HAMDARD INSTITUTE OF MEDICAL SCIENCES AND RESEARCH & HAHC HOSPITAL, NEW DELHI

Department of Community Medicine

FAMILY ADOPTION PROGRAM REPORT

2025-2026

FAMILY ADOPTION PROGRAM

Vision

- Healthy People in Healthy Nation

Mission

- To provide comprehensive healthcare to the adopted community and improve their healty behavior

Aim

- Family adoption program aims to provide an experiential learning opportunity to Indian Medical graduates towards community-based healthcare and thereby enhance equity in health.

Learning Objectives

- During the medical UG training program student should be able to:
- 1.Understand the concept of primary health care.
- 2.Create health related awareness within community
- 3.Function as a first point of contact for any health issues within the community
- 4.Act as conduit between the population and relevant health care facility
- 5.Generate and analyze related data for improving health outcomes and evidence based clinical practices.

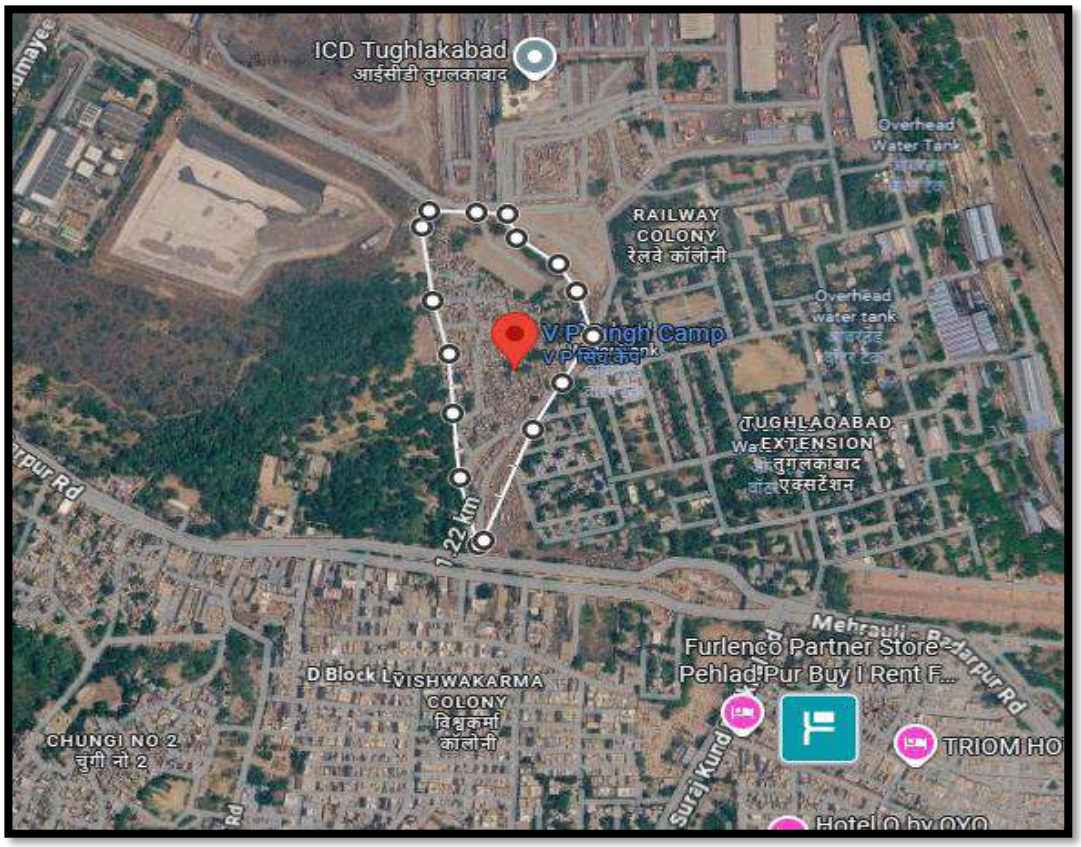
BACKGROUND

- **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 Sonia Gandhi camp, VP Singh camp, & Ram Pyari Camp, Pulpraladpur, New Delhi.
- The NMC has mandated adoption of three 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, environmental 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, pediatrics, orthopedics, microbiology, biochemistry and pathology.
- 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 and now 3 hours slot is changed to 7 hours since quarter 4 of 2025.
- 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 (such as skit, health talks, counselling etc.) of FAP.

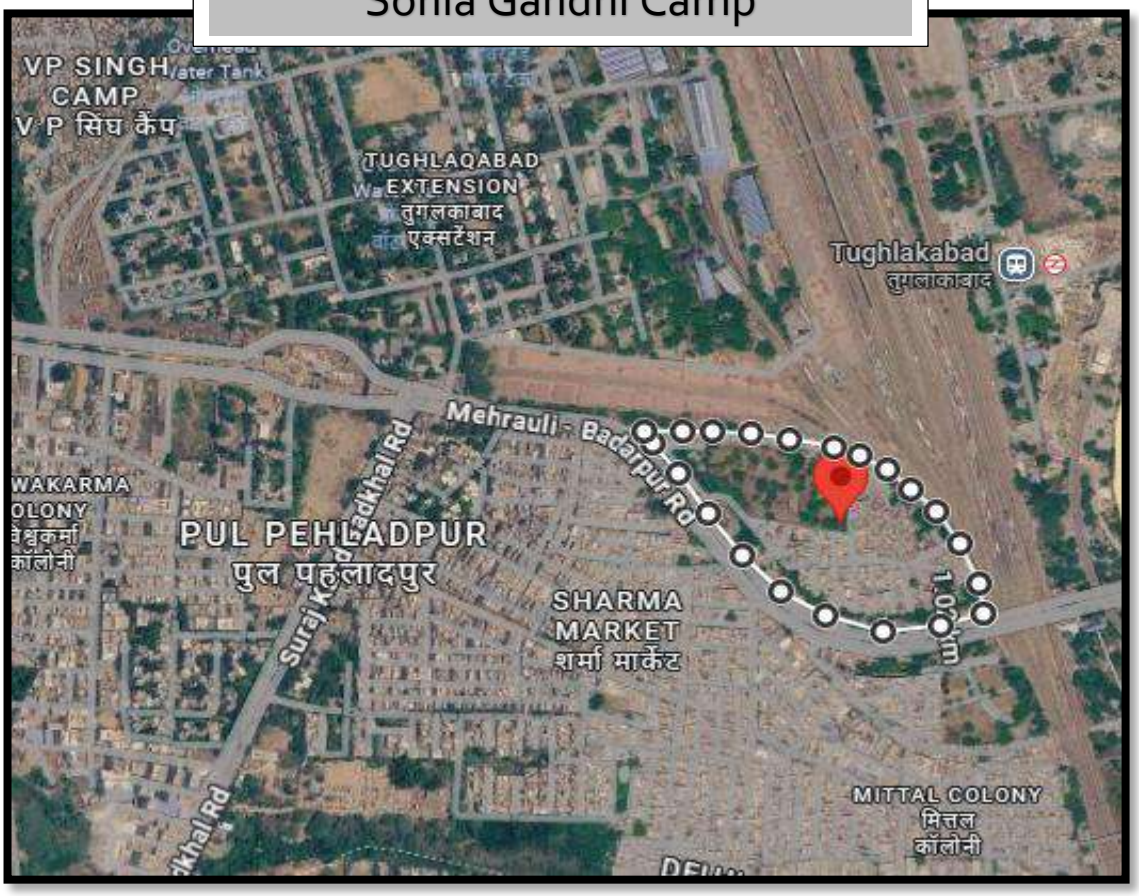
- The initiation of the program commenced after orientation with the transect walk in the community and community survey, there after students learnt communication skills and performed Sociodemographic assessment of the allotted families, they performed environment survey of the allotted family and in 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).

Adopted Area Maps

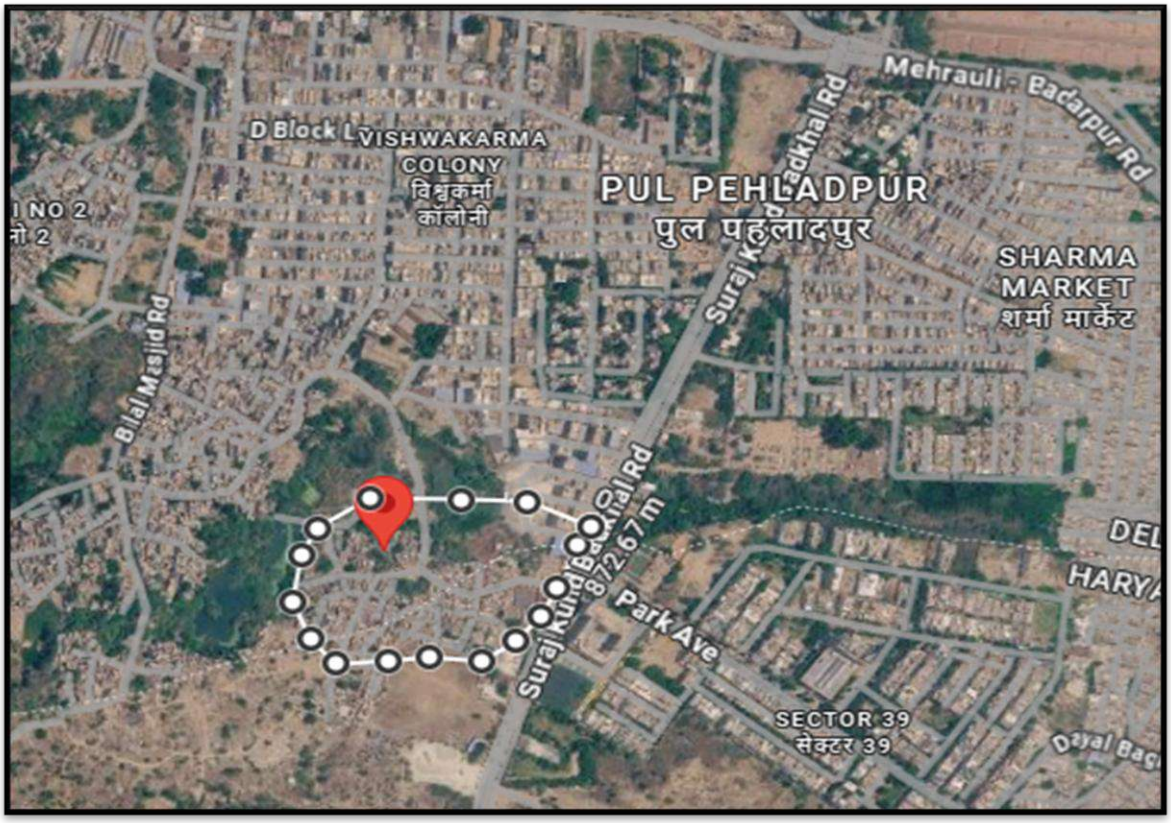
V. P. Singh Camp



Sonia Gandhi Camp



Rampyari Camp



TEAM- FAMILY ADOPTION PROGRAM

1	Dr. Farzana Islam	**Professor & Head, Community Medicine**
2	Dr. Mohammad Rashid	**Assistant Professor, Community Medicine & In-charge FAP**
3	Dr. Sarah Ali Habib	**Assistant Professor, Community Medicine & 2023 Batch In-charge**
4	Dr. Asma Aftab	**Assistant Professor, Community Medicine & 2024 Batch In-charge**
5	Ms. Lakshita	**Data Manager & FAP Coordinator**
6	Dr. Manpreet Singh	**Senior Residents, Community Medicine**
	Dr. Nischal Yathagiri	
	Dr. Diya	
7	Dr. Henna Bhandari	**Junior Residents, Community Medicine**
	Dr. Aafreen Aza Anver	
	Dr. Amir Wasim	
	Dr. Aanchal Pandey	
	Dr. Trishla Parihar	
	Dr. Apoorva Jha	
	Dr. Samreen Eqbal	
	Dr. Nooreen	
	Dr. Habeeb Muhammad Bilal	
8	Mr. Mohd. Rizwan	
	Mr. Mohd. Haseen Khan	**Medico-Social Worker, Community medicine**
	Ms. Anjum Khan	
	Mr. Gauri Shankar	
	Mr. Shadab Ahmad	
	Ms. Shabnam	
	Ms. Nazmeen	
	Ms. Mehjabi	
	Ms. Swati	

Faculty & Staff Responsibilities

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.

FAP Coordinator, MSW, Health Inspector, ANM

Medico-Social Workers (MSWs) and other field staff play a pivotal role in the Family Adoption Programme (FAP) by serving as a vital link between adopted families and the department. They engage continuously with the community throughout the year, facilitating communication, follow-up, and implementation of healthcare activities.

The FAP Coordinator oversees the team of MSWs, maintains records of data collected by students, ensures the completion of FAP manuals by students, and accompanies students during field visits. The coordinator is also responsible for preparing quarterly FAP reports, contributing to data compilation and analysis, supporting community diagnosis, and promoting a comprehensive understanding of primary healthcare principles among students.

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 three 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. They provide family health card to each adopted family. This card can be used to avail the free OPD card and medicines at UHTC and RHTC health centers

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.

Targets to be Achieved in Each Phase

FAP during Phase-1

• Community Survey – mapping of the allotted community • Demography - details of families • Develop Communication skills - take history, organize health talks • Socioeconomic Environment - • Sociocultural Environment • Physical & Biological Environment – Water and sanitation, vector	**Objective - By the end of this Phase, students should be able to** • compile the basic demographic profile of allocated family members and formulate objectives for each family • Conduct the environmental survey of allocated family • Understand the community need and map the community • Organize health awareness session

FAP during Phase-2

• Mentor allotment • History taking and conducting clinical examination of all the family members. • Dietary survey - Micronutrient Deficiencies • Individual Health Profile- Anthropometry, Immunization, CBAC - NCD, Addiction (Tobacco, Alcohol, etc.), Investigations, Medication, • Child Health - Care and referral, program awareness • Maternal health- Care and referral, program awareness • Healthy Lifestyle –Physical activity, Exercise, health promotion • Organize health check-up • Coordinate treatment of adopted family members (If any)	**Objective - By the end of this Phase, students should be able to** • Compile the updated medical history of family members through family follow-up • report the basic health profile and treatment history of allocated family members • report the details of clinical examination and investigations like HB%, blood group urine routine and blood sugar or any other investigation along with treatment history, compliance to treatment, of allocated family members • provide details of communication maintained with family members

• Deaddiction, Healthy Lifestyle	including information about National programs provided. • Students should also be able to follow up on treatment and suggested remedial measures under the guidance of a mentor.
FAP during Phase-3	
• History taking and conducting clinical examination of all the family members and facilitate health check-up if required. • Maintaining communication and follow-up of the remedial measures. • Counselling of the family members allotted. • Facilitating and regular follow-up with the families allotted. • Report writing	**Objective - By the end of this Phase, students should be able to** • Maintain follow-up with the families and update the medical history of family members and update medical history of the family members. • Provide details of the communication maintained with family members and collaborative efforts undertaken with the family members for improving their health. • Analyse and report the findings of short-term action projects and its effect on health trajectory at individual Family and community level. • Report the role of various frontline functionaries' delivery primary health care and local self-governing bodies, NGOs, SHGs etc for health promotion.

INDIVIDUAL BATCHES REPORTS

Batch 2023: PHASE III

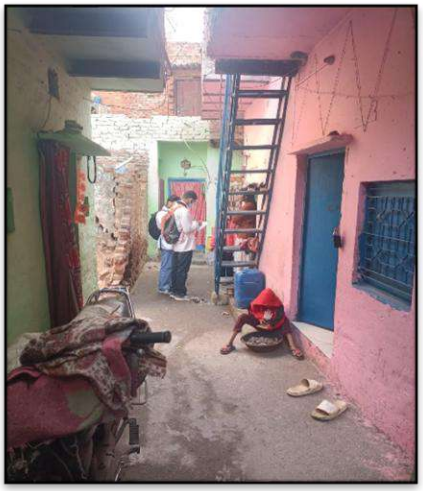
Phase	3rd Prof, Phase III
Faculty incharge	Dr Sarah Ali Habib
Area adopted:	V. P. Singh Camp
Total families adopted	450
No. of families per student	3
No of field visits	23
Total of hours	93
Methods of data collection	Epicollect and Mannual based
IEC activity done by MBBS students	• Health education • Vector control • Informing about Ayushman Bharat • Clinical assessment of the vulnerable members • anthropometric assessment • Family presentation
Current status	Report Writing & Submission

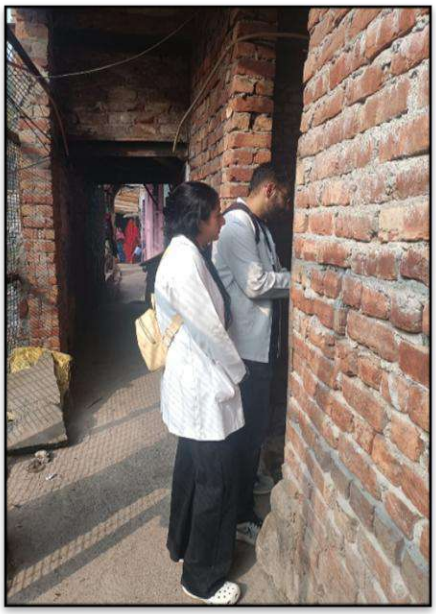
Batch 2024: Phase II

Phase	2nd Prof, Phase II
Faculty incharge	Dr. Asma Aftab
Area adopted:	Ram Pyari Camp & Sonia Gandhi Camp
Village Population	2470 & 2150
Total families adopted	450
No. of families per student	3
No. of hours	94
Total no. of field visits	18

Methods of data collection	Google Form and Mannual based
Activity done by MBBS students	• 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

PICTURES OF FAP FIELD VISITS





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

HEALTH CARD

DEPARTMENT OF COMMUNITY MEDICINE
HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH
FAMILY ADOPTION PROGRAM CARD

MBBS Batch 2023

S.No. ..... Family ID : .....

Name of the student : ..... Roll No. : .....

Name of the head of the family (HoF): .....

Address of the allotted family: .....

Contact no. of HoF: .....

Family Size : .....

FAMILY DETAILS

S.No.	NAME	Age/Gender	Relation with HoF

Name of Centre Staff **Faculty In-charge**

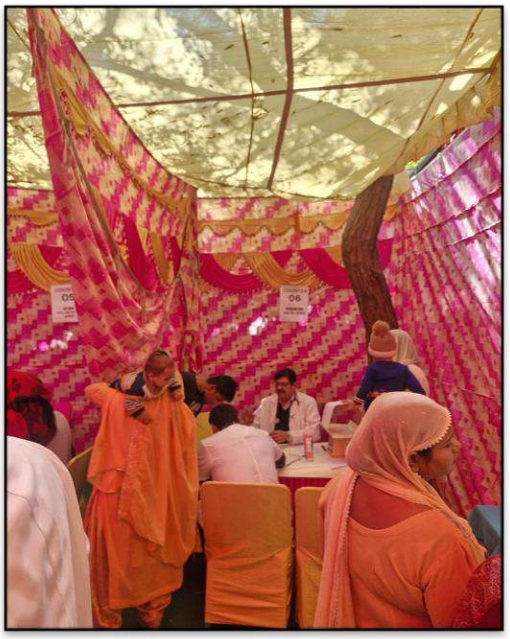
Bring along this card for free consultation of all the family members at
UHTC, Sharma Market, Block-A, Pul Prahladpur, New Delhi

HEALTH CAMP

The Department of Community Medicine, HIMSR, organized a health camp at the Urban Health Training Centre (UHTC), Pul Prahaladpur, Delhi, on 17th February 2026 as part of the Family Adoption Programme (FAP) and community outreach activities. The camp was conducted in collaboration with the departments of ophthalmology, dentistry, ENT, the district tuberculosis unit, and the Ayushman Bharat team. The objective was to provide accessible healthcare services, promote preventive health practices, and strengthen community engagement. A total of 284 beneficiaries from V.P. Singh, Sonia Gandhi, and Ram Pyari camps participated in the health camp. Various services, including general OPD, ophthalmology, dental care, ENT consultation, pediatric services, tuberculosis screening, NCD screening, anthropometry assessment, and Ayushman Bharat card registration, were provided to those who were eligible. The camp also included health education sessions focusing on healthy lifestyle practices, nutrition, and early detection of diseases.

Services Provided to the Patients during the Health Camp

1. **General OPD Services:**
    - Medical consultation, diagnosis, and treatment of common health conditions.
2. **Ophthalmology Services:**
    - Eye examination, vision screening, identification of refractive errors, and referral for further care when required.
3. **Dental Services:**
    - Oral health check-up, assessment of dental problems, preventive dental care, and treatment advice.
4. **ENT Services:**
    - Screening and management of ear, nose, and throat-related complaints.
5. **Paediatric Services:**
    - Child health assessment, growth monitoring, and counselling regarding nutrition and preventive healthcare.
6. **Tuberculosis Screening:**
    - Screening of beneficiaries for tuberculosis symptoms and referral for further investigation when required.
7. **Non-Communicable Disease (NCD) Screening:**
    - Screening for hypertension, diabetes risk, obesity, and other lifestyle-related health conditions.
8. **Anthropometry Assessment:**
    - Measurement of height, weight, Body Mass Index (BMI), and assessment of nutritional status.
9. **Ayushman Bharat (PMJAY) Services:**
    - Assistance with registration, verification, and distribution of Ayushman Bharat cards for eligible beneficiaries.
10. **Health Education and Counselling:**
    - Awareness sessions on healthy lifestyle practices, nutrition, disease prevention, and the importance of early diagnosis
11. **Free Disgnostic Test Facilities**
    - RBS, Hb, BP & X-Ray



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:

- 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.
- Community Diagnosis.
- Research & Publication.
- Channelizing adopted family utilization of incentivized 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.
- Provision for incentivized lab tests at our health centers.

CONCLUSION:

The program has provided medical students with valuable field-level exposure while contributing towards a better understanding of the health needs, challenges, and healthcare-seeking behaviours of the adopted families. Addressing the above-mentioned concerns requires sustained community engagement, intersectoral coordination, and active participation of local stakeholders.

Continuous monitoring, evaluation, and adaptive strategies are essential to enhance the effectiveness and long-term sustainability of the program. With consistent efforts, the Family Adoption Program can serve as an important platform for strengthening primary healthcare, reducing health disparities, and promoting healthier communities at the grassroots level.