

Internship Report Submitted to



The IIHMR University, Jaipur

*for the partial fulfillment for the award of the degree of
Master of Business Administration (MBA) in Hospital and Health
Management*

by

Dr. Eshvita Bhadoo

Under the Supervision and Guidance of

Dr. Goutam Sadhu

Professor and Proctor

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1. Introduction

The internship at the National Health Mission (NHM), Jaipur, from [Insert Duration – e.g., May 2024 to July 2024], was an enriching experience that provided hands-on exposure to public health systems, policy development, and health services management in an urban setting. The core area of focus during the internship was the Urban Ayushman Arogya Mandir (UAAM) initiative—a flagship effort by NHM Rajasthan to strengthen urban primary healthcare infrastructure by converting urban health facilities into fully functional Health and Wellness Centres (HWCs).

This internship formed a critical part of my dissertation work and involved conducting field assessments across multiple UAAM sites in Jaipur. These assessments highlighted key systemic gaps such as the absence of clear operational guidelines and inadequate training for staff. In response to these challenges, I contributed towards developing the initial draft of operational guidelines for UAAMs, conceptualized a performance-based Team-Based Incentive (TBI) model, and designed supportive tools for monitoring service delivery.

This report presents a structured account of the internship, outlining the organizational setting, services offered by NHM, key responsibilities undertaken, and the skills and insights gained.

2. Objectives of Internship

The internship was designed with the following objectives:

- To understand the organizational and operational structure of NHM Rajasthan.
- To gain exposure to the urban health delivery model and the UAAM initiative.
- To identify service delivery challenges at UAAMs through field visits.
- To contribute to the development of operational guidelines for UAAMs.
- To design a Team-Based Incentive (TBI) framework aimed at improving performance.
- To create monitoring tools and reporting formats for health workers.
- To enhance skills in policy analysis, stakeholder engagement, and documentation.

3. Organizational Profile

The National Health Mission (NHM) was launched by the Government of India to provide accessible, affordable, and quality healthcare to all, especially the vulnerable and underserved populations. NHM functions through two major sub-missions: the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM).

The State NHM Office in Jaipur, Rajasthan, serves as the planning and monitoring unit for health programs across the state. It plays a vital role in:

- Implementing centrally-sponsored health schemes
- Strengthening infrastructure
- Developing human resources in health
- Facilitating community participation
- Promoting inter-sectoral convergence

A key priority for NHM Rajasthan has been the implementation of the Urban Ayushman Arogya Mandirs (UAAMs), which aim to strengthen primary healthcare in urban areas by upgrading existing Urban Primary Health Centres (UPHCs) and Urban Health and Wellness Centres (U-HWCs).

4. Services Provided by the Organization

NHM Rajasthan delivers a wide range of health services and programs including:

- Maternal and Child Health (MCH): Services under schemes like PMSMA, JSY, and JSSK.
- Family Planning and Reproductive Health: Contraceptive distribution, counselling, and sterilization services.
- Non-Communicable Diseases (NCDs): Screening and treatment under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).
- Universal Immunization Programme (UIP): Routine immunization for children and pregnant women.

- School Health and Wellness Programme
- Health Promotion and IEC/BCC Campaigns
- Urban Health Programs: Including the UAAM initiative which aims to deliver comprehensive primary healthcare services through urban health centres.

Through these services, NHM ensures last-mile delivery of quality health services, especially targeting vulnerable populations.

5. Key Activities/Projects Undertaken Other than Dissertation

Beyond the dissertation-focused field visits and analysis, the internship included involvement in several policy and program design tasks:

a. Development of Team-Based Incentive (TBI) Model

- Conducted a review of existing incentive models in rural Health and Wellness Centres.
- Designed a TBI framework specifically for UAAMs to boost team motivation and performance.
- Proposed indicator categories such as:
 - OPD footfall and service utilization
 - NCD screening coverage
 - IEC/BCC activities and community outreach
 - Inventory and drug stock maintenance
- Created a logic model linking performance metrics to financial incentives.

b. Design of Monitoring and Reporting Tools

- Created Excel-based dashboards and tracking formats to capture UAAM-level service data.
- Finalized CHO tracking sheets for supportive supervision.

- Developed summary formats for performance monitoring across multiple indicators.

c. Policy Benchmarking and Document Drafting

- Benchmarked the draft UAAM guidelines against:
 - National HWC frameworks
 - NQAS (National Quality Assurance Standards)
 - Rajasthan-specific program expectations
- Structured guidelines into thematic sections:
 - Infrastructure
 - Service Delivery Norms
 - Human Resources and Role Clarity
 - Reporting Mechanisms
 - Health Promotion Activities

d. Consultations with Stakeholders

- Participated in consultations with district-level officials and NHM program officers.
- Incorporated stakeholder feedback into the revised draft of operational guidelines.

6. Key Learnings from Internship

This internship was a transformative learning experience that provided insights into public health system functioning, policy formulation, and collaborative teamwork. Key learnings include:

a. Systems Thinking

- Understood the operational challenges faced by frontline health workers.

- Developed a systems-level understanding of how primary healthcare delivery is structured and monitored.

b. Fieldwork and Real-World Exposure

- Engaged in extensive field visits, conducted facility-level assessments, and interacted with health workers and beneficiaries to identify ground-level issues.

c. Health Policy and Documentation

- Gained first-hand experience in drafting operational policy documents aligned with national standards and adapted to local contexts.

d. Stakeholder Communication and Coordination

- Enhanced skills in communicating with multi-level stakeholders—program officers, field workers, and supervisors—to gather inputs and present findings.

e. Analytical and Technical Skills

- Improved proficiency in Microsoft Excel for data tracking and dashboard development.
- Strengthened abilities in compiling and synthesizing large sets of qualitative and quantitative information for decision-making.

Conclusion

The three-month internship at NHM Jaipur has been a meaningful blend of academic, technical, and professional growth. From conducting facility assessments to drafting state-level guidelines and incentive models, the internship allowed me to contribute meaningfully to a flagship health initiative. It has enriched my understanding of urban primary healthcare delivery systems and equipped me with the skills required for public health management and policy planning. This experience will significantly inform my future work and career in the health sector.