

SUMMER INTERNSHIP PROGRAM

AT



National Health Mission, Rajasthan

Department: - Routine Immunization

Duration of Internship - (12th May 2025-21st July 2025)

By- Dr. Shreshtha Sahu

Under the guidance of Dr. Raghuraj Singh

(Project director, Immunization)

Govt. of Rajasthan

MBA in Hospital and Health Management (2024-26)



JAIPUR

Under the Mentorship of

Dr. Deepti Sharma



Government of Rajasthan
National Health Mission, Rajasthan
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No. F 2 (153) NHM/SPM/2025/ 874

Dated: 22.07.2025

CERTIFICATE

This is to certify that **Dr. Shreshtha Sahu** students of MBA-Hospital & Health Management and Healthcare Analytics for Summer Training IIHMR, Jaipur Has successfully completed her Summer Training for Internship at NHM, Rajasthan from **12th May to 21st July 2025**.

Her performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

Mission Director

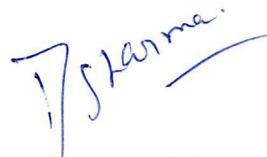
NHM

IIHMR University Faculty Mentor Approval

This is to certify that **Dr. Shreshtha Sahu** of the academic year 2024-26 **Institute of Health Management Research** has prepared a poster with respect to her summer internship held during 12th May-21st July 2025.

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

Date: 29/07/2025

A handwritten signature in blue ink, appearing to read 'D Sharma', with a horizontal line extending from the end.

Dr. Deepti Sharma

Associate Professor

IIHMR University, Jaipur

Presented by : Dr. SHRESHTHA SAHU

Roll no: 2085 (MBA HM29)

Mentors: Dr. Raghuraj Singh (PD), Routine Immunisation, (NHM RAJASTHAN)

Dr. Deepti Sharma, Associate Professor, IIHMR University, Jaipur

BRIEF HISTORY AND DESCRIPTION ABOUT THE ORGANIZATION

The two sub-missions that make up the national health mission (NHM) are national rural health mission (NRHM) and national urban health mission (NUHM). It includes strengthening of healthcare with respect to reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A), as well as communicable and non-communicable diseases. The NRHM was launched on 12 april 2005 and NUHM was launched on 1st May 2013.

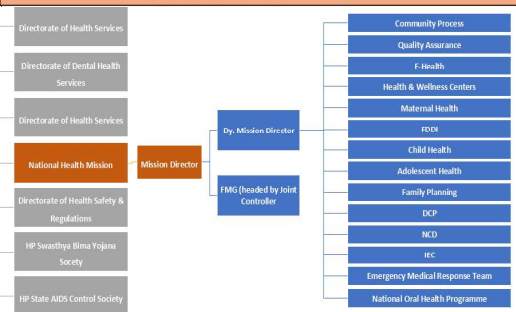
ORGANIZATION VISION

The NHM envisages the achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people’s needs.

ORGANIZATION MISSION

With a focus on marginalized communities, a reduction in newborn and maternal mortality rates, the promotion of illness prevention and management, the building of healthcare systems, and the prioritization of vulnerable groups, NHM’s mission is to provide everyone with inexpensive, high-quality healthcare services.

ORGANIZATION STRUCTURE



ROUTINE IMMUNIZATION

The Expanded Program on Immunization was launched in 1978. Since its establishment in 2005, the National Rural Health Mission has placed a strong emphasis on the universal immunization program.

- One of the biggest public health initiatives, the Universal Immunization Programme (UIP) aims to immunize almost 2.67 crore babies and 2.9 crore pregnant women each year.
- Nationwide campaign against nine illnesses: severe childhood tuberculosis, hepatitis B, meningitis, pneumonia brought on by Hemophilus influenza type B, pertussis, polio, measles, rubella, and severe form of tuberculosis in children eVIN rollout:
- The Electronic Vaccine Intelligence Network (eVIN) system, which has been implemented by the Indian government, digitizes the entire process of managing vaccine stocks, logistics, and temperature monitoring at every stage of vaccine storage.

OBJECTIVES

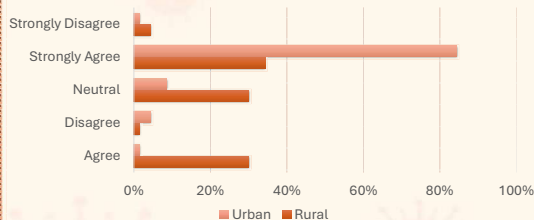
Primary Objective:

To assess parents’ knowledge, attitude and practices (KAP) related to childhood vaccination and examine the relationship between their attitude and actual vaccination behavior.

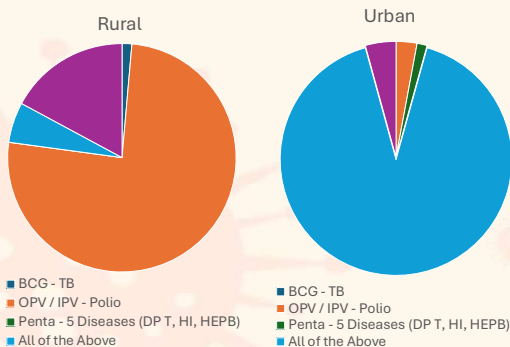
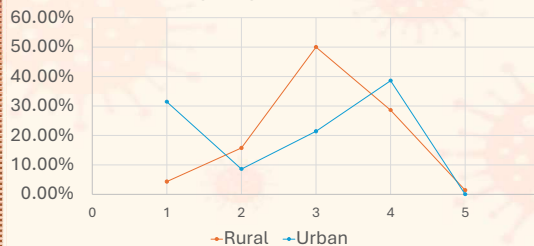
Secondary Objective:

- To evaluate the impact of socioeconomic status on immunization status of children.
- To assess the impact of caregiver’s literacy level on childhood immunization status.
- To analyze how caregiver’s occupation affect immunization status of their children

Awareness regarding Service Delivery in Rural & Urban Area



Awareness regarding AEFI in Rural & Urban Area



METHODOLOGY

Study Type: Population based comparative cross sectional descriptive study.

Study Design: Cross sectional type

Study Population: The target population for this research includes parents (either mother or father or guardian) of the children aged 0 to 5 years who are covered under Universal immunization programme in both rural and urban area in Jaipur district.

Sample Size: $SS = Z^2 (P) (1 - P) / D^2$

Using above formula, sample size comes to 55 per group. To accommodate attrition rate of 20%, our sample size comes to 70 for each group.

S - STRENGTHS

- WELL-STRUCTURED UIP UNDER NHM.
- FIELD EXPOSURE TO BOTH RURAL AND URBAN PHCS.
- STRONG ACADEMIC LINKAGE WITH REAL-WORLD DATA AND PRACTICES.
- TRAINING AT SIHW ENHANCED OPERATIONAL UNDERSTANDING.
- EFFECTIVE SECONDARY DATA USE (NFHS, HMIS).

W - WEAKNESS

- LOW DATA COLLECTION FROM URBAN AREA DUE TO LACK OF MANPOWER.
- AREA IS NOT WELL DEMARCATED.
- NO PROVISION OF ANGANWADI CENTRES IN MANY WARDS OF URBAN AREA.
- DIFFERENT GEOGRAPHICAL CONDITIONS IN OVERALL RAJASTHAN.
- PUBLIC DON'T KNOW THE IMPORTANCE OF VACCINATION & ITS BENEFITS.

O - OPPORTUNITIES

- LEVERAGE DIGITAL TOOLS (UVIN, MOBILE APPS).
- COMMUNITY-BASED IEC CAMPAIGNS TARGETING MYTHS.
- DEVELOP STANDARDIZED KAP TOOLKITS.
- ENGAGE INTERNS IN IEC/BCC AND CAMPAIGN PLANNING.
- POLICY INPUTS FOR LOCALIZED, BEHAVIOR-DRIVEN STRATEGIES.

T - THREATS

- PERSISTENT VACCINE HESITANCY AND MISINFORMATION.
- CHALLENGES IN SLUM AND REMOTE AREA OUTREACH.
- OVERWORKED FIELD STAFF AND LOGISTIC CONSTRAINTS.
- LACK OF REAL-TIME FEEDBACK LOOPS IN PROGRAMS.
- DATA PRIVACY RISKS WITH DIGITAL EXPANSION.

CHALLENGES FACED DURING STUDY

- Short field visits restricted in-depth observations
- Manual records & low digital adoption at PHCs
- Language barriers & low health literacy in rural areas
- Lack of behavioral indicators in dashboards

LEARNING FROM INTERNSHIP

- Applied public health theory to real-world immunization gaps
- Designed & piloted a bilingual KAP questionnaire
- Analyzed NFHS/HMIS data & coded qualitative responses
- Gained field insights on vaccine hesitancy & outreach challenges
- Strengthened skills in research, data visualization & stakeholder engagement

USEFULNESS OF INTERNSHIP

- Bridged classroom learning with on-ground public health practice
- Developed hands-on skills in data collection, analysis, and reporting
- Improved understanding of immunization logistics and field realities
- Enhanced communication and behavioral assessment skills
- Gained exposure to NHM structure, monitoring tools, and cold chain systems
- Strengthened ability to design evidence-based, policy-relevant interventions

SUGGESTIONS

- Extend field visit durations for deeper observation
- Provide access to anonymized real-time data for analysis
- Standardize KAP assessment tools within immunization programs
- Strengthen digital data systems and dashboard integration
- Promote localized IEC materials to counter vaccine myths
- Encourage male involvement and community-based follow-up mechanisms



Compiled Report

Name of the Organisation: National Health Mission (NHM), Rajasthan

Area/ Department/ Project of Summer Internship Program: Routine Immunization (RI)

Name of the Student: Dr. Shreshtha Sahu

Roll No.: 2085 Stream: MBA

Activity Done

May 2025

- 12–14 May: Attended NHM orientation sessions covering national health programs (e.g., RBSK, RKSK, ASHA, NTCP, Leprosy, etc.).
- 15–16 May: Inducted into Immunization Department; studied RI schedule, cMYP, UIP, cold chain logistics, and reporting mechanisms.
- 19–21 May: Analyzed dropout trends using field data; reviewed RI guidelines and cold chain systems.
- 22–23 May: Attended SIHFW training for Medical Officers; visited Gandhinagar PHC to observe immunization practices.
- 26–30 May: Conducted secondary research on Rajasthan's immunization coverage (2020–2024); analyzed cold chain functionality, dropout rates, and full immunization trends using NFHS, HMIS, and published data.

June 2025

- 2–6 June: Developed comparative framework for immunization performance (2020–2024); created visual charts in Excel.
- 9–13 June: Reviewed UIP policy documents and NHM monitoring protocols; studied cold chain maintenance standards.
- 16–20 June: Initiated thematic study on parental KAP influencing immunization dropout; reviewed literature and KAP models.
- 23–27 June: Designed bilingual KAP-based questionnaire; refined methodology section with mixed-methods approach and ethical considerations.
- 30 June: Began field visits to urban PHCs for pilot data collection.

July 2025

- 1–4 July: Conducted surveys at Sardar Patel and Jawahar Nagar UPHCs; interviewed ANMs, ASHAs, and observed cold chain practices.
- 7–11 July: Collected rural data using KAP tool; engaged with frontline workers; observed outreach sessions and documented local beliefs.
- 14–18 July: Compiled and cleaned data; performed preliminary analysis; categorized qualitative responses; drafted report sections.
- 21 July: Finalized report with visualizations and thematic insights; reviewed for coherence and submitted to NHM mentor.

TITLE: “A Comparative Study of Parental Knowledge, Attitudes, and Practices (KAP) Influencing Immunization Dropout Among Children Aged 1–5 Years in Rural and Urban Rajasthan”

LINKING THEORY (CLASSROOM LEARNING) WITH PRACTICE AT YOUR ORGANISATION

1. Organizational Linkages and Orientation Sessions with Public Health System in India

I could relate foundational learning from the course Public Health System in India and National Health Programs with the organizational structure of NHM during the familiarization and orientation sessions. I could see the implementation of frameworks like RMNCH+A and mission-based approaches (RBSK, RKSK, NTCP) at the district level.

2. Vaccination Coverage and Cold Chain Management within the Supply Chain Management Sector

My academic learning regarding the NI routine along with cMYP and UIP checkpoints was alongside Primary Healthcare Management and Supply Chain Management in Healthcare. The PHCs and cold chain points I visited during fieldwork made me aware of the practical aspects of vaccine storage, session planning, logistics, and microplanning which aligned waiting area organization and cold chain upkeep.

3. Data Interpretation and Analysis with Biostatistics

The design and procedures for my KAP study on the immunization dropout gap were based on Principles of Research Methodology, Biostatistics, and Health Information Systems. Following the lectures, I designed and pretested a structured questionnaire, conducted field surveys, and analyzed the data with SPSS.

4. Behavioral Science and Community Health: - My thematic focus concerning parental knowledge, attitudes, and practices (KAP) was shaped by coursework in Behavioral Science, Maternal and Child Health, and Health Communication. Engagements in the field with frontline workers and caregivers illustrated the socio-cultural dimensions of vaccine hesitancy, reinforcing concepts within the Health Belief Model as well as The WHO's Vaccine Hesitancy Framework.

5. Monitoring & Evaluation and Policy Interpretation: - Throughout the study on immunization and cold chain performance, I applied the principles of Monitoring & Evaluation and Health Policy. Reviewing NHM dashboards alongside UIP manuals and district reports helped me understand how some of the performance indicators are monitored and interpreted for policy feedback.

IMPROVEMENT OPPORTUNITIES AND SYSTEM STRENGTHENING

- Multiple orientation sessions already had prepared all interns for the comprehensive exposure to the NHM programs, but more interactions with the program officers could further deepen their understanding and participation in programs.
- More timely and deeper intervention analyses could be performed if there were expanded access to real-time data on dropout cases of immunization.
- With more thorough PHC visit durations, all components of immunization and on-ground practices could be more comprehensively covered.
- Adding more field disaggregated real-time data streamlines flexible inter-regional assessments, therefore enhancing decision making and data-driven strategy power.
- Precision in sub-regional evaluations and microplanning would greatly benefit from increased availability of detailed block-level immunization data.
- Understanding and parental factors concerning vaccination uptake can be better comprehended and analyzed by incorporating behavioral indicators into the any immunization dashboards.
- Evaluation of community level program coverage and logistics can be enriched by developing standardized heuristic tools to assess behavioral determinants.

- Improvement of communications regarding the timing of immunization schedules should be prioritized given the target population of low literacy demographics.
- Timely access to vaccines can be ensured through the improvement of logistics and transportation support for vaccine delivery.

PROPOSED ENHANCEMENTS (GROUND SITUATION & NHM FINDINGS):

1. Strengthen Community Engagement: - Employ local advocates and Self-Help Groups (SHGs) to improve trust and knowledge around vaccines.
2. Close Urban Slum Gaps: - Specific micro-plans for urban slums with limited awareness and mobility. Door-to-door reminders and SMS notifications.
3. Create and Perform KAP Focused IEC Strategies: Based on gaps identified through KAP surveys, design information, education, and communication materials tailored to the target area's predominant myths and knowledge gaps.
4. Expanding ASHA/ANM Roles: - Address communication barriers concerning hesitance to assist with side effects through retargeted training.

RECOMMENDATIONS THROUGH INTERNSHIP EXPERIENCE

1. Participation in RI Sessions: Allow interns to observe and participate in the immunization sessions at outreach camps or sub-centers remotely to appreciate some of the practical challenges.
2. Introduction to HMIS and UVIN Data Systems:- Integrate practical aspects of the vaccination tracking systems (eVIN, CoWIN dashboards) for interns to interact with.
3. Engagement with the Community: - Mobilize parents as ground-level KAP drivers, particularly in dropout zones.
4. Participation in Organizing BCC/IEC Campaigns: - Assist with the planning evaluation of initiatives aimed at increasing vaccination uptake.
5. Provide Feedback and Debrief Sessions: Gather and analyze feedback in the context of regularly scheduled debriefing sessions with supervisors.

SUGGESTIONS FROM THE STUDY: -

Research suggests that immunization initiatives in Rajasthan should adopt a greater emphasis on behavioral and community-focused approaches. By helping to clear up and improve understanding gaps by raising parental awareness using local influencers such as teachers and ASHAs, as well as through culturally appropriate IEC materials. Addressing the economic and gender gaps, improving access with mobile units and flexible scheduling, and implementing reminder systems (home visits, SMS) also help reduce dropout rates.

Communication skills training for frontline workers combined with local-level data mapping of high-risk areas will strengthen targeted intervention outcomes. Additionally, enabling straightforward grievance redressal processes, involving men in children's health decisions, boosts community trust. At the policy level, KAP-based NHM integrated strategies need to be implemented.



Signature of the Student.

Reporting Format (Weekly)

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 1 From:12th May 2025.....**to**.....16th May 2025.....

Activity Done	From 12th to 14th May, I attended the orientation sessions conducted by NHM officials. These sessions provided an overview of various departments and national health programs, including Family Planning, Immunization, Rashtriya Bal Swasthya Karyakram (RBSK), Rashtriya Kishor Swasthya Karyakram (RKSK), Integrated Ambulance Project, ASHA program, Quality Assurance, National Tobacco Control Program (NTCP), Rabies Control, Fluorosis Control, and Leprosy Eradication initiatives. On 15th and 16th May, I was inducted into the Immunization Department. During these two days, I studied the Routine Immunization (RI) schedule and its corresponding manual. I also reviewed the Comprehensive Multi-Year Plan (cMYP) and the Universal Immunization Program (UIP), gaining insights into vaccine types, cold chain logistics, session planning, and reporting mechanisms.
Linking theory (Classroom learning) with practice at your organisation	The orientation and departmental exposure helped me connect theoretical knowledge from courses like Public Health System in India, National Health Programs, and Primary Healthcare Management with real-time implementation at the district level. I could relate frameworks like RMNCH+A and concepts from Health Program Planning and Implementation to the practical functions of NHM.
Gaps identified on the working area.	Orientation sessions were densely packed, limiting time for deeper interaction with specific program officers
Suggestions for improvement	• Provide department-wise brochures or concise program notes to support understanding. • Provide a 2-3 day observation period in each department for developing more better understanding and enabling easier selection of department for further
Plan for the next week	• Continue working in the Immunization Department. • Attend field visits to observe immunization sessions and cold chain points. • Begin understanding the implementation challenges of UIP at the district level. • Study data reporting formats and tools used for monitoring coverage.

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Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 2 From: 19th May 2025.....to.....23rd May 2025.....

Activity Done	From 19th to 21st May, I continued my work in the Immunization Department, where I deepened my understanding of the Routine Immunization (RI) schedule and the cold chain system used for vaccine storage and transport. I reviewed government guidelines and field data to analyze dropout trends in immunization, identifying factors contributing to incomplete vaccination among children and pregnant women. From 22nd to 23rd May, I attended a training program conducted at the State Institute of Health and Family Welfare (SIHFW), Jaipur, for Medical Officers on Routine Immunization. The sessions covered practical aspects such as vaccine administration techniques, documentation, adverse event reporting, and monitoring tools. On the final day of the training, we visited the Gandhinagar Primary Health Centre (PHC) to observe field-level implementation of immunization activities, cold chain storage practices, and data maintenance protocols.
Linking theory (Classroom learning) with practice at your organisation	The week's activities allowed me to apply theoretical knowledge from subjects like Epidemiology, Supply Chain Management in Healthcare, and Maternal & Child Health to real-world settings. The training sessions at SIHFW reinforced classroom concepts such as microplanning, vaccine logistics, and health program evaluation, while the PHC visit provided insights into operational challenges at the grassroots level.
Gaps identified on the working area.	• Limited real-time data availability on immunization dropout cases for in-depth analysis. • The duration of the PHC visit was brief, which restricted comprehensive observation of all immunization components.
Suggestions for improvement	• Provide interns with access to anonymized datasets for academic analysis of immunization trends. • Extend field visits or allow multiple PHC observations to capture diverse scenarios and practices.
Plan for the next week	• Assist in monitoring immunization sessions at outreach sites. • Conduct focused interviews with ANMs and cold chain handlers regarding UIP challenges. • Start drafting a comparative report on immunization coverage trends.

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 3 From: 26th May 2025.....to.....31st May 2025.....

Activity Done	Under the direction of the Immunization Department, I carried on working remotely from May 26 to May 30. With an emphasis on Rajasthan's vaccination coverage from 2020 to 2024, I examined government reports, NHM dashboards, and published data sets pertaining to the Universal Immunization Program (UIP). I looked at patterns in cold chain point functionality, dropout rates between DPT1 and DPT3, and full immunization coverage. Using secondary sources like NFHS, HMIS, and published research papers, I also reviewed the literature on operational issues with routine immunization in rural and suburban areas. This assisted me in locating typical implementation flaws, logistical snags, and obstacles at the local level. By classifying data into thematic areas and summarizing findings for analysis, I also began writing a comparative report on immunization trends.
Linking theory (Classroom learning) with practice at your organisation	Even though I was working remotely, I was still able to use the knowledge I had learned in classes on topics like public health policy, epidemiology, and research methodology. Learning about program evaluation techniques and data-driven decision-making was reinforced by going over UIP guidelines and secondary datasets. The literature review task for this week was modeled after secondary research and thematic analysis projects completed in the classroom.
Gaps identified on the working area.	Inadequate availability of real-time and disaggregated field data limits the capacity to conduct comprehensive regional comparisons.
Suggestions for improvement	Give distant interns access to anonymized datasets for scholarly analysis via safe platforms. Make sure that immunization-related performance metrics are updated on time and made available digitally at the district and block level
Plan for the next week	• Complete the compilation of data and start the in-depth analysis for the report on comparative immunization trends. • Create tables and graphs to represent the chosen KPIs. • To bolster report findings, examine policy documents pertaining to UIP monitoring and cold chain maintenance.

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 4 From: 2nd June 2025.....to.....7th June 2025.....

Activity Done	In my fourth week of internship, I worked on gathering analyzed data gathered in the prior weeks. I started developing a comparative framework for Rajasthan's immunization performance over five years (2020–2024) considering indicators like DPT3 coverage, full immunization rates, and functionality of cold chain points. I used Excel to create charts and graphs to visually represent trends effectively. I also examined policy papers and working manuals concerning the Universal Immunization Programme (UIP), particularly in relation to NHM's monitoring procedures and cold chain maintenance standards. This provided insight into district-level performance standards and compliance standards.
Linking theory (Classroom learning) with practice at your organisation	This week's work reflected the practical application of data visualization and health system performance assessment. My understanding of key performance indicators (KPIs), monitoring frameworks, and logic model evaluation—gained through courses in Monitoring & Evaluation and Health Systems—helped in shaping a structured analytical approach.
Gaps identified on the working area.	- Limited access to granular, block-level immunization data hampers precise sub-regional assessments. - Cold chain monitoring reports are not equally available in digitized form for all districts.
Suggestions for improvement	- Systematize cold chain reporting systems with real-time GPS and temperature data to enhance tracking.
Plan for the next week	• Shift focus towards the thematic study on parental Knowledge, Attitudes, and Practices (KAP) influencing immunization dropout among children aged 1–5 years. • Begin literature review on behavioral aspects of immunization uptake in rural vs. urban Rajasthan. • Identify and extract relevant secondary data from NFHS and HMIS for KAP-linked variables. • Develop a preliminary structure for the KAP-focused comparative framework.

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 5 From: 9th June 2025.....to.....14th June 2025.....

Activity Done	In continuation with my internship under NHM Jaipur, I have shifted focus to a primary thematic investigation: “A Comparative Study of Parental Knowledge, Attitudes, and Practices (KAP) Influencing Immunization Dropout Among Children Aged 1–5 Years in Rural and Urban Rajasthan.” During this week, I reviewed various KAP model frameworks and secondary literature to identify common determinants of immunization dropout. I categorized findings under three domains—Knowledge (awareness of vaccination schedules and benefits), Attitudes (beliefs, myths, and fears), and Practices (accessibility, follow-up, and compliance). I also gathered relevant NFHS, HMIS, and peer-reviewed sources to support rural-urban comparisons and dropout trends. Additionally, I began drafting the methodology section of my report, which includes a secondary data-based analytical approach and thematic categorization of parental KAP indicators.
Linking theory (Classroom learning) with practice at your organisation	This week’s activities closely aligned with academic modules in behavioural health, maternal and child health, and health research methodology. Classroom discussions around community behavior models and immunization barriers enriched my understanding of the socio-cultural factors explored in this study.
Gaps identified on the working area.	There is limited integration of behavioral indicators in existing immunization dashboards, making it difficult to assess the direct impact of parental knowledge or beliefs on dropout rates.
Suggestions for improvement	• Incorporate structured KAP surveys at the community level as part of routine immunization evaluation. • Use IEC campaigns tailored to bridge specific parental misconceptions identified through KAP assessments.
Plan for the next week	• Start constructing a comparative matrix for rural vs. urban KAP patterns. • Link KAP findings to dropout statistics extracted from NFHS and HMIS datasets. • Continue developing the analytical and results sections of the report.

Name of the Organisation: National Health Mission (NHM), Jaipur

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Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 6 From: 16th June 2025.....to.....21th June 2025.....

Activity Done	In continuation with my study under NHM Jaipur, this week was focused on primary tool development and refining the research framework. I designed a comprehensive questionnaire based on the KAP (Knowledge, Attitude, Practice) model to assess parental influences on immunization dropout among children aged 1–5 years in both rural and urban Rajasthan. The tool incorporates both closed and open-ended items to capture nuances in beliefs, awareness, and behavioural practices. Simultaneously, I expanded and refined the methodology section of my report. I detailed the mixed-method design, incorporating both qualitative thematic insights and quantitative trends using NFHS and HMIS secondary data. The sampling frame, inclusion/exclusion criteria, data analysis techniques, and ethical considerations were also outlined.
Linking theory (Classroom learning) with practice at your organisation	Developing the KAP questionnaire drew heavily from coursework in research methodology, epidemiology, and behavioral science. Prior lessons on survey design, bias minimization, and indicator mapping were practically applied. Moreover, constructing the methodology reinforced concepts taught in our health systems research and statistics modules.
Gaps identified on the working area.	There is currently no standardized tool to measure behavioral determinants across immunization programs at the community level. Most data collection is limited to coverage and logistics, leaving out critical psychosocial insights.
Suggestions for improvement	• Develop a centralized toolkit for KAP assessments adaptable across districts. • Promote collaborative workshops with field workers to contextualize questionnaires based on local dialects and cultural sensitivities.
Plan for the next week	• Pilot test the developed questionnaire with a small sample. • Finalize the comparative matrix of rural vs. urban KAP themes. • Begin drafting the results and discussion sections.

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

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Roll no: 2085

Stream: MBA-HM

Week no: 7 From: 23rd June 2025.....to.....27th June 2025.....

Activity Done	During this week, I visited two key Urban Primary Health Centres (UPHCs) – <i>Sardar Patel Urban PHC</i> and <i>Jawahar Nagar Urban PHC</i> – as part of field-level data collection for my study on immunization dropout in urban Rajasthan. The visits involved: • Conducting pilot surveys using the finalized bilingual KAP-based questionnaire with parents of children aged 1–5 years. • Interacting with ANMs, ASHAs, and medical officers to understand the urban immunization outreach strategies, challenges in routine immunization, and common reasons behind missed doses. • Observing cold chain and vaccine storage practices at the PHCs to assess alignment with UIP guidelines. • Collecting qualitative feedback from healthcare workers regarding barriers in follow-up and documentation. Both field visits provided rich context for interpreting immunization behavior in sub-urban settings and validated the relevance of my tool in real-world scenarios.
Linking theory (Classroom learning) with practice at your organisation	The survey exercise strengthened my understanding of field survey execution, including rapport building, informed consent, and handling real-time modifications to structured tools. Concepts from Community Health, Health Management Information Systems, and Behavior Change Communication were actively applied during these interactions and data collection.
Gaps identified on the working area.	• Low male involvement in child immunization decisions was evident in both PHCs. • Lack of digital data entry support at facility level limits real-time tracking. • Language barriers with migrants or underserved populations can hinder effective communication during immunization counseling.
Suggestions for improvement	• Deploy community mobilizers from within high-dropout localities to bridge language and trust gaps. • Strengthen urban HMIS systems with mobile-enabled data tools for ASHAs. • Promote IEC materials specifically designed for urban slum clusters.
Plan for the next week	• Transcribe and code field data for preliminary analysis. • Compare urban insights with planned rural PHC data • Begin drafting the results section and integrate field observations.

Name of the Organisation: National Health Mission (NHM), Jaipur

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Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 8 From: 30th June 2025.....to.....4th July 2025.....

Activity Done	I conducted a field visit to a Rural Primary Health Centre (PHC) as part of my ongoing study on the behavioral and systemic factors influencing immunization dropout among children aged 1–5 years. Key activities included: • Administering the KAP-based bilingual questionnaire to parents from rural households to capture insights on immunization-related knowledge, beliefs, and practices. • Engaging with frontline health workers (ANMs, ASHAs, AWWs) to understand operational challenges, such as vaccine supply gaps, seasonal access issues, and follow-up mechanisms. • Observing community outreach sessions and reviewing immunization registers and due-lists maintained at the PHC level. • Documenting local beliefs and misconceptions that impact immunization adherence in rural communities. This visit provided critical comparative insights between urban and rural immunization ecosystems, essential for my mixed-method analysis.
Linking theory (Classroom learning) with practice at your organisation	The rural field exposure allowed me to apply academic training in rural health service delivery, public health logistics, and qualitative research. Skills such as context-sensitive communication, record validation, and structured interviewing techniques were employed to ensure authentic data capture. Learnings from health program planning and epidemiology supported real-time field interpretation.
Gaps identified on the working area.	• Low health literacy among some respondents led to incomplete understanding of immunization schedules. • Transportation barriers for both families and ASHAs in hard-to-reach areas hinder timely vaccine delivery. • Overdependence on manual records, increasing the risk of tracking errors and missed follow-ups.
Suggestions for improvement	• Introduce visual-based health education tools tailored for non-literate rural populations. • Explore mobile-based tracking apps integrated with ASHA workplans for better microplanning. • Improve infrastructure and transport allowances for field staff during peak seasons.
Plan for the next week	• Consolidate urban and rural data for comparative analysis. • Conduct preliminary coding of qualitative responses. • Start drafting the discussion and conclusion sections with theme-based summaries.

Name of the Organisation: National Health Mission (NHM), Jaipur

Area/ Department/ Project of Summer Internship Program: Public Health Administration / Immunization

Name of the Student: Shreshtha Sahu

Roll no: 2085

Stream: MBA-HM

Week no: 9 From: 7th July 2025.....to.....12th July 2025.....

Activity Done	I focused on organizing and initiating the analysis of the data collected from both urban and rural field visits. Key activities included: • Compiling responses from the KAP-based bilingual questionnaire into a structured master chart using Excel. • Cleaning and validating the dataset to ensure consistency and completeness across variables. • Categorizing qualitative responses from frontline health workers and community members for thematic analysis. • Beginning preliminary data analysis to identify trends, patterns, and key behavioral insights related to immunization dropout.
Linking theory (Classroom learning) with practice at your organisation	This phase of the internship allowed me to apply academic concepts from biostatistics, health information systems, and qualitative research methods. I utilized skills in data management, coding, and thematic categorization to begin drawing meaningful inferences. The process also reinforced the importance of data triangulation and evidence-based decision-making in public health.
Gaps identified on the working area.	• Inconsistencies in manual record-keeping made it challenging to cross-verify certain data points. • Limited digital literacy among some field staff posed barriers to adopting electronic data tools. • Some qualitative responses lacked depth due to time constraints during field interviews.
Suggestions for improvement	• Conduct refresher training for field staff on accurate and standardized record maintenance. • Introduce simple digital data entry formats with visual cues to support low-literacy users. • Allocate more time for in-depth interviews during field visits to enrich qualitative insights.
Plan for the next week	• Complete descriptive statistical analysis of the master chart. • Finalize thematic coding of qualitative data. • Begin drafting the results section of the report, integrating both quantitative and qualitative findings

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Roll no: 2085

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Week no: 10 From: 14th July 2025.....to.....21th July 2025.....

Activity Done	In the final week of my internship, I concentrated on synthesizing findings and completing the documentation of my study. Key activities included: • Finalizing the analysis of both quantitative and qualitative data collected from urban and rural field sites. • Drafting the results, discussion, and conclusion sections of the internship report. • Integrating key themes such as behavioral barriers, systemic gaps, and comparative insights into a cohesive narrative. • Preparing visual representations (charts, tables, and thematic maps) to support data interpretation. • Reviewing the entire report for coherence, formatting, and alignment with NHM objectives.
Linking theory (Classroom learning) with practice at your organisation	This week exemplified the culmination of applied learning—translating field data into actionable insights. I drew upon coursework in health program evaluation, research methodology, and public health communication to present findings in a structured, policy-relevant format. The experience reinforced the value of evidence-based recommendations in strengthening immunization programs.
Gaps identified on the working area.	• Lack of integrated data systems continues to hinder real-time monitoring and follow-up. • Limited community engagement strategies to address behavioral hesitancy in immunization. • Absence of feedback loops between field workers and program planners.
Suggestions for improvement	• Develop a centralized dashboard for real-time immunization tracking and dropout alerts. • Implement community-based participatory approaches to build trust and awareness. • Facilitate regular review meetings between field staff and district-level planners for adaptive strategies.
Plan for the next week	• Submit the final internship report to the academic guide and NHM mentor. • Prepare for the viva presentation and feedback session. • Reflect on key learnings and update professional documentation (e.g., LinkedIn, resume).

