INTERNSHIP REPORT

Introduction:

The internship undertaken at the **National Institute of Health and Family Welfare (NIHFW), New Delhi**, provided an enriching exposure to India's public health policy ecosystem, institutional frameworks, and ongoing reforms. It served as a valuable opportunity to integrate theoretical knowledge with practical understanding of health systems functioning, program implementation, and policy-level decision-making in the public health sector.

Objectives of internship:

- To gain hands-on experience in the functioning of a premier public health institute.
- To understand the mechanisms of health policy formulation, evaluation, and implementation.
- To explore administrative and managerial innovations in healthcare delivery.
- To contribute meaningfully to ongoing projects and evaluations, particularly those relevant to health service strengthening and training modules.
- To acquire exposure to real-time problem-solving, budgeting, HR planning, and public health schemes.

Organizational Profile:

The National Institute of Health and Family Welfare (NIHFW) is an autonomous organization under the Ministry of Health and Family Welfare, Government of India. Established in 1977, it serves as an apex technical institute for training, research, evaluation, and consultancy in the field of public health and family welfare.

Key Functions:

- Capacity building of health professionals through regular and customized training.
- Policy and program evaluation of national health missions and schemes.
- Applied research in areas of epidemiology, maternal and child health, reproductive health, health management, etc.
- Development of training materials, guidelines, and quality assurance frameworks.
- Technical support to the Ministry of Health and Family Welfare and other government bodies.

Services Provided by the Organization:

NIHFW offers a broad spectrum of services, including:

- Long- and short-term training programs for medical officers, program managers, and public health administrators.
- Research support and publication in public health domains.
- Monitoring and evaluation of national programs such as NHM, NACP, RCH, and PMJAY.
- Development of national health strategies and quality standards.
- Digital learning modules and eHealth initiatives.

Key Activities/Projects Undertaken Other than Dissertation:

Apart from the core dissertation on First Referral Units (FRUs), I actively participated in and contributed to several institutional initiatives, including:

- Analysis of systemic challenges in establishing Critical Care Blocks in Delhi NCR under PM-ABHIM.
- Participation in review meetings related to CSS budgeting and project prioritization.
- Contribution to the Mid-Term Evaluation of NACP Phase-V, supporting data consolidation and observations.
- Engagement with the ICMR-CRISPI Study, focusing on epidemiological aspects of chronic respiratory illnesses.
- Review of public health innovation models, including AI-enabled triage, drone-based medical deliveries, and e-governance platforms like e-Mitra.
- Collaboration in designing and evaluating training programs for GDMOs, DDAs, and hospital administrators.
- Participation in workshops and policy discussions on medico-legal aid and human resource shortages in public healthcare facilities.

Key Learnings from Internship:

1. Healthcare Infrastructure:
    - Examined the ongoing efforts to establish Critical Care Blocks (CCBs) under the PM-ABHIM scheme, particularly in the Delhi-NCR region, identifying key barriers such as land acquisition delays, procurement inefficiencies, and HR shortages.
    - Explored strategies to improve emergency response systems and reduce maternal and infant mortality rates by strengthening FRUs.

2. Policy Design and Health Financing:

- Developed a sound understanding of the Centrally Sponsored Schemes (CSS) and their financial structures, the 60:40 funding pattern between Centre and States.
- Gained insight into allocations and priorities within the health sector budget (2024-25):
    - National Health Mission (NHM) – ₹36,000 crore
    - PMJAY (Ayushman Bharat) – ₹7,300 crore
    - PMSSY (Strengthening Medical Colleges/AIIMS) – ₹2,200 crore
    - National AIDS Control Programme (NACP) – ₹2,700 crore
    - PM-ABHIM (Public Health Infrastructure Mission) – ₹555 crore
    - ABDM (Digital Health Mission) – ₹250 crore
    - Global Fund-supported programs – ₹125 crore
- Understood the need for more dynamic and outcome-based budgeting in public health, particularly in Tier-II and Tier-III regions.

3. Innovations and Best Practices in Healthcare Administration:

- Studied technology-driven public health initiatives including:
    - AI-based triage systems in emergency rooms (e.g., pilot projects in Rajasthan and Telangana)
    - Drone delivery of blood and medical supplies in tribal and hilly areas (e.g., ICMR-Civil Aviation trials in Manipur and Nagaland)
    - e-Mitra Kiosks for decentralized citizen services
    - Heli Air Ambulances for critical care transport (e.g., Uttarakhand)
- Analyzed successful hospital administration models, such as:
    - Hub-and-Spoke Telemedicine Systems
    - PPP-based diagnostic centers and
    - HR outsourcing models in states like Tamil Nadu and Kerala.

4. Human Resources and Systemic Reforms:

- Studied current workforce challenges and how India plans to address human resource shortages through:
    - Expansion of nursing and paramedical institutes
    - Bridge programs for AYUSH practitioners in rural areas
    - Incentivizing rural postings for medical graduates.

- Advocated for establishing Medico-Legal Aid Units across public hospitals to support vulnerable patients and reduce litigation burden.

5. Project Planning and Quality Assurance:

- Acquired hands-on experience with health project planning concepts like:
    - Turnkey project models
    - Capacity in/capacity out calculations for resource optimization
- Proposed a framework for developing NQAS (National Quality Assurance Standards) specifically tailored for medical college-linked hospitals and dental colleges.

Played a creative role in shaping training courses like "SAMANVAYAK", and contributed to its nomenclature, i.e., defining "K" as *Kaizen*, emphasizing continuous improvement.

Additional Perspective:

This dissertation journey not only deepened my technical and managerial understanding but also sensitized me to the real-time challenges in India's health system—from financing gaps and digital health integration to health equity, HR rationalization, and evidence-based policymaking. It has prepared me to contribute meaningfully to health systems strengthening, particularly in the context of **India's transition toward Universal Health Coverage (UHC)** and **SDG 3** goals.