INTERNSHIP REPORT

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Organization: Punjab Development Commission (PDC)
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1. INTRODUCTION

India's healthcare sector is undergoing a dynamic transformation aimed at achieving Universal Health Coverage (UHC) and aligning with the Sustainable Development Goals (SDGs). A critical component of this transformation is efficient public health governance, rooted in data-driven policies, robust infrastructure, and intersectoral coordination.

As part of the academic curriculum of MBA in Hospital and Health Management, I undertook a 12-week internship with the **Punjab Development Commission (PDC)**. The experience provided rich exposure to real-world healthcare governance mechanisms at the policy level. My internship tenure allowed me to understand the comprehensive process of policy design, program implementation, stakeholder coordination, and health systems strengthening through data-driven interventions.

This report is a detailed reflection of my internship journey, comprising objectives, organizational background, services provided by PDC, the projects I undertook beyond my dissertation, and a comprehensive review of my learnings and observations.

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2. OBJECTIVES OF THE INTERNSHIP

The primary objective of the internship was to bridge theoretical knowledge with practical application in the public health domain. The specific goals were as follows:

- **Understand Policy Planning**: To comprehend how healthcare policies are drafted, discussed, reviewed, and implemented at the state level.
- **Exposure to Real-world Governance**: To experience firsthand the functioning of a government advisory body and observe its interaction with field-level administrative units.
- **Skill Development**: To refine skills in research, data analytics, health systems documentation, and policy writing.
- **Stakeholder Interaction**: To learn the dynamics of communication, consultation, and consensus-building among multi-level stakeholders including district officials, program officers, and technical experts.
- **Integration of Public Health Data**: To engage in analysis and cross-validation of health indicators from large databases like NFHS (National Family Health Survey), HMIS (Health Management Information System), and SRS (Sample Registration System).
- **Adaptation to Institutional Workflow**: To become familiar with documentation styles, time-bound deliverables, and multi-sectoral reviews within a bureaucratic setup.

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3. ORGANIZATIONAL PROFILE

The **Punjab Development Commission (PDC)** is a government advisory and planning body operating under the Department of Planning, Government of Punjab. It aims to enhance the quality of governance by promoting data-based planning and facilitating convergence among sectors to support inclusive development. PDC plays a strategic role in bridging gaps between field-level feedback and policy decisions.

The Commission comprises several thematic divisions, including:

- **Health Division**: Focused on healthcare access, infrastructure, human resources, service delivery, and financial planning.
- **Education Division**: Works on improving quality education and equitable access.
- **Rural Development Division**: Promotes livelihood opportunities and rural infrastructure.
- **Infrastructure and Urban Development**: Focuses on strengthening civic amenities and infrastructure.

The Health Division, where I was placed, collaborates with multiple stakeholders such as:

- Punjab Health Systems Corporation (PHSC)
- Department of Health and Family Welfare
- State National Health Mission (NHM) Office
- District Civil Surgeons and DPMs (District Programme Managers)
- State Institute of Health and Family Welfare

The Commission works towards making development processes transparent, participatory, and sustainable by integrating evidence-based research and aligning with national frameworks such as Ayushman Bharat and international targets like the SDGs.

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4. SERVICES PROVIDED BY THE ORGANIZATION

The PDC offers a wide spectrum of services that support health governance and systemic strengthening. The major services offered by the Commission, specifically by the Health Division, are as follows:

A. Policy Research and Advisory

Drafts policy briefs, health position papers, and situational analysis reports aimed at advising the government on timely policy interventions and mid-course corrections.

B. Monitoring and Evaluation

Tracks the performance of state-sponsored and centrally-sponsored schemes. It supports departments in measuring outputs, outcomes, and identifying implementation bottlenecks.

C. Data Analysis and Visualization

Facilitates collection, cleaning, triangulation, and interpretation of data from public health sources (e.g., HMIS, NFHS, Census, DLHS). Data is used for identifying gaps, prioritizing resources, and district-wise performance grading.

D. Institutional Coordination

Organizes convergence meetings and strategic planning sessions involving the Department of Health, PHSC, NHM, Engineering wings, and Planning departments to ensure coordinated delivery.

E. Capacity Building

Identifies capacity gaps at field and managerial levels and proposes technical training modules and digital literacy workshops for health staff.

F. Documentation and Reporting

Prepares reports, SOPs, presentations, and trackers to support internal decision-making and improve program implementation.

G. Public Feedback Mechanisms

Analyzes grievances raised by the public through helplines and field interactions to ensure citizen-centric policymaking.

These functions help PDC maintain its role as a catalytic institution supporting both innovation and accountability in public health management.

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5. KEY ACTIVITIES / PROJECTS UNDERTAKEN OTHER THAN DISSERTATION

During my internship, I was involved in multiple concurrent tasks. These assignments were practical, collaborative, and research-driven.

A. Survey Of Availability Of Medicines in The District Hospital Pharmacies Of Punjab

Conducted a detailed patient exit survey of government health facilities of District Hospitals across 7 districts. The objective was to assess if drugs are being received by the patients of Punjab. My contribution included:

- Formulation and Conducting the survey
- Creating Excel-based survey analysis.
- Gap analysis and suggesting solutions of the same.

B. Creation and formulation of SOPs

Contributed to the creation of a drafting of SOPs for complaint helpline as well as the SOPs for survey.

C. Stakeholder Meetings

Participated in stakeholder consultation meetings involving:

- Civil Surgeons from 7 districts.
- Officials from NHM and Health Engineering wings.
- Discussions focused on drug stockouts, HR deployment, and budgeting lags.

D. Budget Utilization Review

Assisted in financial monitoring tasks. Activities included:

- Collating budget allocation and expenditure reports.
- Creating variance analysis charts.
- Identifying trends in fund absorption.

E. Grievance Data Review

Supported thematic analysis of public grievance data from the health helpline. Main categories observed:

- Delayed diagnostics.
- Absentee health staff.
- Lack of toilet facilities. Recommendations were added to inform citizen-centric service delivery.

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6. KEY LEARNINGS FROM THE INTERNSHIP

This internship provided me with multifaceted learning experiences. Key learnings included:

- **Understanding Policy Linkages**: Gained insights into how data translates into policy decisions and funding strategies.
- **Technical Skill Development**: Strengthened proficiency in Excel, report structuring, and data cleaning.
- **Enhanced Communication Skills**: Learned to interact professionally with bureaucrats, project heads, and technical teams.
- **Exposure to Real-time Governance**: Participated in live planning meetings, field reviews, and draft finalization sessions.
- **Project Documentation**: Improved capacity to write, revise, and finalize government reports, SOPs, and briefs.
- **Analytical Thinking**: Engaged in root cause identification and solution recommendations based on real-world problems.

- **Time Management**: Gained experience in managing overlapping deadlines and multitasking within fixed timelines.

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7. OBSERVATIONS AND CHALLENGES

Despite the dynamic learning environment, several challenges surfaced that are symptomatic of broader systemic issues:

- **Non-uniformity in Field Data**: Lack of standardized data collection templates across districts caused reconciliation issues.
- **Limited Digital Skills at District Level**: Many officers were unfamiliar with government and e aushadhi portal.
- **Manpower Shortage**: Field implementation teams were short-staffed, affecting monitoring and reporting quality.

These limitations, however, served as invaluable field realities that shaped my perspective toward scalable reform.

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8. SUGGESTIONS AND RECOMMENDATIONS

To enhance the efficiency and responsiveness of healthcare policy systems in Punjab, the following recommendations are made:

- **Unified Health Information System**: Integrate PHSC, HMIS, and NHM datasets into a centralized dashboard accessible at all administrative levels.
- **Quarterly Convergence Review**: Institutionalize inter-sectoral meetings at the district level to ensure alignment of plans and progress.
- **District-level Digital Literacy Drives**: Organize workshops for program managers and data operators in using Excel, data dashboards, and digital tracking.
- **Real-time Grievance Redressal Portal**: Create an online platform that enables tracking of health grievances and provides resolution timelines.
- **Project Management Tool**: Introduce a mobile-friendly tracker for district-level projects detailing status, budget, challenges, and next steps.

These initiatives could create an ecosystem of responsiveness, accuracy, and accountability within the public health machinery.

CONCLUSION

My internship with the Punjab Development Commission was an enlightening experience that helped me contextualize the challenges and potential of India's healthcare policy environment. It transformed theoretical concepts into real-time applications and strengthened my resolve to contribute meaningfully to public health systems.

Through engagement in multi-level activities — from infrastructure reviews to SOP drafting and policy briefs — I was exposed to the entire continuum of healthcare planning. The experience refined my analytical, communication, and reporting skills and deepened my understanding of public-sector constraints and opportunities.

I am confident that the knowledge, skills, and insights gained during this internship will guide my professional path in health systems management, research, and evidence-informed policymaking.