

SUMMER INTERNSHIP PROGRAM
at
NATIONAL HEALTH MISSION (NHM), JAIPUR

From 12th May 2025 to 21st July 2025

A REPORT BY

HARSH KATARIA

Master of Business Administration

Hospital & Health Management

Roll No. 1953

2024-26

under the Mentorship of
Dr. Nutan Jain (Professor, IIHMR University)





Government of Rajasthan
National Health Mission, Rajasthan
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No. F 2 (153) NHM/SPM/2025/ 875

Dated: 22.07.2025

CERTIFICATE

This is to certify that **Mr. Harsh Kataria** students of MBA-Hospital & Health Management and Healthcare Analytics for Summer Training IIHMR, Jaipur Has successfully completed his Summer Training for Internship at NHM, Rajasthan from **12th May to 21st July 2025**.

His performance was found satisfactory. We extend him good wishes for a bright and successful career ahead.

Mission Director
NHM

IIHMR University Faculty Mentor Approval

This is to certify that **Mr. Harsh Kataria** of academic year 2024-26 of **Institute of Health Management Research** has prepared a poster with respect to his summer internship held during May-July 2025.

He has carried out work as per the guidelines. His poster is approved for presentation.

Date: 28/07/2025

A handwritten signature in blue ink, appearing to read 'Nutan Jain'.

Dr. Nutan Jain

Professor, IIHMR University

About Integrated Disease Surveillance Program (IDSP)

- IDSP was launched in 2004 to create a nationwide system for monitoring epidemic-prone diseases.
- In 2012-13, it was brought under the National Health Mission (NHM) for better integration with public health programs.
- This strengthened disease reporting and outbreak response across India.

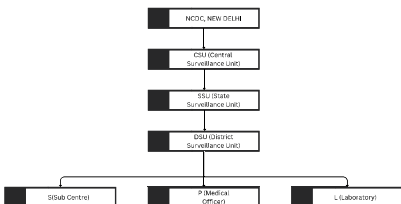
Vision

- To establish a nationwide, responsive, and integrated disease surveillance system that enables early detection and effective control of epidemic-prone diseases, reducing illness and deaths through timely public health action.

Mission

- Strengthen disease surveillance across the country.
- Establish a decentralized, state-based system for epidemic-prone diseases.
- Detect early warning signals to spot potential outbreaks quickly.
- Enable timely and effective public health actions at district, state, and national levels.

Organizational Structure

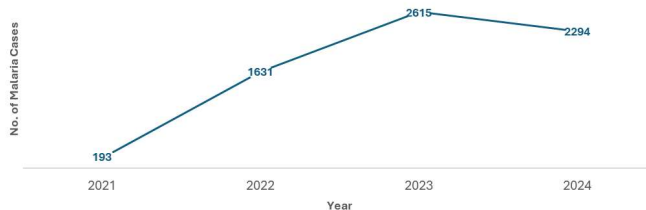


Objectives:

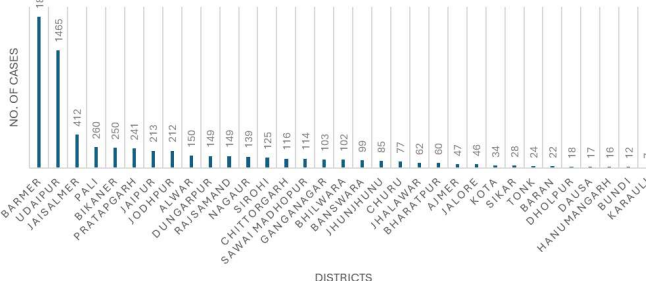
To analyze four-year malaria trends in Rajasthan

- An observational study (2021–2024) reported a total of 6,733 malaria cases in Rajasthan, with 54.2%; males slightly more affected than females.
- Plasmodium vivax was the leading parasite (71.2%), followed by P. falciparum (22.5%) and mixed infections (6.3%).
- The 18–39 age group was most impacted, while children (0–17) had higher rural incidence and the elderly (60+) experienced greater severity
- Malaria cases declined sharply from 21,032 (2017–2020) to 6,733 (2021–2024).
- Reporting dipped in 2020–2021 due to the COVID-19 pandemic.
- The overall trend shows steady progress toward India's Malaria Elimination goal of zero cases by 2030.

TREND IN POSITIVE MALARIA CASES (2021-2024)



DISTRICT WISE CASES OF MALARIA (2021-2024)



STRENGTHS

- Nationwide government-backed network for outbreak detection and response.
- Standardized reporting and Rapid Response Teams ensure timely interventions.

OPPORTUNITIES

- Use of digital health platforms & AI for prediction and faster alerts.
- Strengthening public-private partnerships for wider coverage.

WEAKNESSES

- Limited private-sector reporting creates data gaps.
- Delayed and manual reporting weakens early warning in some regions.

THREATS

- New infectious diseases
- Dependence on state-level commitment for effective implementation

Practical Exposure V/S Theoretical understanding

- University learning provided concepts of disease surveillance, reporting frameworks, and public health systems.
- The SIP at the IDSP unit turned this theoretical knowledge into practical exposure.
- Faced real-world challenges like data gaps and reporting delays.
- Gained hands-on experience using the IHIP portal for data reporting.
- Analyzed COVID-19 and malaria trends to understand disease patterns.
- Observed how surveillance data drives outbreak response and policy decisions, bridging the gap between classroom theory and field practice.

Recommendations

- Spraying and insecticidal nets distribution to control mosquito breeding.
- Targeted treatment with primaquine and ACTs, plus mobile units.
- Expanded testing and weekly reporting via IHIP.
- Awareness campaigns for high-risk groups on prevention.
- Drainage improvements and malaria-proof housing.
- Strengthened health centers with staff, diagnostics, and medicines.

Learnings During Summer Training

- Prepared monthly IDSP bulletins for state reporting.
- Analyzed COVID-19 and malaria trends in Rajasthan.
- Learned the disease reporting workflow.
- Gained hands-on IHIP portal training.
- Saw how timely reporting enables outbreak response.
- Understood how surveillance guides health policies

Challenges Faced

- Data gaps and under-reporting from rural and private facilities.
- Initial difficulty learning and navigating the IHIP portal.
- Technical glitches and internet issues disrupting real-time reporting.
- Data inaccuracies requiring repeated checks and validation.
- Handling large COVID-19 and malaria datasets was time-consuming.



Week -1 reporting

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and Health Management

Week no: 1 From: 12th May 2025 to 16th May 2025

Activity Done	Starting from day 1 (12th may) welcomed by Dr. Lokesh Chaturvedi (State programme manager, NHM) first day was consumed in the joining process only where I completed all of my formalities and received the official joining from the organisation followed by 2 days induction program (13th may and 14th may). The induction program includes the basic outline of all programs under NHM and its role. The programs were- Child health, Routine immunization, RBSK/RKSK, Integrated ambulance project, NPNCd, NPCD, NTCP, NTEP, NLEP, IDSP, Quality assurance. summarising the basic framework of all these programs the basic framework includes- Controlling, surveillance and funding. After completion of induction program, I was supposed to choose a department where I have to work so I decided to work under IDSP Department (Integrated disease surveillance program). On day 4 (15th of May) I was directed to my mentor (Organisational) Dr. Praveen aswal, Additional deputy rural health, He welcomed me and gave me some instructions regarding the department and then introduced me to Dr. Deepa Meena (state epidemiologist) who gave me tasks for the day since she was on leave for 2 days she was only directing me what to do. The schedule for these days are as follows- BASICS OF IHIP (IDSP) IHIP -Integrated Health Information Platform. Disease and symptoms covered. Day 5 (16 May 2025) S---SYMPTOMATIC--- ANM, P--- PRESUMPTIVE--- DOCTOR (CMO), L---LABORATORY---CONFIRMATION CASES TYPE FORMS. RRT- RAPID RESPONSE TEAM, (STATE, LOCAL), COMMUNITY REPORTING
Linking theory (Classroom learning) with practice at your organisation	This experience is directly linked to the classroom studies for the subject national health programs where I studied about all of these programs but here, I learned about their practical role how the system is implemented and Realtime work is done in organisation.
Gaps identified on the working area.	During the first week I found out the flaws in work schedule of organisation even though NHM is a government organisation, but the curriculum provided to us for the induction program was not followed properly and we have to wait for longer time for the speakers from the departments
Suggestions for improvement	I would strongly suggest utilizing the time and resource efficiently in a scheduled manner so that it can contribute to a better organisational development.

Plan for the next week	Study about outbreaks in pasts and pattern of diseases along with data analysis.
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Signature of the Student

Harsh Kataria

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 2 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: HARSH KATARIA

Roll no: 1953

Stream: HOSPITAL AND HEALTH MANAGEMENT

Week no: 2 From 19 MAY To 23 MAY

Activity Done	Starting from 19 may this week I learned about different outbreak trends of diseases and fetched reporting unit records along with different disease trends (i.e In Jaipur Dengue occurs every year at same time after the monsoon period the cases rises after august/September and controls in December, it follows the same pattern every year). Study about control measures. Study about control measures and collect data from IHIP (Integrated health information platform) dashboard to study various data available there . Throughout the week I was collecting and interpreting the mentioned data- 1. Top 5 and bottom 5 reporting districts of Rajasthan 2. Reporting Status in Rajasthan 3. Outbreak Summary of diseases 4. No. of reporting unit and total no. of units that never reported in all districts of Rajasthan 5. Reporting score of state All the above-mentioned data was collected and studied for all 3 types of reporting S,P and L(symptomatic, Presumptive and laboratory) cases and the time frame of data studied is from 1 January 2025 to 30 April 2025.
Linking theory (Classroom learning) with practice at your organisation	Disease study and surveillance was the part of epidemiology subject which I studied in 1st semester in class I can recall and connect a lot more of that classroom learning while fetching and studying the data on IHIP.
Gaps identified on the working area.	Studying data is really an interesting and great part but the data available on platform is wide and large and I don't have access to the IHIP portal personally (due to policies and rules) I have to rely on office desktop to go through it which is mostly occupied so the collecting data and arranging it in my own device is really a hectic part.
Suggestions for improvement	I would like to suggest that NHM should provide access to data for interns so that the data analysis process can be simplified for interns.
Plan for the next week	Currently preparing a word file where I am compiling all the studied data which I am going to submit to Dr. Deepa Meena (state epidemiologist) and Dr. Praveen Aswal sir (Additional deputy Rural Health) .

Signature of the Student

Harsh Kataria

(24th May 2025)

Approved by the IIHMR University's Mentor

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WEEK 3 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: 3 From: 26 may 2025 to 30 may 2025

Activity Done	Starting from 26 th may I continued with my work on preparing report on outbreaks and reporting units and presented it to my mentor Dr. Praveen Aswal (Additional deputy Rural health) and then done some outbreak studies in details (District wise and no. of outbreaks and diseases) in past 3.5 years. New covid cases are arising so, did some data analysis of active cases of covid 19 in rajasthan as of date 30 th may 2025.
Linking theory (Classroom learning) with practice at your organisation	Study of diseases and outbreak in back time reminds me of retrospective studies which I learnt in epidemiology classes
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	For the upcoming week I will work on preparing a monthly bulletin for the month (May 2025)

Signature of the Student

Harsh Kataria

30-06-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 4 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: 4 From: 2 june 2025 to 6 june 2025

Activity Done	Starting this week, I completed a report on outbreak alerts for past 3.5 years. Also issued a letter to the districts (Bottom 5 reporting units) from the data I prepared in monthly bulletin for (1 January 2025 to 30 April 2025) along with Dr. Deepa Meena (state epidemiologist) further then I did some data analysis of overall reporting units of Rajasthan including all types of facilities. And now I am again working on Preparing monthly bulletin (May 2025).
Linking theory (Classroom learning) with practice at your organisation	This week I learned about how management of a department works in a professional way(sending letter to districts) , which I can relate to the Principles of management .
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	For the upcoming week I will work on preparing a monthly bulletin and disease outbreak data for measles and diptheria.

Signature of the Student

Harsh Kataria

07-06-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 5 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: 5 From: 9 june 2025 to 14 june 2025

Activity Done	In this week I started working on analysing disease outbreaks in past and their pattern . starting from malaria and dengue I extracted the data from last 3 years and tried to understand the patterns of disease along with issuing a letter for pending outbreak alers districts and prepared a comparision report of diptheria and measeles cases for last 3 years. Also completing the monthly bulletin of may 2025 for reporting status, now I am working for preparing report for working on my final project presentation.
Linking theory (Classroom learning) with practice at your organisation	Studying disease and history of disease and their patterns was part of epidemiology in my previous classes.
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	For the upcoming week I will work on preparing data on disease history and patterns and try to analyse the situation of those disease in state and districts to prepare poster for final presentation.

Signature of the Student

Harsh Kataria

15-06-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 6 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: From: 16 june 2025 to 21 june 2025

Activity Done	In this week I started with collecting and studying disease patterns for dengue and malaria for last 4 years since 2021 to 2024 and start analysing it and prepared some data to pu it in final report ,Crosschecked with my mentor and discussed further plans regarding the report.
Linking theory (Classroom learning) with practice at your organisation	Remembered some concept related to secondary data study
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	Alongside preparing my project work I will try to collect more disease data and of disease state wise in order to find out what disease is more severe to specific area and what are the reasons behind that.

Signature of the Student

Harsh Kataria

22-06-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 7 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: From: 23 june 2025 to 27 june 2025

Activity Done	For this week I worked with preparing a presentation on ihip for first 6 month along with an overview of it . the presentation includes all the data from ihip (Reporting score , outbreak summary and reporting status of various districts top and bottom 5) Also continued with final project for submission
Linking theory (Classroom learning) with practice at your organisation	Going through various concepts of IHIP portal can be linked with classroom theory with subject NHP .
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	Alongside preparing my project work I have assigned with an upcoming task of preparing a report on typhoid

Signature of the Student

Harsh Kataria

28-06-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 8 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: From: 30 June 2025 to 4 July 2025

Activity Done	This week I started with some basic office work analysing some data learned how covid patient data is managed also I worked with a ppt on dengue cases for last 3 years and prepared a presentation on it. Along side I am collecting data and information for my project work and finalizing it for final preparation.
Linking theory (Classroom learning) with practice at your organisation	I studied few stats of diseases in demography also data analysis age wise and gender wise too.
Gaps identified on the working area.	For the current week I didn't find any gap in working area as an intern I didn't found any difficulty on organizational basis
Suggestions for improvement	N/A
Plan for the next week	Work towards finalizing my report work and submission of it.

Signature of the Student

Harsh Kataria

5-07-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 9 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: From: 7 july 2025 to 11 july 2025

Activity Done	In this week I was working on finalizing my report on malaria analysing data it along with these data I was continuously working with surveillance part of department as checking daily reporting and working with mentor when needed.
Linking theory (Classroom learning) with practice at your organisation	Working on project I remembered the epidemiology class where I learned about working on secondary data and cross- sectional study.
Gaps identified on the working area.	For the current week I didn't find any gap in working area the staff was helpful and supportive
Suggestions for improvement	N/A
Plan for the next week	Finalizing my report work and presenting it to officials at organization to obtain the certificate.

Signature of the Student

Harsh Kataria

12-july-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

WEEK 10 REPORT

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

Week no: From: 14-july- 2025 to 18- July-2025

Activity Done	Starting this week I completed my study on malaria trends and get the final report signed by My mentor by presenting it to him after that I wrapped up with all the learnings and data I collected from organization and by the ending of the week I presented my study to SPM (NHM Rajasthan) and to the md (Mission Director,NHM Rajasthan).
Linking theory (Classroom learning) with practice at your organisation	During last week I was presenting my final report to officials at organization where I connect with the practice of presenting reports at my university throughout the year.
Gaps identified on the working area.	For the current week I didn't find any gap in working area as an intern I didn't found any difficulty on organizational basis
Suggestions for improvement	N/A
Plan for the next week	Collection of certificate

Signature of the Student

Harsh Kataria

20-07-2025

Approved by the IIHMR University's Mentor

On the last day of every week Saturday -) report in the above format should be submitted to the faculty mentor. Submission of total 10 reports in 10 weeks is compulsory. Each report should not be more than 2 pages.

Final Compiled Report

Name of the Organisation: NHM (JAIPUR)

Area/ Department/ Project of Summer Internship Program: IDSP

Name of the Student: Harsh Kataria

Roll no: 1953

Stream: Hospital and health management

From: 12 may 2025 to 21 July 2025

Activity Done	Over the course of ten weeks, I gained comprehensive exposure to the Integrated Disease Surveillance Programme (IDSP) under NHM Jaipur. Week 1–2: Underwent joining and induction sessions by NHM officials covering national health programs (RBSK, RKSK, NPCD, NTEP, IDSP etc.), then selected IDSP as my focus department. Learned IHIP (Integrated Health Information Platform) structure, types of reporting (S–Symptomatic, P–Presumptive, L–Laboratory), and rapid response mechanisms. Began analyzing reporting unit data, outbreak summaries, and top/bottom reporting districts. Week 3–4: Prepared outbreak reports for past 3.5 years, compiled reporting unit analysis, and created the monthly bulletin for May 2025. Drafted letters to low-performing districts alongside the state epidemiologist. Week 5–6: Conducted detailed disease pattern studies for dengue, malaria, measles, and diphtheria over the last 3–4 years. Extracted and analyzed state-wise and district-wise disease data to identify trends and severity. Week 7–8: Worked on presentations and reports for IHIP half-year data (reporting score, outbreak summaries). Prepared a dengue data presentation for three years, studied COVID-19 data management practices, and supported departmental surveillance activities. Week 9–10: Finalized the malaria trend analysis report, compiled all learnings, and presented my findings to the State Programme Manager and Mission Director (NHM Rajasthan). The internship concluded with report submission and acknowledgment
Linking theory (Classroom learning) with practice at your organisation	Throughout the internship, academic learning aligned seamlessly with field practice: 1. Epidemiology concepts (retrospective and cross-sectional studies) were applied in outbreak and disease pattern analysis. 2. Principles of Management were reflected in official communication processes (letters to districts). 3. National Health Programmes coursework provided a foundation for understanding IDSP and NHM's role. 4. Data analysis and surveillance concepts learned in class were implemented using IHIP data for real-time health reporting.

Gaps identified on the working area.	1. Initial induction schedule was not strictly followed, leading to delays and idle time for interns. 2. Access to IHIP portal was limited; interns had to rely on office desktops, slowing data analysis. 3. Other than these minor issues, the staff was supportive, and no major operational gaps were observed in later weeks
Suggestions for improvement	1. Structured induction schedules should be strictly adhered to for better time utilization. 2. Temporary access credentials or a designated intern workspace could streamline data analysis. 3. Continuous engagement of interns with live projects can enhance learning and output.
Key Learning	4. Understood the functioning of major National Health Programs (IDSP, RBSK, RKSK, NPCD, NTEP) at the state level. 5. Gained hands-on experience with the Integrated Health Information Platform (IHIP) and the S–P–L (Symptomatic–Presumptive–Laboratory) reporting system. 6. Learned to analyze multi-year data on diseases like dengue, malaria, measles, and diphtheria, identifying seasonal patterns and trends. 7. Acquired skills in preparing monthly bulletins, presentations, and outbreak reports for NHM officials. 8. Drafted official letters to districts based on reporting performance, learning formal government communication. 9. Observed the working of Rapid Response Teams (RRTs) and how outbreak alerts are managed in real time. 10. Linked classroom learning in epidemiology and management to practical field applications. 11. Strengthened data interpretation, report writing, and presentation skills through regular submissions and final report presentation. 12. Understood departmental coordination, hierarchy, and workflow in a government health setup. 13. Built confidence in presenting findings to senior officials like the State Programme Manager and Mission Director

Signature of the Student

Harsh Kataria

26-july-2025

Approved by the IIHMR University's Mentor.