

PART -1



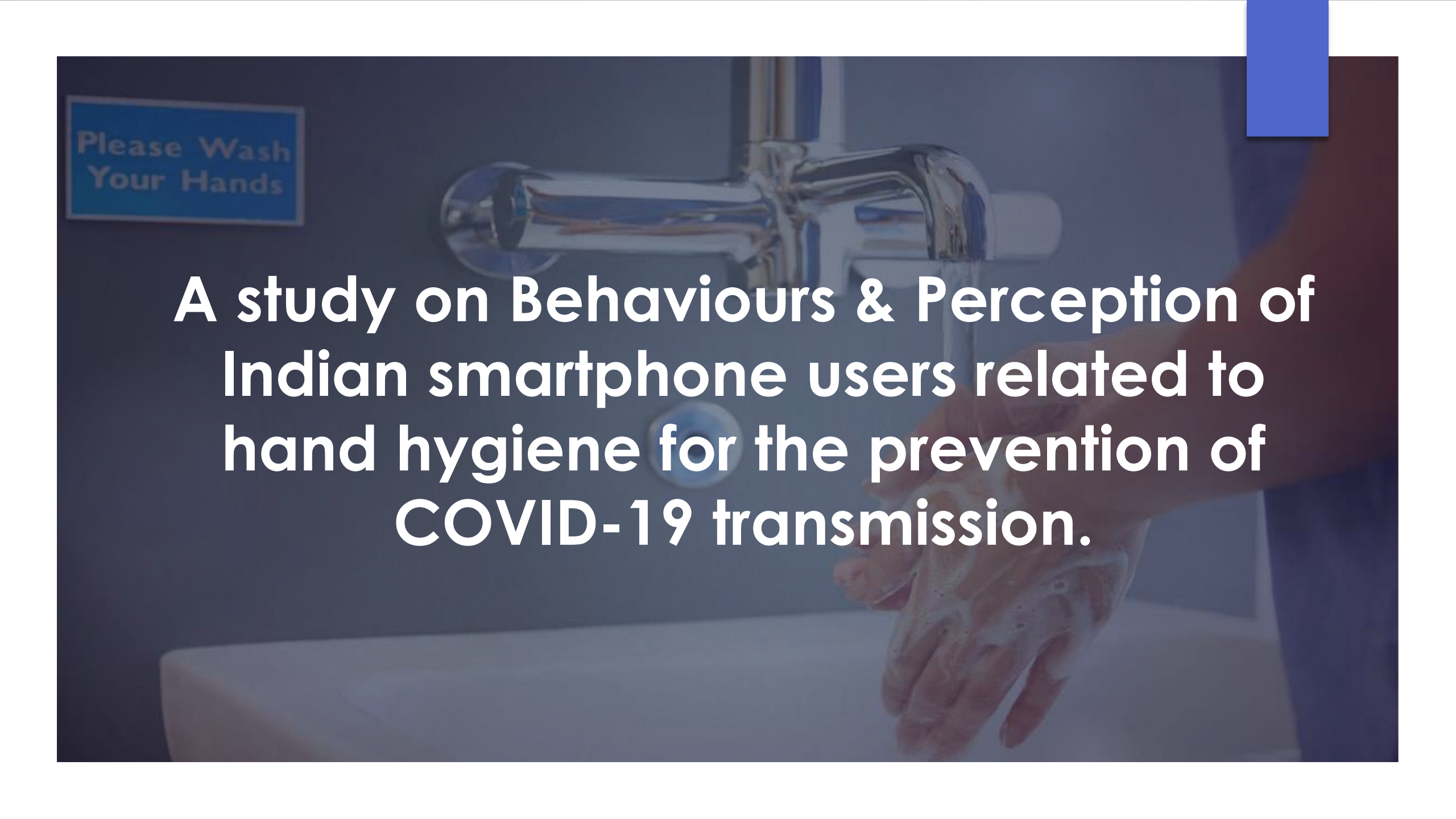
SUMMER TRAINING WORK REPORT PRESENTATION

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Summited by:
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MBA-HM 2019-21

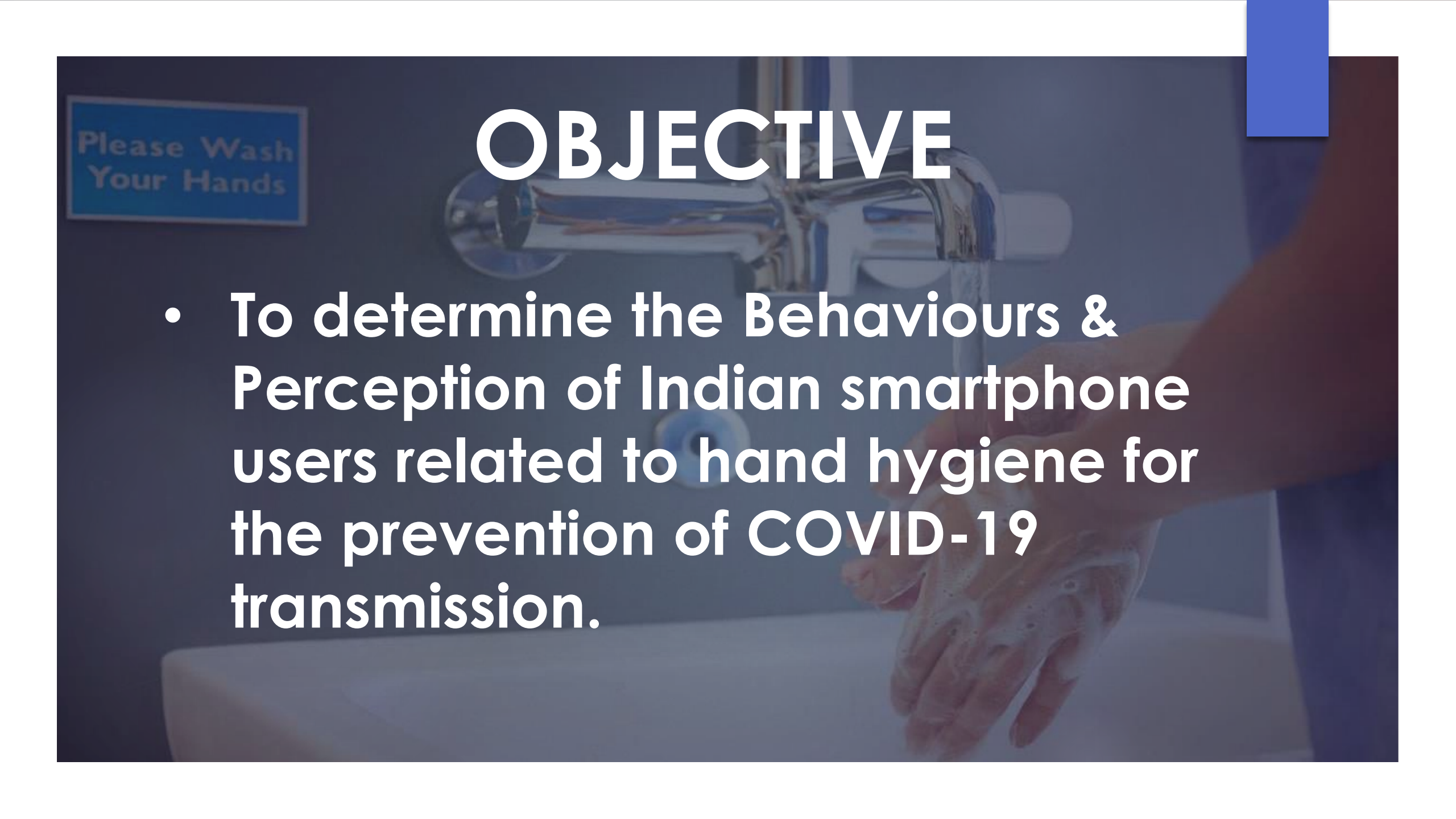
ABOUT ORGANISATION (INTER PARTNER)

- ▶ Intern Partner is a specialized consultancy group.
- ▶ Aims: Is to create insight among students and provide evidence and inputs for developing their strategies.
- ▶ Services: Pharmaceutical Market analysis, Consulting in Procurement and supply chain, Certificate courses in Health/ Hospital/ Pharmaceutical/ Rural, Consulting in Health-related projects, Management Research, Education and training, Consultancy in Fundamental Market analysis, Internship and dissertation to healthcare professionals (Health/ Hospital/Pharmaceutical/Rural), Tread Analysis, Design and conduct Management training for health sector, Design product portfolio for Pharm Companies, NGO Management and Networking, NABH Accreditation(Pipeline).
- ▶ Offers: Internship, research and consultancy in the field of hospital management health management pharmaceutical management, rural management, and a variety of field related to the health sector.
- ▶ Intern partner has completed 53 projects, have 26 active clients and 157 happy clients. They have collaborations with various healthcare institutions.

A photograph of a public handwashing station. A person's hands are being washed under a chrome faucet. A blue sign on the wall reads "Please Wash Your Hands". The image is overlaid with a semi-transparent blue filter and a white text box.

Please Wash
Your Hands

A study on Behaviours & Perception of Indian smartphone users related to hand hygiene for the prevention of COVID-19 transmission.



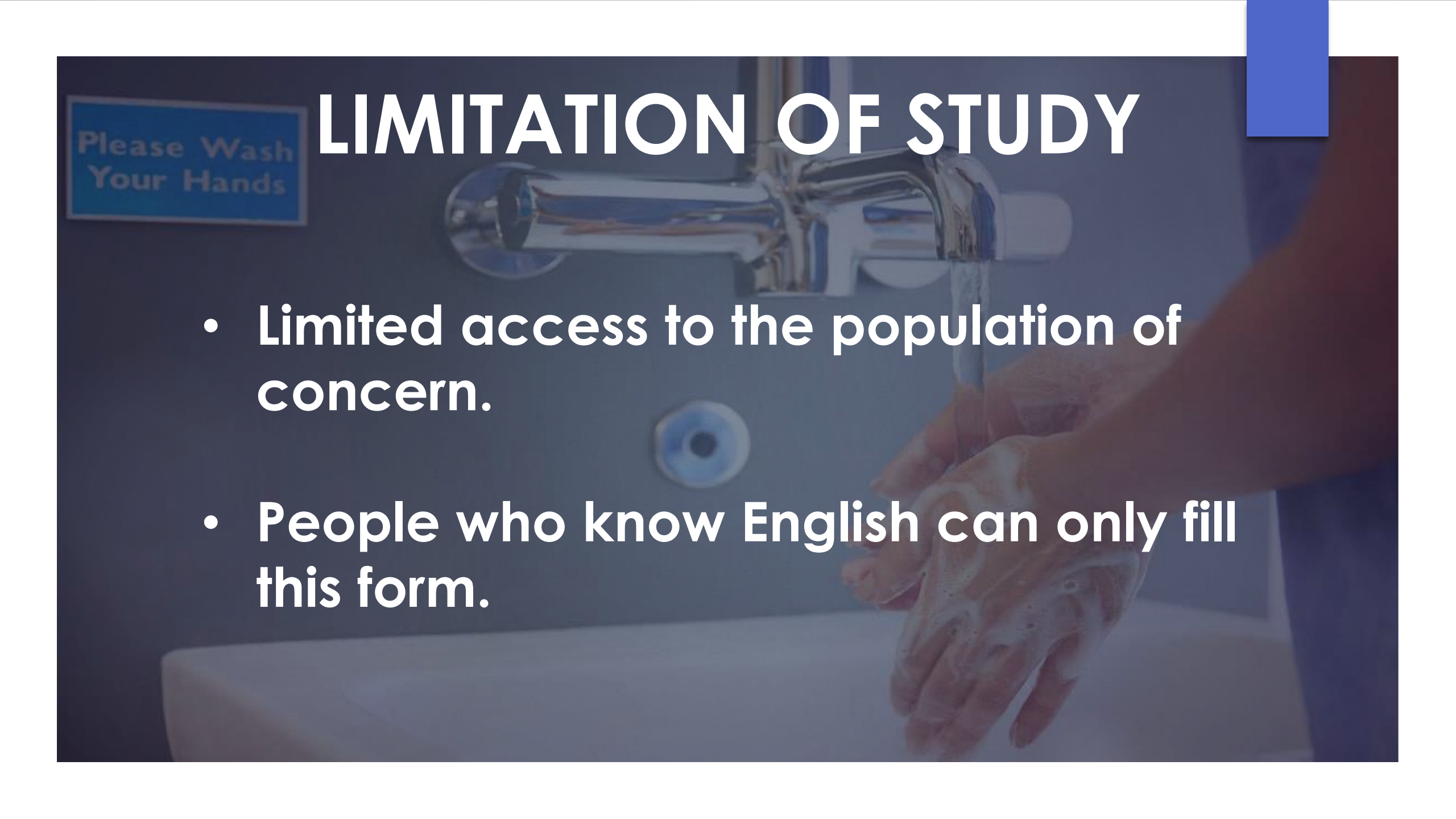
OBJECTIVE

- To determine the Behaviours & Perception of Indian smartphone users related to hand hygiene for the prevention of COVID-19 transmission.



METHODOLOGY

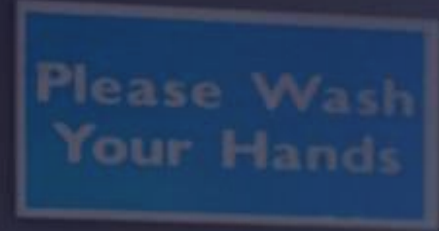
- **Type of Study:** Cross-Sectional descriptive study
- **Study duration:** 1 May – 30 June
- **Sample size:** 172 (Male: 86 & Female: 86)
- **Age:** 16-54 years
- **Type of Data:** Ministerial/ Official websites (MOHFW, India, My Gov, WHO), Primary Data collection
- **Study tools:** Structured Questionnaire, CAPI
- **Data analysis:** MS Excel

The background of the slide is a photograph of a hand being washed in a sink. A chrome faucet is visible, and water is running. A blue sign on the wall to the left says "Please Wash Your Hands". The image is dimmed to allow text to be read over it.

Please Wash
Your Hands

LIMITATION OF STUDY

- Limited access to the population of concern.
- People who know English can only fill this form.



PARAMETERS TAKEN FOR COMPARISON

Question	Variables
Have you heard about the new Corona Virus disease?	Information
Have you seen or heard any information regarding handwashing as a prevention strategy for Corona Virus?	Encountered Information
Do you consider Hand hygiene to be an effective means of preventing the spread of the Virus?	Effectiveness Perceived
How many times per day did you wash your hands with soap/ sanitizer before pandemic?	Hand washing before Pandemic
How many times per day did you wash your hands with soap/ sanitizer during the Pandemic?	Behaviour Change
How possible do you believe it is for you to become infected with COVID-19	Susceptibility Perceived
Have you recently experienced any flu-like symptoms?	Experience any symptoms
Do you have any acquaintance who experiences any flu-like symptoms recently?	Symptoms in any acquaintances



DIFFERENT ANGLES FOR INTERPETATION OF DATA

- STATE-WISE
- RESIDENCE-WISE
- EDUCATION-WISE
- EMPLOYMENT-WISE
- GENDER-WISE

NOTE: Best chart is been taken in consider for interpretations for question from different angles.

STATE	RURAL	SEMI RURAL	URBAN	SEMI URBAN	METRO	TOTAL
ANDHRA PRADESH	0	0	0	1	0	1
ASSAM	0	1	0	0	0	1
BIHAR	3	0	6	0	0	9
CHANDIGARH	0	0	1	0	0	1
CHHATTISGARH	1	0	1	0	0	2
DELHI	0	0	8	2	14	24
GUJARAT	2	0	15	2	8	27
HARYANA	1	0	2	1	1	5
JAMMU & KASHMIR	0	1	0	0	0	1
KARNATAKA	0	0	3	0	0	3
KERALA	0	0	1	0	0	1
MADHYA PRADESH	1	0	4	3	0	8
MAHARASHTRA	0	0	1	0	3	4
MEGHALAYA	1	0	0	0	0	1
ODISHA	0	0	1	0	0	1
PONDICHERRY	0	0	0	1	0	1
PUNJAB	1	0	3	0	0	4
RAJASTHAN	2	2	11	0	0	15
TAMIL NADU	0	0	0	1	0	1
TELANGANA	1	0	33	2	8	44
UTTAR PRADESH	1	0	7	2	2	12
UTTARAKHAND	3	0	0	0	0	3
WEST BENGAL	0	0	1	2	0	3
TOTAL	17	4	98	17	36	172

DEMOGRAPHIC DATA OF PARTICIPANTS STATE-WISE

- Data shows different states of India with a different residence.

RESIDENTIAL AREA

MALE

FEMALE

RURAL

13

4

SEMI-RURAL

3

1

URBAN

42

56

SEMI-URBAN

7

10

METRO

21

15

TOTAL

86

86

DEMOGRAPHIC DATA OF PARTICIPANTS RESIDENCE-WISE

➤ **Interpretation:** Data show most of male and female are from urban and metro.

EDUCATIONAL QUALIFICATION	MALE	FEMALE
UP TO SECONDARY	1	2
UP TO HIGHER SECONDARY	9	5
GRADUATION COMPLETED	39	47
POSTGRADUATE AND ABOVE	37	32
TOTAL	86	86

DEMOGRAPHIC DATA OF PARTICIPANTS QUALIFICATION-WISE

- **Interpretation:** According to qualification graduated and postgraduates are more

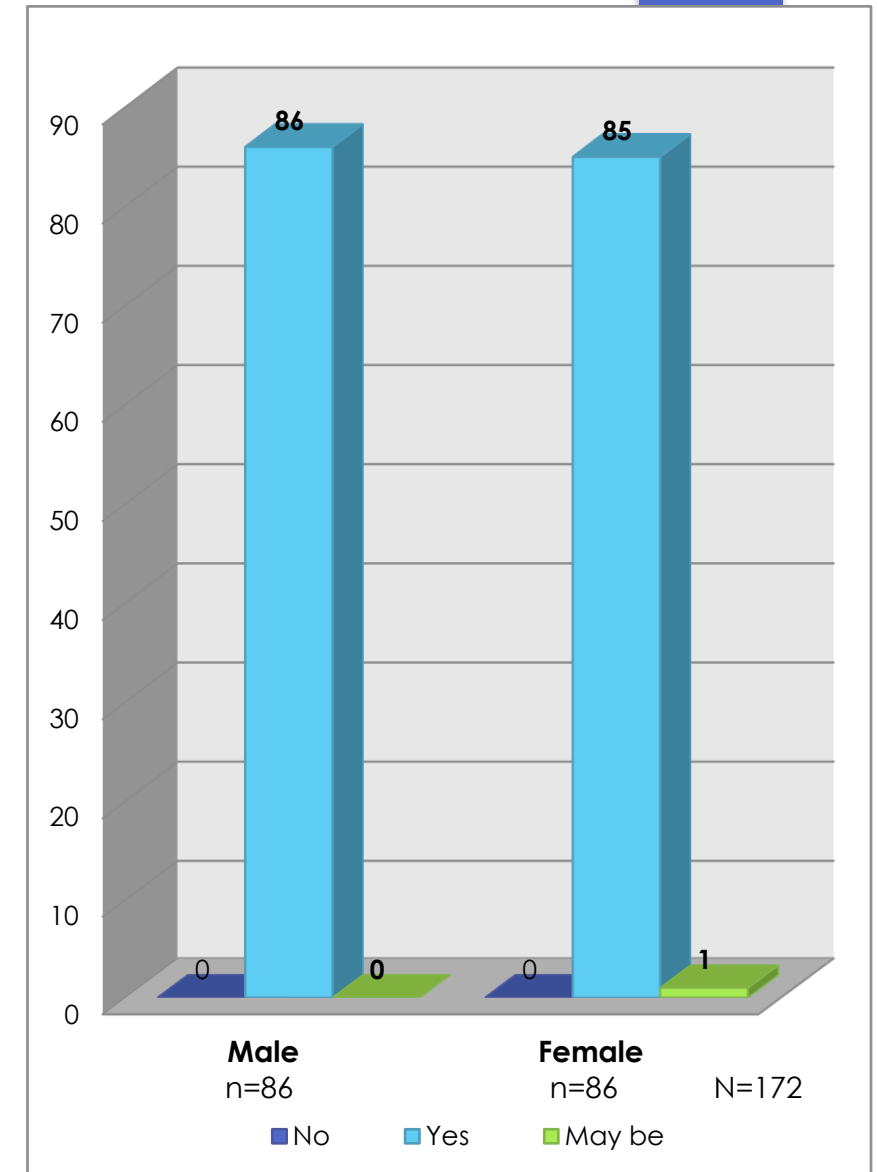
	RURAL	SEMI RURAL	URBAN	SEMI URBAN	METRO	TOTAL
STUDENT	10	3	44	8	17	82
SALARIED (PRIVATE/SEMI- GOVERNMENT)	1	0	30	2	12	45
SALARIED (GOVERNMENT)	1	0	3	1	2	7
RETIRED	1	0	1		0	2
HEALTHCARE	2	0	10	3	3	18
FREELANCER	1	1	0	0	0	2
DAILY WAGE	0	0	1	0	0	1
BUSINESS/ ENTREPRENEUR	1	0	4	0	1	6
UNEMPLOYED	0	0	3	3	1	7
HOUSEWIFE	0	0	2	0	0	2
TOTAL	17	4	98	17	36	172

DEMOGRAPHIC DATA OF PARTICIPANTS EMPLOYMENT-WISE

➤ **Interpretation:** Residence-wise maximum respondents are student followed by private/semi-government and healthcare worker.

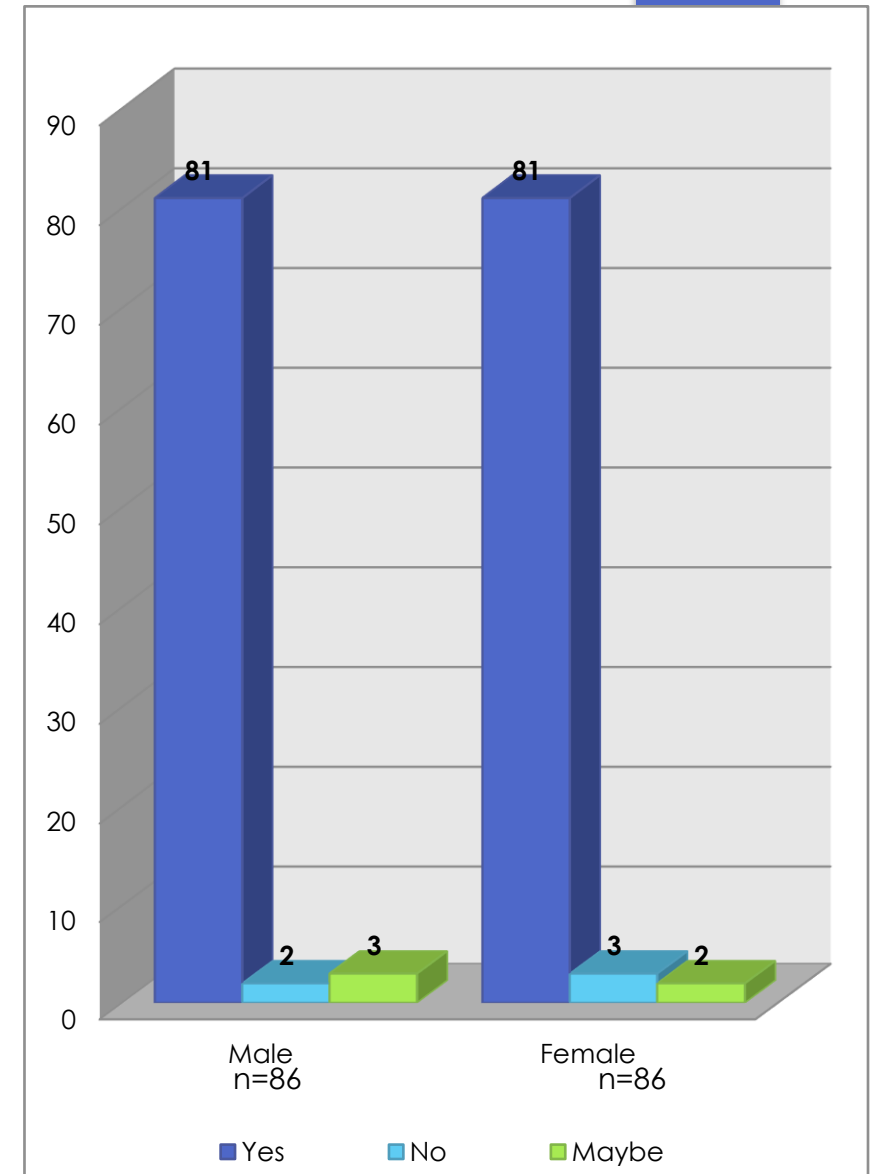
Heard about the new Coronavirus disease

- ▶ Interpretation: **Gender-wise** Data shows that the participant has information related to COVID-19. It was reported by the participants that the entire male & most of the participant in Female has heard about the new Corona Virus.
- ▶ If we saw the data **Employment-wise** then it was reported that students has heard more about the new Corona Virus followed by salaried private & semi-Government, healthcare and Government.
- ▶ Based on **Education** it was revealed that most the participants up to secondary, up to higher secondary, graduation completed, Postgraduate and above all have heard about the new Corona Virus.
- ▶ If we saw the data **Residence-wise** then it was observed that the urban population has heard more about the new Corona Virus.
- ▶ The **State-wise** data show information about the participant who has heard about the new Corona Virus although because of small sample representation from each state no state-specific inferences could be drawn.



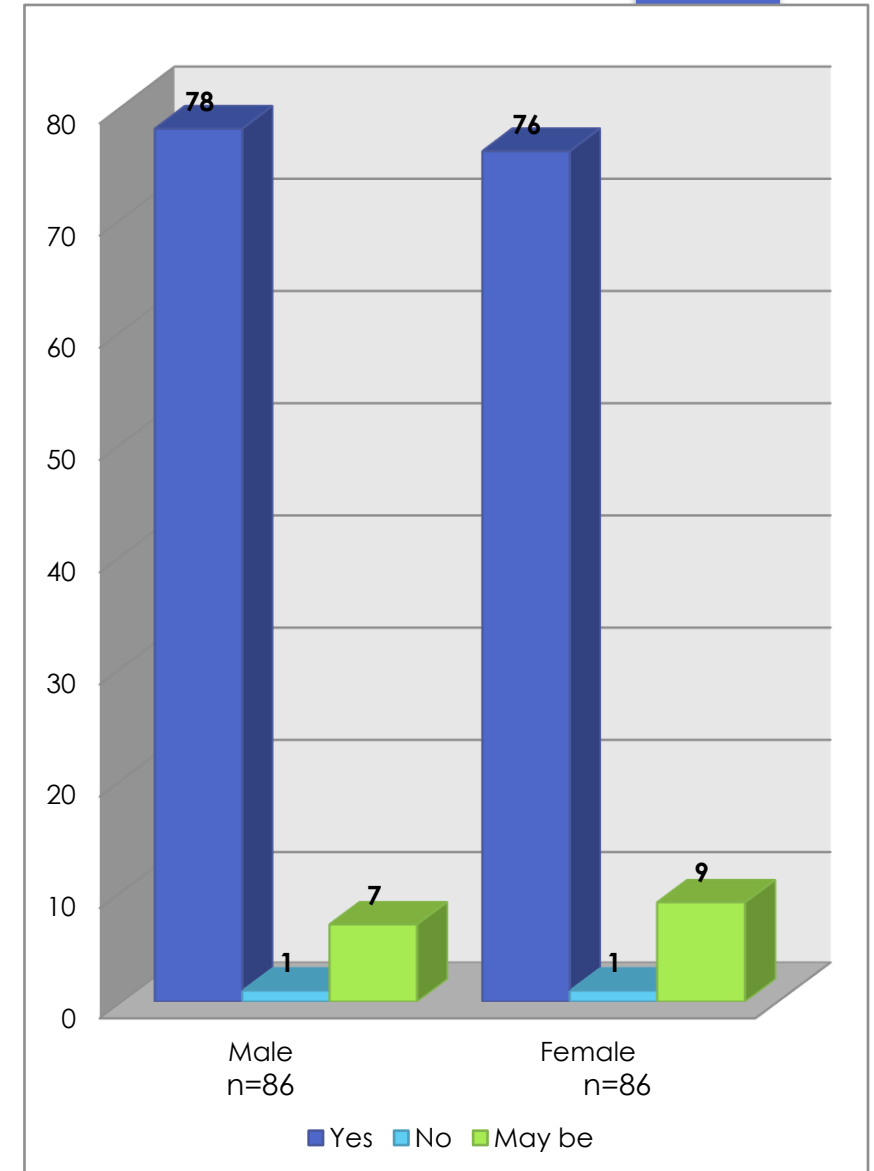
Seen/Heard any information regarding handwashing as a prevention strategy for Coronavirus. (Encountered information)

- Interpretation: **Gender-wise** Data shows that the participant has encountered information. It was reported by the participants that all most all the male & female participant has seen/heard any information regarding handwashing as a prevention strategy for Coronavirus.
- If we saw the data **Employment-wise** then it was reported that students have seen/heard more information regarding handwashing as a prevention strategy for Coronavirus followed by salaried private & semi-Government, healthcare and Government.
- Based on **Education** it was revealed that most of the participants up to secondary, up to higher secondary, graduation completed, Postgraduate and above all have seen/heard any information regarding handwashing as a prevention strategy for Coronavirus.
- If we saw the data **Residence-wise** then it was observed that the urban population has seen/heard more about information regarding handwashing as a prevention strategy for Coronavirus.
- The **State-wise** data show encountered information although because of small sample representation from each state no state-specific inferences could be drawn.



Consider Hand hygiene to be an effective means of preventing the spread of Virus (Effectiveness Perceived)

- **Interpretation: Gender-wise** Data shows that effectiveness perceived of the participant. It was reported by the participants that most of the Female & male participant consider hand hygiene to be an effective means of preventing the spread of the virus.
- If we saw the data **Employment-wise** then it was reported that students have considered hand hygiene to be an effective means of preventing the spread of the virus followed by salaried private & semi-Government, healthcare and Government.
- Based on **Education** it was revealed that eight ninth participants up to secondary, up to higher secondary, graduation completed, Postgraduate and above all had considered hand hygiene to be an effective means of preventing the spread of the virus.
- If we have seen the data **Residence-wise** then it was observed that the urban population has considered hand hygiene to be an effective means of preventing the spread of the virus.
- The **State-wise** data show effectiveness perceived although because of small sample representation from each state no state-specific inferences could be drawn.



Wash hands with soap/ sanitizer per day before the pandemic

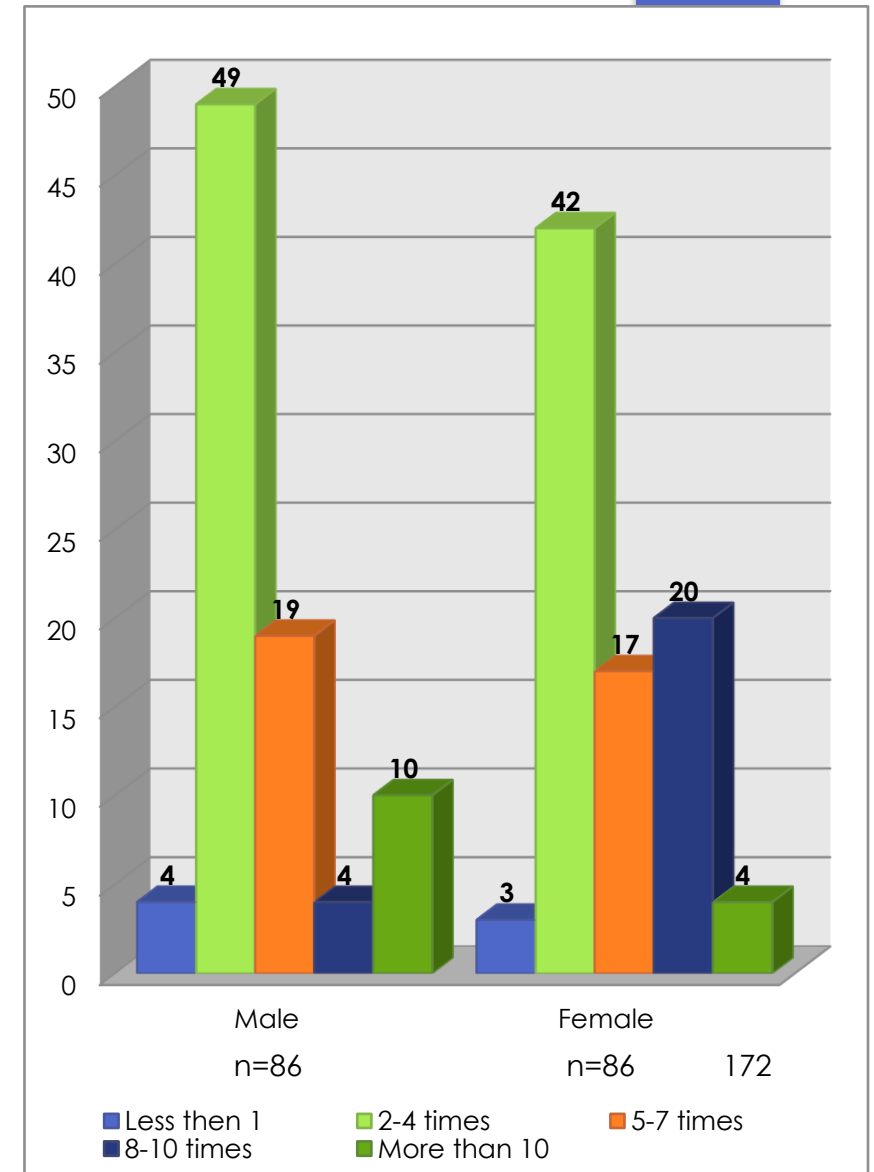
► **Interpretation: Gender- wise** It was reported by the participants that before the pandemic, the frequency of washing hands more than 10 with soap/sanitizer was less than one-fourth of females and one-ninth of males. About one-fourth of female and less than one-fourth male reported that they wash 8-10 times. Less than one-fourth of female and one-ninth of males reported that they washed their hands 5-7 times a day. One-half of females and four-seventh of male reported that they washed their hands 2-4 times a day.

► If we saw the data **Employment-wise** then it was reported that frequency of washing hands 2-4 times per day with soap/sanitizer was more in student, Government and private employment followed by healthcare compare to more than 10 times.

► Based on **Education** it was revealed that before the pandemic every population i.e. be it school student, graduate or post-graduate frequency of washing hand 2-4 times with soap/sanitizer before the pandemic is more compared to more than 10 times.

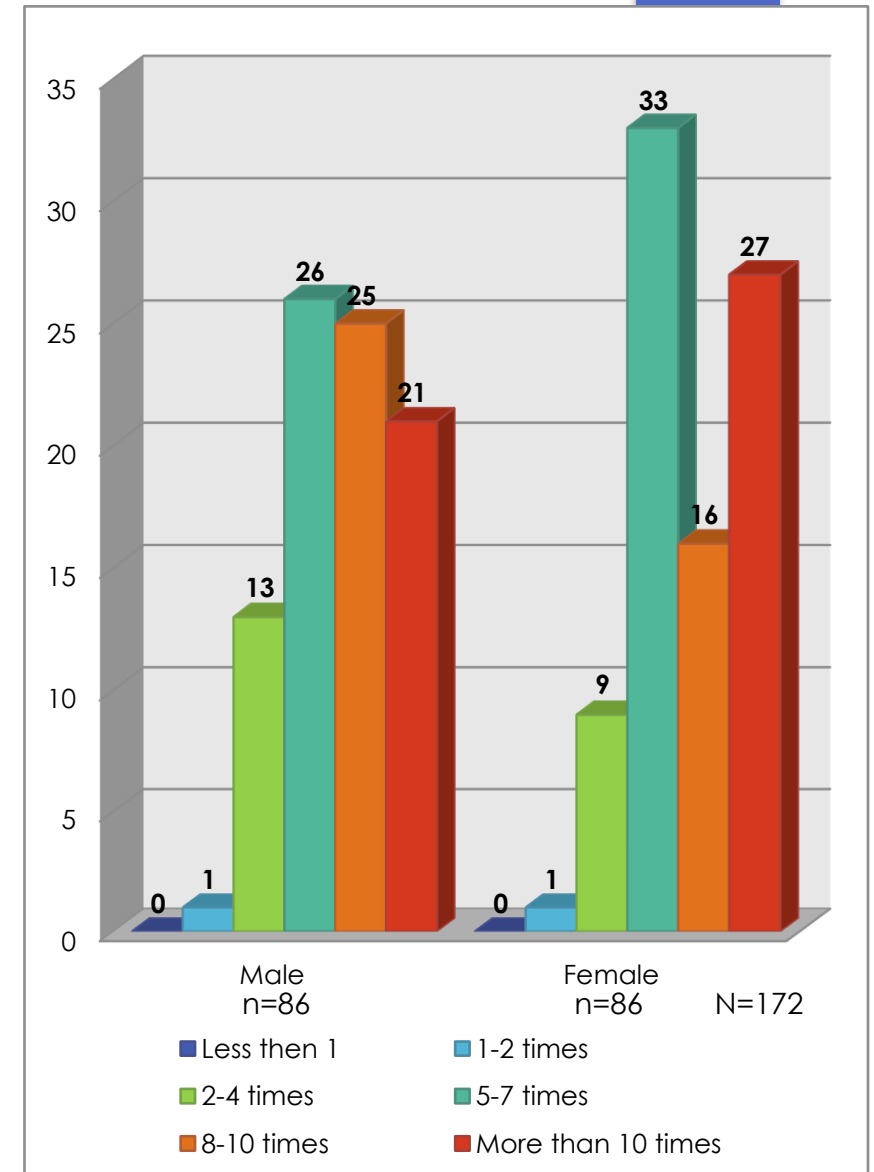
► If we see the data **Residence-wise** then it was observed that the frequency of washing hands 2 to 4 times per day with Soap/Sanitizer was more as compared to more than 10 and 8-10 times.

► The **State-wise** data shows that participants washing hands more 2-4 times per day followed by 8-10 times and more than 10 times although before because of small sample representation from each state no state-specific inferences could be drawn.



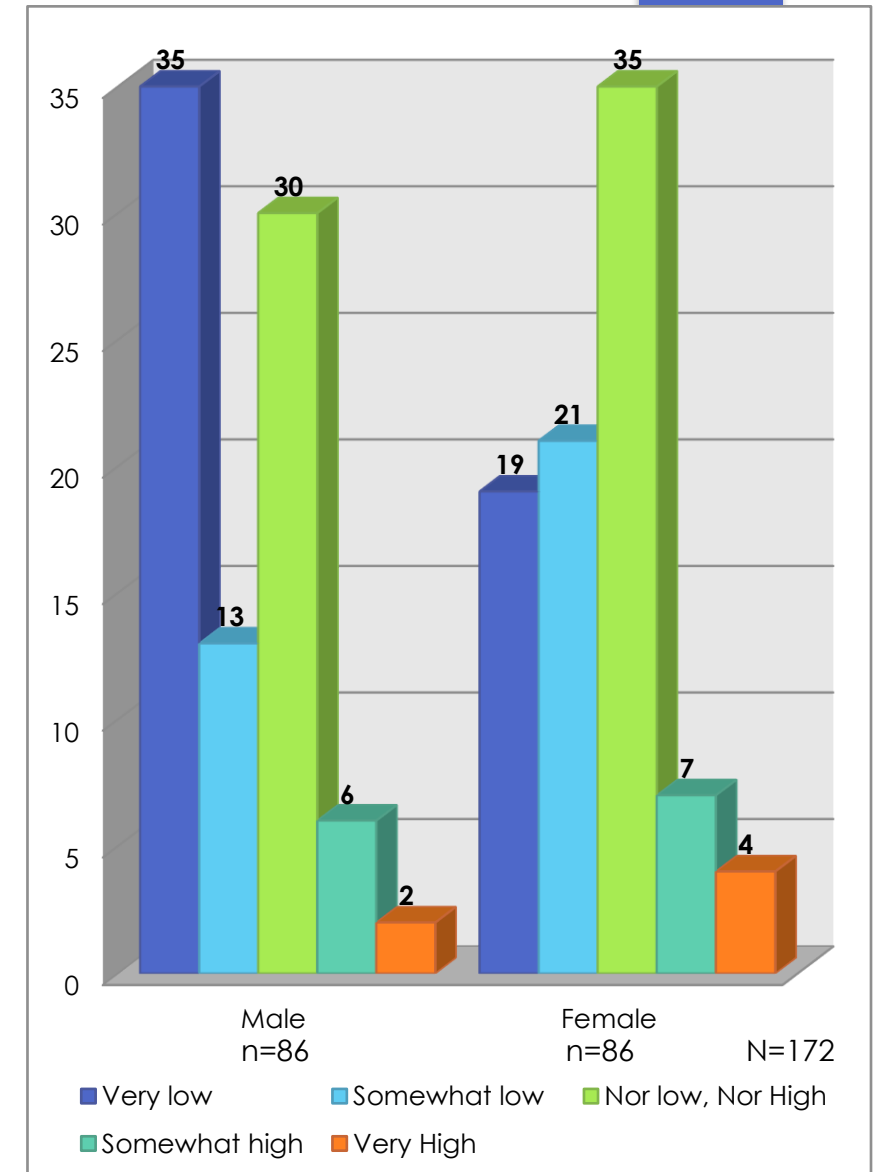
Wash hands with soap/sanitizer per day during the pandemic (Behaviour Change)

- ▶ **Interpretation: Gender-wise** It was reported by the participants that during the pandemic, there was a change in the frequency of washing hands with soap/sanitizer than before the Pandemic. More than one-fourth of females reported that they washed their hands with soap/sanitizer more than 10 times a day as compared to one-fifth of males. About one-sixth of female and one-fourth of males reported that they wash 8-10 times. One-third of female and one-fourth of males reported that they washed their hands 5-7 times a day. One-tenth of females and a little more than one-tenth of male reported that they washed their hands 2-4 times a day.
- ▶ If we see the data **Employment-wise** then it was reported that the frequency of washing hands per day with soap/sanitizer was more in student, Government and private employment followed by healthcare.
- ▶ Based on **Education** it was revealed that during pandemic every population i.e. be it school student, graduate or post-graduate they had increased their frequency of washing hand with soap/sanitizer during the pandemic.
- ▶ If we see the data **Residence-wise** then it was observed that the frequency of washing hands per day with Soap/Sanitizer was increased from 5 To 7 times and more.
- ▶ The **State-wise** data shows that participants started washing hands more than 5 to 7 times per day although because of small sample representation from each state no state-specific inferences could be drawn.



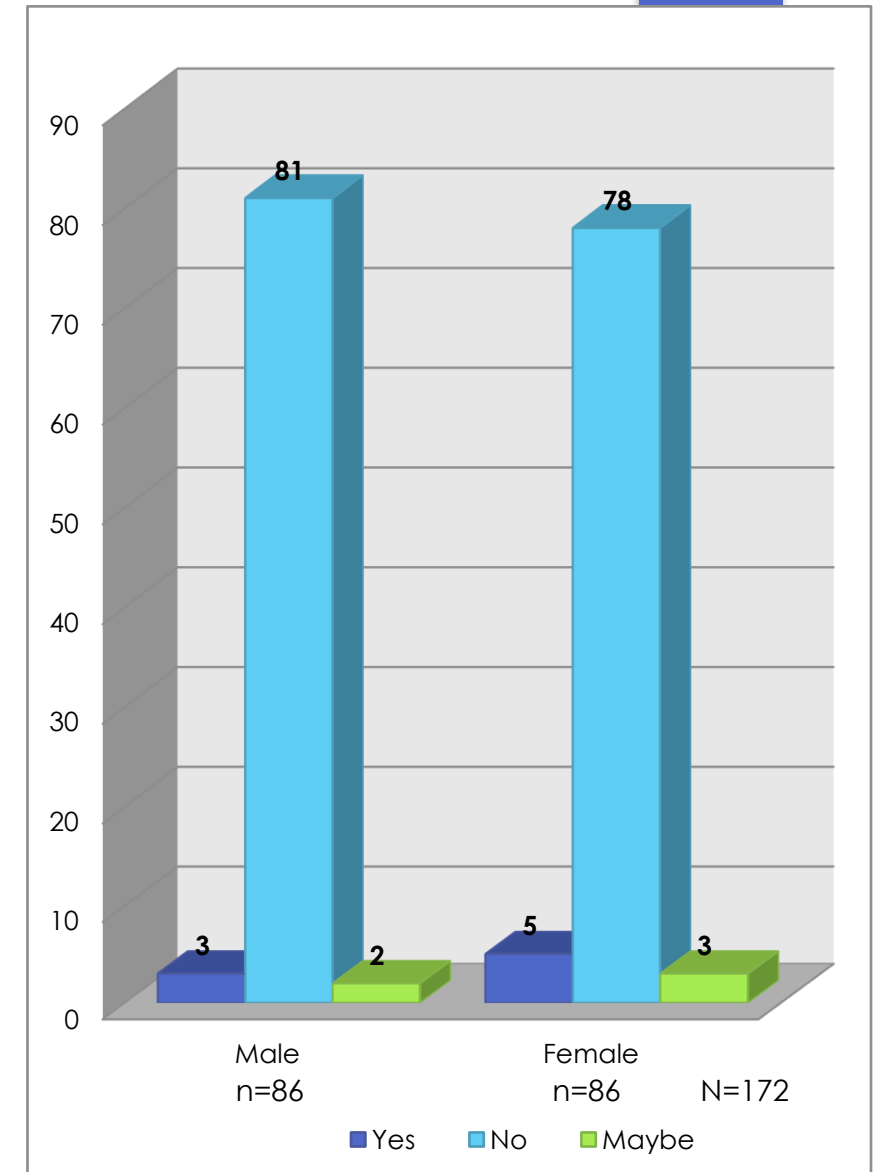
Belief to become infected with COVID-19 (Susceptibility Perceived)

- ▶ **Interpretation: Gender-wise** It was reported by the participants that they believe very high to become infected with COVID-19 was less for females and males. Two-fifth of female and one-third of males reported they neither belief nor, low, nor high to become infected with COVID-19. One fourth of females and one-seventh of male reported they belief somewhat low to become infected with COVID-19. Two-ninth of females and two-fifth of male reported they belief very low to become infected with COVID-19.
- ▶ If we see the data **Employment-wise** then it was reported that belief very high to become infected with COVID-19 was more in student, Government and private employment followed by healthcare.
- ▶ Based on **Education** it was revealed that graduation and post-graduation belief very high to become infected with COVID-19.
- ▶ If we see the data **Residence-wise** then it was observed that belief very high to become infected with COVID-19 was high in urban and metro population.
- ▶ The **State-wise** data shows that participants belief was very high to become infected with COVID-19 high in Delhi, Telangana and Gujarat although because of small sample representation from each state no state-specific inferences could be drawn.



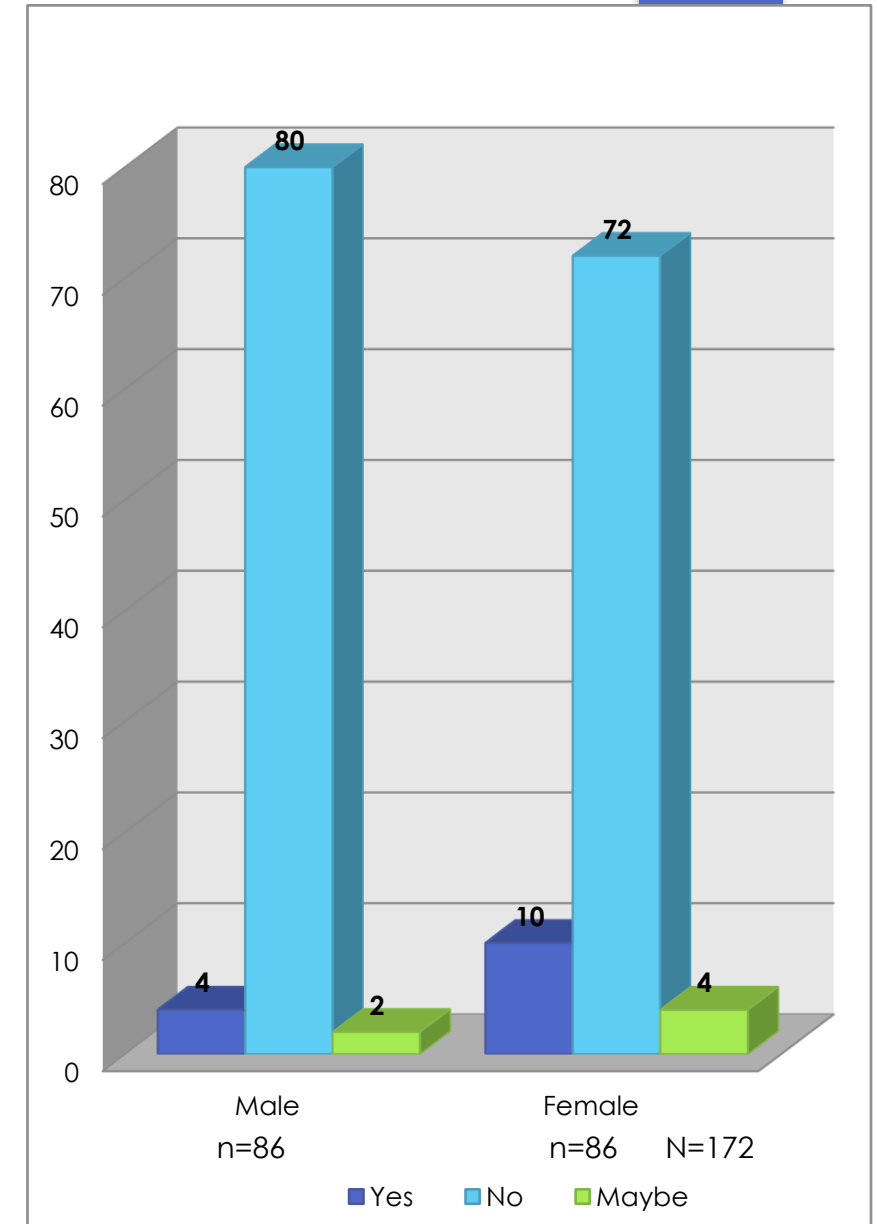
Recently experienced any flu-like symptoms.

- ▶ **Interpretation: Gender-wise** Data shows that the participant has experienced more flu-like symptoms. It was reported by the participants that most of the male & female participant has not experience flu-like symptoms.
- ▶ If we see the data **Employment-wise** then it was reported that students have experience flu-like symptoms followed by salaried private & semi-Government, healthcare and Government.
- ▶ Based on **Education** it was revealed that more than half of participants up to secondary, up to higher secondary, graduation completed, Postgraduate and above all has not experience flu-like symptoms.
- ▶ If we see the data **Residence-wise** then it was observed that the urban population has experienced flu-like symptoms.
- ▶ The **State-wise** data show participants experience flu-like symptoms although because of small sample representation from each state no state-specific inferences could be drawn.



Acquaintance experiences any flu-like symptoms recently.

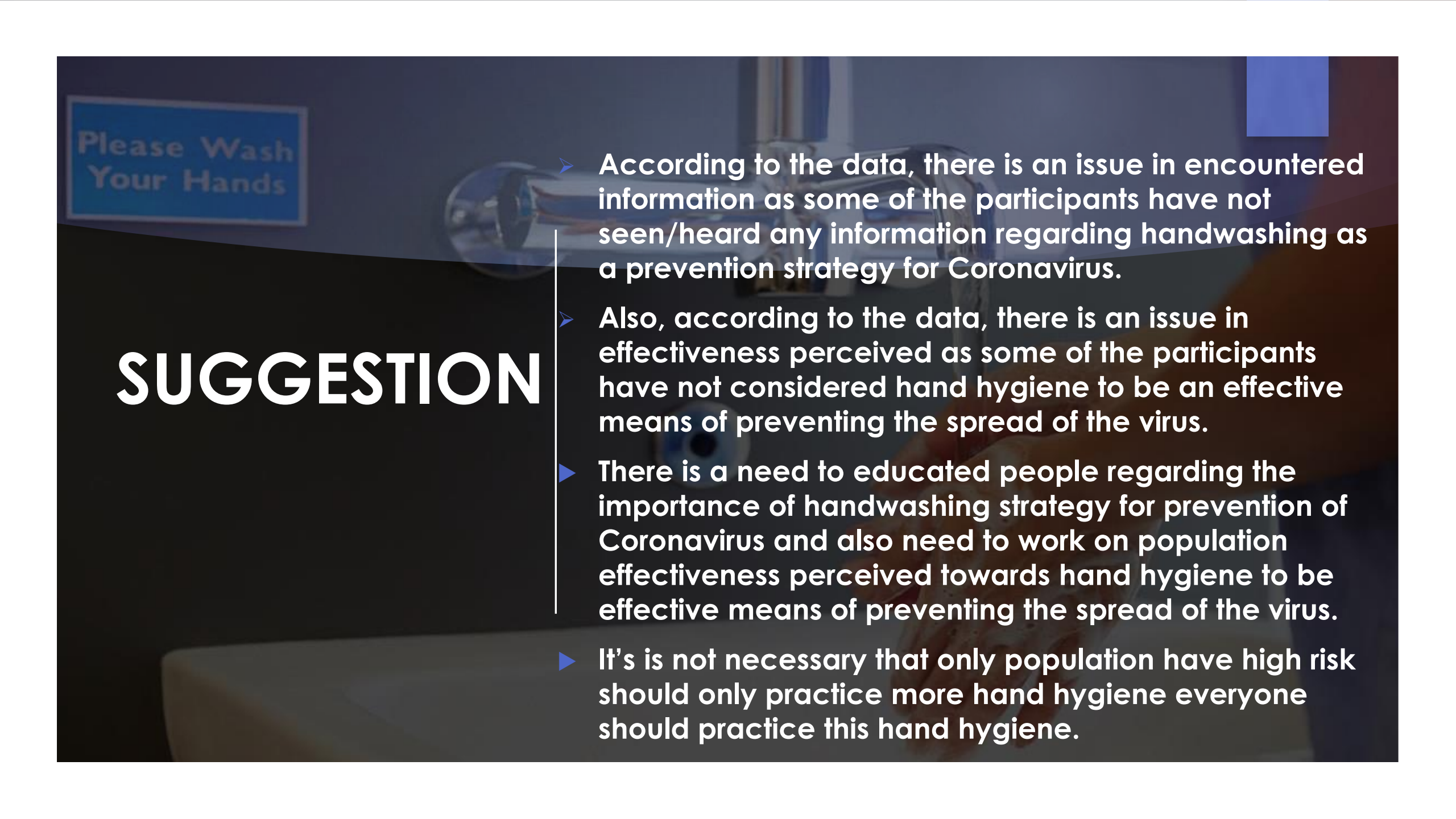
- ▶ **Interpretation: Gender-wise** Data shows that the participant, acquaintances experience any flu-like symptoms. It was reported by the participants that more than half of male & five-sixth of Female acquaintances has not experienced any flu-like symptoms.
- ▶ If we see the data **Employment-wise** then it was reported that students have acquaintances experience more flu-like symptoms followed by salaried private & semi-Government, healthcare and Government.
- ▶ Based on **Education** it was revealed that eight ninth of participants up to secondary, up to higher secondary, graduation completed, Postgraduate and above acquaintances has not experience flu-like symptoms.
- ▶ If we see the data **Residence-wise** then it was observed that the urban population has seen/heard more about information regarding handwashing as a prevention strategy for Coronavirus.
- ▶ The **State-wise** data show participant, acquaintances experience flu-like symptoms although because of small sample representation from each state no state-specific inferences could be drawn.





CONCLUSION

- People in India have increased their frequency of hand hygiene practices during the pandemic, with significant gender & residence differences existing in the behaviour and perception related to hand hygiene as a means of disease prevention.
- Also, it was observed that the perception of having High risk of COVID-19 has changed in their handwashing behaviour.



SUGGESTION

- According to the data, there is an issue in encountered information as some of the participants have not seen/heard any information regarding handwashing as a prevention strategy for Coronavirus.
- Also, according to the data, there is an issue in effectiveness perceived as some of the participants have not considered hand hygiene to be an effective means of preventing the spread of the virus.
- There is a need to educated people regarding the importance of handwashing strategy for prevention of Coronavirus and also need to work on population effectiveness perceived towards hand hygiene to be effective means of preventing the spread of the virus.
- It's is not necessary that only population have high risk should only practice more hand hygiene everyone should practice this hand hygiene.



THANK
YOU

PART -2



ONLINE COURSE REPORT PRESENTATION

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ROLL NO.: 0908

MBA-HM 2019-21



IMPROVING GLOBAL HEALTH FOCUSING ON QUALITY AND SAFETY

COURSE OBJECTIVE

Objective is to know:

- What is quality.
- How do we define it.
- How do we measure it.
- How we make it better.

The background of the slide features a dark blue, semi-transparent image of a globe with a stethoscope resting on it. The globe shows the continents of North and South America. The stethoscope is positioned diagonally across the globe. In the top right corner, there is a solid blue rectangular shape.

COURSE CONTENTS

Introduction

Lesson 1: Burden

Lesson 2: Measurement

Lesson 3: Standards

Lesson 4: Improvement

Lesson 5: IT and Data

Lesson 6: Management

Lesson 7: Patients

Lesson 8: Public Systems

Course Feedback

LEARNING METHODOLOGY

The background of the slide features a dark, blue-toned image of a globe with a stethoscope resting on it. The globe shows the outlines of continents, and the stethoscope's chest piece and tubing are visible. In the top right corner, there is a solid blue rectangular shape.

- Video
- Assignment
- Reading Material
- Lectures
- Discussion
- Quiz/MCQ

The background of the slide features a dark, blue-toned image of a globe with a stethoscope resting on it. The globe shows the outlines of continents, and the stethoscope's chest piece and tubing are visible. In the top right corner, there is a solid blue rectangular shape.

KEY LEARNINGS

- The importance of focusing on quality for improving population health
- A framework for understanding healthcare quality
- Approaches to quality measurement
- The role of information and communication technology in quality improvement
- Tools and contextual knowledge for quality improvement



THANK
YOU

