INTERNSHIP REPORT

1.Introduction

The National Health Mission (NHM) was launched in 2005 by the Government of India as a flagship program, to provide universal access to equal, affordable, and quality health care. The mission aims to strengthen the health systems of the country and specifically focus on rural and urban poor, women and children, and other vulnerable populations. The NHM consists of two sub-missions - the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM), both with the goal of reducing health indicators disparities and delivering health care in a decentralized manner, with strengthened community participation and accountability.

The NHM is implemented by the relevant state governments. In Rajasthan, the National Health Mission, Jaipur is the nodal agency for policy making, program implementation, monitoring and evaluation across national/sub-national health schemes. The Mission's role is to facilitate the alignment of state healthcare priorities with national health goals of all national programs, and to help fill the gap between infrastructure and service provision.

The Quality Department is an essential and integrated aspect of NHM. It aims to ensure that all public healthcare institutions are providing services to the highest level of service delivery and as per the National Quality Assurance Standards (NQAS) developed by the Ministry of Health and Family Welfare, Government of India. The mission assigned to the Quality Department is the institutionalized quality in healthcare services at all levels, from sub-centers (SCs) and primary health centers (PHCs) to community health centers (CHCs) and district hospitals (DHs).

Core functions of the Quality Department include developing mechanisms for both internal and external quality assessment , providing technical support for improvement at Facility level, mobilizing training and capacity building, performing gap analysis and ensuring periodic assessments that allow for state and national certification. The department seeks to use structured monitoring measures as a mechanism to foster a culture of continual quality improvement (CQI) and patient-centeredness in public health institutions.

As a student in the second year of my MBA program specializing in Health and Hospital Management at IIHMR University, Jaipur, I chose to do my internship at the Quality Department of NHM Jaipur, which was a requirement of my curriculum's dissertation. As part

of my internship, I was fortunate to gain practical exposure to quality in the public health system and the quality assurance processes of a public health system. The dissertation project was on "Challenges in Implementation of Quality Management Systems and Key Performance Indicators (KPIs) at Sub-Centre Level under NQAS.

While at the internship program, I collaborated in different fields related to operational and administrative activities around the virtual assessments of health facilities in the State of Rajasthan. I participated in data verification and documentation reviews, liaised with district level assessors, and conducted analyses of districts' compliance with national quality indicators. This helped me understand the technical, managerial, and systemic nuances involved in quality initiatives in government-funded health facilities.

The internship also provided me with knowledge about the implementation of quality assessments in real-time, the function for use of digital reporting systems, and how state level data was accumulated and sent to the Government of India to be centralized for evaluations and certifications at the national level. Furthermore, I got to learn about the impact of quality interventions on patient safety, service delivery, and health outcomes through the perspectives of knowledgeable professionals in the field.

2.Objectives of the Internship

The primary objectives of my internship were:

- To gain hands-on experience in the functioning of the Quality Department under NHM.
- To understand the implementation of the Quality Management System (QMS) at the sub-centre level.
- To study and support the assessment process as per NQAS.
- To learn about key performance indicators (KPIs) and the criteria required for state and national certification.
- To assist in administrative and assessment-related tasks under the supervision of departmental mentors.
- To undertake a dissertation project to explore challenges in implementing QMS at grassroots health facilities.

3.Organizational Profile

The NHM stands for National Health Mission and is a flagship programme of Ministry of Health and Family Welfare, Government of India, which is being implemented for strengthening Healthcare System in rural and urban form. The mission adopts a holistic perspective and strives to provide accessible, affordable, accountable and quality healthcare for all, especially vulnerable groups. NHM mainly focuses on health system strengthening, reproductive-maternal-newborn-child-adolescent health (RMNCH+A) and fight against communicable and non-communicable disease.

At the state level, the NHM program will be implemented by State Health Society, who is responsible for planning, coordinating, budgeting, and monitoring of health programs under NHM across districts. In the case of Rajasthan, NHM is operational through the State Health Society, Rajasthan (Head Office: Jaipur), while functioning in close coordination with the Medical, Health & Family Welfare Department, Government of Rajasthan.

Organizational Structure and Hierarchy (NHM Rajasthan)

The organizational hierarchy of NHM Jaipur is structured to ensure smooth execution of various national and state-level health programs. The chain of command is clearly defined to ensure accountability and effective coordination.

At the State Level:

1. Mission Director (MD, NHM Rajasthan) – The top executive responsible for strategic oversight, interdepartmental coordination, policy implementation, and liaising with the central government.
2. State Program Manager / Additional Mission Director (AMD) – Supports the Mission Director in supervising different programmatic divisions and ensuring effective monitoring.
3. Program Officers / State Consultants – Lead different departments such as Maternal Health, Child Health, Non-Communicable Diseases, RMNCH+A, Quality Assurance, etc.
4. Quality Assurance Cell – This unit comprises:

- State Nodal Officer – Quality Assurance – Heads the Quality Department and is responsible for driving the implementation of National Quality Assurance Standards (NQAS) and state quality initiatives.
- Consultants/Program Executives – Quality – Support the Nodal Officer in assessments, documentation review, virtual and physical audits, data analytics, reporting, and capacity building.
- Field-Level Coordinators and District Quality Assurance Units (DQAUs) – Report to the state quality cell and provide ground-level information, ensure data flow, and assist in external assessments and audits.

At the District Level:

- Chief Medical and Health Officer (CMHO)
- District Program Manager (DPM)
- District Quality Assurance Manager (DQAM) – Responsible for coordinating the quality assessments, mentoring sub-centres/PHCs/CHCs, and ensuring documentation and score submissions.

At the Facility Level (SC, PHC, CHC, DH):

- Medical Officer In-Charge / Block Medical Officer
- Quality Teams at Facility Level (often composed of ANMs, Lab Technicians, Pharmacists, and Community Health Officers)

Quality Department, NHM Jaipur

The Quality Department is one of the most technical and process-driven arms of NHM. Its mandate includes ensuring that public health facilities meet the National Quality Assurance Standards (NQAS) by conducting structured assessments and facilitating national certification.

The department:

- Develops and uses facility-wise checklists.
- Coordinates virtual and physical assessments at the sub-centre, PHC, CHC, and district hospital levels.
- Verifies documentation, photographs, scoring, and facility readiness.

- Communicates with district-level officials and facilities for score validation and gap filling.
- Prepares reports for State and National submission, essential for quality certification and funding.

The department also maintains dashboards, scorecards, and trackers to monitor key performance indicators (KPIs) related to service delivery, infrastructure, patient satisfaction, staff training, and essential equipment.

During my internship, I reported to and worked under the guidance of Mrs. Khushboo Sanghi (Quality Consultant) and Mrs. Kiran Nagpal, both of whom played supervisory roles in the virtual assessment and documentation verification processes related to sub-centres and PHCs.

This organizational setup, with clearly demarcated responsibilities and hierarchy, allowed for seamless coordination and data reporting from the grassroots level up to the Government of India, ensuring real-time decision-making, quality improvement, and accountability.

4.Services Provided by the Organization

Under NHM Rajasthan, the Quality Department is responsible for a variety of services and initiatives aimed at improving healthcare delivery across the state. These include:

- Implementation of NQAS at SC, PHC, CHC, and DH levels.
- Capacity building and training of healthcare staff for internal assessments and quality audits.
- Facilitating virtual and physical assessments at various health facilities.
- Monitoring Key Performance Indicators (KPIs) and patient satisfaction.
- Coordinating with the Government of India (GOI) for certification and national assessment processes.
- Developing tools and scorecards for quality checks and compliance.

5.Key Activities/Projects Undertaken (Other than Dissertation)

Apart from my dissertation project, I actively contributed to several important administrative and technical tasks:

A. Assistance in Virtual Assessments (Order No. 367)

Under the guidance of Mrs. Khushboo Sanghi and Ms. Kiran Nagpal, I was involved in the virtual assessment process of sub-centres as part of State Surveillance under Order No. 367. Key responsibilities included:

- Monitoring the status of report submission by assessors on the designated NHM portal.
- Communicating with assessors across Rajasthan to ensure timely submission of Word and Excel-based summary reports.
- Following up with assessors who missed deadlines or had incomplete submissions.
- Verifying assessment reports for completeness, accuracy, and compliance.

B. Quality Check of Assessment Reports

Once the assessment reports were submitted, I:

- Verified whether assessment dates, assessor signatures, and facility photographs were included.
- Cross-checked the scoring against prescribed benchmarks for state certification, including:
    - Overall facility score ≥ 70%
    - Service package score ≥ 70%
    - Area of concern score (HWC) ≥ 60%
    - Standard-wise score ≥ 50%
    - Core standards (SC: A1, D3, D4, D5, G2 | PHC: A2, B4, F6 | CHC: A2, B5, D8) ≥ 60%
    - Average patient satisfaction score for the past 3 months
- Checked for errors or inconsistencies, and communicated with assessors to correct and resubmit if required.
- Facilitated the final compilation and forwarding of verified reports to the Government of India for national certification.

6.Conclusion

- My internship with the National Health Mission (NHM), Jaipur under the Quality Department has been an extremely rewarding and enlightening experience that . I now have a comprehensive understanding of how public health programs and their implementation and monitoring at all levels of the healthcare delivery systems are processed particularly in regards to quality assurance and improvement.
- In this phase, I was actively participatory for the overall administrative framework for private sub-centre assessments being conducted by the state, such as tracking the status of the virtual assessments, coordinating with district officials, checking uploaded reports, verifying reporting blanks were completed and checked, and verifying whether facilities met the necessary quorum for National Quality Assurance Standards (NQAS). These tasks allowed me to see the specter of quality assessments can take at the frontline and how data flows from sub-centres to the state to the national level.
- Through opportunities to do these activities, I determined how frameworks for assessments, score validation frameworks, documentation policies, and compliance with minimum benchmarks for certification works. Most importantly, I recognized how an organized quality assurance process can create accountability and facilitate stronger service delivery in primary health organizational settings.
- Working in this internship has also enhanced my skills in several important professionalism areas, specifically communication, coordination, problem-solving, attention to detail, and time management. I have learned to appreciate the complexity of decision-making associated with public health programs while working alongside experienced officials and health administrators, as well as insight into the importance of systematic monitoring to reach the overall health outcomes.
- This internship has reaffirmed my interest in public health and health systems strengthening. It has provided me with a strong sense of direction and confidence in pursuing a future health management position, ideally either in policy implementation or quality improvement and to meaningfully contribute to the development of effective, efficient, and equitable health services.
- In closing, this internship did not just enhance my academic studies with more practical relevance but provided me with a greater understanding of the direction I want to take. It was an important first step in becoming a competent and responsible health

management professional who will contribute, over the next years, to India's important public health objectives.