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# SUMMER INTERNSHIP PROGRAM IIHMR UNIVERSITY JAIPUR

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## 3-YEAR TREND ANALYSIS OF FAMILY PLANNING PROGRAM & DEVELOPMENT OF IEC MATERIAL NHM GUJARAT

# PROFILE OF ORGANISATION

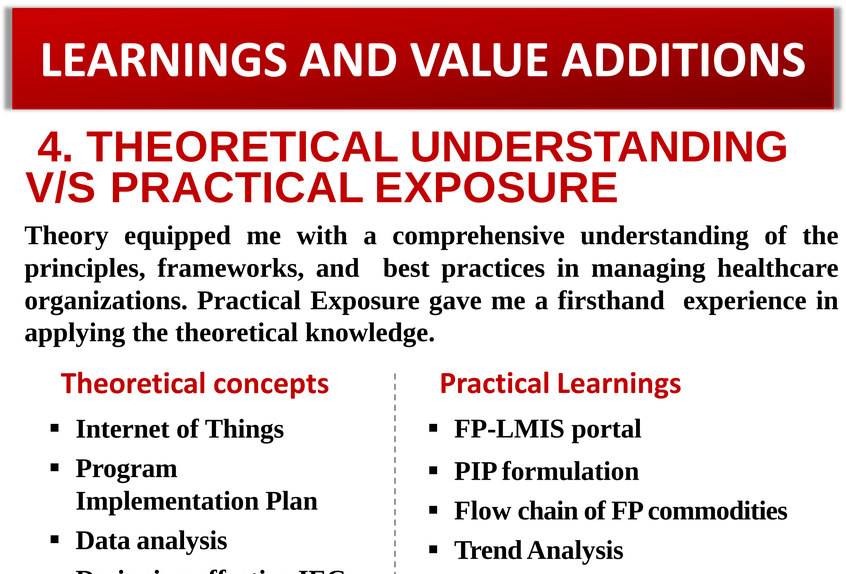
## 1. BRIEF HISTORY

The National Health Mission was launched by Government of India on April 12, 2005, to provide rural people, particularly vulnerable groups, with accessible, affordable, and high-quality health care. Later, on 1st May 2013 it was renamed as National Health Mission (NHM) after widening its service coverage to urban areas. The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCAH+N), and Communicable and Non-Communicable Diseases.

## 2. VISION & MISSION

Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter- sectoral convergent action to address the wider social determinants of health.

## 3. ORGANISATIONAL STRUCTURE




# LEARNINGS AND VALUE ADDITIONS

## 4. THEORETICAL UNDERSTANDING V/S PRACTICAL EXPOSURE

Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations. Practical Exposure gave me a firsthand experience in applying the theoretical knowledge.

### Theoretical concepts

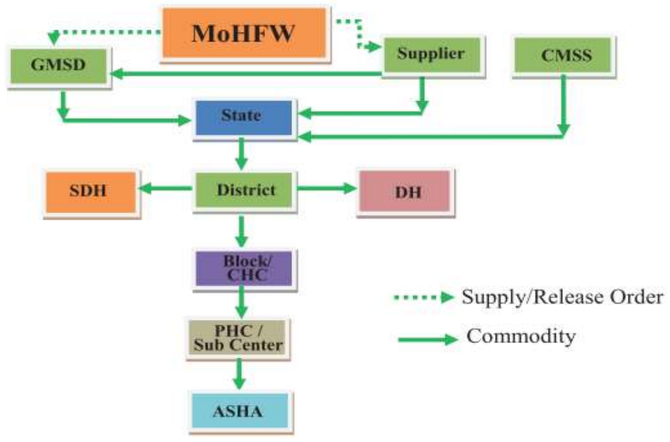
- Internet of Things
- Program Implementation Plan
- Data analysis
- Designing effective IEC material

### Practical Learnings

- FP-LMIS portal
- PIP formulation
- Flow chain of FP commodities
- Trend Analysis
- IEC material development
- Real-time work in a government setup

## 5. LEARNINGS DURING INTERNSHIP

### A) FLOWCHAIN OF FP COMMODITIES




### B) TREND ANALYSIS (2021-24)

**Objective:** The primary objective of this analysis is to evaluate the effectiveness of the family planning program in Gujarat, identify trends, and provide insights into the program's performance over the last 3 years.

**Project design:** A trend analysis using secondary data.

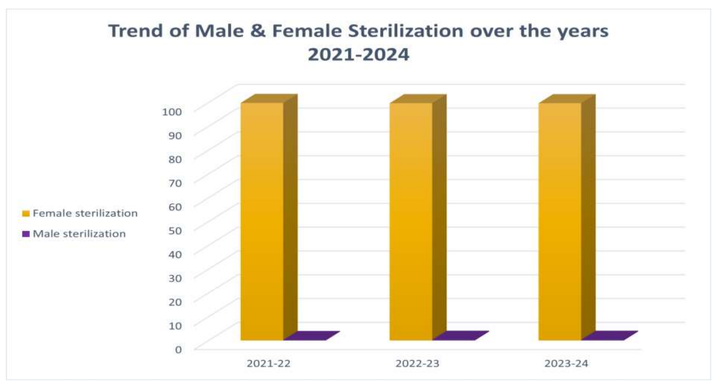



Fig. 1

The above chart shows a higher number of female sterilizations as compared to male sterilizations which reveals a significant gender disparity.

**Inference:**

1. Low participation and acceptance of male sterilization procedures.
2. Lack of awareness or education about male options.
3. Societal norms that place contraceptive responsibilities on women.

**Interpretation:** It could indicate potential barriers for men, such as perceived stigma or lack of support and male dominant society.

**Recommendation:** Need for more balanced contraceptive awareness specially focused IEC, BCC, SBCC and education to increase male participation.

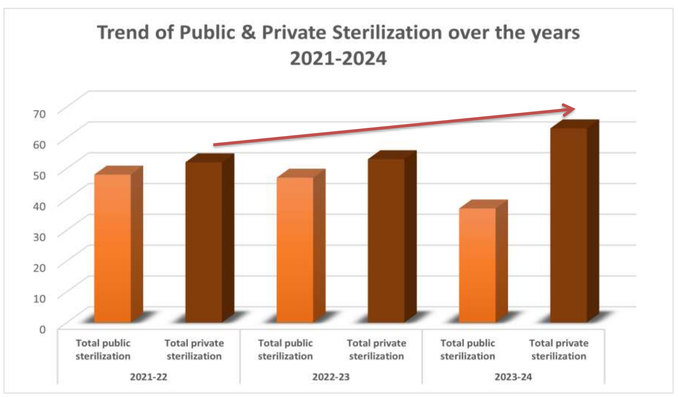



Fig. 2

Over the span of 2021 to 2024, there's a clear shift in the distribution of sterilization procedures from public to private institutions. This indicates a growing preference or accessibility of sterilization services provided by private healthcare facilities over public ones during this period as more and more private institution service providers are trained and empaneled by the state to provide sterilization services.

Also, people have a belief that private facilities are better than the government facilities.

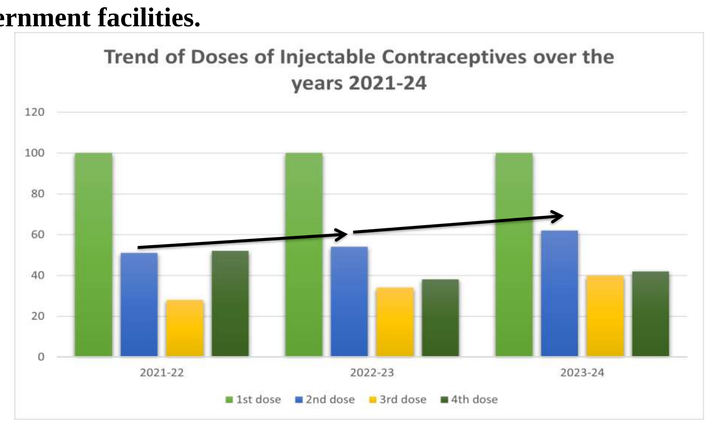



Fig. 3

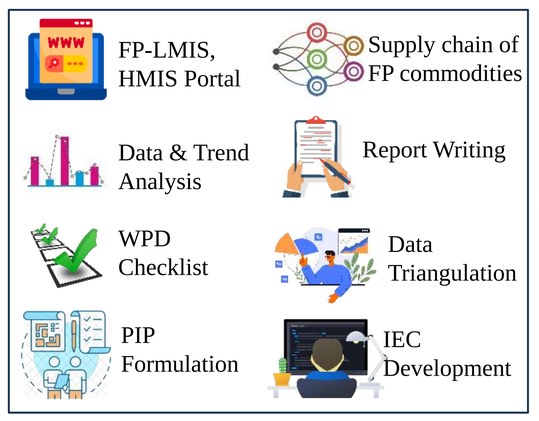
Over the observed years, adherence to subsequent doses of injectable contraceptives showed a positive trend. Initially, all individuals consistently received the first dose, indicating high initial acceptance. However, returning for subsequent doses varied annually.

The cause for decrease in second and third dose could be to factors such as transfer to private institutions, forgetfulness, side effects, and misconceptions.

Recommendation: Proper counselling, education, developing effective IEC/ BCC/ SBCC may help address these challenges and enhance adherence rates over time.

### C) IEC MATERIAL ON AWARENESS OF MALE STERILIZATION


### VALUE ADDITIONS




## 6. CHALLENGES FACED

- Difficulty in communicating due to lack of understanding of local language.

## 7. USEFULNESS OF INTERNSHIP

- Exposure to the real field of work and learned work ethics.
- Improvements in skill-sets.
- Networking with experienced people in the industry.

## 8. SWOT & TOWS ANALYSIS OF FP-LMIS

| Internal factors / External factors | STRENGHTS (S) | WEAKNESS (W) |
|---|---|---|
| | • Real time data on stock levels, reducing the chances of stockouts and overstocking.<br>• Data accuracy and reliability.<br>• Timely availability of supplies.<br>• Auto generated reports offer clear insights for program review. | • Technical issues, such as server downtimes, can hinder the effective use of FP-LMIS.<br>• Dependence on digital literacy.<br>• Dependence on internet connectivity.<br>• Complexity of Use. |
| **OPPORTUNITIES (O)**<br>• Expansion to Other Health Programs.<br>• Collaborations and Partnerships.<br>• Government policies supporting digital health initiatives can provide additional funding and resources. | **S-O Strategies**<br>-Utilize real-time stock management capabilities to streamline logistics for other health programs.<br>-Promote the system's reliable data collection to gain support from policymakers for funding.<br>-Partner with tech companies to keep the system updated and incorporate new features, ensuring FP-LMIS remains relevant and effective. | **W-O Strategies**<br>-Partner with tech companies to resolve technical issues.<br>-Use government policies supporting digital health initiatives to secure resources & reduce dependence on digital literacy. |
| **THREATS (T)**<br>• Resistance to change.<br>• Data privacy and security.<br>• Low operationalization of ASHAs.<br>• Informal transactions. | **S-T Strategies**<br>-Strengthen data security protocols to mitigate risks related to data privacy.<br>-Use the system's timely availability of supplies to demonstrate its benefits, reducing resistance from staff.<br>-Engage ASHAs through supervision, monitoring & training. | **W-T Strategies**<br>-Invest in advanced cybersecurity measures to protect against data breaches.<br>-Continuously refine the user interfaces based on feedback to make the system user-friendly & reducing complexity.<br>-Implement measures to track and discourage informal transactions. |

# SUGGESTIONS

- Implementation of a Referral Tracking System- within the HMIS to accurately track and attribute sterilization cases to the original referring locations.
- Introduce incentive mechanisms for ASHA workers based on their performance in indenting.
- Establish a transparent system to monitor and report the performance of both public and empanelled private institutions cases.
- The FP-LMIS portal should be optimized to be lag-free, ensuring the software operates quickly and efficiently.