

Summer Internship

At

IIHMR, Delhi (April 1 to May 31st, 2020)

A Report

By

SURABHI VINOD

Post-graduate Diploma in Hospital and Health Management

2019-2021



ACKNOWLEDGEMENT

I would like to express my special thanks of gratitude to my mentor **Dr. Manish Priyadarshi** for his constant encouragement, continuous motivation, guidance, suggestions, and proposals which helped me to finish each part of this project.

I am extremely grateful to **Dr. Shankar Das**, Director of IIHMR Delhi and IIHMR, Delhi for giving me the opportunity to undertake this project.

I am also extremely thankful to all my faculties.

I express my profound gratitude to my *family* for providing me with unfailing support and love throughout my life and this thesis would not be possible without them.

TABLE OF CONTENTS

S.NO.	CONTENTS	Pg.no.
1.	abbreviations	3
2.	Case study on UNICEF	5-15
3.	Organizations roles in communicable and non-communicable diseases	16- 21
4.	Comparative study – Barriers or Challenges for accessing Mental Health services	22-27
5.	Narrative report- addressing health disparities faced by LGBTQ community	28-34

ABBREVIATIONS

1.	UNICEF	united nations children's funds'
2.	OECD	Organization for Economic Co-operation and Development
3.	NETI	The New and Emerging Talent Initiative
4.	e-PAS	electronic Performance Appraisal System
5.	MoHFW	Ministry of Health and Family Welfare
6.	PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan
7.	SBC	Social and Behaviour Change
8.	CHCs	Community Health Centers
9.	PEPFAR	President's Emergency Plan for AIDS Relief
10.	LGBTQ	Lesbians, Gays, Bisexual, Transgenders and queer



UNICEF| for every child

FOUNDED: 11 DECEMBER 1946

HEADQUARTERS: New York, New York, United States

UNICEF, united nations children's funds' works for in excess of 190 countries and areas to make sure about the benefit of every child. It has experienced over 70 years to improve the lives of children and their families and seeing the centrality of youth development and adolescence.

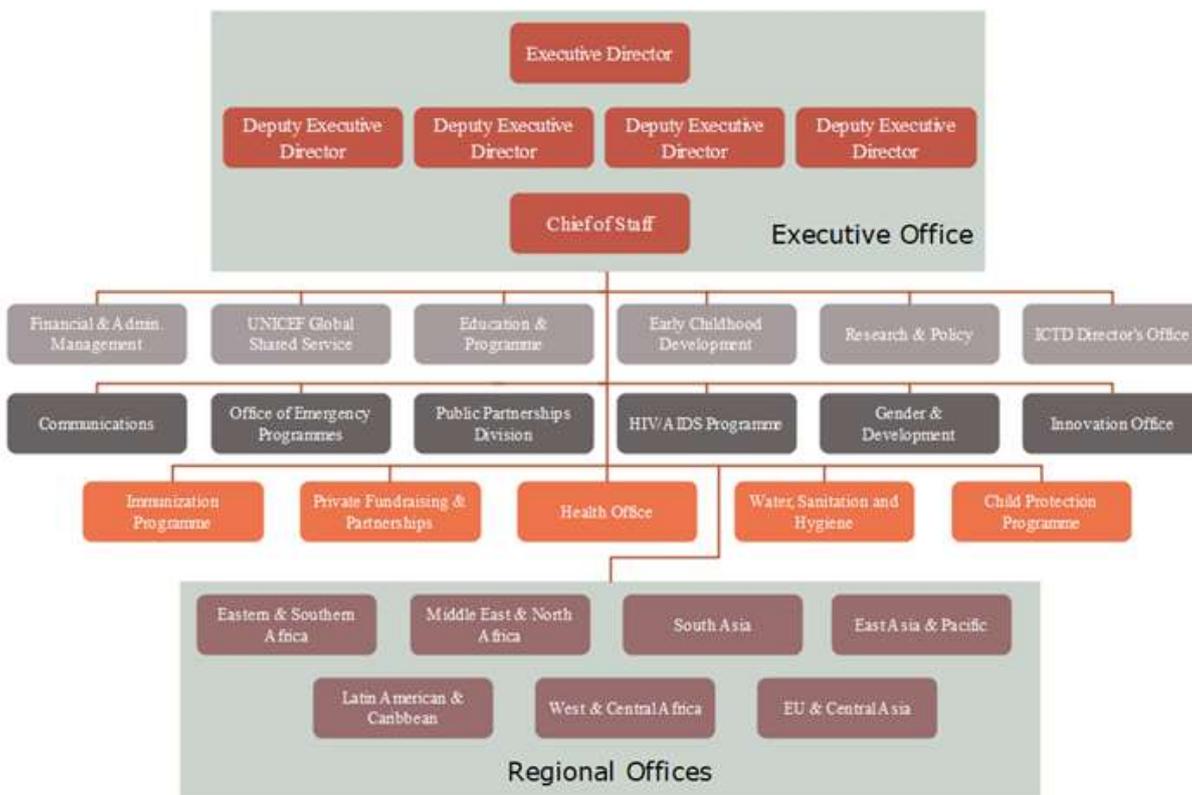
The specific inspiration driving the affiliation was to conquered the block that poverty, violence, disease and discrimination plays in a kid's life.

UNICEF's objective in India is to help each child conceived in India to have the best beginning throughout everyday life, to thrive and to create to her or his maximum capacity.

Its strategic "to advance the rights and prosperity of each child, in all that they do". With its solid nearness in all the nations and working indefatigably for the eventual fate of kids.

UNICEF's heart deceits in the field and their association structure making feasible for them to work competently.

UNICEF ORG CHART



THE EXECUTIVE TEAM

Henrietta H. Front turned into the seventh executive director UNICEF. She has worked to create monetary turn of events, instruction, well being, philanthropic help and disaster relief in a public and private sector and non-profit leadership profession that degrees more than four decades.

“Omar Abdi is the executive director for programs. he regulates UNICEF's overall philanthropic and development programs. more than 30 years of experience, in international development Mr Abdi has had various initiative situations in UNICEF - just as Country Representative in Pakistan, Ghana and Liberia” (UNICEF, n.d.).

“Charlotte Petri Gornitzka played job as the Assistant Secretary-General and UNICEF Deputy Executive Director, Partnerships, on 15 October 2018” (UNICEF, n.d.).

“Ms. Gornitzka, who filled in as the Chair of the Development Assistance Committee at the Organization for Economic Co-operation and Development (OECD) preceding her arrangement, brings to the position 20 years of inclusion with international development” (UNICEF, n.d.).

“Mr. Fayaz King is the new appointee official executive of Field Results and Innovation. He as of late filled in as the Chief Operating Officer at Econet Wireless where he was compelling in carefully changing the broadcast communications organization” (UNICEF, n.d.).

“Ms. Hannan Sulieman was designated executive and Chief of Staff, in April 2016. Prior to this arrangement she filled in as UNICEF's Deputy Regional Director for the Middle East and North Africa, situated in Amman. With 23 years of administration in UNICEF, Ms. Sulieman has broad aptitude in program management, crisis reaction, resource mobilization and partnerships” (UNICEF, n.d.).

“Dr. Yasmin Ali Haque has as of late joined as the UNICEF Representative in India. Preceding participating in July 2017, she was Deputy Director of UNICEF's Office of Emergency Operations where she assumed a lead job in the programming and approaches for a successful UNICEF reaction for youngsters in philanthropic emergency” (UNICEF, n.d.).

The official board is the overseeing assortment of UNICEF including 36 individuals representing five regional group members states at the UN. It directs the association as indicated by the policies and direction of UN general assembly and the financial social council.

It audits the UNICEF's exercises and supports its strategies, nation projects and financial plans.

THE STAFF STRUCTURE

Distribution of staff by category and contractual status (as of 1 June 2010)

<i>Category</i>	<i>Regular</i>	<i>Temporary appointment</i>	<i>Total and percentage</i>
International Professional	2 422	379	2 801 (25%)
National Officer	2 417	559	2 976 (27%)
General Service	4 375	1 031	5 406 (48%)
Total	9 214	1 969	11 183 (100%)

HR PRACTICES AND ORGANISATIONAL CULTURE

UNICEF's excursion to gather an undeniably good, exhaustive and connecting with workplace where all the staff respect, enable and spur each other to invest a valiant energy for the world's kids.

UNICEF intends to attract the best and most magnificent ability into the association, redesigning the reputation of the organization to make a superior work environment in order to carry distinction to the world. Considering this point, UNICEF moved a key vital ability development/management in 2008 to perceive and make capacity to meet the present and future needs of UNICEF. The Talent and leadership Development/Management Initiative is based both on inside capacity and new outside capacity.

Its basic beliefs incorporate Care, Integrity, Trust, and responsibility.

In February 2018, UNICEF left on an extent of exercises made arrangements for bracing its promise to its center convictions. These activities include:

- Advancing a 'speak up culture' to help make progressively secure and progressively thorough work through connected stages, getting ready various exercises progressed by UNICEF's organization similarly as its staff association.
- Looking for ace course on where it isn't yet successful and where it could improve.

- Expanding worldwide and close by townhall gatherings to give each and every individual who works at UNICEF an chance to speak main concerns and emotions.
- Building up an Independent Task Force on Workplace Gender Discrimination, Sexual Harassment, Harassment and Abuse of Authority, to recognize problems and empower the most capable technique to talk them through cultural change and the board.
- Enrolling a Senior Culture Change Advisor in the Office of the Executive Director to direct the improvement and utilization of methodology for feasible culture change reliant on UNICEF's fundamental convictions.
- Connecting with an outside consultancy firm to help UNICEF with orchestrating and execute changes in culture and the officials.

The Human Resources work continues trying dependable quality and client center in passing on viable help over each and every practical territory being developed and in compassionate settings.

HR works in relationship with practical/specialized accomplices to give them the strategies and administrations required to effectively regulate and oversee groups in the field, areas and at headquarters.

A. Strategic workforce arranging

- Huge headway has been made in working up a key workforce arranging limit in Human Resource For example, dynamic staff data models have been attempted to empower proof based approach progression and to give live exhibiting of speculative changes impacting staff.
- This region remembers the dispatch of the HR Dashboard for September 2009, the association's first corporate dashboard.

The HR Dashboard is a data revealing device that considers the checking of HR indicators and measurements in a solitary spot. It extracts data from various HR systems and changes that data into significant information on the workforce, gender equality moreover, recruitment.

B. Attracting the best ability

- The New and Emerging Talent Initiative (NETI) is an exertion program to select promising, demographically extraordinary, outside ability to fill recognized staffing holes in various functional areas.

- Extra ventures fuse continued with associations with Governments and educational institutions to fabricate a pipeline of young ability and to build maintenance of high performers.

- Individual performance management
 - Two noteworthy activities that emphasize supervising individual have been acquainted with redesign the capacity of UNICEF to pass on results: the revised Competency Framework likewise, the electronic Performance Appraisal System (e-PAS).
 - o A reconsidered Competency Framework, supported and discharged in 2009, is the foundation of the ability the executive's methodology of UNICEF. It delineates center skills and capacities required by UNICEF staff people with the objective that they can pass on key desires, show area authority and remain on the bleeding edge in key requests.

 - o the online execution the executive's framework e-PAS empowers staff and chiefs to set up, screen and complete their presentation assessments and will replace the current paper-based framework.

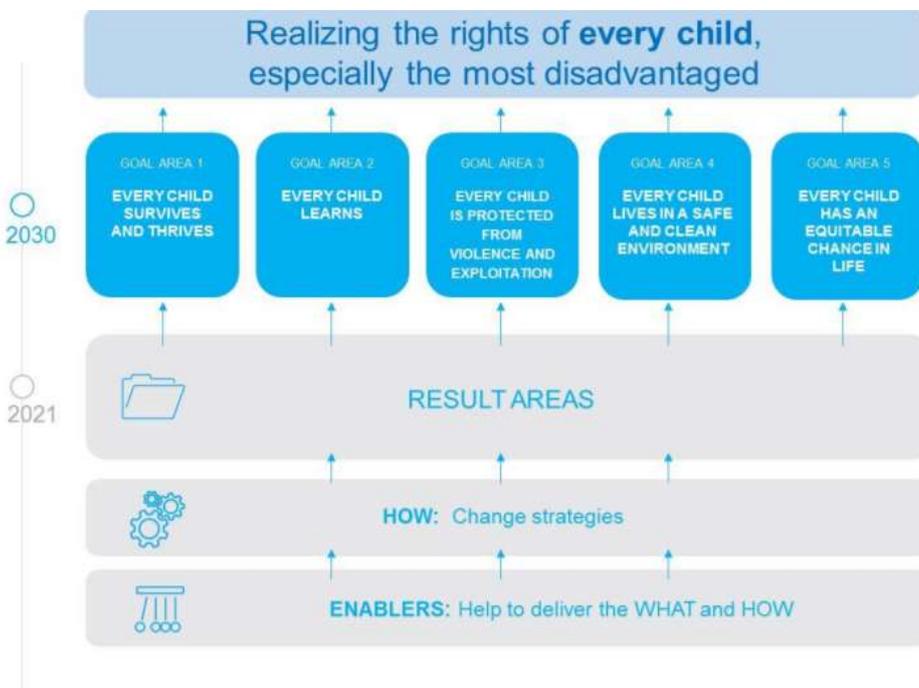
Work-life equalization and staff prosperity

support given to staff people and their wards joins exhorting for essential occurrences, business related pressure and other mental prosperity issues, and staff thriving bearing to Delegates and HR staff. In 2010, the staff prosperity locale was fortified with the development of a specialist resource. To enhance Staff Counsellors, UNICEF in like manner has a settled companion Support Volunteer program, which is exhibited on the undertakings of other United Nations association and refined dependent on rising needs. UNICEF has 276 arranged Peer Support Volunteers in 90 countries.

THE STRATEGIC PLAN

The strategic plan reflects the guidelines of the 2030 plan including the promise to leave no one and no child behind and to show up at the most distant behind first

Key Elements of Strategic Plan



The Strategic Plan comes with procedures to progress the inside sufficiency and viability of UNICEF (the ENABLERS). The enablers backs the movement of outcomes besides, changing methods and include four interconnected segments:

- a) inner governance;
- (b) management;
- (c) staff capacity; and
- (d) knowledge and information systems

The Goal Areas, modify methodologies and enablers laid out in the plot right presently place UNICEF to deliver this difficulty, conveying the organization nearer to understanding the vision of the 2030 Agenda, an existence where no child is deserted.

SERVICES AND PROGRAMS IN INDIA

1. HEALTH – MATERNAL HEALTH, HEALTH, AND IMMUNIZATION

“UNICEF works with the Ministry of Health and Family Welfare (MoHFW), Ministry of Women and Child Development (MWCD), NITI Aayog and state governments to help planning, budgeting, strategy formulation, capacity building, monitoring and demand generation” (UNICEF india, n.d.).

it supports the execution of different interventions by Government of India, including:

“The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) propelled by MoHFW, gives a fixed day for assured, comprehensive and quality antenatal care free of cost to pregnant women on 9th of every month” (UNICEF india, n.d.).

Janani Shishu Suraksha Karyakaram (JSSK): this incorporates free maternal facilities for women and children, a nation scale-up of calamity recommended agendas and maternal death analyses, and improvements in the governance and the executives of welfare services at all stages.

globally UNICEF is centered around #EveryChildALIVE, a signature neonatal campaign that supports and hastens UNICEF India's endeavours to dispose of preventable neonatal deaths by 2030, with an emphasis on the girl child.

UNICEF is likewise firmly connected with scale up of Kangaroo Care, supporting quality improvement activities, and capacity building endeavours for talented birth participation, fundamental new-born care and care of little and sick babies.

2. CHILD PROTECTION

Developing mindfulness towards child abuse in India, UNICEF can accept a huge activity in improving two missing segments of the government action: prevention and rehabilitation

3. NUTRITION

UNICEF India advances a C²IQ approach: coverage, continuity, intensity and quality towards a high effect programme across India.

4. EDUCATION

UNICEF supports the government fortifying life skill development for children matured 3 to 18 with exceptional spotlight on young girl child and furthermore to improve levels by 15% while ensuring transferable aptitude development.

5. WATER SANITATION AND HYGIENE

To help states and regions that are slacking, UNICEF works in 16 states and 192 areas and supports government in, helps alternative delivery approaches, and prepares mobilizes public organizations and accomplices, including the private sector around WASH activities. they have started developing their program from rural areas to urban areas, where the urban poor are routinely kept separate from the sanitation condition.

UNICEF furthermore supports monitoring and evaluation including third party confirmation and spot checks to help approve the real time observing and information dashboard encouraged by the Ministry Jal Shakti.

6.SOCIAL POLICY AND INCLUSION

UNICEF's programme on inclusive social approach is agreed with the Government of India's National Development Agenda. Our inclusive social policy programme strengthens strategies and frameworks with the objective that youngsters and youths, particularly the most limited and powerless, dynamically advantage from feasible and inclusive social services and social protection system.

7. ADOLESCENCE DEVELOPMENT AND PARTICIPATION

UNICEF in a joint exertion with the Government of India, also attempts to develop India's 253 million teenagers as dynamic members, rather than idle recipients, during their strengthening. The fact of the matter is to compose pre-adult collaboration through appropriate stages at the at the block, district, state and national level and through informal platforms, for example, youth-driven networks.

8.GENDER EQUALITY

UNICEF India's 2018-2022 Country Program has been made considering the Identifications of difficulties that Indian youngsters face, including sexual orientation-based hardships Each automatic outcome is centred around a gender priority that is noted explicitly in its program, budgets and results.

9.EARLY CHILDHOOD DEVELOPMENT

UNICEF supports training of frontline workers to interface with and counsel parents on giving sustaining care, responsive taking care of, early impelling and backing for children's' learning at home, other than setting them up to pass on quality youth preparing.

10. DISASTER RISK REDUCTION

UNICEF leads and keeps an updated risk analysis of the shocks and stresses on children's' flourishing and their networks, focusing on the hidden causes, for instance, low limit of service providers and vulnerability of communities.

UNICEF has set out debacle chance decrease, environmental change and social union as needs to be tended to in its Country Program for 2018-22.

11.PLANNING MONITORING AND EVALUATION

As per UN-reforms and UN-coherence delivering as One, UNICEF supports the Government of India to execute, screen and report on projects to react to the necessities of children's' benefits in India. This builds up extraordinary opportunity to empower helpful energies and between organization joint effort to address the rest of the troubles.

12. COMMUNICATION FOR DEVELOPMENT

C4D's program design relies upon Social and Behaviour Change (SBC) – The enrolls six methodologies— system strengthening, capacity development, building social capital, platforms and mega-partnerships for at-scale and convergent SBCC programming, targeted SBCC campaigns, evidence generation and knowledge management

INNOVATIONS AND PATHBREAKING INITIATIVES

UNICEF works far and wide to advance arrangements and grow access to administrations to all the children

- “NITI Aayog's Atal Innovation Mission and UNICEF India holding hands to empower grassroots advancement for Sustainable Development Goals and Child Rights” (UNICEF india, n.d.).

AIM and UNICEF hope to advance participation, skilling and reinforcing adolescent girls and boys all through school, by methods for Atal Innovation Mission's tasks. This key association will in like manner help effectively , young entrepreneurs, mentors and teachers.

Key components of this organization include:

- o Skill improvement
- o Co-making arrangements by putting resources into 'promising thoughts' that address difficulties and scale-up answers for and by youngsters.
- o Social innovation training camps for children all through schools and business enterprise training camps for youngsters in incubation centres.
- o Identifying children and adolescent good examples for change dependent on their innovation based imaginative arrangements that can be co-made and scaled-up.
- Motor-bike ambulance: Providing openness to wellbeing administrations in India's remote locales .

the assignment was arranged and begun in June 2014 with UNICEF's assistance, in union with Saathi Samaj Sewa Sanstha, NGO and the state government's Health Department. The Motor-Bike Ambulance was picked as a national advancement and perceived in the National Innovations Summit, India, in 2016.

The Narayanpur region in the central eastern Indian territory of Chhattisgarh is incorporated by thick forests, slants, streams and regular caves. The geology of the locale presents an huge test for dissemination of wellbeing administrations, anyway for mothers, fathers, guardians and families to profit transport administrations.

The motorcycles ambulances transport patients and pregnant ladies and babies, from remote territories to the nearest essential and Community Health Centers (CHCs) and have risen as a life saver for the people of the area.

•Hindustan Unilever accomplices with UNICEF to help India's battle against COVID-19

The broad communications crusade named '#BreakTheChain #VirusKiKadiTodo' will have basic yet ground-breaking five and 15 second enlightening advantages for enable the overall population with avoidance procedures to ensure themselves against COVID-19. In view of three key topics - social distancing, hand washing and generosity, the Campaign will create these short enlightening resources across India through TV, news gateways and unmistakable web based life channels

Worldwide REACH

Shielding the most powerless kids from the effect of coronavirus: A plan for activity

“UNICEF calls for quick worldwide activity to:

1. Keep children learning
2. Reach vulnerable children with water, sanitation and hygiene
3. Keep children healthy
4. Support families to cover their needs and care for their children
5. Protect refugee and migrant children, and those affected by conflict.
6. Protect children from violence, exploitation and abuse” (UNICEF, n.d.)

UNICEF: WORKING TO END AIDS FOR EVERY CHILD



The global effort to beat the HIV plague is at an intersection. Much has been cultivated and various lives have been saved over the span of late years, with the result that AIDS may not seem, by all accounts, to be such an emergency as it did around the beginning of the century. global financing needs are moreover advancing as per the 2030 Agenda for Sustainable Development. In any case, there is still such an extraordinary add up to do. Numerous people are so far kicking the pail due to AIDS for need of testing and treatment, and preposterously various adolescents and youngsters are up 'til now being defiled with HIV. Worldwide in 2017, around 3.0 million children and youngsters were living with the contamination and requiring dependable treatment, and paying little mind to momentum expectation tries, 430,000 new sicknesses occurred among children and youngsters.

For more than 10 years UNICEF has hoped to put youngsters at the very heart of the overall response to HIV. A strong outcome has been the gigantic progression made by UNICEF and its accessories over the earlier decade in the counteraction of mother to-youngster transmission of HIV (PMTCT). The amount of new pediatric sicknesses in 2017 reduced by around 60 percent since 2000, and by 33% since 2010. This proceeded with impact is seen as a standout amongst other public health accomplishments in late history.

VISION

the centre of principles and techniques under fundamental UNICEF's HIV program. In its Strategic Plan 2018–2021, UNICEF's centre goals are:

- 'Finishing the job' of eliminating mother-to-child transmission
- Seeking opportunities to prevent HIV in adolescents and young women
- Timely initiation and retention of children and adolescents in treatment and care

KEY STRATEGIES

This is a world wherein there are less disease specific assets however where epidemiological comprehension of HIV keeps on advancing. It is additionally a world in which singular nations' health frameworks fluctuate hugely as far as their quality and strength.

In this unique situation, UNICEF has embraced new programming approaches that expect to accomplish the best effect for kids from the assets accessible; that advance proficiency, viability and value; and that gain by UNICEF's relative points of interest:

1. Context-specific priorities and interventions

UNICEF varies its reaction in each country where it works as per the event of HIV among pregnant ladies, mothers, kids and young people; the odds and dangers in the national health framework; and the level of help and activity from household and overall accomplices.

There are three expansive kinds of reaction:

- Track the epidemic and support for child-focused responses
- Target responses
- Intensify responses

2. Integration of HIV prevention and treatment

UNICEF is endeavouring to fuse HIV medications into maternal and child health, security and training divisions with clear pointers to drive attempts and influence assets. Additionally, UNICEF's HIV-express program will show and file the impact of coordinated HIV exercises on child endurance, security and training.

3. Strengthened and leveraged partnerships

At present, most outer financing of the HIV response originates from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the worldwide Fund) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). UNICEF is drawing in with these accessories to help influence extra assets for children. All the while, it is bracing its associations with individuals living with and influenced by HIV – especially mother, children and youths.

4. Innovation and knowledge

Working with accomplices, UNICEF is organizing the age and dispersal of program proof and encounters of what works for pregnant ladies, Children, mothers and teenagers impacted by HIV. This joins sharing data about developing head ways that will improve program execution and quality or help proceed and animate the HIV response.

ELIMINATING MOTHER TO-CHILD TRANSMISSION

- Investing in data

to comprehend which moms are abandoned, and where new infections happen in kids.

- Investing in innovative approaches

Forestall new HIV contamination in pregnant and post-natal ladies who are particularly powerless against HIV disease. Creative techniques incorporate giving standard HIV testing to pregnant and lactating ladies who have recently been negative, recognizing recently acquired HIV; evaluating male accomplices utilizing locally situated HIV self-testing.

- Investing in communities

It incorporates creating network individuals and associations ability to give projects and track their effectiveness. It likewise requires expanding peer-based help, which has been demonstrated to be viable in upgrading the responsibility of moms to treatment and in care support.

- Investing in triple elimination.

Syphilis and hepatitis B testing just as HIV testing during pregnancy builds efficiencies, is practical and diminishes the disgrace of HIV, especially in low-commonness settings. Disposing of mother-to kid transmission of HIV is vital: WHO has now authorize 10 nations and domains as having done as such, and UNICEF is focused on applying those nations and regions, best practice somewhere else.

SEEKING OPPORTUNITIES TO PREVENT HIV IN ADOLESCENTS AND YOUNG WOMEN

Progress in shielding teenagers from HIV and AIDS has been more slow than for moms and youngsters. In 2017 there were 1.2 million teenagers matured 15–19 living with HIV. An enormous number of them acquired the disease through mother-to-youth transmission. Some place in the scope of 250,000 youngsters developed 15–19 was as of late sullied in 2017, and on the current heading, there will be still be 140,000 yearly new HIV diseases in this age bunch in 2030. quickened and focused on activity with a mix of showed mediations can significantly lessen this number of new diseases.

The circumstance of teenagers and youngsters earnestly need tending to. UNICEF is advancing transformative arrangements, fueled by young people themselves, which could reshape the HIV reaction and result in a noteworthy turnaround.

Among these transformative solutions are:

- Innovative help conveyance models, adjusted and sensitive to juvenile needs, including advance digital arrangements, progressively powerful ARV medicines and the foundation of facilities oversaw by youngsters or open after hours.
- HIV self-testing for both boys and young men, and both girls and young ladies, and the utilization of PEP to forestall HIV in youths and youngsters at high danger of procuring HIV.
- Focus on the coordinated consideration and treatment needs of specific juvenile gatherings. Teenagers are themselves more helpless against HIV than grown-ups, yet young people who distinguish as individuals from key populaces –, for example, youths who infuse drugs – are doubly powerless.
- PEP following a high-chance presentation to HIV, for example, an episode of assault.
- An empowering legitimate and strategy condition to offer comprehensive types of assistance that are liberated from disgrace.
- Social-insurance systems, for example, money moves as an approach to keep young girls in school, which can bring down their danger of HIV.

INITIATING AND RETAINING CHILDREN AND ADOLESCENTS ON TREATMENT

Both HIV testing and treatment rates for kids and youthful teenagers are falling incredible behind those for grown-ups. For kids living with HIV, practically half don't get treatment, while others get it past the final turning point. Without opportune treatment, 33% of new conceived kids who obtain HIV during birth will die by the age of one, and half by their subsequent birthday. Only 43 percent of young people (matured 10–19) living with HIV approached lifesaving treatment in 2017. Such low paces of treatment take-up added to an expected 38,000 young people's demises in 2017.

UNICEF is attempting to find the most defenceless youngsters and youths, connect them to administrations and hold them on treatment. Innovative methodologies include:

- Testing babies for HIV wherever they get care, for example, in immunization or sustenance centres and paediatric wards.
- Testing youths getting to health offices and through exertion projects and drop-in focuses.
- Improving testing access and speed of treatment inception by scaling up purpose-of-care early new born child conclusion of HIV and self-testing young people.
- removing the barriers to consider the most helpless youngsters and teenagers.
- accelerating the turn of events and presentation of new kid adjusted details.
- There is a reasonable prerequisite for drug treatments that are protected, and proper for small kids whether or not the market for such drugs for youngsters is nearly nothing.
- Scaling up compelling initiatives for example, peer social events and mobile platforms – to keep mothers, kids and youths in care.
- Supporting youngsters' and teenagers' advancement to adult treatment administrations.

INVOLVING EVERYONE IN THE HIV RESPONSE

UNICEF has been attempting to reinforce the capacity of families and communities to help mothers and children by:

- Reinforcing the linkages among communities and health offices
- Extending community-based HIV testing
- Drawing in with mother-to-mother peer support groups, client support groups and male accomplices to guarantee mothers and infants stay in treatment
- Encouraging child friendly communities
- Connecting helpless families to social security schemes.

- community resilience and leadership are vital to decreasing HIV-related stigma, conveying services effectively and advancing the rights and prosperity of women and children. A sustainable HIV response must be locally owned and nationally supported.

A MULTISECTORAL RESPONSE

A fruitful reaction ought to be multisectoral, stretching out well past health administrations to incorporate different segments, for instance, kid assurance, early youngster improvement, sustenance and training especially in emergency settings

o HEALTH

The new widespread well being inclusion system and sexual and regenerative well being programs can grow access to HIV anticipation and care. The presentation of projects that serve pregnant moms and kids who are HIV inclined will improve health value.

o NUTRITION

Youngsters tainted with HIV are at more serious danger of lack of healthy sustenance, and hunger rushes the movement of HIV sickness because of an undermined insusceptible framework sick prepared to battle the infection and different diseases. Kids experiencing extreme intense lack of healthy sustenance ought to be tried for HIV, and ought to be connected to treatment and care as an issue of desperation whenever discovered positive. Children living with HIV need brief consideration, guiding, and support in both ART and sustenance.

o CHILD PROTECTION

Network projects can help lessen the weakness of defenseless ladies, youngsters and youths to HIV and increment their entrance to administrations, for example, testing, care and avoidance. Projects for kid security can give PEP to young survivors of sexual maltreatment and to associate them to psycho social treatment.

o EMERGENCIES

This can hinder basic administrations and in compassionate emergencies and brutality can add to new vulnerabilities. Teenagers can likewise end up in conditions where they are at higher danger of contamination in light of their practices.

o EDUCATION

Remaining in school brings down the danger of HIV disease among teenagers. Moreover, far reaching sexuality instruction, custom-made to fit the nearby setting, is basic for decreasing new diseases, especially among young ladies.

In its Strategic Plan 2018–2021, UNICEF has made a promise to add to the accompanying targets:

- 1.19 million pregnant ladies living with HIV kept alive through treatment, up from 1.02 million
- 890,000 HIV-uncovered babies tried in their initial two months and the individuals who tried positive connected to mind and treatment, up from 584,000

- 13.8 million youthful young ladies and 9.8 million juvenile young men tried for HIV and given the outcomes, up from 10.6 million young ladies and 7.5 million young men

The worldwide systems and techniques that manage UNICEF's vision include:

- The Convention on the Rights of the Child
- 2030 Agenda for Sustainable Development
- Start Free, Stay Free, AIDS Free Framework
- 2016 Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight Against HIV and to End the AIDS Epidemic by 2030
- UN AIDS 2016–2021 Strategy: On the Fast Track to end AIDS
- HIV Prevention 2020 Road Map

THE HIV CRISIS IS STILL NOT OVER YET

UNICEF executes a separated procedure, saddling information and proof to characterize the novel needs and openings inside every district, and afterward focusing on the most needing pregnant ladies, mothers, youngsters and adolescents. The examination will extend across divisions of advancement and furthermore incorporate non-traditional on-screen characters who meet kids, teenagers and their families where they live. The objective of closure AIDS in kids and young people is in sight and it must not lose energy now. The battle against HIV will keep on carrying considerable change with a reasonable political responsibility and adequate financing.

Expanding those at the most elevated hazard pregnant ladies, moms, youngsters and youths to the cutting edge of the HIV reaction will offer the world the most obvious opportunity with regards to accomplishing its notable objective.

INTRODUCTION

“**Mental health** incorporates our emotional, psychological and social well-being. It impacts how we think, feel, and act”. (mentalhealth.gov, n.d.) It furthermore adopts to handle pressure, recognize with others, and settle on choices. Emotional well-being is important at each point of life, from youth and adolescence till maturity. Mental health vigorously impacts our quality of life. So, it bodes well that mental health, much the same as physical wellbeing, should be dealt with and maintained.

STUDY BACKGROUND

Countries across globe are encountering a critical 'treatment gap' in mental health care. Individuals with mental ailments do not generally get proper cure because of scope of individual and physical issues, with stigma and destitution.

In worldwide, one out of five individuals encounter a mental health issue in their life so it is a major concern for all the countries.

This study centers explicitly around demand and access to care, and aims to recognize barriers and possible solutions for contacting individuals with priority mental disorders.

TITLE: BARRIERS OR CHALLENGES TO ACCESSING MENTAL HEALTH SERVICES

OBJECTIVE: TO REVIEW AND COMPARE STUDIES TO EMPHASISE ON THE BARRIERS OR CHALLENGES TO ACCESSING MENTAL HEALTH SYSTEM IN DIFFERENT COUNTRIES.

Research design: literature review-based study

Key words: mental health, services, systems, barriers, access, challenges, integrated care, policy and systems, governances.

Time period: 2014-2018

CRITERION SELECTION

Search strategy

The search strategy here involves online publications and journal articles related to mental illness, burden of mental health illness, funding of mental health facilities, personnel, governance, and conveyance of mental health services.

Study selection

Appropriate studies were selected by abstract and title screening.

Inclusion criteria:

The articles included in the study were restricted to those issued in English within 10 years.

The journal articles with different geographical location focusing on their mental health structure (barriers and challenges to accessing mental health services) was included.

Exclusion criteria:

The study omitted articles that do not focus on the parameters of interest.

Articles published before 2010 were also excluded.

RESULT: The 5 articles selected were based on geographic distribution across the globe. The studies the various barriers and challenges to accessing mental health services as well as health system factors contributing to these barriers.

The parameters considered where objectives of the study, research method, location of the study, participation, exclusion and inclusion criteria.

AUTHOR	COUNTRY	OBJECTIVES	METHODOLOGY	TIME HORIZON
NagendraLuitel , Natassia F Brenman , Sumaya Mall , Mark J D Jordans	Nepal	The aim of the study is to update development of the “PRIME (Programme for Improving Mental Health Care) It emphasizes especially on matters of demand and access to care, and aims to recognize barriers and possible solutions for individuals with mental disorders”. (Natassia F Brenman, 2014)	Qualitative study	

<p>Akiko Kanehara, Norito Kawakami, Maki Umeda, Akiko Kanehara, and on behalf of the World Mental Health Japan Survey Collaborator</p>	<p>Japan</p>	<p>The aim of the study it to identify “late access to, and explanations for dropping out from mental health care in a Japanese community-based sample”. (Akiko Kanehara, 2015)</p>	<p>“An interview survey was conducted with a random sample of residents living in 11 communities across Japan during the years 2002–2006. Data from 4,130 participants were analysed”. (Akiko Kanehara, 2015)</p>	<p>2002 to 2006</p>
<p>L. Kola, O. Gureje, J. Abdulmalik,</p>	<p>Nigeria</p>	<p>To assess the mental Health system governance of Nigeria with a sight to understanding the difficulties, opportunities and policies for strengthening it.</p>	<p>multi-method study design</p>	
<p>Vickie Mays, Wei-Chin Hwang and Di Liang</p>	<p>China</p>	<p>To evaluate possible opportunities and “barriers to implementation of a community-based mental health system that assimilates hospital and community mental health services into the general</p>	<p>WHO Health Systems Framework (WHO 2007). Systematic review</p>	<p>2015-2020</p>

		healthcare system". (Di Liang, 2017)		
Anthony Paul O'Brien, Eric Badu, and Rebecca Mitchell	Ghana	The purpose is to recognize and synthesise prevailing evidence on the "barriers and enablers to accessing mental health services in Ghana". (Eric Badu, 2018)	mixed method approach	

CONCLUSION

The study adds to the talk of mental health by giving a complete outline of the unique difficulties, challenges, prospects and strategies faced by these countries. Out of which Social stigma and lack of awareness was the common barrier that was found in all these studies.

A solid and functional mental Health system structure is ought to translate into an increasingly proficient, integrated and accessible psychological health care facilities and lead to a decline in the treatment gap for mental ailments.

DISCUSSION

In the forecasting studies, the objectives were to know the barriers and challenges to accessing mental health services and what were the strategies they came up with to overcome these barriers.

The barriers or challenges where almost the same in these countries which were as follows:

- Partial knowledge about prevailing services and attitude towards services are two of the major challenges faced in Ghana.
- Social stigma was the most important challenge faced by all the countries
- In **Nepal**, they explained stigma in three components: ignorance, prejudice and discrimination. Absence of mental health Education in schools means that even who went to schools are not aware about the mental health issues. And misinformation services are also stated.

- In **china** they suffer not only because of absence of resources but also from the unequal dispersal of those resources.

The mental health strategy of **Nigeria** is grounded on the ideologies of social injustice and impartiality. poor execution of prevailing mental health policy and lack of work force, inadequate data to direct mental health policy planning.

Also, Cash transfer incentives for mental health circumstances are not accessible thus it reduces the financial access to care.

- In **japan**, the present study showed that low professed want was the main mutual purpose for not looking for and late access to, opting out of mental health facilities which were correlated with handling one's problem on their own.

Being a woman and of younger age were main social demographic aspects connecting the barrier to usage of mental health facilities for the succeeding reasons: financial difficulties, deficiency of finding time for care.

Alternatively, some these countries came up with strategies and some features that helped to enable access to mental health services which were:

Support facilities for those who were in need, the mental health regulation, augmenting reorganization and integration, delegation of duty and improvement of prevailing referral system where the factors which Ghana's mental health system implemented.

In **Nepal**, they projected strategies to expand awareness, by guiding education through reliable and esteemed public authorities, and answering to the want for openness or confidentiality in educative programs.

Altering to local observations of stigmatised cures appeared as added crucial approach to progress demand, *increasing training and funds, building conviction in services, shielding personal status with privacy and awareness raising: public and private channels.*

In **Nigeria**, they came up with forth strategies for strengthening mental health system governance:

“Strategic direction and legislation: confirming effective execution and distribution of reviewed mental health policy.

Effectiveness and responsiveness: The recognized challenges here comprises inadequate facts to direct mental health facilities planning, and insufficient figures of experts.

Information accountability and transparency: A unified and hierarchical arrangement and management structure is what presently functions in the Nigerian health structure.

“It is unified since it starts from the lowermost tier of the crown of primary health care (PHC) element, to the medical officer of health, to the state ministry of health, and lastly to the federal ministry of health”. (J. Abdulmalik, 2016)

Participation and collaboration: *Build up on prevailing nationwide partnerships related ministries and government activities. Strengthen prevailing participation of service user groups and empower them to contribute in support and mindfulness rising about mental health by training and supportive partnerships*

Ethics and equity: *Inspire the progress of society-based insurance systems for long-lasting health settings, like mental illness, to lessen the financial difficulties.*

Engage with the society to encourage understanding on mental illness, to decrease stigma, to involve caregivers and service users to give feedback on quality of facilities.

Enhance society enlightening initiatives with meek announcements to obverse extensive stigma and discrimination against people with mental illnesses.

Capacity Building: *There is a strong request for capacity building involvements from the talks, it could be suitable as a pre-condition for the achievement of goals like well-planned way and legislation; effectiveness and responsiveness; and empowerment of service users, among others”.* (J. Abdulmalik, 2016)

This practical way for enhancing health system solidification by analysis, as a way of attaining universal health coverage and guaranteeing unbiased access is suggested.

All these countries faced challenges which were almost similar among which awareness raising was a frequent subject concerning explanations to known problems, and included of numerous ways of data propagation and stigma lessening initiatives.

LIMITATION

- It does not involve the vulnerable and distant community that the matter of need and access is worried: persons living in maximum shortage or isolation.
- The time period of the studies when it was conducted were also missing.

Addressing health disparities of LGBTQ community

Introduction

The Right to health is viewed worldwide, ensuing from a massive politically aware mobilization of society. Health care, ideally the duty of the state. The fact is that many nations are crossed by way of frames of segregation in addition to abuse of fundamental human rights, specifically for minority group such as Lesbians, Gays, Bisexuals, and Transgenders (LGBT). Eradicating LGBT health inequalities and increasing efforts to progress LGBT health are essential to make sure that LGBT people can lead long, healthy lives.

The advantages of addressing health fears and dropping disparities include:

Drop in disease transmission and progression.

Increasing knowledge and physical well-being.

low health care expenses.

Increased long life.

Studies screen that people of LGBT group are more vulnerable to health complications, along with exploitation of tobacco, alcohol, illegal drugs, obesity, mental disorders, Sexually Transmitted Diseases (STD s) as HIV/AIDS, cervical and breast cancer, bullying also to vicious behaviours. Even though, this is a multifaceted setting, in addition complex for the reason that of the poor access to healthcare services and partial practices of professionals because of from homo-phobia. Ultimately this leads to poor health status of the sexual minorities.

In answer to this circumstance, the LGBT drive has been uniting globally to convict breach of societal and human rights associated with the homosexual people, and ask for equal rights, specifically for access to health facilities, free of bias and discrimination.

It is significant to understand what affects, touches and impacts the LGBTQ people's health, it is important to understand the design of public health policies focused to the group, consequences of gender problems, the organizing of health services, and overall performance of professionals, considering the fact that make up the factors that immediately hinder with access and that promise the right to health of the population.

Therefore, the study focusses at the difficulties related to homosexuality while seeking healthcare services through review of the literature already available.

REVIEW OF THE LITERATUREs

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
To analyze the experiences of	Qualitative study method	All interviewees stated	Qualitative study on this	The study lacked the

LGBT health facility users in south Africa Author: Alex Müller	16 semi structured interviews 2 focus groups of LGBT health facility users and 14 interviews of individuals as LGBT representatives.	experiences of discrimination by healthcare workers based on their sexual orientation and/or gender identity.	subject was lacking in South Africa. It explored the actual experiences of the health service users in a ground theory approach.	viewpoint of healthcare providers as in what was the reason behind such attitude explained by health service users.

STUDY	METHODOLOGY	RESULT	STRENGTH	WEAKNESS
To identify the health needs, outcomes and lived experiences in nova scotia Author: Jacqueline Gahagan and Emily Colpitts Time:	community consultations for strengths-based approaches to understanding and progressing LGBTQ pathways to health across Nova Scotia.	The study revealed many health encouraging strategies and measurement tools. And also revealed many bad experiences related to health care system and facilities.	It helped informing the future LGBTQ health research by identifying knowledge gaps relative to understanding the LGBTQ health in Nova Scotia from a strengths-based perspective.	they do not evaluate the quality of the evidence or synthesize the answers. the community consultations were restricted by time and monetary restraints which only allowed for two sessions, one in rural and urban each.

<p>To assess the physical, behavioural and psychological barriers in access to health care services among Lesbian, Gay, Bisexual and Transgender (LGBT) individuals.</p> <p>Author: Anup Adhika Mamata Praadhan Priya DarshaniGiri Sudip Khanal Time: June-July 2018</p>	<p>Descriptive cross-sectional study</p> <p>Data was collected through predesigned, pre-tested semi-structured questionnaire through interview.</p>	<p>Out of 87 participants, more than 70% of them were from age group 21 to 38 years. Out of which 58 (66.7%) admitted that healthcare professionals communicated appropriately and were friendly to them. 62 participants (71.3%) accepted that providers were sensitive to them and provided them appropriate care irrespective of their sexual orientation. 42.5% felt that doctors are not able to understand their problems and 44.58% were uncomfortable to share their health conditions. Only 28.7% participants encountered</p>	<p>Almost all aspect of the barriers was considered and were included in the questionnaire.</p>	<p>some of the participants were yet to come out to reveal their sexual orientation. There was no graphical representation of the finding which made it difficult to understand.</p>
--	---	---	---	--

		<p>problem due to physical settings of the healthcare centres or hospitals. Most of the problems were absence of lgbt friendly settings.</p>		
--	--	--	--	--

STUDY	METHODOLOGY	RESULTS	STRENGTH	WEAKNESS
<p>The aim of the study was to identify providers' attitude towards the LGBT health.</p> <p>Author: Louise O'Keefe, Yeow Chye Ng and Desiree Crawford, Denise Rowe,</p> <p>Time: 2017</p>	<p>Descriptive, cross sectional method to target doctors, nurse and doctors' assistants.</p> <p>It was a survey named as Perception and Knowledge of Sexual and Gender Minority Health (PKSGM) consisting of 74 questions in which 8 questions were on demography and 66 were lgbt related questions.</p>	<p>72 primary care providers participated in the survey 57 were returned. however, 45 surveys were completely answered and were included.</p> <p>Overall response rate was 62.5%. 51.1% of PCPs agreed to be capable towards LGBT care 15.5% disagreed. 29% of PCPs agreed that they were sufficiently trained to address the lgbt population 51.1% disagree. 98% of PCPs agreed that physicians should be knowledgeable about issues exclusive to LGBT patients and attain the knowledge essential to practice well.</p>	<p>The study used graphical representations and made it more understanding.</p>	<p>The absence of a survey design that included randomization and blinding could unquestionably prevent participants from offering honest responses. In true-false responses, participants had a 50% chance at guessing the correct answer so it was not dependable for calculating the knowledge level. There were no strategies on how to specifically address provider gender differences in LGBT education and training.</p>

RESEARCH QUESTION AND OBJECTIVE

The aim of the study is to recognize the problems related with homosexuality in accessing and utilizing the health services.

The following question can be formulated from the review:

'What are the difficulties associated with homosexual individuals while seeking healthcare services'?

METHODOLOGY

The secondary search method was adopted to conduct the review. The following databases were searched on: pub med-NCBI, Google scholar and Research gate. The following terms were used to search the articles: LGBTQ health, LGBTQ community access to health. For all the databases same strategy were used.

It followed eligibility criteria. The inclusion criteria were:

Papers that were published from 2015 to 2020 were only included; papers written in English and were available as full text form; articles on the LGBT's access to health were the selected.

The exclusion criteria were:

the papers that were before 2015 were excluded; articles published on non- scientific websites; studies that were already conducted literature reviews and not the original texts; research articles that talked about discrimination with patients regardless of their sexual orientation.

RESULT

The reviewed studies revealed that there are many factors that contribute to barriers towards LGBTQ community while accessing the healthcare services

1. The healthcare providers and primary health care providers lack knowledge and training on the LGBTQ health issues. The accessibility of proper training and education towards LGBTQ health topic is limited therefore health services delivery is difficult for LGBTQ population.
2. Barriers to accessibility also included denying to provide services who openly identify as LGBT.
3. Violation of confidentiality about the gender identity; patients' sexual orientation was frequently shared to other patients or with colleagues by healthcare providers. Discriminatory behavior was not restricted to providers but also by the managerial and security staff.
4. Regardless of the varied health rights violations that they had encountered when get into the public health system, most of them did not know about the patients' rights charter, nor they were aware about the measures for placing a grievance.
5. The physical setting of the healthcare facility also is a major challenge for the LGBTQ group. Most of the problems faced were due to lack of LGBT- friendly settings such as registration forms, toilets, changing rooms, wards, arrangement of separated queues of either male or female, and procedure rooms.

CONCLUSION

The people who recognize as LGBTQ face several challenges while accessing healthcare services. Some of the challenges are because of lack of resources, homophobia among healthcare providers, lack of knowledge about LGBTQ health issues.

Proper training and education play a vital role in improving the accessibility and availability of healthcare services to the sexual minorities group. It can be concluded that other than identifying just the challenges faced by LGBTQ population but also coming up with positive strategies to address these issues.

DISCUSSION

LGBTQ population comprises all races and ethnicities, religions, and social groups. Sexual orientation and gender identity queries are not usually asked on most of the national or State surveys, which makes it difficult for estimation number of LGBTQ people and their health requirements.

Research proposes that LGBTQ people face health disparities related to social stigma, discrimination, and refusal of their civil and human rights.

Homophobia among individuals makes it more difficult for sexual minority groups to seek healthcare services because of the fear of exclusion in the society.

The above reviews throw light on the some of the issue faced by them:

lack of awareness among health providers.

Lack of proper training of healthcare workers and educating them about LGBTQ health issues.

The physical setting of the health facility not being LGBTQ friendly which makes it uncomfortable for them to access it.

The studies recommend that engaging healthcare providers is the vital step to reduce barriers to healthcare access for individuals who recognize as LGBT.

Adding to that, sensitisation trainings, as well as LGBT health-centred professional development courses can help to challenge discriminatory and judgmental behaviour and to build knowledge for providing LGBT care.

There is pressing need to conduct health research on the health needs, actual experiences, and consequences of LGBTQ populations to make sure that present health policies, programs and services are approachable to these populations.

LIMITATION

1. Limited journal articles that actually focusses on the health issues faced by LGBTQ population.
2. There was no such study conducted in India to know the health issues faced by the Indian LGBTQ population.
3. time period of some of the literature reviewed was not given.

References

1. (n.d.). Retrieved from UNICEF: <https://www.unicef.org/sites/default/files/2018-07/UNICEF-Advocacy-Brochure.pdf>
2. (n.d.). Retrieved from mentalhealth.gov: <https://www.mentalhealth.gov/>
3. (n.d.).
4. (n.d.). Retrieved from <https://www.mentalhealth.gov/>
5. (n.d.).
6. (n.d.). Retrieved from UNICEF india: <https://www.unicef.org/india/>
7. (n.d.). Retrieved from UNICEF: <https://www.unicef.org/>
8. Akiko Kanehara, M. M. (2015, FEB). Barriers to mental health care in Japan: results from the World Mental Health Japan Survey.
9. Denise Rowe, Y. C. (2017, november). Providers' Attitudes and Knowledge of Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6370394/>
10. Di Liang, V. M.-C. (2017, Oct). Integrated mental health services in China: challenges and planning for the future.
11. Eric Badu, c. a. (2018, Jul). An integrative review of potential enablers and barriers to accessing mental health services in Ghana.
12. Gahagan, E. C. (2016, september). "I feel like I am surviving the health care system": understanding LGBTQ health in Nova Scotia, Canada. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034675/>
13. Grayce Alencar Albuquerque, c. a. (2016, january 14). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4714514/>
14. J. Abdulmalik, L. K. (2016). Mental health system governance in Nigeria: challenges, opportunities and strategies for improvement. JAN.
15. Krehely, J. (2009, december 21). How to Close the LGBT Health Disparities Gap. Retrieved from <https://www.americanprogress.org/issues/lgbtq-rights/reports/2009/12/21/7048/how-to-close-the-lgbt-health-disparities-gap/>
16. Lesbian, Gay, Bisexual, and Transgender Health. (n.d.). *office of disease prevention and health promotion*. Retrieved from office of disease prevention and health promotion:

<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

17. Müller, A. (2017, may 30). Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5450393/>
18. Natassia F Brenman, 1. N. (2014 , AUGUST). Demand and access to mental health services: a qualitative formative study in Nepal. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4126616/#__fn_sectitle
19. Yogi, P. D. (2019, march). Barriers in Access to Health Care Services among Lesbian, Gay, Bisexual, Transgender (LGBT. Retrieved from https://www.researchgate.net/publication/332016670_Barriers_in_Access_to_Health_Care_Services_among_Lesbian_Gay_Bisexual_Transgender_LGBT

DECLARATION

I Surabhi Vinod, hereby declare that this Internship Assignments entitled a. UNICEF- case study b. organizational roles- UNICEF: WORKING TO END AIDS FOR EVERY CHILD c. Comparative study- BARRIERS OR CHALLENGES TO ACCESSING MENTAL HEALTH SERVICES d. literature review based study – ADDRESSING THE HEALTH DISPARITIES OF LGBTQ COMMUNITY is the outcome of my own study undertaken under the guidance of Prof/ Dr. Manish Priyadarshi, IIHMR-New Delhi. It has not previously formed the basis for the award of any degree, diploma, or certificate of this Institute or of any other institute or university. I have duly acknowledged all the sources used by me in the preparation of this field internship report.

Date: 2/07/2020

Sign:

Postgraduate Diploma in Hospital and Health Management

International Institute of Health Management Research

New Delhi

CERTIFICATE OF COMPLETION

The certificate is awarded to

Surabhi Vinod (PG/19/91)

In recognition of having successfully completed her/ his Internship in the department of

Title _____

and has successfully completed her/his Project on _____ [**Title of the Project**]

Date _____

Organisation _____

She/ He has found to be a committed, sincere and diligent student who has a strong drive & zeal for learning.

We wish him/her all the best for future endeavours.

Dean- Academics & Student Affairs

Mentor Name & Signature

Certificate of Approval

The following Summer Internship Project titled “**TITLE OF YOUR PROJECT**” at “**NAME OF THE ORGANIZATION**” is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the report only for the purpose it is submitted.

Name of the Mentor- Dr. Manish Priyadarshi

Designation

IIHMR, Delhi

FEEDBACK FORM

Name of the Student: Surabhi Vinod

Summer Internship Institution:

Area of Summer Internship:

Attendance:

Objectives met:

Deliverables:

Strengths:

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date:

Place:

