ANALYSING HEALTH DATA (WOMEN AND CHILDREN) OF NHM FROM YEAR 2013-2023.

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NHM WAS LAUNCHED BY THE GOVERNMENT OF INDIA IN 2005

Vision

Achievement of universal access to equitable, affordable & quality healthcare services that are accountable and responsive to people's needs.

Mission

To provide affordable and quality healthcare services to the rural and urban population and identifies other areas that need help. Reduce the proportion of Maternal Mortality Rate and Infant Mortality Rate.

Organisation Structure

NHM is divided into NRHM and NUHM. The National Rural Health Mission focuses on providing standard services to the country's rural population, vulnerable sections.
NUHM was launched in 2013, aims to provide urban population

Aim & objective

- Project title "Analysing data (women and children) available on NHM softwares. Making trend graphs to represent gaps easily.

Organisation History

NHM was launched on 12 april 2005 by the Prime Minister of India. It aims to promote institutional delivery among poor pregnant women and to reduce neo-natal mortality and maternal mortality. It is operated under the Ministy of Health and Family Welfare as part of the National Rural Health Mission.

SWOT ANALYSIS

STRENGTH

1. Data available on PCTS for women and child healthcare is the strong foundation of the whole NHM
2. The data helps defining gaps over the years and help maintain the record. Reinforces the mission's focus on data keeping.
3. A proper system to record and save authentic data to provide

WEAKNESS

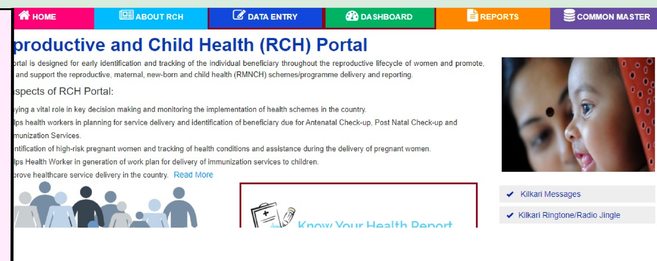
1. Language barrier making it difficult to assess the data.
2. There were gaps in recording the actual data and the data available on PCTS .
   Portal server down issue.
3. Training saturation (key skills)

OPPORTUNITIES

1. Awareness of health facilities among public.
2. Awareness among healthcare providers about gaps. Fulfilling needs of vulnerable.
3. Solving problems by looking at recent data.
4. Providing visual proof of disease and its causes.

THREATS

1. Technical problem
2. Increase in population
3. Changes in government policies.



Learning & value added

- Conducting primary research by exploring data gaps.
- enhanced soft skills : leart to efficiently communicate, professionally build networks & think creatively to provide solutions.
- Interacting on field with healthcare professionals, patients & their family members.

Recommendations

- Data uploaded on NHM's softwares are not re-checked.
- softwares need to be fast.
- Portal should be lag free.

Challenges

- Having less prior experience in data analytics was definitely a challenge initially but now i'm quiet familiar with the field.

USEFULNESS OF INTERNSHIP

- Brain storming new ideas.
- Got to explore data department of NHM which holds the useful information on health field.

METHODOLOGY

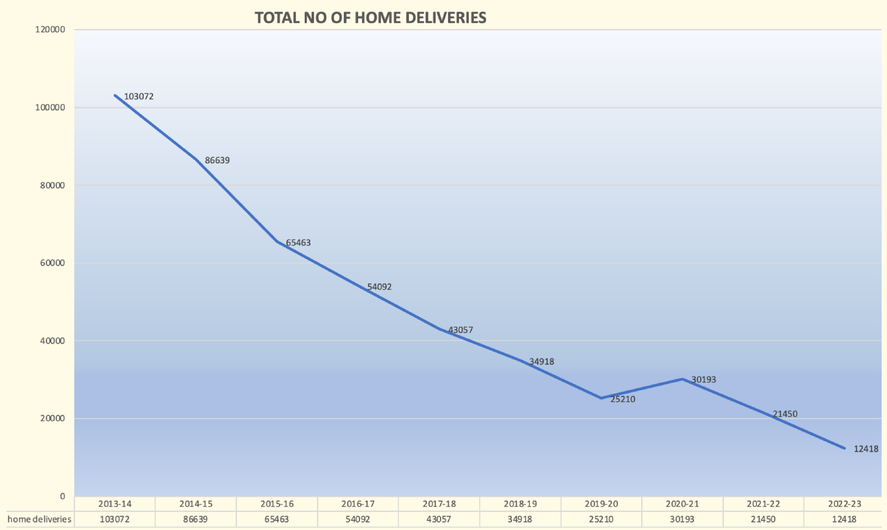
The study design - The study design was secondary research and tool used for this research "Pregnant Child Tracking System"

THEORY AND PRACTICAL EXPOSURE

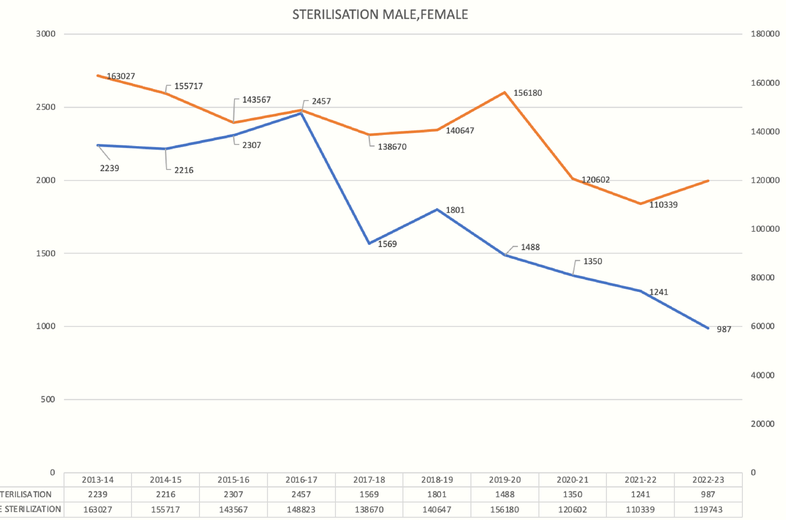
Field work was equally essential for better understanding.
Theory work help gaining hands on numbers and computer applications

PROJECT FINDINGS : TREND GRAPHS SHOWING GAPS

- Trend graph representing total number of home deliveries and over a decade changes in number of home deliveries across state Rajasthan according to PCTS data, NHM.
- There is a constant decline in the number of home deliveries over the 10 years
- Most number of home deliveries recorded on 2013-14 then till year 2019-20 there is a decline.
- After a year ie on 2020-21 there is slight increase in home deliveries the reason could be covid, people might prefer delivering at home due to unavailibility of beds and proper monitoring for problems other than covid 19. after this year there is again decline in the home deliveries.

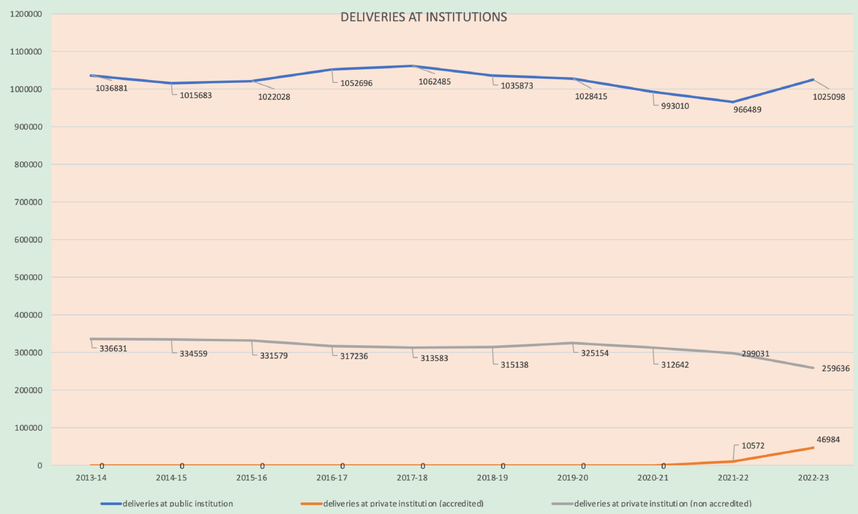


	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
home deliveries	103072	86639	65463	54092	43057	34918	25210	30193	21450	12418



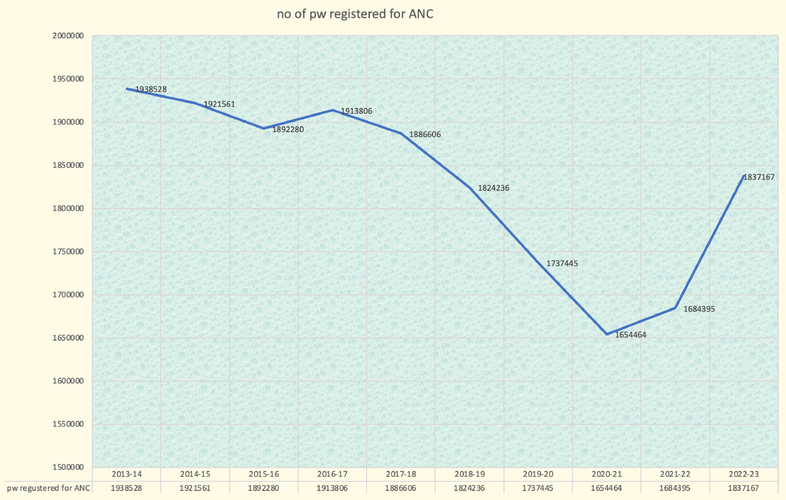
	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
MALE STERILISATION	2239	2216	2307	2457	1569	1801	1488	1350	1241	987
FEMALE STERILIZATION	163027	155717	143567	148823	138670	140647	156180	120602	110339	119743

- Trend graph representing sterilization of male and female over 10 years according to PCTS data Rajasthan. There is a huge difference between the sterilization recorded for male and female.
- let's talk about year 2013-14 female getting sterilized are 163027 where male stands just 2239. there is difference recorded in lacs.
- Reasons could be male not taking steps or are not willing to get sterilization. There has been little effort to involve men in family planning



- Graph representing deliveries at institutions including public ,private non accredited and private accredited over the 10 years according to PCTS data Rajasthan.
- Graph representing fluctuations for public institutions and private non accredited institutions over the years .
- In covid years 2020-21 there is slight decline in institutional deliveries (accredited) and for deliveries at private institution is steadily 0 until 2020-21
- In year 2021-22 to 2022-23 there is slight increase in number of that is10572 and 46984.

- Graph representing the trend for number of pregnant women registered for ANC over the 10 years according to PCTS data.
- Due to covid there is great decline in year 2020-21 in the registration of pregnant female.
- Over the years there is decline causes may include Decrease in the TFR (total fertility rate) of Rajasthan Where 1 female was having an average of more than 3 children now it has become 2 (2 children for 1 mother)



	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
pw regustered for ANC	1938528	1921561	1892280	1913806	1886606	1824236	1737445	1654464	1684395	1837167