

SUMMER INTERNSHIP PROGRAM
at
DEPARTMENT OF MEDICAL EDUCATION, RAJASTHAN

From: 15 May 2025 to 29 July 2025

A REPORT BY
Sonali Singh Tomar
Master of Business Administration
(Pharmaceutical Management)

Roll no: 0716

2024-26

under the Mentorship of
Dr. Ratna Verma (Associate Professor)





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CERTIFICATE

This is to certify that Ms. SONALI SINGH TOMAR of MBA Pharmaceutical Management (2024-26) of IIHMR University, Jaipur has worked with our organization for her summer internship from 15/05/2025 to 29/07/2025. The overall performance shown by her during the period was excellent.

Date: - 29/07/2025


(Iqbal Khan)
Commissioner,
Medical Education

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Sonali Singh Tomar** of academic year 2024-26 **School of Pharmaceutical Management, IIHMR University, Jaipur, Rajasthan** has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date: 30/07/2025

A handwritten signature in blue ink, appearing to read 'Ratna Verma', written over a faint circular stamp.

Dr. Ratna Verma

Associate Professor

AUTO-PUSH MODEL IMPLEMENTATION FOR MEDICINE SUPPLY UNDER e-AUSHADHI IN RAJASTHAN GOVERNMENT HOSPITALS

Presented by

Sonali Singh Tomar, Roll No:- 0716

Stream- MBA- PM (Batch-16)

INTRODUCTION

The Department of Medical Education (DME), Rajasthan oversees government medical and dental colleges and their associated hospitals, ensuring quality education, infrastructure, and healthcare services. In recent years, it has embraced digital transformation through platforms like IHMS, e-Aushadhi, and e-Upkaran, and has initiated the Auto Push Model to automate and streamline medicine supply chains.

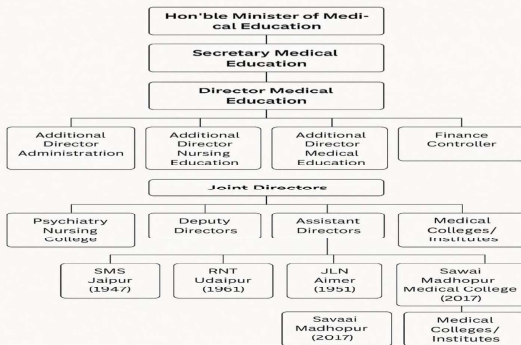
VISION:

To create a strong and inclusive medical education system that develops skilled professionals and strengthens public healthcare in Rajasthan.

MISSION:

To expand and modernize medical institutions, digitize healthcare through platforms like IHMS and e-Aushadhi, and ensure quality treatment and human resource development in the medical field.

ORGANIZATION STRUCTURE



SWOT ANALYSIS

Strengths:

- Centralized control.
- Use of digital platforms (IHMS, e-Aushadhi).
- Wide medical network

Weaknesses:

- Outdated systems.
- Manual processes.
- Poor integration and training.

Opportunities:

- Expand Auto-Push statewide.
- Use of dashboards & AI.
- Digital skill building.

Threats:

- Resistance to change
- Tech and infrastructure gaps.
- Budget/policy delays.

OBJECTIVE

To assess the implementation of the Auto-Push Model under e-Aushadhi in Rajasthan government hospitals, identify gaps in the current supply chain, and suggest improvements for efficient and automated drug distribution.

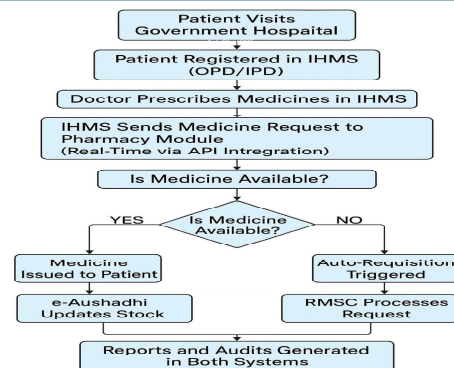
METHODOLOGY

- Reviewed e-Aushadhi, IHMS, and RMSCL systems
- Conducted field visits to SMS, Kawatia, Zanana Hospitals, and DDCs.
- Collected data on drug stock, indenting, POs, and rate contracts, and interacted with RMSCL staffs.

THEORETICAL AND PRACTICAL EXPOSURE

Classroom concepts like **inventory management**, **procurement**, and **forecasting** were applied through hands-on work with e-Aushadhi, IHMS, and RMSCL systems. Field visits to hospitals and DDCs provided real-time insights into indenting, stock tracking, and auto-push processes, effectively linking theory with practice.

MEDICINE DISPENSATION WORKFLOW



CHALLENGES

- Manual indenting still used in most hospitals
- Outdated IHMS versions hinder integration
- No real-time alerts for stock issues
- Lack of staff training on digital tools
- Weak coordination between hospitals and RMSCL

SUGGESTIONS

- Upgrade IHMS for full e-Aushadhi compatibility
- Integrate IHMS and e-Aushadhi for auto-indenting
- Create a Central Monitoring Unit for system support

LEARNING & USEFULNESS OF INTERNSHIP

- Gained practical knowledge of e-Aushadhi and IHMS
- Understood push vs pull supply models
- Learned the value of accurate, real-time data
- Built skills in analysis, reporting, and stakeholder communication

Reporting Format (Weekly)

Name of the Organisation: DEPARTMENT OF MEDICAL EDUCATION, RAJASTHAN.

Area/ Department/ Project of Summer Internship Program: Not Assigned Yet

Name of the Student: Sonali Singh Tomar

Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 1

From: 15/05/2025 to 17/05/2025

Activity Done	1. Introductory Briefing with Dr Vandana Sharma Ma'am and Rohitash Sir regarding the IHMS, e-aushadhi, e-upkaran. 2. This week's observation focuses on the Digital Health Forum in Rajasthan, especially on e-upkaran, IHMS and RMSCL. The study explained how hospital list and complaints are managed digitally. The major insight included the difference between pull models (hospitals request drugs) and push models (automatic supply). The request and supply flow between the sub-stores and the main-stores was also analyzed through the IHMS system, which highlights the coordination included in the digital healthcare supply chains.
Linking theory (Classroom learning) with practice at your organisation	In the initial days no job role has been assigned yet as general orientation program at Department of medical education. The concepts of digital inventory systems, indent management, dashboard tracking, and SOP flow were taught in the orbit, they were closely associated with actual hospital processes through e-upkaran and IHMS platforms.
Gaps identified on the working area.	Not assigned to any specific department; Current systems still require manual verification at some points, especially in stock updates and complaint resolutions. Sub-store and ward-level users often face delay in indent approval due to dependence on high roles.
Suggestions for improvement	Apply a more automatic approval workflow within the IHMS/E-Aushadhi to reduce the delay. Upgrade the real -time notification system for indent status, approval and rejection.
Plan for the next week	After completing the orientation, we will be allotted a specific department starting from next week, on 19th May 2025. The next week will be focused on documenting the workflow processes of IHMS and RMSCL in detail and preparing a comparison report

	between manual and automated report systems. A suggestion-based report will be prepared and shared with Vandana Ma'am, highlighting key process improvement areas.
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Signature of the Student

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Reporting Format (Weekly)

Name of the Organisation: DEPARTMENT OF MEDICAL EDUCATION, RAJASTHAN

Area/ Department/ Project of Summer Internship Program: Supply Chain

Name of the Student: Sonali Singh Tomar

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Stream: MBA-PM (Batch 16)

Week no: 2

From: 19/05/2025 to 24/05/2025

Activity Done	1. According to Rajasthan Medical Services Corporation Limited (RMSCL), studied official rules for pursuing drugs through the E-Aushadhi system. 2. Understand the criteria of automated drug dispatch, including: ● The drug should be in the required essential drug list (EDL) of RMSCL. ● The drug should have existing annual consumption or demand data. ● The stock available in the facility should be below the 3-month buffer level. 3. It was observed how warehouses enter the supply program for drugs based on convenience-level needs. 4. Noted that the problem desk in the warehouse displays the drug remittance list on the scheduled date, and then the problem starts the process.
Linking theory (Classroom learning) with practice at your organisation	1. Digital health supply chain sees the real world application of platforms, especially how e-Aushadhi makes stock tracking automated and helps to streamline logistics. 2. Concepts associated with demand forecast and eligibility-based supply with operation of RMSCL.
Gaps identified on the working area.	1. E-Aushadhi does not trigger automatic alert when buffer stock falls below 3 months; Currently depends on scheduled reviews. 2. No forecast model is integrated for seasonal drug demand or outbreak scenarios. 3. Lack of real-time sync between drug consumption data and push schedule construction.
Suggestions for improvement	1. Buffer stock violations and automatic alerts within e-Aushadhi for upcoming drug expiry (eg, <6 months). 2. Hospital-level consumption data link from IHMS with E-Aushadhi for better prediction and pushing the plan.

	3. Develop a centralized real-time dashboard that displays current stock levels, pushes the schedule position, and near-six inventory.
Plan for the next week	1. Visit a live warehouse operation to observe how drug pushing is conducted from schedule to dispatch. 2. Draft a flowchart for a better push model with smart expiry tracking and predictable distribution features.



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Stream: MBA-PM (Batch 16)

Week no: 3

From: 26/05/2025 to 31/05/2025

Activity Done	In the current week, Push model studied: rules for drug dispatch from warehouse to hospitals. Identified issues in the current model through discussions of the region. Visited the warehouse to inspect the push operation from scheduling to dispatch. The various rajasthan government hospitals follow a pull model; Push model implementation is in progress.
Linking theory (Classroom learning) with practice at your organisation	The process of procurement of materials followed in the hospital and hospital pharmacy is observed. Practices followed in the hospital pharmacy with related to procurement and stocking of items is studied.
Gaps identified on the working area.	1. Real -time termination tracking is not effectively implemented in all warehouses. 2. Incomplete integration between E-Aushadhi and IHMS systems, causing issues of visibility. 3. Communication intervals between warehouses and facility regarding stock levels.
Suggestions for improvement	Integrate IHMS with E-Aushadhi for better coordination. Introduce the expiry-based dispatch alert. Train staff on push model processes.
Plan for the next week	To prepare a detailed report on the "Issues in applicability of Push Model in government hospital wise".



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Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 4

From: 02/06/2025 to 07/06/2025

Activity Done	During the current week, comprehensive information on IHMS and e-Aushadhi system implementation in some of the government hospitals (SMS Hospital, MBS Hospital, MDM Hospital, RNT Medical college, PBM Hospital Mens, JLN Hospitals) was gathered by counterparts now interning at these hospitals. The data gathered was on automation in reorder level generation, efficiency of the system, and disparities in medicine distribution models. Hospitals are facing older IHMS versions, manual inventory updates, absence of data-driven planning, and technical issues impacting the push-based supply model. Excel tool was primarily used to listed out this issues and all the suggestions and scopes for improvement in the current workflow system in the department.
Linking theory (Classroom learning) with practice at your organisation	Primarily, the procurement and the negotiation strategies were a common linking theory from the course. Excel understanding that was conducted by Dr. Sudhinder Singh Chowhan were also a linking theory that was one of the most efficient link which was put to use for deriving tools that can be put into use.
Gaps identified on the working area.	● In SMS Hospital, IHMS is not auto-generating reorder levels in the MNDY warehouse. ● RNT Udaipur stores have manual surplus pushing without analysis of demand. ● There is inadequate training for Ajmer Hospital staff in operating IHMS/e-Aushadhi modules. ● Daily high consumption necessitates regular system updating, which results in frequent mistakes. ● e-Aushadhi data has not been integrated with full patient-level medicine issuing and stock verification. ● Data analytics tools are not being leveraged for annual demand forecasting in hospitals.

Suggestions for improvement	● Upgrade all IHMS systems for automation of reorder levels and free integration. ● Organize IHMS/e-Aushadhi operational training programs for pharmacy and warehouse personnel. ● Set up a central monitoring unit to manage technical disruptions across all districts.
Plan for the next week	A comprehensive case study is to be conducted at SMS Hospital, Jaipur, to evaluate how medicine forecasting is managed and if any data analytics tools are being used. Emphasis will be on identifying gaps in the e-Aushadhi system and its integration with IHMS.



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Name of the Organisation: DEPARTMENT OF MEDICAL EDUCATION, RAJASTHAN.

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Name of the Student: Sonali Singh Tomar

Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 5

From: 09/06/2025 to 14/06/2025

Activity Done	● Attended the meeting with IHMS and RMSCL teams on the existing supply chain procedures in Rajasthan government hospitals. ● Observed the e-Aushadhi medicine supply chain procedure from prescription to dispatch. ● Reviewed the Auto-Push Proposal and the system setup for reorder points. ● Learned about the rule engine for Purchase Orders under local procurement policy. ● Attended observation at DDC level for movement of medicine stocks and indent processing.
Linking theory (Classroom learning) with practice at your organisation	Through the current week, no new linking theories were observed.
Gaps identified on the working area.	● Indents are still raised manually by pharmacists; no push mechanism is automated. ● Reorder levels are still not standardized throughout DDCs and Sub-Stores. ● No real-time integration between drug availability in e-Aushadhi and doctors' prescribing interface. ● No digital alerts are provided for stock expiry or overstocking.
Suggestions for improvement	1. Introduce auto-push functionality in all DDCs and Sub-Stores on the basis of real-time consumption data. 2. Complete and implement the Rule Engine for generation of Purchase Orders across hospitals. 3. Set up dashboards and automate stock reports for improved monitoring.

Plan for the next week	● Make field visit to SMS Hospital, Jaipur to observe issues in e-Aushadhi and medicine forecasting. ● Write hospital-specific gaps in the e-Aushadhi system. ● Prepare improvement recommendations for policy-level integration with RMSCL and IHMS.
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Name of the Student: Sonali Singh Tomar

Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 6

From: 16/06/2025 to 21/06/2025

Activity Done	• Went to SMS Hospital to familiarize with the working of DDCs and procurement process. • Learned about IHMS (Integrated Health Management System) and RMSCL processes. • Learned about how Purchase Orders (PO) and Rate Contracts (RC) are created and adhered to. • Comprehended tendering and vendor choice procedures under RMSCL.
Linking theory (Classroom learning) with practice at your organisation	• Understood government procurement using RC and PO.
Gaps identified on the working area.	• Inability to track real-time inventory at DDCs. • PO approvals still require manual follow-up. • Medicines availability delay caused by supply-demand forecasting mismatch.
Suggestions for improvement	• Install digital dashboards for real-time monitoring of DDC stocks. • Provide training on digital entry, stock replenishment, and auto-reorder level alerts to DDC staff.
Plan for the next week	To verify whether all DDCs carry full stock of all medicines needed in hospitals by conducting visit to several DDCs and cross-checking with essential drug list.



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Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 7

From: 23/06/2025 to 28/06/2025

Activity Done	1. Verified the stock level of all medicines in the DDC of SMS Hospital. 2. Drafted a report on out-of-stock medicines, The indent for those medicines has been submitted by MCDW. The report has been gathered from SMS's MCDW and submitted to Rohitash Sir. 3. Prepared a comprehensive report on Anti-Diphtheria Serum (ADS) stock position in the MCDW warehouse of all Rajasthan government hospitals, including available stocks.
Linking theory (Classroom learning) with practice at your organisation	Dashboard Samples on ADS using MS Excel were prepared and presented.
Gaps identified on the working area.	Certain critical drugs such as ADS are not stocked in some hospital stores.
Suggestions for improvement	Arrange weekly stock counts at DDCs and warehouses for proper stock records and to prevent unexpected stockouts.
Plan for the next week	1. Trace status of indents raised by MCDW for out-of stock drugs. 2. Double-check ADS stock availability report in other hospitals.



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Stream: MBA-PM (Batch 16)

Week no: 8

From: 30/06/2025 to 05/07/2025

Activity Done	● Learned the Auto Push Process in e-Aushadhi from Hospital Store to DDC and from Warehouse to Hospital Store and had a discussion with RMSCL team on push model. ● A letter was written to all medical colleges asking information on what drugs possess RC (Rate Contracts) availability in their respective colleges.
Linking theory (Classroom learning) with practice at your organisation	Through the current week, no new linking theories were observed.
Gaps identified on the working area.	Few hospitals have outdated consumption data that impacts auto-indenting accuracy.
Suggestions for improvement	● Update monthly hospital-wise drug consumption for enhanced indent predictions. ● Offer training to hospital staff and DDC on e-Aushadhi modules.
Plan for the next week	Next week, I will gather information regarding medicine rate contracts (RC) from all medical colleges.



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Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 9

From: 07/07/2025 to 12/07/2025

Activity Done	● Gathered Rate Contract (RC) details of drugs from various medical colleges. ● Achieved successful responses from 68 out of 68 medical colleges. ● Made a visit to Kawaitia Hospital, Jaipur, where I observed the complete process of auto-push trial explained by Mr. Krishna Gopal Sir on the e-Aushadhi software.
Linking theory (Classroom learning) with practice at your organisation	Through the current week, no new linking theories were observed.
Gaps identified on the working area.	Late response of data from some medical colleges.
Suggestions for improvement	Encourage awareness and education on the push model for the MCDW employees.
Plan for the next week	● Visit additional field locations for push model analysis. ● Start preparing a combined report on gaps in push model implementation.



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Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 10

From: 14/07/2025 to 19/07/2025

Activity Done	● Visited Kawatia Hospital, Jaipur and witnessed the auto-push trial process of medicines under e-Aushadhi software demonstrated by Mr. Krishna Gopal Sir. Met with RMSCL team about the potential problems that can arise in the auto-push trial. ● Gathered data on availability of medicines at Zanana Hospital (Jaipur) from DDCs. Verified the status of equipment maintenance from the e-Upkaran portal. Gathered manpower status under RMRS at the hospital.
Linking theory (Classroom learning) with practice at your organisation	Implementation of supply chain principles such as inventory control, demand forecasting, and procurement process via e-Aushadhi.
Gaps identified on the working area.	Inadequate staff training on the utilization of e-Aushadhi and auto-push systems, which enhance the chances of errors during operations.
Suggestions for improvement	● Installation of proper training programs in place for staff on e-Aushadhi portals. ● Develop a cross-check mechanism before pushing drugs so that no overstocking is being generated.
Plan for the next week	I will compile all the rate contract data collected from different medical colleges and cross-verify it with the currently available rate contract data in the Excel sheet.



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Roll no: 0716

Stream: MBA-PM (Batch 16)

Week no: 11

From: 21/07/2025 to 26/07/2025

Activity Done	● Gathered the missing data from the RC data obtained from various medical colleges, e.g., Drug Edl code, RC firm name, Rate per unit, Contract quantity, and PO order generation quantity. ● Prepared all the Rate Contract of SMS Hospital's medicines data in an Excel Sheet. In it, I have given the start date and end date of the rate contracts for 535 medicines and their item codes.
Linking theory (Classroom learning) with practice at your organisation	Primarily, the procurement and the negotiation strategies were a common linking theory from the course. Excel understanding that was conducted by Dr. Sudhinder Singh Chowhan were also a linking theory that was one of the most efficient link which was put to use for deriving tools that can be put into use.
Gaps identified on the working area.	● Manual communication and data entry can cause delays or errors. ● Dependence on Excel sheets rather than a database or RC management system.
Suggestions for improvement	● Utilize a database or software to track RC data among colleges. ● Use APIs or forms to obtain data from colleges. ● Educate medical college staff about the new RC format and submission process.



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Compiled Reporting Format

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Name of the Student: Sonali Singh Tomar

Roll no:0716

Stream: MBA-PM (Batch 16)

Activity Done	For 10 weeks, the internship targeted gaining an understanding, analyzing, and recommending advancements for the medicine supply chain systems operated under the e-Aushadhi and IHMS (Integrated Health Management System) platforms. A brief of some of the major activities is presented below: • Orientation and training sessions on digital health platforms (Week: 1) • Explored automated as well as manual drug dispatch models, eligibility criteria, and warehouse logistics (Weeks: 2–3) • Site visits to government medical facilities and warehouses such as SMS Hospital, Kawatia Hospital, and Zanana Hospital (Weeks: 4–10) • Reviewed push and pull models, rate contracts, procurement rules, and integration practices among IHMS and e-Aushadhi. • Drafted reports on drug availability, stock audits, RC data for all 68 medical colleges, and identified operational issues at hospital and DDC levels (Week: 11)
Linking theory (Classroom learning) with practice at your organisation	The internship provided a detailed experience to cross-pollinate classroom training with real-world practices:- • <u>Classroom Concept-</u> Practical Application at Organisation • <u>Inventory and Supply Chain Management-</u> Witnessed the real-time working of e-Aushadhi in hospital supply chains • <u>Procurement Strategies and Tendering-</u> Understood how Purchase Orders and Rate Contracts are executed through RMSCL.

	• <u>Demand Forecasting & Data Analytics-</u> Realised the lack of forecasting solutions; suggested data-driven decision systems • <u>Excel Proficiency and Dashboarding-</u> Designed sample dashboards for key drug monitoring (e.g., Anti-Diphtheria Serum) • Indent Management and Inventory Policies • Attended manual versus automated indent procedures at DDCs and warehouses These findings confirmed the theoretical concepts learned in Operations Management, and Procurement.
Gaps identified on the working area.	The internship uncovered a number of systemic and operational gaps in Rajasthan's digital health supply chain: 1. <u>Technological Gaps-</u> • IHMS not synchronized across all hospitals; auto-generation of reorder level lacking. • Poor integration between IHMS and e-Aushadhi systems. • No real-time alert systems for expiring/overstocked/critical drugs. • Manual data entry and approval processes delay drug movement. 2. <u>Process Inefficiencies-</u> • Outdated consumption data leads to incorrect indenting. • No digital dashboards or monitoring systems in most DDCs. • High dependency on manual follow-ups for PO approvals. 3. <u>Human Resource Challenges-</u> • No training on e-Aushadhi & IHMS systems. • Limited awareness about push model and rate contracts.

	No inter-departmental coordination for drug forecasting.
Suggestions for improvement	Based on observation and analysis, the following are recommended: <u>Systemic Improvements-</u> - Upgrade IHMS versions in all government hospitals to integrate fully. - Implement auto-push capabilities on the basis of real-time consumption patterns. - Install real-time inventory dashboards at hospital, DDC, and RMSCL levels. <u>Reforms in Processes-</u> - Automate indents and alarm systems for low stock/expiry/overstock. - Harmonize reorder policies and approval processes across all facilities. <u>Capacity Development-</u> - State-wide training programs for hospital pharmacists and IT personnel. - Create SOPs and graphical tools for auto-push model deployment. <u>Governance and Monitoring-</u> - Create a Central Monitoring Unit for technical problem-solving. - Implement monthly hospital audit for availability of essential drugs.
Key Learnings	This internship experience offered an enriching mix of theoretical implementation and actual exposure. The most significant learnings are: Gained insight into the structure, flow, and policy surrounding drug purchase and dispensing within a large public health establishment.

	• Learned how software platforms such as IHMS and e-Aushadhi can revolutionize healthcare logistics but also saw the constraints when not completely rolled out or integrated. • Understood the pivotal position of precise, live data to power procurement, planning, and decision-making within public health systems. • Professional Collaboration: Enhanced documentation, reporting, inter-departmental coordination, and stakeholder communication skills—integral to any project management or policy implementation job.
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Sonali Tomar final report.docx

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