



FAMILY ADOPTION PROGRAM

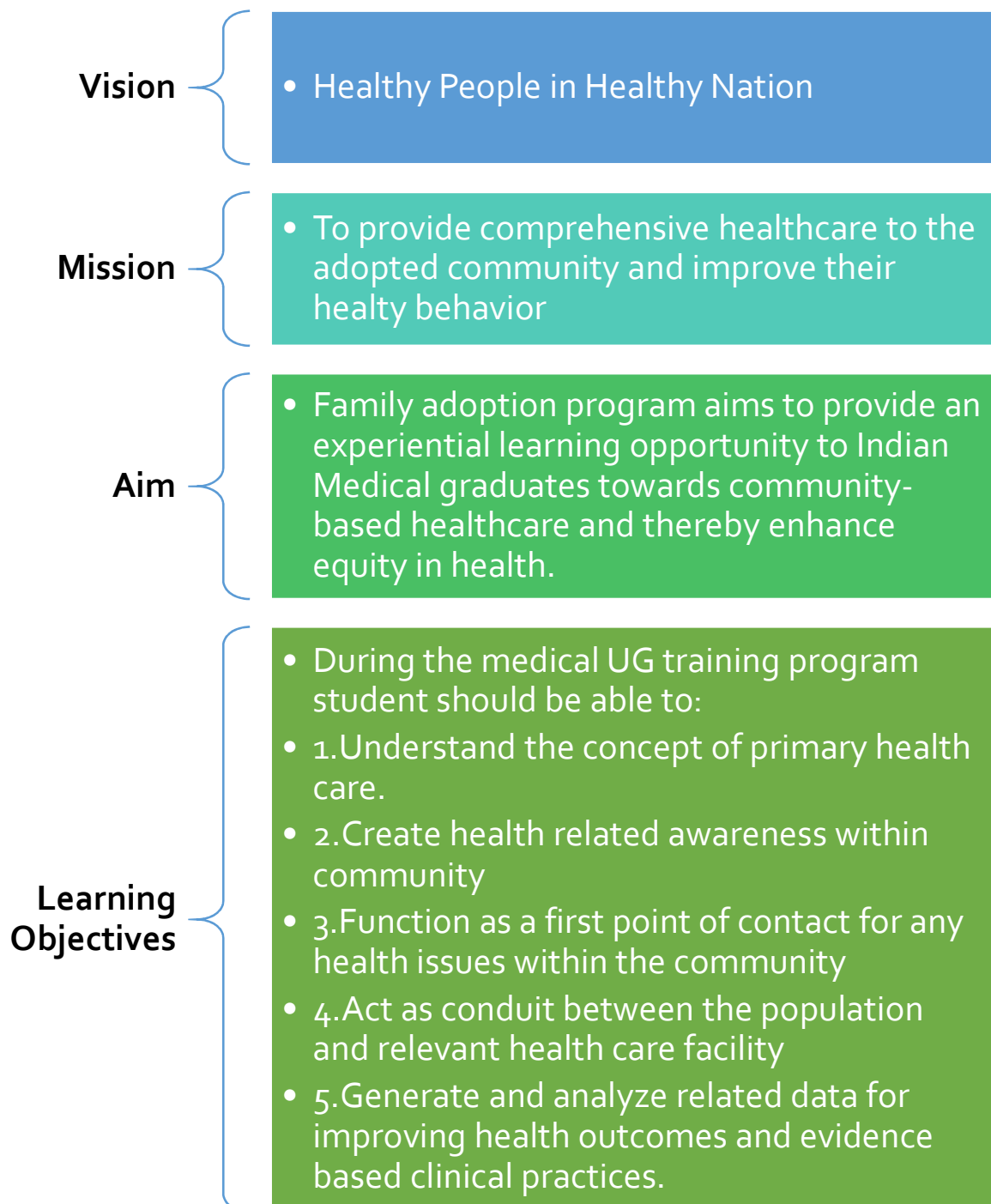
Department of Community Medicine
HAMDARD INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,
New Delhi

Yearly Report Aug 2023– July 2024

Report Prepared by:
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FAMILY ADOPTION PROGRAM

Department of Community Medicine
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BACKGROUND

- **The Family Adoption Programme (FAP)** is a community-based initiative implemented by the department of Community Medicine, HIMSR to address healthcare disparities and promote community well-being. This report provides an overview of the program's objectives, implementation strategies, challenges and the current status of the programme in HIMSR.
- The National Medical Commission introduced the family adoption program as a village outreach program, in the year 2021, with an aim to provide first-hand experience to the students pursuing MBBS.
- Department of Community Medicine stated the same in Oct 2022, with adopting 300 families residing in Lal Kuan area, and further enrolled families from Block B₁, Block B₂ & Block C, of Madanpur Khadar Village, New Delhi, Sonia Gandhi camp, VP Singh camp, Lal Kuan, & Ram Pyari Camp, Pulpraladpur, New Delhi.
- From the year 2023, NMC has mandates five families to be adopted along with regular clinical, laboratory assessment and NCD screening.
- The NMC has mandated adoption of five families by each student and follow them up for a period of three years.
- The baseline work-up of the family includes collection of socio-demographic data, environment assessment, dietary assessment, individual clinical assessment, and screening for chronic diseases, which is later followed-up on annual basis.
- Periodic health camps tailored as per the community needs are also conducted in the adopted community, which involves integration with other departments including medicine, surgery, obstetrics and gynaecology, paediatrics, orthopaedics, microbiology, biochemistry and pathology.

Family Adoption Program Committee, HIMSR

Constitution of Committee		
1	Prof. (Dr.) Sunil Kohli, Dean/Principal	Chairman
2	Dr. Musharraf Husain, Medical Superintendent, HAHC Hospital	Member
3	Dr. Sandeep Kumar, HOD, Orthopedics, Incharge NMC Cell	Member
4	Dr. Sangeeta Yadav, HOD, Pediatrics	Member
5	Dr. Sujata Jetley, HOD, Pathology	Member
6	Dr. Aruna Nigam, HOD, OBG	Member
7	Dr. Jaspreet Kaur, HOD, Biochemistry	Member
8	Dr. Mohammad Anwar Habib, HOD, Medicine	Member
9	Dr. Abhinav Jain, HOD, Radio-Diagnosis	Member
10	Farzana Islam, HOD, Community Medicine	Nodal Officer
11	Dr. Sarthak Aeron, Assistant Professor, Forensic Medicine	Member
12	Dr. Yasir Assistant Professor, Community Medicine	Member
13	Dr. Kartikey Yadav, Assistant Professor, Community Medicine	Member

By the Office of the Dean HIMSR, Office order no 1540, Dated: 05/08/2024

The Team



Standing- Left to Right: Ms. Anjum, Dr. Sarah Ali Habib, Dr. Eram Sultana, Dr. Asma Aftab, Dr. Mohd Alam, Prof Aqsa Shaiekh, Dr. Farzana Islam, Dr. Kartikey Yadav, Dr. Ayesha Bano, Ms. Isha, Dr. Yasir Alvi, Mr. Mannan, Dr. Nitesh Kumar and Mr. Gauri Shankar

Sitting 2nd row- Left to Right: Mr. Mohd. Rizwan, Mr Bikas, Dr. Mushtaq ul Islam, Dr. Samra Naz, Dr. Henna Bhandari, Dr. Roshan Jabeen

Sitting 1st row- Left to Right: Mr. Arsalan, Mr. Shivam and Ms. Harshita,

The Team involved in FAP

1	Dr. Farzana Islam	Professor & Head, Community Medicine
2	Dr. Yasir Alvi	Assistant Professor, Community Medicine & Coordinator FAP
3	Dr. Kartikey Yadav	Assistant Professor, Community Medicine & In-charge Health Camp under FAP
4	Dr. Richa Gautam	Assistant Professor, Community Medicine & 2021 Batch In-charge
5	Dr. Mohammad Rashid	Assistant Professor, Community Medicine & 2022 Batch In-charge
6	Dr. Shyambhavee	Assistant Professor, Community Medicine & 2021 Batch In-charge
7	Dr. Nitesh Kumar Dr. Mushtaq ul Islam Dr. Mohd Alam Dr. Asma Aftab Dr. Sarah Ali Habib	Senior Residents, Community Medicine
8	Dr. Eram Sultana Dr. Ayesha Bano Dr. Roshan Jabeen Dr. Samra Naz Dr. Nazneen Nisha Dr. Henna Bhandari Dr. Aafreen Aza Anver Dr. Amir Wasim	Junior Residents, Community Medicine
9	Mr. Mohd. Rizwan Mr. Mohd. Haseen Khan Ms. Kimi Mr. Gauri Shankar Ms. Anjum Khan Mr. Shadab Ahmad	Medico-Social Worker and Health inspector
10	Ms. Sehla Ms. Gautami Mr. Shivam Ms. Harshita, Ms. Isha Mr. Arsalan	Postgraduate students, Community Medicine

Responsibilities

Student Roll No.	Mentor faculty	Senior Resident	JRs and PG	MSW & HI
1-30	Dr Richa Gautam	Dr Alam	Dr Nazneen (1-15)	Mr. Rizwan (1-15)
			Ms Isha (16-30)	Mr. Haseen (16-30)
31-60	Dr Kartikey Yadav	Dr Nitesh	Dr Samra (31-45)	Ms. Kimi (31-45)
			Ms Harshita (46-60)	Mr. Gauri Shankar (46-60)
61-90	Dr Yasir Alvi	Dr Mushtaq	Dr Henna (61-75)	Ms. Anjum (61-75)
			Mr Shivam (76-90)	Ms. Anjum (76-90)
91-120	Dr Shyambhavee	Dr Asma	Dr Aafreen (91-105)	Mr. Shadab (91-105)
			Mr Arsalan (106-120)	Mr. Haseen (106-120)
121-150	Dr Mohammad Rashid	Dr Sarah	Dr Amir (121-135)	Ms. Kimi (121-135)
			Ms Sehla & Ms Gautami (136-150)	Mr. Rizwan (136-150)

Assistant Professor and Senior Resident

The faculties at the department are responsible for mentoring and overseeing MBBS students during their FAP visits. Each faculty is assigned 30 MBBS students and works with a senior resident to provide guidance and mentoring. Faculty specific responsibilities include taking lectures, accompanying students on field visits, and ensuring that junior residents and postgraduate students are effectively supporting MBBS students. Additionally, faculty members collaborate with junior residents to compile and analyze data, thereby demonstrating community diagnosis and fostering an understanding of primary healthcare principles among MBBS students.

MSW, Health Inspector, ANM and other field workers

Medico social workers, and other field staff play a pivotal role in the FAP, acting as a link between adopted families and the department. They work continuously throughout the year with the community.

Before FAP visits

They conduct comprehensive baseline surveys to identify families in need, prioritize their cases, and mobilize them for participation. They also conduct regular field visits to inform families about the services available at our centers, UHTC, and RHTC, and encourage their involvement.

During FAP visits

Each field staff have been assigned 15 to 30 MBBS students to assist them during the FAP visits. During the FAP visits, they accompany MBBS students to the field, introduce them to families, and assign each student five families identified in the baseline survey. They provide guidance to MBBS students on effective rapport-building, demonstrating skills in establishing trust and understanding with families.

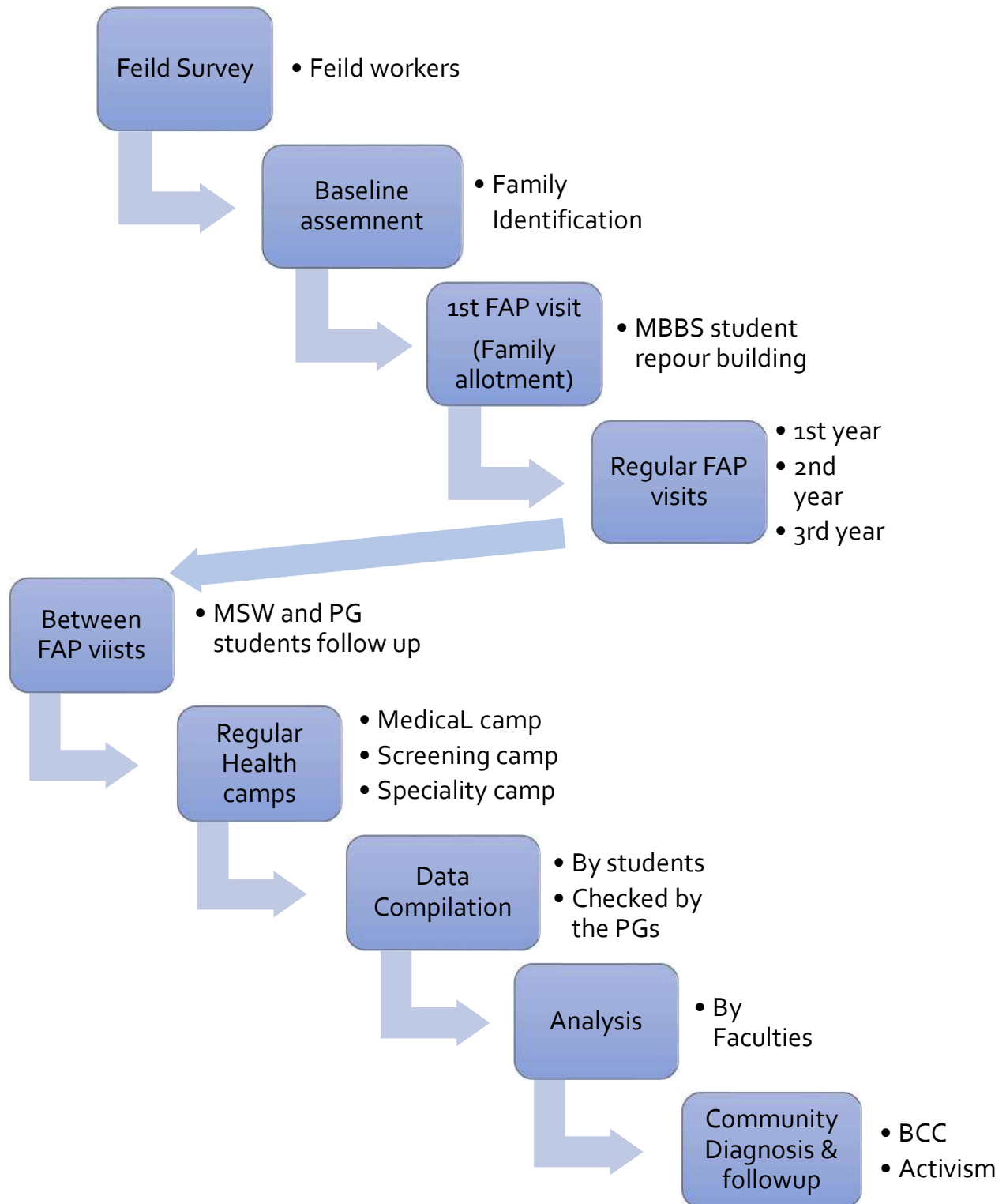
After FAP visits

They maintain regular contact with adopted families, promoting healthy behaviors and keeping them informed about upcoming family visits and health camps. They also assist families in accessing various services provided by our institute as well as government/ NGOs, ensuring that their needs are met and their well-being is improved.

Junior Resident and PGs

They accompany the MBBS students to the field during FAP visits, assist in building rapport with families, promote health awareness, identify and manage health-related problems within families and communities, and inform individuals about available health services, programs, and facilities. Residents also contribute to data compilation and analysis, demonstrating community diagnosis and fostering an understanding of primary healthcare principles.

Activities



Individual Batches reports

Batch 2021: PHASE 3

Phase	3 rd Prof, Phase III
Faculty incharge	Dr Richa Gautam
Area adopted:	Pul Prahaladpur (Lal kuan, Sonia Gandhi Camp, Ram Pyari camp)
Total families adopted	750
No. of families per student	5
No of field visits in current year	5
Total of field visits	25
Methods of data collection	Google form and paper based
IEC activity done by MBBS students	<ul style="list-style-type: none">• Health education• Vector control• Informing about Ayushman Bharat• Clinical assessment of the vulnerable members• anthropometric assessment• Family presentation
Current status	Data entry and compilation

- The Family adoption programme of MBBS batch 2021 started from 1 October 2022 and about 51 hours in a slot of 3 hours every month have been focused into it till date.
- The students are oriented with the learning objectives and skills required prior to the visits in the community so as to adapt easily. During the field visits under faculty supervision students perform various activities of FAP.
- The initiation of the program commenced after orientation with the transect walk in the community and community survey, there after students learnt communication skills and performed Sociodemographic assessment of the allotted families, they performed environment survey of the allotted family and in the peri-domestic area and learnt various sociodemographic and environmental determinants of health.

- In subsequent visits students performed dietary survey of the families and some aspects of nutritional assessment of the individuals in the family (clinical assessments of adults, adolescent, geriatric, under 5 and diseased family members).

This programme focused on following activities during visits in the community:

1. Collect demographic profile of allotted families, take history and conduct clinical examination of all family members.
 2. Community Assessment, Transect walk.
 3. Maintaining communication & follow up of remedial measures
 4. Environment survey of the community.
 5. History taking and conducting clinical examination of all family members
 6. Coordinating treatment of adopted family under overall guidance of mentor in the hospital.
- **Total No. of hours:** 51 hours
 - **Competency Covered:**
 - CM 1.9 Demonstrate the role of effective Communication skills in health in a simulated environment .
 - CM 1.10: Demonstrate the important aspects of the doctor patient relationship in a simulated environment .
 - CM 2.1: Describe the steps and perform clinic socio-cultural and demographic assessment of the individual, family and community.
 - CM9.1: Vital statistics and demography.
 - CM 2.2: Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic status.
 - CM 2.3: Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behaviour
 - CM 2.4: Describe and demonstrate in a simulated environment the assessment of barriers to good health and health seeking behavior
 - CM2.5 Describe poverty and social security measures and its relationship to health and disease

- CM 3.1: Describe the health hazards of air, water, noise, radiation and pollution.
- CM 3.2: Describe health hazard of biological and socio cultural environment.
- CM 3.5: Describe the standards of housing and the effect of housing on health.
- CM 5.1: Describe the common sources of various nutrients and special nutritional requirements according to age, sex, activity, physiological conditions
- CM 5.2: Describe and demonstrate the correct method of performing a nutritional assessment of individuals, families and the community by using the appropriate method.

Batch 2022: Phase II

Phase	2 nd Prof, Phase II
Faculty incharge	Dr Mohammad Rashid
Area adopted:	Block B1, Block B2 & Block C, Madanpur Khadar Village, New Delhi
Total families adopted	750
No. of families per student	5
No of field visits in current year	7
Total of field visits	13
Methods of data collection	Kobo collect and paper based
Activity done by MBBS students	<ul style="list-style-type: none"> ● Health education ● Environmental assessment -physical & socio-cultural ● NCD prevention ● Dietary assessment ● Vector control ● Information about health programs including Antenatal, postnatal and immunization services, Reproductive and Child Health, NTEP, ICDS, Measles Surveillance, Communicable and Non-Communicable Diseases, Family Planning services
Current status	Data collection and individual health assessment

Total no. of hours: 21

Competencies Covered:

- CM 1.9: Demonstrate the role of effective communication skills in health
- CM 1.10: Demonstrate important aspects of doctor-patient relationship
- CM 2.1: Describe the steps and perform clinico socio-cultural and demographic assessment of the individual, family and community
- CM 2.2: Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic Status
- CM 4.2: Describe the methods of organizing health promotion and education and counseling activities at individual family and community settings
- CM 17.1: Define and describe the concept of health care to community
- CM 1.6: Communication process, IEC and BCC
- CM 3.2: Describe concepts of safe and wholesome water, sanitary sources of water
 - Describe concepts of water purification processes -Small scale
 - Describe water quality standards, concepts of water conservation and rain water harvesting
- CM 3.3: Describe the etiology and basis of water borne diseases
- CM 3.1: Describe the health hazards of air pollution and air quality.
- CM 3.4: Describe the concept of solid waste, human excreta and sewage disposal
- CM 3.5: Describe the standards of housing and effect of housing on health
- CM 3.6: Describe the role of vectors in causation of diseases-Concept of medical entomology and prevention and control of arthropods of medical importance
- CM 3.8: Describe the mode of action, application cycle of commonly used insecticides and rodenticides
- CM 2.1 Describe the steps to conduct clinic social-cultural and demographic assessment of the individual, family and community
- CM 2.2 Describe the socio-cultural factors, family (its type), its role in health and diseases, socio economic status
- CM 2.4: Describe social psychology, community behaviour and community relationship & impact on health & disease
- CM 2.5: Describe poverty and social security measures and its relationship to health and diseases

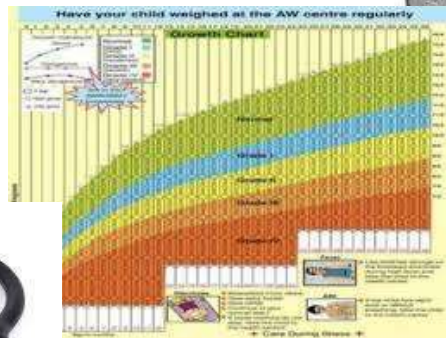
Batch 2023: Phase I

Phase	3 rd Prof, Phase III
Faculty incharge	Dr Shyambhavee
Area adopted:	Pul Prahaladpur (VP singh camp)
Total families adopted	300
No. of families per student	2
No of field visits in current year	9
Methods of data collection	Kobo collect and paper based
Activity done	<ul style="list-style-type: none">• Health education• Information about government scheme, services available at UHTC, Antenatal, postnatal and immunization services, Communicable and Non-Communicable Diseases, Family Planning services
Current status	Data collection and family survey

- **Number of teaching hours:** 15 hours
- **Competencies covered:**
 - CM 1.9: Demonstrate the role of effective communication skills in health
 - Maintain communication
 - CM 1.10: Demonstrate important aspects of doctor-patient relationship
 - CM 2.1: Describe the steps and perform clinico socio-cultural and demographic assessment of the individual, family and community
 - Collect demographic profile of allotted families
 - CM 2.2: Describe the socio-cultural factors, family (types), its role in health and disease & demonstrate in a simulated environment the correct assessment of socio-economic status
 - CM 3.5: Describe the standards of housing and the effect of housing on health. Take part in environment protection and sustenance activities

FAMILY VISIT KIT

To be brought by Student	Provided by the department:
Hand Sanitizer	BP Apparatus
Stethoscope	Weighing scale
Torch	Snellen's chart, Ishihara Chart
Measuring tape	MUAC tape, MEC Wheel
Knee hammer	Glucometer (if required)
Tuning fork	Urine RM dip sticks (if required)
Measuring cups	Blood Group testing kit
Growth Charts	Hb testing machine



Pictures of FAP

Family Adoption Program by Medical Students







HEALTH CARD

Department of Community Medicine, HIMSR, HAHC Hospital, successfully conducted a health camp under the Family Adoption Program at V P Singh Camp, Pul Prehladpur, under the guidance of Dean and Medical Superintendent, HIMSR & HAHC Delhi. The camp was attended by 192 patients, including 120 adults and 72 pediatric patients. The health camp was carried out in the V P Singh camp, situated at Pulprehladpur, which has a population of approximately 7,000 residents. This area was chosen for the camp as it is under Family Adoption Program. The event was met with enthusiastic support from the local residents, who expressed their appreciation for the medical camp being held in their area.



Services Provided:

✚ Anthropometric Assessment:

- Measurements included height, weight, BMI, and waist/hip ratio for both adult and pediatric patients.

✚ Hemoglobin Estimation:

- Hemoglobin levels were assessed for all patients to detect anemia and other related

✚ Health Education Activity:

- Health talk for Anaemia and Importance of Diet in Hypertension & Diabetes were given

✚ Random Blood Sugar (RBS) Assessment:

- Blood sugar levels were checked for all patients to identify any signs of diabetes.

✚ Blood Pressure Measurement:

- Blood pressure was measured for all adult patients to monitor for hypertension

✚ Out Patient Department Service:

- Patients were provided diagnoses, treatment options, and medical advice based on their individual health concerns.

CHALLENGES:

- **Socio-economic factors:** Addressing deep-rooted socioeconomic issues requires a multifaceted approach beyond medical interventions.
- **Communication barriers:** Cultural and linguistic differences may impede effective communication. Strategies for overcoming these barriers should be continually developed and refined.
- **Migration** of the families from the study area leads to loss of follow up.
- **Security:** The prevalence of antisocial elements in the adopted community could pose a security risk, particularly for female MBBS students and Junior Residents.

FUTURE PROPOSAL:

- Annually, we will have to enrol 750 families (5 x 150 MBBS students) for upcoming batches.
- Assisting in Ayushman Bharat card generation of eligible families and linking it to utilization at HIMSR
- Compilation of collected data from all the batch and analysis
- Recruitment of Research assistant for managing the substantial data volume
- Community Diagnosis
- Use of Geo-tagging data capture for student facilitation and security
- Research Publication
- Channelizing adopted family utilization of incentivised services at HIMSR
- In co-ordination with Obstetrics department and Ministry of health, Delhi, facilitating free delivery services to adapted family – to meet the target of 200 monthly deliveries

CONCLUSION:

The Family Adoption Programme for Medical College has demonstrated promising results in its initial phase, contributing to improved healthcare access and community well-being. Continuous evaluation, adaptation, and collaboration are essential to ensure the program's sustained impact and success in addressing healthcare disparities at the community level.