Summer Internship Report

At

IISPPR

(April 21st To June 4th, 2025)

A Report

by

Gabbita Venkata Ramana Srinivas

Mentor. Dr. Punit Yadav

PGDM (Hospital and Health Management)

2024 – 2026

International Institute of Health Management Research, New Delhi

INTERNATIONAL INSTITUTE OF SDGS & PUBLIC POLICY RESEARCH

CERTIFICATE

OF APPRECIATION

This is proudly presented to

Gabbita Venkata Ramana Srinivas

for successfully completing the internship program at the International Institute of SDGs and Public Policy Research in (Public Policy Intern) domain from (April 21, 2025) to (June 4, 2025). We commend the dedication, hard work, and valuable contributions to our projects. We wish success in all future endeavors

Amarjeet
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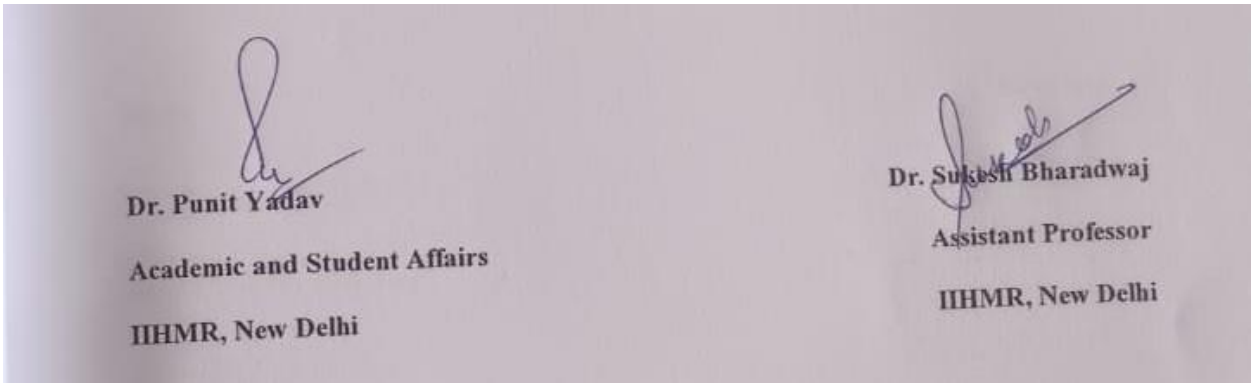
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Regd no. : IISPPR-V12AK8
Nature of internship : Part Time

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Certificate of Approval

The Summer Internship Project of titled "**Towards a Unified Theoretical Framework for Disaster–Health System Resilience in India: Bridging Governance, Technology, and Equity"** at IISPPR 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 does 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.



FEEDBACK FORM

(IIHMR MENTOR)

Name of the Student: Gabbita Venkata Ramana Srinivas.

Summer Internship Institution: International Institute of SDGs & Public Policy Research (IISPPR).

Area of Summer Internship: Public Policy.

Attendance: 100%

Objectives met: Yes.

Deliverables: Yes.

Strengths: Sincere, Hardworking, positive approach.

Suggestions for Improvement: Time Management

Signature of the Officer-in-Charge (Internship)

Date: June 4th, 2025
Place: New Delhi.

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Acknowledgement

The successful completion of this summer internship and accompanying research work would not have been possible without the guidance, support, and encouragement of several individuals and institutions. I express my sincere gratitude to the Indian Institute of SGDs and Public Policy Research (IISPPR), New Delhi, for providing me with the opportunity to undertake my summer internship in public health research.

I am deeply thankful to my project mentor, Dr. Sukesh Bhardwaj, for his guidance, feedback, and insights throughout the course of the internship. His clarity of thought and emphasis on throughness and precision and accuracy played a crucial role in shaping both my understanding of disaster-health systems and the direction of this research.

I would also like to thank the faculty members of the International Institute of Health Management Research (IIHMR), New Delhi, for helping me with the theoretical foundations and analytical tools that proved invaluable during this internship. Their academic inputs helped me meaningfully connect classroom learning with real-world public health challenges. This internship has been a significant milestone in my academic journey, contributing substantially to my professional growth and understanding of public health systems.

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1. Introduction to the Organization

The Indian Institute of SDGs and Public Policy Research (IISPPR), New Delhi, is a research-based organization that primarily focuses on policy development and sustainable development practices. The institute works spans around various research projects, specifically and majorly those related to education, public policy, and development issues.

I noticed among a lot of things, during my time there was the diversity of the team. Researchers, policy analysts, and professionals from different fields come together, through which the organization to approach problems from multiple perspectives.

IISPPR is also involved in promoting the Sustainable Development Goals (SDGs). Collaborations with different organizations and stakeholders to create awareness and contributes to policy-level changes at National Level. Other than research, the institute conducts training programs in areas like content writing, biotechnology, and human resource development.

Other important area of work, social impact through which the institute supports education initiatives and works for gender equality by encouraging women’s education and employment opportunities.

2. Objectives of the Internship

The main purpose of this internship was to gain knowledge and exposure of public health systems and how disaster management and health systems are dependant on each other in India.

The objectives are:

- Understand how a public policy organization functions
- Study disaster management frameworks and public health systems
- To identify gaps related to governance, technology, and equity
- To help in building a theoretical framework for disaster-health system resilience and strengthening it.

3. Observational Learning

3.1 Mode of Data Collection

I mainly while working with the internship did extensive qualitative research and extended review of secondary data. A lot of the information collected was through articles, policies regarding disaster and health care, government reports, and already available research studies in public domain.

Also other than the above mentioned reports, regular discussions with my mentor and various researchers helped me grasp the subject more clearly. This internship and the review and the data was very helpful in connecting theoretical knowledge with real-world policy issues.

I also verified the information against different sources for the accuracy of the study, and precise data collection and to avoid any bias. This helped me in the development of a more structured and grounded approach to research.

3.2 Observations

During the internship, I observed different aspects of the public health and disaster management systems. One of the issues was the lack of coordination between the departments. Disaster management authorities and healthcare systems often work as silos but they should be working together closely during emergencies. The silo functioning of these departments create challenges where swift and quick and coordinated action is required. I also noticed the differences in healthcare infrastructure between urban and rural areas. Some regions are better prepared than others due to differences in the funds and the spending on the healthcare system, and due to this difference in preparedness and mitigation levels, the response of how affect how efficiently and swiftly the departments respond to disasters changes.

Technology is another area where gaps were observed. Even though the digital tools are extensively made available, they are not always being used in the required way as they should be or could be used. From my observations I

noticed that the digital technologies are mostly used only during emergencies rather than being part of regular preparedness and mitigation strategies.

Another important observation that I noticed was equity. Vulnerable populations like rural communities and low-income groups, are more affected during disasters as they have less access to healthcare and often receive delayed support.

3.3 Key Learnings

This internship helped me understand that all public health systems are interconnected and rely on each other for effective and efficient functioning. Some of the components which are crucial like governance, infrastructure, and workforce should not work as different components but should work as a connected group as they depend on each other for effective functioning.

I learned that resilience is not only about recovery after a disaster but it is something that needs to be observed and maintained and mitigated continuously through proper planning, coordination, and preparedness along with the need for better integration between policies. Disaster management and health systems should work together more closely to improve overall response and efficiency instead of current working as silos.

3.4 Limitations

One limitation of this internship was the lack of field exposure. Since most of the work was research-based, I did not get the opportunity to directly study or observe the real-world implementation of policies or frameworks.

However, this also allowed me to focus more on understanding policy-level issues. In the future, combining research with field visits would provide a more complete learning experience.

4. Project Report

4.1 Introduction and Rationale

India as a developing nation and a nation with extreme weather conditions across the nation faces a wide range of disasters, including floods, cyclones, heatwaves, storms and cyclones etc... These events if not mitigated and planned properly for puts a lot of pressure on public health systems and expose any existing weaknesses.

During my research, I realized that disaster management and health systems are usually treated as silos. But in real world scenarios, they need to work together as a tight knit unit.

The purpose of this study was to explore how these two systems can be integrated in a much more efficient manner. The focus was primarily focused on governance, technology, and equity, as these factors play a very important and undoubtedly avery major role in determining health outcomes during disasters.

4.2 Objectives

- Identify gaps in disaster and health system convergence
- Study the role of governance and management in managing disasters
- Understand how technology is currently being used
- Examine the impact of social and economic inequality
- Develop a framework for improving system resilience and their dependence.

4.3 Methodology

The study was done through qualitative research using secondary data. Various sources such as policy documents, government reports, and academic literature were studied and used.

The information collected was selected by identifying common themes related to governance, infrastructure, technology, and equity. These themes are the ones which are used to understand patterns and gaps in the system.

4.4 Data Analysis

The analysis done showed that lack of coordination between health systems and disaster management is a major issue as they mostly work as silos. Disaster management and healthcare departments often function independently, which reduces the required response during emergencies.

Also observed was that technology is not being fully integrated into preparedness planning and mitigation. Most of the times, it is used only when a crisis or disaster occurs.

Another finding was the impact of inequality. Vulnerable groups face more challenges as they are subjected to limited access of resources and services. Overall findings suggest that better coordination and planning can significantly improve system performance.

4.5 Recommendations and Conclusion

It is important to increase the coordination between disaster management and health systems. Policies should be tailored in a way that encourages collaboration across departments and reduces independent functioning. Technology should be extensively integrated into regular planning rather than being used only during emergencies. This will help in early detection of disasters and can help clear any bottlenecks and highly increase better response.

There can be and should be an extensive focus on the vulnerable population to ensure equitable access to all healthcare services. In conclusion, the strengthening of the governance and improving the use of technology and integrating it in mitigation and planning along with the focus on addressing the inequality between the rural and the urban healthcare infrastructure can help us building a more resilient healthcare system in India.

References

1. World Health Organization. Health emergency and disaster risk management framework. Geneva: World Health Organization; 2019.
2. National Disaster Management Authority. National disaster management plan. New Delhi: Ministry of Home Affairs, Government of India; 2019.
3. Ministry of Health and Family Welfare. National health policy 2017. New Delhi: Government of India; 2017.
4. Sendai Framework for Disaster Risk Reduction 2015–2030. Geneva: United Nations Office for Disaster Risk Reduction (UNDRR); 2015.
5. NITI Aayog. Health systems for a new India: building blocks - potential pathways forward. New Delhi: Government of India; 2019.
6. Brikci N, Green J. Health systems resilience in fragile and shock-prone settings: a conceptual framework. *Health Policy Plan*. 2021;36(8):1243–1252.
7. Kruk ME, Myers M, Varpilah ST, Dahn BT. What is a resilient health system? Lessons from Ebola. *Lancet*. 2015;385(9980):1910–1912.
8. Haldane V, De Foo C, Abdalla SM, Jung AS, Tan M, Wu S, et al. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nat Med*. 2021;27(6):964–980.
9. Patel SS, Rogers MB, Amlôt R, Rubin GJ. What do we mean by 'community resilience'? A systematic review of concepts and dimensions. *Prehosp Disaster Med*. 2017;32(2):211–230.
10. Sundararaman T, Muraleedharan VR, Mukhopadhyay I. Health systems strengthening in India: alignment with universal health coverage goals. *Glob Health Action*. 2016;9(1):32162.

11. Gupta S, Sharma M. Disaster management in India: evolution, processes, and current status. *J Disaster Risk Stud*. 2020;12(1):845–854.

12. Thomas S, Sagan A, Larkin J, Cylus J, Figueras J, Karanikolos M. Strengthening health system resilience: key concepts and strategies. Copenhagen: European Observatory on Health Systems and Policies; 2020.

13. Sharma K, Ramani KV. Governance challenges in Indian public health systems during emergencies. *Int J Health Plann Manage*. 2019;34(4):e1820–e1832.

14. World Health Organization. Digital health checklist for disaster risk management. Geneva: World Health Organization; 2022.

15. Rao M, Rao KD, Kumar AK, Chatterjee M, Sundararaman T. Human resources for health in India: profile, shortages, and imbalances. *Lancet*. 2011;377(9765):587–598.

16. Lahariya C. Integrated Disease Surveillance Programme (IDSP) in India: status, challenges, and the way forward. *Indian Pediatr*. 2015;52(11):963–972.

17. Blanchet K, Nam SL, Ramalingam B, Pozo-Martin F. Governance and capacity to manage resilience in health systems: a framework for analysis. *Health Policy Plan*. 2017;32(3):431–439.

18. Peters DH, Tran NT, Adam T. Implementation research in health: a practical guide. Geneva: World Health Organization; 2013.

19. World Health Organization. Everybody’s business -- strengthening health systems to improve health outcomes: WHO’s framework for action. Geneva: World Health Organization; 2007.

20. Kumar A, Nayar KR. Health infrastructure and disaster readiness in rural India: policy vs reality. *J Public Health Policy*. 2021;42(2):289–302.

21. NITI Aayog. Strategy for New India @ 75. New Delhi: Government of India; 2018.

22. Joseph J, Sura S, D'Silva M. Inter-agency coordination during disaster response: evidence from flood relief operations in India. *Disaster Prev Manag*. 2022;31(3):215–228.

23. Barasa E, Mbau R, Gilson L. What is resilience and how can it be nurtured? A systematic review of empirical literature on health system resilience. *Int J Health Policy Manag*. 2018;7(6):491–503.

24. Ministry of Home Affairs. Disaster management act, 2005. New Delhi: Government of India; 2005.

25. Patel V, Parikh R, Nitsure S, Lubree H, Biswas A. Equity in public health emergency preparedness: addressing vulnerable populations in India. *Indian J Med Res*. 2020;151(2):142–151.

26. Agarwal S, Perry HB. Reaching the unreached: community health workers and health equity in urban India. *BMC Public Health*. 2019;19(1):1610.

27. Nandraj S, Khot A, Menon S. Quality and accreditation in Indian healthcare: bridging governance and clinical delivery. *Health Policy Open*. 2020;1:100008.

28. World Health Organization. Guidance on research methods for health emergency and disaster risk management. Geneva: World Health Organization; 2021.

29. Roy S, Bhattacharya S. Digital health interventions and surveillance convergence during health emergencies in South Asia. *Bull World Health Organ*. 2023;101(4):275–282.

30. United Nations Development Programme. Human development report 2020: the next frontier – human development and the Anthropocene. New York: UNDP; 2020.