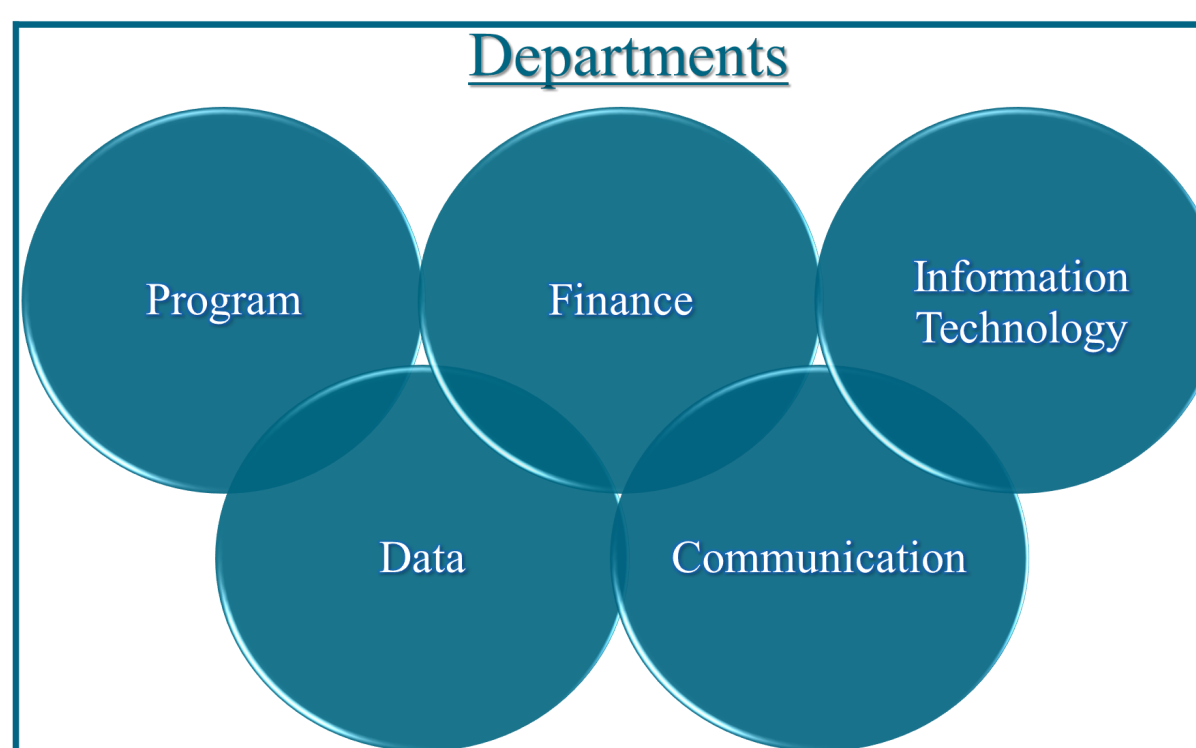




ORGANIZATION STRUCTURE



Challenges faced:

- Managing a large, inconsistent dataset.
- Inability to verify data against reality.
- Learning new tools like STATA.

Usefulness of Internship:

- Networking
- Practical exposure
- Skill development
- Understanding how public health organizations operate.

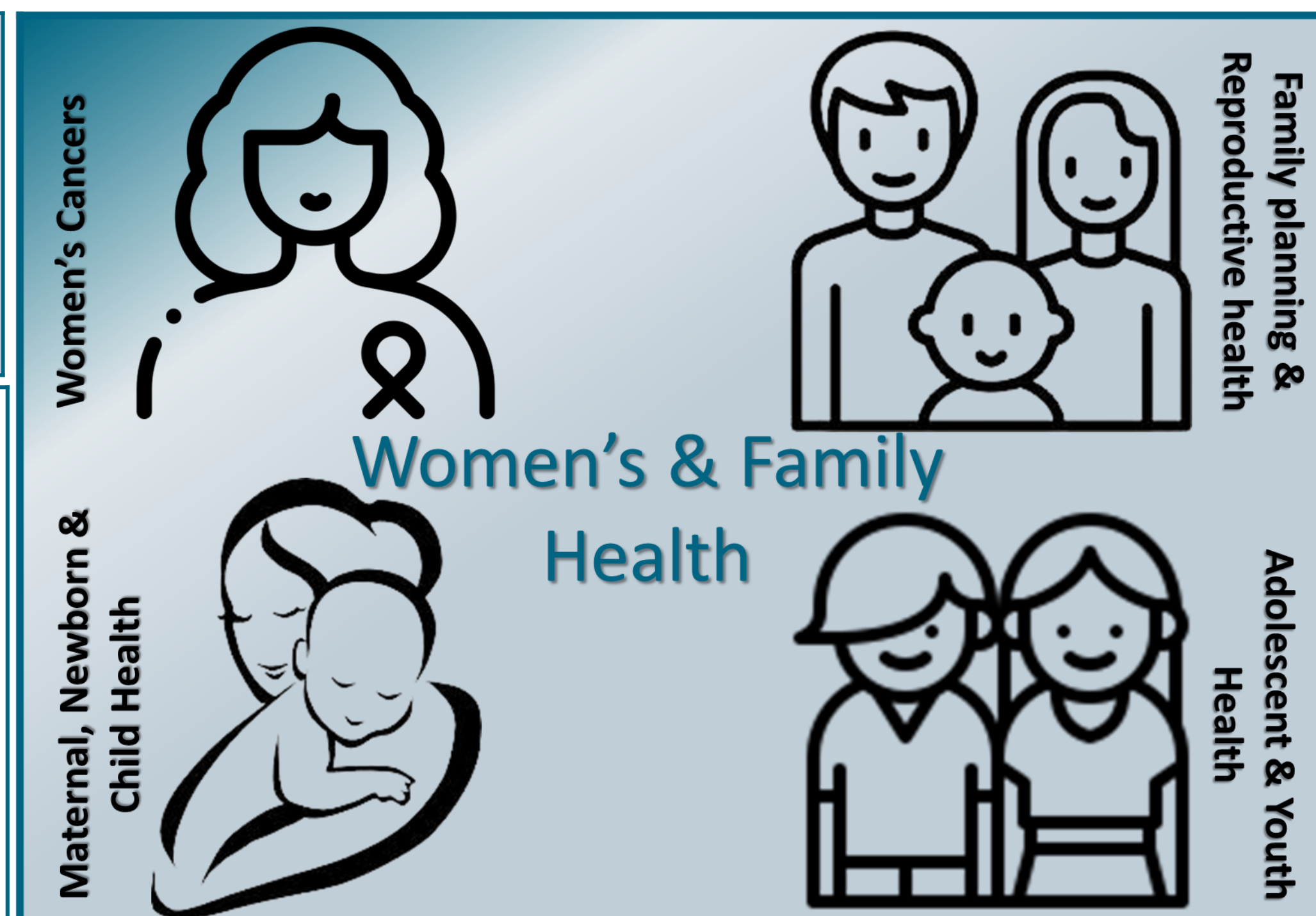


Jhpiego is a nonprofit organization for international health affiliated with Johns Hopkins University. Originally known as the Johns Hopkins Program for International Education in Gynecology and Obstetrics, the organization was funded through the United States Agency for International Development (USAID). Since its founding in 1973, Jhpiego has been innovating to save the lives of women and families worldwide. Jhpiego began working in India in the 1980s, collaborating with the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI), to strengthen reproductive health services.



Self-reliant countries, healthy families and resilient communities. All women and families, regardless of where they live, having equitable access to high-quality, lifesaving health care delivered by competent and caring providers.

Jhpiego creates and delivers transformative health care solutions that save lives. In partnership with national governments, health experts and local communities, Jhpiego builds health providers' skills and develops systems that save lives now and guarantee healthier futures for women and their families.



Objectives:

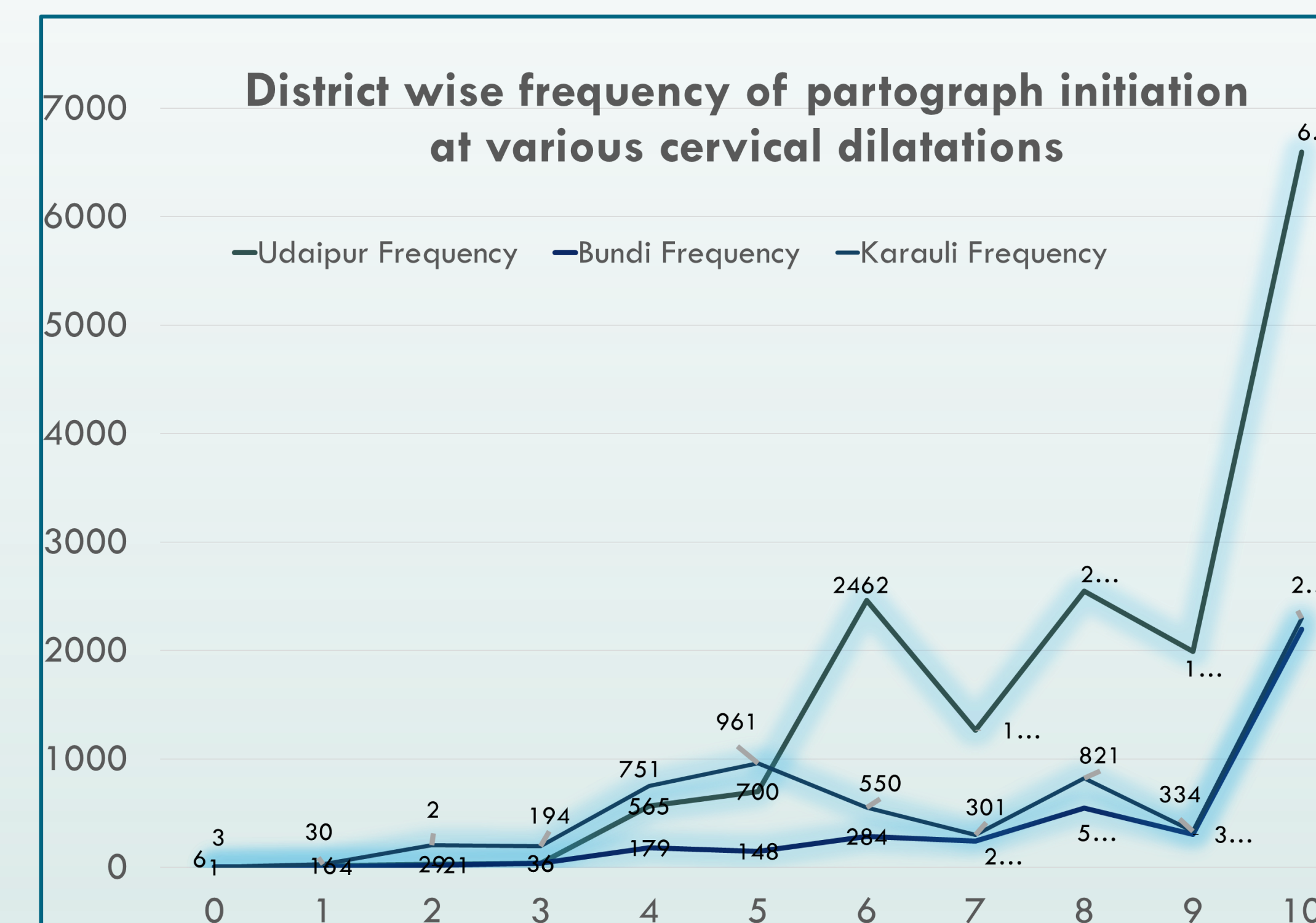
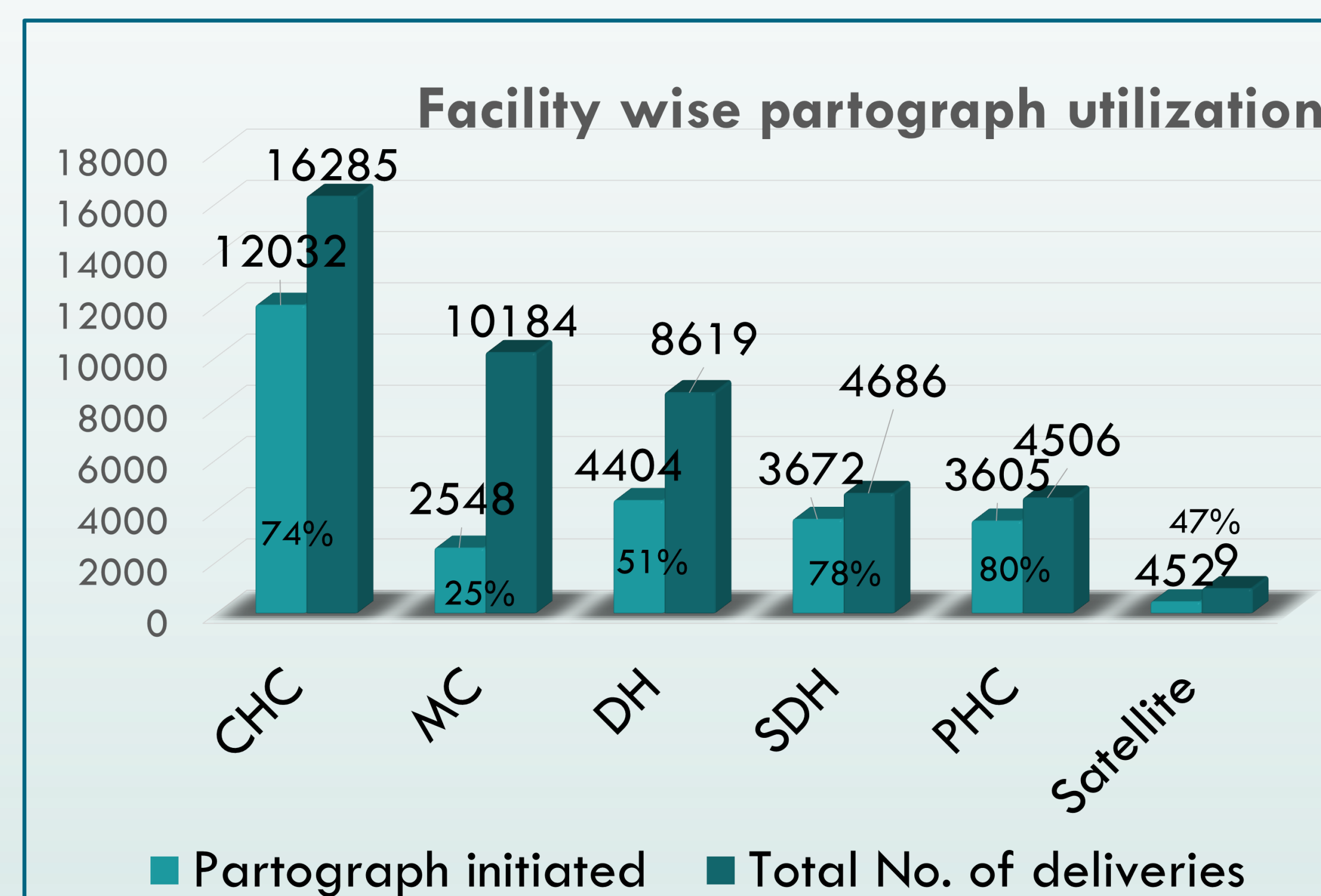
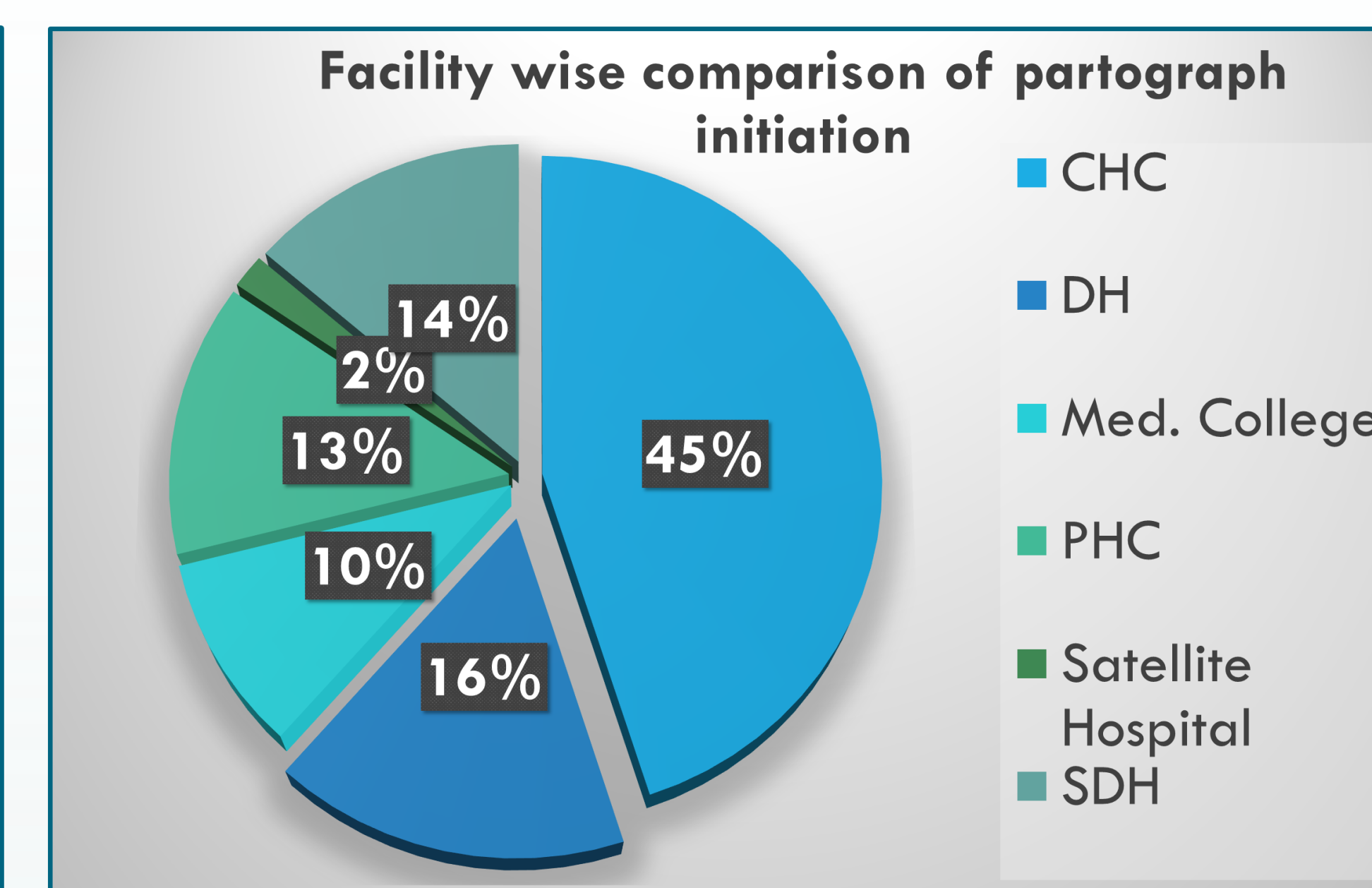
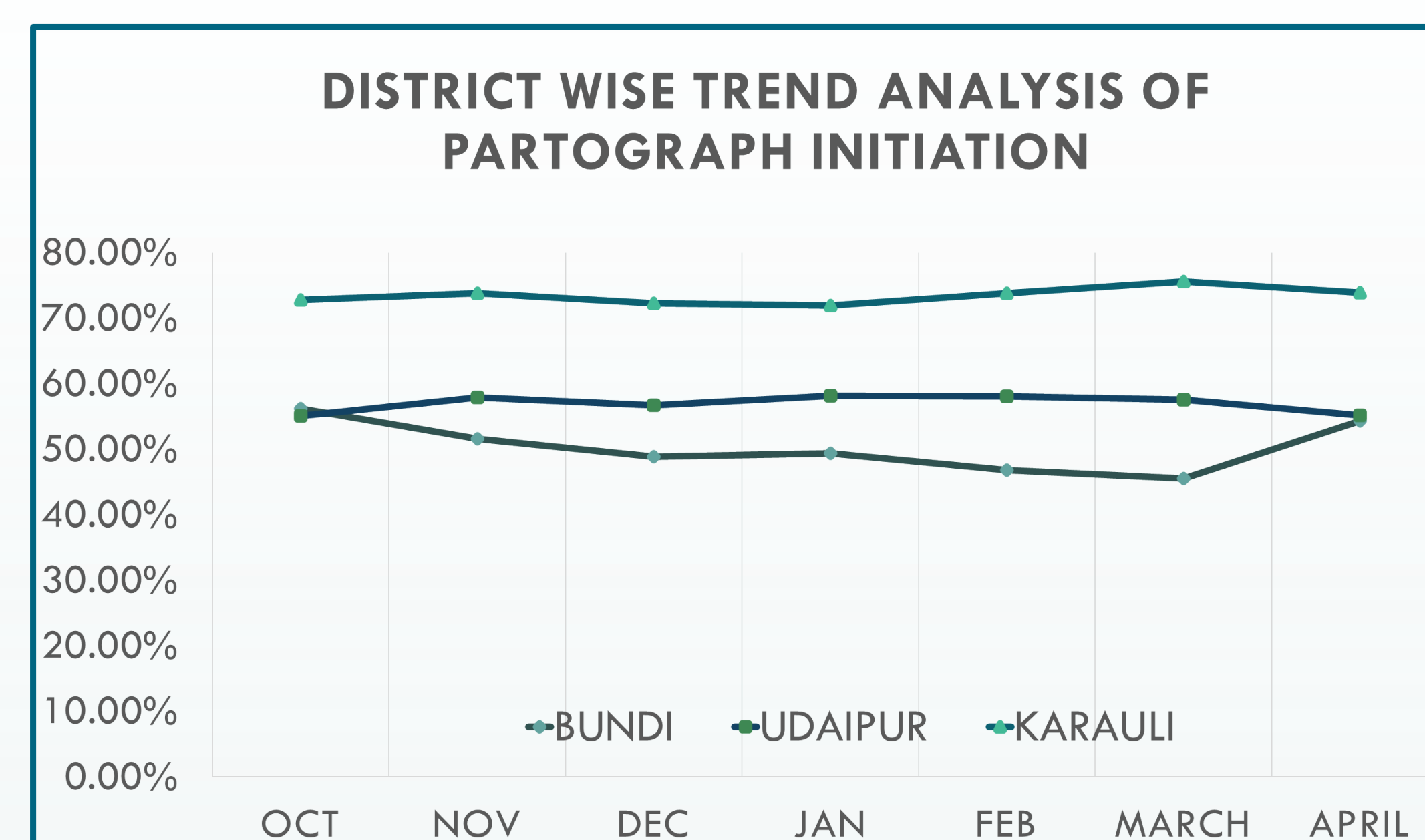
- Identifying the digital partograph adoption trends in Udaipur, Bundi, and Karauli districts of Rajasthan over the past seven months, from October 2023 to April 2024 using data from Prasav Watch.
- Investigate how partograph initiation rates vary among different healthcare facilities.
- To examine trends in digital partograph initiation at different cervical dilation levels.

Sample size = 45,246

Software used = STATA

Type of facility	Partograph initiation %age
CHC	45%
DH	16%
SDH	14%
PHC	13%
Medical College	10%
Satellite Hospital	2%
N	26713

PROJECT



SWOT Analysis

Strength

- Pioneer organization in MCH in India.
- Cooperation with central and state governments.
- Diversification in various domains.
- Integration of technology.

Weakness

- For monitoring and functioning, increased reliability on govt.
- Niche area of functionality.
- Less coverage across the country

Opportunities

- Expansion in more domains.
- Efficient use of technology

Threats

- Other competing organizations.
- Funding uncertainties.

Difference between theoretical learning and practical exposure:

- Theoretical knowledge was a stepping stone for all the tasks.
- It helped in creating engaging and influential IEC materials.
- Without prior knowledge of data analytics, I learned the tools through practical use.
- Grassroots public health requires practical skills.

Learnings:

- Understanding the structure and functioning of public health organizations at local, national, and international levels.
- Developing IEC materials and writing research reports.
- Acquiring knowledge about ARS-icoc and Prasav Watch and their roles in enhancing healthcare access.
- Data analysis using STATA and MS Excel.

Suggestions:

- Adequate monitoring of consistent data entry.
- Providing regular training for healthcare providers involved in ARS-icoc.
- Improving interdepartmental communication.

Results:

- The data shows partographs were initiated for 59% of deliveries, but not for the remaining 41%.
- The partograph initiation rates varied across districts in Rajasthan, ranging from 50.51% in Bundi, 57% in Udaipur to 73.3% in Karauli. Notably, Karauli district had the highest initiation rate.
- The trend analysis in the three districts shows that the rates have remained relatively constant
- Data shows partograph initiation rates are highest at Primary Health Centers (PHCs) at 80%, followed by Sub-District Hospitals (SDHs) at 78% and CHCs at 74%.

Notably, these frontline facilities outperform higher-level facilities like District Hospitals (DHs) at 51%, Community Health Centers (CHCs) at 74%. Medical Colleges (25%) and Satellite Hospitals (47%).

Analysis of cervical dilatation data from three districts shows a consistent increase in partograph initiation as women progress through labor i.e., 0 to 10 cervical dilation.

Among 452 identified maternal complications.

For obstructed labor, partographs were initiated in 23 (66%) of the 35 cases identified.

For prolonged labor, partographs were initiated in 6 (67%) of the 9 cases identified.