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

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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.

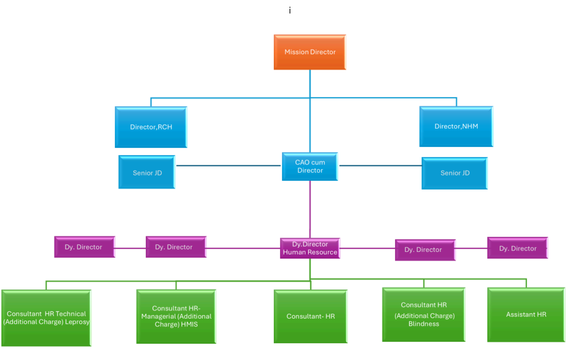
VISION

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)

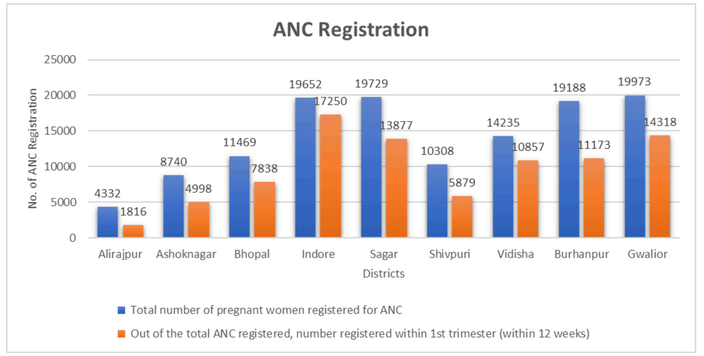
FINDINGS

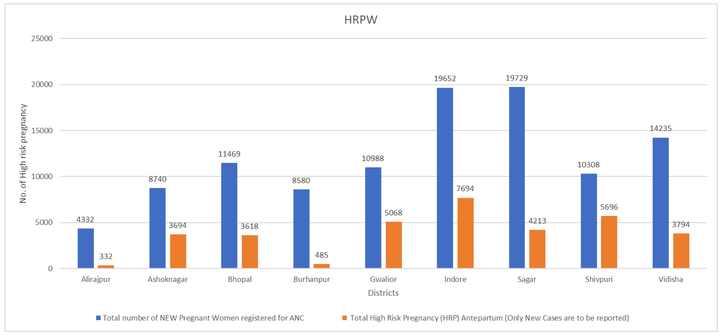
GRAPH 1: Indore (87.78%) shows good ANC registrations as well as registration within 12 weeks; Burhanpur (58.23%) and Sagar (70.34%) have high total ANC registration but lower registration within 12 weeks, and Alirajpur (41.92%) has low performance in registration within 12 weeks. The state average of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

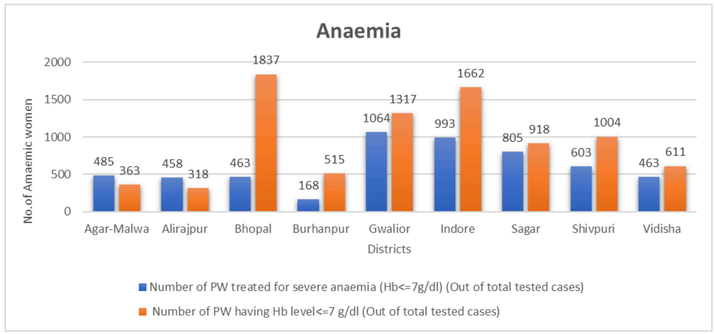
GRAPH 2: Shivpuri (55.26%) and Gwalior (46.12%) show the highest proportion of high risk of pregnancy indication and strong identification. Burhanpur (5.65%) and Alirajpur (7.66%) show very low HRP percentages. The state average of HRPW is 50.59%

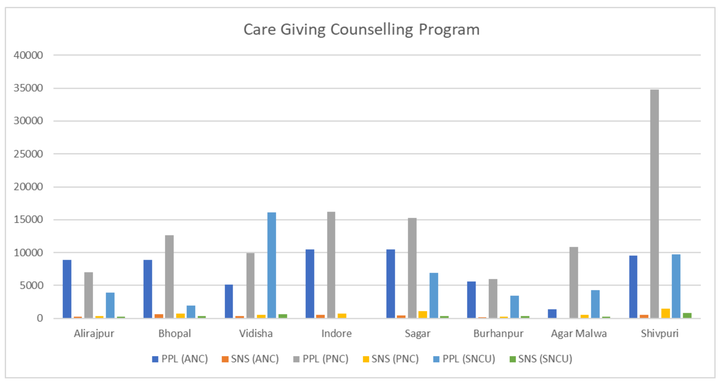
GRAPH 3: Alirajpur (144.03%) and Agar-Malwa (133.61%) show treatment numbers exceeding the number of identified cases, which is probably an outlier.
Burhanpur (32.62%) and Bhopal (25.20%) have low treatment coverage. The state average of Anaemia is 78.27%.

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