



**Department of Public Health and Community Medicine  
Central University of Kerala, Kasaragod**

**Report of the Field Work to Hyderabad  
9<sup>th</sup> March 2019 – 17<sup>th</sup> March 2019**

## Day 1 – 11<sup>th</sup> March 2019

### Visit to Piramal Swasthya

#### Introduction

As a part of the field work curriculum, the students of the Master of Public Health, Department of Public Health and Community Medicine, Central University of Kerala visited Piramal Swasthya at Banjara Hills, Hyderabad, Telangana on 11<sup>th</sup> of March 2019. This report is a summary of the visit.

The objective of the visit to the Piramal Swasthya was to understand their role in improving accessibility, affordability and availability of the healthcare.

Piramal Swasthya is a non- profit organization supported by Piramal Foundation which is a philanthropic arm of Piramal Group. Founded by Ajay Piramal, they are now present across India in 16 states with employee strength of more than four thousand. It is bridging the last mile gap in primary health service delivery by its technology and innovation that enables and makes this possible to reach the most remote and vulnerable population.

The team was received by Dr Sudha, Medical Consultant of Piramal Swasthya. In her introductory speech, she briefed about the agenda of the organization which included its vision “transforming health ecosystem through high impact solutions, thought leadership and partnership” and services including remote health advisory and intervention services to remote and vulnerable session of the community. Some of the services provided are Health Helpline, Community Outreach Program and Telemedicine.



Dr Sudha engaging in a conversation with one of the faculty members of the Central University of Kerala

The next session was taken by Dr Shilendra Hegde, Head of Clinical Domain and Services. His session was mainly on the “Health Arm” consisting of technical and innovatory components. He also discussed about the operational structure of health innovations which comprises of conceptualization, pilot, scale and promotion. Conceptualization, pilot and demonstration cover the innovation part while scale and promotion covers the operational part.



Dr Shilendra Hegde briefing about Piramal Swasthya to the students and faculty members

The next session was handled by Dr Rajendra Prasad, Senior Medical Officer. He gave an insight on their Mobile Medical Unit Community Outreach Program (Chandranna Sanchara Chikitsa-AP, 2016). This program is one of the largest doctor led mobile medical unit consisting of 292 mobile units. Each MMU consists of one doctor, nurse, lab technician, pharmacist and pilot. They focus on delivering health care to the most remote areas. They maintain electronic health records. He also mentioned about the tribal health program “ASARA” aiming at reducing maternal mortality rates among tribal communities in the Araku valley.



Dr Rajendra Prasad clearing the doubts of students regarding the Mobile Medical Units

The next session was taken by Ms Akruthi, Coordinator of Monitoring and Evaluation Team. She gave a brief understanding on knowledge documentation and knowledge management. She mainly talked about the monitoring and evaluation approach of the organization.

The final session was by Dr Vishal, Epidemiologist and Biostatistician. He gave a brief talk on data analytics and shared some of the skill sets required to work in an organization like Piramal.



Dr Vishal explaining about data analysis.

### **Key learnings from the visit**

- The working of the organization to create technology based sustainable solutions in the four broad areas of health care, education and safe drinking water.
- The coordination of the team in achieving the goal of the project.
- Learned about the functioning of the Mobile Medical Units.
- How the project is implemented, monitored and evaluated.
- Learned about how the data is updated and analysed.

### **Conclusion**

The visit to Piramal Swasthya Management and Research Institute helped the students to understand the role of the organization in improving accessibility, availability and affordability of health care. The interactions with the members of the organization helped in making the students aware of what is happening in reality rather than acadactical learning. The visit has helped them to acquire knowledge on how to look upon a project in its ground level. The lectures from the various team members of the organization has given an added benefit of understanding how things are going on technically in the field and also in the office.



## Day 2- 12<sup>th</sup> March 2019

### A field work visit to Nandhigama and Jaggayyapeta by students of Central University of Kerala

As a part of the field work visit the students of Master of Public Health, Department of Public Health and Community Medicine visited the rural areas of Andhra Pradesh, on 12<sup>th</sup> of March 2019 to get to know about health services provided by the Piramal Swasthya, a non-profit organization supported by Piramal foundation.

The main purpose of the visit was to understand the community outreach program, the Mobile Medical Units (MMU) in Nandhigama and Jaggayyapeta, the two rural villages in Andhra Pradesh. The villages are 200 kilometers away from Hyderabad. The team started at 5.30 am from the place of accomidation and reached the field site by 11.30 am.

The programme is running as a public private partnership by the government of Andhra Pradesh in collaboration with the nonprofit organization Piramal Swasthya in which monitoring part is provided by the Piramal group whereas the logical support by the state government. The facilities such as Anganwadi, Panchayath office, other government institutions, ANM and ASHA for the programme will be provided by the government of Andhra Pradesh.



MMU providing services in Nandhigama village of Andhra Pradesh



Student and Faculty of the Department inspecting the equipment in MMU

The Mobile Medical Unit is a health service conducted once in a month on a fixed date at the village level by the Piramal Swasthya. The services aim in early identification, screening, referral, follow-up and distribution of free medicines for effective disease management. Each MMU has a pre-defined calendar and a route plan for delivering the services covering 2 villages and on an average of 48 villages in a monthly cycle of 24 days. The current Doctor led Model started in 2016 (Chandranna Sanchara Chikitsa) in the state of Andhra Pradesh for the overall health and wellness of the population.

Andhra Pradesh introduced the MMU of Nandhigama. The mobile medical team included Medical Officer Dr Peraiah Nadu, an ANM Ms.A. Alisamma, Lab technician K.Nagaraju and pharmacist P.Seenu and a pilot V. Rajesh. Dr Jagannath Naik explained in detail about the working system of MMU which actually started as a pilot study. As soon as the MMU reaches the village there will be an alarm and a transect walk by the team members. The ANM and ASHA from the respective villages will be visiting each houses and give information about the MMU visit. Usually the service point will be located 5 or more than 5 kilometers away from the Primary Health Centre, in order to make sure not to duplicate the services provided by PHCs.



Counters of MMU set up at the service point village

In Nandhigama, there were 4 counters in the unit which started from 9.30 am to 12.30 pm. The ANM in counter one does the registration of beneficiaries and provide a beneficiary ID. ANM fills the beneficiary booklet and the data will be entered into the dashboard and updated by the same day evening.



ANM briefing about the registration procedures and dashboard

The personal information and vitals will be noted in this counter. These details will be forwarded to the Medical Officer in the second counter. The MO does the diagnosis and consultation. Further the beneficiaries will be send to lab technician and then to the pharmacist. In case of any emergencies the medical officer advice the patient to the referral unit. Usually on an average there will be 100 beneficiaries per visit, the follow up and each visit of beneficiary will be noted and entered.

Usually on an average there will be 100 beneficiaries per visit, the follow up and each visit of beneficiary will be noted and entered. Basic laboratory diagnosis (CBC, HBs, and Urine), ECG, Sputum collection and malaria test are being provided along with 60 types of medicines in the unit.



Students interacting with beneficiaries



Students interacting with ANMs and ASHA workers  
Discussing about ANMDigi

The District Clinical Officer and the team took the students to another village in Jaggayyapeta in the afternoon which is having strength of 3000 population. The place is about 6 kilometers away from PHC and the service point was in a Panchayat office. There were a team of MMU from Piramal Swasthya serving the beneficiaries in 4 counters along with 3 ASHAs and ANM. The medical teams from the Piramal were one medical officer Dr. Prashanth, an ANM Ms.Nagaveni, a pharmacist Mr. Ramakrishna, a lab assistant Ms. Anusha and a pilot Mr.Nagaraja. The pregnant women were taken to the service point by the ASHAs for the Ante Natal Care and the nutritional education to pregnant women is given by the Anganwadi Worker. The efficiency of the ANM has found to be increased by the ANMDIGI, which is an end to end Web and Mobile based solution for screening and documenting the health information about the community. The ANMDIGI helps to synchronize the data and the government reports are integrated for ministry of health. The incentives and services of the ANM are tracked and recorded by using the biomedical attendance which is verified by the District Clinical Officer. About 630 beneficiaries have currently registered under MMU in this area. The session ended up in an interactive way with officials clarifying the queries of the students.



Students interacting with officials



# 104 సేవలపై అధ్యయనం

కేరళ కేంద్రీయ విశ్వవిద్యాలయ  
బృందం రాక..



చంద్రపాడు(నందిగామ): రాష్ట్రంలో అమలు చేస్తున్న 104 సేవలను అధ్యయనం చేసేందుకు కేరళలోని కేంద్రీయ విశ్వవిద్యాలయ విద్యార్థులు మంగళవారం పర్యటించారు. కాండ్రపాడులో 104 సేవలందిస్తుండగా పరిశీలించారు. అందిస్తున్న వైద్యసేవలు, ప్రాథమిక ఆరోగ్యకేంద్రానికి ఎంత దూరం వరకు అందిస్తున్న సేవలపై ఆరా తీశారు. ఈ సందర్భంగా ఆకుడ స్థానిక నాయకులతో మాట్లాడారు. దివంగత ముఖ్యమంత్రి వైఎస్ రాజశేఖరరెడ్డి హయాంలో గ్రామీణాప్రాంత ప్రజలకు మెరుగైన వైద్య సేవలందించాలనే ఉద్దేశంతో దీనిని ఏర్పాటు చేశారని వివరించారు. రెండు రాష్ట్రాల్లో పర్యటన... సీయకే సుంచి మొత్తం 23 మంది(మాస్టర్ ఆఫ్

కాండ్రపాడులో 104 సంచార వైద్యశాలను పరిశీలిస్తున్న సీకేయు విద్యార్థుల బృందం పబ్లిక్ హెల్త్ విద్యార్థులు, ముగ్గురు ప్రాఫెసర్లు ఫీల్డ్ వర్కులో భాగంగా ఆంధ్రప్రదేశ్, తెలంగాణ రాష్ట్రాల్లో అమలవుతున్న ఆరోగ్య పథకాల గురించి వివరాలు సేకరించేందుకు పర్యటిస్తున్నట్లు బృందం సభ్యులు తెలిపారు. రెండు రాష్ట్రాల్లో సేవలపై అధ్యయనం చేస్తున్నట్లు చెప్పారు.

Wed, 13 March 2019  
<https://epaper.sakshi.com/c/37544499>

News clipping about CUK MPH field work visit in Andhra Pradesh Regional News Paper Sakshi

## Key Learning's from the visit:

- Effective management of man and material resources for making the health services available and accessible to the rural populations.
- The technological interventions improving the efficacy of the services like MMU and ANMDIGI.
- The work load of the health workers and the remuneration they receive for the service and their quality of life.
- The data collection methods are helping to take the informed decisions and how they are helping to improve the implementation.
- Role of public-private partnership in providing the health services to least accessible areas and creating an impact on the beneficiaries through regular monitoring and evaluation.

## Conclusion

This visit provided an insight on how well the Piramal Swasthya organization effectively works for improving the efficiency of public health system. The field work was a good opportunity to understand the real life scenario of public health. Even though the beneficiaries are satisfied with the services there were a few flaws which were observed. There were lackage of few medicines and machinery for diagnosis. And the patients are being provided by the same medicines over a period of time. Even though there are flaws, the villagers are satisfied with the Mobile Medical Unit because they were able to reduce the Out of pocket expenditure from 389 INR to 89 INR. The program was able to create an impact among the villagers and thereby improved the health status of the community.



Students and faculty along with Piramal Swasthya group in the field

## Field Work Day 4

### Field Work Visit to Medciti Institute of Medical Sciences and SHARE India

As a part of the field visit, Master of Public Health students from the Department of Public Health and Community Medicine, Central University of Kerala, visited the rural parts of the Athvelly village located in Medchal (mdl), Rangareddy District of Telangana, on 14<sup>th</sup> of March 2019. These villages are part of the field area of Medciti Institute of Medical Sciences (MIMS) which is supported by SHARE Foundation India.

The main objective of the visit was to observe and understand the community outreach program and technologies implemented in the community health setups. SHARE foundation works to bridge the gap in health service delivery through its community outreach and need based innovative health interventions. One such Intervention is TETRA (Technology Enabled Community Health Worker Led Intervention to Reduce Cardiovascular Disease Burden in India). The participants of the field visit visited the field areas of Athvelly & kondlakoya 2 villages among the 6 villages where TETRA is being implemented.

The field work team was taken to the field area villages by Mr. Madhava Rao, Programme Coordinator at SHARE foundation. He oriented the field work team to the field areas and showed how the TETRA innovation works in real time.



Participants of the field work being oriented by the Programme Coordinator

### Functioning of TETRA

Initially, project staff has been allotted to the respective villages for providing proper awareness about the intensity of the cardiovascular system failures and the associated diseases. They motivated and convinced the villagers to take part of the program actively for better implementation of project objectives. Some had been selected as a village volunteer and given training and guidance. since local people having great advantages in communicating with their respective neighbourhood. During the initial stages of project the major role was taken care by the field investigator, who has done family surveys, mapping & coding. They identified the landmarks of the patients, captured and documented the data given by the family codes who are suffering with hypertension and Diabetes.



Participants being oriented to village map and using it in providing services under TETRA



Students getting a Hands-on experience of the work of TETRA

By using this family coding and village map the assigned staff started the program on October 2018 to Follow-up this patient's health status by regular checking, monitoring and providing medication at free of cost. The patients were also suggested to interact with the doctor with the help of Auxiliary Nurse Midwife (ANM) through different means of virtual media if possible, for example Skype call. If in case of any emergency, the doctor refers to the MediCiti hospital which is near to these villages.

The program was conducted on the most vulnerable age group i.e., the people who are more than 20 years old since they have the more chance of getting Hypertension and Diabetes. They have the detailed health status of more than 2500 patients who are suffering with hypertension and diabetes in 6 villages for instance, Athvelly village having 76 hypertension patients, 250 diabetic patients and 101 patients with the both hypertension and diabetes were identified.

Staffs of this project are Dr.Shailender PI(principal investigator),Mr. Madhava Rao(Coordinator of this project), Mr.Purushotham(Data Manager), Mrs.Asha jyothi(Field supervisor 1) Mrs.Kusuma (field supervisor 2),Mr.Nagaraju (Field investigator 1),Mr.Bhaskar(Field investigator 2) and apart from all these staff there are community volunteer who collects the data and gives report once in a week and it is Mandatory. In this project, there is an IT (Information Technology) expert, who created Software which is useful according to needs of these project.

### **REACH (Rural Effective Affordable Comprehensive Healthcare)**

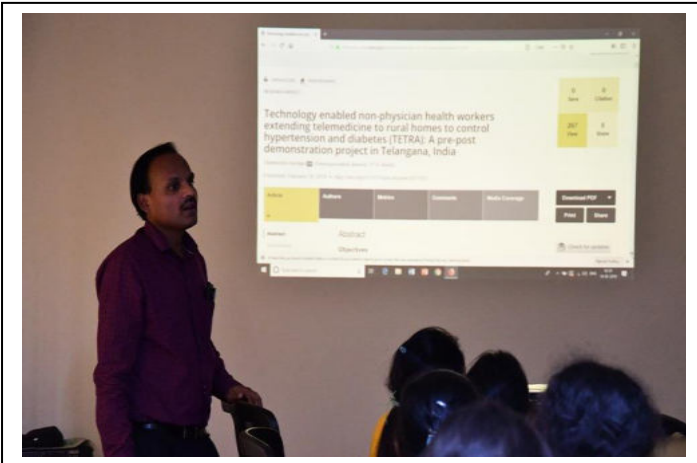
A model of universal, comprehensive rural health care that provides health education, immunizations, antenatal care and primary to tertiary care for a population of 45,000 people in 42 villages in the RangaReddy District of Telangana. Local residents with at least a 6<sup>th</sup> grade education are trained by MediCiti staff and assigned with the task of visiting each home in their assigned territory at least once a month. These Community Health Volunteers (CHVs) collect birth and death data.The project is a working model of Proactive health care delivery system which offers promotive, preventive and primary healthcare to rural population.

The project **REACH also programmed** similar to the TETRA project as the rules and regulations applicable and followed within the project. All staff explained about their roles and responsibilities well in community setup in respected projects.

### **Session by Dr. Shailendra**

During the evening session Dr.Shilendra, the principal investigator and head of theproject explained about how to monitor day to day data and how to minimize the errors of this project with an example.

They explained the role of present day technology acts as a bridge in minimizing the gap between community and hospital environment.



Participants of the field work being oriented about TETRA by Dr. Shailendra



Participants of the field work being oriented about day to day real time data monitoring by Dr. Shailendra

During the interaction session with the students, Dr. Shailendra explained about the influence of public health studies on society and country's health sector development. The concept of telemedicine and its advantages and limitations towards the public health. He inspired the students with his motivational speech along with his personal experiences. He discussed with the students how to address the issues and select research problem within community and Public Health sector.

At the end of the session he has given an opportunity that the students can participate in share India projects as interns. The session ended up in an interactive way with the officials clarifying the queries from the students.

### Conclusion

Overall, the visit enabled the students to understand how innovative solutions and use of technology can help in bridging the last mile gap in health care provision. The students also understood the operational challenges faced real time in implementation of the innovations. Moreover, the students also understood how long term community association enables trust building and successful implementation of interventions.



Participants presenting a memento to Dr. Shailendra



Participants of the Field Work along with the team from SHARE India and MIMS

## Day 5 - 15<sup>th</sup> March 2019

### Field Work visit to University of Hyderabad

As a part of field work visit we the students of MPH, Department of Public Health and Community Medicine visited university of Hyderabad, Gachibowli on 16<sup>th</sup> march 2019 to attend the lecture “100 years from Spanish flu: are we prepared for the next epidemic” by Prof. Baron Peter Piot.

Objectives of the visit:

- To attend distinguished lecture of prof. Peter Piot, director London school of Hygiene and Tropical Medicine.
- To interact with the faculty members at the school of medical sciences and understand the opportunities and contemporary employer requirement of MPH graduates.
- To foster department collaborations for future educational and research activities.

Prof. Baron Peter Piot is Belgian microbiologist known for being one of the co-discoverers of Ebola virus on 1976. He is also a pioneering researcher in the field of HIV/AIDS and he has held key position in the United Nations and WHO involving AIDS research and management. Currently, he is the Director of London school of Hygiene and Tropical Medicine.



Prof. Apparao, Vice-Chancellor University of Hyderabad delivering welcome address

The programme commenced with welcome speech by Vice Chancellor of University of Hyderabad an introductory speech by Prof. P.Prakash Babu, Dean School of Medical Sciences. The main session was taken by Prof. Peter Piot on the topic “100 years from Spanish flu: are we prepared for the next Epidemic”. He explained about the long term impact on Spanish flu including economic impact and responsibility of Government for Public Health.



Prof. Baron Peter Piot delivering the lecture

He portrayed major epidemics in last 100 years including Spanish flu, Ebola, HIV, SARS, MERS, H1N1, ZIKA and Dengue being few of them. In the session he discussed how pandemics poses risk towards global security.

Prof. Peter Piot enlightened the audience about socio-economic crisis due to this epidemics and urbanization, deforestation, poverty, conflicts and climate change influence as factors in their emergence and resurgence. He discussed about epidemic preparedness index, pandemic emergency financing facility and on coalition of epidemic preparedness innovations etc. Additionally, usage of artificial intelligence and machine learning to predict infectious disease outbreaks were also discussed. He concluded session with how country like India should be prepared for next infectious disease epidemic.

Additionally, the students and faculty members got the opportunity to discuss with Prof. Peter Piot and the faculty members of School of Medical Sciences, University of Hyderabad. The faculty members of University of Hyderabad presented their willingness to support the research and internship activities of the students, and also provided their willingness to interact with the Department of Public Health, Central University of Kerala in the future endeavours of Public Health training and research.



Field Work Participants at University of Hyderabad

### **Conclusion:**

The visit provided the MPH students with an opportunity to listen to and interact with the world renowned public health leader and researcher. The session provided the students with real-life reflective of class-room teaching. Particularly, it provided an overview of future direction in understanding infectious diseases, with the newer variations of AI, Mathematical modelling and Machine learning taking over the older ones, It enable the students to understand the competencies required individually and at the health system level to tackle the next big epidemic the country, may face.

## **Learnings and the Way forward**

The current field work succeeded in creating an experiential learning environment where the students of MPH, were able to understand the real-life application of the concepts discussed in classroom settings. The blend of multiple learning methodologies used (i.e., field area visits, interaction with organizations and lectures) enabled the students to gain holistic understanding from local as well as global perspective. The key learnings from the whole study tour and recommendations for future endeavours of the department are summarized under the following sub-heads.

### **Industry-academia linkages**

The field work provided the students with an opportunity to interact with the industry and explore the opportunities for internship and employment. Through interactions it was observed that better industry-academia linkages are required to improve relevance of the programme to the contemporary employment needs of the public health industry.

### **Accessibility, Availability and Affordability of health services**

The main objective of any health innovation/intervention should focus on the three A's of Accessibility, Availability and Affordability. This idea was under discussion from Day 1 from the introductory session at Piramal Swasthya head office to Day 5 where Prof. Peter Piot discussed how civil unrest in sub-saharan African nations hindered the accessibility of service fuelling Ebola epidemic. Almost all the health system innovations observed (i.e., Mobile medical units, ASARA, TETRA etc) were focussed on the above three A's. The future extension activities should focus on one or all the three of the above.

### **Going to the last mile**

One of the common characteristics observed in the health interventions is going to the last mile, particularly to areas underserved/unreached by the conventional public health system. Such areas are usually at disadvantage, and the health care innovations could bring about significant differences. The future extension activities should focus more on the areas which are underserved by the existing health system.

### **Sustainability**

The long-term success of the interventions is chiefly based on the sustained effort, a characteristic which was seen in the successful innovations like MMUs, TETRA and REACH. The future interventions should be planned in such a way so that they are sustainable in long term. In addition to the resultant outcomes, it will also have a positive externality of building the trust of the community paving way for additional research and developmental activities.

### **Public private partnerships**

Liaison with the Public/Private contemporaries is one of the key learnings which were obtained from the field work visit. Successful interventions such as mobile medical units are an example of successful partnerships between government and a private (not-for-profit) entity. In addition to the financial and logistic requirements met by the parties, it was also observed that the public health system is greatly benefitted by such partnerships (in terms of the number of the people covered) where as the provision of services by the private entity is facilitated by public health



workforce at the ground level. The future endeavours should focus on building partnerships which can make the programmes/interventions sustainable in long term.

### **Usage of technology**

The usage of information and communication technology was one of commonalities among the health innovations observed. Moreover, innovations like TETRA are solely based on usage of information and communication technologies to provide telemedicine consultations to the beneficiaries. The future health extension activities of the university may focus on the usage of information and communication technologies to enable efficient provision of health care.



Prakash Babu Kodali &lt;prakashkodali@cukerala.ac.in&gt;

---

**Field Visit of MPH students of Central University of Kerala**

4 messages

---

**Prakash Babu Kodali** <prakashkodali@cukerala.ac.in>  
To: Nitin.Rathnam@piramalswasthya.org

Thu, Mar 7, 2019 at 1:16 PM

Dear Nitin,

*Greetings from Department of Public Health and Community Medicine, Central University of Kerala.*

This is in continuation to the earlier discussion we had with Dr. Shailendra. We are sticking to the plan for the 1.5 day study tour to Piramal swasthya as discussed earlier. We will be visiting the head office of Piramal Swasthya in Hyderabad on 11th March. Our team (total of 28 participants with 25 students and 3 Assistant Professors) will reach the office at Srinagar colony, Banjara Hills by 1.40 pm. Please let me know for any additional information required.

I thank you for your cooperation and support.

Regards,

--

**Prakash Babu Kodali MPhil (Public Health), MPH**  
**Assistant Professor**  
**Department of Public health and Community Medicine**  
**School of Medicine and Public health**  
**Central University of Kerala, Kerala.**  
**Phone: +91 8330963085**

**Email: [prakashkodali@cukerala.ac.in](mailto:prakashkodali@cukerala.ac.in)**

---

**Nitin Rathnam** <Nitin.Rathnam@piramalswasthya.org>

Thu, Mar 7, 2019 at 1:40 PM

To: Prakash Babu Kodali &lt;prakashkodali@cukerala.ac.in&gt;, "Dr.Shailendra Kumar B Hegde" &lt;Shailendra.Hegde@piramalswasthya.org&gt;, RM Vijayawada &lt;Rm.2@piramalswasthya.org&gt;

Cc: RM Visakhapatnam &lt;Rm.1@piramalswasthya.org&gt;, Vivek Dusane &lt;vivek.dusane@piramalswasthya.org&gt;, Prasad Masimukku &lt;prasad.masimukku@piramalswasthya.org&gt;, Karunakar Puvvada &lt;karunakar.puvvada@piramalswasthya.org&gt;, Madhu Kumar Telugu &lt;Madhukumar.Telugu@piramalswasthya.org&gt;

Dear Mr. Prakash Babu,

Greetings from Piramal Swasthya!

On day 1, i.e. 11<sup>th</sup> March you will be given a short presentation about the Mobile Medical Unit program that we are operating in AP state by one of our team members at Srinagar Colony, Hyderabad. Dr Shailendra Hegde shall confirm the point of contact for you at our Hyderabad office.

On day 2, i.e. on 12<sup>th</sup> March you can plan your travel for the field visit, you can start early in the morning from Hyderabad City and reach Jagaihpeta and Nandigama location in Krishna District of AP state. My team member Mr. Siva Naga Kumar – Regional Manager of Vijayawada region who is also copied in this email will share you the detailed itinerary for the field visit and he will be in touch with you and available to welcome you and your team once you reach these locations.

Regards,

R Nitin Rathnam,

+91 9177772282,

State Head – A P



[Quoted text hidden]

**Prakash Babu Kodali** <prakashkodali@cukerala.ac.in>  
To: Nitin Rathnam <Nitin.Rathnam@piramalswasthya.org>

Thu, Mar 7, 2019 at 2:18 PM

Dear Nitin,

Thanks a lot for the information.

Sincerely,  
Prakash  
[Quoted text hidden]

**RM Vijayawada** <Rm.2@piramalswasthya.org>

Sun, Mar 10, 2019 at 2:18 PM

Reply-To: RM Vijayawada &lt;Rm.2@piramalswasthya.org&gt;

To: Nitin Rathnam <Nitin.Rathnam@piramalswasthya.org>, Prakash Babu Kodali <prakashkodali@cukerala.ac.in>, "Dr.Shailendra Kumar B Hegde" <Shailendra.Hegde@piramalswasthya.org>

Cc: RM Visakhapatnam <Rm.1@piramalswasthya.org>, Vivek Dusane <vivek.dusane@piramalswasthya.org>, Prasad Masimukku <prasad.masimukku@piramalswasthya.org>, Karunakar Puvvada <karunakar.puvvada@piramalswasthya.org>, Madhu Kumar Telugu <Madhukumar.Telugu@piramalswasthya.org>

Dear Sir,

With reference to the trail mail on day 2, i.e. on 12<sup>th</sup> March detailed travel plan for the field visit in the district of Krishna

Sno	District	MMU No	Parking Place	From	To	Distance	Reach Time	Spend Time	Activity
				Hyderabad	Nandigama	225 KM	10:30 AM		
1	Krishna	AP09TA2601	Nandigama	Nandigama	KANDRAPADU	11 KM	11:00 AM	120 mins	Field Observations
				Kandrapadu	JaggaiPET	40 KM	1:15 PM		
Lunch @ JaggaiPET							2:15 PM	60 min	
2	Krishna	AP09TA3048	JaggaiPET	JaggaiPET	Mangollu	15 KM	2:45 PM	90 mins	Field Observations
				Mangollu	Hyderabad	220 KM			

Warm Regards,

Siva Naga Kumar

Regional Manager Operations - Vijayawada

Ph: 73373 24526 | Mail: rm.2@piramalswasthya.org

-----  
**Piramal Swasthya Management and Research Institute**

Rd # 1A, Srinivasa Nagar Bank Colony,Vijayawada, AP 520007

[Quoted text hidden]



Prakash Babu Kodali &lt;prakashkodali@cukerala.ac.in&gt;

## Study tour/Field Work of MPH students of Central University of Kerala

4 messages

**Prakash Babu Kodali** <prakashkodali@cukerala.ac.in>  
To: jammyrajesh@sharefoundations.org  
Cc: "Dr. Sibasis Hense" <dr.sibasishense@cukerala.ac.in>

Thu, Feb 28, 2019 at 9:57 AM

Dear Dr. Jammy Rajesh,

*Greetings from Department of Public Health and Community Medicine, Central University of Kerala (CUK).*

This is with reference to your earlier discussion with Dr. Sibasis regarding the study tour of our first year MPH students to Medicit, Hyderabad.

It is our pleasure to introduce you to the Department of Public Health and Community Medicine, Central University of Kerala, a centrally funded University under the Ministry of Human Resource Development, Govt. of India.

The Department offers full-time Master of Public Health (MPH) and PhD programmes. The MPH programme of CUK represent a cohort of experienced students across multiple disciplines (such as nursing, AYUSH, dentistry, social science and economics), cultures and geographies of India.

Supplementing students classroom learning with the practicalities of the contemporary healthcare system, remains an important endeavor of our academic programmes. At CUK we believe that the integration of theory and practicals can be achieved through greater interactions with the health system and industry through study tours, field work, dissertation and internship.

In this regard, the Department is planning to organise a one-week (11th March 2019-15th March 2019) study tour/field work to Hyderabad. In this tour, the students are expected to learn, contribute and exposed to the functioning of different health organizations.

We have identified Medicit as a potential organization for our students to associate with, during the study tour. Given that Medicit does a contributes greatly for improving health service delivery through its institutional and community based activities, we believe that visiting Medicit and its field site will be a valuable exposure to our students.

In this regard, I am writing to know your convenience to permit our study tour participants (25 students, 3 faculty members) to visit Medicit and its field site during the study tour (preferably during 13-14th March 2019).

Further, we believe that this trip would provide a learning platform to our students and also act as means for achieving larger a mutual objective of improving health service delivery.

We look forward to your kind approval, collaboration and long-term association.

Sincerely,

--

**Prakash Babu Kodali** MPhil (Public Health), MPH  
**Assistant Professor**  
**Department of Public health and Community Medicine**  
**School of Medicine and Public health**  
**Central University of Kerala, Kerala.**  
**Phone: +91 8330963085**

**Email: [prakashkodali@cukerala.ac.in](mailto:prakashkodali@cukerala.ac.in)**

**Jammy Rajesh** <jammyrajesh@sharefoundations.org>  
To: Prakash Babu Kodali <prakashkodali@cukerala.ac.in>  
Cc: "Dr. Sibasis Hense" <dr.sibasishense@cukerala.ac.in>, shailendra D <shailendra962@gmail.com>, Nitin Desai <nitincdesai@sharefoundations.org>, "Dr.Ganesh Oruganti" <ganeshoruganti@sharefoundations.org>

Mon, Mar 4, 2019 at 9:33 PM

Dear Dr Prakash

Greetings from SHARE INDIA and MediCiti Institute of Medical Sciences (MIMS)!

First of all apologies on getting back to you late as I was travelling.

It will be a pleasure to have you and your students for a field visit at our organisation. As I am out of town and will not be there during the field visit, I am ccing Dr Shailendra (+91-9849145768) Professor of Pharmacology at MIMS, Principal Investigator of the Technology Enabled Health Workers intervention for Diabetes and Hypertension (TETRA). Dr Shailendra will be able to coordinate your field visit at our site. Request you to please communicate with him on working out the details during the field visits.

I suggest that your students can go for a field visit in the morning session to see the TETRA and other work we do in the field and then during the afternoon session Dr Shailendra can give you a brief of the various research and public health work we do. You can details out the activities on the day of your visit with Dr Shailendra. Would you like to visit our organisation for a day or two days (13-14 March)? Both the days work for us. Let us know your plan.

I would like to let you know that we are located around 30 kms from the Hyderabad city and it may take around 1 to 1.5 hours to reach our facility. Please keep this in mind to schedule the visit. I have also cced Mr Nitin Desai (+91-9985820831) who is our administrator and you can reach out to him for any details or information.

We look forward to the visit by you and your students, and hope this visit sows the seeds for a long term association.

Please feel free to contact us for any queries you may have.

Regards  
Dr Jammy  
[Quoted text hidden]

---

**Dr. Sibasis Hense** <dr.sibasishense@cukerala.ac.in>

Tue, Mar 5, 2019 at 10:14 AM

To: Jammy Rajesh <jammyrajesh@sharefoundations.org>

Cc: Prakash Babu Kodali <prakashkodali@cukerala.ac.in>, shailendra D <shailendra962@gmail.com>, Nitin Desai <nitincdesai@sharefoundations.org>, "Dr.Ganesh Oruganti" <ganeshoruganti@sharefoundations.org>

Hi Dr. Jammy, Thank you for your continued support. Shri Prakash will do the needful as advised. Regards, Sibasis

[Quoted text hidden]

--

Dr Sibasis Hense, PhD (Aus), MPH (Aus), MBA (IIHMR), BBA(Hons.)  
Formerly, Australia Endeavour Fellow  
Assistant Professor  
Department of Community Medicine & Public Health  
Central University of Kerala  
Kasaragod-6711316, Kerala (India)  
A/E: sibahense@gmail.com  
Mob:+91 799471 2763

---

**Prakash Babu Kodali** <prakashkodali@cukerala.ac.in>

Tue, Mar 5, 2019 at 12:55 PM

To: Jammy Rajesh <jammyrajesh@sharefoundations.org>

Cc: "Dr. Sibasis Hense" <dr.sibasishense@cukerala.ac.in>, shailendra D <shailendra962@gmail.com>, Nitin Desai <nitincdesai@sharefoundations.org>, "Dr.Ganesh Oruganti" <ganeshoruganti@sharefoundations.org>

Dear Dr Jammy,

Thank you very much for accepting our request for the field visit of MPH students. As you informed, I shall be in touch with Dr. Shailendra and Dr. Nitin for further communication regarding the field visit. I shall conform the plans of field visit (particularly number of days) by tomorrow and will let you know the same.

Once again thank you very much for your cooperation.

Sincerely,  
Prakash

[Quoted text hidden]