SUMMER INTERNSHIP PROGRAM

at

NATIONAL HEALTH MISSION

12th of May 2024 – 23th of July 2025

A REPORT BY

Avni Reja

Master of Business Administration

MBA Hospital and Health Management

Roll no:- 1918

2024-26

under the Mentorship of
SANDESH KUMAR SHARMA
Professor

BRIDGING THE GAP: ASSESSING HIGH-RISK PREGNANCY INTERVENTION AND IMPROVING BEHAVIOR CHANGE COMMUNICATION THROUGH THE COREGIVING COUNSELLING PROGRAM USING HMIS DATA

National Health Mission
Link Road Number 3, Patrakar Colony,
Bhopal, MP

Dated :23 July 2025

To whomsoever it may concern

This is to certify that Ms. Avni Reja have successfully completed her training in HMIS department of National Health Mission, Madhya Pradesh for the period of MAY 12,2025 TO July 22,2025.

We wish her all the best for her future endeavours.

23/7/25

(Dr. Ashwin Bhagwat)

Deputy Director, HMIS

डॉ. अश्विन भागवत
प्रभारी उपसंचालक
एच.एम.आई.एस. एन. एच. एम.

IIHMR UNIVERSITY

IIHMR University Faculty Mentor Approval

This is to certify that **Ms. Avni Reja,** of academic year 2024-26, of the Institute of Health Management Research, has prepared a poster with respect to her summer internship held during May-July 2025.

She has carried out work as per the guidelines. Her poster is approved for presentation.

Date:

(Signature of Faculty Mentor)

Name: Sandesh Kumar Sharma

Designation: Associate Professor

1, Prabhu Dayal Marg, Near Sanganer Airport, Jaipur- 302029, Rajasthan, India.
Ph.: 0141-3924700, 2791431- 32, E-mail: iihmr@iihmr.edu.in, Web.: www.iihmr.edu.in

Bridging the gap: Assessing high-risk pregnancy intervention and improving behavior change communication through the Caregiving Counseling Program using HMIS data.

Name: Avni Reja
Roll No. : 1918
Mentor: Sandesh Kumar Sharma

Mentor: Dr. Ashwin Bhagwat

INTRODUCTION

The National Health Mission (NHM) was launched by the government of India in 2013. The National Rural Health Mission and National Urban Health Mission. It is the initiative taken by Govt. of India to underserved rural and urban peoples.

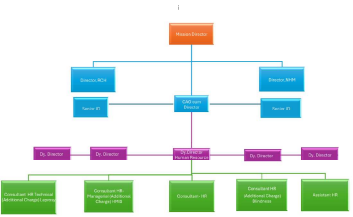
VISION

The National Health Mission (NHM) aims to provide universal access to equitable, affordable, and quality healthcare services that are accountable and responsive to people's needs

GOALS

1. Improve access to quality healthcare
2. Strengthening public health system
3. Prevent and control Diseases
4. Promote healthy lifestyle
5. Address Social determinants of health

ORGANOGRAM



SUGGESTIONS

1. Strengthen feedback, especially in low-performing districts
2. Complete HMIS data
3. Strengthen HRP identification protocols
4. Data validation visits to match reported and recorded data to eliminate discrepancies.
5. Incorporating real-life testimonials from the from the mothers and families

OBJECTIVES

1) To assess district-wise trends in the identification of high-risk pregnancies (HRP) using HMIS indicators

2) To access how better the quality and coverage of behaviour change communication (BCC)

3) Provide Data-Driven Recommendations

METHODOLOGY

Study design: Cross-Sectional Design

Study Area: Districts of Madhya Pradesh

Study Period: Data will be analysed for 2024-2025

Data Collection: Secondary data from HMIS PORTAL

LEARNING DURING INTERNSHIP

1. Understanding of Maternal health and high-risk pregnancy
2. Hands-on practical knowledge on HMIS Dashboard
3. Gain knowledge about collaborative partner of caregiving Companion Program
4. Helped in understanding the family caregiving program and its importance, especially in rural areas
5. Hands-on practice with large data sets

ANALYSIS

1. Comparison of 1st trimester ANC registrations to total ANC registrations.
2. Total High-Risk Pregnancy (Antepartum)
3. Number of pregnant women having severe Anaemia and treated
4. Caregiving Counselling Program (ANC, PNC, and SNCU people trained and session conducted)

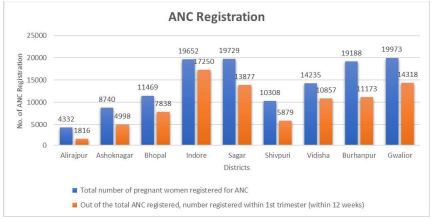
FINDINGS

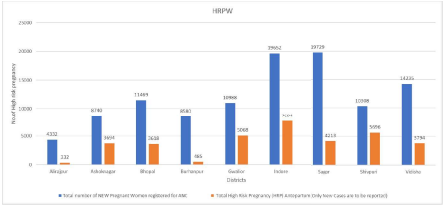
GRAPH 1: Indore (87.78%) shows good ANC registrations as well as registration within 12 weeks; Burhanpur (58.23%) and Sagar (70.34%) have high total ANC registration but lower registration within 12 weeks, and Alirajpur (41.92%) has low performance in registration within 12 weeks. The state average of ANC is 78.35

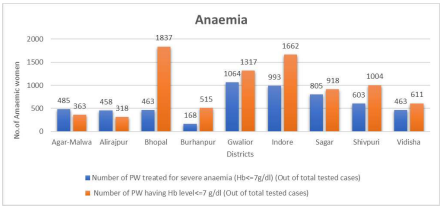
GRAPH 2: Shivpuri (55.26%) and Gwalior (46.12%) show the highest proportion of high risk of pregnancy indication and strong identification. Burhanpur (5.65%) and Alirajpur (7.66%) show very low HRP percentages. The state average of HRPW is 50.59%

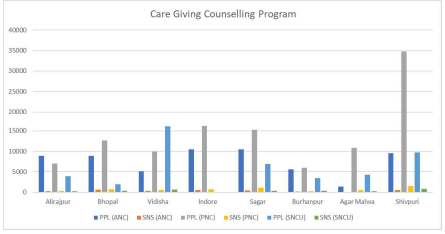
GRAPH 3: Alirajpur (144.03%) and Agar-Malwa (133.61%) show treatment numbers exceeding the number of identified cases, which is probably an outlier.
Burhanpur (32.62%) and Bhopal (25.20%) have low treatment coverage. The state average of Anaemia is 78.27%.

GRAPH 4: In the caregiving counseling program, Shivpuri shows the exceptional number of people trained in PNC compared to any other phase, indicating there is more coverage of people trained in fewer sessions conducted, while Indore and Sagar performed consistently well. Vidisha shows a high number of









CHALLENGES FACED DURING THE STUDY

1. No structured feedback mechanism post-counseling session.
2. Lack of field visit
3. Difficult in measuring Behaviour change outcome

PRACTICAL WORK

1. HMIS-based data extraction and cleaning
2. Gap Identification
3. Practical knowledge about how data works.
4. Data analysis of Key Indicators
5. Practical Visualization of counselling program reach

THEORETICAL WORK

1. Understanding through Literature Review
2. Maternal and child health Guidelines
3. Discussions with stakeholder/program manager

USEFULNESS OF INTERNSHIP

1. Can easily relate to the programs taught in class to handle their data practically
2. More understanding of behavior change communication
3. Learned about the public-private partnerships
4. Familiar with the system and how it works.
5. Learned the importance of attention to detail
6. Acquainted with the Family Caregiving Program dashboard

SWOT ANALYSIS

STRENGTHS
- Focused on real issue
- Use of real-time HMIS data
- PPP

WEAKNESSES
- Gaps in HMIS Data
- No feedback loops
- Data redundant
- Data biasness

OPPORTUNITIES
- Hand-holding facilitator
- Promote digital Counseling in weaker section
- Integrate HMIS with feedback

THREATS
- Behaviour change takes time
- Rely on secondary data

Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

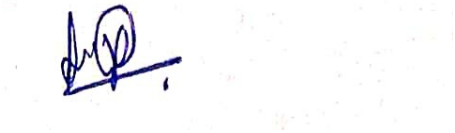
Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 01 **From:-** 13 MAY 2025 **to :-** 16 MAY 2025

Activity Done	• We discuss the organisation it's vision and mission. • What are the major programs they are working on and about my interest of dept. So, I choose HMIS dept as it covers all the program and its progress. • We discuss HMIS in detail. • HMIS has different formats according to the facilities they provide.
Linking theory (Classroom learning) with practice at your organisation	• The different programs we learned in the classroom that help me in relating more in a practical way. • How different policies and strategies are framed from the challenges they faced with the help of data analysis which is handled by the HMIS DEPT in NHM
Gaps identified on the working area.	• Difficulty in analysing a key indicator of particular programs • Challenge in identifying the terminology of medical terms.
Suggestions for improvement	• More deep understanding with formats of different HMIS.

	• Need discussion about the key indicators of different delivery points.
Plan for the next week	• Data analysis of key Indicators of maternal and child nutrition with different delivery points.



Signature of the Student

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.

Reporting Format (Weekly)

Name of the Organisation: NHM (M.P)

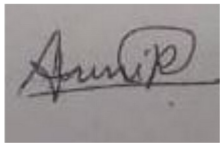
Area/ Department/ Project of Summer Internship Program: HMIS dept.

Name of the Student: Avni Reja

Roll no: 1918 Stream: MBA HM (SEC. A)

Week no: From: 19 MAY to: 23 MAY

Activity Done	In this week I have more focus on ANC and high-risk pregnancy, so according to that I have selected key indicators for secondary data analysis. I am also thinking of some behaviour change communication related to related to high-risk pregnancy in my project.
Linking theory (Classroom learning) with practice at your organisation	We have been taught behaviour change communication in classrooms, through that teaching, I am able to make ICE material for the counselling of families.
Gaps identified on the working area.	Lacking in advance excel. Difficulty in data analysis.
Suggestions for improvement	Daily practice of excel and through which I will be able to do data analysis.
Plan for the next week	Data analysis of secondary data More research about behaviour change communication and how will implement in my project.



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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

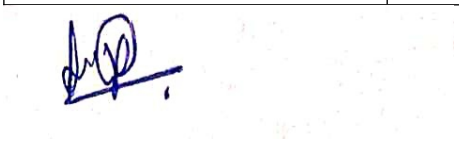
Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 03 **From:-** 26 MAY 2025 **to :-** 30 MAY 2025

Activity Done	• Met with a mentor and discussed the challenges in identifying high-risk pregnant women. • Reviewed National Health Mission (NHM) programs and their components. • Studied Behaviour Change Communication (BCC) approaches. • Researched Noora Health, an organization that partners with public health systems to ensure that family caregiver education becomes a standard part of care. • Identified indicators of high-risk pregnancy, including low birth weight, anaemia, and complications. • Brainstormed ways to incorporate antenatal care (ANC) into postnatal care counselling. • Compared districts based on maternal and child health (MCH) indicators and identified those with the fewest available services. • Cleaned and analysed five years' worth of key health indicators, including ANC, delivery, family planning, and Home-Based Newborn Care (HBNC).

Linking theory (Classroom learning) with practice at your organisation	• Theories related to Behaviour Change Communication (BCC) helped in understanding maternal health awareness. • Learned about the continuum of care, including antenatal care (ANC), delivery, family planning, and postnatal care (PNC).
Gaps identified on the working area.	• I am using secondary data from 2019 to 2024, which contains different formats for delivery points, and I am facing difficulty in handling it.
Suggestions for improvement	• Strengthening BCC materials and counselling for better health with the support of Noora Health.
Plan for the next week	• Concept note prepared for permission to collaborate. • Data analysis of the remaining indicators across different districts to identify the most severely affected district.



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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 04 **From: -** 2 JUNE 2025 **to :-** 6 JUNE 2025

Activity Done	• In this week studied the Continuum of Care especially focusing on high risk and new sick born. • decided to selected 3-4 districts for comparative analysis severe, moderate and mild performance. • Literature review on gaps and best practices in maternal health in India. • Drafted a concept note.
Linking theory (Classroom learning) with practice at your organisation	• We studied the identification and important indicators of high risk and the programmes involved in high risk like Anaemia Mukt Bharat.
Gaps identified on the working area.	• Lack of co-ordination btw interdepartmental.
Suggestions for improvement	• There was a systematic coordination btw departments.
Plan for the next week	• Concept note for final topic and also will send to college mentor for the approval

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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

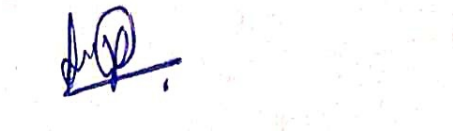
Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 05 **From: -** 9 JUNE 2025 **to:-** 13 JUNE 2025

Activity Done	• Accessed and took data from the portals • Cleaned, sorted and filter the ANC and BCC data • Analysed the total registration and anemia across different districts • Literature review of BCC
Linking theory (Classroom learning) with practice at your organisation	• Theories we study in BCC help me in understanding the behaviour of rural people towards maternal health
Gaps identified on the working area.	• Incomplete data in HMIS portal
Suggestions for improvement	• Real time monitoring dashboards • Integrate of more BCC materials where there is a high no of HRPW • Continuous feedback of ANMs and ASHA
Plan for the next week	• Data analysis of indictors in BCC



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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

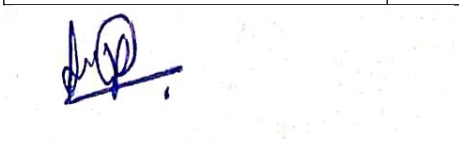
Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 05 **From: -** 16 JUNE 2025 **to: -** 20 JUNE 2025

Activity Done	• Data Cleaning and compilation • Stakeholder Interactions • Data Visualization
Linking theory (Classroom learning) with practice at your organisation	• NHM actively use PPP model as bridging the gap of infrastructure as it enhances service delivery
Gaps identified on the working area.	• HMIS data is highly used for tracking maternal health indicators, discrepancies due to delayed data entry and lack of real-time
Suggestions for improvement	• Real time Feedback loops from beneficiaries. • Regular on-site audits necessary
Plan for the next week	• Continue with data analysis of different years



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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 07 **From: -** 23 JUNE 2025 **to: -** 27 JUNE 2025

Activity Done	• Completed tabulation of ANC registration rates, HRP identification, and counselling coverage across 7 to 9 districts. • Mapped out block-level data where drop-offs were most common • Discussions with stakeholders
Linking theory (Classroom learning) with practice at your organisation	• Correlation between counselling and outcomes women who received counselling had higher coverage with PNC checkups and early institutional delivery. • Identified a gap in feedback mechanisms post counselling — there is no formal record of patient understanding or satisfaction.
Gaps identified on the working area.	
Suggestions for improvement	• simple, color-coded visual dashboards at block/CHC level to track ANC, HRP, and PNC indicators weekly.
Plan for the next week	• IEC material review

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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 08 **From: -** 30 JUNE 2025 **to: -** 4 JULY 2025

Activity Done	• Select out the differentiator districts in both the years for better comparison. • Review of IEC materials use by Care companion model
Linking theory (Classroom learning) with practice at your organisation	• Importance of IEC materials • Types of IEC Materials
Gaps identified on the working area.	• Counselling is done but it takes time to adapt that behaviour which remain low in many area. Flipflop books, importance of how audience will understand the message and how they ill adapt it.
Suggestions for improvement	• There should be unique registration if for every pregnant woman came for ANC.
Plan for the next week	• Final evaluation of the data analysis

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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 09 **From: -** 7 JULY 2025 **to: -** 11 JULY 2025

Activity Done	• Completed the final evaluation. • Complied trends of SNCU, NBSU ANC and PNC • Developed a content for poster presentation
Linking theory (Classroom learning) with practice at your organisation	• Applied research methodology for evaluation tools. • Worked with raw data and cleaned data which results in the importance of data validation and decision making from the dashboard.
Gaps identified on the working area.	• Due to the lack of direct field visits during internship, I was unable to closely observe or validate the reasons behind the disconnect between the understanding of the ANMs and the families.
Suggestions for improvement	• Incorporating real-life testimonials from mothers or families, narrated in their local dialect, can significantly improve engagement in rural and tribal areas which is more human centric.
Plan for the next week	• Approval of poster presentation.

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Reporting Format (Weekly)

Name of the Organisation: NATIONAL HEALTH MISSION (MADHYA PRADESH)

Area/ Department/ Project of Summer Internship Program: HMIS DEPT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT

Week no: 10 **From: -** 14 JULY 2025 **to: -** 18 JULY 2025

Activity Done	• Submitted and presented the poster • poster review and Q&A session • Collected and compiled all 10 weekly reports for final internship documentation.
Linking theory (Classroom learning) with practice at your organisation	• **Research Methodology** used in designing of study objectives, methodology. • Understood practical application of BCC through Care Companion Program findings.
Gaps identified on the working area.	• Counselling quality and consistency • Lack of feedback from the beneficiaries • Inconsistent ANC registration trends • Incomplete or delayed HMIS entries
Suggestions for improvement	• Use of **digital dashboards** at the block/CHC level for real-time tracking of ANC, HRP, and PNC indicators. • Introduction of **testimonials in local dialects** as it builds trust. • Strengthen the **field-level feedback system** to • Assign **unique ANC IDs** to every pregnant woman to avoid data duplication.

Plan for the next week	

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Compiled Reporting Format

Name of the Organisation: NHM (MP)

Area/ Department/ Project of Summer Internship Program: HMIS DEPARTMENT

Name of the Student: AVNI REJA

Roll no: 1918 **Stream:** MBA HOSPITAL AND HEALTH MANAGEMENT (HM-29)

Activity Done	• Understood NHM vision, programs, and HMIS framework from orientation sessions. • Studied upon the various areas such as ANC, PNC, anaemia, vaccinations, diseases. But observing the present scenario HRPW with anaemia has the biggest issue particularly in pregnant women particularly in rural areas. • Selected indicators such as ANC registration, HRPW identification, anaemia prevalence, delivery outcome, and PNC coverage for targeted analysis. • Performed secondary data analysis on HMIS reports for the years 2023–2025 to analysed trends across various districts. • Cleaned, filtered, and merged data from years to obtain comparative conclusions. • Assisted literature review of behaviour change communication (BCC) and IEC material strategies for public health. • Partnered with mentors and stakeholders to identify data collection shortcomings and maternal health issues. • With the help of care companion model, we are able to assess how many sessions are conducted and how many people are trained in every phases. • Mapped district-level data to identify service drop-offs in ANC, HRP identification, and counselling coverage. • Reviewed implementation of the Care Companion Model (CCM) and evaluated IEC material effectiveness for awareness among communities.

Linking theory (Classroom learning) with practice at your organisation	• **Classroom Learning:** Behaviour Change Communication (BCC), Excel and Data Visualization • **At NHM:** Health Systems Management: Performance indicators, and HMIS tools utilized to guide state-level decision-making.
Gaps identified on the working area.	• Incomplete and lagged entries in data on HMIS portals resulted in inconsistency and real-time monitoring. • Lack of ground verification: The lack of field observation restricted my scope to witness the behavioural and infrastructural problems of ANMs and beneficiaries. • No structured feedback mechanism post-counselling sessions—there was no routine process to check whether the mother or family comprehended or gained from the counselling. • Reduction in the use of IEC tools and inadequate local dialect adaptation of contents made them less effective, particularly in rural and tribal regions. • Insufficient ANM and ASHA feedback incorporation in planning BCC initiatives.
Suggestions for improvement	• Create unique ANC registration IDs to trace pregnant women's path through services and eliminate duplication. • Simple, visual, and colour-coded dashboards at CHC and block levels to facilitate local stakeholders in tracking important maternal health indicators. • Incorporate real-life testimonials in local dialect languages within IEC/BCC materials for added community relatability and trust. • Improve inter-departmental coordination, particularly between data handlers, field workers, and health educators.

	• Increase real-time monitoring tools and minimize delay in data entry at the facility level. • Foster sustained feedback from ANMs and ASHAs for developing IEC strategies and counselling material. • Give high priority to training in data interpretation at the block level to enable field staff to make use of insights for action.
Key Learnings	• Understood HMIS functioning • Data analysis and Interpretation • Importance of Behaviour Change Communication • Gap identification and Problem solving • Maternal and child health program insights

Signature of the Student

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