



HOSPITAL MANAGEMENT INFORMATION SYSTEM (HMIS) FOR PRIMARY HEALTH FACILITIES



USER MANUAL

For All Cadres



Acknowledgements

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Please scan the QR code to download
the HMIS application.



To access the file from your web
browser, log on to

[https://hisduapps.pshealthpunjab.gov.pk/Home/
AppDetail/60](https://hisduapps.pshealthpunjab.gov.pk/Home/AppDetail/60)

User Manual Guide

1. Visit the HISDU website to download the HMIS application and user guide to your mobile phone or computer for offline viewing.
2. Install a PDF viewer application (e.g. Adobe Acrobat) to open the downloaded file.
3. Use the bookmarks or navigation pane in the PDF application to easily access the table of contents. A bookmark is a link with representative text in the Bookmarks panel of the navigation pane.
4. Click on each heading in the table of contents to jump to the relevant page in the document.

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Chapter 1



Introduction

Chapter 1: Introduction to HMIS

1.1 Introduction

HMIS stands for Hospital Management Information System. It is a digital version of a patient's paper medical chart. An HMIS allows the electronic entry, storage, and maintenance of digital medical data. It is used by healthcare providers to store, organize, and manage patient health information. These electronic records contain a patient's medical history, including information such as diagnoses, treatment plans, medications, medical tests, and imaging results.

HMIS are part of EHRs (Electronic Health Records) and contain the following:

- Patient registration
- Preventive screenings, or checkups
- Tracking patient data over time
- Vertical and horizontal patient referrals
- Monitoring and improving overall quality of care

HMIS is used globally and has become an integral part of modern healthcare practices in many countries and is used for managing patient health information. Its adoption has led to more efficient healthcare services, better patient care, and improved data accessibility, which is invaluable for healthcare providers and patients. HMIS continues to evolve and play a vital role in the advancement of healthcare on a global scale. These systems offer several advantages for healthcare providers, patients, and the healthcare system as a whole.

1.2 Paper-Based Records vs Electronic Medical Records

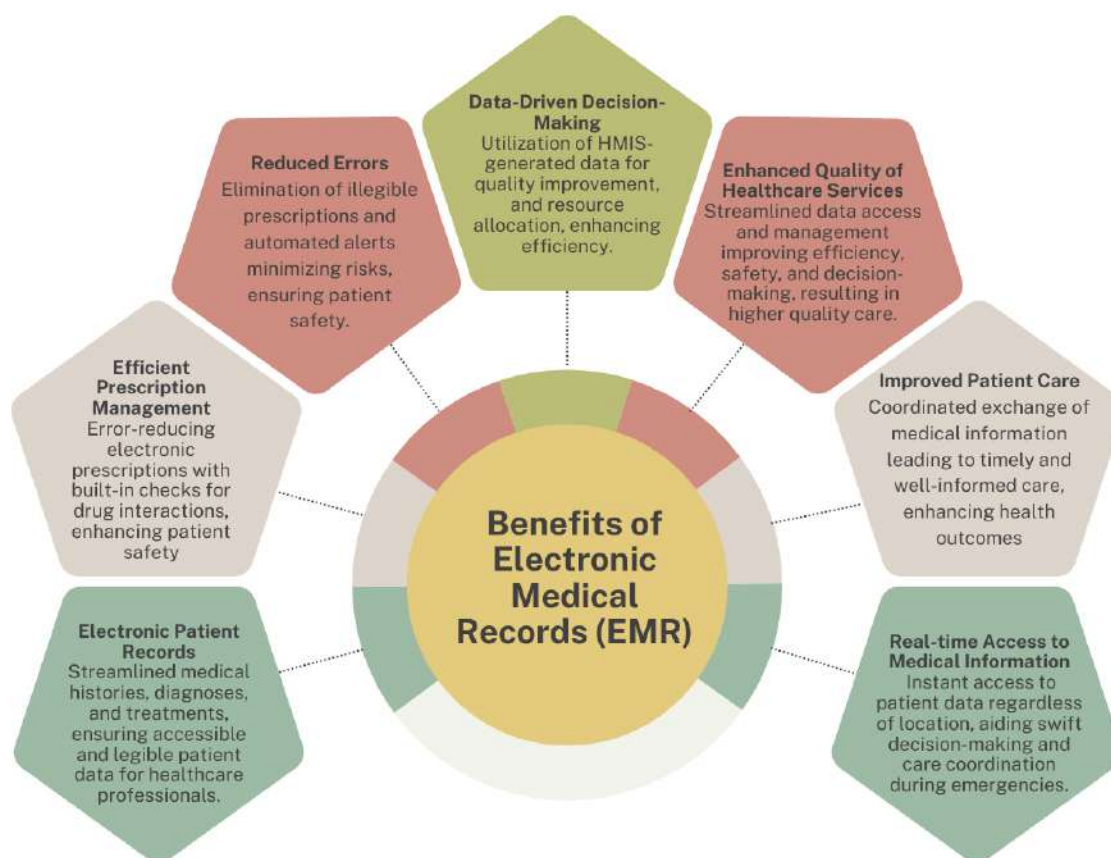
In the ever-evolving healthcare landscape, the debate between paper-based and electronic medical records (EMR) continues. While traditional paper records offer a familiar feel, the rise of technology has introduced EMRs with a plethora of potential benefits.

In recent years, Punjab has undergone a significant transformation in healthcare data management through the adoption of HMIS. This ongoing shift from conventional paper-based medical records to digital systems has been pivotal in advancing the healthcare sector and enhancing the quality of patient care. Healthcare providers have increasingly embraced these digital records as a means to facilitate smoother patient interactions, reducing the risk of errors associated with traditional paper records. This technological shift has not only improved patient care but has also paved the way for data-driven decision-making, benefiting healthcare providers and, most importantly, the patients they serve.

Table 1- Paper Based Records vs Electronic Medical Records

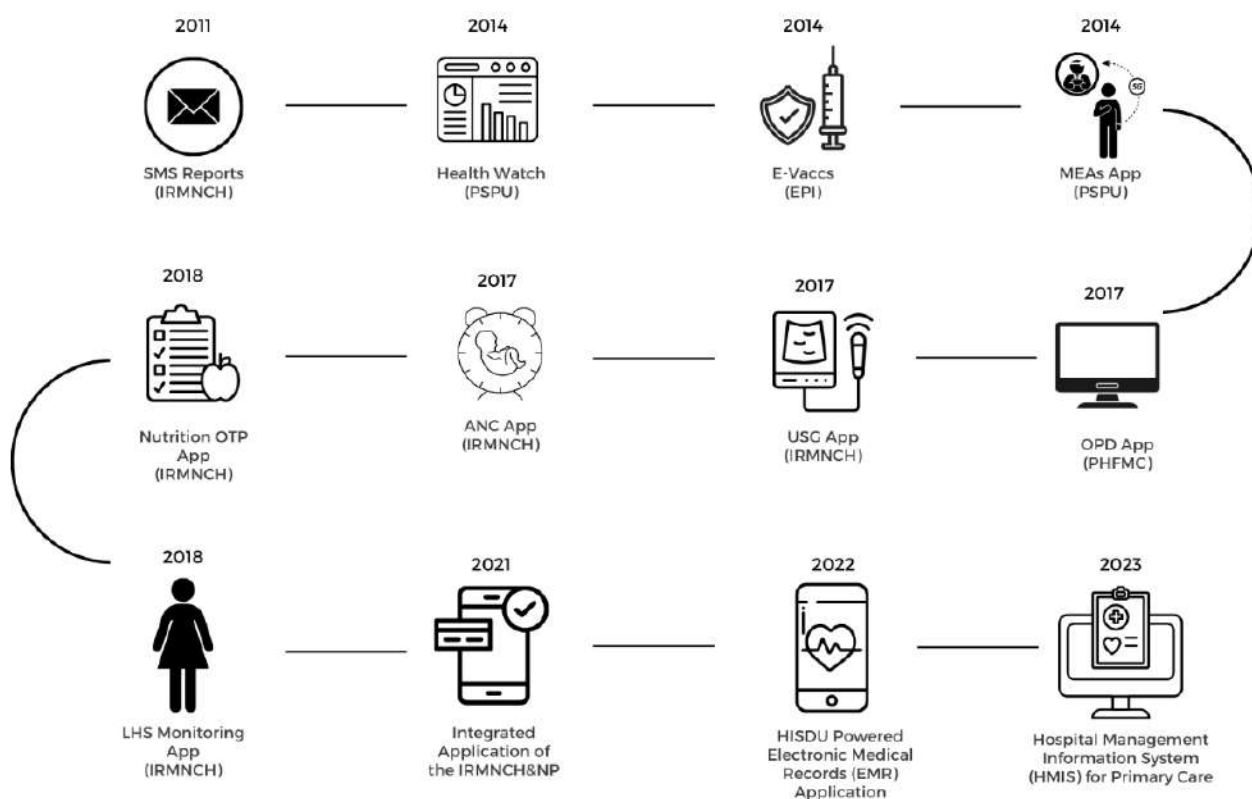
Feature	Paper-Based Records	Electronic Medical Records (EMR)
Accessibility	Limited to physical location	Accessible from anywhere with internet
Organization	Prone to misfiling, loss, or damage	Easily searchable and organized
Legibility	Handwriting can be difficult to read	Standardized format ensures clarity
Security	Vulnerable to theft or unauthorized access	Protected by access controls and encryption
Collaboration	Difficult to share with other providers	Easily shared with authorized providers
Data Analysis	Difficult to aggregate and analyze data	Enables robust data analysis for research and improvement
Disaster Recovery	Vulnerable to physical damage or loss	Securely backed up and recoverable
Environment	Requires paper and storage space	Paperless, reducing environmental impact
Auditability	Can be altered or lost	Creates an auditable trail of changes
Prescription Management	Prone to errors and miscommunication	Reduces medication errors and interactions

1.3 Benefits of the Electronic Medical Records



1.4 Historical Perspective

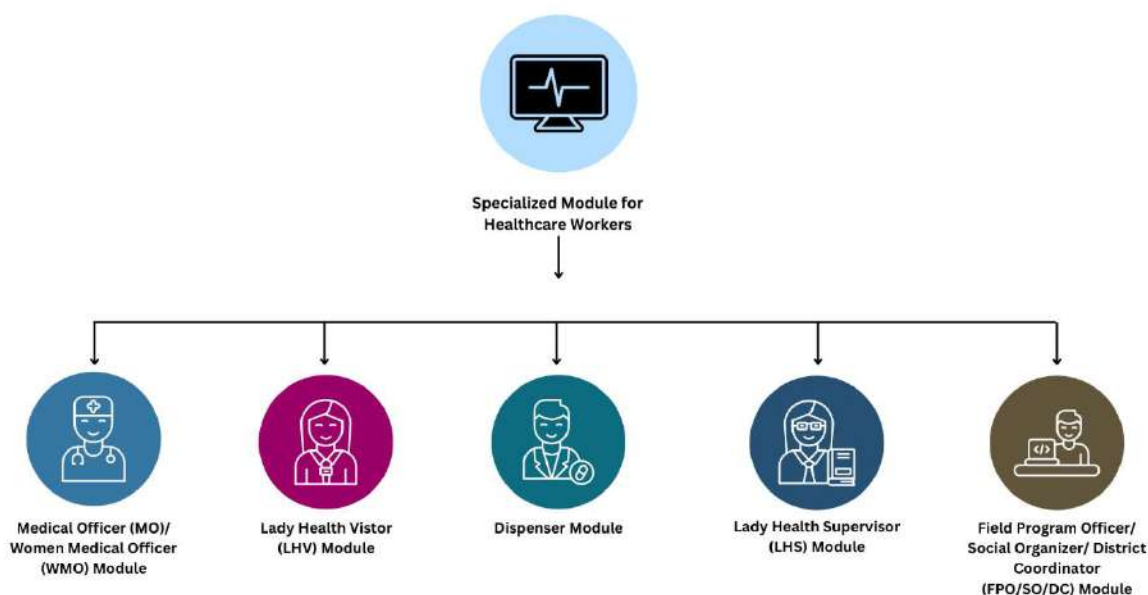
The history of HMIS in Punjab started in the early 2000s as a replacement for paper-based medical records. Initially, healthcare facilities used basic and limited electronic systems. However, as the benefits of HMIS became clear, Punjab moved towards a comprehensive HMIS offering improved data access, patient safety, and overall healthcare. Today, Punjab has a robust HMIS that provides a digital platform for managing patient records, prescriptions, appointments, and real-time medical information.



Overview of the Evolution of HMIS

1.5 EMR Modules

There are five EMR modules that are designed to cater to different patient and provider requirements. Each module is customized to address specific aspects of patient care and medical records.



Each module is specifically designed and detailed within the following sections;

1.5.1 MO/WMO Module

This module within the EMR app is for use by doctors i.e. the Medical Officers (MOs) and Women Medical Officers (WMOs). It includes functionalities focused on patient diagnosis, treatment plans, prescription management, and recording medical observations. Doctors can access patient records, update medical histories, prescribe medications, and track patient progress through this module.

1.5.2 Lady Health Visitor (LHV) Module

It is specifically designed for Lady Health Visitors (LHVs). It contains features related to maternal and child health, antenatal care (ANC), post-natal care (PNC), nutrition, child's growth monitoring, family planning and vaccinations. LHVs use this module to record relevant details and also provides an interface for uploading universal health insurance (UHI) claims for delivery cases.

1.5.3 Dispenser Module

The Dispenser module caters to healthcare professionals responsible for managing and dispensing medications, such as pharmacists, pharmacy technicians or dispensers; as well as store in charge/ storekeeper where available. It includes functionalities for inventory management,

prescription handling, medication dispensation records, and ensuring accurate medication administration.

1.5.4 Lady Health Supervisor (LHS) Module

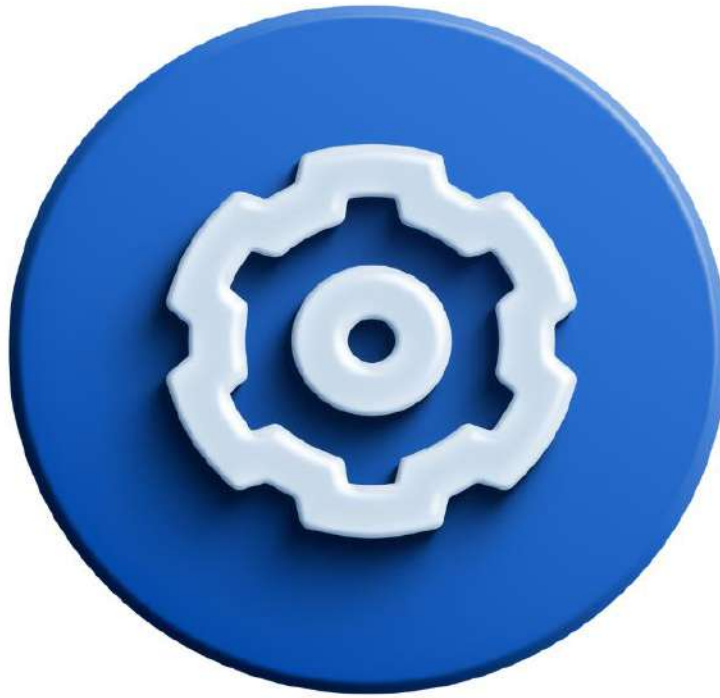
It is designed for Lady Health Supervisors (LHSs). The monitoring module enables LHS to keep monitoring the performance of Lady Health Workers (LHWs) under her supervision. while the reporting module helps her in reporting the monthly performance of the LHWs. An efficient FP Referral Slip facilitates family planning services, and the Estimated Delivery Date (EDD) Registration system ensures effective tracking and follow-up of pregnant women. This module is also used for maternal and neonatal death surveillance and verbal autopsy which allows for analysis of mortality data. This integrated system empowers LHSs to deliver more effective and informed healthcare services to the community.

1.5.5 Field Program Officer/ Social Organizer/ District Coordinator (FPO/SO/DC) Module

The module for Field Program Officer/Social Organizer/District Coordinator (FPO/SO/DC) is specifically designed for monitoring purposes. These cadres are responsible for monitoring, not direct service provision. Therefore, the module is tailored to facilitate the performance monitoring of health facility staff by district-level monitors. It also assists the provincial office in ensuring that district-level staff effectively fulfill their roles as monitors.

This module includes reporting and monitoring of various services, such as 24/7 Emergency Obstetric and Newborn Care (EmONC) services, the Outpatient Therapeutic Program (OTP) for malnourished children, Stabilization Centers for critical care, Lady Health Supervisor (LHS) and Lady Health Worker (LHW) activities, as well as monthly planning. It also incorporates services related to District Program Implementation Unit (DPIU), Normal Basic Health Units (BHUs), and performs task verification and functionality assessments for the Rural Ambulance Services (RAS).

Chapter 2



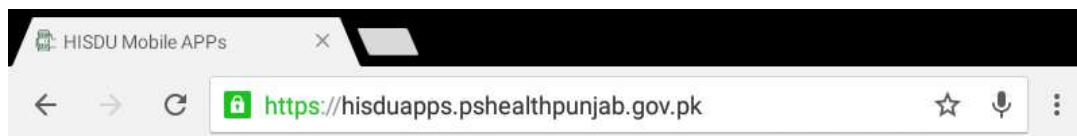
Getting Started

Chapter 2: Getting Started

2.1 Downloading HMIS App: Step-by-Step Guide

The following is the seven steps guide to help you download and save the HMIS application in your device.

1. Open the browser on your device and go to the URL
<https://hisduapps.pshealthpunjab.gov.pk/>



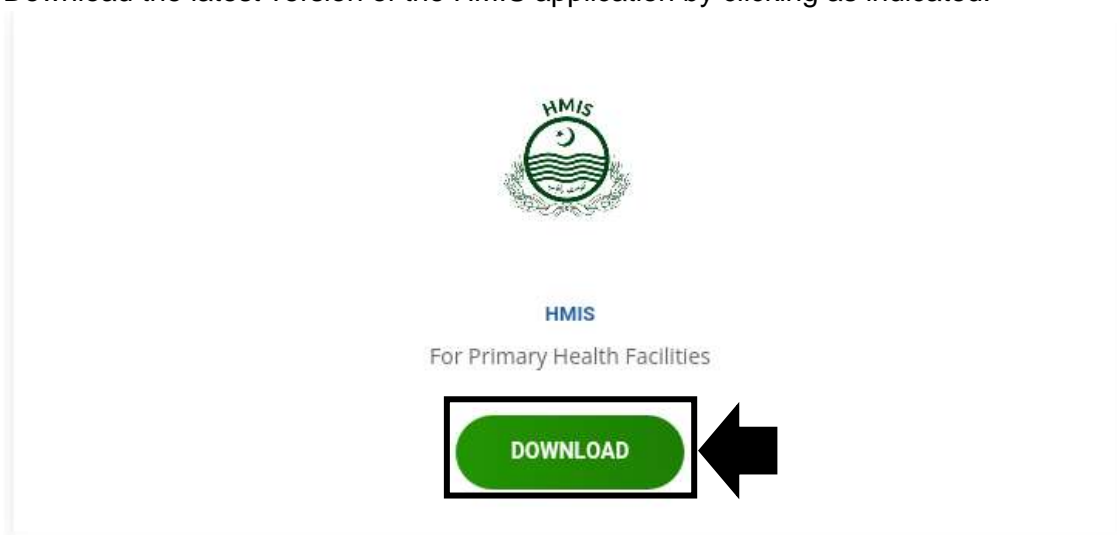
2. It will open the website featuring all the HISDU developed Mobile Applications



3. Search “HMIS” on the search bar.

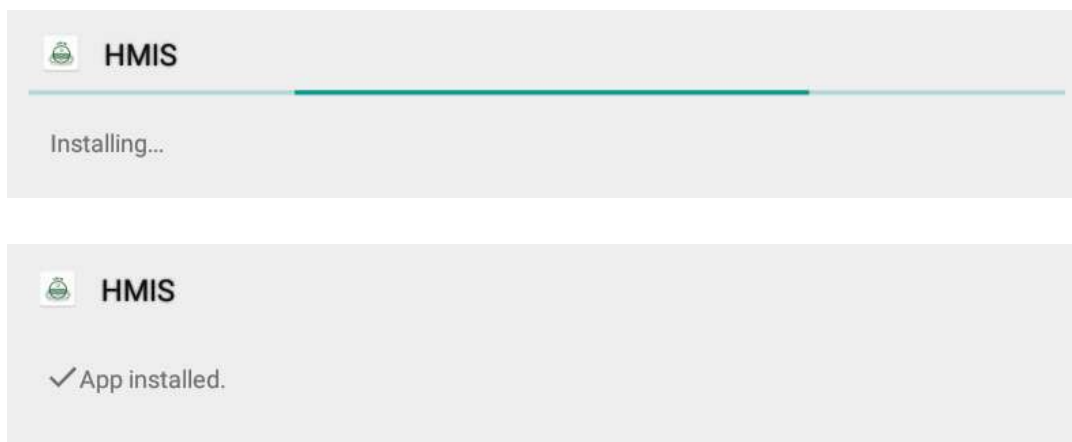


4. Download the latest version of the HMIS application by clicking as indicated.

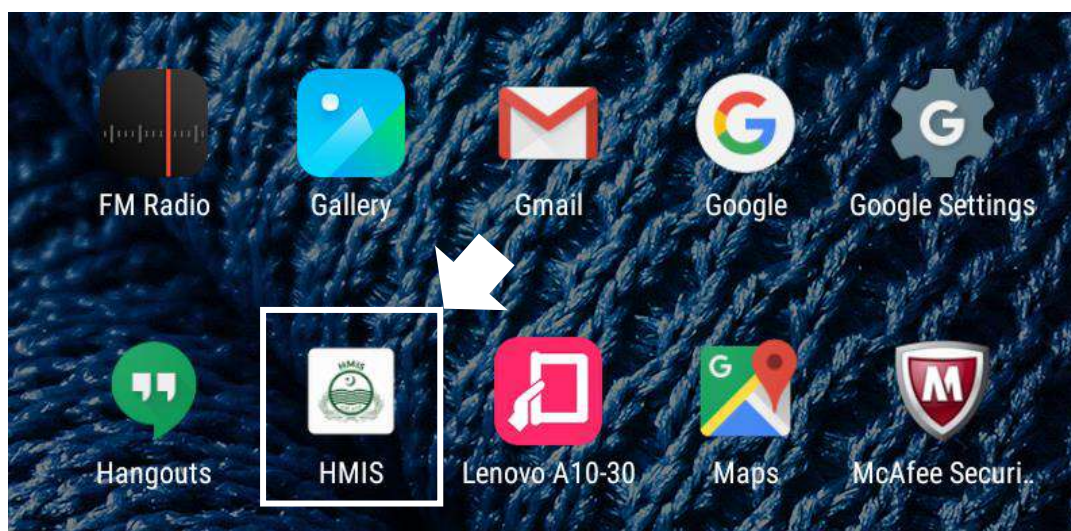


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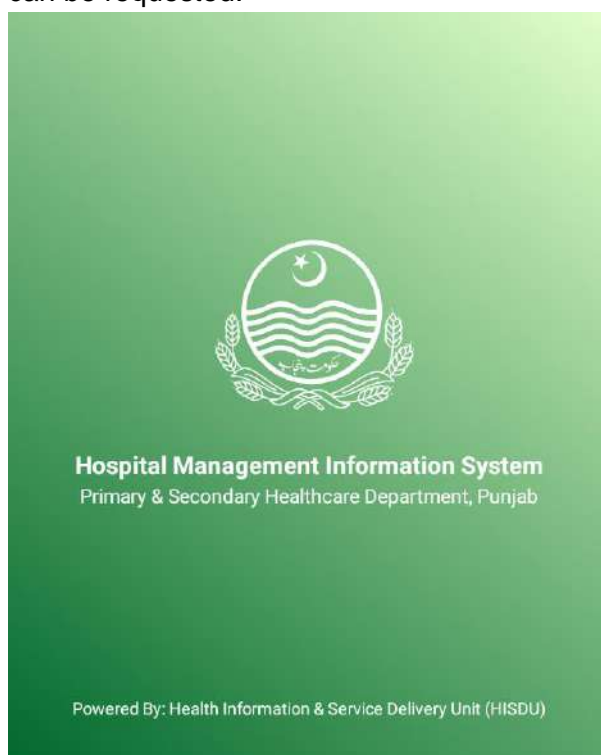
5. Once downloaded, click on the task bar to install the application. The download and installation process will take a few minutes, please be patient.



6. Once the application is installed, access it through the application homepage and click to open it.



7. It will open through the following interface. Enter your registered login details. Once the username and password has been entered, a randomly generated one-time pin (OTP) will be sent to the designated mobile number of the account holder. Insert the OTP to access the account. In case OTP is not received, “Resend OTP” will appear after 60 seconds and new OTP can be requested.



Username
Password
LOG IN

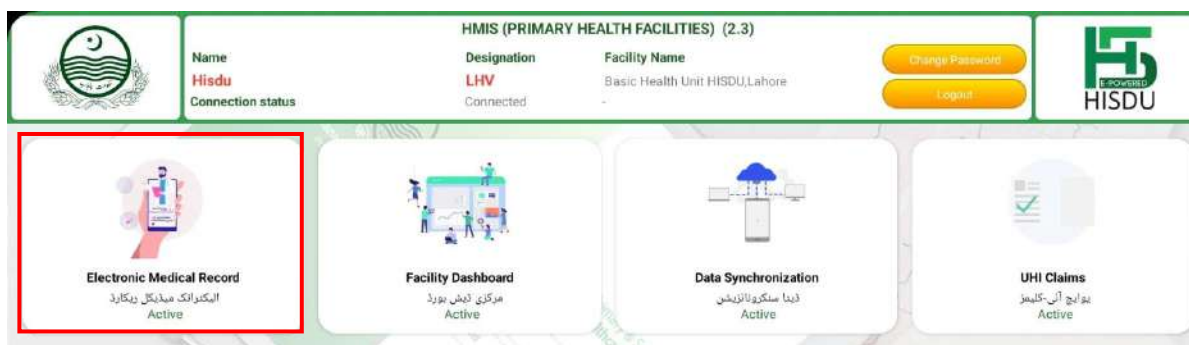
2.2 Accessing EMR Homepage

Once the login is approved, the next step is accessing patient records.



The top bar of all module features user details including the name of the operator, their designation, the health facility name including the district and the present time and date.

To access patient records, select Electronic Medical Records on the main interface.



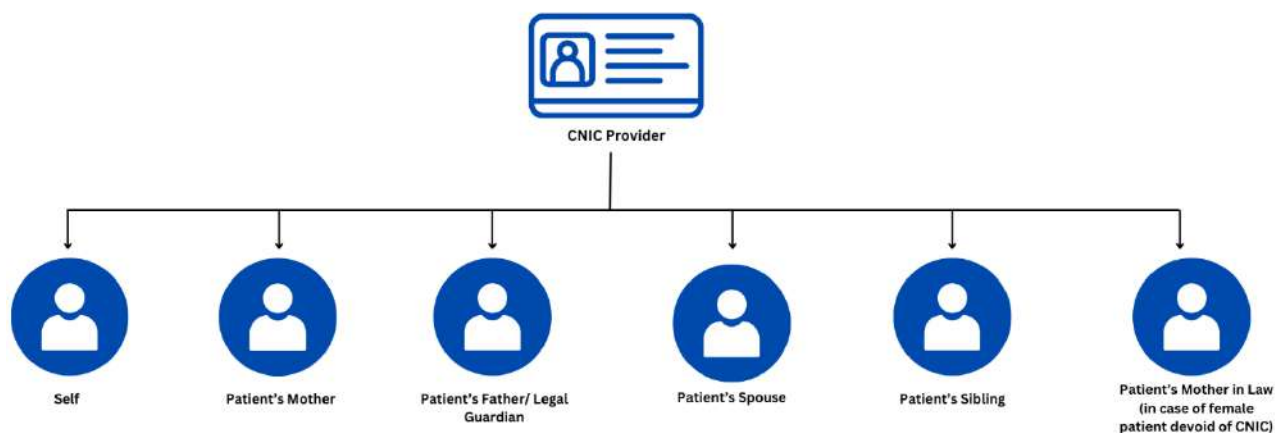
As a result, it will open the EMR Homepage.



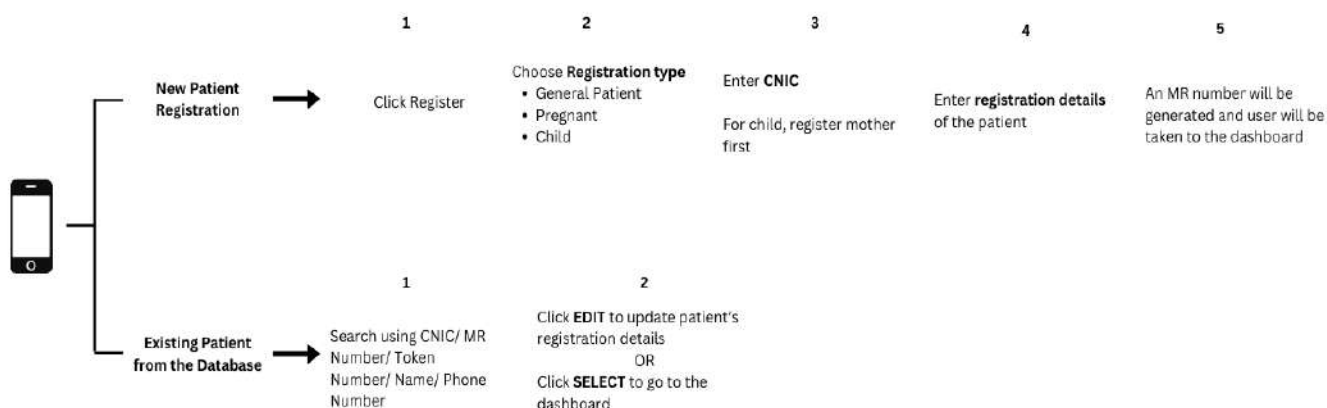
2.3 Patient Registration

When the patient arrives at the health facility, the first step is registration.

The Computerized National Identity Card (CNIC) is used for registering the patients on HMIS database. In certain cases, adults do not possess CNIC, in which case the CNIC of the accompanying family member can be used to register the patient.



The following steps give an overview of new patient/client registration.



2.3.1 Old User

Whether an old user or a new one, the first question for the patient arriving at the facility is if they have their CNIC.

The screenshot shows a mobile app interface with a green header and two yellow buttons at the bottom. The header contains a question in Urdu: "کیا مریض اپنا اصلی شناختی کارڈ لایا ہے؟" (Did the patient bring their original identification card?). There are two radio buttons: "جی ہاں" (Yes) which is selected, and "نہیں" (No). Below the header is a green input field containing "XXXXXXXXXXXX". The first yellow button is labeled "Scan CNIC QR/Barcode" and the second is "Registration Daughter-in-law". A red box highlights the header and the "Scan CNIC QR/Barcode" button, with an arrow pointing to the button from a text box on the right.

کیا مریض اپنا اصلی شناختی کارڈ لایا ہے؟ ☒ جی ہاں ☐ نہیں

XXXXXXXXXXXX

Scan CNIC QR/Barcode

Registration Daughter-in-law

If yes, click on this button and scan the CNIC or the barcode

If the patient is an old user but does not have their CNIC, the record can be accessed by entering the token number, registered phone number or the CNIC number and searching the database.

The screenshot shows a mobile app interface with a green header and two yellow buttons at the bottom. The header contains the same question in Urdu: "کیا مریض اپنا اصلی شناختی کارڈ لایا ہے؟" (Did the patient bring their original identification card?). There are two radio buttons: "جی ہاں" (Yes) which is not selected, and "نہیں" (No) which is selected. Below the header is a green input field containing "e.g 03001234567". The first yellow button is labeled "Search" and the second is "Registration Daughter-in-law". A red box highlights the header and the "Search" button, with an arrow pointing to the button from a text box on the right.

کیا مریض اپنا اصلی شناختی کارڈ لایا ہے؟ ☐ جی ہاں ☒ نہیں

براہ کرم نیچے دیے گئے کسی ایک آپشن کے ذریعے مریض کا ریکارڈ تلاش کریں یا مریض کو رجسٹر کریں۔

☐ ٹوکن نمبر ☒ فون نمبر ☐ شناختی کارڈ نمبر

e.g 03001234567

Search

Registration Daughter-in-law

If no, click on this button and look up on the database using token number, register phone number or the CNIC number and press the search button.

Getting Started

If the patient record exists in the database, all the corresponding users registered on the give phone number and CNIC will be displayed and you can pick the relevant individual by clicking on the select button.

اپ کی منتخب کردہ سرچ آپشن میں درج ذیل ریکارڈ رجسٹرڈ ہیں اگر مریض کا ریکارڈ موجود ہے تو براہ کرم اسے منتخب کریں ورنہ رجسٹریشن پر کلک کریں۔

New Registration

MR Number	16033-29487-20220908-17	MR Number	1492-302-20221102-15	MR Number	20-18338-20230301-5
Name	B C	Name	T Y	Name	Test B
CNIC	3520167880813	CNIC	3520167880813	CNIC	3520167880813
Relation	Father	Relation	Father	Relation	Father
Age	1.69	Age	3.06	Age	2.02
EDIT	SELECT	EDIT	SELECT	EDIT	SELECT

MR Number	10603-81465-20230504-1	MR Number	20-18337-20230504-18	MR Number	20025-64481-20230920-1
Name	Baby two	Name	Test B	Name	test today
CNIC	3520167880813	CNIC	3520167880813	CNIC	3520167880813
Relation	Father	Relation	Guardian	Relation	Father
Age	2.97	Age	28.97	Age	1.06
EDIT	SELECT	EDIT	SELECT	EDIT	SELECT

Getting Started

2.3.2 New User

2.3.2.1 Registering a new user on an existing CNIC Number

If a new user has to be registered on an existing CNIC number. Either scan the CNIC/ barcode or search the database, as previously specified and click on the “New Registration” button.

Click Here

آپ کی منتخب کردہ سرچ آپشن میں درج ذیل ریکارڈ رجسٹرڈ ہیں اگر مریض کا ریکارڈ موجود ہے تو براہ کرم اسے منتخب کریں ورنہ رجسٹریشن پر کلک کریں۔

New Registration

MR Number	16033-29487-20220908-17	MR Number	1492-302-20221102-15	MR Number	20-18338-20230301-5
Name	B C	Name	T Y	Name	Test B
CNIC	3520167880813	CNIC	3520167880813	CNIC	3520167880813
Relation	Father	Relation	Father	Relation	Father
Age	1.69	Age	3.06	Age	2.02
EDIT SELECT		EDIT SELECT		EDIT SELECT	

Click on the new registration button will open the new registration form.

2.3.2.2 Registering a new user on a new CNIC number

If entering the CNIC number yields no results, the following pop-up will be generated.

Today's Patient List (0)

All General

Search by Name

Token Name CNIC

NO RECORD FOUND

If you want to register a new record please click on register button.

CANCEL REGISTER

Click Here

Click on the new register button to open the new registration form.

2.3.2.3 New Registration Form

کسی ایک کا انتخاب کریں
مریض کا اپنا ہے
مریض کی والدہ کا ہے
مریض کے والد کا ہے
مریض کے بہن / بھائی کا ہے
مریض کے شریک حیات کا ہے
مریض کے سوپرست کا ہے

CNIC Provider

کسی ایک کا انتخاب کریں

CNIC

3520210635246

First Name

Last Name

Active Phone No.

Address

DOB

District

Tehsil/Town

Day

Month

Year

Muzaffargarh

Kot Adu

Gender

Marital Status

Blood Group

Gender

Marital Status

N/A

Gender

Male

Female

Other

Marital Status

Single

Married

N/A

A +ve

A -ve

B +ve

B -ve

AB +ve

AB -ve

O +ve

O -ve

2.4 Current Patient List

On the EMR Homepage, there will be a tab featuring today's patient list which enlists all the patients visiting the health facility's out-patient department (OPD) on that particular day.

Today's Patient List (2)

All General Preg. Women Child

Search by Name

Token	Name	CNIC	Contact	Relation
1	Baby 1 Test	3520167880813	03064159535	Mother
3	Baby 1 Shazia	3310519167246	03156987542	Mother

To search for a specific patient, you can look them up by entering the name here.

The patient list features all the patients visiting the health facility on the particular day including the corresponding token number, patient name, CNIC number, contact number and relation to the CNIC holder.

The total number of patients is mentioned in the bracket and for ease of tracking, patients are color coded as follows;

Orange – Clients visiting for general ailments.

Pink – Client visiting for pregnancy and reproductive health related concerns including ANC, Delivery and Newborn care, PNC, Immunization and Family Planning

Blue – Clients classified as children visiting for general ailments, immunization, and nutrition related services.

Getting Started

2.4.1 Accessing Patient Records

To access consolidated patient records, click on the “i” or information button, as demonstrated below.

The screenshot displays the HMIS (PRIMARY HEALTH FACILITIES) (2.0) interface. At the top, there is a header bar with the system name, user information (Name: Hisdu, Designation: MO/WMO, Facility Name: Basic Health Unit HISDU, Lahore, Connection status: Connected), and buttons for Change Password and Logout. Below the header, there is a section for 'Today's Patient List (2)' with tabs for All, General, Preg. Women, and Child. A search bar is present. The patient list table shows two entries: 'Baby 1 Test' and 'Baby 1 Shazia'. The 'Baby 1 Shazia' entry is highlighted with a red box, and a red arrow points from the information icon (i) in the 'Relation' column to the 'CONSOLIDATED PATIENT VISIT REPORT' section below. The report section includes patient details (MR Number: 1492-302-20220703-2, Patient Name: Sana Asad, Gender: Female, Registration Type: Child) and a grid of visit status cards: OPD Vitals (Unvisited), Prescription Status (Unvisited), Dispensary Visit Status (Unvisited), Medicine Dispense (Not Dispensed), and Child immunization (Unvisited).

HMIS (PRIMARY HEALTH FACILITIES) (2.0)

Name: Hisdu
Designation: MO/WMO
Facility Name: Basic Health Unit HISDU, Lahore
Connection status: Connected
Change Password
Logout

Today's Patient List (2)

All General Preg. Women Child

Search by Name

Token	Name	CNIC	Contact	Relation
1	Baby 1 Test	3520167880813	03064159535	Mother
3	Baby 1 Shazia	3310519167246	03156987542	Mother

کیا مریض اپنا اصلی شناختی کارڈ لایا ہے؟
جی ہاں ☒ نہیں ☐

XXXXXXXXXXXXXX

Scan CNIC QR/Barcode

Registration Daughter-in-law

Primary & Secondary Healthcare Department

CONSOLIDATED PATIENT VISIT REPORT

MR Number: 1492-302-20220703-2 Patient Name: Sana Asad Gender: Female Registration Type: Child

Unvisited OPD Vitals













Unvisited Prescription Status

Unvisited Dispensary Visit Status

Not Dispensed Medicine Dispense

Unvisited Child immunization

2.5 Common Buttons

	It is usually present on the bottom left of the page. Use this button to store the entered data.
	If you have forgotten your password or would like to use a new one, use this button on the top left of the page.
	Once you are done entering patient record and data, use this button to exit from your profile. It is usually done as protective measure to prevent data breaches and changes in patient's information.
	Once you have entered the required information, using this button you can store the entered data and move on to the next page or module.
	Once you have entered the required information, using this button you can store the entered data and return to the home screen.
	Usually featured on pop-ups, press this button to close the pop-up and proceed.
	Use this command to print a receipt of the entered information.
	This command is used to minimize or close pop-ups and return to the home screen.
	It is featured on the bottom right of each page and is used to return to the previous page.
	It is featured on multiple pages and as demonstrated previously it is used to access additional information.
	When clicked, it initiates the printing process and allows users to print settings such as number of copies, paper size, color, orientation, and page numbers.
	This command is used to save a document or file in the PDF (Portable Document Format) format.

2.6 Common Errors and Troubleshooting

At present, HMIS application is designed to be run on Android devices only. Any Android Version 7.0 and above can support the HMIS application. It is not available on the Android Play Store but can be downloaded directly from the HISDU Applications website. HMIS application is automatically updated and does not require app store updates. Some common issues with usage are stated as follows with remedies:

Connectivity Issue

- Weak Wi-Fi and mobile network signals can disrupt logging in and loading of contents of Modules.
- In case of disruptive signals, try activating “Airplane Mode” for a minute and then deactivate “Airplane mode” to get better network coverage.
- If issues persist, contact HMIS focal person for further guidance.

Log-in Issues

- HMIS application can only operate one account on a single device. Make sure you have logged out of other devices before logging into a new device.
- During each login, an OTP (one-time password) is generated for the mobile number registered for each account. In case OTP is not received, option for “Resending OTP” will appear in 60 seconds and can be clicked to receive OTP again.
- Subscription for blocking promotional messaging on your phone may also cause OTP to be delayed or not received on your device. It is advised to unsubscribe to the message blocking service to improve receiving OTP message.
- In case of forgetting username and password, contact HMIS focal person to retrieve relevant account information.
- *Note: Do not insert the wrong username and password 3 consecutive times, this may result in freezing of account.*

Scanning CNIC:

- Patient CNIC scanning can be stalled for a number of reasons.
- Any old CNIC with a modified present valid copy may not be scanned and error may be shown upon scanning.
- In case scanned CNIC does not show on dashboard, go to system settings→open app information→Clear app data.
- For further assistance contact HMIS district focal person.

Application Content:

- Sometimes application drop down lists for medicines, districts, lab tests, UC patients etc. may not appear on selection.

Getting Started

- Go to Dashboard, and Select “Data Synchronization” as shown below:



- Select the option lists that have been absent or not displayed on HMIS Module.



- For further assistance contact HMIS District Focal person.

Chapter 3



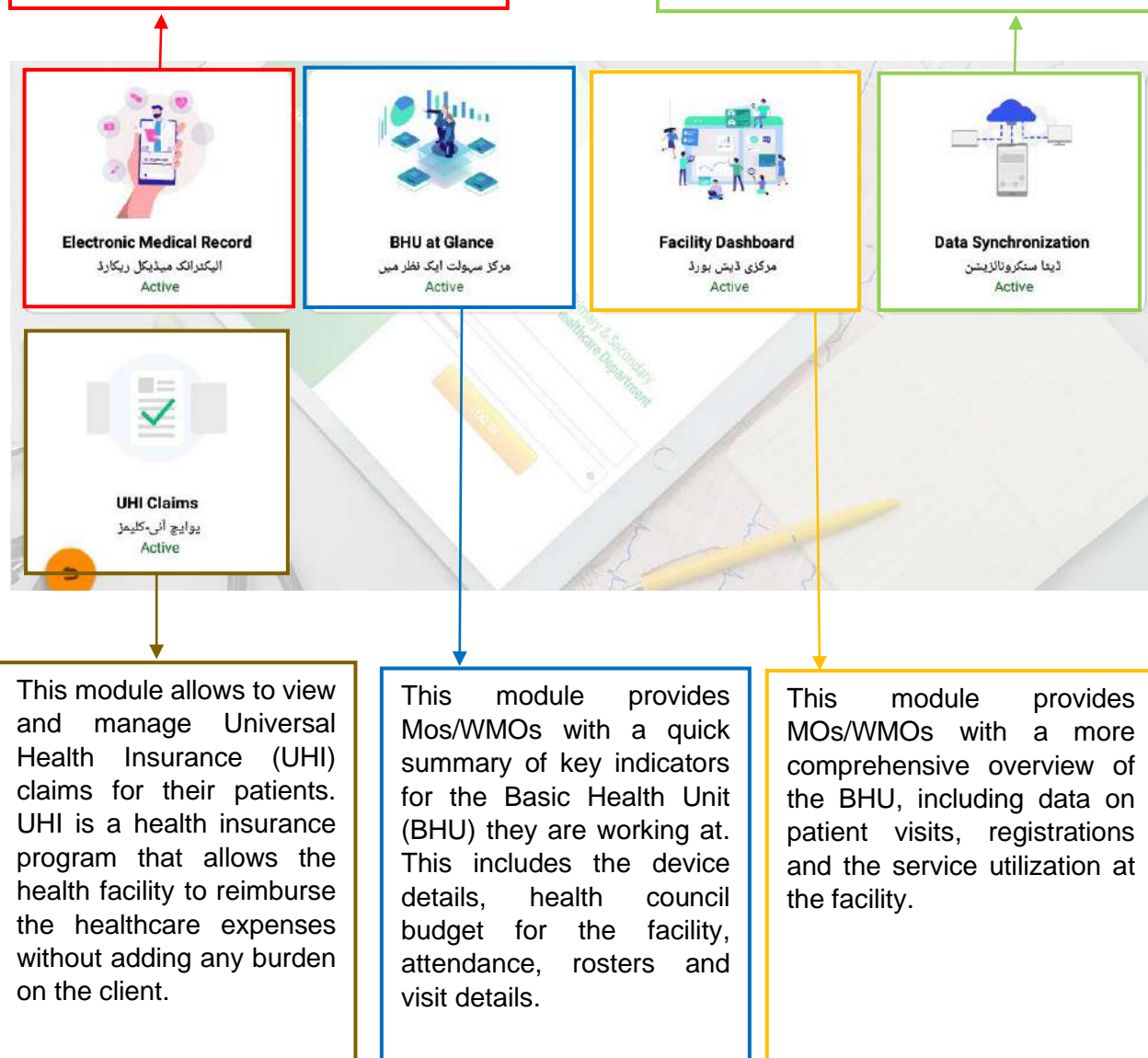
Medical Officer (MO)/ Women Medical Officer (WMO) Module

Chapter 3: Medical Officer/ Women Medical Officer Module

Medical Officers (MO) and Women Medical Officers (WMO) play a pivotal role in clinical governance within healthcare facilities. The MO/WMO module allows for the efficient management of their clinical activities, including patient consultations, diagnoses, treatments, and referrals. Once you log in to the portal using the provided user by HISDU ([Refer to the Chapter “Getting Started”](#)), the home page will open.

The Electronic Medical Records are the most accessed component of the doctor module and allow the doctor to access, enter, and modify patient details.

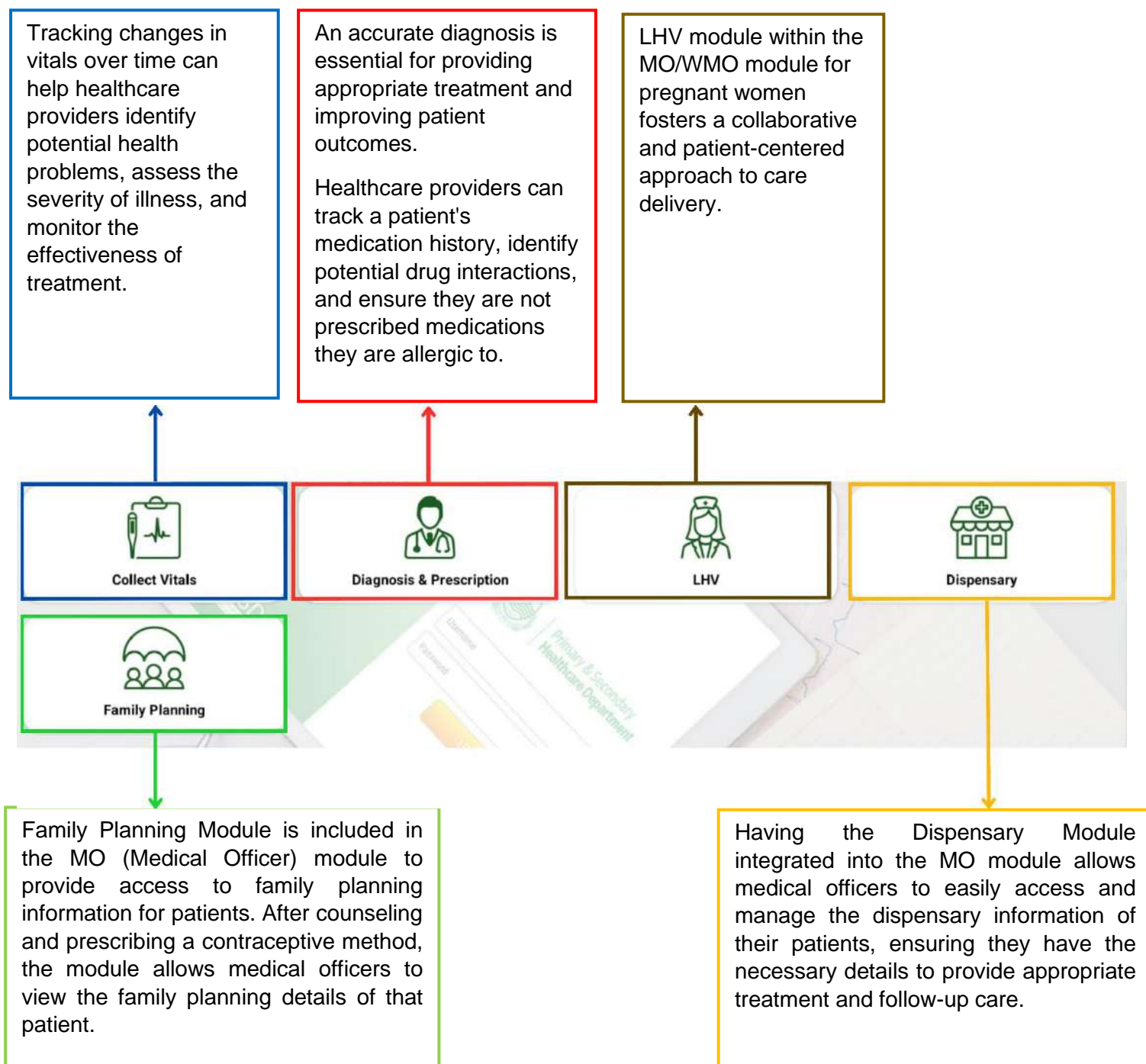
This module allows to synchronize data between the mobile app and the central HMIS database. This ensures that all patient information is up-to-date and accessible to authorized users.



3.1 Electronic Medical Records

To access patient records in the EMR section, follow the steps laid out in [Section 2.2 from Chapter 2 “Getting Started”](#).

After entering the patient's CNIC the following alert will pop up on the screen.



3.1.1 Collect/Edit Vitals

Accurate collection of vital signs is essential for timely detection of health abnormalities, facilitating prompt interventions, and improving patient outcomes.

After clicking on 'Vital,' a screen will appear allowing you to input each vital sign accordingly.



This box shows the token number, patient name and CNIC.

This information is important for identifying the child and tracking their progress through the healthcare system.

A screenshot of the 'VITALS' data entry form. A red box highlights the header section containing 'Token 1', 'Name Sharoz Afzal', and 'CNIC 3310547616715'. Below this, the form is organized into steps: Step 1 for BP (Systolic and Diastolic), Step 2 for Weight, Step 3 for Temperature, Step 4 for Pulse, and Step 5 for Height. Each step has a corresponding input field and a range of values in parentheses, with an asterisk indicating a required field.

FOR YOUR INFORMATION

Blood Pressure:

Normal Blood Pressure – 120/80 mmHg

Hypertension—140/90 mmHg or Higher

Hypotension—90/60 mmHg or Less

It is important to clinically assess pregnant women for high blood pressure for screening of pregnancy induced hypertension, pre-eclampsia and prevention of eclampsia.

Height:

Height should be measured in centimeters only. Before measuring height ask for removal of footwear, headgear (except light cloth scarves in women) and ask patient to stand straight, face forward and knees in contact with each other.

Weight:

To assess the patient's weight for nutritional status and health risk assessment.

Weighing scale should only be located on flat hard surface. Patient should remove footwear and socks along with any heavy clothing articles i.e. belt, jacket, etc.

Temperature:

Temperature can be assessed in oral cavity, rectal cavity and axillary space. Use respective route according to ease of patient i.e. rectal route is suitable for infants. Patients are considered febrile with oral temperature range of 99.5-100° F.

Pulse:

Pulse is a vital indicator of cardiovascular function. Enter the Pulse rate after observing palpable pulse for one minute in resting patient.

- Normal Pulse Rate (60 to 100 bpm)
- Tachycardia (100 bpm or Higher)
- Bradycardia (60 bpm or Less)

3.1.2 Diagnosis and Prescription



Click on "Diagnosis and Prescription", a new screen will appear, displaying relevant fields and options for Diagnosis and Prescription.

Patient Name Sharoz Afzal	BP	Systolic (50-250) 110	/	Diastolic (30-200) 80	Weight (1-200) (kg) 60.0
Temperature (96-106) (°F) 101	Pulse (60-100) (bpm) 90	Height (cm) 62	Test Reports		

Provides quick access to test reports, allowing MOs to readily review results and make informed clinical decisions without needing to search through various records.

A drop-down list of 199 diseases will appear. Select the disease that best fits provisional diagnosis on initial history, examination, and laboratory test evidence.

Add presenting complain of patient, history of presenting complaints, signs and symptoms, co-morbidities, allergies to medication.



Diagnosis

Select Disease

Followup Date

Doctor's Notes

Lab Tests

Refer

Prescription

Name

Instructions

No Medicine Prescribed

ADD

Submit

A drop-down will appear with 22 relevant laboratory diagnostic tests. Select appropriate tests for diagnosis and assessment of progression of disease. Select appropriate tests for diagnosis and assessment of progression of disease.

A drop down of 36 districts of Punjab will appear for referral. Select Healthcare facility type from options to refer to. Health Facility name according to type previously selected will appear with name and location.

States medications prescribed by MO/WMO to patient along with dose, frequency and period of days for medication.

Name

Instructions

ADD

No Medicine Prescribed

Select this tab to display pop-up for selecting prescription

Medicine

(Source: MIMS) یہ فہرست ان ادویات کی ہے جو آپ کے اسٹاک میں دستیاب ہیں۔

Select Medicine

☐ Medicine not available in the above list

Dose

Frequency

Period

Select Dose

Select Frequency

Select Period

IMPORTANCE

Dose: Right amount for the right effect.
Frequency: Right timing for sustained action.
Period: Right duration for optimal outcome.

By clicking "Select Medicine", drop-down list of medicine available at respective facility will be revealed for prescribing.

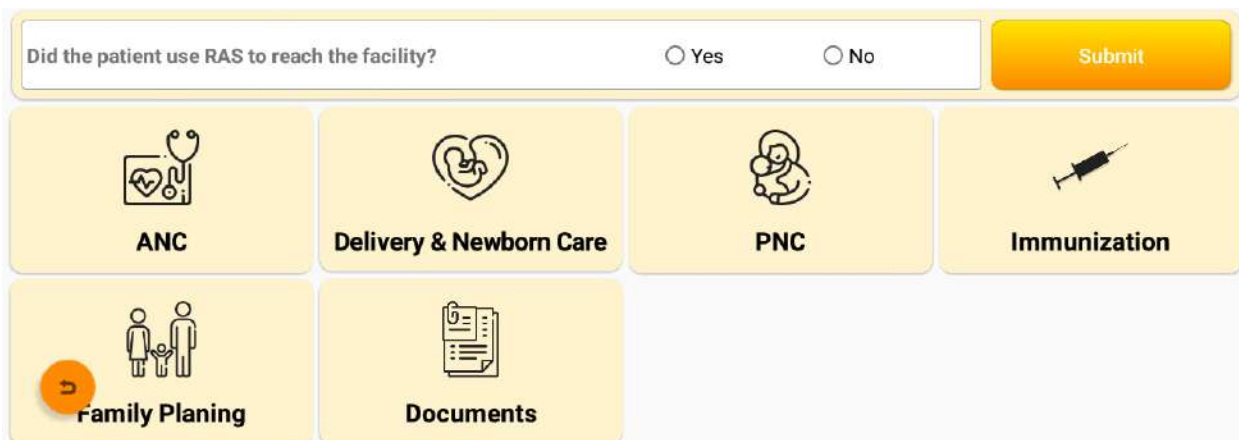
By clicking "Medicine not available in the above list" a drop down of list of external medicines will be made available for purpose of prescribing.

3.1.3 Lady Health Visitor (LHV)

LHV data within the MO module for pregnant women allows the doctor to access patient information collected by Lady Health Visitors (LHV), collaborate, and communicate with LHV regarding patient care and view the services provided by LHV.



Upon clicking LHV option, the following fields will pop up:



Complete details of the LHV portion are given in the [Chapter 4: LHV Module](#).

3.1.4 Dispensary

Having the Dispensary Module integrated into the MO module allows medical officers to easily access and manage the dispensary information of their patients, ensuring they have the necessary details to provide appropriate treatment and follow-up care.



Complete details of the Dispenser module are given in [Chapter 5: Dispenser Module](#).

3.1.5 Family Planning

Family Planning Module is included in the MO (Medical Officer) module to provide access to family planning information for patients. After counseling and prescribing a contraceptive method, the module allows medical officers to view the family planning details of that patient, ensuring that they have the necessary information to support the patient's reproductive health decisions and provide appropriate follow-up care. This section is applicable for females aged 15 years or older who are not pregnant.



Complete details of the Family Planning module are given in the [Chapter 4: LHV Module, Section 4.1.2 “Family Planning”](#).

3.2 BHU at Glance

The BHU at Glance module in the HMIS application acts as a quick dashboard for the staff at Basic Health Units (BHUs). It provides a snapshot of key performance indicators (KPIs) relevant to the BHU's operation. It includes details such as device information, the health council budget allocated for the facility, attendance records, rosters, and visit details. This snapshot enables quick assessments of the BHU's operational status and aids in decision-making for efficient management.

The following is an overview of the BHU at Glance homepage where each component can be accessed by clicking on it.

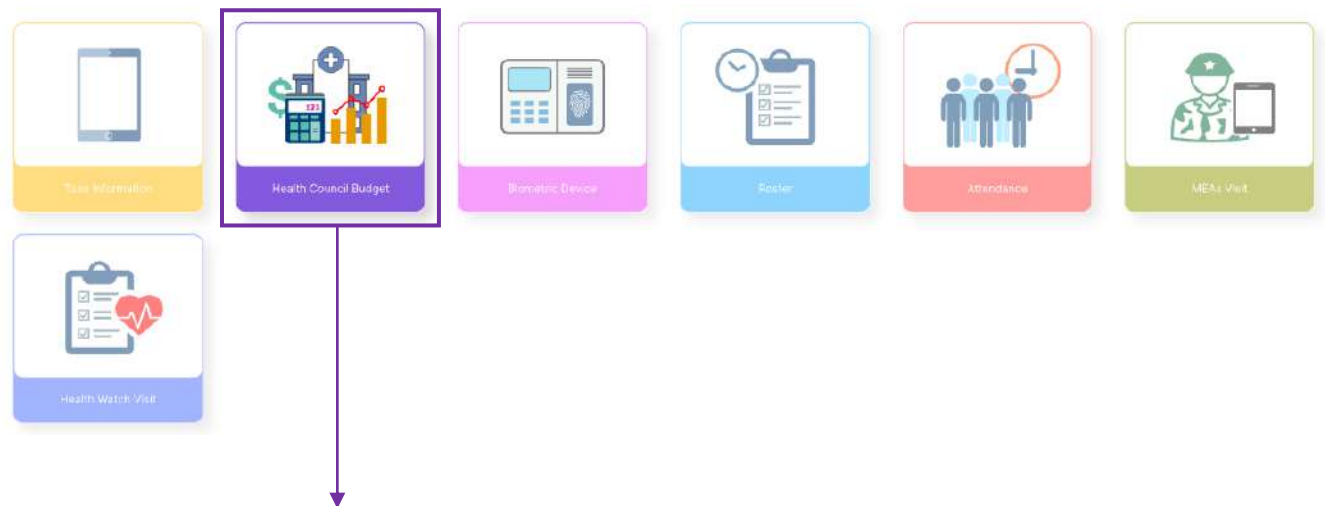
3.2.1 Tabs Information



The tabs information section presents the names and designations of the facility staff who have accessed the HMIS application in the last 90 days, along with the details of their devices, including the make, model, and IMEI number (as shown below). This feature provides an overview of the recent activity within the HMIS application, allowing for monitoring of staff engagement and device usage.

Tabs Information (Last 90 days)							
Sr No.	Device IMEI	Device Model	Device Make	User	Role	Last Active Time	Status
1	43c5cf0a18d58dbd	SM-J600F	samsung	Tasneem Akhtar	LHV	30-03-2024 02:58:18 PM	Offline
2	863838032673989	Lenovo TB-X704L	LENOVO	Muhammad Younis pasha	Dispenser	30-03-2024 01:07:43 PM	Offline
3	353316092353336	SM-T585	samsung	Nouraz Ahmed	Doctor	30-03-2024 01:06:35 PM	Offline
4	357773074340556	SM-T819	samsung	Ajmal Abbas	Vitals	30-03-2024 12:18:02 PM	Offline
5	a4721fb41243518f	vivo 1907_19	vivo	Farhat-UL-Ain	LHV	27-03-2024 02:22:32 PM	Offline
6	16b27daede1c8766	vivo 1906	vivo	Nouraz Ahmed	Doctor	25-03-2024 12:42:41 PM	Offline

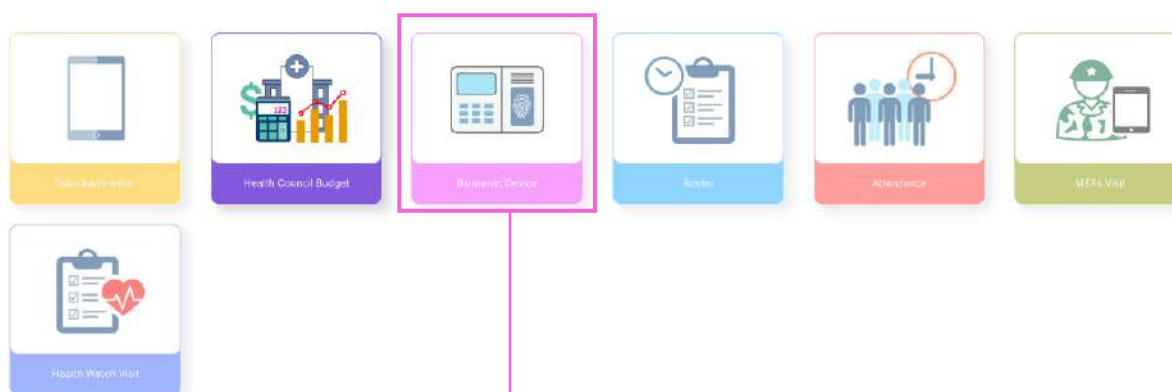
3.2.2 Health Council Budget



This displays the allocated budget for the BHU from the health department. Health council budget is provided to overcome the urgent requirements and streamline day to day service delivery of health facilities. This tab gives a breakdown of the total budget, spending and the balance (as displayed below).

Health Council		
First Entry Date: 11-04-2019		
Last Updated Date: 24-01-2024		
Allocation 1,295,105	Expenditure 1,295,104	Balance 1

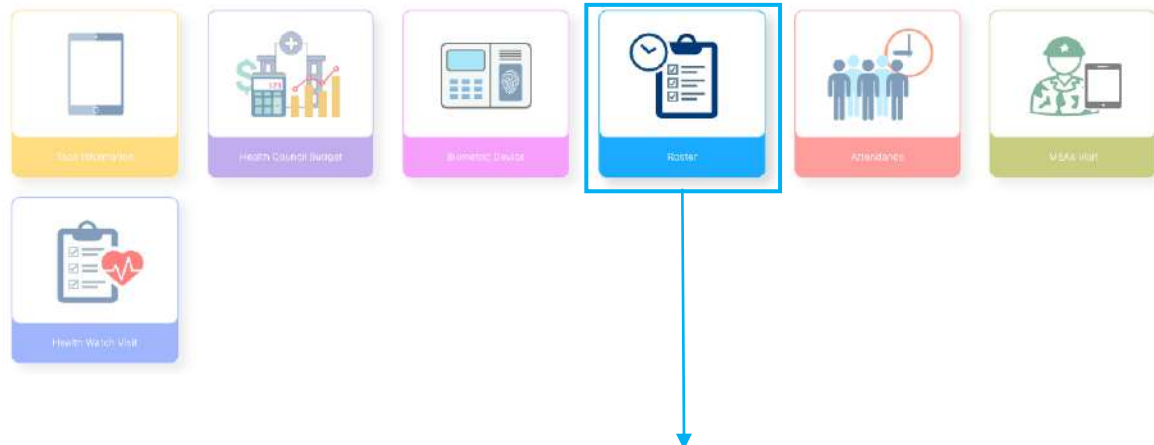
3.2.3 Biometric Device



The Biometric Device section in the BHU at Glance module provides an overview of the biometric devices installed and used at the Basic Health Unit (BHU). It includes details such as the number of devices installed, and their operational status including whether they are registered or not.

Biometric Device				
Total Devices 1		Registered 1		Un-Registered 0
Sr No.	IMEI	Device Code	Device Status	Last Synced Time
1	351641080025469	0360030030040140010	Registered	30-03-2024 12:41 PM


3.2.4 Roster




The Roster section provides a detailed schedule of the staff working at the Basic Health Unit (BHU). It includes information such as the names of the staff members, their designations, and their assigned shifts (as shown below). This section helps in ensuring that the BHU is adequately staffed at all times, with the right personnel available to provide healthcare services. The roster also aids in managing staff attendance and monitoring their work hours.

Roster


Total
19




Morning
15




Evening
2



Night
2



Others
0



Month: Feb-2024

Sr No.	Employee Name	Designation	Shift Name	Shift Start	Shift End
1	Muhammad Shahzad	School Health and Nutrition Supervisor	Morning	07:00 AM	01:00 PM
2	Nouraz Ahmed	Medical Officer / Women Medical Officer	Morning	07:00 AM	01:00 PM
3	Farhat-Ul-Ain	Lady Health Visitor	Evening	01:00 PM	07:00 PM
4	Hafsa Shafiqat	Lady Health Visitor	Night	07:00 PM	07:00 AM
5	Amreen Nasir	Lady Health Visitor	Night	07:00 PM	07:00 AM
6	Tasneem Akhtar	Lady Health Visitor	Morning	07:00 AM	01:00 PM
7	Khalid Mehmood	Medical Technician	Morning	07:00 AM	01:00 PM

3.2.5 Attendance



The Attendance section provides a summary of the staff's attendance records at the Basic Health Unit (BHU). It includes details such as the total number of staff members, the number of present staff, and any absences or leaves taken. This section helps in monitoring and managing staff attendance, ensuring that the BHU is adequately staffed to provide healthcare services. It also allows for tracking trends in attendance, identifying any patterns of absenteeism or issues that may need to be addressed.

Attendance				
Total Employee 19		Registered 19		Un-Registered 0
All 19	Present 17	Absent 1	Leave 1	Late 0
Off Day 0				
Report Date: Thursday, March 28, 2024				
Sr No.	Employee Name	CNIC	Designation	Status
1	Khalid Mehmood	3660284515319	Medical Technician	Registered
2	Muhammad Ramzan	3610404251897	CDC Supervisor	Registered
3	Mushtaq Arshad Alvi	3660295814843	Vaccinator	Registered
4	Muhammad Awais Tahir	3660259216485	Vaccinator	Registered
5	Muhammed Shahzad	3660297987709	School Health and Nutrition Supervisor	Registered
6	Muhammad Zia-Ul- MUstafa	3660336334357	Naib Qasid	Registered
7	Tasneem Akhtar	3660243146120	Lady Health Visitor	Registered
8	Muhammad Younis pasha	3660220020195	Dispenser	Registered
9	Anila Tabasum	3660209363492	Midwife	Registered

3.2.6 MEA Visit



The MEAs Visit section provides information on visits made by Monitoring and Evaluation Assistants (MEAs) to the Basic Health Unit (BHU). It includes details such as the date of the visit, the purpose of the visit, and any observations or findings recorded during the visit (as shown below). This section helps in monitoring the quality of healthcare services provided at the BHU and ensures compliance with standards and guidelines. It also allows for tracking the frequency of MEA visits and their impact on the BHU's operations.

MEAs Visit						
MEA Name	Allocated Zone	Shift	Facility Status	Closed Reason	Last Visit Time	Action
Ghulam Dastgir Khan	zone-172	Morning Shift	Open	N/A	12-02-2024 09:45 AM	

3.2.7 Health Watch Visit

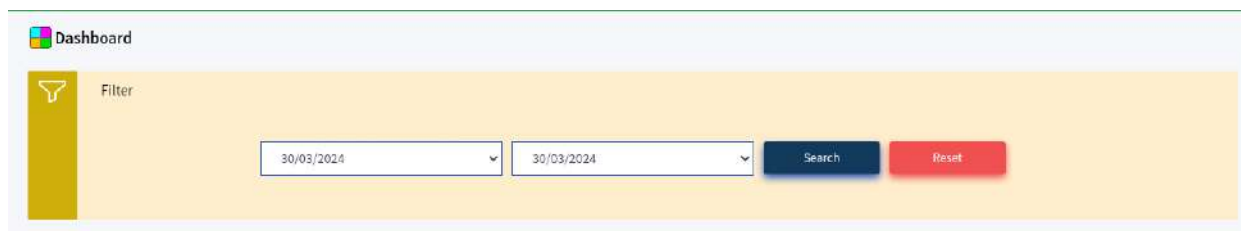


The Health Watch Visit section provides a summary of visits conducted by the Health Watch team to the BHU. It includes details such as name of the officer, district, tehsil and the date and time of the visit, the purpose of the visit, and any observations or recommendations made by the Health Watch team. It also allows for tracking the frequency of Health Watch visits and their impact on the BHU's operations.

Health Watch Visit				
Officer	District	Tehsil	Last Visit Time	Action
Deputy District Officer Health	Vehari	Malis	2024-03-14 08:53:05	i

3.3 Facility Dashboard

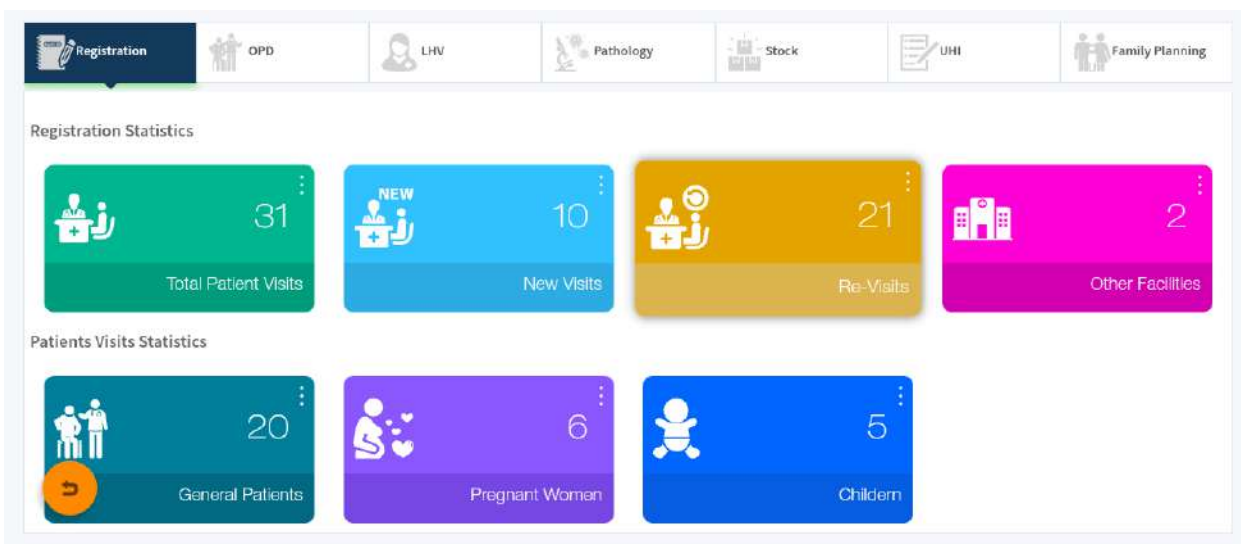
The Facility Dashboard module in the HMIS application provides a comprehensive overview of service utilization at the Basic Health Unit (BHU). It breaks down service utilization into several key components, including Registration, Outpatient Department (OPD), Lady Health Visitor (LHV), Pathology, Stock, Universal Health Insurance (UHI), and Family Planning. Each section offers detailed insights into the utilization of services and resources, allowing for effective management and planning. Additionally, the module allows users to generate reports based on the data collected, enabling informed decision-making and performance evaluation.



Utilize the dashboard to select the specific dates for which you wish to view the results. You can choose a range as short as a day or extend it to three days, a week, three months, or even a year.

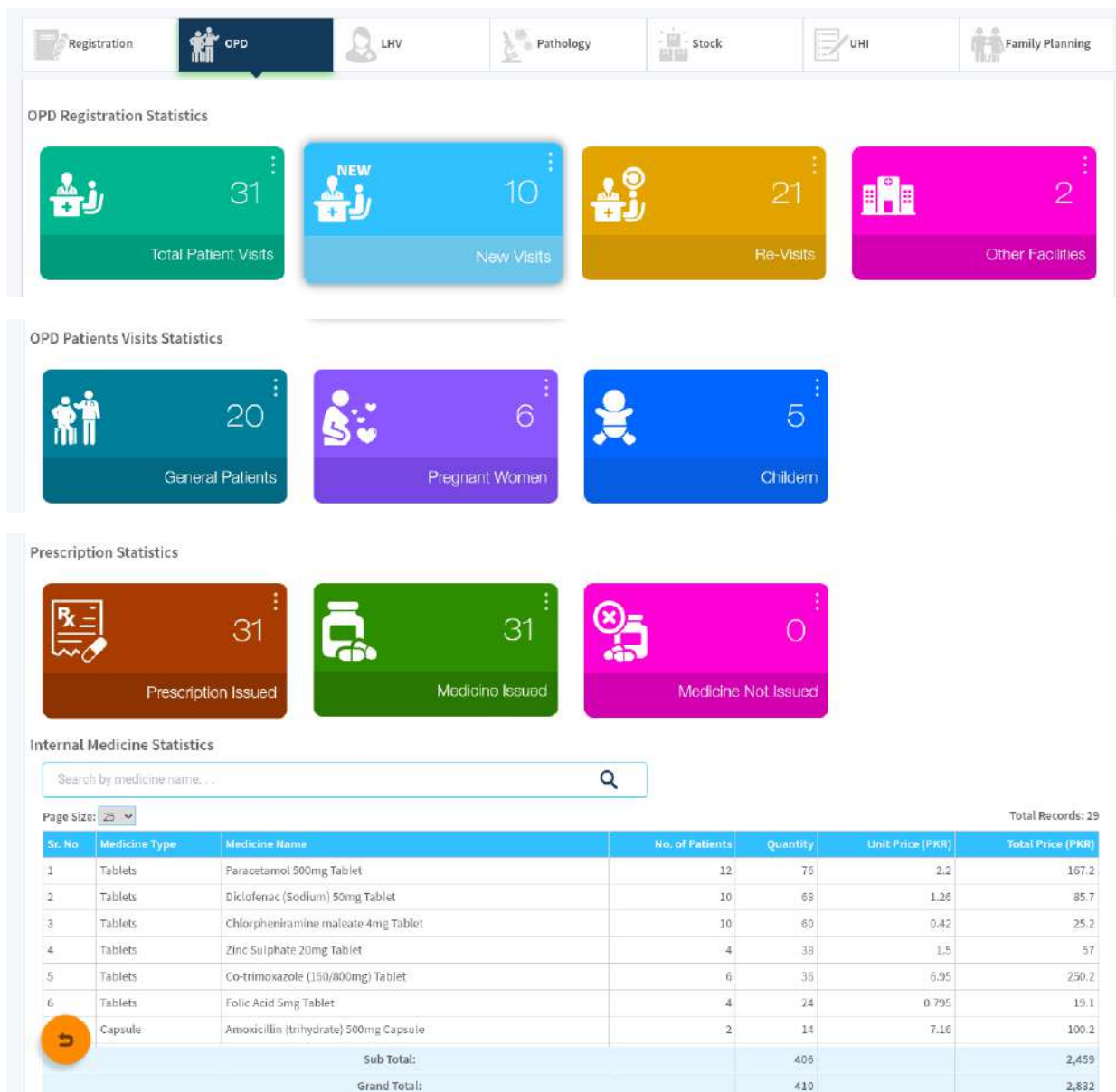
3.3.1 Registration

This section tracks the number of patients registered at the BHU over a specific period. It provides insights into the overall demand for healthcare services and can help identify trends in patient demographics and health needs.



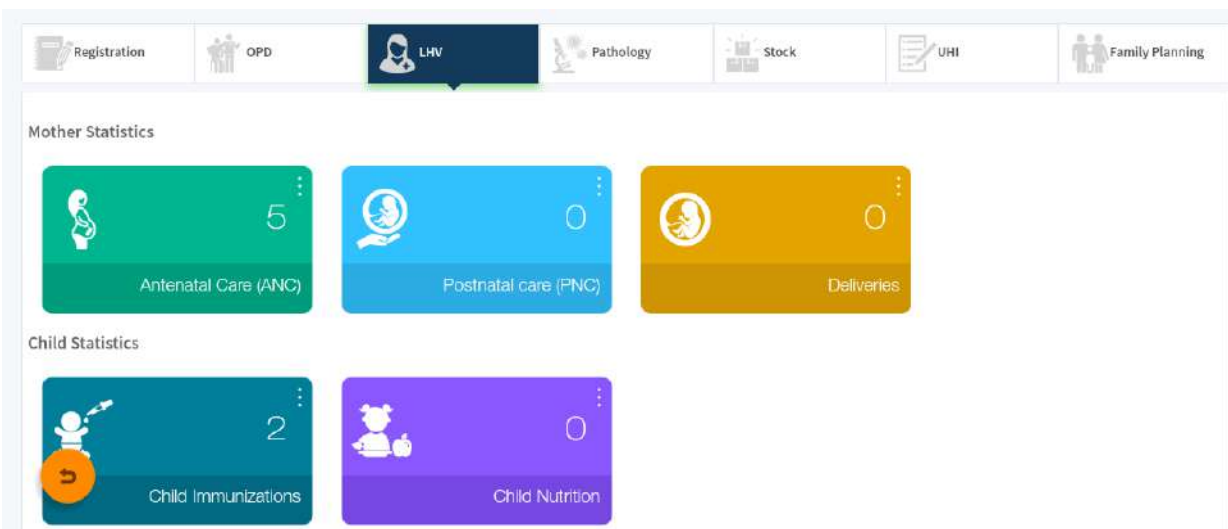
3.3.2 OPD

The OPD section records the number of patients treated at the BHU's outpatient department. It includes details such as the types of services provided and the reasons for the visit.



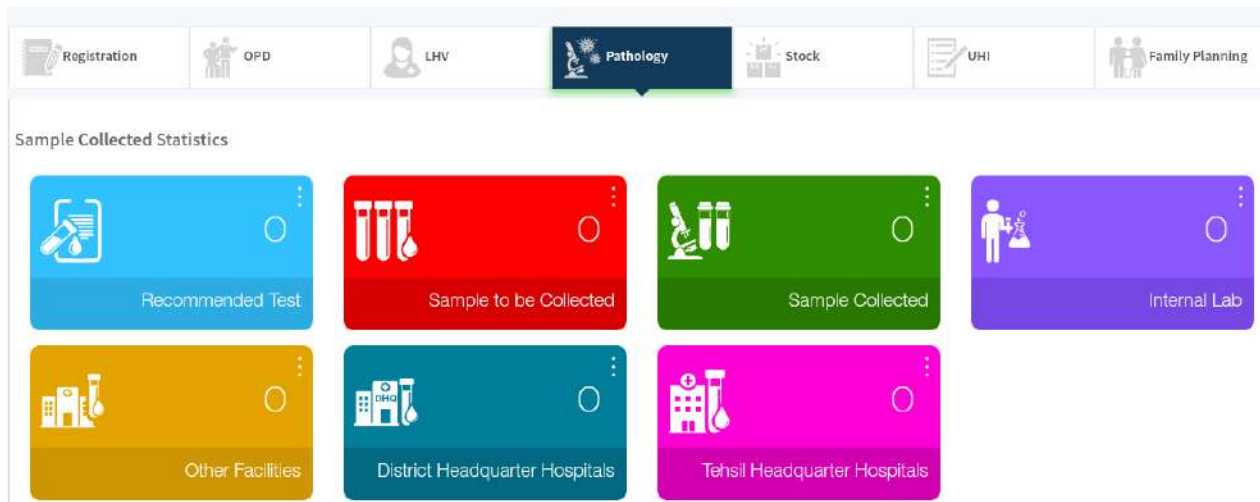
3.3.3 Lady Health Visitor

This section focuses on the services provided by Lady Health Visitors, such as maternal and child health services. It tracks the number of services rendered including antenatal care, postnatal care and deliveries for mother and immunization and nutrition statistics for children.



3.3.4 Pathology

The Pathology section records data related to laboratory tests and investigations conducted at the BHU. It includes details of the tests performed, results obtained, and the number of tests conducted.

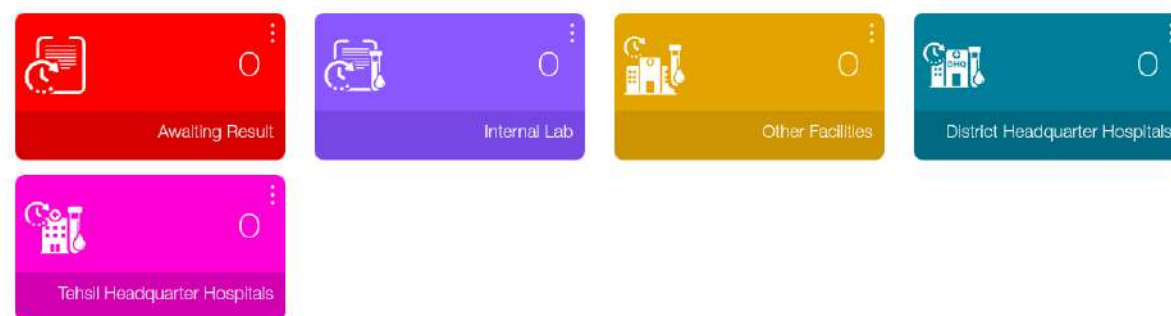


Medical Officer/ Women Medical Officer

Result Announced Statistics




Result Awaiting Statistics



Result Awaiting Statistics / Internal Lab

Less than 3 days	3-6 days	7-14 days	15-29 days	Greater than 30 days	Total
0	0	0	0	0	0

Result Awaiting Statistics / Other Facilities

Facility Type	Less than 3 days	3-6 days	7-14 days	15-29 days	Greater than 30 days	Total
DHQ	0	0	0	0	0	0
THQ	0	0	0	0	0	0
 Total	0	0	0	0	0	0

3.3.5 Stock

The Stock section tracks the availability of essential medicines and supplies at the BHU. It includes details such as stock levels, expiry dates, and requisition. It also includes the per unit cost and the total stock cost and allows downloading the pdf report of the stock.

Registration	OPD	LHV	Pathology	Stock	UHI	Family Planning
--------------	-----	-----	-----------	-------	-----	-----------------

Medicine Stock Report Last Updated Date: Friday, March 29, 2024					
Search by medicine name. <input type="text"/>					
Page Size: 25 <input type="button" value="v"/> Total Records: 96					
Sr. No	Medicine Type	Medicine Name	Quantity	Unit Price (PKR)	Total Price (PKR)
1	Tablets	Diclofenac (Sodium) 50mg Tablet	7,000	1.26	8,820
2	Injection	Diclofenac (Sodium) or Potassium 75mg Injection	700	10.45	7,315
3	Suspension	Ibuprofen 100mg/5ml Suspension	4	51.8	207.2
4	Tablets	Mefenamic acid 500mg Tablet	1,800	2.36	4,248
5	Syrup	Paracetamol 120mg/5ml Syrup	720	70.4	50,688
6	Tablets	Paracetamol 500mg Tablet	15,600	2.2	34,320
7	Suspension	Co-trimoxazole (80/400mg) Suspension	420	65	27,300
8	Capsule	Amoxicillin (trihydrate) 500mg Capsule	3,000	7.16	21,480
9	Suspension	Amoxicillin (trihydrate) 125mg/5ml Suspension	50	70	3,500
	Suspension	Amoxicillin (trihydrate) 250mg/5ml Suspension	100	99.8	9,980
Sub Total:			37,488		277,264
Grand Total:			75,419		618,859

3.3.6 UHI

This section provides a quick overview of UHI claims associated with the BHU. The staff can see the total number of claims that need to be submitted for reimbursement (categorized as "to be submitted") alongside the number that has already been submitted ("submitted by HF"). It also shows the number of claims as verified, returned for resubmission and pending verification.

The verified ones are successfully reviewed and approved for reimbursement by the health authority. The returned for resubmission claims have errors or missing information and need to be resubmitted by the MO or LHV. The pending verification (Submitted/Resubmitted) ones have been submitted (or resubmitted after errors) and are awaiting verification by the health authority.

Registration

OPD

LHV


Pathology

Stock

UHI


Family Planning

UHI Statistics




0

Deliveries





0

Claims to be Submitted by HF




0

Claims Submitted by HF




0

Claims Verified




0

Returned for Resubmission



0

Pending for Verification (Submitted)

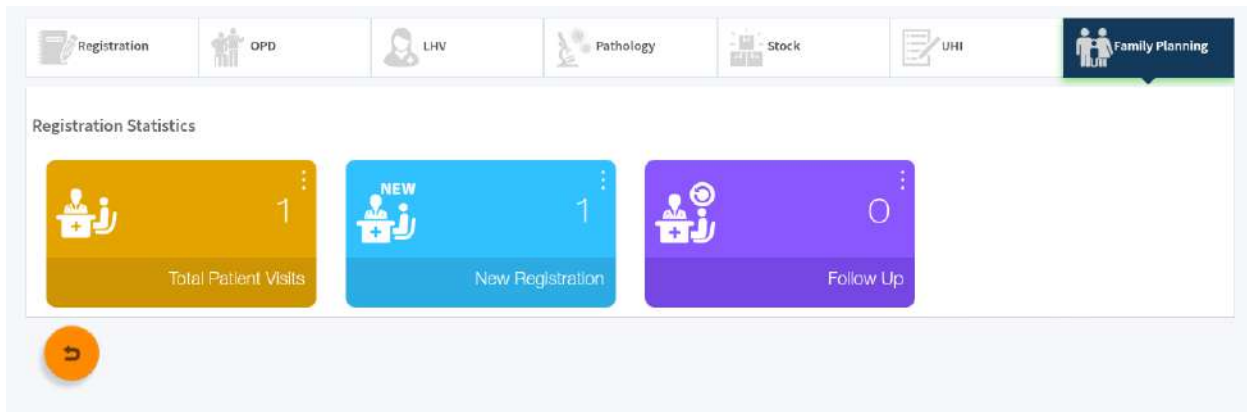


0

Pending for Verification (Resubmitted)

3.3.7 Family Planning

The Family Planning section tracks the utilization of family planning services at the BHU. It includes details such as total patient visits, new registrations and follow-up clients.



3.4 Data Synchronization

The Data Synchronization module is a crucial component of the system, allowing staff to seamlessly synchronize data between the mobile application and the database. This synchronization ensures that all patient records, appointments, treatment details, and other critical information are consistently up-to-date and stored on the central database for easy real-time access.

It has already been explained in [Section 2.6 in Chapter 2 “Getting Started”](#).

3.5 UHI Claims

The UHI Claims dashboard is a tool to track claims submitted for deliveries at the BHU. It offers an overview of the claim process, allowing them to see how many deliveries occurred, how many claims are ready or have been submitted, and their verification status. This helps Mos/WMOs and LHVs monitor progress, identify issues with missing information or errors, and manage individual claims for smoother reimbursement.



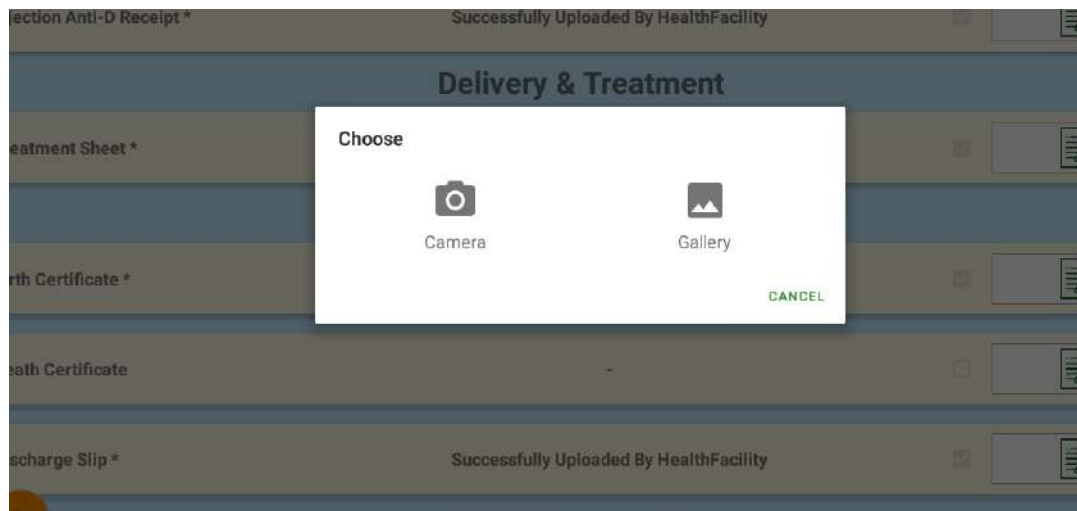
The dashboard displays the following information:

- **Deliveries at Facility:** It refers to the number of deliveries that took place at the facility in a particular month.
- **Claims to be Submitted:** This section shows the number of claims that are ready to be submitted through the HMIS.
- **Claims Submitted:** This section shows the number of claims that have been submitted to HMIS for the selected month.
- **Pending Verification:** This section shows the number of claims that have been submitted through HMIS but have not yet been verified.
- **Claims Verified:** This section shows the number of claims that have been submitted through the HMIS and verified.
- **Returned for Resubmission:** This section shows the number of claims that have been submitted through HMIS but were returned for resubmission due to errors or missing information.

The table at the bottom of the dashboard lists details of individual claims including patient ID, patient name, husband/father name, CNIC number, phone number, and the number of documents attached to the claim.

3.5.1 UHI Claims Form

The UHI Claim Form requires nine documents to be attached either by taking a picture through the device's camera or by selecting an existing image of the document from the gallery.








The documents required for registering a claim have been divided into sections. The required documents include mandatory and optional ones.



The mandatory documents include;


- Front of patient CNIC
- Back of patient CNIC
- Front of CNIC of the head of the house
- Head of the house's CNIC back side
- Consent form
- Injection Anti-D Report
- Treatment Sheet
- Birth Certificate
- Discharge Slip




The documents required for a claim are produced throughout the patient journey



Registration			
CNIC/B-Form Front *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/>	
CNIC/B-Form Back *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/>	
Head of House CNIC Front *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/>	
Head of House CNIC Back *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/>	

Screening		
PA/PV Results	-	<input type="checkbox"/> 
CBC Report	-	<input type="checkbox"/> 
HBSAG Results	-	<input type="checkbox"/> 
HCV Results	-	<input type="checkbox"/> 
Ultrasound Results	-	<input type="checkbox"/> 

Pre-Delivery		
Consent Form *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/> 
Injection Anti-D Receipt *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/> 

Delivery & Treatment		
Treatment Sheet *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/> 

Discharge		
Birth Certificate *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/> 
Death Certificate	-	<input type="checkbox"/> 
Discharge Slip *	Successfully Uploaded By HealthFacility	<input checked="" type="checkbox"/> 

SLIC Documents		
 Claim Statement	-	<input type="checkbox"/> 

Chapter 4



Lady Health Visitor (LHV) Module

Chapter 4: Lady Health Visitor (LHV) Module

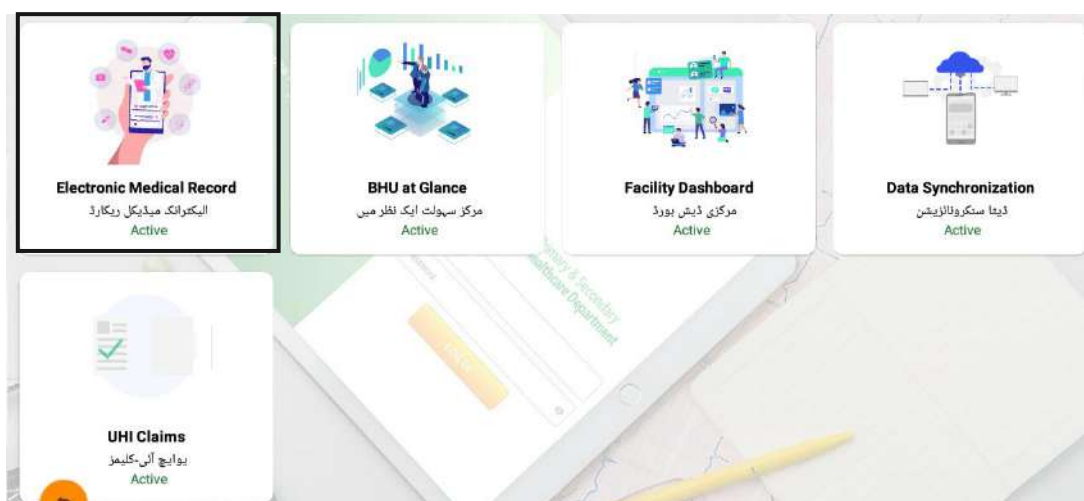
LHVs are frontline healthcare providers who work directly within communities, promoting health education, preventive care, and healthy behaviors.

LHVs focus on improving maternal and child health outcomes by providing antenatal care, postnatal care, family planning services, and child healthcare. They monitor pregnancies, conduct health assessments, ensure immunizations, and provide support to mothers and families throughout the prenatal, perinatal, and postnatal periods, contributing to the reduction of maternal and infant mortality rates.

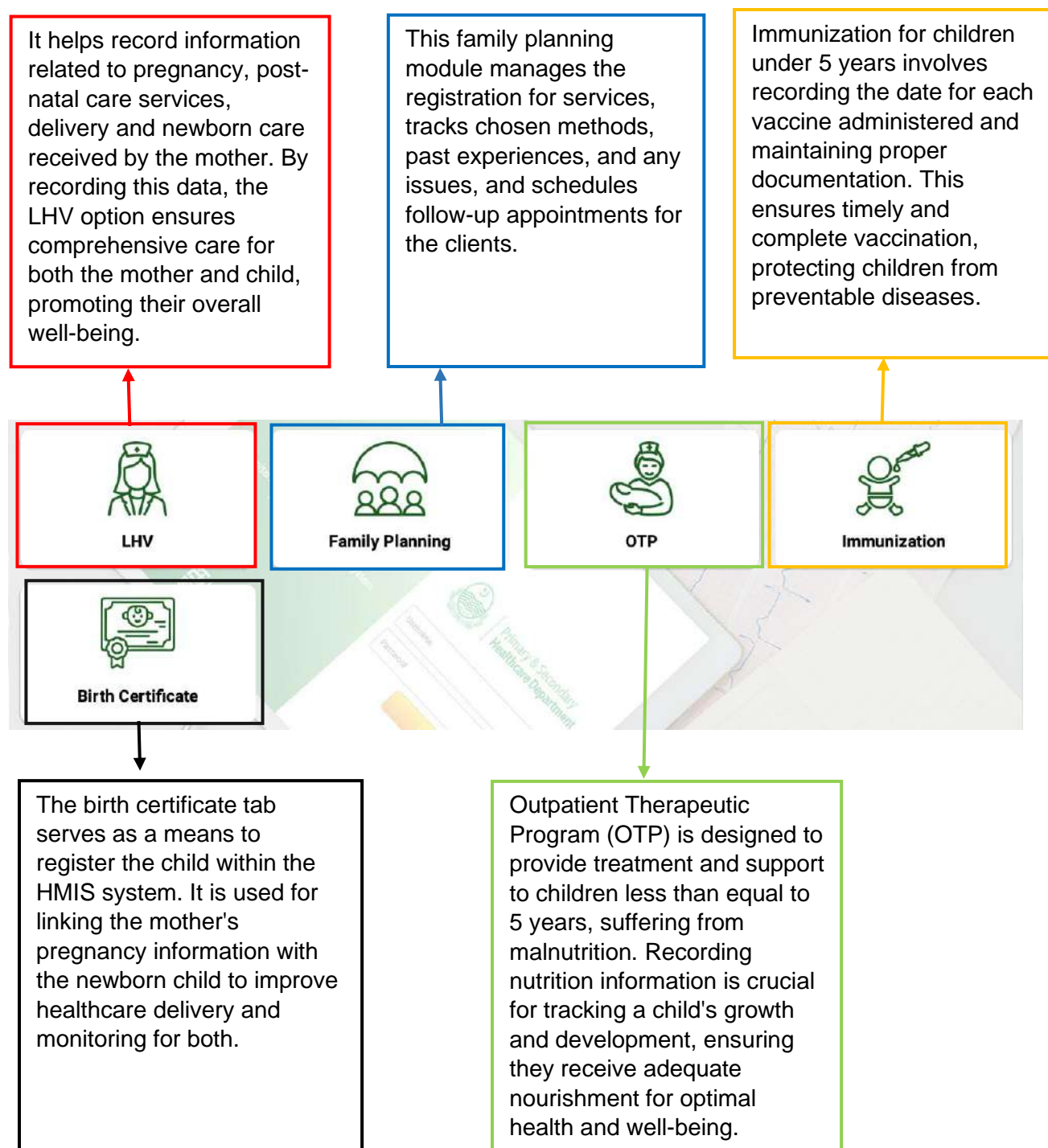
Depending on the type of patient, different modules will open up:

1. For **pregnant women and general patients**, other modules will open up, containing information such as Antenatal Care (ANC), Postnatal Care (PNC), delivery records, newborn care, and general patient health records. It includes tiles on LHV, and family planning.
2. For **child patients**, the Child Module will open, enabling users to access and record information related to child health, growth, immunizations, and developmental milestones. It includes tiles on OTP, Immunization, and Birth certificate.

4.1 Electronic Medical Records



Once you log in to the portal using the provided user by HISDU (Refer to the [Chapter 2 “Getting Started”](#)), the home page will open. After entering the patient's CNIC the following alert will pop up on the screen.



4.1.1 LHV

Upon clicking LHV section, the screen will present the following fields. Females aged 15 or older are eligible to be registered for LHV section.




This information is important for identifying the pregnant lady and tracking her progress.

Clicking enables the device camera to take photo of mother.

Name Tahira Ramzan

Token No. 29


Status Non Beneficiary




Mother Picture

Did the patient use RAS to reach the facility? ☐ Yes ☐ No


Submit




ANC




Delivery & Newborn Care



PNC



Immunization



Documents

ANC: Tracks pregnancy progress, risks, interventions, and birth preparedness for informed decisions and quality improvement.

Delivery & Newborn Care: Records delivery details, complications, newborn assessments, and initial care for monitoring outcomes and contributing to health statistics.

PNC: Tracks mother's and newborn's recovery, breastfeeding practices, vaccinations, and referrals for optimal infant development.

Immunization: Documents vaccine type, date, reactions, and follow-up visits for monitoring coverage and program effectiveness.

Documents: Ensures accurate registration, medical records, and consent forms for continuity of care and legal compliance.

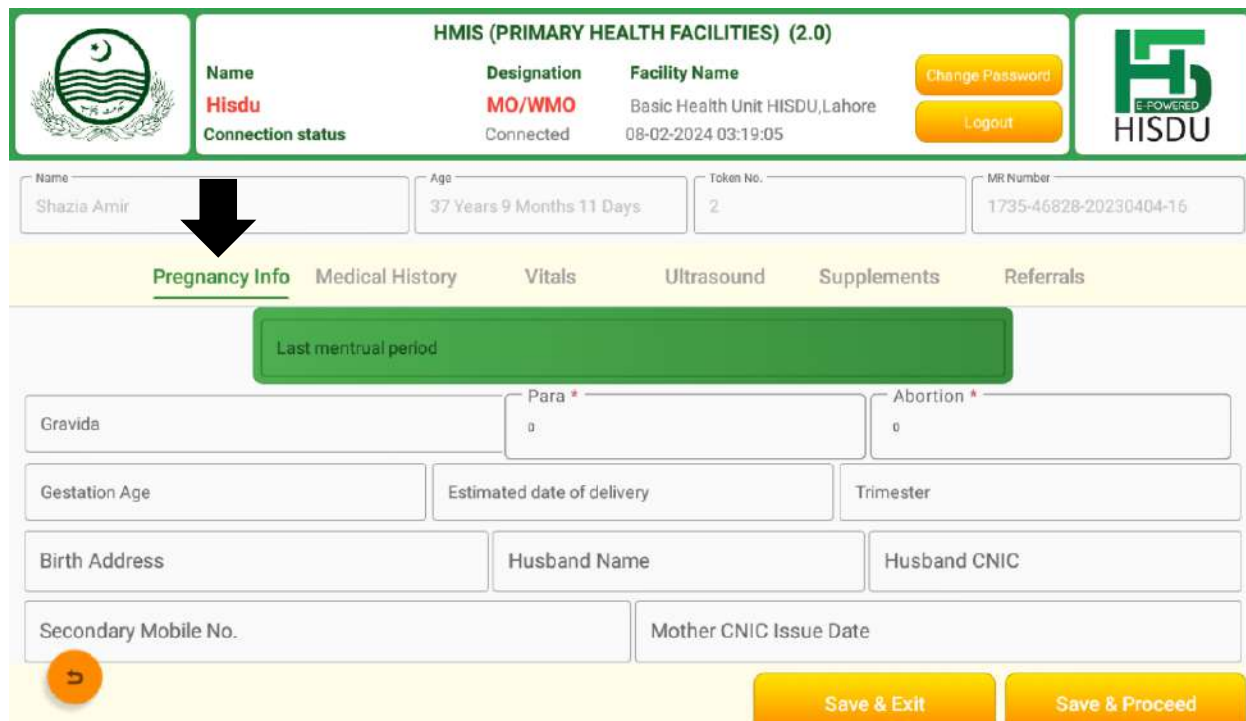
RAS-Rural Ambulance Service is a free of cost service for pregnant women, infants and people with disabilities to Basic Health Units. Choose the appropriate option between “Yes” and “No” upon receiving patient.

4.1.1.1 ANC- Antenatal Care



Upon selecting ANC, you can view further options which are shown below:

4.1.1.1.1 Pregnancy Info

Pregnancy information facilitates continuity of care by ensuring that relevant details about the pregnancy are documented and accessible to healthcare providers across different settings.



The screenshot shows the HMIS (PRIMARY HEALTH FACILITIES) (2.0) interface. At the top, there is a header bar with the facility name 'Hisdu', designation 'MO/WMO', and facility name 'Basic Health Unit HISDU, Lahore'. Below this, there is a form for patient information. A black arrow points to the 'Pregnancy Info' tab, which is currently selected. The form contains several input fields for patient details, including last menstrual period, gravidity, parity, abortion, gestation age, estimated date of delivery, trimester, birth address, husband name, husband CNIC, secondary mobile number, and mother CNIC issue date. There are also buttons for 'Save & Exit' and 'Save & Proceed'.

HMIS (PRIMARY HEALTH FACILITIES) (2.0)			
	Name Hisdu	Designation MO/WMO	Facility Name Basic Health Unit HISDU, Lahore
	Connection status Connected		08-02-2024 03:19:05
		Change Password	Logout
			

Name: Shazia Amir | Age: 37 Years 9 Months 11 Days | Token No.: 2 | MR Number: 1735-46828-20230404-16

[Pregnancy Info](#) | [Medical History](#) | [Vitals](#) | [Ultrasound](#) | [Supplements](#) | [Referrals](#)

Last menstrual period: [Green Box]

Gravidity: [0] | Para*: [0] | Abortion*: [0]

Gestation Age: [] | Estimated date of delivery: [] | Trimester: []

Birth Address: [] | Husband Name: [] | Husband CNIC: []

Secondary Mobile No.: [] | Mother CNIC Issue Date: []

[Save & Exit](#) | [Save & Proceed](#)

1. Select Pregnancy info to fill the data for the patient
2. Insert the date of the patient's last menstrual period as provided by the patient.
3. Select the number (1-12) corresponding to the total pregnancies the patient has had, including the current one. (Gravidity)
4. Input the total number of childbirths (Para) the patient has experienced in numerical form from 1-11.
5. Indicate the number of times (1-11) the patient has experienced pregnancy loss before childbirth. (Abortion)
6. The system automatically calculates and displays the gestation age, estimated date of delivery, and trimester based on the provided last menstrual period information.
7. Enter the patient's birth address
8. Enter the name of the patient's husband
9. Input the CNIC number of the patient's husband.
10. Add secondary mobile number.
11. Specify the date of issue of the patient's CNIC
12. Click on the "Save & Proceed" button to save all entered data and move to the next form of ANC in HMIS. Alternatively, click on "Exit" if data entry is complete.

DO YOU KNOW?

Gravida: Gravida refers to the total number of times a woman has been pregnant, regardless of the pregnancy outcome (live birth, stillbirth, or abortion). It includes the current pregnancy, if applicable, along with any previous pregnancies.

Para: Para indicates the total number of pregnancies that have progressed to the stage of fetal viability (usually around 20 weeks of gestation) and resulted in the birth of a viable infant, regardless of whether the infant is alive at birth or subsequently dies. It excludes pregnancies that ended in miscarriage or abortion before the stage of fetal viability.

Abortion: In obstetrics, abortion refers to the termination of a pregnancy before the fetus reaches the stage of viability.

4.1.1.1.2 Medical History

Upon clicking medical history form, screen will present two fields:

- History of previous illness
- Past Obstetric History

After filling the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

The diagram illustrates the user interface for the Medical History form. At the top, a navigation bar includes tabs for Pregnancy Info, **Medical History**, Vitals, Ultrasound, Supplements, and Referrals. Below this, the Medical History section is divided into two main areas: History of previous illness and Past Obstetric History. Each area has a dropdown menu currently set to 'None'. Arrows point from these dropdowns to two separate lists of medical conditions and obstetric events, each with a checkbox for selection.

History of previous illness	Past Obstetric History
<input type="checkbox"/> Hypertension	<input type="checkbox"/> C-section
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obstructed labour
<input type="checkbox"/> Heart disease	<input type="checkbox"/> PPH/APH
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Eclampsia/Preeclampsia
<input type="checkbox"/> Human immunodeficiency virus (HIV) and syphilis	<input type="checkbox"/> Pre-term labour
<input type="checkbox"/> Tuberculosis (TB)	<input type="checkbox"/> Congenital anomalies
<input type="checkbox"/> Malaria	<input type="checkbox"/> Macrosomia / large for gestational age
	<input type="checkbox"/> Pre-term birth
	<input type="checkbox"/> Low birth weight

History of Previous Illness

Covers all medical conditions, illnesses, and surgeries the woman has experienced throughout her life, regardless of pregnancy.

It helps identify potential risks associated with specific illnesses and their treatments during pregnancy.

Past Obstetric History

Specifically focuses on the woman's past pregnancies and deliveries, including the current one.

It helps identify potential risks associated with previous pregnancy complications or delivery methods.

4.1.1.1.3 Vitals

Monitoring vital signs during antenatal care enables healthcare providers to identify potential complications early in pregnancy. By detecting abnormalities in vital signs, interventions can be initiated promptly to prevent the progression of conditions.

Pregnancy Info	Medical History	Vitals	Ultrasound	Supplements	Referrals
Height (cm)	Weight (1-200) (kg)	BMI	Weight Gain		
BP	Systolic (50-250)	/	Diastolic (30-200)	Temperature (96-106) (°F)	Blood Group
HB (g/dl)	Fundal Height Week	BSR (mg/dl)	Albumin On Urine Dipstick		
MUAC (cm)		Danger Signs			

Here's the revised step-by-step guide for filling in all the fields sequentially based on the provided information:

1. Enter the patient's height in centimeters.
2. Enter the weight in kilograms.
3. BMI and weight gain will be auto-generated based on the entered height and weight.
4. Enter the systolic and diastolic blood pressure readings.
5. Select the patient's temperature from the provided options (range: 96-106°F). Choose the appropriate temperature from the pop-up range.
6. Enter the patient's blood group (e.g., A+, B-, etc.).
7. Enter the patient's hemoglobin (Hb) level in grams per deciliter.
8. Enter the fundal height measurement in weeks (range: 12-21).
9. Enter the Blood Sugar Random (BSR) value if applicable.
10. Select the appropriate option (N/A, 0, +1 to +4) based on the urine dipstick result.
11. Enter the Mid Upper Arm Circumference (MUAC) measurement in centimeters

12. Record any danger signs observed during assessment, such as severe headache, blurred vision, abdominal pain, etc from the pop-up range



Danger Signs

- ☐ Severe abdominal pain
- ☐ Vaginal bleeding
- ☐ Decline of fetal movement
- ☐ Collapse/convulsion
- ☐ Severe headache with visual disturbance
- ☐ Severe edema

13. Click on the "Save & Proceed" button to save all entered data and move to the next form of ANC in HMIS. Alternatively, click on "Exit" if data entry is complete.

FOR YOUR INFORMATION

Blood Pressure:

Normal Blood Pressure – 120/80 mmHg

Hypertension—140/90 mmHg or Higher

Hypotension—90/60 mmHg or Less

It is important to clinically assess pregnant women for high blood pressure for screening of pre-eclampsia and prevention of eclampsia.

Height:

Height should be measured in centimeters only. Before measuring height ask for removal of footwear, headgear (except light cloth scarves in women) and ask patient to stand straight, face forward and knees in contact with each other.

Weight:

To assess the patient's weight for nutritional status and health risk assessment.

Weighing scale should only be located on flat hard surface. Patient should remove footwear and socks along with any heavy clothing articles i.e. belt, jacket, etc.

Temperature:

Temperature can be assessed in oral cavity, rectal cavity and axillary space. Use respective route according to ease of patient i.e. rectal route is suitable for infants. Patients are considered febrile with oral temperature range of 99.5-100° F.

HB (g/dl):

Hemoglobin (Hb) is the oxygen carrying protein of blood. Low Hb levels can lead to Anemia of mother, which is linked to increased morbidity and fetal death.

Fundal Height:

Fundal Height is the length measured in centimeters from the top of uterus to the Pubic bone. Provides information about fetal development and potential growth abnormalities.

BSR:

To screen for gestational diabetes or assess diabetes risk. Helps in identifying and managing gestational diabetes to prevent complications during pregnancy.

Albumin on the urine dipstick:

To detect proteinuria, which is a sign of pre-eclampsia. Early detection of pre-eclampsia helps in preventing complications for both mother and baby.

MUAC:

To assess nutritional status in adults and children. Provides information about malnutrition and guides nutritional interventions.

4.1.1.1.4 Ultrasound

Upon clicking Ultrasound, the screen will present the form shown below. Select “Yes” or “No” accordingly.

↓

Pregnancy Info	Medical History	Vitals	<u>Ultrasound</u>	Supplements	Referrals
----------------	-----------------	--------	-------------------	-------------	-----------

Ultrasound conducted?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-----------------------	---

Fill the following fields according if Ultrasound has been conducted:

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Type of pregnancy Single Twin Triplets </div> <div style="text-align: center; color: red; font-weight: bold;">Step 1</div> <div style="border: 1px solid #ccc; padding: 5px;"> Type of pregnancy <input type="text" value="Type of pregnancy"/> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Select Fetal Movement Yes No </div> <div style="text-align: center; color: red; font-weight: bold;">Step 2</div> <div style="border: 1px solid #ccc; padding: 5px;"> Fetal Movement <input type="text" value="Select Fetal Movement"/> </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> Select Presentation of Fetus </div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div> Longitudinal</div> <div> Cephalic</div> <div> Breech</div> <div> Shoulder</div> <div> Transverse</div> </div> </div> <div style="text-align: center; color: red; font-weight: bold;">Step 3</div> <div style="border: 1px solid #ccc; padding: 5px;"> Presentation of fetus <div style="display: flex; align-items: center;"> <input type="text" value="Select Presentation of Fetus"/> </div> </div>
<div style="border: 1px solid #ccc; padding: 5px;"> Delivery type <input type="text" value="Select Delivery Type"/> </div> <div style="text-align: center; color: red; font-weight: bold;">Step 4</div>	<div style="border: 1px solid #ccc; padding: 5px;"> Placenta <input type="text" value="Select Placenta"/> </div> <div style="text-align: center; color: red; font-weight: bold;">Step 5</div>	<div style="border: 1px solid #ccc; padding: 5px;"> Liquor <input type="text" value="Select Liquor"/> </div> <div style="text-align: center; color: red; font-weight: bold;">Step 6</div>
<div style="border: 1px solid #ccc; padding: 5px;"> Fetal Heart Rate </div> <div style="text-align: center; color: red; font-weight: bold;">Step 7</div>		
<div style="border: 1px solid black; padding: 5px;"> <div style="color: red; font-weight: bold;">Fetal Heart Rate *</div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>less than 110 /min</div> <div>110 - 160/min</div> <div>greater than 160/min</div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> Select Placenta <div style="display: flex; flex-direction: column; gap: 5px;"> <div>N/A</div> <div>Anterior</div> <div>Posterior</div> <div>Fundal</div> <div>Lower</div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> Select Liquor <div style="display: flex; flex-direction: column; gap: 5px;"> <div>N/A</div> <div>Adequate</div> <div>Scanty</div> <div>Fundal</div> <div>Excessive</div> </div> </div>

4.1.1.1.5 Supplements

Click Supplements on the ANC menu to view form



Pregnancy Info Medical History Vitals Ultrasound **Supplements** Referrals

Supplements given? ☒ Yes ☐ No

Add Supplements Detail Below

Name	Quantity
No Supplements Given	

ADD

Select Item

Search

Select Supplement

IFA

Calcium supplements

MMTs

If "Yes" then add the name and quantity of the supplements

FOR YOUR INFORMATION

Iron and Folic Acid (IFA) Supplements:

IFA supplements are essential for preventing and treating iron-deficiency anemia and folate deficiency during pregnancy. Folic acid helps prevent neural tube defects and supports fetal growth and development. Supplementation reduces the risk of maternal anemia, preterm birth, low birth weight, and neural tube defects.

Calcium Supplements:

Calcium supplements are important for supporting maternal bone health and fetal development during pregnancy. During pregnancy, maternal calcium needs increase to support fetal skeletal development. Adequate calcium intake reduces the risk of maternal bone loss, preterm birth, and preeclampsia, and supports optimal fetal bone growth.

Multiple Micronutrient Tablets (MMTs):

MMTs are formulated to provide a combination of essential vitamins and minerals that are important for maternal and fetal health during pregnancy. Pregnancy increases the demand for various micronutrients to support maternal health and fetal development. These supplements help fill nutritional gaps, support immune function, prevent deficiencies, and promote optimal maternal and fetal health outcomes.

4.1.1.1.6 Referrals

Upon clicking Referrals, the screen will present the form shown below:

1. Choose 'Yes' or 'No' options based on further action for the patient.
2. If Chosen 'Yes', proceed to selecting District, type of facility and name of healthcare facility.
3. After filling the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

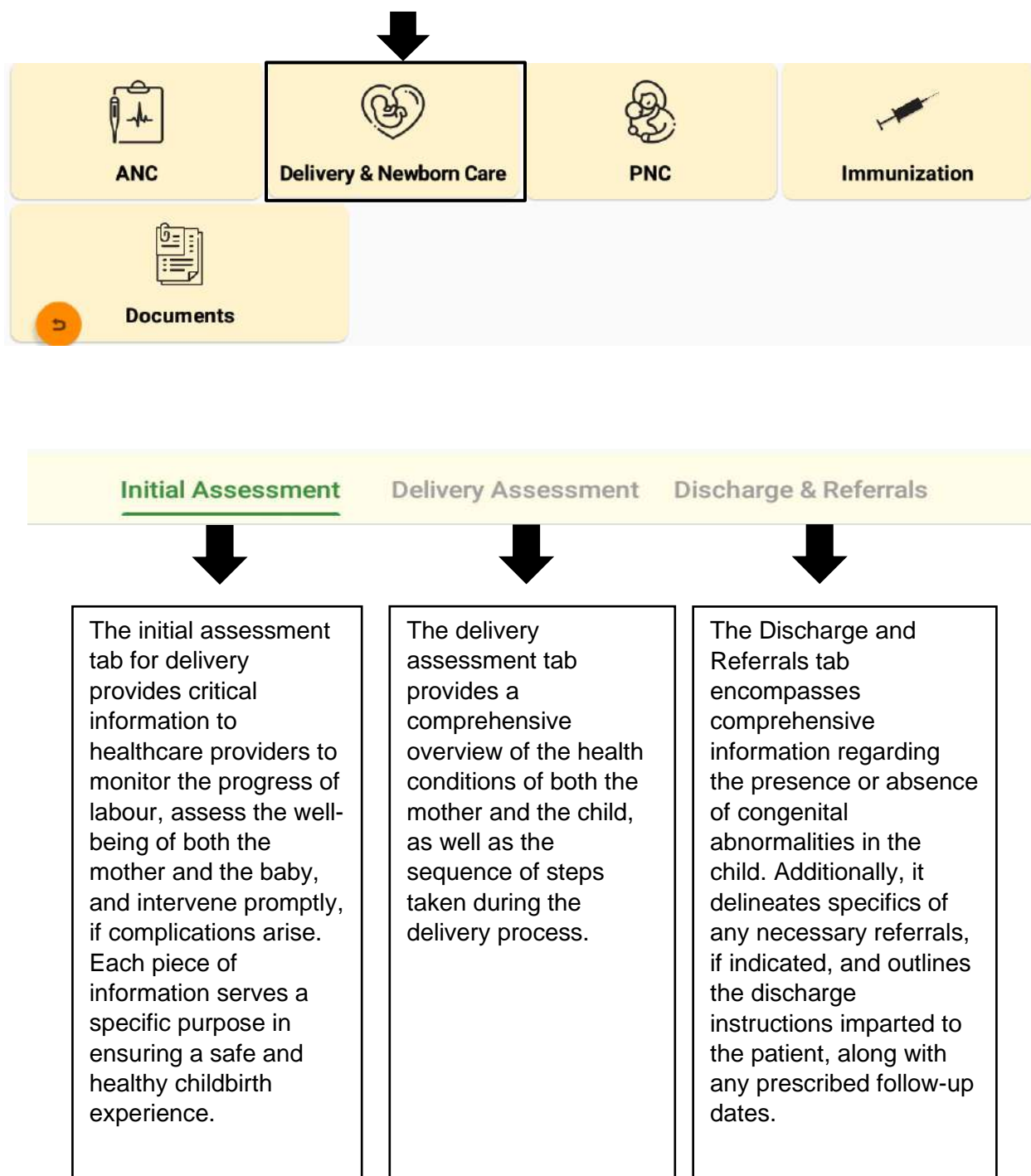
The screenshot shows the 'Referrals' tab selected in the top navigation bar. The form contains the following elements:

- A question: "Did you refer the patient to a secondary health facility?" with radio buttons for "Yes" (selected) and "No".
- A section titled "Where were they referred to?" containing:
 - A "District" dropdown menu with "Lahore" selected. A blue arrow labeled "Step 1" points to this field.
 - A "Type" dropdown menu with "THQ" selected. A red arrow labeled "Step 2" points to this field.
 - A "Health Facility" dropdown menu with the placeholder text "Select health Facility". A black arrow labeled "Step 3" points to this field.
- At the bottom right, there are two yellow buttons: "Save & Exit" and "Save & Proceed".

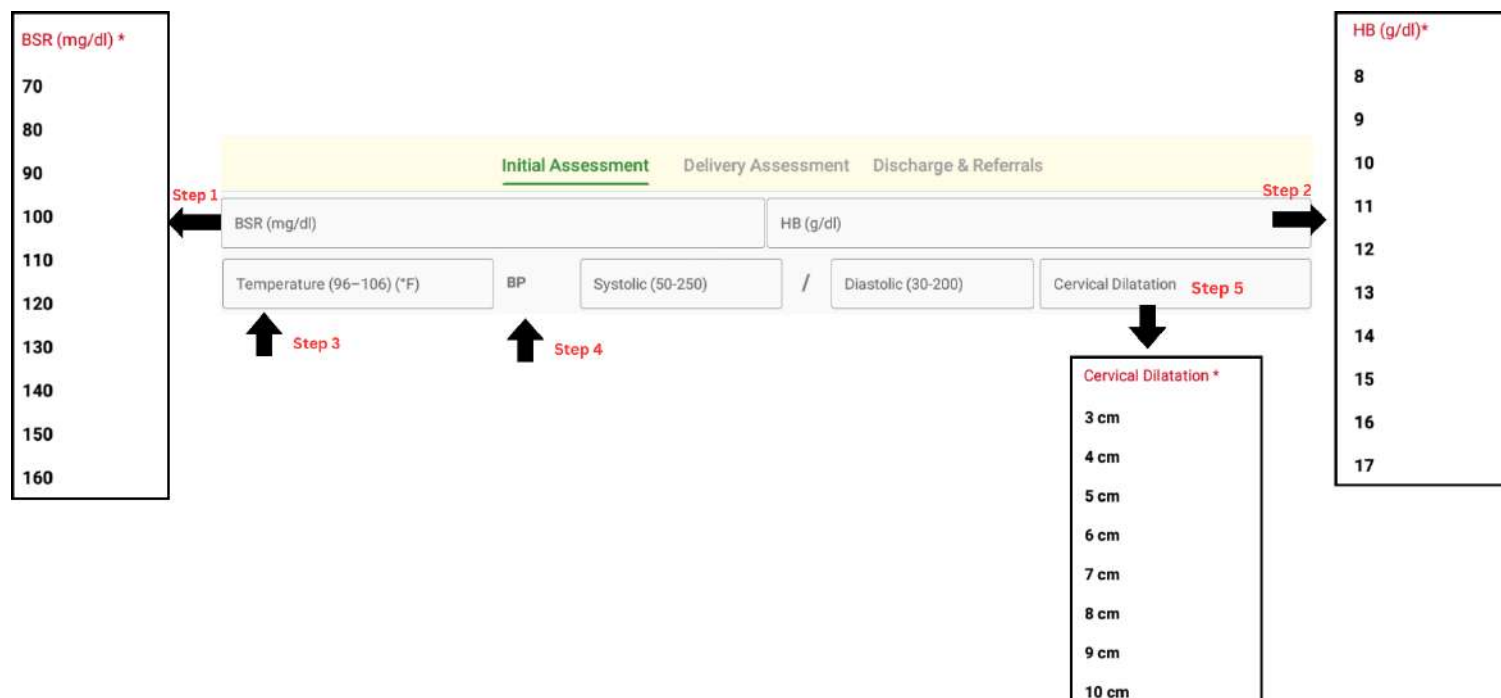
A large black arrow points down to the 'Referrals' tab in the navigation bar.

4.1.1.2 Delivery and Newborn Care

Upon selecting Delivery and Newborn Care, screen will present the following fields



4.1.1.2.1 Initial Assessment



Cervical dilation is a crucial aspect of labour progress and is measured in centimeters (cm) to assess the opening of the cervix. The cervix, which is the lower part of the uterus, needs to dilate to allow the passage of the baby through the birth canal during childbirth.

Monitoring cervical dilation helps healthcare providers assess the progress of labour and determine the appropriate timing for interventions such as pain relief measures, artificial rupture of membranes, or the administration of medications to augment labor. It also provides valuable information about the readiness of the woman's body for the second stage of labour (pushing) and delivery.

Early labor (0-3 cm), the cervix typically dilates to around 3 cm.

Active labor (4-7 cm), cervix dilates from around 4 cm to 7 cm during this phase. Pain management techniques such as breathing exercises, relaxation techniques, and medication may be used during this stage.

Transition (8-10 cm), the final phase of labour before pushing and delivery. Contractions are typically very intense and close together. Many women experience strong urges to push during this phase. It is a challenging but relatively short phase of labor.

Complete dilation (10 cm), it indicates that the woman is fully dilated and effaced, and the baby is ready to be pushed out during the second stage of labor. At this point, the woman may feel a strong urge to push with contractions.

Step 6 ↓

Step 7 ↓

If "Yes" then proceed to step 8, if "No" go to step 10

Fetal Movement	<input type="radio"/> Yes	<input type="radio"/> No	Membrane Ruptured	<input type="radio"/> Yes	<input type="radio"/> No
Progress to next stage			<input type="radio"/> False Labor	<input type="radio"/> Proceed to delivery	<input type="radio"/> Refer
Remarks ← Step 11					

Step 10 →

Save & Exit

Save & Proceed

Step 8 ↓

Step 9 ↓

Amniotic Fluid	Hours passed since rupture of membrane	<input type="radio"/> 1-3 hours	<input type="radio"/> More than 3 hours
----------------	--	---------------------------------	---

Amniotic Fluid *

Clear

Yellow

Green

The color of the amniotic fluid can provide valuable information about the health and well-being of the baby and any potential complications during labor.

Clear or straw-colored (yellow) amniotic fluid is considered normal and indicates that the baby is healthy.

Meconium-stained amniotic fluid, which appears green or brown, indicates that the baby has passed meconium (the baby's first stool) in utero. Meconium staining is a sign of fetal distress and requires careful monitoring and potentially immediate intervention to ensure the baby's well-being.

The time elapsed since the rupture of membranes (also known as the "**water breaking**") is crucial for assessing the risk of infection. Once the amniotic sac ruptures, the protective barrier between the baby and the external environment is compromised, increasing the risk of infection, particularly if delivery does not occur within a reasonable timeframe.

It also helps in decision-making regarding the management of labor, such as the timing of delivery and the need for interventions like inducing labor if it does not start spontaneously after a certain period.

4.1.1.2.2 Delivery Assessment

Initial Assessment **Delivery Assessment** Discharge & Referrals

Condition of mother
Dead

Cause of death?

Select from these

Condition of mother *

- Alive and healthy
- Alive and unhealthy
- Dead

If "Dead" select cause of death from the pop-up

- ☐ Pregnancies with abortive outcome
- ☐ Hypertensive disorders in pregnancy, childbirth, and the puerperium
- ☐ Obstetric haemorrhage
- ☐ Pregnancy-related infection
- ☐ Other obstetric complications
- ☐ Unanticipated complications of management
- ☐ Non-obstetric complications
- ☐ Unknown/undetermined

Condition of mother *

Alive and healthy ✓

Alive and unhealthy ✓

Dead

Initial Assessment **Delivery Assessment** Discharge & Referrals

Step 1 → Condition of mother

Step 2 → Temperature (96-106) (°F) 98

Step 3 → BP Systolic (50-250) 120 / Diastolic (30-200) 80

Step 4 → Immediate Steps

Step 5 → Symptoms Assessment

Step 6 → Medicine Administered

Step 7 → Progress to next stage

☒ Continue ☐ Refer

ADD CHILD

- ☐ Oxytocin administered within 1 min
- ☐ Placenta and membrane delivered
- ☐ Well contracted uterus

- ☐ Foul smelling vaginal discharge
- ☐ Severe bleeding
- ☐ First or second degree perineal tear
- ☐ Third or fourth degree perineal tear

- ☐ Inj Hydrocortisone
 - ☐ Inj Avil
 - ☐ Inj Dexamethasone
 - ☐ Inj Magnesium Sulphate
 - ☐ Inj. Hemacel
 - ☐ Normal Saline
 - ☐ Inj Ringer lactate
 - ☐ Disposable syringes
 - ☐ Branula
 - ☐ Infant ambu bag
 - ☐ Adult ambu bag
 - ☐ Inj Oxytocin
 - ☐ Tab. Misoprostol
 - ☐ Inj Transamin
- CANCEL**

Inj. Hydrocortisone and dexamethasone are steroidal injections given for fetal surfactant production and controlling any hypersensitivity.

Inj. Avil is an antihistamine, given to control hypersensitivity (Allergic reaction)

Inj. Magnesium Sulphate is used for treatment of pre-eclampsia and eclampsia

Inj. Hemacil is an artificial colloid given to supplement blood volume loss.


Foul Smelling Vaginal discharge may be signs of infections

Severe bleeding can lead to hypovolemic shock and could cause permanent disability and maybe fatal.

1st and 2nd degree perineal tears affect skin and muscle layers.

3rd and 4th degree perineal tear involve anal sphincter and lining of anus.

To add information for a child, simply click on the "Add Child" button and proceed to enter the required information.



Step 1 → Gender ☐ Male ☐ Female

Step 2 → Weight (1–6) (kg)

Step 3 → Temperature (96–106) (°F)

Step 4 → Condition of baby ☒ Alive and Healthy ☐ Alive and Unhealthy ☐ Dead after delivery ☐ Intrauterine death

Step 5 → Symptoms assessment

Step 6 → Medication/vaccines administered

Step 5 → Symptoms assessment

- ☐ Chest in-drawing, grunting, or moaning
- ☐ Not breastfeeding well
- ☐ Fits or convulsions
- ☐ Poor movement on stimulation

Step 6 → Medication/vaccines administered

- ☐ Congenital malformations/deformations
- ☐ Disorders related to fetal growth (intra uterine growth retardation)
- ☐ Prematurity
- ☐ Infections
- ☐ Asphyxia
- ☐ Convulsions and disorders of cerebral status
- ☐ Birth trauma
- ☐ Respiratory and cardiovascular disorders
- ☐ Unspecified

Step 7 → If "Dead" then proceed to step 7 to enter cause of death

4.1.1.2.3 Discharge and Referrals

After filling the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

Initial Assessment Delivery Assessment **Discharge & Referrals**

Discharge

Any congenital anomaly found ☒ Yes ☐ No

Discharge checklist Date for follow up visit

Select from the list

- ☐ None
- ☐ Applied chlorhexidine on cord
- ☐ Counselling on exclusive breastfeeding
- ☐ Observed breastfeeding process
- ☐ Counselling on family planning
- ☐ Provided family planning commodities
- ☐ Explained danger signs for mother and baby to patient

CANCEL OK

Giving discharge instructions after delivery plays a critical role in supporting the health and well-being of both mother and baby during the transition from the hospital to home. By providing essential information, guidance, and support, healthcare providers empower patients to navigate the postpartum period with confidence and promote optimal outcomes for themselves and their newborns.

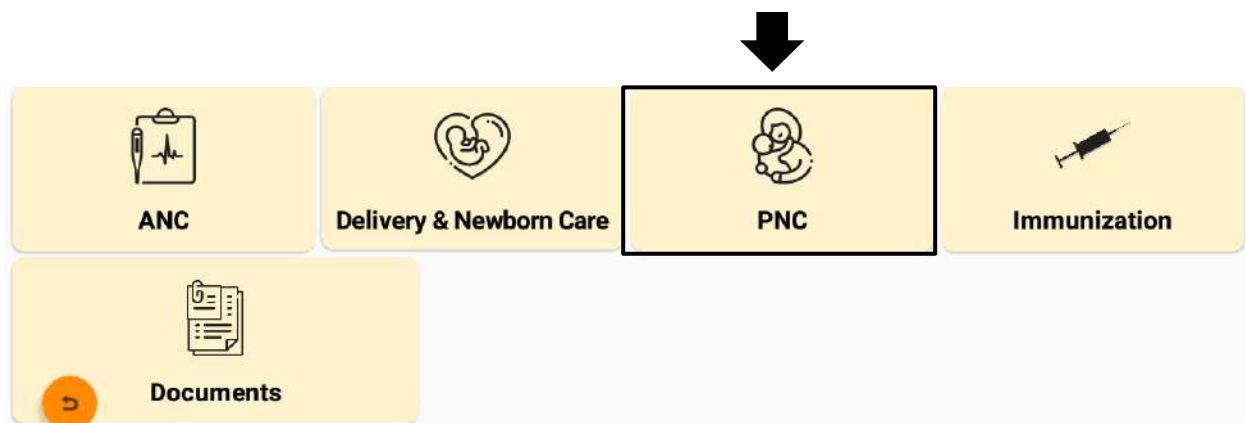
4.1.1.3 Postnatal Care (PNC)

Postnatal care, commonly referred to as postpartum care, is crucial for the well-being of both the mother and the newborn after childbirth. It involves medical attention, emotional support, and guidance on breastfeeding, nutrition, and parenting. Proper postnatal care plays a pivotal role in promoting recovery, preventing complications, and ensuring a healthy transition into motherhood.

Upon selecting PNC, you can view further options which are shown below:

- Vitals and Assessment
- Breastfeeding
- Post-Partum Family Planning

Let's briefly view all the above menu options of PNC.



After clicking on PNC (Postnatal Care), a pop-up will prompt you to ask information about the last delivery. Select the appropriate option from the drop-down menu based on the details required.

The screenshot shows a form titled "Delivery at other HF information". It contains three input fields: "Last menstrual period *", "Outcome of the last pregnancy? *", and "Delivery Date *". Each field has a calendar icon to its right. Below the fields are two large orange buttons labeled "CLOSE" and "OK".

Annotations with arrows point to specific parts of the form:

- An arrow points from the "Last menstrual period *" field to the text: "Enter the last menstrual and delivery date."
- An arrow points from the "Delivery Date *" field to the text: "Ensure to input the dates accurately as they are essential for proper postnatal care assessment and management."
- A large arrow points from the "Outcome of the last pregnancy? *" field to a list box below the form. The list box is titled "Select Outcome" and contains the following options: "Miscarriage", "Abortion", "Delivery at a private hospital", "Delivery at home", and "Delivery at government health facility".

Below the list box, the text "Select the outcome of the last pregnancy from these options." is displayed.

After selecting "Vitals and Assessment," a pop-up will appear requesting basic vitals entry. Input the necessary vital signs in the provided fields.

For identifying danger signs, a list of signs will be displayed. Select the appropriate signs from the list according to current health status of the patient.

4.1.1.3.1 Vitals and Assessment

Vital signs such as blood pressure, temperature, pulse rate, and respiratory rate provide crucial information about a woman's physiological status post-delivery. Monitoring these parameters helps healthcare providers assess the mother's overall health and detect any signs of potential complications early on.

Upon clicking Vitals and Assessment, the screen will present the form shown below. Fill the following fields with data accordingly.

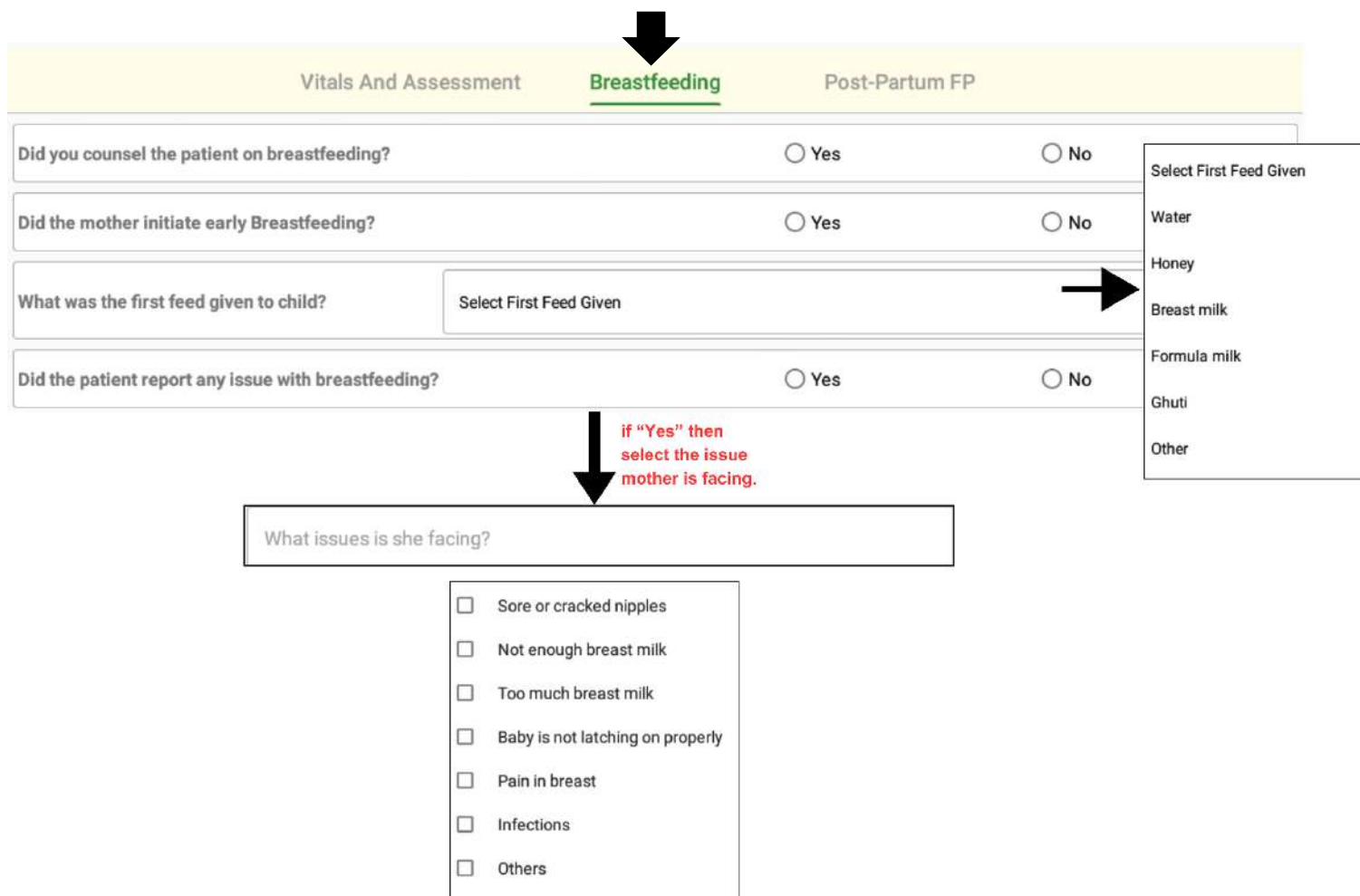
The form displays the following fields and sections:

- BP:** Systolic (50-250) *, Diastolic (30-200) *, Temperature (96-106) (°F) *, Pulse (60-100) (bpm)
- HB (g/dl) ***
- BSR (mg/dl) ***
- Danger Signs:**
 - ☐ Heavy vaginal bleeding
 - ☐ Respiratory difficulty
 - ☐ Convulsions/loss of consciousness
 - ☐ Severe headache with blurred vision
 - ☐ Severe abdominal pain
 - ☐ Foul smelling vaginal discharge
 - ☐ Vaginal tears
 - ☐ Pain in calf
 - ☐ Hallucinations/Indication of self harm tendencies

4.1.1.3.2 Breastfeeding

Breastfeeding support in postnatal care offers numerous benefits, including providing optimal nutrition for the newborn, fostering strong maternal-infant bonding, and promoting maternal and infant health through the transfer of antibodies and essential nutrients.

Click “Breastfeeding” on the PNC menu to view the form.



The form is titled "Breastfeeding" and is part of a larger menu with "Vitals And Assessment" and "Post-Partum FP". It contains the following questions and options:

- Did you counsel the patient on breastfeeding? ☐ Yes ☐ No
- Did the mother initiate early Breastfeeding? ☐ Yes ☐ No
- What was the first feed given to child?
 - Select First Feed Given
 - Water
 - Honey
 - Breast milk
 - Formula milk
 - Ghuti
 - Other
- Did the patient report any issue with breastfeeding? ☐ Yes ☐ No

If "Yes" then select the issue mother is facing.

What issues is she facing?

- ☐ Sore or cracked nipples
- ☐ Not enough breast milk
- ☐ Too much breast milk
- ☐ Baby is not latching on properly
- ☐ Pain in breast
- ☐ Infections
- ☐ Others

DID YOU KNOW?

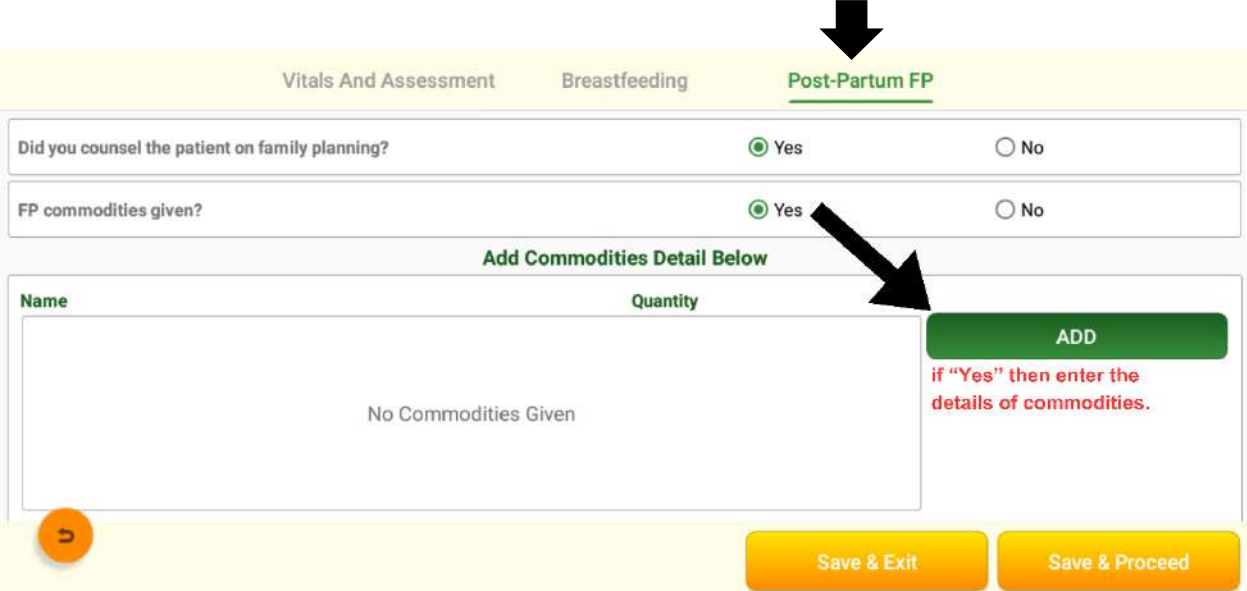
Breastfeeding has been advised by WHO for first 6 months for healthy nourishment and immunity of infants. Breastfeeding should be promoted to mothers and assistance tools for breastfeeding should be provided in case of difficulty breastfeeding.

4.1.1.3.3 Post-Partum FP

PPFP allows women to space their pregnancies, which can reduce the risk of maternal and infant mortality and morbidity. Adequate birth spacing promotes better maternal health outcomes by allowing mothers to recover physically and emotionally from childbirth before becoming pregnant again.

After clicking on Postpartum Family Planning (PPFP), a screen will appear prompting you to indicate whether counseling about PPFP was provided. Select "Yes" or "No" accordingly.

If commodities were provided, select the name and quantity of the commodities from the available options.



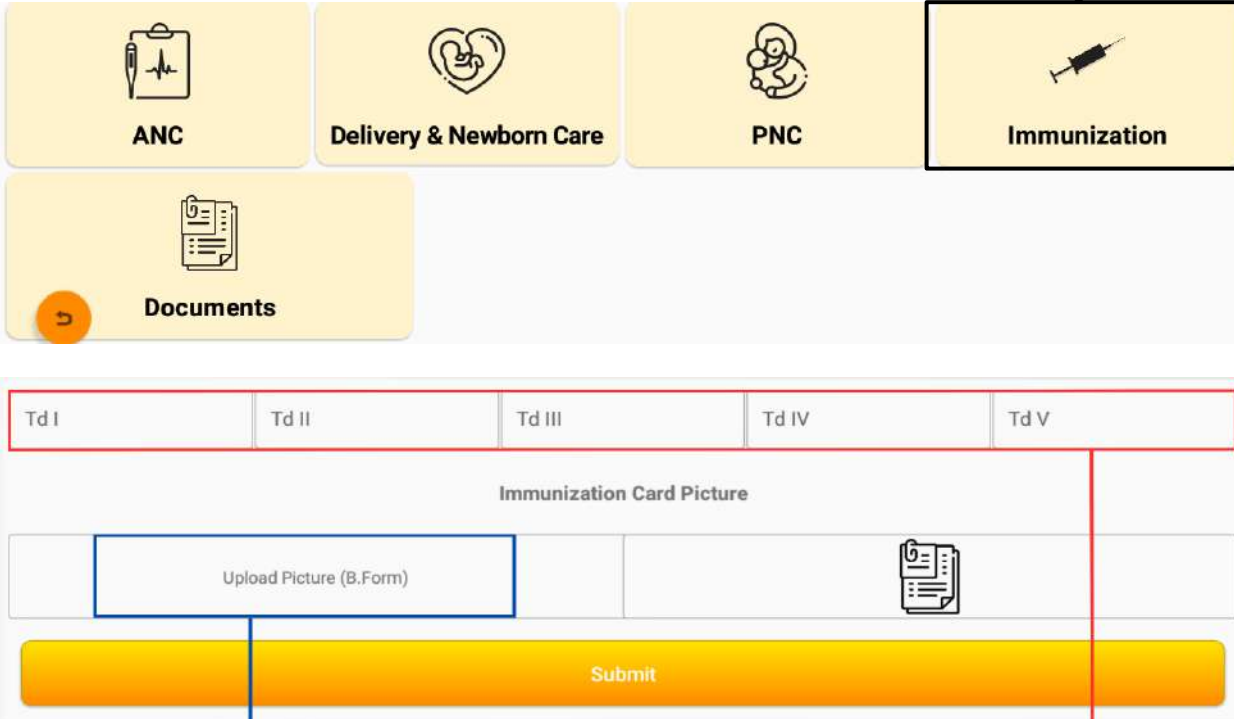
The screenshot shows the 'Post-Partum FP' form with three tabs: 'Vitals And Assessment', 'Breastfeeding', and 'Post-Partum FP'. The 'Post-Partum FP' tab is active. Below the tabs are two questions: 'Did you counsel the patient on family planning?' and 'FP commodities given?'. Both have 'Yes' selected. Below these is a section titled 'Add Commodities Detail Below' with a table for 'Name' and 'Quantity'. The table is currently empty, showing 'No Commodities Given'. To the right of the table is a green 'ADD' button. A red text annotation points to the 'ADD' button, stating 'if "Yes" then enter the details of commodities.' At the bottom of the form are two yellow buttons: 'Save & Exit' and 'Save & Proceed'. A black arrow points to the 'Post-Partum FP' tab, and another black arrow points to the 'ADD' button.

After filling the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

4.1.1.4 Immunization

Upon clicking Immunisation, the screen will present the form shown in below:

Insert dates for administration of Tetanus-Diphtheria(Td) vaccine.



The screenshot shows a navigation bar with five icons: ANC (pregnant woman), Delivery & Newborn Care (heart with baby), PNC (nurse with baby), Immunization (syringe), and Documents (document). The Immunization icon is highlighted with a black arrow. Below the navigation bar is a form titled 'Immunization Card Picture' with five columns labeled Td I, Td II, Td III, Td IV, and Td V. Below the columns is a row with 'Upload Picture (B.Form)' and a document icon. A blue arrow points from the 'Upload Picture (B.Form)' box to a text box on the left. A red arrow points from the Td V column to a text box on the right. At the bottom of the form is a large yellow 'Submit' button.

Upload picture of Immunization card or B. form. It helps tracking individual immunization histories and identify individuals who may be due for booster shots or missed vaccinations.

After filling the required fields, choose to click 'Submit' to save the data and continue.

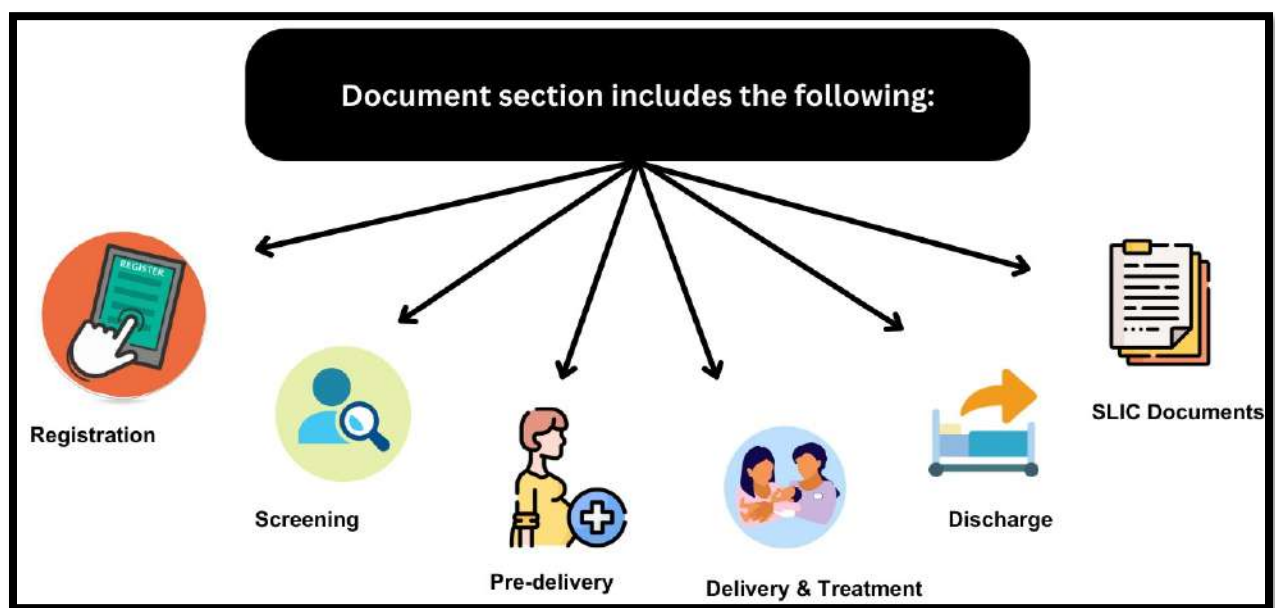
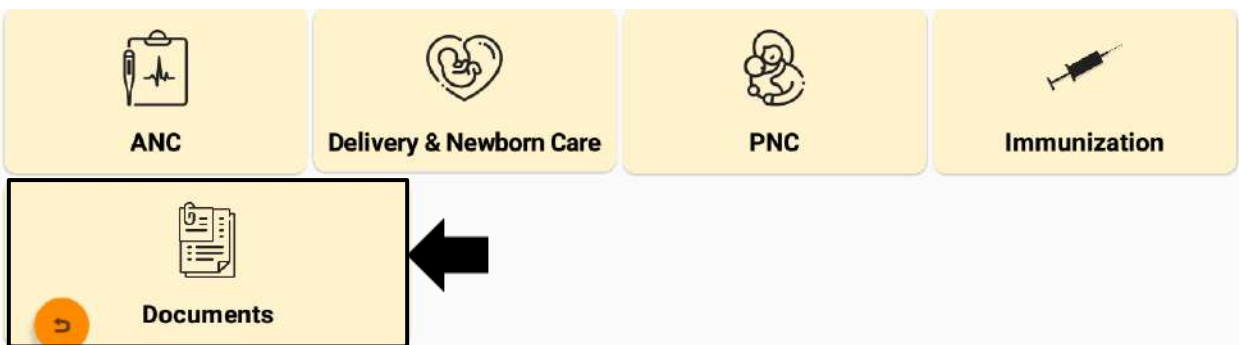
Add dates in relevant Tetanus Toxoid Vaccine dose.

Schedule for TT Vaccine is as follows:

- a) TT1**
15 years of age or soon after confirmation of first pregnancy
- b) TT2**
4 weeks after TT1
- c) TT3**
6 months after TT2
- d) TT4**
1 year after TT3
- e) TT5**
1 year after TT4

4.1.1.5 Documents

The document module holds multiple documents that have been compiled by the data inserted in various forms in the LHV module. This section contains all the document from registration to discharge.

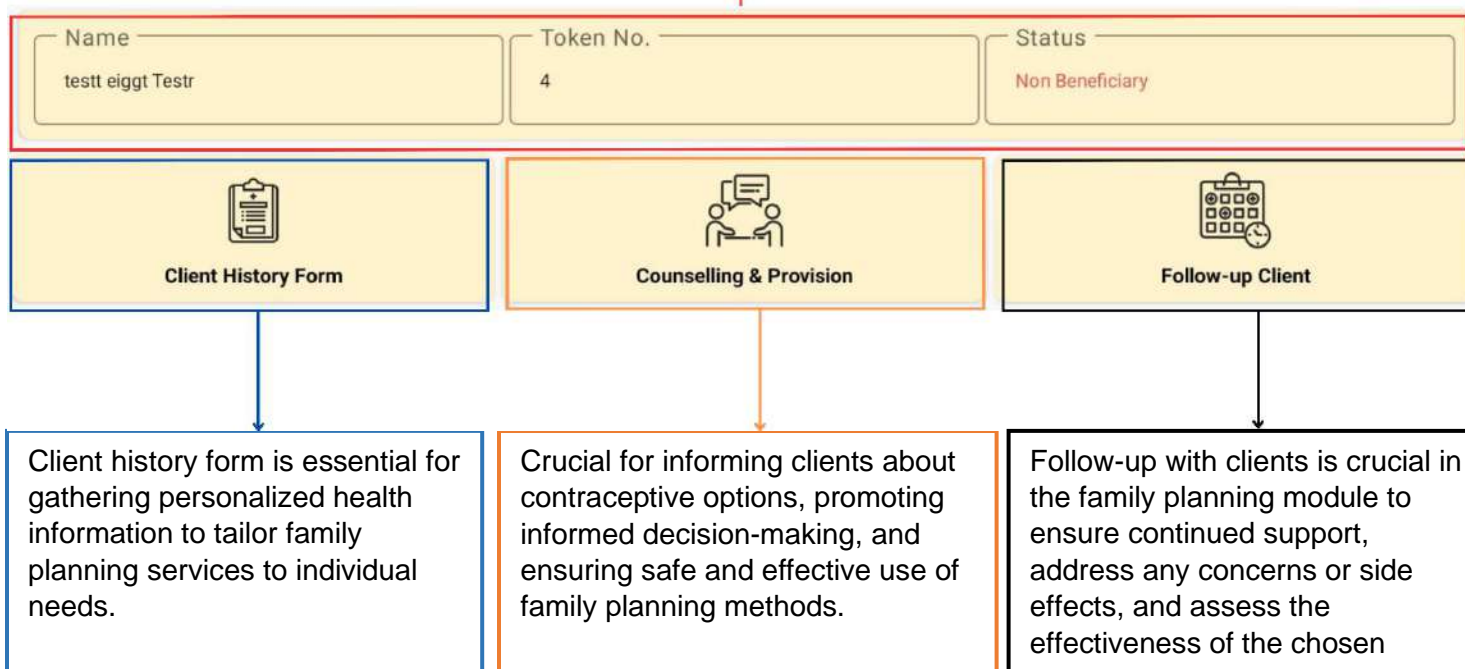


4.1.2 Family Planning

This section is applicable for females aged 15 years or older who are not pregnant.



The bar with fields for "Name," "Token Number," and "Mother's Status" (beneficiary/non-beneficiary) is crucial for efficient tracking and management of maternal health services.



4.1.2.1 Client History form

4.1.2.1.1 Registration

Upon opening the client history form, click "Registration" to fill in all fields.

Registration is vital as it captures essential client details for personalized family planning services.

The screenshot displays the 'Registration' tab of the Client History form. A large black arrow points to the 'Registration' tab, which is highlighted in green. To the left, a dropdown menu for 'Client Education' is open, showing options: Illiterate, Primary, Middle, Matriculation, Intermediate, Graduation, and Master's or above. A red arrow points to this menu with the text 'Select from these options'. The form contains several input fields: 'Client Education *', 'Marriage Years Passed *' (highlighted with a red border), 'Spouse Name *', 'Spouse CNIC *', and 'Spouse Contact *'. A red arrow points from the 'Marriage Years Passed *' field to a text box on the right. Another red arrow points from the 'Spouse Name *' field to a text box on the left. A black arrow points from the 'Spouse Name *' field to the same text box on the left.

Illiterate
Primary
Middle
Matriculation
Intermediate
Graduation
Master's or above

Select from these options

Registration Vitals Past History Medical History Surgical History Examination

Client Education * Marriage Years Passed *

Spouse Name * Spouse CNIC * Spouse Contact *

Manually fill in the fields for spouse name, spouse CNIC, and spouse contact information to provide essential details for family planning services.

After clicking "Marriage Years Passed," a pop-up will appear to select the number of years, allowing clients to indicate their marital duration accurately.

Illiterate
Primary
Middle
Matriculation
Intermediate
Graduation
Master's or above

Select the number of male and female children alive from the pop-up to inform family planning decisions and services.

0
1
2
3
4
5
More than 5

Spouse Education *

Male Children Alive *

Female Children Alive *

Number Of Children Dead *

Age of Youngest Child *

Geographical Access *

Less Than 6 Months
Less Than 1 year
1-2 years
2-5 years
More than 05 years

Nearby (walking distance)
Within 5 Km
More than 5 KM

4.1.2.1.2 Vitals

Vitals are crucial in the client history form as they provide essential health indicators such as blood pressure, pulse rate, and weight, which help assess the client's overall health and determine the suitability of different contraceptive methods.

After proceeding from the registration form, the vital form will open up, where you can record important health indicators like blood pressure, pulse rate, and weight, ensuring assessment for tailored family planning services.

The screenshot shows the 'Vitals' tab selected in the client history form. The form is divided into four steps:

- Step 1:** BP (Blood Pressure) with input fields for Systolic (50-250) * and Diastolic (30-200) *.
- Step 2:** Weight (1-220) (kg) *.
- Step 3:** Temperature (96-106) (*F).
- Step 4:** Pulse (60-100) (bpm).

Arrows indicate the sequence from Step 1 to Step 4. A large black arrow points down from the text above to the 'Vitals' tab.

4.1.2.1.3 Past History

After filling in the vitals form, proceed to the past history section, which records the client's previous contraceptive method use. If the client is a previous user, select "Yes," and a pop-up will appear to specify the method used; select "No" if not.

The screenshot shows the 'Past History' tab selected. The form includes a 'Previous User *' section with radio buttons for 'Yes' and 'No'. Below this, a pop-up menu lists contraceptive methods:

- Condoms
- PILLS: COC
- PILLS: POP
- PILLS: ECP
- DMPA-SC
- DMPA-IM
- IUCD
- Jadelle (05 years)
- Implant (03 years)

An arrow points from the 'Method in use *' input field to the pop-up menu. A large black arrow points down from the text above to the 'Past History' tab. A red arrow points from the text 'If "YES" then select the method in use from the pop up options' to the 'Method in use *' field.

FOR YOUR INFORMATION

1. Condoms

A barrier method that prevents pregnancy and sexually transmitted infections (STIs) when used consistently and correctly by blocking sperm from reaching the egg.

2. Combined Oral Contraceptive Pills (COC)

Daily pills containing estrogen and progestin that prevent ovulation (release of an egg) and regulate menstrual cycles.

3. Progestin-Only Pills (POP)

Daily pills containing only progestin that thicken cervical mucus, making it harder for sperm to reach the egg, and may suppress ovulation in some individuals.

4. Emergency Contraceptive Pills (ECP)

Pills containing high doses of hormones or progestin taken within 3-5 days after unprotected sex to prevent pregnancy. They work by delaying or preventing ovulation or fertilization. **Important note:** ECPs are not effective if you are already pregnant.

5. Intrauterine Contraceptive Device (IUCD):

A small, T-shaped device inserted into the uterus (womb) to prevent pregnancy.

Copper IUDs: Contain copper wire that creates a spermicidal (sperm-killing) effect and may also interfere with implantation.

Hormonal IUDs: Release a small amount of progestin that thickens cervical mucus and may suppress ovulation.

6. Depo-Provera (DMPA-IM/SC)

An injection of progestin given intramuscularly (IM) or subcutaneously (SC) every 3 months to prevent ovulation.

7. Jadelle (5 years) and Implant (3 years)

Thin rods inserted under the skin in the upper arm that release progestin to prevent ovulation for 5 or 3 years, depending on the brand.


4.1.2.1.4 Medical History

Medical history is crucial for clients using family planning methods to ensure safe and effective use. It includes information on chronic illnesses, such as diabetes or hypertension, which may impact contraceptive choices.

For clients with diabetes, hypertension, migraine, or smoking history, consider contraceptive methods carefully, as some may interact with medications or increase health risks. Select "Yes" if the client has any of these conditions, and "No" if not.

Registration	Vitals	Past History	Medical History	Surgical History	Examination
Diabetic *	Hypertension *	Migraine *	Smoking *		
Breastfeeding (Currently Fe...)	Last Delivery *	Miscarriages recently *	Abortion recently *		

Yes	No	No	No
No	Less than 6 months	Less than 12 months	Less than 12 months
	Less than 12 months	More than 12 months	More than 12 months
	Less than 36 months		
	Less than 48 months		
	More than 48 months		

Pelvic Inflammatory Disease *	Investigations *
<div></div>	None
<div><p>Select from these options</p><ul style="list-style-type: none"><input type="checkbox"/> Yellow<input type="checkbox"/> Green<input type="checkbox"/> Smelly vaginal discharge<input type="checkbox"/> Bleeding disorder<input type="checkbox"/> Bleeding between periods/after sex<input type="checkbox"/> Pain around pelvis/lower tummy</div>	<div><ul style="list-style-type: none"><input type="checkbox"/> HbsAg<input type="checkbox"/> Anti HCV<input type="checkbox"/> CBC<input type="checkbox"/> BSR<input type="checkbox"/> Blood group<input type="checkbox"/> STDs<input type="checkbox"/> HIV<input type="checkbox"/> Hep B<input type="checkbox"/> Hep C<input type="checkbox"/> UTI<input type="checkbox"/> Others</div>

4.1.2.1.5 Surgical Procedures

After proceeding from the medical history form, the surgical history form will open up.



Registration

Vitals

Past History

Medical History

Surgical History

Examination

H/o vaginal bleeding *

Previous birth *



H/o vaginal bleeding *

Yes

No



Previous birth *

Cesarean

SVD

FOR YOUR INFORMATION

History of vaginal bleeding refers to any previous instances of abnormal or irregular bleeding from the vagina. This could include bleeding between periods, unusually heavy or prolonged periods, or bleeding after menopause.

FOR YOUR INFORMATION

Cesarean (C-section): A surgical procedure in which a baby is delivered through incisions in the mother's abdomen and uterus. This method is used when vaginal delivery is not safe or possible.

SVD (Spontaneous Vaginal Delivery): A natural childbirth process where the baby is born through the vaginal canal without the need for surgical intervention.

4.1.2.1.6 Examination

The "Examination" option in the Family Planning form is crucial for assessing the client's reproductive health and determining the most suitable contraceptive method.

Click on the "Examination" field and choose the option that best fits the client's situation.

The screenshot shows a form with tabs: Registration, Vitals, Past History, Medical History, Surgical History, and Examination. The Examination tab is selected. Below the tabs, there is a field labeled "Examination *" with a dropdown menu. The dropdown menu is open, showing five options: Current Bleeding, Mass, Uterine Mobility, Discharge, and Uterine prolapse. A red arrow points to the dropdown menu with the text "Select from these options". At the bottom of the dropdown menu, there are buttons for "CANCEL" and "OK".

FOR YOUR INFORMATION

Current bleeding: Helps identify any abnormal bleeding patterns that may affect contraceptive choices.

Mass: Detects any abnormal growths or tumors that could impact contraceptive safety.

Uterine mobility: Assesses the position and mobility of the uterus, which is important for certain contraceptive methods like IUDs.

Discharge: Indicates any abnormal vaginal discharge that may suggest infection or other issues affecting contraceptive use.

Uterine prolapse: Identifies any prolapse of the uterus, which may influence the choice of contraceptive method.

4.1.2.2 Counselling & Provision



Please ensure all information is accurately filled in, as this form is non-editable.

On selecting "Counselling and Provision," a non-editable form will open up with the following options.

The screenshot shows a form with five rows of input fields. The first row contains two fields: 'Did you use the FP wheel card? *' and 'Did you counsel the patient for the best suitable method? *'. Above each of these fields is a small dropdown menu with 'Yes' and 'No' options. The second row contains two fields: 'What method proposed? *' and 'What was the desired method by Client? *'. The third row contains a single wide field: 'What Method was adopted? *'. The fourth row contains a single wide field: 'Followup Date *'. Below the form, there is a dropdown menu with the following options: 'Condoms', 'PILLS: COC', 'PILLS:POP', 'PILLS:ECP', 'DMPA-SC', 'DMPA-IM', 'IUCD', 'Jadelle (05 years)', and 'Implant (03 years)'. Three arrows point from the 'What Method was adopted? *' field to this dropdown menu. A red text label 'Select from these options' is placed next to the dropdown menu.

4.1.2.3 Follow-up Client

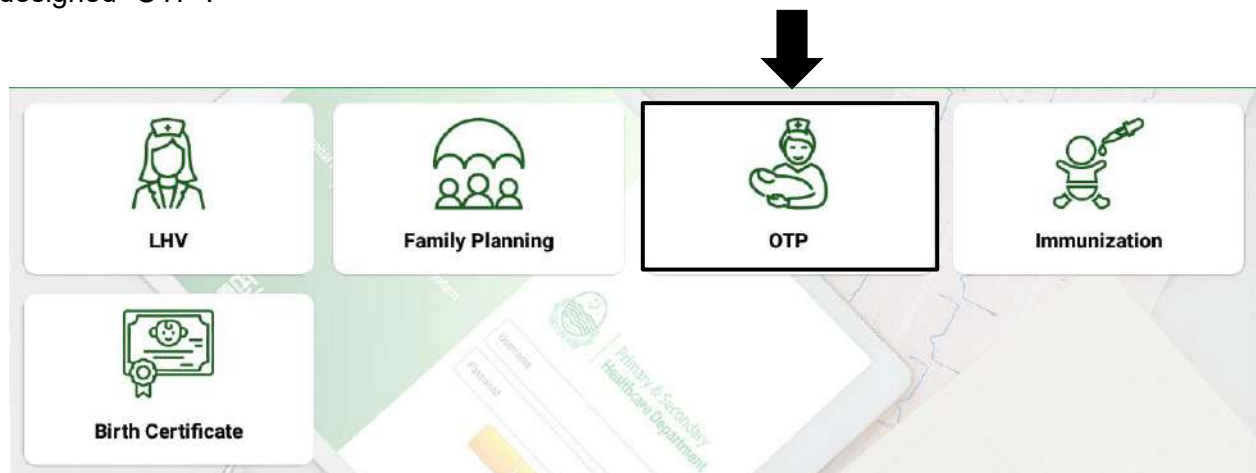
After completing the "Counselling and Provision" form, click on "Follow-up" to record the date and any additional information required for follow-up visits. This helps track the client's progress, address any concerns or side effects, and ensure continued support and effectiveness of the chosen contraceptive method.



The screenshot shows the 'Follow-up Client' form. At the top, there is a list of contraceptive methods: Condoms, PILLS: COC, PILLS: POP, PILLS: ECP, DMPA-SC, DMPA-IM, IUCD, Jadelle (05 years), and Implant (03 years). Below this list is a red annotation: 'Select the 'method in use' from these options'. The form has several fields: 'Method in use *' (with 'DMPA-IM' selected), 'Satisfied with the current Method *' (with a 'Yes' selection), 'Continue with the same *' (with a 'Yes' selection), and 'Followup Date *'. A red annotation at the bottom says: 'Select the 'Followup date' from the calendar pop up'. Arrows indicate the flow from the method list to the 'Method in use' field, from the 'Continue with the same' field to the 'Satisfied with the current Method' field, and from the 'Followup Date' field to the calendar pop-up.

4.1.3 OTP

Upon registration of patients less than equal to five years, LHV Module will proceed to specifically designed “OTP”.



Select the OTP tab shown in image and this will display the forms:

1. **Vitals and Assessment**
2. **Supplements**
3. **Referrals**

Details of these forms are discussed below:

4.1.3.1 Vitals and assessment

A screenshot of the 'Vitals and Assessment' form. At the top, there are three tabs: 'Vitals and Assessment' (selected), 'Supplements', and 'Referrals'. Below the tabs are four input fields: 'Height (cm) *', 'Weight (1-200) (kg) *', 'MUAC (cm) *', and 'Child's condition'. Below these is a checkbox labeled 'Is the child experiencing any complications?'. At the bottom left is a circular orange button with a white arrow. At the bottom right are two yellow buttons: 'Save & Exit' and 'Save & Proceed'.

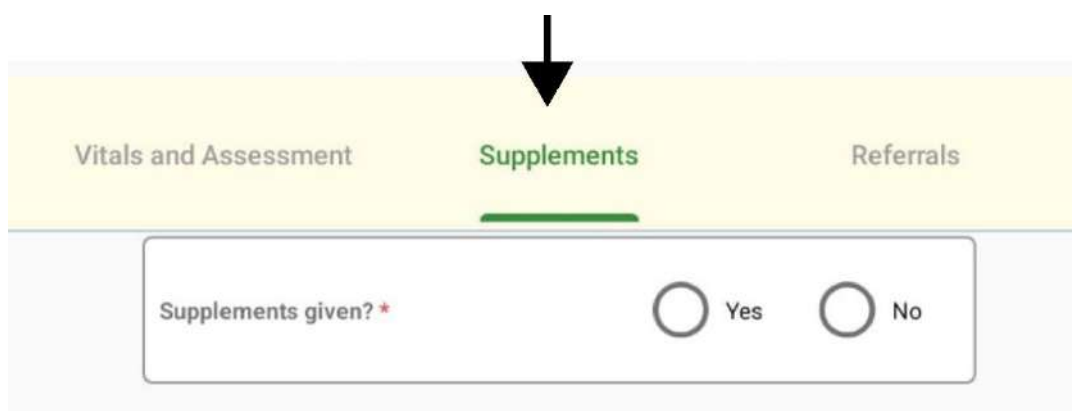
Purpose: Identifying any complications experienced during the visit or discharge allows for immediate attention, documentation, and appropriate follow-up care

These measurements provide crucial data on the child's growth and nutritional status at the time of discharge. Tracking changes from admission helps assess the effectiveness of interventions and identify potential concerns.

To fill the Vital and Assessment Form, follow these steps:

1. Height (cm): Enter the child's measured height in centimeters.
2. Weight (1-200 kg): Enter the child's measured weight in kilograms.
3. MUAC (cm): Enter the child's mid-upper arm circumference in centimeters.
4. SD calculation: This field automatically calculates the standardized weight-for-height based on the entered height and weight. You cannot edit this field.
5. SAM/MAM calculation: This field automatically calculates the type and severity of malnutrition (if any) based on the entered anthropometric data (height, weight, MUAC). You cannot edit this field.
6. Is the child experiencing any complications?
Select "Yes" or "No" from the dropdown menu to indicate if the child has any health complications. If you select "Yes", a text box appears where you can specify the complications.

4.1.3.2 Supplements



The screenshot shows a mobile application interface with three tabs: 'Vitals and Assessment', 'Supplements', and 'Referrals'. The 'Supplements' tab is selected and highlighted with a green underline. Below the tabs, there is a form field with the label 'Supplements given? *' and two radio buttons labeled 'Yes' and 'No'.

Selecting "Yes" for supplements given indicates that the child received certain medication or nutritional supplements during their stay. Selecting "No" might automatically proceed to saving the information.

If you select "Yes" for supplements given, a pop-up window might open listing available supplements. This allows you to choose the specific name and quantity of each supplement provided to the child.

Purpose: Recording administered supplements tracks medication and nutritional interventions provided during the child's stay. This information is crucial for ensuring continuity of care and avoiding potential drug interactions.

After selecting name and quantity of the supplement, press “Add” to proceed further.

Select Item

Select Supplement

RUTF

Mebendazole

ORS

Zinc sulphate syrup

Paracetamol syrup

Amoxicilil syrup

F-75

F-100

Resomal

CLOSE

Paracetamol syrup

Quantity

CLOSE

ADD

DO YOU KNOW?

RUTF: Treat moderate malnutrition (6m-5y). Follow dosage guidelines for weight & severity. Monitor edema, appetite, weight gain.

Mebendazole: Single dose for intestinal worms (1y+). Monitor abdominal pain, diarrhea, dizziness.

ORS: Prevent/treat dehydration. Mix & drink as needed based on guidelines. Monitor stool & urine output, hydration.

Zinc Sulfate: Treat/prevent diarrhea (6m+). Follow dosage guidelines, especially in malnourished kids. Monitor for metallic taste, nausea.

Paracetamol: Reduce fever & pain (3m+). Follow dosage & monitor for reactions. Not for severe liver disease/allergies.

Amoxicillin: Treat bacterial infections. Follow prescription, complete course & monitor for allergies.

F-75 & F-100: They have a specific composition with higher energy density and micronutrients compared to regular milk or formula. This specialized composition is crucial for addressing the nutritional deficiencies and needs of children suffering from SAM.

F75 is used in the initial phase of feeding and F100 in the rehabilitation phase, after appetite has returned.

Resomal: Give ReSoMal between feeds to replace stool losses. As a guide, give 50–100 ml after each watery stool.

4.1.3.3 Referrals

Upon clicking Referrals, the screen will present the form shown below:

1. Choose 'Yes' or 'No' options based on further action for the patient.
2. If Chosen 'Yes', proceed to selecting District, type of facility and name of healthcare facility.
3. After filling the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

The screenshot shows the 'Referrals' tab selected in a navigation bar. Below the navigation bar, there is a question: 'Did you refer the patient to a secondary health facility? *' with two radio button options: 'Yes' and 'No'. Below this, there is a section titled 'Where were they referred to?' containing three input fields: 'District' (with 'Lahore' entered), 'Type' (with 'THQ' entered), and 'Health Facility' (with 'Select health Facility' as a placeholder). To the left of the 'District' field is a blue arrow pointing left labeled 'Step 1'. To the right of the 'Type' field is a red arrow pointing right labeled 'Step 2'. Below the 'Health Facility' field is a black arrow pointing down labeled 'Step 3'. At the bottom right of the form are two yellow buttons: 'Save & Exit' and 'Save & Proceed'.

4.1.4 Immunization

This section is applicable for children less than equal to 5 years of age. Documenting immunization history is vital for preventing vaccine-preventable diseases, protecting the child infectious illnesses, and ensuring compliance with vaccination schedules.



Upon selecting Immunization tab, the following form for immunization will appear:

A screenshot of the HMIS (PRIMARY HEALTH FACILITIES) (2.0) immunization form. The form has a header section with the following information:

- Name:** Hisdu
- Designation:** LHV
- Facility Name:** Basic Health Unit HISDU, Lahore
- Connection status:** Connected
- Facility Name:** Basic Health Unit HISDU, Lahore
- Timestamp:** 08-01-2024 17:22:18

 The form also includes a 'Change Password' button and a 'Logout' button. Below the header, the form is divided into sections for different vaccination schedules:

- At Birth:** OPV-0, BCG, Hep. B (BD)
- 6-Week:** OPV-I, ROTA-I, Pneumo-I, Penta-1
- 10-Week:** OPV-II, ROTA-II, Pneumo-II, Penta-II
- 14-Week:** OPV-III, Pneumo-III, IPV-I, Penta-III
- 9-Month:** MR-I, TCV, IPV-II
- 15-Months:** MR-II
- 15-Months:** DPT Booster

 At the bottom of the form, there is a section for 'Upload Vaccination Card Picture' with a document icon. Below this is a large yellow 'Submit' button with a circular arrow icon on the left.

Upon completion and verification of details select **‘Submit’** to save and upload data entered.

Disease	Causative agent	Vaccine	Doses	Age of administration
Childhood TB	Bacteria	BCG	1	Soon after birth
Poliomyelitis	Virus	OPV	4	OPV0: soon after birth OPV1: 6 weeks OPV2: 10 weeks OPV3: 14 weeks
		IPV	1	IPV-I: 14 weeks
Diphtheria	Bacteria	Pentavalent vaccine	3	Penta1: 6 weeks Penta2: 10 weeks Penta3: 14 weeks
Tetanus	Bacteria			
Pertussis	Bacteria	(DTP+Hep B + Hib)		
Hepatitis B	Virus			
Hib pneumonia and meningitis	Bacteria			
Measles	Virus	Measles	2	Measles1: 9 months Measles2: 15months
Diarrhoea due to rotavirus	Virus	*Rotavirus	2	Rota 1: 6 weeks Rota 2: 10 weeks

Table 2-Pakistan's EPI Vaccination Schedule

For Your Information

BCG Vaccine: Shields against childhood tuberculosis, a potentially fatal lung infection.

Polio Vaccine: Protects against polio, a crippling viral disease that can cause paralysis.

Pentavalent Vaccine: A single shot offering protection against five major childhood diseases:

- **Diphtheria:** Prevents a bacterial infection causing breathing difficulties and even death.
- **Tetanus:** Protects against a bacterial infection causing painful muscle stiffness and lockjaw.
- **Pertussis (Whooping Cough):** Provides defense against a highly contagious respiratory illness with severe coughing.
- **Hepatitis B:** Safeguards against a viral infection damaging the liver and potentially leading to chronic illness.
- **Hib (Haemophilus influenzae type B):** Protects against severe infections like pneumonia and meningitis.

Measles Vaccine: Protects against measles, a highly contagious and potentially deadly viral illness.

Rotavirus Vaccine: Protects against rotavirus, a leading cause of severe diarrhea, dehydration, and hospitalization in young children.

4.1.5 Birth Certificate



After selecting the Birth Certificate tab, the screen will display the following pre-filled form:

Medical Record Number 17150-55381-20221201-3	Mother Name 	Mother CNIC 3660209247696
Father Name Yaseen	Father CNIC 3660209247696	Child Name Sittara Noreen
Gender Female	DOB 2021-05-25	Age 2
Birth Registration No. 15077328	B.Form No. 	Place of Birth: Basic Health Unit, 88/WB, Mailsi,
LHV Name 		
Upload Picture (B.Form) 		
 		

Re-check all the information stated in the birth certificate form and add picture of “**B-form**” if available.

All fields of this form cannot be edited therefore, return to registrations and edit registration information for changes in Birth Certificate.

Upon completion and verification of details select ‘**Submit**’ to save and upload data entered.

4.2 BHU at Glance

The BHU at Glance module in the HMIS application acts as a quick dashboard for the staff at Basic Health Units (BHUs). It provides a snapshot of key performance indicators (KPIs) relevant to the BHU's operation. It includes details such as device information, the health council budget allocated for the facility, attendance records, rosters, and visit details. This snapshot enables quick assessments of the BHU's operational status and aids in decision-making for efficient management.

Refer to [Section 3.2 of Chapter 3 “Medical Officer/ Women Medical Officer” Module](#).

4.3 Facility Dashboard

The Facility Dashboard module in the HMIS application provides a comprehensive overview of service utilization at the Basic Health Unit (BHU). It breaks down service utilization into several key components, including Registration, Outpatient Department (OPD), Lady Health Visitor (LHV), Pathology, Stock, Universal Health Insurance (UHI), and Family Planning. Each section offers detailed insights into the utilization of services and resources, allowing for effective management and planning. Additionally, the module allows users to generate reports based on the data collected, enabling informed decision-making and performance evaluation.

Refer to [Section 3.3 of Chapter 3 “Medical Officer/ Women Medical Officer” Module](#).

4.4 Data Synchronization

The Data Synchronization module is a crucial component of the system, allowing staff to seamlessly synchronize data between the mobile application and the database. This synchronization ensures that all patient records, appointments, treatment details, and other critical information are consistently up-to-date and stored on the central database for easy real-time access.

It has already been explained in [Section 2.6 in Chapter 2 “Getting Started”](#).

4.5 UHI Claims

The UHI Claims dashboard is a tool to track claims submitted for deliveries at the BHU. It offers an overview of the claim process, allowing them to see how many deliveries occurred, how many claims are ready or have been submitted, and their verification status. This helps Mos/WMOs and LHVs monitor progress, identify issues with missing information or errors, and manage individual claims for smoother reimbursement.

Refer to [Section 3.5 of Chapter 3 “Medical Officer/ Women Medical Officer” Module](#).

Chapter 5



Dispenser Module

Chapter 5: Dispenser Module

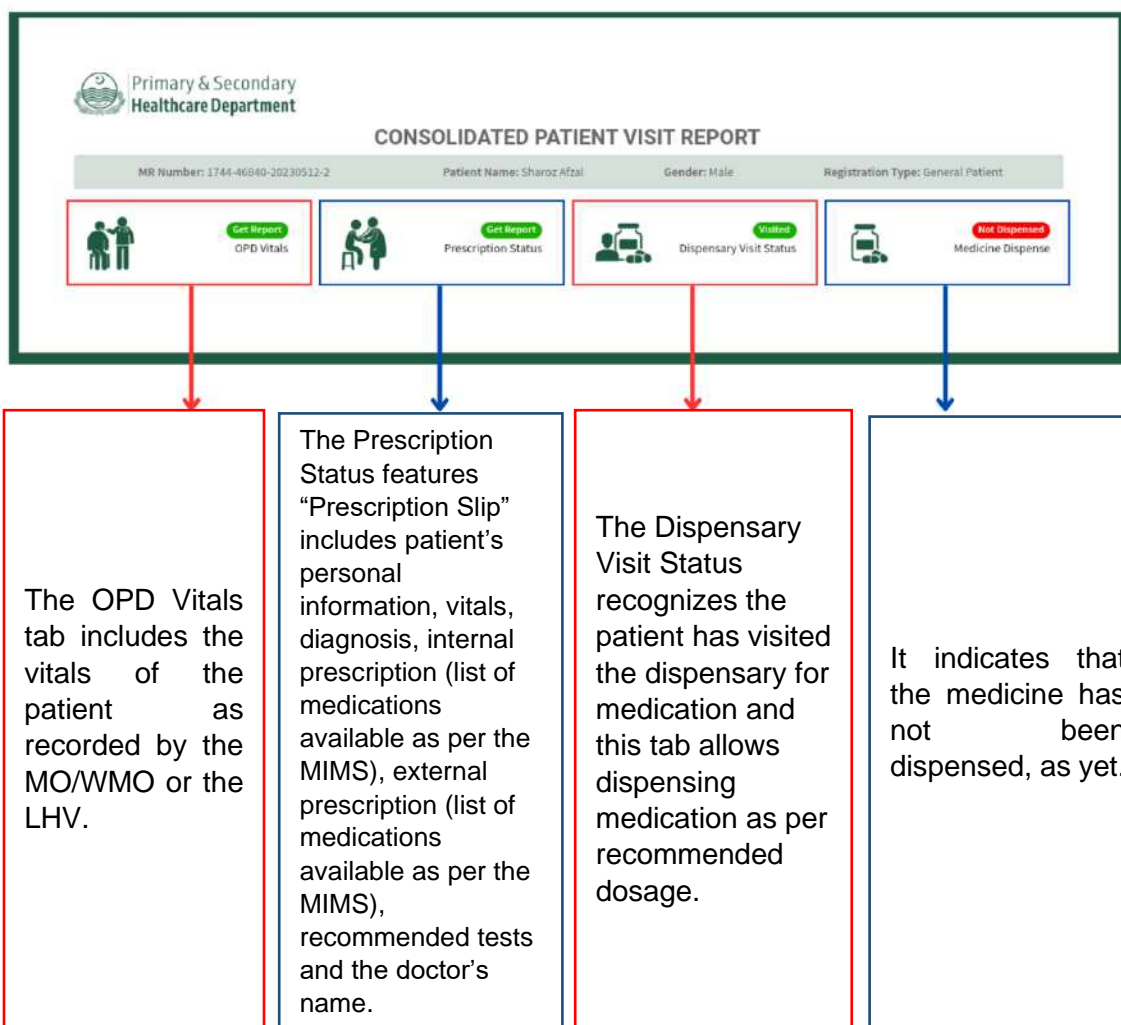
The dispenser module plays a crucial role in optimizing medication management processes, enhancing patient safety and adherence, improving inventory management efficiency, and supporting data-driven decision-making within the healthcare system. Its integration with the EMR application contributes to a more holistic approach to patient care and medication management, ultimately leading to improved health outcomes for patients.

Once you log-in to the portal using the provided user by HISDU (Refer to the [Chapter 2 “Getting Started”](#)).

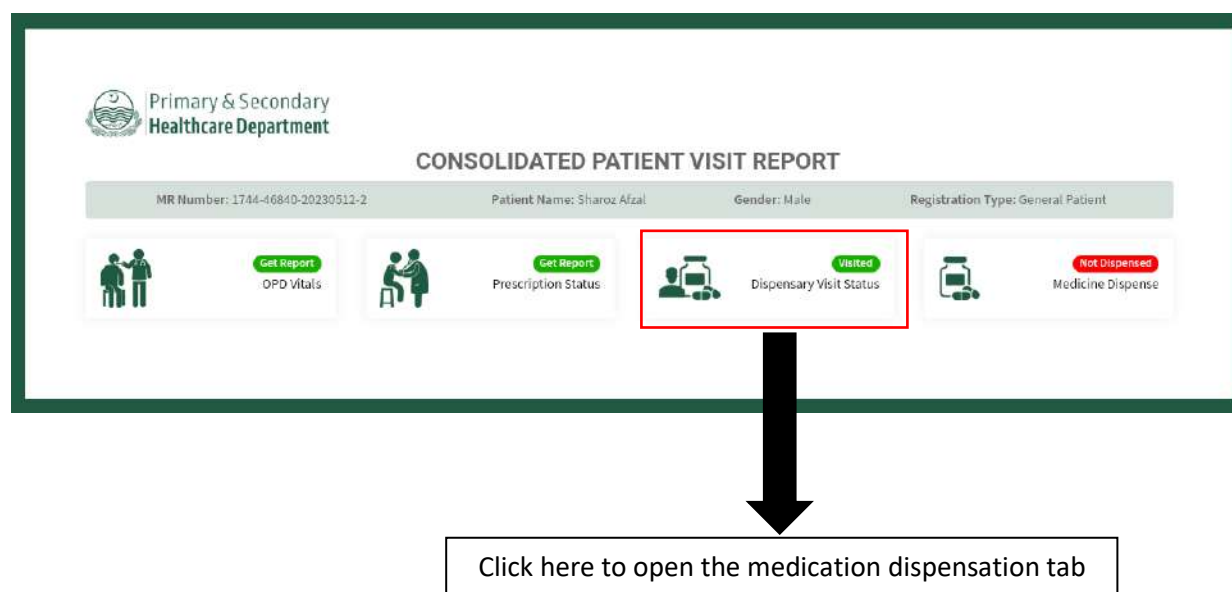
The patient typically visits the dispensary upon referral from the Medical Officer (MO)/Woman Medical Officer (WMO) or the Lady Health Visitor (LHV) to obtain prescribed medication.

Token	Name	CNIC	Contact	Relation
1	Sharoz Afzal	3310547616715	03216764458	Self

From today's roster, please identify the patient who has presented for medication dispensation and select the patient. This will open the **“Consolidated Patient Visit Report”**.



To dispense medication, click on the “Dispensary Visit Status”.



DISPENSARY				
Token	Name		MR Number	
1	Sharoz Afzal		1744-46840-20230512-2	

جو ادویات ہسپتال کے سٹاک میں دستیاب نہیں ہیں وہ پیلے رنگ میں ہائی لائٹ کی گئی ہیں اگر وہ ادویات سٹاک میں دستیاب ہیں تو براہ کرم سٹاک کا ہٹن چیک کریں
اسٹاک کی تفصیل <https://mims.pshealthpunjab.gov.pk/> سے حاصل کی گئی ہے۔


Medicine Name	Frequency	Period	Dose	Dispense Quantity	
Paracetamol 500mg Tablet	ہر چھ گھنٹے کے بعد	تین دن	دو	24	


DISPENSE & PRINT




Click here to dispense the medication and print the dispensation slip for record.

Once the medication is dispensed, the status changes on the Consolidated Patient Visit Report.



Primary & Secondary Healthcare Department

CONSOLIDATED PATIENT VISIT REPORT


MR Number: 1744-46840-20230512-2	Patient Name: Sharoz Afzal	Gender: Male	Registration Type: General Patient
----------------------------------	----------------------------	--------------	------------------------------------




[Get Report](#)
 OPD Vitals



[Get Report](#)
 Prescription Status



[Visited](#)
 Dispensary Visit Status



[Get Report](#)
 Medicine Dispense

Chapter 6



Lady Health Supervisor (LHS) Module

Chapter 6: Lady Health Supervisor (LHS) Module

Lady Health Supervisors (LHS) act as crucial pillars in the healthcare system particularly in the rural and underserved communities. They bridge the gap between communities and healthcare, performing a multifaceted role with supervisory, managerial, and service delivery responsibilities.

LHSs supervise the work of Lady Health Workers (LHWs) in their designated areas, typically overseeing 20-25 individuals. This involves monitoring and evaluating their performance through field visits, report reviews, and observing work practices. Furthermore, they provide support and guidance to LHWs regarding clinical skills, health education, record-keeping, community engagement, and other crucial aspects of their work.

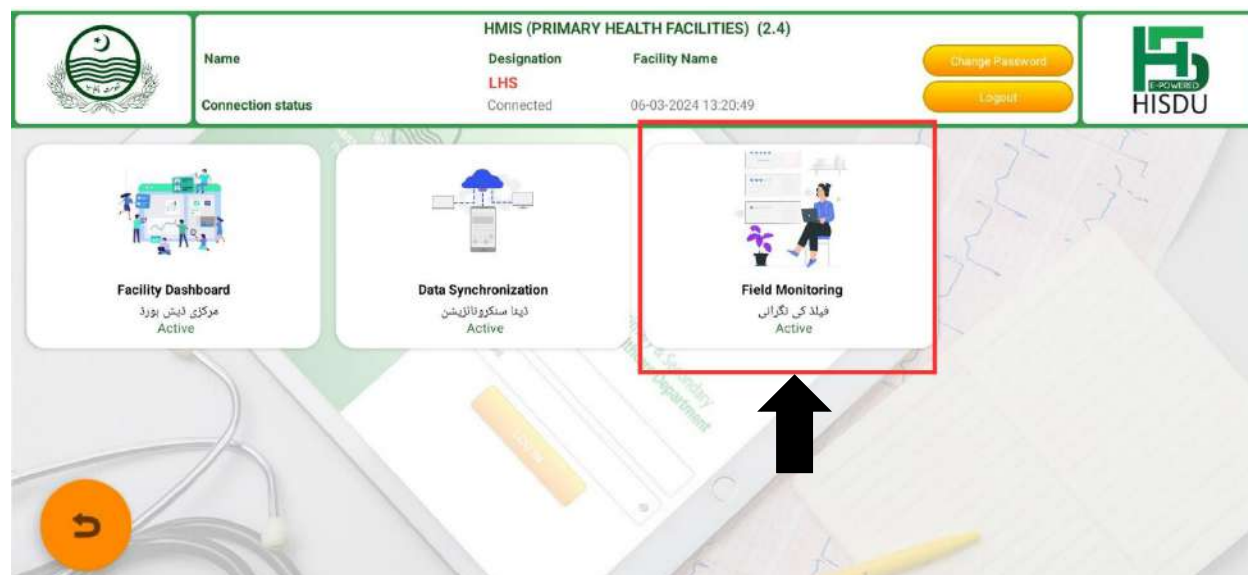
They play a managerial role by coordinating and managing the activities of LHWs within their area. This entails liaising with healthcare facilities, government agencies, and community organizations to ensure smooth program implementation. Additionally, they maintain program records and reports, order and distribute essential supplies and equipment for LHWs, and contribute to the overall efficient execution of the healthcare program.

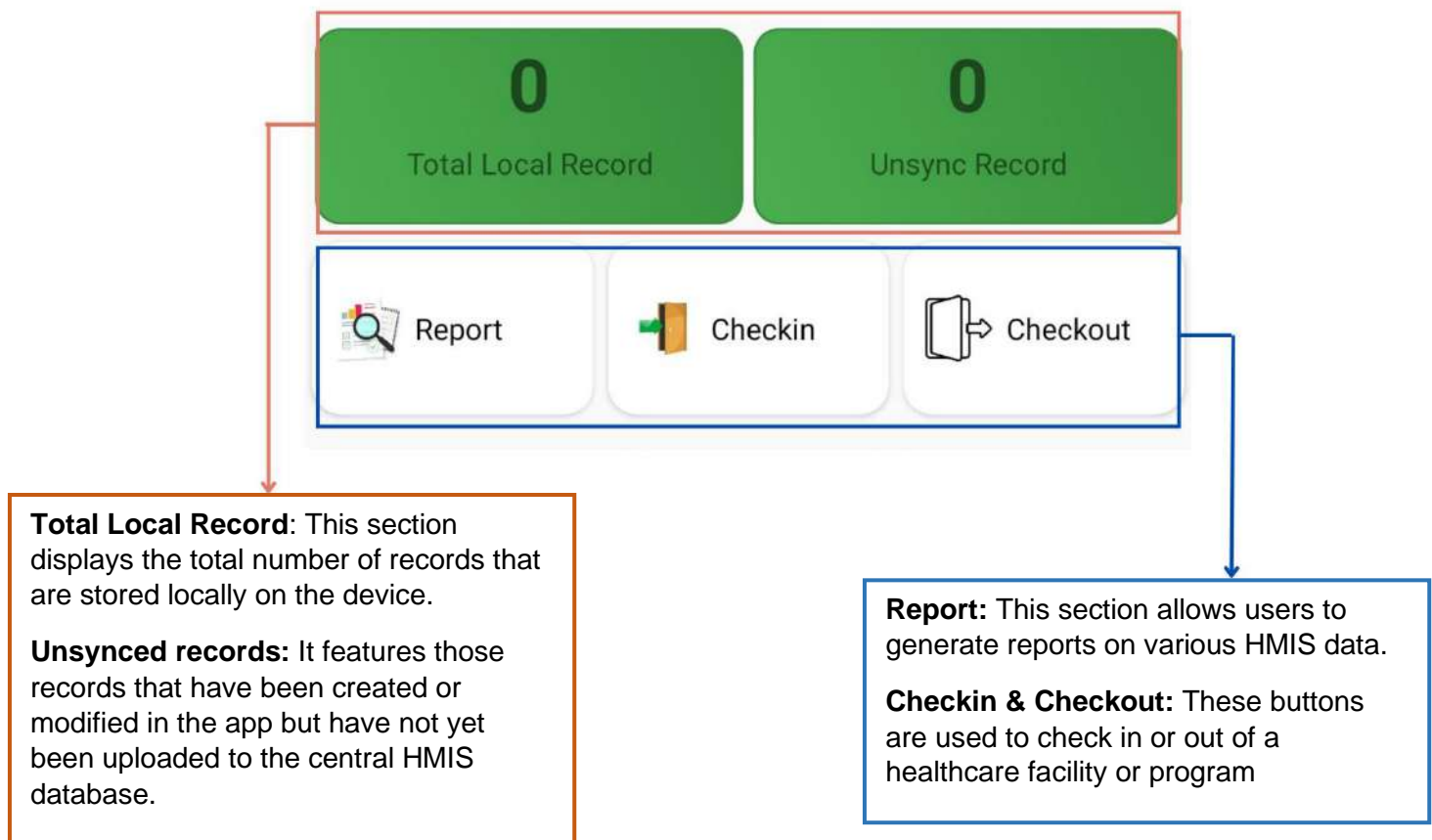
In certain situations, LHSs may directly provide essential healthcare services to the community. These services often include maternal and child health care, family planning counseling, and health education sessions aimed at raising awareness about crucial health topics and promoting healthy behaviors.

6.1 Getting Started

Lady Health Supervisor (LHS) module is used by the relevant field staff to capture field monitoring data. Once you log in to the portal using the provided user by HISDU ([Refer to the Chapter “Getting Started”](#)), the home page will open.

From the home page, select “Field Monitoring” as shown in figure below.





The Lady Health Supervisor module features five sub-modules: LHS Monitoring Module, LHS Reporting Module, FP Referral Slip, EDD Registration for Pregnant Women and Verbal Autopsy.

LHS Monitoring Module

It tracks the activities and performance of individual LHS by recording health house activity, household activity, health house mapping activity, and other relevant data.



LHS Reporting Module



LHS Reporting Module

It focuses on aggregating data at the program level, monitoring community interventions, maternal and child health, family planning activities, and other relevant health activities, including those conducted by lady health workers in the catchment area.

FP Referral Slip

This section records clients in the catchment area seeking FP services who are referred to other health facilities.



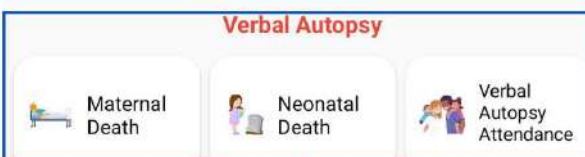
EDD Reg for Pregnant women



EDD Registration for Pregnant Women

It tracks estimated delivery dates and relevant details of pregnant women, as well as registration of the child along with their date of birth.

Verbal Autopsy



Verbal Autopsy

The verbal autopsy section includes forms to capture maternal and neonatal deaths in the catchment area, as well as attendance

6.2 LHS Monitoring Module

The LHS Monitoring Module collects data through various sections, each focusing on specific aspects of health activities at the community level. This data is crucial for monitoring progress, identifying areas for improvement, and ensuring equitable access to healthcare services.

It has four tabs;

6.2.1 Health House Activity

The first tab will take you to a form for monitoring the LHW Health House. To access it click on the tab shown below.



The health house activity is structured into seven sessions, each addressing crucial aspects of community health. These sessions encompass the availability of Lady Health Workers (LHWs), vital family data, medicine inventory, the number of children and their relevant data, family planning statistics, and the documentation of maternal and neonatal deaths.

The screenshot shows a form titled 'Section #01' with a sub-section '1.1 : Is LHW Available?'. There are two radio button options: 'Yes' (which is selected) and 'No'. A red arrow points from the 'Yes' option to a blue box containing the following text: 'Select "Yes" if the LHW is working. If she is on leave/absent, you should choose "No"'. The 'Yes' option is represented by a green radio button with a green dot in the center.

Section #02

2.1 : Total number of registered khandans

e.g 1

2.2 : Total registered population

e.g 1

2.3 : Number of khandans visited by LHW in previous month

e.g 1

2.4 : Number of women support group meeting conducted by LHW in previous month

e.g 1

2.5 : Number of pregnant women registered in previous month

e.g 1

2.6 : Number of women who have had deliveries in previous month

e.g 1

Purpose: Khandans (Families) and Population figures should be accurate. LHW can register up to 350 families and 2500 people in population.

Enter the number of "Families" visited by LHW in the last month.

Purpose: Women support group meeting is held every month between LHW and influential women of the community. This is a pre-decided group of women and work as a team to improve the health of their community through awareness and behavior change. The meetings should be conducted in a health house or at a place which is accessible to all the women of the support group.

The meetings should be conducted three times a month to discuss Safe Motherhood, Immunization, Family Planning and Community Cleanliness.

Purpose: This question asks for the number of women who delivered babies in the previous month. The LHS should ensure that neonates must be added into birth register under EDD.

Purpose: This question asks for the number of pregnant women who registered with the system in the previous month.

The LHS should ensure that newly registered women must be added into EDD list and registered for Rural Ambulance Service (RAS) via USSD by LHW.

<p>2.7 : Number of women who had a delivery having four or above four ANC visits in previous month</p> <p>e.g 1</p>	<p>Purpose: Every pregnant woman should undergo at least four Ante natal care (ANC) visits per pregnancy. Following it increases the likelihood of receiving effective maternal health interventions during the antenatal period. It is also vital to rule out delays for high-risk pregnancies.</p>
<p>2.8 : Number of women who had a delivery completed TT Vaccinations before 1 month of delivery in previous month</p> <p>e.g 1</p>	
<p>2.9 : Number of women who had a delivery At Government health facility in previous month</p> <p>e.g 1</p>	<p>Purpose: Every woman should complete 2 doses of TT vaccine during her course of pregnancy. According to WHO, the recommended timing for maternal TT vaccination is between 27 weeks and 36 weeks of gestation.</p> <p>To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, vaccination as early as possible and at least 2 weeks before due date (EDD) is recommended.</p>
<p>2.10 : Number of women who had a delivery handled By CMW in previous month</p> <p>e.g 1</p>	
<p>2.11 : Number of women who had a delivery at Private Hospital/ Clinic in previous month</p> <p>e.g 1</p>	<p>Purpose: By asking these questions, the system gathers data on where women are giving birth.</p>
<p>2.12 : Total No of live Birth's in previous month</p> <p>e.g 1</p>	
<p>2.13 : Total No of still Birth's in previous month</p> <p>e.g 1</p>	<p>Purpose: Live Births are children born with a beating heart/ pulsation of umbilical cord/ definite movement of muscles or all of above. For all live births, the LHS should ensure that LHW has counselled the mother about cord care and after birth care.</p>
<p>Purpose: Still Births are children whose death occurs after seven months of mother's pregnancy but before or during birth/ delivery.</p> <p>This indicator can be useful in tracking the verbal autopsy form to be filled and submitted by LHS. If the LHS misses to enter death of any neonate, this indicator during the monitoring visit will help to comply with the required procedure.</p>	

2.14 : Number of Delivered Women Visited in 24 hours by LHW in previous month

e.g 1

2.15 : Number of Delivered Women Visited in 24 hours by SBA (Doctor/Nurse/LHV/CMW) in previous month

e.g 1

2.16 : Number of women referred by LHW for delivery to Government Health Facility in previous month

e.g 1

2.17 : Number of women referred by LHW for delivery to CMW in previous month

e.g 1

Purpose: After the delivery, the LHW must visit the delivered women within 24 hours and guide them about the following:

- PNC visits
- Exclusive Breastfeeding
- Cord care
- Immunization schedule
- Growth monitoring (by weight or by MUAC)

Purpose: LHW must refer/guide the pregnant women to the nearest government healthcare facility on the expected date of delivery.

The LHW should explain the pregnant women and their families that the MNCH services are free of cost for the public in the government health facility. It includes multiple ANC services by Skilled Birth Attendants (SBAs), Ambulance in Rural areas, 24/7 delivery services by SBA, Post Natal Care services by SBA and Essential medicines.

Section #03

3.1 : B. Complex Syb

Stock Available

Number of Days

3.2 : Oral Pills

Stock Available

Number of Days

3.3 : Chlorehexidine

Stock Available

Number of Days

3.4 : Condoms

Stock Available

Number of Days

3.5 : Contraceptive Inj.

Stock Available

Number of Days

Purpose: The questionnaire of Section #3 which is relevant for stock of medicines available to LHW.

This section is designed to be completed during the current month when the Lady Health Supervisor (LHS) conducts a monitoring visit to the Lady Health Worker (LHW) Health house.

Items included in this section are contraceptives, antibiotics, non-steroidal anti-inflammatory drugs, deworming medication, nutritional supplements, and rehydration solutions.

3.6 : Eye Ointment

Stock Available

Number of Days

3.7 : Iron Tab.

Stock Available

Number of Days

3.8 : Syp. Amoxicillin

Stock Available

Number of Days

3.9 : Syp. Contrimexazole

Stock Available

Number of Days

3.10 : Syp. Paracetamol

Stock Available

Number of Days

3.11 : Tab Chloroquinin

Stock Available

Number of Days

3.12 : Tab. Mebendazole

Stock Available

Number of Days

3.13 : Tab. Paracetamol

Stock Available

Number of Days

3.14 : Zinc Syp. /Tab

Stock Available

Number of Days

3.15 : ORS

Stock Available

Number of Days

Purpose:

It serves as a real-time update on the stock of medicines, in contrast to the stock information recorded in the "Reporting module," which pertains to the previous month. During the visit, the LHS should verify the information provided by the LHW with the stock register maintained by the LHW.

All fields have to be filled with numerical values i.e. 1,2,3,4.

All values should be cross checked from "Stock Register" maintained by the LHW.

In case item is out of stock or has "Zero" availability, insert number of days since item was out of stock. It is important to note that if the LHW has not received any stock in the last month, the total number of days in the last month (up to a maximum of 31 days) should be recorded.

This detailed approach ensures accurate and up-to-date monitoring of medicine stocks, facilitating timely replenishment and effective healthcare service delivery.

Section #04

4.1 : Are there any children < 5 years old?

☐ Yes☐ No

Purpose: Age less than 5 years is vital for cognitive growth, and therefore, screening in this age is important to identify early developmental problems in children and provide timely treatment. Nutritional status and breastfeeding are important indicators.

4.2 : Number of children < 5 year old

e.g 1

4.3 : Number of children < 3 year old

e.g 1

4.4 : Total Number of 0–6 month children

e.g 1

4.5 : Number of children (0–6) months on exclusive breastfeeding

e.g 1

Purpose: WHO and UNICEF recommends that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water.

Infants should be breastfed on demand – that is as often as the child wants, day and night. No bottles, teats or pacifiers should be used.

4.6 : Number of children with early Initiation of breastfeeding

e.g 1

The LHS should cross check the information provided by the LHW by visiting the household with a baby aged 0-6 months.

4.7 : Number of Children who were weighed

e.g 1

4.8 : Number of Children severe acute malnutrition (SAM) (under Weight)

e.g 1

Purpose: Screening for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) can be done measuring Mid Upper Arm Circumference (MUAC) with MUAC tape. SAM is diagnosed when MUAC is <11.5 cm and MAM is diagnosed when MUAC is between 11.5-12.5 cm in children 6-59 months of age. Other signs are low weight for height, nutritional edema especially in abdomen.

4.9 : Number of Referrals for severe acute malnutrition (SAM) (Under 6 Months)

e.g 1

4.10 : Number of children (Aged 6–23 months)

e.g 1

4.11 : Number of children mid–upper arm circumference (MUAC) Done and recorded (Age 6–23 Months)

e.g 1

4.7 : Number of Children who were weighed

e.g 1

4.8 : Number of Children severe acute malnutrition (SAM) (under Weight)

e.g 1

4.9 : Number of Referrals for severe acute malnutrition (SAM) (Under 6 Months)

e.g 1

4.10 : Number of children (Aged 6–23 months)

e.g 1

4.11 : Number of children mid-upper arm circumference (MUAC) Done and recorded (Age 6–23 Months)

e.g 1

4.12 : Number of children mid-upper arm circumference (MUAC) (11.5–12.5 CM) (MAM (Aged 6–23 Months))

e.g 1

4.13 : Number of children mid-upper arm circumference (MUAC) (<11.5CM) (SAM (Aged 6–23 Months))

e.g 1

4.14 : Number of referrals for moderate acute malnutrition (MAM) (Aged 6–23 Months)

e.g 1

4.15 : Number of referrals for severe acute malnutrition (SAM) (Aged 6–23 Months)

e.g 1

4.16 : Number of children (Aged 24–59 Months)

e.g 1

4.17 : Number of children mid-upper arm circumference (MUAC) Done and recorded (Age 24–59 Months)

e.g 1

4.18 : Number of children mid-upper arm circumference (MUAC) (11.5–12.5 CM) (MAM (Aged 24–59 Months))

e.g 1

4.19 : Number of children mid-upper arm circumference (MUAC) (<11.5 CM) (SAM (Aged 24–59 Months))

e.g 1

4.20 : Number of referrals for moderate acute malnutrition (MAM) (Aged 24–59 Months)

e.g 1

4.21 : Number of referrals for severe acute malnutrition (SAM) (Aged 24–59 Months)

e.g 1

Clinical Notes:

- 3 SAM diagnosed children who are 6 months and above should be referred to Out-patient Therapeutic Program (OTP).
- 4 MAM diagnosed children should be referred to Supplementary Feeding Program (SFP) if available or other nutrition programs.
- 5 MUAC tapes are color coded, and correspond to SAM (RED) and MAM (YELLOW).
- 6 Children under 6 months of age are not able to consume ready to use therapeutic food (RUTF) and should be referred to in patient care.
- 7 Children <6 Months should be weighed each month without clothing to assess for malnutrition.

Section #05

5.1 : Number of eligible couples (Age 15–49 years)

e.g 1

Note: All fields must be filled with numerical values i.e. 1,2,3,4.

Purpose: Eligible Couple refers to a currently married couple wherein the age of the wife is in the age group of 15 to 49 years.

5.2 : Number of total family planning (FM) modern method users

e.g 1

Clinical Notes: Modern methods of contraception include the pill, female and male sterilization, IUD, injectable contraceptives, implants, male and female condom, diaphragm, and emergency contraception.

5.3 : Number of new family planning (FM) users

e.g 1

Purpose: “New FM Users” are eligible couples who started FP in the last month.

5.4 : Number of 1st Injectables New Referral

e.g 1

Clinical Notes: “Injectables” are contraceptives containing female hormones.

5.5 : Number of PPIUCD New Referrals

e.g 1

Clinical Notes: PPIUCD is Postpartum intrauterine contraceptive device administered after birth.

5.6 : Number of IUCD New Referrals

e.g 1

Clinical Notes: Intrauterine Contraceptive Device or Intra uterine device (IUD), also known as coil. Inserted/fitted into the uterus to prevent pregnancy. It works by preventing an egg from being fertilized or implanted in the uterus.

5.7 : Number of Implants New Referrals

e.g 1

Clinical Notes: “Implants” refer to a flexible tube inserted under the skin of the arm. It releases the hormone progesterone to stop ovulation, thicken cervical mucus to prevent sperm from meeting an egg, and thin the lining of the womb to prevent an egg from implanting

5.8 : Number of New Referrals for BTL / vesectomy (Surgery)

e.g 1

Clinical Notes: Bilateral Tubal Ligation (BTL) is surgical sterilization of Females and Vasectomy is the surgical sterilization of males.

Section #06

6.1 : Maternal Death

☐ Yes

☐ No

6.2 : Number of Maternal Deaths

e.g 1

Clinical Notes: "Maternal Death" refers to death of a mother during pregnancy or 42 days after pregnancy due to pregnancy related complication.

It tracks the number of maternal deaths reported in the month.

Section #07

7.1 : Neonatal Death

☐ Yes

☐ No

7.2 : Number of Neonatal Deaths

e.g 1

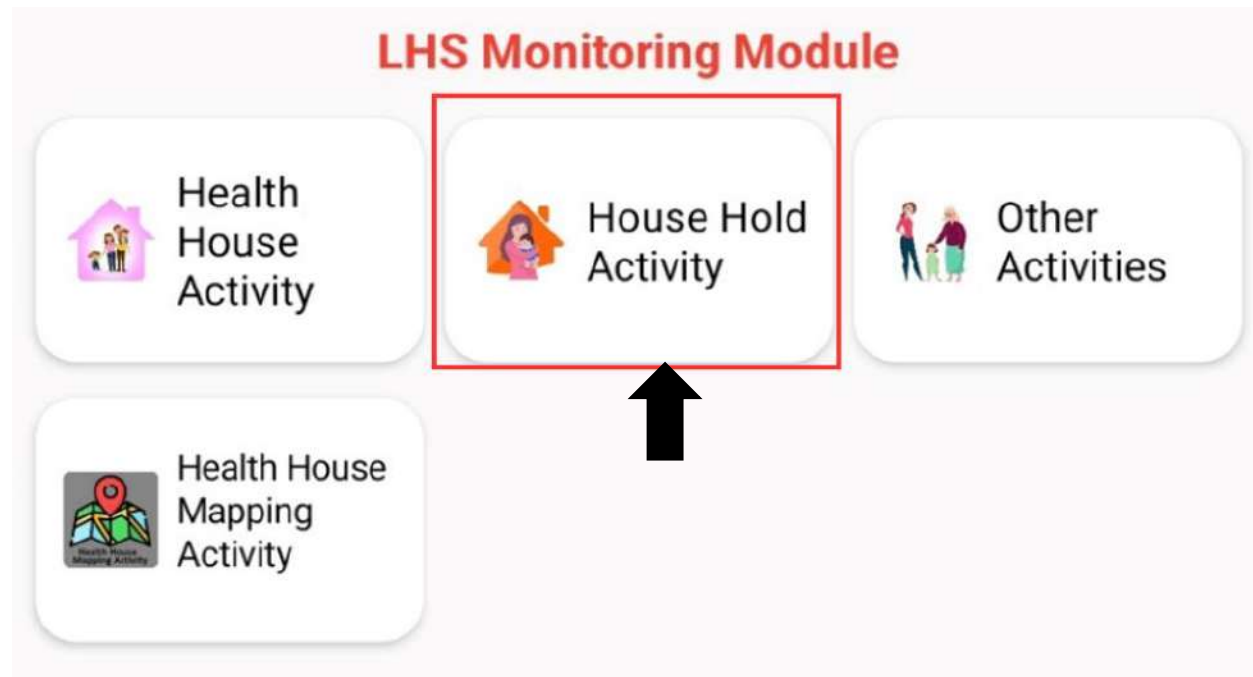
Clinical Notes: "Neonatal Death" refers to death of a newborn in the first 28 days of birth.

It tracks the number of newborn deaths reported in the month.

6.2.2 House Hold Activity

The household activity component comprises six structured sections aimed at gathering detailed information about various demographic groups within households. It encompasses basic household data alongside specific details concerning pregnant women, lactating mothers, child immunization status, family planning commodity availability, and the nutritional status of children.

Select “House Hold Activity” tab in the LHS Monitoring Module, click as shown.



Section #01

1.1 : House Hold Number

e.g 1

1.2 : Availability of Green Book

☐ Yes

☐ No

Purpose: “Household Number” refers to allotted number of the house.

Section #02

2.1 : Pregnant Woman

☐ Yes☐ No

2.2 : Number of Pregnant Women

e.g 1

2.3 : Number ANC

e.g 1

2.4 : TT Vaccine Received

☐ Yes☐ No

2.5 : Number of Doses (1-2)

e.g 1

2.6 : Number of Women in Pregnancy TT Vaccination Completed
(Dose 1 & 2)

e.g 1

2.7 : Number of Pregnant Women Vaccinated with TT -II+

e.g 1

Purpose: Inquire regarding pregnant women in the house and select "Yes" or 'No" accordingly.

In case of "Yes" proceed to questions pertaining to ANC visits, Tetanus Toxoid (TT) vaccine, Folic Acid received in First Trimester and Iron & Calcium Supplements in Second and Third Trimester.

Purpose: Tetanus-Diphtheria (Td1) Vaccination should be done soon after confirmation of pregnancy. Td2 should be administered 4 weeks later. Third Vaccine (Td3) should be administered after 6 months of Td2, Td4 administered 1 year after Td3 and Td5 administered 1 year after Td4.

2.8 : Folic Acid received in previous month (1st Trimester)

☐ Yes

☐ No

2.9 : Iron Received in Previous Month (2nd and 3rd Trimester)

☐ Yes

☐ No

2.10 : Calcium Received in Previous Month (2nd and 3rd Trimester)

☐ Yes

☐ No

Purpose: First Trimester refers to first 12 weeks of pregnancy, second trimester refers to 13-27 weeks and third trimester refers to 28-40 weeks of pregnancy.

Purpose: Folic acid used as a dietary supplement and in food fortification as it is more stable during processing and storage. Folic acid is given early during the pregnancy because it helps the developing baby by producing the red blood cells. Folic acid helps form the neural tube. It is very important because it can help prevent some major birth defects of the baby's brain (anencephaly) and spine (spina bifida).

Purpose: Iron is a mineral that the body needs for growth and development. The body uses iron to make hemoglobin, a protein in red blood cells that carries oxygen from the lungs to all parts of the body, and myoglobin, a protein that provides oxygen to muscles.

The body also needs iron to make some hormones. During pregnancy, the amount of blood in a woman's body increases, so she needs more iron for herself and her growing baby. Getting too little iron during pregnancy increases a woman's risk of iron deficiency anemia and her infant's risk of low birth weight, premature birth, and low levels of iron.

Getting too little iron might also harm her infant's brain development.

Purpose: Calcium is a mineral most often associated with healthy bones and teeth, although it also plays an important role in blood clotting, helping muscles to contract, and regulating normal heart rhythms and nerve functions. About 99% of the body's calcium is stored in bones, and the remaining 1% is found in blood, muscle, and other tissues.

It is not essential to provide calcium to every pregnant woman as its absorption increases during pregnancy and no additional intake is needed. A dietary intake of 1200 mg/day of calcium for pregnant women is recommended by WHO.

Section #03

3.1 : Lactating Mother

☒ Yes☐ No

3.2 : Number of PNC

e.g 1

3.3 : Iron/Multi-Vitamin Received

☐ Yes☐ No

3.4 : EBF

☐ Yes☐ No

Purpose: Exclusive Breastfeeding (EBF) should be from birth to 6 months. LHS should observe the practice and assess knowledge level of mother.

Purpose: Lactation is established 2 weeks postpartum and requires efficient and regular milk consumption by the infant. Milk production remains relatively constant up to 6 months of lactation for infants that are exclusively breastfed.

In the initial 6 months, the breast milk production is the highest. After 1-2 years, the production gradually ceases.

Purpose: Postnatal Care (PNC) is conducted from birth of placenta to first 42 days of newborn. Schedule for PNC is as follows: PNC I: First day (24 hours), PNC II: Day 3 (48 –72 hours), PNC III: Between days 7 –14, PNC IV: Six weeks after birth.

PNC includes assessment of the baby and mother for danger signs and referral accordingly, exclusive breastfeeding, cord care (daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life).

Purpose: All the delivered women must receive Iron/folic acid and multivitamins supplementation for at least three months.

Section #04

4.1 : 0-6 Month Child Vaccination Completed (Polio)

☐ Yes☐ No

4.2 : 0-6 Month Child Vaccination Completed (PCG)

☐ Yes☐ No

4.3 : 0-6 Month Child Vaccination Completed (Pentavalent)

☐ Yes☐ No

4.4 : 0-6 Month Child Vaccination Completed (Pneumococcal)

☐ Yes☐ No

4.5 : 0-6 Month Child Vaccination Completed (Influenza)

☐ Yes☐ No

4.6 : 0-6 Month Child Vaccination Completed (Rota)

☐ Yes☐ No

Purpose: LHS should inquire the age of the child and assess the vaccination is being followed according to schedule.

Vaccines that need to be assessed are for Pneumococcal, Oral Polio Vaccine (OPV), BCG for Tuberculosis, Pentavalent for diphtheria, pertussis, Tetanus, Hepatitis B and Haemophilus influenzae b.

Polio has to be administered at the time of birth (OPV-0), 6 weeks after birth (OPV-1), 10 weeks after birth (OPV-2), and 14 weeks after birth (OPV-3).

BCG is a single dose vaccine given immediately after birth.

Pentavalent vaccine prevents against 5 life-threatening diseases namely; Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib. It is administered 6 weeks after birth (Pentavalent-1), 10 weeks after birth (Pentavalent-2) and 14 weeks after birth (Pentavalent-3).

The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses like: meningitis (an infection in the brain and spinal cord) sepsis (a life-threatening reaction to an infection) pneumonia (an infection in the lungs). It is administered 6 weeks after birth (Pneumococcal-1), 10 weeks after birth (Pneumococcal-2) and 14 weeks after birth (Pneumococcal-3).

Influenza vaccine should be given to children older than 6 months of age, annually.

The rotavirus vaccine is a vaccine is used to protect against rotavirus infections, which are the leading cause of severe diarrhea among young children. Rota Virus vaccine should be given 6 and 10 weeks.

Section #05

5.1 : FP Methods

☐ Yes

☐ No

5.2 : Type of FP

☐ COC Pills

☐ Inj

☐ Condoms

☐ PPIUCD

☐ IUCD

☐ Implanon

☐ Surgery(BTL)

Purpose: Modern methods of contraception include the pill, female and male sterilization, IUD, injectable contraceptives, implants, male and female condom, diaphragm, and emergency contraception.

If you select “Yes”, choose from the list of contraception the type of Family planning commodity is in use.

Combined Oral Contraceptive (COC) pills.

Injection refers to hormonal injections for contraceptives.

Implanon is Etonogestrel drug, it is inserted under the skin on the inside of the arm for slow hormone release for contraception.

Bilateral Tubal Ligation (BTL) is a surgical sterilization by ligation of fallopian tubes and preventing fertilization of ovum.

Section #06

6.1 : Is there any Child ?

☐ Yes

☐ No

6.2 : Child under <5 year old

☐ Yes

☐ No

6.3 : Number of Children with SAM (MUAC < 11.5cm)

e.g 1

6.4 : Number of Children with MAM (MUAC 11.5 – 12.5cm)

e.g 1

6.5 : Number of Children Referred to OTP

e.g 1

Purpose: In the first question select “Yes” if there are children of the age 12 years or less.

Assess nutrition status of children with MUAC tape for SAM and MAM.

Assess any referral slips to OTP and mechanism of referral from LHW for SAM.

6.2.3 Other Activities

The Other Activities tab records a range of supplementary initiatives and interventions. This section captures details about any undertaken activities related to diseases such as Polio, Dengue, and COVID-19, as well as campaigns, trainings, meetings, and monitoring visits. Furthermore, it documents any inquiries and additional community engagements.

Select “Other Activities” tab in the LHS Monitoring Module as shown.



It would open the following forms.

Select Campaign

Select Campaign

Remarks

Save

➔

Select Item

Select Campaign

Polio

Dengue

Meeting

Training

COVID-19

Monitoring

Enquiry

Campaigns

Others

Purpose: Select the relevant campaign and proceed to enter remarks on the activity selected.

Any activity conducted for Polio, Dengue, COVID-19 or Campaigns in the selected month* should be recorded.

Training: Enter any training session attended as a trainer or trainee.

Meeting: Enter any meetings such as Women Support Group conducted in the selected month.

Monitoring: Enter any visits other than routine visits conducted by LHS.

Enquiry: Enter any participation in enquiry in the selected month.

Other: Enter in this section if you were part of any other activity during the reported month not mentioned above (e.g., breastfeeding week etc.)

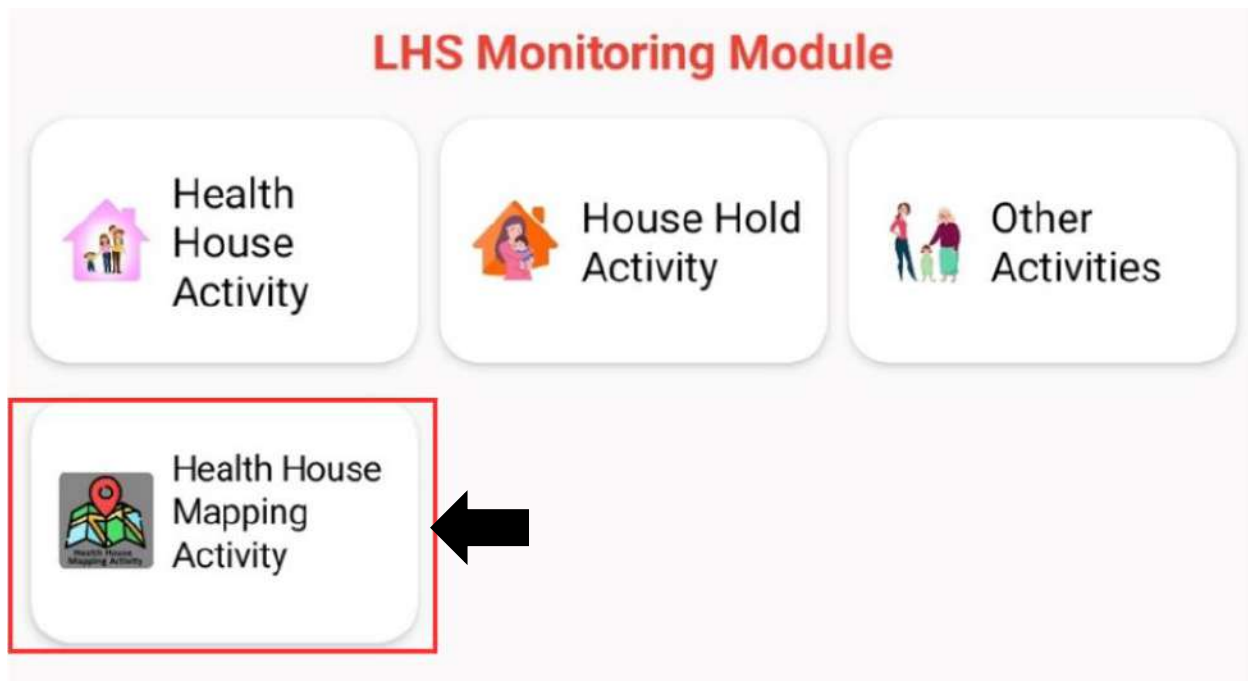
**LHS can select the ongoing or the previous month.*

CLOSE

6.2.4 Health House Mapping

The health house mapping tab serves as a central coordinating tool for the activities of Lady Health Supervisors (LHSs), facilitating future implementation strategies.

Select “Health House Mapping” tab in the LHS Monitoring Module as shown.



The purpose of this sub-section in this monitoring module is to track the location of the LHS during her field visits. This system will reflect the coordinates of LHS location on the dashboard when she will open the app. This is in the future plan of the IRMNCH&NP and will be activated soon.

Section #01

1.1 : Area Type

☐ Urban

☐ Rural

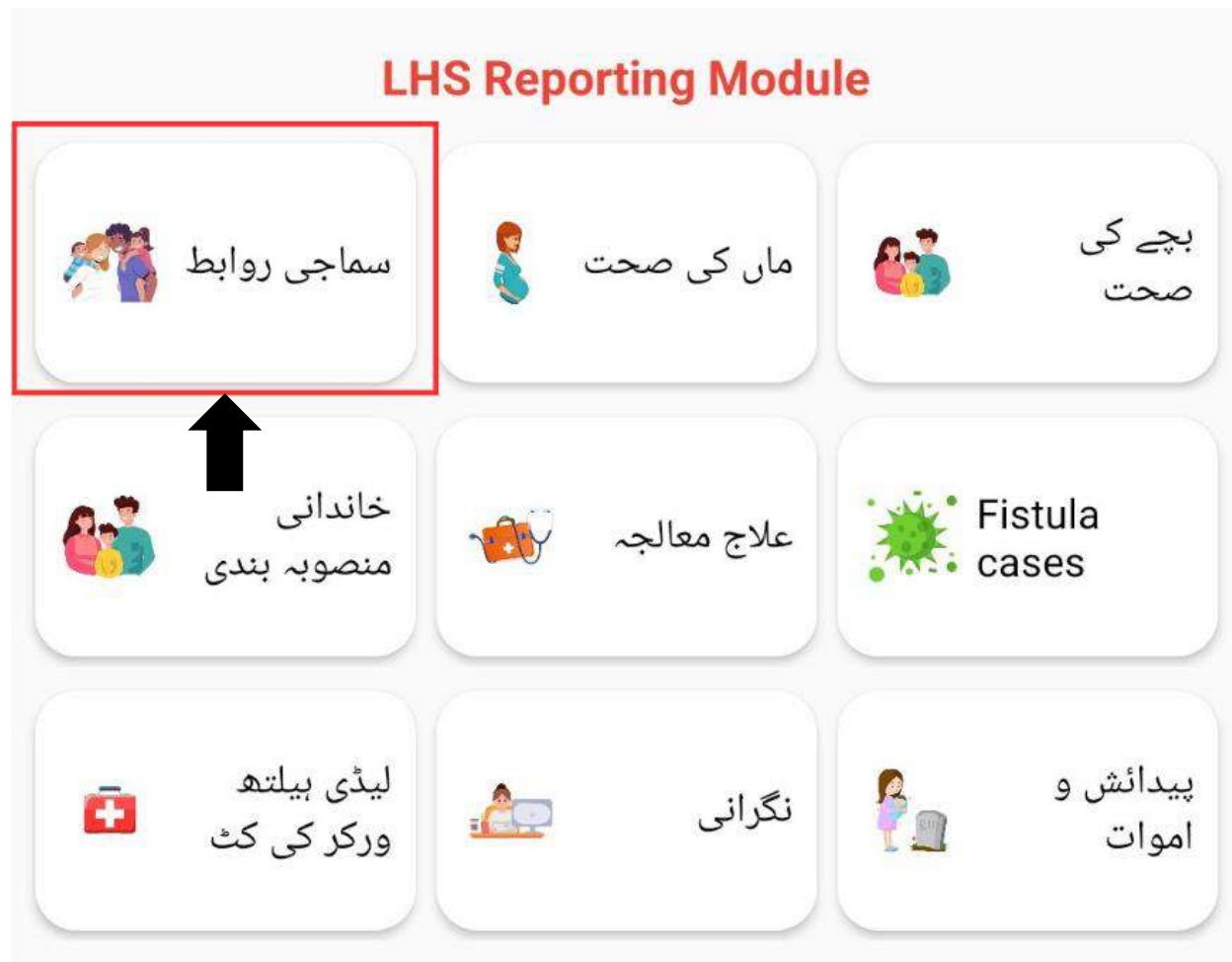
6.3 LHS Reporting Module

The Lady Health Supervisor (LHS) Reporting Module is a crucial tool for reporting field activities. It contains sections that are synchronized with the Lady Health Worker's (LHW) diary, ensuring a streamlined and comprehensive reporting process. The module allows LHSs to record and report various activities, and other field-related tasks.

It features nine sections.

6.3.1 Social Contacts

Select "Social Contacts" tab in the LHS Reporting Module, click as shown.



The following forms would open.

Section #01

1.1: کل رجسٹرڈ فیملیز

e.g 1

1.2: ایل ایچ ڈبلیو کے ذریعہ رجسٹرڈ آبادی

e.g 1

1.3: اس ماہ صحت کمیٹی کی کل کتنی میٹنگز ہوئیں

e.g 1

1.4: حت کمیٹی کی میٹنگ میں شامل افراد کی تعداد

خواتین

مرد

1.6: خواتین سپورٹ گروپ کی کل تعداد

e.g 1

1.7: کل خواتین جو سپورٹ گروپ کا حصہ ہیں

e.g 1

1.8: 2 سال سے کم عمر بچوں کی مائیں جو خواتین کے سپورٹ گروپ کا حصہ ہیں

e.g 1

1.9: اس ماہ کتنے سپورٹس گروپ کی میٹنگ ہوئی

e.g 1

1.10: کل خواتین جنہوں نے سپورٹ گروپ میٹنگ میں شمولیت کی

e.g 1

1.11: مقامی سکول میں ہونے والے ہیلتھ سیشن کی کل تعداد

e.g 1

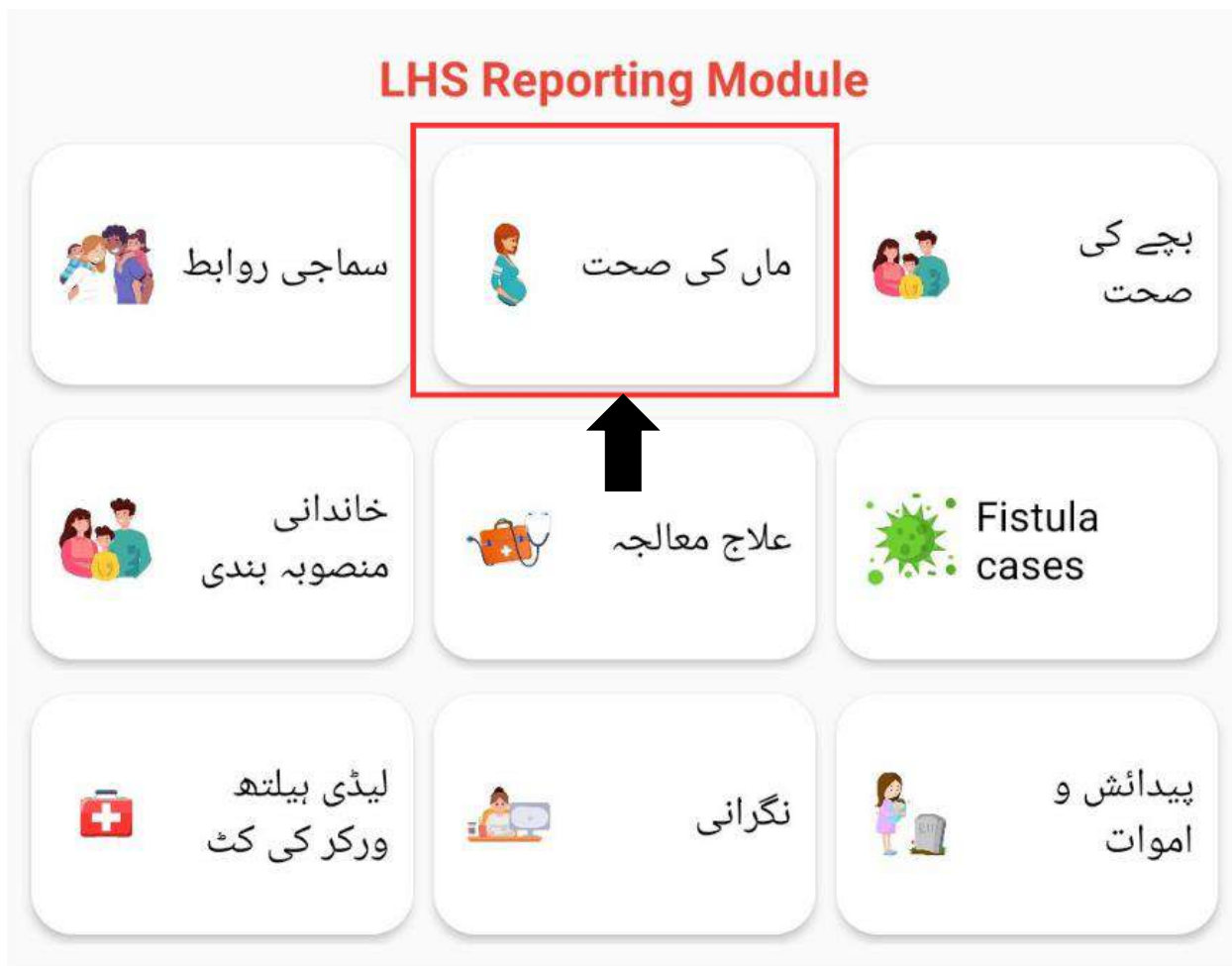
1.12: کل افراد جنہوں نے ہیلتھ سیشن میں شمولیت کی

e.g 1

Purpose: The Social Contacts section within the Lady Health Supervisor (LHS) Reporting Module serves as a digital log for documenting all community activities conducted by the Lady Health Worker (LHW) throughout the month. This section captures detailed information about these activities, including the demographics of the committees involved and the total number of participants. By maintaining this log, supervisors can track the outreach and impact of the LHW's community engagement efforts, enabling them to assess the effectiveness of these activities and make informed decisions about future initiatives. Additionally, this digital log provides a comprehensive record of the LHW's interactions within the community, which can be valuable for reporting purposes and program evaluation.

6.3.2 Maternal Health

Select “Maternal Health” tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : تعداد حاملہ خواتین جن کا اس ماہ ڈائری میں اندراج کیا گیا

e.g 1

1.2 : کل حاملہ خواتین جن کو گرین بک مہیا کی گئی

e.g 1

1.3 : کل حاملہ خواتین کی تعداد (نئی+گزشتہ ماہ کی حاملہ خواتین)

e.g 1

1.4 : صحت کی سہولت کیلئے اے این سی کے حوالہ کردہ خواتین کی تعداد

e.g 1

1.5 : کل حاملہ خواتین جنہیں وزٹ کیا گیا (نئی+گزشتہ ماہ کی حاملہ خواتین)

e.g 1

1.6 : کل حاملہ خواتین جن کا گرین پر بر وزٹ کا اندراج ہوا

e.g 1

1.7 : حاملہ خواتین کی کل تعداد (حمل کی مدت 3 ماہ سے کم)

e.g 1

1.8 : کل حاملہ خواتین کی تعداد جن کو فولک ایسڈ کی گولیاں دی گئیں (حمل کی مدت 3 ماہ سے کم)

e.g 1

1.9 : حاملہ خواتین کی کل تعداد (حمل کی مدت 3 ماہ سے زیادہ)

e.g 1

1.10 : کل حاملہ خواتین کی تعداد جن کو فولک ایسڈ کی گولیاں دی گئیں (حمل کی مدت 3 ماہ سے زیادہ)

e.g 1

1.11 : کل حاملہ خواتین جن کا مواک کیا گیا (حمل کی مدت 3 ماہ سے زیادہ)

e.g 1

1.12 : کل نئی حاملہ خواتین جن کا مواک 21 سینٹی میٹر سے کم پایا گیا اور مرکز صحت ریفر کیا گیا (حمل کی مدت 3 ماہ سے زیادہ)

e.g 1

1.13 : کل حاملہ خواتین جن کو صرف اور صرف ماں کا دودھ پلانے اور پیدائش کے فوراً بعد ماں کا دودھ شروع کرنے کی مشاورت دی گئی

e.g 1

1.14 : تعداد حمل جو ضائع ہو گئے (حمل 7 ماہ سے کم)

e.g 1

Section #02

2.1 : زچہ جن کے کم از کم ایک وزٹ ہنرمند فرد (ڈاکٹر، نرس، مڈوائف، سی ایم ڈبلیو، ایل ایچ وی) سے مکمل تھے (اے این سی)

e.g 1

2.2 : زچہ جن کے چار یا چار سے زائد وزٹ ہنرمند فرد (ڈاکٹر، نرس، مڈوائف، سی ایم ڈبلیو، ایل ایچ وی) سے مکمل تھے (اے این سی)

e.g 1

2.3 : تعداد زچہ جن کے تشنج سے بچاؤ کے حفاظتی ٹیکے زچگی سے پہلے مکمل تھے ٹی ٹی

e.g 1

2.4 : کل حاملہ خواتین جن کی زچگی اگلے ماہ متوقع ہے

e.g 1

2.5 : تعداد زچہ جن کو ذلیوری کے لیے ریفر کیا گیا

BHU

RHC

THQ

DHQ

Other Health Center

Section #03

3.1 : 6 ماہ سے کم عمر بچوں کی کل مائیں

e.g 1

3.2 : 6 ماہ سے کم عمر بچوں کی کل مائیں جن کا مواک کیا گیا

e.g 1

3.3 : اس ماہ کی کل مائیں جن کا مواک 21 سینٹی میٹر سے کم تھا (6 ماہ سے کم عمر بچوں کی) اور مرکز صحت ریفر کیا گیا

e.g 1

3.4 : کل مائیں (6 ماہ سے کم عمر بچوں کی) جن کو ایم ایم ٹیبلٹ یا فولاد کی گولیاں دی گئیں

e.g 1

3.5 : 6 ماہ سے کم عمر تک کے بچوں کی مائیں جن کو صرف اور صرف ماں کا دودھ پلانے کی مشاورت دی گئی

e.g 1

3.6 : 24-6 ماہ تک کے بچوں کی مائیں جن کو مناسب غذا پر مشاورت دی گئی

e.g 1

2.6 : تعداد زچگیاں جو ہنرمند افراد سے کرواتے گئیں

BHU

RHC

THQ

DHQ

Other Health Center

2.7 : تعداد زچگیاں جو پرائیویٹ کلینک/ہسپتال پر ہوئیں

e.g 1

2.8 : تعداد زچگیاں جو گھر (دائی) پر ہوئیں

e.g 1

2.9 : تعداد زچہ جن کا معائنہ زچگی کے بعد 24 گھنٹے کے اندر ہوا پی این سی ایک

e.g 1

2.10 : تعداد زچہ جن کا معائنہ زچگی کے بعد 24 گھنٹے کے اندر ہوا پی این سی دو

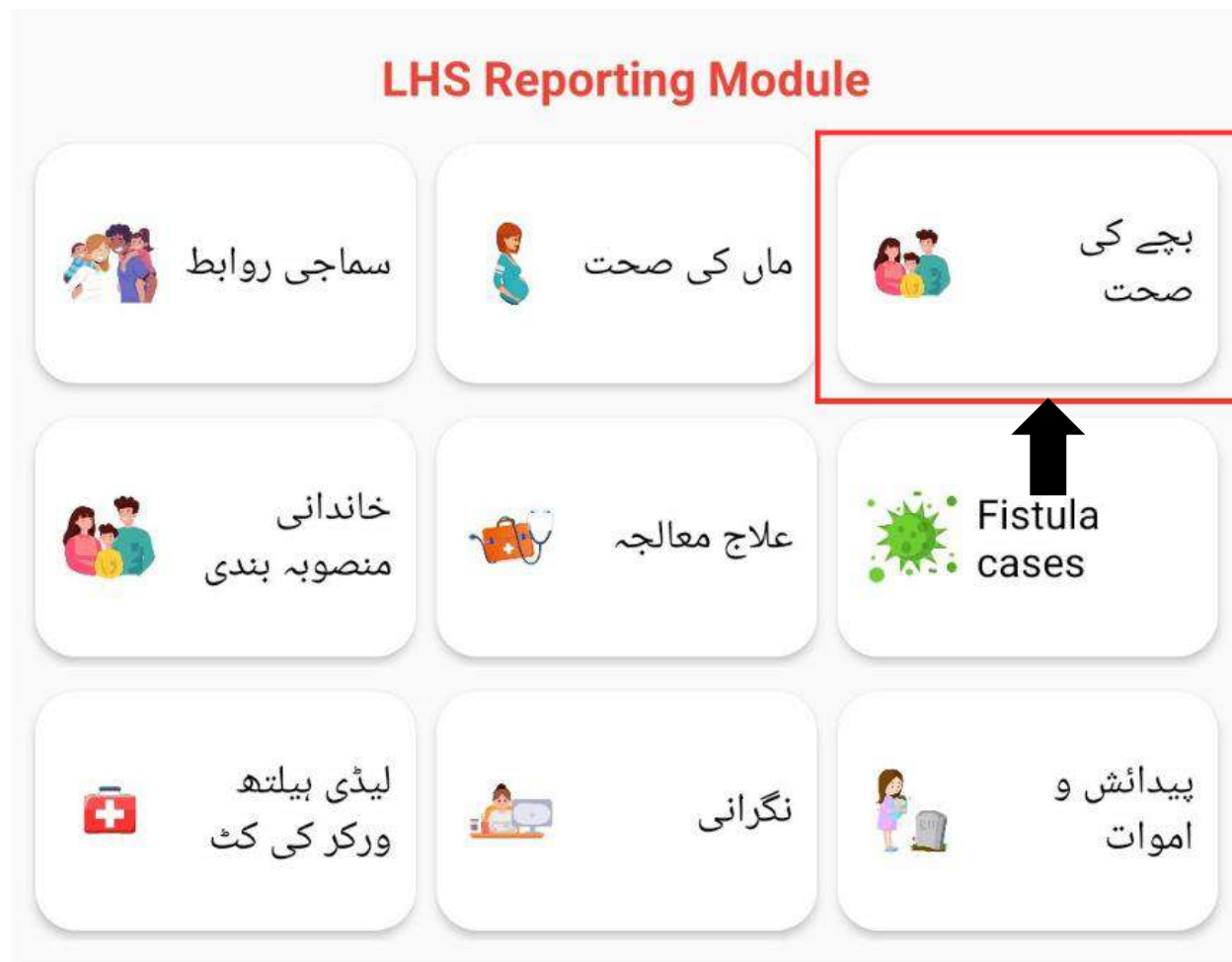
e.g 1

Purpose: This section includes a range of information related to maternal health, such as antenatal care visits, postnatal care visits, deliveries attended by the LHW, and any complications encountered during pregnancy or childbirth.

By using this section, LHSs can keep a record of maternal health services provided within their community, ensuring that pregnant women receive adequate care throughout their pregnancy and after childbirth.

6.3.3 Child Health

Select “Child Health” tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : نوزائیدہ بچے جن کا وزن کیا گیا (پیدائش کے ایک ہفتے کے اندر)

e.g 1

1.2 : پیدائشی کم وزن نوزائیدہ بچوں کی تعداد

e.g 1

1.3 : تعداد نوزائیدہ جنہیں پیدائش کے فوراً بعد ماں کا دودھ شروع کروایا گیا (ایک گھنٹے کے اندر)

e.g 1

1.4 : تعداد نوزائیدہ جن کے حفاظتی ٹیکے شروع کیے گئے

e.g 1

1.5 : 6 ماہ سے کم عمر بچوں کی کل تعداد

e.g 1

1.6 : 6 ماہ سے کم عمر کے بچے جو صرف اور صرف ماں کا دودھ پی رہے ہیں

e.g 1

1.7 : 6 ماہ سے کم عمر کے بچے جن کا وزن کیا گیا

e.g 1

1.8 : 6 ماہ سے کم عمر کے کم وزن بچے

e.g 1

Section #02

2.1 : 6 ماہ سے کم عمر کے نئے کم وزن بچے جن کو اس ماہ مرکز صحت ریفر کیا گیا

e.g 1

2.2 : کل بچے جو اس ماہ 6 ماہ کے ہوئے

e.g 1

2.3 : 6 ماہ کی عمر کے کل بچے جن کا ٹھوس غذا کا دن اس ماہ منایا گیا

e.g 1

2.4 : 6-24 ماہ کی عمر کے بچے جو ماں کے دودھ کے ساتھ ٹھوس غذا کا استعمال کر رہے ہیں

e.g 1

2.5 : 12-24 ماہ کی عمر کے کل بچے

e.g 1

2.6 : 12-24 ماہ کی عمر کے بچے جن کے حفاظتی ٹیکے مکمل ہو گئے ہیں

e.g 1

2.7 : 2 سال تک کی عمر کے بچے جن کا قد ناپا گیا

e.g 1

2.8 : 2 سال تک کی عمر کے کل بچے جن کا قد عمر کے لحاظ سے کم پایا گیا

e.g 1

2.9 : 5 سال سے کم عمر بچوں کی کل تعداد

e.g 1

Section #03

3.1 : 5 سال سے کم عمر کے بچے جن کی نشوونما کی جانچ کی گئی اور کارڈ میں اندراج ہوا

e.g 1

3.2 : 5 سال سے کم عمر کے کم وزن بچے (اس ماہ کے نئے بچے)

e.g 1

3.3 : 6-59 ماہ کے بچوں کی کل تعداد

e.g 1

3.4 : 6-59 ماہ کے بچے جن کا مواک کیا گیا

e.g 1

3.5 : چھ-انسٹھ ماہ کے نئے بچے جن کا مواک 11.5 سے 12.5 سینٹی میٹر کے درمیان تھا اور ان کو مرکز صحت ریفر کیا گیا (MAM)

e.g 1

3.6 : پچھلے ماہ کے ایم اے ایم بچے جن کا اس ماہ فالو اپ وزٹ کیا

e.g 1

3.7 : چھ-انسٹھ ماہ کے کل ایم اے ایم بچے جن کو ایم ایم ایس دیا گیا

e.g 1

3.8 : پچھلے ماہ کے ایم اے ایم بچے جن کا اس ماہ فالو اپ وزٹ کیا

e.g 1

3.9 : 6-59 ماہ کے نئے بچے جن کا مواک 11.5 سے 12.5 سینٹی میٹر کے درمیان تھا اور ان کو مرکز صحت ریفر کیا گیا (MAM)

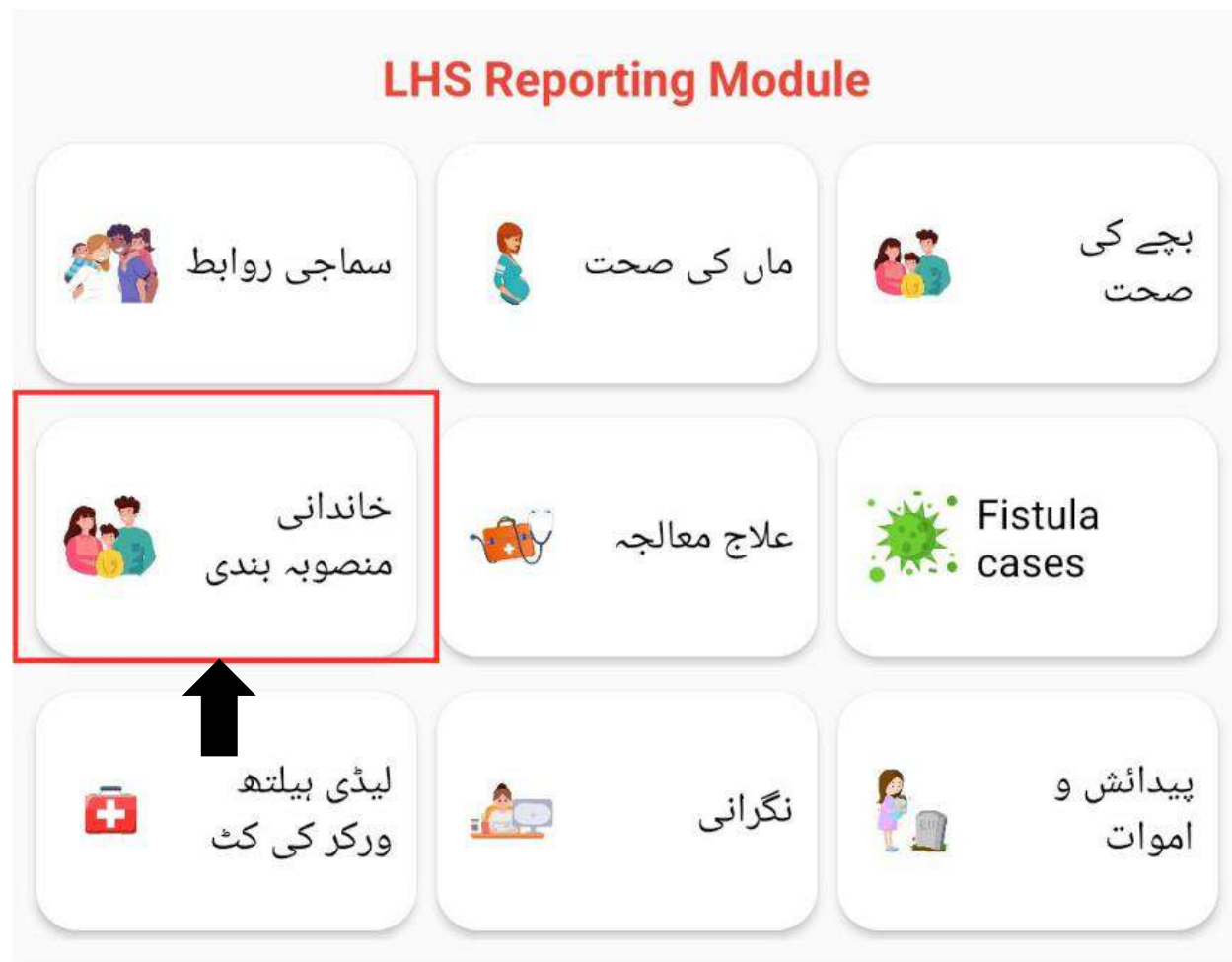
e.g 1

Purpose: This section typically includes a range of information related to child health, such as immunizations administered, growth monitoring, and treatment provided for common childhood illnesses.

By using this section, LHSs can keep a record of child health services provided within their community, ensuring that children receive necessary vaccinations and healthcare. The section may also include data on the number of children who are malnourished and receiving nutritional support.

6.3.4 Family Planning Services

Select “Family Planning Services” tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : تعداد اہل جوڑے (بیوی کی عمر پندرہ سے انچاس سال)

e.g 1

1.2 : تعداد نئے افراد جنہوں نے کوئی جدید طریقہ استعمال شروع کیا

e.g 1

1.3 : جدید طریقہ استعمال کرنے والے سابقہ افراد کی تعداد

e.g 1

1.4 : جدید طریقہ استعمال کرنے والے سابقہ افراد جن کا فالو اپ کیا گیا

e.g 1

1.5 : جدید طریقہ استعمال کرنے والوں کی کل تعداد

e.g 1

1.6 : کنڈوم استعمال کرنے والوں کی تعداد

e.g 1

1.7 : تعداد کلانٹ جنہیں ایل ایچ ڈبلیو نے کنڈوم فراہم کیں

e.g 1

Section #02

2.1 : تعداد کلانٹ جنہیں ایل ایچ ڈبلیو نے مانع حمل ٹیکہ لگایا/فراہم کیا

e.g 1

2.2 : چھلہ استعمال کرنے والی خواتین کی تعداد

e.g 1

2.3 : تعداد خواتین جنہوں نے اس ماہ چھلے کا استعمال شروع کیا

e.g 1

2.4 : سرجری کے طریقے استعمال کرنے والے

e.g 1

2.5 : تعداد خواتین جنہوں نے اس ماہ سرجری کروائی

e.g 1

2.7 : ناریلانٹ / امپلانٹ استعمال کرنے والی خواتین کی تعداد

e.g 1

2.8 : تعداد خواتین جنہوں نے اس ماہ ناریلانٹ / امپلانٹ کا استعمال شروع کیا

e.g 1

2.9 : تعداد افراد جن کو خاندانی منصوبہ بندی کی مشاورت/جدید طریقہ کے حصول کے لیے ریفر کیا گیا

Govt. Health Center

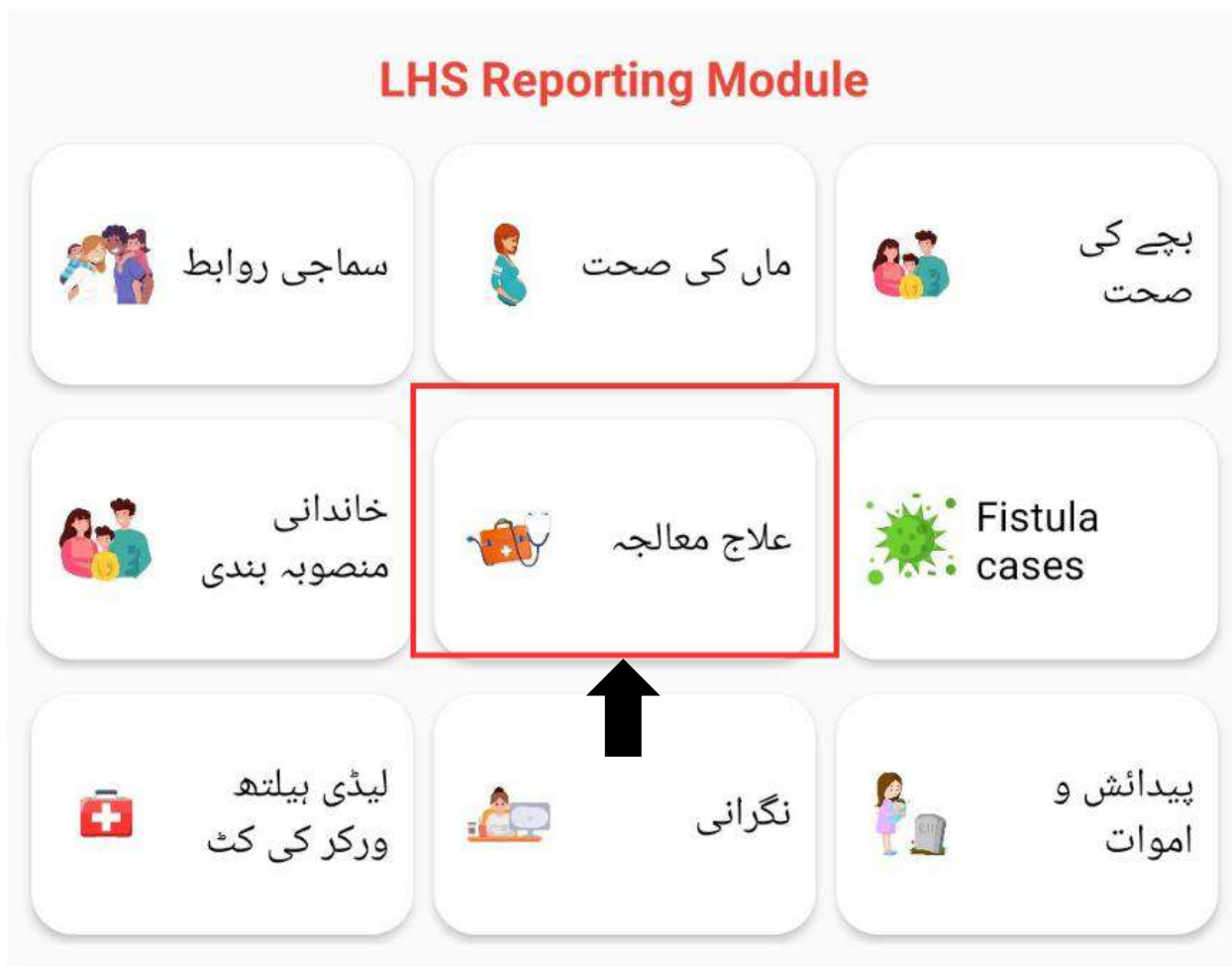
FWC/FHC

Purpose: This section typically includes a range of information related to family planning services, such as the number of clients counseled on family planning methods, the distribution of contraceptives, and the follow-up of clients to assess method continuation or switch.

By using this section, LHSs can keep a record of family planning services provided within their community, ensuring that individuals and couples have access to a range of contraceptive options and are able to make informed choices about their reproductive health. The section also includes data on the uptake of long-acting reversible contraceptives (LARCs) and the provision of postpartum family planning services.

6.3.5 Treatment

Select "Treatment" tab in the LHS Reporting Module, click as shown.



Section #1 of Cases of Diarrhoea (5 Years Age)

1.1 : کل مریض (لڑکیاں) 5 سال

e.g 1

1.2 : کل مریض (لڑکیاں) 5 سال

e.g 1

1.3 : کل مریض 5 سال (لڑکیاں) جن کو دوائی فراہم کی گئی

e.g 1

1.4 : کل مریض 5 سال (لڑکیاں) جن کو دوائی فراہم کی گئی

e.g 1

1.5 : کل مریض 5 سال (لڑکیاں) جن کو دوائی زنگ فراہم کی گئی

e.g 1

1.6 : کل مریض 5 سال (لڑکیاں) جن کو دوائی زنگ فراہم کی گئی

e.g 1

Section #2 of Cases of ARI

2.1 : کل مریض 5 سال سے کم عمر

e.g 1

2.2 : کل مریض 5 سال سے زائد عمر

e.g 1

2.3 : کل مریض 5 سال سے کم عمر جن کو دوائی فراہم کی گئی

e.g 1

2.4 : کل مریض 5 سال سے زائد عمر جن کو دوائی فراہم کی گئی

e.g 1

Section #3 of Cases of Fever

3.1 : کل مریض 5 سال سے کم عمر

e.g 1

3.2 : کل مریض 5 سال سے زائد عمر

e.g 1

3.3 : کل مریض 5 سال سے کم عمر جن کو دوائی فراہم کی گئی

e.g 1

3.4 : کل مریض 5 سال سے زائد عمر جن کو دوائی فراہم کی گئی

e.g 1

Section #4 of Cases of Anaemia

4.1 : کل مریض 5 سال سے کم عمر

e.g 1

4.2 : کل مریض 5 سال سے زائد عمر

e.g 1

4.3 : کل مریض 5 سال سے کم عمر جن کو دوائی فراہم کی گئی

e.g 1

4.4 : کل مریض 5 سال سے زائد عمر جن کو دوائی فراہم کی گئی

e.g 1

Section #8 of Eye Patients referred to health facilities

8.1 : کل مریض 5 سال سے کم عمر

e.g 1

8.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #9 Of Suspected Cases of TB Referred to Health facility

9.1 : کل مریض 5 سال سے کم عمر

e.g 1

9.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #5 Of Anaemia Referral Cases

5.1 : کل مریض 5 سال سے کم عمر

e.g 1

5.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #6 Eye Infections - No of cases reported

6.1 : کل مریض 5 سال سے کم عمر

e.g 1

6.2 : کل مریض 5 سال سے زائد عمر

e.g 1

6.3 : کل مریض 5 سال سے کم عمر جن کو دوائی فراہم کی گئی

e.g 1

6.4 : کل مریض 5 سال سے زائد عمر جن کو دوائی فراہم کی گئی

e.g 1

Section #8 of Eye Patients referred to health facilities

8.1 : کل مریض 5 سال سے کم عمر

e.g 1

8.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #9 Of Suspected Cases of TB Referred to Health facility

9.1 : کل مریض 5 سال سے کم عمر

e.g 1

9.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #12 10-19 Years Age Information

12.1 : دس- انیس سال کی کل لڑکیاں

e.g 1

12.2 : دس-انیس سال کی عمر کی لڑکیاں جن کی خون کی کمی ریکارڈ کی گئی

e.g 1

12.3 : دس-انیس سال کی وہ لڑکیاں جن میں خون کی کمی پائی گئی اور مرکز صحت / ہسپتال بھیجا گیا

e.g 1

12.4 : دس-انیس سال کی وہ لڑکیاں جو خون کی کمی کا شکار ہیں اور فولاد کی گولیاں لے رہی ہیں

e.g 1

12.5 : نواڑیدہ بچوں کی مائیں جن کو کلویکسڈین ٹیوب فراہم کی گئی

e.g 1

Section #10 Of Diagnosed Cases of TB

10.1 : کل مریض 5 سال سے کم عمر

e.g 1

10.2 : کل مریض 5 سال سے زائد عمر

e.g 1

Section #11 Of TB Patients supported by LHW (as T/M Support)

11.1 : کل مریض 5 سال سے کم عمر

e.g 1

11.2 : کل مریض 5 سال سے زائد عمر

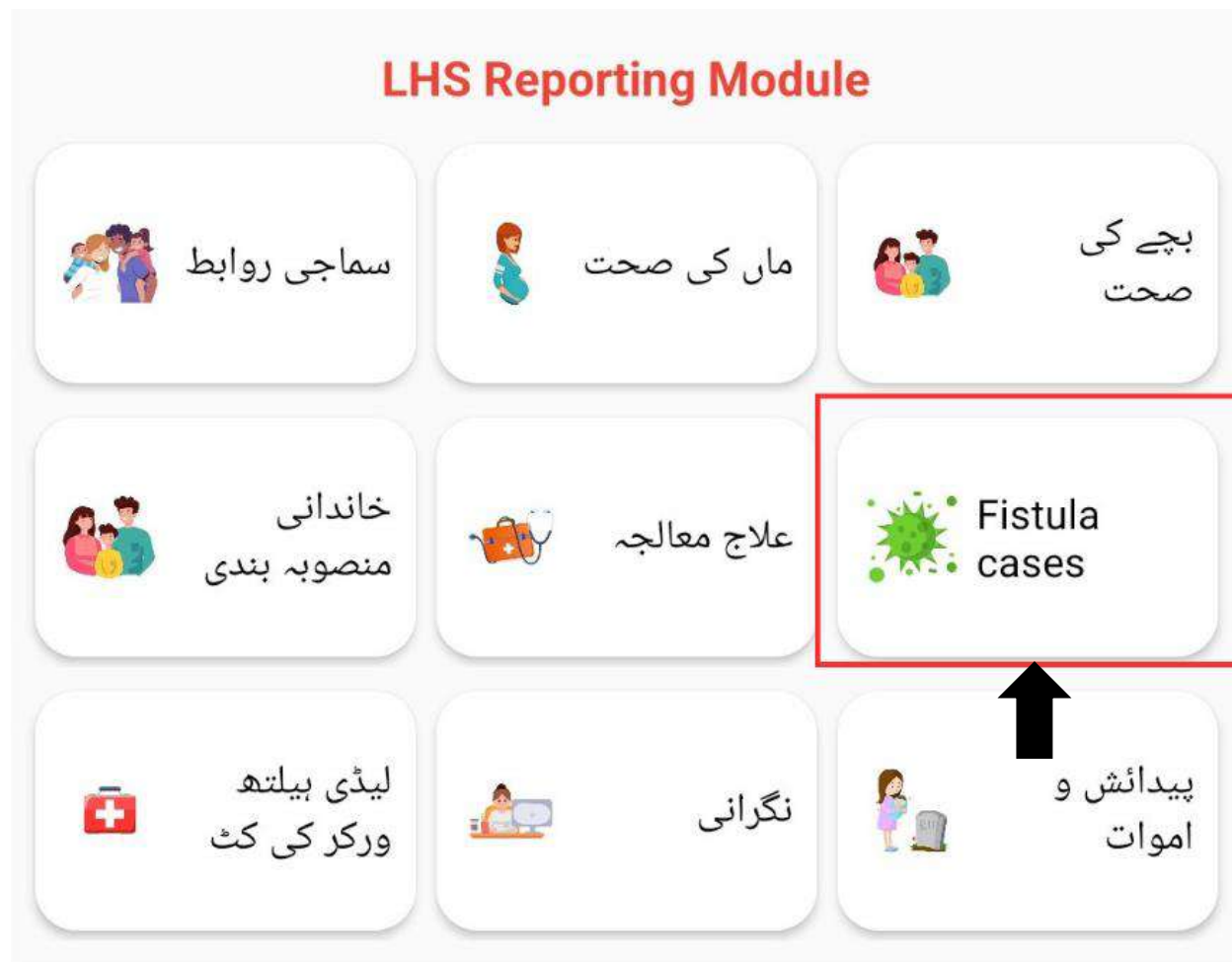
e.g 1

Purpose: This section is designed to track and monitor the treatment of various common illnesses and conditions within the community. The inclusion of sections on diarrheal cases, Acute Respiratory Infections (ARI), fever, anemia, anemia referral cases, eye infections, referral cases, and Tuberculosis (TB) cases allows for the systematic recording of treatments provided for these specific health issues.

For each of these conditions, the Treatment Section typically includes information such as the number of cases identified, the treatments administered, and any referrals made for further care. By using this section, LHSs can keep a record of the health services provided for these common illnesses, ensuring that individuals receive appropriate treatment and follow-up care.

6.3.6 Fistula Cases

Select “Fistula Cases” tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : کل شادی شدہ خواتین

e.g 1

1.2 : (پندرہ-انچاس) کل شادی شدہ خواتین

e.g 1

1.3 : انچاس سے زائد عمر کل شادی شدہ خواتین

e.g 1

Section #02 of Fistula disease cases

2.1 : (پندرہ-انچاس) کل شادی شدہ خواتین

e.g 1

2.2 : انچاس سے زائد عمر کل شادی شدہ خواتین

e.g 1

2.3 : کل تعداد

e.g 1

Section #03 of Fistula Disease referred

3.1 : (پندرہ-انچاس) کل شادی شدہ خواتین

e.g 1

3.2 : انچاس سے زائد عمر کل شادی شدہ خواتین

e.g 1

3.3 : کل تعداد

e.g 1

Section #04 of Fistula Disease cases (FollowUp)

4.1 : (پندرہ-انچاس) کل شادی شدہ خواتین

e.g 1

4.2 : انچاس سے زائد عمر کل شادی شدہ خواتین

e.g 1

4.3 : کل تعداد

e.g 1

Purpose: This section is designed to track and monitor cases of obstetric fistula within the community. Obstetric fistula is a devastating childbirth injury that can result in severe physical and emotional consequences for affected women.

This section typically includes information such as the number of fistula cases identified, the treatments provided or referrals made for fistula repair surgery, and the follow-up care given to affected women. By using this section, LHSs can keep a record of fistula cases within their community, ensuring that women affected by this condition receive the necessary support and care.

Monitoring fistula cases is important for understanding the prevalence of this condition and for planning and implementing interventions to prevent and treat obstetric fistula.

6.3.7 Lady Health Worker Kit

Select “Lady Health Worker Kit” tab in the LHS Reporting Module, click as shown.



Medicines / Things

1.1 : پیراسٹامول گولیاں

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.2 : پیراسٹامول سیرپ

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.3 : پیٹ کے کیڑوں کا سیرپ

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.4 : زنک گولیاں

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.5 : زنک سیرپ

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.6 : فولادکی گولیاں

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.7 : ایموکسل گولیاں

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.8 : ایموکسل سیرپ

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.9 : فولک ایسڈ

Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.10 : او آرایس (نمکول)			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.15 : مانع حمل ٹیکے			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.11 : آنکھ کا مریم			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.16 : ایم ایم ایس ساشے			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.12 : کلوریکسٹین ٹیوب			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.17 : ایم ایم ٹی / ایم وی			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.13 : کنڈوم			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.18 : cc1 سرنج			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.14 : مانع حمل گولیاں			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

1.19 : ماں اور بچے کا صحت کارڈ گرین بک			
Available S	Received fr	Received fr	Distributed
Balance		Days Out of Stock	

Purpose: This section is designed to track and monitor the availability and distribution of essential supplies and materials to LHWs. This section typically includes information about the contents of the LHW kit, such as medicines, equipment, and educational materials, as well as the frequency of kit distribution and any issues or challenges related to kit management.

By using this section, LHSs can ensure that LHWs have access to the necessary supplies and materials to perform their duties effectively. It also allows for the monitoring of kit utilization and the identification of any gaps or discrepancies in kit distribution. This information can help LHSs to optimize kit management practices and ensure that LHWs are equipped to deliver high-quality health services to their communities.

6.3.8 Supervision

Select "Supervision" tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : سی ای او کے وزٹ کی تعداد

e.g 1

1.2 : ڈی او ایچ کے وزٹ کی تعداد

e.g 1

1.3 : ڈسٹرکٹ کوارڈینٹر کا وزٹ

e.g 1

1.4 : ایف پی او کے وزٹ کی تعداد

e.g 1

1.5 : ایس او کے وزٹ کی تعداد

e.g 1

1.6 : اے ڈی سی کے وزٹ کی تعداد

e.g 1

1.7 : پی ایم یو کے آفسیر کا وزٹ

e.g 1

1.8 : ایل ایچ ایس کے وزٹ کی تعداد

e.g 1

Purpose: Using this section, LHSs can keep a record of their supervision activities, ensuring that they are providing regular and effective oversight to LHWs. It also allows for the monitoring of LHW performance and the identification of any training or support needs. This information can help LHSs to improve the quality of care provided by LHWs and to address any issues or challenges that may arise in the field.

6.3.9 Births and Deaths

Select "Births and Deaths" tab in the LHS Reporting Module, click as shown.



Section #01

1.1 : تعداد زندہ پیدائش

e.g 1

1.2 : بچے جو مردہ پیدا ہوئے (حمل کی مدت 7 ماہ سے زیادہ)

e.g 1

1.3 : کل اموات

e.g 1

1.4 : تعداد اموات (بچے جو پیدائش کے ایک ہفتے کے اندر وفات پا گئے)

e.g 1

1.5 : تعداد اموات (عمر ایک ہفتے سے زیادہ اور 28 دن تک)

e.g 1

1.6 : تعداد اموات (عمر 28 دن سے زیادہ اور ایک سال سے کم)

e.g 1

1.7 : تعداد اموات (عمر ایک سال سے زیادہ اور 5 سال سے کم)

e.g 1

1.8 : تعداد اموات زچہ

e.g 1

Purpose: It is designed to track and monitor vital events such as births and deaths within the community. This section typically includes information about the number of births and deaths reported, as well as details about the individuals involved, such as their age, gender, and cause of death (if applicable).

By using this section, LHSs can keep a record of births and deaths within their community, which can be used for epidemiological purposes, such as monitoring trends in mortality and assessing the impact of healthcare interventions. It also allows for the identification of any patterns or clusters of deaths that warrant further investigation.

6.4 FP Referral Slip

This is a standardized form used by field workers (LHW and LHS) to refer women of reproductive age seeking family planning services to a health facility. It captures information such as the woman's name, age, number of children and reason for referral, such as seeking information about contraception. This data can be used to track access to family planning services and identify areas where there may be gaps or unmet needs.

Section #01

1.9 : Age of the youngest child (in months)

e.g 1

1.2 : Eligible Couple/Client Name

e.g 1

1.3 : Age (in years)

e.g 1

1.4 : Khandan #

e.g 1

1.5 : Patient Contact Number

e.g 1

1.6 : Home Address

e.g 1

1.7 : No of Live Children

e.g 1

Purpose: It helps to assess the maternal history and family planning needs of the woman. It can be significant for providing context about the woman's past pregnancies and potential future family planning decisions. In some cases, closely spaced pregnancies can increase the risk of health complications for both the mother and the baby. This information can be used to identify women who might benefit from additional counseling or monitoring during pregnancy.

Purpose: It records the age of the individual seeking family planning services. Age is a significant factor in fertility and the risk of certain pregnancy complications can vary depending on age. Some family planning methods also have age-related eligibility criteria.

Purpose: Knowing the number of live children can help healthcare providers understand the woman's desired family size and current family planning needs.

If the woman has already achieved her desired family size, she might be interested in learning about long-acting reversible contraception (LARC) methods like implants or intrauterine devices (IUDs).

On the other hand, if the woman wants more children, she might benefit from counseling on healthy pregnancy spacing and preconception care.

1.8 : Age of the youngest child (in years)

e.g 1

1.10 : Time Period since last abortion/delivery conducted (Years)

e.g 1

1.12 : Referral Health Facility:

☐ BHU

☐ RHC

☐ THQ

☐ DHQ

☐ Teaching Hospital

☐ Family Welfare Center

☐ Family Health Clinic

Purpose: It can indicate how much time has passed since the woman's last childbirth, which can be a factor in her current desire for pregnancy and her risk of complications in a new pregnancy. If the woman has a young child, she might be interested in temporary contraception methods like pills or injectables that allow for easier resumption of childbearing when desired.

Purpose: It gathers information about the woman's recent reproductive history. Knowing the time since her last pregnancy, whether a delivery or abortion, is crucial for assessing health risks. Recent pregnancy, especially within the last 6 months, can increase the risk of certain complications in a subsequent pregnancy.

Purpose: It is used to track the facility where the client is referred to for seeking family planning services. Tracking referral sources can help FP programs understand their reach and effectiveness in different healthcare settings and communities.

1.13 : Family planning method suggested:

- ☐ Condom
- ☐ COC Pills
- ☐ Injection
- ☐ IUCD
- ☐ Implant
- ☐ Surgery

1.14 : Family planning user/eligible couple:

- ☐ New
- ☐ Old

Purpose: This section inquires about the woman's past experience or current status regarding family planning methods.

- New: This indicates the woman is new to using family planning methods and might require education and guidance on different options.
- Old: This suggests the woman has previously used family planning methods, and the healthcare provider might need to understand her past experiences and preferences.

Purpose: This section suggests various short and long acting reversible as well as permanent family planning methods that can be recommended for the client based on her individual needs and circumstances.

- Condom: A barrier method that prevents pregnancy by physically blocking sperm from reaching the egg.
- COC Pills (Combined Oral Contraceptive Pills): These pills contain hormones (estrogen and progestin) that work by preventing ovulation (the release of an egg) and thickening cervical mucus to make it difficult for sperm to reach the egg.
- Injection: This refers to a hormonal birth control injection containing progestin, delivered intramuscularly and effective for several months.
- IUCD (Intrauterine Contraception Device): A T-shaped device inserted into the uterus that prevents pregnancy by interfering with sperm motility and fertilization.
- Implant: A small, thin rod-shaped device placed under the skin of the upper arm that releases progestin to prevent pregnancy for several years.
- Surgery: This could refer to permanent sterilization methods like tubal ligation (blocking the fallopian tubes) for women or vasectomy (blocking the vas deferens) for men.

1.15 : Previously family planning method in use:

- ☐ None
- ☐ Condom
- ☐ COC Pills
- ☐ Injection
- ☐ IUCD
- ☐ Implant
- ☐ Surgery

Purpose: This part of the FP form focuses on understanding the woman's reproductive health history specifically related to family planning methods. Knowing her past experiences can help the healthcare provider recommend suitable methods and identify potential concerns.

The provider can suggest methods that align with the woman's preferences and experiences. For instance, if she had positive experiences with a specific method, the provider might recommend continuing with it or a similar option.

Past experiences, especially negative ones, can highlight potential challenges or contraindications for certain methods. For example, if the woman experienced side effects with oral contraceptive pills, the provider might explore alternative options.

1.16 : Name & Address of Health Facility

e.g 1

Purpose: This requests the name and address of the healthcare facility that referred the woman.

1.17 : Referral Date

Date

Purpose: By recording the date, the woman was referred to the FP program, healthcare providers can monitor the time it takes for women to receive services. This allows them to identify bottlenecks and improve efficiency.

1.11 : Time Period since last abortion/delivery conducted (Months)

e.g 1

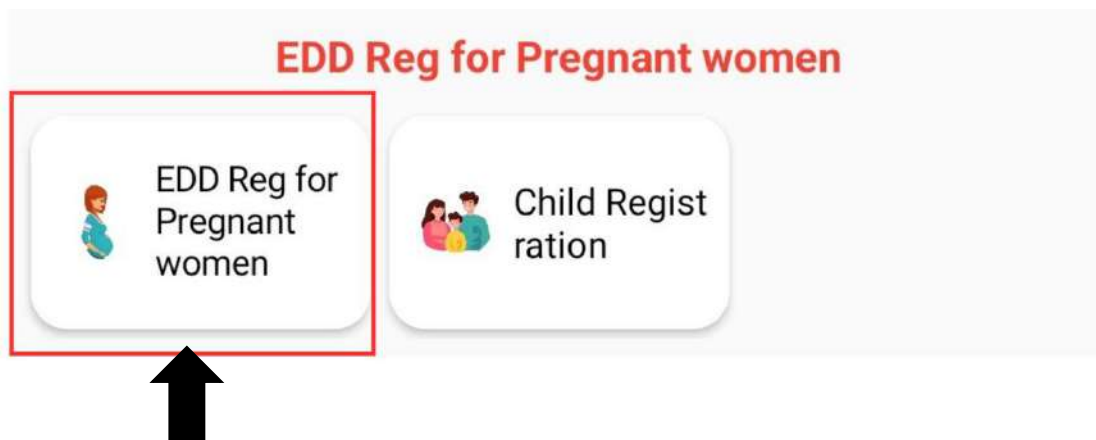
Purpose: This question asks about the time elapsed (in months) since the woman's last pregnancy ended, either through childbirth or abortion. This information is crucial for healthcare providers when recommending suitable family planning methods.

6.5 EDD Registration for Pregnant Women

This stands for "Expected Delivery Date Registration" and refers to a form used to register a pregnant woman's expected due date. It collects information like the woman's name, address, gestational age, and estimated date of delivery. This data is crucial for planning and resource allocation for prenatal care, delivery services, and newborn care. It also helps track pregnancy outcomes and identify potential risks like preterm birth.

6.5.1 Pregnant Women

From the LHS home page, scroll down to access the EDD Reg tab, and click on the tab shown below.



Select the name of the "Health Facility" and "LHW" from the provided popups, followed by clicking on proceed.

A screenshot of a registration form with three numbered steps. Step 1: "Health Facility" dropdown menu with "Rural Health Center, Khayaban-i-Sir Syed, Ra.." selected; a red "Click here" button with an arrow pointing to the dropdown. Step 2: "Please Select LHW" dropdown menu with "Ishrat Naseem" selected; a red "Click here" button with an arrow pointing to the dropdown. Step 3: A "Proceed" button with a red "Click here" button and an arrow pointing to it from below.

This would open the registration form for the pregnant woman.

Section #01

1.8 : CNIC

CNIC

1.1 : Pregnant Women Name

name

1.2 : Husband Name

husband name

1.3 : Contact Number

contact number

1.4 : Age

e.g 1

1.5 : Estimated Delivery Date (EDD)

Date

1.6 : Address

full address

1.7 : Nearest Landmark

nearest landmark

Estimated Delivery Date Calculation

The estimated delivery date (EDD), also known as the expected due date, refers to the projected date when a woman will give birth.

It is calculated by adding 9 months and 7 days from the first day of the last menstrual period (LMP).

For Example,

LMP = March 4th, 2024.

March + 9 months = December
4th + 7 days = 11th

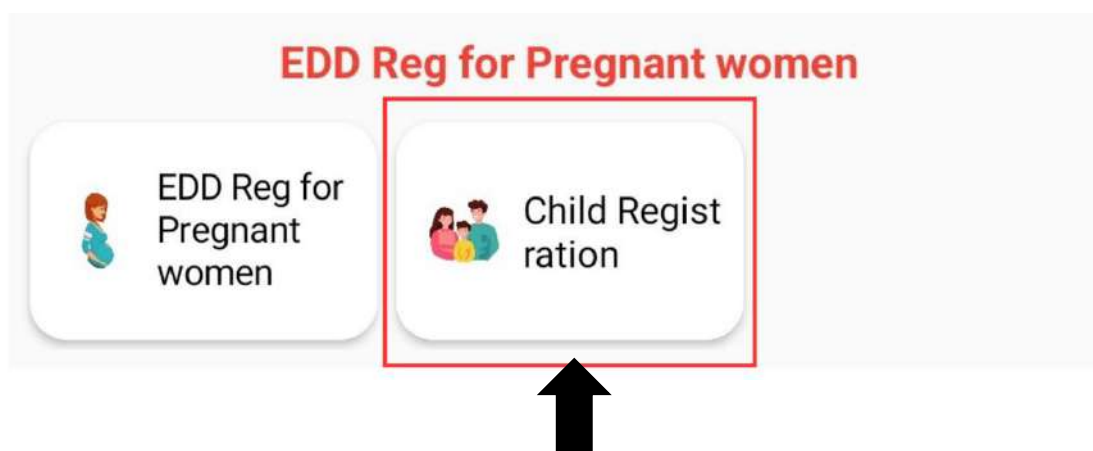
Therefore, EDD is 11th
December 2024

6.5.2 Child Registration

The purpose of adding child registration to the Estimated Delivery Date (EDD) for a Lady Health Supervisor (LHS) involves linking the mother's pregnancy information with the newborn child to improve healthcare delivery and monitoring for both.

This practice fosters early childhood healthcare by allowing for timely immunization schedules, growth monitoring, and nutritional guidance. Additionally, it facilitates the collection and tracking of valuable data on maternal and child health outcomes, enabling efficient resource allocation and program evaluation. Furthermore, combining this information streamlines the continuity of care, allowing the LHS to provide consistent support throughout pregnancy, childbirth, and the child's early years.

From the LHS home page, scroll down to access the Child Registration tab, and click on the tab shown below.



Select the name of the “Health Facility” and “LHW” from the provided popups, followed by clicking on proceed.

The image shows a registration form with three numbered steps. Step 1: "Health Facility" with a dropdown menu showing "Rural Health Center, Khayaban-i-Sir Syed, Ra.." and a red "Click here" button. Step 2: "Please Select LHW" with a dropdown menu showing "Ishrat Naseem" and a red "Click here" button. Step 3: A "Proceed" button with a red "Click here" button below it. Arrows point from the numbered steps to their respective buttons.

This would open the registration form for the child.

Section #01

1.1 : Child Name

1.2 : Mother CNIC

1.3 : Mother Name

1.4 : Father CNIC

1.5 : Father Name

1.6 : Child Date of Birth

1.7 : Address

1.8 : Nearest Landmark

Child Data of Birth

The recording births with accurate dates is the foundation for creating reliable statistics on child health indicators. Knowing the child's exact birth date also allows the LHS to schedule and track crucial preventive healthcare measures like immunizations according to the recommended schedule.

6.6 Verbal Autopsy

Verbal autopsies are interviews conducted with family members or caregivers of a deceased person to gather information about symptoms, medical history, and the circumstances surrounding the death. This information is then used to determine the cause of death.

Verbal autopsies can be used to investigate deaths in both mothers and newborns. They can be a valuable tool to improve public health by helping to identify risks and improve care.

From the LHS home page, scroll down to access the Verbal Autopsy tab, and click on the tab shown below.

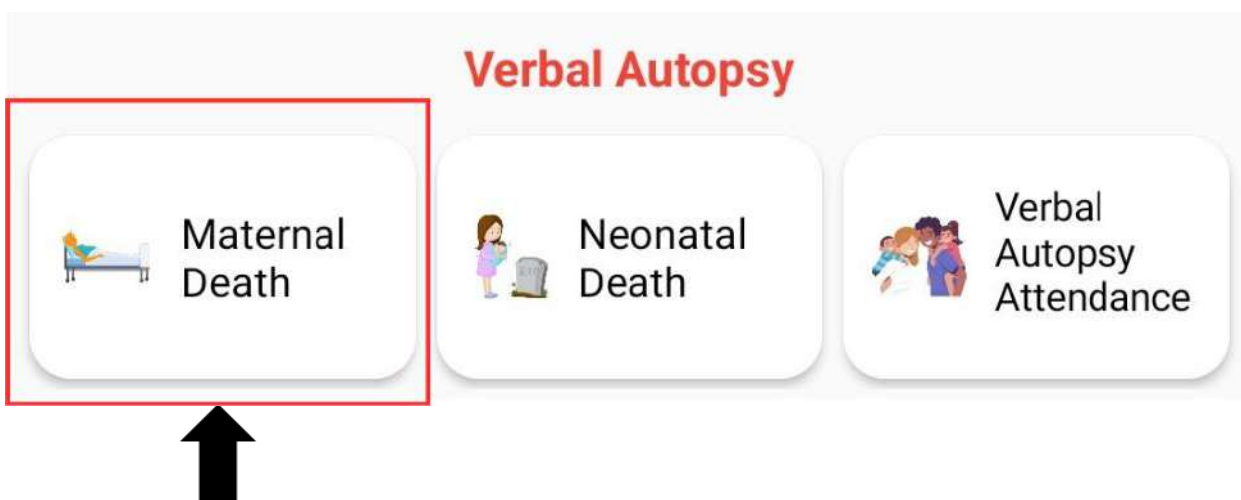
6.6.1 Maternal Death

In the context of a verbal autopsy, "maternal death" refers to the death of a woman during pregnancy, childbirth, or within a specific timeframe (often 42 days) following childbirth. This information can be crucial for identifying potential risk factors during pregnancy and childbirth to improve future maternal health outcomes.

Verbal autopsies can be crucial in investigating maternal deaths, especially in areas with limited access to medical facilities or where traditional autopsies aren't routinely performed. By understanding the cause of maternal death, healthcare professionals can work to improve prenatal care, delivery procedures, and postpartum support systems.

Maternal death forms must be filled before the end of the month by the LHS to record all the maternal deaths in their catchment area. Tracking maternal deaths on a monthly basis allows health authorities to identify trends and spikes in mortality rates. This can help them pinpoint specific districts or regions with higher maternal death rates and dedicate resources to investigate the causes.

To access the maternal death form, click on the tab as demonstrated below.



Section A

1.1 : Form Filled Date

Select Form Filled Date

1.2 : Village Name

Enter Village / Address

1.6 : Khandaan No

Enter Khandaan No

1.7 : Verification of Death

☐ Yes

☐ No

1.8 : Relation of Information Provider with Maternal

Enter Information Provider Name

1.9 : Phone No

e.g 1

1.10 : Age (at the time of Marriage)

e.g 1

1.11 : Date of Death

Enter Date of Death

Purpose: This helps track the date the form was filled out, ensuring data is up-to-date.

Purpose: Along with other location details, this helps pinpoint the geographic location of the maternal death which can be crucial for understanding if there are any geographical trends or disparities.

Purpose: It refers to a specific identifier or code assigned to a family or household.

Purpose: This is a binary (yes/no) question to confirm if the death of a mother was verified by conducting a thorough verbal autopsy.

Purpose: This question establishes the relationship between the person filling out the form and the deceased mother. Knowing the relationship (e.g., spouse, sibling) helps assess the accuracy and detail of the information provided.

Purpose: This can be significant in understanding a woman's overall health and well-being entering pregnancy. The mother's age at the time of death can be a risk factor for certain complications during pregnancy and childbirth. For instance, very young or older mothers may be at higher risk.

Purpose: This establishes the timeline of events and helps determine how soon after delivery the mother passed away.

Section B

2.1 : Maternal Name

Enter Here

2.2 : Husband Name

Enter Here

2.3 : Maternal CNIC

Enter Here

2.4 : Age (At the time of death)

Enter Here

Purpose: Knowing the mother's age at the time of death helps assess if there were any age-related risks during pregnancy or childbirth.

Section C

3.1 : Was the first pregnancy of mother?

☐ Yes

☐ No

Purpose: This is a binary (yes/no) question to confirm if this was the deceased mother's first pregnancy.

If this wasn't the woman's first pregnancy, it allows investigators to inquire about her obstetric history. This involves details about her previous pregnancies, including any complications she might have experienced that could be relevant to her current pregnancy and death.

There can be specific risk factors associated with first pregnancies. For instance, young mothers or mothers who are very young at their first pregnancy might have a higher risk of certain complications.

3.4 : Was there any complication before this pregnancy?

☐ Yes

☐ No

☐ Don't Know

Purpose: This seeks to identify any pre-existing medical conditions the mother may have had that could have potentially complicated the pregnancy and contributed to her death. Examples could be chronic illnesses like diabetes, high blood pressure, or underlying infections.

3.5 : Is there any ANC visit conducted during this pregnancy

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question aims to assess if the mother received any prenatal care during her pregnancy. Regular ANC visits are crucial for monitoring the mother's health, identifying potential risks, and providing preventive measures. A lack of ANC visits could indicate missed opportunities to identify or manage health issues that might have contributed to the maternal death.

3.8 : How many TT injected during Pregnancy?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ More than 4

Purpose: TT stands for Tetanus Toxoid. Tetanus is a serious bacterial infection that can cause muscle stiffness and lockjaw. Pregnant women are routinely vaccinated with tetanus toxoid to protect themselves and their newborns from tetanus. Tetanus spores are found in soil and can enter the body through wounds. Newborns can contract tetanus if the umbilical cord is not properly cleaned and cut with contaminated instruments.

This question helps assess if the mother received the recommended doses of tetanus vaccination during pregnancy, which can help determine if tetanus was a potential cause of death.

3.9 : Did LHW/CMW visit in last pregnancy?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: Regular ANC visits during pregnancy are crucial for monitoring the mother's health, identifying potential risks, and providing preventive measures. LHW/CMW can track the mother's weight, blood pressure, and fetal development, and administer essential vaccinations like tetanus toxoid.

Knowing if the mother received ANC visits from an LHW/CMW helps assess if she had access to proper prenatal care. A lack of ANC visits could indicate missed opportunities to identify or manage health issues that might have contributed to the maternal death.

3.10 : Outcome of last pregnancy

☐ Alive Baby

☐ Dead Baby

☐ Abortion

☐ Delivery Not Conducted

Purpose: Knowing the outcome of the last pregnancy can provide context about the mother's reproductive health and obstetric history. A history of complicated pregnancies, prior stillbirths, or multiple abortions could indicate underlying health conditions that might have contributed to the current pregnancy complications and the mother's death.

3.11 : Duration of last pregnancy

☐ Before Expected Date

☐ On Expected Date

☐ After Expected Date

Purpose: Understanding the gestational age (duration of pregnancy) can be a factor to be investigated when determining the cause of maternal death. Early pregnancy deaths might be linked to miscarriage, ectopic pregnancy (implantation of the fetus outside the uterus), or underlying health conditions in the mother. Deaths closer to the expected delivery date could be due to complications during labor or delivery.

For instance, preeclampsia, a pregnancy complication involving high blood pressure, often occurs in the later stages (after 20 weeks) of pregnancy. Knowing the gestational age helps investigators explore complications that might be more relevant based on the timing of the death.

3.12 : At the time of Death

☐ Suffered from Abortion/Still Delivery

☐ Death before delivery

☐ Death during delivery

☐ Death 24 hours

☐ Death within 42 days

Purpose: This question helps determine the timing of the mother's death relative to pregnancy and childbirth.

The timing of death in relation to pregnancy and delivery can provide clues about the cause of death. For instance, death before delivery might be linked to complications like pre-eclampsia or eclampsia (high blood pressure that can develop during pregnancy), while death during delivery could be due to hemorrhage (bleeding) or obstructed labor. Deaths within 42 days after delivery might be due to complications arising from childbirth, such as infections or blood clots.

3.13 : Who conducted the delivery

- ☐ Midwife
- ☐ LHW
- ☐ LHV
- ☐ Nurse
- ☐ Doctor
- ☐ Other
- ☐ Don't Know

Purpose: The skill and experience of the birth attendant can significantly impact the outcome of the delivery. For instance, a complicated delivery might have required a doctor's expertise, but if a less experienced birth attendant managed the delivery, this could have increased the risk of complications for the mother.

3.14 : Nature of Delivery

- ☐ Normal
- ☐ Assisted
- ☐ Episiotomy
- ☐ C-Section

Purpose: The nature of the delivery can also influence the risk of complications. A normal vaginal delivery is generally considered the safest option, while instrumental deliveries (assisted with tools like forceps) or cesarean sections (surgical delivery) carry different risks.

- Normal Vaginal Delivery: While generally considered the safest option for delivery, even normal deliveries can have unforeseen complications that might contribute to the mother's death.
- Assisted Delivery: This refers to a delivery where instruments like forceps or vacuum are used to assist in the birthing process. Instrumental deliveries can sometimes be necessary but may carry some risks for the mother and baby compared to a normal vaginal delivery.

- Episiotomy: This is a surgical incision made in the perineum (the area between the vagina and the anus) to widen the opening for childbirth and reduce the risk of tearing. While an episiotomy is a common procedure, it can increase the risk of infection which could be relevant to the maternal death investigation.
- C-Section: This is a major surgical procedure where the baby is delivered through an incision in the mother's abdomen. C-sections are performed when a vaginal delivery is not considered safe for the mother or baby. C-sections carry risks of infection, blood clots, and increased recovery time for the mother.

3.15 : Place of Delivery

- ☐ House
- ☐ BHU
- ☐ RHC
- ☐ THQ
- ☐ DHQ
- ☐ Private clinic/hospital

Purpose: This section asks where the delivery of the newborn baby took place. Knowing the place of delivery can be significant because access to skilled medical care and equipment can vary depending on the facility. Deliveries in less equipped settings might have a higher risk of complications for the mother.

3.16 : Women died during travel

- ☐ Death on way to hospital/clinic/health facility
- ☐ Others
- ☐ Don't Know

Purpose: This section inquires if the mother died while being transported to a healthcare facility for delivery. Knowing if the mother died while being transported to a healthcare facility can shed light on the access to and availability of medical care at the time of delivery.

This information can be used to identify high-risk pregnancies that might require closer monitoring or earlier referral to a well-equipped healthcare facility to improve both maternal and neonatal outcomes.

Section D

4.1 : Was Mother diagnosed with anemia during ANC

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This section asks if the mother was diagnosed with anemia during her antenatal care (ANC) visits. Anemia is a condition in which the blood lacks sufficient healthy red blood cells to carry oxygen throughout the body. Anemia during pregnancy can be caused by deficiencies in iron, folate, or vitamin B12. It can lead to fatigue, shortness of breath, and an increased risk of complications for both mother and baby, including premature birth, low birth weight, and maternal mortality.

4.2 : Did the maternal suffering from any of the following diseases before pregnancy

- ☐ Blood Pressure
- ☐ Diabetes
- ☐ Cancer
- ☐ Thalassemia
- ☐ TB
- ☐ None

Purpose: This section asks about any pre-existing medical conditions the mother might have had. These conditions include chronic illnesses like diabetes, high blood pressure, heart disease, or kidney disease.

Underlying medical conditions can significantly complicate pregnancy and increase the risk of maternal death. For instance, uncontrolled diabetes can increase the risk of miscarriage, birth defects, and pre-eclampsia.

Understanding the mother's existing medical conditions is crucial for investigators to assess determine if these conditions played a role in her death.

4.3 : Did any of the complication diagnose in the women during ANC

- ☐ Thalassemia
- ☐ High Blood Pressure
- ☐ Ankle Swallowed
- ☐ Fits
- ☐ Fever
- ☐ None
- ☐ Don't Know

Purpose: This section asks about complication diagnosed during the ANC visits.

- **Thalassemia:** This is a genetic blood disorder that reduces the production of hemoglobin, a protein in red blood cells that carries oxygen. It can cause anemia, fatigue, and other health problems.
- **High Blood Pressure:** Chronically high blood pressure during pregnancy can lead to a serious condition called pre-eclampsia, which can cause organ damage and other complications for both the mother and baby.
- **Ankle Swollen:** It is a common symptom during pregnancy caused by fluid retention.
- **Fits:** This refers to seizures, which can be a symptom of several underlying conditions, including pre-eclampsia, eclampsia (a severe form of pre-eclampsia), or neurological disorders.
- **Fever:** Fever during pregnancy can be caused by various infections and can potentially increase the risk of birth defects.
- **None:** This option indicates that no complications were identified during the ANC visits.

4.4 : Did the LHW referred the woman for delivery to the hospital/clinic

☐ Yes

☐ No

☐ Don't Know

Purpose: If yes selected, this indicates that the LHW referred the woman to the health facility for delivery.

LHWs are responsible for referring all pregnant women to health facilities for delivery. Regardless of whether the pregnancy is high-risk or uncomplicated, all cases are referred to health facilities for delivery unless the woman expresses a preference for home birth.

4.5 : Did the woman received any treatment in the hospital/clinic

☐ Yes

☐ No

☐ Don't Know

Purpose: The question investigates whether the pregnant woman visited the facility and received treatment. If either of these did not occur, the response would be no.

Section E

5.1 : Did the women have bleeding before death

☐ Yes

☐ No

☐ Don't Know

Purpose: If bleeding is reported (Yes), investigators might delve deeper to understand the type and timing of bleeding. Here are some potential complications associated with bleeding during pregnancy and childbirth:

5.2 : Did the bleeding was more than usual

☐ Yes

☐ No

☐ Don't Know

- Placental abruption: When the placenta separates prematurely from the uterine wall, it can cause bleeding and deprive the baby of oxygen.
- Uterine rupture: A tear in the uterus can be a life-threatening complication that might involve bleeding.
- Uterine fibroids: These are non-cancerous growths in the uterus that can sometimes cause bleeding during pregnancy.
- Premature birth: Bleeding might be a sign of complications leading to early delivery, which can also be risky for the mother.
- Postpartum hemorrhage (PPH): This is heavy bleeding after childbirth, a leading cause of maternal mortality worldwide.

Purpose: Heavy bleeding during pregnancy or childbirth is a medical emergency. A delay in seeking care for excessive bleeding could have contributed to the mother's death.

Heavy bleeding refers to the increase rather than decrease in bleeding after delivery or if 2-3 pads are soaked in less than 20 minutes.

<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>5.3 : Did the process of delivery was delayed than usual</p> <div style="margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know </div> </div>	<div style="border: 1px solid #007bff; padding: 10px; background-color: #e6f2ff;"> <p>Purpose: A prolonged labor or delivery can increase the risk of complications as it leads to maternal fatigue, fetal distress (lack of oxygen to the baby), and increased risk of infections.</p> <p>Prolonged labor means continued contractions for >12 hours or no labor 6 hours after water breaks.</p> </div>
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>5.4 : Did the woman have foul smelling discharge</p> <div style="margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know </div> </div>	<div style="border: 1px solid #007bff; padding: 10px; background-color: #e6f2ff;"> <p>Purpose: Foul-smelling vaginal discharge after delivery can be a sign of infection in the uterus or birth canal. This can happen if bacteria enter the reproductive system during labor, delivery, or caesarean section.</p> <p>If left untreated, postpartum infections can spread and become life-threatening.</p> </div>
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>5.5 : Did the woman have severe abdominal pain</p> <div style="margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know </div> </div>	<div style="border: 1px solid #007bff; padding: 10px; background-color: #e6f2ff;"> <p>Purpose: Understanding the nature and severity of abdominal pain can help investigators identify potential causes that might have contributed to the mother's death. Severe pain could indicate a serious complication that required prompt medical attention.</p> </div>
<div style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>5.6 : Did she suffer from fitz/seizures?</p> <div style="margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know </div> </div>	<div style="border: 1px solid #007bff; padding: 10px; background-color: #e6f2ff;"> <p>Purpose: Seizures can be caused by various factors, including:</p> <ul style="list-style-type: none"> Eclampsia (a severe complication of pre-eclampsia) Postpartum hemorrhage (heavy bleeding after childbirth) which can lead to shock and seizures due to blood loss Pre-existing medical conditions like epilepsy <p>The presence of seizures is a serious complication. Investigating this helps to identify the underlying cause that might have contributed to the mother's death.</p> </div>
<div style="border: 1px solid #ccc; padding: 10px;"> <p>5.7 : Detail/others (if any)</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px; min-height: 20px;"> Enter Here </div> </div>	

Section F

6.1 : DHIS Code

Enter Here

Purpose: It refers to entering the unique identification code assigned to the health facility using the DHIS2 (District Health Information System 2) software.

6.2 : Whether it took more time to reach hospital/facility as compare to normal/usual time?

☐ Yes

☐ No

☐ Don't Know

Purpose: This section asks about the time it took for the woman to reach a healthcare facility after the onset of complications or when she needed medical attention. Understanding the time it took to reach a facility can shed light on access to healthcare and potential delays in receiving care. Long delays can worsen complications and increase the risk of maternal death.

6.3 : Was doctor/nurse/lhv available

☐ Yes

☐ No

☐ Don't Know

Purpose: This section inquires about the availability of a doctor or nurse at the healthcare facility when the woman arrived. The presence of a skilled healthcare professional (doctor or nurse or LHV) is crucial for managing maternal complications and providing emergency care. The absence of a qualified provider could contribute to delays in receiving appropriate treatment.

6.4 : Was the treatment given

☐ Yes

☐ No

☐ Don't Know

Purpose: This section asks about the type of treatment the woman received at the healthcare facility. Understanding the treatment provided helps investigators assess if the woman received appropriate and timely care based on her condition. In some cases, inadequate treatment could be a contributing factor to maternal death.

Section G

7.1 : Was death certificate available

☐ Yes

☐ No

☐ Don't Know

Purpose: Checking the availability of a death certificate in a verbal autopsy for maternal deaths helps investigators confirm the death, gain insights into the cause of death, and guide the investigation process. While death certificates might not always be definitive, they contribute to a more comprehensive understanding of the circumstances surrounding the maternal death.

Section H

8.3 : Was the death caused by gaps in service delivery at the hospital

☐ Yes

☐ No

☐ Don't Know

Purpose: The question plays a significant role in maternal death reviews by investigating the quality of care provided at the hospital and identifying areas for improvement to ensure better maternal health outcomes.

Back  **Save**

After completing all sections, select “Save” to finalize reporting. Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

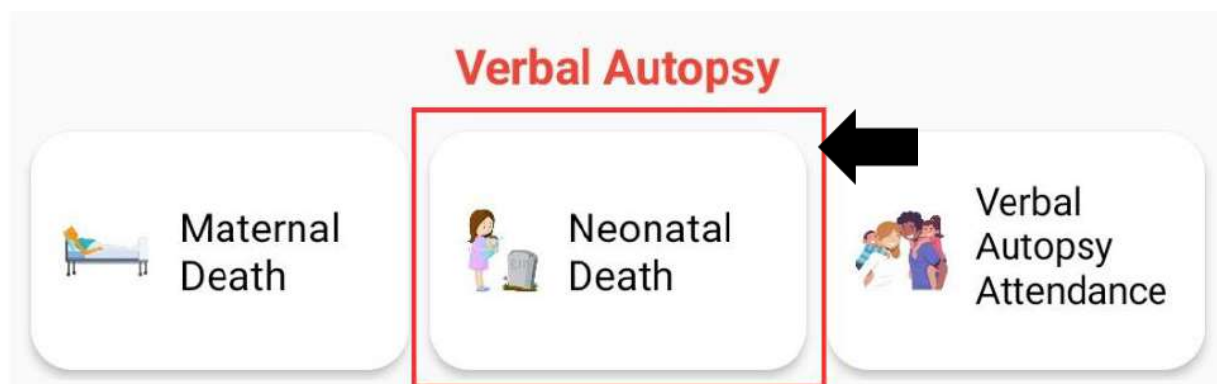


6.6.2 Neonatal Death

Neonatal death refers to the death of a newborn baby within the first 28 days of life. By interviewing caregivers about the baby's symptoms and circumstances around death, verbal autopsy helps pinpoint the most likely cause. This knowledge is crucial for improving healthcare interventions to prevent future deaths.

Neonatal death forms must be filled before the end of the month by the LHS to record all the neonatal deaths in their catchment area. Tracking neonatal deaths on a monthly basis allows health authorities to identify trends and spikes in mortality rates. This can help them pinpoint specific districts or regions with higher neonatal death rates and dedicate resources to investigate the causes.

To access the neonatal death form, click on the tab as demonstrated below.



Section A

1.1 : Form Filled Date

Enter Here

1.2 : Village Name

Enter Here

1.6 : Khandaan No

Enter Here

Purpose: This helps track the date the form was filled out, ensuring data is up-to-date.

Purpose: Along with other location details, this helps pinpoint the geographic location of the neonatal death which can be crucial for understanding if there are any geographical trends or disparities.

Purpose: It refers to a specific identifier or code assigned to a family or household.

1.7 : Verification of Death

☐ Yes

☐ No

1.8 : Relation of Information Provider with Maternal

Enter Here

1.9 : Phone No

Enter Here

1.1 : Is Mother Alive

☐ Yes

☐ No

1.11 : Date of Death

Enter Here

Section B

2.1 : Name of Child

Enter Here

2.2 : Gender

☐ Male

☐ Female

2.3 : Date of Birth

Select DOB

2.4 : Mother Name

Enter Here

2.5 : Mother CNIC

Enter Here

Purpose: This is a binary (yes/no) question to confirm if the death of the neonate was verified by conducting a thorough verbal autopsy.

Purpose: This question establishes the relationship between the person filling out the form and the deceased neonate. Knowing the relationship (e.g., parents, grandparents) helps assess the accuracy and detail of the information provided.

Purpose: This question helps to identify potential risk factors for neonatal death. For example, if the mother is deceased, it may be more likely that the baby died from complications during pregnancy or delivery.

Purpose: Knowing the exact date and time of death is important for determining the cause of death. For instance, a very early neonatal death (within the first few hours of life) is more likely to be caused by complications during pregnancy or delivery, while a later death may be due to other causes, such as infections or birth defects.

Purpose: The section B in the neonatal death form you sent captures basic information about the deceased neonate and the mother.

Section C

3.1 : Was the first pregnancy of mother

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: First pregnancies are statistically associated with a slightly higher risk of complications for both mother and baby compared to subsequent pregnancies.

If this was the mother's first pregnancy and complications arose, it could be a factor investigated to see if there might be underlying conditions that could be identified and managed earlier in future pregnancies.

3.4 : Was there any complication before this pregnancy?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: Pre-existing maternal health conditions like diabetes, high blood pressure, or infections can increase the risk of complications during pregnancy and childbirth. These complications can then contribute to problems for the developing baby, potentially leading to neonatal death.

If the mother had a pre-existing health condition that wasn't well-managed, it could have contributed to issues during pregnancy that led to the neonatal death. Understanding this can help healthcare professionals identify areas where better management of pre-existing conditions might improve pregnancy outcomes.

3.5 : Is there any ANC visit conducted during this pregnancy

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: Antenatal Care (ANC) visits are crucial for monitoring the mother's health and the baby's development throughout pregnancy. These visits allow identifying potential problems early and take steps to manage them. Lack of ANC visits can mean missed opportunities to address risk factors that could contribute to neonatal death.

If there were no ANC visits, it could indicate a lack of prenatal monitoring. This could have missed potential complications that might have been addressed with early intervention.

3.8 : TT were injected during Pregnancy

- ☐ Yes
- ☐ No
- ☐ Don't Know

3.10 : Duration of current pregnancy

Enter Here

3.11 : Who conducted the delivery

- ☐ Midwife
- ☐ LHW
- ☐ LHV
- ☐ Nurse
- ☐ Doctor
- ☐ Other
- ☐ Don't Know

Purpose: TT stands for Tetanus Toxoid. Tetanus is a serious bacterial infection that can cause muscle stiffness and lockjaw. Pregnant women are routinely vaccinated with tetanus toxoid to protect themselves and their newborns from tetanus. Tetanus spores are found in soil and can enter the body through wounds. Newborns can contract tetanus if the umbilical cord is not properly cleaned and cut with contaminated instruments.

This question helps assess if the mother received the recommended doses of tetanus vaccination during pregnancy, which can help determine if tetanus was a potential cause of death.

Purpose: This question asks how long the mother's pregnancy lasted. This information is important to understand the gestational age of the baby at birth. Premature birth (before 37 weeks) and late delivery (after 42 weeks) are both linked to an increased risk of neonatal death.

- **Early Delivery (before 37 weeks):** This is known as preterm birth and carries the highest risk of neonatal death. Premature babies may have underdeveloped organs and lungs, making them more susceptible to infections and breathing difficulties.
- **Delivery at Full Term (37 to 41 weeks):** This is considered the ideal window for delivery with the lowest risk of neonatal death.
- **Late Delivery (after 41 weeks):** There is an increased risk of stillbirth and neonatal death with pregnancies that extend beyond 41 weeks. The placenta, which nourishes the baby, may begin to deteriorate, and the baby may be at risk of complications like meconium aspiration (inhaling stool during birth).

Purpose: The skill and experience of the birth attendant can significantly impact the outcome of the delivery. For instance, a complicated delivery might have required a doctor's expertise, but if a less experienced birth attendant managed the delivery, this could have increased the risk of complications for the neonate.

3.12 : Nature of Delivery

- ☐ Normal
- ☐ Assisted
- ☐ Episiotomy
- ☐ C-Section

Purpose: The nature of the delivery can also influence the risk of complications. A normal vaginal delivery is generally considered the safest option, while instrumental deliveries (assisted with tools like forceps) or cesarean sections (surgical delivery) carry different risks.

2.13 : Place of Delivery

- ☐ House
- ☐ BHU
- ☐ RHC
- ☐ THQ
- ☐ DHQ
- ☐ Private clinic/hospital

Purpose: This section asks where the delivery of the newborn baby took place. Knowing the place of delivery can be significant because access to skilled medical care and equipment can vary depending on the facility. Deliveries in less equipped settings might have a higher risk of complications for the baby.

2.14 : Was the position of child normal

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: A "normal" position refers to the cephalic presentation, where the baby's head is down and facing the mother's back. "Abnormal" positions include breech presentation, transverse lie, face presentation, and compound presentation, which can increase the risk of complications and may require special delivery techniques or a cesarean section.

3.15 : Duration of Labor

- ☐ Primi Gravida
- ☐ Multi Gravida

Purpose: This question asks how long the mother's labor lasted. It is broken down into two options:

- **Prima Gravida:** This refers to a woman who is pregnant for the first time. There is no set time frame for labor, but first labors tend to be longer than subsequent labors.
- **Multi Gravida:** This refers to a woman who has been pregnant before.

Section D

4.1 : Weight of Baby at the time of birth

- ☐ Below 2.5kg
- ☐ 2.5kg to 3.5kg
- ☐ more than 3.5kg
- ☐ Not Done
- ☐ Unknown

4.2 : Did the baby cry at the time of birth

- ☐ Yes
- ☐ No
- ☐ Don't Know

4.4 : Was there any congenital deformity

- ☐ Yes
- ☐ No
- ☐ Don't Know

4.5 : Was loops of umbilical cord was around the neck at the time of birth

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question asks for the weight of the baby in kilograms (kg) at birth. There are four answer choices:

- Below 2.5kg: This is considered low birth weight. Babies born under this weight are at an increased risk of health problems.
- 2.5kg to 3.5kg: This is considered normal birth weight.
- More than 3.5kg: This is considered high birth weight. While less common than low birth weight, it can also increase the risk of health problems.
- Not Done: This option is chosen if the baby's weight was not measured.
- Unknown: This option is chosen if the baby's weight is unknown.

Purpose: This question asks whether the baby cried or not after birth. Crying is a sign that the baby is breathing and has good muscle tone. It is a good indicator of overall health.

Purpose: This question asks if the baby had any birth defects. Birth defects are structural problems that are present at birth. They can affect any part of the body and can be mild or severe. Some birth defects can be fatal.

Purpose: This question asks if the umbilical cord was wrapped around the baby's neck at birth. This is a condition called nuchal cord. Nuchal cord can compress the umbilical cord and cut off oxygen to the baby. In severe cases, it can lead to brain damage or stillbirth.

4.6 : NeoNate skin color at the time of birth

- ☐ Normal
- ☐ Blue
- ☐ Yellow
- ☐ Don't Know

Purpose: This question asks about the baby's skin color at birth.

- Normal: This indicates the baby's skin color was pink.
- Blue: This could indicate a problem with the baby's lungs or heart.
- Yellow: This could indicate jaundice, which is a buildup of bilirubin in the baby's blood. Bilirubin is a yellow-orange pigment produced during the normal breakdown of red blood cells.
- Don't Know: This is chosen if the baby's skin color was not observed or documented.

4.7 : Was there any injury

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This asks if the baby had any injuries around the time of birth. Birth injuries can be caused by complications during delivery, but some injuries can also be caused by misuse of forceps or vacuums during delivery.

Some possible injuries include fractures (broken bones), bruising, and cephalohematoma (bleeding between the scalp and the skull).

4.8 : Was there any bleeding from any orifice?

- ☐ Yes
- ☐ No
- ☒ Don't Know

Purpose: This question asks if the baby had any bleeding from the mouth, nose, ears, or rectum during birth. While some bleeding from the nose or vagina is common during delivery, bleeding from other orifices can be a sign of a serious medical condition.

4.9 : Breast Feeding started immediate after birth

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question asks if the mother started breastfeeding the baby right after birth. Breastfeeding is recommended by health professionals as it provides important nutrients and antibodies for the baby. It can also help to reduce the risk of infections.

4.10 : Was the NeoNate suffering from any of the following disease

- ☐ Neonatal Jaundice
- ☐ Fits
- ☐ Umbilical Cord Infection
- ☐ Respiratory track infection
- ☐ Diarrhea
- ☐ High Grade fever
- ☐ Other

4.11 : Place of Death

- ☐ House
- ☐ BHU
- ☐ RHC
- ☐ THQ
- ☐ DHQ
- ☐ Private clinic/hospital

Purpose: By collecting data on the place of death of newborns, healthcare providers can identify areas where there is a high risk of neonatal death

Purpose: This question asks if the baby had any of the following conditions before death:

- Neonatal Jaundice: This is a yellowish discoloration of the skin and eyes in a newborn caused by a buildup of bilirubin in the blood. Bilirubin is a yellow-orange pigment produced during the normal breakdown of red blood cells. Most newborns have jaundice, but severe jaundice can be a serious health problem.
- Fits: This refers to seizures, which are uncontrolled jerking movements of the body caused by abnormal electrical activity in the brain. Seizures can be a sign of a serious medical condition.
- Umbilical Cord Infection: This is an infection of the umbilical cord, which connects the baby to the placenta in the womb. It can cause fever, redness, and pus around the navel.
- Respiratory track infection: This is an infection of the respiratory tract, which includes the nose, throat, lungs, and airways. It can cause symptoms such as a cough, congestion, fever, and difficulty breathing.
- Diarrhea: This is loose, watery stools that occur frequently. It can be caused by a variety of factors, including infection, intolerance to breast milk or formula, and certain medications.
- High Grade fever: This refers to a fever that is significantly higher than normal body temperature. In a newborn, a high fever can be a sign of a serious infection.
- Other: This option allows the healthcare provider to enter a different condition that is not listed on the form.

4.12 : Was Mother Suffering from any of these diseases before pregnancy

- ☐ Hypertension
- ☐ Diabetes
- ☐ Cardiac issue
- ☐ Cancer
- ☐ Anemia
- ☐ Others
- ☐ Unknown

4.13 : Was mother diagnosed with anemia during pregnancy

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This section asks if the mother was diagnosed with anemia during her antenatal care (ANC) visits. Anemia is a condition in which the blood lacks sufficient healthy red blood cells to carry oxygen throughout the body. Anemia during pregnancy can be caused by deficiencies in iron, folate, or vitamin B12. It can lead to fatigue, shortness of breath, and an increased risk of complications for both mother and baby, including premature birth, low birth weight, and neonatal mortality.

Purpose: Certain pre-existing medical conditions in the mother can increase the risk of complications during pregnancy and delivery.

- Hypertension (High Blood Pressure): Uncontrolled high blood pressure during pregnancy can lead to complications like preeclampsia, which can restrict blood flow to the baby and affect its development.
- Diabetes: Pregnant women with diabetes, both type 1 and type 2, need careful monitoring to maintain blood sugar levels. Uncontrolled diabetes can increase the risk of birth defects and other problems in the baby.
- Cardiac Issue (Heart Problem): Certain heart conditions can worsen during pregnancy, putting stress on the mother's body and potentially affecting the baby.
- Cancer: Depending on the type and stage of cancer, treatment during pregnancy may be necessary. However, some cancer treatments can be harmful to the developing baby.
- Anemia: Anemia is a condition where there are not enough red blood cells to carry oxygen throughout the body. This can limit oxygen delivery to the baby, potentially affecting its growth and development.

4.14 : Was the Mother suffering from the following before delivery?

- ☐ Leakage
- ☐ Foul Smelling leakage
- ☐ Bleeding
- ☐ Fits
- ☐ Fever
- ☐ Obstructive labor
- ☐ Other

Section E

5.1 : Was the Neonate examined by the LHW

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question helps to determine if the newborn received a checkup from a healthcare professional shortly after birth. Early examinations by a trained provider can help identify potential health problems in newborns and ensure they receive appropriate care.

Purpose: By asking about these conditions experienced by the mother before delivery, healthcare providers can gather information about potential risk factors that may have contributed to the newborn's death.

- **Leakage:** This refers to amniotic fluid leakage, which is the fluid leaking from the amniotic sac that surrounds the baby in the womb. Rupture of the membranes, commonly known as a woman's "water breaking" is a normal part of labor. However, leakage before full-term gestation could be a sign of a problem.
- **Foul smelling leakage:** This indicates an infection in the amniotic sac or the mother's vagina/urinary tract.
- **Bleeding:** Vaginal bleeding during pregnancy can have various causes, some serious and some not. Early pregnancy bleeding can be a sign of miscarriage or ectopic pregnancy, while later bleeding can be a sign of placental abruption or other complications.
- **Fits:** This refers to seizures, which are uncontrolled jerking movements of the body caused by abnormal electrical activity in the brain. Fits: This refers to seizures, which are uncontrolled jerking movements of the body caused by abnormal electrical activity in the brain. Seizures during pregnancy can be a sign of preeclampsia, eclampsia, or other health conditions.
- **Fever:** A fever during pregnancy can be caused by a variety of infections, some of which can be harmful to the baby.
- **Obstructive labor:** This occurs when the baby is too large or the mother's pelvis is too small to allow vaginal delivery. It can be a medical emergency.

<p>5.2 : When was the examination done</p> <div><input type="text" value="Enter Here"/></div>	<p>Purpose: There is a blank space for entering the date of the examination.</p>
<p>5.3 : Did mother go to any Health Facility for PNC</p> <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> Don't Know</div>	<p>Purpose: Postnatal care includes checkups for the mother to monitor her recovery from childbirth and to identify any postpartum complications. It also includes checkups for the baby to monitor growth, development, and vaccination.</p>
<p>5.4 : Neonate was along with the mother</p> <div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div> <div><input type="radio"/> Don't Know</div>	<p>Purpose: This question helps to gather information about the circumstances surrounding the newborn's death. Knowing if the baby was with the mother shortly before death can be a clue to potential risk factors.</p>
<p>5.5 : Who did the examination</p> <div><input type="radio"/> Midwife</div> <div><input type="radio"/> LHW</div> <div><input type="radio"/> LHV</div> <div><input type="radio"/> Nurse</div> <div><input type="radio"/> Doctor</div> <div><input type="radio"/> Other</div> <div><input type="radio"/> Don't Know</div>	<p>Purpose: This information is important for health professionals to record, as it can help them to determine the cause of death. A doctor will be able to perform a more thorough examination than a midwife or nurse, for example.</p>

5.6 : Were any vaccination given to the neonate

- ☐ BCG
- ☐ Polio drops
- ☐ None
- ☐ Others

Purpose: This question is asking if the newborn baby (neonate) received any vaccinations before it died. It is part of a data collection process aimed at understanding possible factors that may have contributed to the baby's death.

Section F

6.1 : DHIS Code

Enter Here

Purpose: It refers to entering the unique identification code assigned to the health facility.

6.2 : Was there any delay in reaching the hospital

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question is asking if there were any problems getting the baby to the hospital after birth complications arose. This information is important for medical professionals to record, as it can help them to understand the level of care the baby received before its death.

6.4 : Was there staff available at the hospital?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question asks about staffing availability at the hospital. This is important because even if the baby arrived at the hospital promptly, there may not have been a doctor or nurse available to treat it if the hospital was understaffed.

6.5 : Was the treatment given

- ☐ Yes
- ☐ No
- ☐ Don't Know

Purpose: This question asks if the baby received treatment. This could be any kind of medical attention, including medication, resuscitation, or surgery.

<p>6.8 : Reason for non satisfactory service</p> <div>Enter Here</div>	<p>Purpose: This is an open-ended question, where the person filling out the form can enter a specific explanation. For example, the parents or caregiver felt that the staff did not take their concerns seriously or the staff did not communicate effectively with the parents or caregiver.</p>
<p>6.9 : Form is signed by LHS?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
<p>Section G</p>	
<p>7.1 : Was death certificate available</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p>Purpose: This question asks if a document certifying the death of the neonate was completed by a medical professional. A death certificate is required for legal purposes and provides details about the cause of death.</p>
<p>Section H</p>	
<p>8.2 : Can not be determined</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p>Purpose: This question asks if the cause of death cannot be determined definitively.</p>
<p>8.3 : Was the death caused by gaps in service delivery at the hospital</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Don't Know</p>	<p>Purpose: This question asks if the LHS filling out the form believe gaps in service delivery at the hospital contributed to the baby's death. Gaps in service delivery could include things like a lack of staff, a lack of essential equipment, or delays in treatment.</p>
<p>8.5 : Contact of paediatrician</p> <div>Enter Here</div>	<p>Purpose: This question is asking for the contact information of the pediatrician who saw the baby before it died. The pediatrician may be able to provide more information about the baby's medical history, which could help to determine the cause of death.</p>

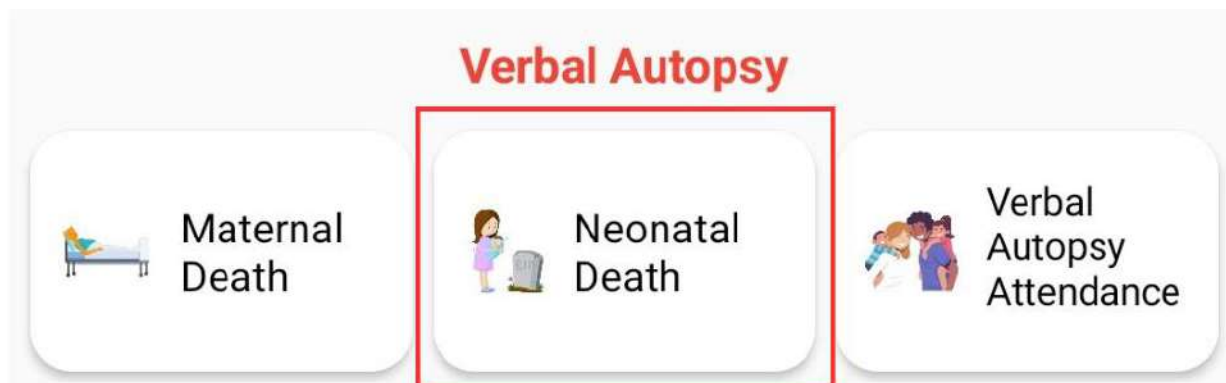
After completing all sections, select “Save” to finalize reporting. Additionally, any “Remarks” and supporting pictures of documents can be uploaded.



6.6.3 Verbal Autopsy Attendance

The verbal autopsy attendance tab tracks the number of verbal autopsies conducted by the LHS in the catchment area each month. This information can be useful for monitoring trends in causes of death, identifying areas where public health interventions are needed, or improving the quality of verbal autopsy investigations.

To access the form, click on the tab demonstrated below.



Section #01

1.0 : I certify that in my catchment area:

☐ Death Reported

☐ Zero Neonatal & Maternal Death Reported

1.1 : Neonatal

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

1.2 : Maternal

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

Chapter 6



Field Program Officer/ Social Organizer/ District Coordinator (FPO/SO/DC) Module

Chapter 7: FPO/SO/DC Module

The module for Field Program Officer/Social Organizer/District Coordinator (FPO/SO/DC) is specifically designed for monitoring purposes. These cadres are responsible for monitoring, not direct service provision. Therefore, the module is tailored to facilitate the performance monitoring of health facility staff by district-level monitors. It also assists the provincial office in ensuring that district-level staff effectively fulfill their roles as monitors.

This module includes reporting and monitoring of various services, such as 24/7 Emergency Obstetric and Newborn Care (EmONC) services, the Outpatient Therapeutic Program (OTP) for malnourished children, Stabilization Centers for critical care, Lady Health Supervisor (LHS) and Lady Health Worker (LHW) activities, as well as monthly planning. It also incorporates services related to District Program Implementation Unit (DPIU), Normal Basic Health Units (BHUs), and performs task verification and functionality assessments for the Rural Ambulance Services (RAS).

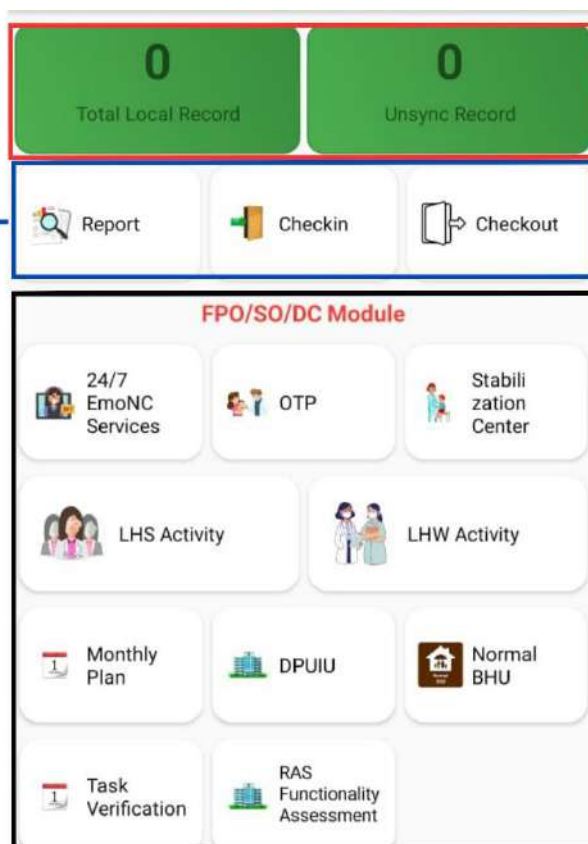
Once you log in to the portal using the provided user by HISDU, the home page will open.



Field monitoring is essential for ensuring the quality and progress of project activities. It allows for real-time tracking of progress, identification of challenges, and provision of on-the-job training and support. By collecting feedback from field staff and beneficiaries, monitoring promotes accountability and enables continuous improvement in project delivery.

Report: This section allows users to generate reports on various HMIS data.

Checkin & Checkout: These buttons are used to check in or out of a healthcare facility or program.



Unsynced records are those that have been created or modified in the app but have not yet been uploaded to the central HMIS database.

Total Local Record: This section displays the total number of records that are stored locally on the device.

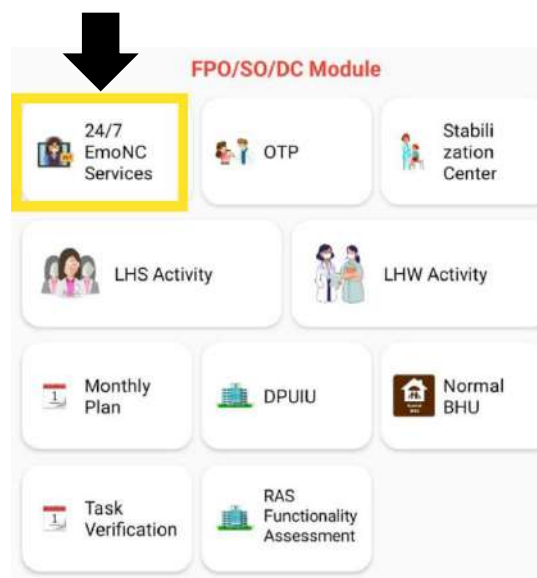
This module refers to Field Program Officer / Social Organizer / District Coordinator. community health outreach and program implementation.

7.1 24/7 EmoNC Services

This section monitors the activity and performance of the 24/7 EmoNC program within their district. This could involve:

- Tracking the number of people accessing the service.
- Identifying any issues or challenges with service delivery.
- Ensuring the smooth operation of the program throughout the day and night

Upon clicking 24/7 EmoNC Services, the following form will pop-up.



7.1.1 Pre-Requisites

Before starting any form, it is a prerequisite to fill in these fields.

District

Tehsil

Health Facility

Proceed

→ **Select the desired District**

→ **Select the tehsil from the given list**

→ **Select the health facility from the list**

↓

Once you click "Proceed," the form will open up for you to fill out.

7.1.2 Section #01

Section #01

1.1 : Total No. of LHV

e.g 1

1.2 : Total No. of Midwives

e.g 1

1.3 : Total No. of Nurses

e.g 1

1.4 : Electricity connection available and functional

☐ Yes

☐ No

1.6 : Drinking water with glass available for patients

☐ Yes

☐ No

1.7 : Patient toilet available and functional

☐ Yes

☐ No

1.8 : UPS/Generator available and functional

☐ Yes

☐ No

1.9 : Two batteries for power backup available and functional

☐ Yes

☐ No

This particular section focuses on two main aspects:

- I. **Staffing:** Questions 1.1 to 1.3 inquire about the number of specific healthcare professionals available at the facility. These professionals, LHV (Lady Health Visitors), midwives, and nurses, play crucial roles in delivering various healthcare services, especially to women and children.
- J. **Infrastructure and Resources:** Questions 1.4 to 1.9 assess the availability and functionality of essential infrastructure and resources needed for basic patient care and functioning of the facility.

The answer to all the questions seems to be a Yes or No depending on whether the facility has the resource or functionality mentioned in the question.

7.1.3 Section #02

Section #02

2.1 : At least 1 delivery table available and functional

☐ Yes

☐ No

2.2 : At least 1 rechargeable delivery light available and functional

☐ Yes

☐ No

2.3 : Emergency tray with essential 14 items available in labor room

☐ Yes

☐ No

2.4 : At least 3 BP apparatus available and functional

☐ Yes

☐ No

2.5 : At least 3 BP thermometer available and functional

☐ Yes

☐ No

2.6 : At least 3 clean and neat bed sheets available

☐ Yes

☐ No

2.7 : At least 2 electric heaters installed and functional

☐ Yes

☐ No

2.8 : At Least 6 clean and neat Bed sheets available

☐ Yes

☐ No

2.9 : Labor Room toilet

☐ Functional

☐ Non Functional

For each question, the HMIS user should physically check the labor room to see if the mentioned equipment or supplies are available and in working condition. Here's a possible approach:

- Identify the equipment or supplies mentioned in the question (e.g., delivery table, BP apparatus, bed sheets).
- Look around the room to see if the items are present in the labor room.
- If the item is present, check if it's in working condition. For example, if it's a medical device, ensure it has batteries or is properly plugged in.
- Based on your physical check, choose "Yes" if the equipment/supply is available and functional. Choose "No" if it's not available or not working properly.

7.1.4 Section #03 & 04

Section #03

3.1 : Medical referral coordinator system (MRC) referral slips available

☐ Yes

☐ No

3.2 : Medical referral coordinator system (MRC) emergency protocol displayed in labor room

☐ Yes

☐ No

3.3 : Medical referral coordinator system (MRC) phone numbers available and displayed in labor room

☐ Yes

☐ No

3.4 : Medical referral coordinator system (MRC) answered the phone when called

☐ Yes

☐ No

Section #04

4.1 : Urine Dipstick available

☐ Yes

☐ No

4.2 : Blood glucose test strip available

☐ Yes

☐ No

4.3 : Pregnancy test strip available

☐ Yes

☐ No

4.4 : Blood glucometer available and functional

☐ Yes

☐ No

Section# 3 assesses the availability and functionality of the system used to refer patients to other healthcare providers for specialized care.

Section# 4 assesses the availability and functionality of essential equipment used during pregnancy care.

DO YOU KNOW?

Urine dipstick: A urine dipstick is a thin, plastic stick with small chemical squares (pads) attached to it. When dipped into a urine sample, these pads change color to indicate the presence of various substances in the urine, such as glucose, protein, blood, and pH levels. Urine dipsticks are commonly used for basic urine analysis in medical settings.

Blood glucose test strip: A blood glucose test strip is a small, disposable strip used to measure blood glucose levels. It is used with a blood glucose meter, where a small drop of blood is placed on the strip. The strip contains enzymes that react with the glucose in the blood, producing a signal that the meter measures and displays as a glucose level.

Pregnancy test strip: A pregnancy test strip is a simple, over-the-counter test used to detect the presence of human chorionic gonadotropin (hCG) in urine, which is a hormone produced during pregnancy. The test strip is immersed in a urine sample, and if hCG is present, it causes a reaction on the strip, indicating a positive result for pregnancy.

Blood glucometer: A blood glucometer, or glucose meter, is a device used to measure the concentration of glucose in the blood. It is commonly used by people with diabetes to monitor their blood sugar levels.

7.1.5 Section #05

Section #05

5.1 : Number of deliveries conducted in last month

e.g 1

5.2 : Number of verified deliveries

e.g 1

Patient Name

Phone Number

Delivery Date *

Address *

Verified ☐ Yes ☐ No

Add

5.3 : Number of deliveries correctly verified

e.g 1

5.4 : MIS/Data Compliance Status

☐ Yes

☐ No

For **Section# 5** find a healthcare worker knowledgeable about deliveries at the facility, such as a doctor, midwife, or nurse.

If possible, with proper authorization, district supervisors make a phone call to the mother to verify delivery data.

MIS/Data Compliance Status: This section refers to the facility's adherence to data compliance standards.

Fill **patient details** (if available) and choose "Yes" or "No" for delivery verification based on your findings.

Note the patient's address from records or ask the staff.

7.1.6 Section #06- 08

Section# 6 focuses on family planning clients. This captures the total number of clients who received family planning services at the health facility. This specifically counts the number of clients who were referred for family planning services by a Lady Health Worker (LHW). This helps assess the effectiveness of LHWs in promoting family planning.

Section# 7: This section focuses on deliveries conducted at the health facility. This records the total number of deliveries that took place at the facility. This counts the number of deliveries where the mother was referred to the health facility by an LHW.

Section# 8: This section inquires about IUCD (Intrauterine Contraceptive Device) services offered at the health facility. This records the total number of individuals who received IUCD services at the facility.

Section #06: No. of Family Planning clients entertained at health facility

6.1 : Family Planning clients referred by LHWs

e.g 1

Section #07: No. of deliveries conducted at health facility

7.1 : no. of deliveries referred by LHWs

e.g 1

Section #08

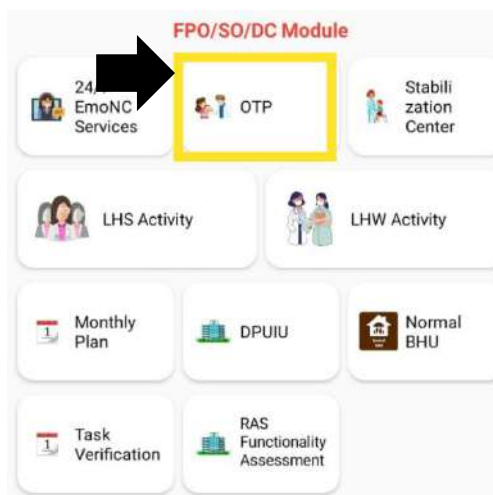
8.1 : No. of Intra-Uterine Contraceptive Devices (IUCD)s serviced at health facility

e.g 1

- After completing all sections, select “Save” to finalize reporting.
- Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

7.2 Outpatient Therapeutic Program (OTP)

Outpatient Therapeutic Program (OTP) is one of the approaches of community-based management of acute malnutrition (CMAM), which includes community engagement and mobilization for outpatient management of uncomplicated severe acute malnutrition (SAM) children 6–59 months.



7.2.1 Pre-Requisites

Upon clicking OTP, the screen will present the form shown below.

The form contains three dropdown menus for selection:

- District:** Lahore (Instruction: Select the desired District)
- Tehsil:** Lahore Cantt (Instruction: Select the tehsil from the given list)
- Health Facility:** Rural Health Center, Awan Dhari Wala, Lahore.. (Instruction: Select the health facility from the list)

Below the dropdowns is a 'Proceed' button. An arrow points down from the button to the text: "Once you click 'Proceed,' the form will open up for you to fill out."

7.2.2 Section#01

Section #01

1.1 : LHV or midwife nominated as focal person

☐ Yes☐ No

1.2 : Expert in Measuring Mid-upper arm circumference

☐ Yes☐ No

1.3 : Does she know the basic criteria of Severe Acute Malnutrition (SAM) admission & discharge

☐ Yes☐ No

1.4 : Does she know how to prescribe Ready to use therapeutic food (RUTF) for Severe Acute Malnutrition (SAM) children

☐ Yes☐ No

1.5 : Does she know how to prescribe Multiple Micronutrient Sachet (MMS) for Moderate Acute Malnutrition (MAM) children

☐ Yes☐ No

Select "Yes" or "No" according to the following options.

For your information

MUAC (Mid-Upper Arm Circumference) is measured using color-coded tape. MUAC measures the degree of muscle wasting. MUAC < 115 mm indicates SAM and significant mortality risk.

Criteria for SAM Admission: The basic criteria for SAM admission include a MUAC of less than 11.5 cm or the presence of nutritional edema in children aged 6-59 months, or a weight-for-height z-score (WHZ) of less than -3 standard deviations from the median of the WHO Child Growth Standards.

The World Health Organization (WHO) recommends that severe wasting and/or edema should be treated with ready-to-use therapeutic food (**RUTF**) at a dose of 150-220 kcal/kg/day for 6-8 weeks.

Prescribing MMS: MMS (Micronutrient Sachet) are prescribed for severe malnourished children as a part of the treatment for anemia. The standard dosage is one sachet per day, mixed into semi-solid food, for a duration of 2-3 months.

7.2.3 Section #02

Select "Yes" or "No" according to the availability of instruments for measuring height, weight, and MUAC in the health facility.

For your information

MUAC tape: It is a simple, color-coded tape used to screen children aged 6-59 months for SAM. It is used to measure the MUAC, which is a reliable indicator of acute malnutrition. The MUAC tape is color-coded to indicate the following:

- Green: MUAC \geq 12.5 cm (no acute malnutrition)
- Yellow: $11.5 \text{ cm} \leq \text{MUAC} < 12.5 \text{ cm}$ (moderate acute malnutrition)
- Red: MUAC $< 11.5 \text{ cm}$ (severe acute malnutrition)

The MUAC tape is also used to monitor the progress of children undergoing treatment for SAM. Once a child's MUAC reaches a certain threshold (typically 12.5 cm), indicating improvement in nutritional status, they may be discharged from the program.

Height Measuring Board: A height measuring board, also known as a stadiometer, is a device used to measure the height of adults and children accurately. It typically consists of a vertical board with a measuring scale and a horizontal piece that can be adjusted to rest on the individual's head to ensure an accurate measurement.

Length Measuring Board: A length measuring board, also known as an infantometer or a length board, is a device used to measure the length of infants and young children who are unable to stand upright on a regular height measuring scale.

Section #02

2.1 : Severe Acute Malnutrition (SAM) admission & discharge tape for child (At least 5) (no. of taps)

☐ Yes

☐ No

2.2 : Electronic weighing scale for mother & child (at least 1 functional)

☐ Yes

☐ No

2.3 : Severe Acute Malnutrition (SAM) admission & discharge tape for adults (at least 5)

☐ Yes

☐ No

2.4 : Height measuring board for child & adults (at least 1 functional)

☐ Yes

☐ No

2.5 : Length measuring board for child (at least 1 functional)

☐ Yes

☐ No

7.2.4 Section #03

Section #03

3.1 : Thermometer (at least 3 functional)

☐ Yes

☐ No

3.2 : Ready to use therapeutic food (RUTF) (no. of sachtes available at the time of visit)

e.g 1

3.3 : Multiple Micronutrient Sachet (MMS)(no. of sachtes available at the time of visit)

e.g 1

3.4 : Oral rehydration salts (ORS)(no. of sachtes available at the time of visit)

e.g 1

3.5 : Iron folic acid (no. of tablets available at the time of visit)

e.g 1

3.6 : Zinc Sulphate (No of syrups available at the time of visit)

e.g 1

3.7 : Paracetamol (No of syrups available at the time of visit)

e.g 1

3.8 : Amoxicillin (No of syrups available at the time of visit)

e.g 1

3.9 : Mobendazole (No of tablets available at the time of visit)

e.g 1

3.10 : Chloroquine (No of Syp available at the time of visit)

e.g 1

3.11 : Essential medicines available (At least 3 month stock as per case load)

☐ Yes

☐ No

3.12 : Breast feeding corner established and functional

☐ Yes

☐ No

Section#3 contains information on the availability of supplements and medicines in the health facility. Please indicate the availability of each supplement or medicine by selecting the appropriate response (Yes/No) and adding the numbers of each supplement.

7.2.5 Section #04

Section #04

4.1 : LHW referral system established

☐ Yes

☐ No

4.2 : Fortnightly meeting of LHV with LHWs to cover due defaulter and absent Children

☐ Yes

☐ No

4.3 : Record of LHV referral available

☐ Yes

☐ No

4.4 : Severe Acute Malnutrition (SAM) children with medical complications referred to stabilization center (SC) in last month

☐ Yes

☐ No

A well-established **referral system** ensures that Lady Health Workers (LHWs) can refer patients to higher-level health facilities when needed, ensuring timely access to appropriate care.

Regular meetings between Lady Health Visitors (LHVs) and LHWs are important for reviewing and addressing issues related to defaulters and absentees among children, ensuring that all children receive the necessary health services.

Maintaining a **record of referrals** made by LHVs helps track the number and outcomes of referrals, ensuring accountability and quality of care.

Referring Severe Acute Malnutrition (SAM) children with medical conditions to Stabilization Centers (SCs) ensures that they receive appropriate medical care and nutritional support, improving their chances of recovery.

7.2.6 Section #05

Section #05

5.1 : Screening register available

☐ Yes

☐ No

5.2 : OTP registration register available

☐ Yes

☐ No

5.3 : Ration card available

☐ Yes

☐ No

5.4 : Referral / Transfer slip from opioid treatment program (OTP) to stabilization center (SC) or other opioid treatment program (OTP) Available

☐ Yes

☐ No

5.5 : (OTP) protocol displayed

☐ Yes

☐ No

5.6 : Ready to use therapeutic food (RUTF) Chart displayed in opioid treatment program (OTP)

☐ Yes

☐ No

Section#3 contains information on the availability of essential components of the outpatient therapeutic program in the facility. Review each item in the section and mark "Yes" if the item is available, or "No" if it is not available.

For your information

Ration Card: The ration card is given to the caregiver to take home. The ration card contains key information about the child and basic information on their progress (weight, height, ration received). This is the caregiver's record of the child's progress.

7.2.7 Section #06

Section #06

6.1 : Number of severe acute malnutrition (SAM) children referred by LHW in last month

e.g 1

6.2 : Number of moderate acute malnutrition (MAM) children referred by LHW in last month

e.g 1

6.3 : Number of severe acute malnutrition (SAM) children admitted in last month

e.g 1

6.4 : Number of severe acute malnutrition (SAM) children discharged in last month

e.g 1

In this section, you will report the number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children referred by Lady Health Workers (LHW) in the last month, as well as the number of SAM children admitted and discharged in the last month.

For your information

Severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) are both serious conditions caused by inadequate food intake or poor-quality diet. They are most commonly seen in children under 5 years old.

Diagnosis:

SAM: Diagnosed using a combination of factors, including:

Weight-for-height z-score: This is a measurement that compares a child's weight to their height and age. A weight-for-height z-score below -3 is generally considered indicative of SAM.

Mid-upper arm circumference (MUAC): This is a measurement of the arm circumference at the midpoint between the elbow and shoulder. A low MUAC measurement can also be a sign of SAM.

Visible signs of wasting: This includes muscle wasting, sunken eyes, and loose skin.

Presence of nutritional edema: This is swelling caused by a buildup of fluid in the body, which can be a sign of severe malnutrition.

MAM: Diagnosed primarily using weight-for-height z-score: A weight-for-height z-score between -2 and -3 is generally considered indicative of MAM.

7.2.8 Section #07

Section #07

7.1 : Name of child # 1

Enter Here

7.2 : Ready to use therapeutic food (RUTF) is issued to Child # 1 according to protocol

☐ Yes

☐ No

7.3 : Name of child # 2

Enter Here

7.4 : Ready to use therapeutic food (RUTF) is issued to Child # 2 according to protocol

☐ Yes

☐ No

7.5 : Name of child # 3

Enter Here

7.6 : Ready to use therapeutic food (RUTF) is issued to Child # 3 according to protocol

☐ Yes

☐ No

In **section#7**, you will record the names of three children and indicate whether they were provided with Ready-to-Use Therapeutic Food (RUTF) according to the protocols.

Purpose: Recording this information ensures that the treatment provided meets quality standards. It allows for accountability and helps identify any deviations from the established protocols.

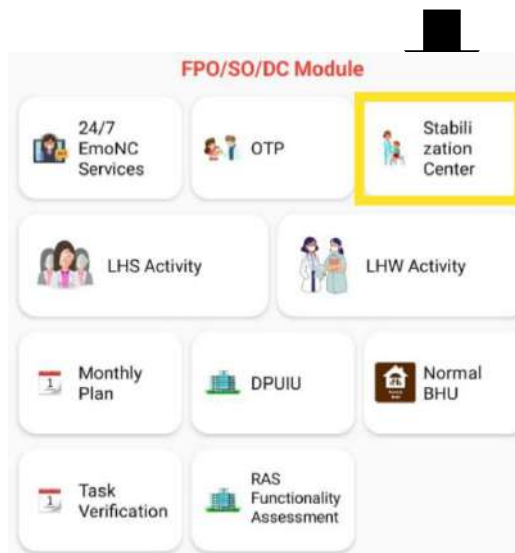
After completing all sections, select “Save” to finalize reporting.

Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

7.3 Stabilization Center

Stabilization Center (SC) is a place/ward where children with Severe Acute Malnutrition (SAM) along with other issues like medical complications/poor appetite/+++ edema/IMCI (Integrated Management of Childhood Illness) danger signs are kept for stabilizing their health.

DC/SO/FPO plays a key role in coordinating and monitoring the activities related to severe acute malnutrition (SAM) treatment and management, including the functioning of SCs. Recording the supplements and instruments used in SCs helps them track the availability and utilization of resources.



7.3.1 Pre-Requisites

Upon clicking Stabilization Centers, the following form will pop-up.

The form contains three dropdown menus for selection:

- District:** Lahore. Instruction: **Select the desired District**
- Tehsil:** Lahore Cantt. Instruction: **Select the tehsil from the given list**
- Health Facility:** Rural Health Center, Awan Dhai Wala, Lahore.. Instruction: **Select the health facility from the list**

Below the dropdowns is a **Proceed** button. An arrow points from the button to the text: **Once you click "Proceed," the form will open up for you to fill out.**

7.3.2 Section #01

Section #01

1.1 : Medical officer (MO) Deputed in stabilization center (SC)

☐ Yes

☐ No

1.2 : Total number of nurses deputed in stabilization center (SC) for functional of 24/7

e.g 1

1.3 : Separate Room / Ward for stabilization center (SC) in peds ward

☐ Yes

☐ No

1.4 : At least 6 beds available in stabilization center (SC)

☐ Yes

☐ No

1.5 : Kitchen established and functional

☐ Yes

☐ No

Section#1 focuses on gathering crucial information about the Stabilization Center (SC).

These details are essential for ensuring that the SC is well-equipped to provide effective care for children with severe acute malnutrition, including proper medical supervision, sufficient nursing support, functional facilities for food preparation, adequate space, and capacity for patient accommodation.

7.3.3 Section#02- 03

Section #02

2.1 : Admission register

☐ Yes

☐ No

2.2 : Referral slips

☐ Yes

☐ No

2.3 : F100 (Currently available at the time of visit)

e.g 1

2.4 : F75 (Currently available at the time of visit)

e.g 1

2.5 : Ready to use therapeutic food (RUTF) (# of Saches available at the time of visit)

e.g 1

2.6 : Resomal/ORS (Currently available Stock at the time of visit)

e.g 1



Section#2 contains information on the availability of supplements in the health facility. Please indicate the availability of each supplement by adding the numbers of each supplement.

Section #03

3.1 : Mid-upper arm circumference (MUAC) Tape for child (At Least 5)

☐ Yes

☐ No

3.2 : Mid-upper arm circumference (MUAC) Tape for adult (At Least 5)

☐ Yes

☐ No

3.3 : Electronic weighing scale for mother and child (At least 1 functional)

☐ Yes

☐ No

3.4 : Height measuring board for child and adults (At least 1 functional)

☐ Yes

☐ No

3.5 : Length measuring board for child (At least 1 functional)

☐ Yes

☐ No



In **section#3**, Select "Yes" or "No" according to the availability of instruments for measuring height, weight, and MUAC in the health facility.

7.3.4 Section #04

In **section#4**, select "Yes" or "No" according to the availability of services in the health facility.

For your information

Thermometer (At least 3 functional)

Having multiple functional thermometers is crucial for taking accurate temperatures of mothers and newborns. This helps identify potential infections that could be serious for both.

Stabilization Center (SC) Protocols Displayed

Displaying the SC protocols ensures staff has easy access to critical information for handling various situations. This promotes consistent care and adherence to best practices.

Cleanliness of Stabilization Center (SC)

Maintaining a clean environment helps prevent the spread of germs and illnesses, especially important for vulnerable mothers and newborns with potentially weakened immune systems.

Breastfeeding

Breastfeeding provides numerous health benefits for both mothers and newborns. This checklist item highlights its importance and ensures support is available for mothers to establish breastfeeding.

List of Outpatient Therapeutic Program (OTP)

Displaying the list can raise awareness about OTPs and available programs, and streamline the referrals.

Section #04

4.1 : Thermometer (At least 3 functional)

☐ Yes

☐ No

4.2 : Stabilization center (SC) Protocols Displayed

☐ Yes

☐ No

4.3 : Cleanliness of Stabilization center (SC)

☐ Yes

☐ No

4.4 : Breastfeeding established and functional

☐ Yes

☐ No

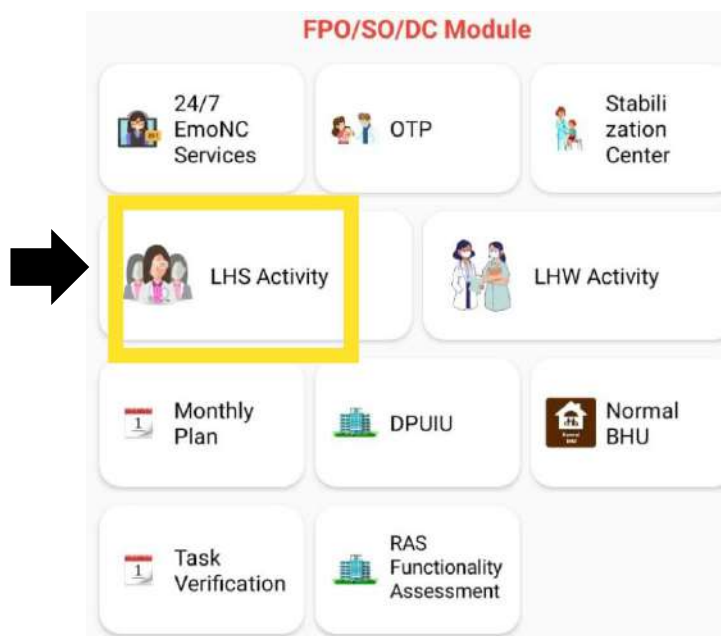
4.5 : List of all opioid treatment program (OTP) with contact number displayed

☐ Yes

☐ No

7.4 LHS Activity

Monitoring Lady Health Supervisor (LHS) activity is crucial for tracking the implementation of health plans at each facility and ensuring the availability of staff. LHS workers are responsible for implementing health plans at the community level. Monitoring their activity helps ensure that these plans are executed according to schedule and guidelines.



7.4.1 Pre- Requisites

Upon clicking LHS activity, the following form will pop-up.

The form contains the following fields and instructions:

- District:** Lahore → Select the desired District
- Tehsil:** Shalimar → Select the tehsil from the given list
- Health Facility:** Maternal Child Centre Shad Bagh, Near Blue... → Select the health facility from the list
- Please Select LHS:** Select LHS → Select "LHS" name from the list

Below the fields is a **Proceed** button. An arrow points from the button to the text: **Once you click "Proceed," the form will open up for you to fill out**

7.4.2 Section #01

Section #01

1.1 : Tour plan displayed

☐ Yes

☐ No

1.2 : Vehicle functional and in use

☐ Yes

☐ No

1.3 : "community midwives" (CMW) visited in previous month

☐ Yes

☐ No

1.4 : Lead health worker (LHW) visited yesterday

☐ Yes

☐ No

1.5 : LHW Name 1

Enter Name

1.6 : LHW Name 2

Enter Name

1.7 : LHS Visit Verified

☐ Yes

☐ No

The purpose of this section is to ensure the effective and efficient delivery of healthcare services in the community.

For your information

Tour Plan: Displaying the tour plan at the health facility allows staff to know their assigned duties and schedules. This helps in organizing work, ensuring that all areas are covered, and reducing the risk of missed visits or appointments.

Vehicle Functional: Ensuring that vehicles are functional is crucial for the mobility of healthcare staff, especially in rural or remote areas where access may be challenging.

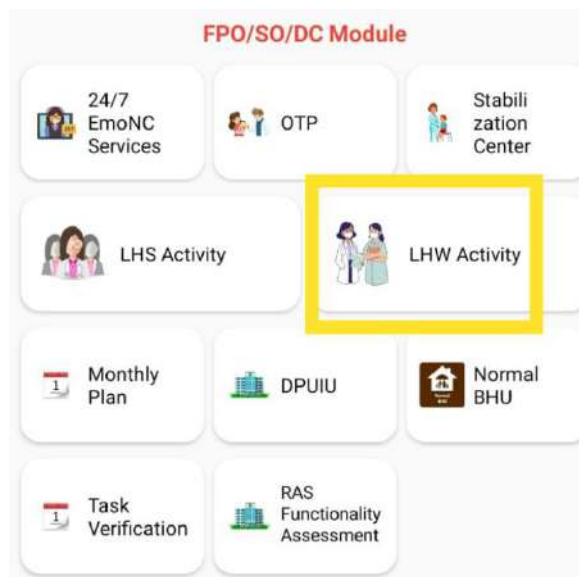
Community Midwives Visit (1.3*): Redundant question/obsolete question as no more CMWs in the community.

LHW Visit: Monitoring the visits of LHWs is important for ensuring that essential healthcare services, such as family planning, immunization, and health education, are provided to households in the community.

LHS Visit Verified: Verifying the visits of LHS ensures that they are actively engaged in supervising and supporting LHWs in the field.

7.5 LHW Activity

It helps track the delivery of healthcare services, monitor health education programs, and ensure timely provision of maternal and child health services. This information is crucial for assessing the effectiveness of LHW interventions and identifying areas for improvement.



Upon clicking LHS activity, the following form will pop-up.

The form contains the following fields and instructions:

- District:** Lahore. Instruction: Select the desired District.
- Tehsil:** Lahore Cantt. Instruction: Select the tehsil from the given list.
- Health Facility:** Basic Health Unit, Jodho Dheer, Lahore Cantt.. Instruction: Select the health facility from the list.
- Please Select LHW:** Select LHW. Instruction: Select "LHW" name from the list.
- Proceed:** A button to submit the form.

Once you click "Proceed," the form will open up for you to fill out

7.5.1 Section #01

Residence: Record whether the individual receiving services from the LHW is a resident of the same village. This helps monitor healthcare coverage and accessibility within the community.

New Family Planning (FP) Client Referral to Health Facility: Note down if a new client has been referred for family planning services. This helps track the uptake of FP services and ensures clients receive proper counseling and care at health facilities.

Number of Deliveries Referred: Record the number of deliveries referred to health facilities. This helps monitor the utilization of skilled birth attendance and delivery services and assesses the effectiveness of maternal health programs.

Number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) Referred to Health Facility: Note down the number of SAM and MAM cases referred to health facilities. This helps ensure that children with malnutrition receive timely and appropriate treatment and assesses the impact of nutrition interventions on child health.

Section #01

1.1 : Resident of same village

☐ Yes☐ No

1.2 : New FP client referral at health facility

☐ Yes☐ No

1.3 : Number of deliveries referred to Health Facility

e.g 1

1.4 : Number of new severe acute malnutrition (SAM) children referred to health facility

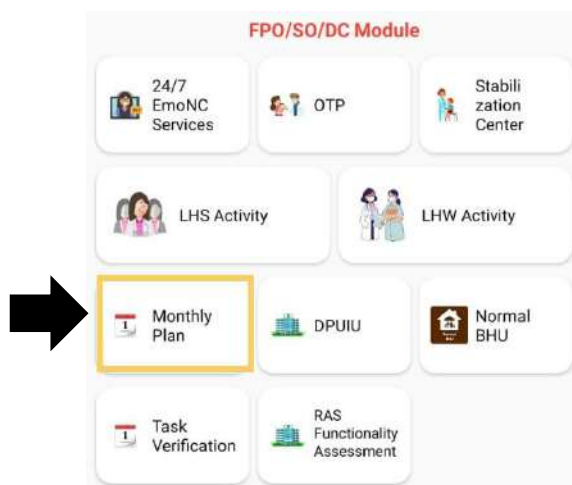
e.g 1

1.5 : Number of new moderate acute malnutrition (MAM) children referred to health facility

e.g 1

7.6 Monthly Plan

The purpose of the monthly plan is to outline the activities and targets for the month related to managing and supervising facility staff and other healthcare activities in the community. The monthly plan helps in organizing their work, prioritizing tasks, and tracking their progress.



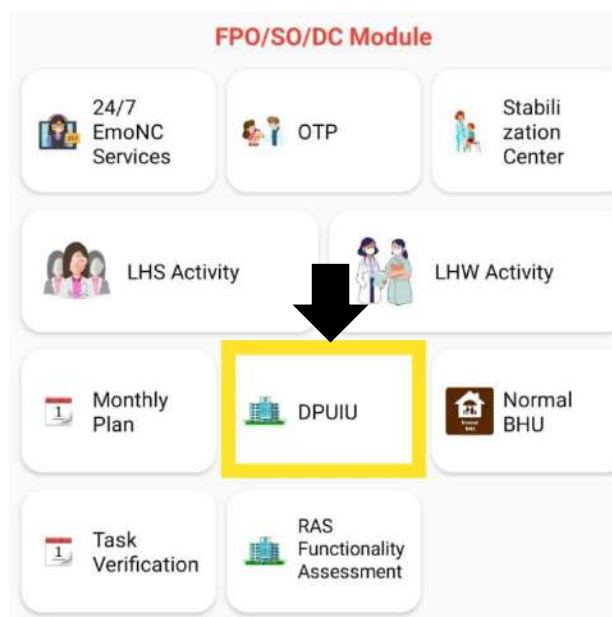
Upon selecting “Monthly Plan” the screen will present the following fields.

The form contains the following fields and annotations:

- District:** A dropdown menu showing 'Lahore'. Annotation: "Select the desired District" with an arrow pointing to the dropdown.
- Health Facility:** A dropdown menu with the text 'Select Health facility'. Annotation: "Select the health facility from the list" with an arrow pointing to the dropdown.
- Visit Date:** A text input field. Annotation: "Select the visit date from the calendar pop up" with an arrow pointing to the field.
- Remarks:** A text input field. Annotation: "Add additional remarks, if needed" with an arrow pointing to the field.
- Add:** A green button next to the Remarks field.
- Proceed:** A large green button at the bottom of the form.

7.7 DPIU (District Program Implementation Unit)

The District Program Implementation Unit (DPIU) is of utmost importance in the effective delivery of healthcare services at the district level. The DPIU coordinates and oversees the implementation of healthcare programs within the district. It plays a crucial role in managing resources, including equipment, and supplies, to ensure that they are effectively utilized and distributed across health facilities in the district.



District

Lahore

Select the desired District

Tehsil

Lahore Cantt

Select the tehsil from the given list

Health Facility

Rural Health Center, Awan Dhari Wala, Lahore...

Select the health facility from the list

Proceed

Once you click "Proceed," the form will open up for you to fill out.

7.7.1 Section #01 Commodities

After clicking on the DPIU, a form appears on the screen with a list of commodities. This form allows users to record the total balance of each commodity, the total number received last month, and the issues last month for each commodity.

Section #01: Commodities

1.1 : IRON Tablet	Current Balance	Received Last M	Issued Last Mor
1.2 : ORS	Current Balance	Received Last M	Issued Last Mor
1.3 : ZINC Syrup	Current Balance	Received Last M	Issued Last Mor
1.4 : ZINC Tablet	Current Balance	Received Last M	Issued Last Mor
1.5 : MMS Sachet	Current Balance	Received Last M	Issued Last Mor
1.6 : RUTF Sachet	Current Balance	Received Last M	Issued Last Mor
1.7 : Condoms	Current Balance	Received Last M	Issued Last Mor
1.8 : COC Pills Cycles	Current Balance	Received Last M	Issued Last Mor
1.9 : FP Injection	Current Balance	Received Last M	Issued Last Mor

Current balance refers to the total quantity of a specific commodity currently available in stock at a healthcare facility.

Received commodities last month refer to the total quantity of a specific commodity received by the healthcare facility in the previous month.

Total issued last month refers to the total quantity of a specific commodity issued or distributed by the healthcare facility to patients or other facilities in the previous month.

For your information

Iron tablet: Essential for treating and preventing iron deficiency anemia in pregnant women and children.

ORS (Oral Rehydration Solution): Used to treat dehydration caused by diarrhea, a common and potentially dangerous condition, especially in children.

Zinc syrup/tablet: Helps reduce the severity and duration of diarrhea in children, reducing the risk of complications and improving recovery.

MMS sachet (Micronutrient supplements): Provides essential vitamins and minerals to prevent malnutrition and promote overall health, particularly in children under five and pregnant women.

RUTF sachet (Ready-to-Use Therapeutic Food): Highly nutritious, energy-dense food used for the treatment of severe acute malnutrition in children.

Condoms: An essential component of family planning programs, providing protection against sexually transmitted infections (STIs) and unintended pregnancies.

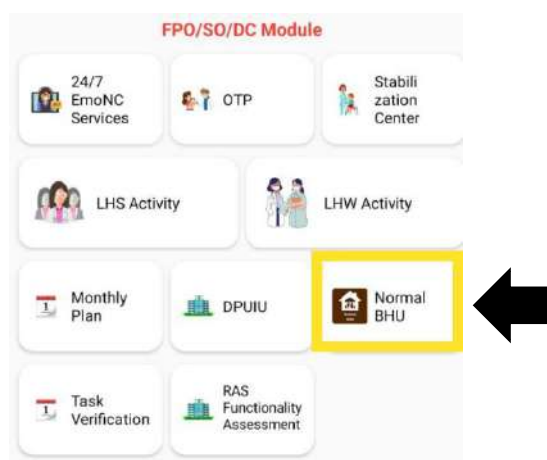
COC pills (Combined Oral Contraceptives): A form of hormonal contraception that prevents ovulation and thickens cervical mucus, making it difficult for sperm to reach the egg.

FP injections (Family Planning Injections): Long-acting contraceptives administered via injection, providing effective contraception for several months.

7.8 Normal BHU

Normal Basic Health Unit (BHU) module focuses on capturing and managing health data for regular health facilities. BHU stands for Basic Health Unit. It is a primary healthcare facility that provides basic health services to the population. BHUs are an essential part of the healthcare system, serving as the first point of contact for many individuals seeking healthcare services.

After selecting the Normal BHU module, select the district, tehsil, and health facility from the given list. Once these details are selected and confirmed, a form will appear with eight sections.



District

Lahore → **Select the desired District**

Tehsil

Lahore Cantt → **Select the tehsil from the given list**

Health Facility

Rural Health Center, Awan Dhari Wala, Lahore.. → **Select the health facility from the list**

Proceed

↓

Once you click "Proceed," the form will open up for you to fill out.

7.8.1 Section #01

Section #01

1.1 : Total No. of LHV

1.2 : Total No. of Midwives

1.3 : Total No. of Nurses

1.4 : Electricity connection available and functional

☐ Yes
 ☐ No

1.5 : Water supply available and functional

☐ Yes
 ☐ No

1.6 : Drinking water with glass available for patients

☐ Yes
 ☐ No

1.7 : Patient toilet available and functional

☐ Yes
 ☐ No

1.8 : UPS/Generator available and functional

☐ Yes
 ☐ No

1.9 : Two batteries for power backup available and functional

☐ Yes
 ☐ No

This particular section focuses on two main aspects:

Staffing: Questions 1.1 to 1.3 inquire about the number of specific healthcare professionals available at the facility. These professionals, LHV (Lady Health Visitors), midwives, and nurses, play crucial roles in delivering various healthcare services, especially to women and children.

Infrastructure and Resources: Questions 1.4 to 1.9 assess the availability and functionality of essential infrastructure and resources needed for basic patient care and functioning of the facility.

The answer to all the questions seems to be a Yes or No depending on whether the facility has the resource or functionality mentioned in the question.

7.8.2 Section #02

Section #02

2.1 : At least 1 delivery table available and functional

☐ Yes

☐ No

2.2 : At least 1 rechargeable delivery light available and functional

☐ Yes

☐ No

2.3 : Emergency tray with essential 14 items available in labor room

☐ Yes

☐ No

2.4 : At least 3 BP apparatus available and functional

☐ Yes

☐ No

2.5 : At least 3 BP thermometer available and functional

☐ Yes

☐ No

2.6 : At least 3 clean and neat bed sheets available

☐ Yes

☐ No

2.7 : At least 2 electric heaters installed and functional

☐ Yes

☐ No

2.8 : At Least 6 clean and neat Bed sheets available

☐ Yes

☐ No

2.9 : Labor Room toilet

☐ Functional

☐ Non Functional

For each question, the HMIS user should physically check the labor room to see if the mentioned equipment or supplies are available and in working condition. Here's a possible approach:

1. Identify the equipment or supplies mentioned in the question (e.g., delivery table, BP apparatus, bed sheets).
2. Look around the room to see if the items are present in the labor room.
3. If the item is present, check if it's in working condition. For example, if it's a medical device, ensure it has batteries or is properly plugged in.
4. Based on your physical check, choose "Yes" if the equipment/supply is available and functional. Choose "No" if it's not available or not working properly.

7.8.3 Section #03-04

Section #03	Section #04
<p>3.1 : Medical referral coordinator system (MRC) referral slips available</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>4.1 : Urine Dipstick available</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>3.2 : Medical referral coordinator system (MRC) emergency protocol displayed in labor room</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>4.2 : Blood glucose test strip available</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>3.3 : Medical referral coordinator system (MRC) phone numbers available and displayed in labor room</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>4.3 : Pregnancy test strip available</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>3.4 : Medical referral coordinator system (MRC) answered the phone when called</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>4.4 : Blood glucometer available and functional</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Section# 3 assesses the availability and functionality of the system used to refer patients to other healthcare providers for specialized care.

Section# 4 assesses the availability and functionality of essential equipment used during pregnancy care.

7.8.4 Section #05-08

Section #05

5.1 : Number of deliveries conducted in last month

e.g 1

5.2 : Number of verified deliveries

e.g 1

5.3 : Number of deliveries correctly verified

e.g 1

5.4 : MIS/Data Compliance Status

☐ Yes☐ No

For **Section# 5** find a healthcare worker knowledgeable about deliveries at the facility, such as a doctor, midwife, or nurse. If possible, with proper authorization, review medical records of recent deliveries or call the mothers to verify details.

MIS/Data Compliance Status: This section refers to the facility's adherence to data compliance standards.

Section #06: No. of Family Planning clients entertained at health facility

6.1 : Family Planning clients referred by LHWs

e.g 1

Section #07: No. of deliveries conducted at health facility

7.1 : no. of deliveries referred by LHWs

e.g 1

Section #08

8.1 : No. of Intra-Uterine Contraceptive Devices (IUCD)s serviced at health facility

e.g 1



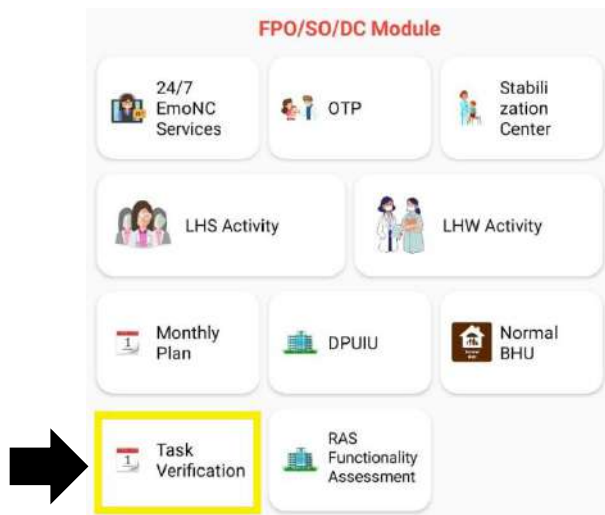
Section# 6 focuses on family planning clients. This captures the total number of clients who received family planning services at the health facility. This specifically counts the number of clients who were referred for family planning services by a Lady Health Worker (LHW). This helps assess the effectiveness of LHWs in promoting family planning.

Section# 7: This section focuses on deliveries conducted at the health facility. This records the total number of deliveries that took place at the facility. This counts the number of deliveries where the mother was referred to the health facility by an LHW.

Section# 8: This section inquiries about IUCD (Intrauterine Contraceptive Device) services offered at the health facility. This records the total number of individuals who received IUCD services at the facility.

7.9 Task Verification

Task verification is a process used to ensure that tasks or activities have been completed accurately and in accordance with established standards or guidelines. It involves reviewing and confirming that the work has been done correctly and meets the required quality criteria.



Upon clicking Task Verification, the screen will present the form shown below:

The form contains the following elements:

- District:** A dropdown menu with 'Lahore' selected. A red arrow points to it with the text 'Select the desired District'.
- Please Select Vehicle:** A dropdown menu with 'Select Vehicle' selected. A red arrow points to it with the text 'Select the vehicle number from the given list'.
- Proceed:** A button that, when clicked, leads to a new form. A black arrow points down from the button to the text 'Once you click "Proceed" new form will open up'.

7.9.1 Section #01

Section #01

1.0 : Task Id

1.1 : Patient Name

1.2 : Patient Contact

1.3 : Task KM's are accurate (YES/NO)

☐ YES
 ☐ NO

1.4 : KM mentioned in Log Book

1.5 : KM observed by Monitor

1.9 : Phone Contact

☐ Powered Off
 ☐ Not Answered
 ☐ Not Reached/Call not connected
 ☐ LHW Contact
 ☐ Wrong Number

1.10 : Task Verified

☐ Genuine
 ☐ Fake

1.11 : Remarks for non verification

1.6 : Task Category

☐ Green
 ☐ Yellow

1.7 : Task Found in OPD/ANC/Obs Register

☐ Yes
 ☐ No

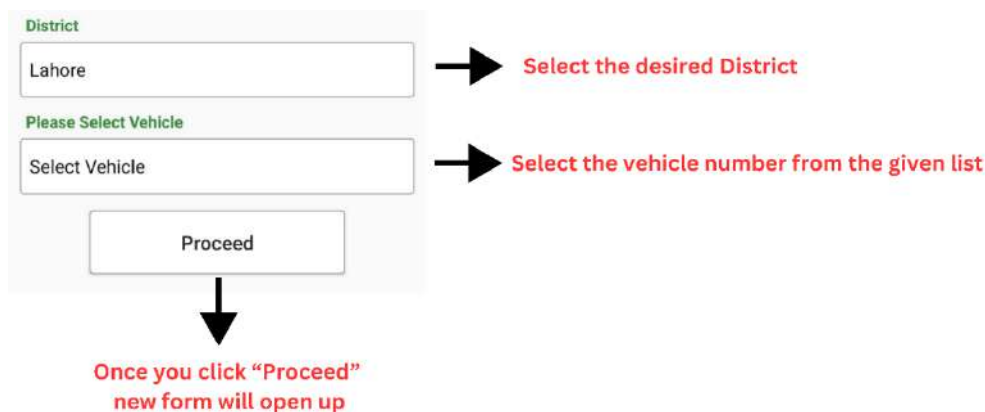
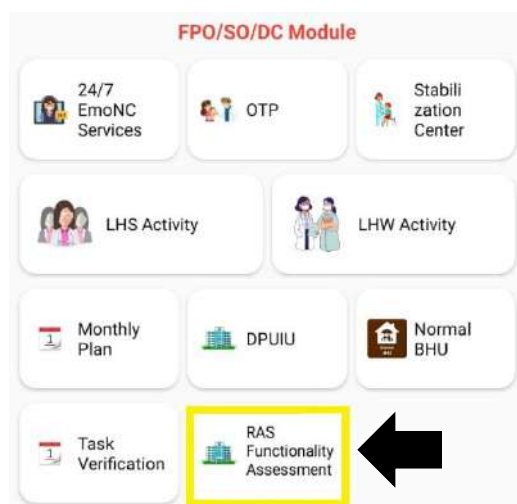
1.8 : Task Sub Category

☐ Task for Delivery
 ☐ Task for MRC (PWs)
 ☐ Task for Children Referral
 ☐ Task of Dropback
 ☐ Task for false Labor Pain
 ☐ Task for ANC

Task ID is of immense importance as it helps establish linkage. There must be steps taken to ensure uniformity. For example, the driver should be the same handed over the same ID as the LHV.

7.10 RAS Functionality Assessment

Rural Ambulance Service is instrumental in addressing the challenge of accessing emergency medical care in the region's vast rural areas. This initiative, launched by the government, aims to provide timely assistance and save lives. Ambulances are strategically positioned to quickly reach remote villages and underserved regions, ensuring prompt response to emergencies. The service is provided at no cost, removing financial barriers and encouraging people to seek medical help when needed. Special emphasis is placed on assisting vulnerable groups such as pregnant women, infants, and individuals with disabilities.



7.10.1 Section #01 Exterior

Section #01 Exterior

1.0 : Driver Name

Enter Driver Name

1.1 : Lights functionality

☐ Yes

☐ No

1.2 : Wiper functionality

☐ Yes

☐ No

1.3 : Spare wheel availability

☐ Yes

☐ No

1.4 : Siren functionality

☐ Yes

☐ No

1.5 : Partial frosting of windows in patient compartment

☐ Yes

☐ No

Entering **Driver Name** helps in identifying the driver responsible for the ambulance during a particular shift, which is important for accountability and tracking purposes.

Functional lights are critical for ensuring the ambulance is visible to other road users, especially during emergencies or in low-light conditions, enhancing safety during transportation.

A **functional wiper** ensures clear visibility through the windshield during rain or other adverse weather conditions, ensuring safe driving and patient transport.

Having a **spare wheel** ensures that the ambulance can continue its journey without delay in case of a flat tire, ensuring timely response to emergencies.

A **functional siren** is essential for alerting other road users and clearing the way during emergency transport, reducing the risk of delays and improving patient outcomes.

Ensuring windows are not overly frosted in the patient compartment helps maintain visibility for the driver and medical staff, ensuring safe transport and patient monitoring.

7.10.2 Section# 02 Interior

Section #02 Interior

2.1 : Stretcher functionality

☐ Yes

☐ No

2.2 : Mattress condition

☐ Good

☐ Average

☐ Poor

☐ Unavailable

2.3 : Cleanliness of client compartment

☐ Good

☐ Average

☐ Poor

2.4 : Vinyl/plastic sheet flooring installation

☐ Yes

☐ No

A **functional stretcher** is crucial for safely and comfortably transporting patients, ensuring their well-being during transit.

The **condition of the mattress** directly impacts patient comfort and safety during transport. A good mattress provides adequate support and comfort, while a bad or deteriorated mattress can lead to discomfort and potential harm to the patient.

A **clean ambulance** compartment is essential for maintaining a hygienic environment for patients and medical staff, reducing the risk of infections and ensuring a professional image.

Vinyl or plastic flooring is easier to clean and maintain compared to other materials, reducing the risk of infection transmission and ensuring a hygienic environment in the ambulance.

7.10.3 Section #03 Medical Inputs

Section #03 Medical inputs

3.1 : Oxygen cylinder availability

☐ Yes

☐ No

3.4 : Oxygen mask availability

☐ Yes

☐ No

3.5 : BP apparatus availability

☐ Yes

☐ No

3.7 : Serum/IV hanger availability

☐ Yes

☐ No

3.8 : First aid box availability

☐ Yes

☐ No

3.9 : Vomit bag availability

☐ Yes

☐ No

3.10 : Stethoscope availability

☐ Yes

☐ No

The availability of an **oxygen cylinder** is crucial for providing emergency oxygen therapy to patients with respiratory distress, ensuring their immediate medical needs are met.

An **oxygen mask** is used to deliver oxygen to patients who require respiratory support, ensuring their oxygen levels are maintained during transport.

A **blood pressure (BP) apparatus** is essential for monitoring patients' blood pressure during transport, allowing medical staff to assess their condition and provide appropriate care.

A serum/IV hanger is necessary for hanging IV bags securely, ensuring continuous delivery of fluids or medications to patients during transport.

A well-equipped first aid box is essential for providing immediate medical care for minor injuries or illnesses during transport, ensuring the safety and well-being of patients and staff.

Vomit bags are important for managing nausea and vomiting in patients during transport, ensuring a clean and comfortable environment for both patients and staff.

A stethoscope is essential for medical staff to assess patients' heart and lung sounds during transport, aiding in the diagnosis and monitoring of their condition.

7.10.4 Section #04- 05

Section #04 Vehicle inputs

4.0 : Periodic maintenance undertaken

☐ Yes

☐ No

4.1 : Tyre condition

☐ Good

☐ Average

☐ Bad

4.2 : Brakes functionality

☐ Yes

☐ No

Regular maintenance ensures the ambulance is in optimal working condition, reducing the risk of breakdowns and ensuring safe transport of patients.

The **condition of the tyre** is crucial for safe driving and patient transport. Good tyres ensure proper grip and stability, while bad tyres can lead to accidents or delays.

Functional brakes are essential for safe driving and emergency stops, ensuring the ambulance can respond quickly and safely to emergencies.

Section #05 Driver

5.0 : Driver availability

☐ Yes

☐ No

5.4 : Log book filled

☐ Yes

☐ No

☐ Unavailable

5.5 : Fuel availability

☐ Yes

☐ No

Knowing the **availability of the driver** ensures that the ambulance can be dispatched promptly when needed, ensuring timely response to emergencies.

A **logbook** is essential for recording details of each trip, including patient information, distance traveled, and any incidents or observations, ensuring accountability and tracking of ambulance usage.

Ensuring the **availability of fuel** is essential for continuous operation of the ambulance, ensuring it can respond to emergencies without delay.

7.10.5 Section #06 Additional Indicators for 4x4 ambulances

Section #06 Additional indicators for 4x4 ambulances

6.0 : Trauma emergency kit availability

☐ Yes

☐ No

6.1 : Fire extinguisher availability

☐ Yes

☐ No

6.2 : Air Conditioner/Heater functionality

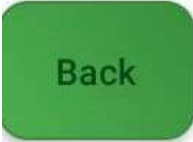



☐ Yes

☐ No

A **trauma emergency kit** contains essential supplies and equipment for managing traumatic injuries, such as bandages, splints, and trauma shears, ensuring the ambulance is equipped to handle serious emergencies.

A **fire extinguisher** is essential for quickly and effectively extinguishing small fires that may occur in or around the ambulance, ensuring the safety of patients, staff, and vehicle.

An **air conditioner** helps maintain a comfortable temperature inside the ambulance, especially during hot weather, ensuring the well-being of patients and staff. A heater is important for keeping the ambulance warm during cold weather, preventing hypothermia in patients and staff.

↑

- After completing all sections, select “Save” to finalize reporting.
- Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

