detected in the Wuhan city of China, in the month of December 2019. The virus has infected millions of people after that and is spreading globally till date. It has caused thousands of death and left many under serious impact of the infection. India reported its first case of the infection on 30 January 2020 in the state of Kerala. After that the entire country is undergoing a tough time and a nation wide lockdown was imposed on 25$^{th}$ March by the Prime Minister of the country. The future has become quite vague amid the Corona Virus crisis and lives were severely affected.

As per the Media and News articles published in various national and regional publications suggests that the nationwide lockdown had dipped the earnings of people by 80%. Indians are witnessing a hard time. The findings were revised in a survey conducted by the Center for Monitoring Indian Economy (CMIE) in 27 states. The highlighting finding was that the livelihood in rural areas of the country has had the worst effect, despite the fact that the spread of the infection is quite low in these areas.

10 crore Indians lost their jobs in a month of lockdown and 1.3 billion people has been extensively affected globally. There is a huge instability in all sectors including financial, social and emotional. This is a time of need and institutions serving the social sector including hospitals, CSR, NGOs and others have come ahead with a helping hand.

Dhara Sansthan, a not for profit NGO working in the rural developmental sector has been vigoursly working during the entire phase of lockdown started from 25$^{th}$ March. It has come forward to extend whatever possible help to all cadre of the society. **I have been chosen as an intern from IIHMR University, has got the maximum exposure working with Dhara Sansthan.**

During various phases of lockdown Dhara Sansthan has been involved with various CSRs of companies, Government bodies and has done a series of short-term projects as per the needs and requirements of time.

The details of all the projects I have been involved in, is described here with the report along with whatever testimonials used are also mentioned. It has been a pleasure and once in a lifetime exposure and I tried making best out of it.

# I. ABOUT DHARA SANSTHAN

DHARA Sansthan

Barmer, Rajasthan ||dharasansthan.org

"**DHARA** (**D**evelopment of **H**ealth, Hygiene **A**nd **R**ural **A**ction) is a non-profit developmental organization working since 1989 and acting for rural mass of Thar desert with a unique approach of Resource Development and creating community assets"

Dhara initiated its intervention in many sectors but the core areas are Health, Education, child Protection, Livelihood, Sanitation etc. Dhara is committed to work with the underprivileged section of society by focusing for their upliftment and making them to come into mainstream society so that they lead a life of dignity and self-respect. Dhara Sansthan is working mostly in western Rajasthan (Barmer, Jaisalmer and Jaipur Dist.) as well in Gujarat (Tharad & Viramgam)

ACTIVITIES

- ★ Regular Village Health Camps.
- ★ Emergency Ambulance Service.
- ★ Education and Nutritional Care to ICDS Children.
- ★ Emergency Care and Protection through Child line 1098.
- ★ Disaster Relief.
- ★ Natural Resource Management.

## VISION

Transforming the lives of rural population by providing equitable distribution of rural social services for their sustainable development and capacity building.

## MISSION

Reaching out to the deprived and marginalized communities in the rural setup through humanitarian interventions and building up a strong sense of community organization for a more equitable society

## OBJECTIVE OF THE ORGANISATION

- Creating awareness of various health issues (including reproductive health, female infanticide, gender discrimination, service delivery points etc.) in the community (especially women and adolescent girls)
- Capacity building and sensitization of women (including Panchayat raj institute members and traditional birth attendants) for local leadership
- To organize rural women (Mahila Mandal) and involve them in the process of development
- Harvesting of Rain water and storage in Improved Storage structures to provide safe, clean and optimum drinking water for the rural community of the district.
- To increase the accessibility of schools especially for deprived girls
- To bring the changes in health seeking behaviour of the community and utilization of health centers by the community
- To disseminate information and experience of different projects and activities

## GEOGRAPHICAL AREAS OF WORKING

- ✓ Rajasthan: Barmer, Jaipur, and Jalore.
- ✓ Gujarat: Tharad and Viramgam

## ON GOING PROJECTS AT DHARA SANSTHAN

### 1. MOBILE HEALTH VANS ( MHV)

Flagship Concept, designed and sponsored By **Vedanta Cairn Oil and Gas Pvt. Ltd.**

DHARA SANSTHAN is the sole implementing agency for past 9 years.

**Objective: T**o provide basic health assistance and improve the quality of life at the rural remote villages.

**Duration:** It has been implemented by Dhara Sansthan for last 9 years with supports from government and other non- governmental organizations functional

**Functional areas**: a.Barmer

b. Tharad

c. Viramgam

**Goal of the MHV program**: To Strengthen the health parameters and provide accessibility of quality health care services in rural community. The interiors of rural india is to be benefitted from this program. Especially the ones who cannot afford it and are disadvantaged. We try make health care accessible at the most unreached areas of the villages thereby making the treatment possible for those who cannot afford to reach to the hospitals. The medicines and charges are free of cost. To ensure the contivuity of treatemnt a defined route plan is designed on a weekly basis.

Currently the program is being implemented by Dhara Sans than with the involvement of several human resources as Project Coordinator (MSW), Doctor (MBBS), Pharmacist, ANM etc.

The three key objectives of the project:

1. Supplementing and strengthening the existing Public Health Delivery system with emphasis on preventive, curative, and promoting health services.
2. A door to door health services provision through mobile medical units “hospital on Wheels”.
3. Convergence with Government and general Public through creation of demand and Supply of Healthcare.

MHV Barmer Year- wise Data

| S. No. | Year | General OPD Details | | Total |
|---|---|---|---|---|
| | | Male | Female | |
| 1 | 2013-14 | 13245 | 9014 | 22259 |
| 2 | 2014-15 | 12753 | 8534 | 21287 |
| 3 | 2015-16 | 9000 | 5888 | 14888 |
| 4 | 2016-17 | 11493 | 6659 | 18152 |
| 5 | 2017-18 | 11978 | 6542 | 18520 |
| 6 | 2018-19 | 9708 | 10192 | 19900 |
| 7 | 2019-20 | 11695 | 9054 | 20749 |
| **Total OPD** | | **79872** | **55883** | **135755** |

## 11. NANDGHAR – MODERN ANGANWADI CENTRES

After Digital India,Swachh Bharat Abhiyan, Nandghars are the new innovative idea of The Prime Minister of India. It is one of the initiatives of Social Development and a quite successful one.

Supported and funded by : **VEDANTA FOUNDATION**

Implementing Agency : **Dhara sansthan**

**Objective:**

Nandghar (Morden Aanganwadi Center) – The Digital India, Swachh Bharat, Skill India and now Nand Ghar is amongst Prime Minister Narendra Modi's social development initiatives for the country's betterment.

The Nandghars are using state of art construction technology and have a round the clock electricity supply through Solar panels, e- learning in a child-friendly environment, RO purified drinking water supply and primary healthcare services through mobile medical units.

Dhara Sansthan conducting the Nandghar programme supported by Vedanta foundation. The are monitoring 275 Nandghars in Jaipur city blocks Sanganer, Aamer, Jamva-ramghar, Jalsu or Chaksu, where the work of Operation and Maintenance is done by the coordinators.

The Mission is to be committed to the Prime Minister's national vision of eradicating child malnutrition, providing education, healthcare and empowering women with skill development. Healthy children and empowered women will eradicate poverty and malnutrition and make a prosperous nation. Nandghars are a network of Modern Anganwadis designed to address the challenges faced by the network of 13.7 lakh Anganwadis in India. The Model remains the existing Anganwadi Network present across the country and enhances the role of Anganwadi in the community.

## II. CHILD – LINE 1098 HELPLINE

Funded by**: CHILDLINE FOUNDATION**

CHILDLINE Barmer started on 2011. Since its inception, CHILDLINE Barmer has played a very remarkable role in every aspect, where it responds to every child who dials 1098 and provides Emergency assistance through intervention and long-term follow up. A National, 24 Hour Emergency outreach service, CHILDLINE is a free phone helpline for children in need of care and protection.

The CHILDLINE NUMBER 1098 is a toll-free number that is common in all the cities of India. Street children, children in domestic work, children who have been abused, child victims of the flesh trade, differently able children, child addicts, children in conflict with the law, children in institutions, mentally ill children, and children affected by HIV/AIDS, children whose families are in crises etc. are being looked upon by Dhara.

Childline team Barmer is reaching and providing emergency support to those children who are in the need of care and protection in Barmer dist. We are conducting many activities like Open house, call testing, daily outreach, increase the case and follow-up, make children aware about child lines in schools and create the child groups, providing information to Police about the children who working at hotels and shops, linking them children to school.

**PROJECT REPORT**

**ON**

**CORONA RELIEF INITIATIVE BY DHARA SANSTHAN**

# INTRODUCTION

**C**orona Virus pandemic has rendered thousands of people jobless and also deepened the poverty rate in a developing country like India. A lot of vulnerable sections of the society are facing a hard time coping up with the changes. The infection has left people lock themselves up in their homes. The entire life cycle is disrupted with drastic changes.

Dhara Sansthan a Non- Profit Organisation with its home branch in Barmer has been working even in the times of lockdown. It has coordinated and conducted a series of short term projects with different agencies, CSR and the local government bodies to ensure mitigation of covid-19 virus. With the first lockdown started 25th March 2020, Dhara Sansthan and CSR Vedanta Cairn Oil and Gas started its awareness programs to make people more vigilant and knowledgeable about the DOs and Don'ts of the cutting the chain of infection.

Dhara Sansthan has then collaborated with many renowned organisations to carry out various projects as mentioned in this report.

## 1. PROJECT SANJEEVANI

A COVID-19 Relief Initiative in the district Barmer

**SUPPORTED AND FUNDED BY**: VEDANTA CAIRN OIL AND GAS PVT. LTD.

**NGO PARTNER:**

DHARA SANSTHAN

**COORDINATING & MANAGING ENTITY:**

DHARA SANSTHAN

Objective 1: **GENERAL AWARENESS IN THE CITY OF BARMER**

## Inauguration on 23rdMarch 2020

**Introduction:**

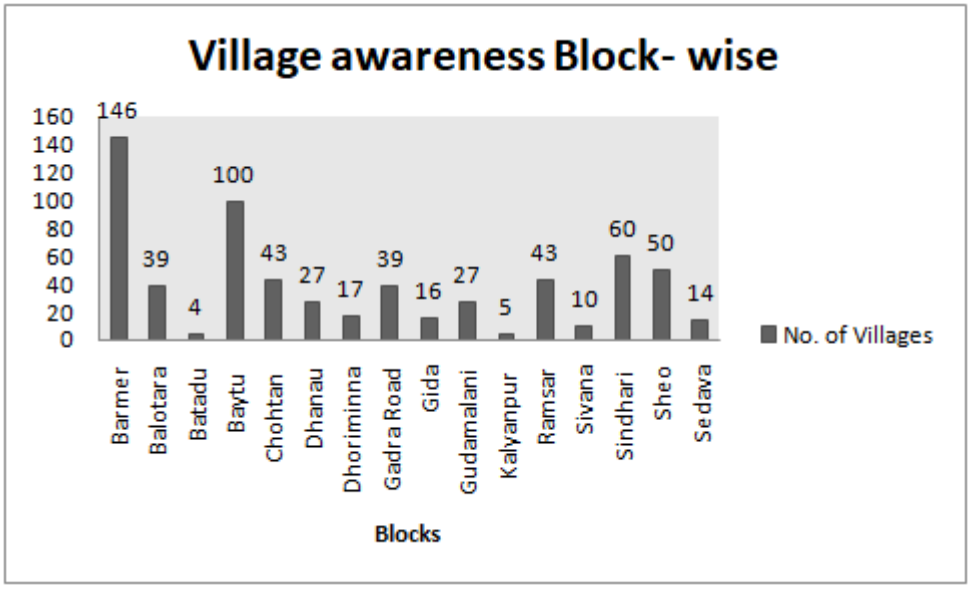
In the times of Corona pandemic which no doubt is a challenge in itself, no doubt the chain of infection can be broken down by taking precautionary measures. Keeping this in mind, Barmer city was launched with Corona Awareness Programs. Vedanta cairn oil and gas, Barmer has initiated this program under the implementing agency DHARA SANSTHAN was started on 23rd March 2020.

It was done for a period of 60 days in the city as well as rural areas.

People had to know the seriousness of the infection inorder to follow the guidlines of government. Moreover, the more aware they were the more clarity was impreached in the minds to stay at homes and cut the chain of the infection.

## ACTIVITIES UNDERTAKEN

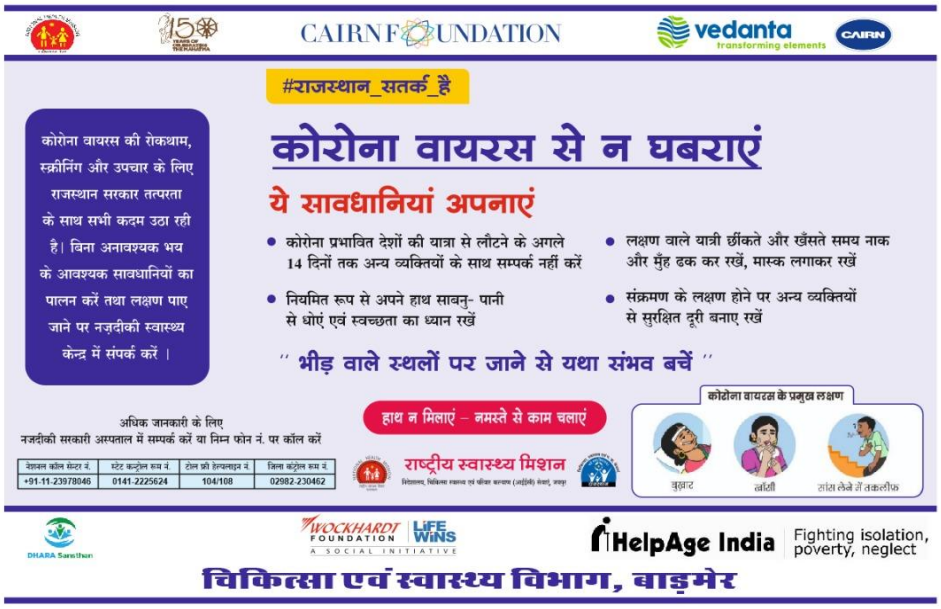
- Basic handwashing techniques demonstrated and people were made aware of the importance of handwashing.
- General information about the corona virus along with its signs and symptoms were conveyed to people via Pamphlets.
- Awareness through Mic-system.




A total of 640 villages were covered during the phase of 2 month.

319 points were covered in the city for awareness.

**Pamphlets used for the program:**





**My role :**

1. Documentation of the daily reports and data handling.
2. Designing of the pamphlets
3. Training the field workers on the daily issues for impactful sessions in the field

## OBJECTIVE 2 - Mask and Sanitizer provision to the inhabitants of Barmer

One of the most important precautionary measure people needed to make was the use of sanitizer and wear a mask. The government Health Advisory and medical fraternity suggests wearing mask all the time and sanitizing and washing hands in order to cut out the infection. Vedanta Cairn Oil and Gas, with the help of Dhara Sansthan made dual approach via this practice.

The best advised masks are double layered cotton masks which can be reused to shield from SARS-CoV-2 virus.

**Dhara sansthan used two types of masks:**

1. **N95 face masks:**

   N95 face masks are to be used when

   A) the person is infected or taking care of an infected person

   B) when people like health professionals or police are working in proximity of a containtment zone and are more likely to encounter COVID-19 infection.

2. **Handmade cotton masks.**

   The people or caregivers along with general public can otherwise make use of Handmade cotton masks which are re-usable. These are easy to make and are affordable which makes it easily accessible to the general public. They are simple and convenient.

   Polypropylene is the ideal cloth material for such masks.

**SHGs Involvement for the purpose of livelihood generation**

In order to keep the infection rate at check in Barmer, Dhara Sansthan not only did arrangement of these cotton face masks, but also encouraged SHGs to involve them to carry on the activities of livelihood which was hampered due to lockdown.

The women of these SHGs have in total made 43,524 masks and earned an amount of 3.9 lakhsCorona Virus pandemic was a drastic and unpredictable event emerged during the early onset of 2020.

It has led all the people throughout the world in a chaotic situation and people faced a hard time coping up. But lives had to move on, and people know how to deal with whatever situation they are put in. The government and private officials here at Barmer have faced this challenging situation with utmost dedication.

Keeping the unemployment and scarcity of income generation during such times in mind, the self- help groups were provided with the opportunity to make cotton face masks.

The self help groups of Barmer have been working in the times of crisis to help the community by providing them handmade face masks. Few commented “We know what we are doing and this is really wonderful if we could bring even the slightest of a difference”. They have been working day and night stitching these face masks, a total of 43,524 cotton face masks had been stitched, worth 3.9 lakh of income generation.

Service to the society along with income stability this was a great initiative by these group of women.

With people locked inside houses and no earning way outs for the rural inhabitants, this mask making initiative was a boon. Thereby serving dual purpose and fulfilling the motives dhara Sansthan the implementing agency with funds from CSR Vedanta Cairn Oil and Gas has done a wonderful job during the times of crisis.

SHGs of Barmer depicted stitching cotton face masks.

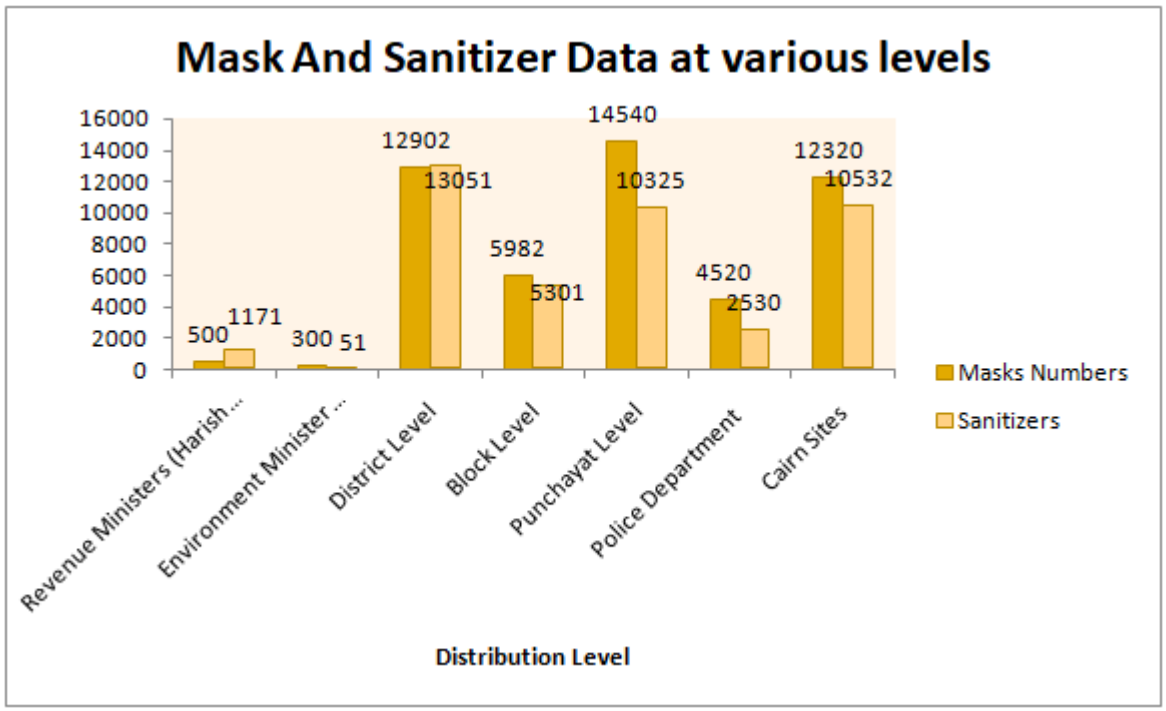
## SANITIZERS FOR HAND HYGIENE

The CDC advised people to keep the general hygiene by washing their hands with soap and water on a regular interals all throughout the day. The cycle of infection can easily be cut if general sanitation and hygiene standards are made by the people. Moreover, in the absence of soap and water, alcohol based hand sanitizers (with 60% alcohol composition v/v) are to be preferred.

1. 5 litre cans of Sanitizers

2. Filled into smaller bottles of 1 litre, 500ml and 100 ml

3. Provision to various departments of Health and Police, Administration and Local bodies of ASHA, ANM and other frontline workers.




**My Role:**

a. Liasoning with the stakeholders for demand and supply needs for various levels of distribution.
b. Field visits with the logistics team to ensure the delivery of supplies.
c. Update and cross checking of stock reports and submitting the daily updates to the higher officials.

d. Meetings with SHGs and assistance to them for quality masks.
e. Regular visits to the field with CSR Head Cairn Oil and Gas, Harmeet Sehra and Mr. Avinash Rawal, senior Manager Cairn Oil and Gas to conduct meetings with the SHGs and other stakeholders.

बाड़मेर-जैसलमेर नवज्योति

dainiknavajyoti.com

बढ़ना है तो पढ़ना है 83 » बाड़मेर » जैसलमेर » बालोतरा » पोकरण » गुड़ामालानी » सिवाना » सिणधरी » समदड़ी » सिव जोधपुर, रविवार | 22.03.2020

## जागरूकता के लिए प्रचार वाहनों को रवाना किया

### 154 गांवों में पहुंचेगा कोरोना जागरूकता का संदेश


## आमजन को किया कोरोना के प्रति जागरूक


नवज्योति/बाड़मेर।

बाड़मेर जिले से कोरोना वायरस से संक्रमण को रोकने, बचाव एवं उपचार हेतु जिला प्रशासन, चिकित्सा एवं स्वास्थ्य विभाग, वेदांता केयर्न ऑयल एण्ड गैस तथा धारा संस्थान के संयुक्त तत्वावधान में वाहन द्वारा जागरूकता अभियान चलाया जा रहा है। वेदांता केयर्न ऑयल एण्ड गैस, सी.एस.आर हेडहरमीत, सेहरा ने बताया कि कोरोना वायरस को भारत सरकार ने राष्ट्रीय आपदा घोषित किया है। जो एक दूसरे के सम्पर्क में आने और भीड-भाड वाले इलाकों में इसका संक्रमण आसानी व त्वरित रूप से फैलता है। जागरूकता अभियान के अन्तर्गत वाहन के माध्यम से पूरे जिले एवं ब्लॉक स्तर पर कोरोना के प्रति जागरूकता के लिए माइकिंग एवं पेम्पलेट द्वारा जानकारी दी जा रही है। इस अभियान के चलते बाड़मेर के 154 गांवों में आमजन को जागरूक किया जा रहा है। इसके अलावा धारा संस्थान के मुख्य अधिशाणी महेश पनपालिया ने बताया कि बाड़मेर जिले में अभी तक कोई कोरोना पोजिटीव नहीं है और आमजन की जागरूता और सहयोग से इस महामारी को रोका जा सकता है। इसलिए धारा संस्थान द्वारा केयर्न के सहयोग से अभी तक 73 गांवों को जागरूक किया जा चुका है तथा बाड़मेर जिले में भी ऑटो द्वारा माइकिंग एवं पेम्पलेट द्वारा लोगों को जागरूक किया जा रहा है। इसके अलावा संस्थान नियमित रूप से आमजन की सेवाओं में तत्पर रहेगा।

## 3. HUMANITARIAN SUPPORT TO IMPACTED FAMILIES DURING COVID-19, IN JAISALMER DISTRICT OF RAJASTHAN (INDIA)

**SUPPORTED BY:**

- Vaayu (India) Power Corporation Pvt. Ltd.
- Vish Wind Infrastrukture LLP
- Wind World Wind Farm (Hindustan) Pvt Ltd.
- Wind World (India) Group

**NGO PARTNER:**

DHARA SANSTHAN

**COORDINATING & MANAGING ENTITY:**

Hive Of Boradinco Services (HOBS)

## Program Objective and Outline

This was a short term CSR intervention with the objective to support the families impacted from Covid-19 virus in and around the affected villages of Jaisalmer (Rajasthan).

This was a disaster Relief and Support Initiative and focussed on distribution of essential commodities of dry ration kit which was also known as Relief Kit. The target beneficiaries were the severely affected ones as an impact of corona virus lockdowns. The project was fully supported and funded by Vaayu (India) Power Corporation Pvt. Ltd, Vish Wind Infrastrukture LLP, Wind World Farm (Hindustan) Pvt. Ltd., and Wind World( India) Group, in its pipeline locations.

The main objective of this program was to mitigate hunger and malnutrition issues curbed due corona virus pandemic.

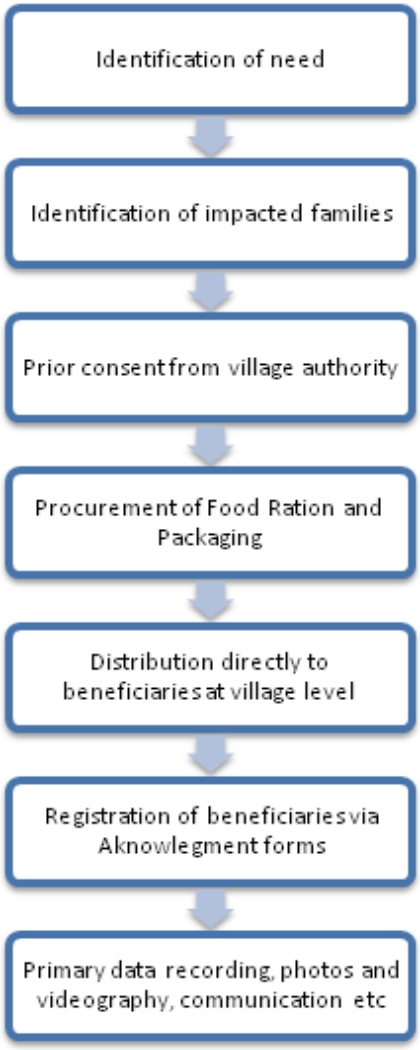
Overall the CSR goal was to provide vulnerable part of the rural areas of Jaisalmer with lifesaving food materials in order to meet the immediate need of it and also to create awareness about Covid-19 pandemic and to use better precautionary measures by encouraging them to follow guidlines as suggested by the government of India.

| | |
|---|---|
| **PROJECT DETAILS:** | Ration distribution to vulnerable families impacted by COVID - 19 Pandemic |
| **LOCATION:** | Identified Villages in Jaisalmer district of Rajasthan, India. |
| **TARGET BENEFICIARIES:** | Families impacted during Covid-19 pandemic. |
| **RELIEF SUPPORT DURATION:** | June & July 2020 |
| **FOCUS AREAS:** | Livelihood support and generic awareness building |
| **TOTAL COVERAGE:** | 300 Families accounting to more than 1500 lives |
| **LOCAL NGO PARTNER:** | DHARA Sansthan (Rajasthan) |

**WORK PERFORMED:**

Details of the Relief Program

**Working methodology:**



## Distribution Approach

Due to the Corona Virus Pandemic prevailing in the entire country, we couldn't do a door to door distribution. So the local authorities of the school including few active participants of the villages were asked to come forward to facilitate the distribution process. Dhara Sansthan consulted with the concerned authorities at village level including local teachers and school authorities, and after a mutually agreed decision it was communicated to the local beneficiaries to gather at a common place of school premises to receive the food ration kit.

An awareness session before the distribution was also conducted in order to communicate the villagers about the COVID-19 pandemic, its signs and symptoms, precautionary measures to be adopted and all the related health impacts were described.

The mask unaffordability at that time made the officials of Dhara Sansthan to explain them about the importance of covering the face and maintaining social distancing. They were advised to make use of their own cloth and made it mandatory to cover their mouth. Additionally, sanitizer bottles were kept at the distribution site and distribution team had maintained proper measures through use of mask, gloves, hand sanitizers etc.

The distribution work conducted during the month of June 2020 has been considered as phase 1 of the program. During this phase a total of 150 impacted families were covered across 6 different villages.

**LOCATION COVERED**:

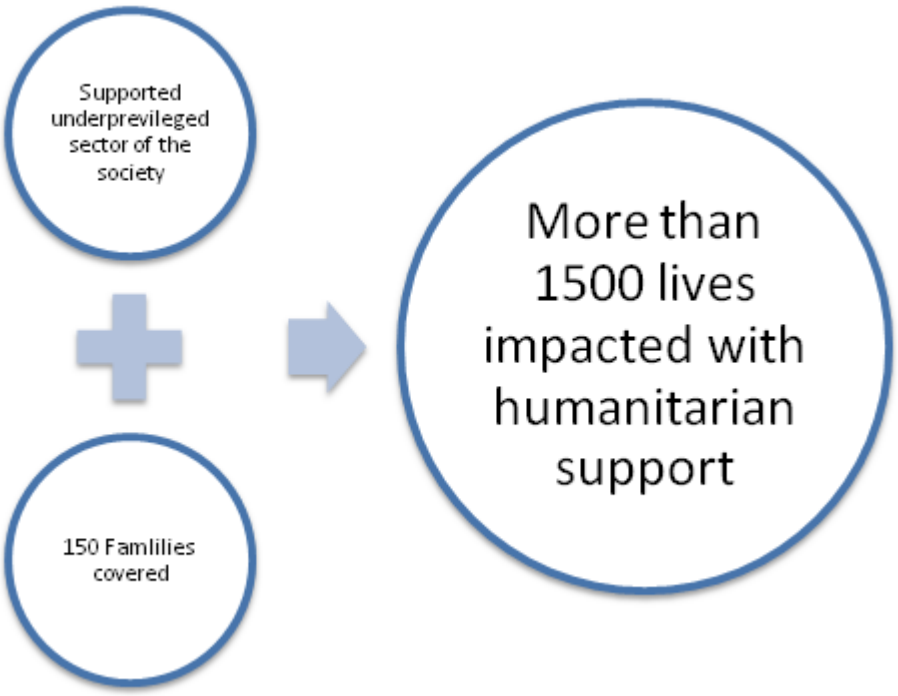
| Phase 1: Ration distribution to vulnerable families | | | |
|---|---|---|---|
| S. No. | **Village Name** | **District** | No. of Families |
| **1** | Barna | Jaisalmer | **25** |
| **2** | Sipla | Jaisalmer | **23** |
| **3** | Bhoo | Jaisalmer | **27** |
| **4** | Dedha | Jaisalmer | **25** |
| **5** | Masurdi | Jaisalmer | **24** |
| **6** | **Damodara** | **Jaisalmer** | **26** |

**TARGET BENEFICIARIES:**

Socially/Economically Underprivileged sections-

- Daily wage earners / casual wage earners.
- Flower sellers at the road side / temple sites
- Migrant workers who are from other states, and do not have permanent residence.
- Slum dwellers, homeless people and people staying near road sides.
- Mobile vegetable / fruit vendors.
- Sanitary workers, collecting the garbage, waste management workers, working as casual labourers / unorganized workers / contract workers.

**The 'Phase 1' of the program however also covered beneficiaries like widows and disabled people.**




**My Role :**

1. Facilitation and supervision for smooth distribution of the food kits along with proper COVID-19 guidelines implementation.
2. Contacting the local authorities for details of the underprevileged families of the village and verification inorder to avoid overlapping or any other discrepancies.
3. To conduct awareness sessions before distribution and demostration of basic sanitization techniques.
4. Overall implementation protocols and progress report to be given back to Program Manager of Dhara Sansthan.

## Glimpse:


Figure 1 Colllecting Data of the Beneficiaries

Figure 2 Contents of the Relief Kit

**Figure 3 During the Phase of Distribution**

**News Articles**

# 150 परिवारों को किए राशन किट वितरित

**कोविड -19 प्रभावित परिवारों को विंड वर्ल्ड (इंडिया) समूह ने सीएसआर के माध्यम से किया सहयोग**

**- सहकार समाचार, जैसलमेर।**

जैसलमेर जिले में और उसके आसपास के गांवों में कोविड -19 प्रभावित परिवारों के समर्थन के उद्देश्य से विंड वर्ल्ड (इंडिया) समूह आगे आया और ऐसे परिवारों के लिए आपदा सहायता और राहत कार्यक्रम चलाया। स्थानीय गैर सरकारी संगठन धारा संस्थान की मदद से, संगठन समूह ने 150 से भी अधिक परिवारों को आवश्यक सूखे भोजन राशन किटों की आपूर्ति की है, जिनकी आजीविका वर्तमान महामारी के कारण प्रभावित हो रहा है।

विंड वर्ल्ड (इंडिया) ग्रुप हमेशा सामाजिक विकास का एक योद्धा रहा है और हमेशा अपने द्वारा संचालित परियोजना क्षेत्रों में और उसके आसपास स्थायी विकास लाने पर जोर देता है। यह कार्यक्रम संगठन के व्यापक सी.एस.आर ढांचे का एक हिस्सा है जो पूरी तरह से वायु (भारत) पावर कॉरपोरेशन प्राइवेट लिमिटेड, विश विंड इन्फ्रास्ट्रक्चर एलएलपी, विंड वर्ल्ड विंड फार्म (हिंदुस्तान) प्राइवेट लिमिटेड और विंड वर्ल्ड (इंडिया) ग्रुपद्वारा समर्थित है। जरूरतमंद लोगों के लिए इस कार्यक्रम को जारी रखने के लिए इस महामारी के दौरान आने वाले महीने में विंड वर्ल्ड संगठन द्वारा और कई परिवार को राहत प्रदान किया जाएगा।


Press coverage by state level newspaper “Janata Sahkar”, dated 14 June 2020.

## III. COVID RELIEF PROGRAM BY RAJIV GANDHI FOUNDATION

FUNDED BY **: RAJIV GANDHI FOUNDATION, DELHI**

**Objective:** To provide the most vulnerable people of the society with emphasis on health workers with Mask and Soaps as a corona mitigation step in order to combat Corona

**Time frame**: 1 Month (May 2020)

**Coverage area**: SANGANER BLOCK, Jaipur.

**Activities undertaken** :

- Provision of Masks and Soaps for prevention of Corona Virus.
- Raised awareness of basic hand washing and Hygiene techniques along with the demonstration of the same.
- Provided face shield covers to selected doctors and nurses of Sanganer Block.

**Target beneficiaries**

The target of the Campaign was mainly included female frontline workers, ASHA, ANM, Police Officials, and other needy underprivileged section. Pregnant, lactating women, and labors were also a focus group.

**COLLABORATION WITH:**

**Rajiv Gandhi Foundation** is the funding agency. With its kind guidance and support we could reach people who wanted the needful attention. Jaipur the heart and soul of Rajasthan, but it has also become the central attraction for Corona Virus too.

**AU Foundation**, working there in the area supported us for transportation facility and other resource utilization couldn't be possible if not for the AU Foundation.

The local government bodies along with police officials and frontline health workers have made their major impact on the success of this movement.

**COVERAGE**

Shiv Colony sanganer, Deepak Marg Adarsh Nagar, Kachhi Basti Adarsh Nagar, Aachary Marg adarsh nagar, Luniyawas, Shiv colony, Jalday, Khuli Jail, Kushal Mangal Nagar, Meeradevi Marg,

**Total beneficiaries**: 7500

**Highlights**: The main beneficiaries included:

1. Lactating women
2. ASHA
3. ANM
4. Police department
5. Pregnant women
6. Labors

**MY ROLE:**

Due to the nationwide lockdown, all the field workers back in Jaipur office had to contact via telephonic and video conferencing only. The office was also shut because of which all the major reporting had to be done back in Barmer office. I had to coordinate with the program coordinator in Sanganer and Daily reporting of the progress was my duty. Moreover, the queries and clarification were also answered by me.

The entire report of this one-month program was made by me and amendments according to the suggestions were done.

## CONCLUSIVE LEARNING

Corona Virus has upended life on a global level. On one hand the people around the globe are confined to lock themselves up in houses with economy being dipped drastically, education institutions shut, businesses closed, all social activities put to a halt. On the other hand, Health professionals, doctors, nurses, medical staff, police officials and many other have put the nation and their duty at fore front. They have been tremendously serving the society caring less about their life and their families.

Despite the fact that they are most vulnerable to the infectious disease they worked day night. They are the true heroes who are selflessly serving the nation.

My summer training here at Dhara Sansthan gave me an opportunity to be a part of this journey of India fighting Corona. It was a learning of a life time. As a Health professional this was one of the best exposure I could get. I am thankful to the fact that I chose a stream which made me significantly important even when the entire nation was under lockdown. With being a part of Dhara Sansthan and indulged in various Projects aimed fighting the COVID-19 infectious pandemic was a cherisable moment.

The learning from these 3 months would be a part of my professional life for good. What I learnt in these 3 months, when compiled in one sentence would be “When the time of crisis comes, if we work together makes are chances of at leastfighting back stronger”. The NGOs like Dhara have been contributing to their maximum. I am grateful for getting experiences of all kind here.

## IV. STUDY

## ASSESSMENT OF DISEASE PATTERN IN PATIENTS TREATED BY MOBILE HEALTH VAN AT BARMER DISTRICT

### 1. BACKGROUND OF THE STUDY

Mobile Health Van is a concept developed by the government of India long back to facilitate Health Care delivery to areas which are remote and are less reached. It is one of the key strategy put forth by the NHM and so far has been working tremendously. When we talk about accessibility to curative services, rural India is still lagging behind. People live in areas which are underserved, unreachable and remote. Mobile Health Vans or Mobile Medical Units (MMUs) makes it possible to reach these people at makes Healthcare a door step delivery.

MHVs are equipped with technology and expertise which makes it possible to maintain quality a key factor. Generally MHVs are suggested to carry the 12 thematic services including- Maternal Health, Neo-natal health, Child and adolescent Health, Reproductive and Contraceptive services, Management of Chronic Communicable diseases, basic OPD for simple acute diseases, non- communicable disease, Mental illness, Dental and ENT care, Geriatric and Emergency Medicine.

Barmer one of the districts situated in the proximity of Thar Desert and one of the westerndistricts to be inhabited by a population density of 90 people / sq. Km has several MHV units operated by different agencies. With summer temperatures rising above 47 degrees and winters dropping below 0 degrees, people are facing extreme conditions. The population is mostly rural with villages confined to “Dhanis” far into the desert. Health services here are scanty just like the annual rainfall. Mobile Health Vans have been operated for simple OPDs of acute illness and referral services by the government as well as private agencies. The Vedanta Cairn Oil and Gas the largest petroleum corporate is funding these MHVs for past 9 years through NGOs as their implementing agencies. Dhara Sansthan has been running three of them at Barmer, Tharad and Viramgam one each.

This study mainly focuses on the assessment of various diseases which have been recorded through the OPD services operated by Dhara Sansthan and thereby analyzing it for further assessment and formulation of pattern of disease over a period of last 5 years ( 2015-2019).

This study can be helpful for strategizing the healthcare delivery system and focus on few common disease pattern which is prevalent in the population of Barmer district.

## 2. RATIONALE

The MHV has been working in the Barmer district for about a decade now and yet there is no well established data base on types of diseases which are more prevalent as compared to others. There is no evidence based study analysis or assessment which works on the disease pattern of Barmer. This study may draw attention of the medical staff as well as the officials of public health to strategize the approachin order to improve the existing parameters and thereby making a huge change in the healthcare of this locality. This study which is something very simple and plain game of playing with data might bring an impact of mountain size.

## 3. METHODOLOGY

**3.1 Research Question:** What is the disease pattern being observed in the regular MHV OPD of rural inhabitantsin Barmer district of Rajasthan through MHV for past 5 years?

3.2 Objective**:**

- To assess the disease pattern of rural inhabitants in Barmer district through MHV OPD for past 5 years.
- To understand the existence of most frequent types of diseases and therebymaking plans to working on elimination or focusing more clinically
- To understand establish the causes of these frequencies and ways to mitigate it

**3.3 Study design:**

This designis a descriptive study(Non-Experimental Observational Study) which basically is an assessment of already existing data and there are no external inputs being put.

### 3.4 Study Setting:

This study is based upon data of OPD from 26 villages of Barmer which are including Ghoneri Nadi, Nathanion Ka Vaas, Dakshini Matasar, Buratiya, Bakaniyon ka was, Dhundha, Revali, Chokhaniyon ka tala, Navaldev ki chatri, Lakhetali, Rasaram ki pyau, Baniya sada dhora, Nimbaniyon ki dhani. Madpura barvalla, Godaron ki dhani, baganiyon ki dhani, Motiyaniyon ka tala, Sanjhta, Polaniyon ki dhani, Ashuo ki dhani, Ravatsar, Bhambuo ki dhani, Khejariyali, Jhakh, Chenaniyon ki dhani, Bhimda.

### 3.5 Data Collection:

Secondary data of OPD data collected by the MHV of Dhara Sansthan over the span of last 5 years. MIS of the OPD data was accessed for the year 2015, 2016, 2017, 2018 and 2019.

### 3.6 Sample Size:

An average number of OPD for all the years is around 18,000. Hence 18,000 is my sample size for this study.

### 3.7 Data Analysis :

Microsoft Excel was the sole software which was used to analyze, and compile the secondary data so collected.

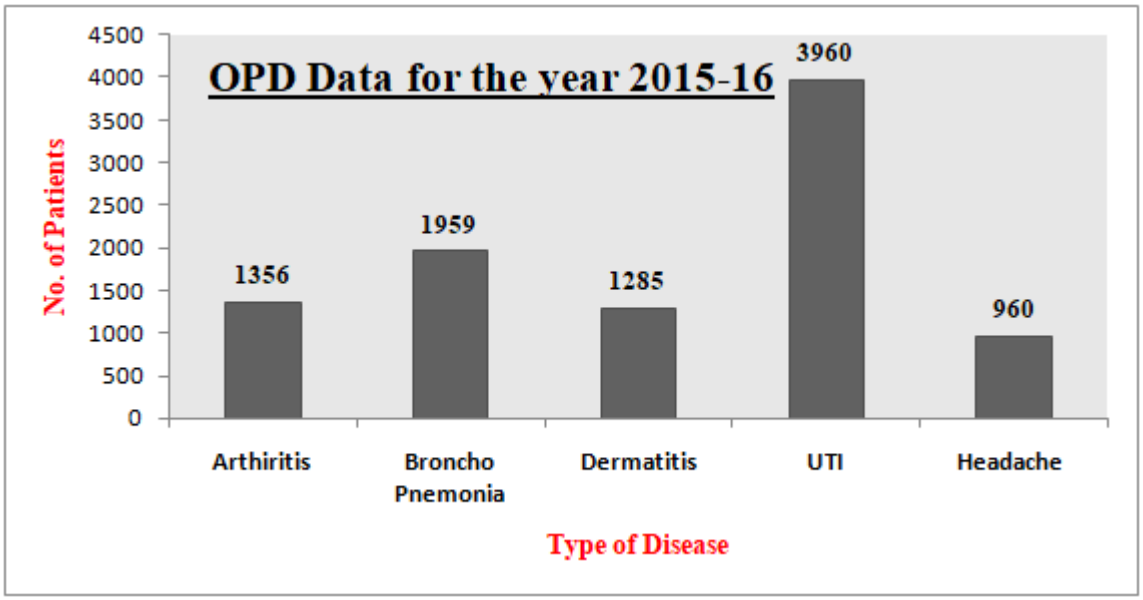
## 4. Constraints of the study:

This study could have further bifurcated to get a clear difference in the patterns of these disease in males and females but due to lack of MIS for earlier years only a total number of OPDs are found which confined the study to more general outcomes.

## 5. Result and Findings

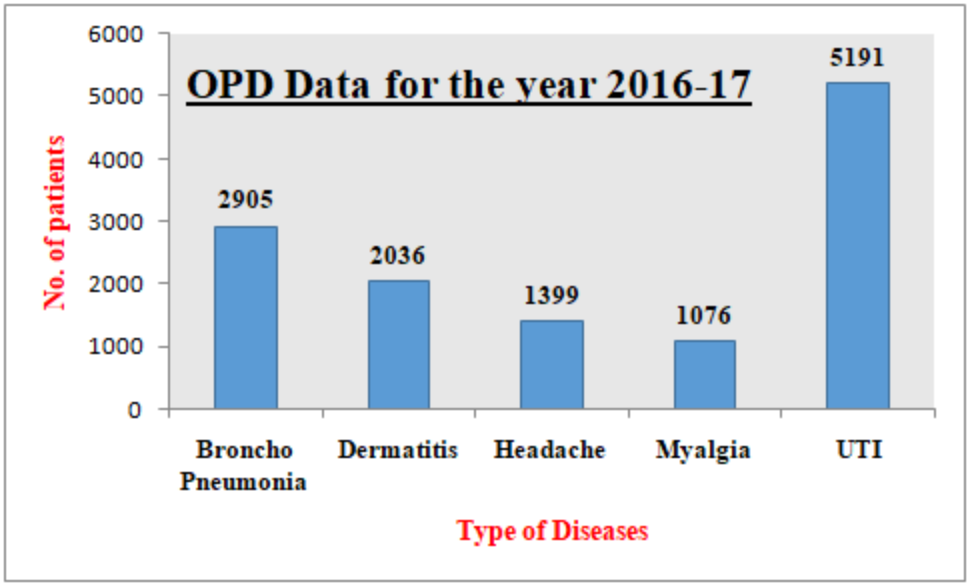
1. The findings after analyzing the data of all the patients seen in the year 2015-16 showed that out of the 14,888 people who came for the checkups, 26 percentage of them were reported to have UTIs and the then Bronchi Pneumonia 13% followed by Dermatitis (8.6%).

   This clearly depicts that these diseases were found in maximum population.

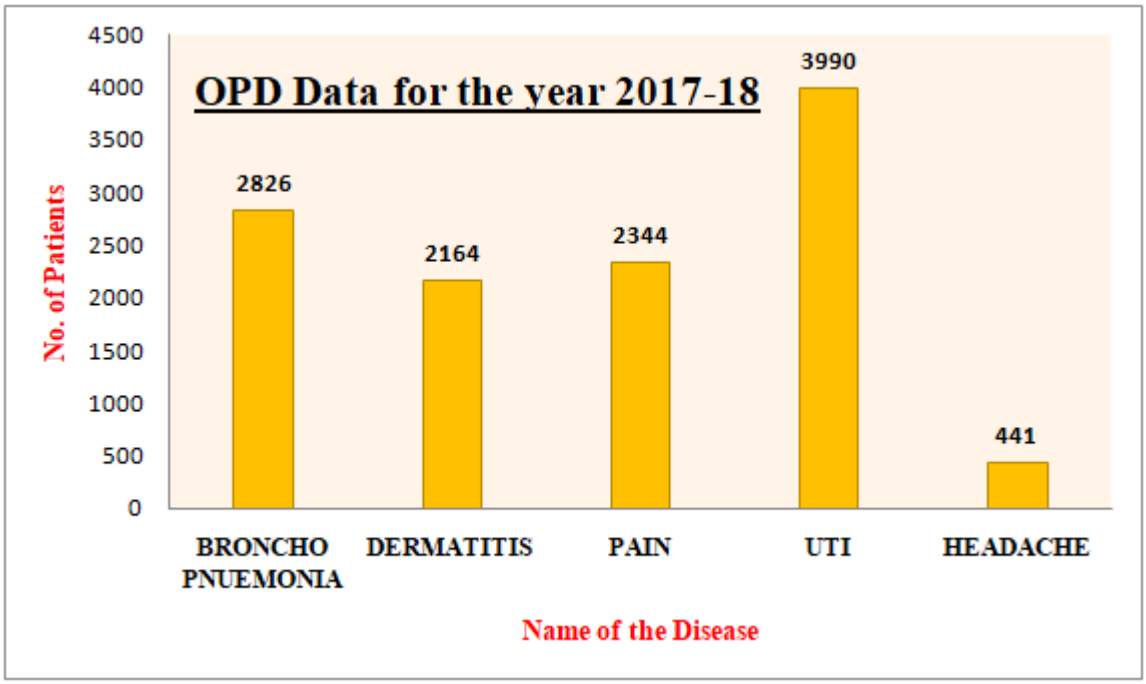



2. In the year 2016-17, a total of 18152 OPDs were conducted and this year too the highest number of patients were suffering from UTIs which was 28.5% followed by Broncho Pneumonia (16%) and Dermatitis (11.2%)

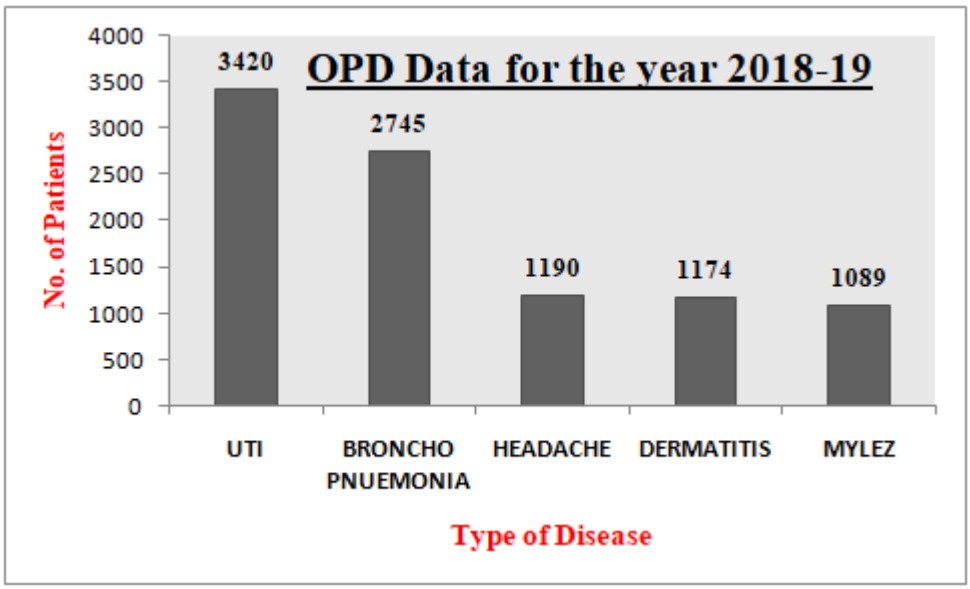
   Altogether these five diseases mentioned below in the graph were most prevalant diseases.



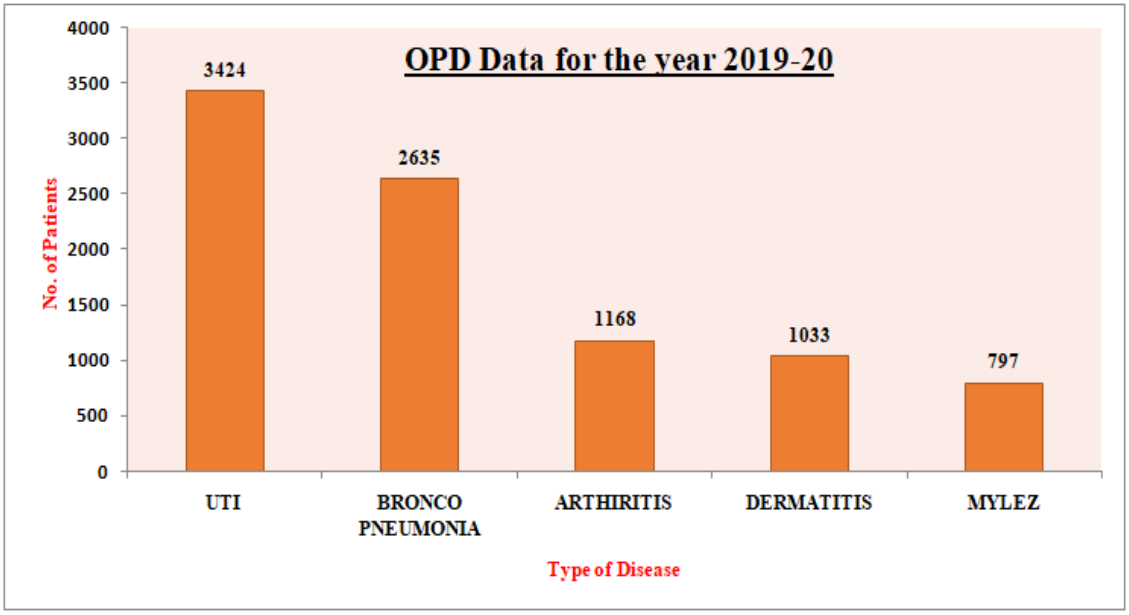

3. In the year 2017-18, UTI with the highest prevalence of 21.5%, followed by Bronchi Pneumonia(15.2%) and pain ( of any kind ) 12.6% is observed to be the highest in number out of the total OPD of 18520 people carried out.



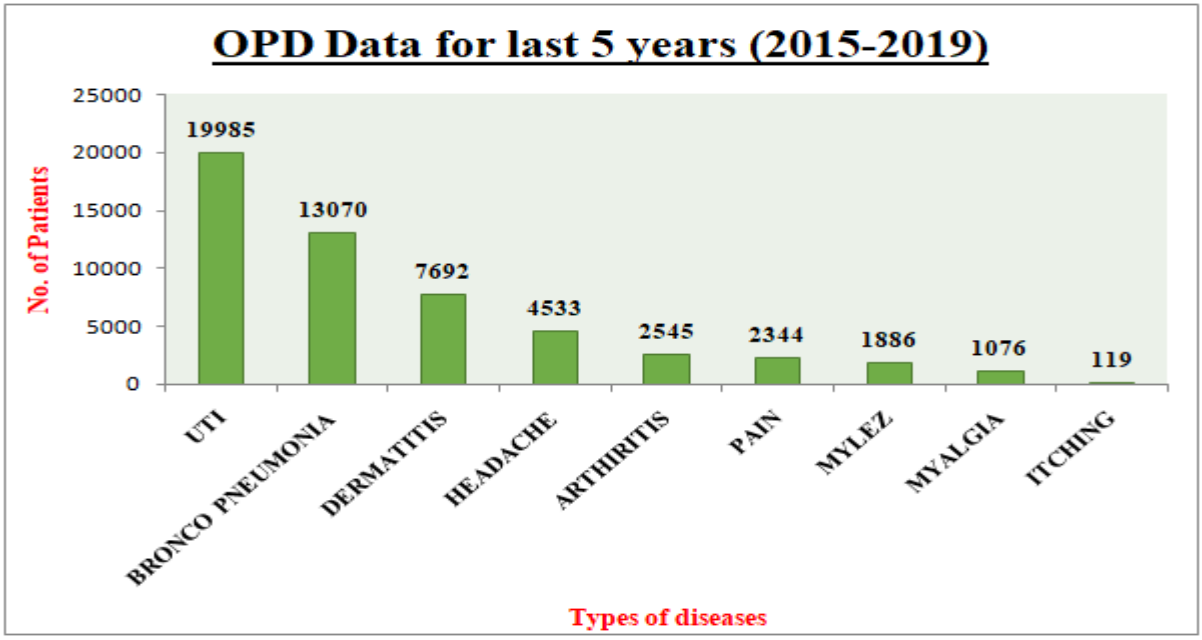
4. For the year 2018-19, 17% of people reported to have UTIs, and then Bronchi Pneumonia being the second highest at 13.7% and the third most prevalent report was of headaches by 5.9%. Despite the fact that Dermatitis cases were reported few, yet it remained in the list of top five cases. Myles was seen in this category for the first time in the year 2018-19, by a percentage of 5.5%
   The total OPDs conducted this year was 19900.




5. With UTIs observed in the highest number, the year 2019 found a slight change in the pattern with Arthritis(5.8%) seen for the first time with such high frequency. BronchiPneumonia is seen to be the 13.1 percentage and Dermatitis and Myles remained in the top five types of diseases constantly reported with maximum number. A total of 20,000 cases were seen this year.




6. Altogether when the data of the OPDs conducted for past 5 years complied together a maximum number of cases were found to be of UTIs as 21.5%, followed by Bronchi Pneumonia 14.2% and Dermatitis 8.4%. Other diseases like headaches (4.9%), Arthiritis (2.7%) etc.



## 7. RECCOMMENDATION AND CONCLUSION:

### Conclusion:

The most important conclusion which can be drawn from this study is the disease pattern which is observed for the 26 villages covered by the MHV.

UTI is the most found disease in the village inhabitants of Barmer. The pattern of disease included UTI, BronchiPneumonia, Dermatitis, headaches and arthritis.

This study aimed at the frequency of diseases for past 5 years in the rural parts of pipeline villages covered by MHV and the observation is for a sample size of the total population covered by the MHV every year viz. 20,000 (Approx.) for each year**.**

### Recommendation:

1. There should be health planning for the curative aspects of these frequently found diseases.
2. Regular camps and health checkups could possibly bring a halt to these diseases.
3. There can be several underlying causes for UTI which is found to be in maximum frequency these causes should be studied specifically and actions regarding this should be taken in time.
4. A separate gender wise analysis can be done on these diseases and a new and different approach could be made by the clinicians and health authorities.

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**STUDY 2**

# A study to assess the socio economic impact of Corona virus pandemic on the migrant workers of Barmer district

## 1. BACKGROUND OF THE STUDY

Corona Virus Pandemic was hardship faced time for Indian Migrant workers. With the nationwide lockdown started soon after spike in corona virus infections, thousands of migrants of this country had nowhere to go. According to World Economic Forum there are total of about 139 million migrant workers across the nation. The International LabourOrganisation(ILO) predicts an adverse impact on 400 million labours. These labours would be poverty stricken due to pandemic and lockdown.

Most migrant workers generally originate from states Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh. This study mainly focuses on the migrants of Barmer district of Rajasthan who have been impacted both socially and mentally by this Covid-19 pandemic.

## 2. INTRODUCTION

Barmer is the western-most district of Rajasthan, forming a part of Thar desert. Being partially a desert area, it faces a large variation in temperature from 51C to 0C in winters. With scanty rainfall of only 277mm a year, it is a dry area with agriculture a seasonal activity. Major mass of the lower strata of society migrate to other places like Gujarat, Mumbai and Chennai for work.

Almost around 65,000 people had to return back to their homes amid Corona crisis. This has not only disrupted the livelihood of these people but also has drastically deteriorated hopes for future.

Through this study I would want to assess the impact of Corona Virus on a selected cluster of migrant workers who have returned back home. The findings of this study shall possibly hold deep grounds of understanding on the entire country's mindset.

## 3. METHODOLOGY

3.1 **Study Design**: A cross-sectional study (Descriptive study Non-experimental).

3.2 **Sample Size**: A total of 125 migrant workers.

## 4. OBJECTIVE:

To study and observe the socio-economic impact on migrant labours of Barmer due to the Covid-19 lockdown.

## 5. RESEARCH DESIGN

- **Study Design:**
  This design is a cross-sectional descriptive study (non-experimental observational study) design to assess the situation-impact of Corona Virus pandemic lockdown on migrants.

- **Study Setting**:
  This study was conducted in Barmer district (randomized sample size).

- **Study Population**:
  A random data from 125 respondents have been collected from the migrant workers who have returned home amid lockdown.

- **Study Duration:**
  2 months duration from 15th April 2020 to 15 June 2020.

## 6. SAMPLING

- **Sampling technique**: Simple Random Sampling.
- **Sample Size**: A total of 125 people selected to fill the questionnaire.

## 7. RESEARCH INSTRUMENT

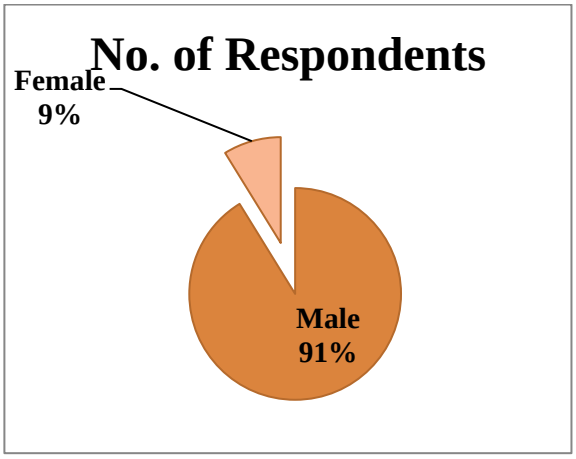
- **Source of data collection:**
  The source of data collection was primary in nature. It was designed in the form of questionnaire.

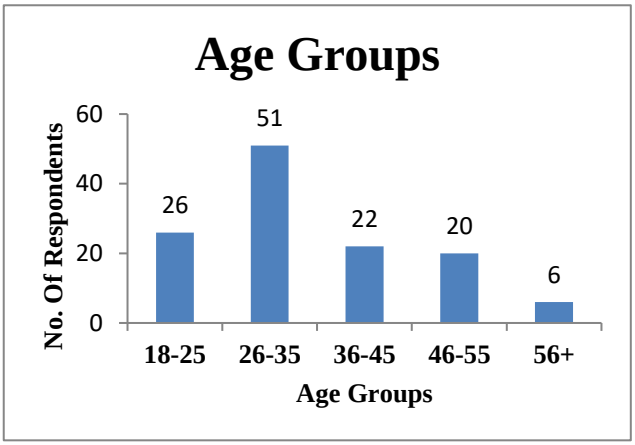
- **Data collection technique**:
  Telephonic interview was conducted, questions were asked and filled upon as exact as the response given by the respondent.
- **Data collection tool:**
  A structured questionnaire was used as a tool for data collection.
  It had two parts; Basic information and questions regarding the lockdown scenarios and their opinions.
- **Data Analysis:**
  After the collection of data on Microsoft forms; it was compiled and run in MS Excel.

## 8. ETHICAL CONSIDERATION

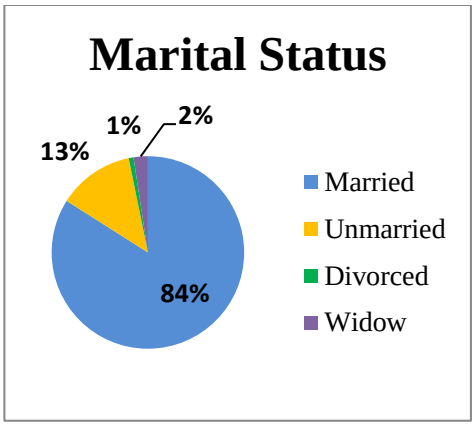
An informed consent was taken prior data collection. The answers were recorded as exact as they gave, no external influence was put. The participants were well informed and reminded time to time if they felt uncomfortable answering any questions or wish to withdraw their involvement they were free to do so.

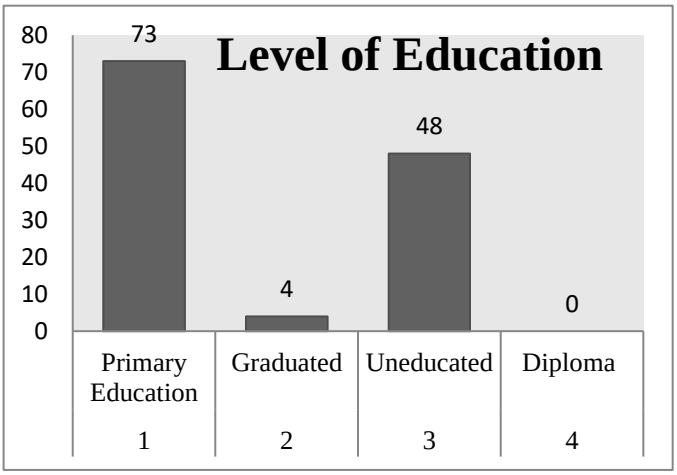
## 9. RESULT AND FINDINGS



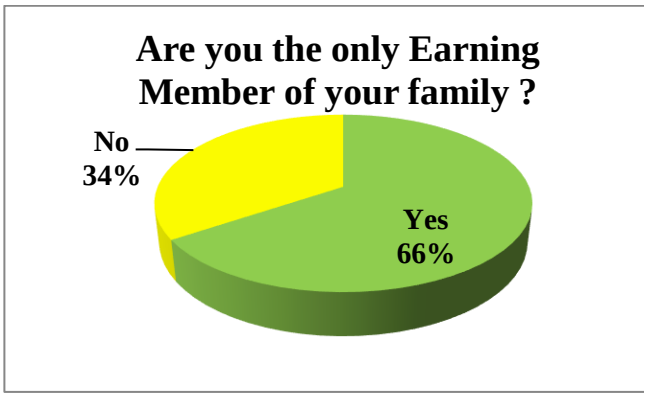



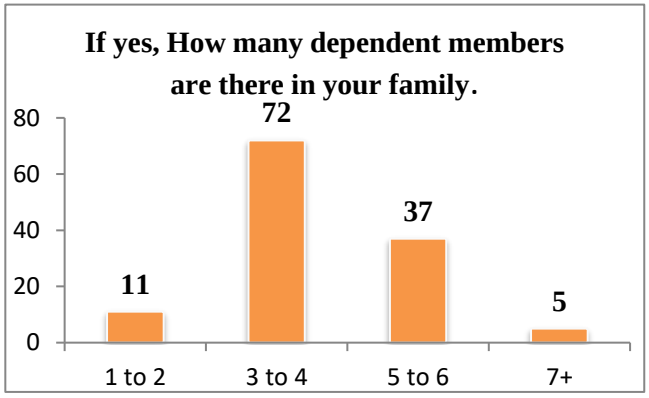

1. Out of the 125 respondents, 91% were found to be male and only a 9% of the females. With maximum number of respondents were in the age category of 26 to 35 years which suggests that majorly youth migrants are more prevailing here at Barmer.



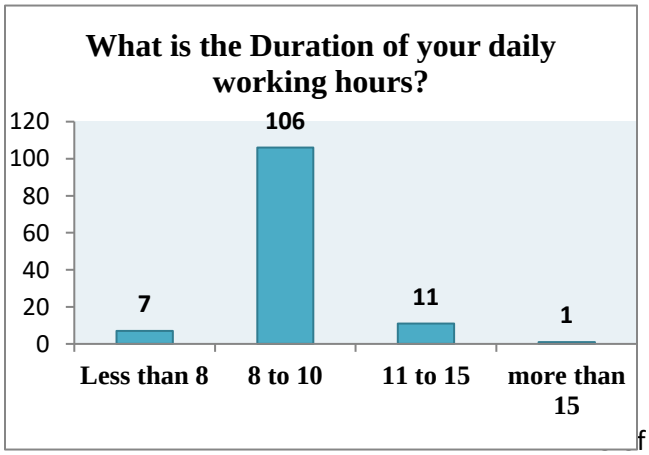



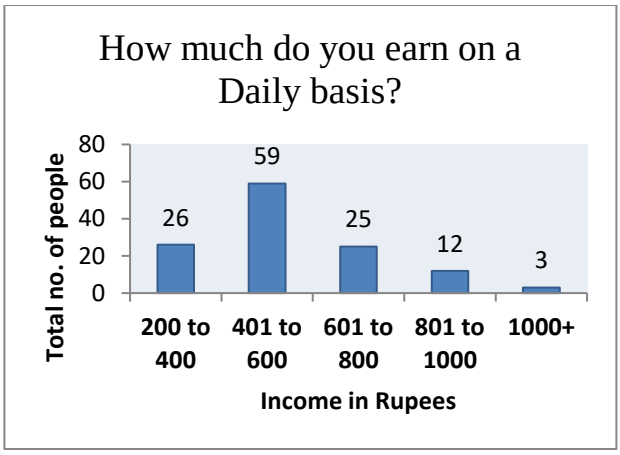

2. One of the other findings after the study was the level of education of the migrant workers out of the 125 respondents 73 had primary education and 48 were uneducated. A very less fraction was graduate and 84% of them are married.



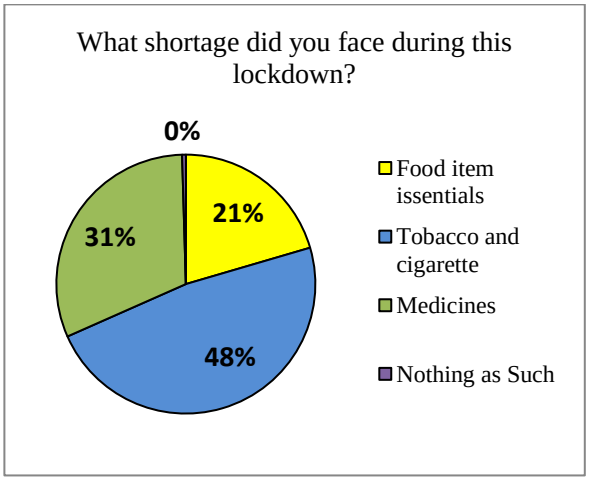



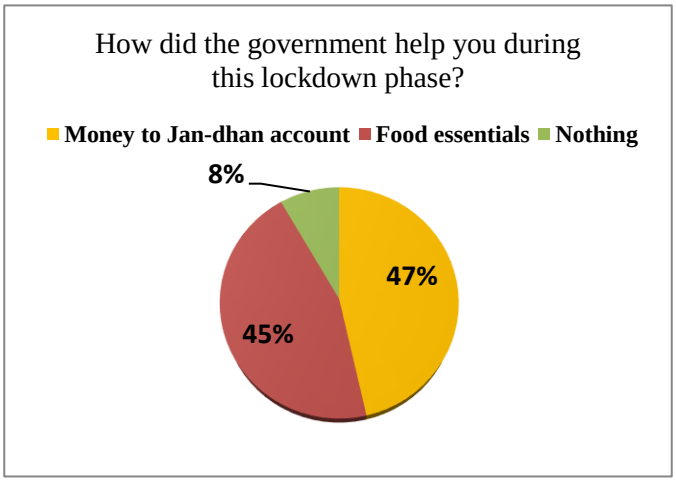

3. 66% of the migrants were the only earning members of their family with either children or their elderly parents as their dependent members. The majority of them had 3 to 4 members as dependents on their income.





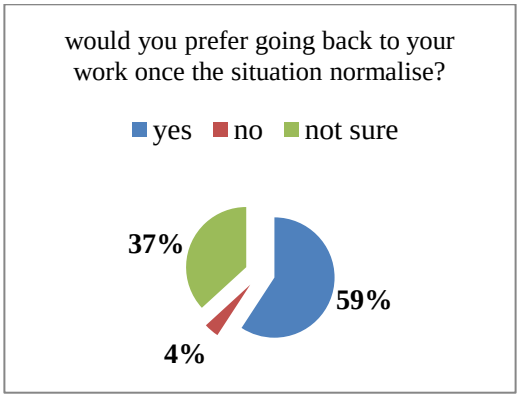

4. The findings of the study had an important observation to be made. The earnings of the migrants was ranging from 400 to 600 for 59 people out of 125 which was quite shocking. The migre income below the recommended one in the labour laws of India is some serious area to ponder after the lockdown. The workers even after such pity incomes had to work 8 to 10 hours a day is seen an exploitation of their potential.
5. The expenditure for these migrants living away from their homes was found to be around 200 to 400 rupees which surely might leave with with a scanty amount to save and source their families.

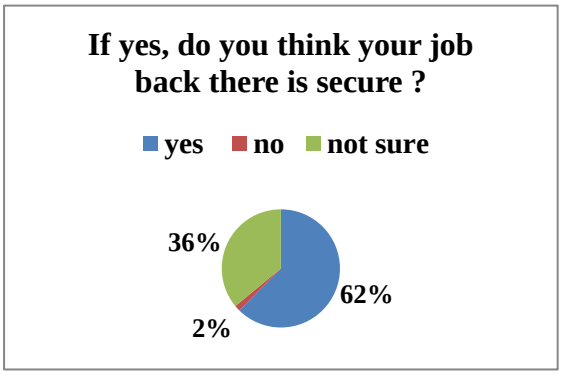


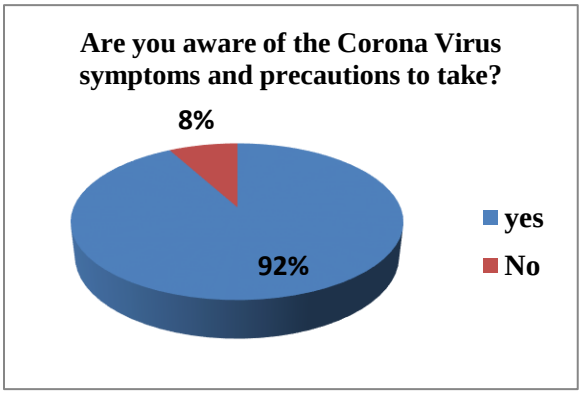

6. Surprisingly 48% faced a shortage of tobacco and cigarette during the lockdowns and then 31% had to suffer from lack of medicines, No doubt with hospitals mainly focusing on corona infected patients the non- covid patients might have seen such issues in several localities across the nation. The government had seen to be helping the plight of these migrants with a significant amount of help through money transfer in the Jan-dhan accounts and essential food

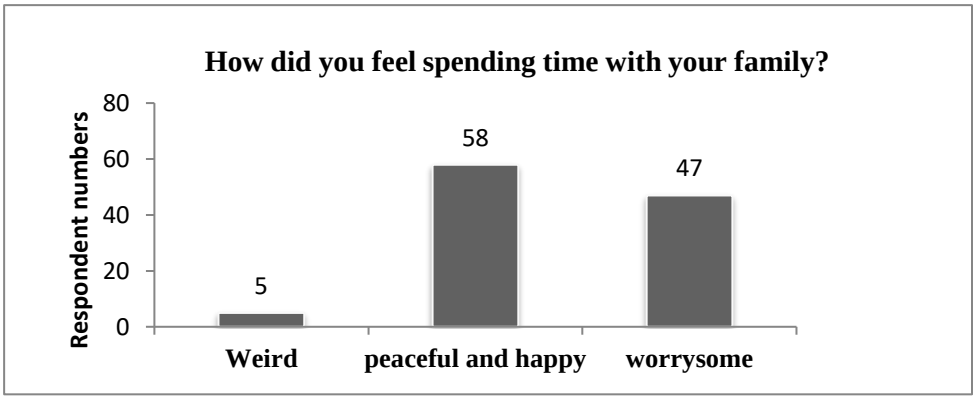
items. Despite the fact an 8% felt the government was no help for them, which also cannot be just ignored considering only 125 migrants targeted this may significantly a pain in the nerve.




7. 59% of the responded migrants felt they would return back once the situation normalizes and yet a significant amount by 37% was not sure. Moreover, 62% of them felt confident about their job security and 36% were not quite sure amid this situation of pandemic. The future was quite vague for a large number.



8. 92% of the migrant workers on asking about the corona virus pandemic were aware of the signs and symptoms and the precautions necessary to take. And for 58 out of 125 the time of the lockdown was peaceful and happy despite the troubles they has to face at the initial period and also 47 of them felt it was quite worrisome.

## 10. DISCUSSIONS

The lockdown no doubt has a huge implication on the economy as well as on the informal sector. With people not sure about the future happenings and also all hopes vague has left people worrisome and confused. As seen here in the study the migrant workers have already faced issues of lack of proper sanitation, health and healthy work environment are now left in deepening poverty due to the lockdown. The government of India had announced relief packages of various sorts which proved tremendously helpful yet lacks systematic implementation. With income being stagnant and expenditure almost equal is it sufficient to make both ends meet? These are some of the factors we may stress upon once the situation normalizes.

The migrant laborers are found to be insecure about their jobs and whereabouts and with no hope of survival had to return homes due to the covid-19 pandemic, where agriculture or MNREGA is their second source of income to rely upon. These migrants who already have fought battles for basic needs of habitation and healthcare are now supposed to have miles to cover. Majority of the migrant workers with no education and high dependency rate within their families are waiting to go back to the cities and are waiting for the pandemic to subside. They work in construction sites, farms, manufacturing units and other related factories for more than 8 to 10 hours a day to cater the needs of survival. The pandemic has left them puzzled and hopeless.

## 11. CONCLUSION

The migrants are equally affected across the country, a glimpse of which is shown in this study. Even though the number was small yet the results are impactful enough to grab attention of the concerned. The informal sector of India is huge , serves billions and is the real backbone of the entire economy. The corona virus pandemic has sufficiently opened eyes with no goods to bring but prepare us to sustain our people and the country men with equality and harmony. The impact on the informal sector of Barmer and the country all together seems unignorable and would take months to bring back to normal after this.

## 12.REFERENCES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# ONLINE COURSE REPORT

Name of the Course

## Strengthening Community Health Worker Programs

### Course Description

**T**his is a Health System Leadership Course offered by Community Health Academy.

The vision behind this course offered by Harvard Business School is to equip Health professionals around the world with required skills and knowledge so as they can extend their services to the public. The course has contents which form a basic understanding to serve in the world's most remote places where the communities are underserved and need the most attention.

Community Health Academy which brought up this course has partnered with over 15 Health Ministries, global Health Organizations and other academic intuitions offering courses on Health in Africa, Asia and America.

The course Highlights:

- Key components used for the design and optimization of community health worker programs
- Strategies for advocacy of community health worker programs with various stakeholders
- Evidences which demonstrate the benefit of investments on community health workers
- Problem solving approaches for general issues that may arise while implementing community health worker programs in field.

**Objective of the course:**

1. To introduce the students with core concepts of community worker programs.
2. To explore the needs by which we can advocate, build and optimize large scale programs
3. To learn ways to improve access to high- quality health services

**Course Contents**

**Section 1:** Community Health Workers as Part of Primary Health Care system

**Section 2:** Making the case

**Section 3:** Building Coalitions (Part 1- Challenges)

**Section 4:** Building Coalitions (Part 2-Solutions)

**Section 5:** A systems approach **to** Problem Solving (Part1)

**Section 6:** A Systems Approach to Problem Solving (Part 2)

**Methodology used in the course** :

- ✓ Video Lectures
- ✓ Videos
- ✓ Case Studies

**Key Learning from the course**

Community Health Workers are the essential part of the Primary Health Care Teams. They had made some vital contributions.

1. They are delivering services which are safe and effective
2. Bridging the gap between the system and the general public
3. Contributing to achieve universal health coverage goal through cost effective solutions

**Health services are not universal due to the following factors**.

- Shortages of Health workforces and unequal distribution
- The differences in services via performance and quality
- Poor management system
- Limited Financial Resources

In order to work for aiming the universal Health coverage, there must be enough workforces to achieve it. WHO recommends 4.45 skilled Health workers per 1000 population. The world faces a shortage of health workforce by 17.4 million worldwide. Africa facing highest shortage of 4.2 billion.

**Connecting Communities to Health Systems:**

What is A health System : A health system consist of all organizations, people and actions whose primary intent is to promote, restore or maintain health-WHO

All parts of a health system is interconnected, the policy makes, clinical services, financing, resource management etc. This is an integrated system which works together to achieve one common goal.

**Case studies based on**

1. Ethiopia :

    - Ethiopia developed a well established community health worker plans and programs. The leaders of the country realized that the health system is always changing and diverse so they kept on changing policies and kept adapting to the rising needs of the Health sector.

    - The community health program included not only the health sector but they developed novel concepts of Modal families and Women Development army.

    - The Ethiopian community health program shown the integrated health systems and its impacts if worked upon seriously.

2. Bangladesh :
    - Bangladesh applied a system where it combined the government, NGO, and private community health workers for different localities.
    - Government cadre and NGO cadre formed a symbiotic relationship in order to function. The NGOs had more flexibility to innovate and government implemented those ideas.
    - Bangladesh has emerged from the worst health indicators to the highest life expectancy rate of people with the help of this community health workers. It is now is the healthiest country in South Asia.

Evidence based arguments highlights from the case studies that

a. Community health works save lives
b. They imcrease access to health
c. Also generate strong return on investments.

**Community Health Worker Programs are not just a cost, but investment.**

When we advocate for community Health worker programs particularly with politicians and finance ministers it is important to understand that the cost for running these programs which includes salaries and training costs, the associated returns are high.

CHW can reduce the health system costs in numerous ways:

- Provision of preventive care and related education that can eliminate the chances of illness before it even starts
- Reduces the out-of-pocket expenditure for the communities who stays away from the health facilities
- Management of acute cases before they become severe and cause harm to the greater masses
- Can provide cost effective management of chronic diseases
- May help reliving the load from the health facilities where there is a heavy foot falls

**Coalitions from government :**

To scale up CHW, the government plays a multi facet role :

1. **Regulator**: Government provides the policy, standards, framework for various programs.
2. **Scaler**: The private partners may develop programs or ideas but it is the government which holds that unique authority to implement them on the entire nation, so it is the government which has to take charge.
3. **Convener**: government can bring all the partners and stakeholders together
4. **Coordinator** : The top level authority such as government can regulate transparency and optimization of efficiency
5. **Sustainer**: The private partners can leave or terminate whenever wishes but the long term sustainer is the government. From the inception to the evaluation of outcomes government is obliged to stay.
6. **Human Resource Mobilizer**: Government is the largest employer and maintains employees for the long run.

**Challenges** that needs to be overcome to have an effective Community Health Worker Management

- Fragmented Health Information System : Many countries now have developed with the changing digital platforms but yet there remains a few poor and developing countries like Africa where this fragmented system is still prevalent.
- Increased Work Burden for Community Health Workers
- Negative Impact on Availability of services
- Compromised Data Quality and use

**Skills and attributes for an Adaptive Manager**

- Strong interest in learning with achieving intended outcomes
- Action oriented
- Listening and transparency
- Feedbacks from peers and stakeholders
- Carry out action based decisions with critical review and understanding
- Adapt with humility