Health & Population Department

Hospital Management Information System (HMIS) for Primary Health Facilities

User Manual

SPHERE
Driving development through data

2025

HMIS v3.0

Acknowledgements

This edition of the HMIS Manual builds upon the foundational work of the first version and introduces updated guidance based on evolving program needs. Notably, it includes a new chapter on the upcoming Community Health Inspector (CHI) Application, designed to support this emerging cadre effectively using the digital platform.

We would like to acknowledge the valuable contributions of Dr. Sidra Irfan (SPHERE Consulting) and Ms. Amama Maqsood (SPHERE Consulting), whose work laid the groundwork for this updated edition. The team listed below has played a critical role in enabling the completion of this revised version.

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This user manual is created for version 3.0 of the HMIS Application. However, it is applicable to corresponding versions of the application, as they share similar functionalities and interfaces. Therefore, this manual can also be used as a guide for those versions.

Links to HMIS application, HMIS User Manual (PDF), HMIS Tutorial videos

Please scan the QR code to download the HMIS app, the HMIS User Manual (English/ Urdu) and to access the HMIS tutorial videos.

To access the HMIS User Manual PDF file from your web browser, go to

https://hisduapps.pshealthpunjab.gov.pk/

To access the YouTube tutorials on web browser or your app:

https://pshealthpunjab.gov.pk/Home/HMISPrimary

Easy guide: How to Use a PDF manual

- Visit the HISDU website to download the HMIS application and user guide to your mobile phone or computer for offline viewing.
- Install a PDF viewer application (e.g. Adobe Acrobat) to open the downloaded file.
- 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.
- Click on each heading in the table of contents to jump to the relevant page in the document.
- Look for the Table of Contents (ToC) link at the bottom of each page. Clicking it will bring you back to the Table of Contents instantly. From the Table of Contents, you can click on any chapter title to go directly to that section.

Abbreviations and Acronyms

ANC	Antenatal Care
ARI	Acute Respiratory Infections
BCG	Bacillus Calmette–Guérin (Tuberculosis vaccine)
BISP	Benazir Income Support Program
BTL	Bilateral Tubal Litigation
C section	Cesarean section
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHI	Community Health Inspector
CMW	Community Midwife
CNIC	Computerized National Identity Card
COC	Combined Oral Contraceptive
DC	District Coordinator
DHIS2	District Health Information System 2
DHQ	District Headquarter Hospital
DMPA IM/SC	Depo-Provera Intramuscular / Subcutaneous
DPIU	District Planning and Implementation Unit
DPT	Diphtheria, Pertussis, and Tetanus Vaccine
ECP	Emergency Contraceptive Pills
EDD	Expected Date of Delivery
EHR	Electronic Health Records
EmONC	Emergency Obstetric and Newborn Care
EMR	Electronic Medical Records
EPI	Expanded Program on Immunization
FP	Family Planning
FPO	Field Program Officer
H&PD	Health & Population Department
Hep B	Hepatitis B Vaccine
HF	Health Facility
HISDU	Health Information & Service Delivery Unit
HMIS	Hospital Management Information System
HRMIS	Human Resources Management Information System
IFA	Iron and Folic Acid Supplements
IMCI	Integrated Management of Childhood Illness
IPD	In Patient Department
IPV	Inactivated Polio Vaccine
IRMNCH&NP	Integrated Reproductive Maternal Newborn Child Health & Nutrition Program
IUCD	Intra Uterine Contraceptive Device
IUD	Intra Uterine Device
JICA	Japan International Cooperation Agency
KPI	Key Performance Indicator
LARCs	Long-Acting Reversible Contraceptives
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
LMP	Last Menstrual Period

MAM	Moderate Acute Malnutrition
MEAs	Monitoring & Evaluation Assistants
MIMS	Medicine Inventory Management System
MMT	Multiple Micronutrient Tablets
MNH	Maryam Nawaz Hospitals
MNHC	Maryam Nawaz Health Clinic
MO	Medical Officer
MR	Measles and Rubella Vaccine
MR number	Medical Record number
MUAC	Mid Upper Arm Circumference
NADRA	National Database and Registration Authority
NEIR	National Electronic Immunization Registry
OPD	Outpatient Department
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Solutions
OTP	Outpatient Therapeutic Program
OTP	One Time Password / Pin
PCV	Pneumococcal Conjugate Vaccine
PDF	Portable Document Format
Penta	Pentavalent Vaccine
PHFMC	Punjab Health Facilities Management Company
PNC	Postnatal Care
POP	Progestin-Only Pills
PPFP	Post Partum Family Planning
PPIUCD	Post Partum Intra-Uterine Contraceptive Device
RAS	Rural Ambulance Service
MNH	Maryam Nawaz Hospitals
RI	Routine Immunization
Rota	Rotavirus Vaccine
RUTF	Ready To Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SLIC	State Life Insurance Company
SO	Social Organizer
SVD	Spontaneous Vaginal Delivery
TB	Tuberculosis
TCV	Typhoid Conjugate Vaccine
Td	Tetanus Diphtheria
THQ	Tehsil Headquarter Hospital
UC	Union Council
UHI	Universal Health Insurance
UNICEF	United Nations International Children's Emergency Fund
USG	Ultrasound Sonography
WHO	World Health Organization
WMO	Women Medical Officer

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Chapter 1:

INTRODUCTION TO HMIS

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Chapter 1: Introduction to HMIS

1.1 What is a Hospital Management Information System

A Hospital Management Information System (HMIS) is a digital version of a patient's paper medical chart. An HMIS allows the electronic entry, storage, and maintenance of digital medical data. These electronic records contain a patient's medical history, including diagnoses, treatment plans, medications, medical tests, and imaging results.

HMIS is a part of EHRs (Electronic Health Records) and contains the following:

- Patient registration
- Prescriptions and medication management
- Preventive screenings, or checkups
- Laboratory and imaging results
- Billing and insurance (Sehat Card)
- Tracking patient data over time
- Vertical and horizontal patient referrals
- Monitoring and improving the overall quality of care

Hospital Management Information Systems are essential for improving efficiency, accuracy, and quality of healthcare delivery. They are now used globally by healthcare providers to store, organize, and manage patient health information and are an integral part of modern healthcare practices. HMIS continues to evolve and plays a vital role in advancing healthcare globally.

1.2 Benefits of Electronic Medical Records

Punjab has undergone a significant transformation in healthcare data management with the introduction of Electronic Medical Records (EMRs) across public health facilities. This shift from paper-based records to digital systems has vastly improved real-time data access, enabling timely and evidence-based decision-making at all levels of the health system. EMRs have enhanced transparency and accountability, providing hospital administrators, district managers, and provincial policymakers with accurate, up-to-date information critical for resource planning and service delivery.

By standardizing medical records and eliminating illegible handwriting, EMRs reduce clinical errors and streamline patient registration, treatment history, prescriptions, and reporting. For example, vaccinators and primary care providers can now easily retrieve a child's immunization history during outreach, and even if the child visits a facility in a different district, their record can be instantly accessed and updated, thus ensuring continuity of care and reducing the chances of missed or duplicate vaccinations. Unlike paper records that are vulnerable to loss or damage, EMRs are securely stored with encrypted access, ensuring patient privacy and data integrity even during disasters.

Moreover, the digital nature of EMRs enables timely and robust data analysis, allowing the Punjab Health & Population Department (H&PD) to track disease trends, evaluate program performance, and identify service delivery gaps. This has been particularly valuable in improving maternal and child health outcomes, where accurate and timely data are essential for targeted interventions. Ultimately, EMRs are critical in delivering safer, more efficient, patient-centered healthcare across Punjab.

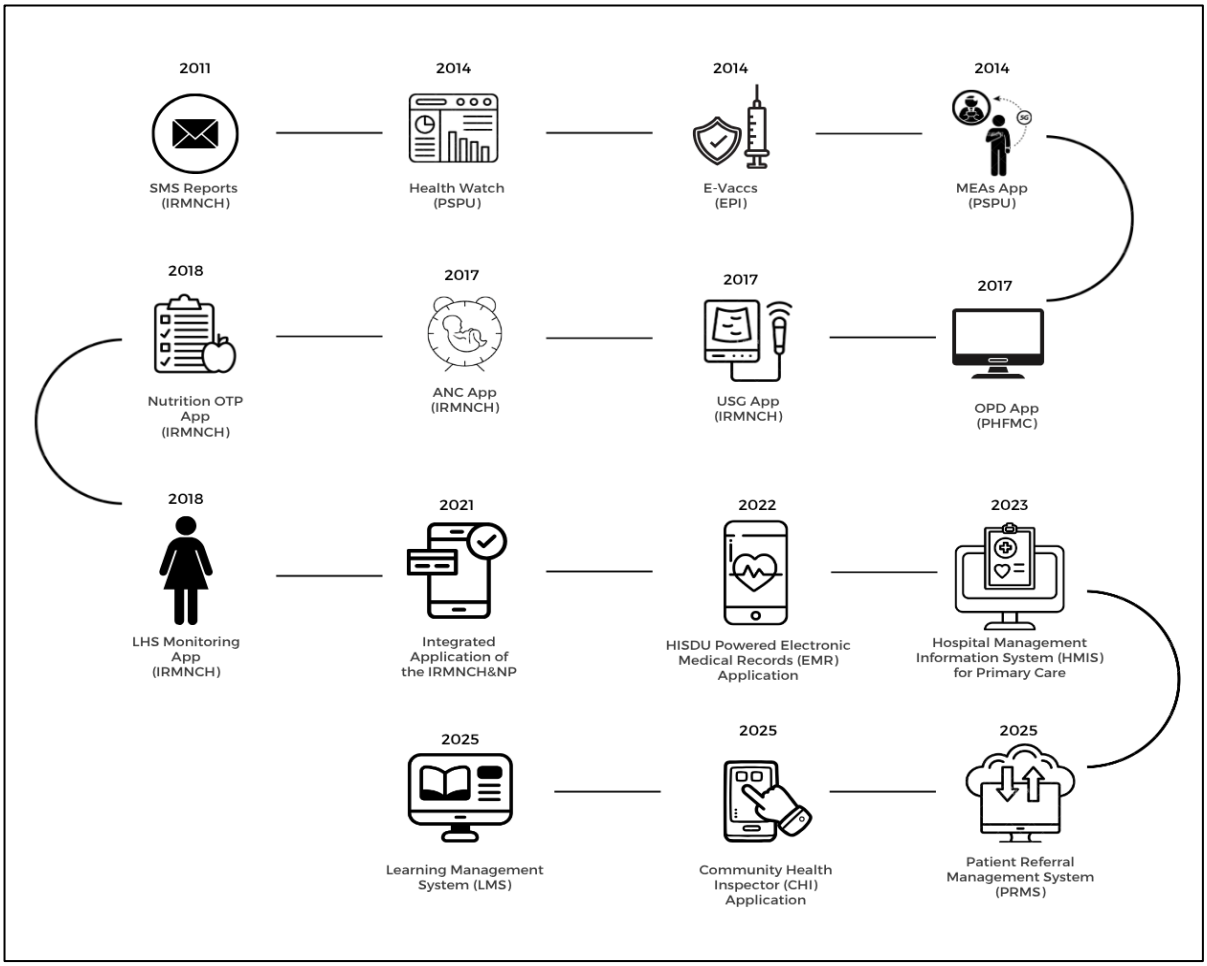
Table 1- Paper-Based Records vs Electronic Medical Records

Feature	Paper-Based Records	Electronic Medical Records
Accessibility	Limited to physical location	Accessible from anywhere, enabling real-time information access
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 Punjab's Shift Towards a Digital Health System

Punjab's journey toward a digital health system has evolved steadily over more than a decade, transforming the landscape of primary healthcare service delivery and data-driven decision-making. The shift began in 2011 with the introduction of SMS-based birth reporting from Maryam Nawaz Health Clinics (MNHCs) to a central server under the Integrated Reproductive, Maternal, Neonatal, and Child Health & Nutrition Program (IRMNCH&NP), laying the foundation for real-time data flow. In 2012, the Health Watch app was launched to enable district health managers to monitor health facility performance digitally. By 2014, Punjab expanded its digital footprint through the E-Vaccs app under the Expanded Program on Immunization (EPI), which ensured vaccinator attendance through GPS tracking and digital vaccination records, significantly improving immunization coverage. That same year, the Monitoring and Evaluation Assistants (MEAs) app was introduced to enhance oversight of secondary care facilities.

A significant push came in 2016-17, with the establishment of the Health Information & Service Delivery Unit (HISDU) in the Department, and several key apps under the IRMNCH&NP being launched to improve maternal and child health outcomes. The ANC app enabled the digital registration of pregnant women by skilled birth attendants across Punjab; the USG app allowed for real-time ultrasound data collection to support better maternal care; and the OPD app, introduced by Punjab Health Facilities Management Company (PHFMC), digitized outpatient department records in primary care facilities. In 2018, the Nutrition OTP app was developed to digitize data for outpatient therapeutic programs addressing malnutrition, while the LHS Monitoring app improved oversight of Lady Health Supervisors through digital reporting.



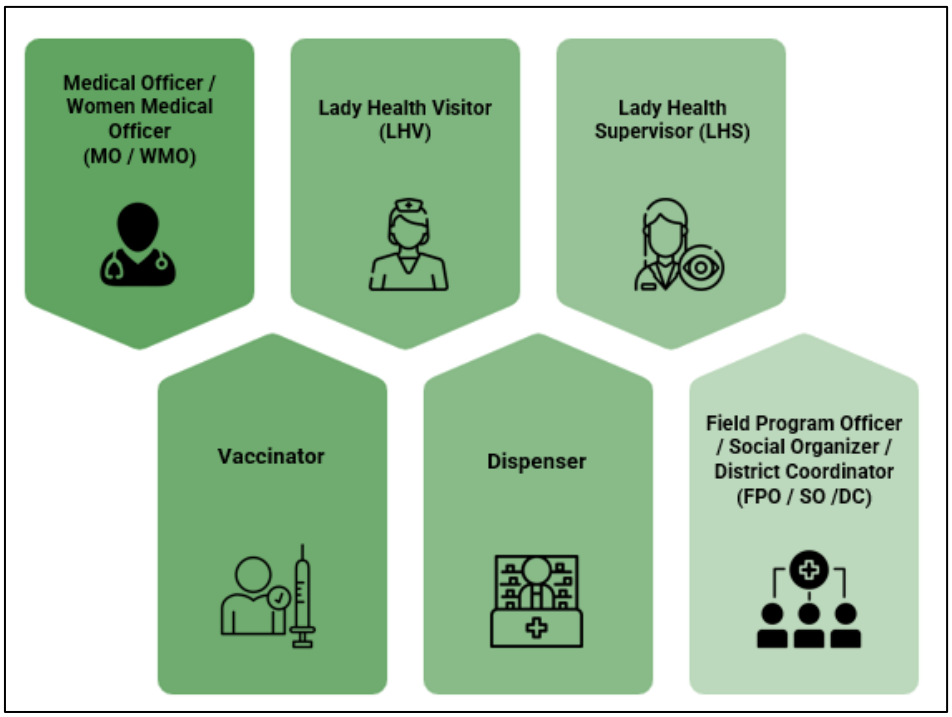
Recognizing the need for system integration, Punjab launched the integrated IRMNCH App in 2021, merging six vertical IRMNCH apps into one unified platform. This integration set the stage for the EMR App introduced in 2022, which expanded beyond RMNCH to include digital health records for all primary healthcare services. Trainings on EMR were conducted in the second half of 2021, and by the second half of 2022, all Maryam Nawaz Health Clinics (MNHCs) and Maryam Nawaz Hospitalss (MNH) were actively reporting through the EMR system. The app is now used across all public health facilities, including hospitals, MNHs, MNHCs, mobile service delivery units. and community and outreach workers. In addition to service delivery, the EMR supports both reporting and monitoring functions for field staff and health managers, enhancing data use for decision-making at all levels.

In 2023, it achieved 100% compliance across 2800+ primary healthcare facilities, allowing for comprehensive patient data to be stored and accessed in real time, regardless of the facility or district, hence improving continuity of care and reducing duplication or missed services. HMIS for Primary Care now aggregates primary healthcare data across Punjab and is also integrated with other systems, such as the Medicine Inventory Management System (MIMS) and the Human Resource Management Information System (HRMIS). This allows administrative personnel to view vital statistics via dashboards to monitor service delivery and improve facility management.

In 2024, the HMIS continued to evolve with the integration of new features, such as integration with NADRA's birth registration system to strengthen vital registration and streamline documentation of newborns within the public health system. In 2025, further enhancements were made to the immunization module, particularly to incorporate zero-dose children data collected during Polio campaigns, ensuring that high-risk children are identified and linked to routine immunization services. The Family Planning (FP) module was also integrated, bringing in reporting lines from both the Population Welfare Department and the private sector. This was a key step aligned with the structural merger of the Primary and Secondary Healthcare Department and the Population Welfare Department into the unified Health and Population Department (HPD), enabling streamlined service delivery, data reporting, and cross-sectoral planning. Work is ongoing on the development and refinement of additional capabilities to improve service tracking. These continuous improvements reflect Punjab's commitment to a responsive and adaptive health information system that addresses evolving public health needs through innovation and integration.

1.4 EMR/HMIS App: User-Specific Modules

The EMR app is structured around six dedicated modules tailored to the specific roles of healthcare providers within the primary health system. Each module streamlines service delivery, reporting, and accountability while aligning with the responsibilities of frontline and supervisory cadres.



The following subsections detail the core functionalities of each module:

1.4.1 Medical Officer/Women Medical Officer (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. Through this module, Doctors can access patient records, update medical histories, prescribe medications, and track patient progress.

1.4.2 Vaccinator Module

Developed for frontline vaccinators, this module supports digital registration of children, age-based vaccination scheduling, and tracking of immunization history. Vaccinators can upload a photograph or QR code of the child's immunization card for verification and record-keeping, improving data integrity.

1.4.3 Lady Health Visitor (LHV) Module

The LHV module supports comprehensive maternal and child health services, including Antenatal Care (ANC), Postnatal Care (PNC), child growth monitoring, family planning, and routine immunizations. LHVs can digitally capture service data and upload claims for deliveries under the Universal Health Insurance (UHI) scheme. The module also enables tracking of nutritional status and counseling for pregnant and lactating women, ensuring holistic care for

mother and child. Following the integration of the Primary and Secondary Healthcare Department (P&SHD) and the Population Welfare Department (PWD), the module also incorporates the roles and responsibilities of Family Welfare Centre (FWC) staff. The only key role of PWD staff is Family Planning, they will only have access to the family planning module. This integration ensures aligned service delivery, streamlined reporting, and a unified approach across maternal health and family planning services.

1.4.4 Dispenser Module

The Dispenser module caters to healthcare professionals responsible for managing and dispensing medications, such as pharmacists, pharmacy technicians, dispensers, and store managers/storekeepers, where available. It includes functionalities for inventory management, prescription handling, medication dispensation records, and ensuring accurate medication administration.

1.4.5 Lady Health Supervisor (LHS) Module

Designed for Lady Health Supervisors (LHSs), this module includes two core components: performance monitoring of Lady Health Workers (LHWs) and monthly reporting of community-level health services. 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, allowing for mortality data analysis. This integrated system empowers LHSs to deliver more effective and informed healthcare services to the community.

1.4.6 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 (SC) for critical care, LHS and LHW activities, as well as monthly planning. It also incorporates services related to the District Program Implementation Unit (DPIU) and the Normal MNHCs, as well as task verification and functionality assessments for the Rural Ambulance Services (RAS).

1.4.7 District Dashboard

The District Facility Dashboard in the HMIS system offers district and tehsil health managers a centralized platform to monitor real-time performance of primary healthcare facilities. It features filters for location and date, and displays modules covering key service areas such as OPD, Registration, LHV, Pathology, Radiology, Family Planning, Stock, UHI, IPD, Emergency, and Surgery. Each module presents relevant performance metrics, aiding evidence-based decision-making and service improvement.

1.5 Community Health Inspector (CHI) App

The last chapter of this manual serves as a training guide for Community Health Inspectors (CHIs), a new cadre being introduced in phases across Punjab to strengthen home-based healthcare delivery and expand the reach of essential services. CHIs will play a vital role in improving community-level access to maternal, child, and preventive health services, particularly in underserved and hard-to-reach areas.

At the core of the CHI program is the Family Folder / Registration System – a comprehensive digital database designed to record and track health information at the household and individual levels. This system includes House, Family, and Individual Profiling. To support this work, the CHI Application has been developed by HISDU. The application is designed for tablet use and allows CHIs to perform real-time data collection and profiling directly in the field.

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Chapter 2:

GETTING STARTED

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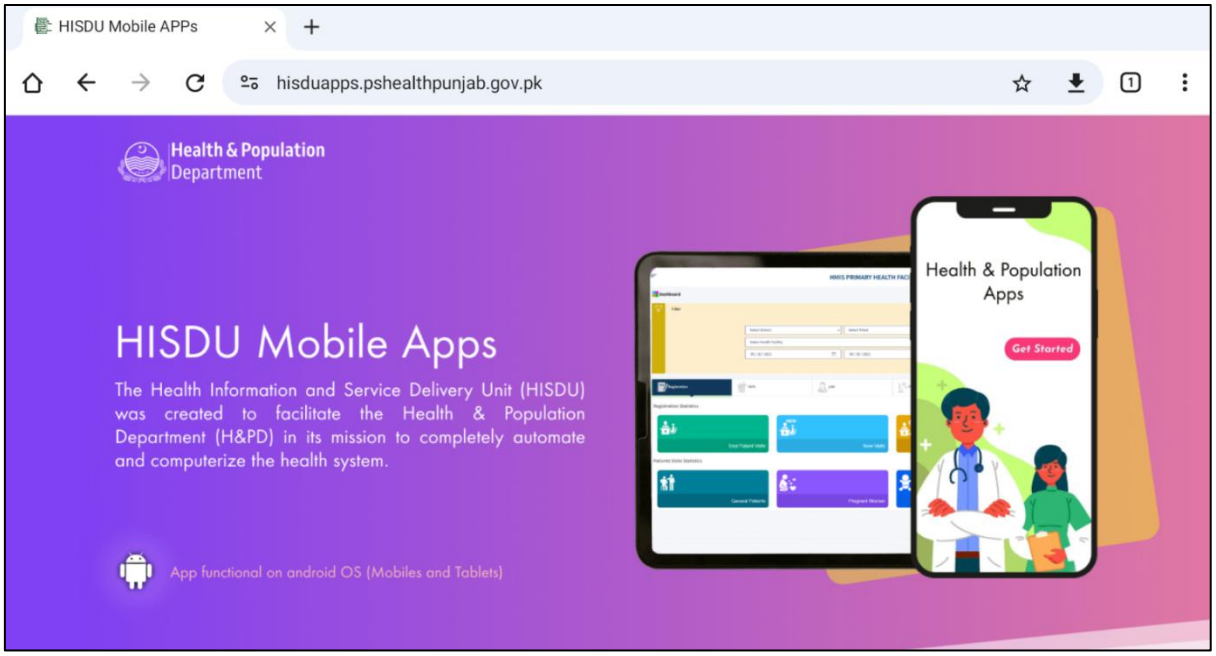
Chapter 2: Getting Started

2.1 Downloading the HMIS App and Logging in: A Step-by-Step Guide

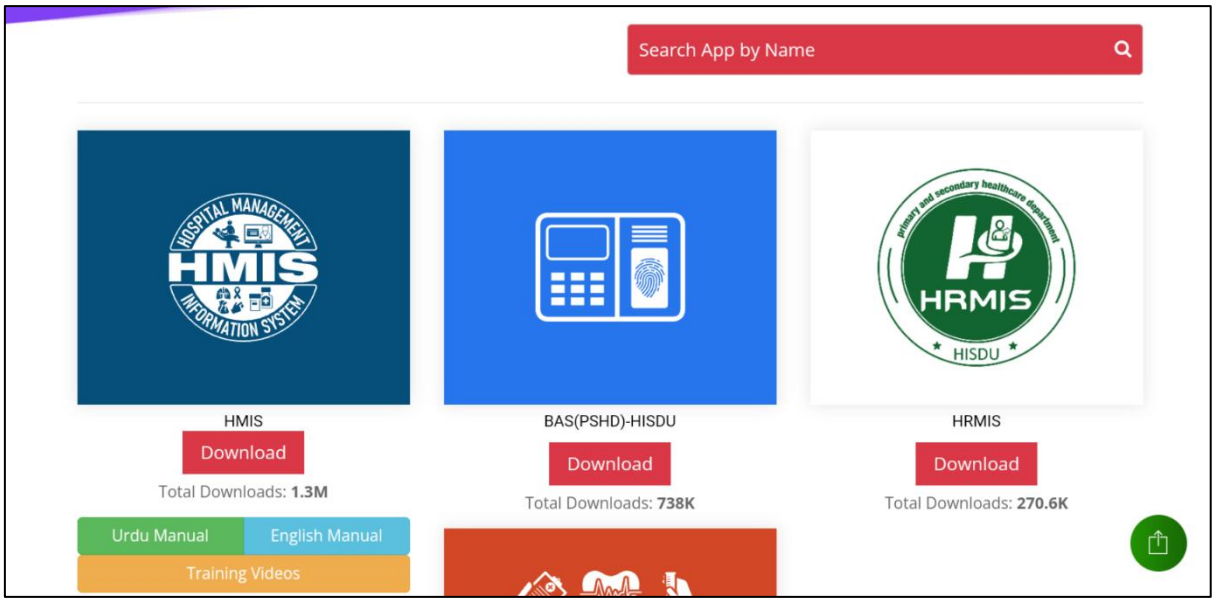
To quickly access the HMIS App, simply scan the QR code below. It will direct you to the official download page, allowing for easy and secure installation of the HMIS application on your device

Alternatively, the following is a seven-step guide to help you download and save the HMIS application on your device.

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



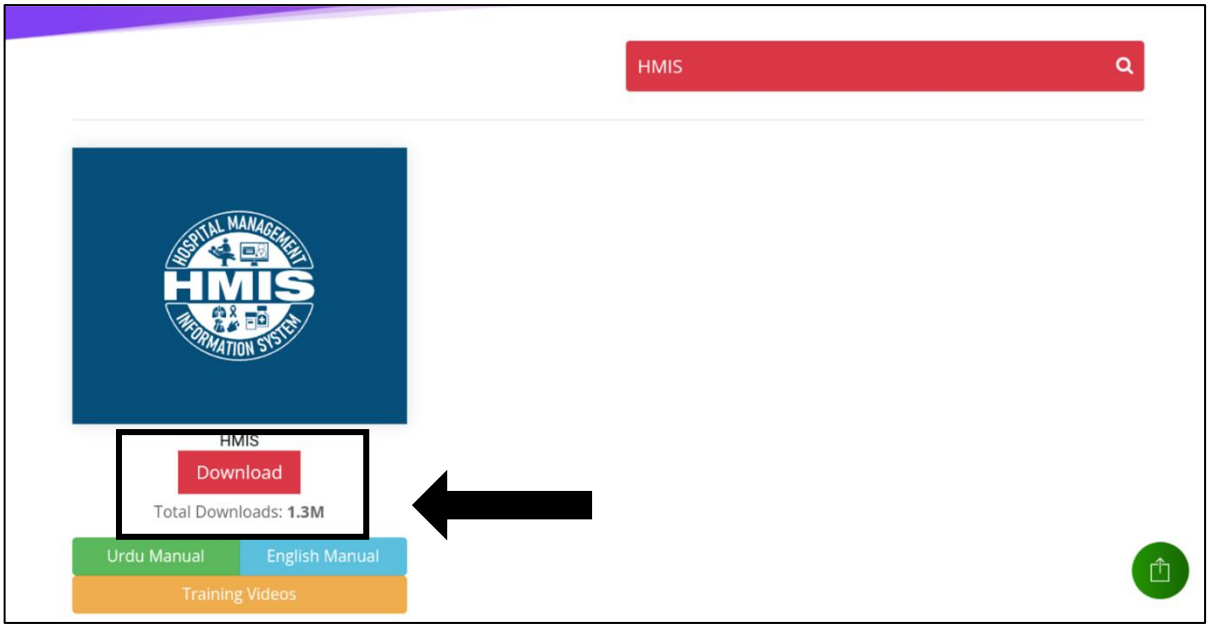
2. It will open a website featuring all the HISDU-developed Mobile Applications



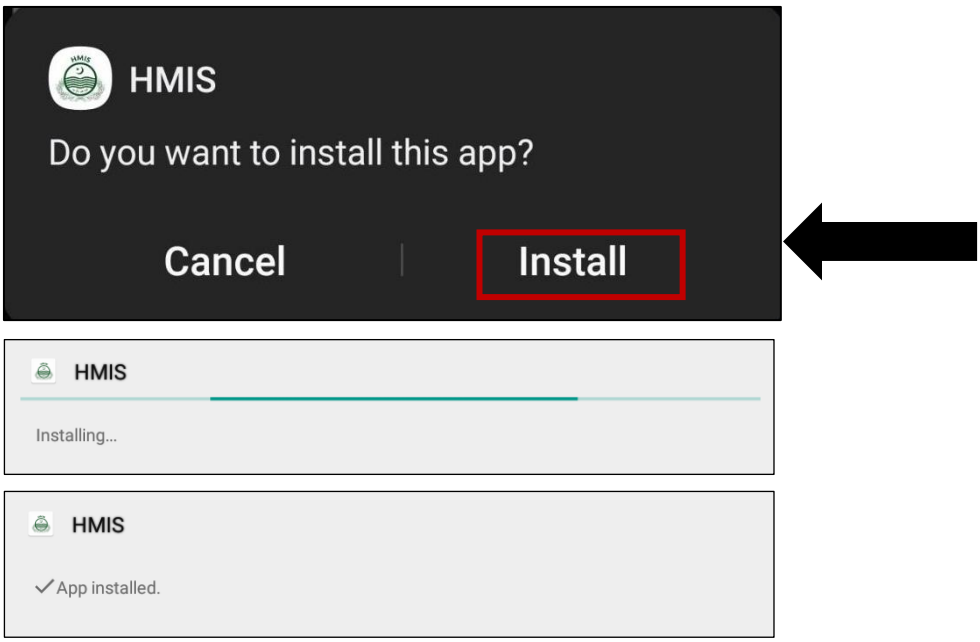
3. Search **"HMIS"** in the search bar.



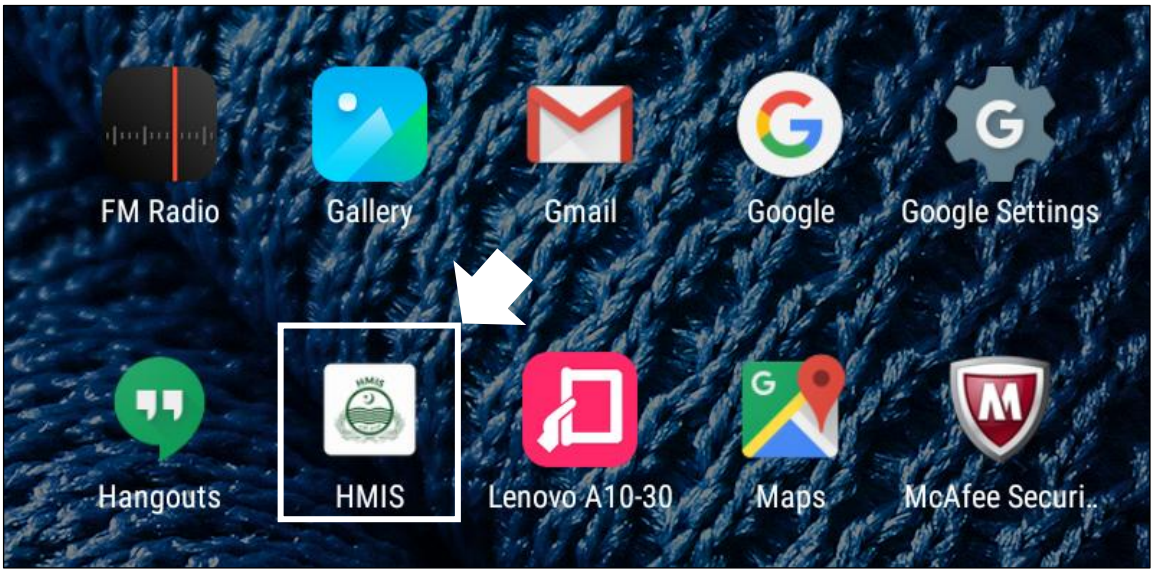
4. Download the latest version of the HMIS application by clicking **Download** as indicated.



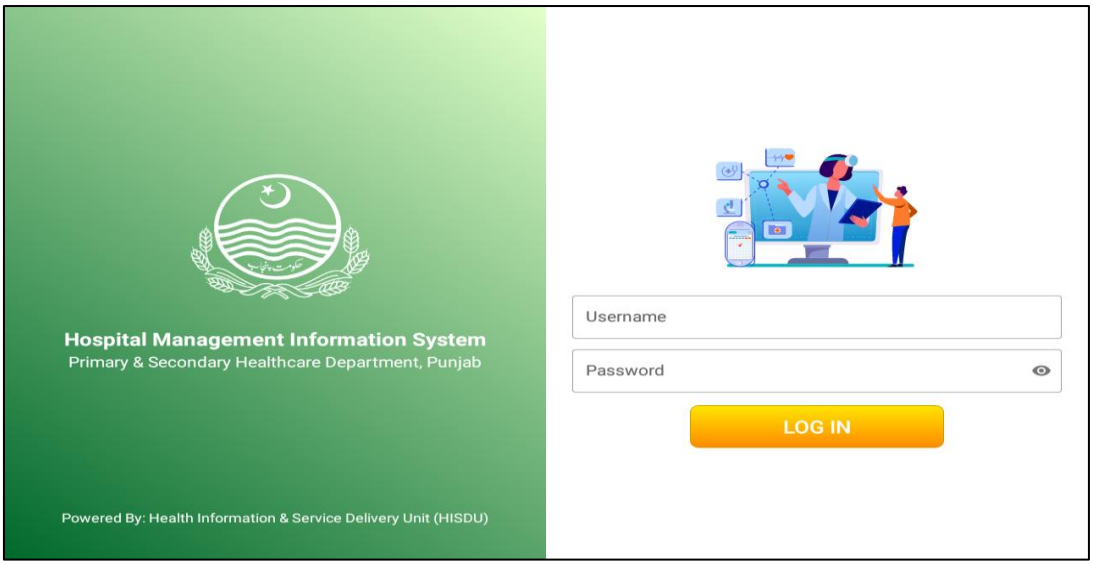
5. Once downloaded, click on the taskbar to install the application. The download and installation process will take a few minutes, so please be patient.



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



7. Once the HMIS App is launched, the following interface will appear. Enter your registered login credentials (username and password). Upon successful entry, a randomly generated One-Time PIN (OTP) will be sent to the designated mobile number linked to your account. The contact number used for OTP delivery is the one listed in the HRMIS system against your profile. If you do not receive the OTP, please verify that your correct and active mobile number is updated in HRMIS. If the OTP is not received within 60 seconds, a “Resend OTP” option will appear, allowing you to request a new PIN.



Important Technical Guidelines for App Use

To avoid such issues, it's important to understand the following:

1. **App Permissions:** All users should carefully go through the initial setup and select allow all necessary permissions. If missed, these settings must be updated manually via phone settings.
2. **Location Settings:** When collecting data for **Health House Mapping**, the location must be set to **“Precise”** instead of **“Approximate”**. This ensures that accurate coordinates are captured.
3. **Switching Locations:** If any healthcare worker moves from one site (e.g., a household or facility) to another, they must **save the opened module**, then **close and reopen the app**. This helps capture the new location correctly for the next entry.

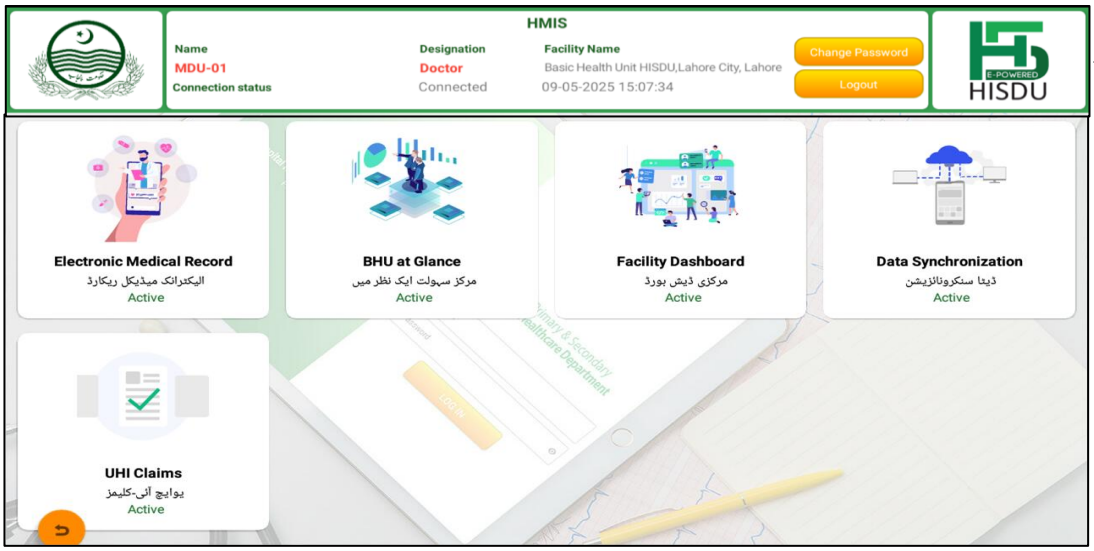
2.2 EMR Homepage

Once the login is approved, your next screen will be the EMR home screen. This screen will vary depending on the user, as different screens appear based on users' assigned roles. Each of these modules is elaborated upon in its respective chapter. The below shows the home screen for a doctor (MO/WMO) at a MNHC.

Note: The EMR system is also deployed in Maryam Nawaz Health Clinics (MNHCs), a flagship initiative of the Government of Punjab that is transforming traditional MNHCs and MNH into upgraded health centers under a public-private partnership model. These clinics offer a broad range of outpatient and preventive services (including immunization, maternal & child health, and chronic disease management) and operate with fully integrated digital systems such as the EMR. The EMR interface and modules available to staff at MNHCs are aligned with those at MNHCs, ensuring uniform data reporting and patient care processes across facility types.

EMR Dashboard will have the following 5 main modules:

1. **Electronic Medical Record**
2. **BHU/MNHC at a Glance**
3. **Facility Dashboard**
4. **Data Synchronization**
5. **UHI Claims**



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.

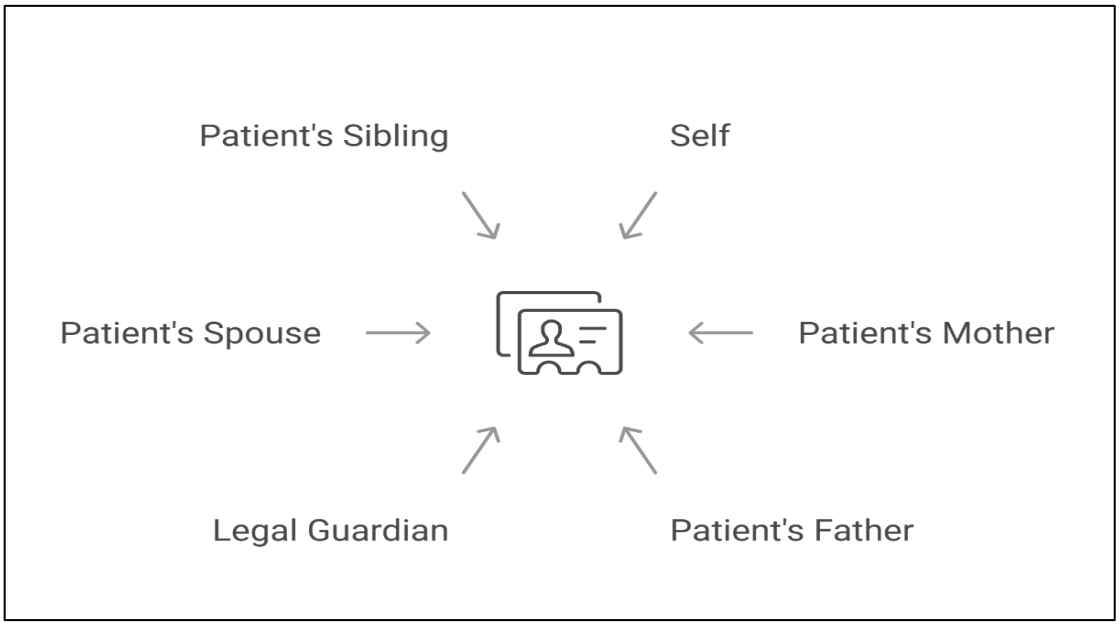
The top bar also has a button for changing the user password and for logging out of the app.

2.3 Patient Registration and Accessing Records of Previously Registered Patients

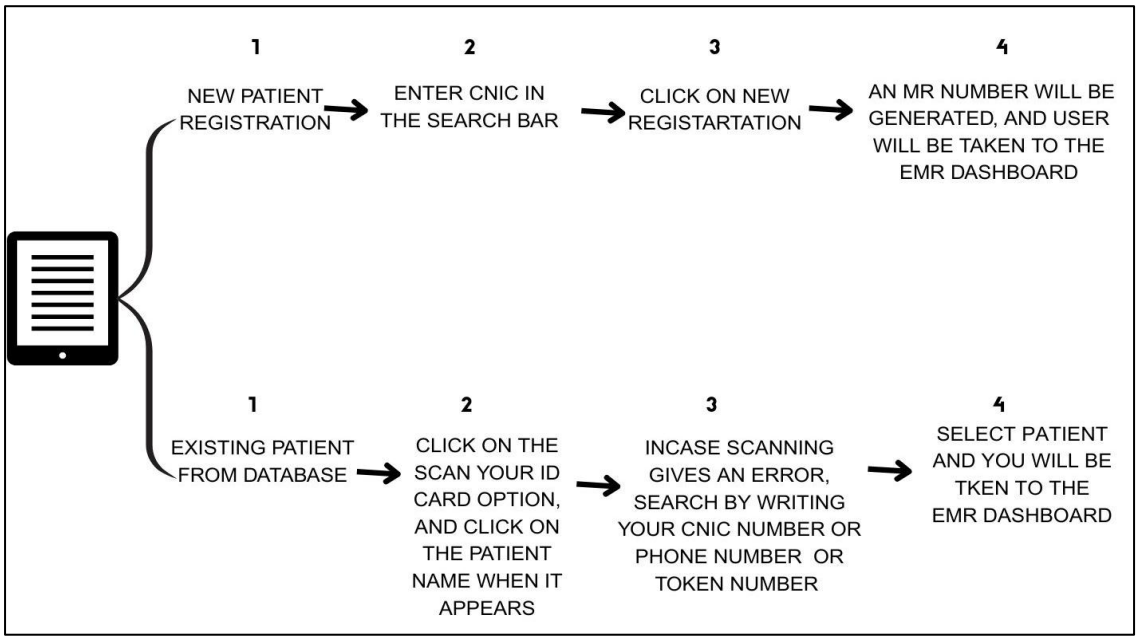
When the patient arrives at the health facility, the first step is registration.

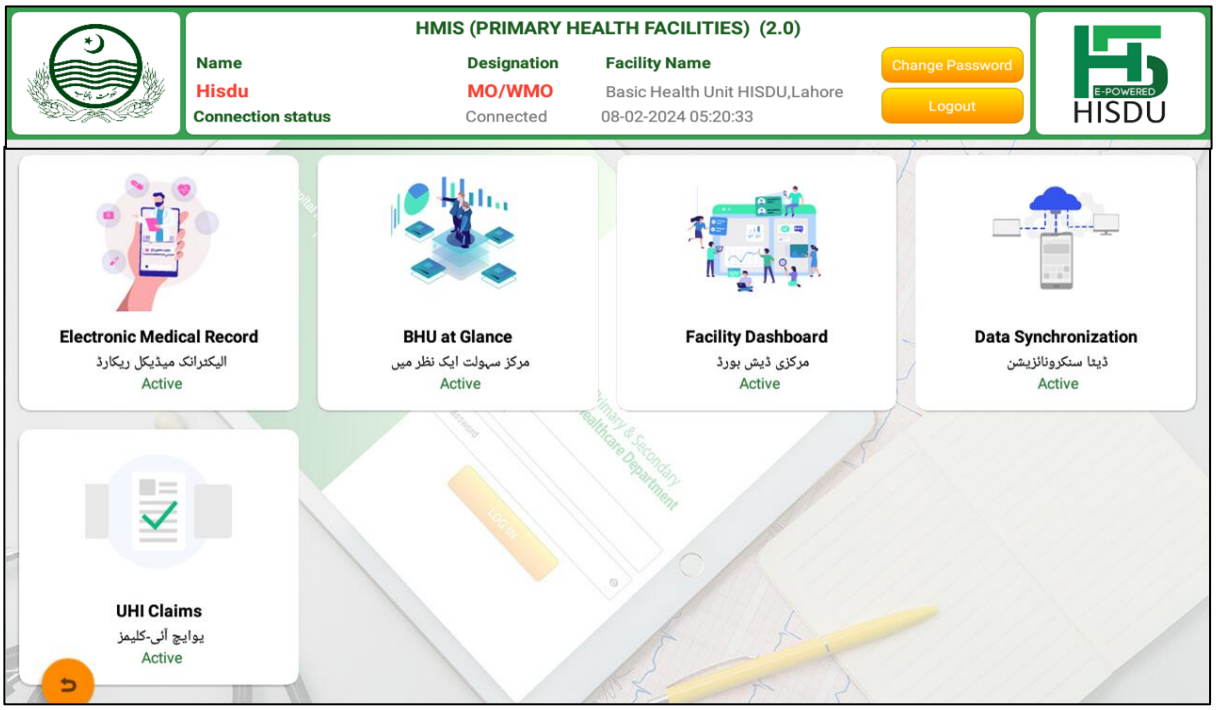
The Computerized National Identity Card (CNIC) is used to register patients in the HMIS database. In some instances, adults do not possess CNIC, which is why the CNIC of the accompanying family member can be used to register the patient. The following figure shows Authorized/Eligible CNIC Holders for Patient Registration in EMR Application

The following steps give an overview of new patient registration and looking up an existing patient in the database.

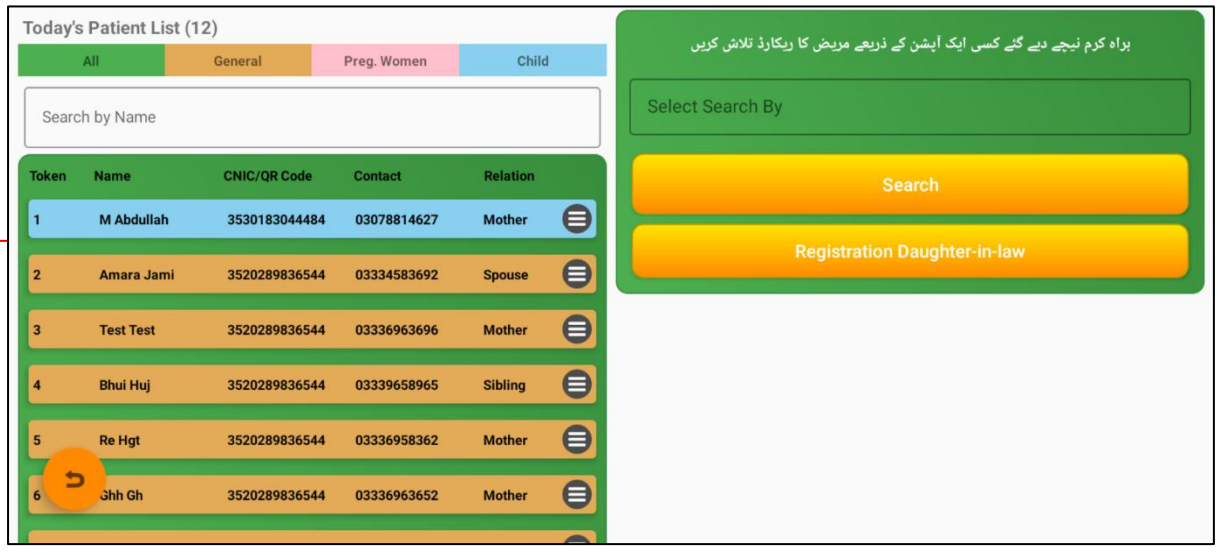


From the main interface, tap **Electronic Medical Record** to open the EMR Homepage.





As a result, it will open the EMR Homepage. On the left, you'll see **Today's Patient List**. The patient list displays all the patients visiting the health facility's outpatient department (OPD) on that day. On the right side of the screen, you'll see the **Search Bar,** which allows you to search for previously registered patients and register new ones.



Today's Patient List

Search Bar Which Displays Search by Menu

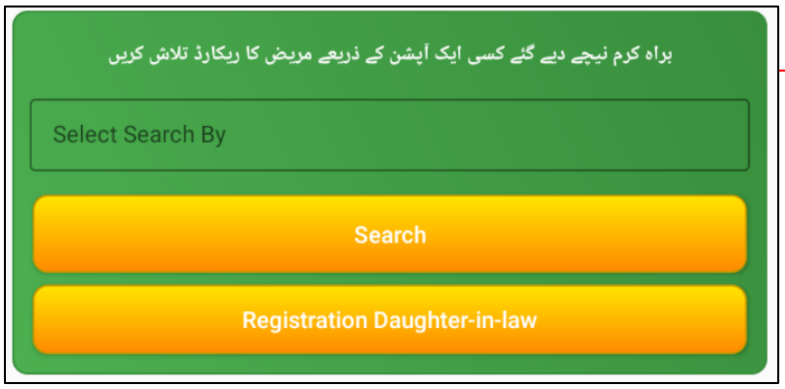
2.3.1 New Registration

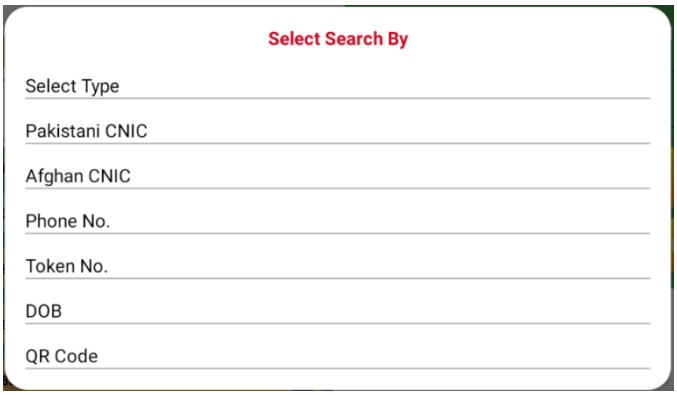
When a patient arrives, begin by asking:

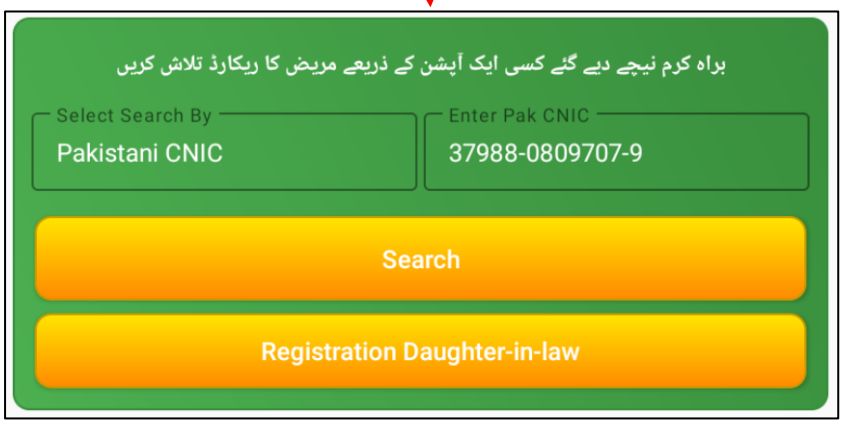
“Has this patient been registered before at this or any other facility (including during outreach activities)?”

If No / Not Sure:

Click on the **Search Bar** to view the Search By menu and enter the CNIC or Phone Number provided by the patient to see if any previous record exists. If the patient is sure that they have not been previously registered, enter the CNIC number here.

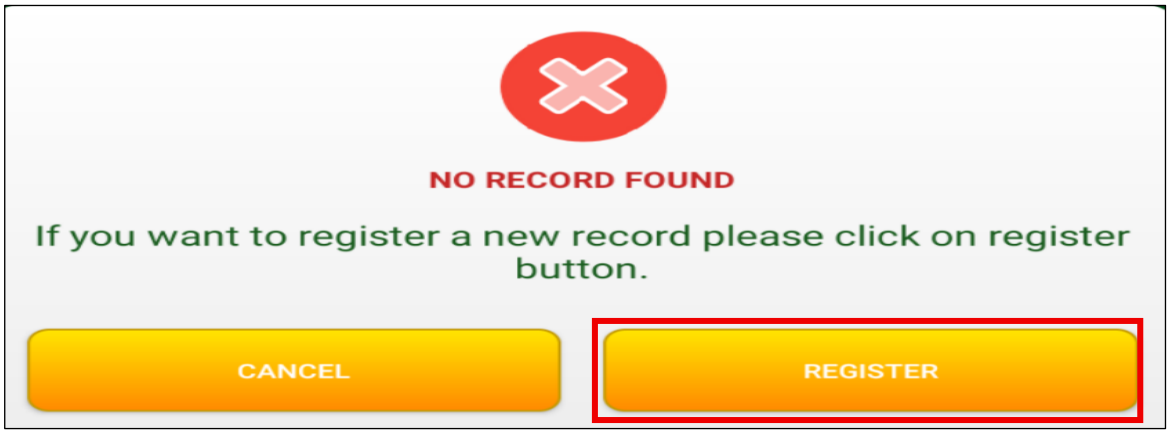




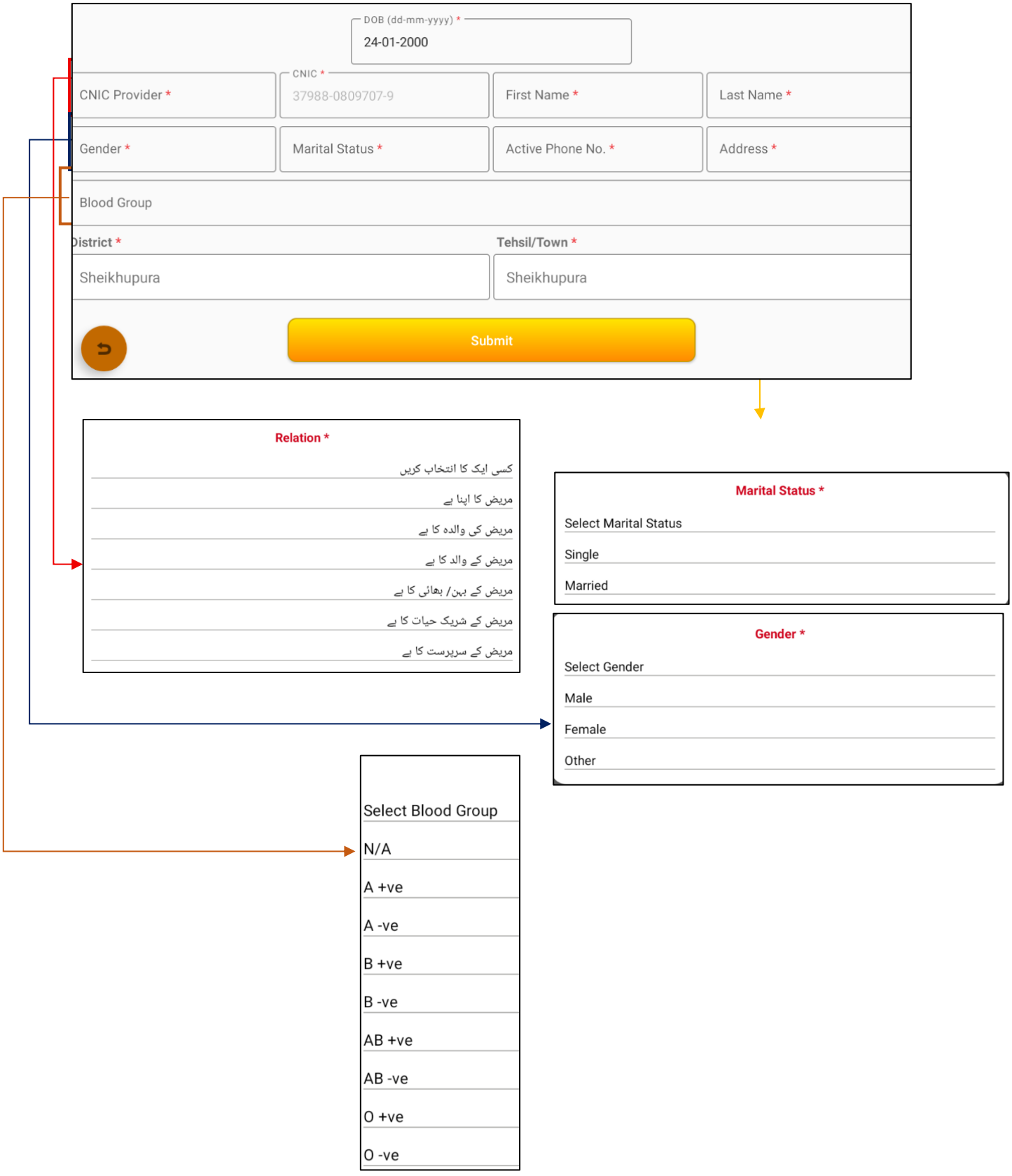


If the system finds **no matching records**, you will be prompted to complete a **New Registration**, as below.

1. Click on Register

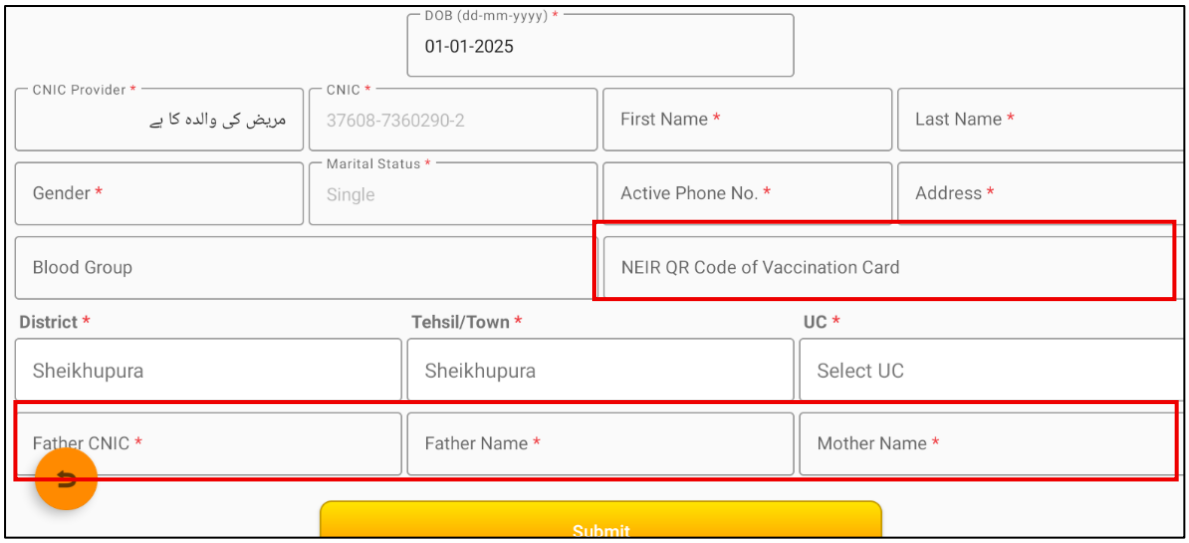


2. The below-mentioned registration details will need to be entered for an adult patient. Note that the CNIC Number will already be entered if the initial search was with a CNIC number.
    - Date of Birth
    - CNIC Provider
    - First Name
    - Last Name
    - Gender
    - Marital Status
    - Phone Number
    - Address
    - Blood Group
    - District
    - Tehsil



Additional details must be entered for a child patient, such as the NEIR QR Code of Vaccination Card, UC, Father's Name, Father's CNIC (in case CNIC provider is not the father), and Mother's Name. The Marital Status will automatically be set to single. The system will automatically display these fields based on the Date of Birth entered. Vaccinators can also

add Village/Mohallah after the UC if they have mapped any areas in their UC. For further information, see **Section 6.5 Area in the Vaccinator chapter**.



After registering a new patient, the following alert will pop up on the screen to prompt you to proceed or to enter vitals. As per the user, further details on the next steps are given in each chapter's Electronic Medical Record section.



2.3.2 Previously Registered Patient or CNIC

When a patient arrives, begin by asking:

“Has this patient been registered previously at this or any other facility (including during outreach activities)?”

If a patient has previously been registered, you can access their record by searching for it through the method mentioned below.

However, even if the patient is new, the CNIC they provide might have been used before for another family member (e.g., a child previously registered under the father's CNIC). The system will still show existing records linked to that CNIC in such cases. If the patient is not listed, click New Registration to add them under the same CNIC.

If Yes:

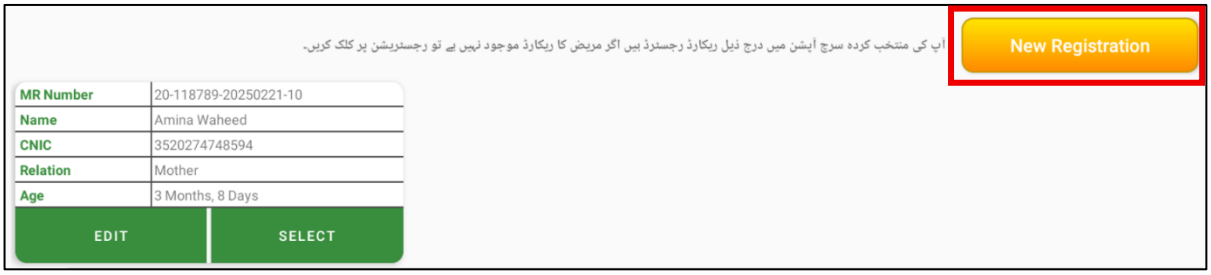
1. Ask for the **CNIC**, **phone number**, or one of the options displayed in the Search By menu previously used during registration to search the database.



2. Enter the CNIC/Phone Number in the search bar.



3. The system will display all records linked to that CNIC or number. Multiple records will appear if various patients are registered under the same CNIC (e.g., children under a father's CNIC). The following figure shows single patient registered in a CNIC.



Next picture also displays multiple patients registered on a CNIC.



4. Each record will display two options: **Edit** – to update registration details – and **select** – to proceed with service entry for that patient. If the current patient is listed on this page, click **Select** to proceed with their services.

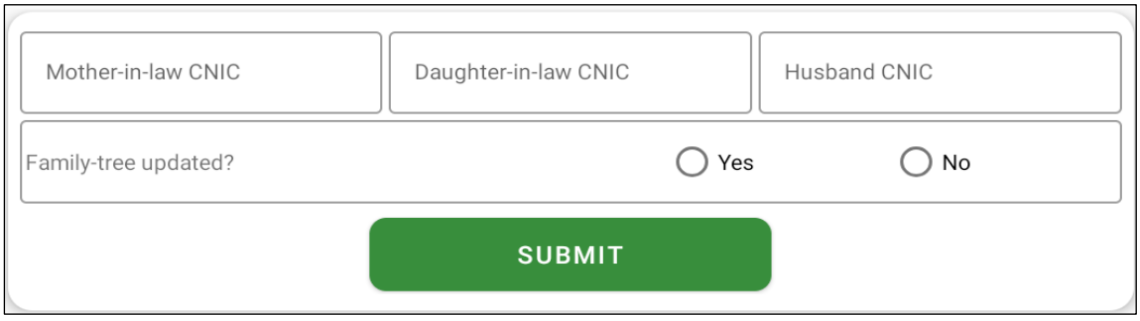
5. If the current patient is not listed, click the **New Registration** button in the upper right corner of the screen to register the new patient on the same CNIC. The process for registering a new patient will be the same as shown in the previous section.

2.3.3 Registration of Daughter-in-Law to Family Tree

The EMR homepage has an option for registering a daughter-in-law with the family tree. On the EMR homepage, there is an option to register a daughter-in-law in an existing family tree. This feature is particularly useful for families who are Benazir Income Support (BISP) beneficiaries. Suppose a daughter-in-law marries into a BISP-eligible household but was not previously registered under BISP. In that case, she can be added to the family tree to reflect her new household association.



To complete this registration, the CNIC number of the mother-in-law, along with that of the husband and the daughter-in-law, is required. This ensures the family tree is correctly updated in the system, allowing the daughter-in-law to be included as a dependent within the BISP-registered household.



2.3.4 Common Buttons

Save	It is usually present on the bottom left of the page. Use this button to store the entered data.
Change Password	If you have forgotten your password or want to use a new one, use this button on the top left of the page.
Logout	Once you are done entering the patient record and data, use this button to exit your profile. It is usually done as a protective measure to prevent data breaches and changes in patients' information.
Save & Proceed	Once you have entered the required information, click the "Save & Proceed" button to store the data and move to the next page or module. It is important to complete all forms using "Save & Proceed"; if you exit without reaching "Save and Exit", your record will remain incomplete, may not be reflected on the dashboard, and the data may not be retrievable during the patient's next visit.
Save & Exit	Once you have entered the required information, you can store the entered data using this button and return to the home screen.
OK	Usually featured on pop-ups, press this button to close the pop-up and proceed.
Print Receipt	Use this command to print a receipt for the information entered.
Close	This command minimizes or closes pop-ups and returns 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 the number of copies, paper size, color, orientation, and page numbers.
	This command saves a document or file in the PDF (Portable Document Format) format.

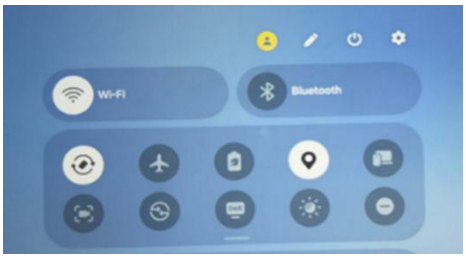
2.3.5 Common Errors and Troubleshooting

The HMIS application currently runs **only on Android devices (version 7.0 and above)**. It is not available on the Play Store and must be downloaded directly from the **HISDU Applications website**. The app updates automatically, so manual updates are not required.

Below are some common issues observed in the field, along with quick solutions:

---

1. Connectivity Issues



- Weak Wi-Fi or mobile signals can prevent login or cause delays in loading modules.
- Try switching **Airplane Mode on and off** to refresh network connectivity.
- If issues continue, contact the **HMIS focal person**.

---

2. Login Problems

- Only **one account** can be used per device. Log out from any previous device before logging into a new one.
- An **OTP** is sent to the registered number at each login. If not received, use the **"Resend OTP"** option after 60 seconds.
- **SMS blocking services** may delay OTPs. Unsubscribe from promotional message blockers if needed.
- For forgotten usernames/passwords, contact the **HMIS focal person**.
- **Important:** Avoid entering the wrong login details more than 3 times to prevent account lockout.

---

3. CNIC Scanning Errors

- CNICs may not be scanned if they are damaged or the app is outdated version.
- If you are using an outdated version of the HMIS app, please go to the app settings and click on the update option. Alternatively, you can uninstall the app and install again.
- Contact the **HMIS district focal person** for further support.

---

4. Data Sync Issues (Missing Drop-downs)

- If options like medicines, districts, lab tests, or patient lists don't appear:
    - Go to the App **Dashboard → Tap "Data Synchronization"**
    - Allow the app to sync completely before proceeding as shown below.

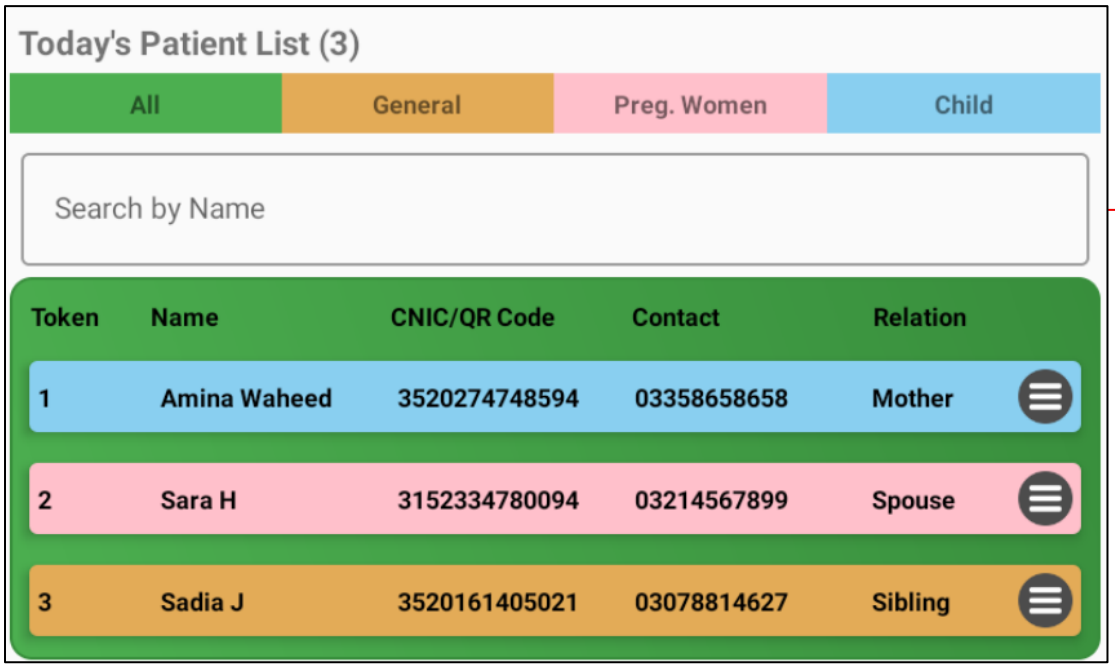




- Select the option lists that have been absent or not displayed on the HMIS Module. Sync all options one by one to avoid any discrepancy
- Please close all other opened/ running applications on device when using EMR/HMIS for optimum usage of memory and speed.
- For further assistance, contact the HMIS District Focal person.

2.4 Today's Patient List

Once updated, these patients will be shown in **Today's Patient List** on the EMR Home screen.



Today's Patient List

The Today's Patient List displays all patients visiting the health facility on the given day, along with their token number, patient name, CNIC number, contact number, and relationship to the CNIC holder.

Note: This list includes all clients checked or registered through any role such as LHV, MO, WMO, etc. within the health facility. 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.

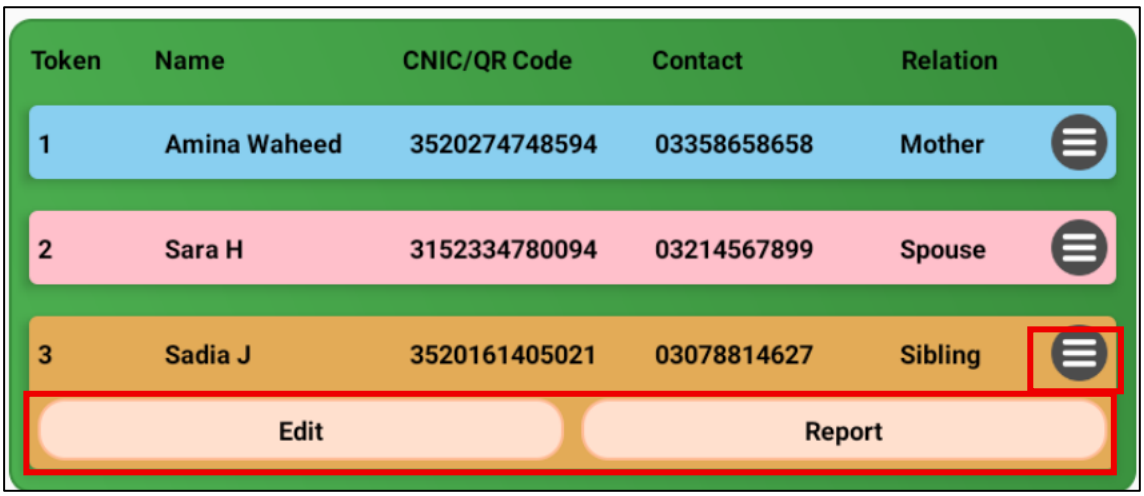
Pink – Client visiting for pregnancy and reproductive health-related concerns, including ANC, Delivery, PNC (Maternal and Newborn care), Immunization, and Family Planning

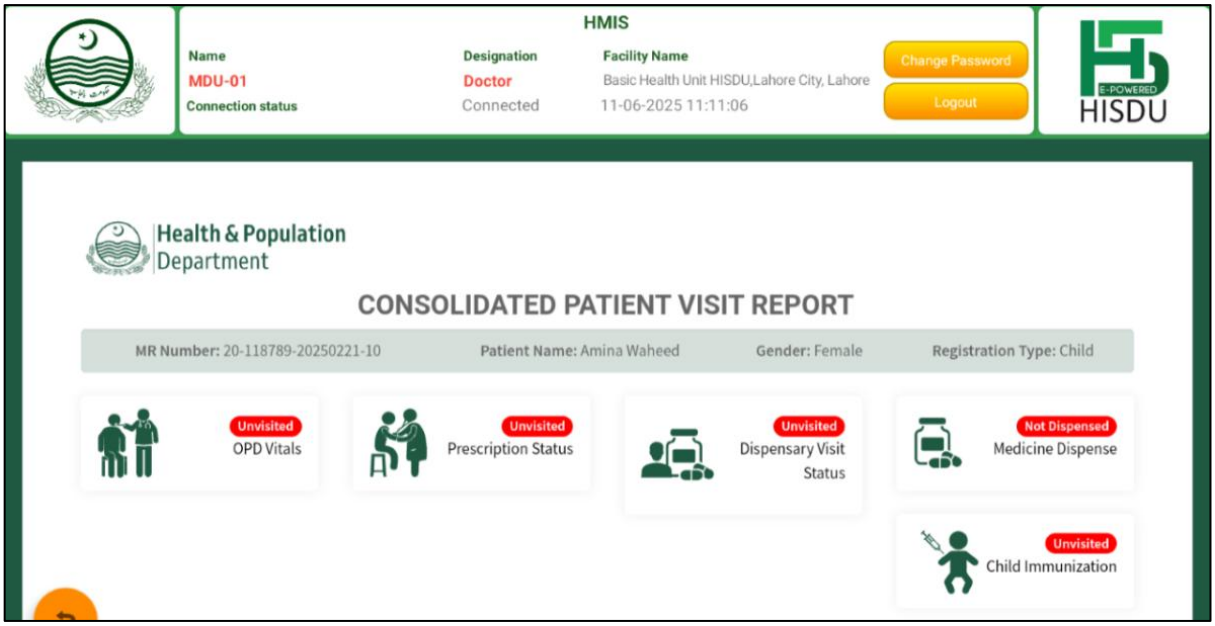
Blue – Clients classified as children visiting for general ailments, immunization, and nutrition-related services.

To search for a specific patient registered that day, you can look them up by entering their name here.

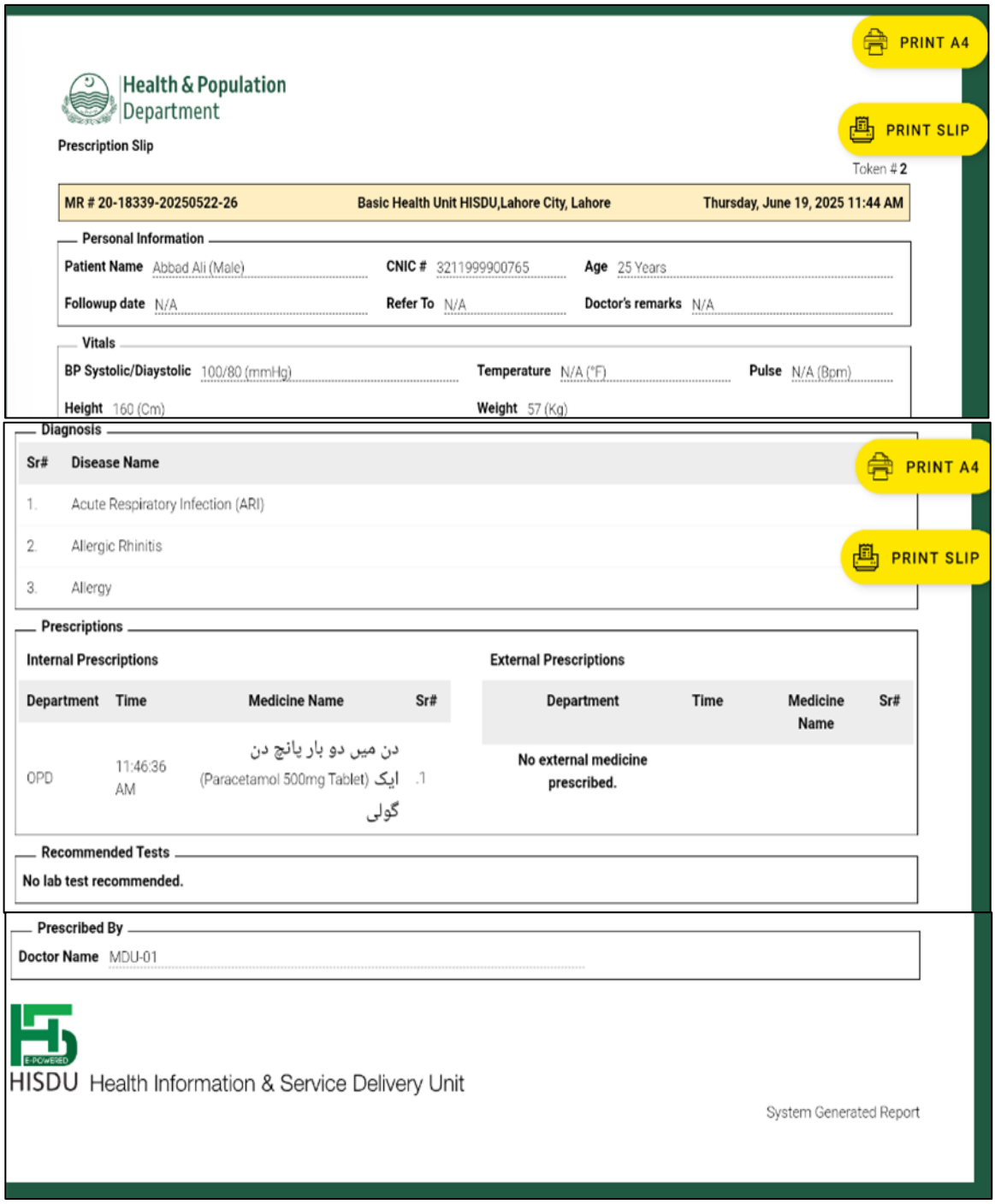
2.5 Consolidated Patient Visit Report

To view a patient's full visit record for the day, click the **three-line icon** at the far right of the patient's entry. A menu will appear with **Edit** and **Report** options. Click **Report** to access the complete, consolidated patient record, as shown below.





You can click on the **Get Report** option above to view each record. For example, the Prescription Status will open the following report.



2025

Health & Population Department

Chapter 3:

MO / WMO MODULE

HMIS for Primary Facilities version 3.0

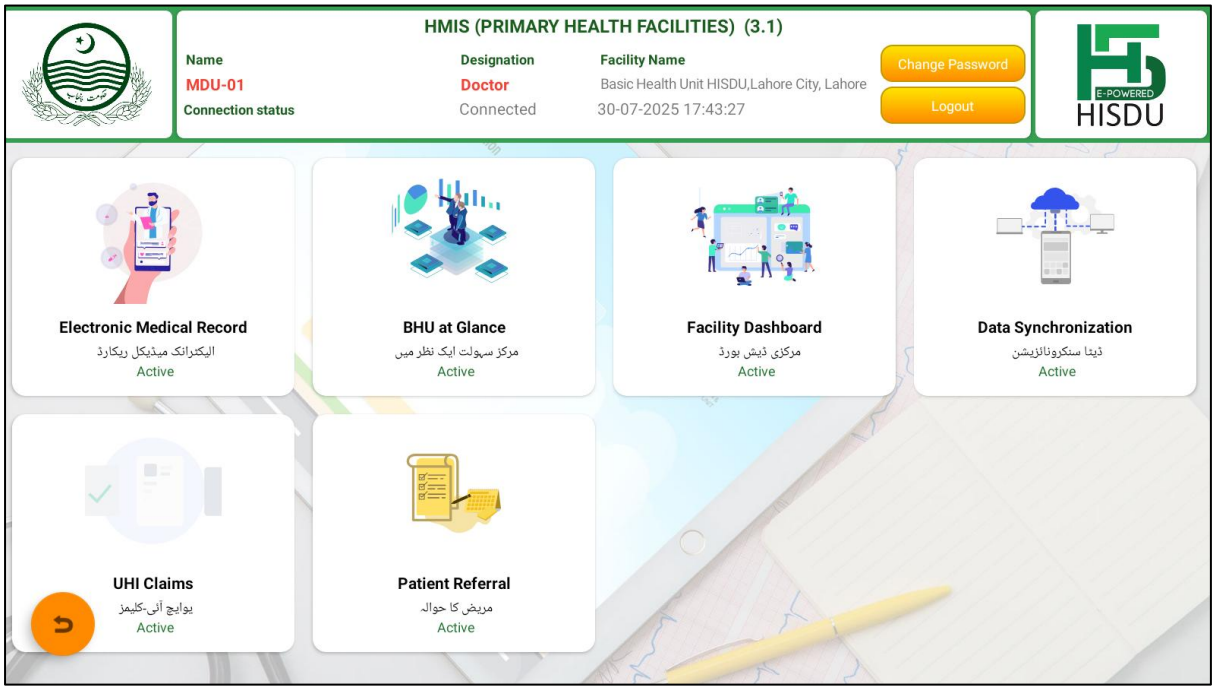
SPHERE
Driving development through data

HMIS v3.0

Chapter 3: Medical Officer / Women Medical Officer Module

Medical Officers (MOs) and Women Medical Officers (WMOs) play a pivotal role in clinical governance within healthcare facilities. The MO/WMO module allows for efficient management of their clinical activities, including patient consultations, diagnoses, treatments, and referrals. Once you log in to the portal using your login details (**see section 2.1 of Chapter 2 "Getting Started"**), the home page will be displayed.

The Home screen for doctors is shown below. It has five modules, which are described briefly below. The following sections contain details regarding each of these modules.



Electronic Medical Record

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

BHU/MNHC at Glance

This module provides MOs/WMOs with a quick summary of key indicators for the MNHC where they are working. This includes the device details, health council budget for the facility, attendance, rosters, and visit details.

Facility Dashboard

This module provides MOs/WMOs with a more comprehensive overview of the MNHC, including data on patient visits, registrations, and service utilization at the facility.

Data Synchronization

This module lets you 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.

UHI Claims

This module allows doctors to view and manage Universal Health Insurance (UHI) claims for their patients. UHI is a health insurance program that allows the health facility to reimburse healthcare expenses without burdening the client.

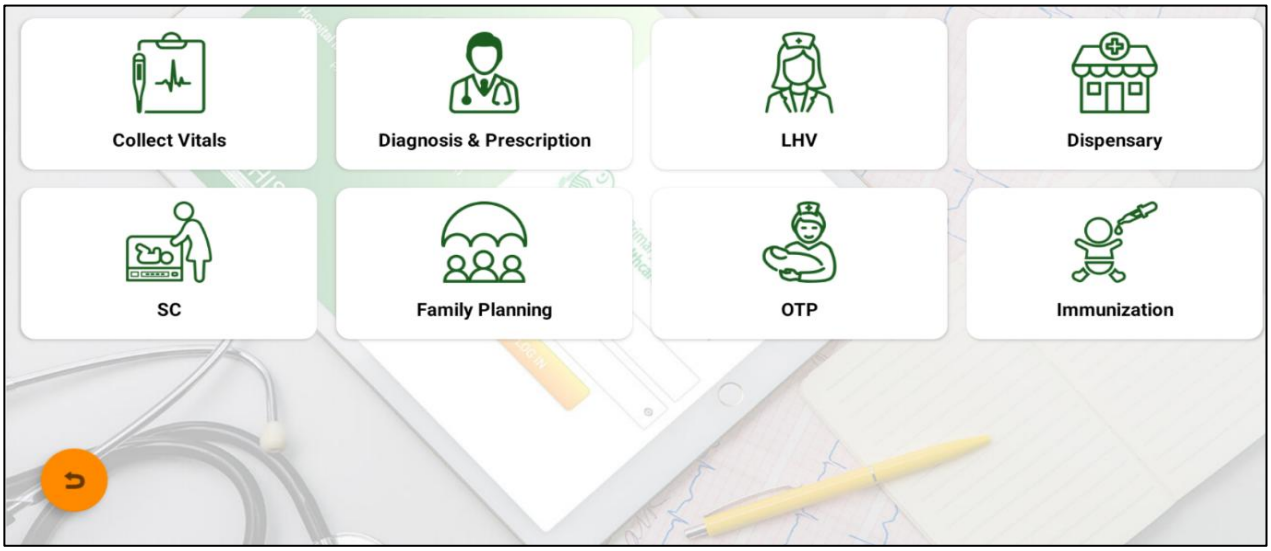
Patient Referral

This module provides an overview of the patients referred from the current facility to a secondary or tertiary facility via RAS ambulance along with RAS TASK ID. It also shows patients being referred to the facility.

3.1 Electronic Medical Record



Follow the steps outlined in **section 2.3.1, New Registration**, for registering a new patient or **section 2.3.2 Previously Registered Patient or CNIC,** for accessing records of a previously registered patient. Once you select the patient, you will see the following screen. Depending on the type of patient, some of these modules will not allow you to proceed. For example, the immunization module is only for children aged five years or less. Each of these modules is elaborated upon below.



The *Vitals* module is used to record and monitor key patient health indicators such as temperature, pulse, blood pressure, and weight. Consistent tracking of these vitals over time enables healthcare providers to detect early signs of illness, evaluate the severity of a condition, and monitor the patient's response to treatment.

The *Diagnosis and Prescription* module allows MO/WMO to document clinical assessments, record diagnoses, and prescribe medications as per the patient's condition. It helps track patient history, avoid drug interactions or allergic prescriptions, and ensures safe, appropriate treatment based on accurate clinical information.

The *LHV module* within the MO/WMO interface supports the continuity of maternal care by enabling doctors to access and update key information for pregnant women who visit LHVs. This integration fosters a coordinated, patient-centered approach, improving follow-up and service delivery across providers.

The integration of the *Dispensary Module* into the MO interface allows medical officers to track medication dispensation, ensuring patients receive prescribed treatments. It supports follow-up care by maintaining a complete record of issued medicines, improving patient safety and treatment accuracy.



The *SC module* supports care for children with Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) and related complications. It helps medical staff monitor treatment and stabilization progress for patients, ensuring timely interventions and improved recovery outcomes.

The *Family Planning* module enables medical officers to record family planning counseling, methods prescribed, and follow-up. Access to a patient's family planning history ensures continuity of care, informed decision-making, and supports reproductive health management at the facility level.

The *OTP module* facilitates treatment of malnutrition in children under five. It enables healthcare providers to document nutrition status, monitor progress, and ensure appropriate therapeutic interventions, crucial for tracking a child's growth and development for optimal health and well-being.

The *Immunization module* for children under 5 years involves recording the date for each vaccine administered and maintaining proper documentation. This ensures timely and complete vaccination, protecting children from vaccine-preventable diseases through better planning and follow-up.

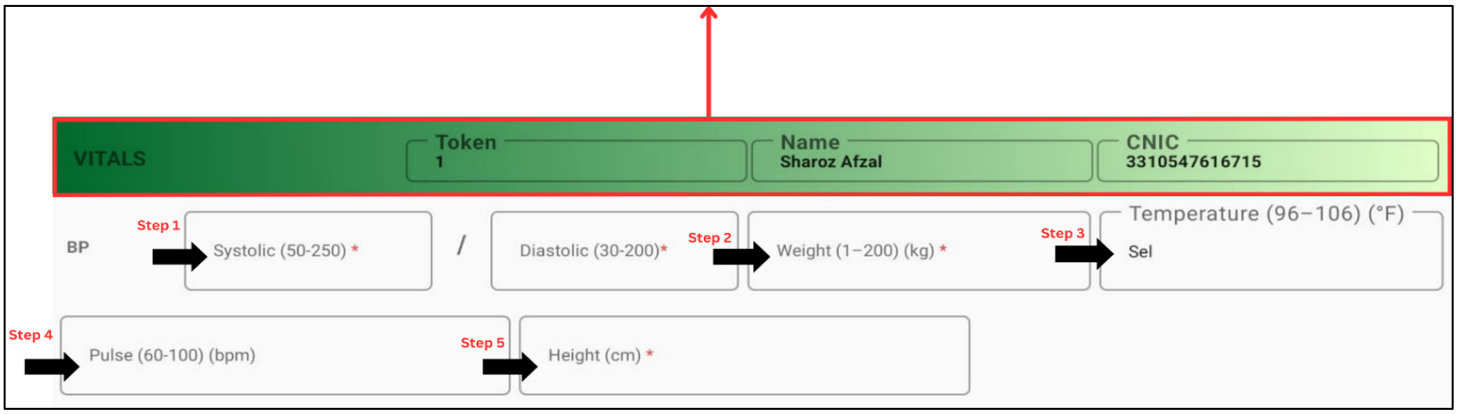
3.1.1 Vitals Module

After clicking on **Collect Vitals**, a screen will appear allowing you to input each vital sign accordingly.

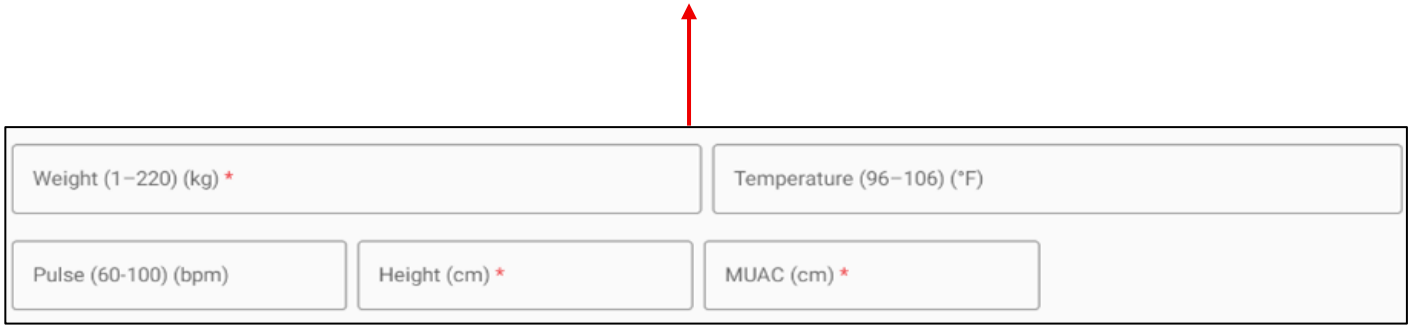


This box shows the token number, patient name and CNIC.

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



Note that vitals screen for a child does not include blood pressure measurement and instead includes Mid-Upper Arm Circumference (MUAC) instead.



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.

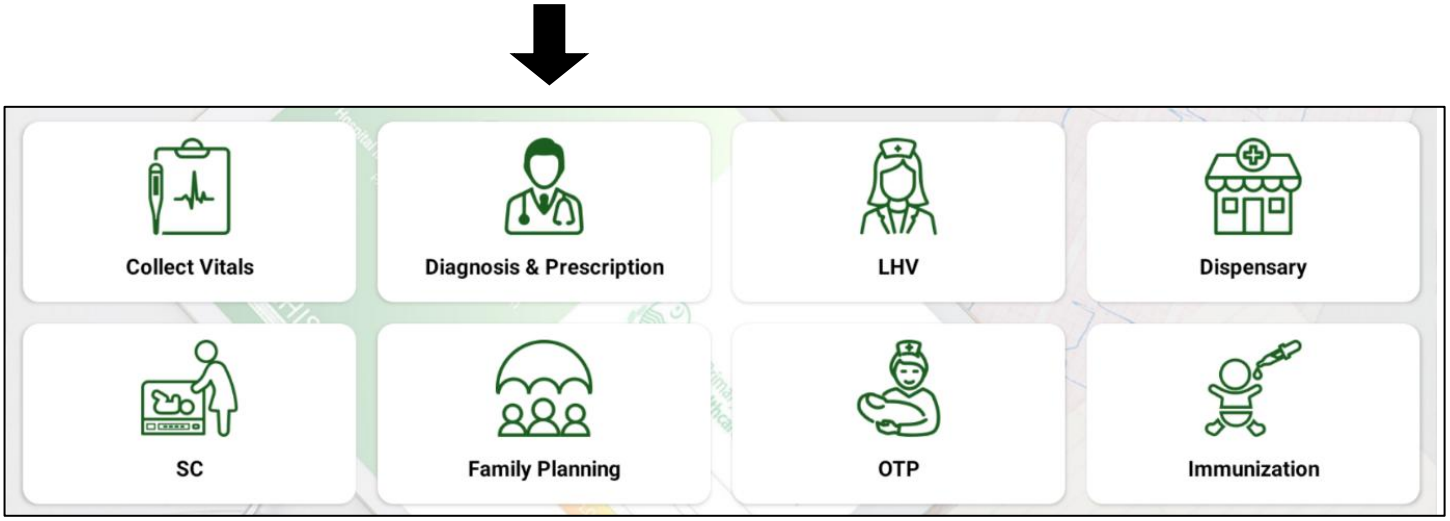
Normal Pulse Rate (60 to 100 bpm)
Tachycardia (100 bpm or Higher)
Bradycardia (60 bpm or Less)

Mid-Upper Arm Circumference (MUAC)

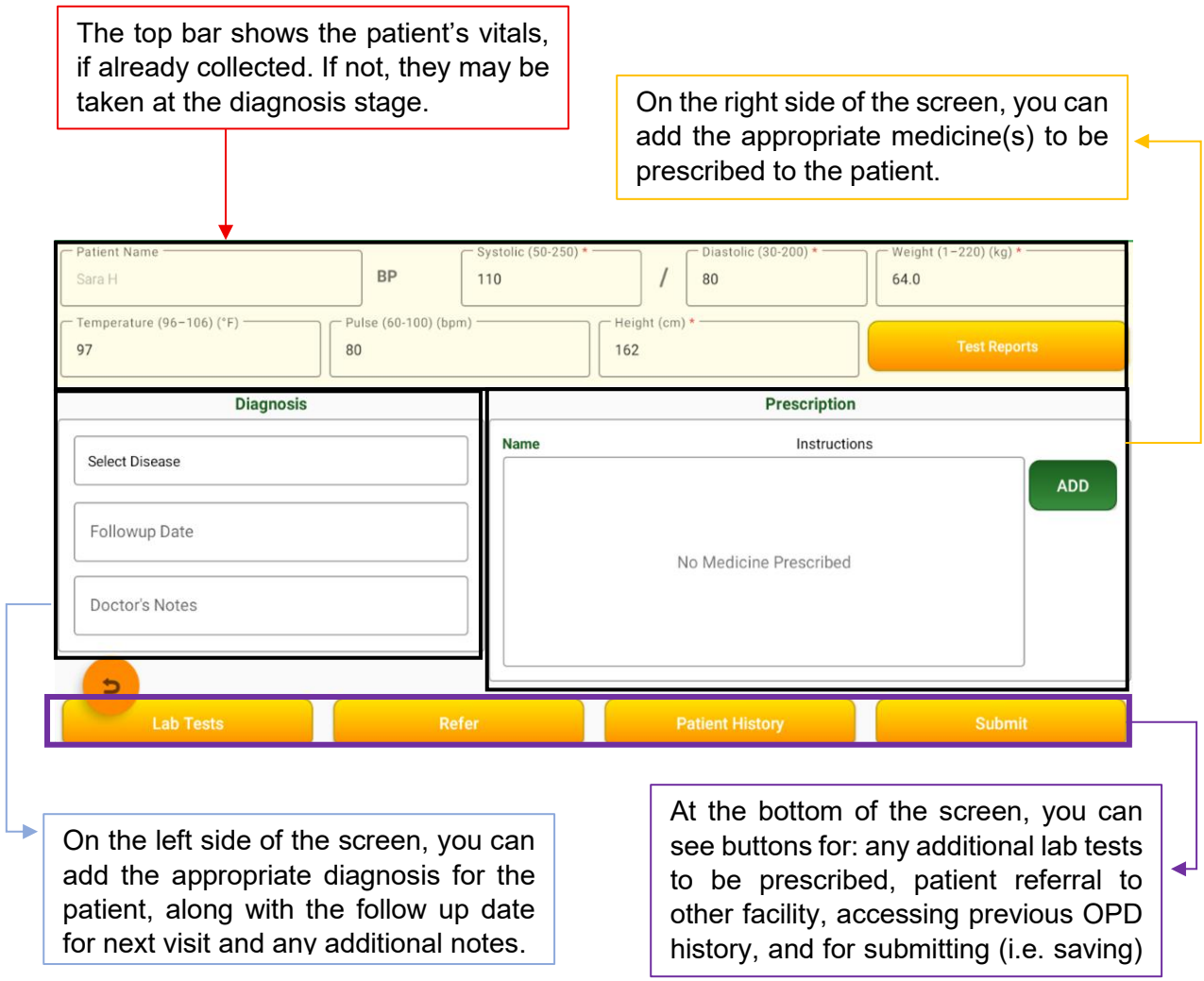
MUAC is used to identify individuals, especially children, who may be malnourished. To measure MUAC, locate the midpoint of the upper arm (halfway between the shoulder and elbow) and measure the circumference at that point. Ensure the tape measure is snug but not tight and record the measurement in centimeters.

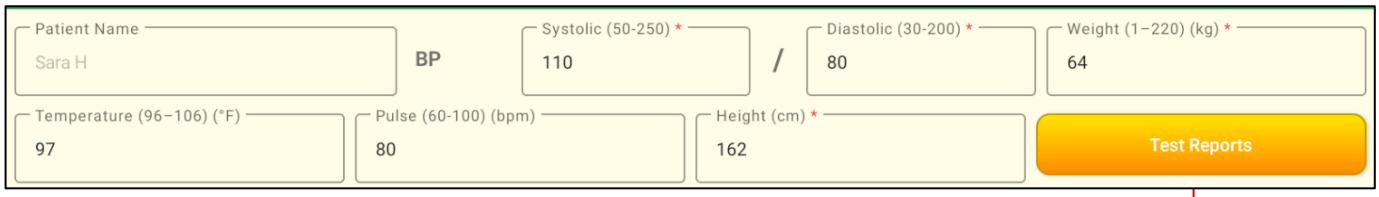
3.1.2 Diagnosis and Prescription Module

To diagnose and prescribe medicine to patients for any ailment, click on **Diagnosis and Prescription**.

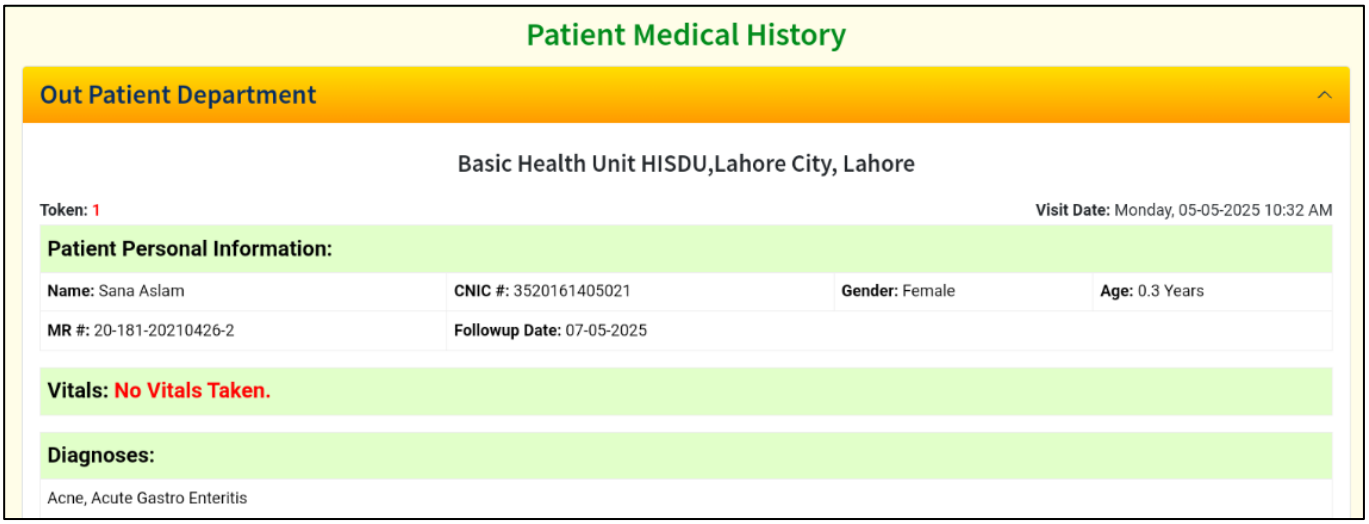


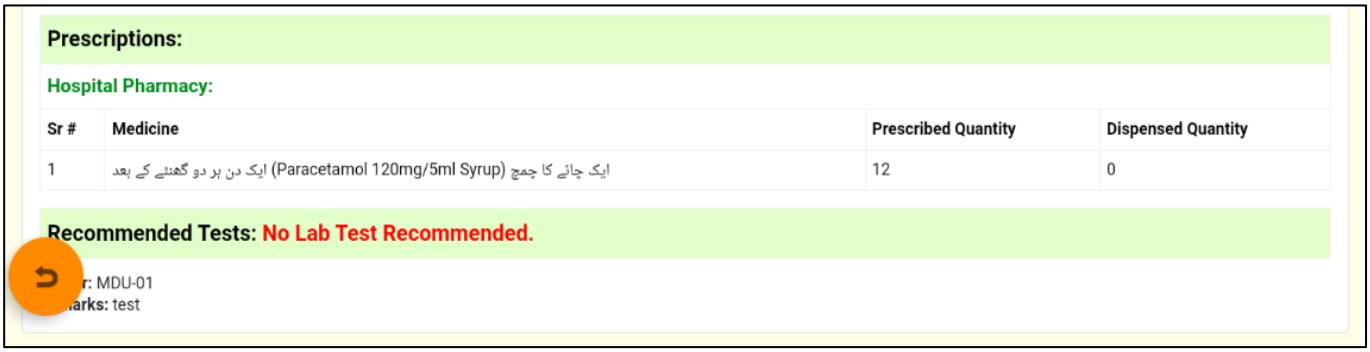
A new screen will appear, displaying relevant fields and options for Diagnosis and Prescription.



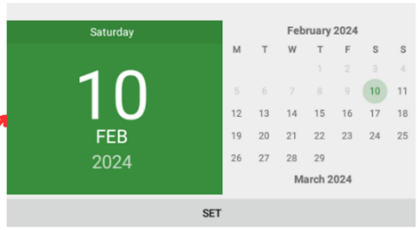


Provides quick access to lab test reports, allowing MOs to readily review results and make informed clinical decisions without needing to search through various records.

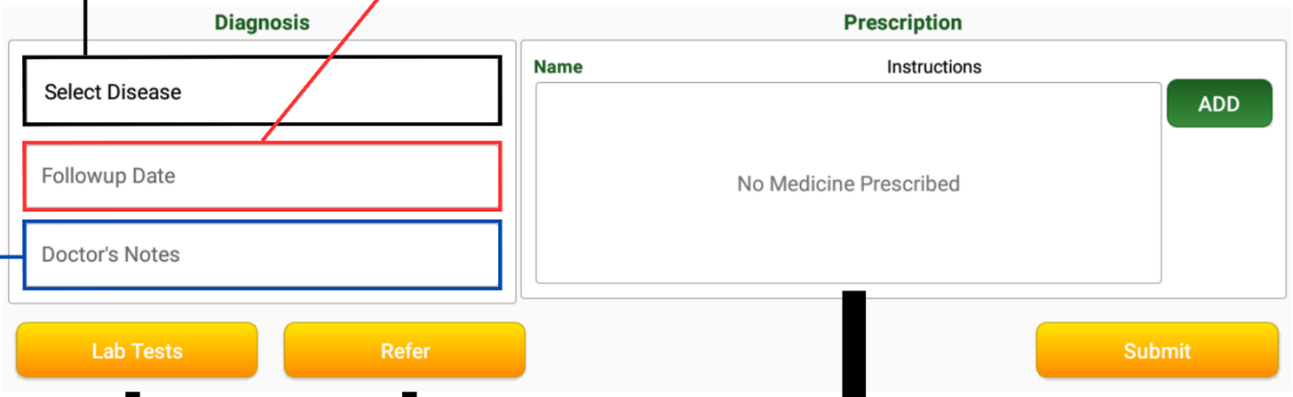




A drop-down list of 199 diseases will appear. Select the disease that best fits provisional diagnosis on initial history, examination, and laboratory test evidence.



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



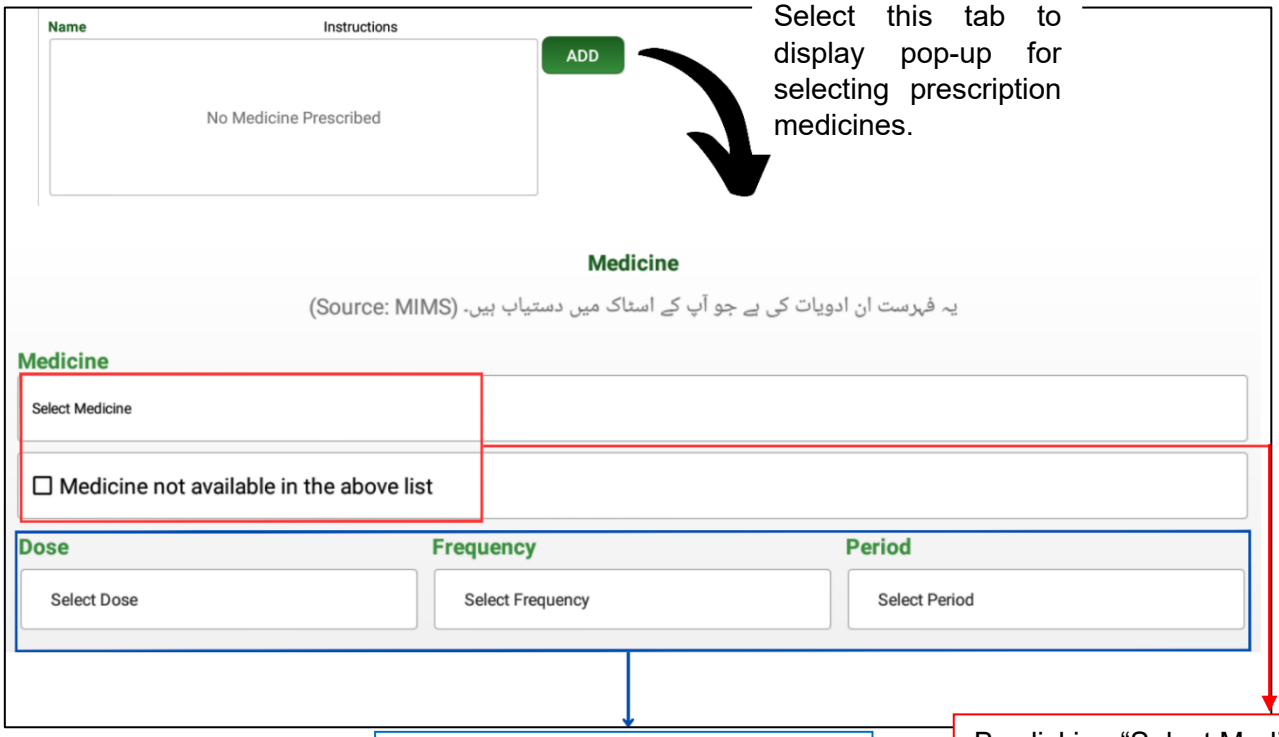
A drop-down will appear with 22 relevant laboratory diagnostic tests. Select appropriate tests for diagnosis and assessment of progression of disease. Select appropriate tests for diagnosis and assessment of progression of disease.

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.



Select this tab to display pop-up for selecting prescription medicines.

Dose: Right amount for the right effect.

Frequency: Right timing for sustained action.

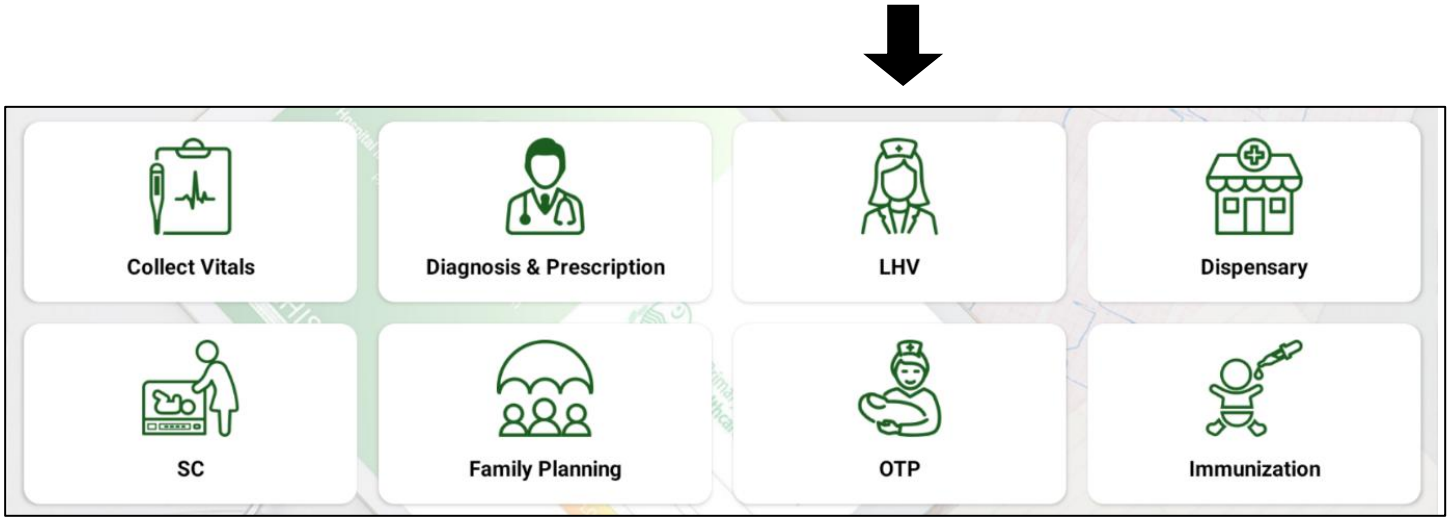
Period: Right duration for optimal outcome.

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

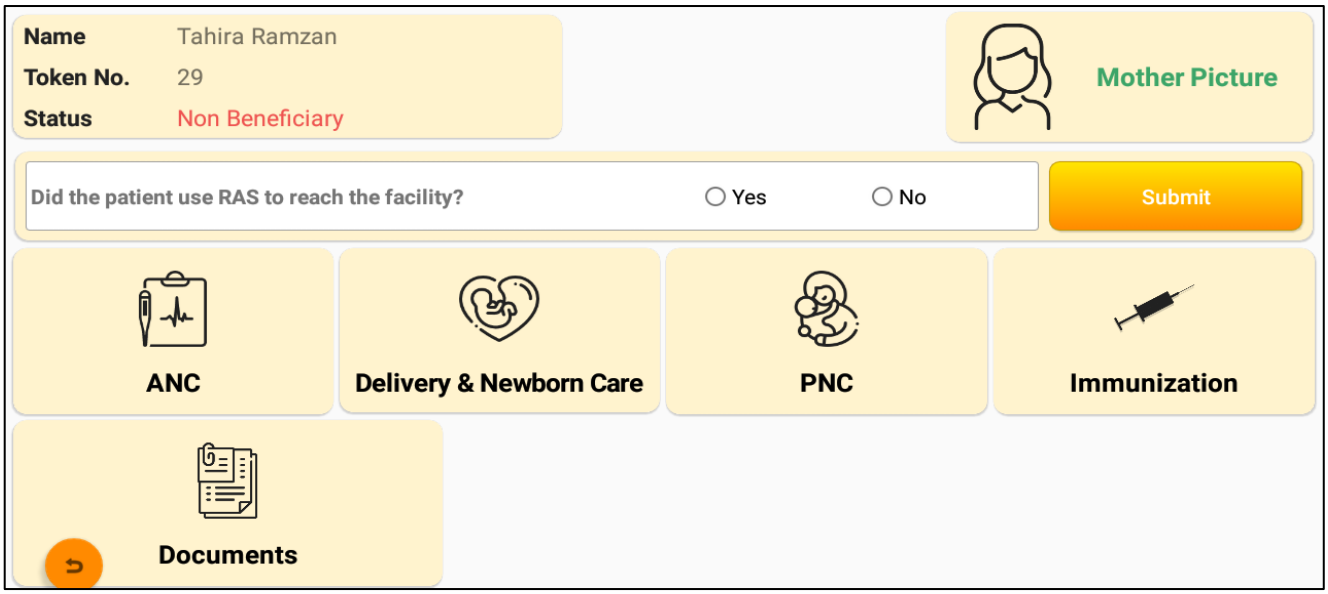
By clicking “Medicine not available in the above list” a drop down of list of external medicines will be made available for purpose of prescribing.

3.1.3 Lady Health Visitor (LHV) Module

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



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



Complete details of the LHV section are given in the Chapter 4: LHV Module.

3.1.4 Dispensary Module

Having the Dispensary Module integrated into the MO/WMO 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 Stabilization Center Module

Stabilization Centers (SCs) are established to provide intensive, inpatient care for children suffering from Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) with medical complications. These complications may include poor appetite, nutritional edema, or danger signs identified through the Integrated Management of Childhood Illness (IMCI) guidelines.

The primary objective of an SC is to stabilize the health status of critically malnourished children through close medical monitoring, therapeutic feeding, and treatment of underlying infections or conditions. Children are admitted based on clear clinical criteria and are managed according to national and international treatment protocols until they are stable enough to be referred to OTP for continued care.

This section provides guidance on the admission process, clinical management, discharge criteria, and documentation protocols for effective SC operations.

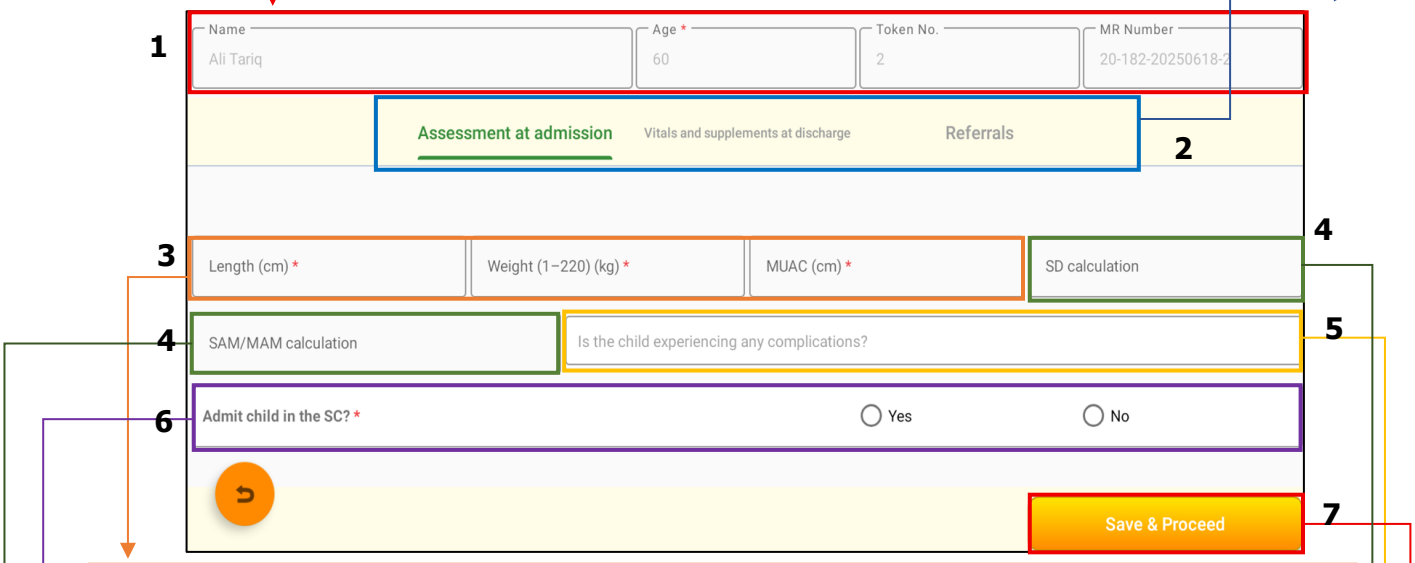


3.1.5.1 Assessment at Admission

Upon clicking on the SC tab, the following screen will appear:

The top of the screen shows the details of the child including the name, age (in months), token number and the MR number.

In the middle, you can view that there are three sub-sections: **Assessment at Admission** is filled when the child first is brought to the facility. **Vitals and supplements at discharge** and **Referrals** sections are filled when the child is to be discharged or is to be referred to another medical facility.



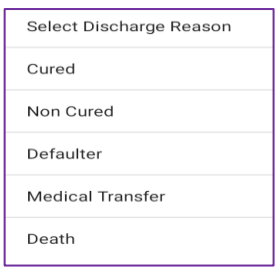
Enter the child's height/length (in centimeters), weight (in kilograms), and MUAC (in centimeters). For children under 6 months, the MUAC field will not appear, as MUAC is not applicable for this age group.

The SD and SAM/MAM calculations indicate the severity of a child's malnutrition. These fields are automatically generated based on the child's age and weight. The SD (Standard Deviation) reflects how far the child's measurements deviate from the normal growth range for their age, while the SAM/MAM classification categorizes the child's nutritional status accordingly.

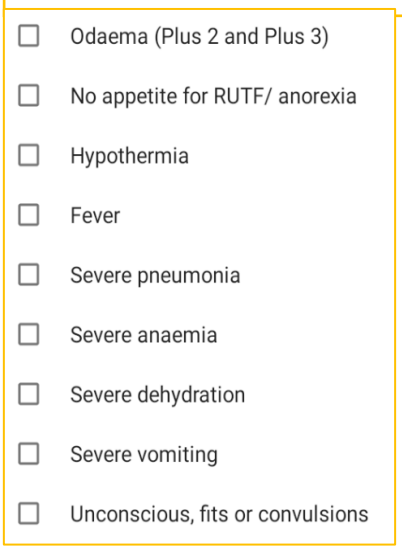
If the child is to be kept in the SC, click yes. The following option will appear:



If the child is to be discharged or referred, give appropriate reason



If the child is experiencing any complications, please enter them here by choosing from the following list:

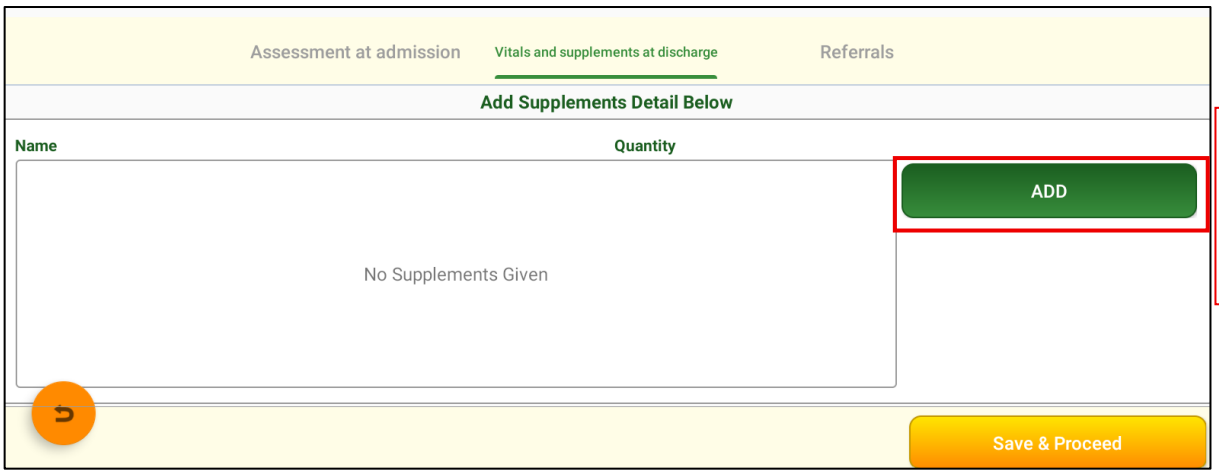


Lastly, click on Save & Proceed to save the details or to proceed to the next screen.

Link to Table of Content (ToC)

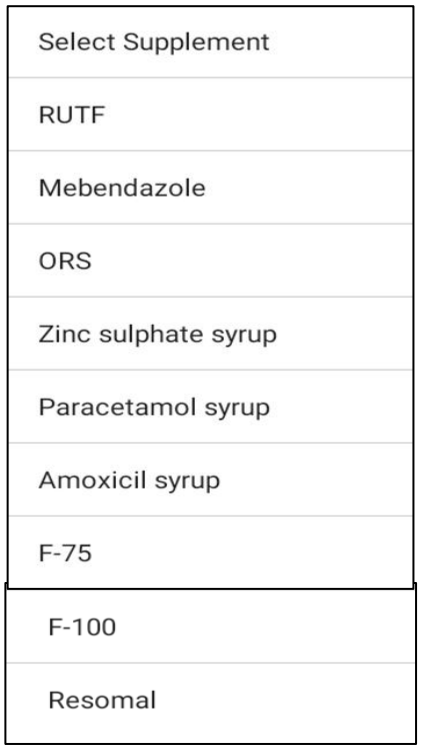
3.1.5.2 Vitals and Supplements at Discharge

Once the child is to be discharged, give an appropriate reason and click on **Save & Proceed** to view **Vitals and Supplements at Discharge** screen.



Click on **Add** to prescribe appropriate supplements.

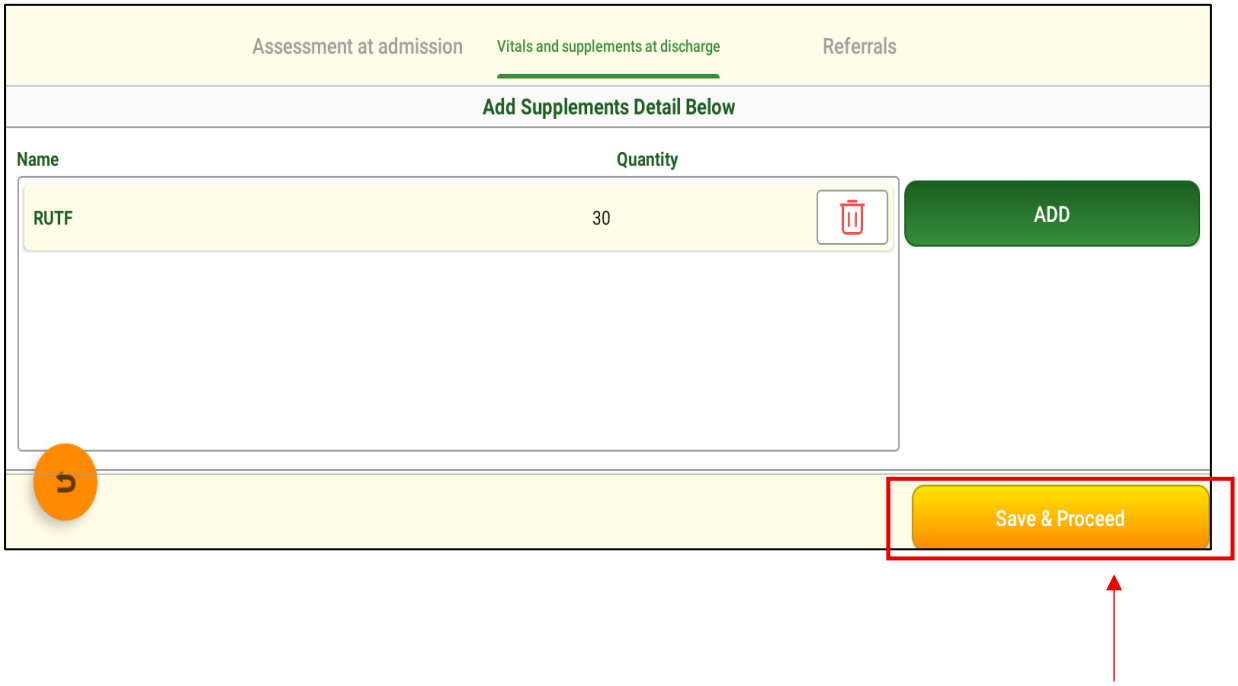




Once the supplement is added, specify quantity and click **Add**.

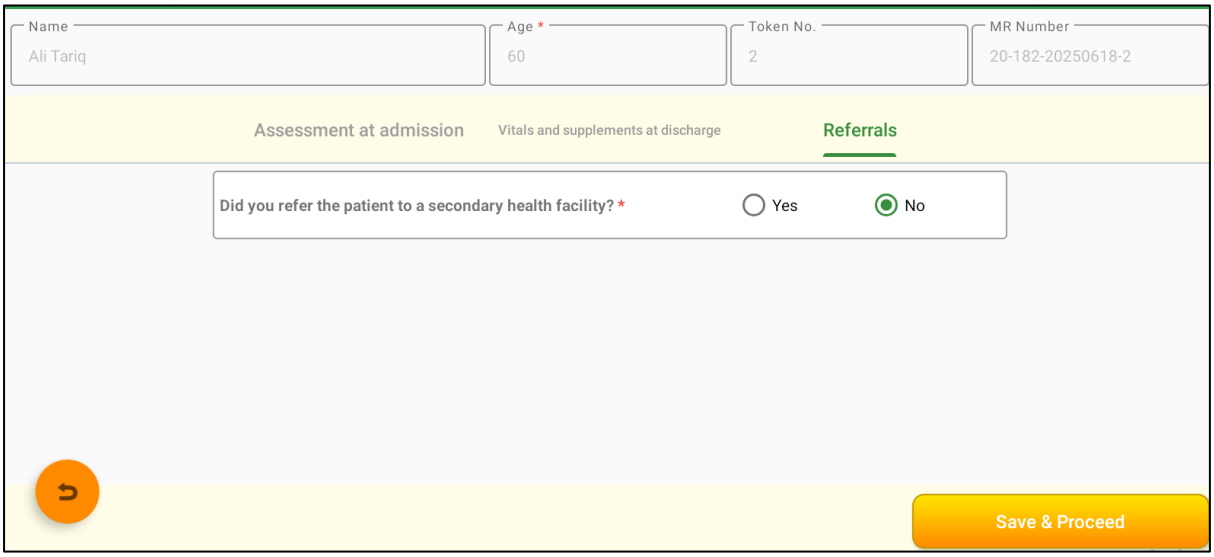


You can prescribe multiple supplements – if needed – similarly. Once all supplements are added, click on **Save & Proceed**.

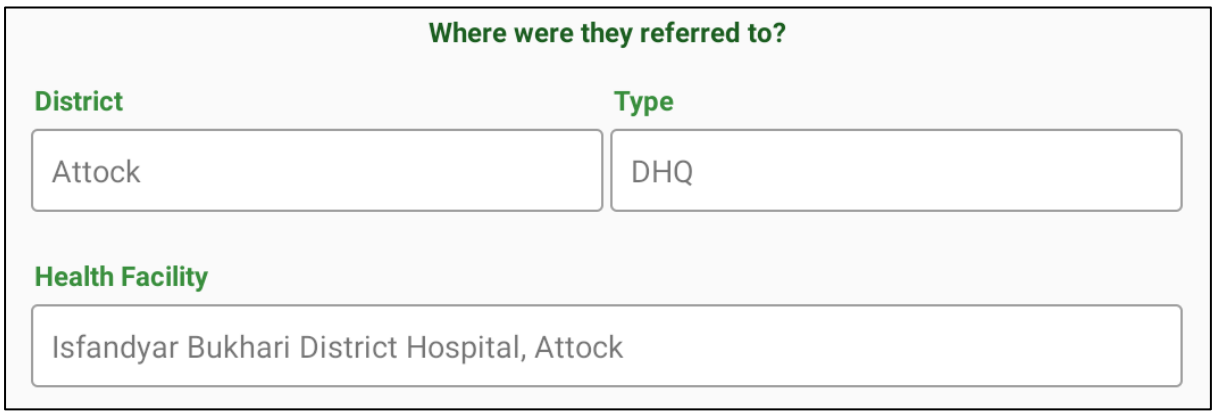


3.1.5.3 Referrals

Lastly, you will be shown the Referrals screen, as below. If the child is not being referred to another facility, click **No** and then **Save & Proceed**.

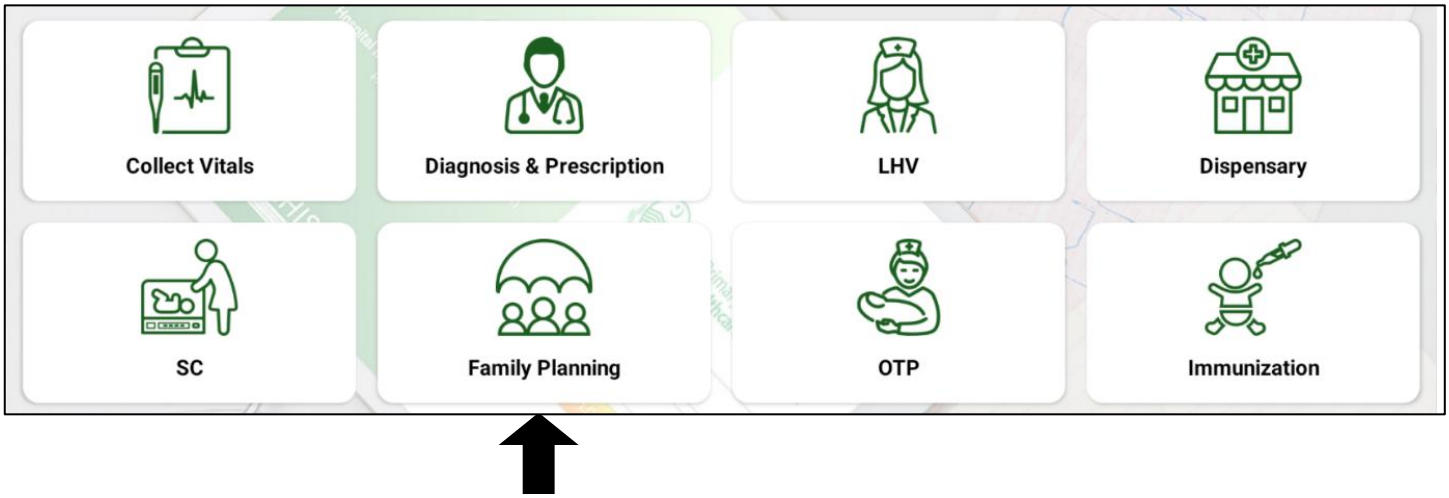


If referring the patient to another facility, click **Yes**. The following fields will be visible to enter referral details. Add the **District**, **type of facility**, and the **name of the facility** from the options given.



3.1.6 Family Planning Module

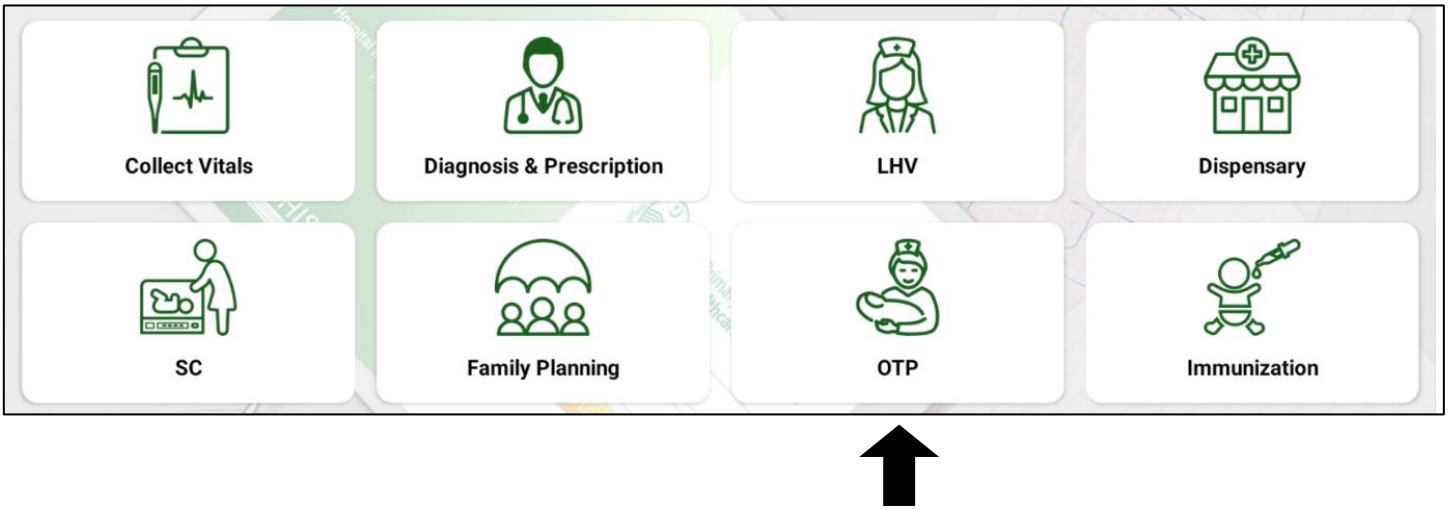
The Family Planning Module is included in the MO/WMO module to provide access to family planning information for patients both for males and females). After counseling and prescribing a contraceptive method, the module allows medical officers to view the family planning details of that patient, ensuring that they have the necessary information to support the patient's reproductive health decisions and provide appropriate follow-up care.



Complete details of the Family Planning module are given in Chapter 4: LHV Module, Section 4.1.2 Family Planning

3.1.7 Outpatient Therapeutic Program (OTP) Module

Outpatient Therapeutic Program (OTP) is designed to provide treatment and support to children less than equal to 5 years, suffering from malnutrition. Recording nutrition information is crucial for tracking a child's growth and development, ensuring they receive adequate nourishment for optimal health and well-being.

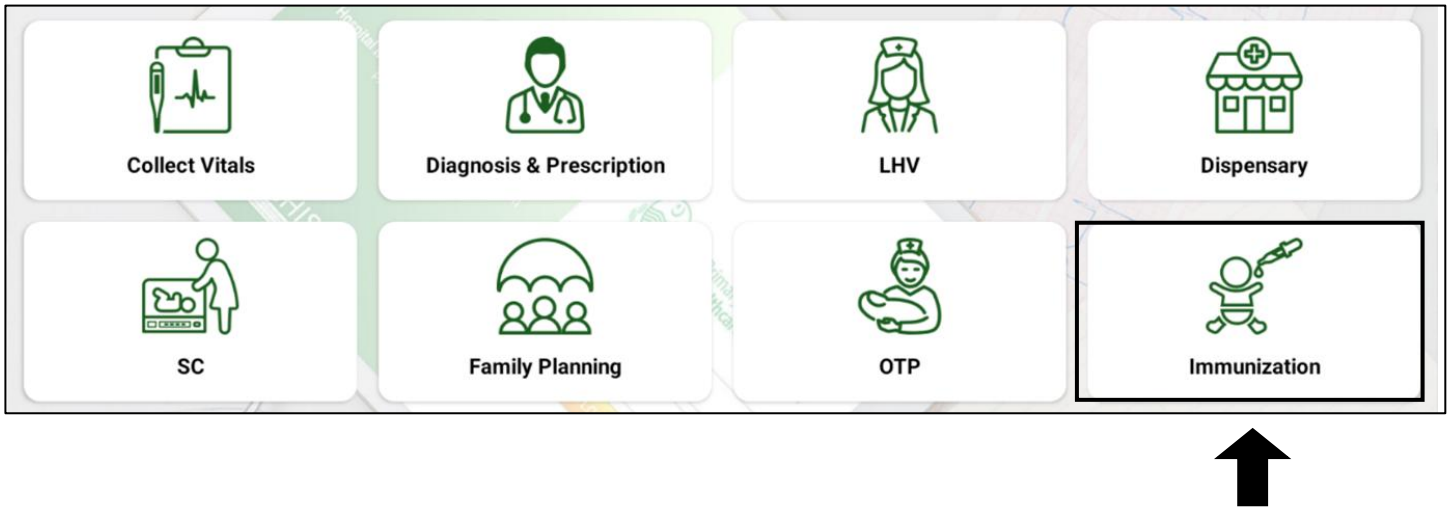


Complete details of the OTP module are given in the Chapter 4 LHV Module, Section 4.1.3 OTP

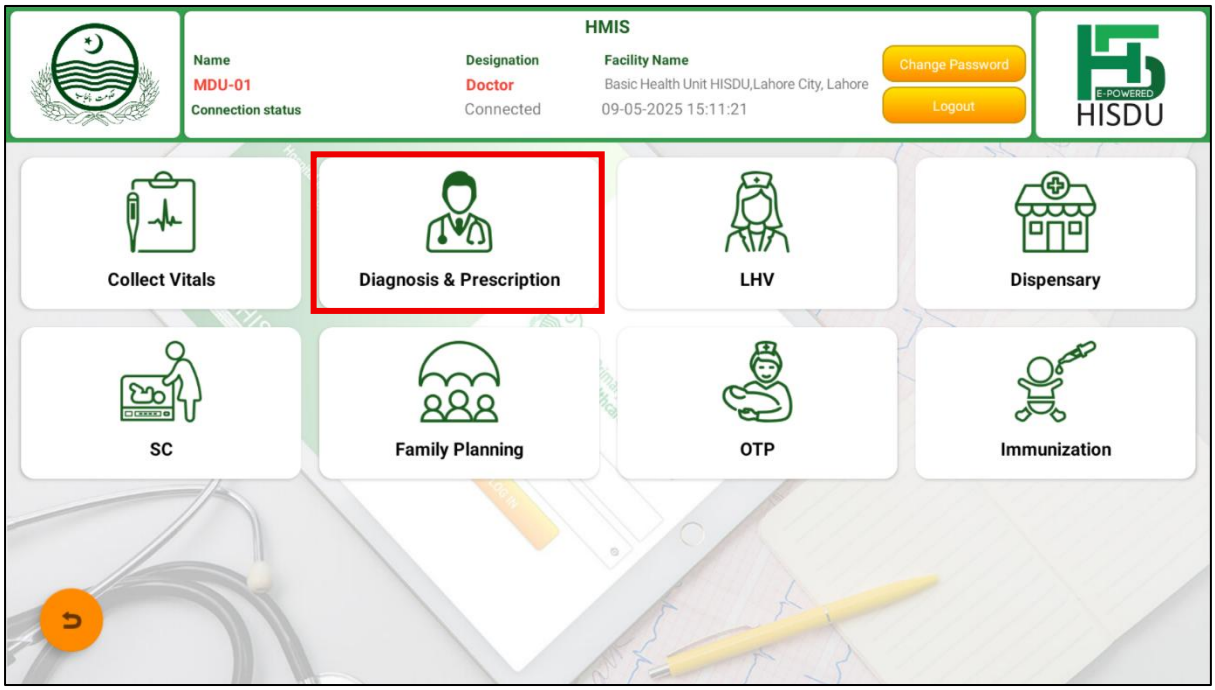
3.1.8 Immunization Module

The Immunization Module enables doctors to view and update a child's immunization history. This ensures continuity of care by allowing medical officers to verify administered vaccines, identify missed doses, and guide timely follow-ups. The module supports immunization tracking for children under five years of age.

Complete details of the immunization module are given in the **Chapter 6: Vaccinator Module**.



3.2 BHU/MNHC at Glance



The BHU/MNHC at Glance module in the HMIS application acts as a quick dashboard for the staff at MNHCs. It provides a snapshot of key performance indicators (KPIs) relevant to the MNHC'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 MNHC's operational status and aids in decision-making for efficient management.

The following is an overview of the BHU/MNHC at Glance homepage where each component can be accessed by clicking on it. The 7 seven tabs as shown below are:

1. Tabs Information
2. Health Council Budget
3. Biometric Device
4. Roaster
5. Attendance
6. MEAs Visit
7. Health Watch Visit

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.

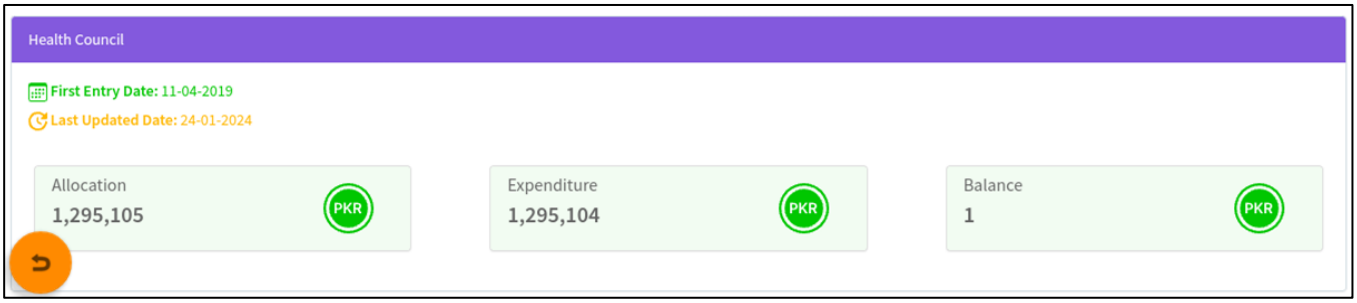
Tabs Information (Last 90 days)

Sr No.	Device IMEI	Device Model	Device Make	User	Role	Last Active Time	Status
1	43c9cf0a18d58dbd	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	Nouraiz 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	Nouraiz Ahmed	Doctor	25-03-2024 12:42:41 PM	Offline

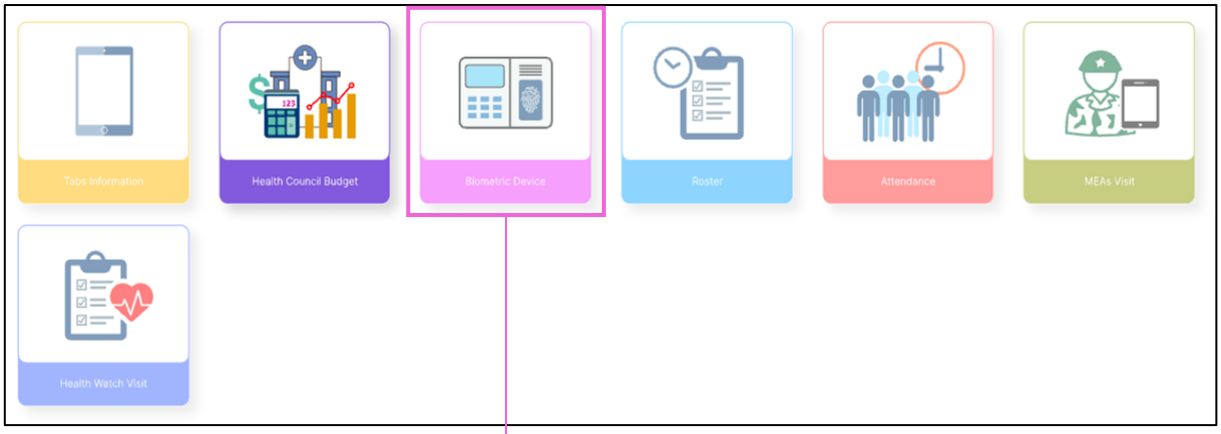
3.2.2 Health Council Budget



This displays the allocated budget for the MNHC 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).

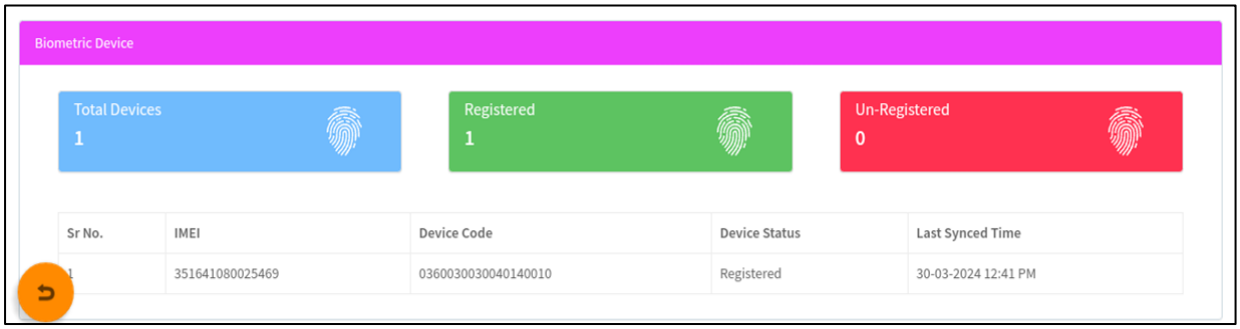


3.2.3 Biometric Device

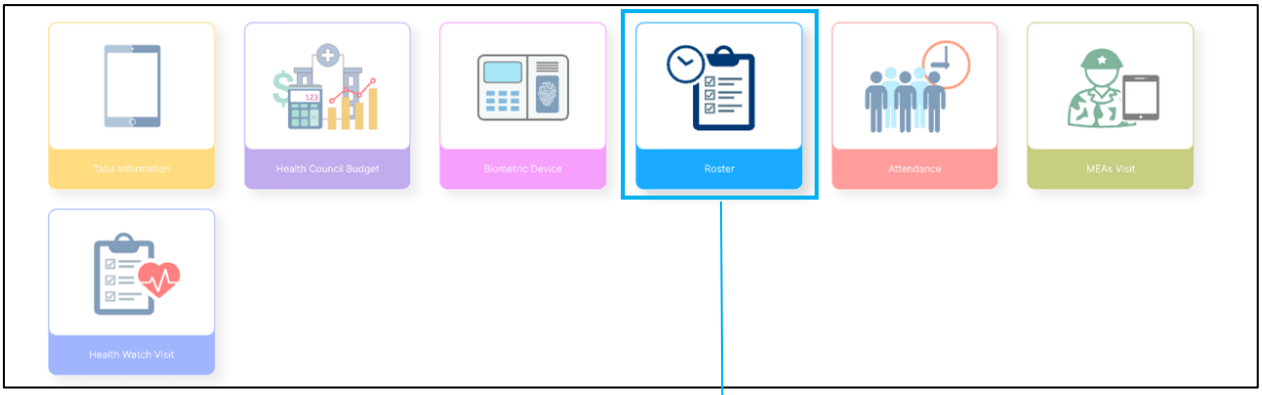


The Biometric Device section in the BHU/MNHC at Glance module provides an overview of the biometric devices installed and used at the MNHC. It includes details such as the number of devices installed, and their operational status including whether they are registered.

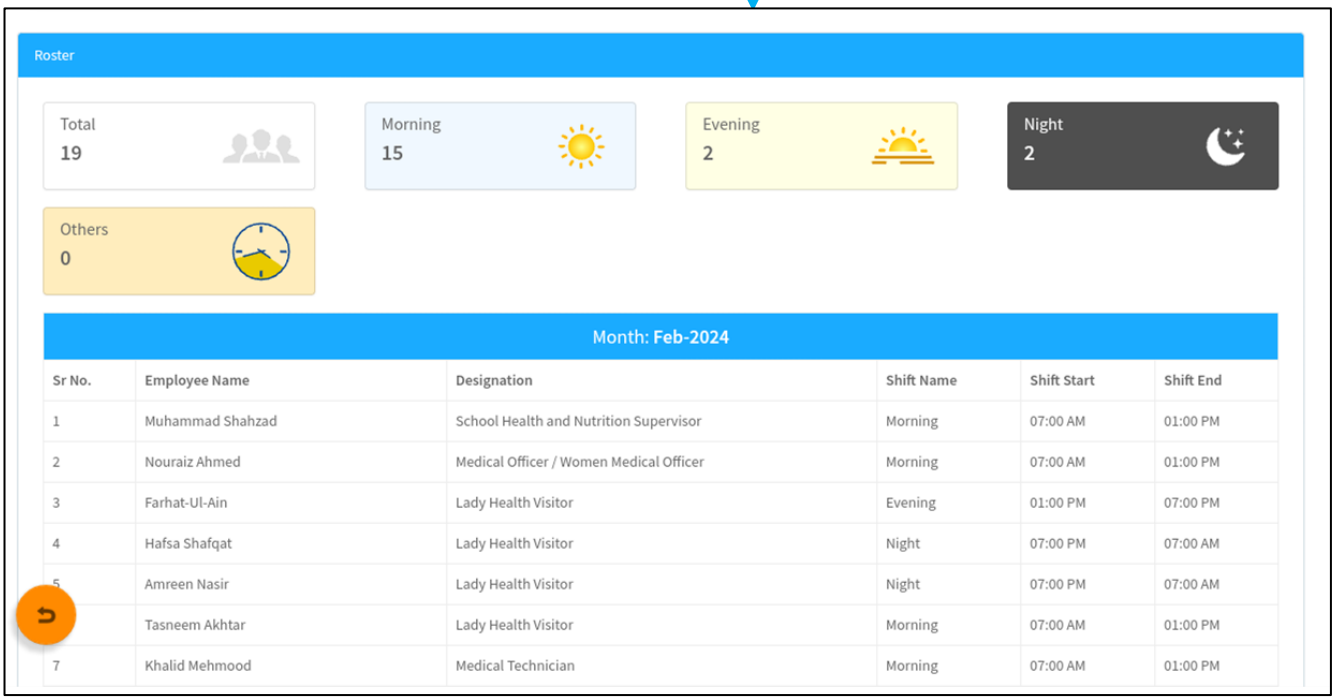
Note: If a new device is to be registered at the facility, department will send the relevant IT staff.



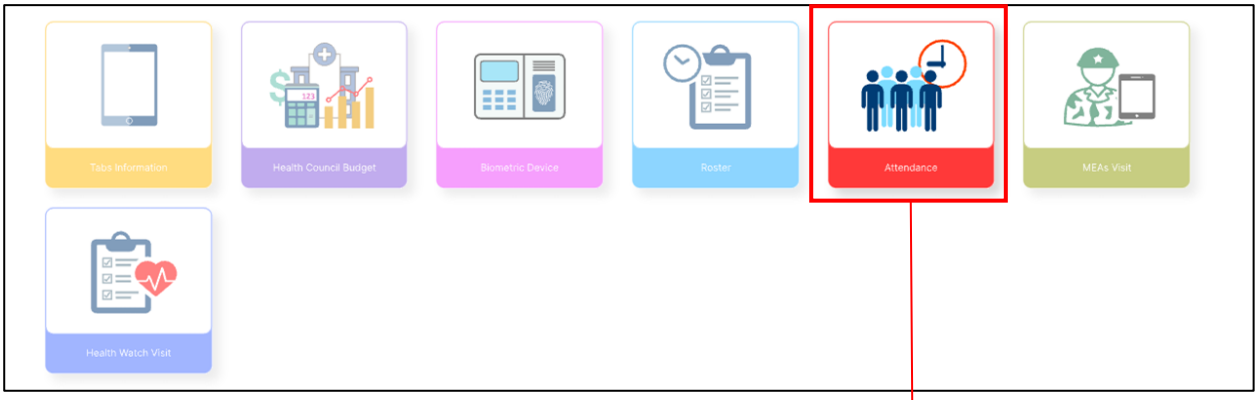
3.2.4 Roster



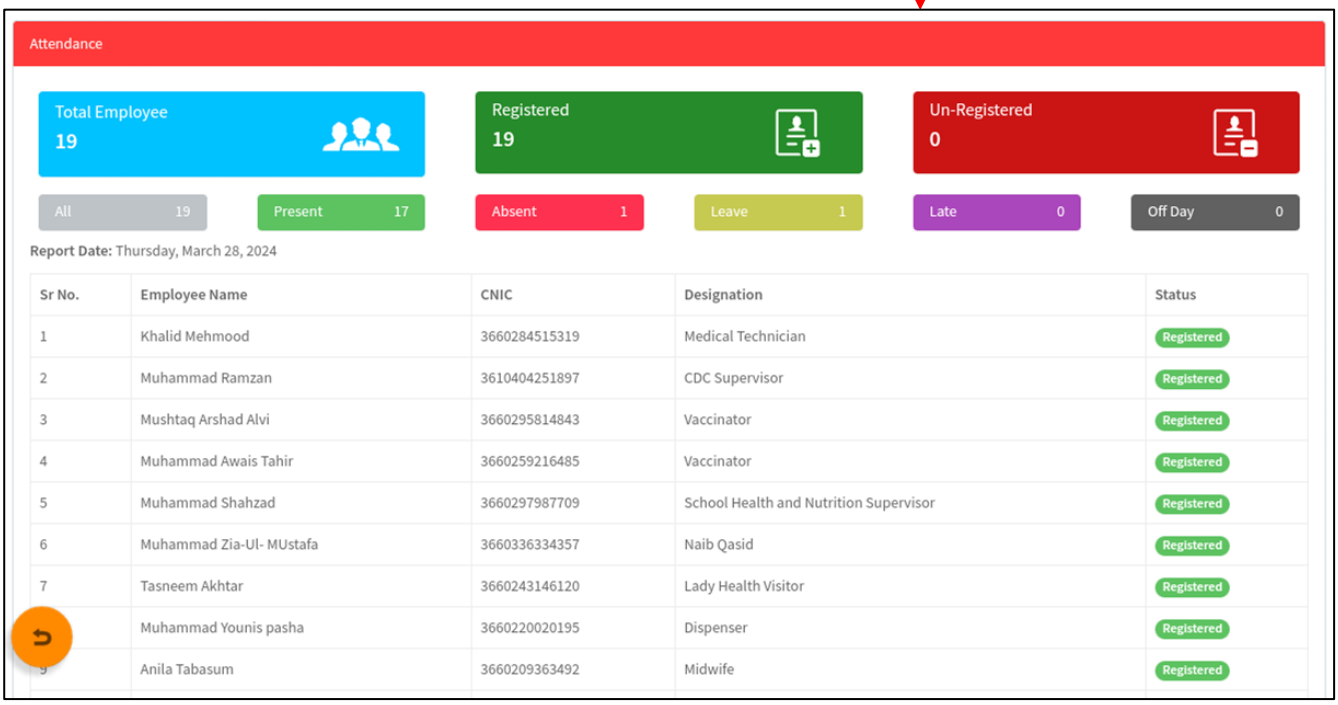
The Roster section provides a detailed schedule of the staff working at the MNHC. It includes information such as the names of the staff members, their designations, and their assigned shifts (as shown below). This section helps in ensuring that the MNHC is adequately staffed at all times, with the right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



3.2.5 Attendance



The Attendance section provides a summary of the staff's attendance records at the MNHC. 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 MNHC 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.

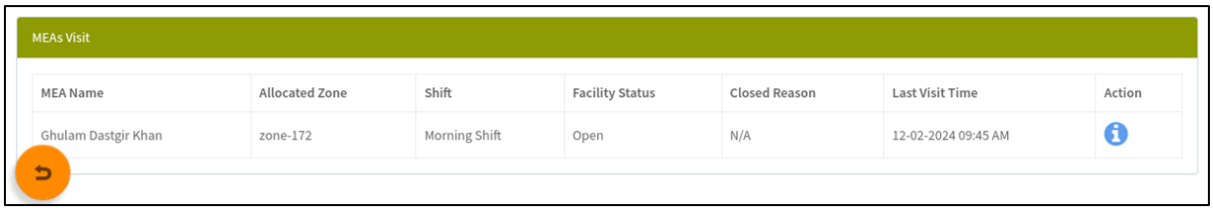


Sr No.	Employee Name	CNIC	Designation	Status
1	Khalid Mehmood	3660284515319	Medical Technician	Registered
2	Muhammad Ramzan	3610404251897	CDC Supervisor	Registered
3	Mushtaq Arshad Alvi	3660295814843	Vaccinator	Registered
4	Muhammad Awais Tahir	3660259216485	Vaccinator	Registered
5	Muhammad Shahzad	3660297987709	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 MNHC. 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 MNHC and ensures compliance with standards and guidelines. It also allows for tracking the frequency of MEA visits and their impact on the MNHC's operations.



3.2.7 Health Watch Visit



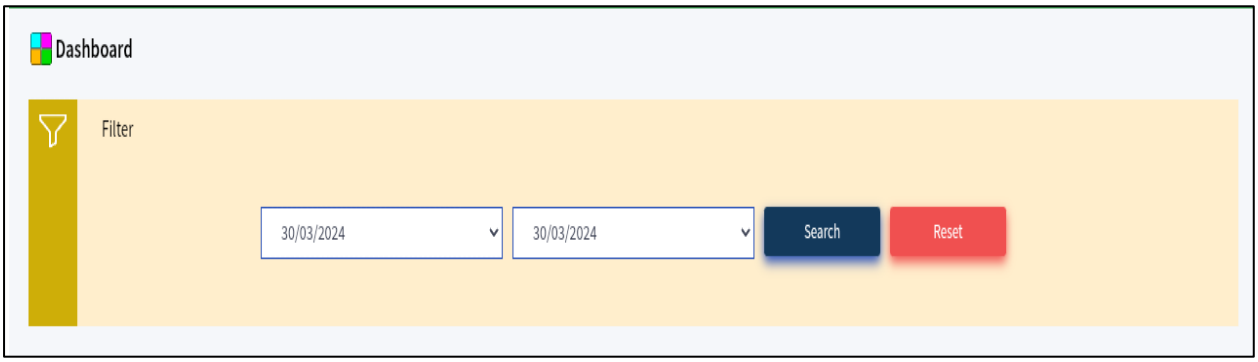
The Health Watch Visit section provides a summary of visits conducted by the Health Watch team to the MNHC. It includes details such as name of the officer, district, tehsil and the date and time of the visit, the purpose of the visit, and any observations or recommendations made by the Health Watch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



3.3 Facility Dashboard



The Facility Dashboard module in the HMIS application provides a comprehensive overview of service utilization at the MNHC. It breaks down service utilization into several key components, including Registration, OPD, LHV, Pathology, Stock, UHI, and Family Planning. Each section offers detailed insights into the utilization of services and resources, allowing for

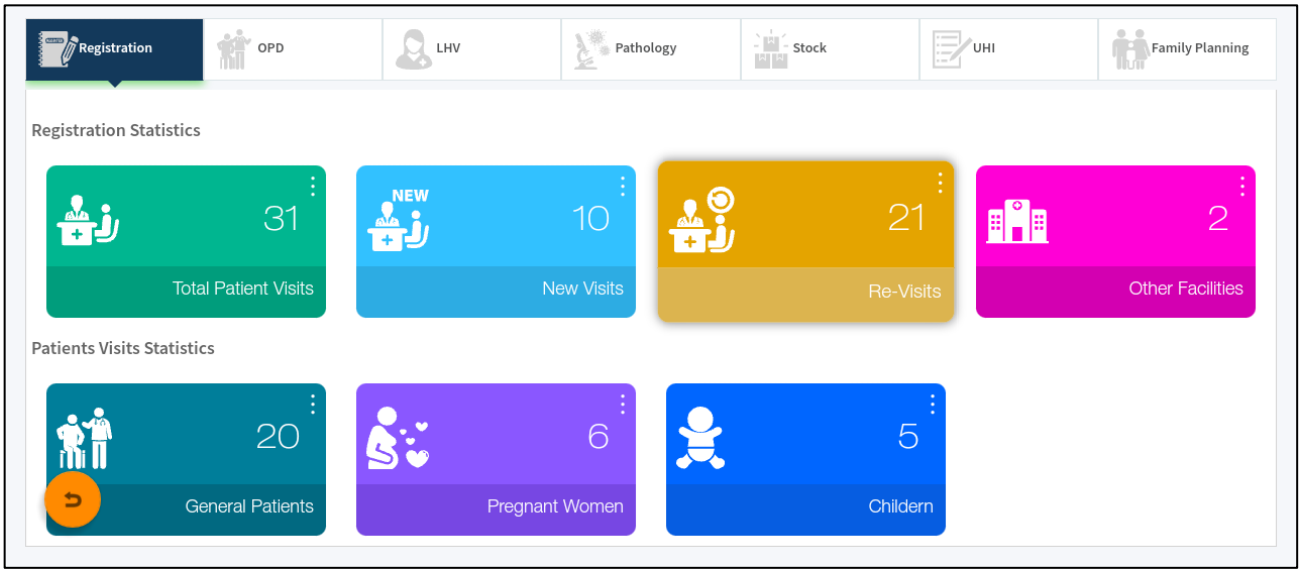


effective management and planning. Additionally, the module allows users to generate reports based on the data collected, enabling informed decision-making and performance evaluation.

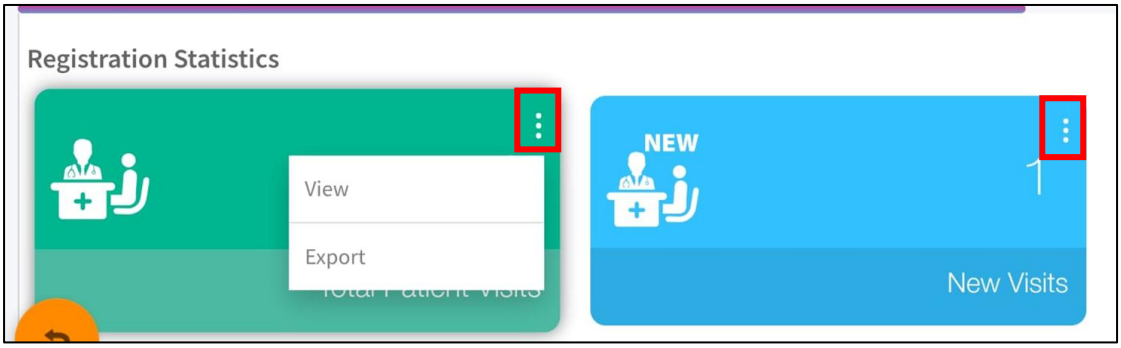
Utilize the dashboard to select the specific dates for which you wish to view the results. You can choose a range as short as a day or extend it to three days, a week, three months, or even a year.

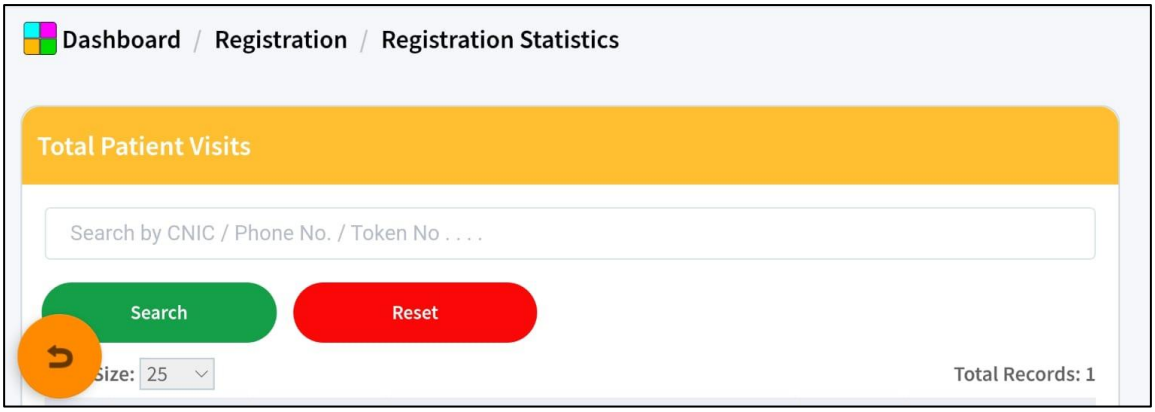
3.3.1 Registration

This section tracks the number of patients registered at the MNHC 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.

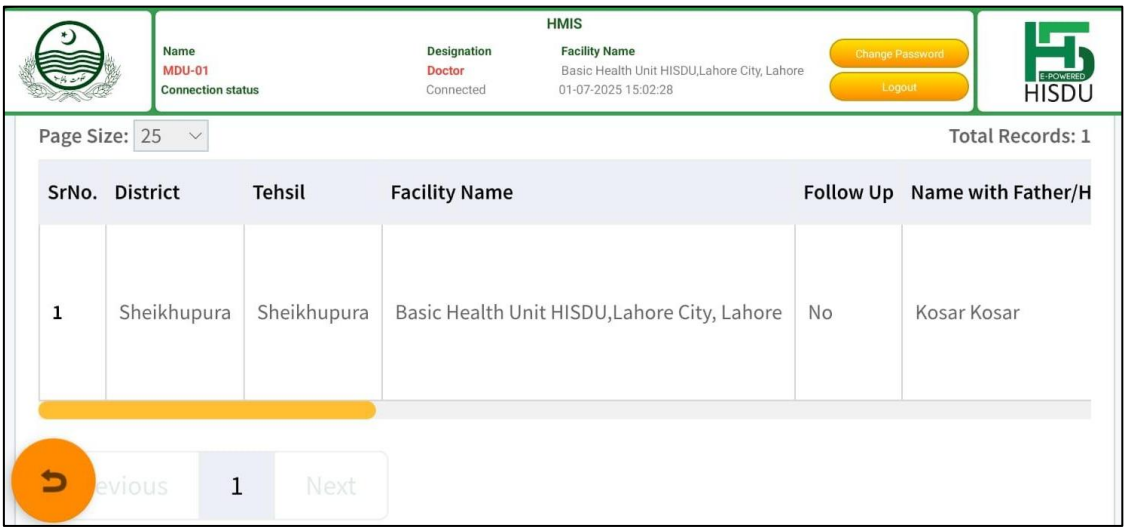


When you click on the three dots in the top right corner of any tab within the Facility Dashboard, it will give you options to view that data for that statistic or to export that data.



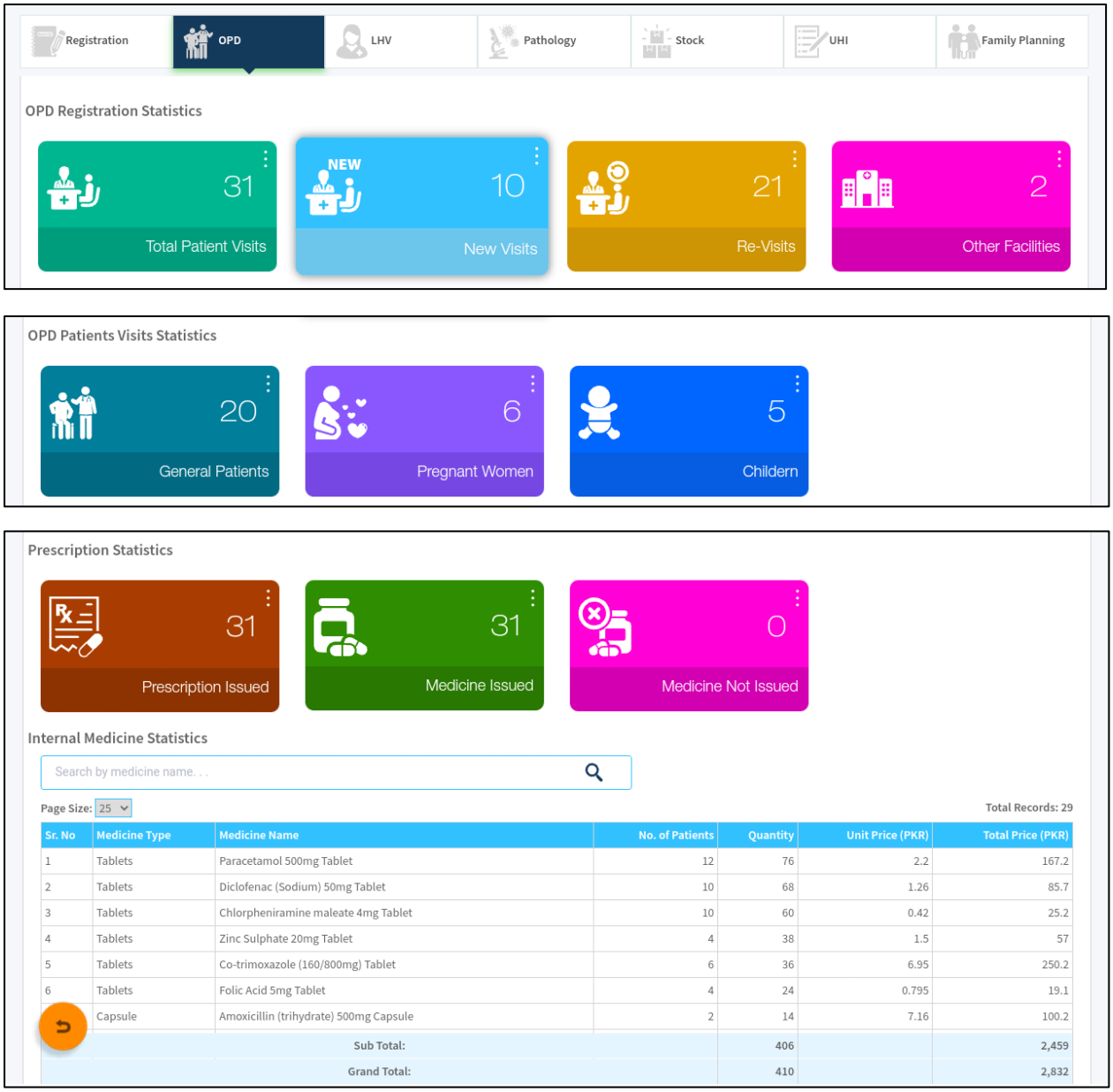


To view patient-level data linked to the aggregate figures for a selected time period, click on **View**. This will display the individual records that contribute to the summary data. You can search for a specific patient using their CNIC, MR number, phone number, or token number. To access a patient's full medical history, click on their name. This will open a detailed record of all services they have received. To export the data into an Excel file, simply click on **Export**.



3.3.2 OPD

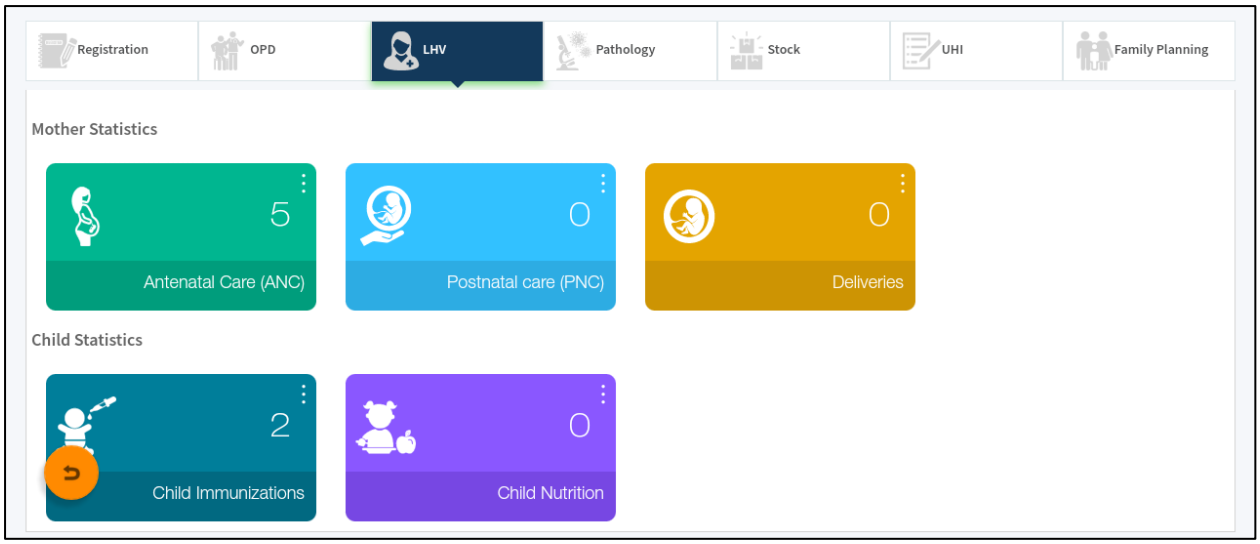
The OPD section records the number of patients treated at the MNHC's outpatient department. It includes details such as the types of services provided and the reasons for the visit.



Click on a tab to view patient-level data for the selected time period for that particular statistic such as Pregnant Women or Children. Further, you can click on a patient's name to see their detailed medical history.

3.3.3 Lady Health Visitor

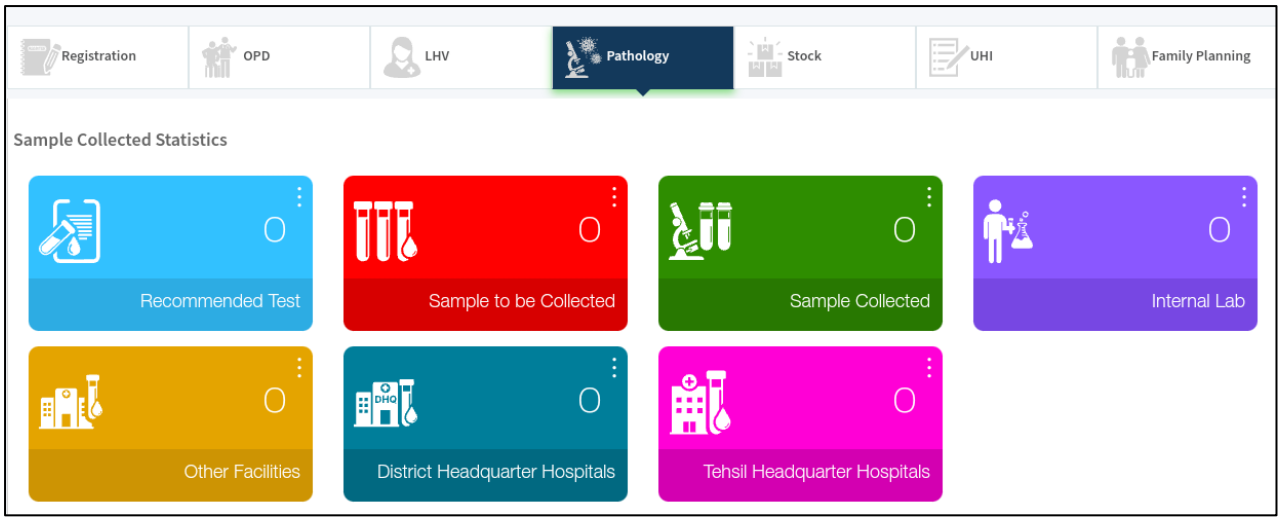
This section focuses on the services provided by Lady Health Visitors, such as maternal and child health services. It tracks the number of services rendered including antenatal care, postnatal care and deliveries for mother and immunization and nutrition statistics for children.

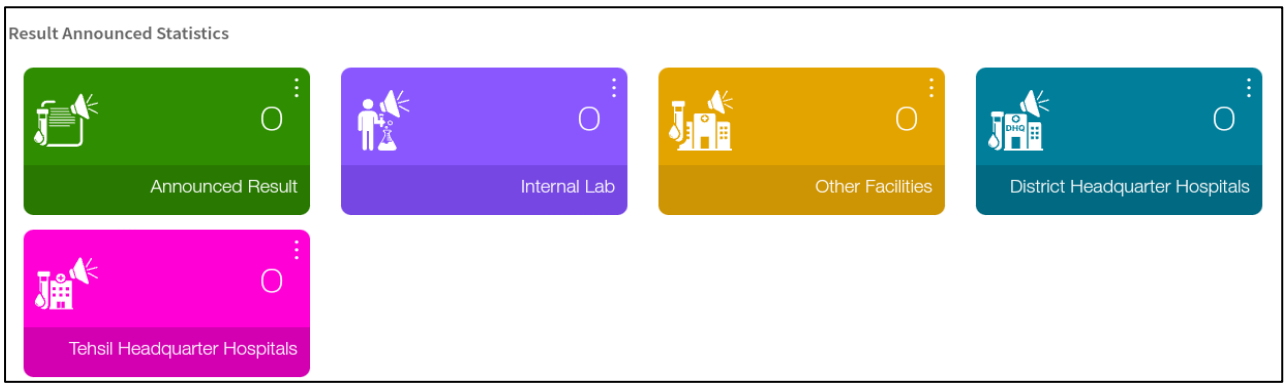


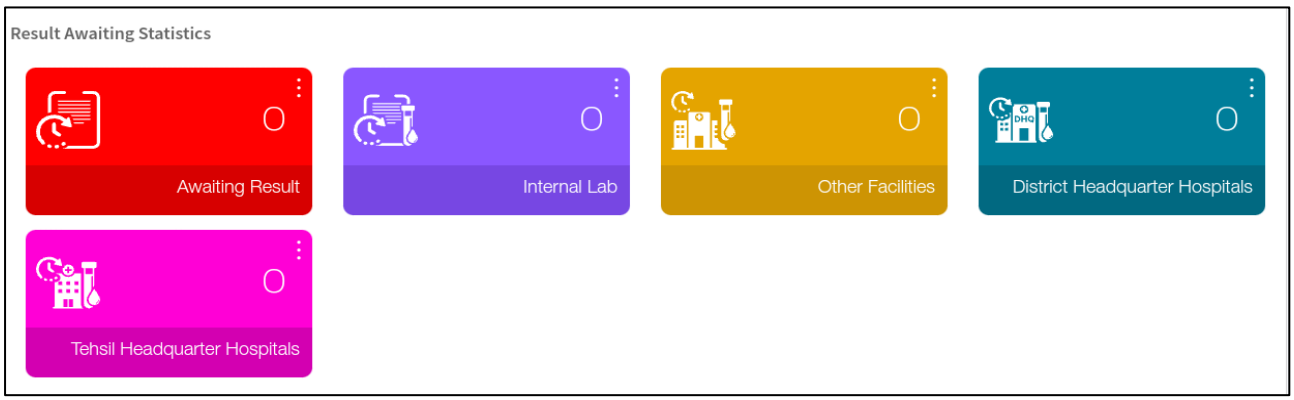
Click on a tab to view patient-level data for the selected time period for that particular statistic such as Antenatal Care or Child Immunizations. Further, you can click on a patient's name to see their detailed medical history.

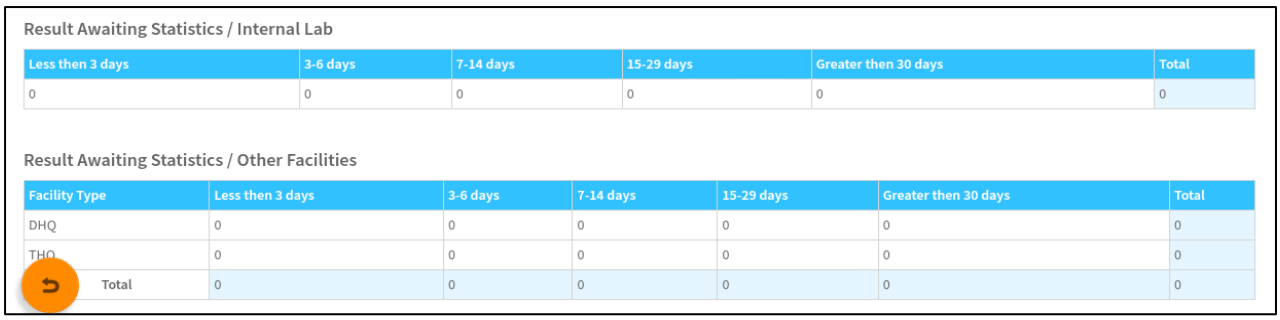
3.3.4 Pathology

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









Result Awaiting Statistics / Internal Lab

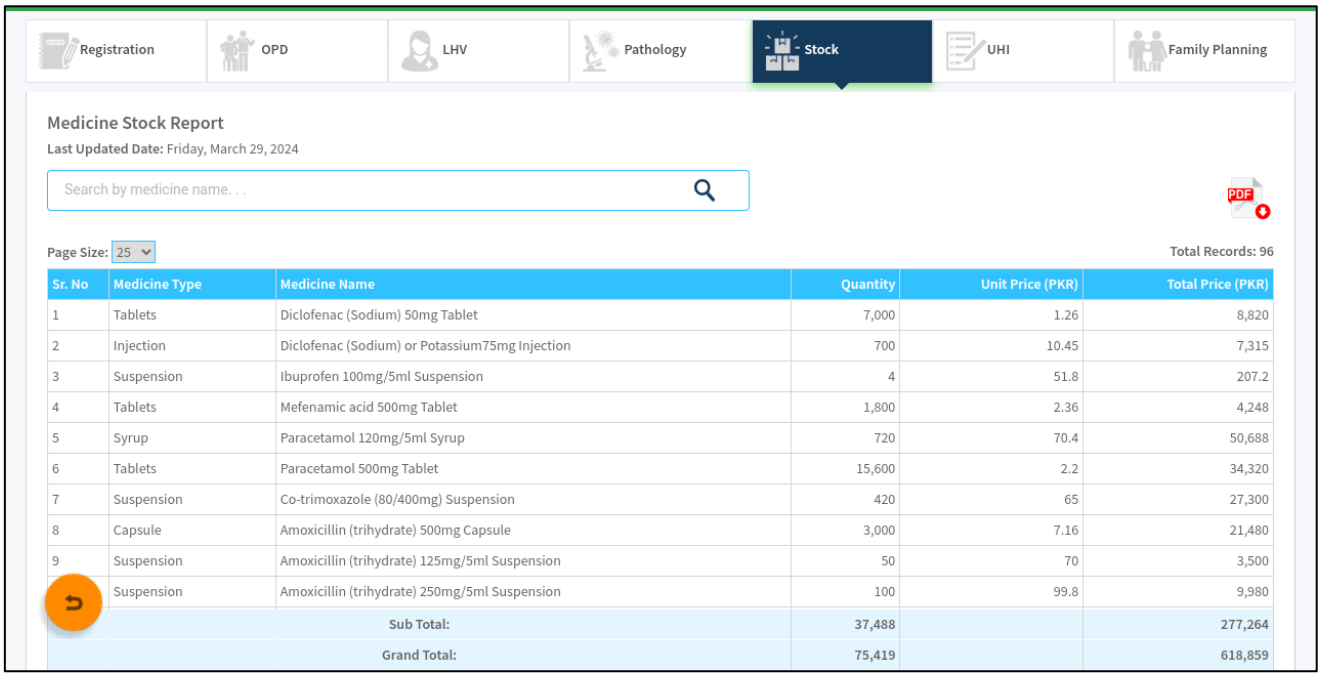
Less then 3 days	3-6 days	7-14 days	15-29 days	Greater then 30 days	Total
0	0	0	0	0	0

Result Awaiting Statistics / Other Facilities

Facility Type	Less then 3 days	3-6 days	7-14 days	15-29 days	Greater then 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 MNHC. 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. . .

Page Size: 25

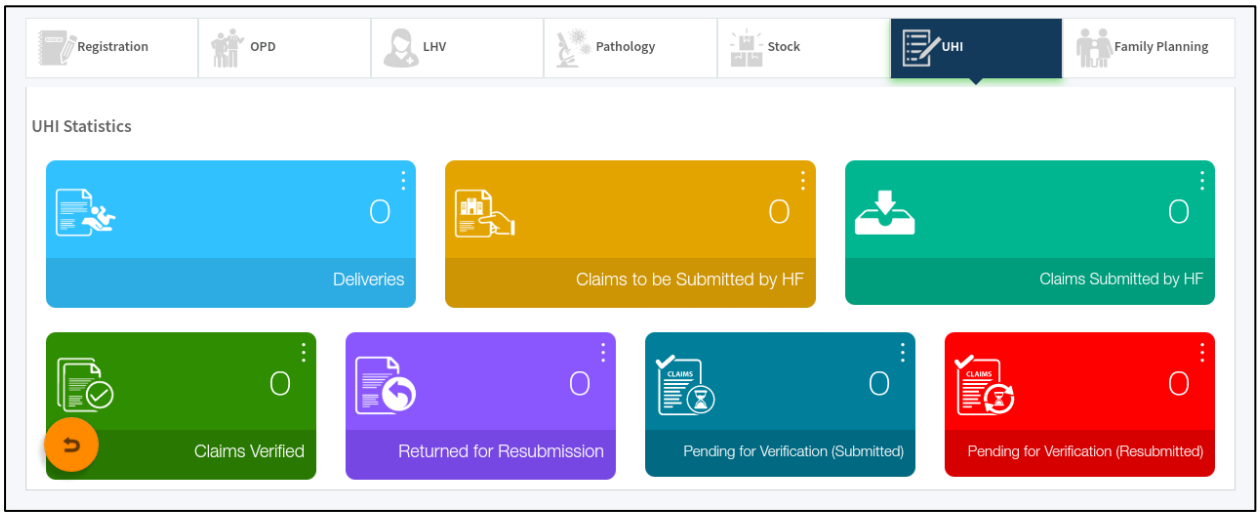
Total Records: 96

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 Potassium75mg 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

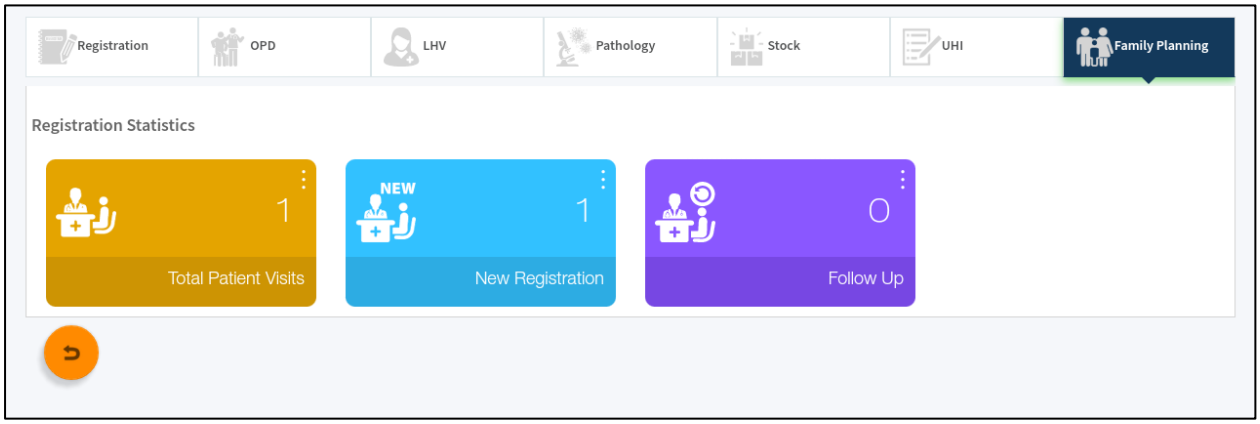
This section provides a quick overview of UHI claims associated with the MNHC. The staff can see the total number of claims that need to be submitted for reimbursement (categorized as "to be submitted") alongside the number that has already been submitted ("submitted by HF"). It also shows the number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



3.3.7 Family Planning

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

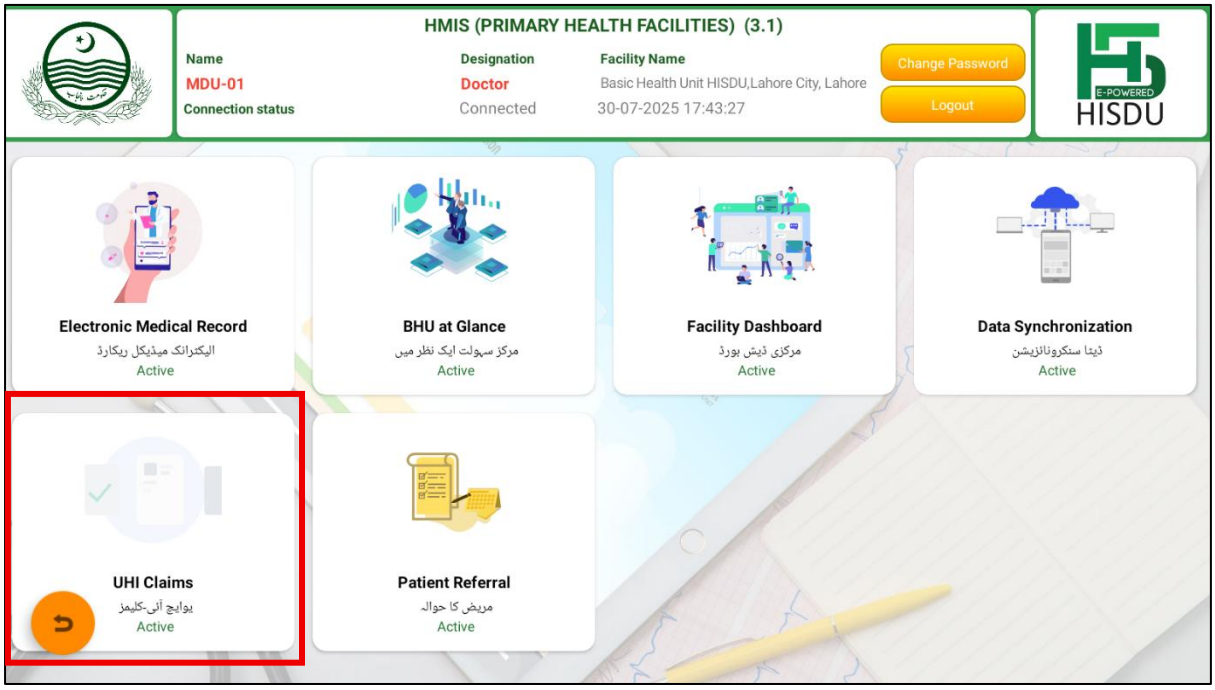


3.4 Data Synchronization



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.

3.5 UHI Claims



The UHI Claims dashboard is a tool to track claims submitted for deliveries at MNHC. 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.

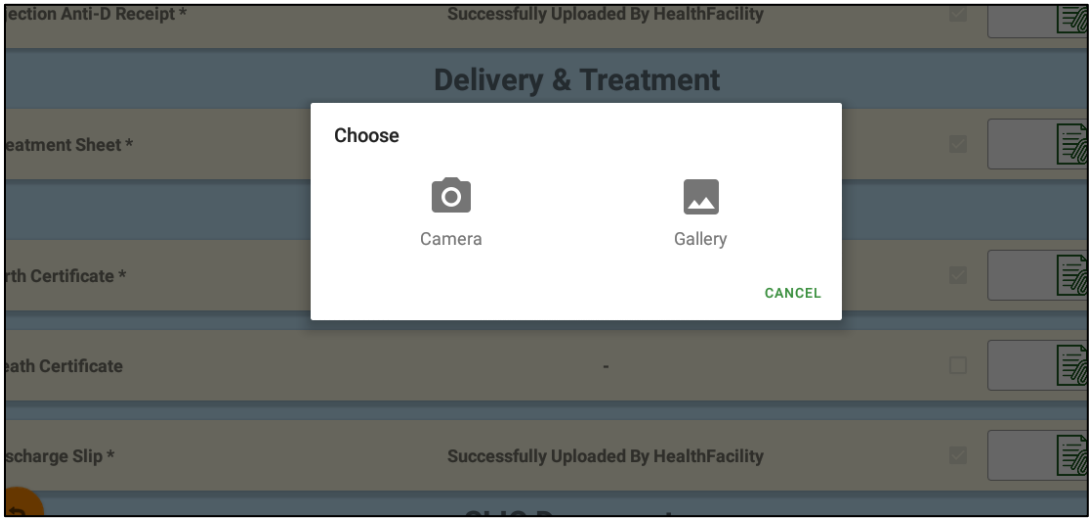


The dashboard displays the following information:

- 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

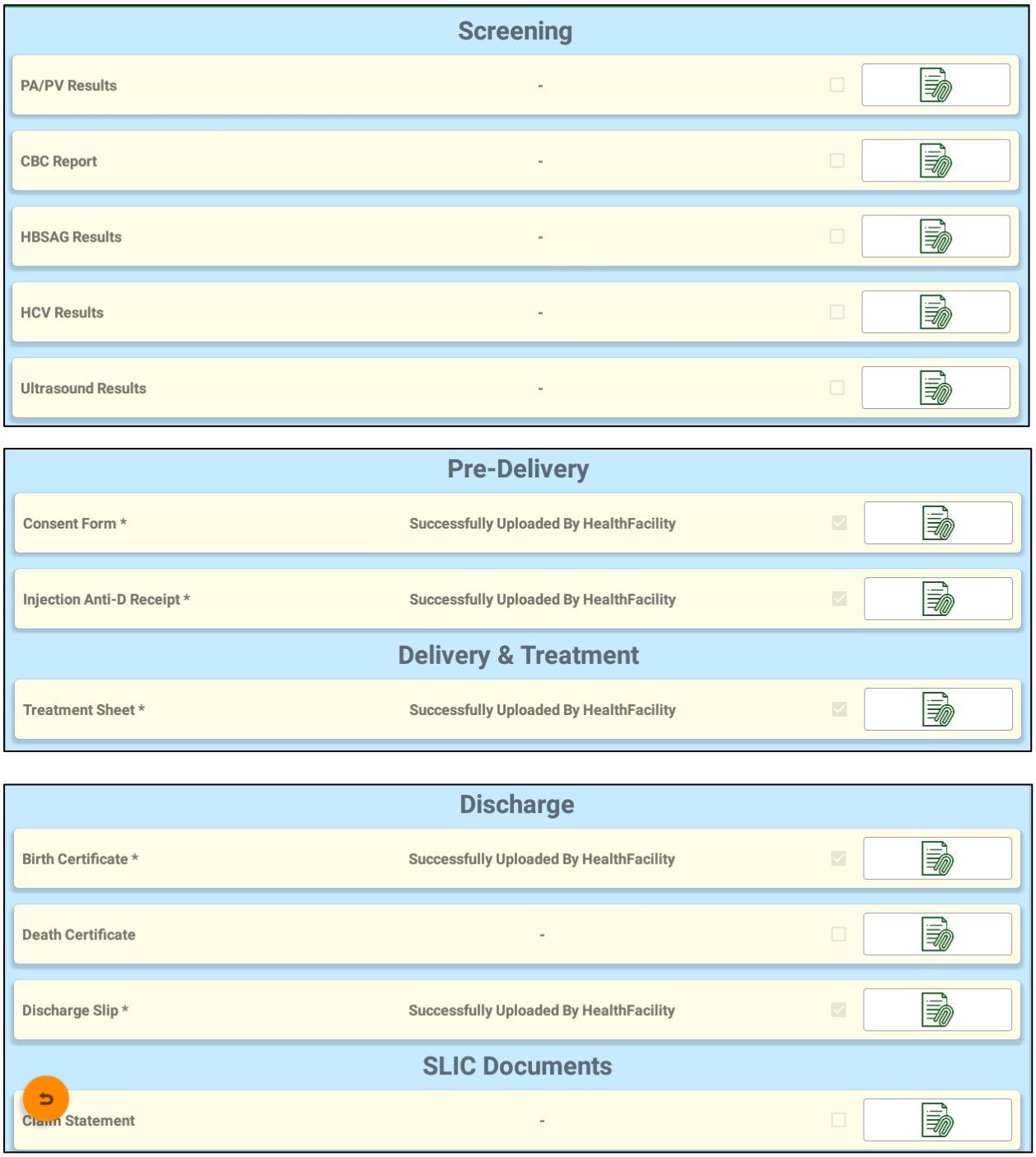
The UHI Claim Form requires nine documents to be attached either by taking a picture through the device's camera or by selecting an existing image of the document from the gallery.

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

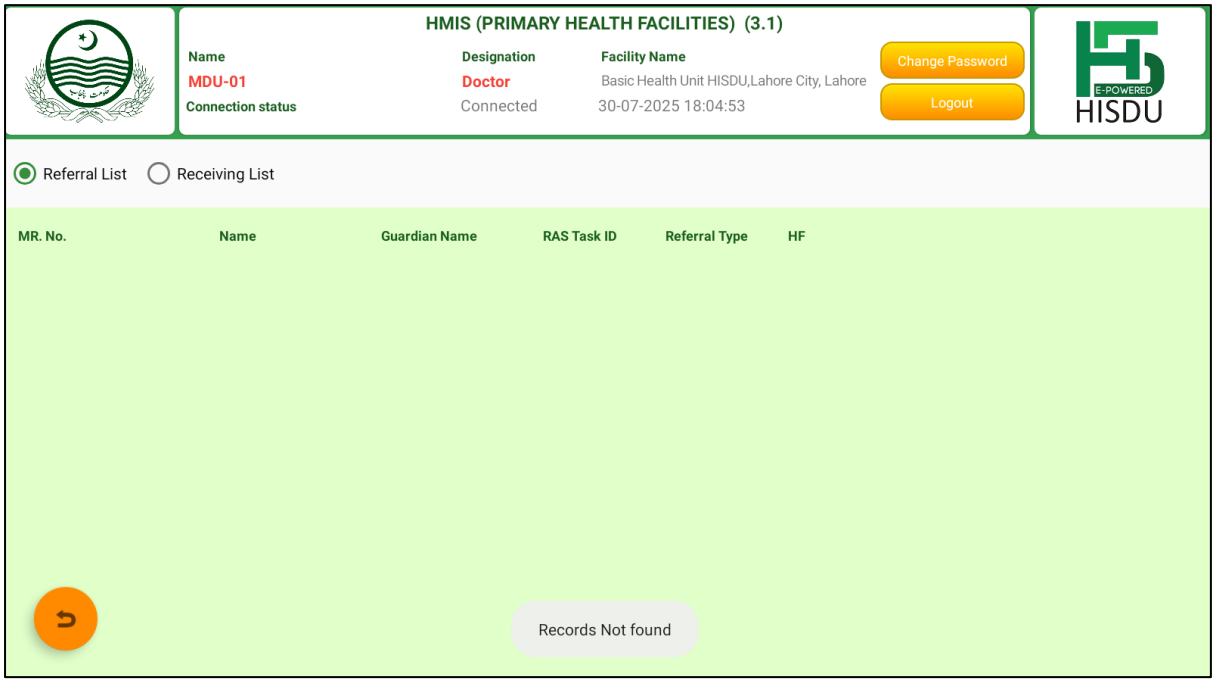

The documents required for a claim are produced throughout the patient journey
Registeration
CNIC/B-Form Front *
Successfully Uploaded By HealthFacility
CNIC/B-Form Back *
Successfully Uploaded By HealthFacility
Head of House CNIC Front *
Successfully Uploaded By HealthFacility
Head of House CNIC Back *
Successfully Uploaded By HealthFacility


Screening
PA/PV Results
-
CBC Report
-
HBSAG Results
-
HCV Results
-
Ultrasound Results
-
Pre-Delivery
Consent Form *
Successfully Uploaded By HealthFacility
Injection Anti-D Receipt *
Successfully Uploaded By HealthFacility
Delivery & Treatment
Treatment Sheet *
Successfully Uploaded By HealthFacility
Discharge
Birth Certificate *
Successfully Uploaded By HealthFacility
Death Certificate
-
Discharge Slip *
Successfully Uploaded By HealthFacility
SLIC Documents
Claim Statement
-

3.6 Patient Referral

If any patient has been referred from the current facility to a secondary (THQ/DHQ) or tertiary facility, patients' details will appear in the following shown format in the "Referral List"

You can also switch to patients being referred to the current facility by choosing the option "Receiving List"



2025

Health & Population Department

JICA

Strengthening Maternal and Newborn Healthcare MCH Project Punjab

Chapter 4:

LHV MODULE

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

HMIS v3.0

Chapter 4: Lady Health Visitor (LHV) Module

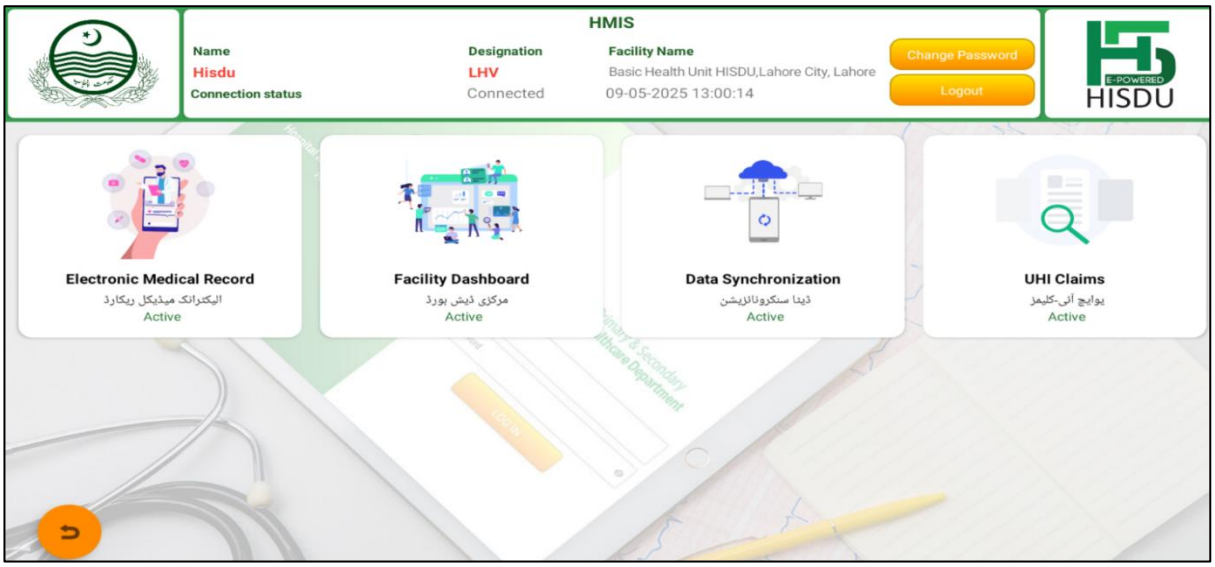
LHVs are frontline healthcare providers who work directly within communities, promoting health education, preventive care, and healthy behaviors.

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 tabs 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 tabs on OTP, Immunization, and Birth Certificate.

4.1 Electronic Medical Records

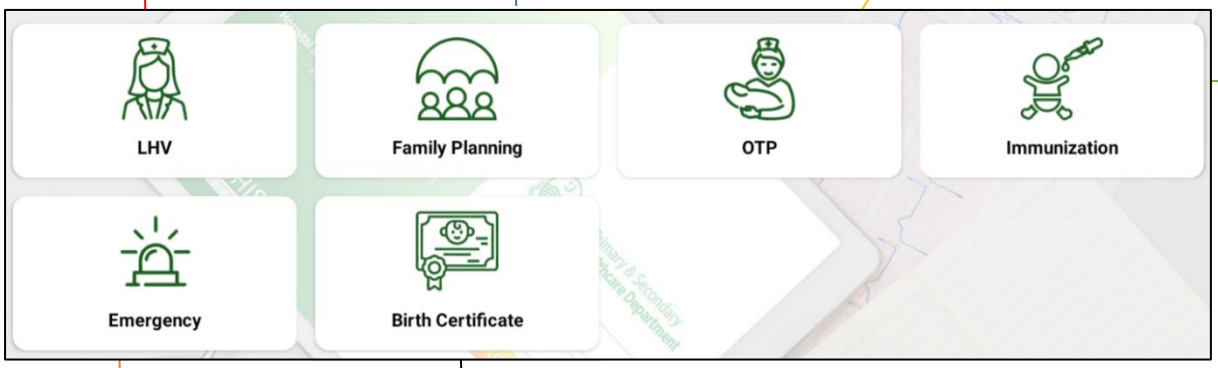


Once you log in to the portal using the provided user by HISDU (Refer to the Chapter 2 "**Getting Started**"), the home page will open. After entering the patient's CNIC the following alert will pop up on the screen.

It helps record information related to pregnancy, post-natal care services, delivery and newborn care received by the mother. By recording this data, the LHV option ensures comprehensive care for both the mother and child, promoting their overall well-being.

This family planning module manages the registration for services, tracks chosen methods, past experiences, and any issues, and schedules follow-up appointments for the clients.

Outpatient Therapeutic Program (OTP) is designed to provide treatment and support to children less than equal to 5 years, suffering from malnutrition. Recording nutrition information is crucial for tracking a child's growth and development, ensuring they receive adequate nourishment for optimal health and well-being.



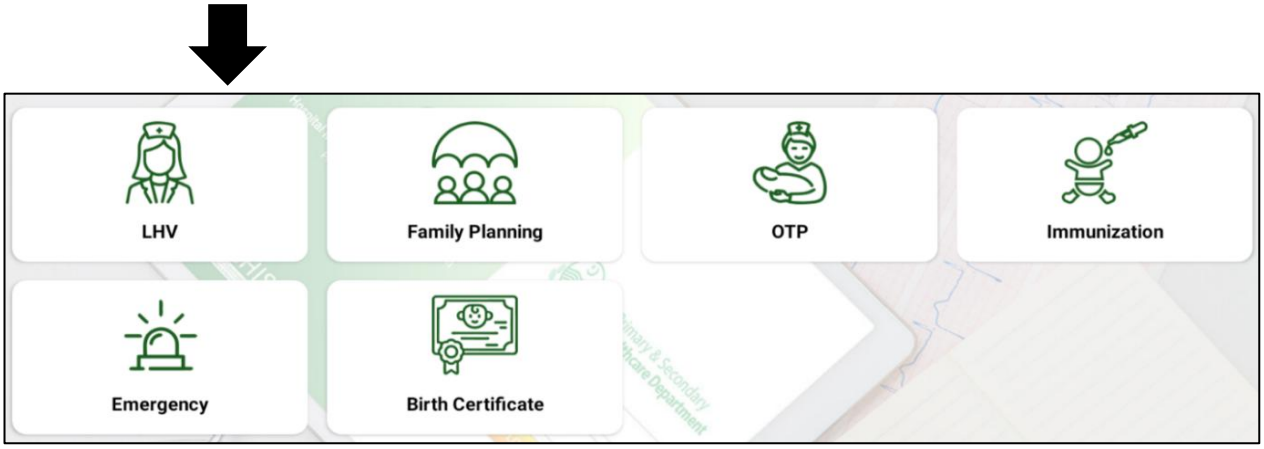
Emergency tab is recently introduced primarily in MNHs for the new emergency department. The tab supports rapid decision-making, workflow coordination, and patient monitoring, ensuring timely and efficient emergency care delivery.

The birth certificate tab serves as a means to register the child within the HMIS system. It is used for linking the mother's pregnancy information with the newborn child to improve healthcare delivery and monitoring for both.

Immunization for children under 5 years involves recording the date for each vaccine administered and maintaining proper documentation. This ensures timely and complete vaccination, protecting children from preventable diseases

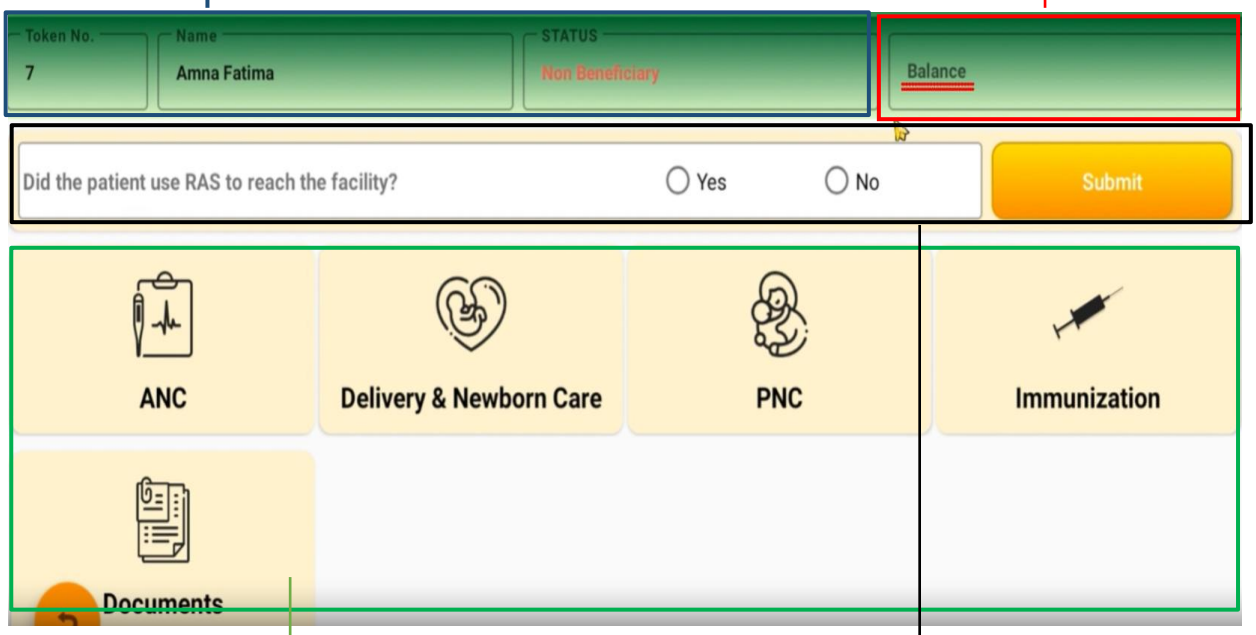
4.1.1 LHV

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.

This helps inquire patient's balance

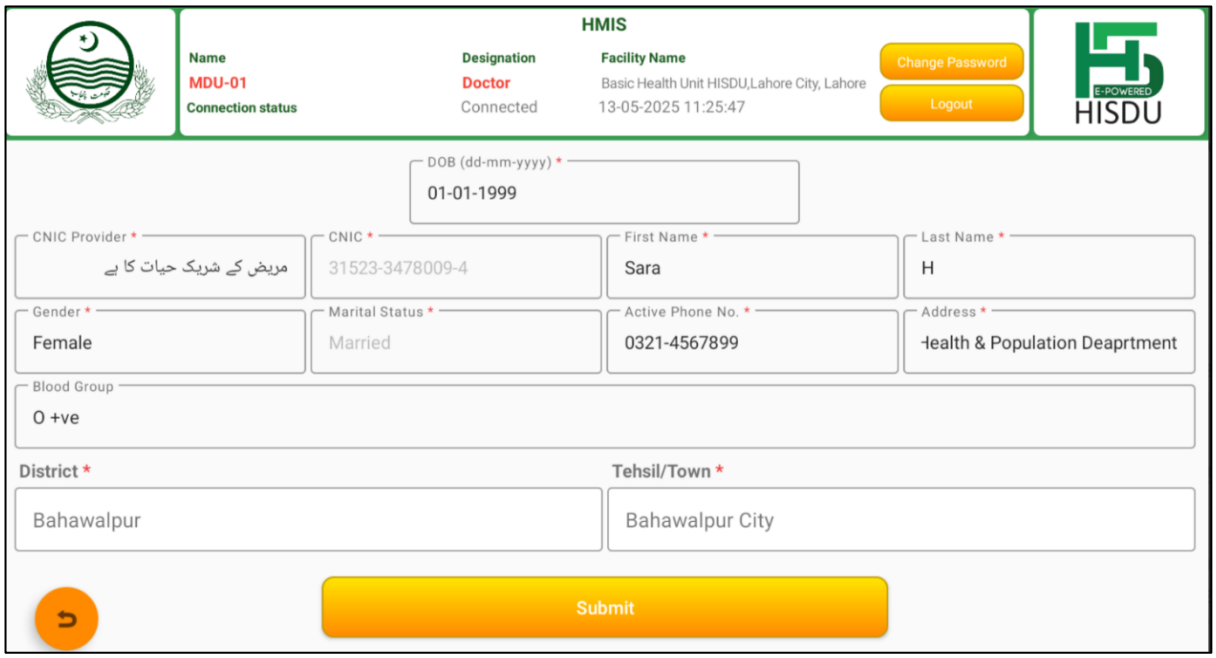


ANC: Tracks pregnancy progress, risks, interventions, and birth preparedness for informed decisions and quality improvement.
Delivery & Newborn Care: Records delivery details, complications, newborn assessments, and initial care for monitoring outcomes and contributing to health statistics.
PNC: Tracks 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 Maryam Nawaz Health Clinics. Choose the appropriate option between "Yes" and "No" upon receiving patient.

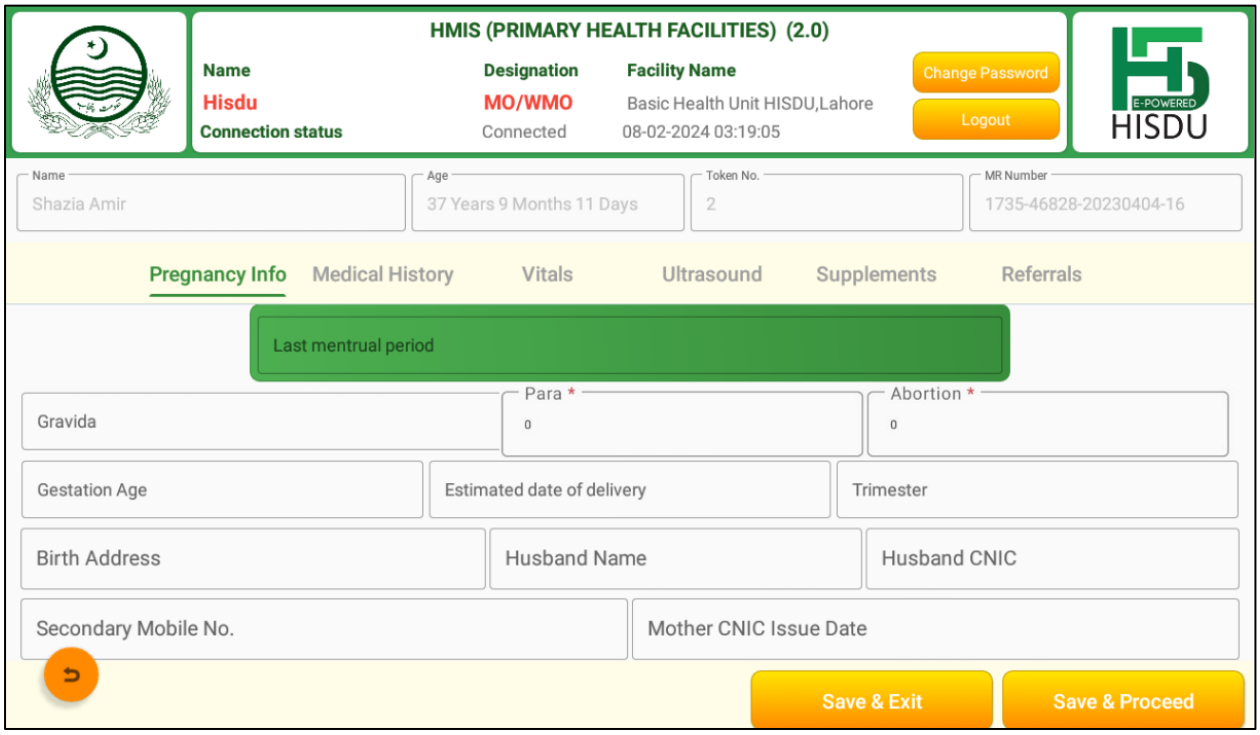
4.1.1.1 ANC- Antenatal Care

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.



1. Select Pregnancy info to fill in 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. (Gravida)
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.

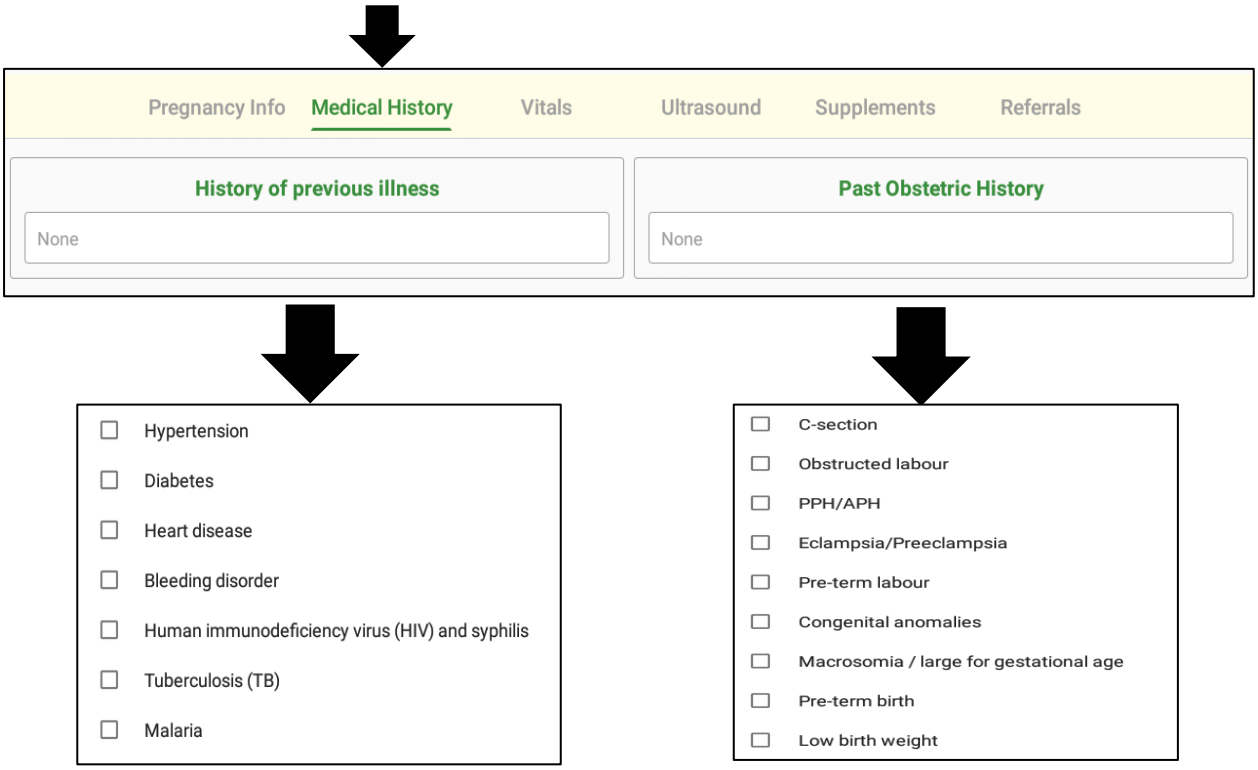
Abortion: In obstetrics, abortion refers to the termination of a pregnancy before the fetus reaches the stage of viability.

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 in the required fields step by step, choose to click either ‘Save & Exit’ or ‘Save & Proceed’ to save the data and continue.



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.

Please note that you can select multiple selection.

Past Obstetric History:

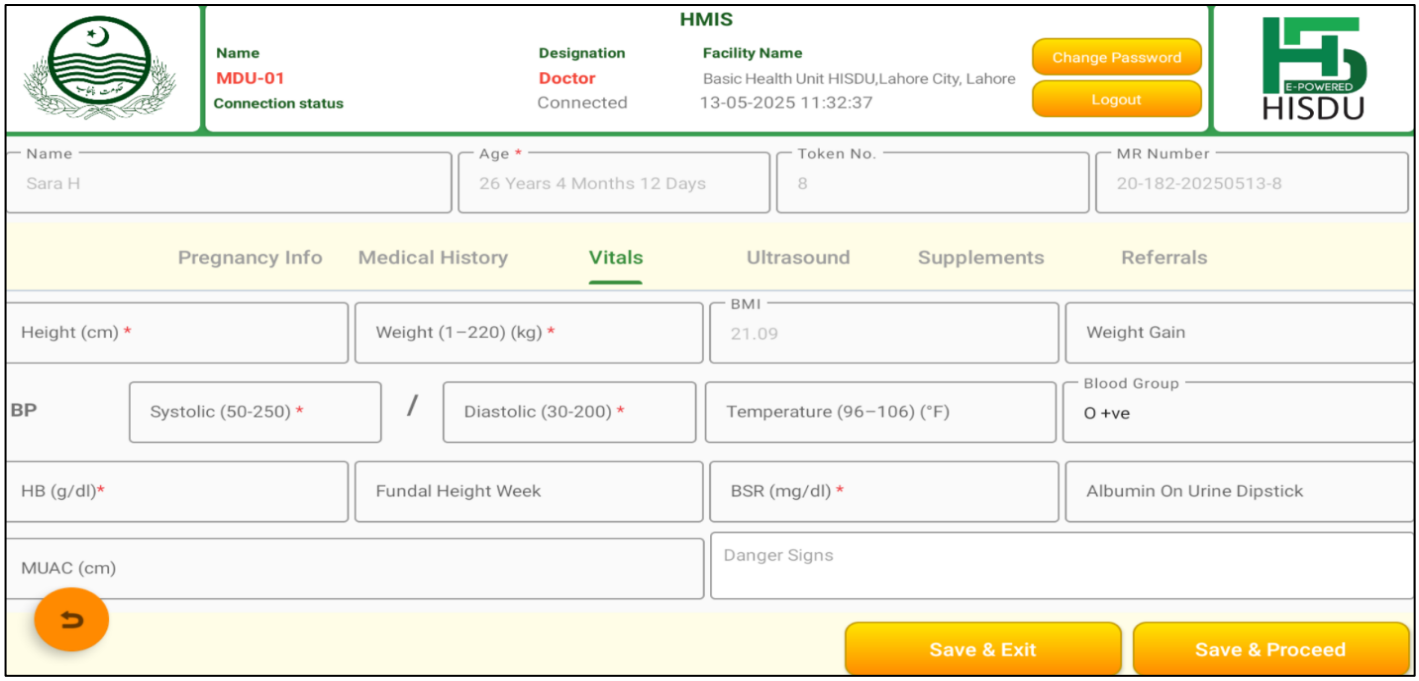
Specifically focuses on the woman's past pregnancies and deliveries, including the current one.

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

Please note that you can select multiple selection.

4.1.1.1.3 Vitals

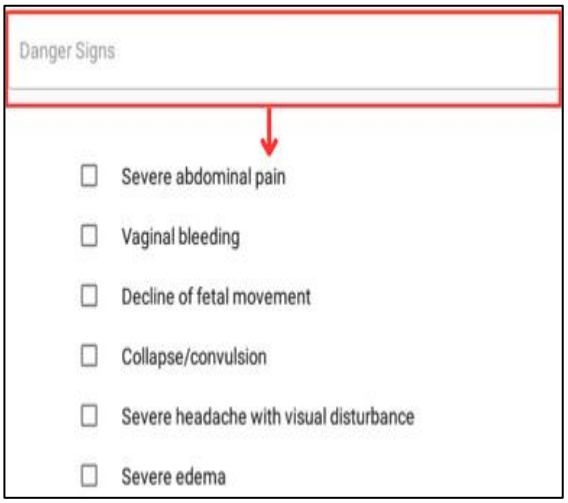
Monitoring vital signs during antenatal care enables healthcare providers to identify potential complications early in pregnancy. By detecting abnormalities in vital signs, interventions can be initiated promptly to prevent the progression of conditions.



Here's the step-by-step guide for filling in all the fields sequentially based on the provided instructions. We strongly encourage you to take and record vital signs during every visit, even if previous values are displayed by default. Fresh and accurate readings are essential to ensuring high-quality care and making informed clinical decisions, every visit matters.

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. You can select multiple options as needed.



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 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)

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.

FOR YOUR INFORMATION

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

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

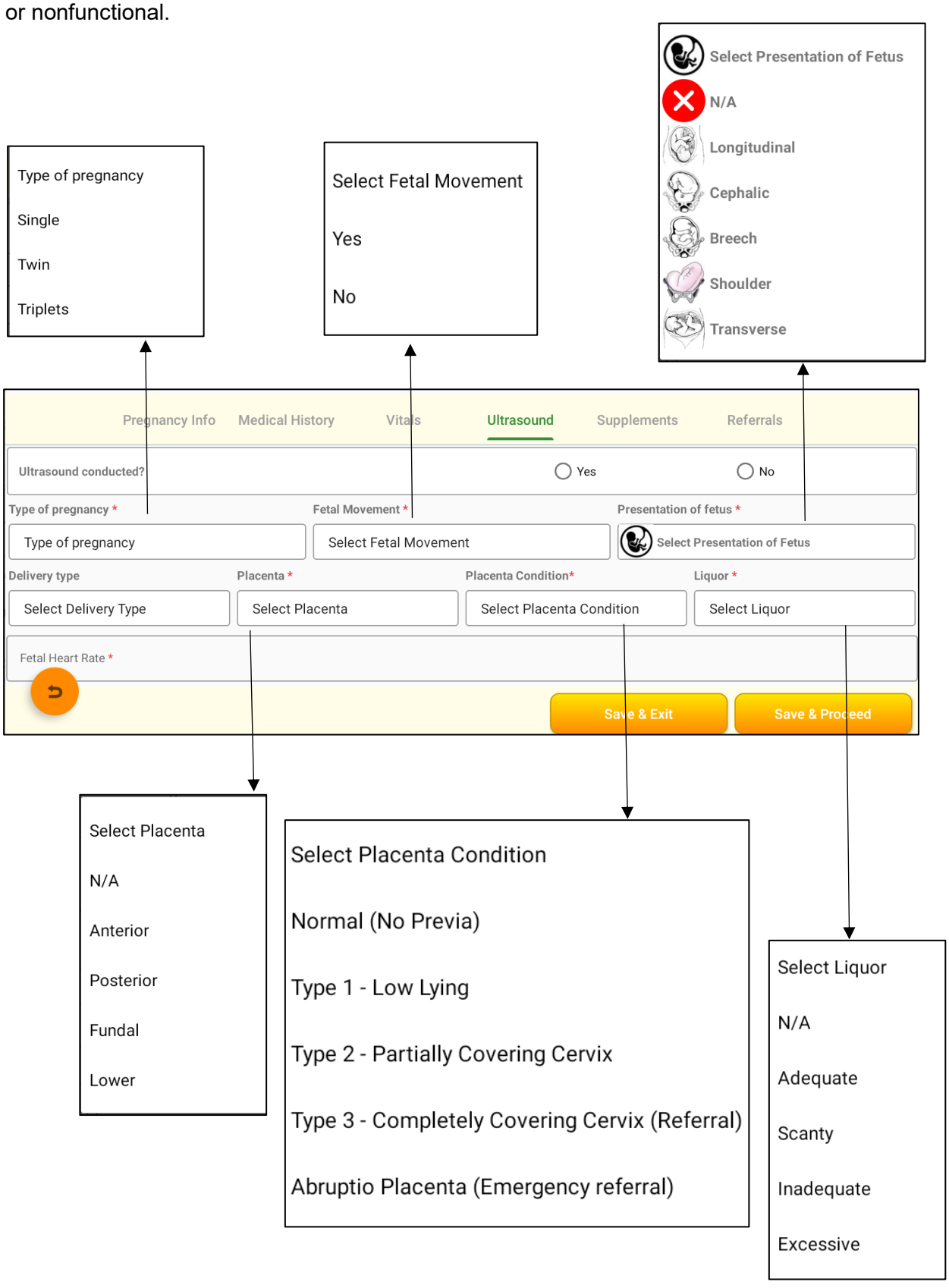
To detect proteinuria, which is a sign of pre-eclampsia. Early detection of pre-eclampsia helps in preventing complications for both mother and baby.

MUAC

MUAC is used to identify individuals, especially children, who may be malnourished. To measure MUAC, locate the midpoint of the upper arm (halfway between the shoulder and elbow) and measure the circumference at that point. Ensure the tape measure is snug but not tight and record the measurement in centimeters.

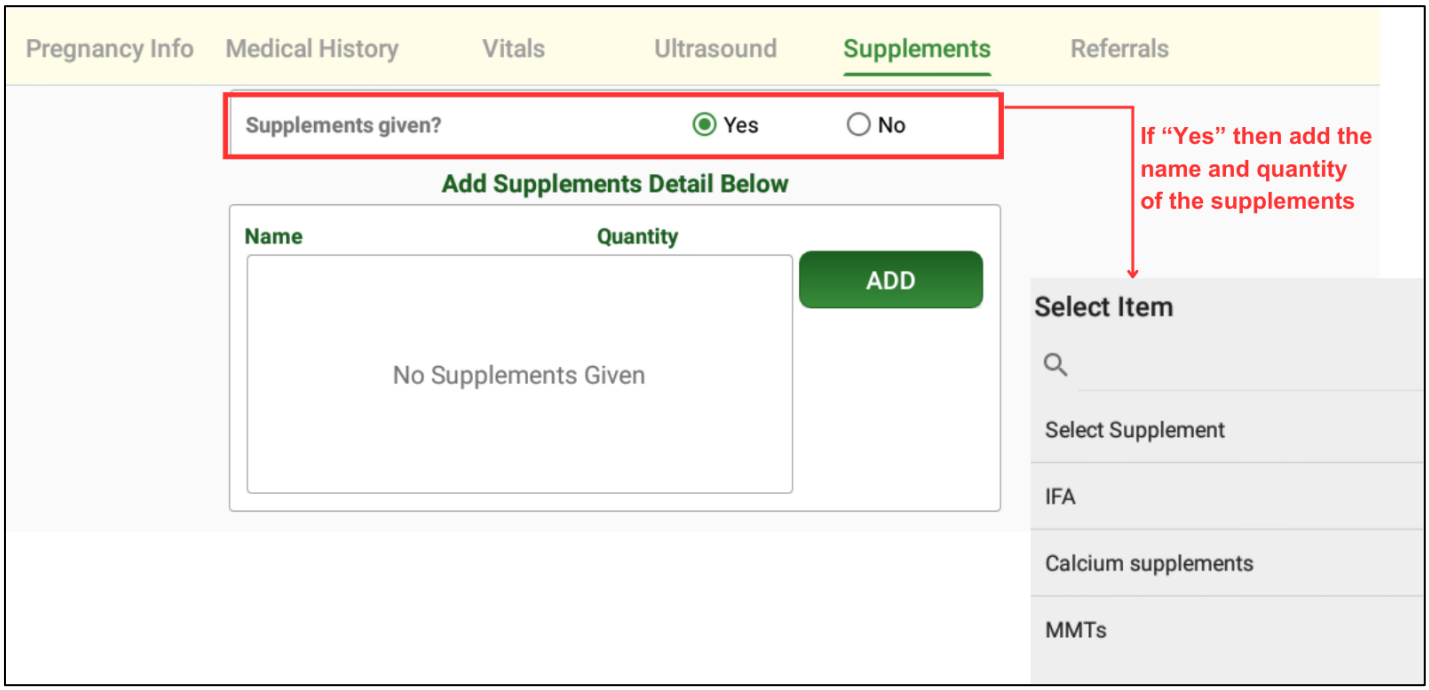
4.1.1.1.4 Ultrasound

Upon clicking Ultrasound, the screen will present the form shown below. Select “Yes” If USG machine is available and functional and scan can be performed or “No” if USG is not available or nonfunctional.



4.1.1.1.5 Supplements

Click Supplements on the ANC menu to view form



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)

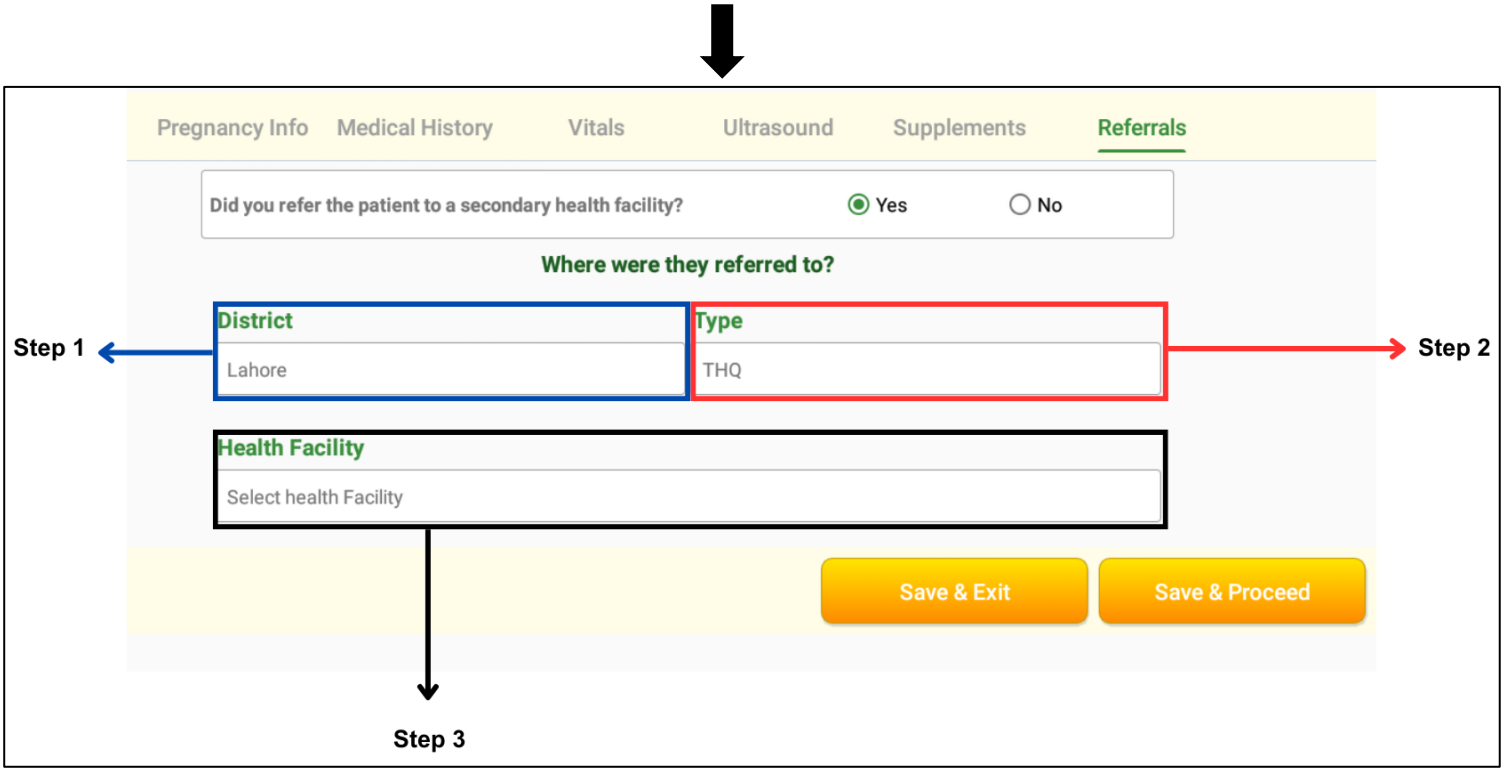
MMTs are formulated to provide a combination of essential vitamins and minerals that are important for maternal and fetal health during pregnancy. Pregnancy increases the demand for various micronutrients to support maternal health and fetal development. These supplements help fill nutritional gaps,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

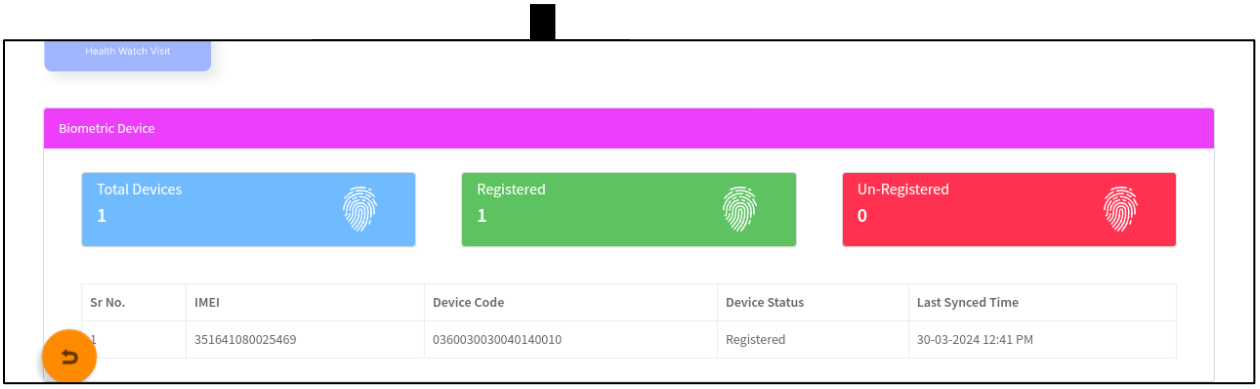
1. Choose ‘Yes’ or ‘No’ options based on further action for the patient.
2. If Chosen ‘Yes’, proceed to selecting District, type of facility and name of healthcare facility.

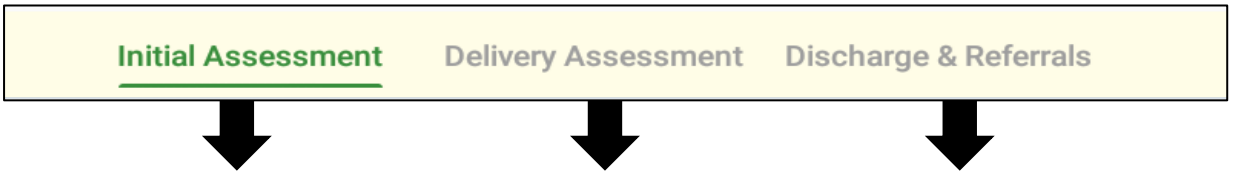
After filling in the required fields, choose to click either ‘Save & Exit’ or ‘Save & Proceed’ to save the data and continue.



4.1.1.2 Delivery and Newborn Care

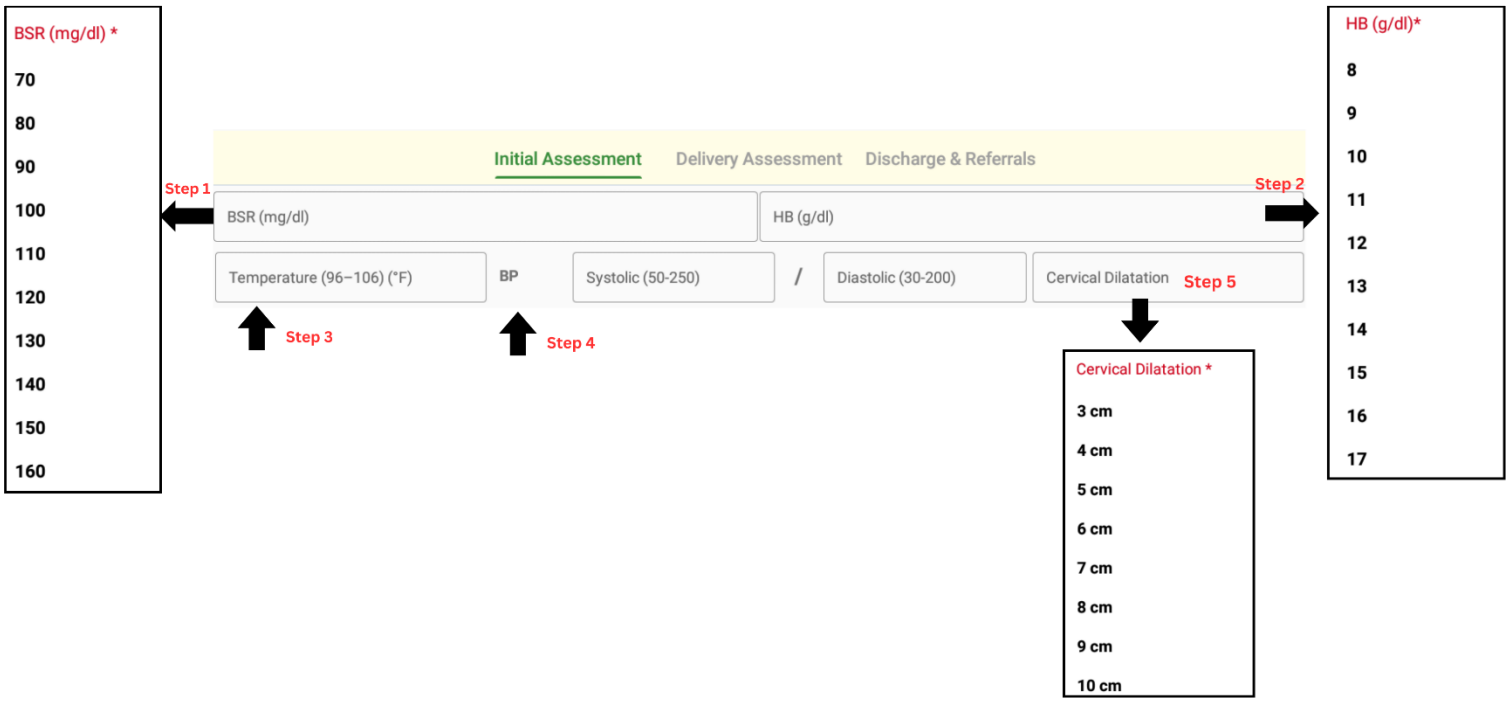
Upon selecting Delivery and Newborn Care, screen will present the following fields





The initial assessment tab for delivery provides critical information to healthcare providers to monitor the progress of labour, assess the well-being of both the mother and the baby, and intervene promptly, if complications arise. Each piece of information serves a specific purpose in ensuring a safe and healthy childbirth experience.	The delivery assessment tab provides a comprehensive overview of the health conditions of both the mother and the child, as well as the sequence of steps taken during the delivery process.	The Discharge and Referrals tab encompasses comprehensive information regarding the presence or absence of congenital abnormalities in the child. Additionally, it delineates specifics of any necessary referrals, if indicated, and outlines the discharge instructions imparted to the patient, along with any prescribed follow-up dates.

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.

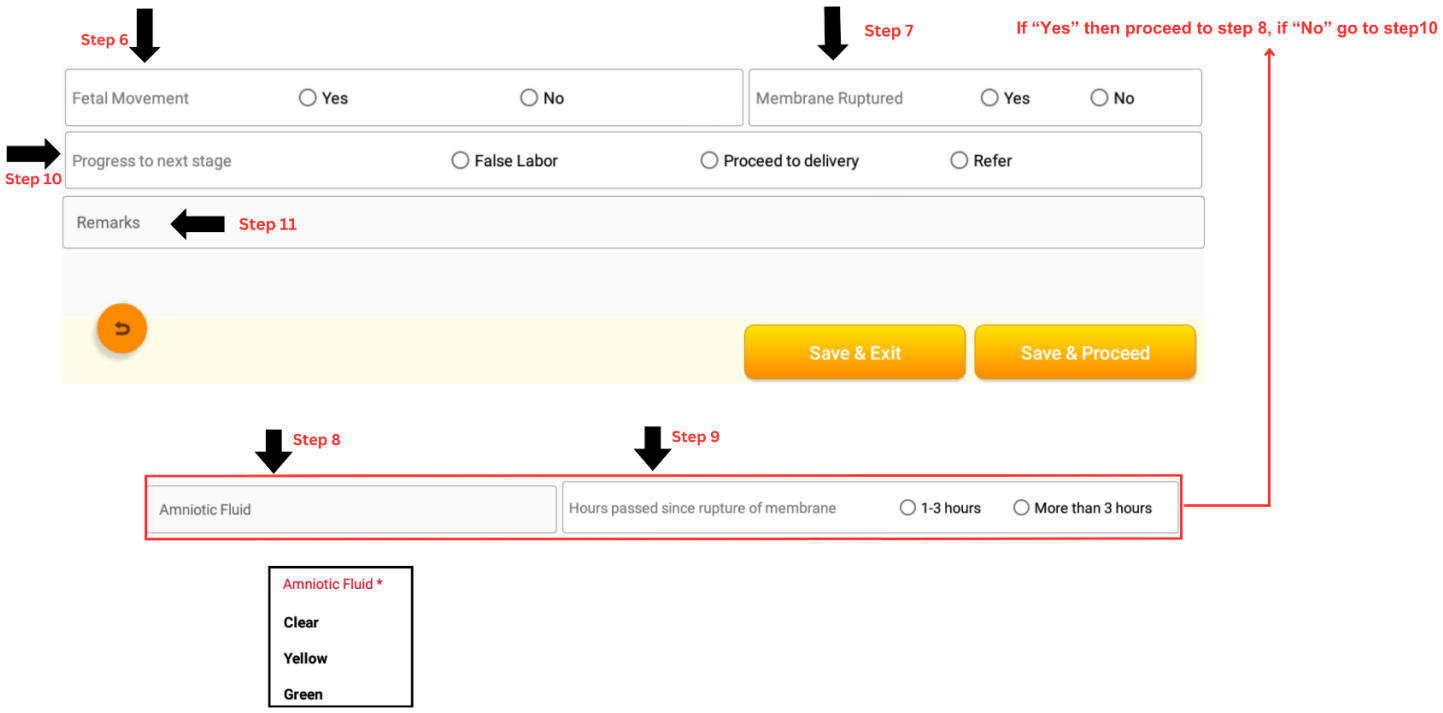
Monitoring cervical dilation helps healthcare providers assess the progress of labour and determine the appropriate timing for interventions such as pain relief measures, artificial rupture of membranes, or the administration of medications to augment labor. It also provides valuable information about 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.



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.

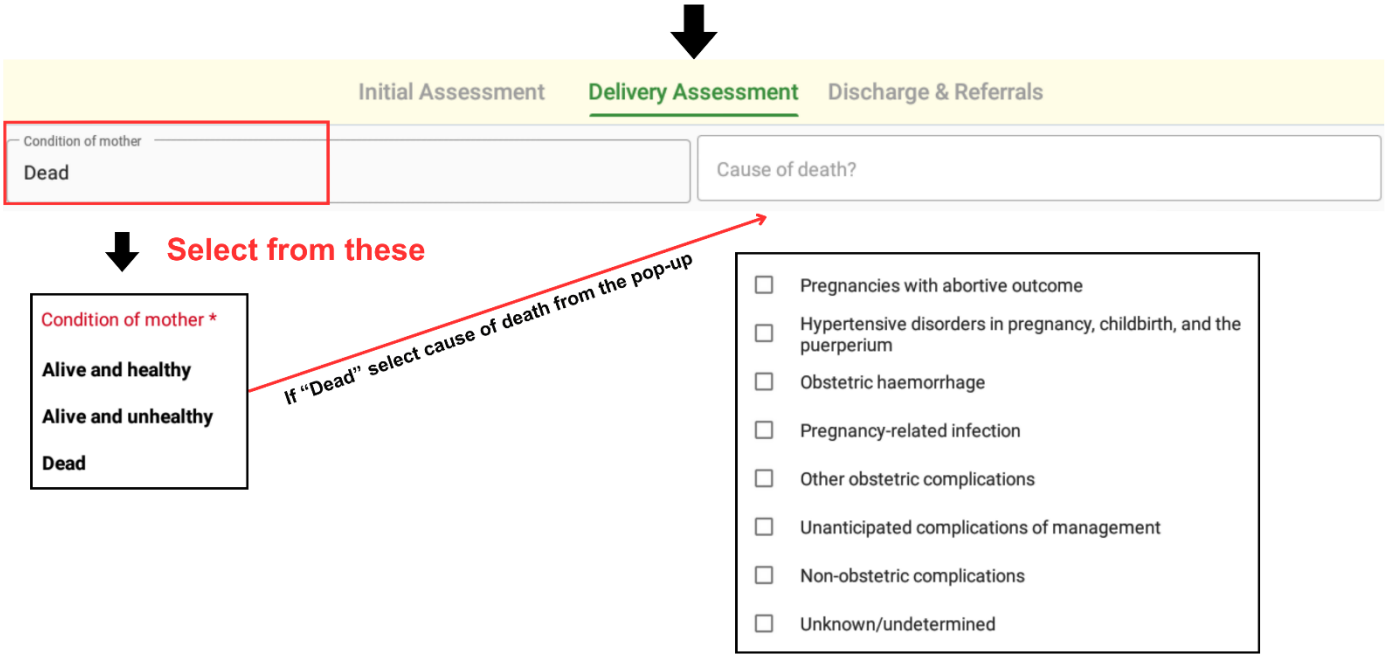
Clear or straw-colored (yellow) amniotic fluid is considered normal and indicates that the baby is healthy.

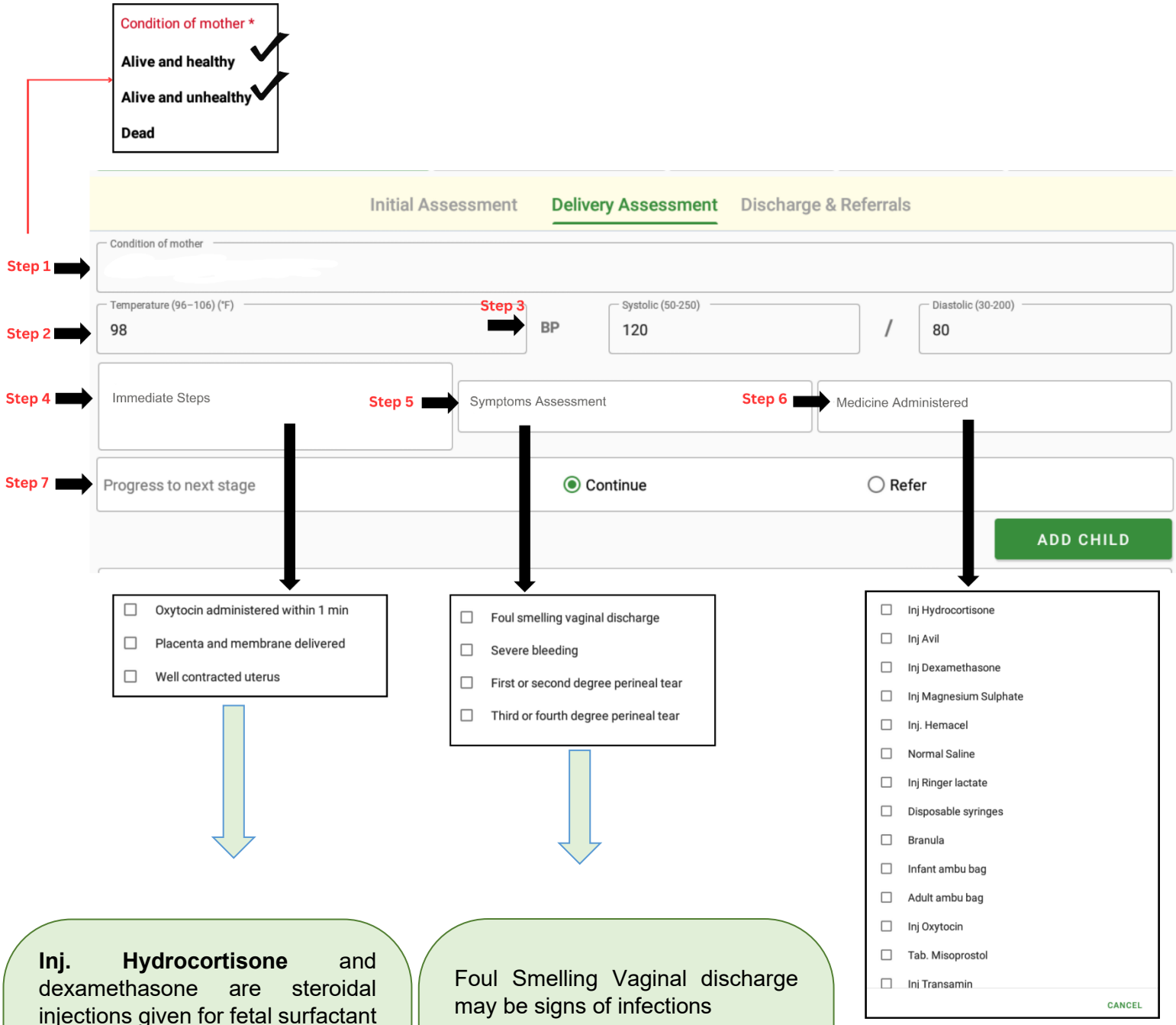
Meconium-stained amniotic fluid, which appears green or brown, indicates that the baby has passed meconium (the baby's first stool) in utero. Meconium staining is a sign of fetal distress and requires careful monitoring and potentially immediate intervention to ensure the baby's well-being.

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





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

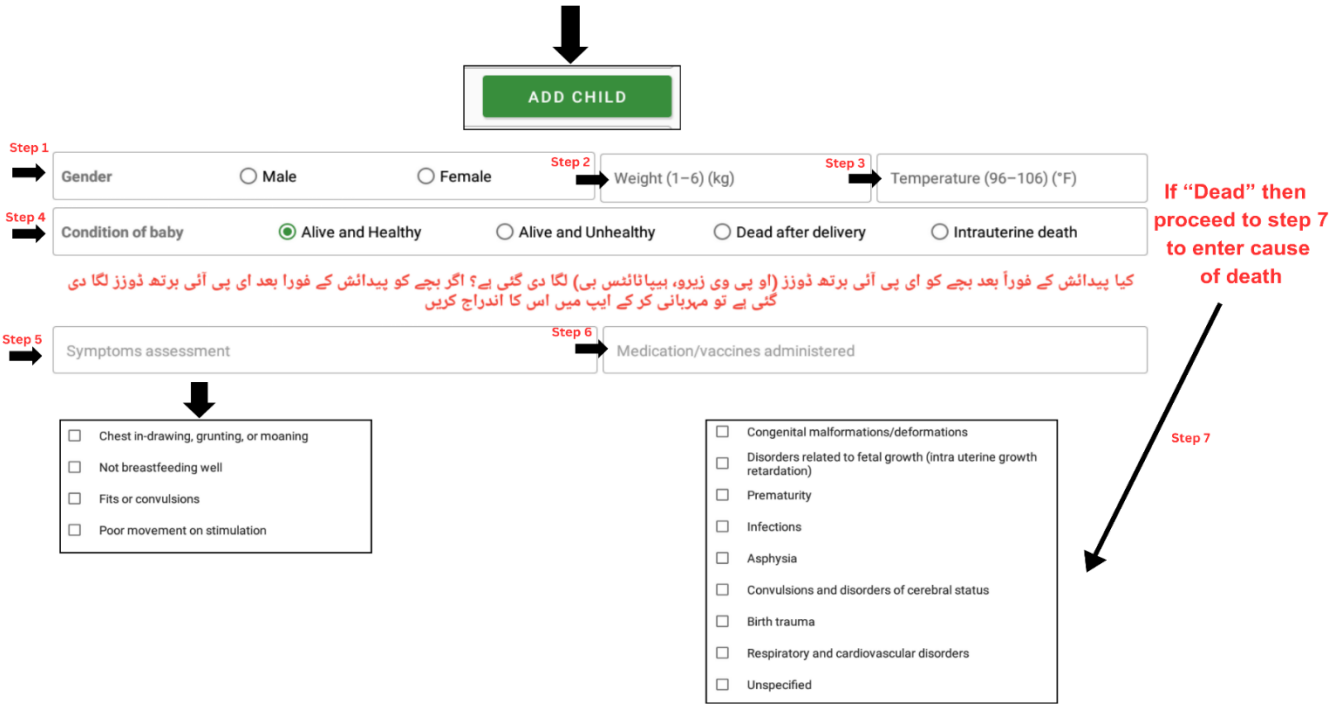
Foul Smelling Vaginal discharge may be signs of infections

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.

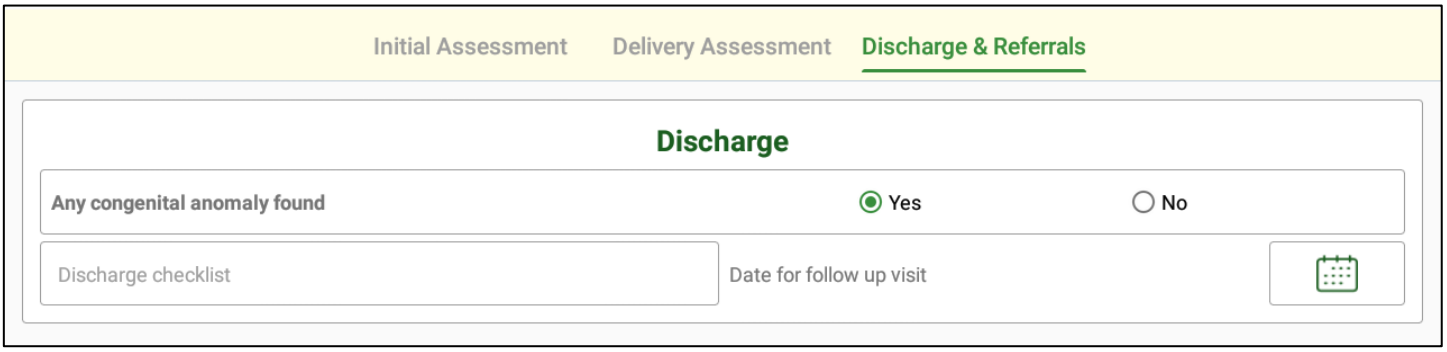
3rd and 4th degree perineal tear involve anal sphincter and lining of anus.

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

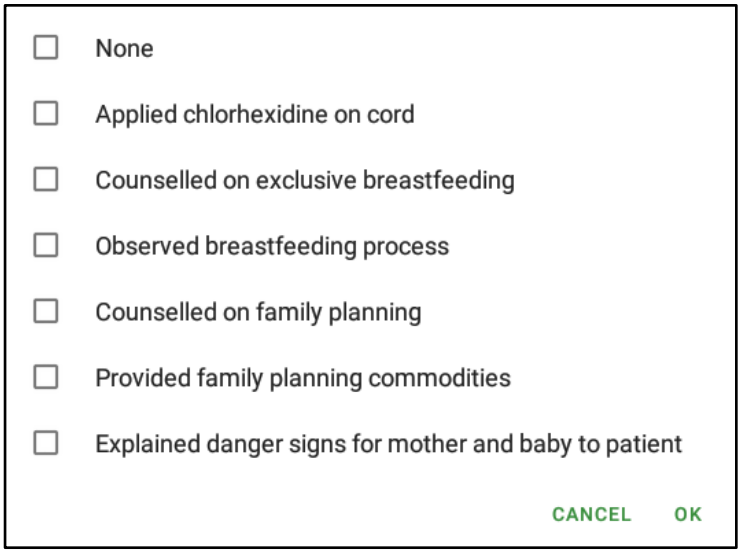


4.1.1.2.3 Discharge and Referrals

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



Select from the list



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.

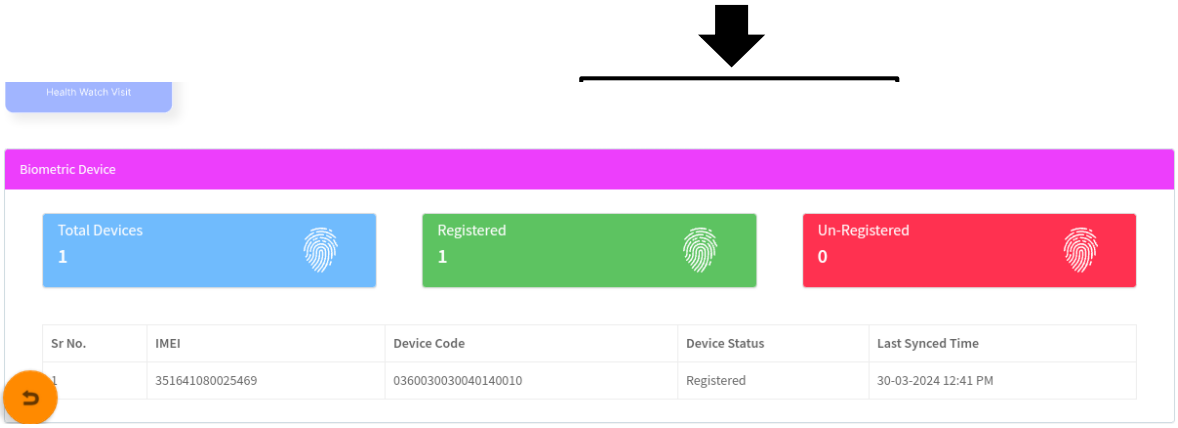
4.1.1.3 Postnatal Care (PNC)

Postnatal care, commonly referred to as post-partum 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

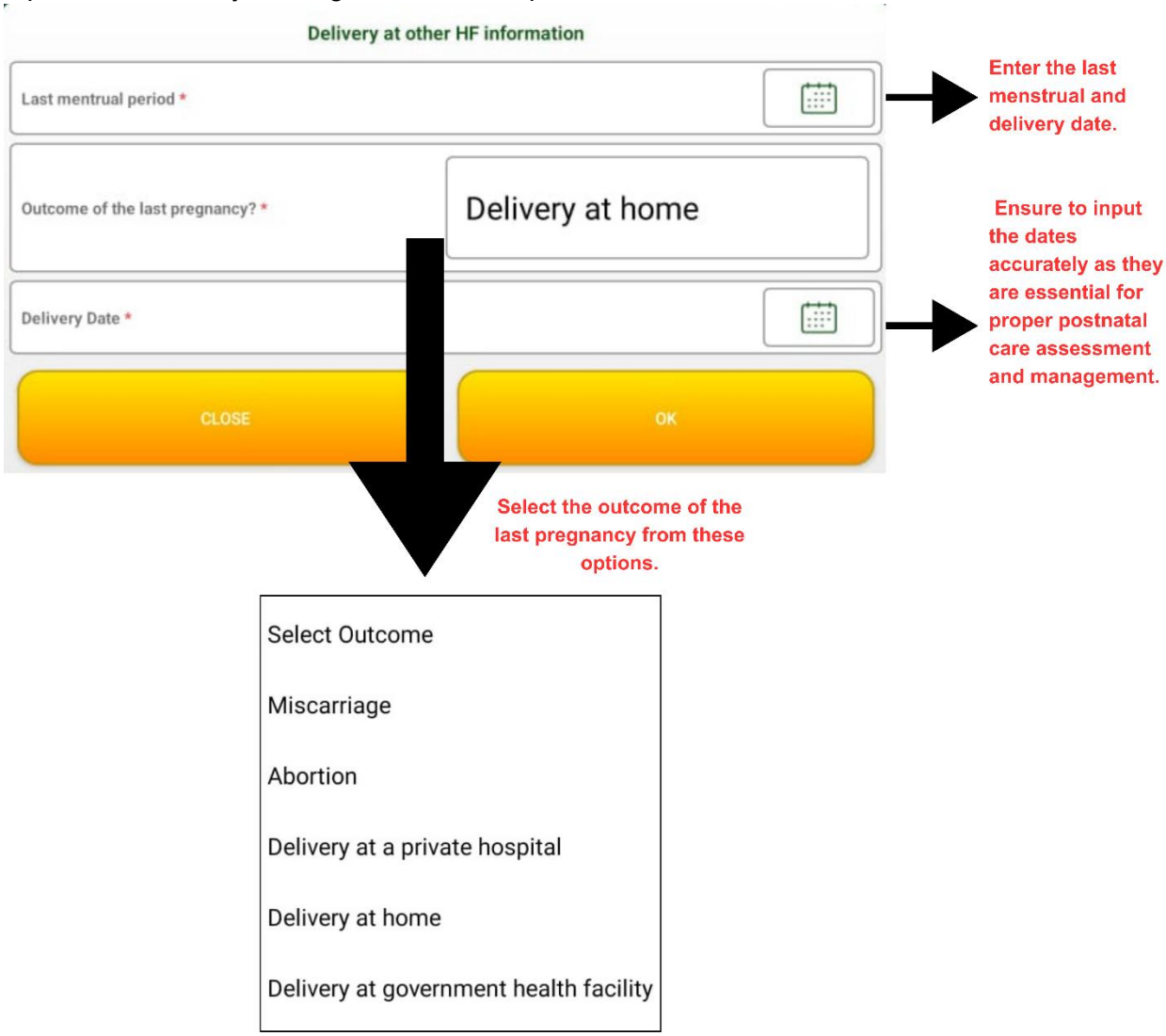
Let's briefly view all the above menu options of PNC.



After clicking on PNC (Postnatal Care), a pop-up will prompt you to ask for information about the last delivery. There are two possible scenarios; first if the delivery has taken place at the same facility, details of patient will already be present and appear in the patient list. If the patient is coming after delivery from an outside Health facility, details of the patient will need to fill as shown below.

Select the appropriate option from the drop-down menu based on the details required.

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

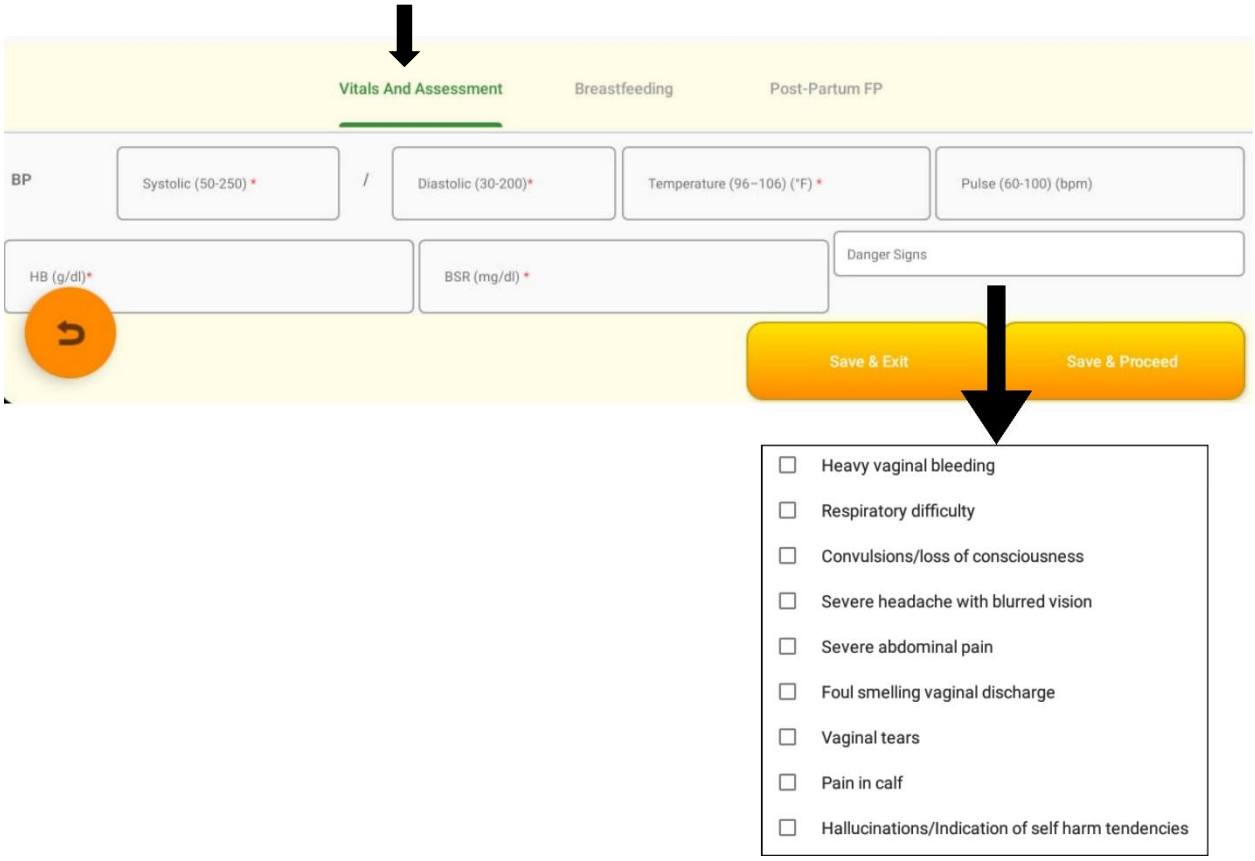


For identifying danger signs, a list of signs will be displayed. Select the appropriate signs from the list according to the current health status of the patient.

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 enables healthcare providers to assess the mother's overall health and identify early signs of potential complications.

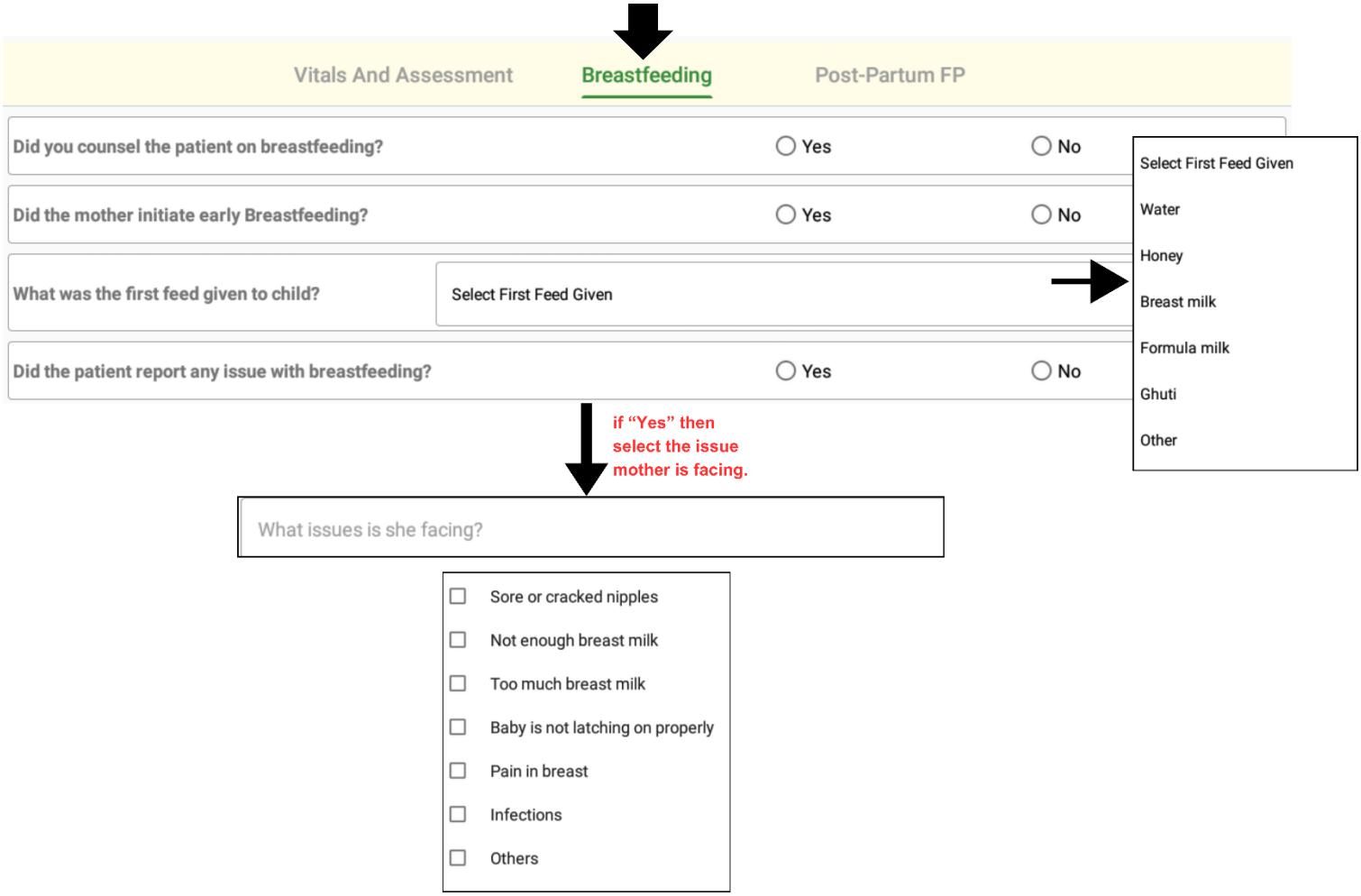
Upon clicking Vitals and Assessment, the screen will present the form shown below. Fill the following fields with data accordingly.



4.1.1.3.2 Breastfeeding

Exclusive 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. Mothers should be encouraged to exclusively breastfeed their infants for the first six months of life, without introducing any other foods or liquids, to ensure the best start to lifelong health and development

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



DID YOU KNOW?

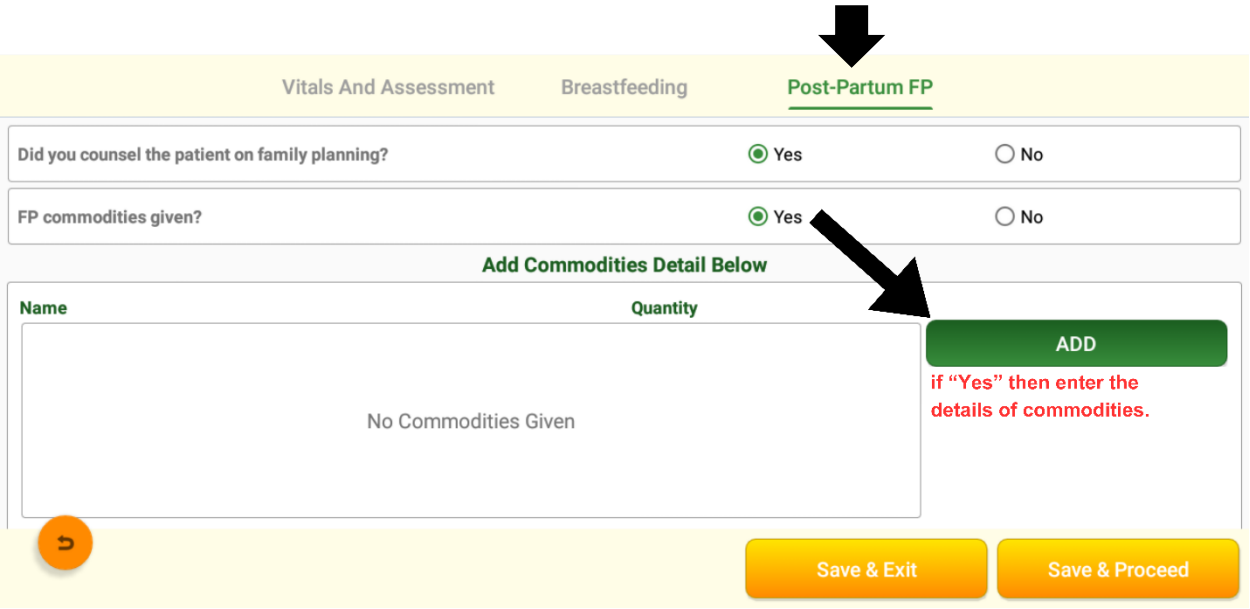
Breastfeeding has been advised by WHO for the first 6 months for healthy nourishment and immunity of infants. Breastfeeding should be promoted to the mothers immediate after the delivery and during the ANC/PNC visits, and assistance tools for breastfeeding should be provided in case of difficulty in 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.

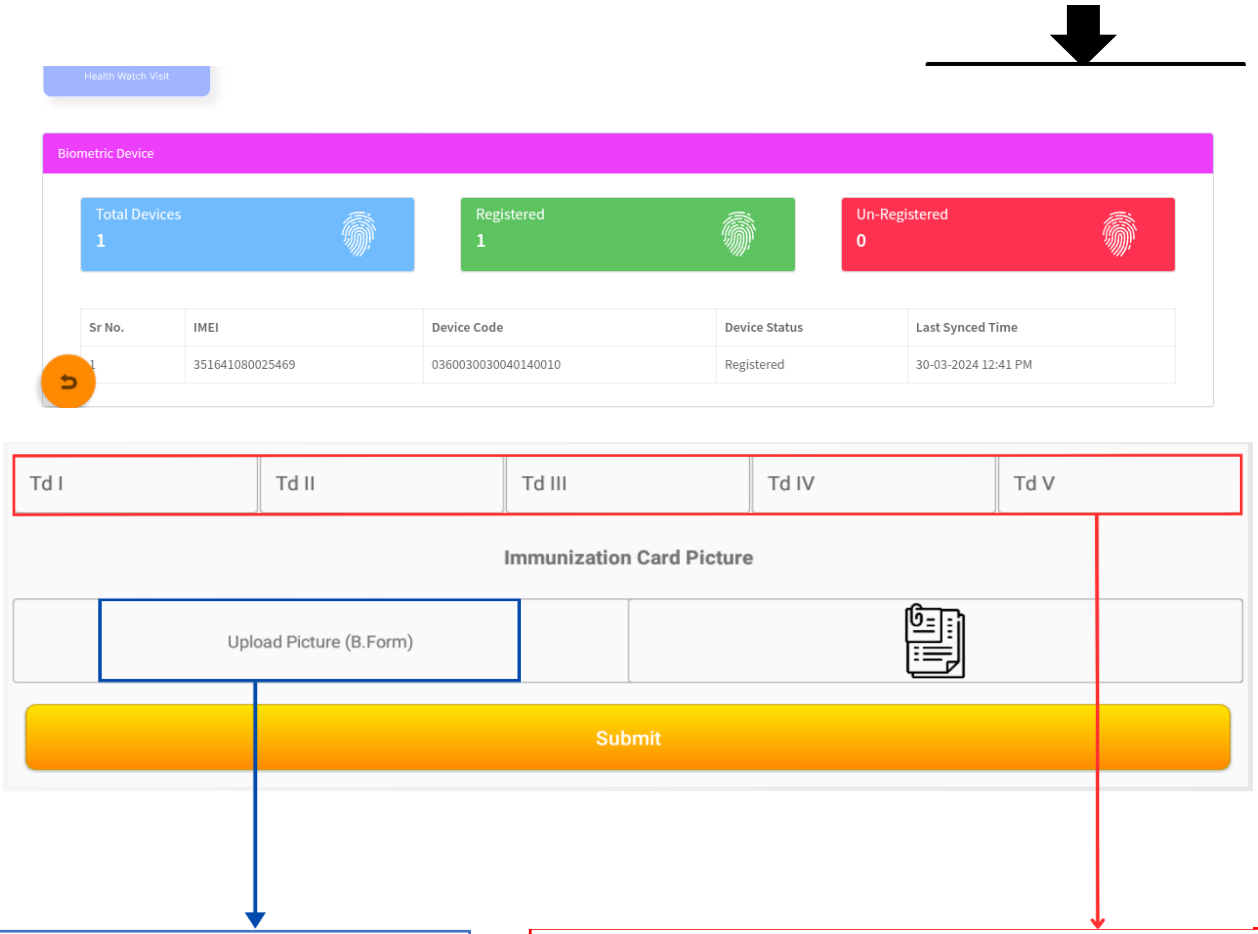


After filling in the required fields, choose to click either 'Save & Exit' or 'Save & Proceed' to save the data and continue.

4.1.1.4 Immunization

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

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



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.

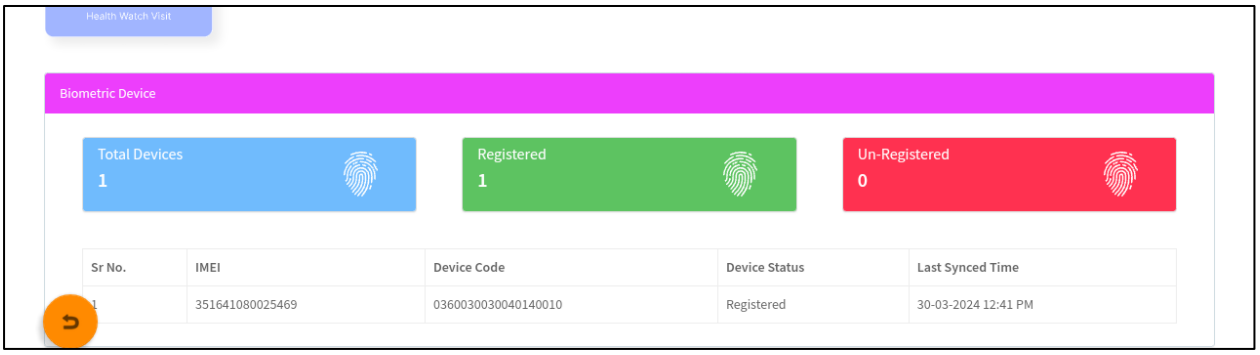
Tetanus Diphtheria (Td) Vaccination Schedule:

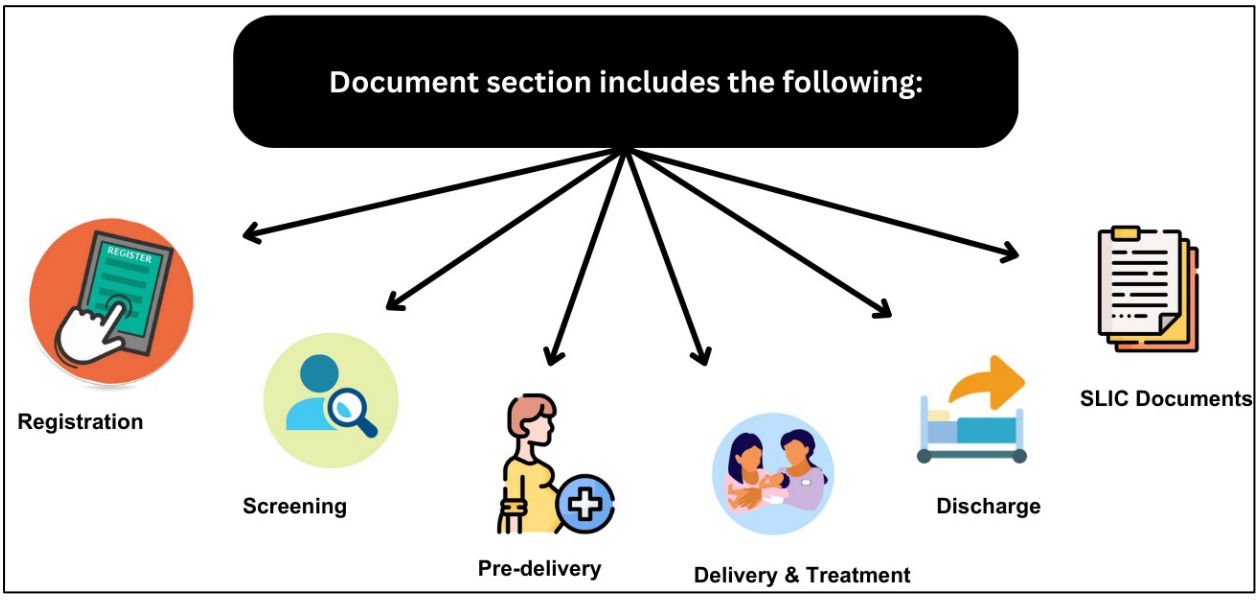
- **Td1:** Administer at 15 years of age or as soon as pregnancy is confirmed.
- **Td2:** Administer 4 weeks after Td1.
- **Td3:** Administer 6 months after Td2.
- **Td4:** Administer 1 year after Td3.
- **Td5:** Administer 1 year after Td4.

Important Note for SBAs/LHVs: It is essential to ensure that all five doses of the Td vaccine are completed according to schedule—even after the delivery. Field observations indicate that many LHVs discontinue follow-up after childbirth, resulting in incomplete Td coverage. Continued tracking and administration of Td4 and Td5 are critical for long-term maternal and neonatal protection against tetanus. SBAs and LHVs must emphasize and ensure completion of the full Td schedule during postnatal visits.

4.1.1.5 Documents

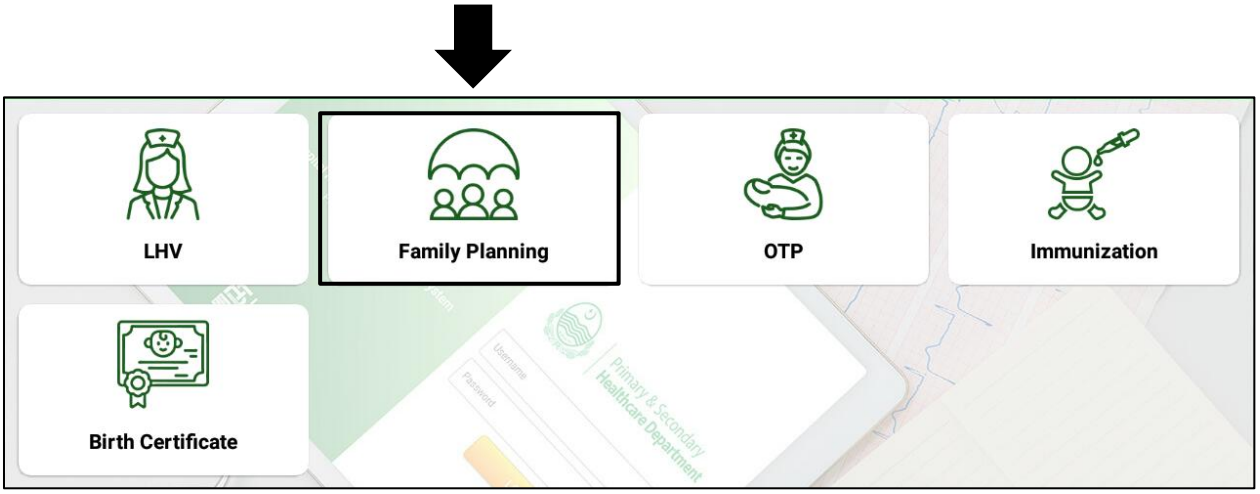
The document module holds multiple documents that have been compiled by the data inserted in various forms in the LHV module. This section contains all the document from registration to discharge.





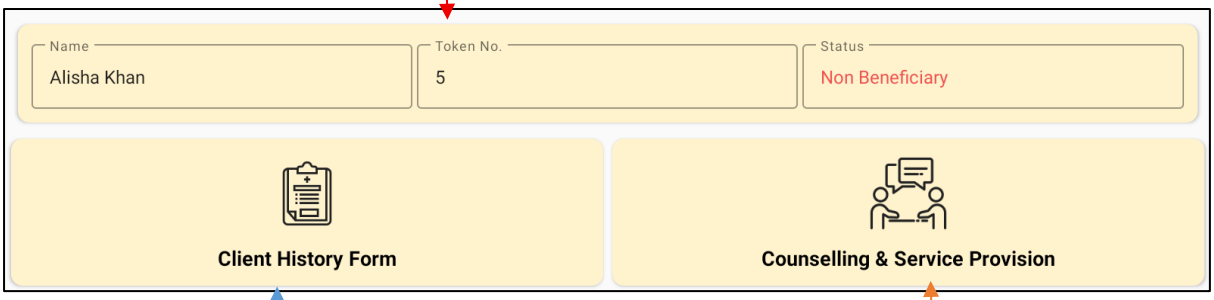
4.1.2 Family Planning

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



4.1.2.1 Client History form

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.



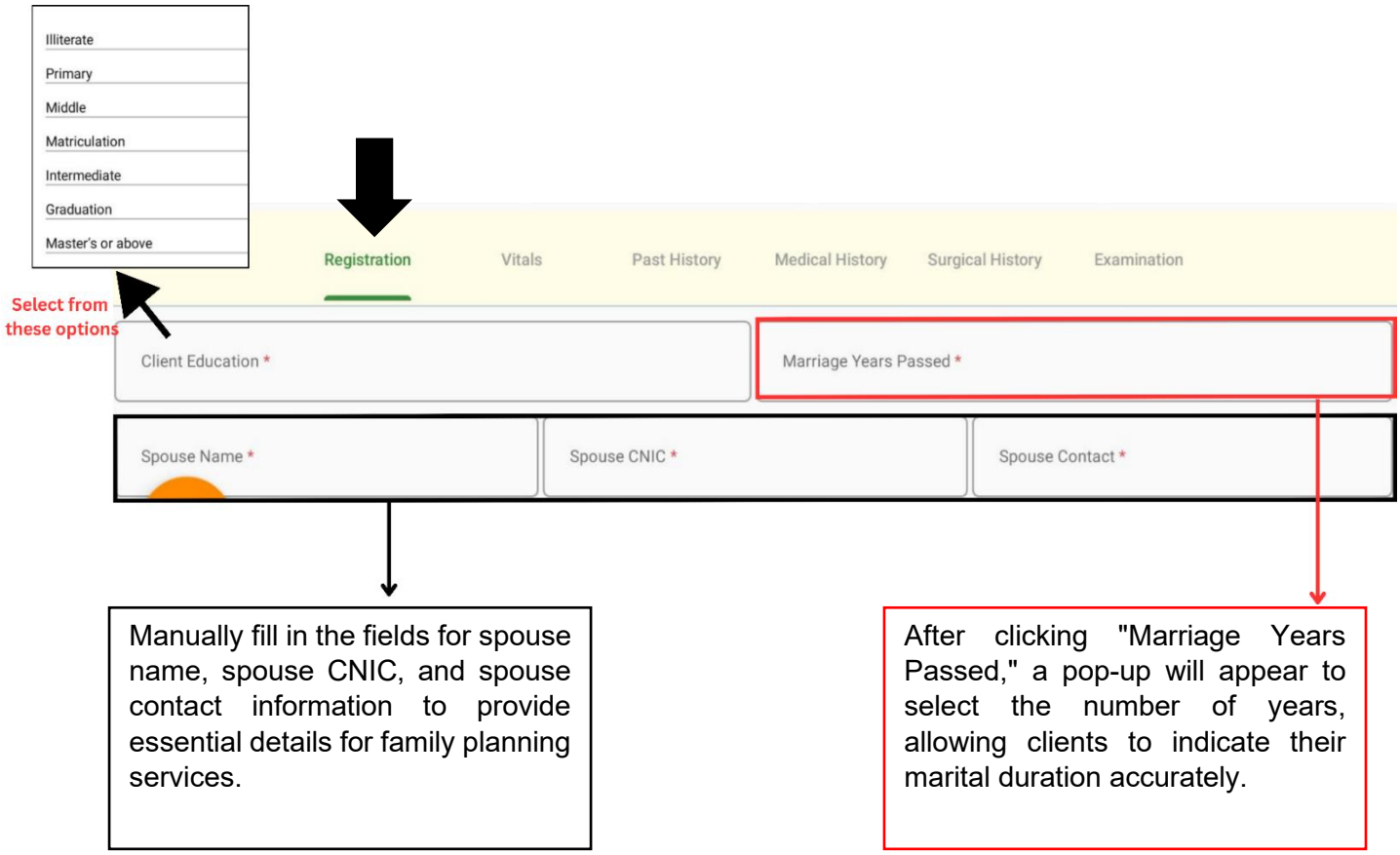
Client history form is essential for gathering personalized health information to tailor family planning services to individual needs.

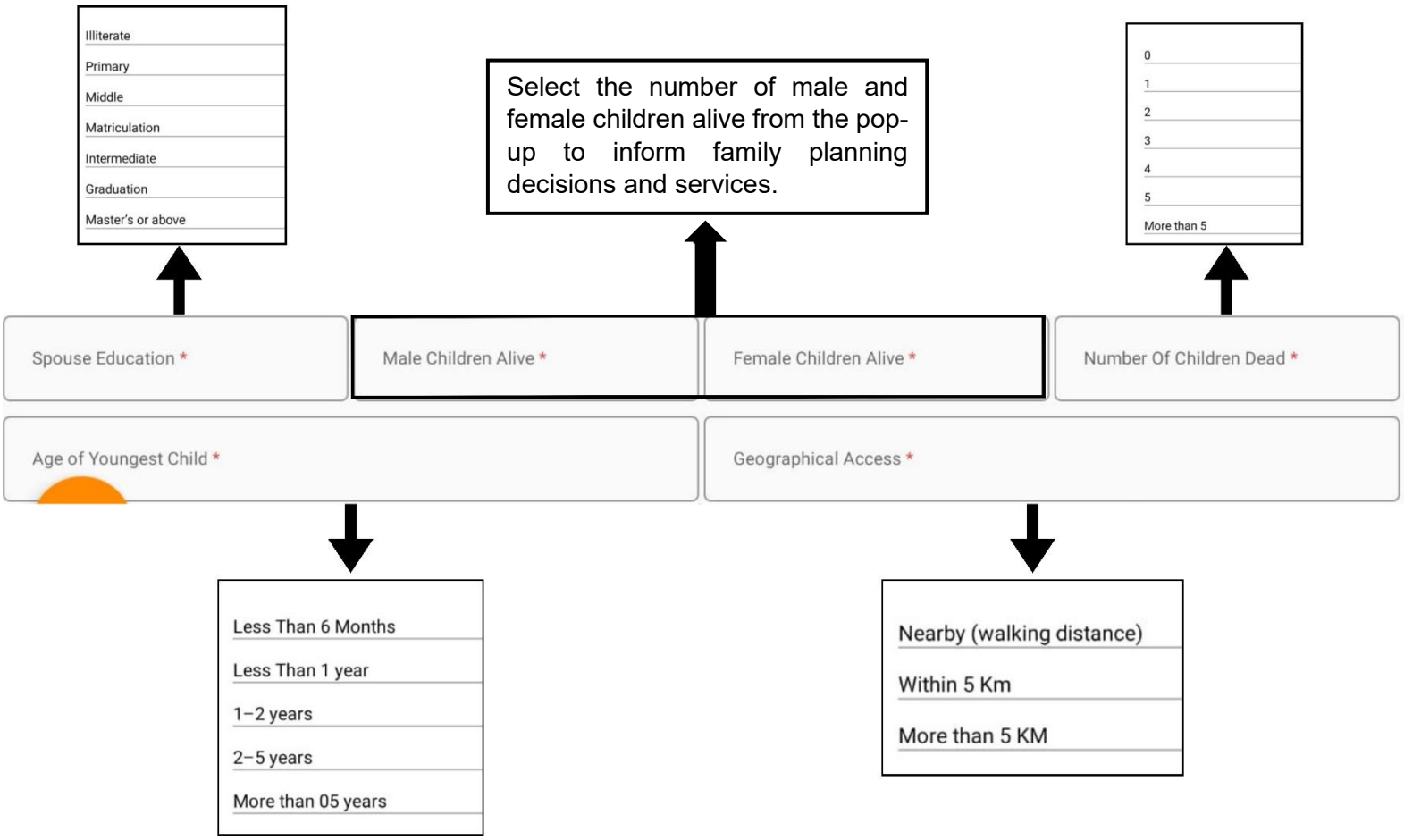
Crucial for informing clients about contraceptive options, promoting informed decision-making, and ensuring safe and effective use of family planning methods.

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.

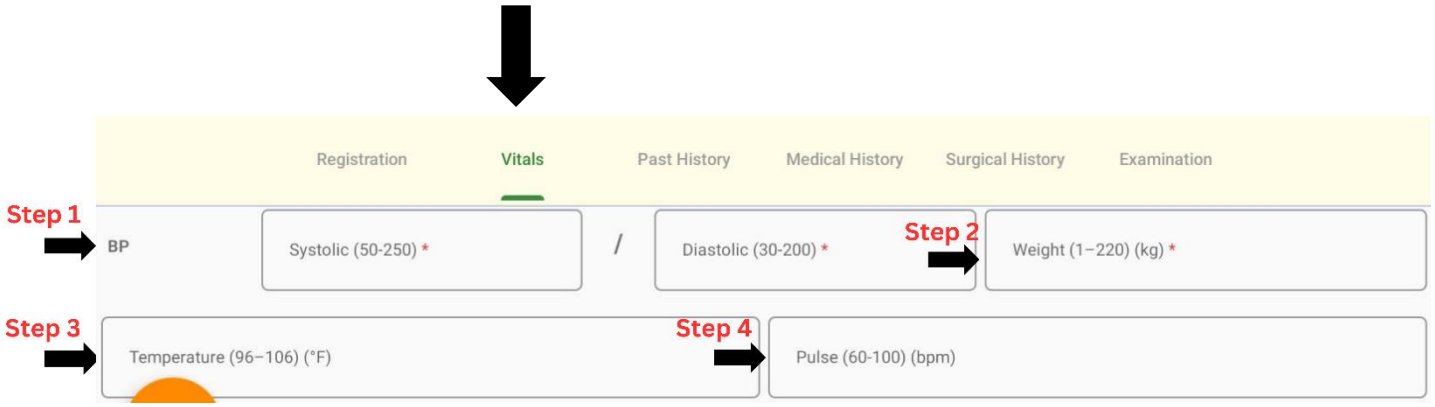



Illiterate
Primary
Middle
Matriculation
Intermediate
Graduation
Master's or above
Select the number of male and female children alive from the pop-up to inform family planning decisions and services.
0
1
2
3
4
5
More than 5
Spouse Education *
Male Children Alive *
Female Children Alive *
Number Of Children 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

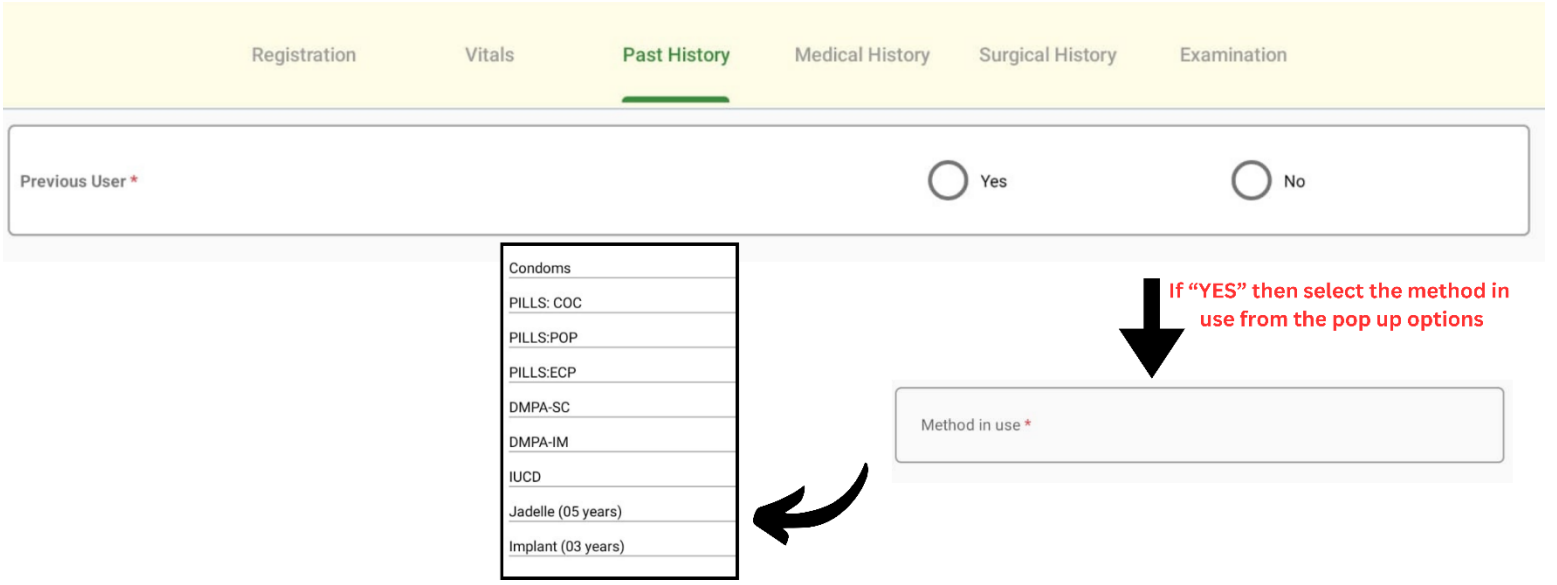
Vitals are crucial in the client history form as they provide essential health indicators such as blood pressure, pulse rate, and weight, which help assess the client's overall health and determine the suitability of different contraceptive methods.

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.



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 routine contraceptive method usage. If the client is a previous user, select "Yes," and a pop-up will appear to specify the method used; If the client is not regularly using any of contraceptive methods previously, then select “No”.



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)**

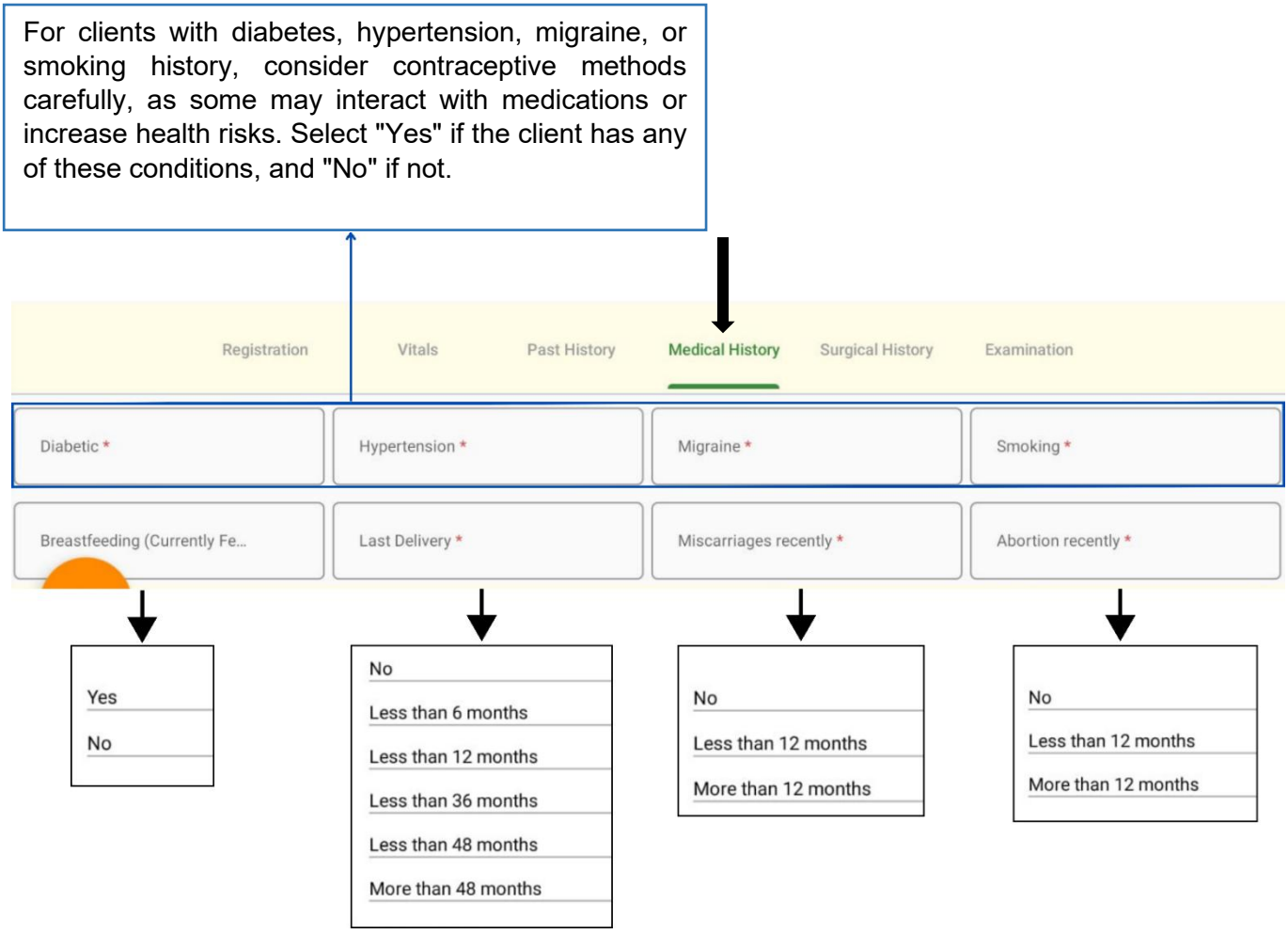
An injection of progestin given intramuscularly (IM) or subcutaneously (SC) every 3 months to prevent ovulation.

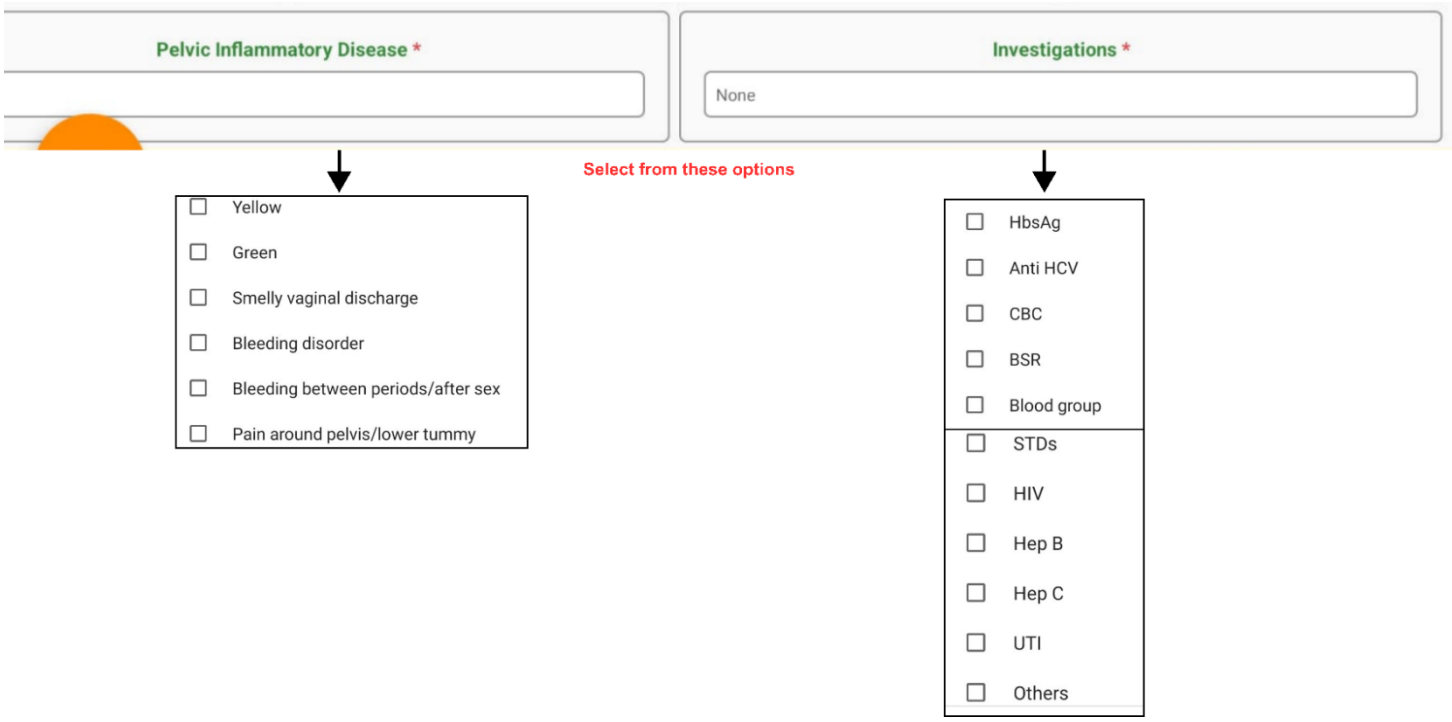
7. **Jadelle (5 years) and Implant (3 years)**

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

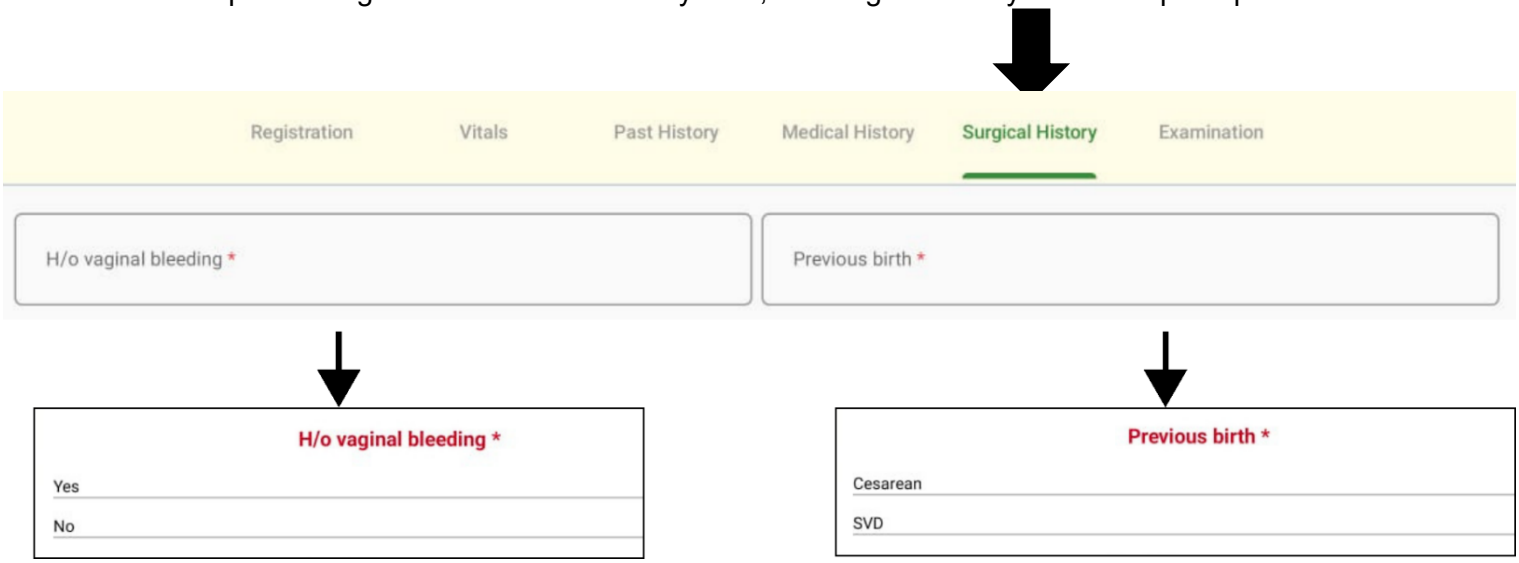
Medical history is crucial for clients using family planning methods to ensure safe and effective use. It includes information on chronic illnesses, such as diabetes or hypertension, which may impact contraceptive choices.




Pelvic Inflammatory Disease *
Investigations *
None
Select from these options
Yellow
Green
Smelly vaginal discharge
Bleeding disorder
Bleeding between periods/after sex
Pain around pelvis/lower tummy
HbsAg
Anti HCV
CBC
BSR
Blood group
STDs
HIV
Hep B
Hep C
UTI
Others

4.1.2.1.5 Surgical Procedures

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



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

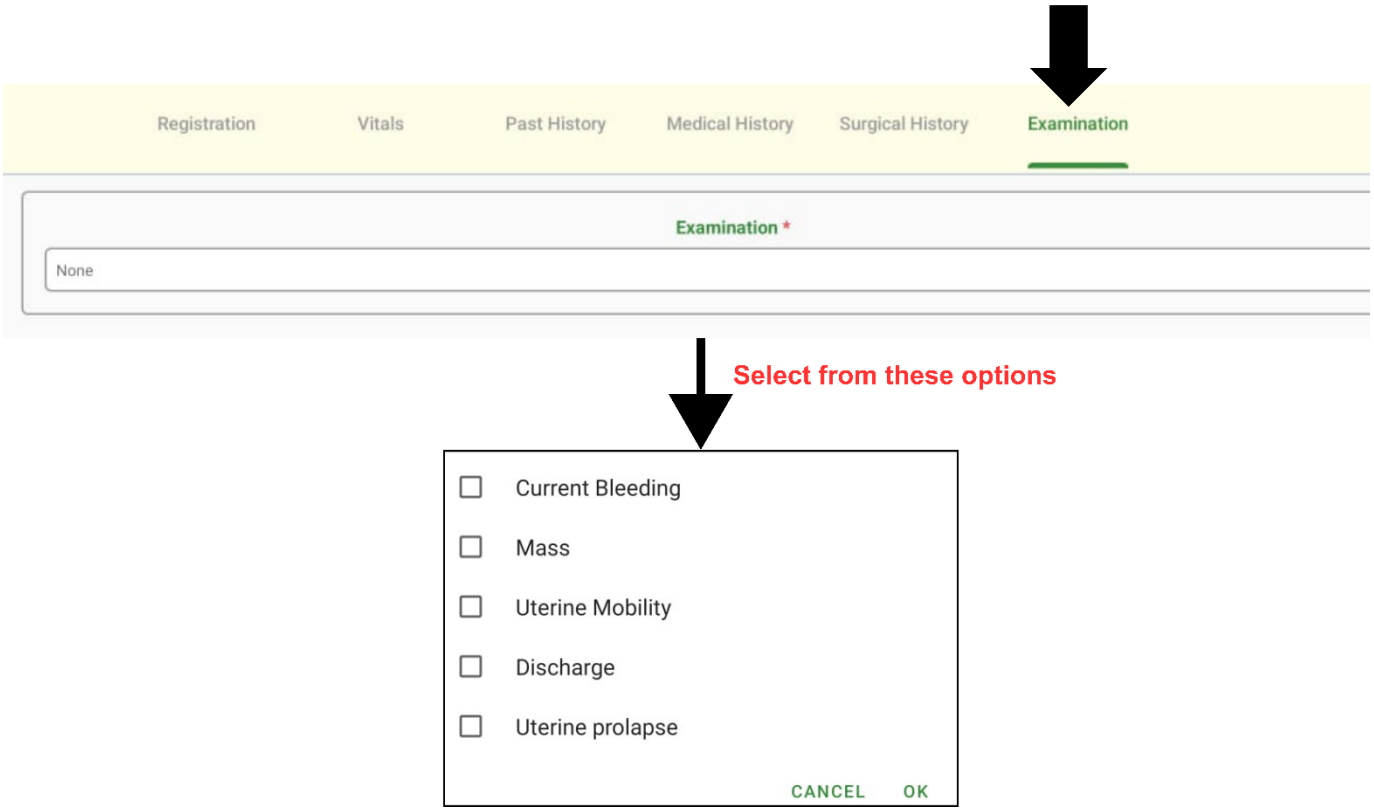
Cesarean (C-section): A surgical procedure in which a baby is delivered through incisions in the mother's abdomen and uterus. This method is used when vaginal delivery is not safe or possible.

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.



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.

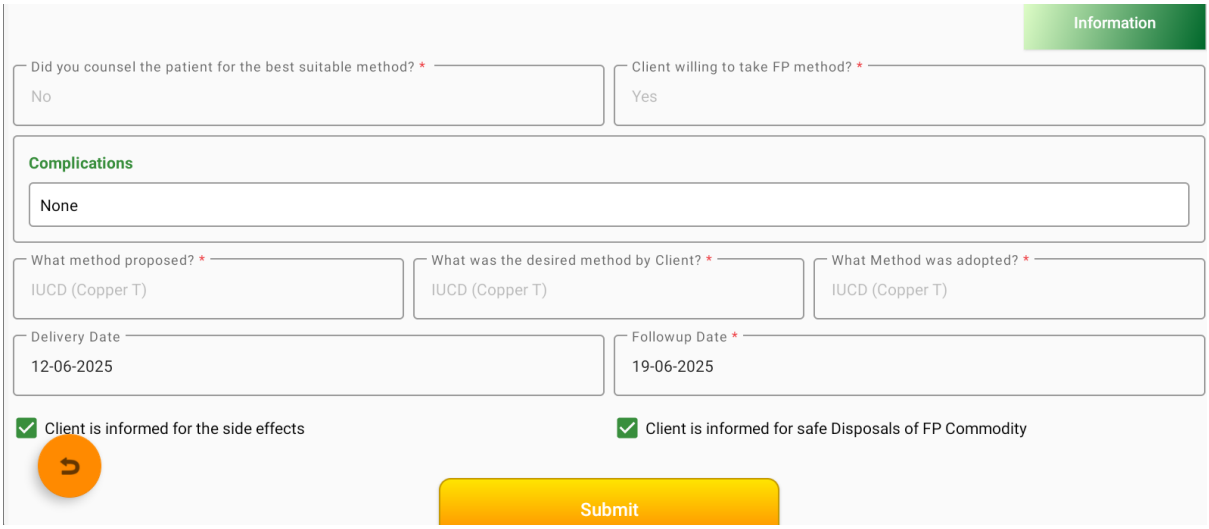
Discharge: Indicates any abnormal vaginal discharge that may suggest infection or other issues affecting contraceptive use.

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.



4.1.3 OTP

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



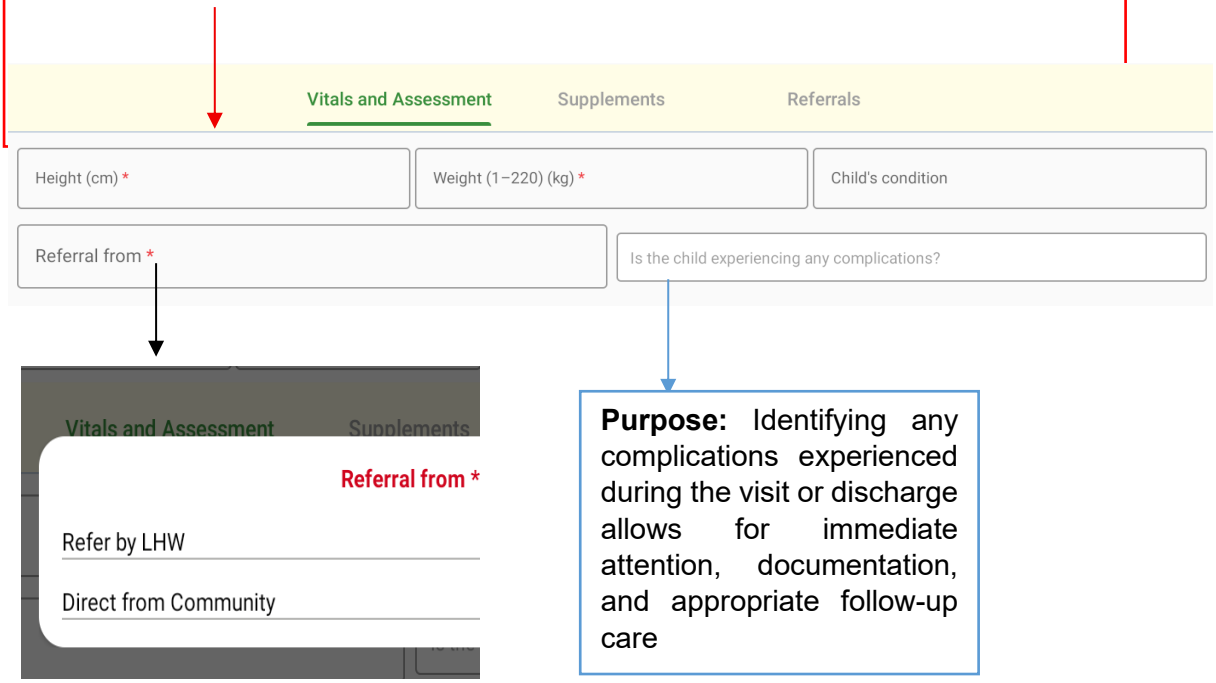
Select the OTP tab shown in image and this will display the forms:

1. Vitals and Assessment
2. Supplements
3. Referrals

Details of these forms are discussed below:

4.1.3.1 Vitals and assessment

Purpose: 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.

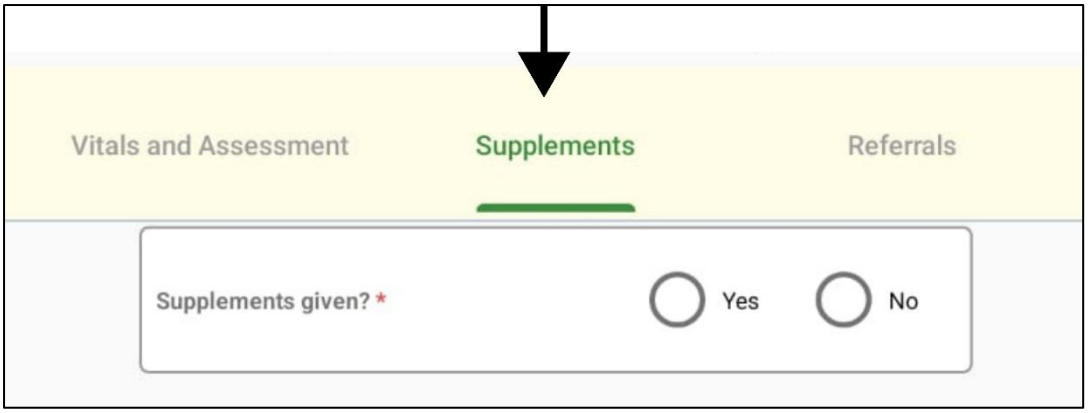


To fill in the Vital and Assessment Form, follow these steps:

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. Referral From: Select from the options, whether the client was referred by LHW or directly from community.
7. 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.

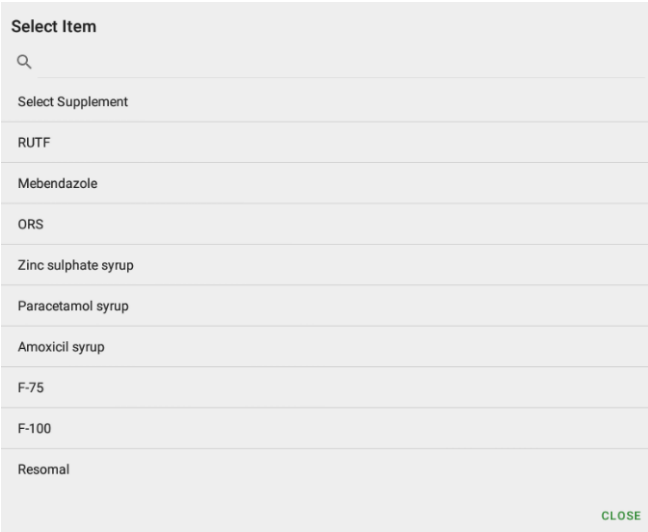
4.1.3.2 Supplements

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



Purpose: Recording given supplements helps track the medicines and nutrition provided to the child during their stay. This ensures proper care continues and prevents harmful drug interactions.

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





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.

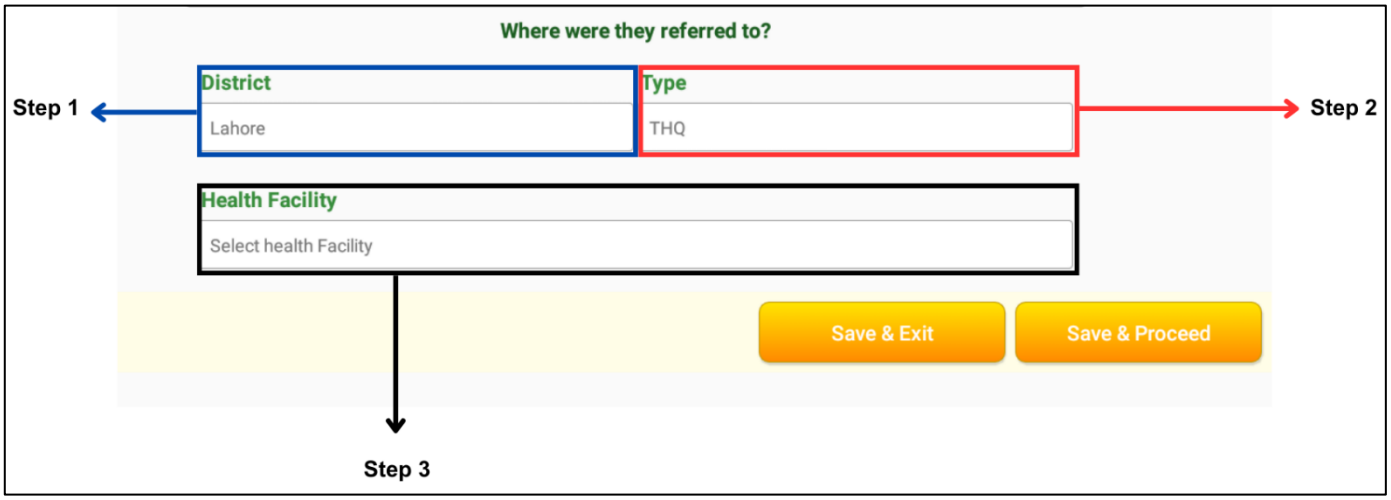
4.1.3.3 Referrals

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 in the required fields, choose to click either ‘Save & Exit’ or ‘Save & Proceed’ to save the data and continue.





4.1.4 Immunization

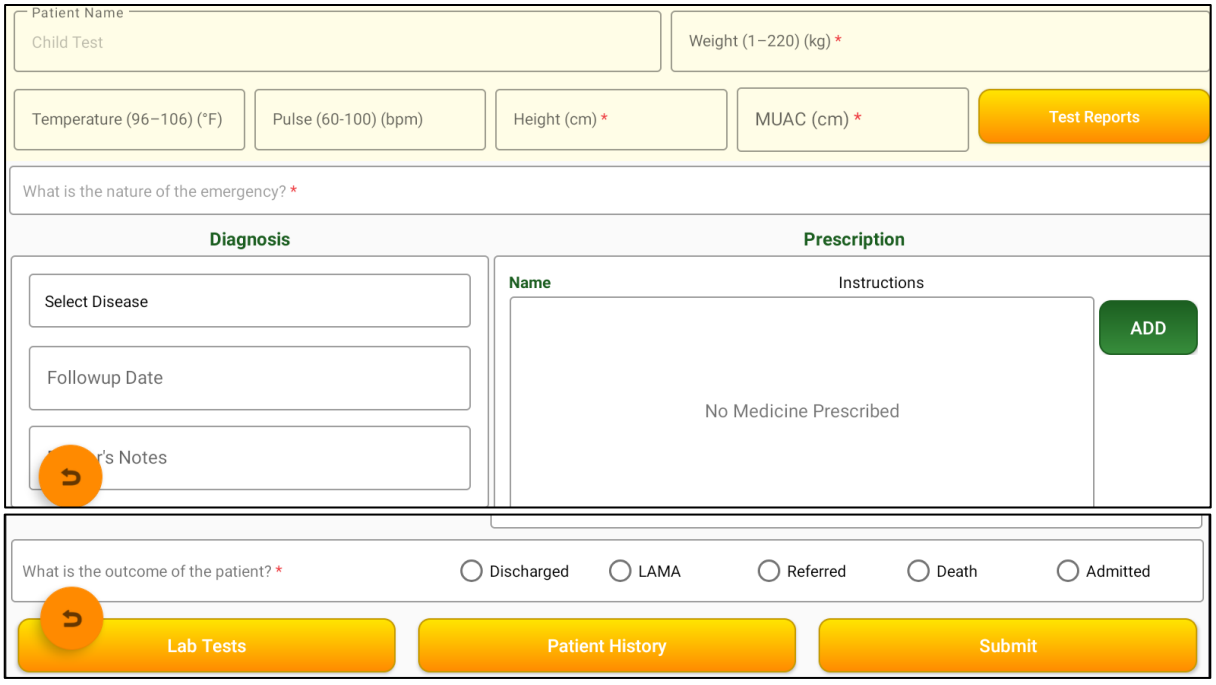
This section is applicable for children up to 5 years of age. Documenting immunization history is vital for preventing vaccine-preventable diseases, protecting the child infectious illnesses, and ensuring compliance with vaccination schedule.



4.1.5 Emergency



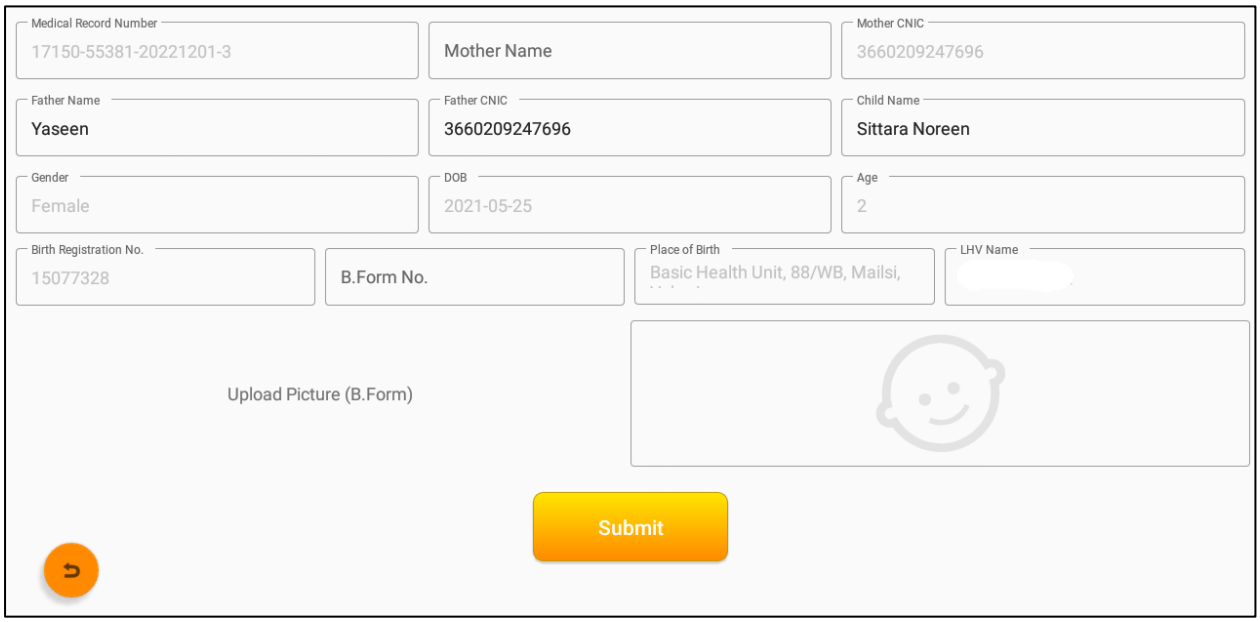
After clicking on the emergency module, the following form will appear:



4.1.6 Birth Certificate



After selecting the Birth Certificate tab, the screen will display the following pre-filled 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/MNHC at Glance

The BHU/MNHC at Glance module in the HMIS application acts as a quick dashboard for the staff at Maryam Nawaz Health Clinics (MNHCs). It provides a snapshot of key performance indicators (KPIs) relevant to the MNHC'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 MNHC'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 MNHC. It breaks down service utilization into several key components, including Registration, OPD, LHV, Pathology, Stock, 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.

For complete details, 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.

For complete details, refer to **Section 3.4 of Chapter 3, "Medical Officer/Women Medical Officer" Module.**

4.5 UHI Claims

The UHI Claims dashboard is a tool to track claims submitted for deliveries at the MNHC. 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.

For complete details, refer to **Section 3.5 of Chapter 3, “Medical Officer/ Women Medical Officer” Module**.

2025

Health & Population Department

Chapter 5:

DISPENSER MODULE

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

HMIS v3.0

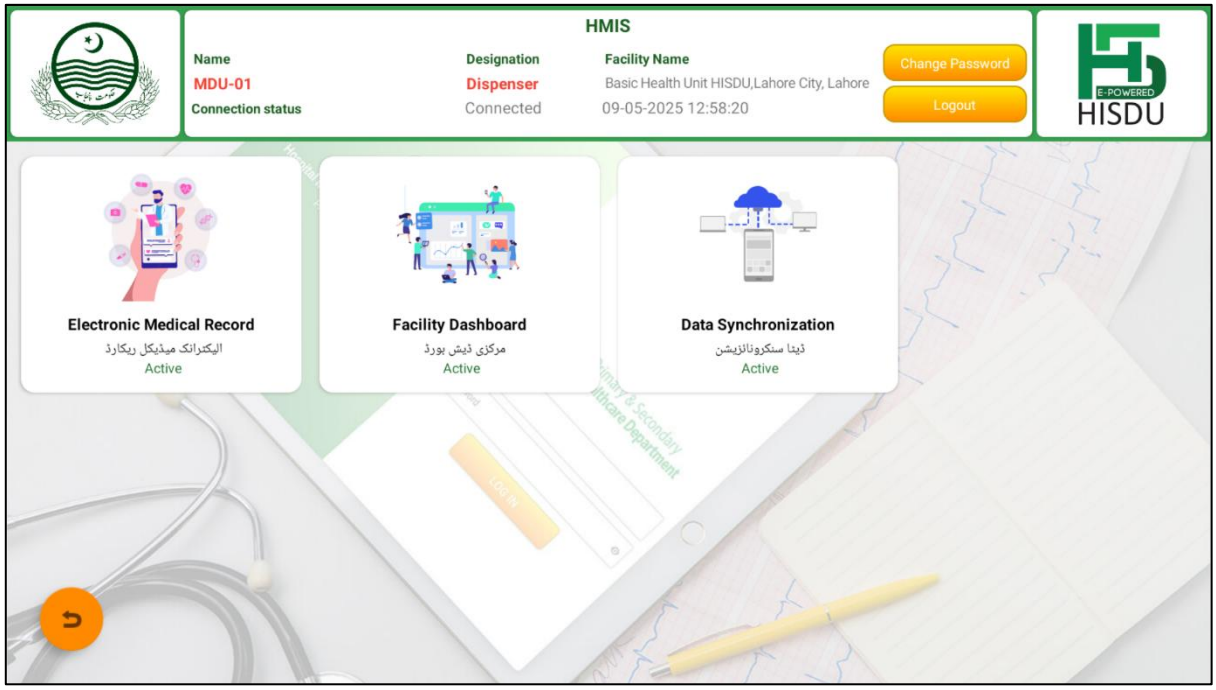
Chapter 5: Dispenser Module

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.

The patient typically visits the dispensary upon referral from the MO/WMO or the LHV to obtain prescribed medication.

Once you log in to the portal using the provided user by HISDU (Refer to Chapter 2 “Getting Started”) the following homepage will be displayed. The three tabs displayed are briefly explained below.

Electronic Medical Record



The Electronic Medical Record displays the patients who are prescribed the medicine and allows the dispenser to view the patient's diagnosis and prescription details and dispense medicine to them.

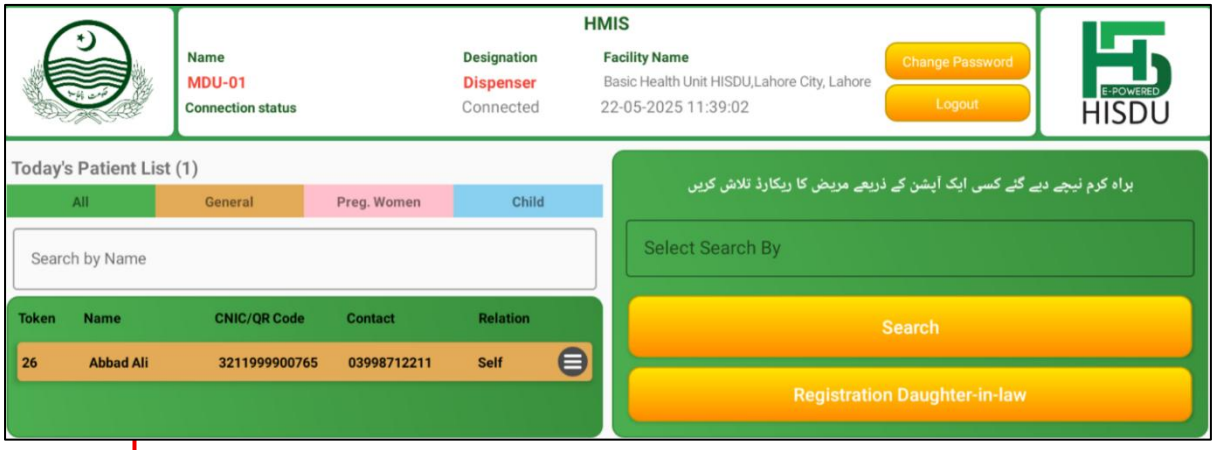
Facility Dashboard

This module provides dispensers with a more comprehensive overview of the MNHC, including data on patient visits, registrations, and service utilization at the facility.

Data Synchronization

This module lets you 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.

5.1 Electronic Medical Record



From today's roster, please identify the patient who has presented for medication dispensation. Click on the row displaying the patient to be directed to the dispensary module.

You may also click on the three-line icon on the far right, which will display the Report option. You may click on the **Report** button to view the Consolidated Patient Visit Report. For complete details, see Section 2.5 Consolidated Patient Visit Report.

Next, you will see the following homepage once you click on your desired patient name

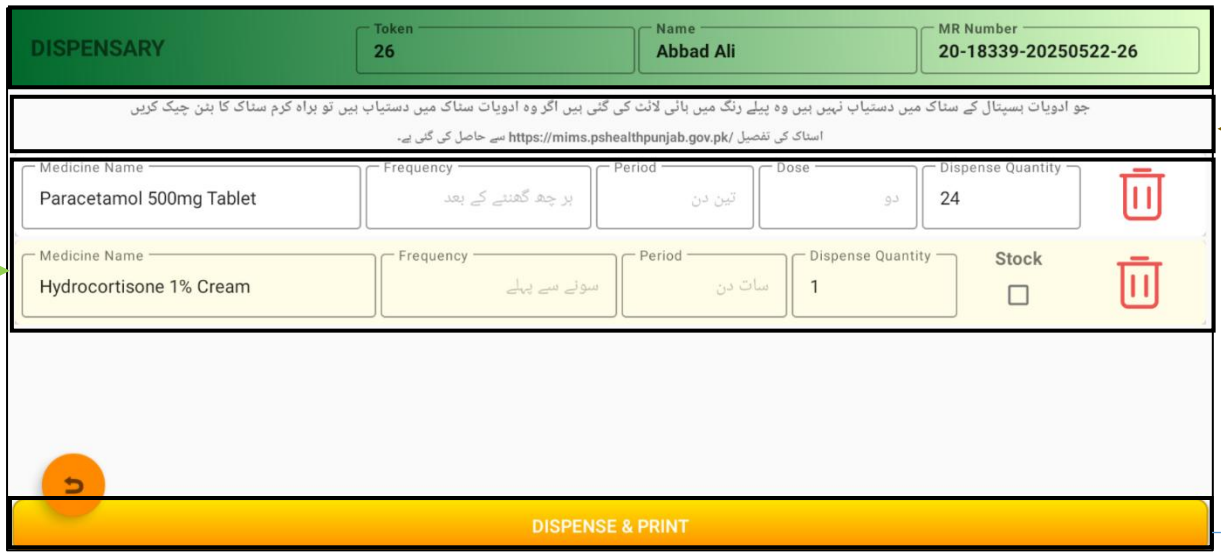


Click on the dispensary tab to view the medicine to be prescribed to the patient.

Once you click on the Dispensary tab, the following screen will appear.

The top row displays the patient information including the Token number, Name, and MR number.

A brief label is provided here in Urdu, indicating that any medicine to be purchased from an outside pharmacy is highlighted in yellow. It also instructs the user to check the availability of these medicines in the MIMS stock portal.



The medicine name, frequency of use, period of use, dosage, and dispensing quantity are displayed for the dispenser. If the medicine with yellow label is found in stock, the dispenser may check the Stock button given on the right.

Lastly, once the medicine is dispensed to the patient. The dispenser needs to click on the Dispense & Print button on the bottom of the page to indicate that the medicine has been given to the patient.

A printable slip will be generated.



You can click on the print slip yellow button to print your prescription slip

5.2 Facility Dashboard

The Facility Dashboard module in the HMIS application provides a comprehensive overview of service utilization at the MNHC. It breaks down service utilization into several key components, including Registration, OPD, LHV, Pathology, Stock, 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.

For complete details, refer to **Section 3.3 of Chapter 3, "Medical Officer/ Women Medical Officer" Module**.

5.3 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.

For complete details, refer to **Section 3.4 of Chapter 3**.

2025

Health & Population Department

Chapter 6:

VACCINATOR MODULE

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

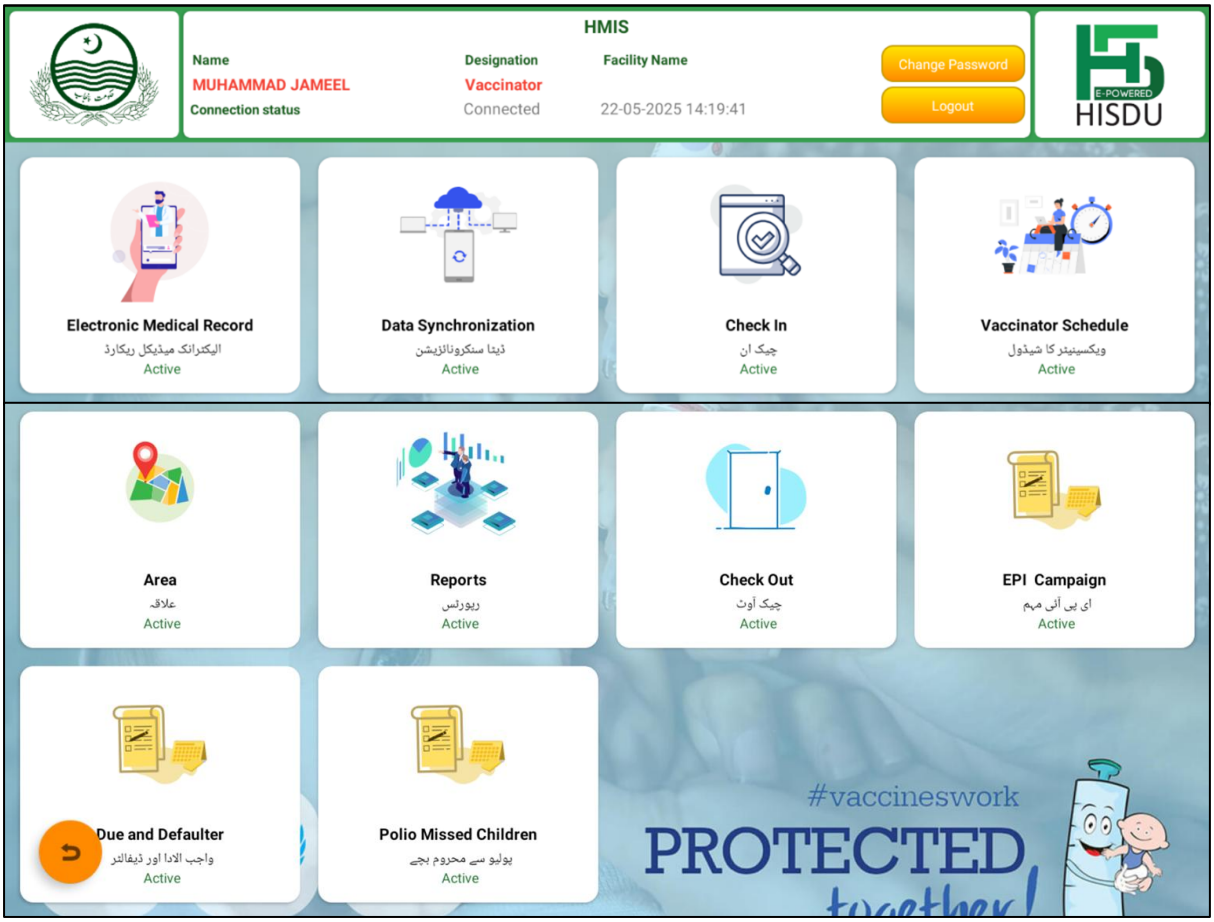
HMIS v3.0

Chapter 6: Vaccinator Module

Vaccinators play a vital role in protecting the health of children across Punjab by delivering essential routine immunization (RI) services through outreach activities in communities. At fixed sites, vaccination services are provided by MOs/WMOs and LHVs. As the first point of contact for many children entering the healthcare system, vaccinators are central to ensuring timely and complete immunization coverage.

To strengthen the continuity of care and improve tracking of immunization status, it is critical that all children receiving vaccines are registered in the HMIS. Accurate digital registration ensures that each child's vaccination history is properly documented, enables seamless follow-up for subsequent doses, and reduces the risk of missed or duplicate vaccinations, especially when families move or seek services in different districts. Proper use of the EMR by vaccinators is a key step toward a more responsive and data-driven immunization program in Punjab.

The Home screen for the Vaccinator contains ten tabs as shown below. A brief description of each of these modules is provided below and the next sections of this chapter elaborate upon each tab.



Vaccinator Module

Electronic Medical Record

This tab allows the vaccinator to register new patients and access records of previously registered patients to log vaccination details.

Data Synchronization

This tab syncs data between the mobile app and the central HMIS database to ensure all patient information is current and accessible.

Check In

This tab is used to check in for duty at the start of your workday or outreach session.

Vaccinator Schedule

This tab lets you create and manage your outreach vaccination schedule, including setting targets for pregnant women and children, adding kit station details, contact numbers, and distance from the facility.

Area

This tab allows the vaccinator to enter and update area names and population data for locations within the Union Council (UC) that are not already visible or recorded in the EMR. Adding these areas ensures that children from unlisted localities within a UC can be properly registered, and that the vaccinator is able to identify the due and default children area-wise.

Reports

This tab displays key reports such as the daily vaccination register, due and default lists, population by area, and outreach tour plans with their scheduled dates.

Check Out

This tab is used to check out at the end of your duty or after completing outreach activities.

EPI Campaign

This tab shows children who were identified during Polio campaigns as zero dose or due/defaulters for routine immunization and require follow-up.

Due and Defaulter

This tab provides a list of children who are due or have defaulted on vaccinations, organized by area for easier tracking and follow-up.

Polio Missed Children

This tab lists children who were declared missing during the polio campaign and need to be verified as present at the address given.

6.1 Electronic Medical Record



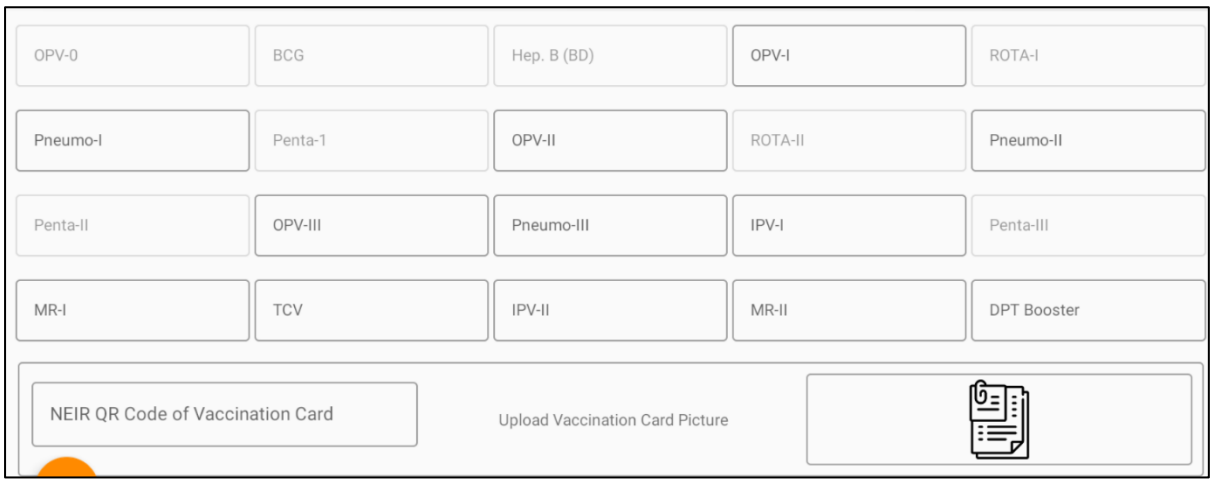
Follow the steps outlined in section **2.3.1 New Registration** for registering a new patient or section **2.3.2 Previously Registered Patient or CNIC** for accessing records of a previously registered patient. Once you select the patient, you will see the following screen.



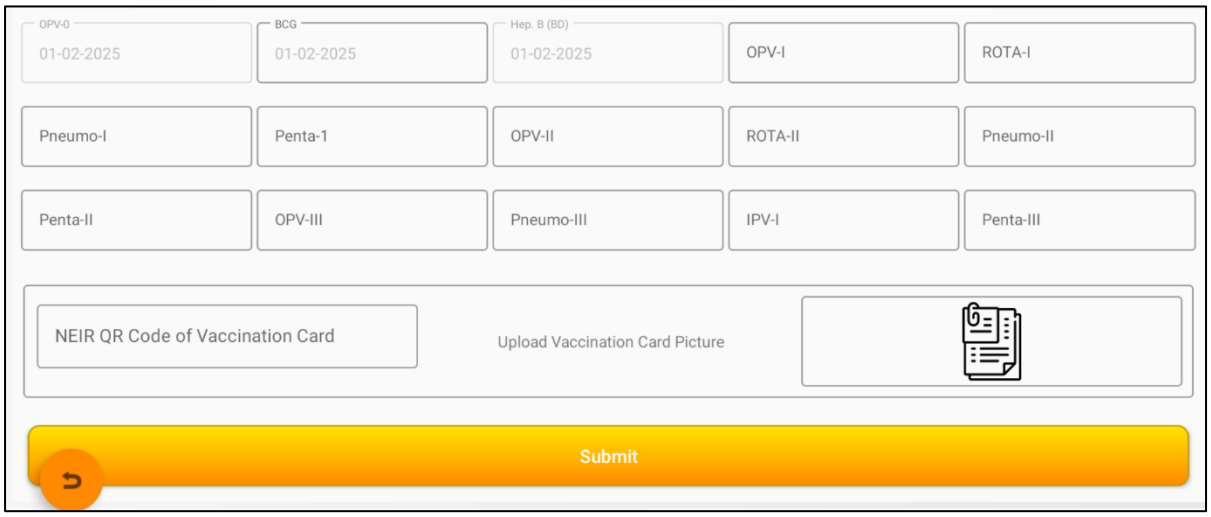
Click on the Immunization Module to record vaccination details for the child.

The vaccinator will be able to enter the date of vaccination for each of the 20 doses, which are a part of routine immunization in Punjab. Each of the vaccination fields will appear according to the age of the child, and the vaccinator will not be able to enter the date for children who are above the age limit for the vaccination.

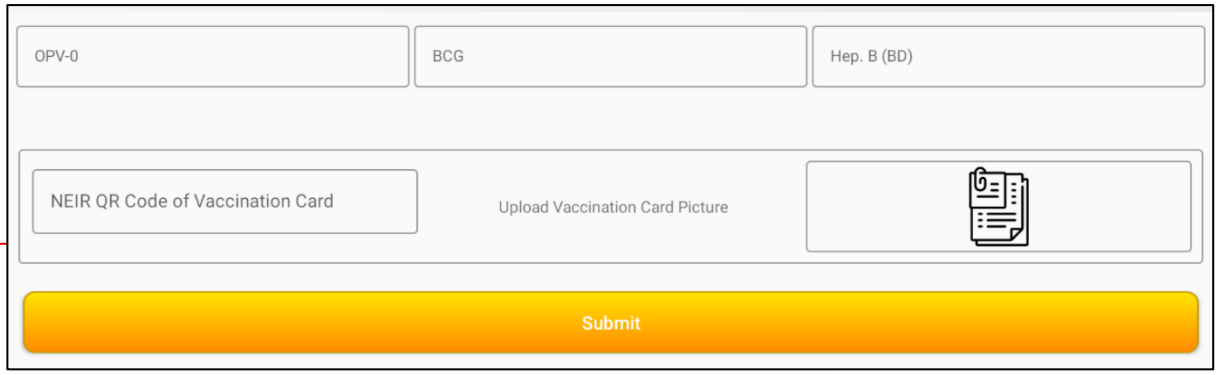
For example, in the figure below, the child upon registration has exceeded the maximum age for OPV-0, BCG, Hep.B (birth dose), Rota-1, Penta-1, Rota-2, Penta-2, and Penta-3.



In the below figure, the child has been vaccinated for OPV-0, BCG, and Hep.B (birth dose) and remains eligible for the remaining vaccinations shown. Note that MR-1, TCV, IPV-2, MR-2, and DPT Booster are not visible for this child as he or she is not yet eligible for those vaccinations.



In the below figure, the child is only eligible for birth dose vaccinations yet.



Note that the vaccinator will have to write the NEIR QR Code of the Vaccination Card in the field shown above or upload the picture of the vaccination card to be able to submit the record.

FOR YOUR INFORMATION

The vaccination schedule is given below for your aid, including higher age group children. Remember that the spacing between doses must always remain the same. For example, a vaccinator must wait for 4 weeks before administering Penta-2 to a child who has just been given Penta-1.

Vaccine	Due Date (Minimum Age)	Default Date	Eligibility Age
BCG	At birth	Within 1 week	0 to 1 year
OPV-0	At birth	Within 24 hours	0 to 2 weeks
Hep B (Birth Dose)	At birth	Within 24 hours	0 to 1 week
OPV-1	6 weeks	6 weeks	No strict cutoff, but avoid delay
PCV-13 (1)	6 weeks	6 weeks	6 weeks to 5 years
Penta-1	6 weeks	6 weeks	6 weeks to 5 years
Rota-1	6 weeks	6 weeks	6 weeks to 15 weeks
OPV-2	10 weeks	10 weeks	No strict cutoff, but avoid delay
PCV-13 (2)	10 weeks	10 weeks	10 weeks to 5 years
Penta-2	10 weeks	10 weeks	10 weeks to 5 years
Rota-2	10 weeks	10 weeks	10 weeks to 32 weeks
OPV-3	14 weeks	14 weeks	14 weeks to 5 years
PCV-13 (3)	14 weeks	14 weeks	14 weeks to 5 years
Penta-3	14 weeks	14 weeks	14 weeks to 5 years
IPV-1	14 weeks	14 weeks	14 weeks to 5 years
MR-1	9 months	9 months	9 months to 1 year
TCV	9 months	9 months	9 months to 1 year
IPV-2	15 months	15 months	15 months to 5 years
MR-2	15 months	15 months	15 months to 5 years
DTP Booster	18 months	18 months	15 months to 5 years

FOR YOUR INFORMATION

Pakistan's vaccination schedule protects children against 12 diseases. These include Tuberculosis, Poliomyelitis, Diphtheria, Tetanus, Pertussis, Hepatitis-B, Hib-B, Rotavirus, Pneumococcal infections (Pneumonia and Meningitis), Measles, Rubella, and Typhoid.

Details regarding which vaccine prevents what disease is given below.

1. BCG Vaccine: Prevents against childhood *Tuberculosis (TB)*.

2. Oral Polio Vaccine (OPV): Prevents *Poliomyelitis (Polio)*, a crippling viral disease that can cause paralysis, especially in children.

3. Inactivated Polio Vaccine (IPV): Prevents *Poliomyelitis (Polio)*. An injectable form of the polio vaccine that strengthens immunity, used alongside OPV.

4. Pentavalent Vaccine: Combined vaccine that protects against five diseases

Diphtheria: A serious bacterial infection affecting the throat, potentially fatal.
Tetanus: Causes severe muscle stiffness and lockjaw due to bacterial infection.
Pertussis (Whooping Cough): A contagious respiratory infection with severe coughing fits.
Hepatitis B: A liver infection that can lead to chronic liver disease or cancer.
Haemophilus influenzae type B (Hib): Causes life-threatening illnesses like meningitis and pneumonia.

5. Pneumococcal Conjugate Vaccine (PCV): Prevents *Pneumococcal infections*, including pneumonia, meningitis, and sepsis caused by Streptococcus pneumoniae.

6. Rotavirus Vaccine: Prevents *Rotavirus infection*, a major cause of severe diarrhea and dehydration in infants and young children.

7. Measles and Rubella (MR) Vaccine: Prevents against *Measles* – a highly contagious viral disease with complications like pneumonia, brain swelling, and death – and *Rubella*.

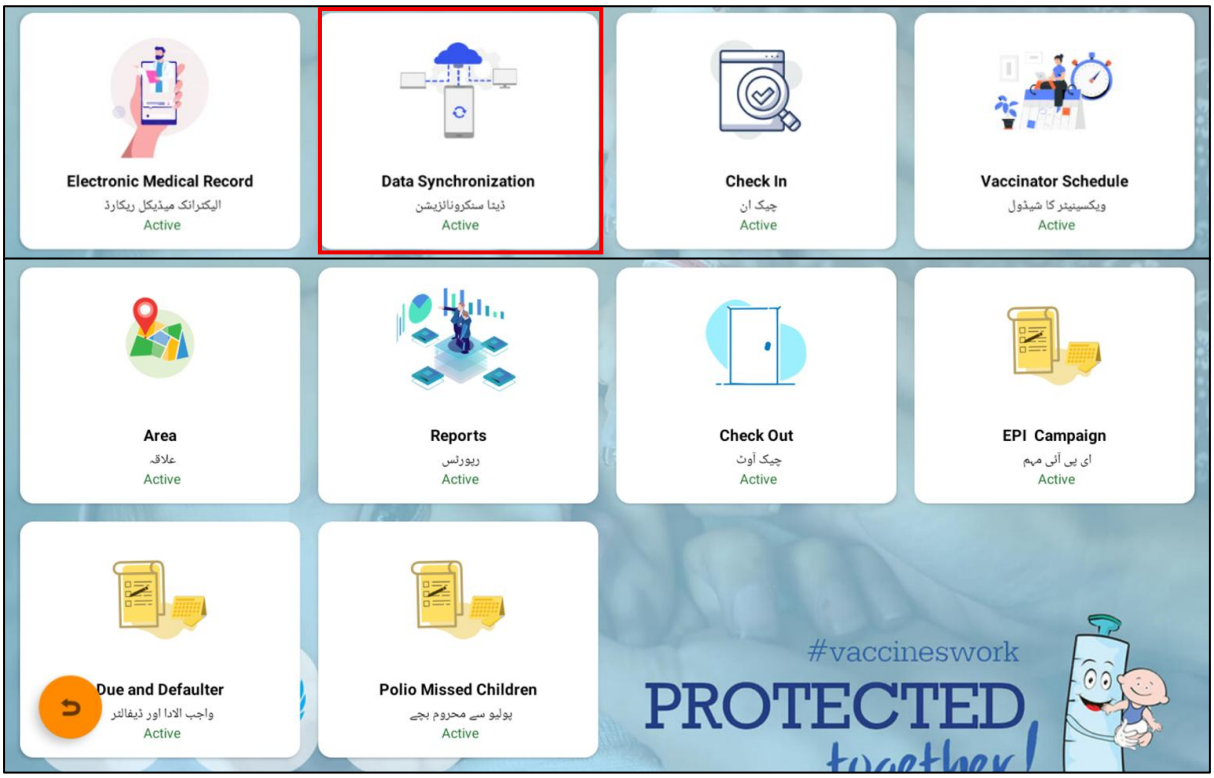
8. Typhoid Conjugate Vaccine (TCV): Prevents *Typhoid fever*, a bacterial infection spread through contaminated food and water, causing high fever, weakness, and abdominal pain.

9. DTP Booster: A booster dose to maintain immunity after the primary pentavalent doses.

Diphtheria
Tetanus
Pertussis (Whooping Cough)

6.2 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.



6.3 Check In and Check Out



The Check In tab is used to mark the start of your duty for the day. To check in, simply tap on the Check In tab on the home screen. The system will automatically record your check-in time and location. A confirmation message will appear once the check-in is successful.

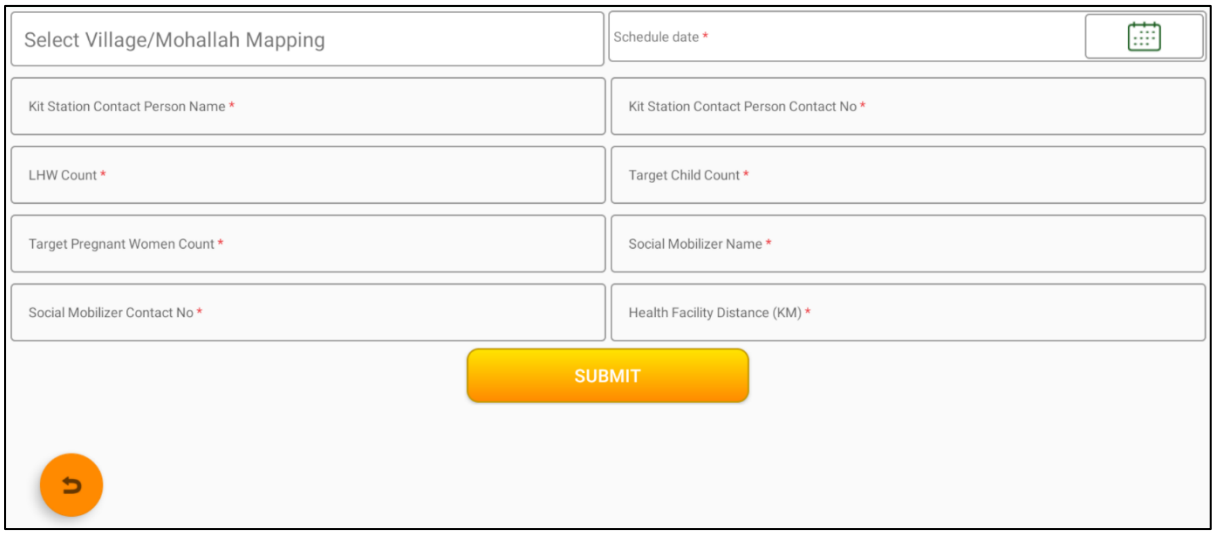
Similarly, the Check Out tab is used to mark the end of your duty. To check out, tap on the Check Out tab on the home screen. A confirmation message will appear once check-out is recorded.

These tabs help monitor attendance and ensure data is properly linked to your activities for the day.

6.4 Vaccinator Schedule



The vaccinator schedule allows the vaccinator to plan his outreach days and hence the schedule for upcoming weeks. The vaccinator will see the following screen after clicking on the Vaccinator Schedule tab.



Clicking on the Select Village / Mohallah Mapping will display the list of areas that the vaccinator has already recorded for his UC. The remaining fields will have to be entered by the vaccinator, which are as follows:

1. Schedule Date

2. Kit Station Contact Person Name
3. Kit Station Contact Person Contact Number
4. LHW Count
5. Target Child Count
6. Target Pregnant Women Count
7. Social Mobilizer Name
8. Social Mobilizer Contact Number
9. Health Facility Distance (Km)

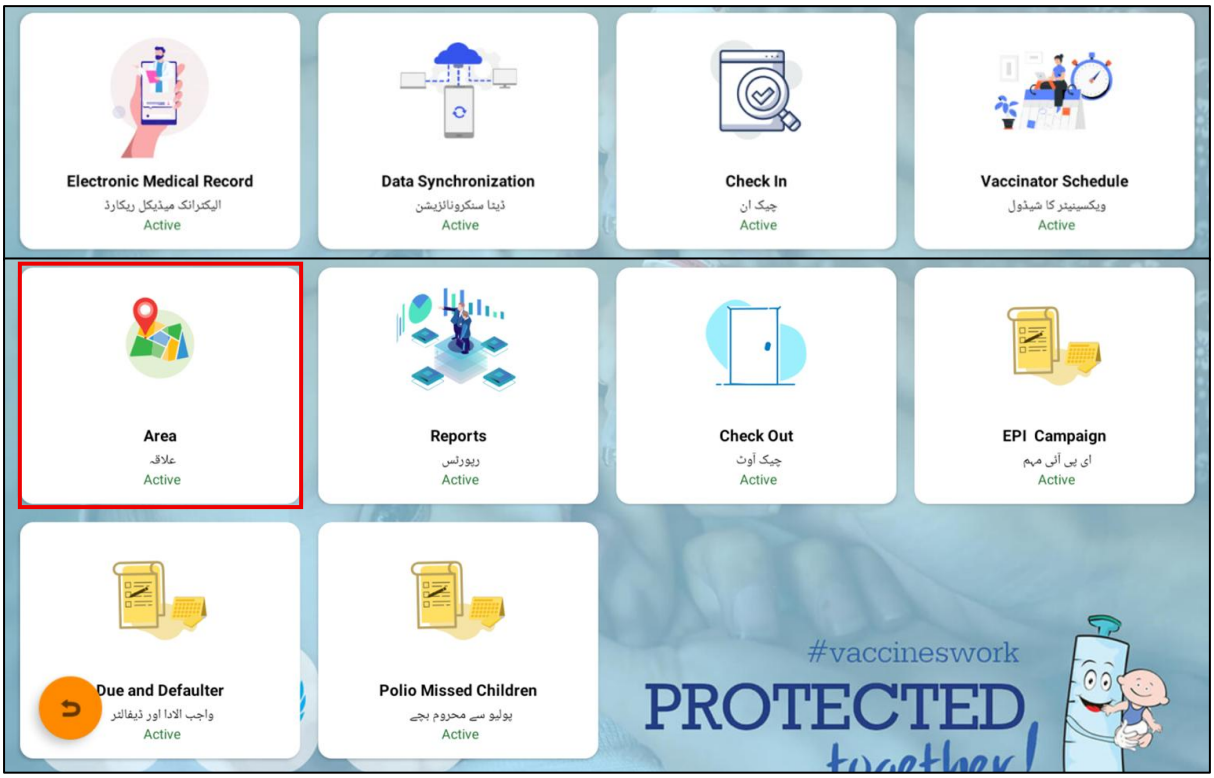
The vaccinator will then click on Submit to save the record. This schedule can be viewed in the Reports tab under the Electronic Tour Plan (Integrated Preventive Outreach Team) tab, where it will show as:



Vaccinator Schedule Report

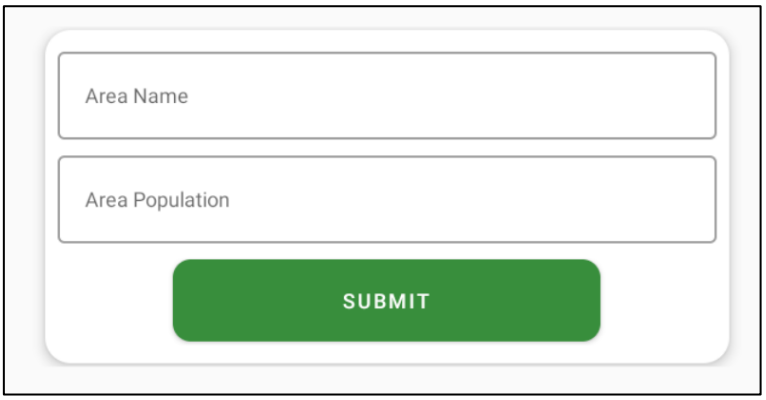
Vaccinator	Area	Distance (Km)	Social Mobilizer	Planing Date
Vaccinator	mahala kalma chok.sheikh.girls school.shan wala.atto hola.tagia loshi	1	no	23-5-2023
Vaccinator	mahala danyan wala.ganmi sheikh.darga.darbar sharif.tayab Sultan.	1	no	23-5-2023
Vaccinator	mahala bhahi khan.poli.sadar bazar.fida jami.khaba	2	no	24-5-2023
Vaccinator	basti bhaji lidi.kora mekni. Ali ani.	5	no	25-5-2023
Vaccinator	basti doda Ali ani.bhari.pyar lidi.shera lidi	6	no	26-5-2023
Vaccinator	basti payara lidi.shera lidi.gulan lidi.kora lidi	7	no	27-5-2023
Vaccinator	mahala qadri.imam bargha.lidi	2	no	29-5-2023
Vaccinator	mahala thotha.qazi wala.gujra.wato ani.reso ani.gaji	2	no	30-5-2023
Vaccinator	catch up day.ali baba.hafiz rehmat.sundri.nawaz sheikh	3	no	1-6-2023
Vaccinator	Tai khab Ali baba.sona roda.hafiz rehmat.	2	no	3-6-2023
Vaccinator	Jonathan colony Yaseen goda khalrko near thana bishun	2	no	7-6-2023

6.5 Area



The Area tab allows the vaccinator to add areas within the Union Council (UC) that are not already visible in the EMR. Adding these areas helps the vaccinator better plan their schedule for outreach and identify children area-wise that are due or have defaulted on their vaccinations.

To enter a new area, tap on the Area tab on the home screen.



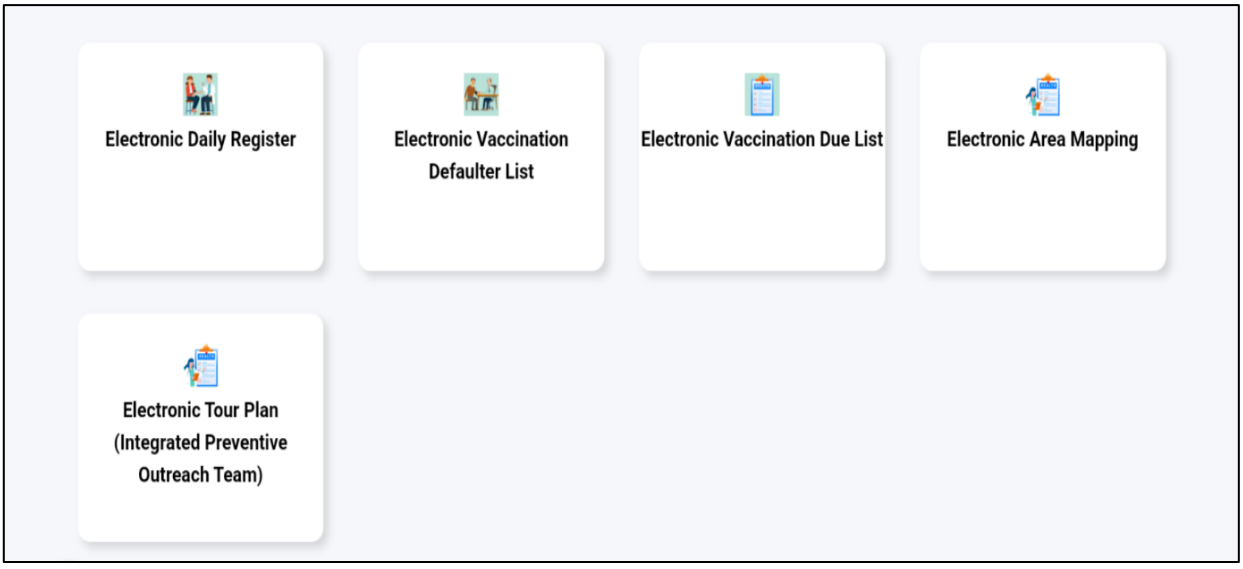
Enter the name of the area (i.e., village, mohalla, basti etc.) and enter the estimated population of that area. Click Submit to record the information.

Once added, the area will appear as an option during child registration, for the vaccinator schedule, and in reports such as due and defaulter lists. This helps ensure accurate planning and tracking of routine immunization coverage, especially in hard-to-reach or previously unrecorded areas.

6.6 Reports



The Reports tab allows the vaccinator to view several reports that help keep track of the vaccinator's work. These are shown in the figure below.



The Electronic Daily Register shows the pregnant women and children registered that day.

The Electronic Vaccination Defaulter List and the Electronic Vaccination Due List show the due and defaulter children that the vaccinator has covered that day.

The Electronic Area Mapping shows the list of areas recorded by the vaccinator for his UC, along with their population.

Lastly, the Electronic Tour Plan shows the schedule of the vaccinator that he has planned through the Vaccinator Schedule Tab, as described in **Section 6.4 of this chapter.**

6.7 EPI Campaign

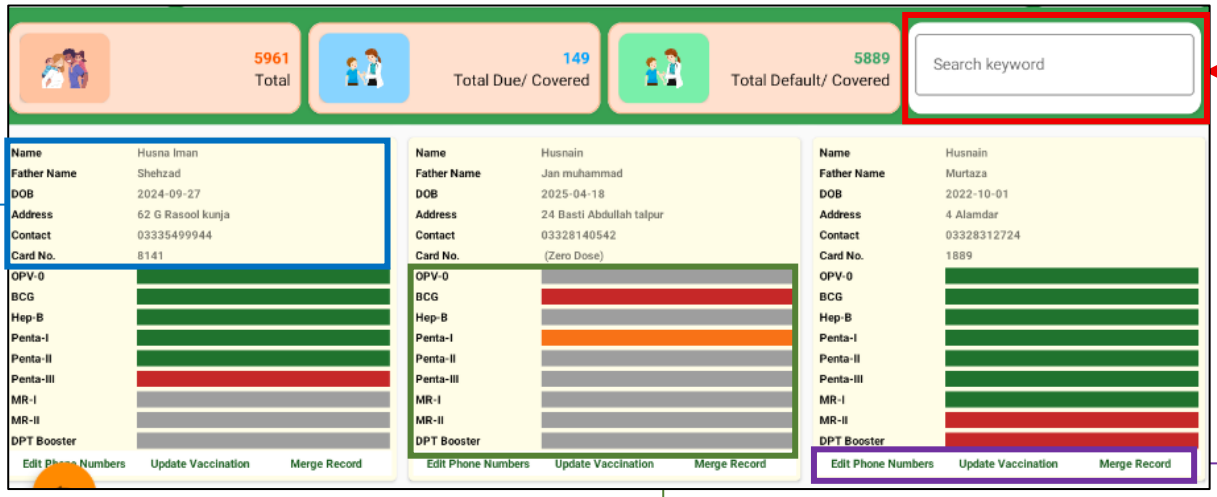


The EPI Campaign module shows the children who have been identified as zero dose or due or defaulter for any vaccinations during polio campaigns. Clicking on this module will display the following screen. This shows each child's basic details along with their vaccination history as recorded during the campaign.

Vaccinator Module

The top bar shows the total number of children being shown to the vaccinator, the number of children with vaccinations due, the number of children who have defaulted on their vaccinations.

On the right side, you can search the name of a child or more commonly, you may use the search bar to view zero dose children.



The card displays the child's name, the father name, the date of birth of the child, the address and contact number. In case the child is a due or default, the record will also show the card number if recorded. For zero-dose children, the card number instead states (zero dose).

The middle of the card shows the vaccination details of the child. The color green in front of the vaccination name indicates that the child has been vaccinated for that dose, orange indicates that child is due for vaccination, red indicates that the child has defaulted on that vaccination dose, and lastly, gray means that the child is not eligible for a dose.

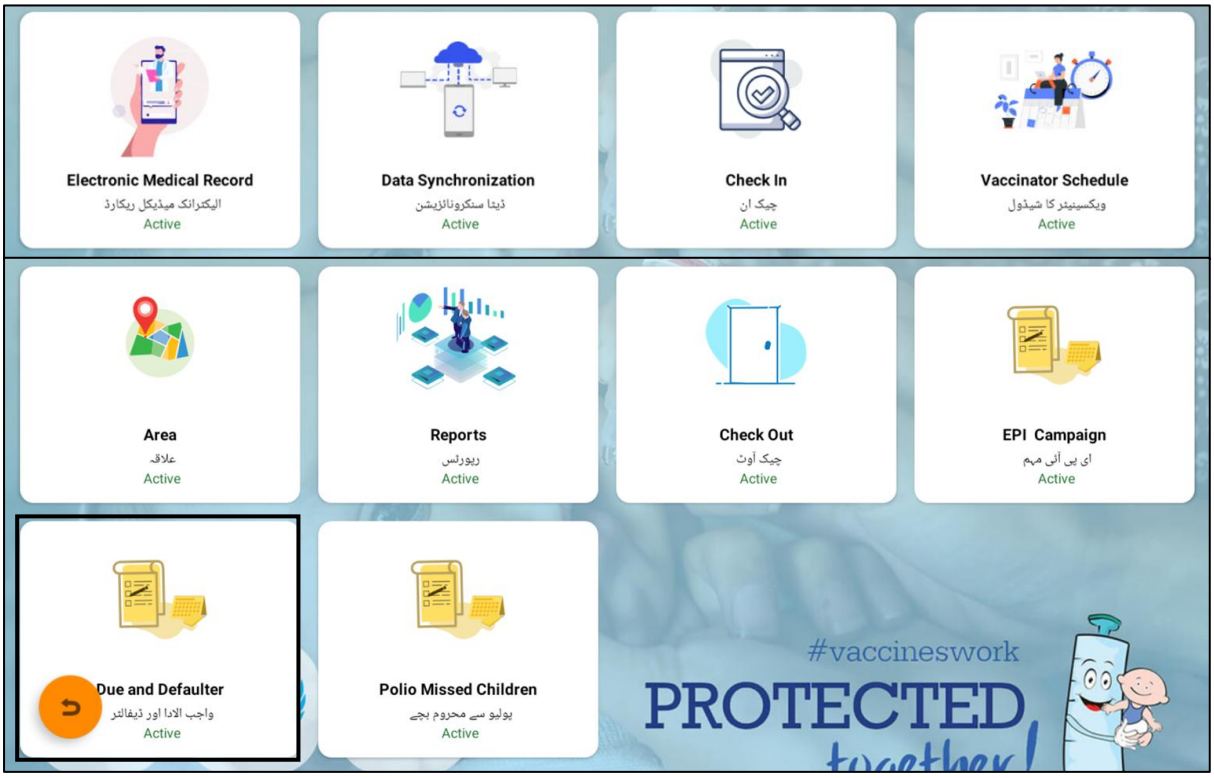
This card displays all 3 birth dose vaccinations while one vaccination is displayed to represent the remaining six visits to a vaccinator.

Lastly, the bottom of the card shows 3 buttons: Edit Phone Number, Update Vaccination, and Merge Record. The first button allows the vaccinator to update the contact number for the child. The second button directs the vaccinator to register the child on EMR and record their vaccination, as shown earlier in **section 4.1**. If the child has previously been registered in the system, the Merge Record button allows the vaccinator to merge this record with the existing EMR record of the child via the MR Number. By clicking on the Merge Record button, the vaccinator will be prompted to enter the MR Number and upon saving the records will be merged and the card will turn blue to indicate that the child is registered in EMR.

Color Categorization for Vaccinations

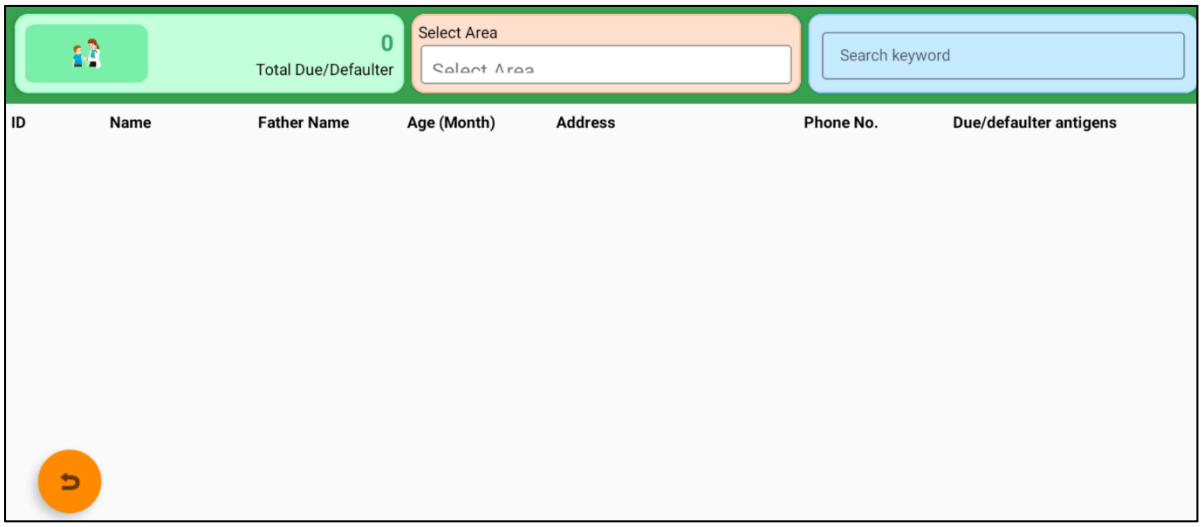
- Due
- Defaulter
- Vaccinated
- Ineligible

6.8 Due and Defaulter

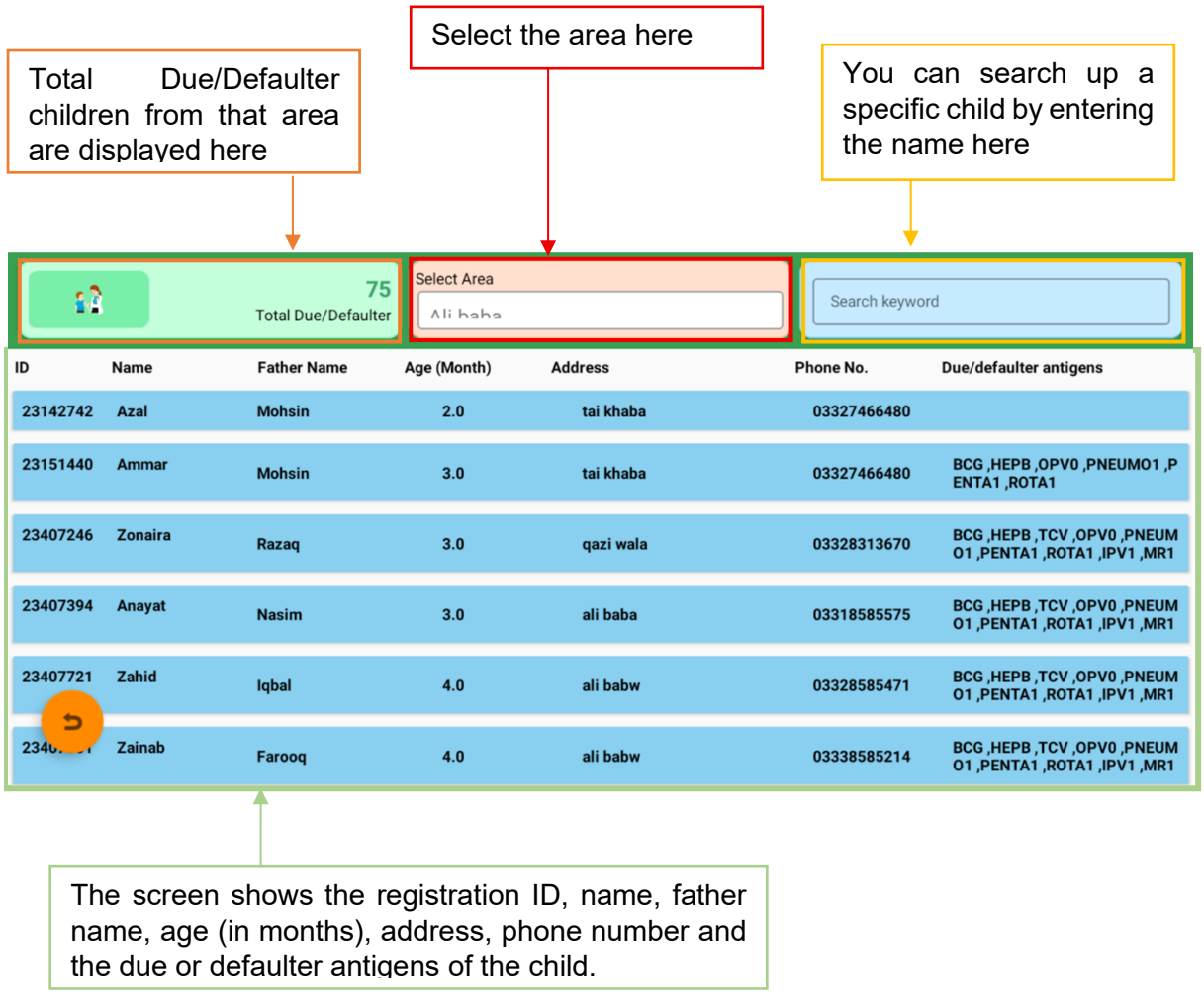


The Due and Defaulter tab displays children who have been registered in the EMR and had their immunizations recorded. It helps the vaccinator identify which children are due for upcoming vaccines or have defaulted (missed scheduled vaccines), organized by area. This module is used when vaccinating children in a particular area during outreach.

To use this tab, click the Due and Defaulter tab. The following screen will appear.



Select the relevant area. This displays a list of children from that area with pending or missed vaccinations.



By clicking on a child's name, the vaccinator can view the complete immunization history for that child, including vaccines received and those still due, and can thus update the child's record after vaccination.

6.9 Polio Missed Children



The Polio Missed Children tab is used to verify children who are declared missing during the Polio Campaign. If a child is not found at their address during the Polio campaign, the Polio workers declare them missing and enter them on the Polio portal. The vaccinators must then verify whether these children are continuing to live at this address or not.

Once the vaccinator has verified that the child is present and living at their address, they may click the **verify** button to remove that child from the missing children list.

2025

Health & Population Department

JICA

Strengthening Maternal and Newborn Healthcare MCH Project Punjab

Chapter 7:

LHS MODULE

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

HMIS v3.0

Chapter 7: 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.

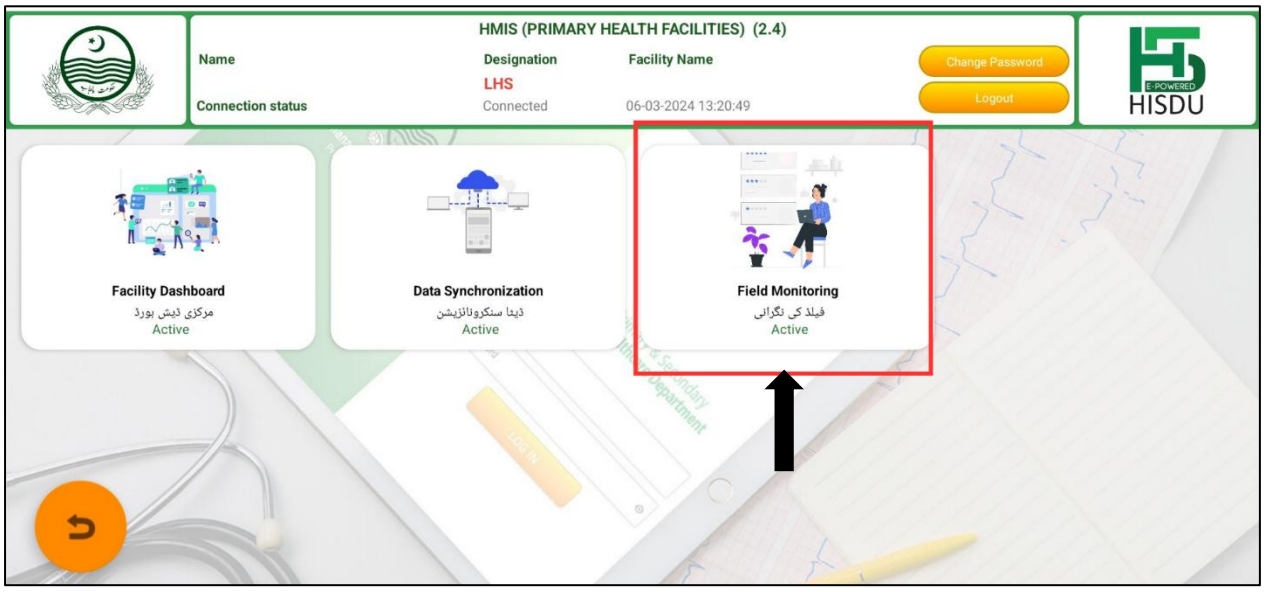
They play a managerial role by coordinating and managing the activities of LHWs within their area. This entails liaising with healthcare facilities, government agencies, and community organizations to ensure smooth program implementation. Additionally, they maintain program records and reports, order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

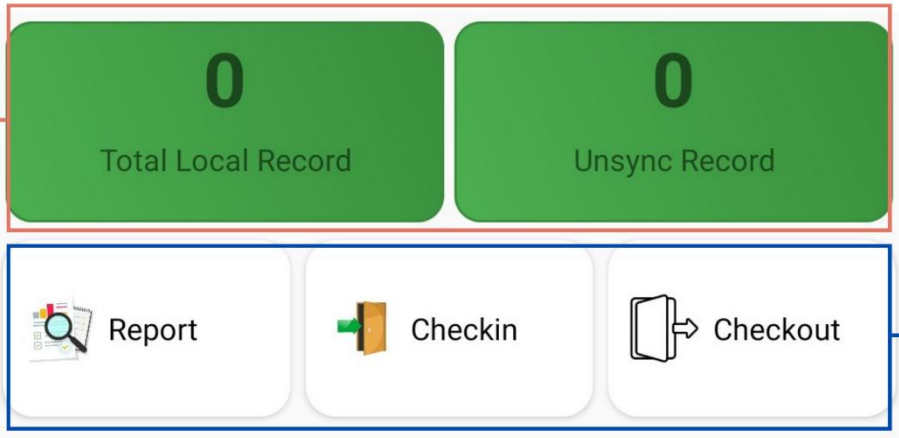
In certain situations, LHSs may directly provide essential healthcare services to the community. These services often include maternal and child health care, family planning counseling, and health education sessions aimed at raising awareness about crucial health topics and promoting healthy behaviors.

7.1 LHS Home Page

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.





Total Local Record: This section displays the total number of records that are stored locally on the device.

Unsynced records: It features those records that have been created or modified in the app but have not yet been uploaded to the central HMIS database.

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

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

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 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

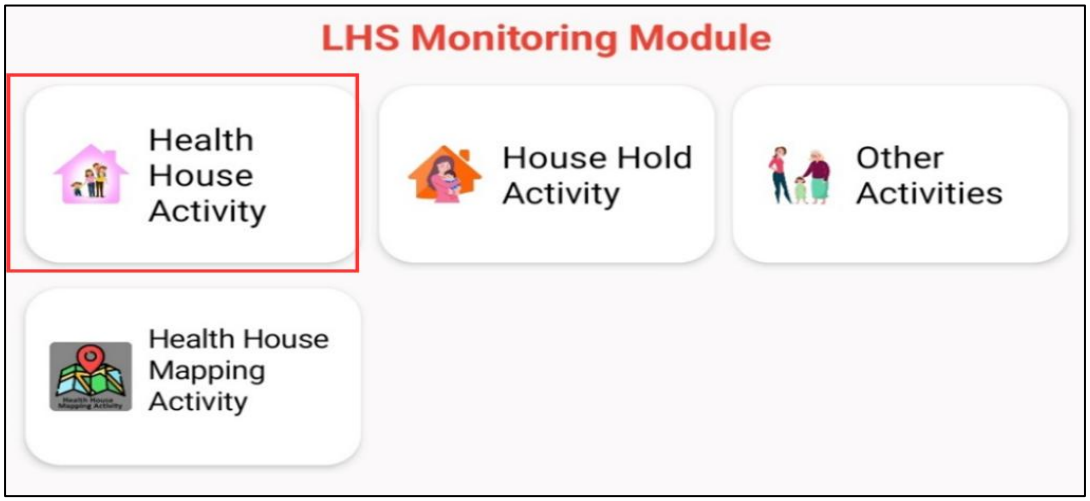
The verbal autopsy section includes forms to capture maternal and neonatal deaths in the catchment area, as well as attendance for

7.2 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.

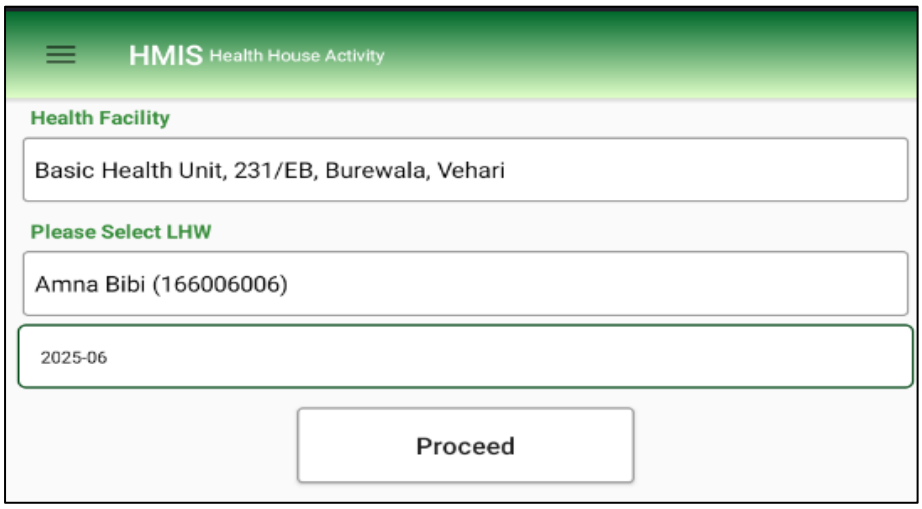
7.2.1 Health House Activity

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.

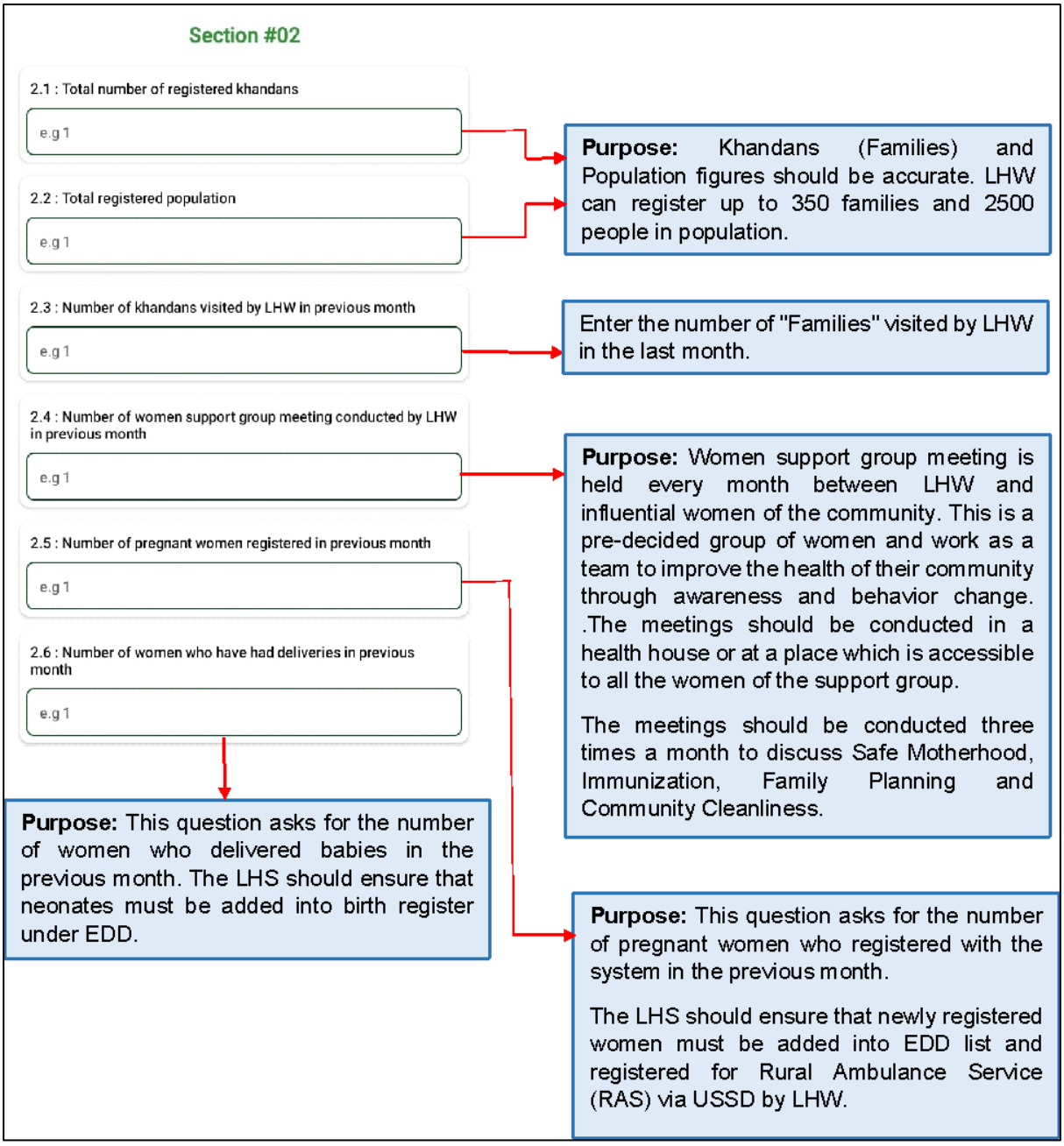
Start by selecting the Health Facility and LHW.

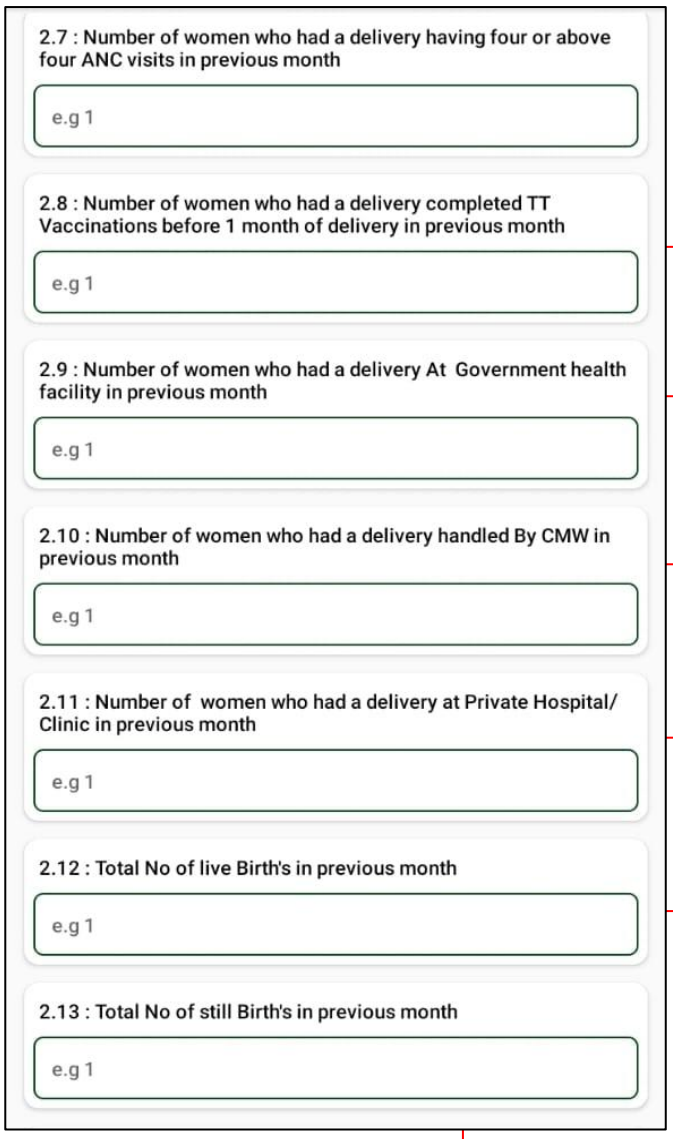




Select "Yes" if the LHW is working.

If she is on leave/absent, you should choose "No"


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.



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.

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.

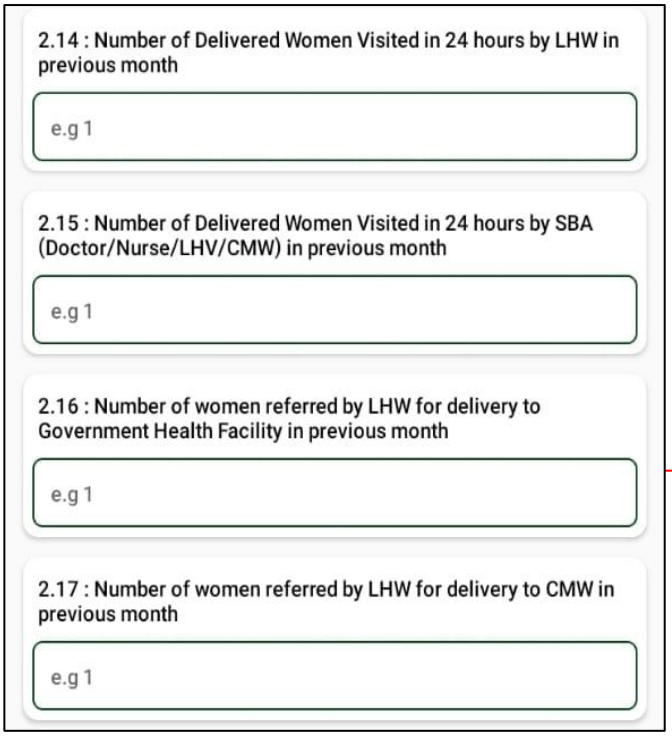
To maximize the maternal antibody response and passive antibody transfer and levels in the newborn, vaccination as early as possible and at least 2 weeks before due date (EDD) is recommended.

Purpose: By asking these questions, the system gathers data on where women are giving birth.

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.

Purpose: Still Births are children whose death occurs after seven months of mother's pregnancy but before or during birth/ delivery.

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.

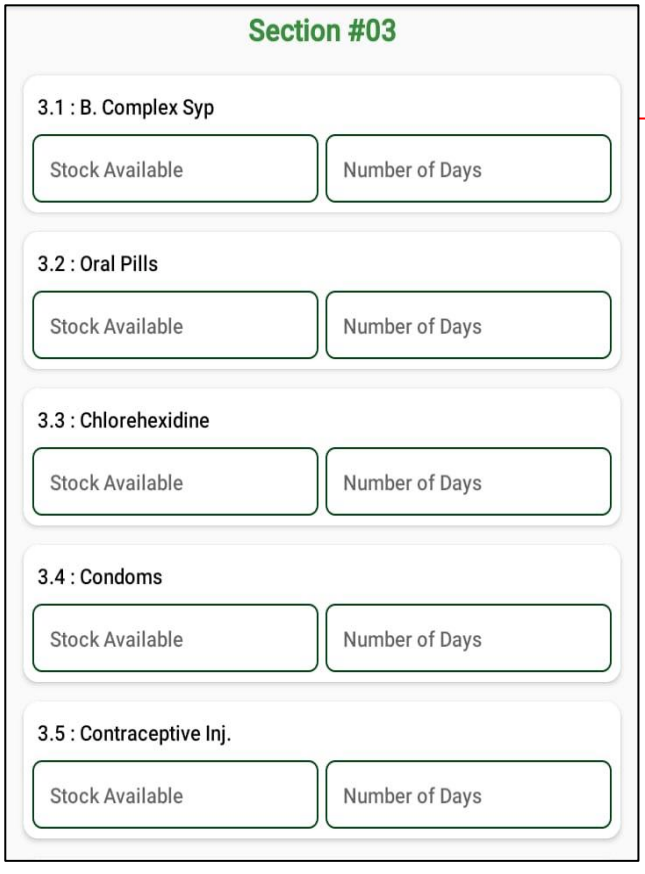


Purpose: After the delivery, the LHW must visit the delivered women within 24 hours and guide them about the following:

- 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.

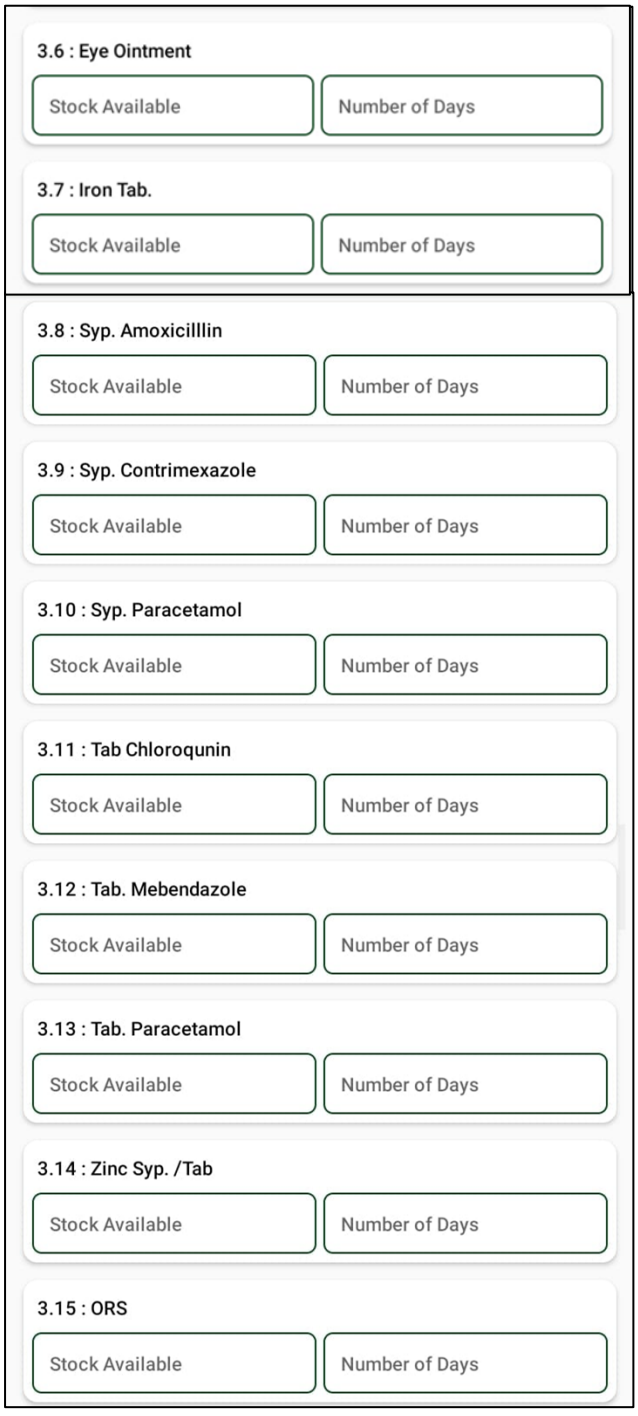
The LHW should explain the pregnant women and their families that the MNCH services are free of cost for the public in the government health facility. It includes multiple ANC services by Skilled Birth Attendants (SBAs), Ambulance in Rural areas, 24/7 delivery services by SBA, Post Natal Care services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



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.



Purpose:

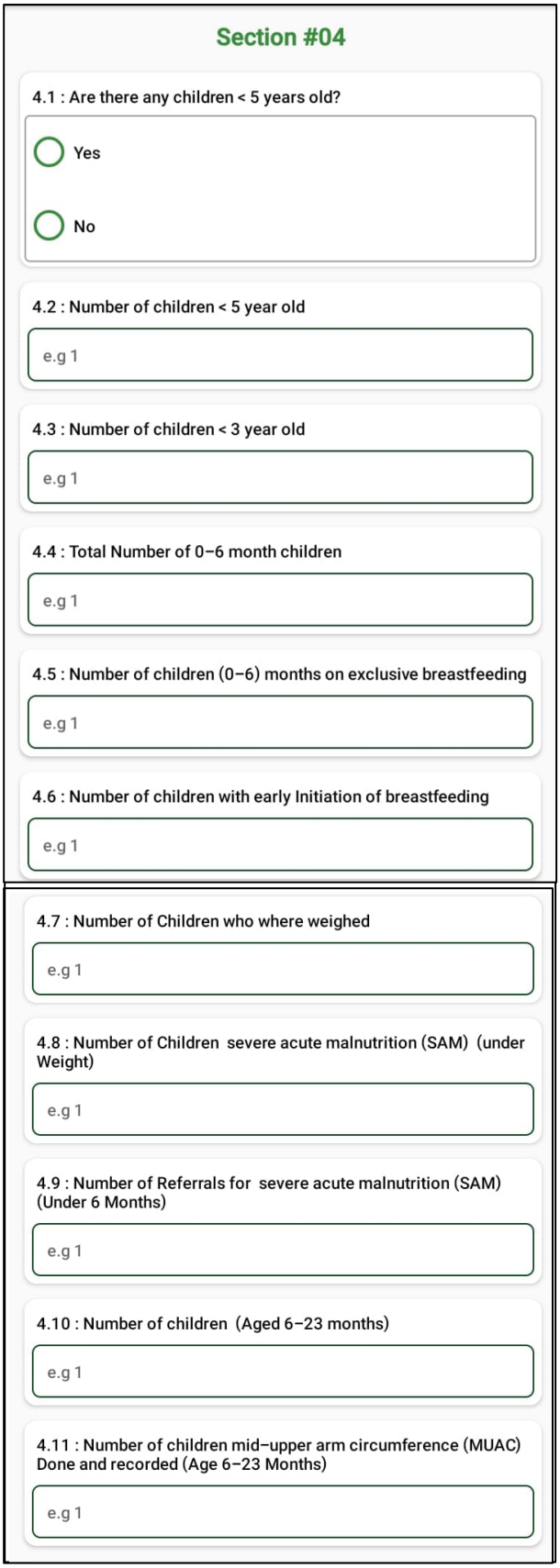
It serves as a real-time update on the stock of medicines, in contrast to the stock information recorded in the "Reporting module," which pertains to the previous month. During the visit, the LHS should verify the information provided by the LHW with the stock register maintained by the LHW.

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.



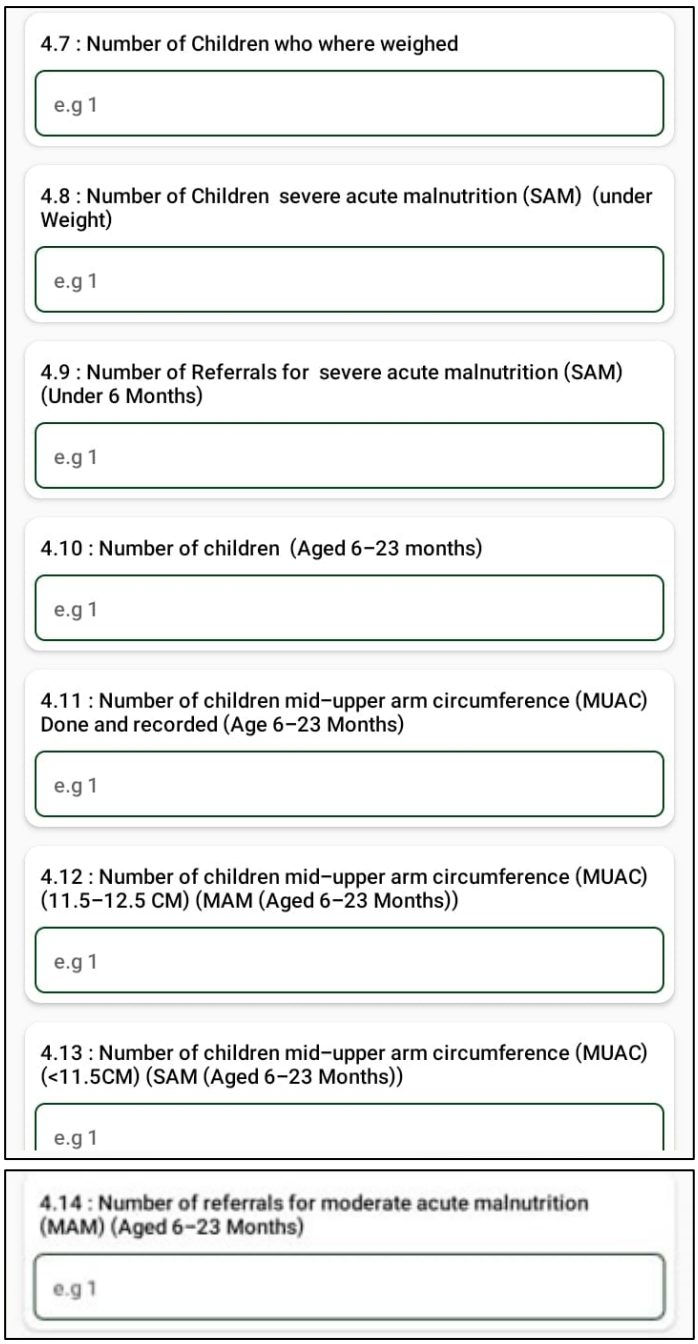
Purpose: Age less than 5 years is vital for cognitive growth, and therefore, screening in this age is important to identify early developmental problems in children and provide timely treatment. Nutritional status and breastfeeding are important indicators.

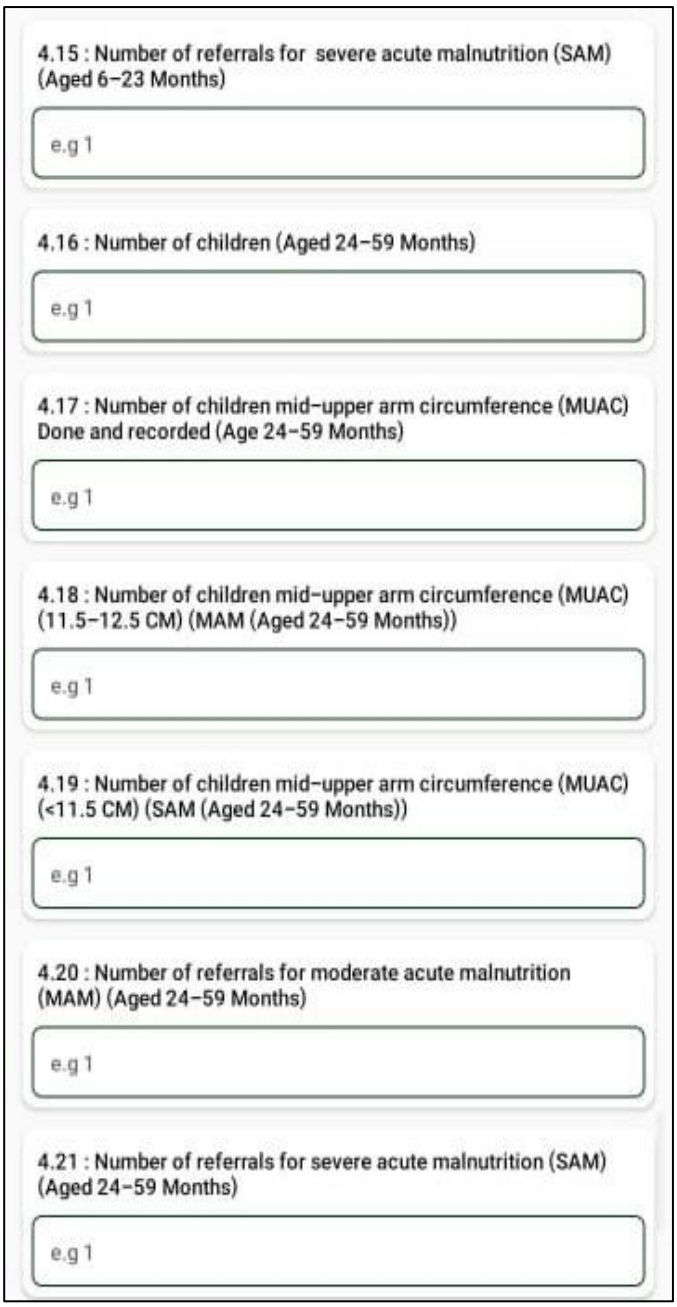
Purpose: WHO and UNICEF recommends that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life – meaning no other foods or liquids are provided, including water.

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.

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

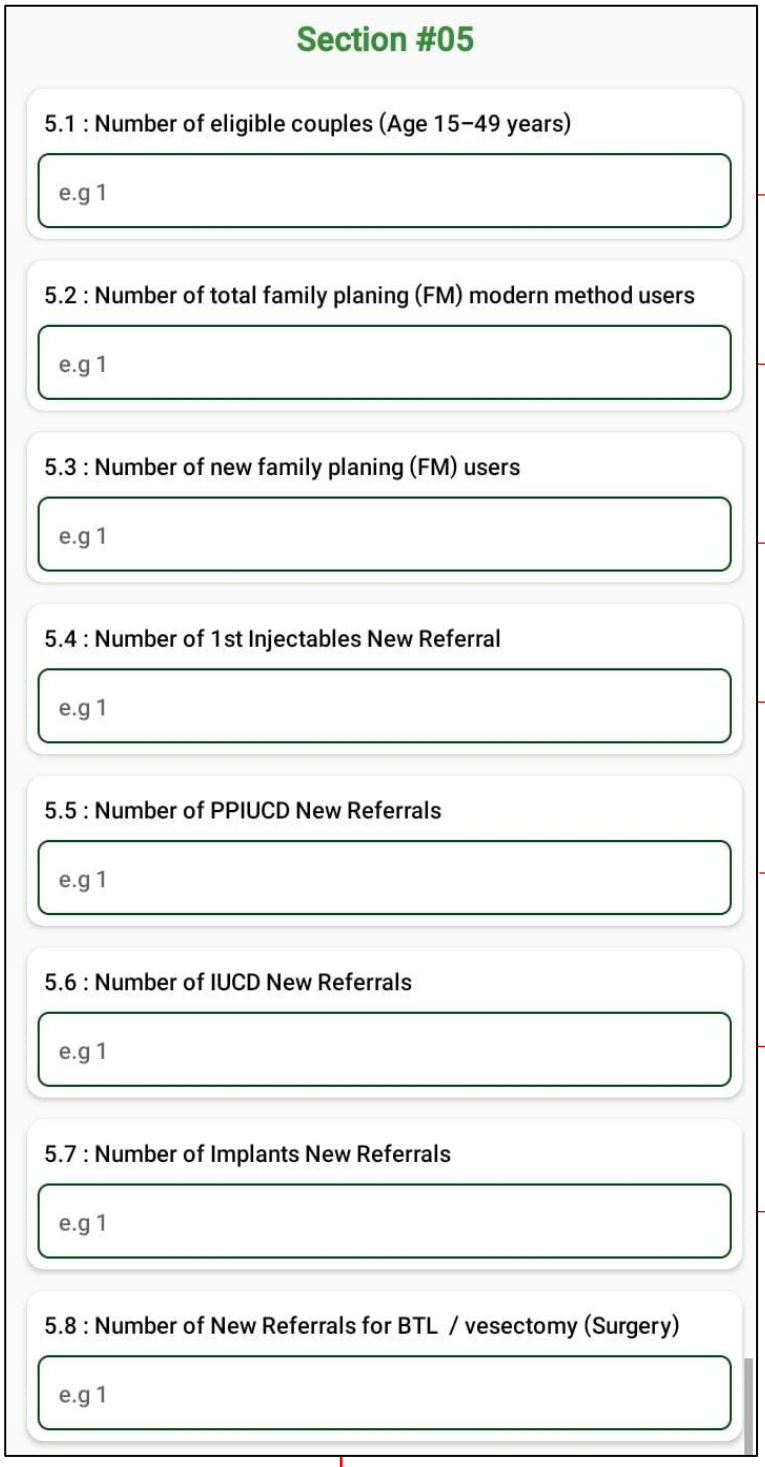
Purpose: Screening for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) can be done measuring Mid Upper Arm Circumference (MUAC) with MUAC tape. SAM is diagnosed when MUAC is <11.5 cm and MAM is diagnosed when MUAC is between 11.5-12.5 cm in children 6-59 months of age. Other signs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





Clinical Notes:

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



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.

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.

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

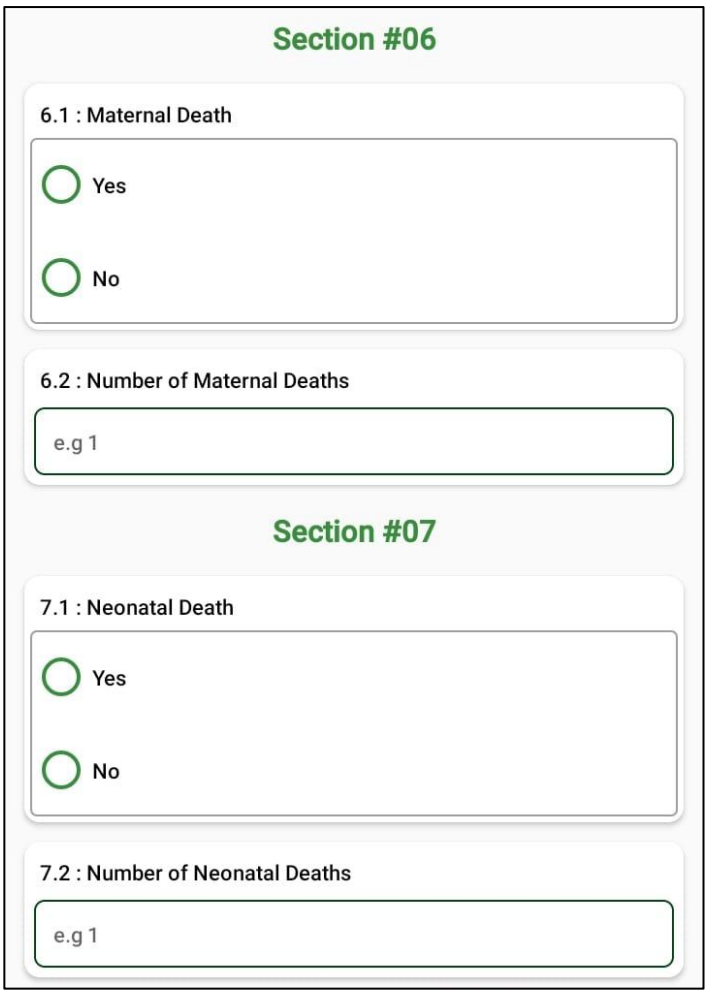
Clinical Notes: "Injectables" are contraceptives containing female hormones.

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

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.

Clinical Notes: "Implants" refer to a flexible tube inserted under the skin of the arm. It releases the hormone progestogen 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

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



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.

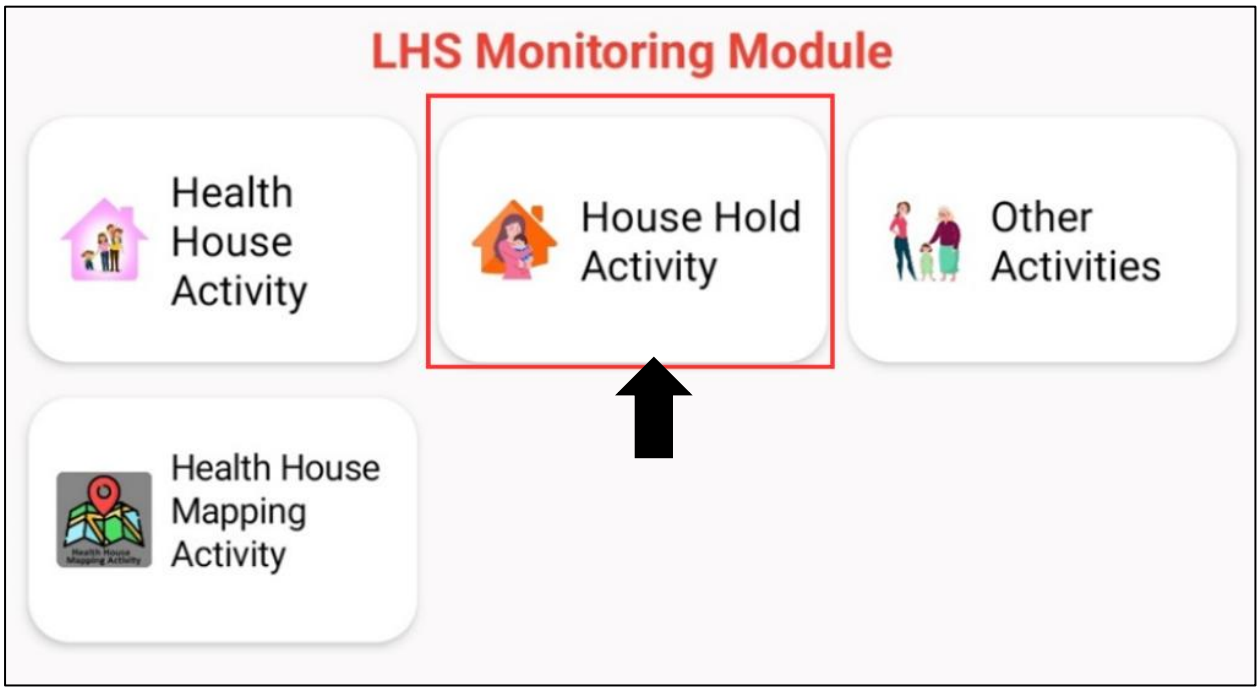
Clinical Notes: "Neonatal Death" refers to death of a newborn in the first 28 days of birth.

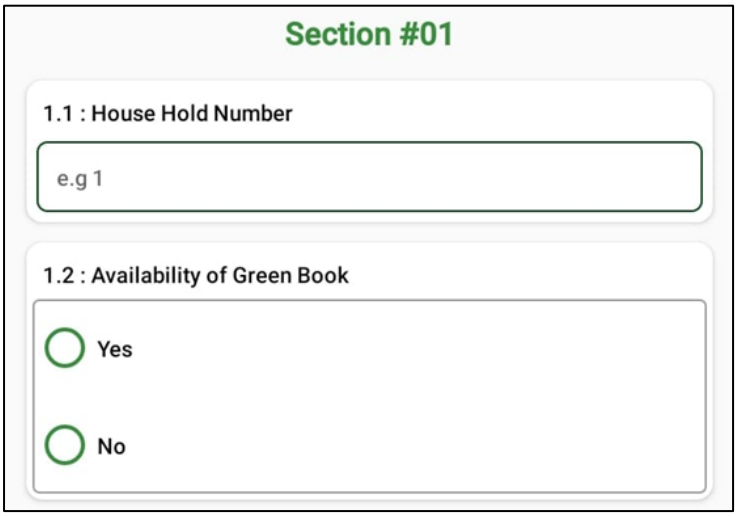
It tracks the number of newborn deaths reported in the month.

7.2.2 Household Activity

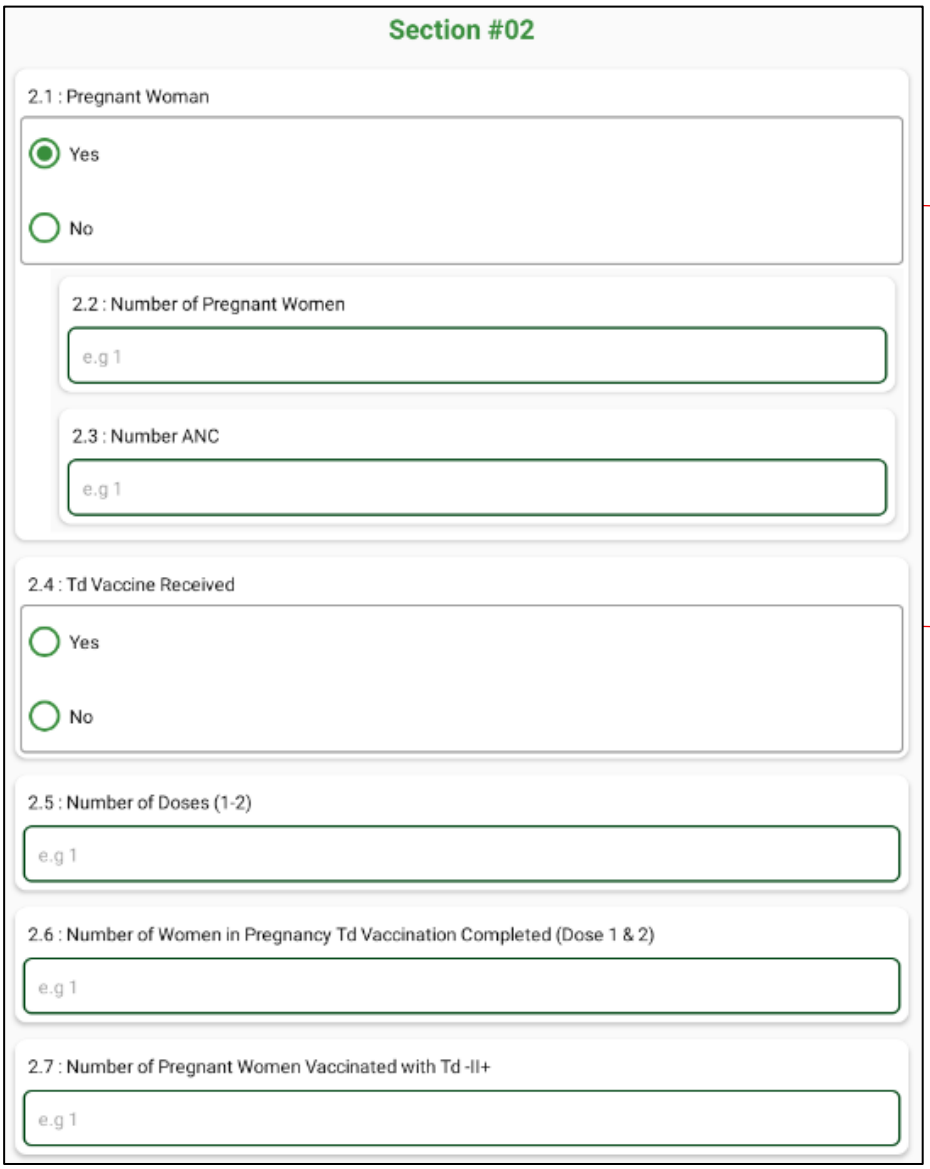
The household activity component comprises six structured sections aimed at gathering detailed information about various demographic groups within households. It encompasses basic household data alongside specific details concerning pregnant women, lactating mothers, child immunization status, family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

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





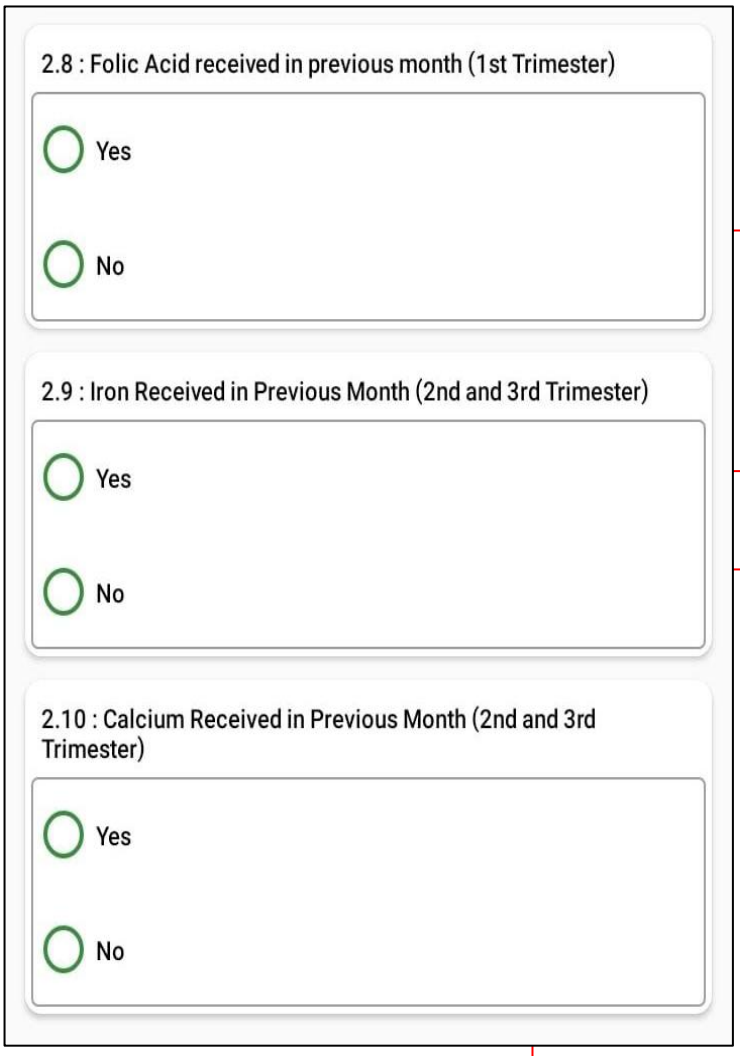
Purpose: “Household Number” refers to allotted number of the house.



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 Diphtheria (Td) 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.



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).

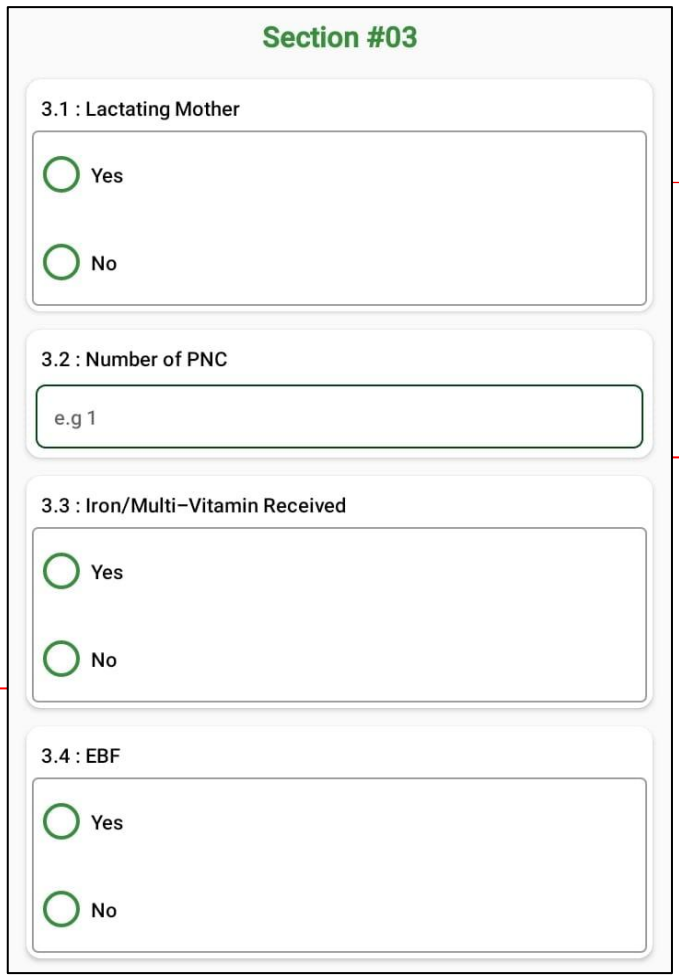
Purpose: Iron is a mineral that the body needs for growth and development. The body uses iron to make hemoglobin, a protein in red blood cells that carries oxygen from the lungs to all parts of the body, and myoglobin, a protein that provides oxygen to muscles.

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.



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.

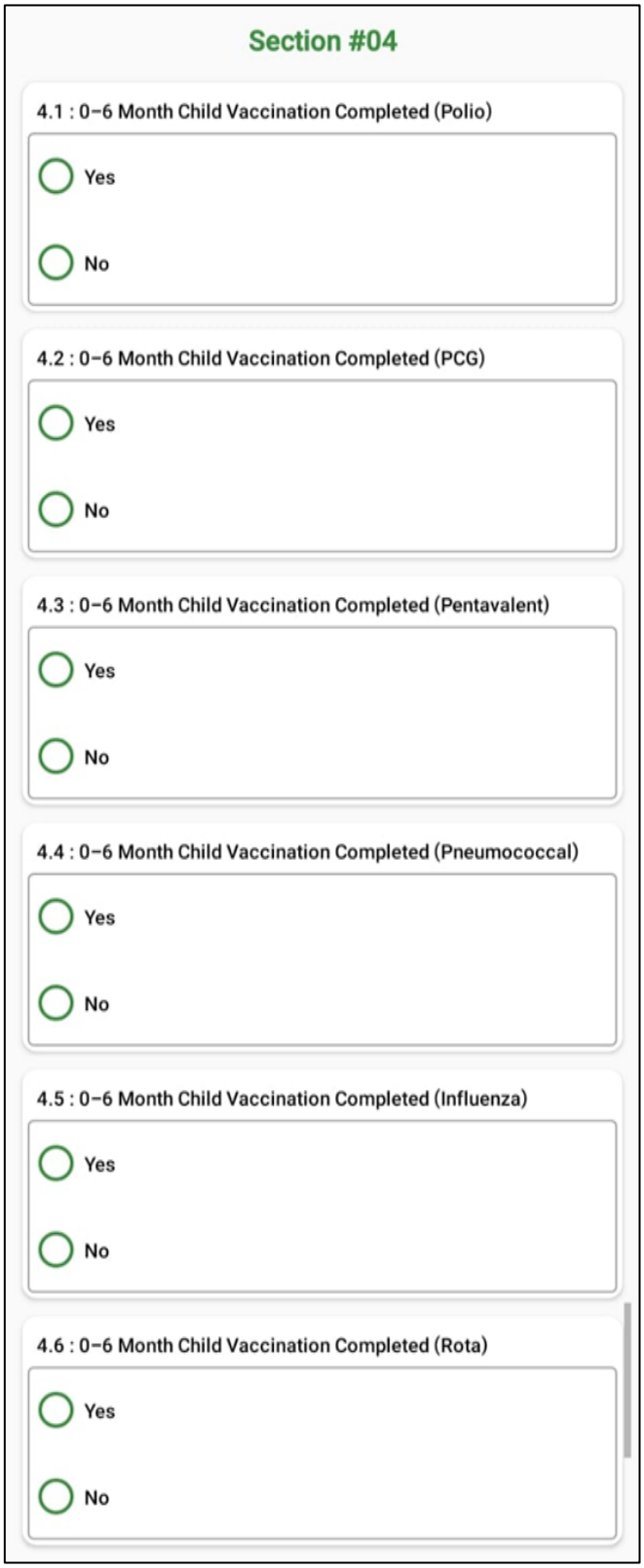
In the initial 6 months, the breast milk production is the highest. After 1-2 years, the production gradually ceases.

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 Di gluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life).

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

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



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 Hemophilus 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).

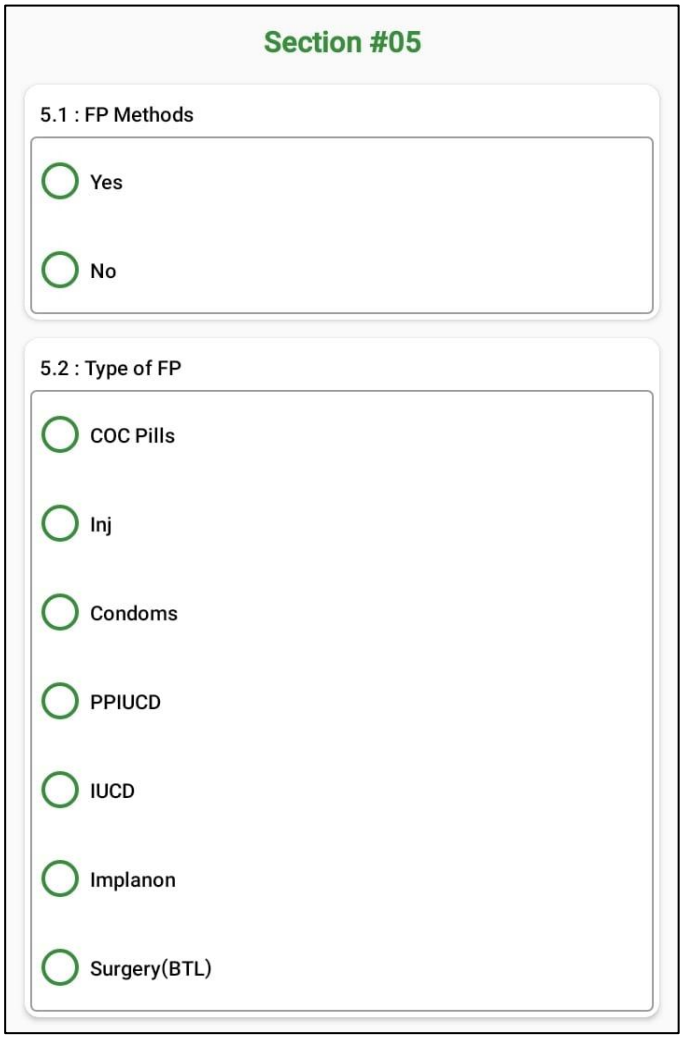
BCG is a single dose vaccine given immediately after birth.

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.



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

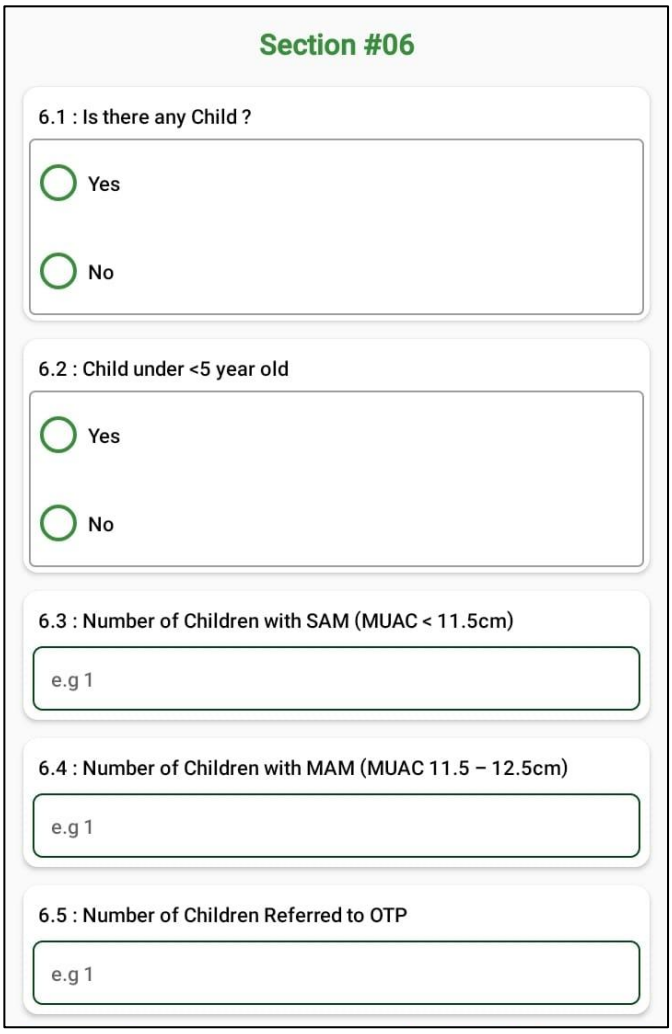
If you select “Yes”, choose from the list of contraception the type of Family planning commodity is in use.

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.



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

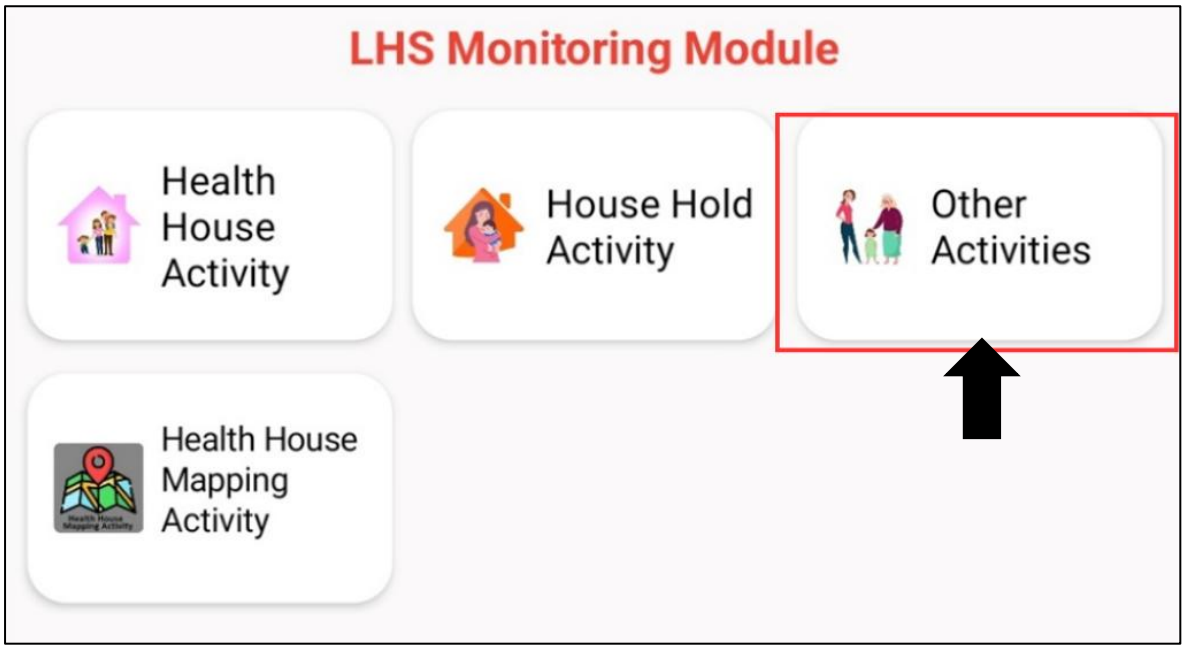
Assess nutrition status of children with MUAC tape for SAM and MAM.

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

7.3.3 Other Activities

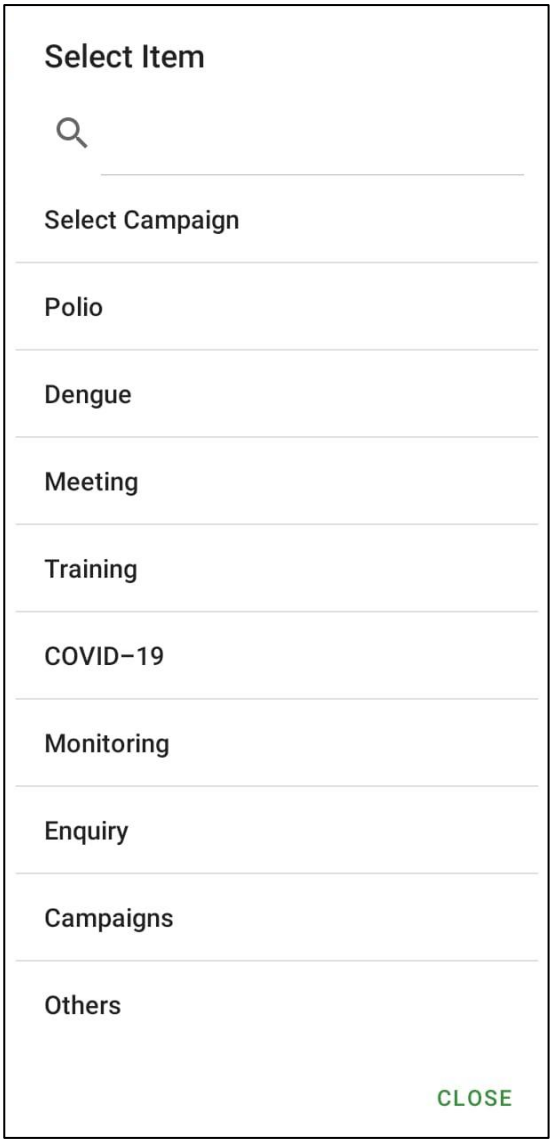
The Other Activities tab records a range of supplementary initiatives and interventions. This section captures details about any activities undertaken related to diseases such as Polio, Dengue, and COVID-19, as well as campaigns, trainings, meetings, and monitoring visits. Furthermore, it documents any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

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



It would open the following forms.





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. Please also note that quarterly and monthly meetings of LHS are conducted at District and Tehsil level.

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

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

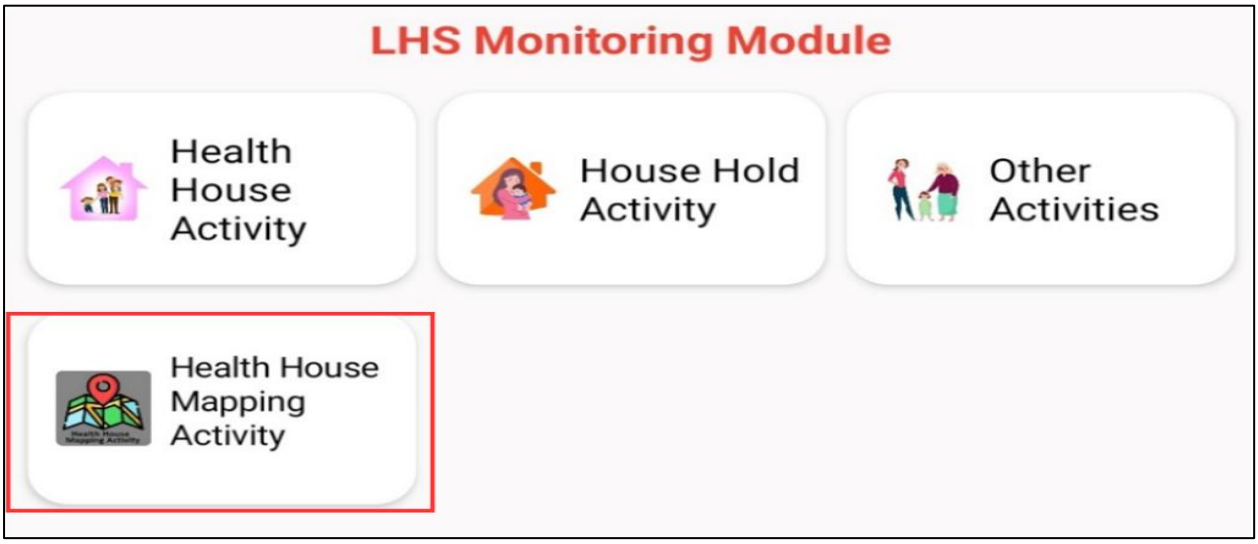
Other: Enter in this section if you were part of any other activity during the reported month not mentioned above (e.g., breastfeeding week etc.)

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

7.2.4 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.

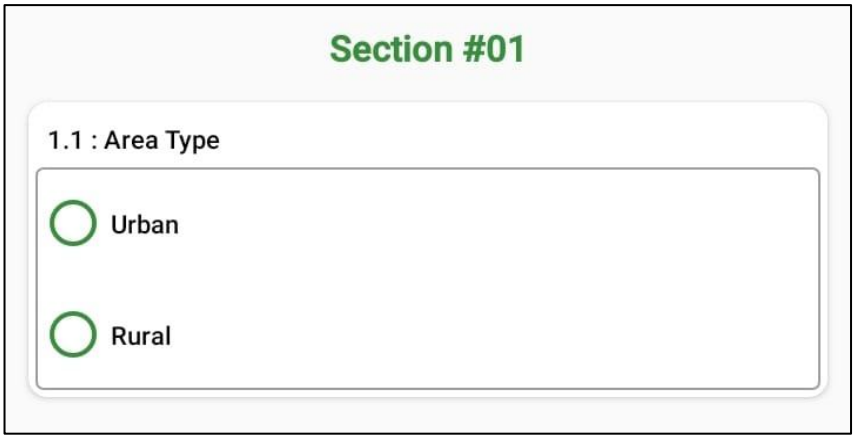
Select “Health House Mapping” tab in the LHS Monitoring Module as shown.



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 opens the app. This module is now fully functional and has been rolled out across Punjab. Another important feature of this module is to capture the locations of Lady Health Workers' (LHW) Health Houses, helping to identify covered and uncovered areas in each LHS's assigned region.

Important Note: During data collection of registered population, please only write the number in Numeric. For example, if the registered population of an area is 20,000, then only write 20,000 in the remarks box. Please do not write any other text or words. This was a key issue previously, where misunderstanding led to ineffective and inaccurate reporting.

– LHSs must save the location of one Health House, then close the app before moving to the next location. This ensures that each new Health House location is captured accurately.
– LHSs are also advised to turn location services off and then on again periodically as a precautionary step to ensure correct location data is recorded.
– In device location settings, ensure that the location mode is set to "Precise" and not "Approximate" to enhance accuracy.



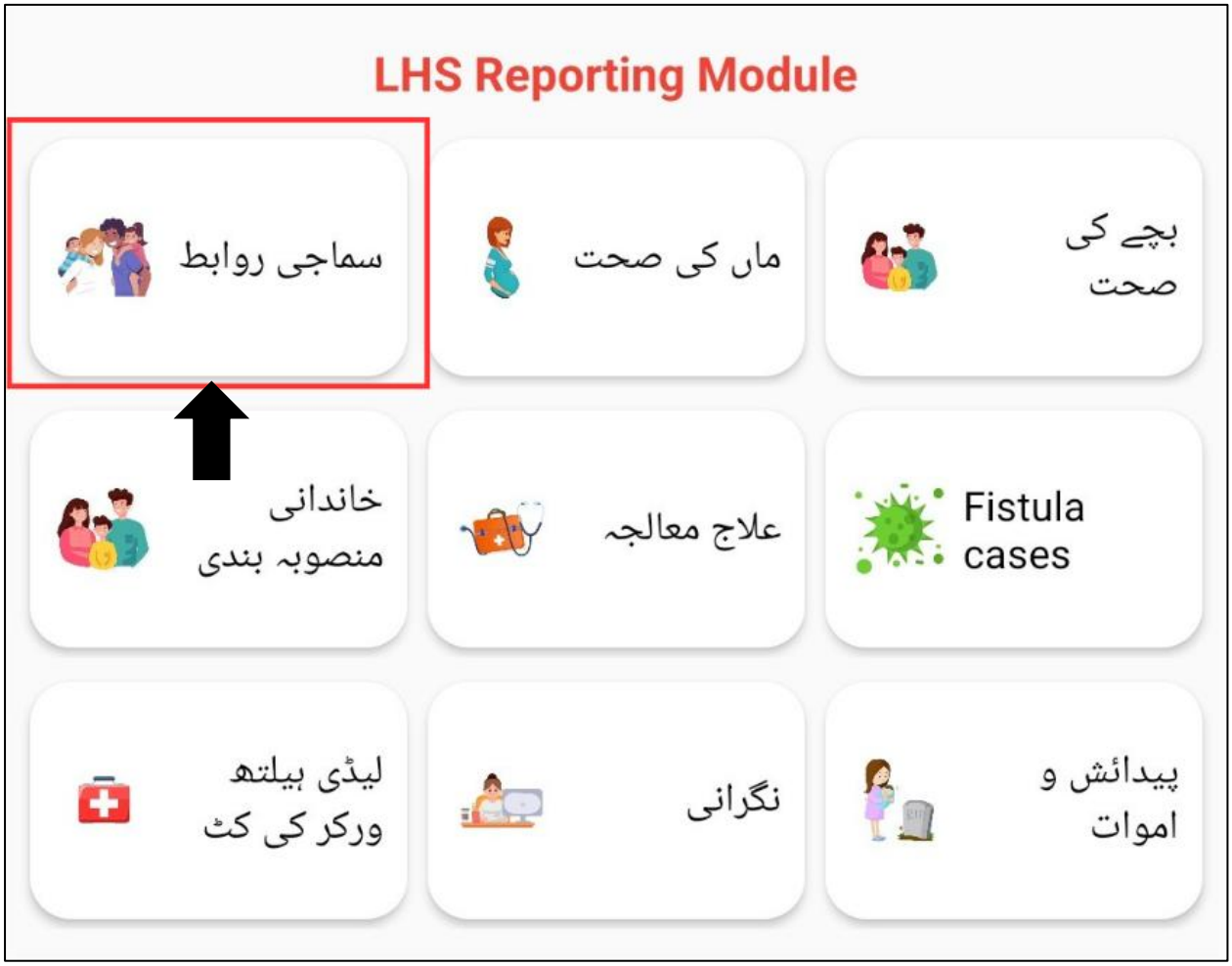
7.3 LHS Reporting Module

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.

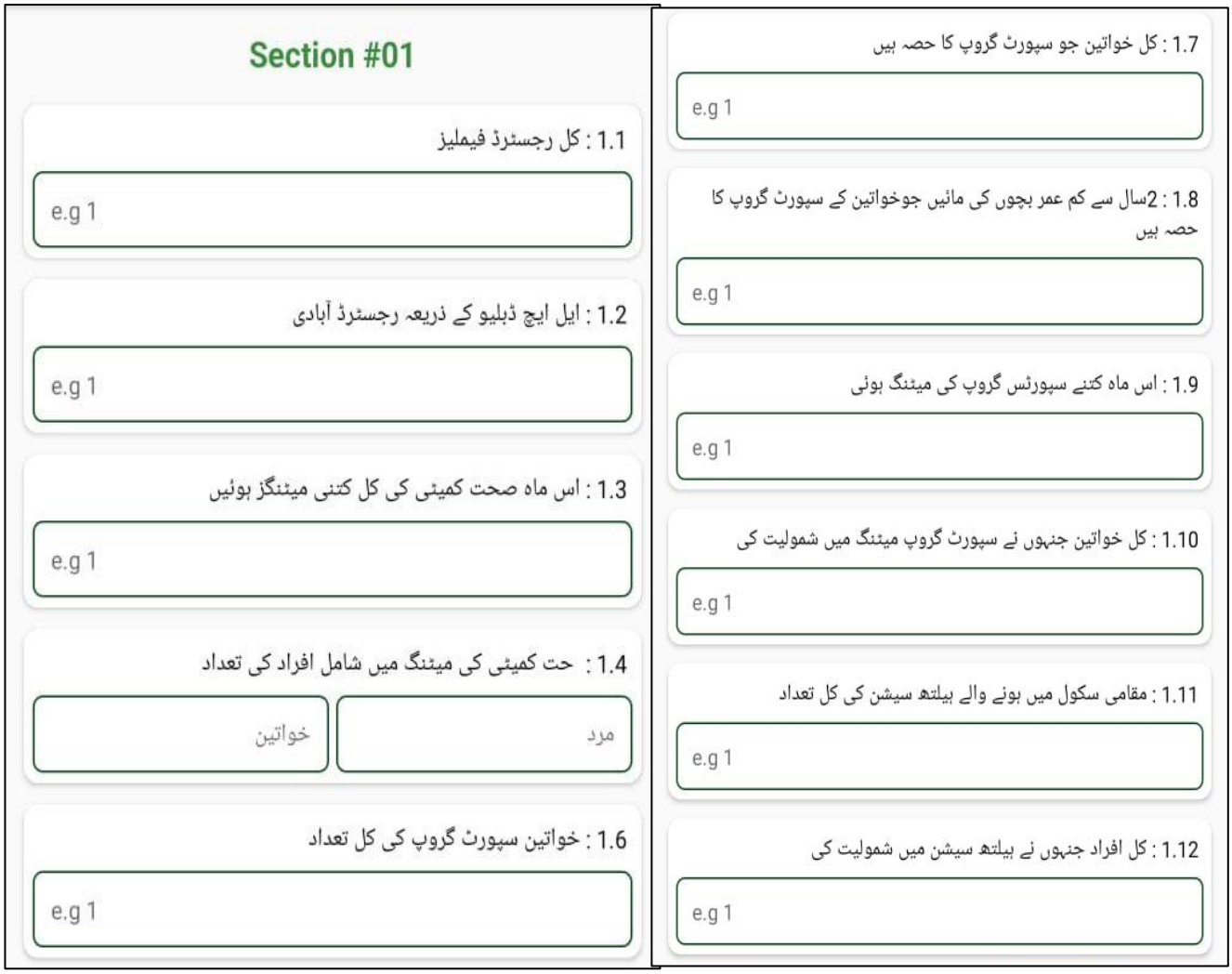
It features nine sections.

7.3.1 Social Contacts

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



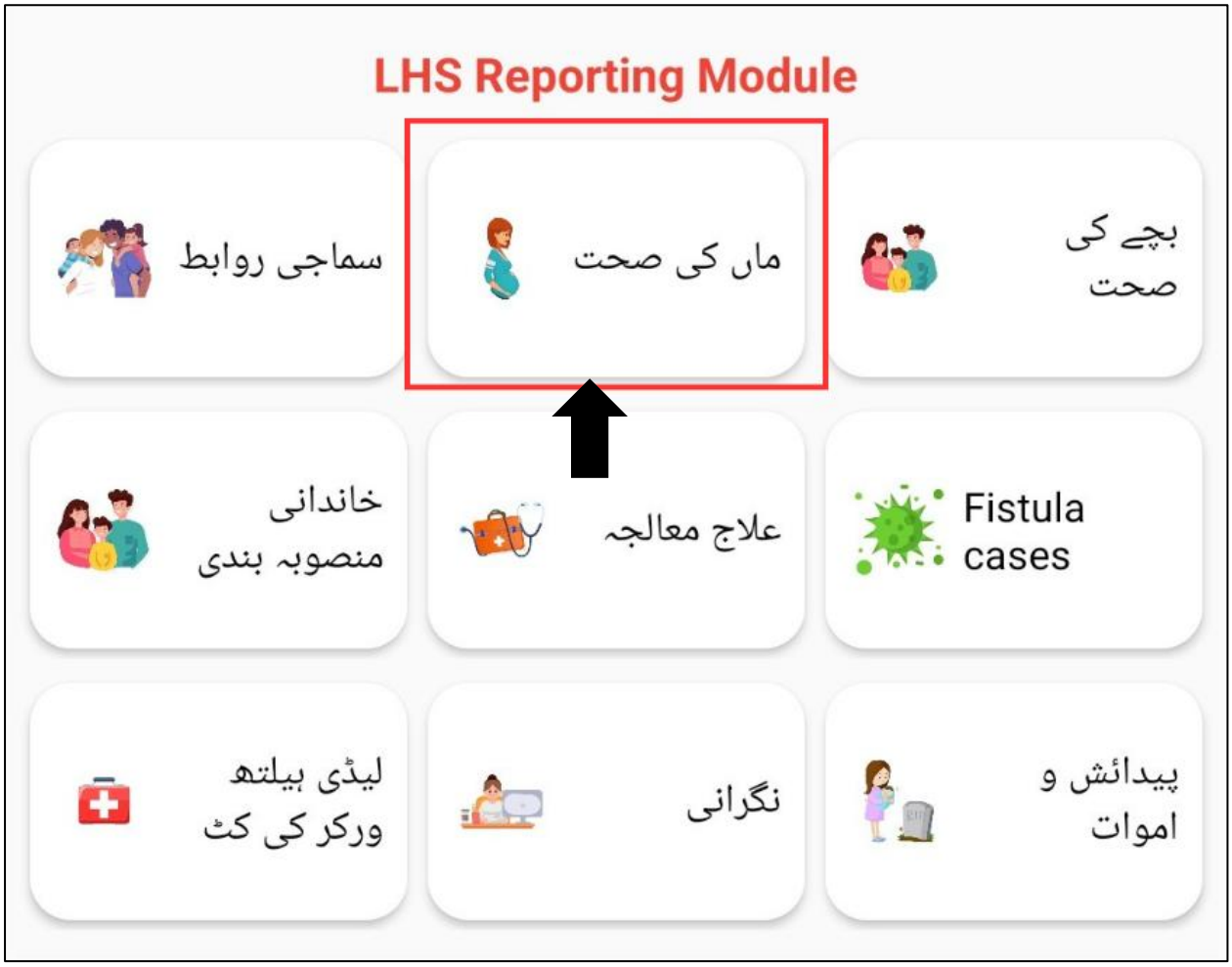
The following forms would open.



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.

7.3.2 Maternal Health

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



Section #01

1.1 : تعدادحاملہ خواتین جن کااس ماہ ڈائری میں اندراج کیا گیا

e.g 1

1.2 : کل حاملہ خواتین جن کوگرین 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 کیاگیا(نئی+گزشتہ ماہ کی حاملہ خواتین)

e.g 1

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

e.g 1

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

e.g 1

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

e.g 1

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

e.g 1

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

e.g 1

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

e.g 1

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

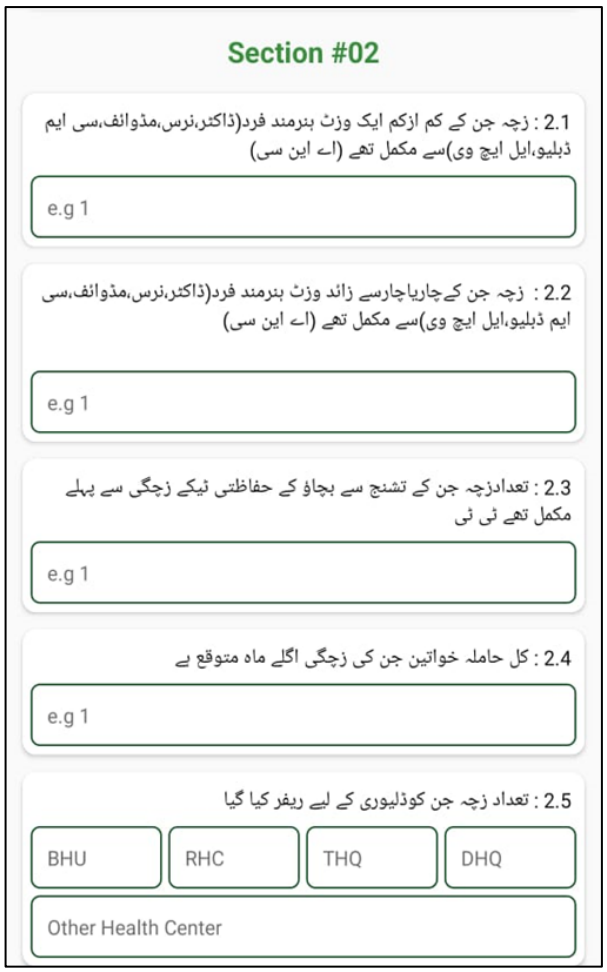
e.g 1

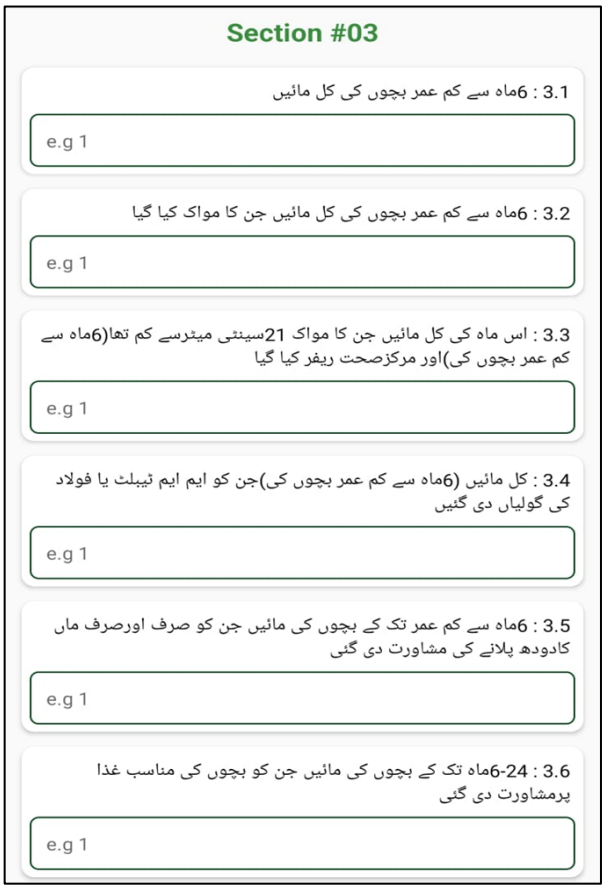
1.13 : کل حاملہ خواتین جن کو صرف اورصرف ماں کادودھ پلانے اور پیدائش کے فوراً بعد ماں کادودھ شروع کرنے کی مشاورت دی گئی

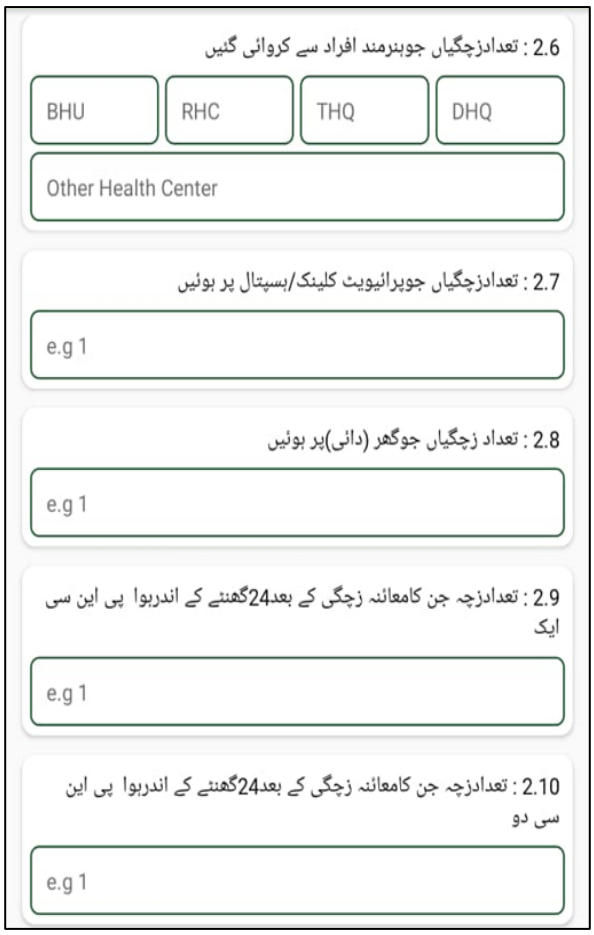
e.g 1

1.14 : تعدادحمل جو ضائع ہوگئے(حمل 7ماہ سے کم)

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.

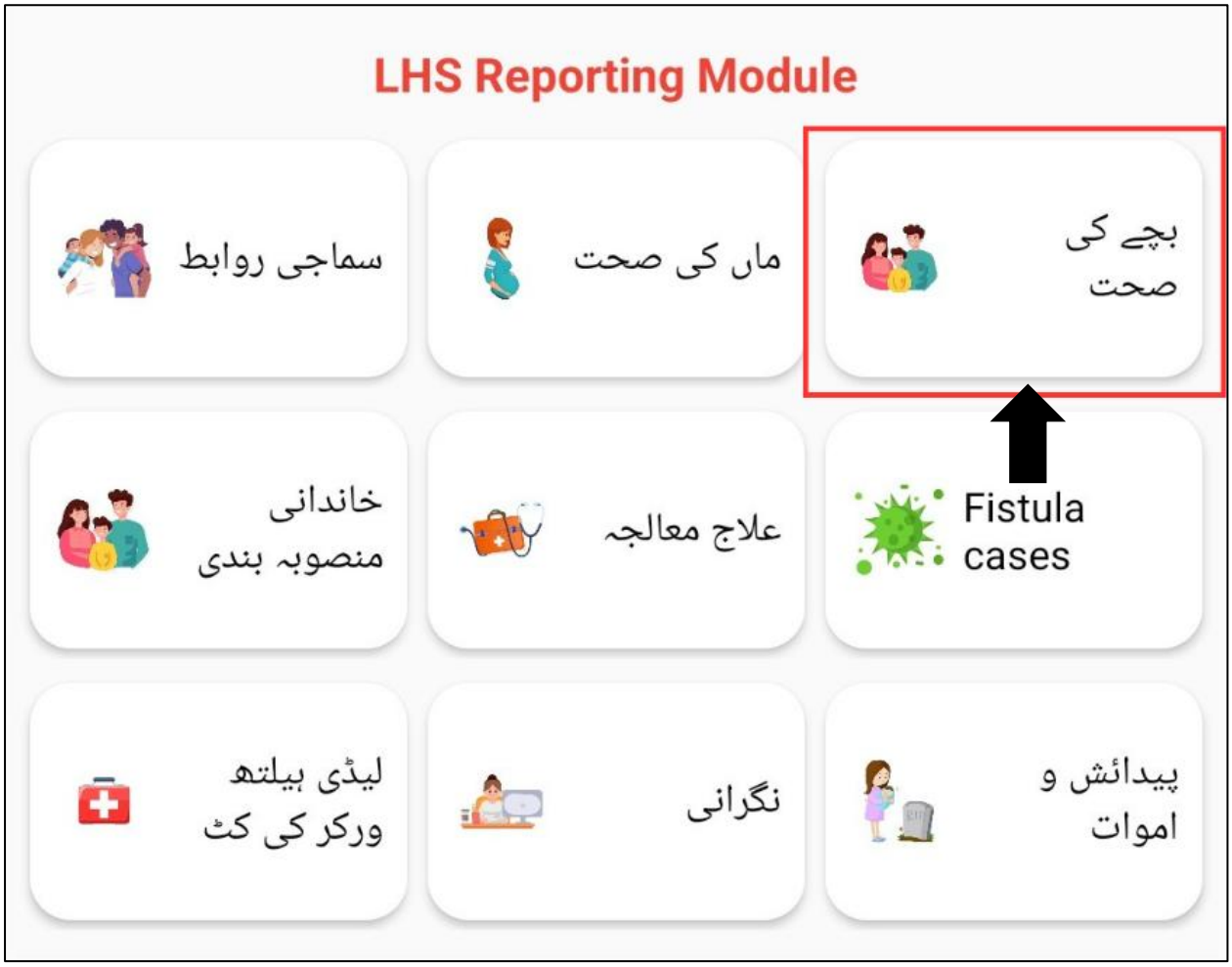
Notes:

- Postnatal Care (PNC) is currently labeled as "within 24 hours" for both fields 2.9 and 2.10, which is incorrect. For LHS reference: The first PNC visit should be recorded within 24 hours of delivery, while the second PNC visit should be conducted and recorded within 48 to 72 hours. Please ensure data is entered accordingly, despite the incorrect field label, which will corrected soon.

- When entering data in the fields, please make sure numbers make sense, for example question 2.2 could not be greater than total deliveries. LHSs are advised to carefully review and cross-check the content before entering this information.

7.3.3 Child Health

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



Note for LHWs/LHS:
Only record the number of children who have reached 6 months of age *and* for whom the "Complementary Feeding Day" was actually celebrated.
It is not necessary to record all children who turned 6 months, only include those for whom the event was conducted.

LHWs/LHS are reminded not to copy the same number into both fields (i.e., total children who turned 6 months and those for whom the day was celebrated), as this leads to incorrect reporting. Please ensure that only the actual count of celebrated cases is recorded in the relevant field.

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 : تعدادنوزائیدہ جنہیں پیدائش کے فوراًبعد ماں کادودھ 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 : 6ماہ سے کم عمر بچوں کی کل تعداد
e.g 1

1.6 : 6ماہ سے کم عمر کے بچے جوصرف اورصرف ماں کادودھ پی رہے ہیں
e.g 1

1.7 : 6ماہ سے کم عمر کے بچے جن کا وزن کیا گیا
e.g 1

1.8 : 6ماہ سے کم عمر کے کم وزن بچے
e.g 1

Section #02

2.1 : 6ماہ سے کم عمر کے نئے کم وزن بچے جن کواس ماہ مرکزصحت ریفر کیا گیا
e.g 1

2.2 : کل بچے جو اس ماہ 6ماہ کے ہوئے
e.g 1

2.3 : 6ماہ کی عمر کے کل بچے جن کا ٹھوس غذا کا دن اس ماہ منایا گیا
e.g 1

2.4 : 6-24ماہ کی عمر کے بچے جو ماں کے دودھ کے ساتھ ٹھوس غذا کا استعمال کررہے ہیں
e.g 1

2.5 : 12-24ماہ کی عمر کے کل بچے
e.g 1

2.6 : 12-24ماہ کی عمر کے بچے جن کے حفاظتی ٹیکے مکمل ہوگئے ہیں
e.g 1

2.7 : 2سال تک کی عمر کے بچے جن کا قد ناپا گیا
e.g 1

2.8 : 2سال تک کی عمر کے کل بچے جن کا قد عمر کے لحاظ سے کم پایا گیا
e.g 1

2.9 : 5سال سے کم عمر بچوں کی کل تعداد
e.g 1

Link to Table of Content (ToC)

Section #03

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

e.g 1

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

e.g 1

3.3 : 6-59ماہ کے بچوں کی کل تعداد

e.g 1

3.4 : 6-59ماہ 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 میٹرکے درمیان تھااوران کو مرکزصحت ریفر کیا گیا(MAM)

e.g 1

3.6 : پچھلے ماہ کے ایم اے ایم بچے جن کا اس ماہ فالواپ 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 ایس اے ایم بچے جن کااس ماہ فالواپ وزٹ کیا

e.g 1

3.9 : 6-59ماہ کے نئے بچے جن کا مواک 11.5 سے 12.5 سینٹی میٹرکے درمیان تھااوران کو مرکزصحت ریفر کیا گیا(MAM)

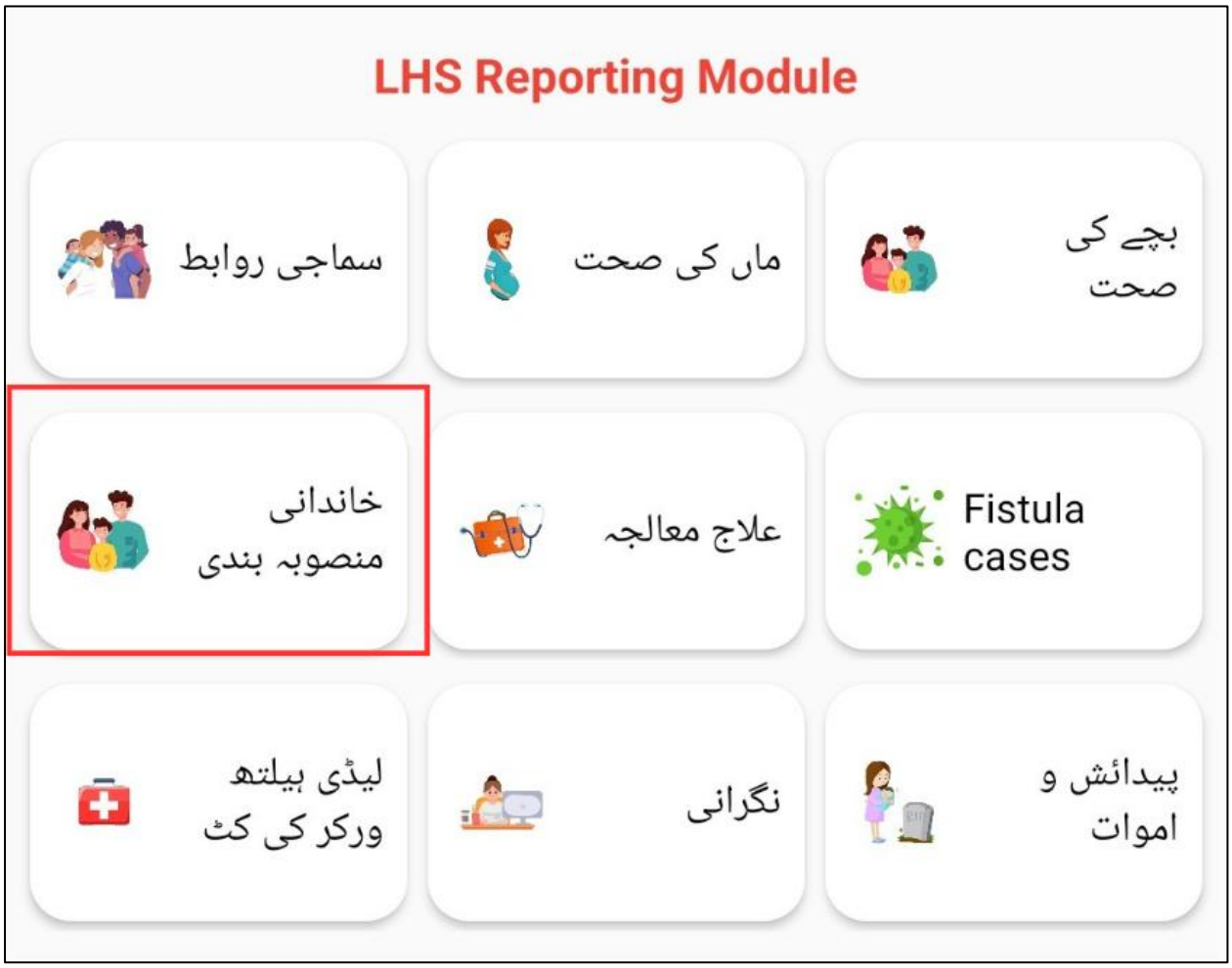
e.g 1

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.

7.3.4 Family Planning Services

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



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.

HMIS Family Planning

Section #01

1.1 : تعداد اہل جوڑے(بیوی کی عمرپندرہ سےانچاس سال)

e.g 1

1.2 : تعداد نئے افراد جنہوں نے کوئی جدید طریقہ استعمال شروع کیا ایل ایچ ڈبلیو کی طرف سے

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 فالواپ کیا گیا

e.g 1

1.5 : جدید طریقہ استعمال کرنے والوں کی کل تعداد جنہیں ایل ایچ ڈبلیونے رجسٹرڈ کیا

e.g 1

1.6 : کنڈوم استعمال کرنے والوں کی تعداد

e.g 1

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

e.g 1

1.8 : سی او سی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

1.9 : تعداد کلائنٹ جنہیں ایل ایچ ڈبلیونے سی او سی گولیاں فراہم کیں

e.g 1

1.10 : پی او پی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

1.11 : تعداد کلائنٹ جنہیں ایل ایچ ڈبلیونے پی او پی گولیاں فراہم کیں

e.g 1

1.12 : ای سی پی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

1.13 : تعداد کلائنٹ جنہیں ایل ایچ ڈبلیونے ای سی پی گولیاں فراہم کیں

e.g 1

1.14 : مانع حمل ٹیکہ استعمال کرنے والوں کی تعداد

e.g 1

HMIS Family Planning

Section #02

2.1 : تعداد کلائنٹ جنہیں ایل ایچ ڈبلیونے 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 : تعداخواتین جنہوں نے اس ماہ سرجری کروائی

e.g 1

2.7 : نارپلانٹ /امپلانٹ استعمال کرنے والی خواتین کی تعداد

e.g 1

2.8 : تعداد خواتین جنہوں نے اس ماہ نار پلانٹ/امپلانٹ کااستعمال شروع کیا

e.g 1

2.9 : تعدادافرادجن کوخاندانی منصوبہ بندی کی مشاورت/جدید طریقہ کے حصول کے لیے ریفر کیاگیا

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2.10 : اس ماہ کنڈوم استعمال کرنے والوں کی تعداد

e.g 1

2.11 : اس ماہ سی او سی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

2.12 : اس ماہ پی او پی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

2.13 : اس ماہ ای سی پی گولیاں استعمال کرنے والوں کی تعداد

e.g 1

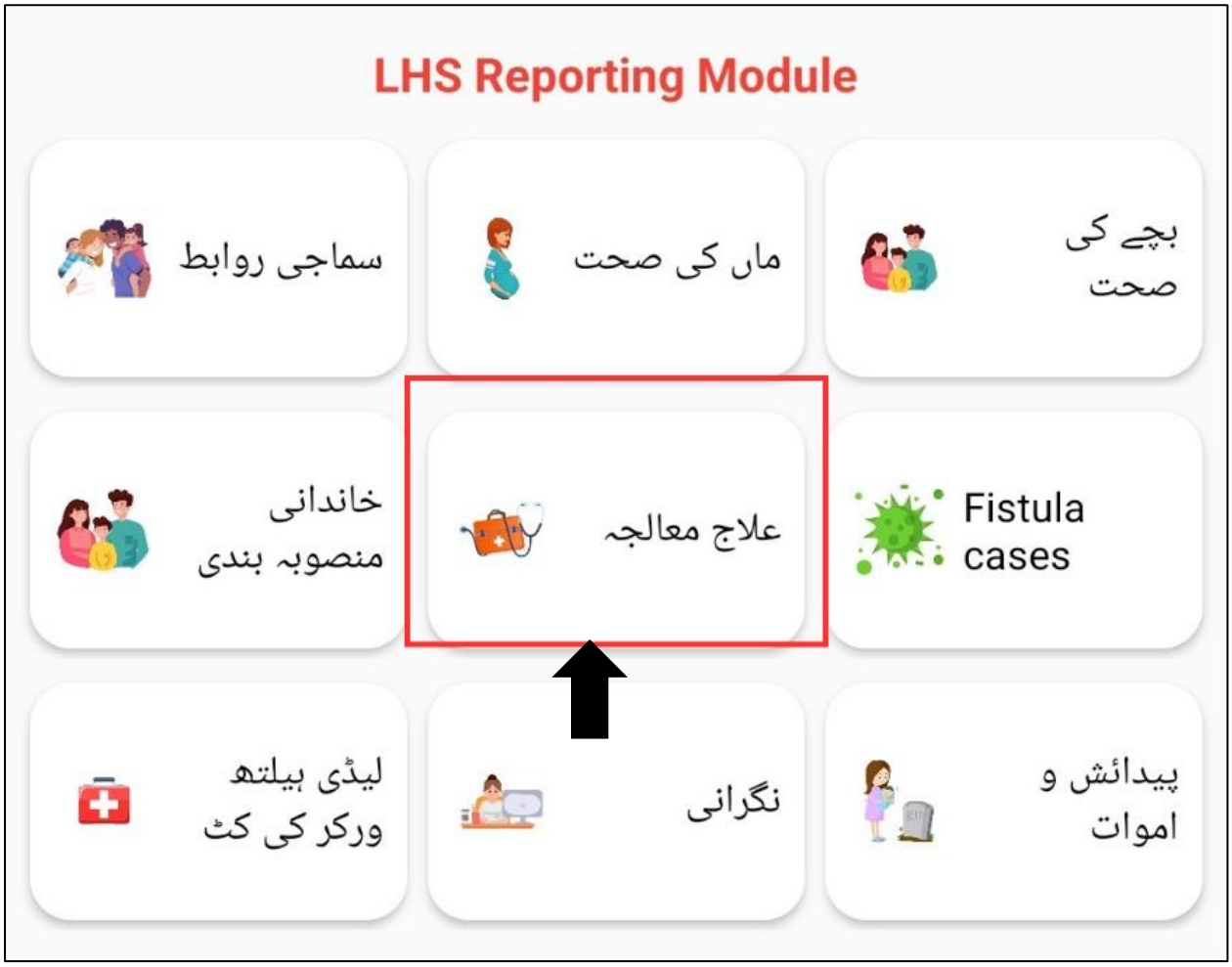
2.14 : اس ماہ مانع حمل ٹیکہ استعمال کرنے والوں کی تعداد

e.g 1

Link to Table of Content (ToC)

7.3.5 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 (لڑکے)5سال

e.g 1

1.2 : کل مریض (لڑکیاں)5سال

e.g 1

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

e.g 1

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

e.g 1

1.5 : کل مریض 5سال(لڑکے)جن کو دوائی زنک فراہم کی گئی

e.g 1

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

e.g 1

Section #2 of Cases of ARI

2.1 : کل مریض 5سال سے کم عمر

e.g 1

2.2 : کل مریض 5سال سے زائدعمر

e.g 1

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

e.g 1

2.4 : کل مریض 5سال سے زائدعمرجن کو دوائی فراہم کی گئی

e.g 1

Section #3 of Cases of Fever

3.1 : کل مریض 5سال سے کم عمر

e.g 1

3.2 : کل مریض 5سال سے زائدعمر

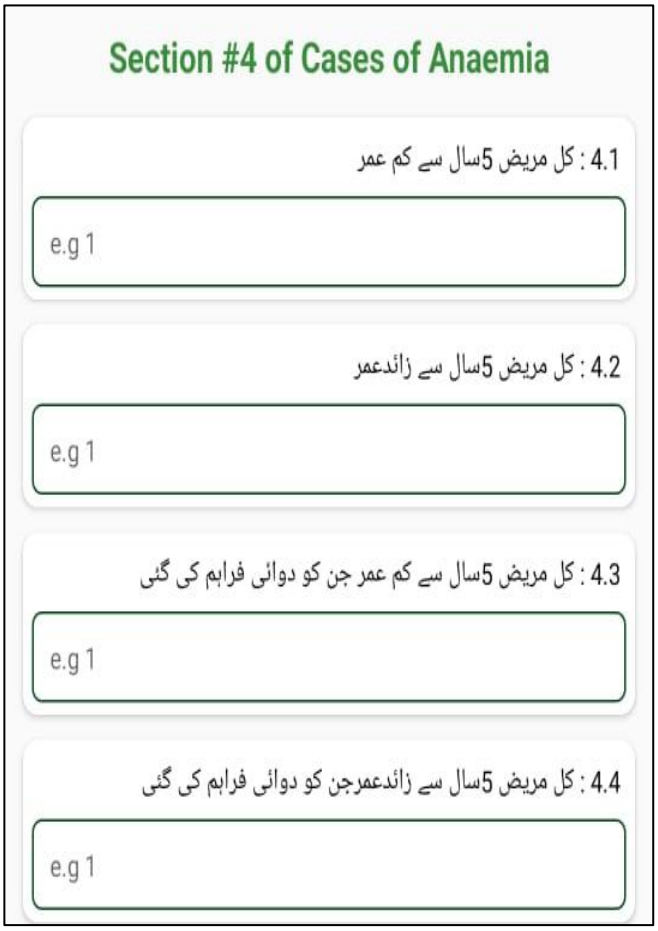
e.g 1

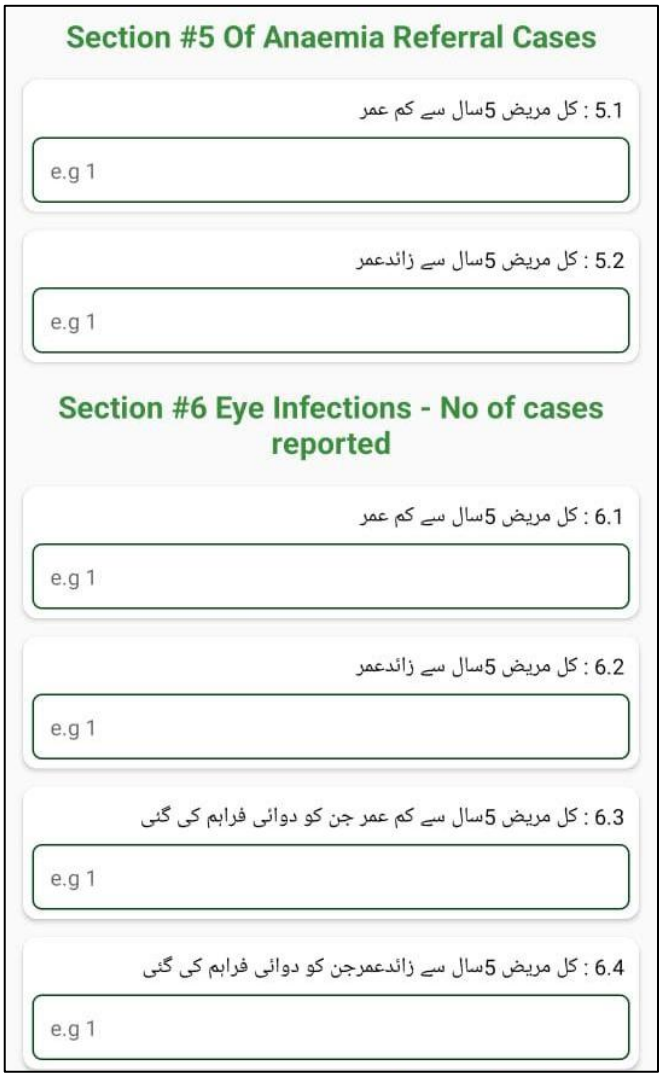
3.3 : کل مریض 5سال سے کم عمر جن کو دوائی فراہم کی گئی

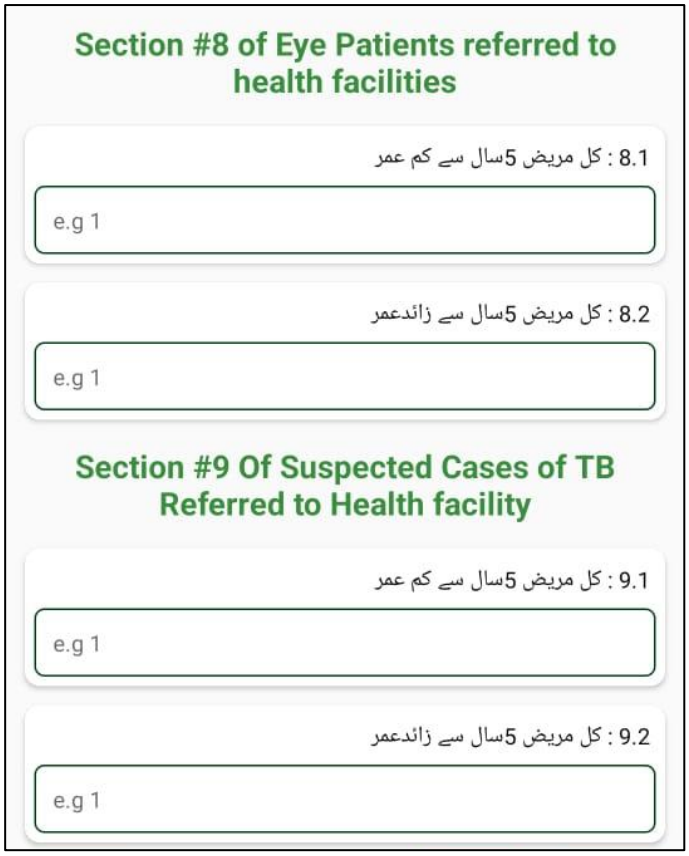
e.g 1

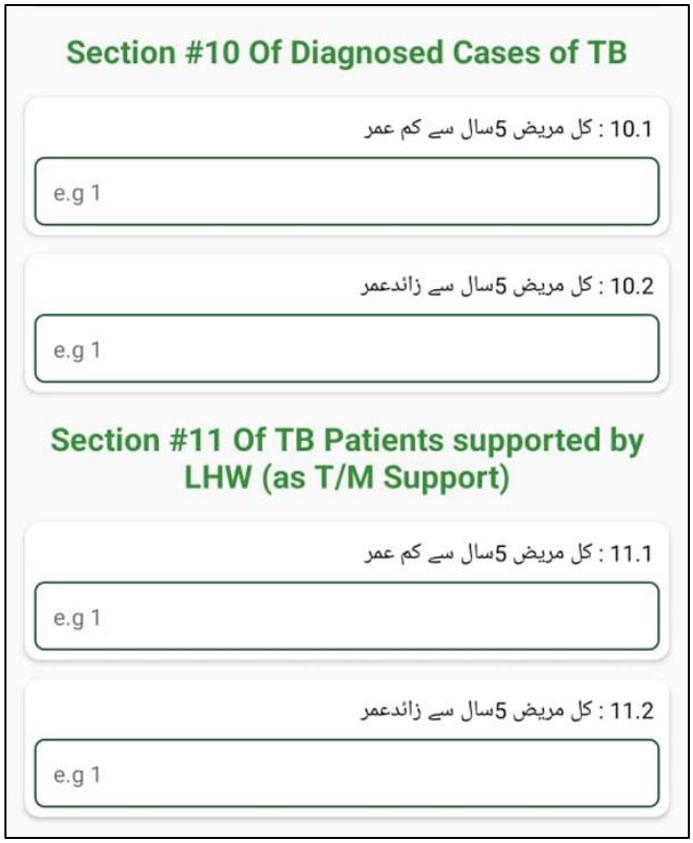
3.4 : کل مریض 5سال سے زائدعمرجن کو دوائی فراہم کی گئی

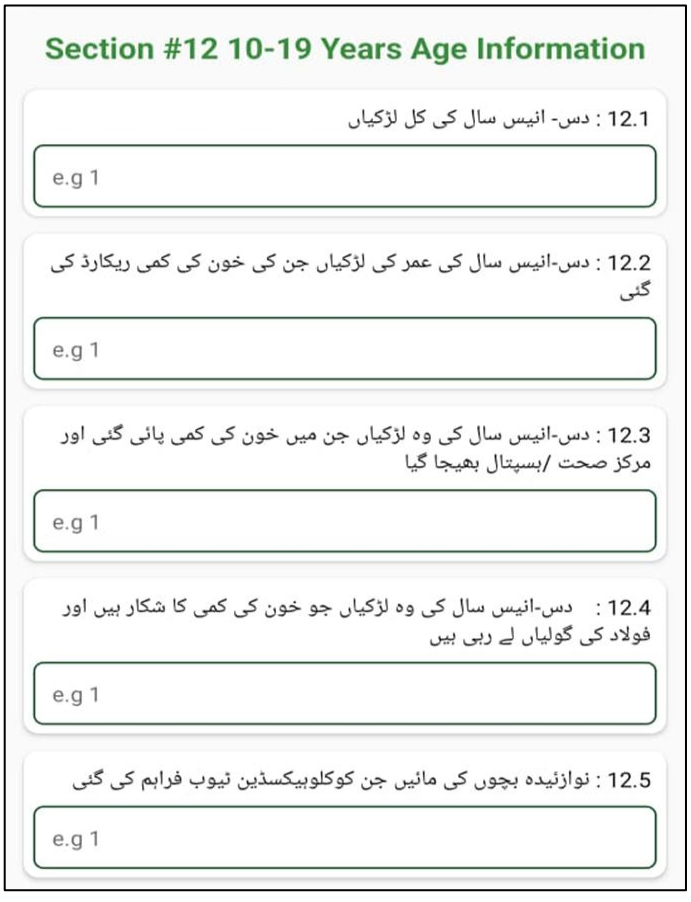
e.g 1


Section #4 of Cases of Anaemia
4.1 : کل مریض 5سال سے کم عمر
e.g 1
4.2 : کل مریض 5سال سے زائدعمر
e.g 1
4.3 : کل مریض 5سال سے کم عمر جن کو دوائی فراہم کی گئی
e.g 1
4.4 : کل مریض 5سال سے زائدعمرجن کو دوائی فراہم کی گئی
e.g 1


Section #5 Of Anaemia Referral Cases
5.1 : کل مریض 5سال سے کم عمر
e.g 1
5.2 : کل مریض 5سال سے زائدعمر
e.g 1
Section #6 Eye Infections - No of cases reported
6.1 : کل مریض 5سال سے کم عمر
e.g 1
6.2 : کل مریض 5سال سے زائدعمر
e.g 1
6.3 : کل مریض 5سال سے کم عمر جن کو دوائی فراہم کی گئی
e.g 1
6.4 : کل مریض 5سال سے زائدعمرجن کو دوائی فراہم کی گئی
e.g 1







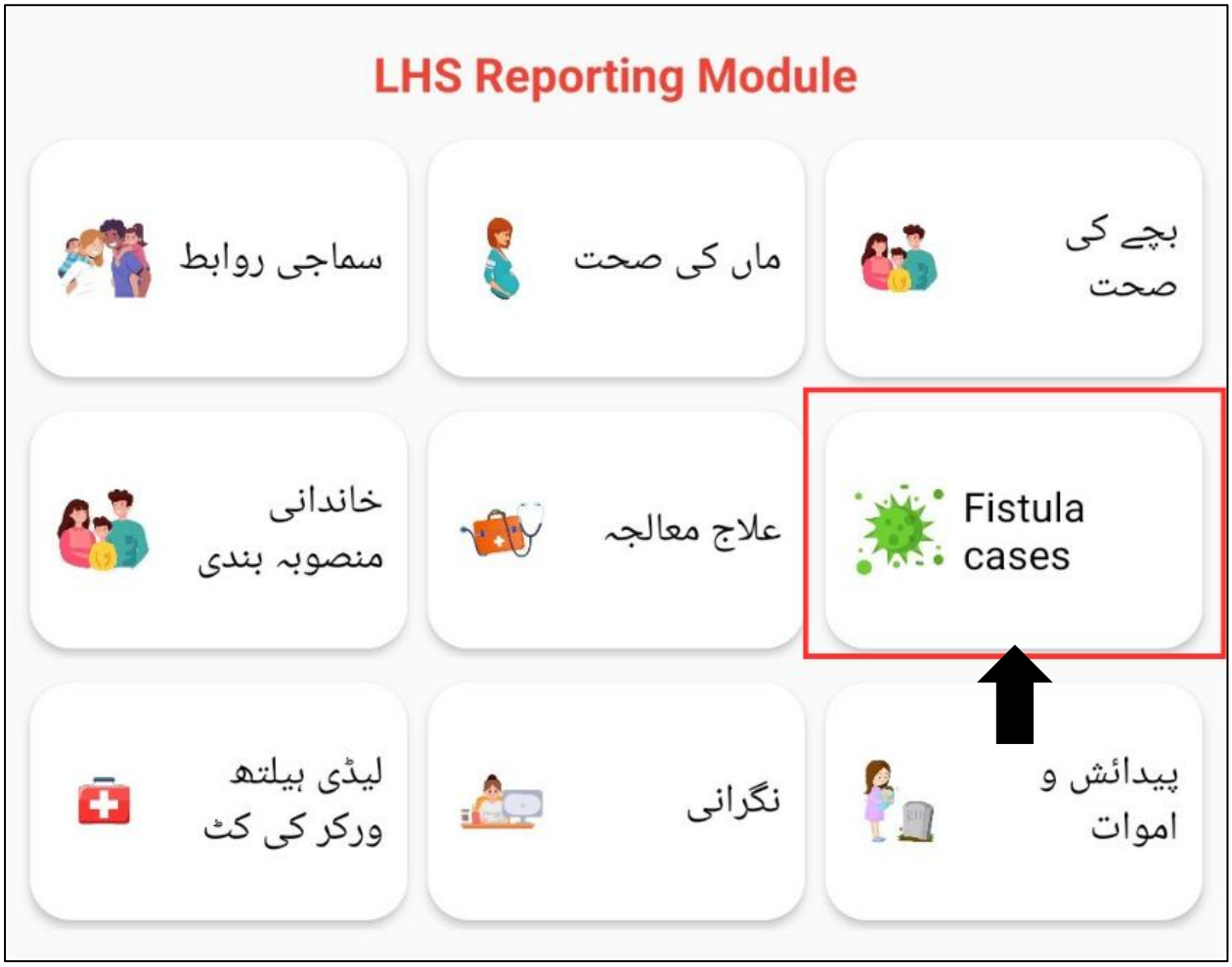
Purpose: This section is designed to track and monitor the treatment of various common illnesses and conditions within the community. The inclusion of sections on diarrheal cases, Acute Respiratory Infections (ARI), fever, anemia, anemia referral cases, eye infections, referral cases, and Tuberculosis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

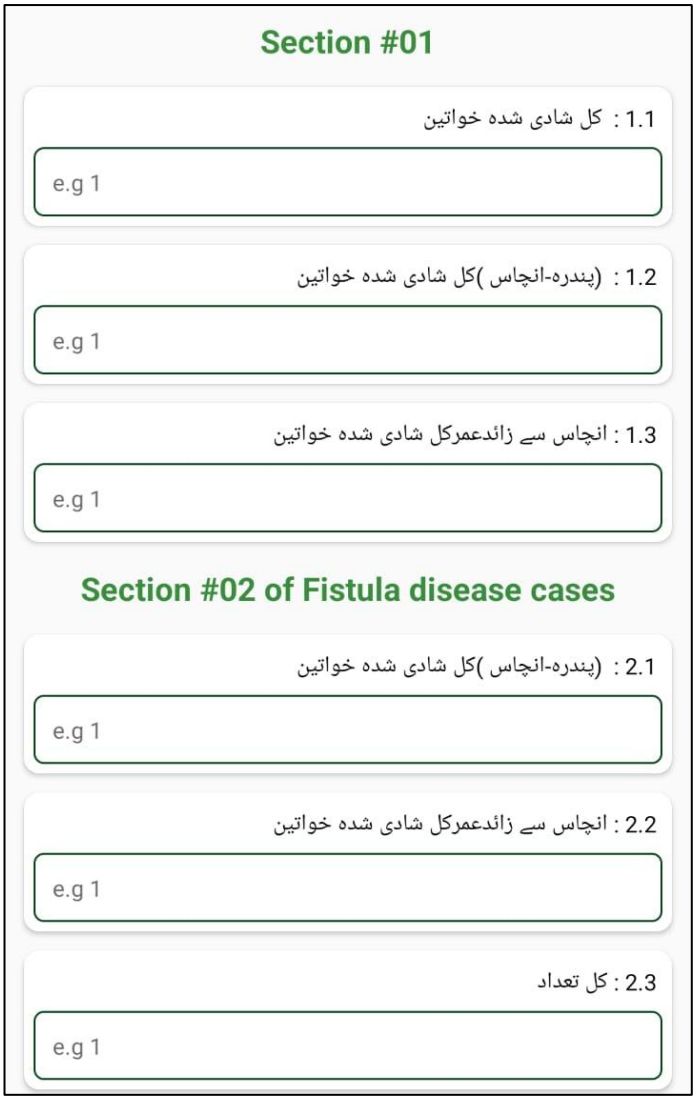
Note: In **Field 12.4**, count all adolescents who are taking iron tablets, no matter where they got them from. This includes those who received iron from LHWs, from any government health facility, or even if they bought it from the market.

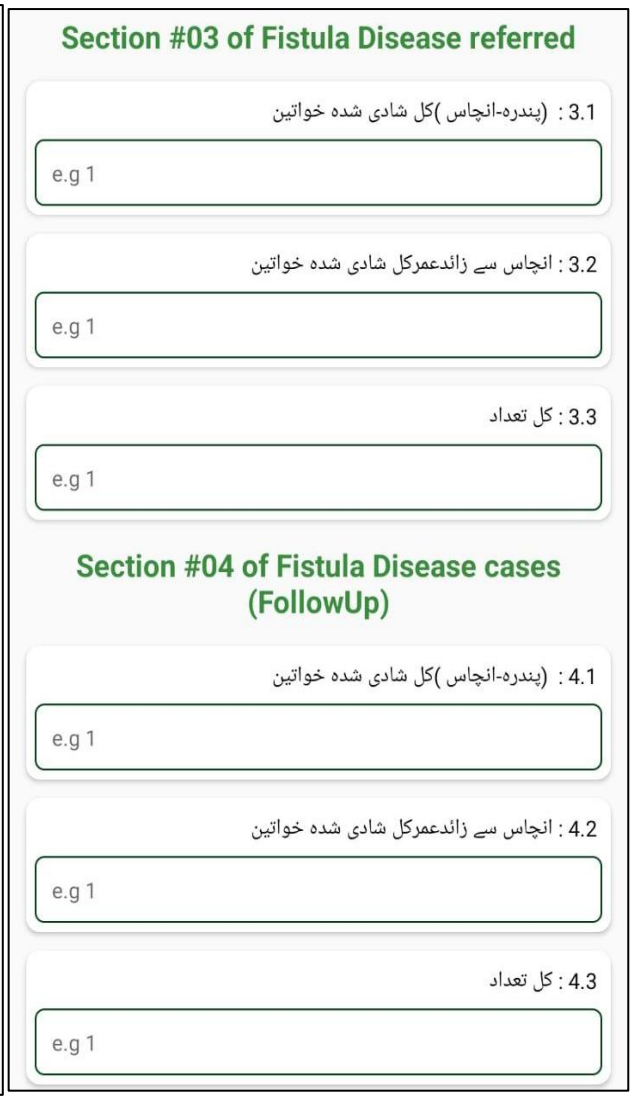
Also, please make sure to check the number of live births in your area and count all mothers whose babies received **Chlorhexidine (CHX)**. It doesn't matter if CHX was given by the LHW or at the health facility, just make sure to include all those who received it, so the record is complete and correct.

7.3.6 Fistula Cases

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







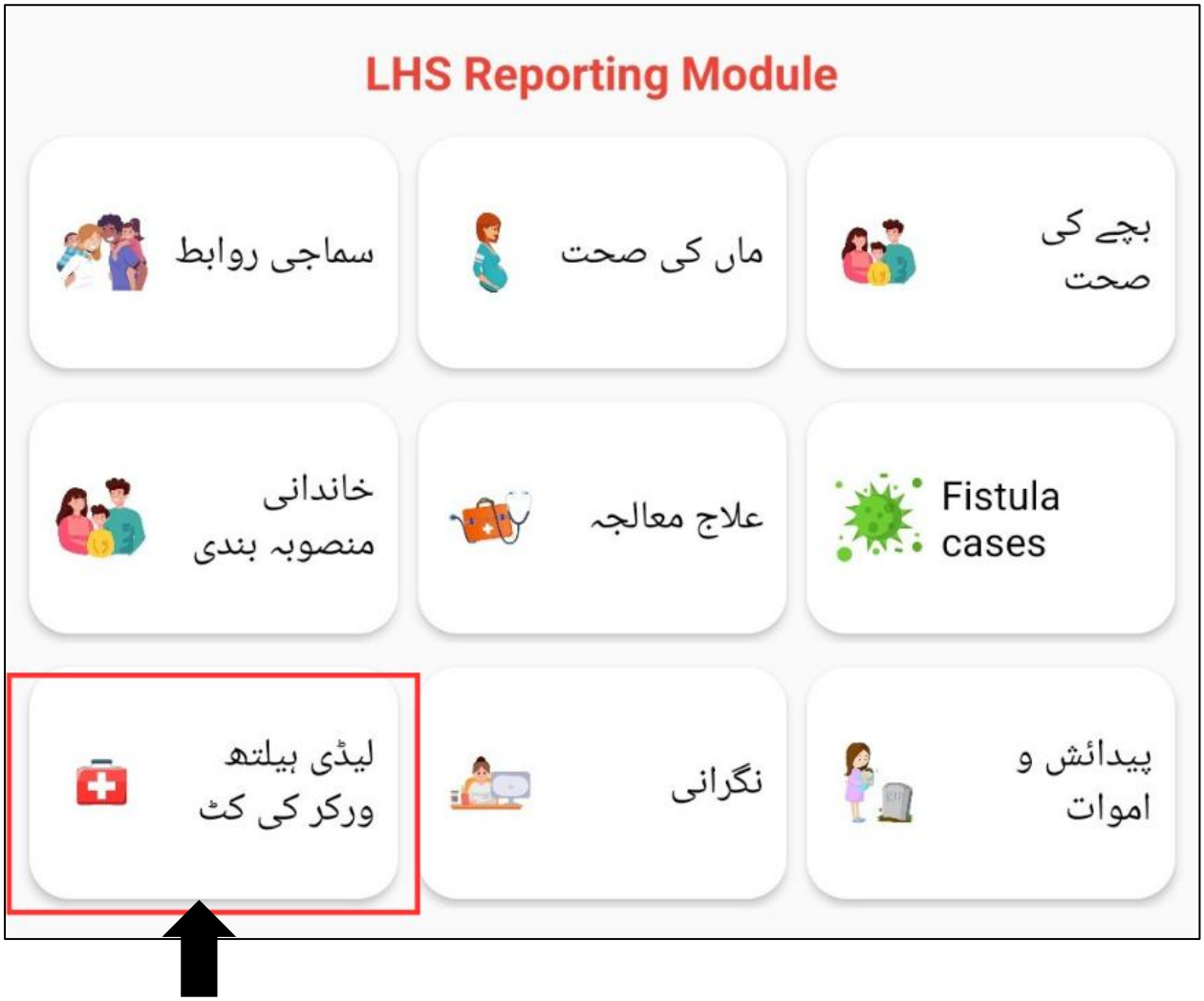
Purpose: This section is designed to track and monitor cases of obstetric fistula within the community. Obstetric fistula is a devastating childbirth injury that can result in severe physical and emotional consequences for affected women.

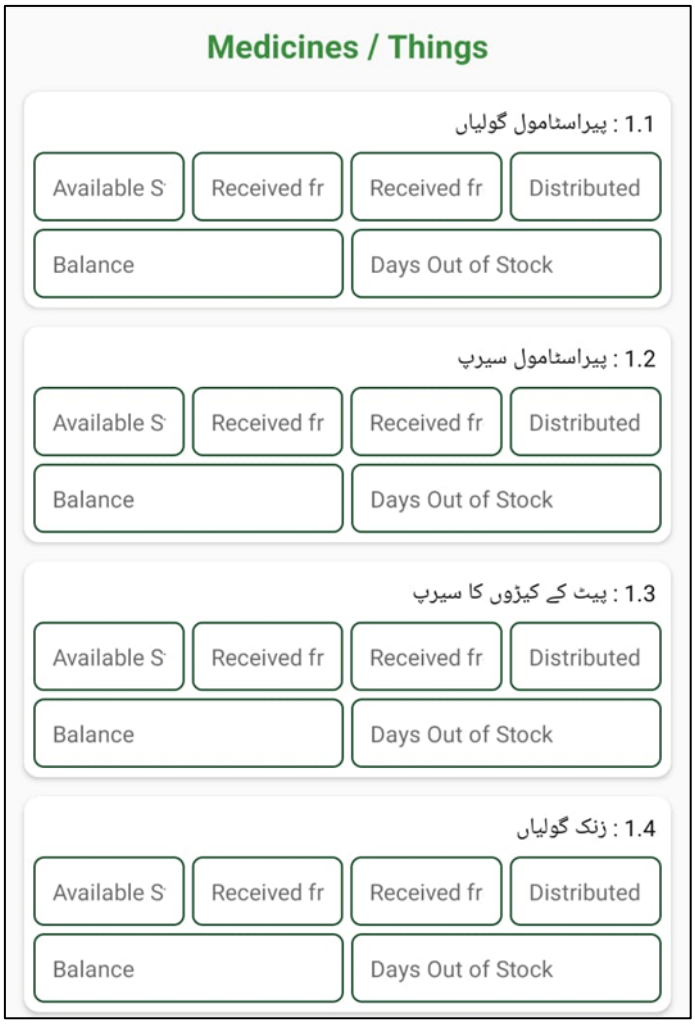
This section typically includes information such as the number of fistula cases identified, the treatments provided or referrals made for fistula repair surgery, and the follow-up care given to affected women. By using this section, LHSs can keep a record of fistula cases within their community, ensuring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

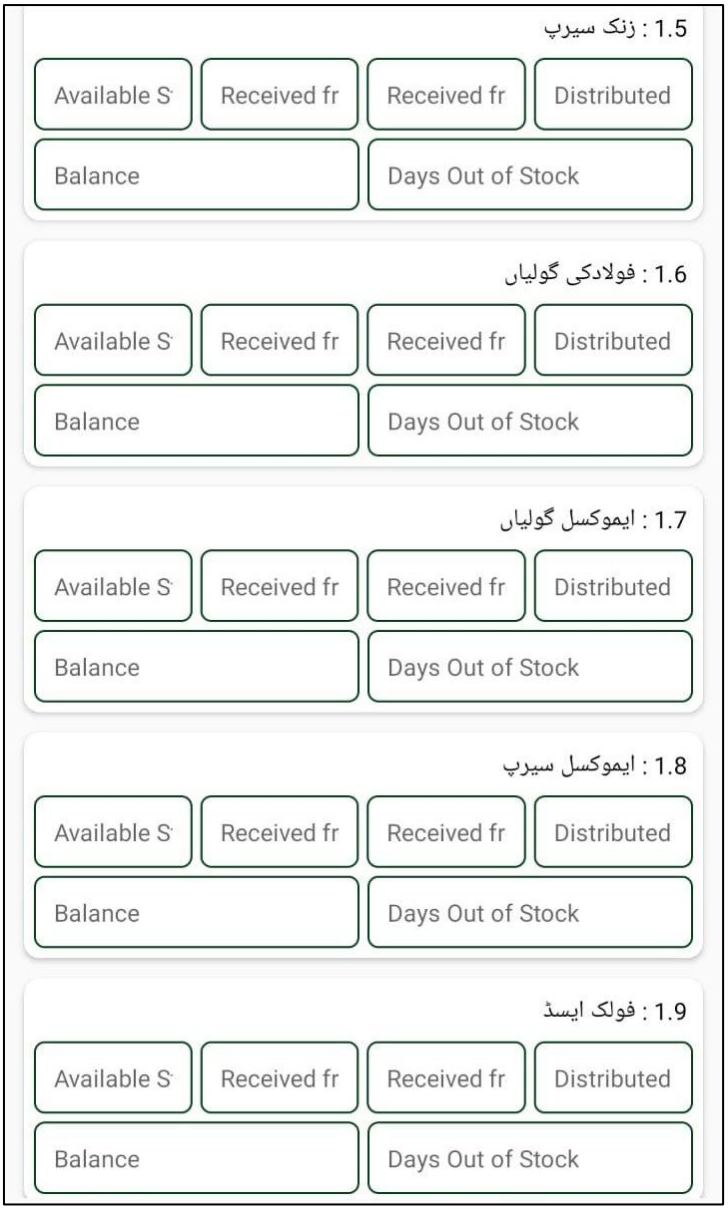
Monitoring fistula cases is important for understanding the prevalence of this condition and for planning and implementing interventions to prevent and treat obstetric fistula.

7.3.7 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

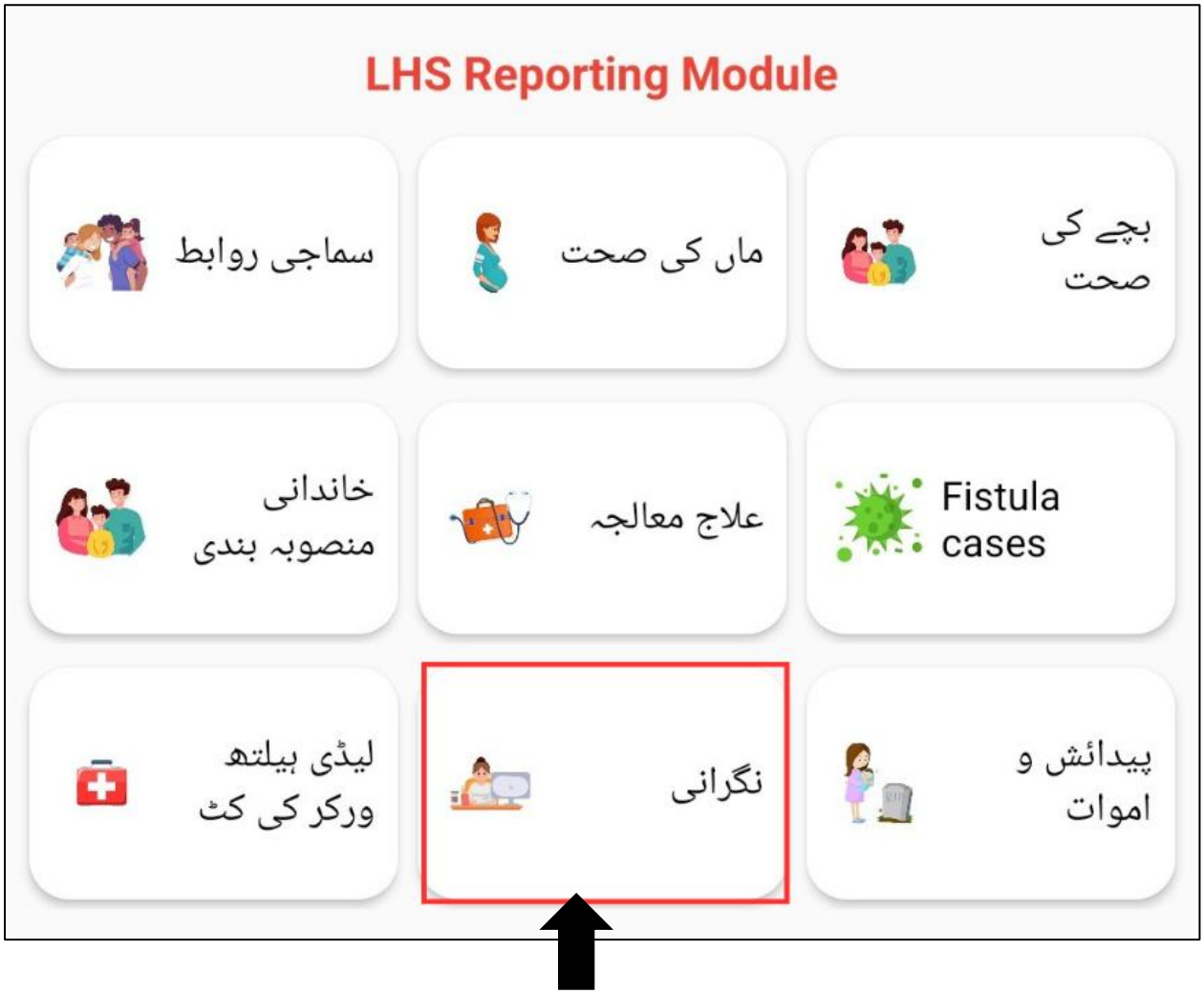


Purpose: This section is designed to track and monitor the availability and distribution of essential supplies and materials to LHWs. This section typically includes information about the contents of the LHW kit, such as medicines, equipment, and educational materials, as well as the frequency of kit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

7.3.8 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 کوآرڈینٹر 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 یوکے آفسیر کاوزٹ

e.g 1

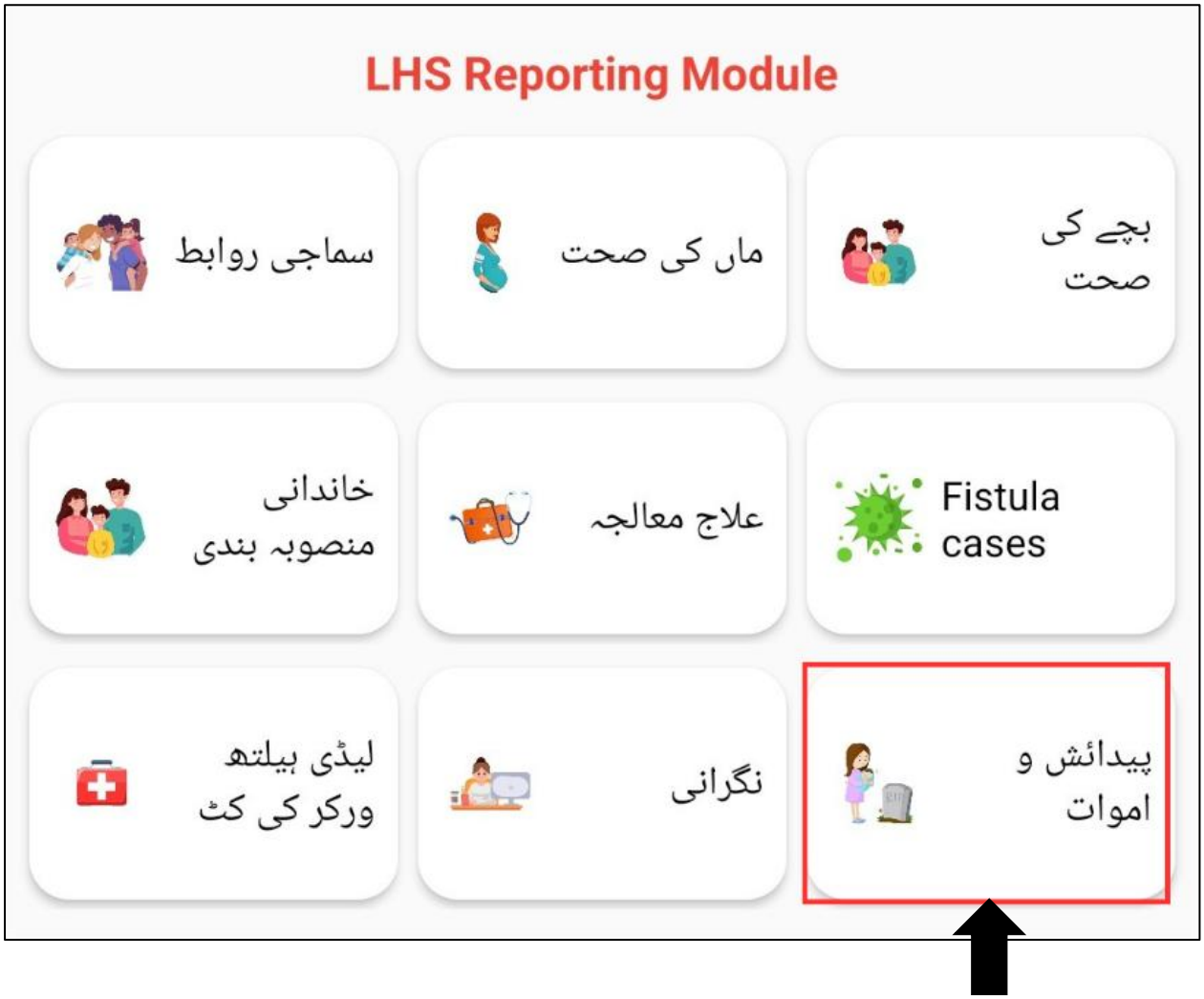
1.8 : ایل ایچ ایس کے وزٹ کی تعداد

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.

7.3.9 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 7ماہ سے زیادہ)

e.g 1

1.3 : کل اموات

e.g 1

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

e.g 1

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

e.g 1

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

e.g 1

1.7 : تعداد اموات(عمر ایک سال سے زیادہ اور5سال سے کم)

e.g 1

1.8 : تعدادا‌موات زچہ

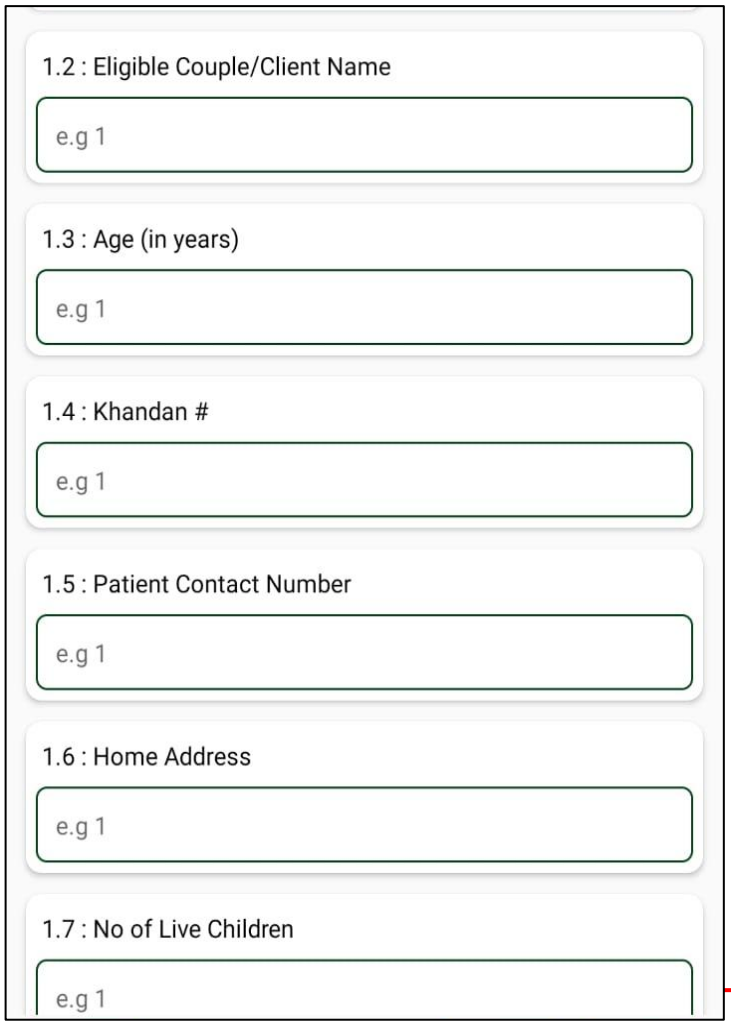
e.g 1

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.

7.4 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.



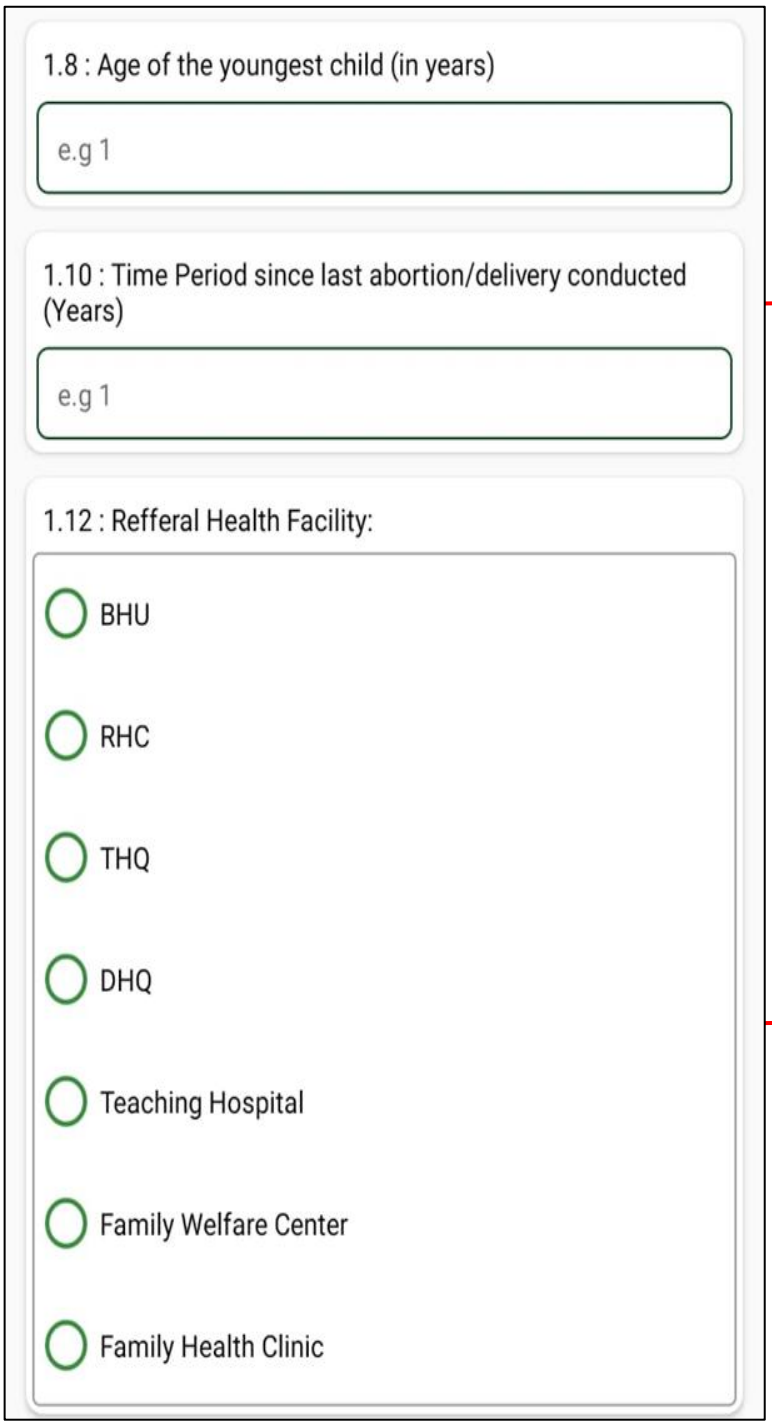
Purpose: It helps to assess the maternal history and family planning needs of the woman. It can be significant for providing context about the woman's past pregnancies and potential future family planning decisions. In some cases, closely spaced pregnancies can increase the risk of health complications 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).

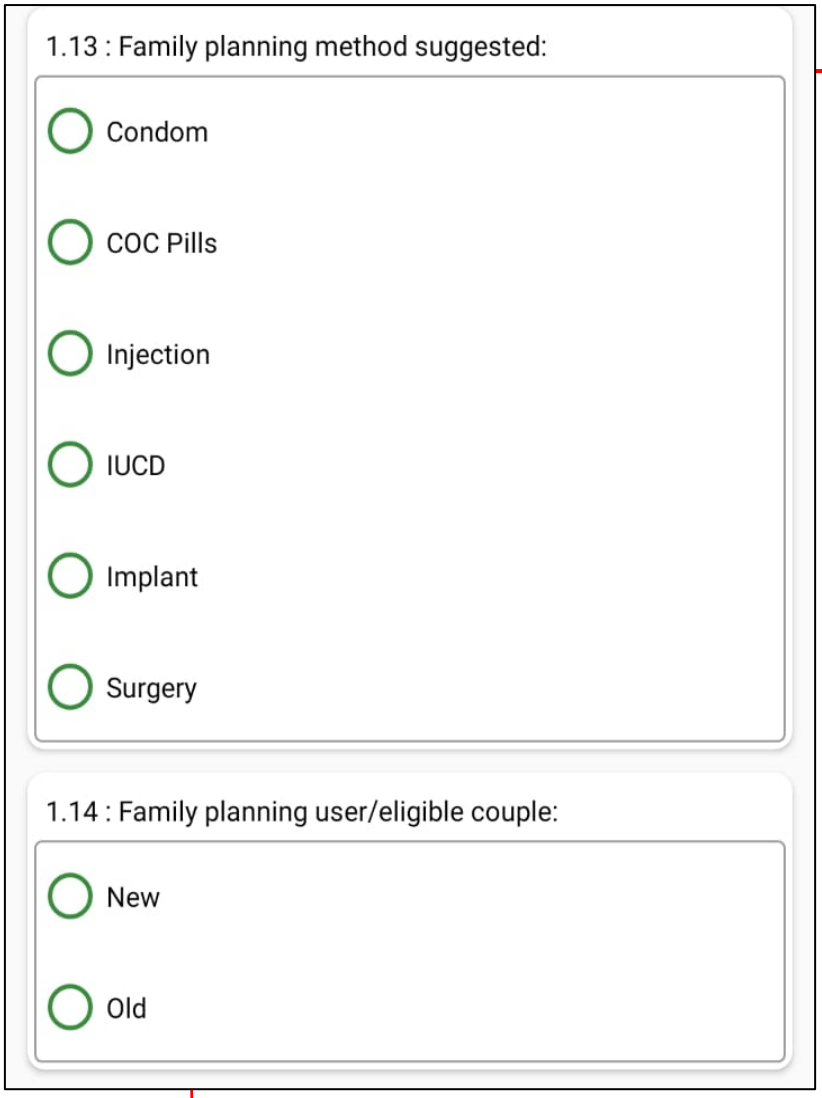
On the other hand, if the woman wants more children, she might benefit from counseling on healthy pregnancy spacing and preconception care.



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.

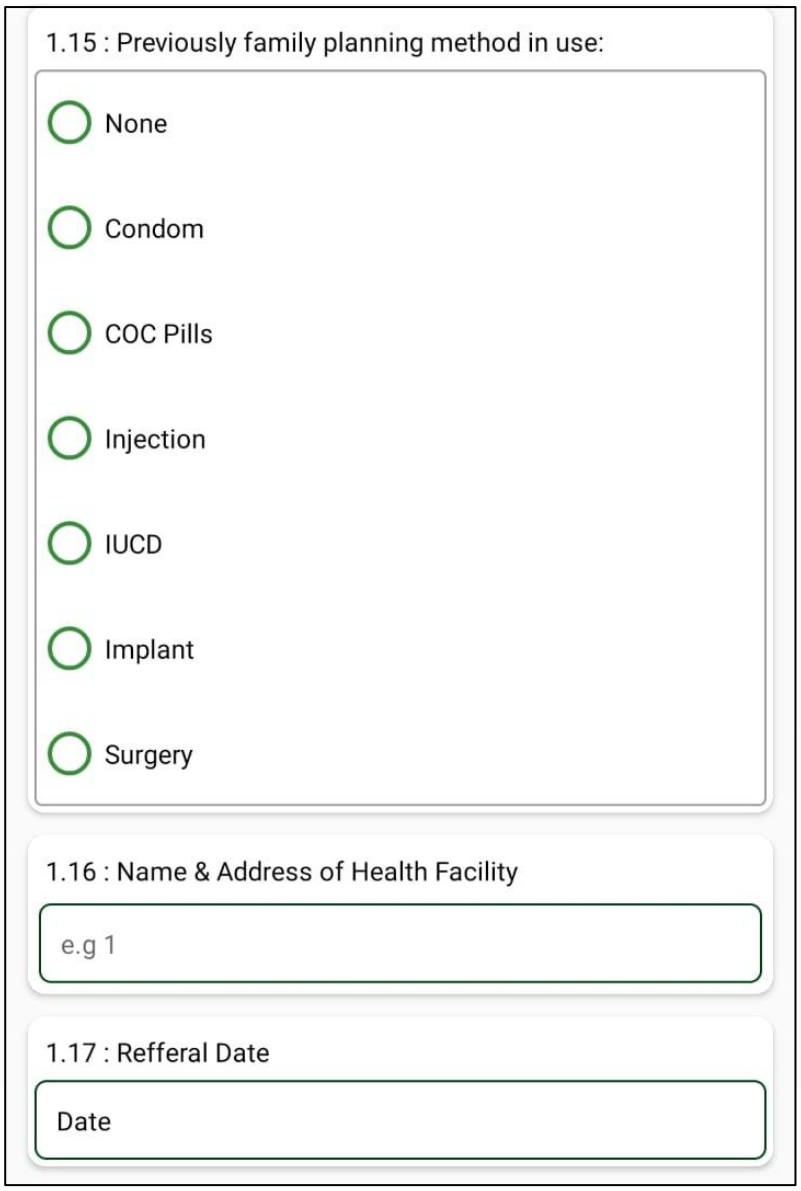


Purpose: This section suggests various short and long acting reversible as well as permanent family planning methods that can be recommended for the client based on her individual needs and circumstances.

- 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.

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.



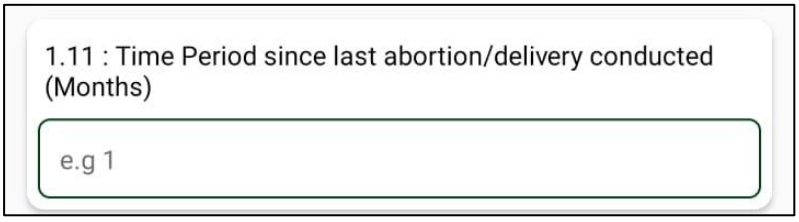
Purpose: This part of the FP form focuses on understanding the woman's reproductive health history specifically related to family planning methods. Knowing her past experiences can help the healthcare provider recommend suitable methods and identify potential concerns.

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.

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

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.



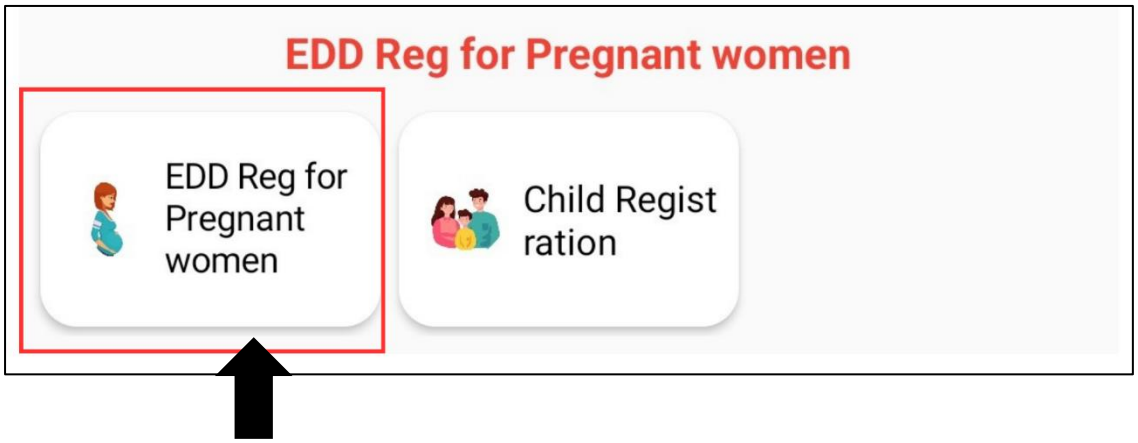
Purpose: This question asks about the time elapsed (in months) since the woman's last pregnancy ended, either through childbirth or abortion. This information is crucial for healthcare providers when recommending suitable family planning methods.

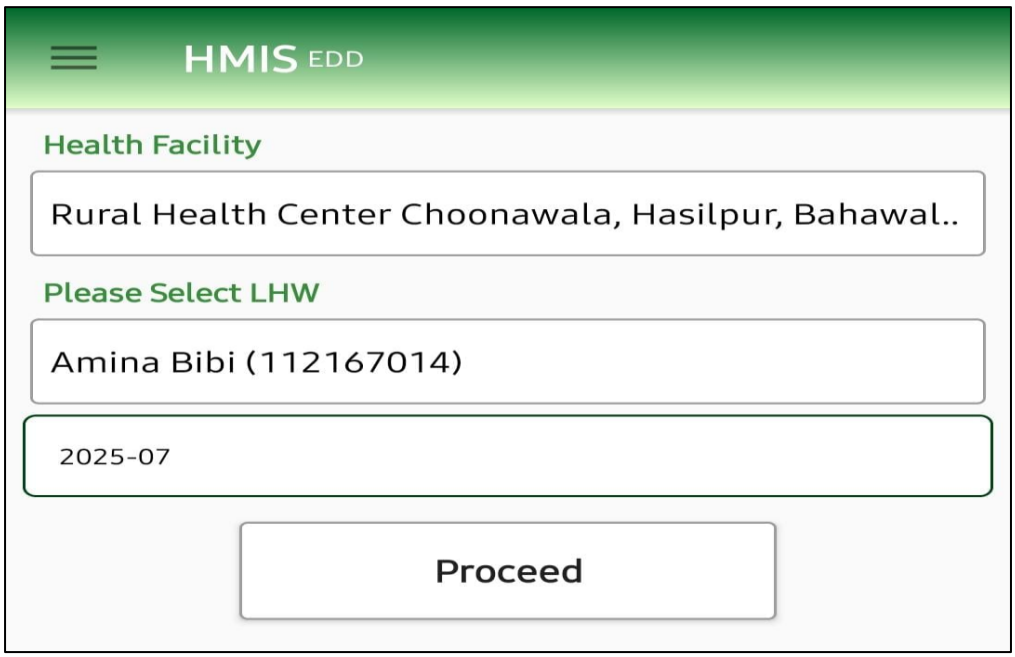
7.5 EDD Registration for Pregnant Women

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.

7.5.1 Pregnant Women

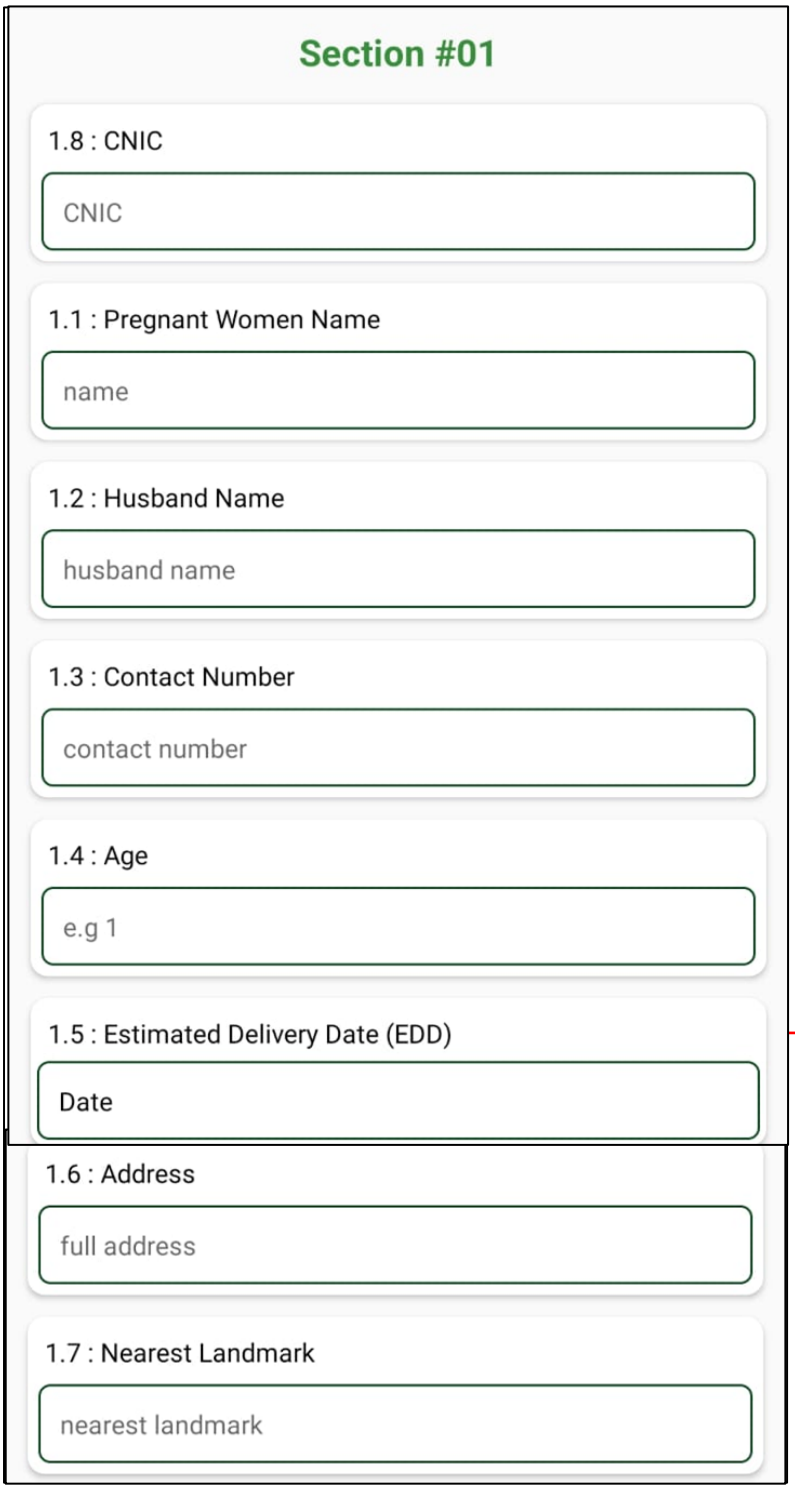
From the LHS home page, scroll down to access the EDD Reg tab, and click on the tab shown below.





Select the name of the “Health Facility” and “LHW” from the provided popups, followed by clicking on proceed. This would open the registration form for the pregnant woman.

Important: This form must be **filled and submitted for every new pregnant woman registered with the LHW**. This helps keep records updated and ensures the woman receives proper follow-up and care.



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

7.5.2 Child Registration

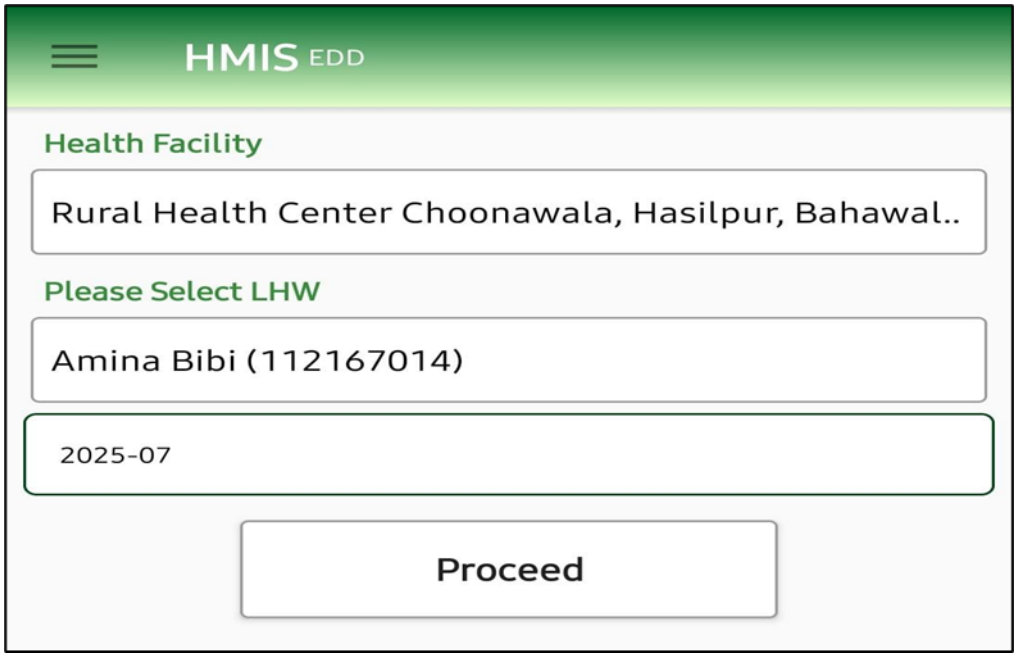
The purpose of adding child registration to the Estimated Delivery Date (EDD) for a Lady Health Supervisor (LHS) involves linking the mother's pregnancy information with the newborn child to improve healthcare delivery and monitoring for both.

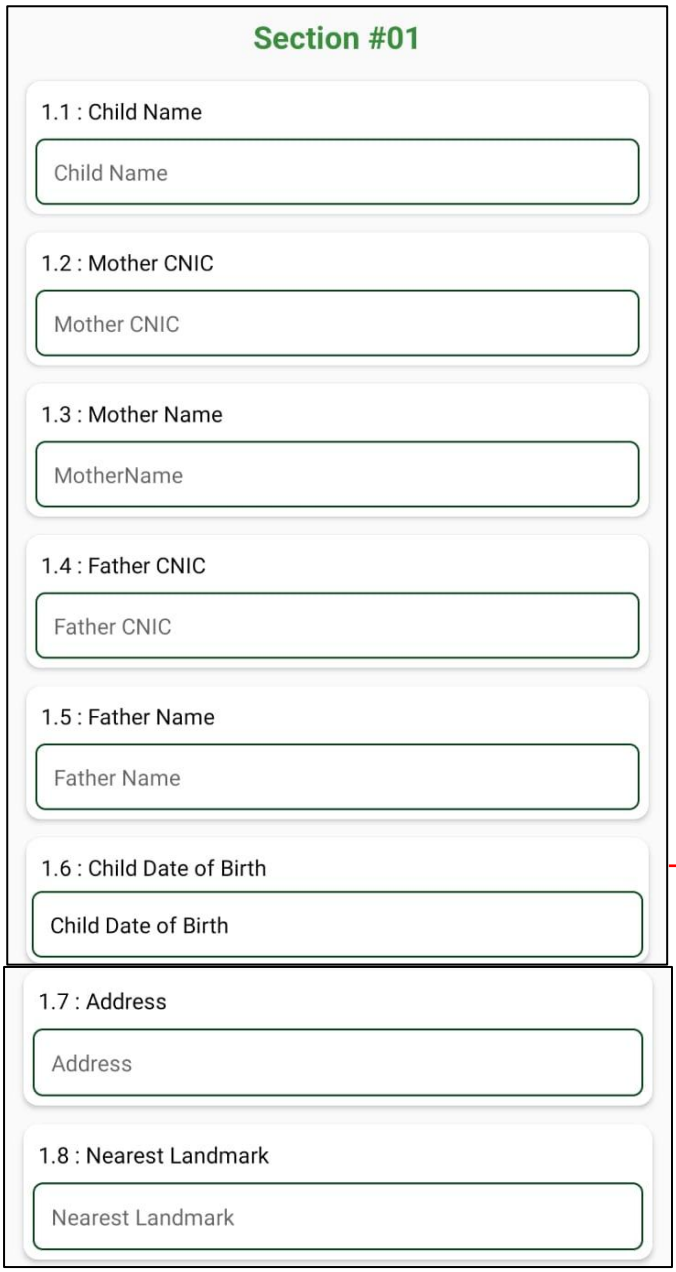
This practice fosters early childhood healthcare by allowing for timely immunization schedules, growth monitoring, and nutritional guidance. Additionally, it facilitates the collection and tracking of valuable data on maternal and child health outcomes, enabling efficient resource allocation and program 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. This would open the registration form for the child.





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.

7.6 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.

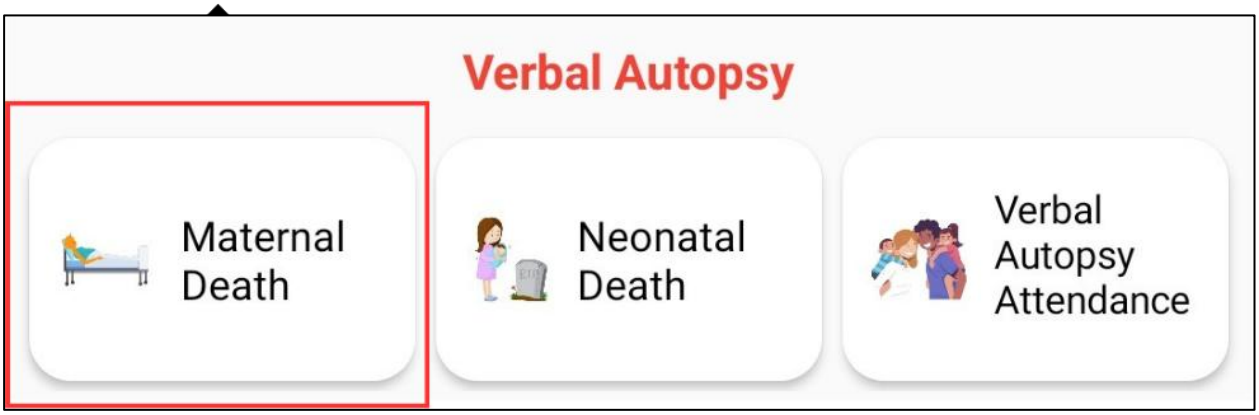
From the LHS home page, scroll down to access the Verbal Autopsy tab, and click on the tab shown below.

7.6.1 Maternal Death

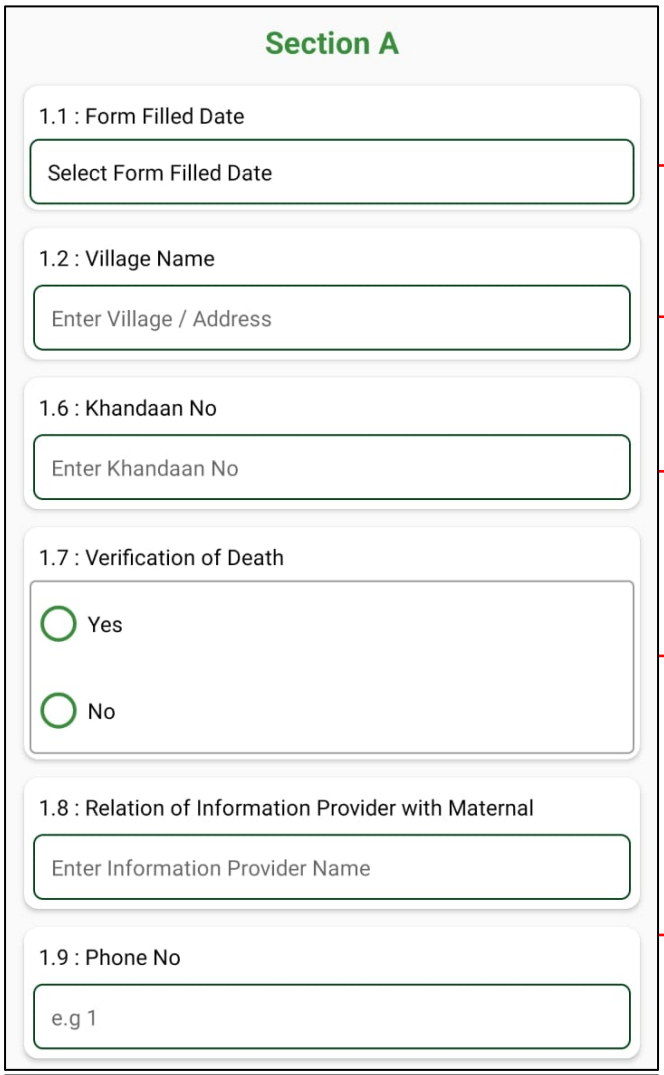
In the context of a verbal autopsy, “maternal death” refers to the death of a woman during pregnancy, childbirth, or within a specific timeframe (often 42 days) following childbirth. This information can be crucial for identifying potential risk factors during pregnancy and childbirth to improve future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



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.

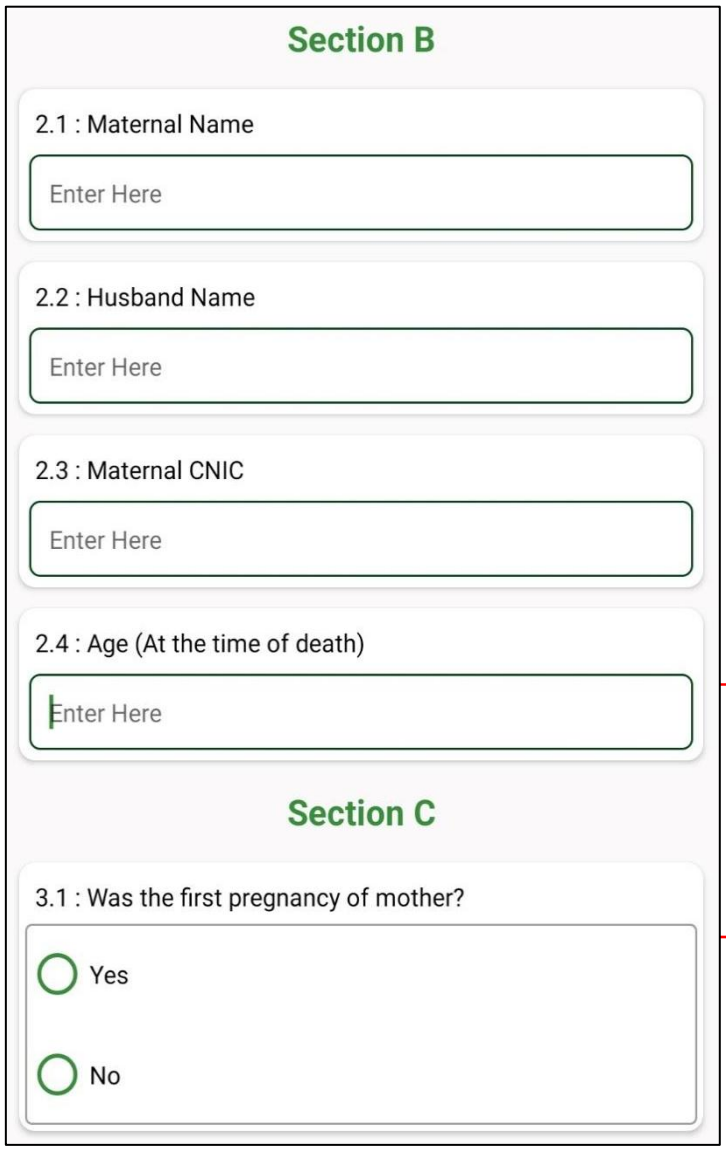
Purpose: It refers to a specific identifier or code assigned to a family or household.

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.

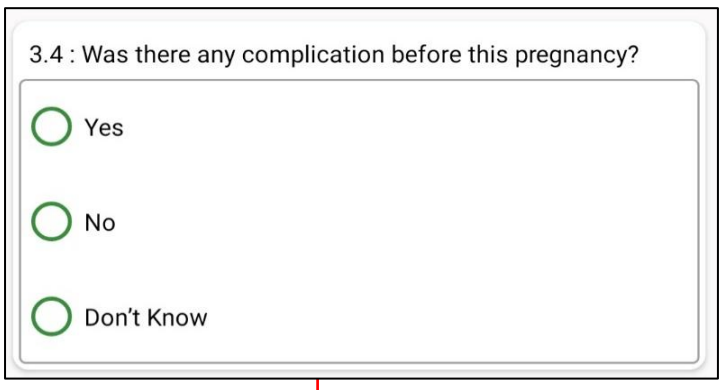


Purpose: Knowing the mother's age at the time of death helps assess if there were any age-related risks during pregnancy or childbirth.

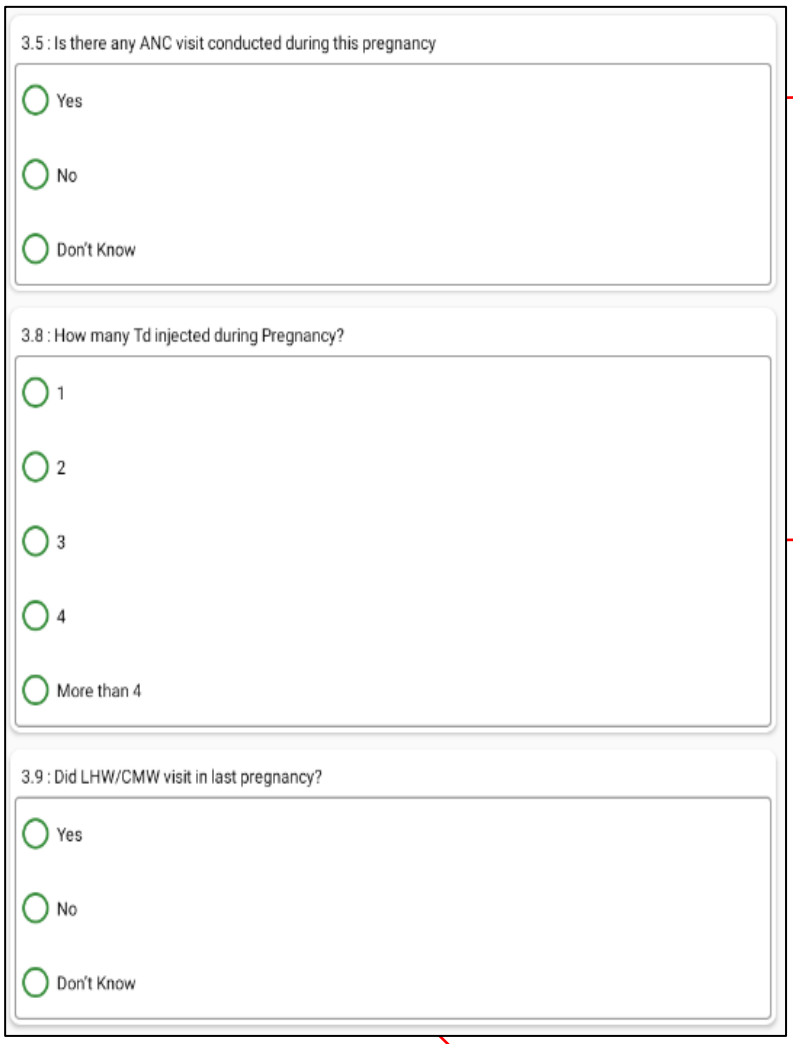
Purpose: This is a binary (yes/no) question to confirm if this was the deceased mother's first pregnancy.

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.



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.



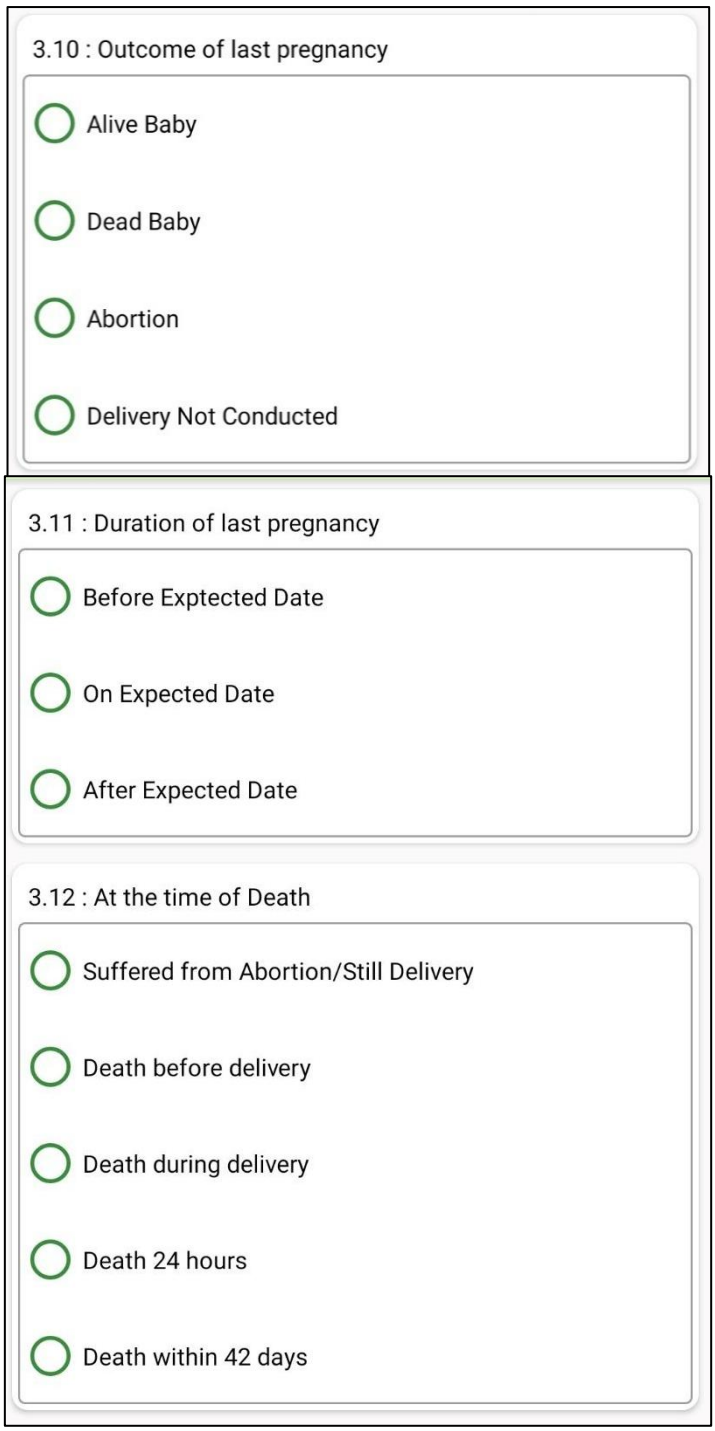
Purpose: This question aims to assess if the mother received any prenatal care during her pregnancy. Regular ANC visits are crucial for monitoring the mother's health, identifying potential risks, and providing preventive measures. A lack of ANC visits could indicate missed opportunities to identify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

Purpose: Td stands for Tetanus Diphtheria. 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: 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.



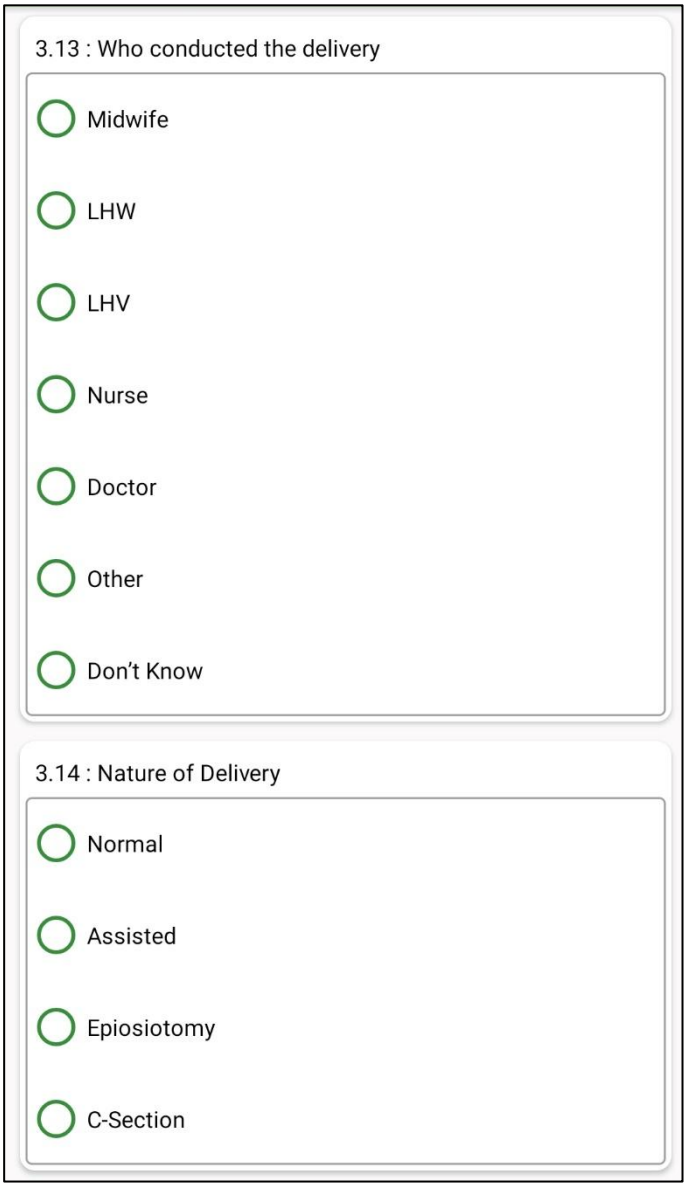
Purpose: Knowing the outcome of the last pregnancy can provide context about the mother's reproductive health and obstetric history. A history of complicated pregnancies, prior stillbirths, or multiple abortions could indicate underlying health conditions that might have contributed to the current pregnancy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

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.

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.

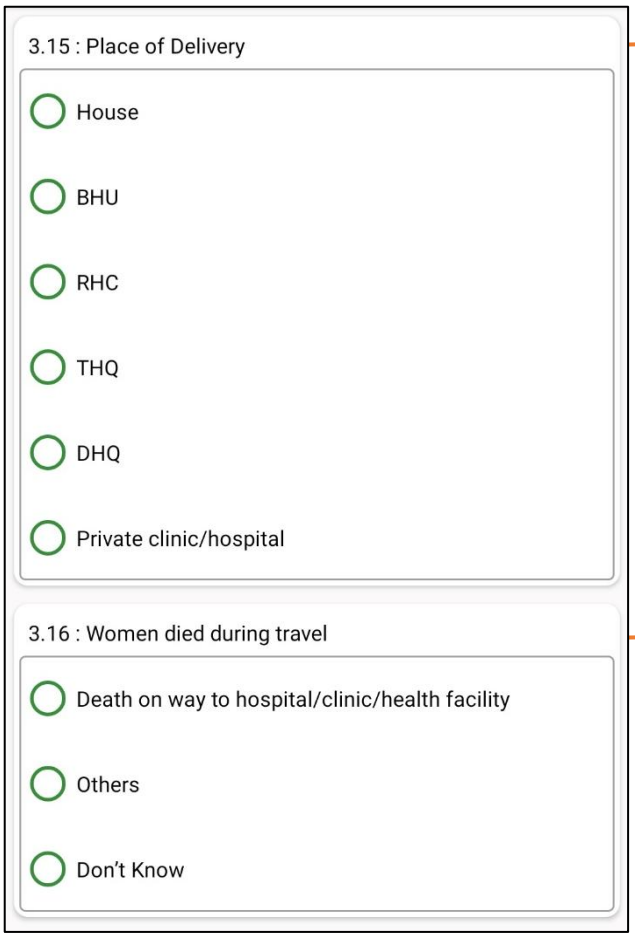


Purpose: The skill and experience of the birth attendant can significantly impact the outcome of the delivery. For instance, a complicated delivery might have required a doctor's expertise, but if a less experienced birth attendant managed the delivery, this could have increased the risk of complications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

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.

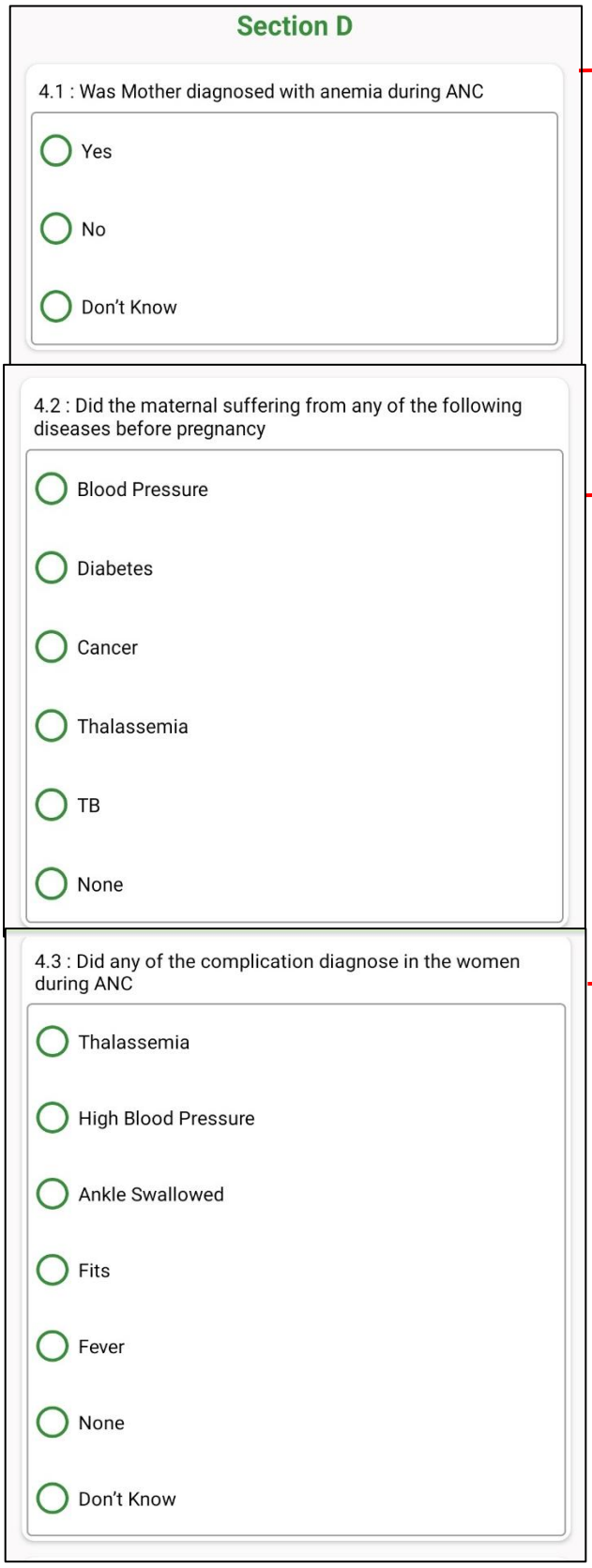
- Episiotomy: This is a surgical incision made in the perineum (the area between the vagina and the anus) to widen the opening for childbirth and reduce the risk of tearing. While an episiotomy is a common procedure, it can increase the risk of infection which could be relevant to the maternal death 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.



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.

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.



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,

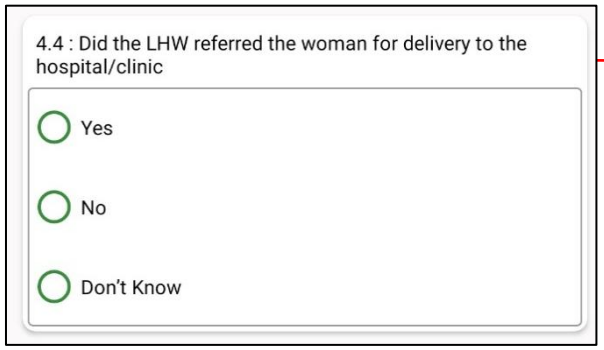
Purpose: This section asks about any pre-existing medical conditions the mother might have had. These conditions include chronic illnesses like diabetes, high blood pressure, heart disease, or kidney disease.

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

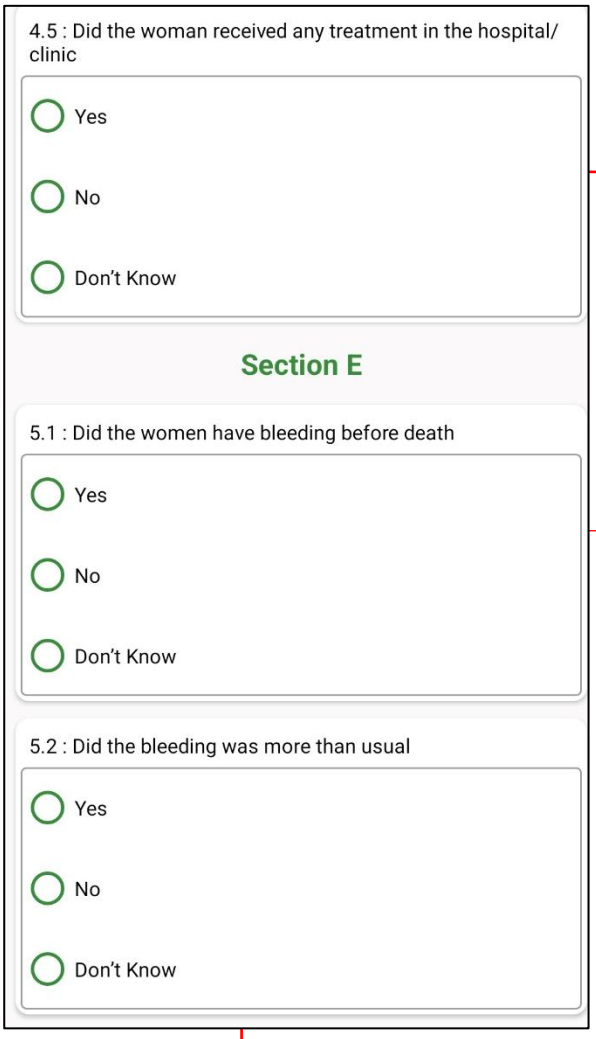
Purpose: This section asks about complication diagnosed during the ANC visits.

- 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.



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.



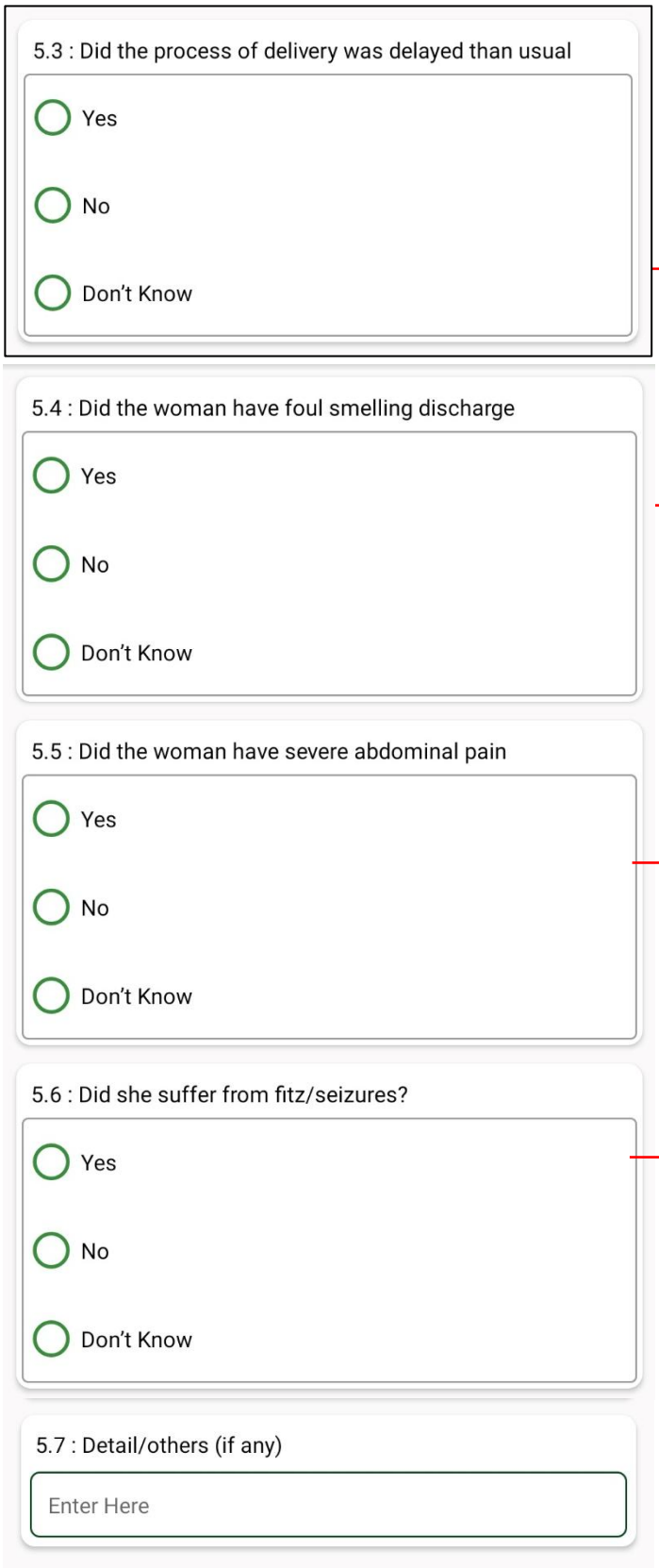
Purpose: The question investigates whether the pregnant woman visited the facility and received treatment. If either of these did not occur, the response would be no.

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:

- 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.



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.

Prolonged labor means continued contractions for >12 hours or no labor 6 hours after water breaks.

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.

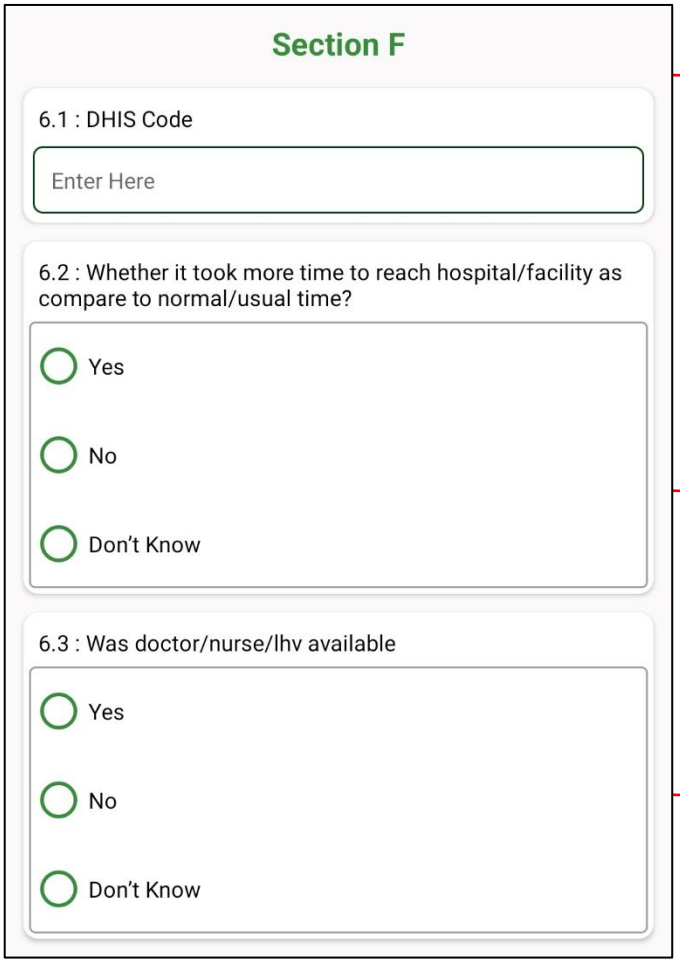
If left untreated, postpartum infections can spread and become life-threatening.

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.

Purpose: Seizures can be caused by various factors, including:

- 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

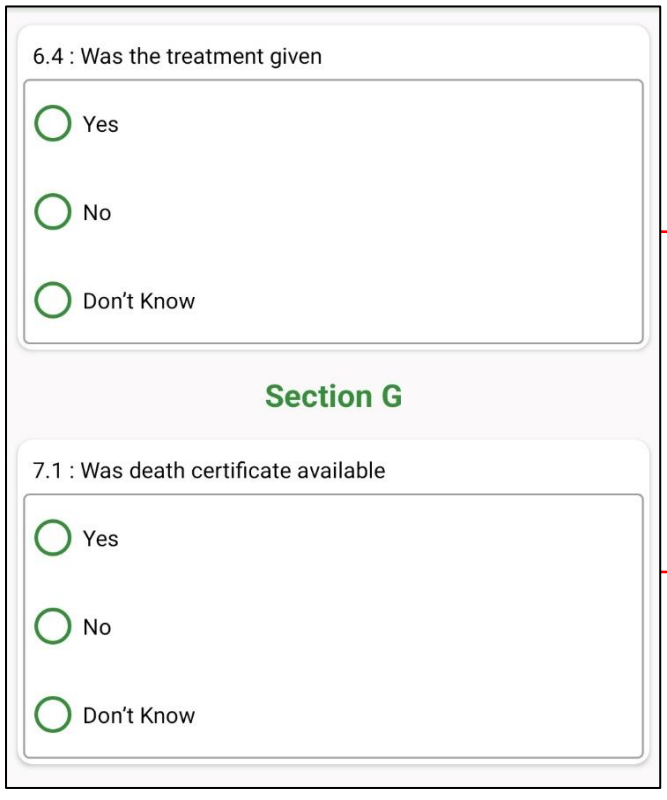
The presence of seizures is a serious complication. Investigating this helps to identify the underlying cause that might have contributed to the mother's death.



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

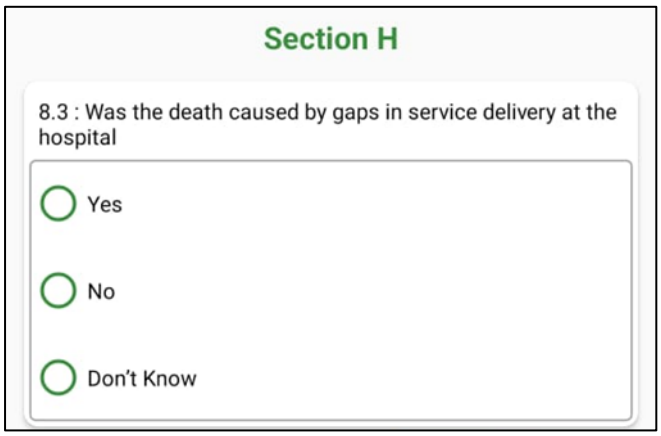
Purpose: This section asks about the time it took for the woman to reach a healthcare facility after the onset of complications or when she needed medical attention. Understanding the time it took to reach a facility can shed light on access to healthcare and potential delays in receiving care. Long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

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.



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.

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.



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.



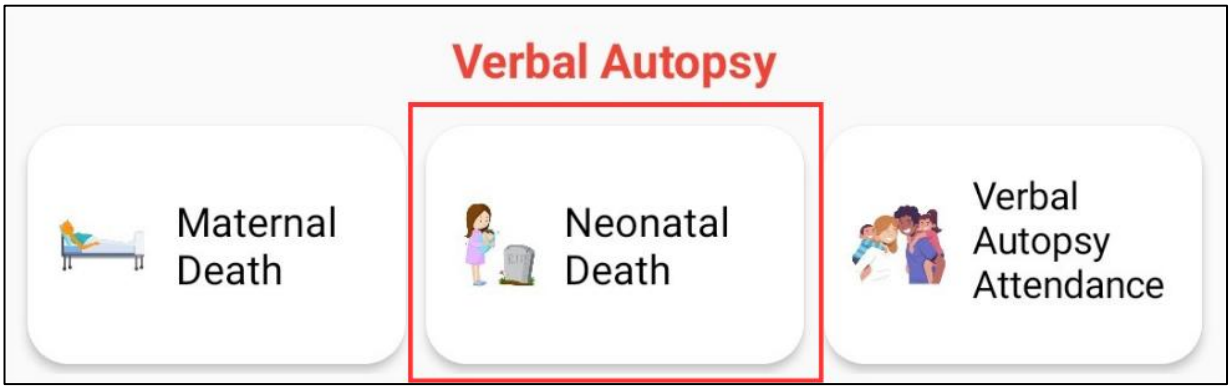
After completing all sections, select "Save" to finalize reporting. Additionally, any "Remarks" and supporting pictures of documents can be uploaded.

7.6.2 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 monthly 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.

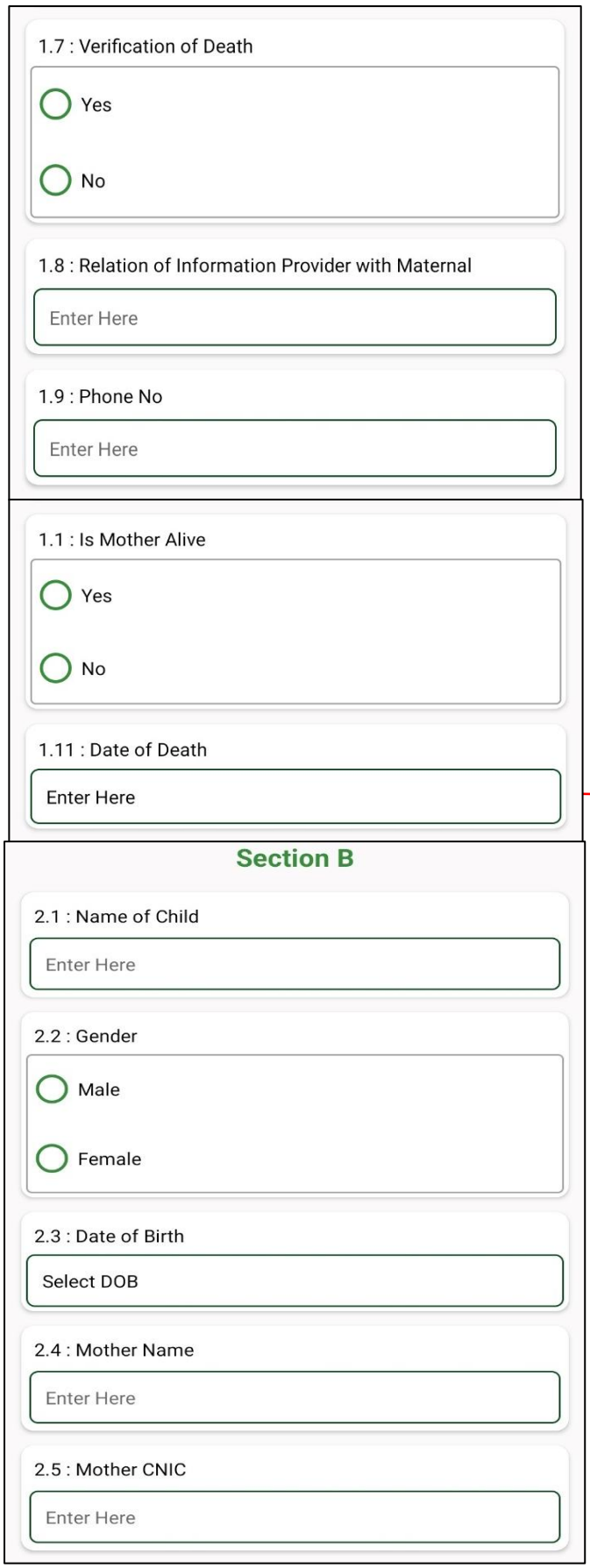




Purpose: This helps track the date the form was filled out, ensuring data is up-to-date.

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.



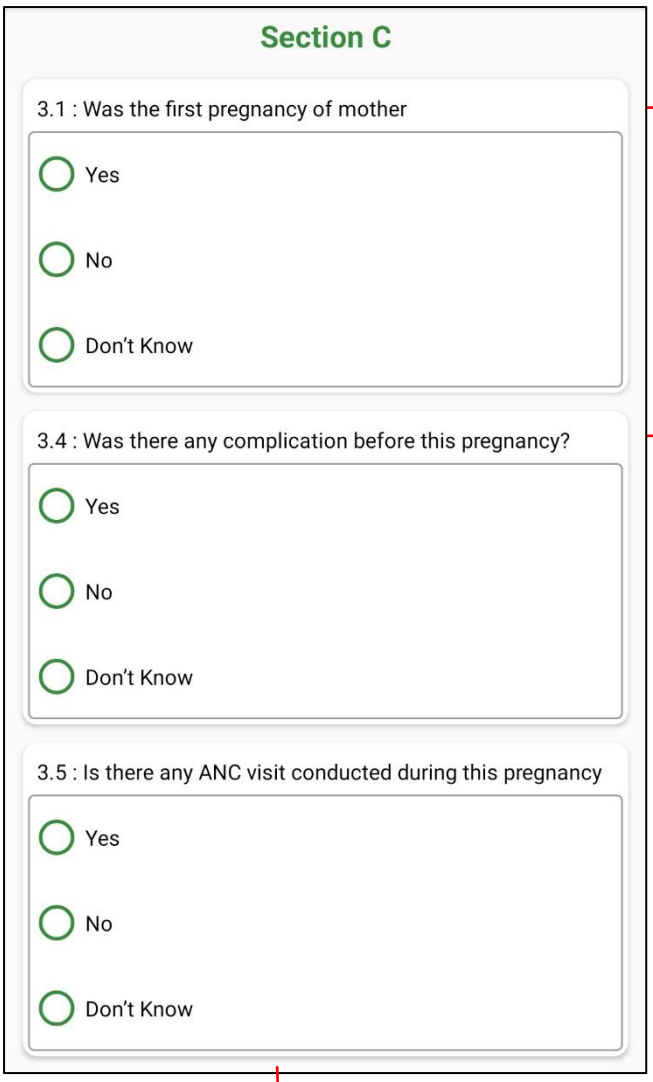
Purpose: This is a binary (yes/no) question to confirm if the death of the neonate was verified by conducting a thorough verbal autopsy.

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.



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

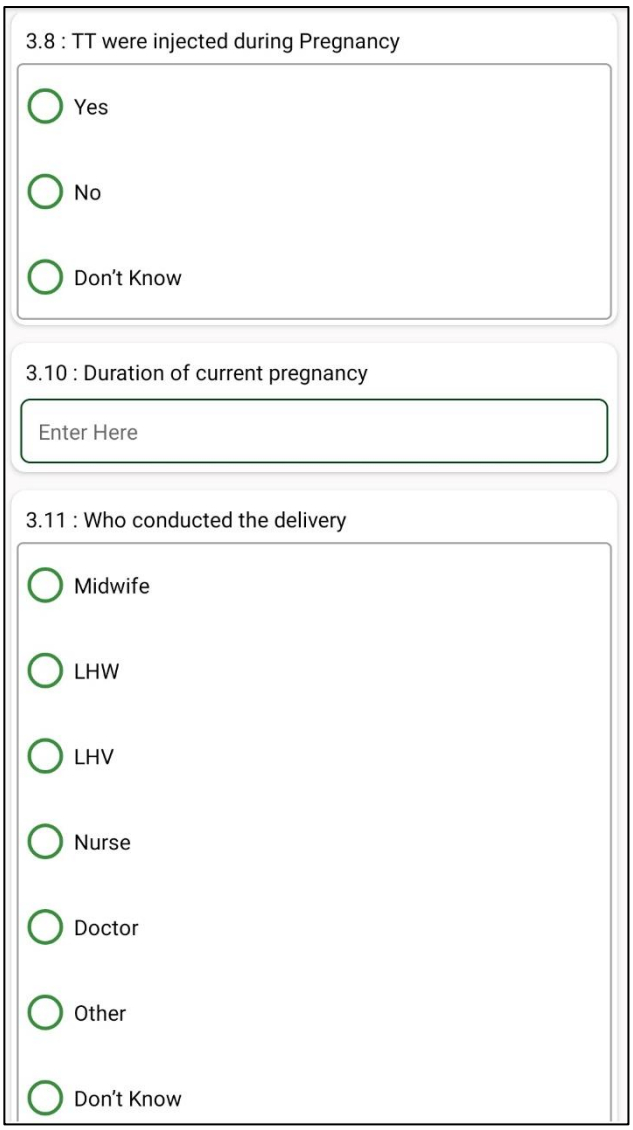
If this was the mother's first pregnancy and complications arose, it could be a factor investigated to see if there might be underlying conditions that could be identified and managed earlier in future pregnancies.

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.

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.



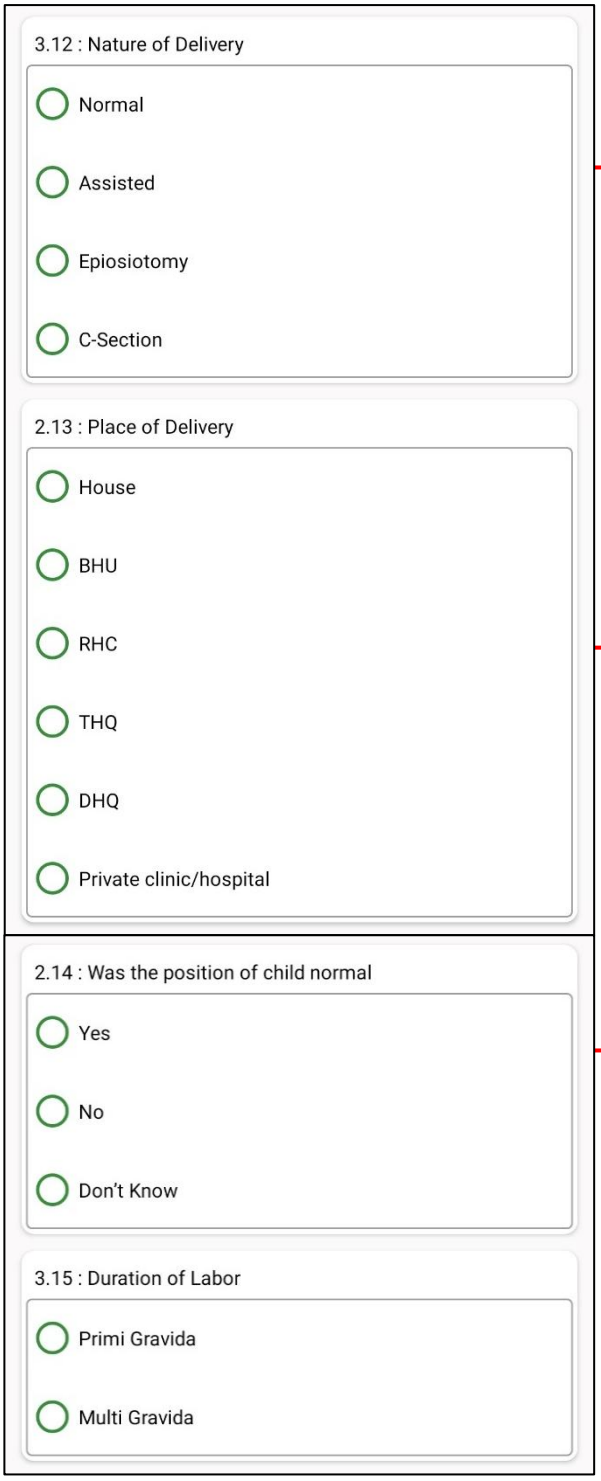
Purpose: TT stands for Tetanus Toxoid. Tetanus is a serious bacterial infection that can cause muscle stiffness and lockjaw. Pregnant women are routinely vaccinated with tetanus toxoid to protect themselves and their newborns from tetanus. Tetanus spores are found in soil and can enter the body through 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.



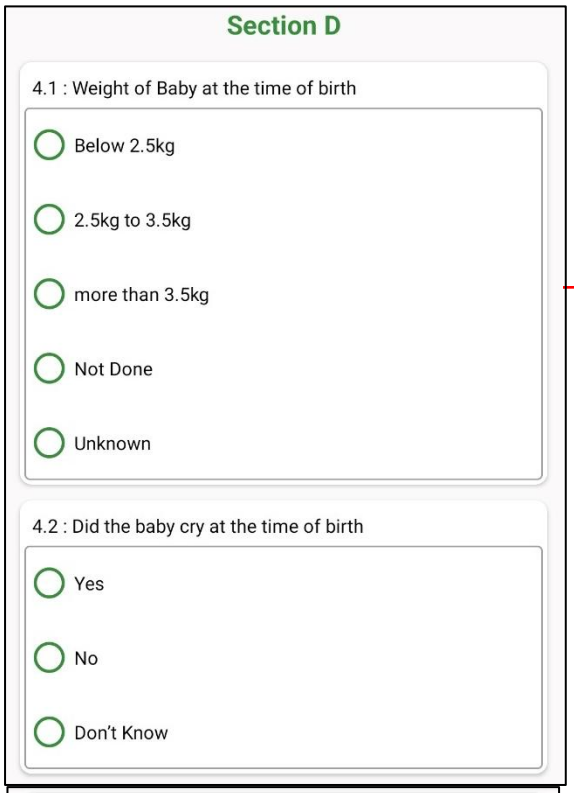
Purpose: The nature of the delivery can also influence the risk of complications. A normal vaginal delivery is generally considered the safest option, while instrumental deliveries (assisted with tools like forceps) or cesarean sections (surgical delivery) carry different risks.

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.

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.

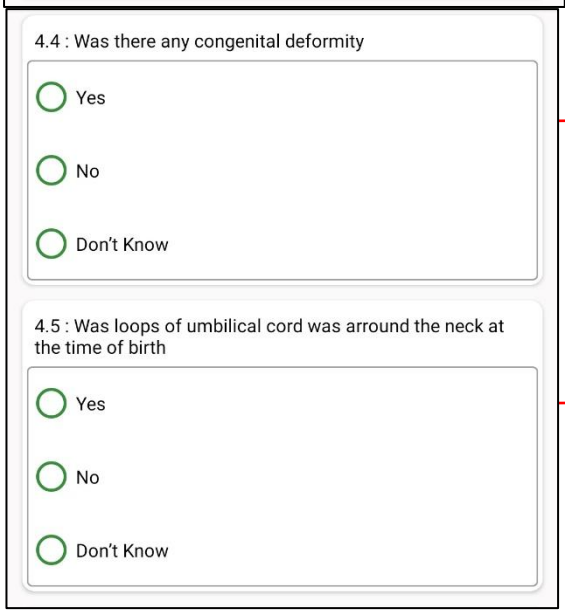
Purpose: This question asks how long the mother's labor lasted. It is broken down into two options:

- 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.



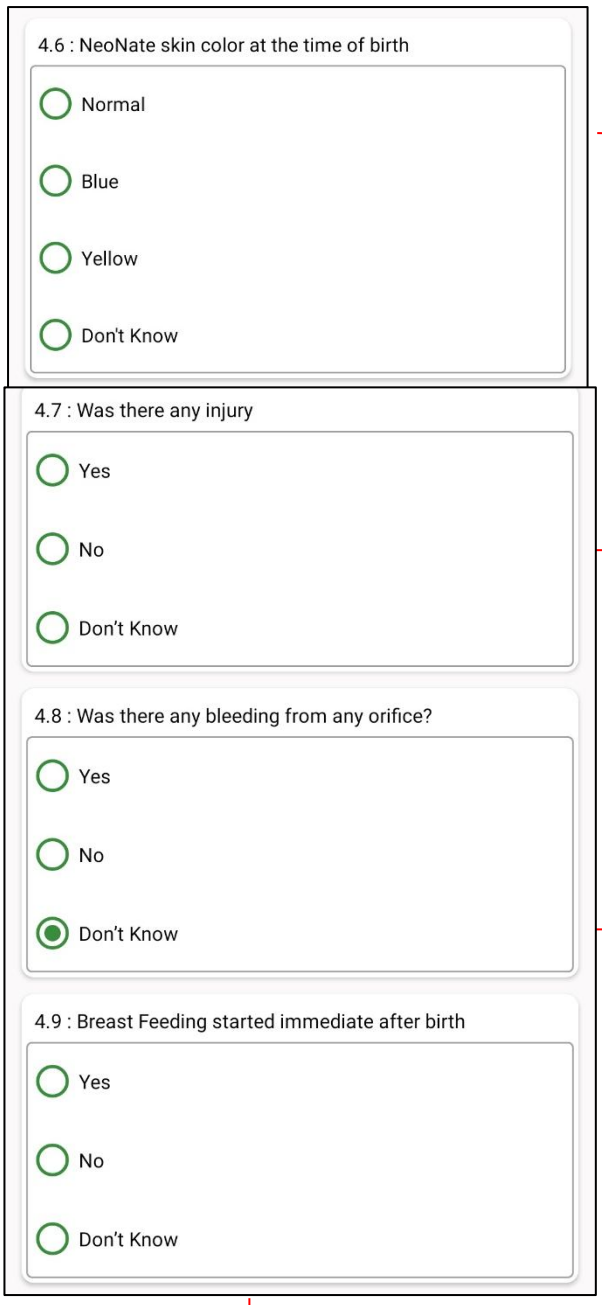
Purpose: This question asks for the weight of the baby in kilograms (kg) at birth. There are four answer choices:

- 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 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.



Purpose: This question asks about the baby's skin color at birth.

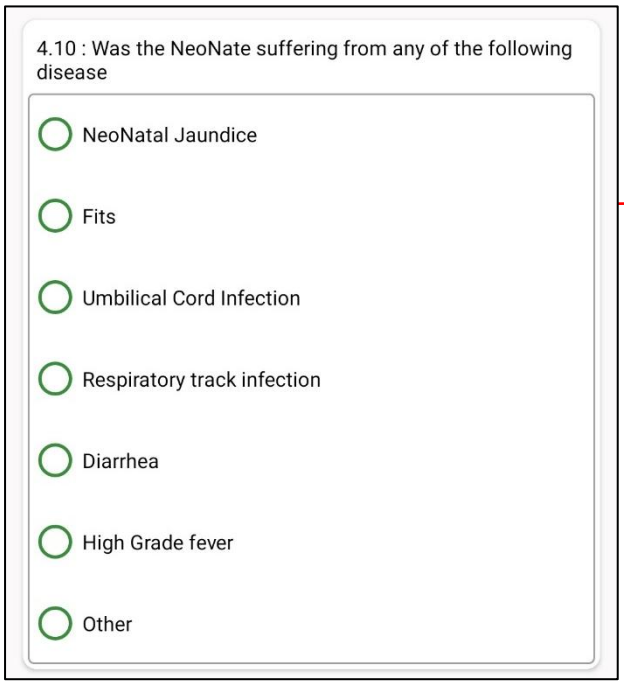
- Normal: This indicates the baby's skin color was pink.
- Blue: This could indicate a problem with the baby's lungs or heart.
- Yellow: This could indicate jaundice, which is a buildup of bilirubin in the baby's blood. Bilirubin is a yellow-orange pigment produced during the normal breakdown of red blood cells.
- Don't Know: This is chosen if the baby's skin color was not observed or documented.

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).

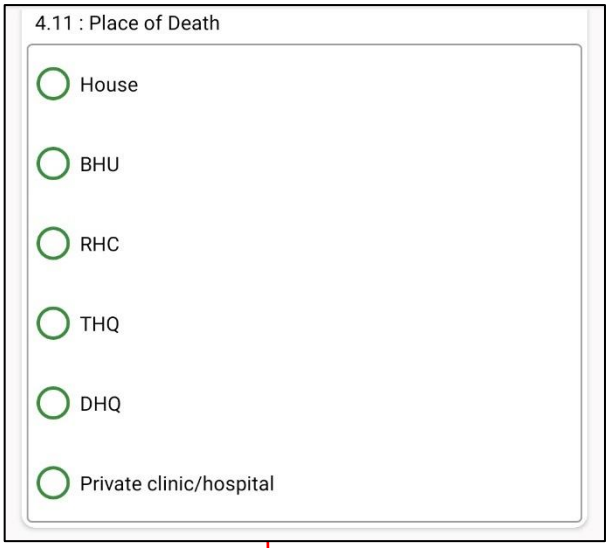
Purpose: This question asks if the baby had any bleeding from the mouth, nose, ears, or rectum during birth. While some bleeding from the nose or vagina is common during delivery, bleeding from other orifices can be a sign of a serious medical condition.

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.

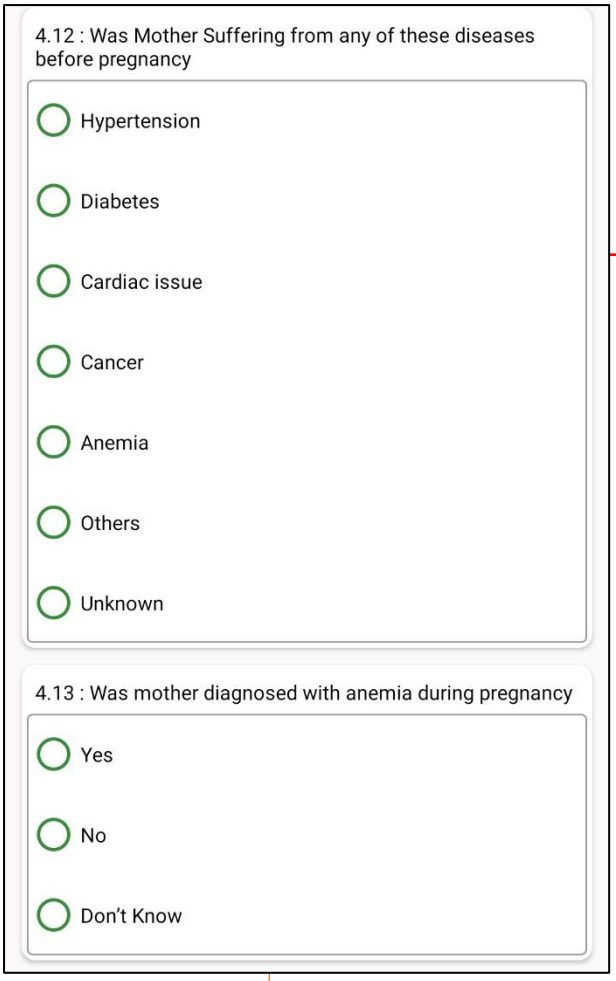


Purpose: This question asks if the baby had any of the following conditions before death:

- 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.



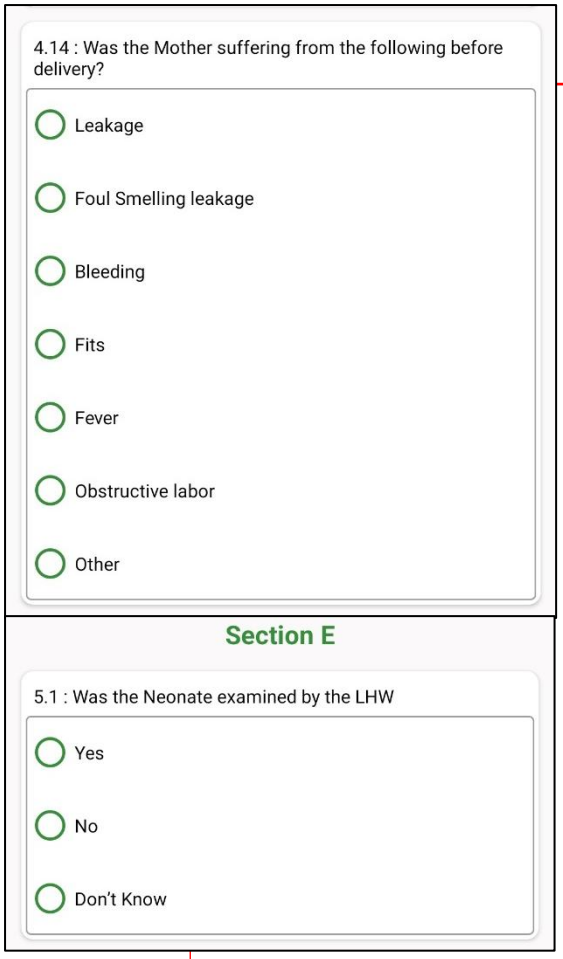
Purpose: By collecting data on the place of death of newborns, healthcare providers can identify areas where there is a high risk of neonatal death



Purpose: 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.

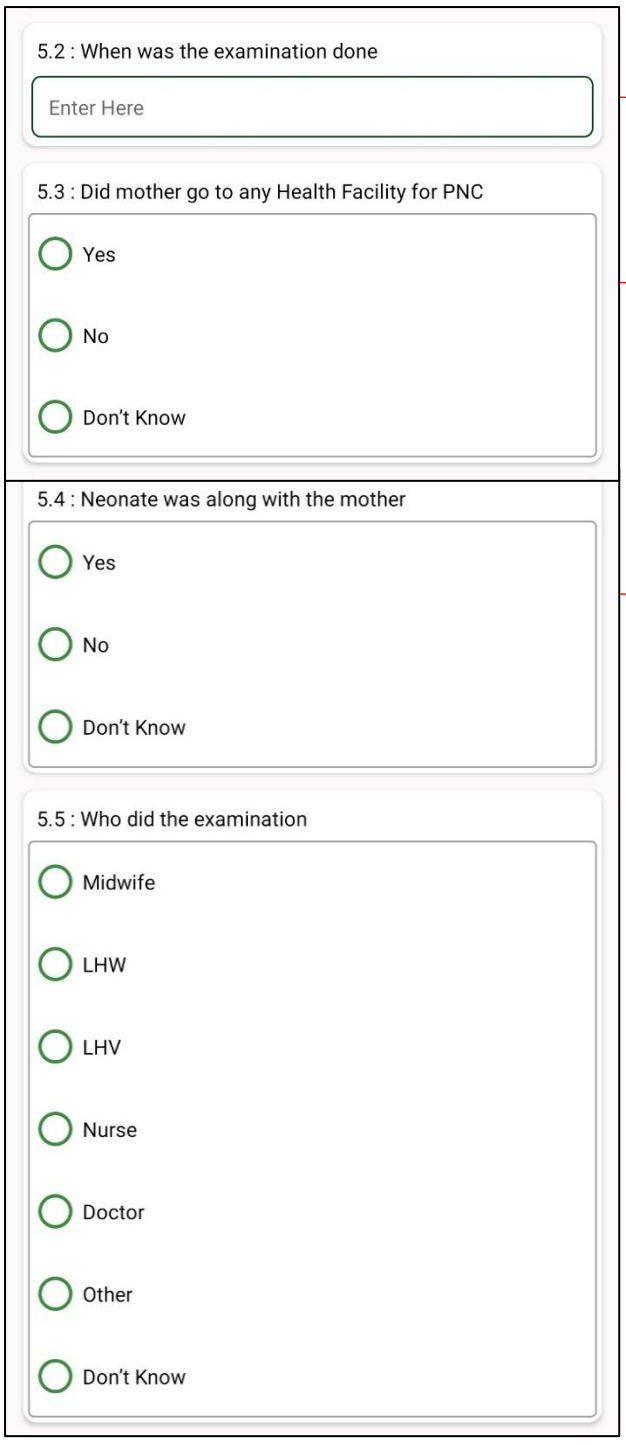
Purpose: This section asks if the mother was diagnosed with anemia during her antenatal care (ANC) visits. Anemia is a condition in which the blood lacks sufficient healthy red blood cells to carry oxygen throughout the body. Anemia during pregnancy can be caused by deficiencies in iron, folate, or vitamin 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: 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.

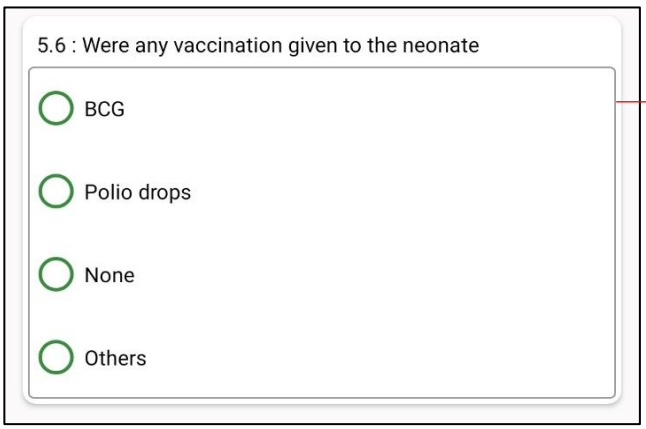
Purpose: This question helps to determine if the newborn received a checkup from a healthcare professional shortly after birth. Early examinations by a trained provider can help identify potential health problems in newborns and ensure they receive appropriate care.



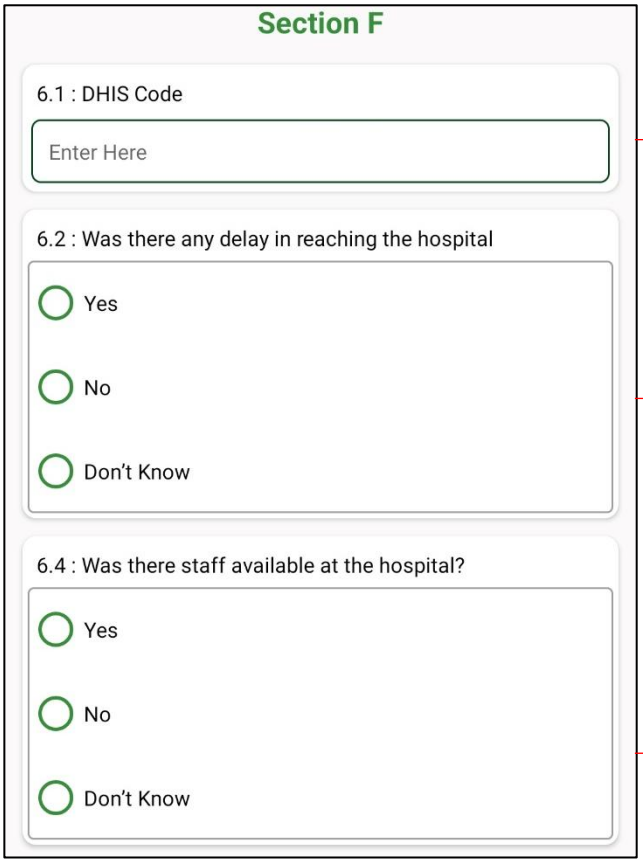
Purpose: There is a blank space for entering the date of the examination.

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.

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.



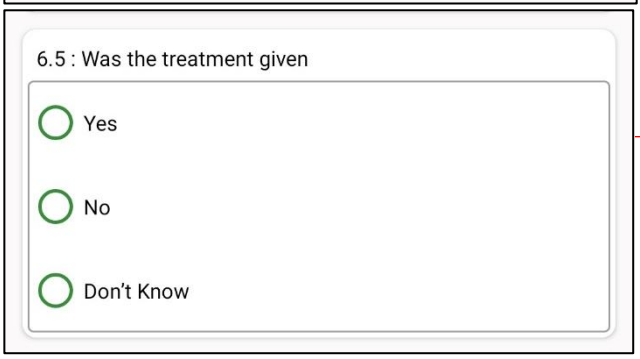
Purpose: This question is asking if the newborn baby (neonate) received any vaccinations before it died. It is part of a data collection process aimed at understanding possible factors that may have contributed to the baby's death.



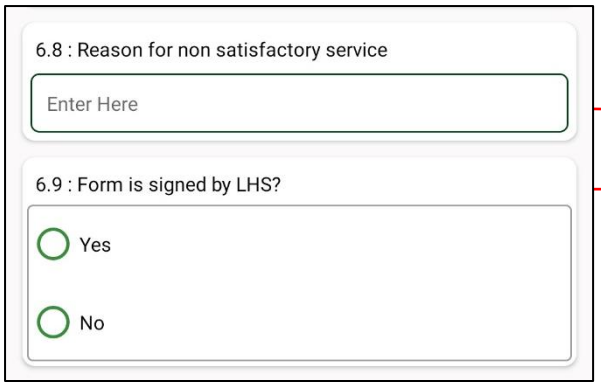
Purpose: It refers to entering the unique identification code assigned to the health facility.

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.

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.

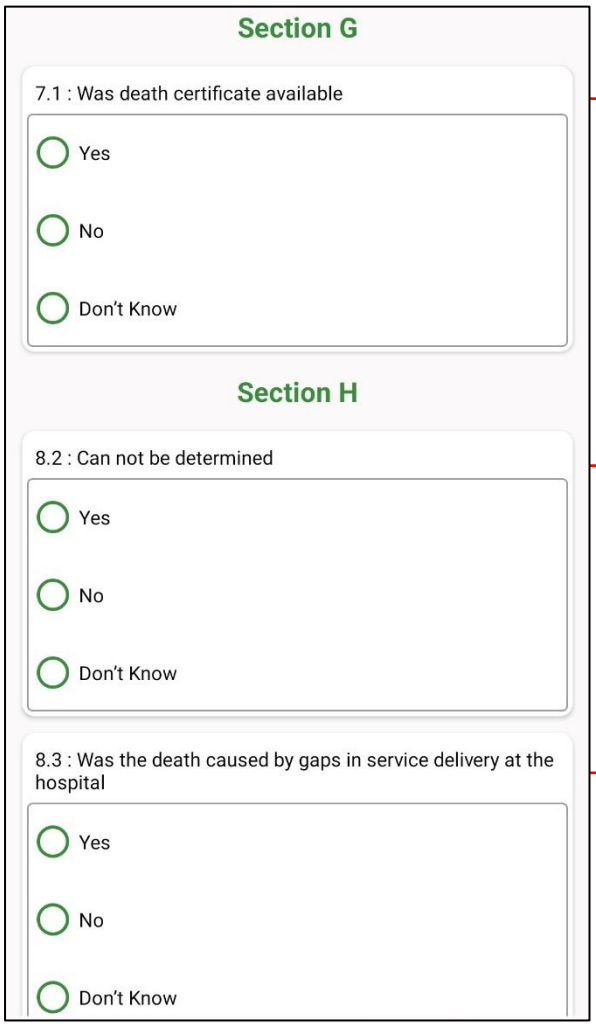


Purpose: This question asks if the baby received treatment. This could be any kind of medical attention, including medication, resuscitation, or surgery.



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.

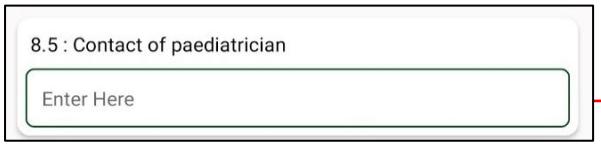
Purpose: This question helps to determine if the information on the form was collected by someone qualified to do so.



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.

Purpose: This question asks if the cause of death cannot be determined definitively.

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.



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.

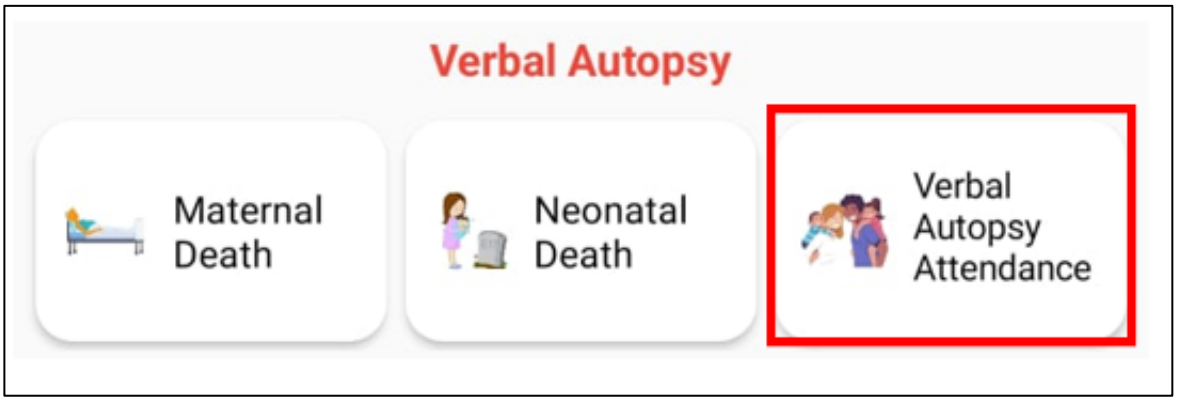
After completing all sections, select “Save” to finalize reporting. Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

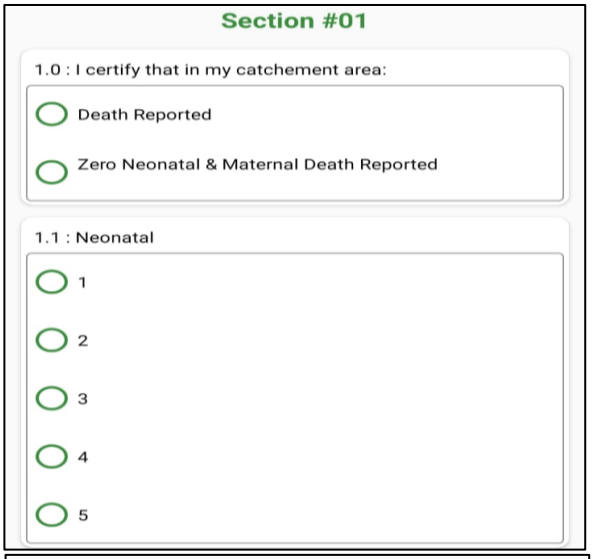


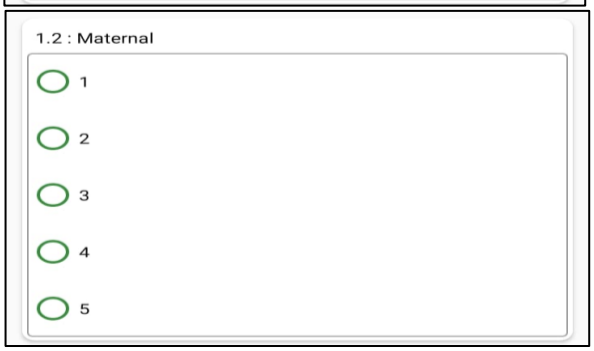
7.6.3 Verbal Autopsy Attendance

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.







Complete the three questions asked above and press save.

2025

Health & Population Department

Chapter 8:

FPO/SO/DC MODULE

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

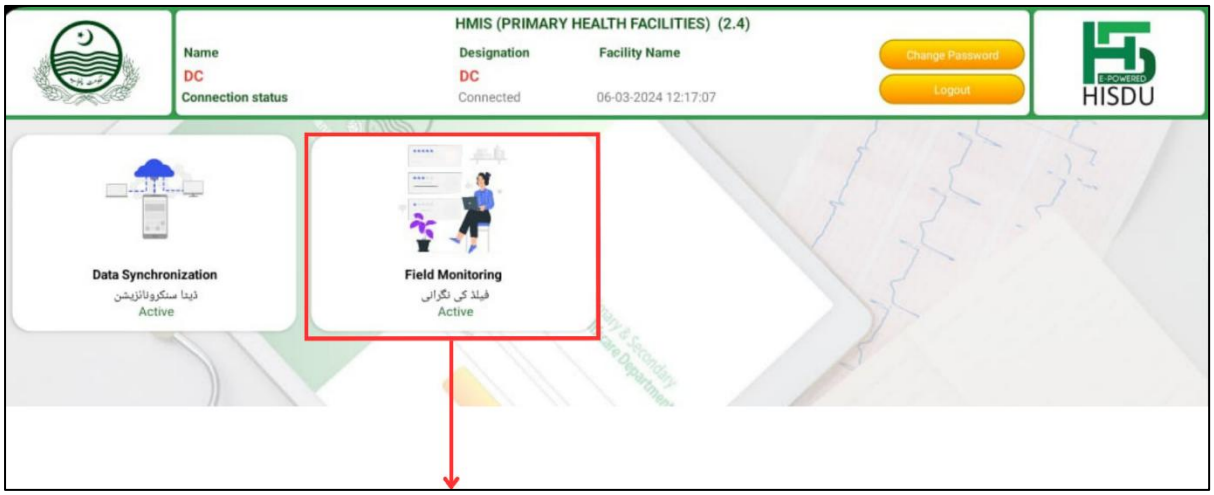
HMIS v3.0

Chapter 8: 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 Maryam Nawaz Health Clinics (MNHCs), 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.

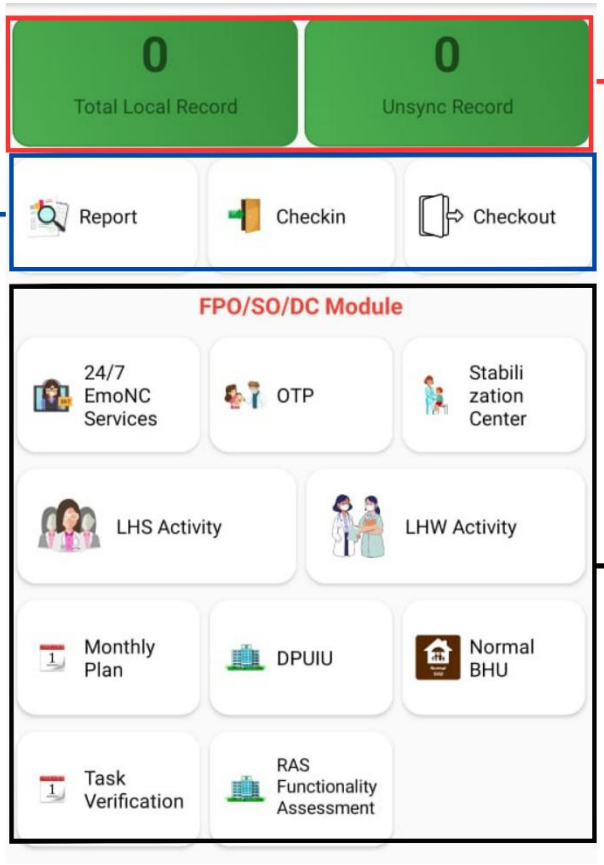


Field monitoring is essential for ensuring the quality and progress of project activities. It allows for real-time tracking of progress, identification of challenges, and provision of on-the-job training and support. By collecting feedback from field staff and beneficiaries, monitoring promotes accountability and enables continuous improvement in project delivery.

LHS Module

Report: This section allows users to generate reports on various HMIS data.

Check-in & 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.

8.1 24/7 EmoNC Services

This section monitors the activity and performance of the 24/7 EmoNC program within their district. This could involve:

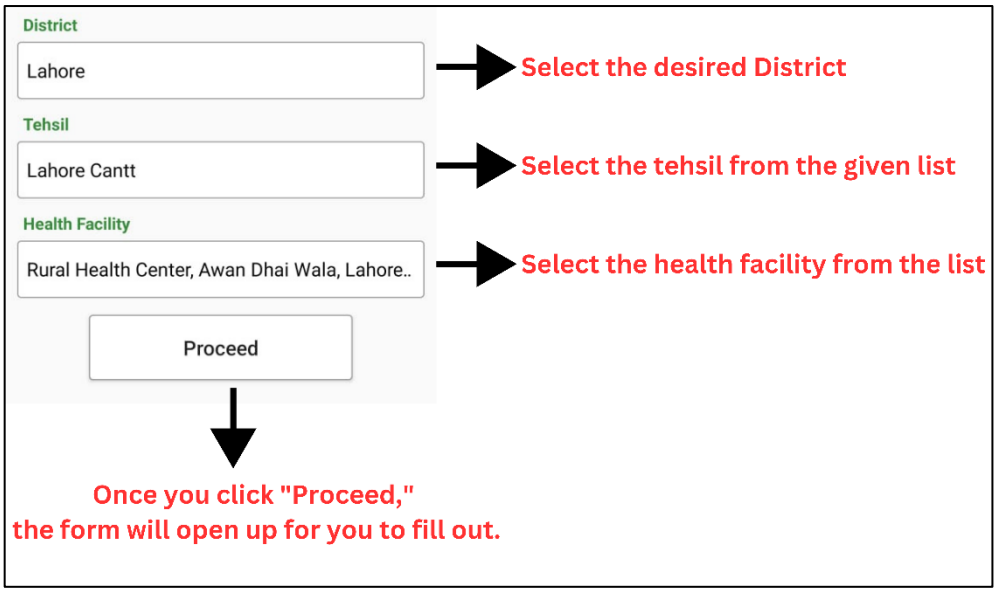


- Tracking the number of people accessing the service.
- Identifying any issues or challenges with service delivery.
- Ensuring the smooth operation of the program throughout the day and night

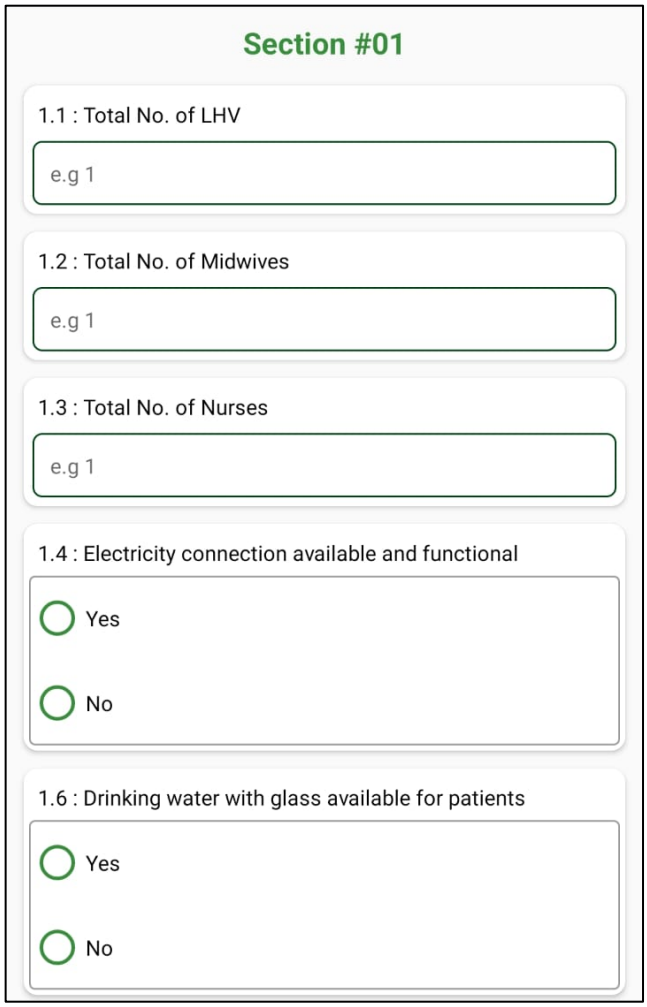
Upon clicking 24/7 EmoNC Services, the following form will pop-up.

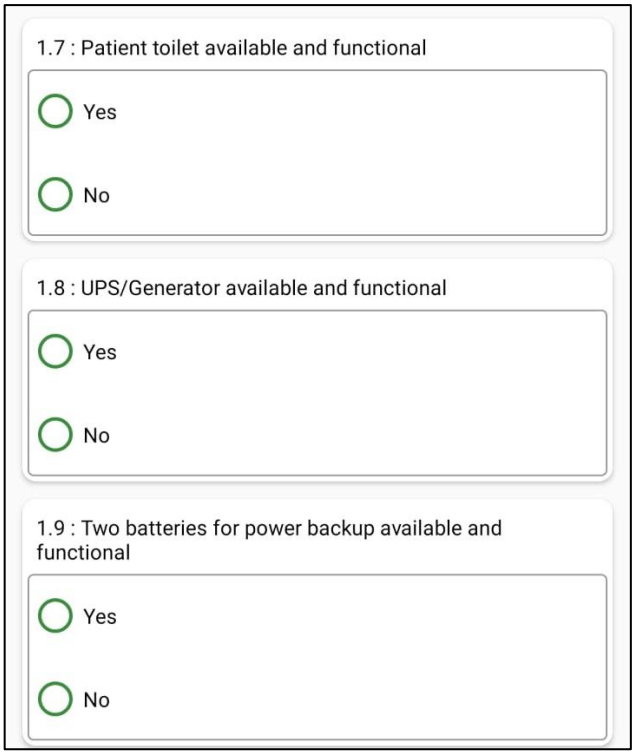
8.1.1 Pre-Requisites

Before starting any form, it is a prerequisite to fill in these fields.



8.1.2 Section #01



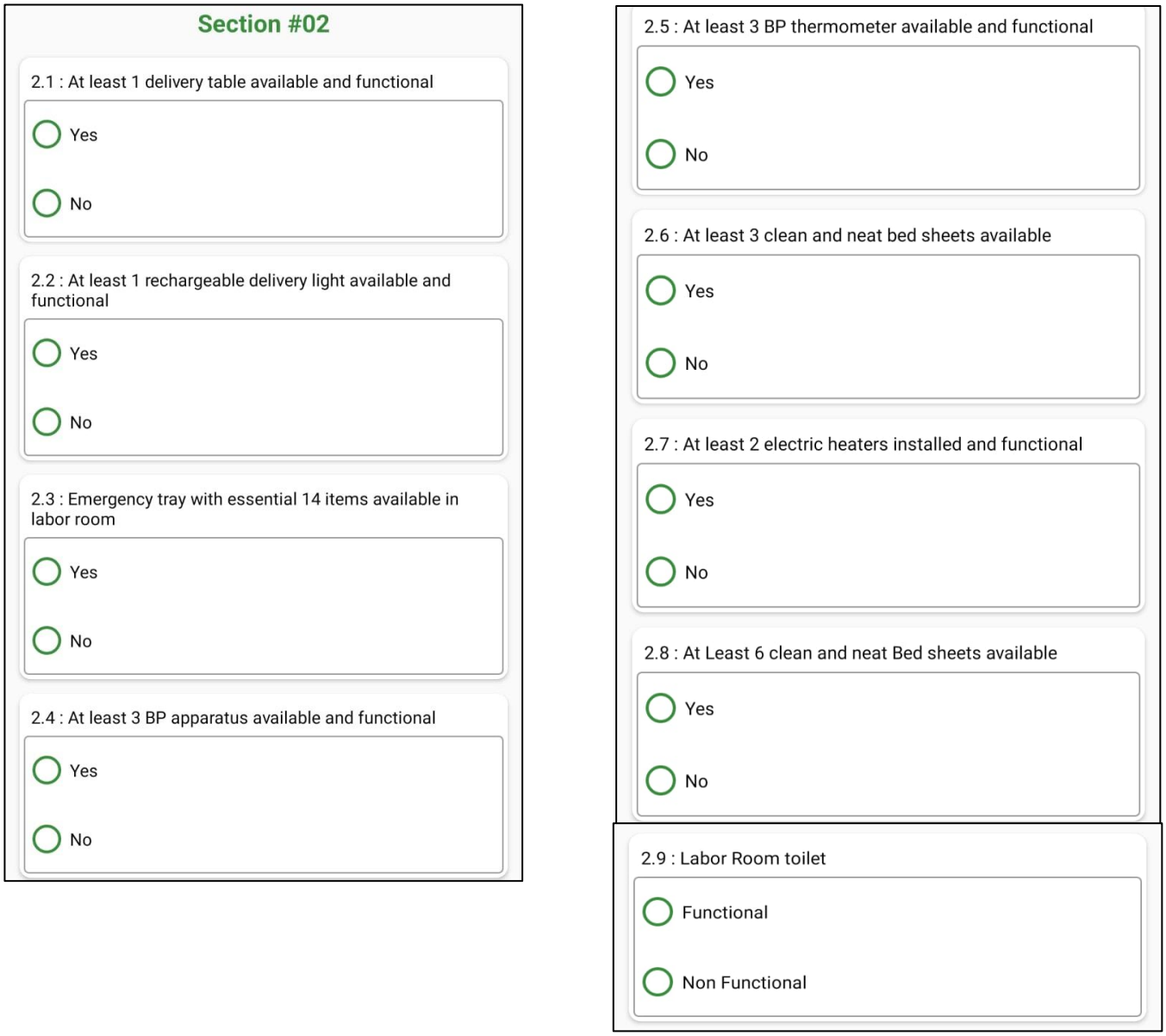


This particular section focuses on two main aspects:

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.

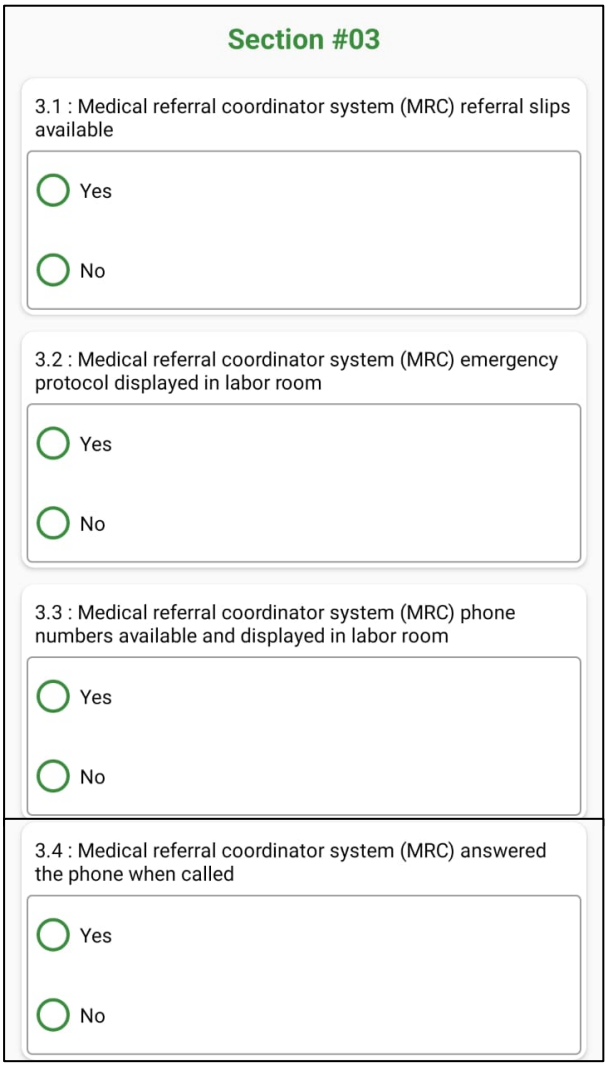
8.1.3 Section #02

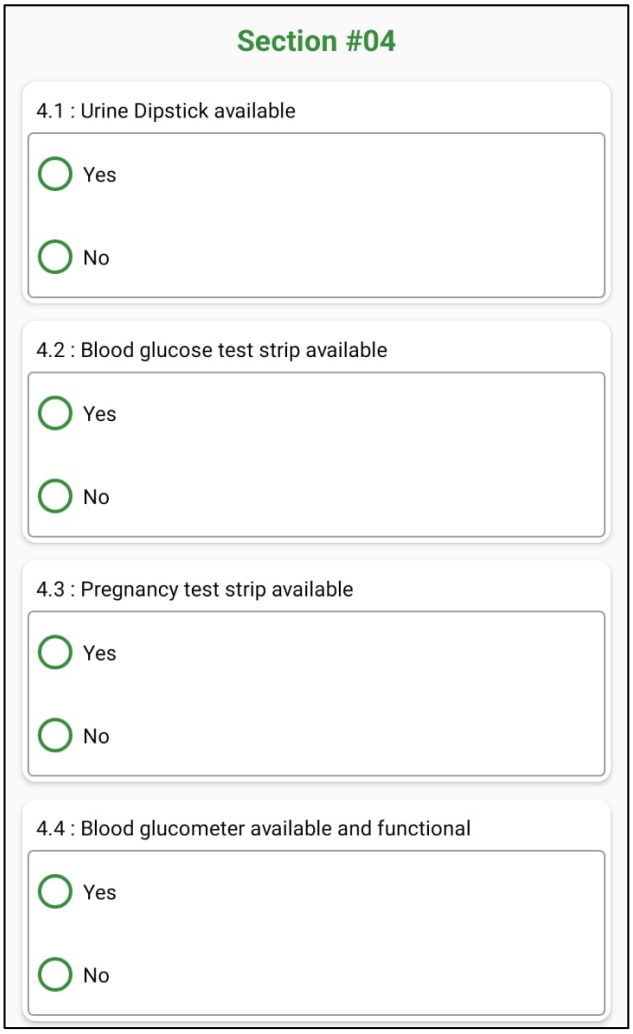


For each question, the HMIS user should physically check the labor room to see if the mentioned equipment or supplies are available and in working condition. Here's a possible approach:

- 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.

8.1.4 Section #03 & 04





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?

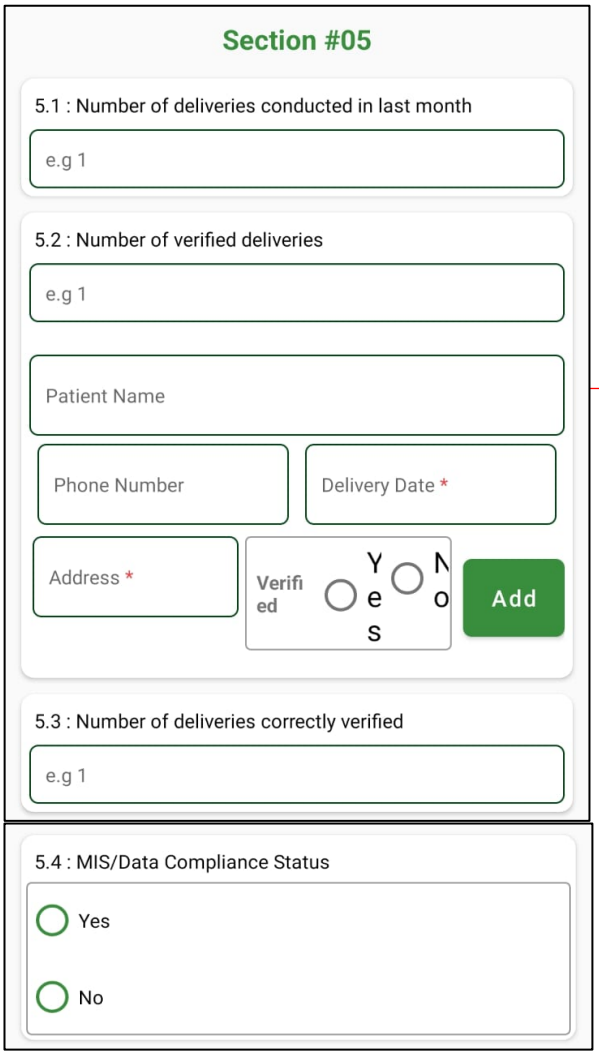
Urine dipstick: A urine dipstick is a thin, plastic stick with small chemical squares (pads) attached to it. When dipped into a urine sample, these pads change color to indicate the presence of various substances in the urine, such as glucose, protein, blood, and pH levels. Urine dipsticks are commonly 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.

8.1.5 Section #05



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.

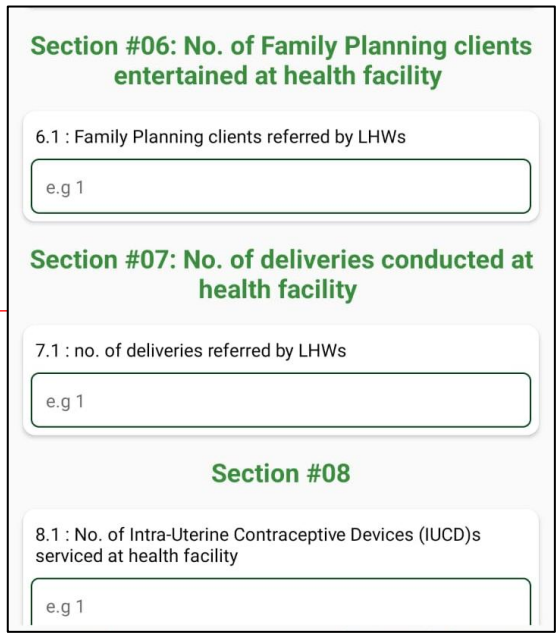
Note the patient's address from records or ask the

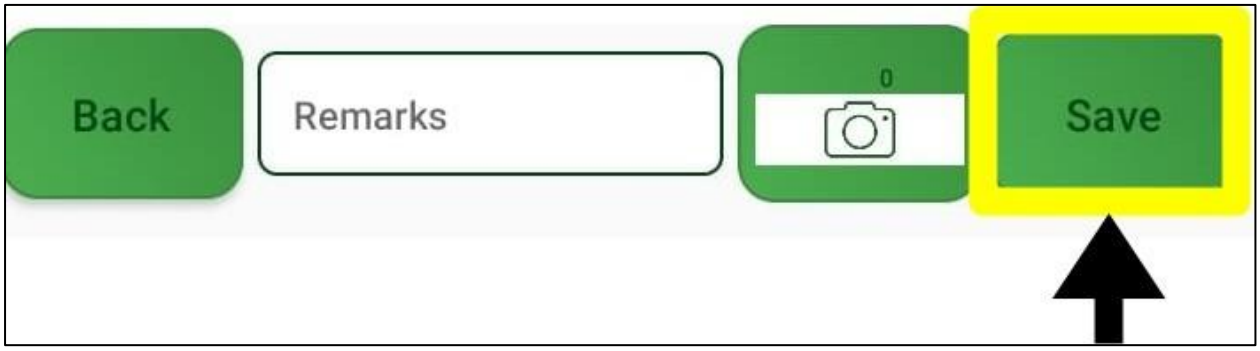
7.1.6 Section #06- 08

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.





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

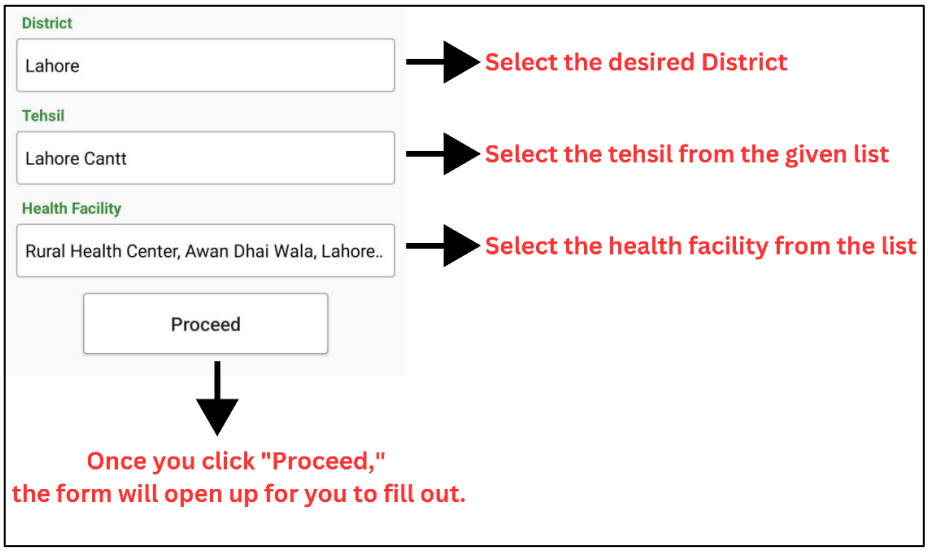
8.2 Outpatient Therapeutic Program (OTP)

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.

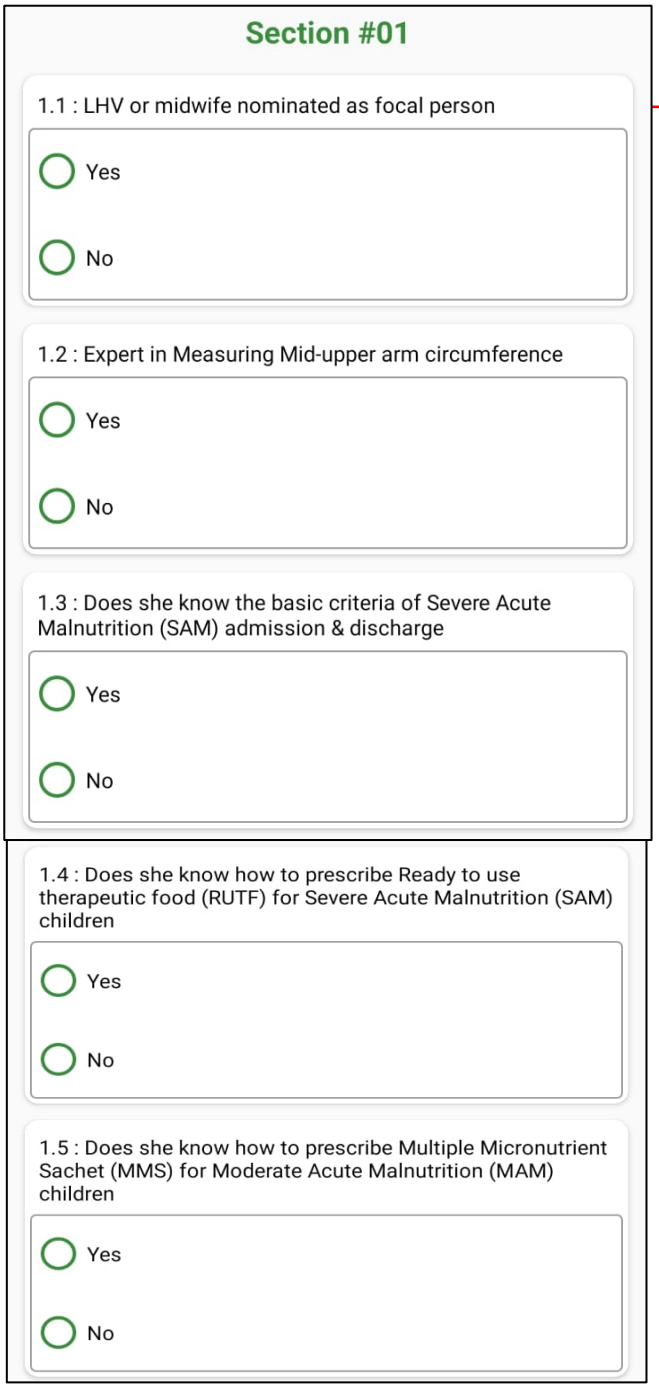


8.2.1 Pre-Requisites

Upon clicking OTP, the screen will present the form shown below.



8.2.2 Section#01



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.

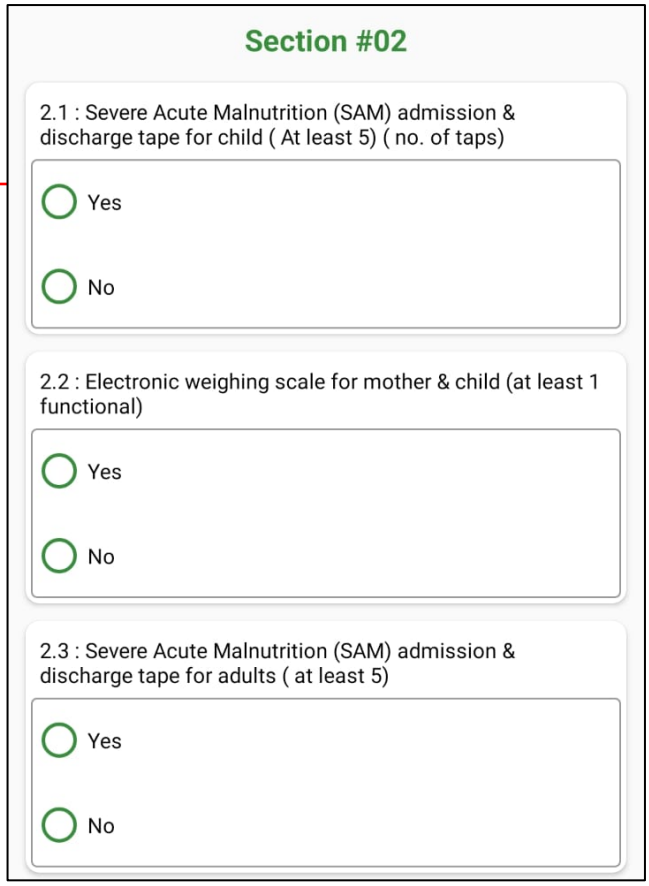
Criteria for SAM Admission: The basic criteria for SAM admission include a MUAC of less than 11.5 cm or the presence of nutritional edema in children aged 6-59 months, or a weight-for-height z-score (WHZ) of less than -3 standard deviations from the median of the WHO Child Growth Standards.

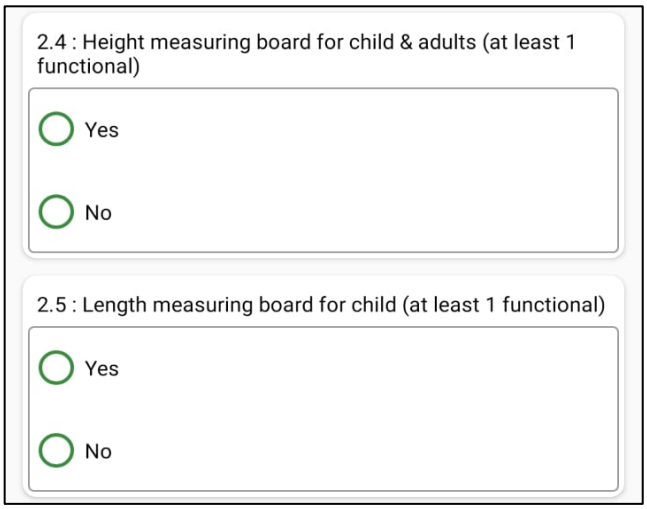
The World Health Organization (WHO) recommends that severe wasting and/or edema should be treated with ready-to-use therapeutic food **(RUTF)** at a dose of 150-220 kcal/kg/day for 6-8 weeks.

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.

8.2.3 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:

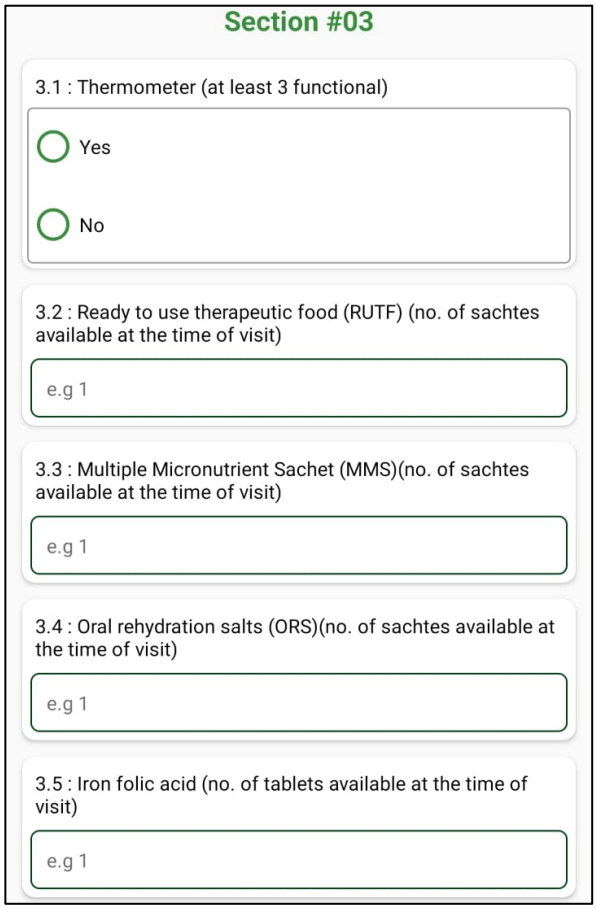
- Green: MUAC ≥ 12.5 cm (no acute malnutrition)
- Yellow: 11.5 cm ≤ MUAC < 12.5 cm (moderate acute malnutrition)
- Red: MUAC < 11.5 cm (severe acute malnutrition)

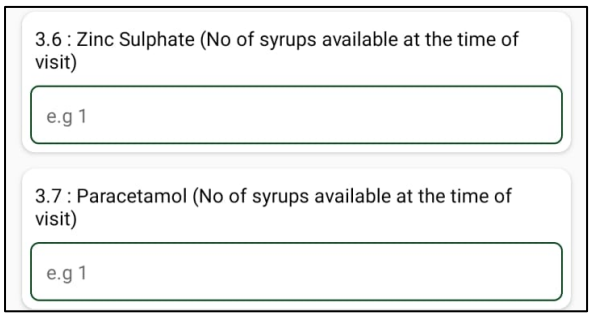
The MUAC tape is also used to monitor the progress of children undergoing treatment for SAM. Once a child's MUAC reaches a certain threshold (typically 12.5 cm), indicating improvement in nutritional status, they may be discharged from the program.

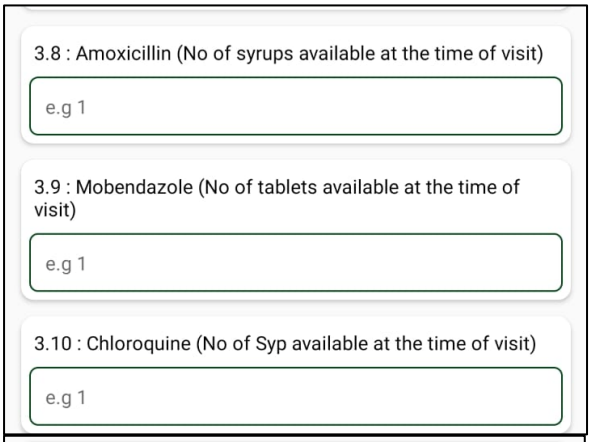
Height Measuring Board: A height measuring board, also known as a stadiometer, is a device used to measure the height of adults and children accurately. It typically consists of a vertical board with a measuring scale and a horizontal piece that can be adjusted to rest on the individual's head to ensure an accurate measurement.

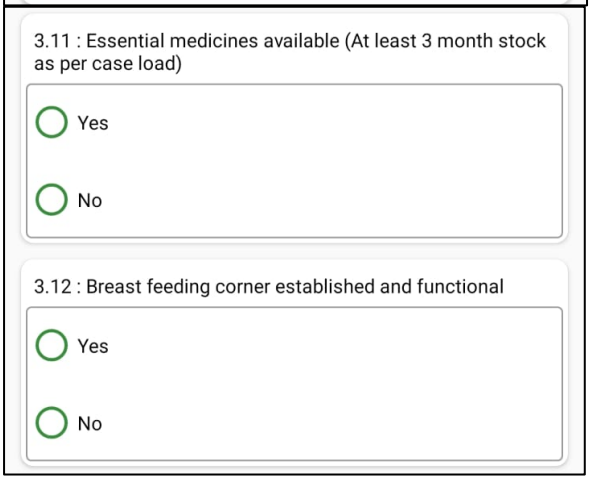
Length Measuring Board: A length measuring board, also known as an infantometer or a length

8.2.4 Section #03



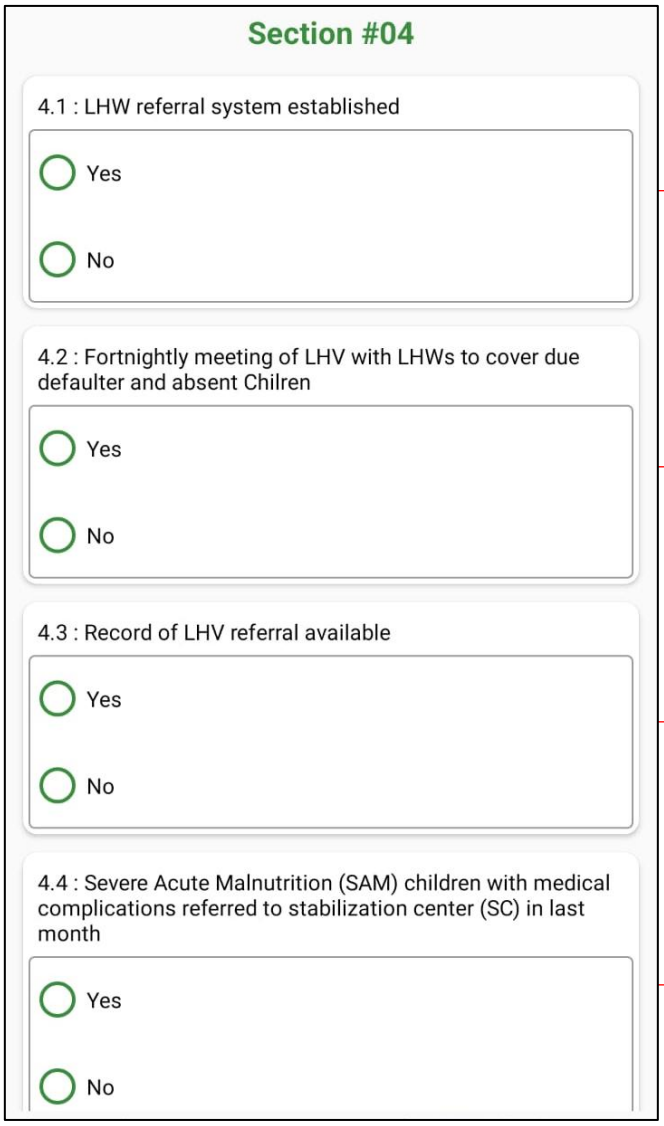






Section#3 contains information on the availability of supplements and medicines in the health facility. Please indicate the availability of each supplement or medicine by selecting the appropriate response (Yes/No) and adding the numbers of each supplement.

8.2.5 Section #04



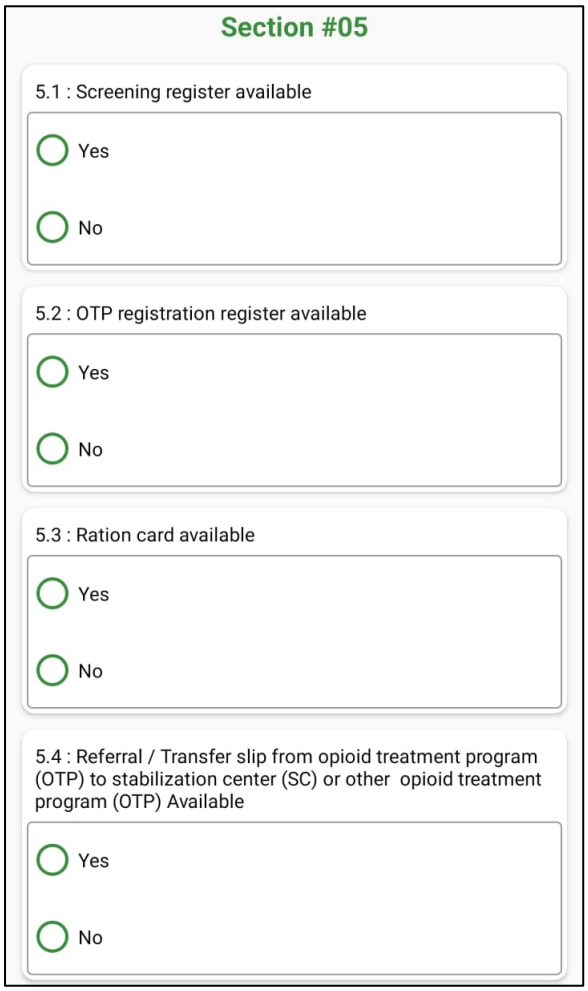
A well-established **referral system** ensures that Lady Health Workers (LHWs) can refer patients to higher-level health facilities when needed, ensuring timely access to appropriate care.

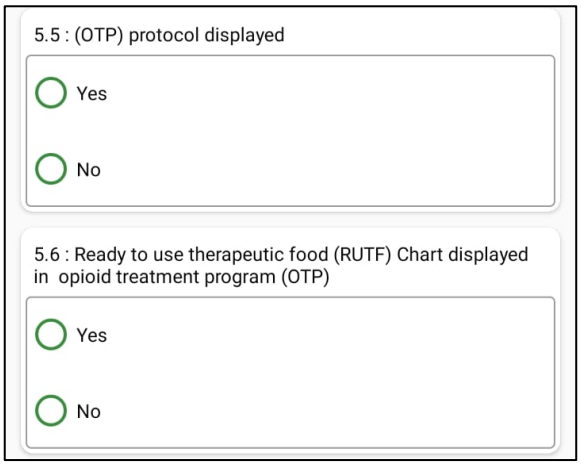
Regular meetings between Lady Health Visitors (LHVs) and LHWs are important for reviewing and addressing issues related to defaulters and absentees among children, ensuring that all children receive the necessary health services.

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.

8.2.6 Section #05



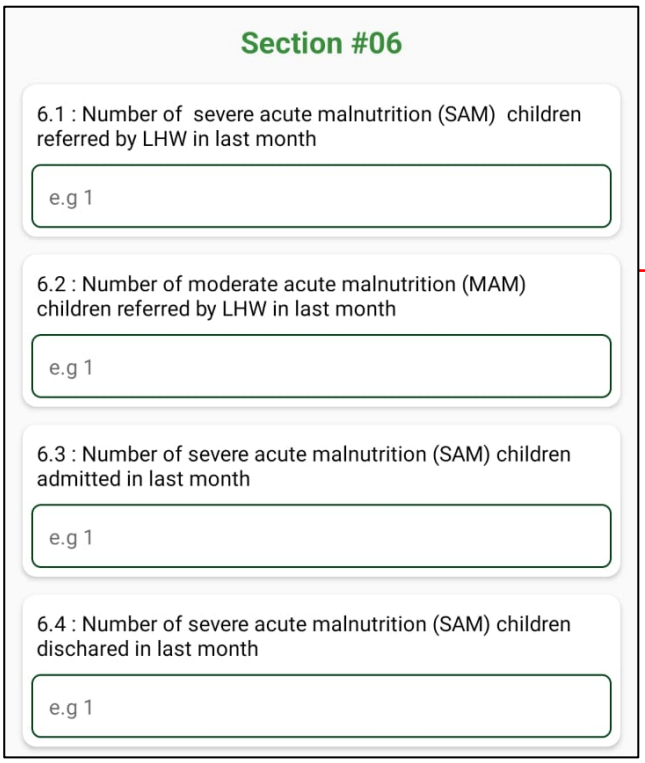


Section#3 contains information on the availability of essential components of the outpatient therapeutic program in the facility. Review each item in the section and mark "Yes" if the item is available, or "No" if it is not available.

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.

8.2.7 Section #06



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.

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.

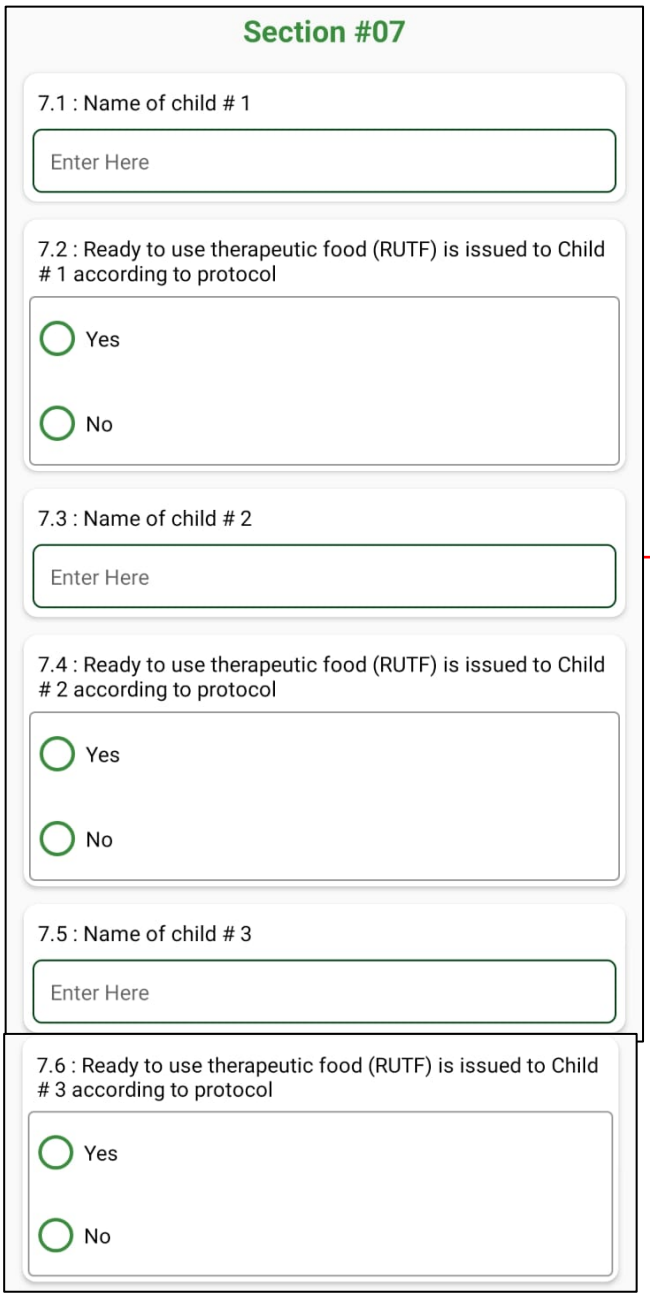
Mid-upper arm circumference (MUAC): This is a measurement of the arm circumference at the midpoint between the elbow and shoulder. A low MUAC measurement can also be a sign of SAM.

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.

8.2.8 Section #07



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.

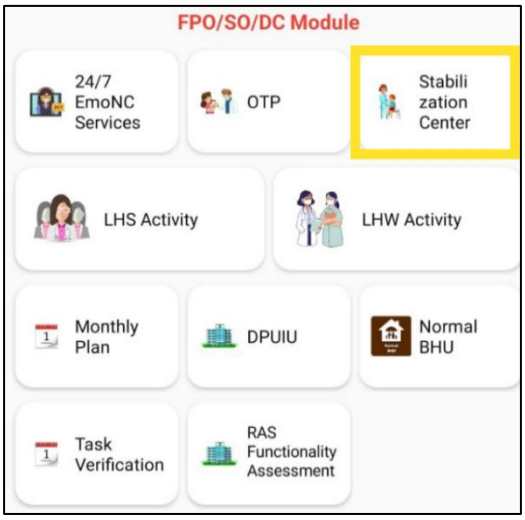
After completing all sections, select “Save” to finalize reporting.

Additionally, any “Remarks” and supporting pictures of documents can be uploaded.

8.3 Stabilization Center

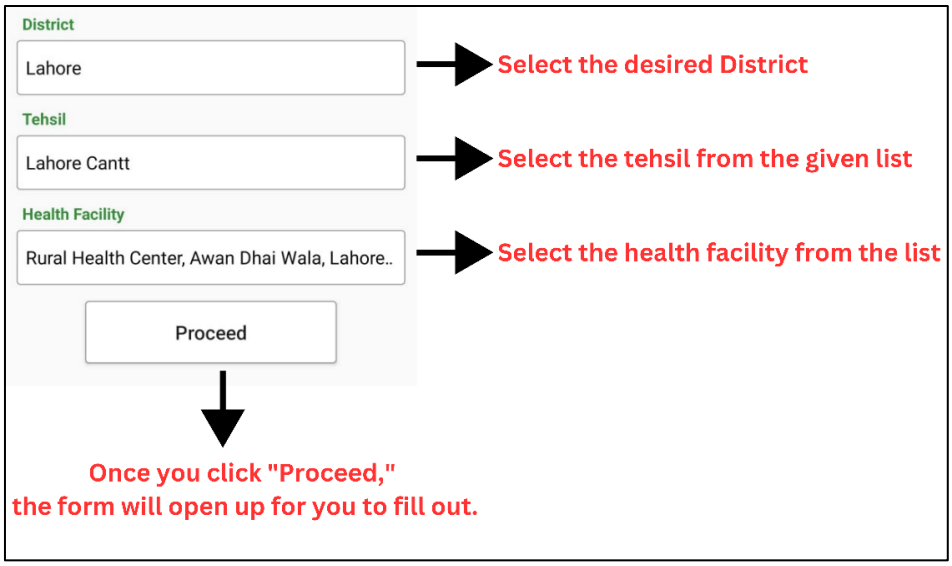
Stabilization Center (SC) is a place/ward where children with Severe Acute Malnutrition (SAM) along with other issues like medical complications/poor appetite/+++ edema/IMCI (Integrated Management of Childhood Illness) danger signs are kept for stabilizing their health.

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.

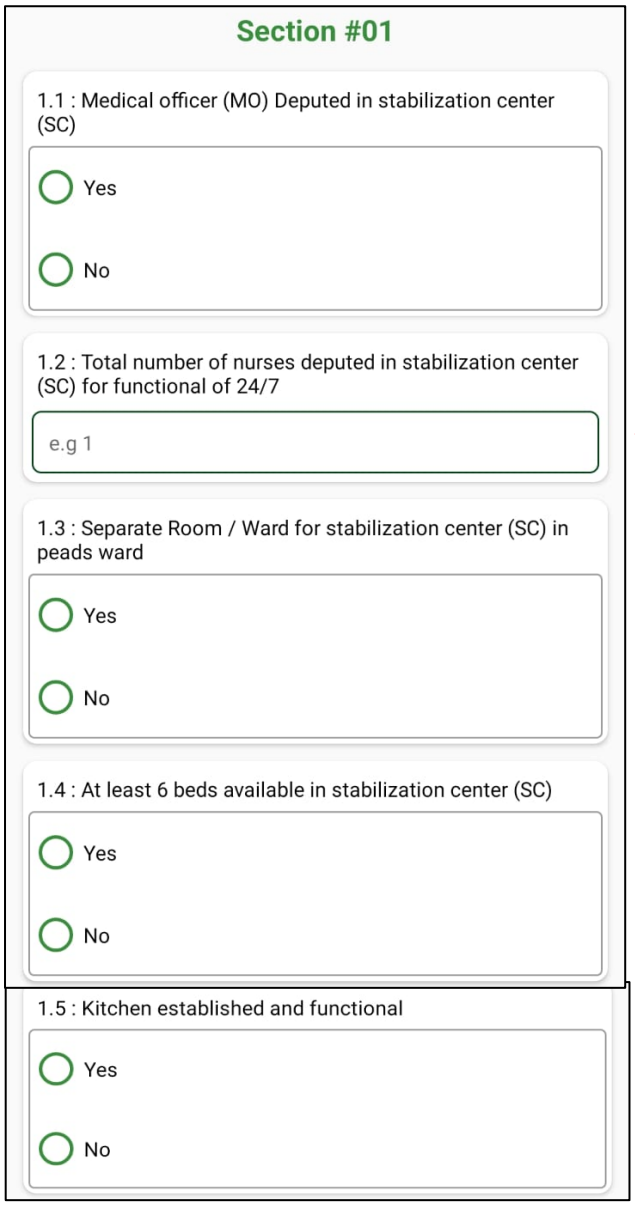


8.3.1 Pre-Requisites

Upon clicking Stabilization Centers, the following form will pop-up.



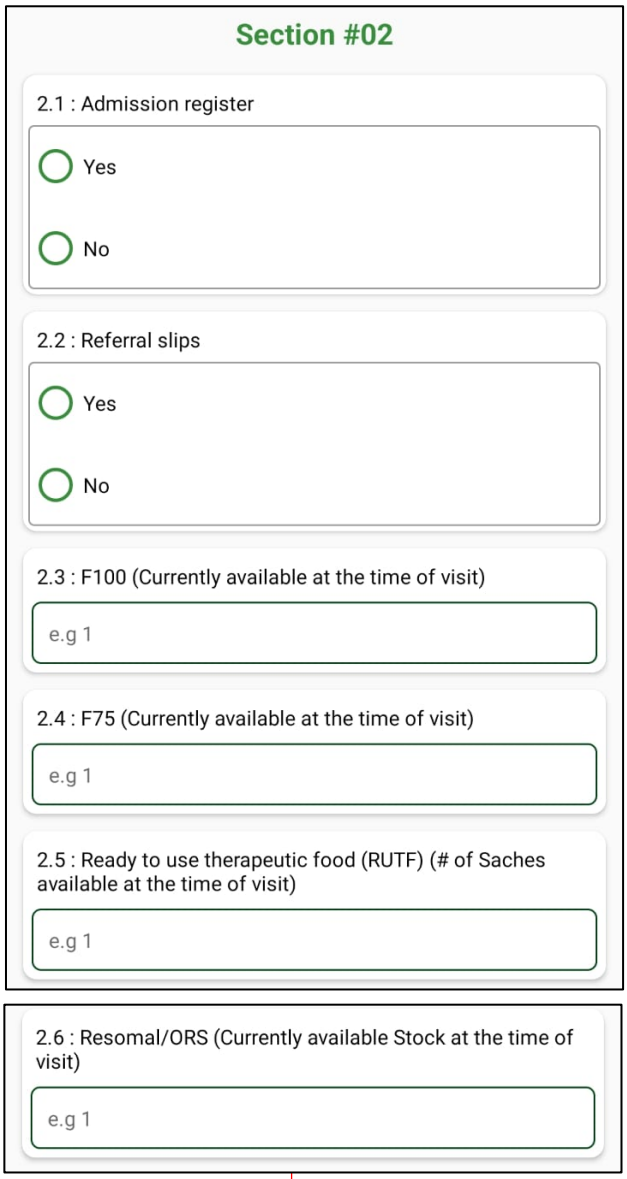
8.3.2 Section #01



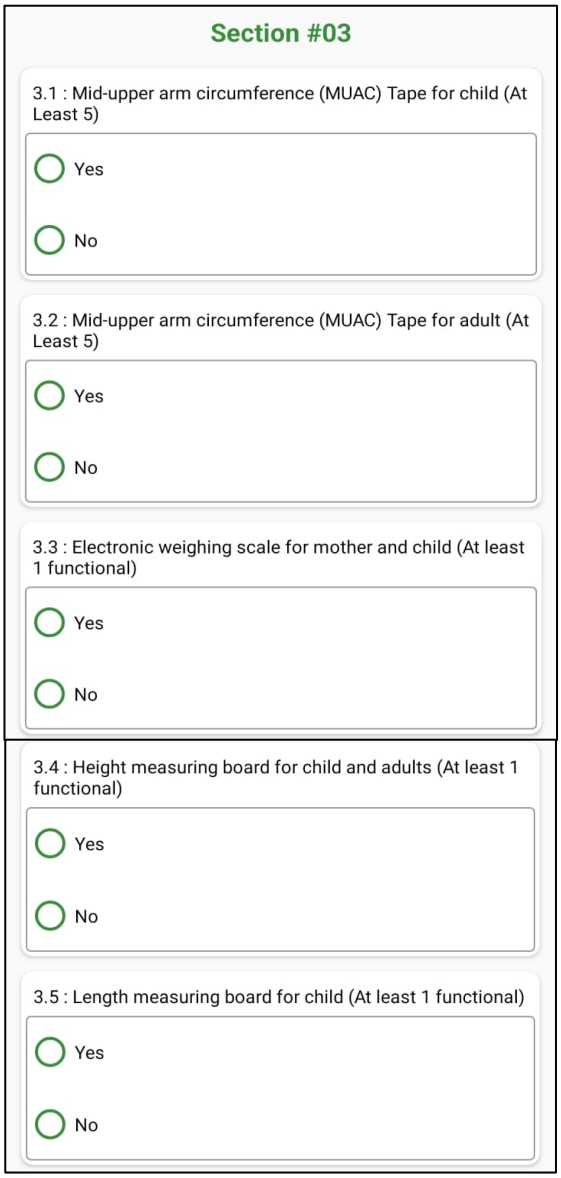
Section#1 focuses on gathering crucial information about the Stabilization Center (SC).

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.

8.3.3 Section #02-03



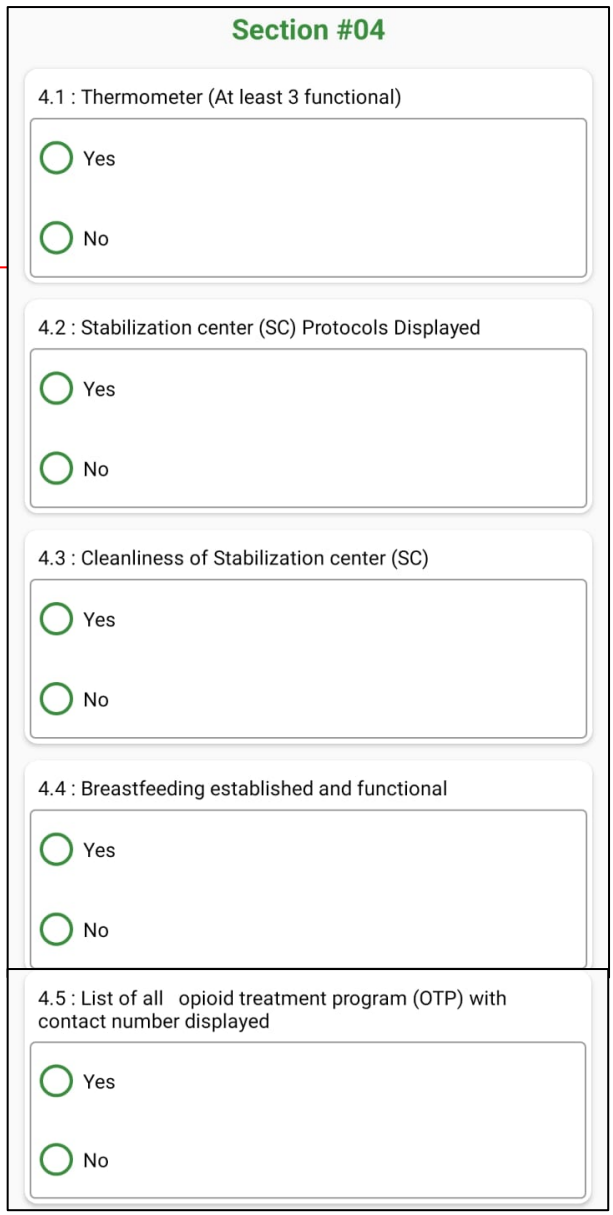
Section#2 contains information on the availability of supplements in the health facility. Please indicate the availability of each supplement by adding the numbers of each supplement.



In **section#3**, Select "Yes" or "No" according to the availability of instruments for measuring height, weight, and MUAC in the health facility.

8.3.4 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

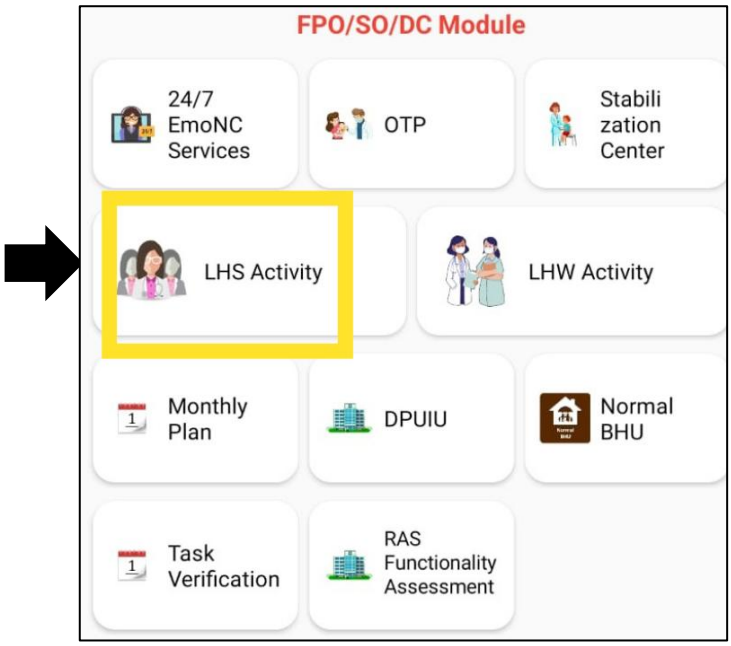
Breastfeeding provides numerous health benefits for both mothers and newborns. This checklist item highlights its importance and ensures support is available for mothers to establish breastfeeding.

List of Outpatient Therapeutic Program (OTP)

Displaying the list can raise awareness about OTPs and available programs, and streamline the referrals.

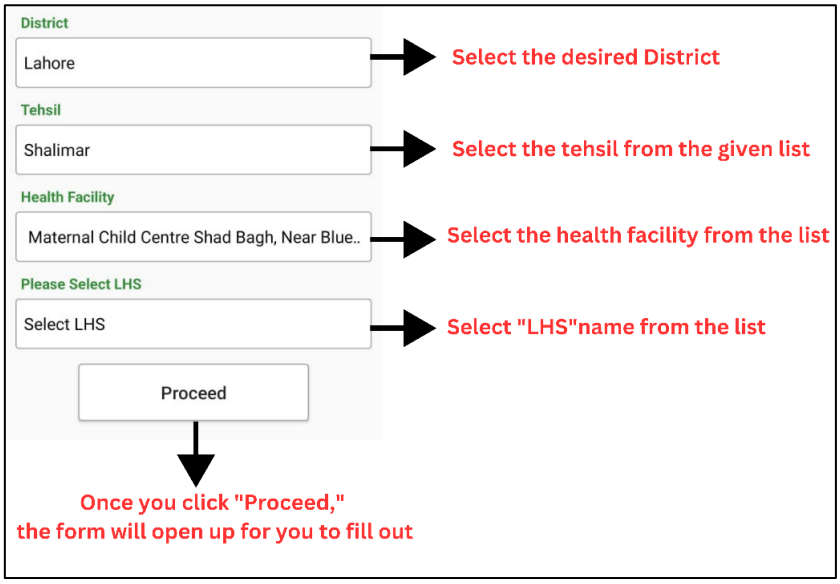
8.4 LHS Activity

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.

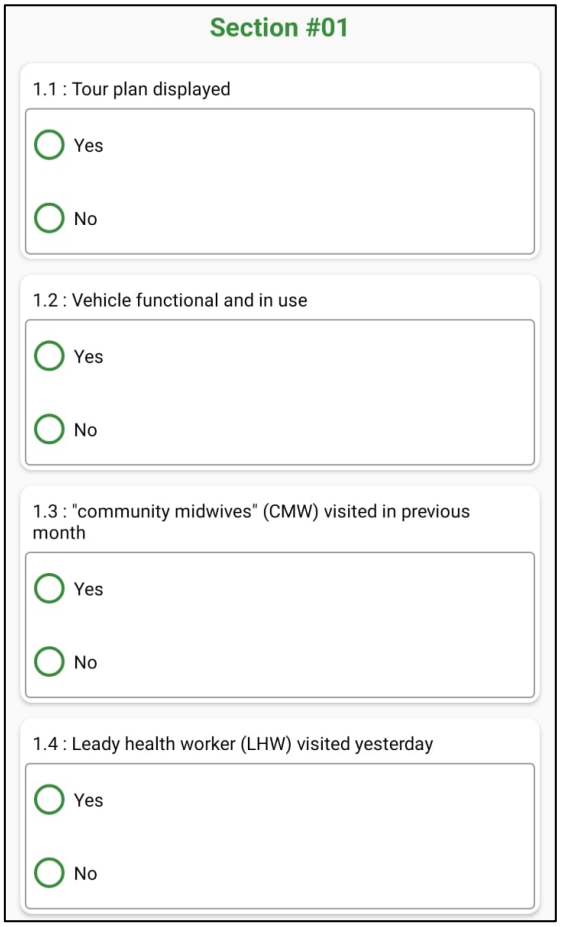


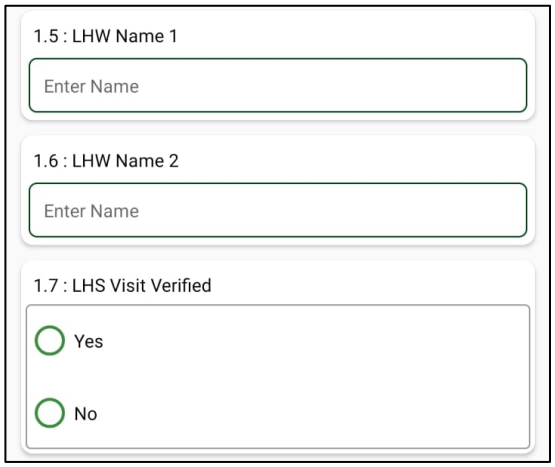
8.4.1 Pre- Requisites

Upon clicking LHS activity, the following form will pop-up.



8.4.2 Section #01





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.

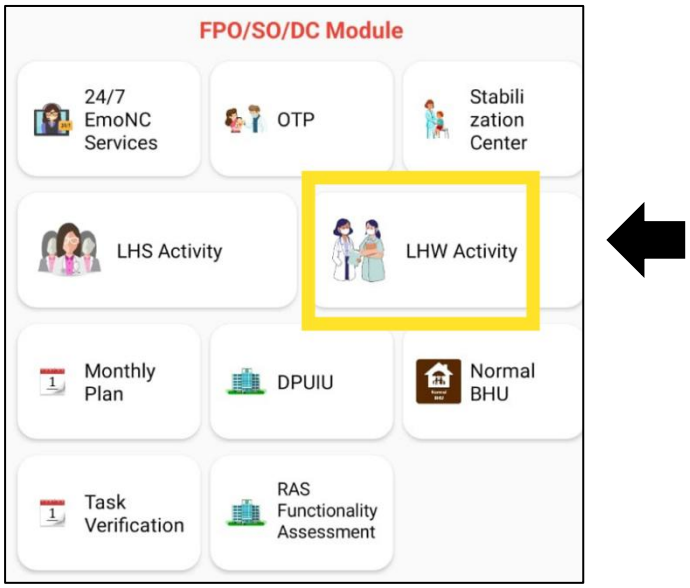
Community Midwives Visit (1.3*): Redundant question/obsolete question as no more CMWs in the community.

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.

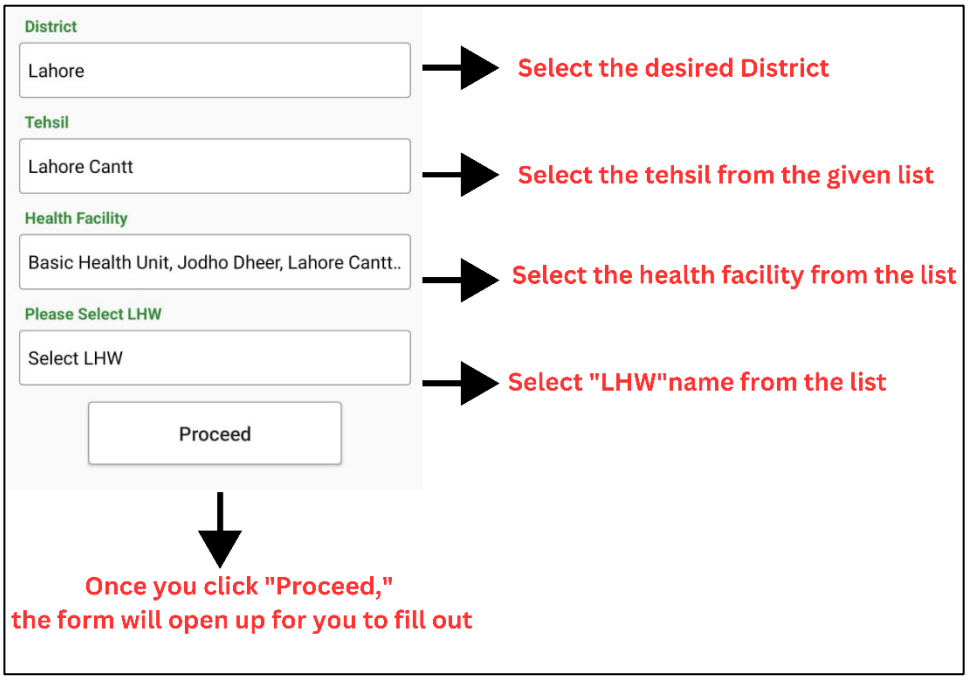
LHS Visit Verified: Verifying the visits of LHS ensures that they are actively engaged in supervising and supporting LHWs in the field.

8.5 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.



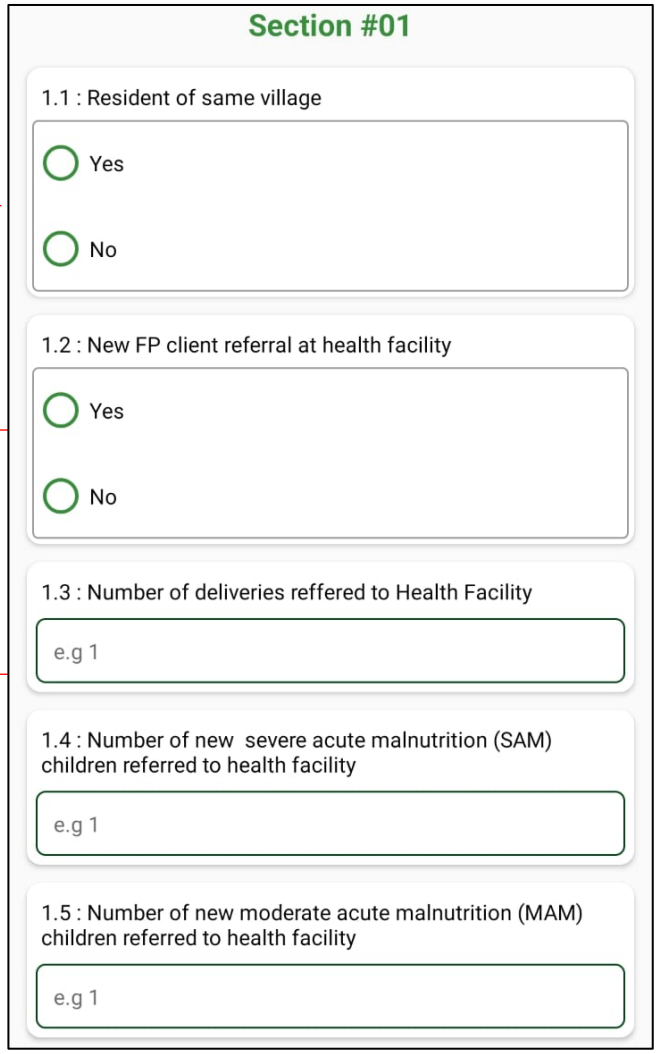
8.5.1 Section #01

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.

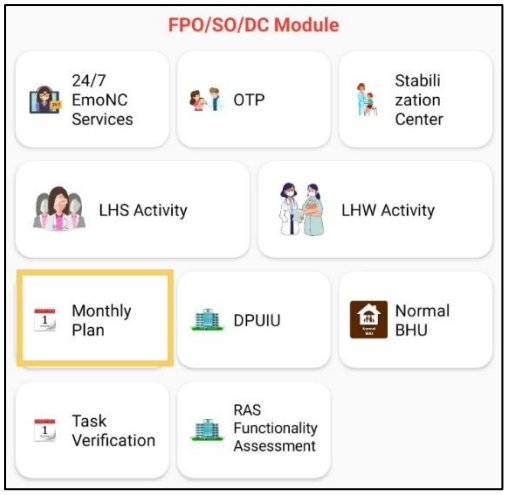
Number of Deliveries Referred: Record the number of deliveries referred to health facilities. This helps monitor the utilization of skilled birth attendance and delivery services and assesses the effectiveness of maternal health programs.

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.



8.6 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.

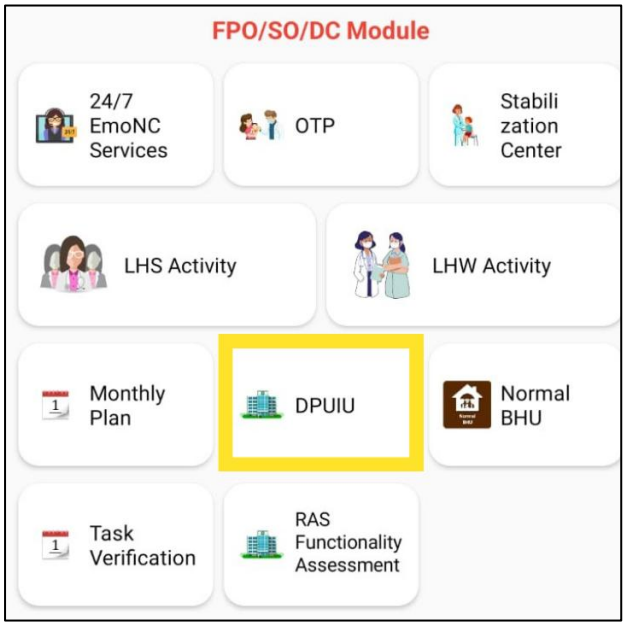


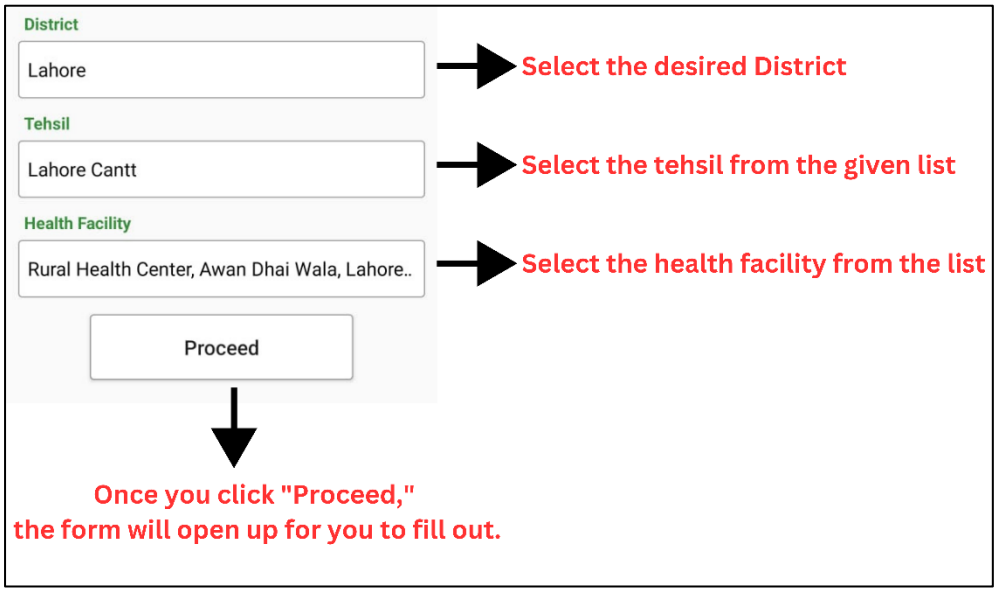
Upon selecting “Monthly Plan” the screen will present the following fields.



8.7 DPIU (District Program Implementation Unit)

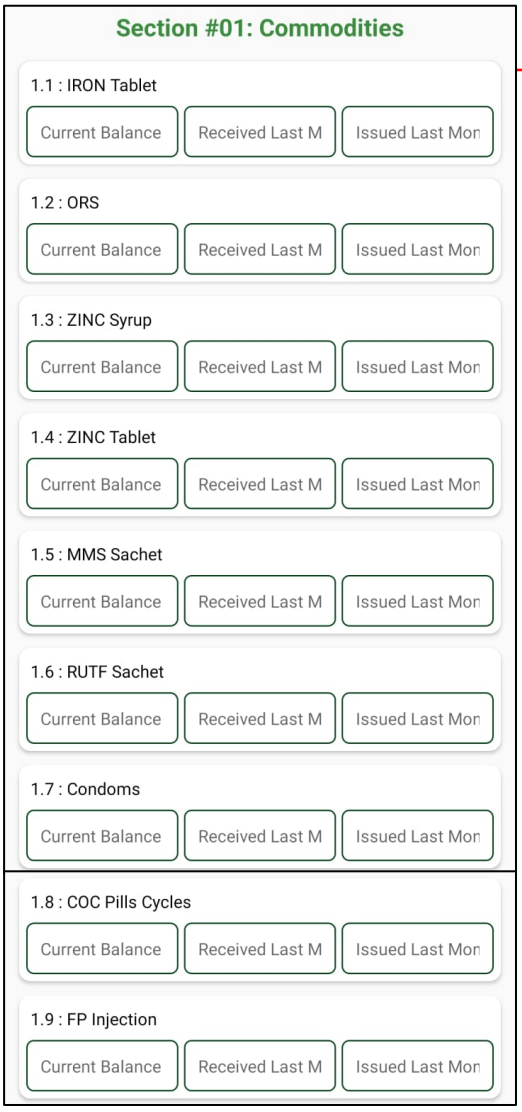
The District Program Implementation Unit (DPIU) is of utmost importance in the effective delivery of healthcare services at the district level. The DPIU coordinates and oversees the implementation of healthcare programs within the district. It plays a crucial role in managing resources, including equipment, and supplies, to ensure that they are effectively utilized and distributed across health facilities in the district.





8.7.1 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.



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.

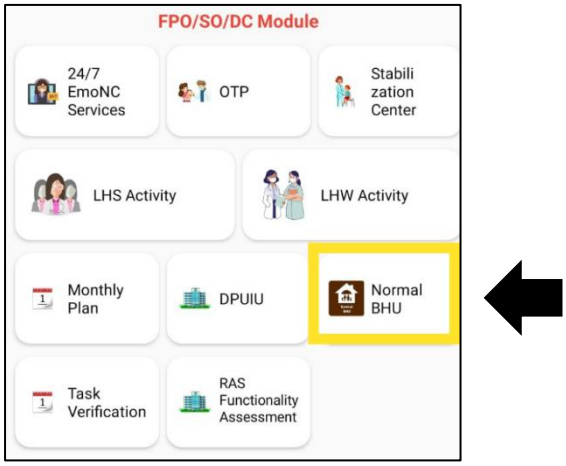
Condoms: An essential component of family planning programs, providing protection against sexually transmitted infections (STIs) and unintended pregnancies.

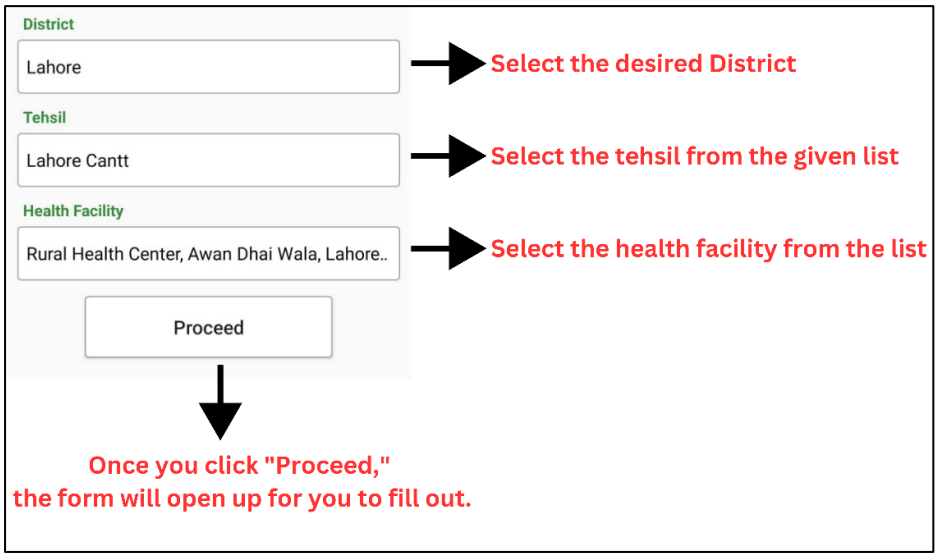
COC pills (Combined Oral Contraceptives): A form of hormonal contraception that prevents ovulation and thickens cervical mucus, making it difficult for sperm to reach the egg.

8.8 Normal MNHC

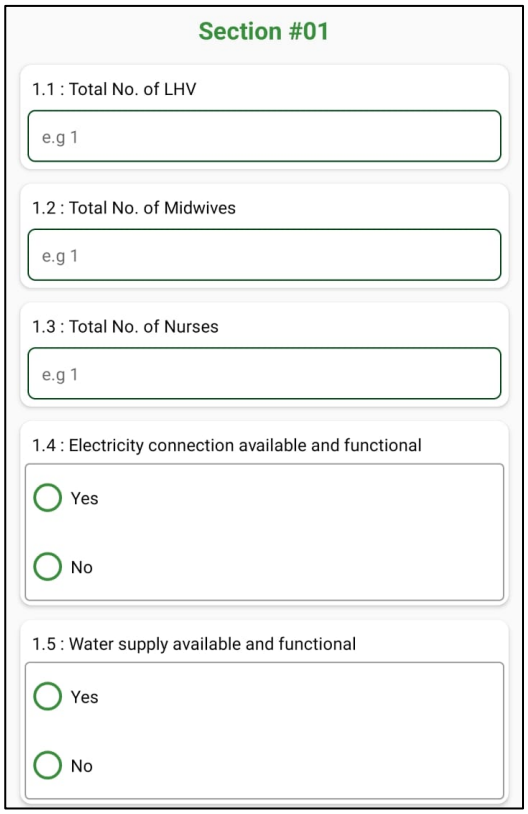
Normal Maryam Nawaz Health Clinic (MNHC) module focuses on capturing and managing health data for regular health facilities. MNHC stands for Maryam Nawaz Health Clinic. It is a primary healthcare facility that provides basic health services to the population. MNHCs are an essential part of the healthcare system, serving as the first point of contact for many individuals seeking healthcare services.

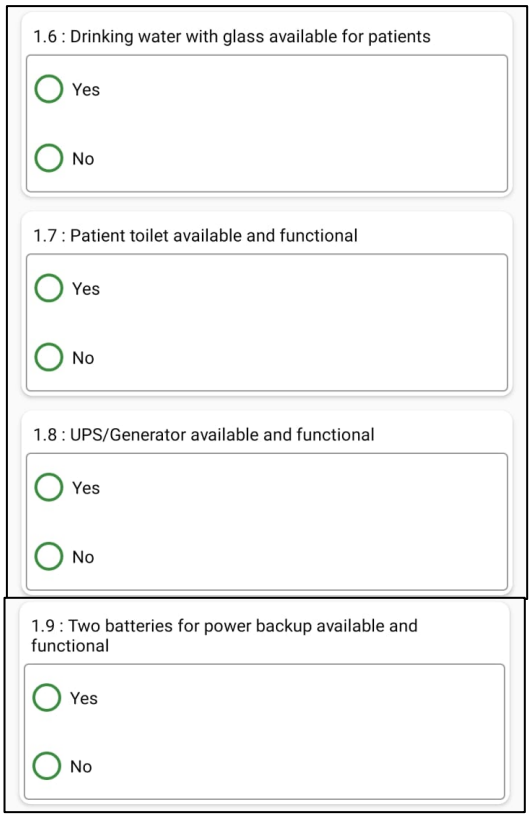
After selecting the Normal MNHC module, select the district, tehsil, and health facility from the given list. Once these details are selected and confirmed, a form will appear with eight sections.





8.8.1 Section #01





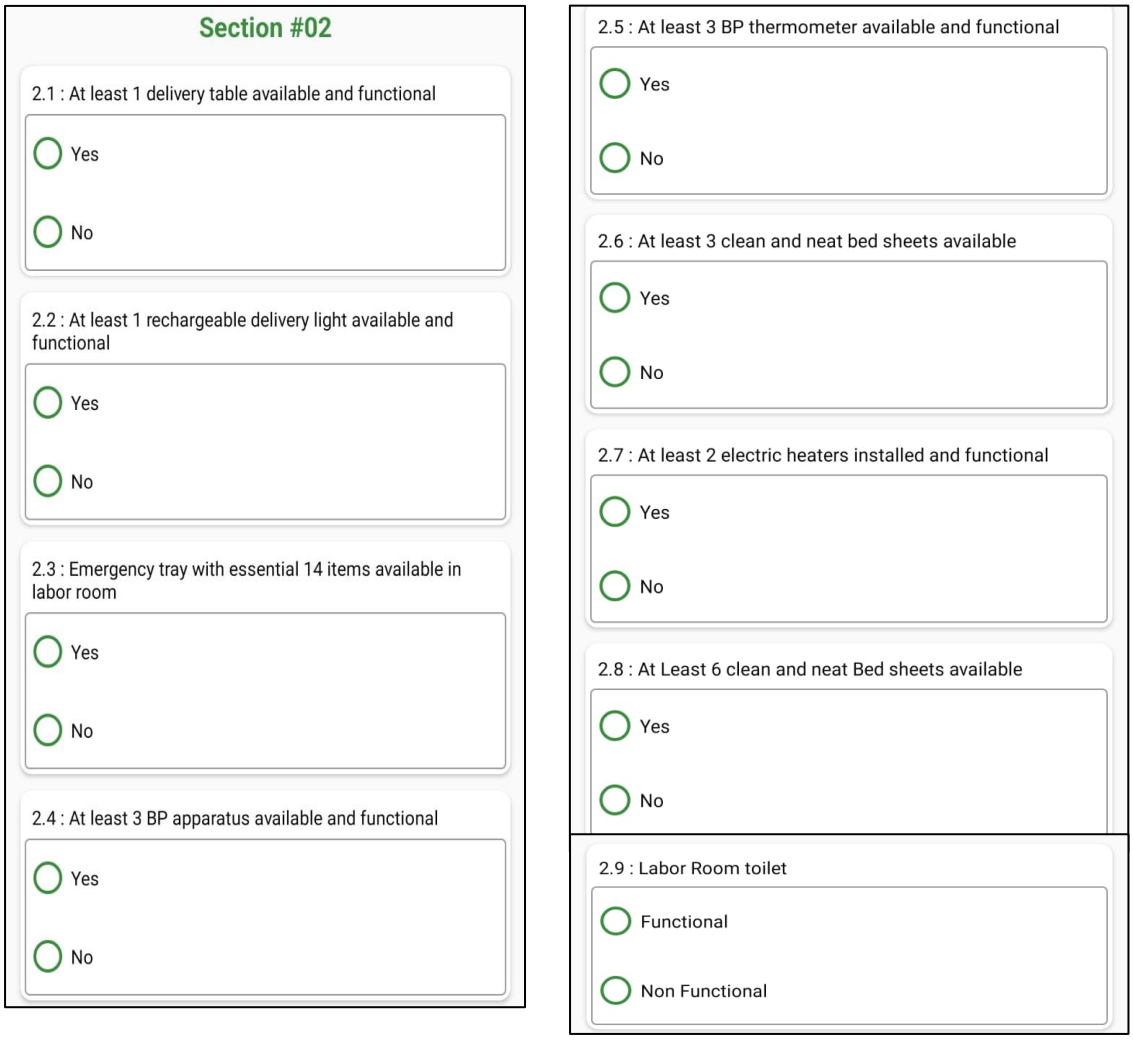
This particular section focuses on two main aspects:

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.

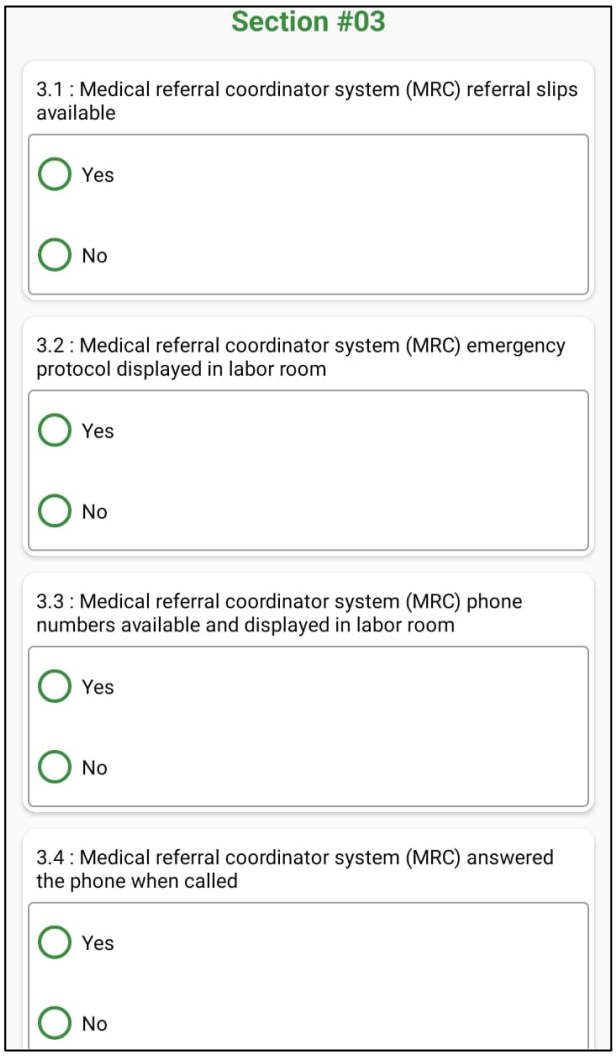
8.8.2 Section #02

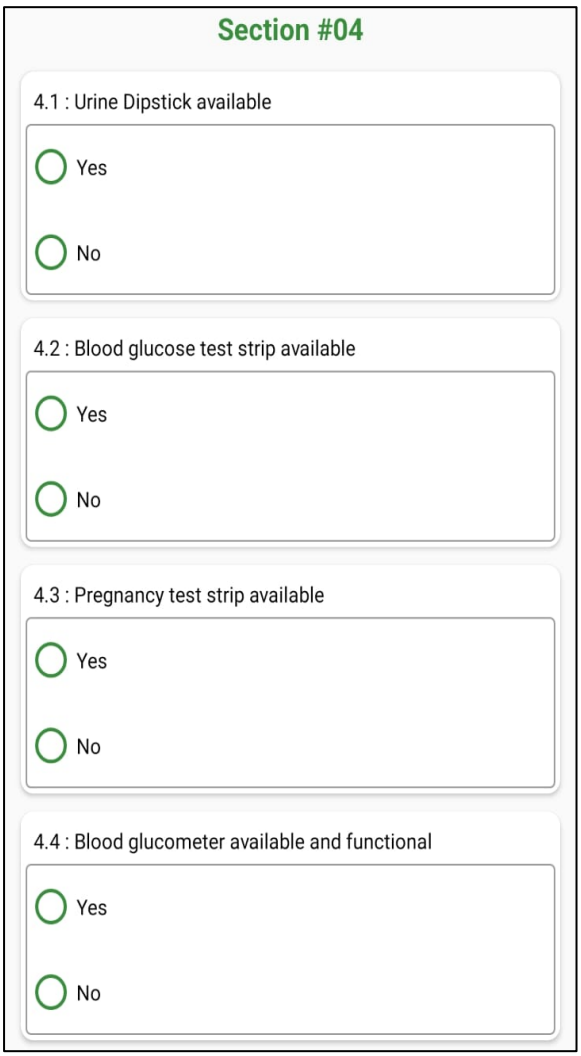


For each question, the HMIS user should physically check the labor room to see if the mentioned equipment or supplies are available and in working condition. Here's a possible approach:

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.

8.8.3 Section #03-04

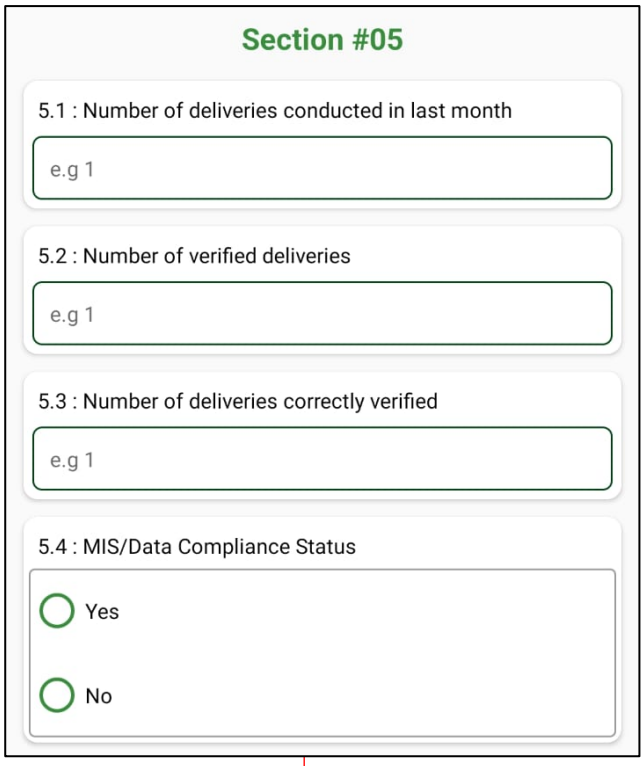




Section# 3 assesses the availability and functionality of the system used to refer patients to other healthcare providers for specialized care.

Section# 4 assesses the availability and functionality of essential equipment used during pregnancy care.

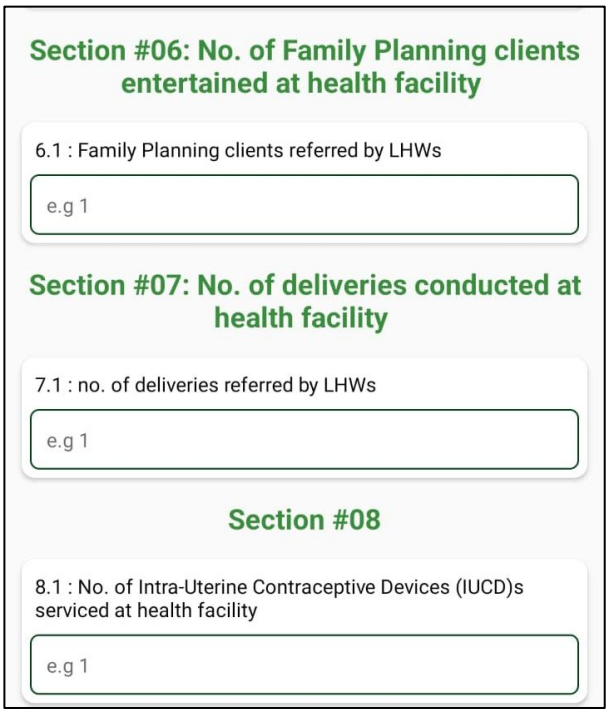
8.8.4 Section #05-08



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.



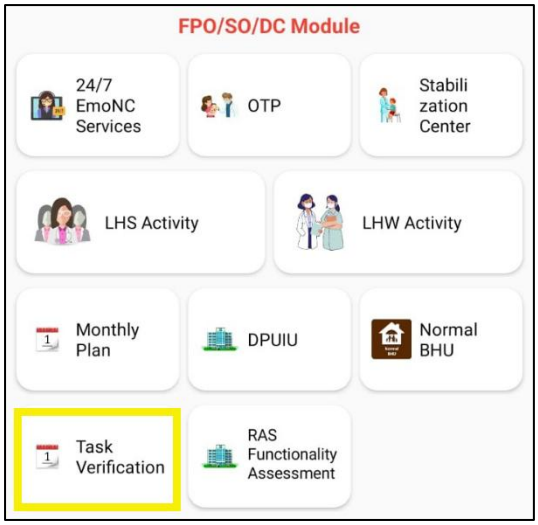
Section# 6 focuses on family planning clients. This captures the total number of clients who received family planning services at the health facility. This specifically counts the number of clients who were referred for family planning services by a Lady Health Worker (LHW). This helps assess the effectiveness 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.

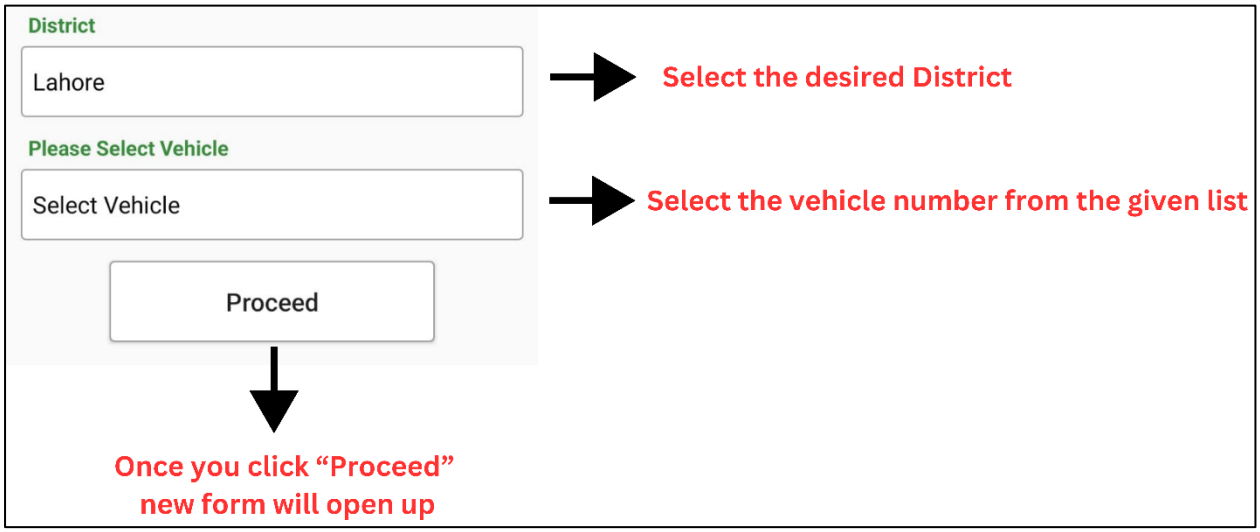
Section# 8: This section inquiries about IUCD (Intrauterine Contraceptive Device) services offered at the health facility. This records the total number of individuals who received IUCD services at the facility.

8.9 Task Verification

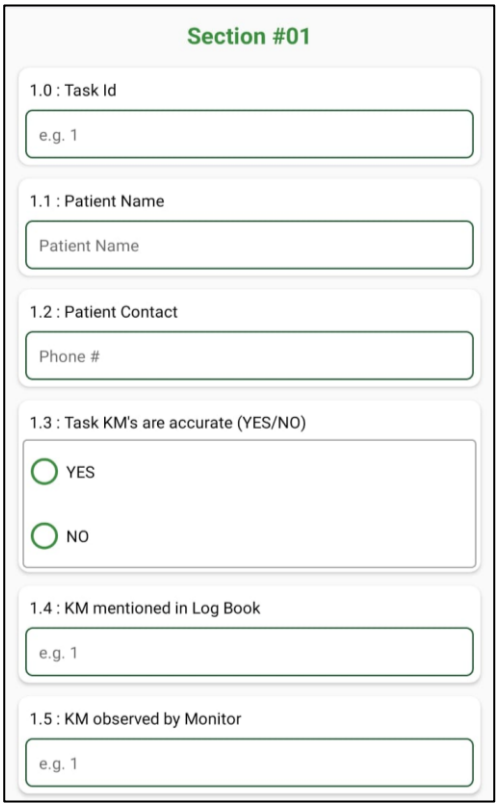
Task verification is a process used to ensure that tasks or activities have been completed accurately and in accordance with established standards or guidelines. It involves reviewing and confirming that the work has been done correctly and meets the required quality criteria.

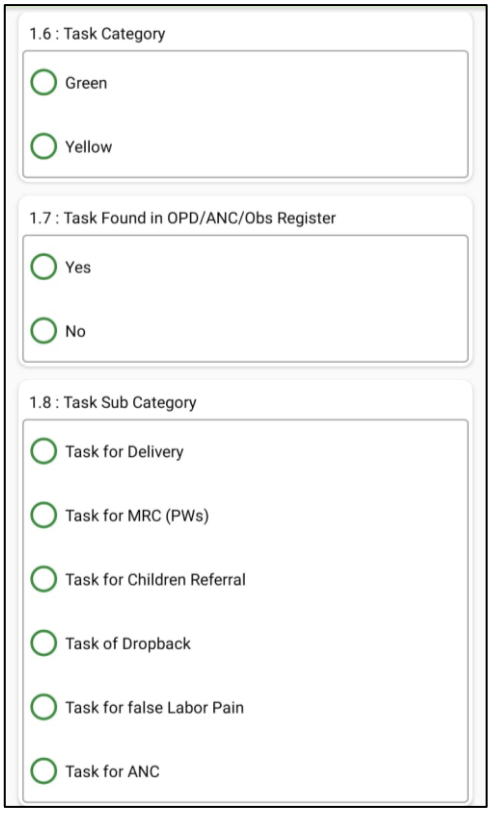


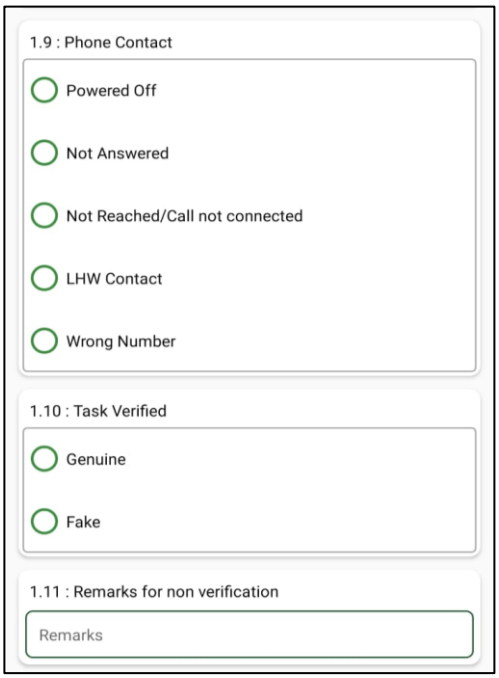
Upon clicking Task Verification, the screen will present the form shown below:



8.9.1 Section #01



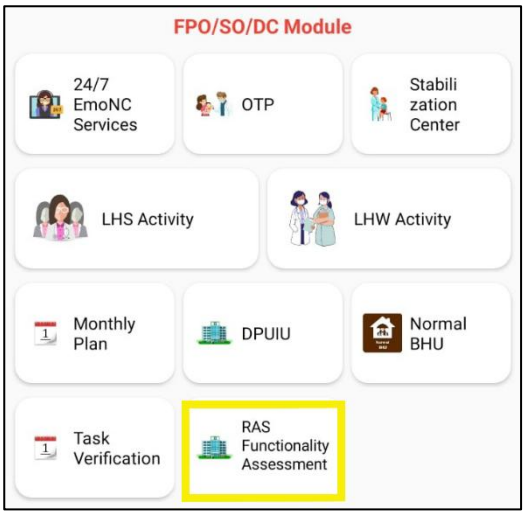


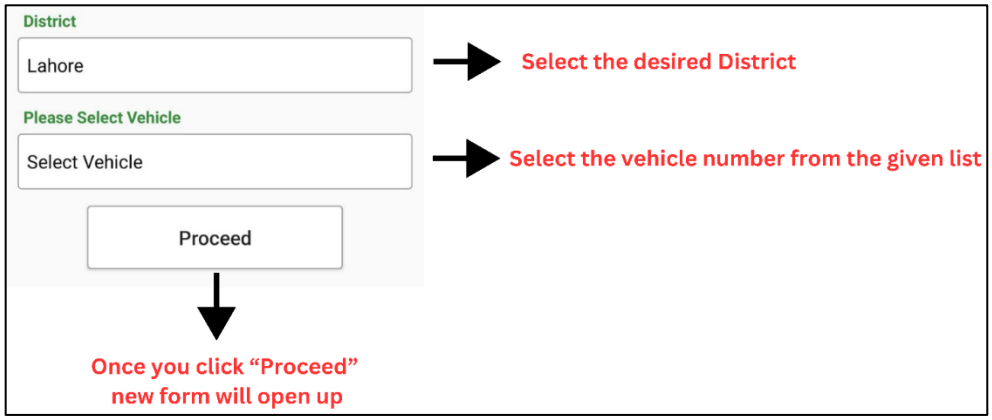


Task ID is of immense importance as it helps establish linkage. There must be steps taken to ensure uniformity. For example, the driver should be the same handed over the same ID as the LHV.

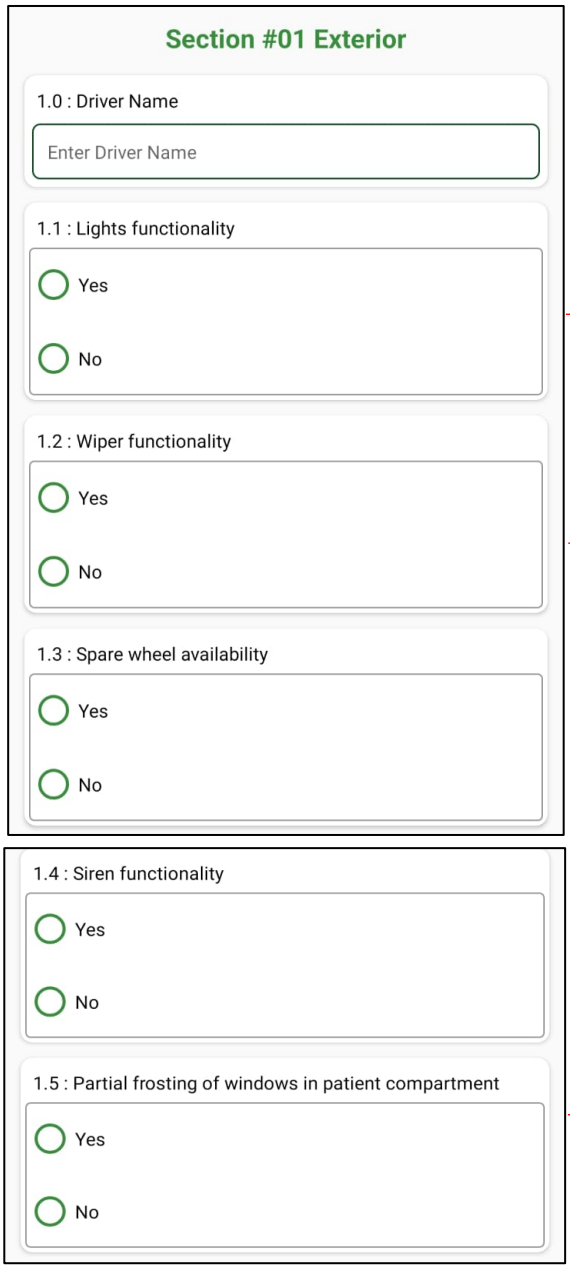
8.10 RAS Functionality Assessment

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.





8.10.1 Section #01 Exterior



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.

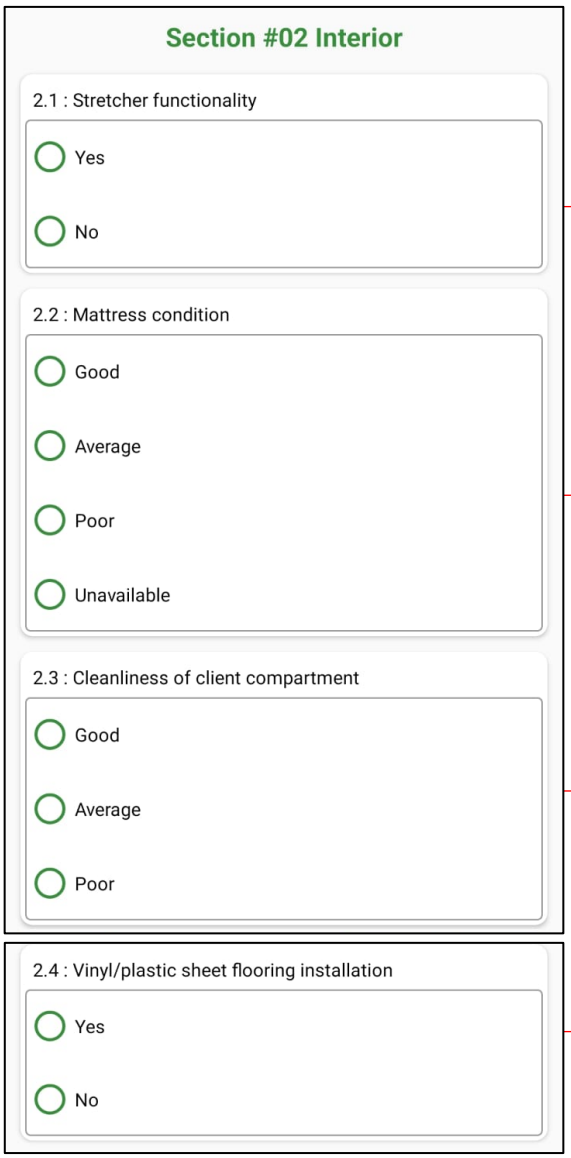
A **functional wiper** ensures clear visibility through the windshield during rain or other adverse weather conditions, ensuring safe driving and patient transport.

Having a **spare wheel** ensures that the ambulance can continue its journey without delay in case of a flat tire, ensuring timely response to

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.

8.10.2 Section# 02 Interior



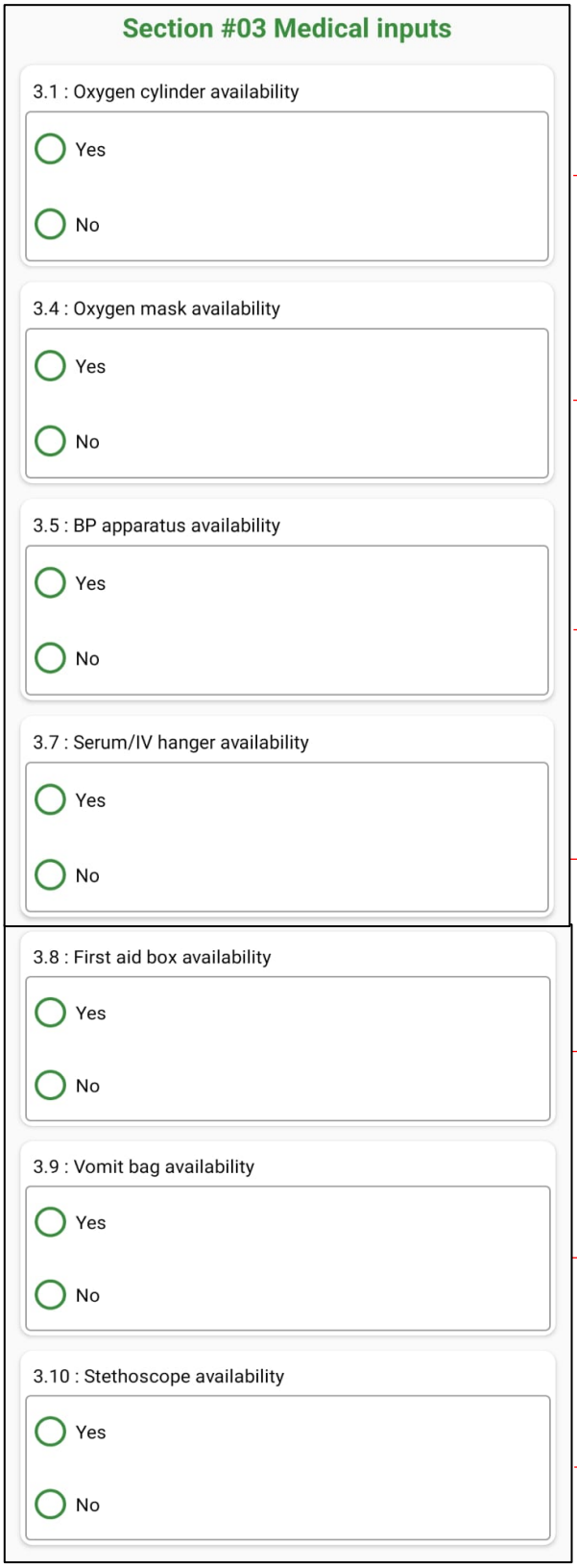
A **functional stretcher** is crucial for safely and comfortably transporting patients, ensuring their well-being during transit.

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.

8.10.3 Section #03 Medical Inputs



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.

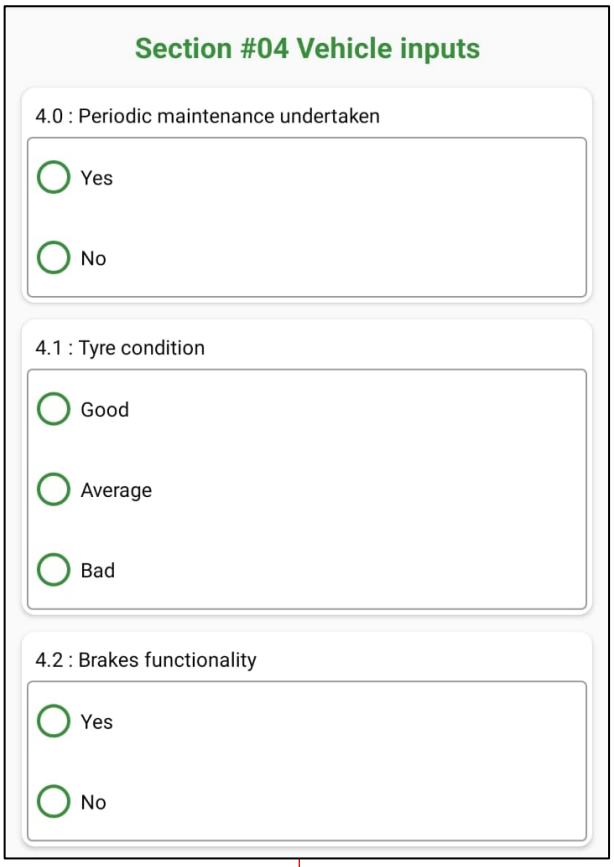
A serum/IV hanger is necessary for hanging IV bags securely, ensuring continuous delivery of fluids or medications to patients during transport.

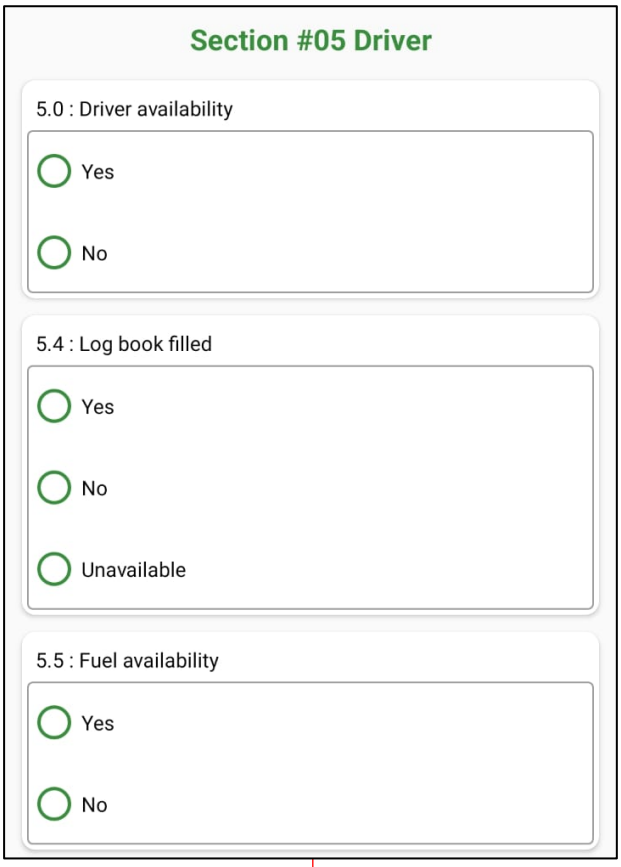
A well-equipped first aid box is essential for providing immediate medical care for minor injuries or illnesses during transport, ensuring the safety and well-being of patients and staff.

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.

8.10.4 Section #04-05





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.

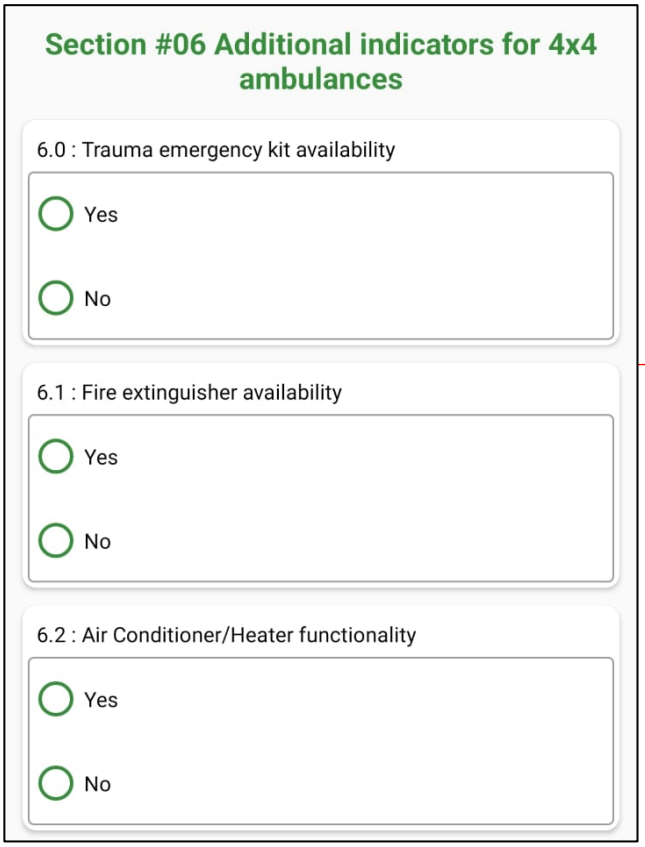
Functional brakes are essential for safe driving and emergency stops, ensuring the ambulance can respond quickly and safely to emergencies.

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.

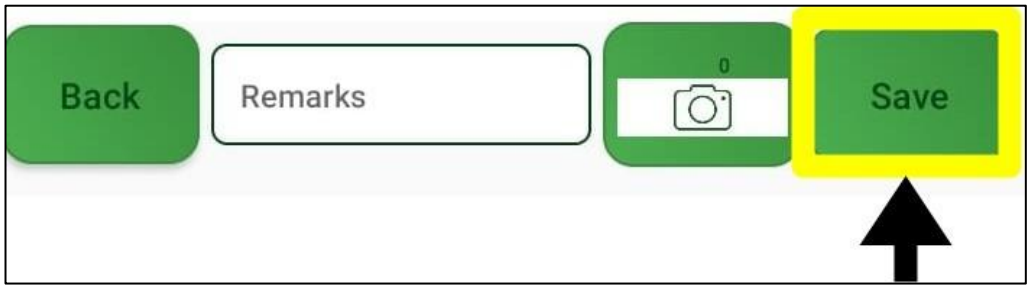
8.10.5 Section #06 Additional Indicators for 4x4 ambulances



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.

2025

Health & Population Department

Chapter 9:

DISTRICT DASHBOARD

HMIS for Primary Facilities version 3.0

SPHERE
Driving development through data

HMIS v3.0

Chapter 9: District Dashboard

The District Facility Dashboard of the HMIS Primary Health Facilities system is a centralized digital interface that allows district and tehsil-level health administrators to monitor the performance of primary healthcare facilities in real time. The dashboard provides users with a filtering panel at the top where they can select the desired district, tehsil, facility type, health facility, and date range to view targeted data. Once the filters are applied, the dashboard displays various service modules, each focusing on a specific area of healthcare delivery.

The OPD (Outpatient Department) module, for example, shows key statistics such as total patient visits, new visits, re-visits, and visits to other facilities. It also breaks down patient categories into general patients, pregnant women, and children, along with prescription-related data like prescriptions issued, medicine issued, and medicine not issued.

Other modules include Registration, which captures initial patient data; LHV, which focuses on maternal and child health services provided by Lady Health Visitors; and Pathology and Radiology, which track diagnostic services.

The Family Planning module monitors contraceptive services and counseling, while the Stock module provides insights into the availability and consumption of medicines and supplies.

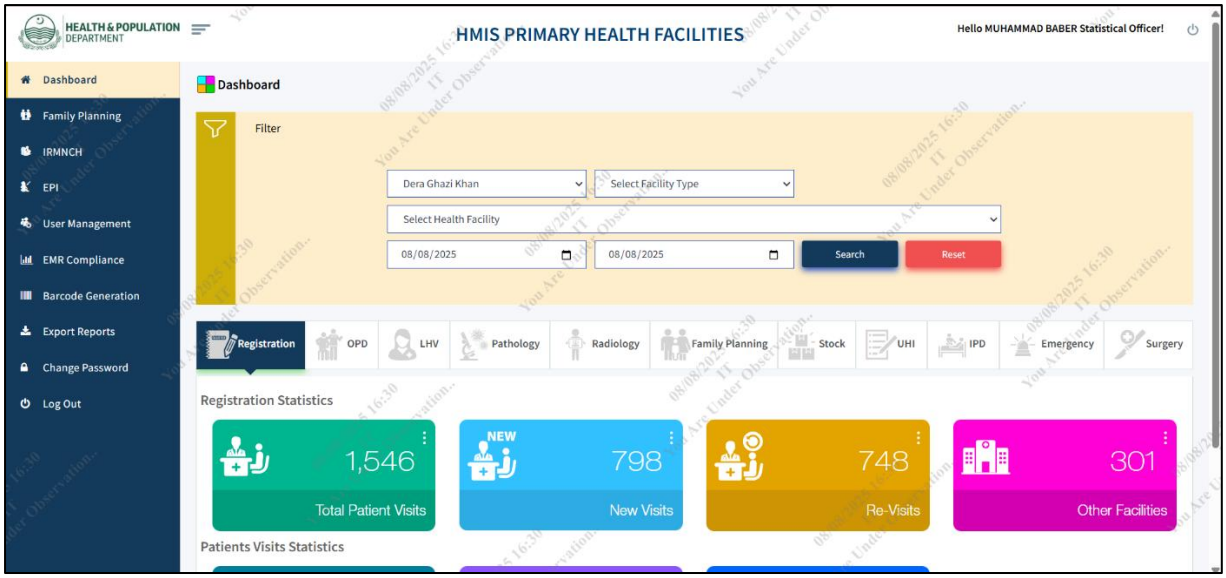
The UHI module captures data on services covered under the Universal Health Insurance scheme, and the IPD module tracks inpatient admissions and outcomes.

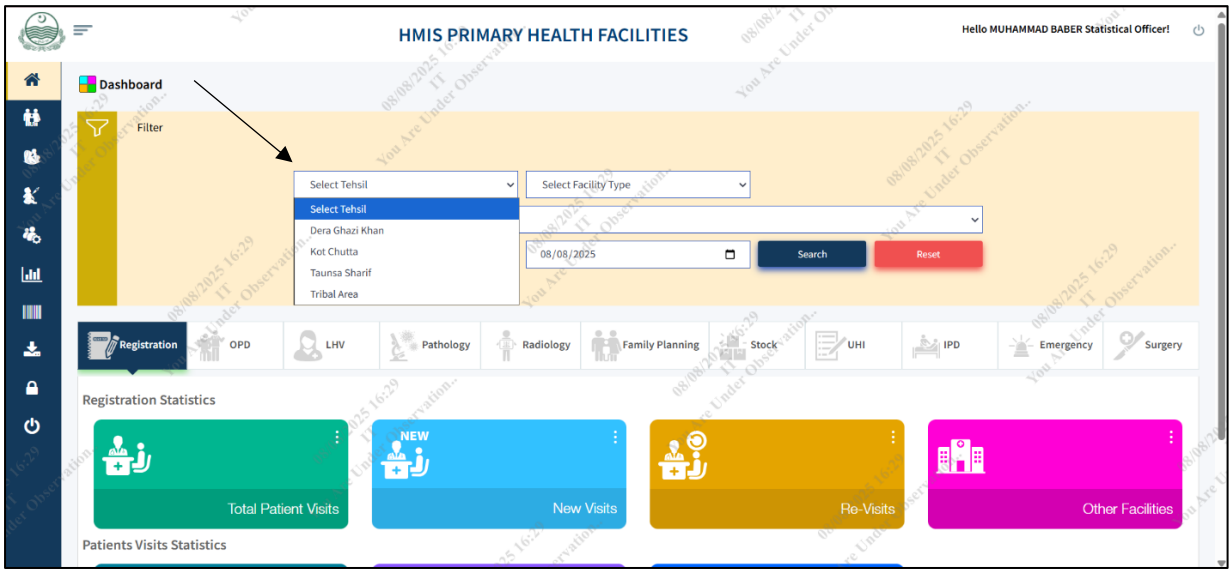
The Emergency and Surgery modules display data on critical and surgical interventions, respectively.

Additional modules like NADRA may be integrated for identity verification, and CC could refer to a Complaint Cell or Call Center for patient feedback and support. Collectively, this dashboard serves as a powerful tool for evidence-based decision-making, enabling health managers to assess performance, identify service gaps, and improve the quality of care across facilities.

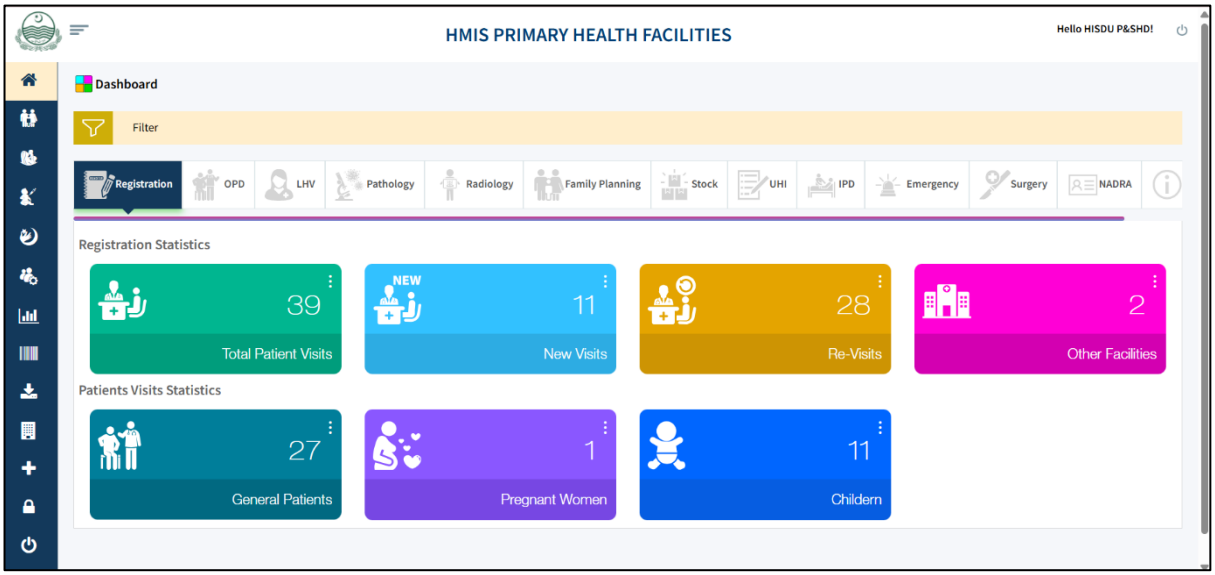
Following screenshots show an overall look of the district dashboard: You can select your tehsil and dates for which you want your datasets. The side bar shows direct links to modules; the two most important modules are Family Planning and EPI.

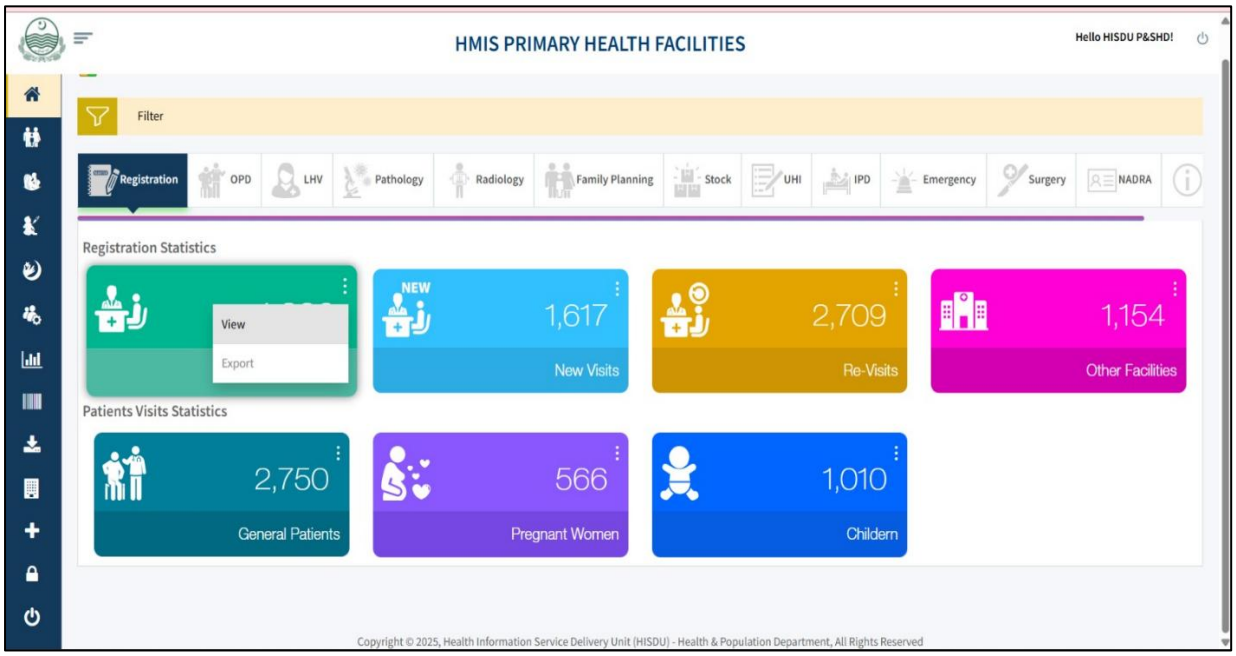
District Dashboard



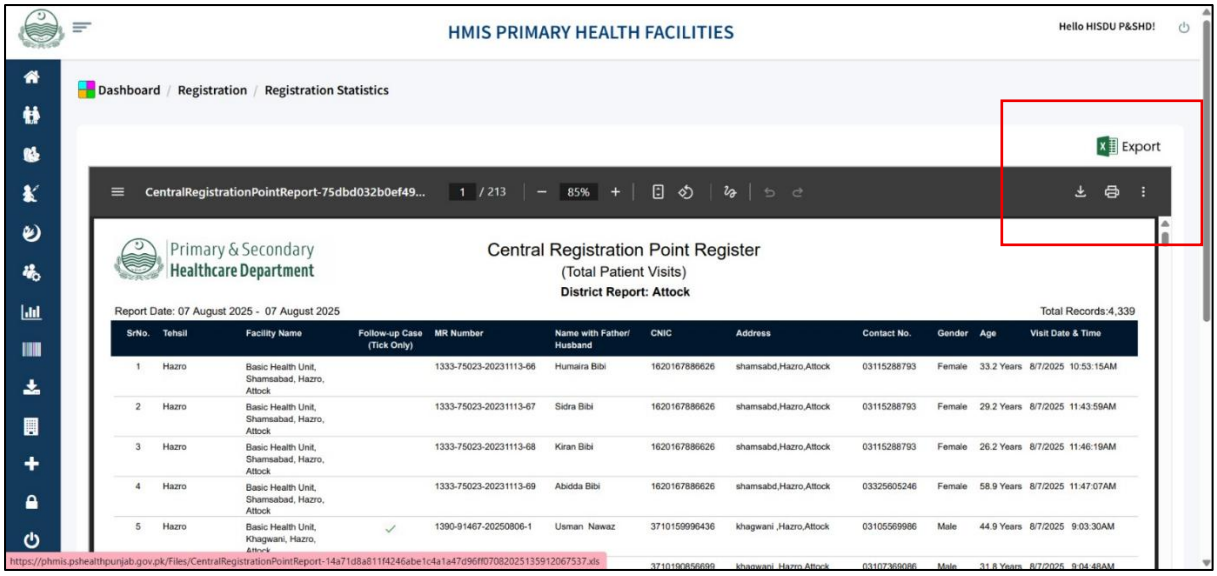


9.1 Registration

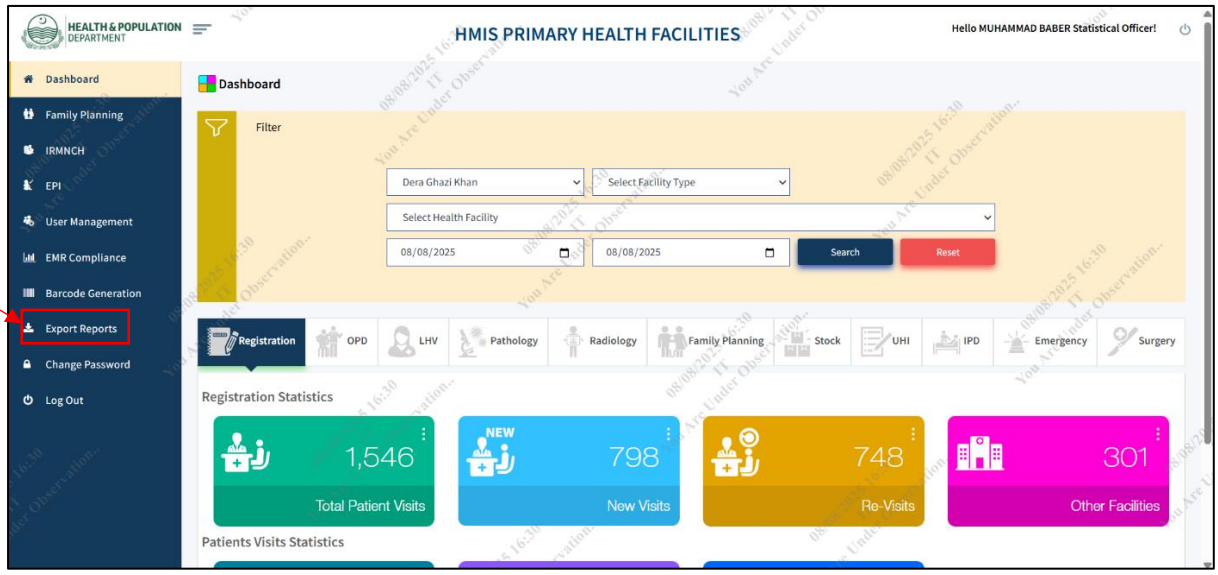


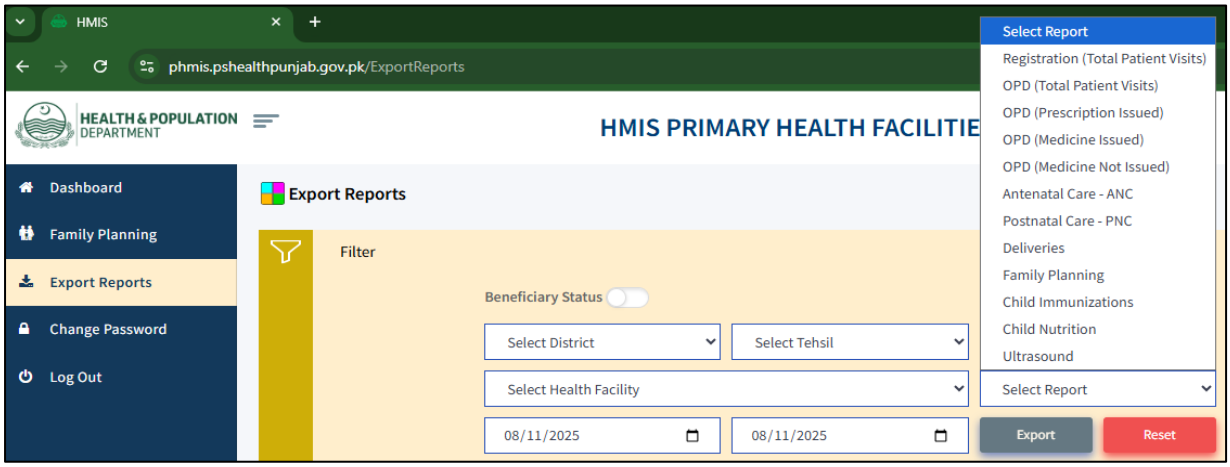


One key feature of the District Dashboard is the ability to view and download reports for each module. For example, in the Registration module, you can click on "Registration Statistics" to either view the data or export the line list. To download the line list, simply click the **Download** or **Export** button located at the top right corner, as shown below. You can use the same method to download reports for each module and its sub indicators.

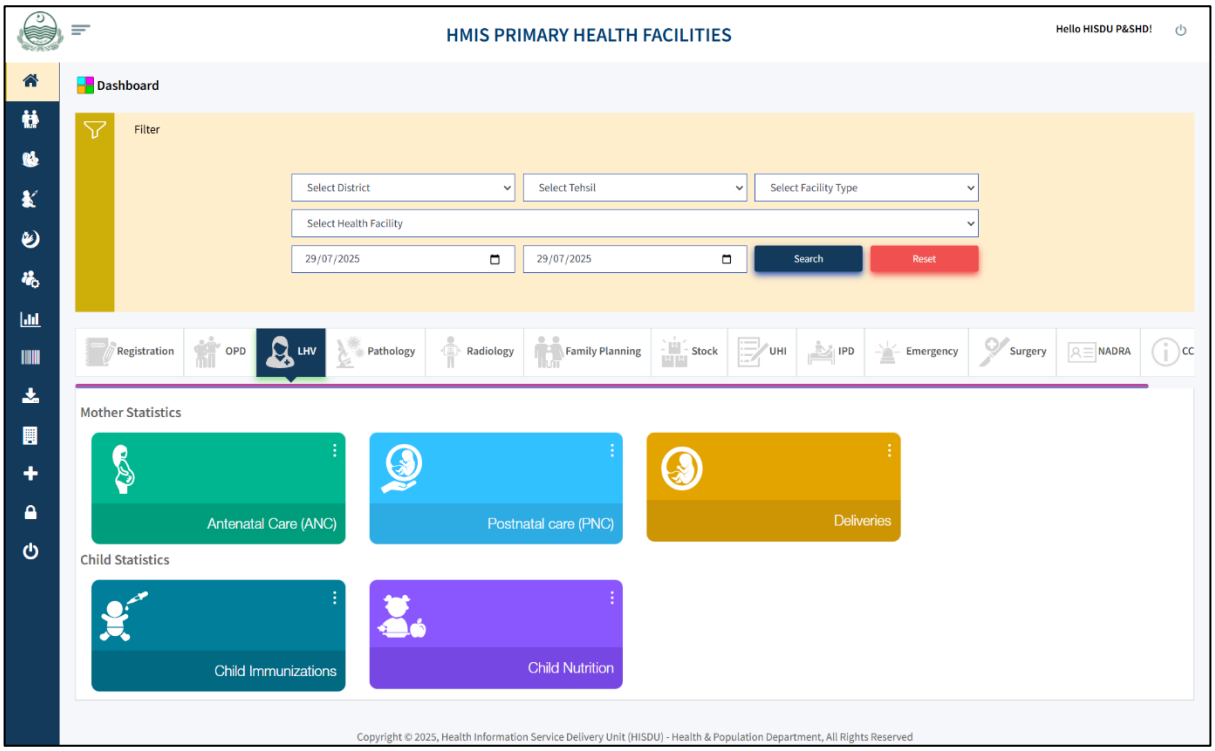


Another way to export reports is from the side bar, as shown below: Clicking on the export Reports button will directly take you to selection of facility and the indicators you need reports for as shown below.

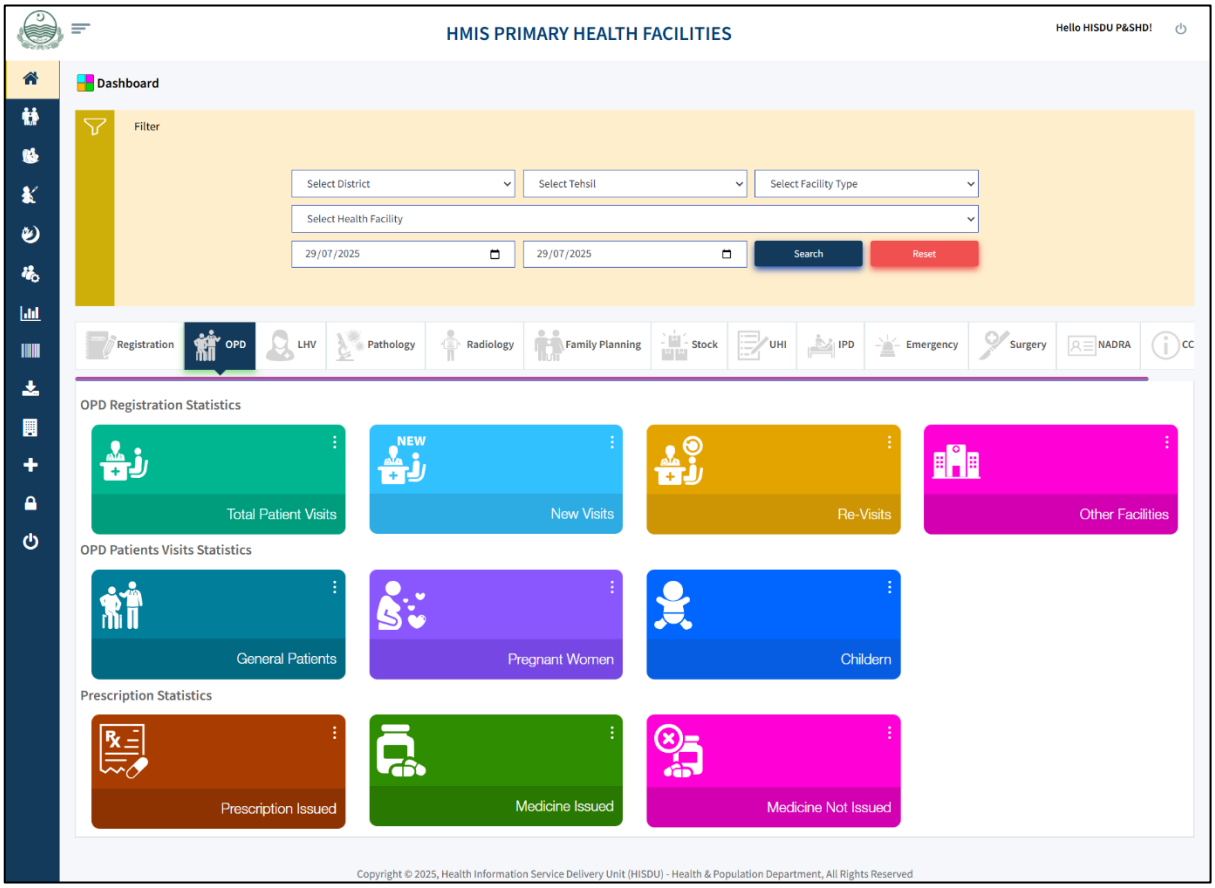




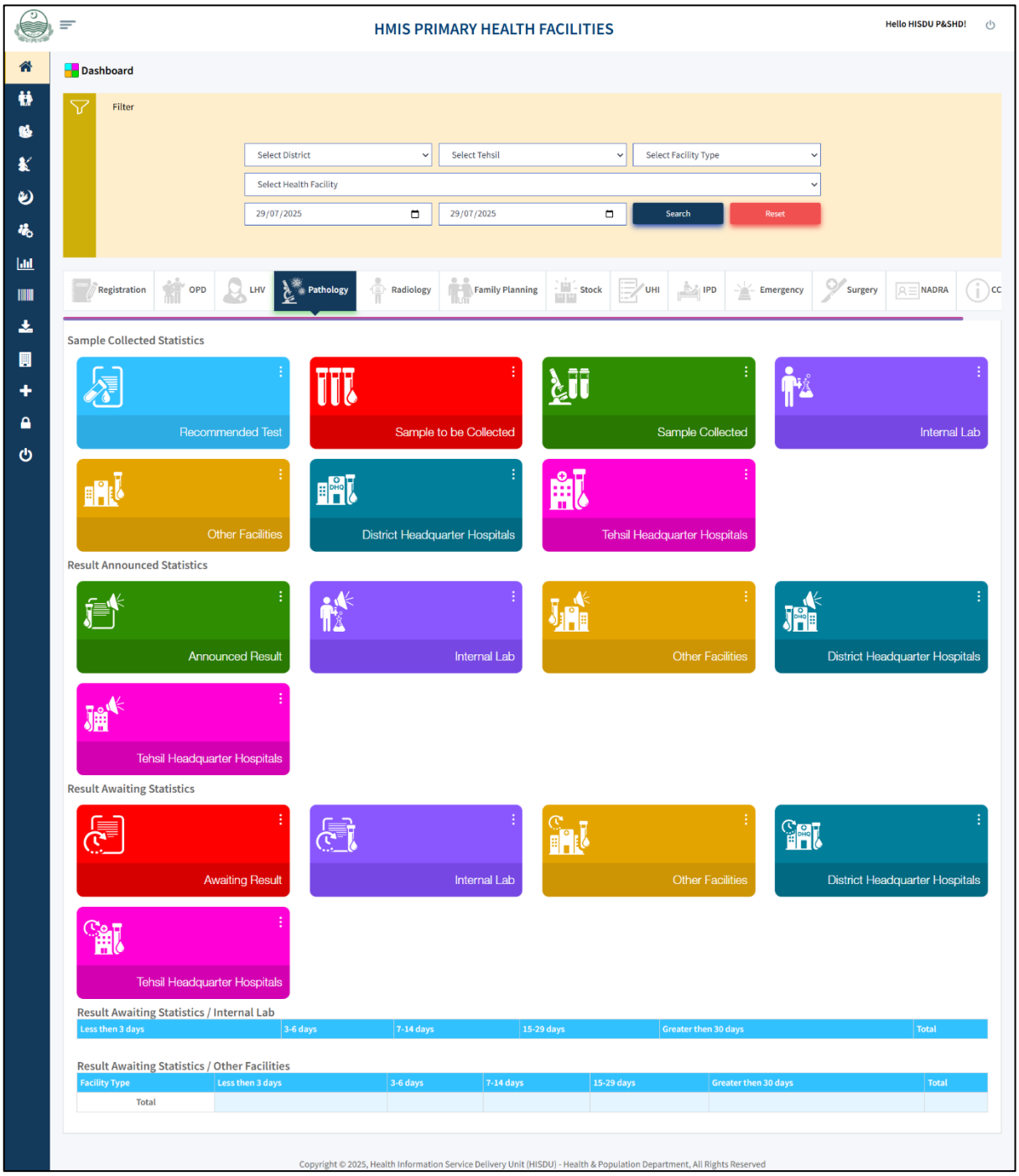
9.2 OPD


HMIS PRIMARY HEALTH FACILITIES
Hello HISDU P&SHD!
Dashboard
Filter
Select District
Select Tehsil
Select Facility Type
Select Health Facility
29/07/2025
29/07/2025
Search
Reset
Registration
OPD
LHV
Pathology
Radiology
Family Planning
Stock
UHI
IPD
Emergency
Surgery
NADRA
CC
Mother Statistics
Antenatal Care (ANC)
Postnatal care (PNC)
Deliveries
Child Statistics
Child Immunizations
Child Nutrition
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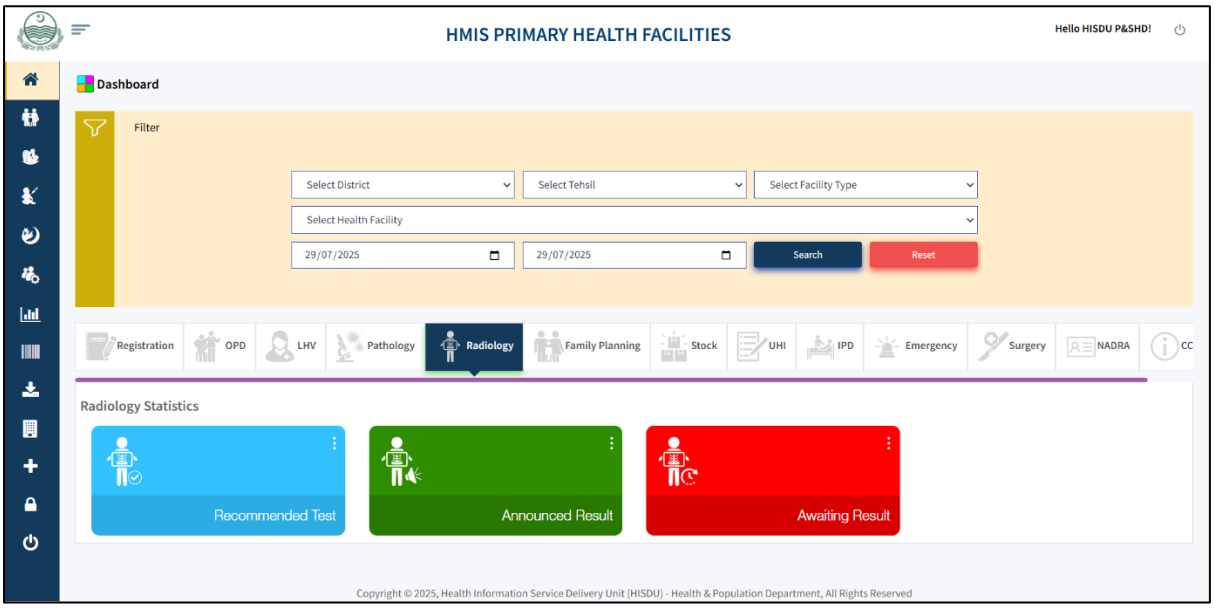
9.3 LHV


HMIS PRIMARY HEALTH FACILITIES
Hello HISDU P&SHD!
Dashboard
Filter
Select District
Select Tehsil
Select Facility Type
Select Health Facility
29/07/2025
29/07/2025
Search
Reset
Registration
OPD
LHV
Pathology
Radiology
Family Planning
Stock
UHI
IPD
Emergency
Surgery
NADRA
CC
OPD Registration Statistics
Total Patient Visits
NEW
New Visits
Re-Visits
Other Facilities
OPD Patients Visits Statistics
General Patients
Pregnant Women
Childern
Prescription Statistics
Prescription Issued
Medicine Issued
Medicine Not Issued
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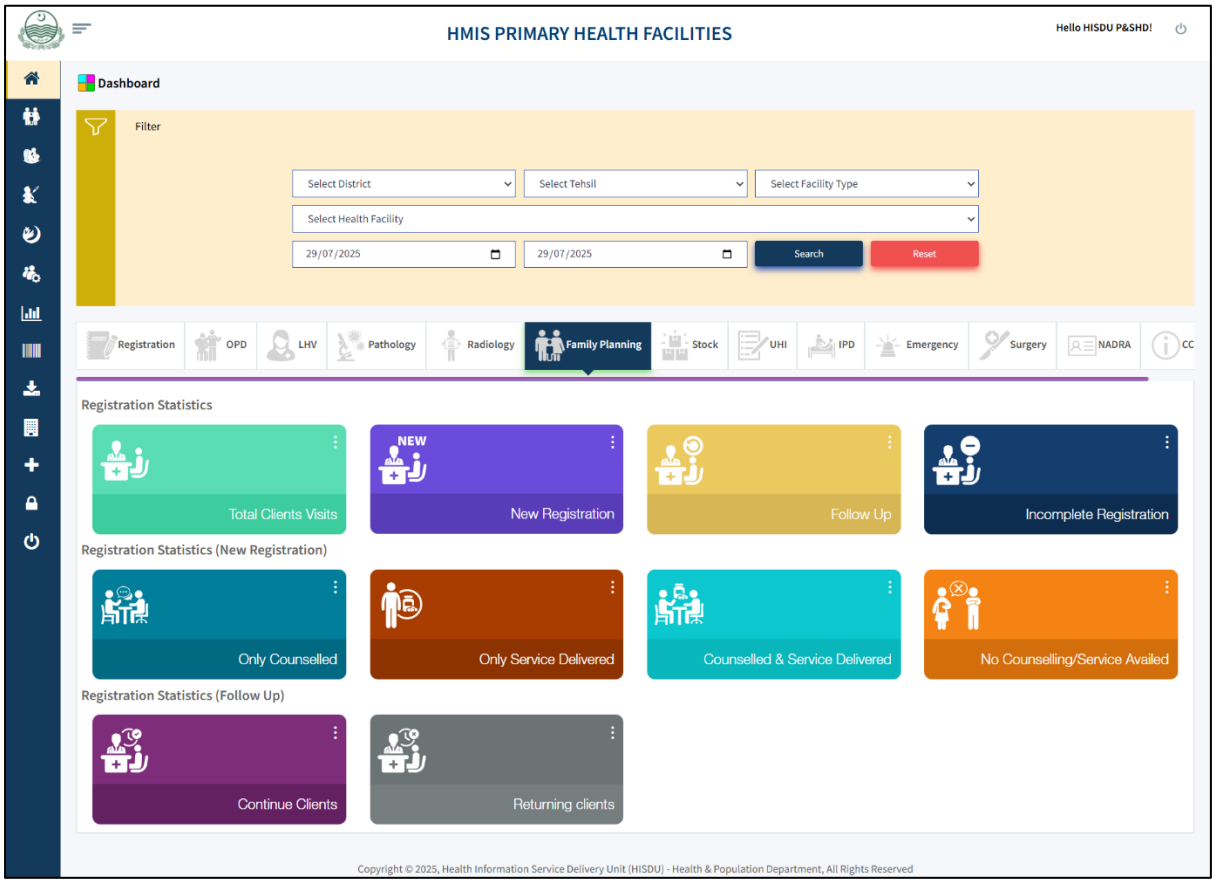
9.4 Pathology



9.5 Radiology



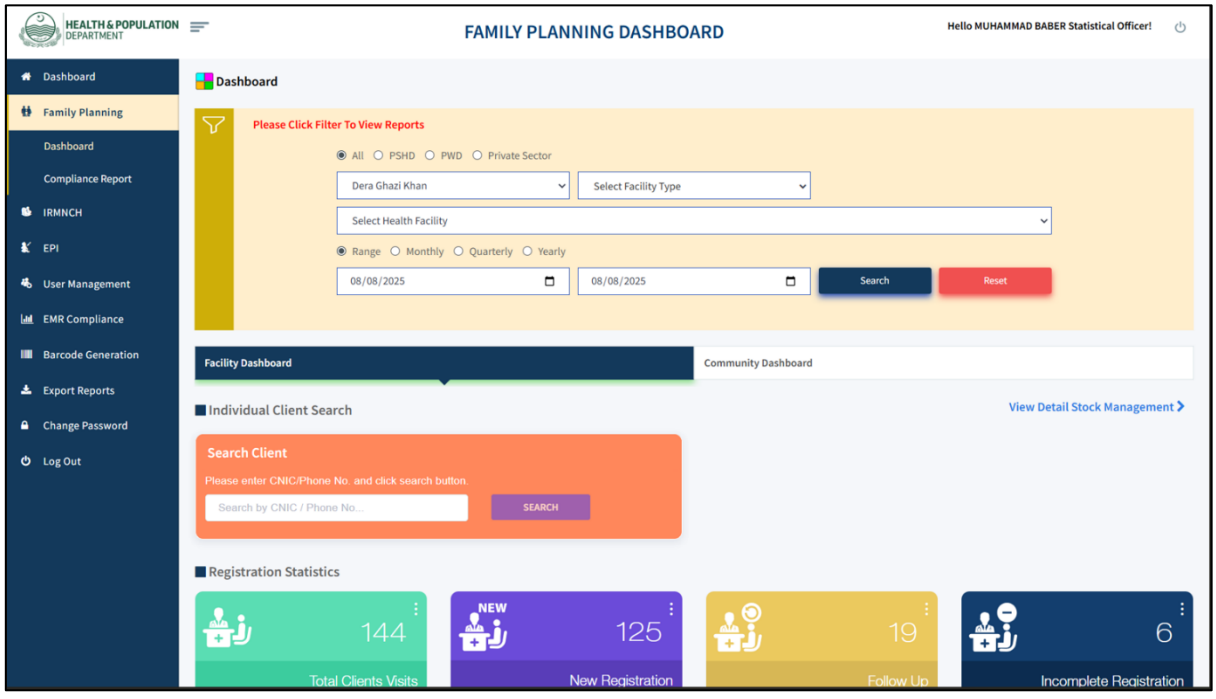
9.6 Family Planning



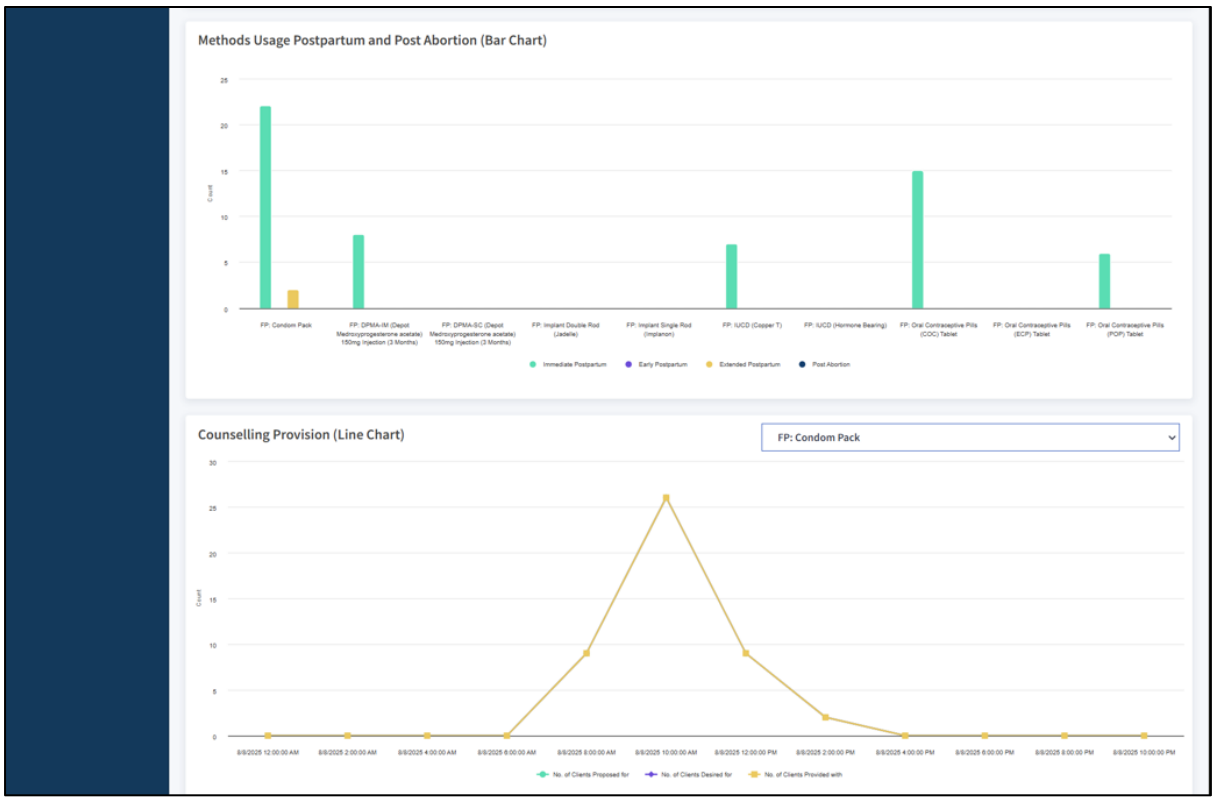
We can also access family planning module from the side bar for a more detailed report as shown below which shows a more elaborate analysis.

Key Functions Monitored

- **Client Registration and Visit Tracking**: It shows total client visits, new registrations, follow-ups, and incomplete registrations helping monitor service outreach and coverage.
- **Service Delivery Monitoring**: Tracks how many clients received counseling, selected a family planning method, and actually received the service.
- **Demographic Insights**: Bar charts provide breakdowns by **gender**, **marital status**, and **education level** of clients.
- **Method Usage Analytics**: Includes data on types of family planning methods proposed, accepted, declined, and provided — including follow-up on usage or discontinuation.
- **Trends and Charts**: The dashboard features bar charts, donut charts, line graphs, and stacked bars to show trends in:
    - Counseling and service provision over time
    - Method selection by age group
    - Postpartum and post-abortion service uptake
- **Search and Filters**: Allows users to search individual clients and filter data by date, area, provider, or method type.




Gender (Bar Chart)
Male
Female
New Registration
Follow Up
Marital Status (Bar Chart)
Single
Married
New Registration
Follow Up
Client Education (Bar Chart)
Illiterate
Primary
Middle
Matriculation
Intermediate
Graduation
Master's or above
New Registration
Follow Up
Counselling Provision (Donut Chart)
Proposed
FP: Oral Contraceptive Pills (POP) Tablet (6): 6.5%
FP: Oral Contraceptive Pills (ECP) Tablet (0): 0.0%
FP: Oral Contraceptive Pills (COC) Tablet (15): 16.3%
FP: IUCD (Hormone Bearing) (0): 0.0%
FP: IUCD (Copper T) (13): 14.1%
FP: Implant Double Rod (Jadelle) (0): 0.0%
FP: Implant Single Rod (Implanon) (0): 0.0%
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months) (1): 1.1%
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months) (11): 12.0%
FP: Condom Pack (46): 50.0%
FP: Condom Pack (46)
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months) (11)
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months) (1)
FP: Implant Double Rod (Jadelle) (0)
FP: Implant Single Rod (Implanon) (0)
FP: IUCD (Copper T) (13)


Methods Usage Postpartum and Post Abortion (Bar Chart)
FP: Condom Pack
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)
FP: Implant Double Rod (Jadelle)
FP: Implant Single Rod (Implanon)
FP: IUCD (Copper T)
FP: IUCD (Hormone Bearing)
FP: Oral Contraceptive Pills (COC) Tablet
FP: Oral Contraceptive Pills (ECP) Tablet
FP: Oral Contraceptive Pills (POP) Tablet
Immediate Postpartum
Early Postpartum
Extended Postpartum
Post Abortion
Counselling Provision (Line Chart)
FP: Condom Pack
No. of Clients Proposed for
No. of Clients Desired for
No. of Clients Provided with

New User FP Method Selection

Method	No. of Clients		
	Proposed for	Desired for	Provided with
FP: Condom Pack	46	46	46
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	11	11	11
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	1	1	1
FP: Implant Double Rod (Jadelle)	0	0	0
FP: Implant Single Rod (Implanon)	0	0	0
FP: IUCD (Copper T)	13	13	13
FP: IUCD (Hormone Bearing)	0	0	0
FP: Oral Contraceptive Pills (COC) Tablet	15	15	15
FP: Oral Contraceptive Pills (ECP) Tablet	0	0	0
FP: Oral Contraceptive Pills (POP) Tablet	6	6	6

New User FP Method Selection (Age Group)

PROPOSED DESIRED PROVIDED

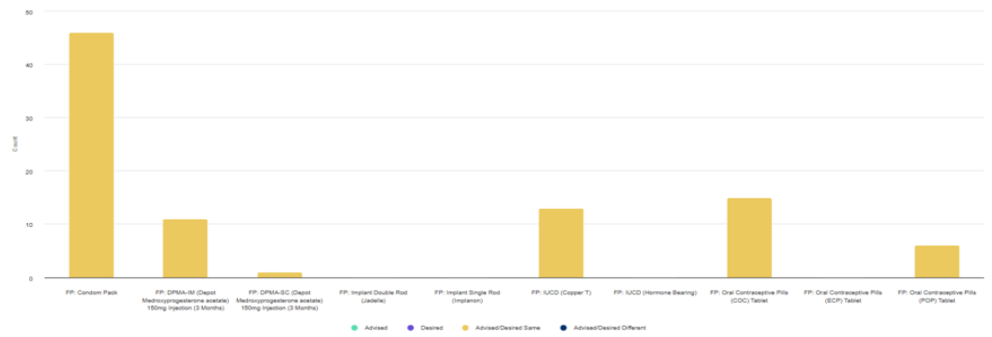
Method	15-19	20-25	26-30	31-45	Above 45
FP: Condom Pack	0	10	13	21	2
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	0	0	5	6	0
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	0	0	1	0	0
FP: Implant Double Rod (Jadelle)	0	0	0	0	0
FP: Implant Single Rod (Implanon)	0	0	0	0	0
FP: IUCD (Copper T)	0	2	2	9	0
FP: IUCD (Hormone Bearing)	0	0	0	0	0
FP: Oral Contraceptive Pills (COC) Tablet	0	5	4	6	0
FP: Oral Contraceptive Pills (ECP) Tablet	0	0	0	0	0
FP: Oral Contraceptive Pills (POP) Tablet	1	1	3	1	0

Service Provision

Methods Usage

Method	No. of Clients Provided as Per			
	Advised	Desired	Advised/Desired Same	Advised/Desired Different
FP: Condom Pack	0	0	46	0
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	0	0	11	0
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	0	0	1	0
FP: Implant Double Rod (Jadelle)	0	0	0	0
FP: Implant Single Rod (Implanon)	0	0	0	0
FP: IUCD (Copper T)	0	0	13	0
FP: IUCD (Hormone Bearing)	0	0	0	0
FP: Oral Contraceptive Pills (COC) Tablet	0	0	15	0
FP: Oral Contraceptive Pills (ECP) Tablet	0	0	0	0
FP: Oral Contraceptive Pills (POP) Tablet	0	0	6	0

Methods Usage (Stacked Bar)

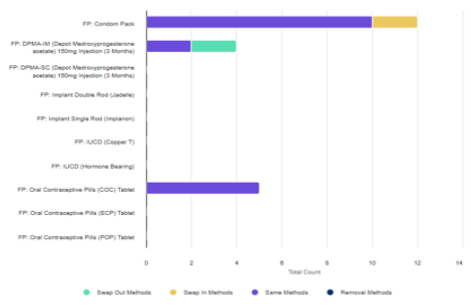


Utilization and Discontinuation (Follow Up)

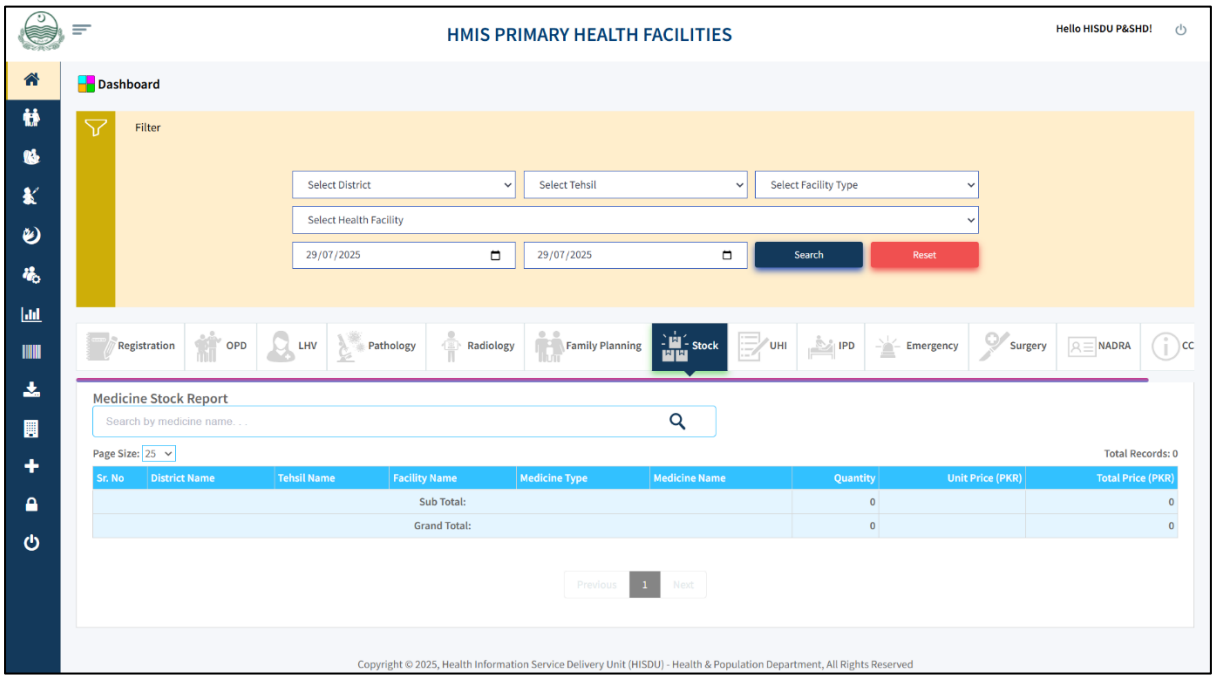
Methods Usage

Method	Swap Out	Swap In	Same	Removal
FP: Condom Pack	0	2	10	0
FP: DPMA-IM (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	2	0	2	0
FP: DPMA-SC (Depot Medroxyprogesterone acetate) 150mg Injection (3 Months)	0	0	0	0
FP: Implant Double Rod (Jadelle)	0	0	0	0
FP: Implant Single Rod (Implanon)	0	0	0	0
FP: IUCD (Copper T)	0	0	0	0
FP: IUCD (Hormone Bearing)	0	0	0	0
FP: Oral Contraceptive Pills (COC) Tablet	0	0	5	0
FP: Oral Contraceptive Pills (ECP) Tablet	0	0	0	0
FP: Oral Contraceptive Pills (POP) Tablet	0	0	0	0

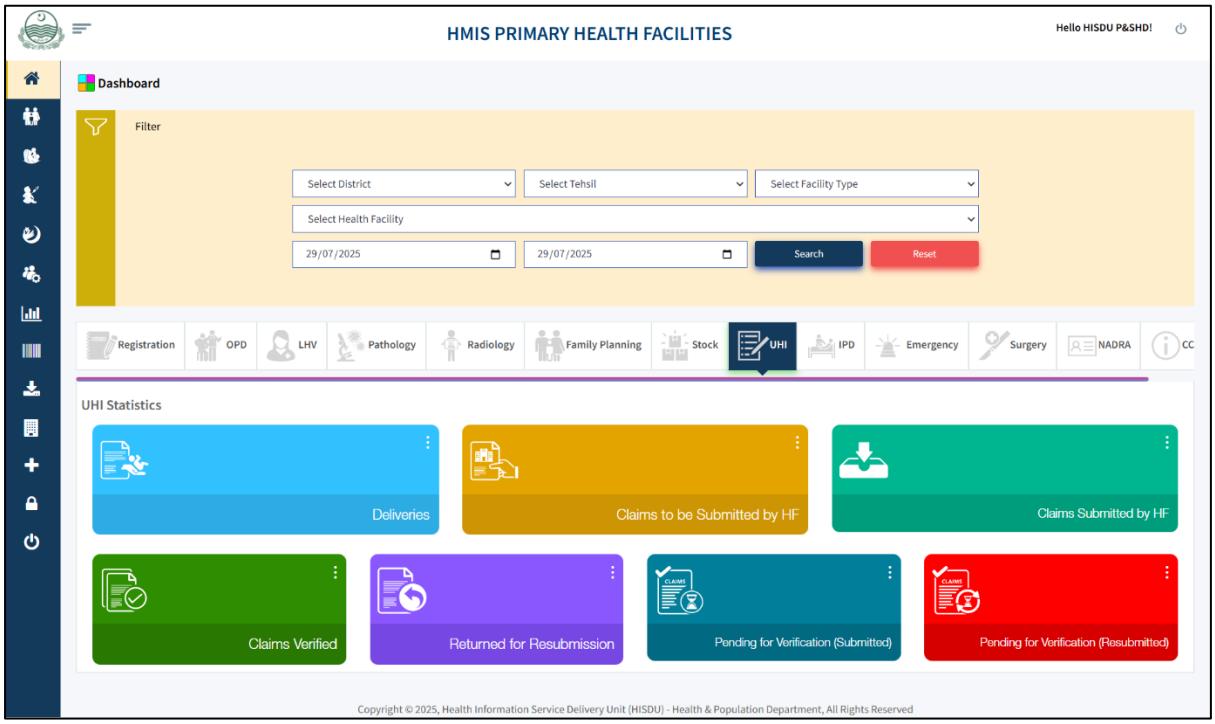
Methods Usage (Stacked Bar)



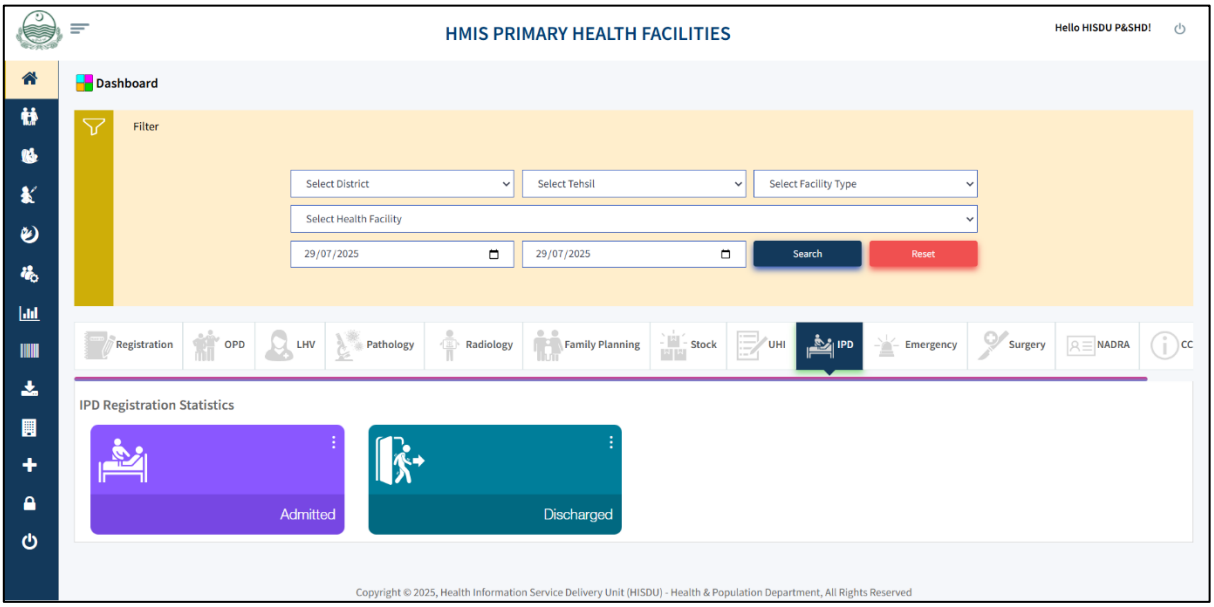
9.7 Stock



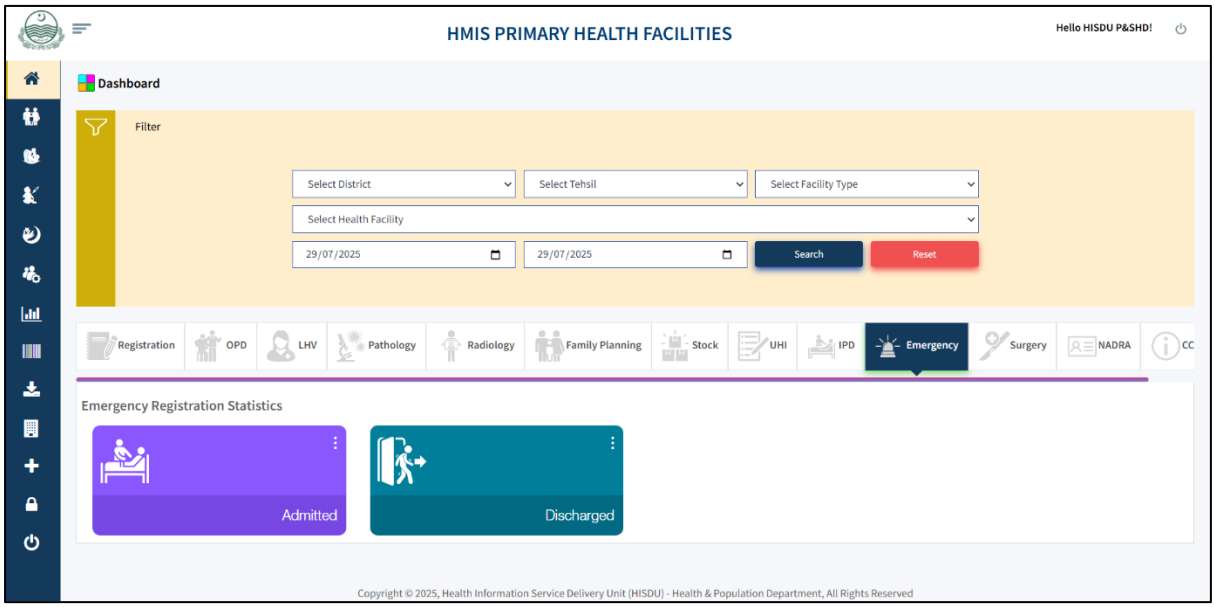
9.8 UHI



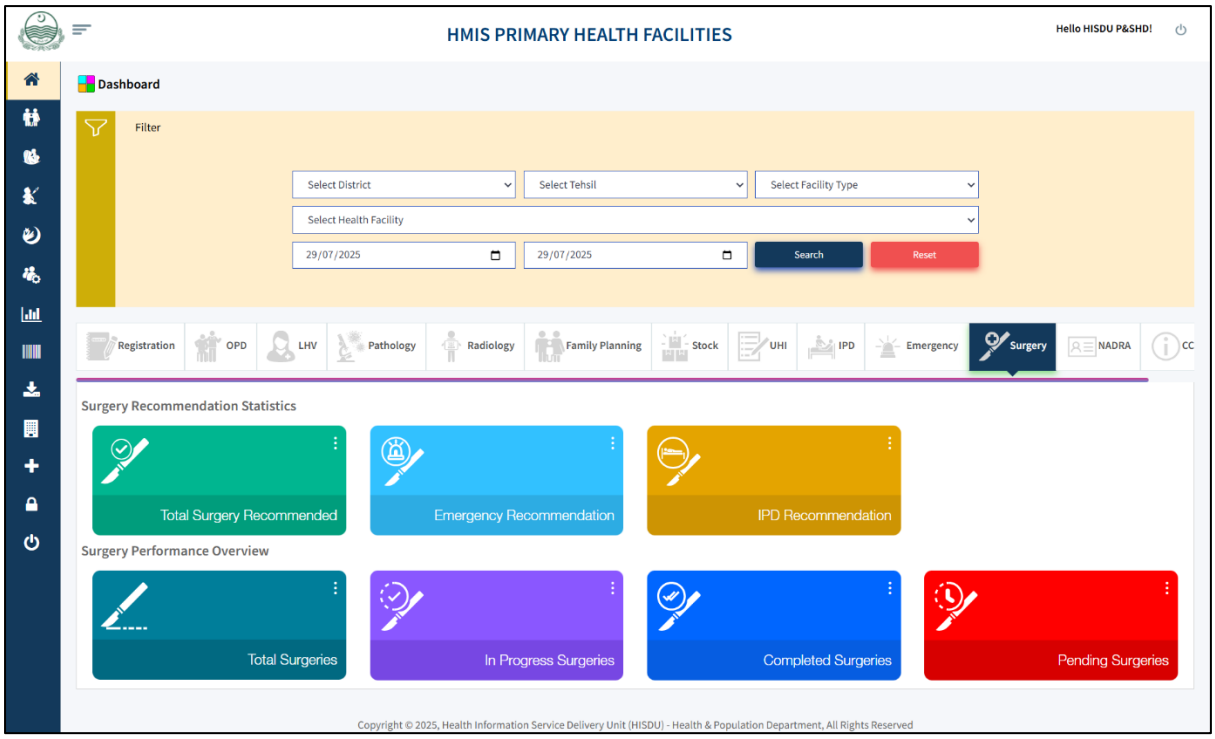
9.9 IPD



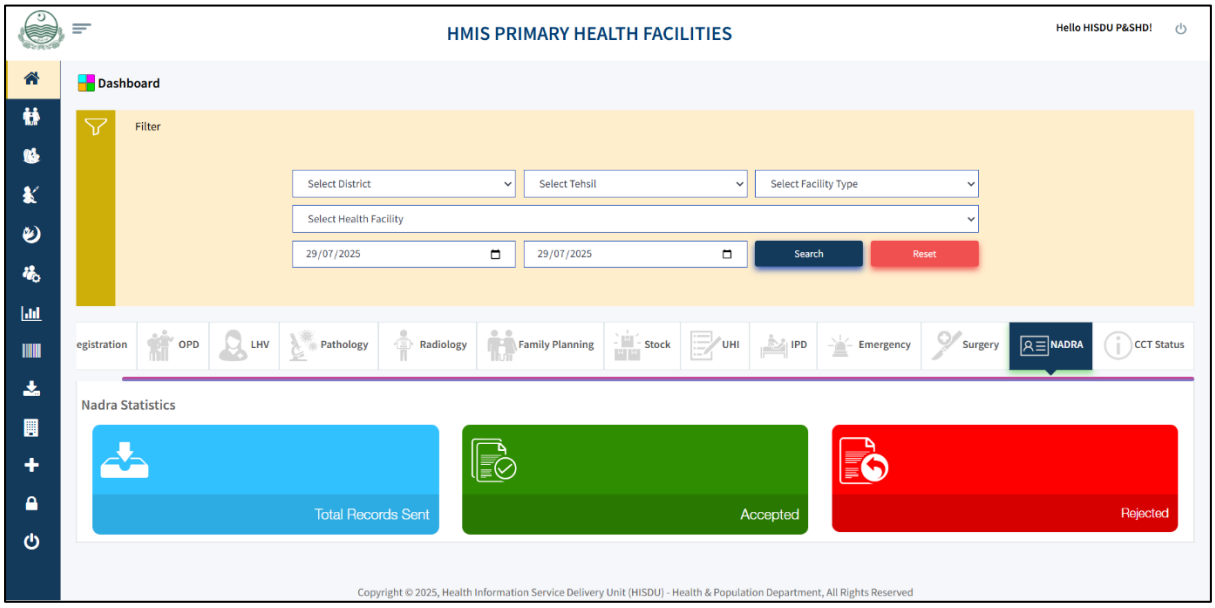
9.10 Emergency



9.11 Surgery



9.12 NADRA



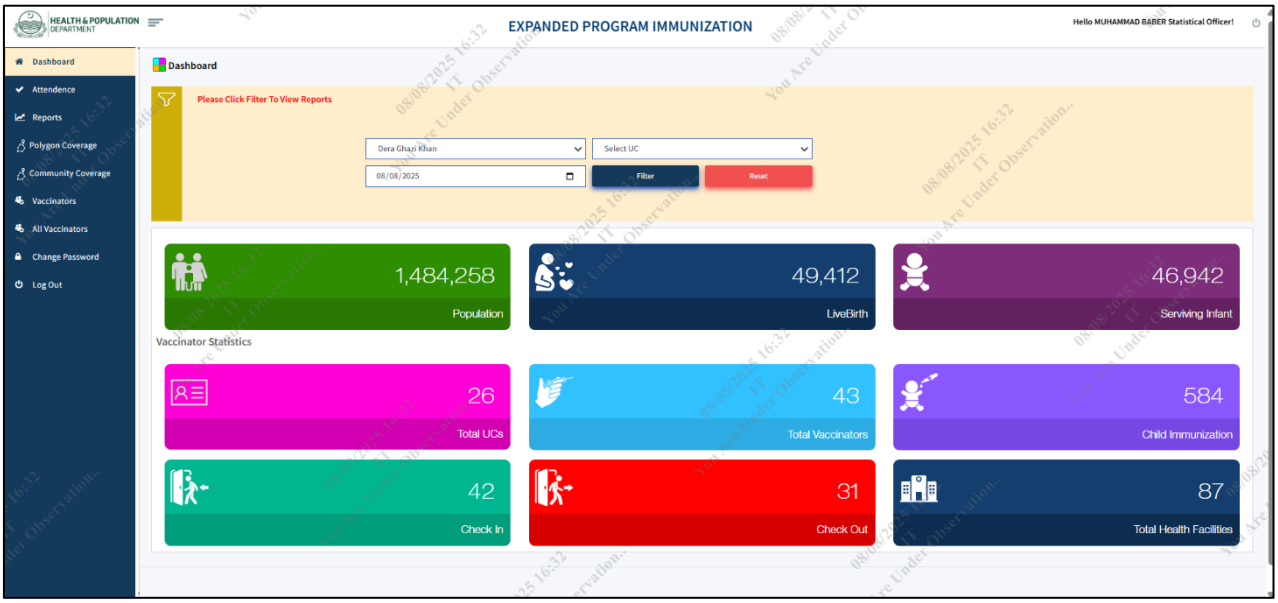
9.13 Expanded Program on Immunization (EPI)

The Expanded Program on Immunization (EPI) Dashboard is a centralized digital platform designed to monitor key indicators related to immunization activities across districts and Union Councils. It supports real-time tracking and reporting to facilitate evidence-based decision-making by health managers.

The dashboard allows users to filter data by district, Union Council (UC), and date, providing localized insights into immunization performance.

Key Functions Monitored by the Dashboard

- **Population & Target Estimates**: Displays overall population, live births, and estimated surviving infants to help assess immunization coverage needs.
- **Immunization Performance**: Tracks the number of children immunized, helping measure daily progress toward coverage goals.
- **Vaccinator Statistics**: Monitors the number of deployed vaccinators, their attendance (check-in/check-out), and their coverage areas (UCs).
- **Health Facility Coverage**: Shows the total number of health facilities engaged in the immunization program.
- **Navigation & Reporting Tools**: The left-hand panel offers modules for viewing reports, attendance, polygon and community coverage maps, and managing vaccinator information.



2025

Health & Population Department

Chapter 10:

CHI APPLICATION

Community Health Inspector (CHI)
Application version 3.8

SPHERE
Driving development through data

Chapter 10: Community Health Inspector (CHI) Application

To strengthen community outreach and improve healthcare access in underserved areas, the Health & Population Department is launching a Community Health Inspectors (CHI) program. This initiative is designed to complement the existing Lady Health Worker (LHW) program, which has made significant contributions to improving key maternal and child health indicators such as neonatal, infant, and under-five mortality rates, antenatal care coverage, skilled birth attendance, and institutional deliveries.

Despite having a workforce of approximately 50,000 LHWs, nearly 44% of areas across Punjab remain uncovered. This is primarily due to population growth, retirements, and structural challenges within the program, including skill gaps, and limited technology adoption. To address these issues, Community Health Inspectors will be deployed in uncovered areas, while existing LHWs will receive expanded training to match the enhanced skill set of the CHIs.

The CHIs will support service expansion in the following key areas:

1. Disease registration through the EMR system
2. Screening for postpartum depression
3. Routine immunizations
4. Disease surveillance and screening

In addition, the CHI program will introduce a **Family Folder / Registration System**, a comprehensive digital database to track health histories at the household and individual level. This system will include:

- **House Profiling,** including details regarding the physical state of the place of living
- **Family Profiling,** including details regarding the members of the family and their socioeconomic well-being
- **Individual Profiling**, including chronic disease status, immunization records, and general health information

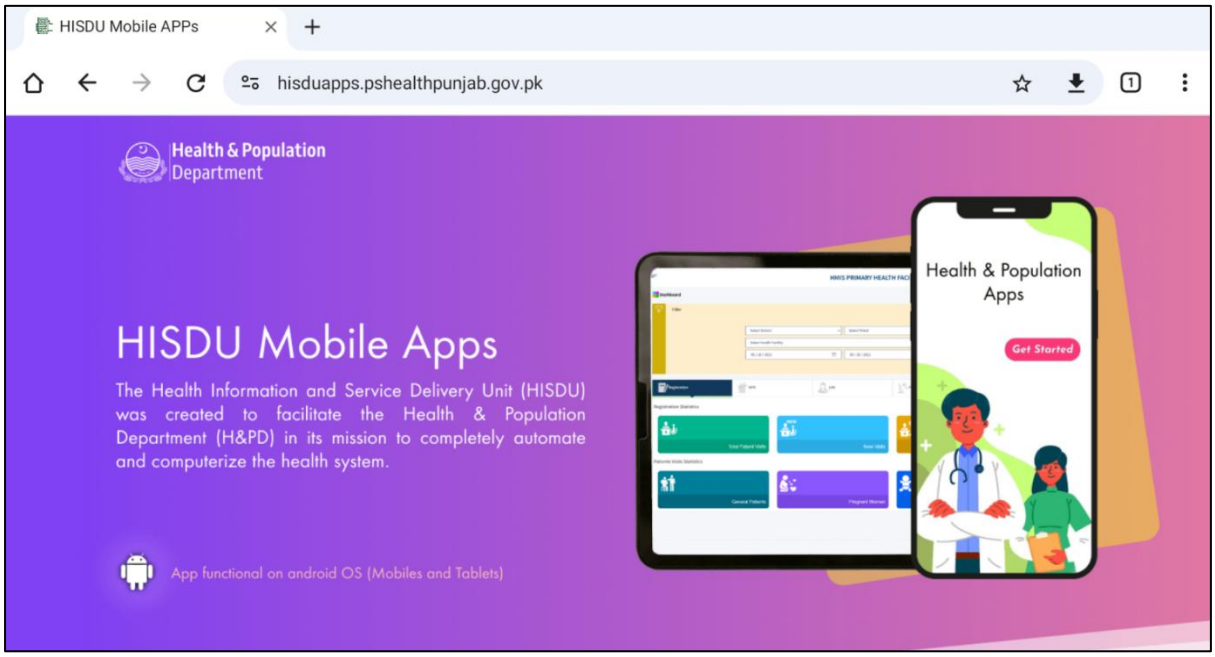
To facilitate this work, HISDU has developed CHI Application version 3.8. The application enables CHIs to conduct detailed profiling activities directly in the field using tablets. This version covers only Phase 1 of the CHI process, which includes household tagging and block formation.

This manual chapter will guide CHIs on how to effectively use the application to carry out their duties and collect data for a more data-driven community health system in Punjab.

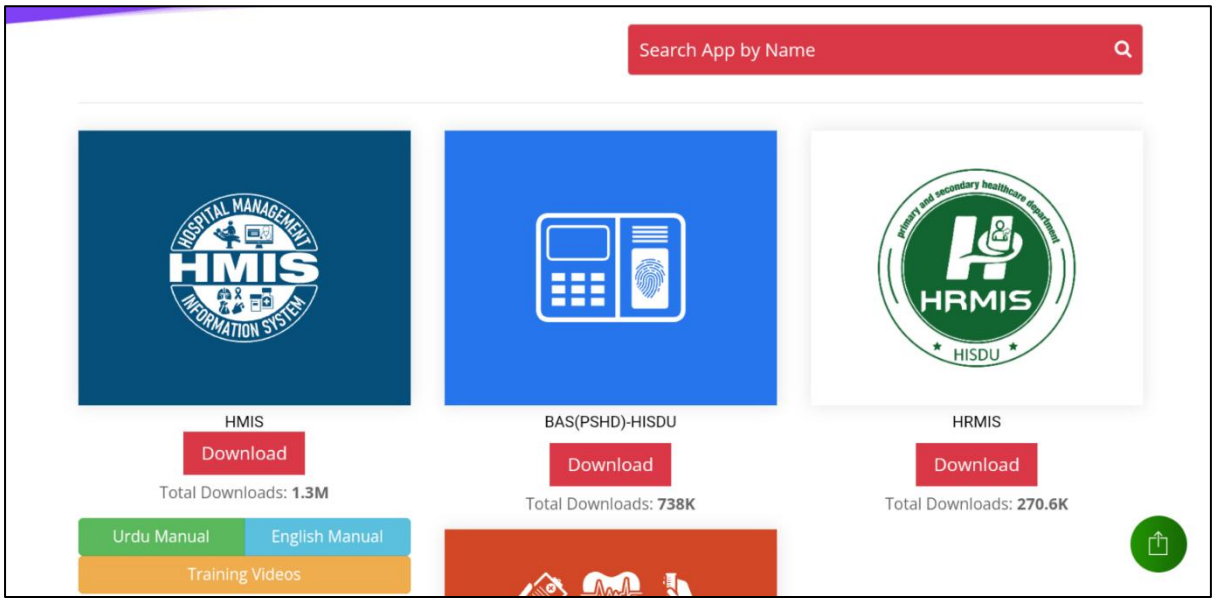
10.1 Downloading the CHI App and Logging in: A Step-by-Step Guide

The following is a seven-step guide to help you download and save the CHI application on 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



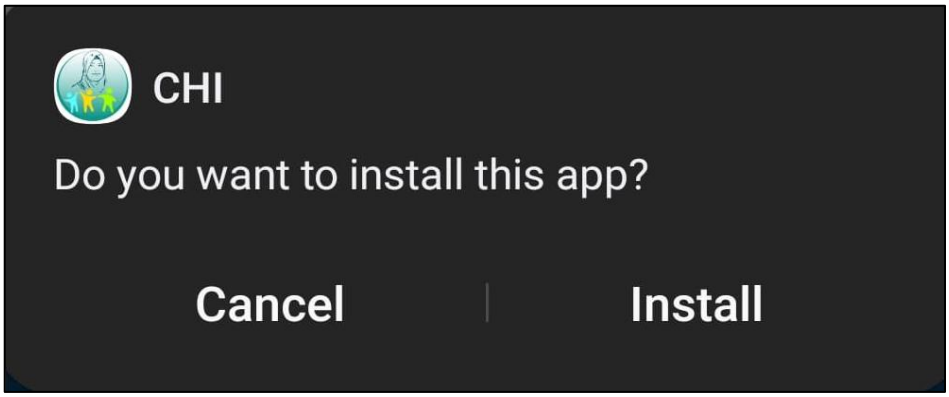
3. Search “Community Health Inspector” in the search bar.

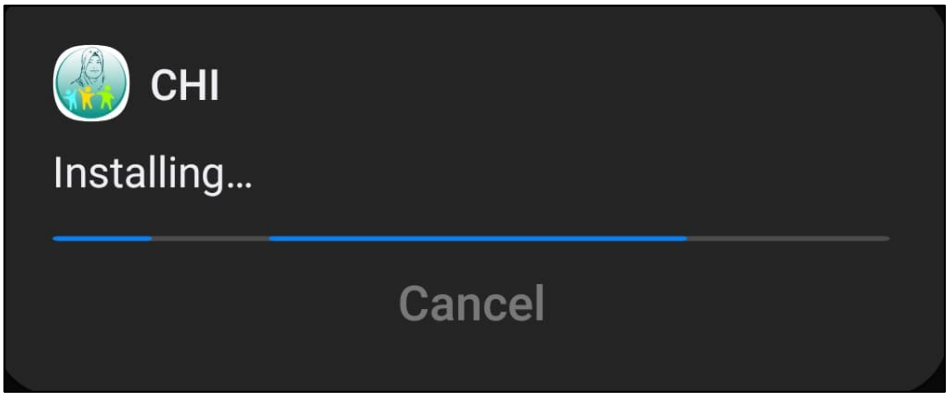


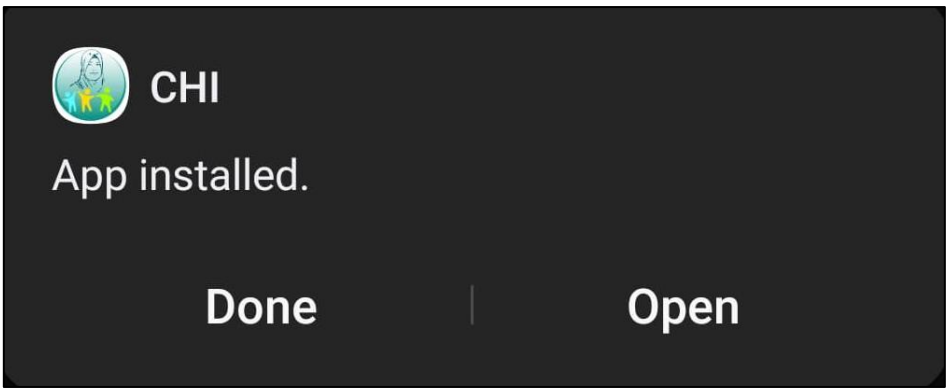
4. Download the CHI application by clicking **Download** as indicated.



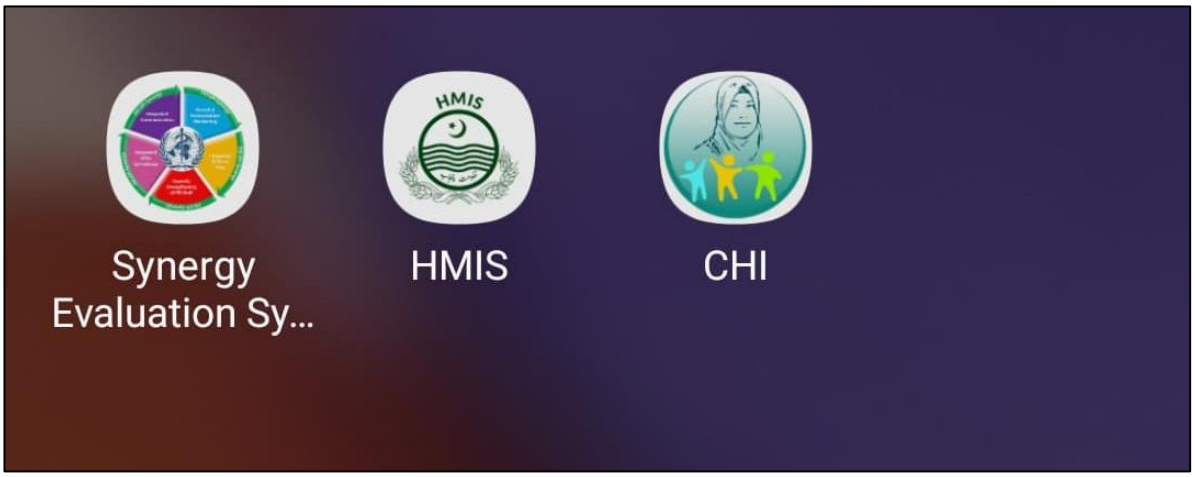
5. Once downloaded, click on the taskbar to install the application. The download and installation process will take a few minutes, so please be patient.







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



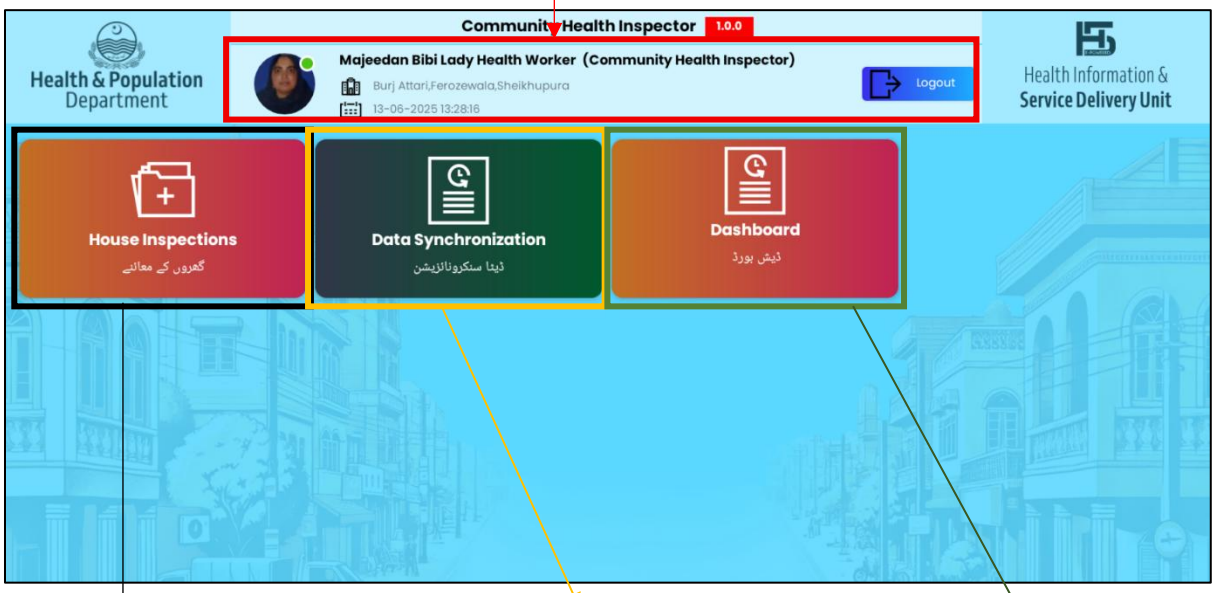
7. The app will open the following Login in page. CHIs will log in using their CNIC and a password provided by HISDU.



10.2 CHI Homepage

Upon successful login, users will be directed to the CHI app homepage, as shown below.

The top of the bar shows the name of the CHI, the location, and the current date and time. It also has a logout button on the right end.



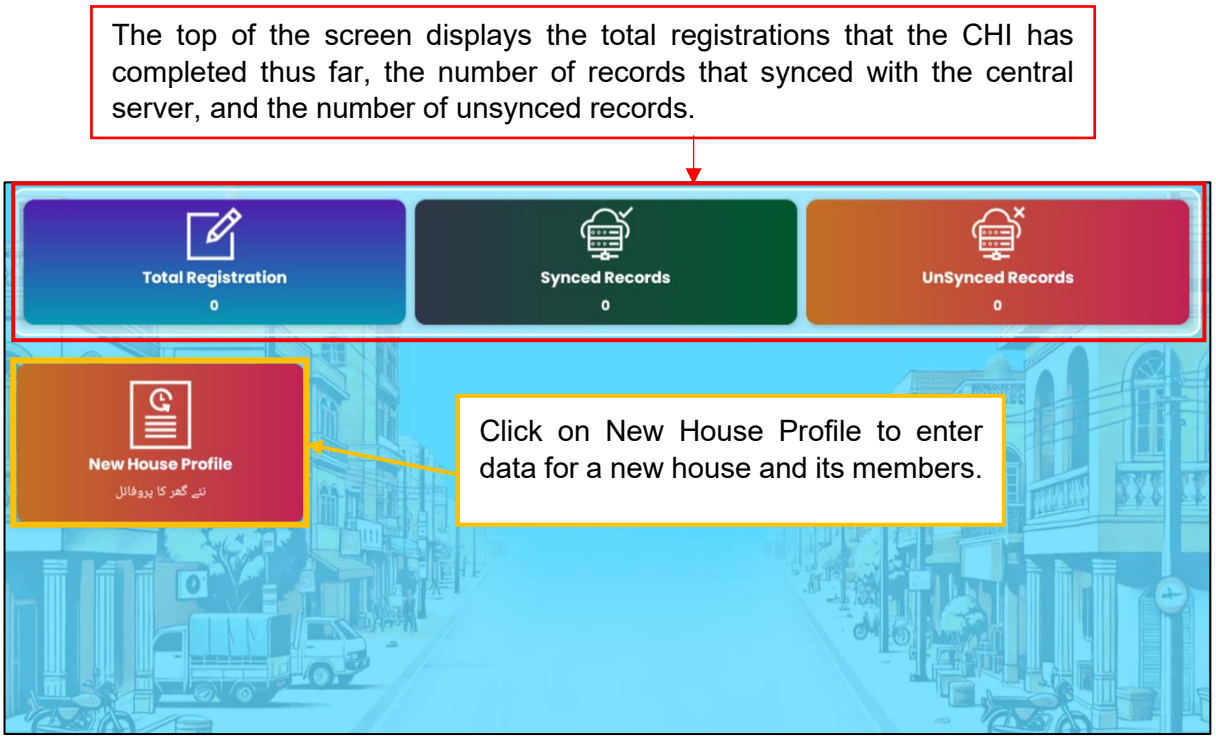
The first tab displayed is the House Inspection form. This tab will allow you to enter data regarding the house, the family/families residing in it, and each member of the household.

The second is the Data Synchronization tab, which allows you to synchronize data between the mobile application and the database.

Lastly, the third tab is for the Dashboard, which shows information regarding the number of houses, families and individuals covered by the CHI.

10.3 Community Profile

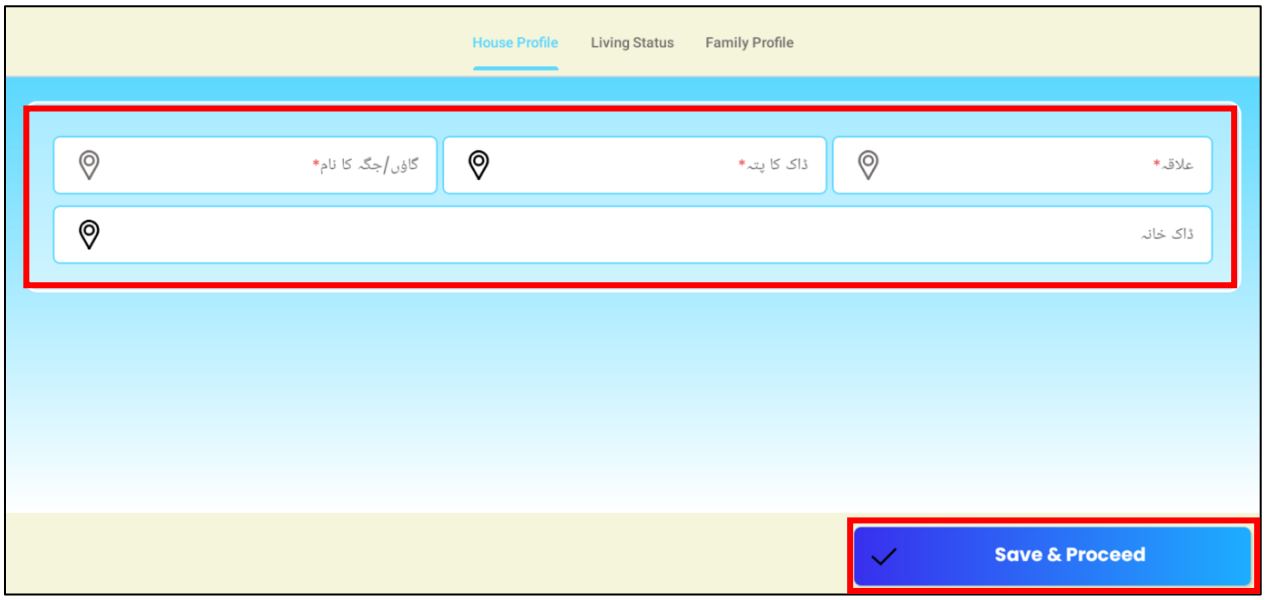
To begin logging data for the community, click on the House Inspections tab. The next screen displayed will be as below.



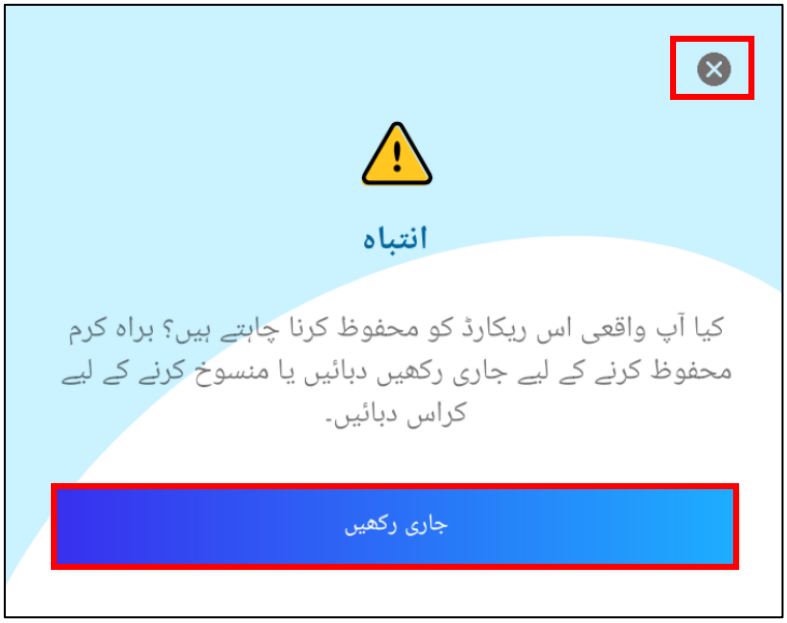
In the CHI application, you will first enter data regarding the house, then regarding the families living in one house. Note here that there may more than one family living in a house and a family here refers to a husband, wife, and children if any. If the parents or the siblings are living together with the man, they will only count as family if being supported by the man. Otherwise, they will be entered as a separate family.

10.3.1 House Profile

Begin by entering the name of the are area, the postal code, and the name of the village/mohalla the house is located in. Click on **Save & Proceed** to enter more information.



Upon clicking on **Save & Proceed**, you will see the following alert. If you wish to save the record, click on the button **Continue**, otherwise click on the **cross button** in the upper-right hand corner.



10.3.1.1 Living Status

Enter details regarding the physical state of house and number of families residing in the house.

Enter the number of families living in the house.

Remember that there may more than one family living in a house and a family here refers to a husband, wife, and children if any. If the parents or the siblings are living together with the man, they will only count as family if being supported by the man. Otherwise, they will be entered as a separate family.

Choose from the following to state the material of the external walls of the house. If the relevant option is not present, select Other.

پکی اینٹیں/بلاکس

کچی اینٹیں/گارے سے بنی ہوئی

لکڑی/بانس

پتھر

دیگر

Choose from the following to state the material of the roof of the house. If the relevant option is not present, select Other.

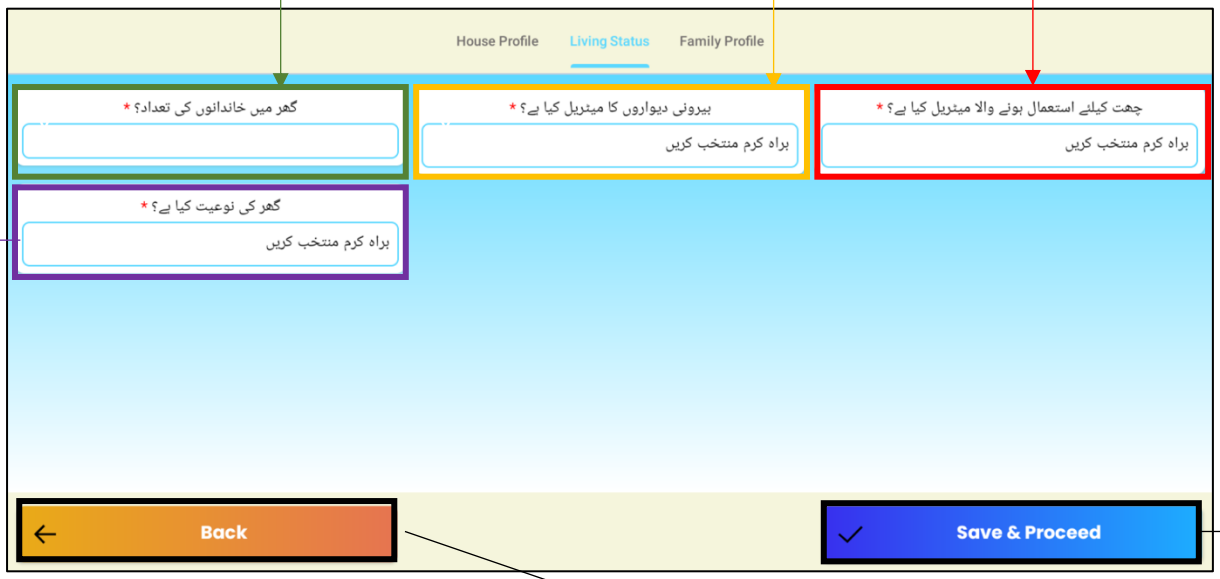
آر سی سی /آر بی سی

لکڑی/بانس

لوہا/سیمنٹ

گار ڈر/ٹی آئرن

دیگر



Choose from the following to state the type of residential place.

کثیر منزلہ (رہائشی)

کمرشل اور رہائشی

کثیر منزلہ (کمرشل اور رہائشی)

کمرشل

کثیر منزلہ (کمرشل)

غار، خیمہ ، خانہ بدوش وغیرہ

زیرِ تعمیر

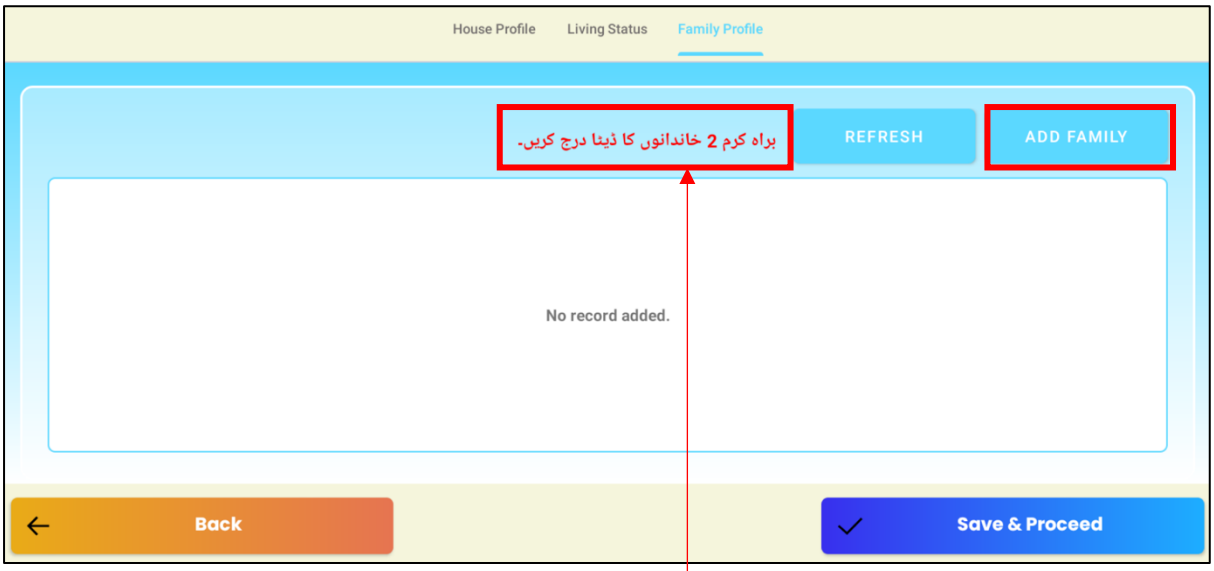
سنگل اسٹوری

Click **Back** to the previous screen and **Save & Proceed** to save the information entered and move on to the next section.

Link to Table of Content (ToC)

10.3.2 Family Profile

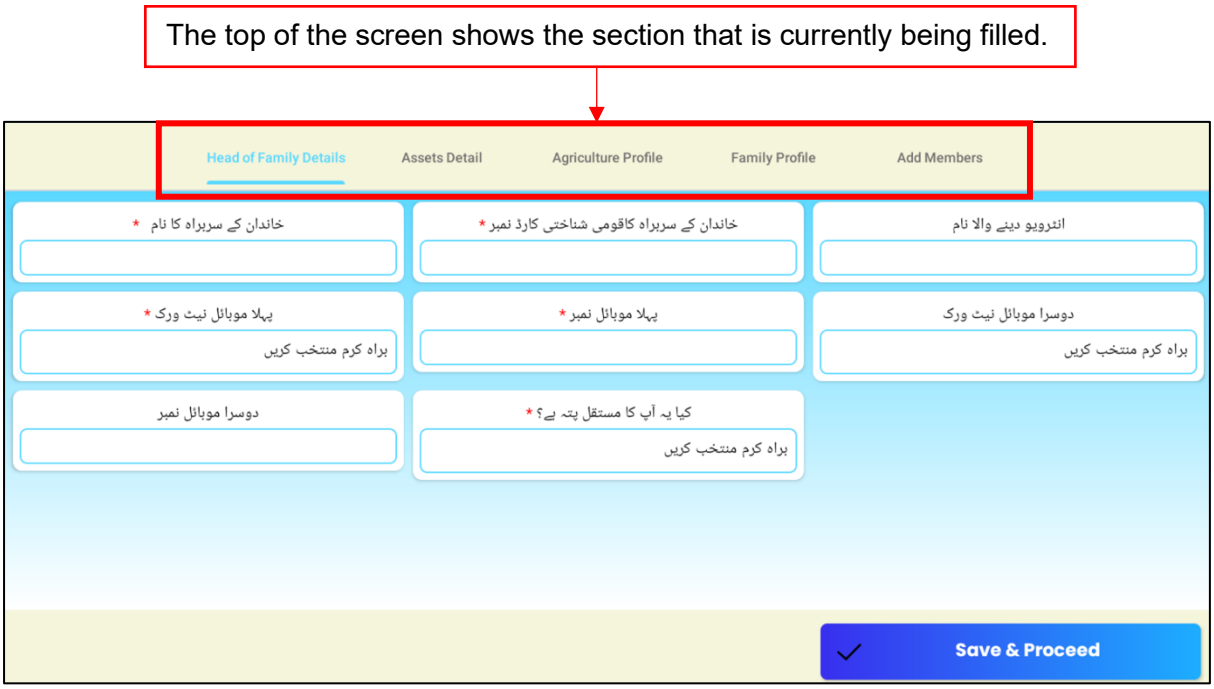
The next section will prompt you to start adding details regarding the families living in the residential unit. Click on Add Family in the top right corner to begin.

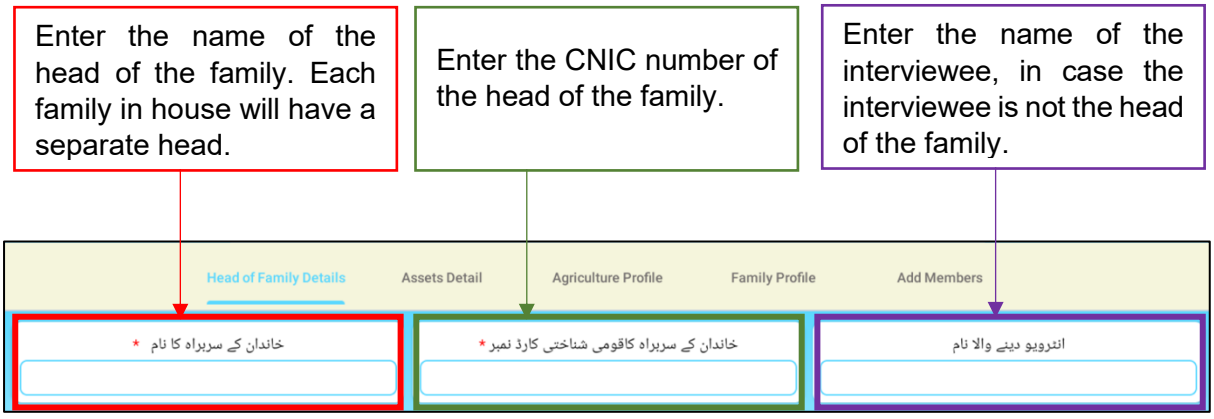


Note that the screen will prompt you add information according to the number of families you have entered as living in the house in the previous section.

10.3.2.1 Head of Family Details

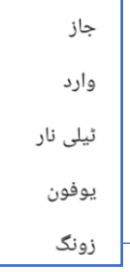
The first section in the family profile is on the details of the head of the family.





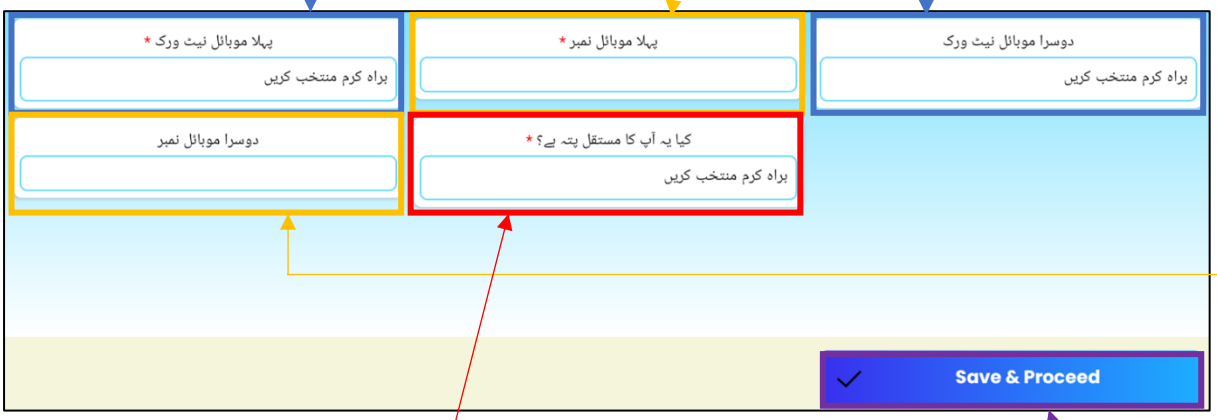
Choose the mobile network of the main contact number of the head of the family from the given options. This field is mandatory.

If there is a second contact number, the mobile network will need to be added for that too. The second contact is not mandatory.

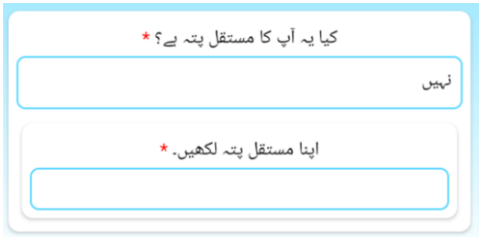


Add the main contact number of the head of the family. This field is mandatory.

If there is a second contact number, it can be added too, however, the second contact number is not mandatory.



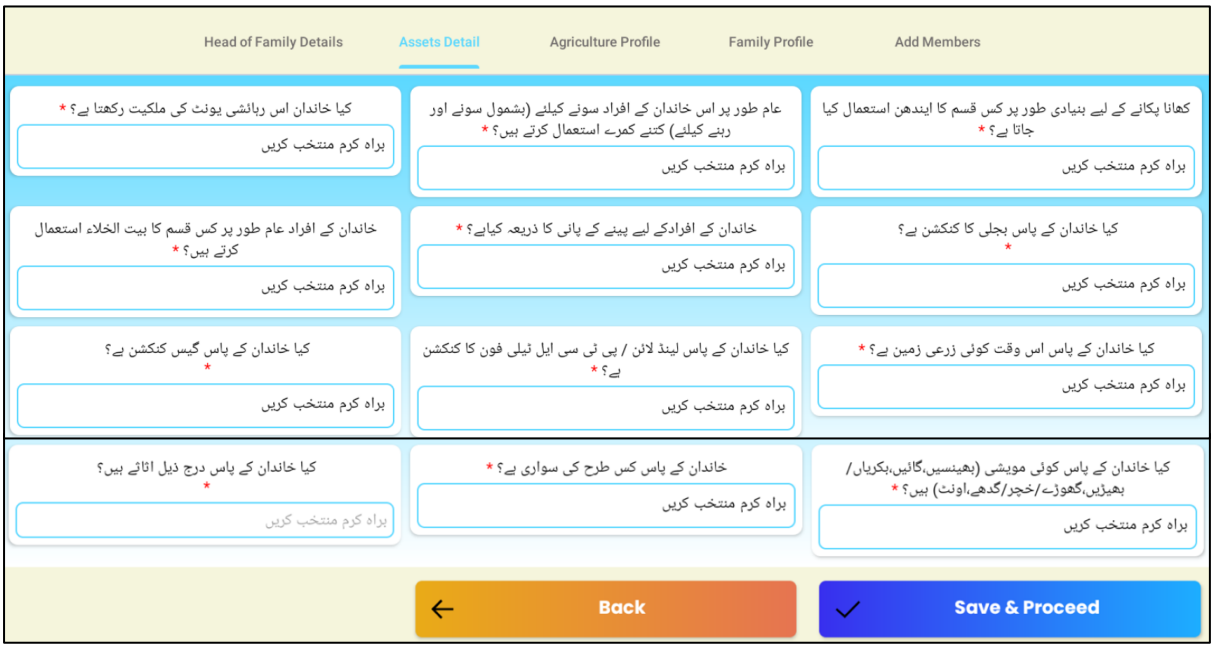
If this is the permanent residence of the family, choose yes from the available options. If no, then you will be prompted to add the permanent residence of the family as below.



Click **Save & Proceed** to go to the next section.

10.3.2.2 Assets Details

The next section is regarding the asset details of the family.



Choose from one of the options given below to state whether the family owns the residential unit.

مالک قابض (کرایہ پر نہیں لیا گیا)

مالک قابض (کرایہ پر)

کرایہ پر

رعائتی کرایہ پر

بغیر کرایہ پر

Enter the number of rooms used by the family.

Choose from one of the options given below to state type of fuel is primarily used for cooking by the family. If the relevant option is not listed, select Other.

لکڑی

گیس

مٹی کا تیل

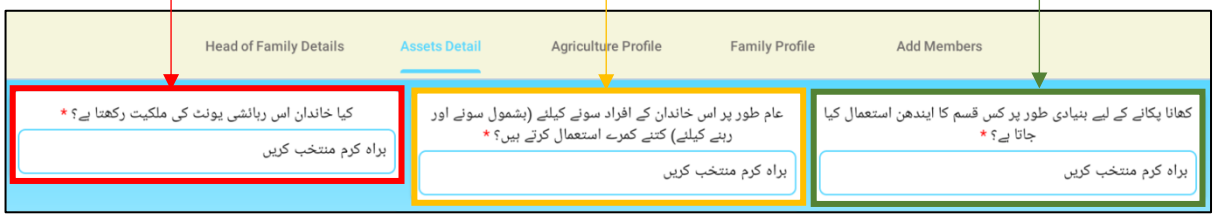
گوبر

بجلی

فصل کی باقیات

کوئلہ

دیگر



Link to Table of Content (ToC)

Select one of the options below to indicate the type of washroom the family uses.

فلش پبلک سیوریج سسٹم سے منسلک

فلش گڑھے سے منسلک

فلش کسی کھلی جگہ سے منسلک

خشک لیٹرین

خشک گڑھے والی لیٹرین

گھر میں بیت الخلاء نہیں ہے

Select one of the options below to indicate the family's sources of drinking water.

پائپ کا پانی

ہینڈ پمپ

موٹر والا پمپ/ ٹیوب ویل

غیر محفوظ کنواں

محفوظ کنواں

تالاب/ نہر/ دریا /ندی

چشمہ

بوتل کا پانی

ٹینکر/ ٹرک/ پانی اٹھانے والا

فلٹریشن پلانٹ

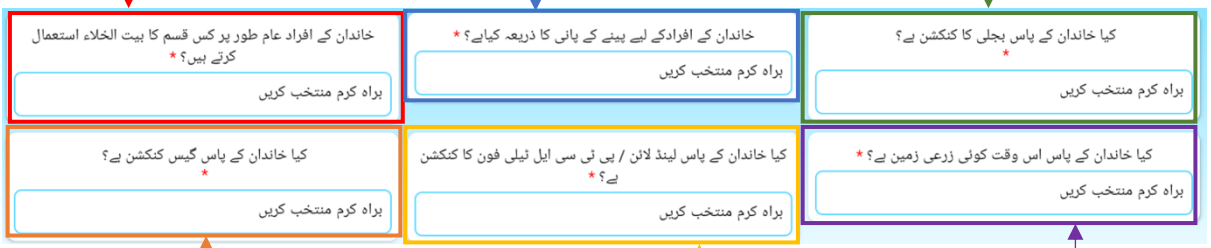
دیگر

Choose from one of the options given below to state whether the family has an electricity connection.

ہاں

نہیں

ہاں توسیع



Select one of the options below to indicate if the family has a gas connection.

ہاں

نہیں

ہاں توسیع

Select one of the options below to indicate if the family has a landline phone connection.

ہاں

نہیں

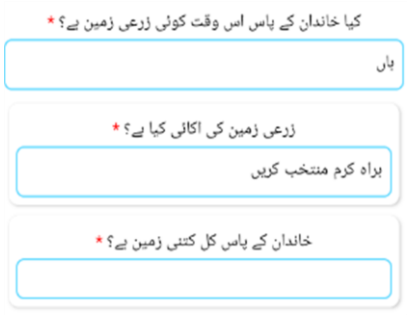
ہاں توسیع

Choose from one of the options given below to state whether the family has a farming land.

ہاں

نہیں

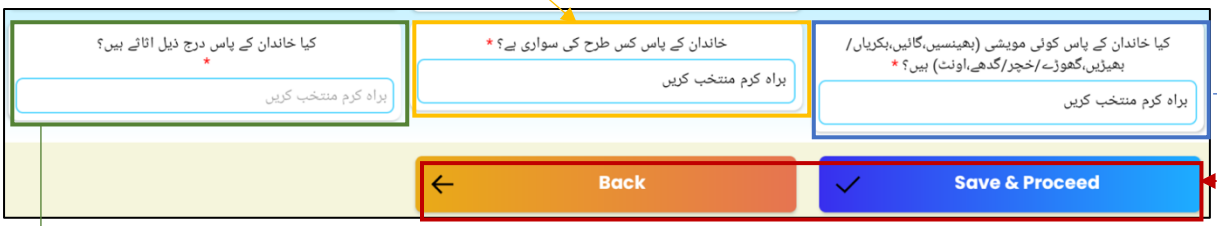
If yes, please enter the following details regarding the size of the land.



Link to Table of Content (ToC)

Enter details regarding whether the family has a vehicle.

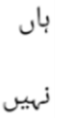
Click **Save & Proceed** to go to the next section or **back** to edit the previous section.



Choose which of the following assets the family owns:



Select yes or no to indicate whether the family owns any animals.



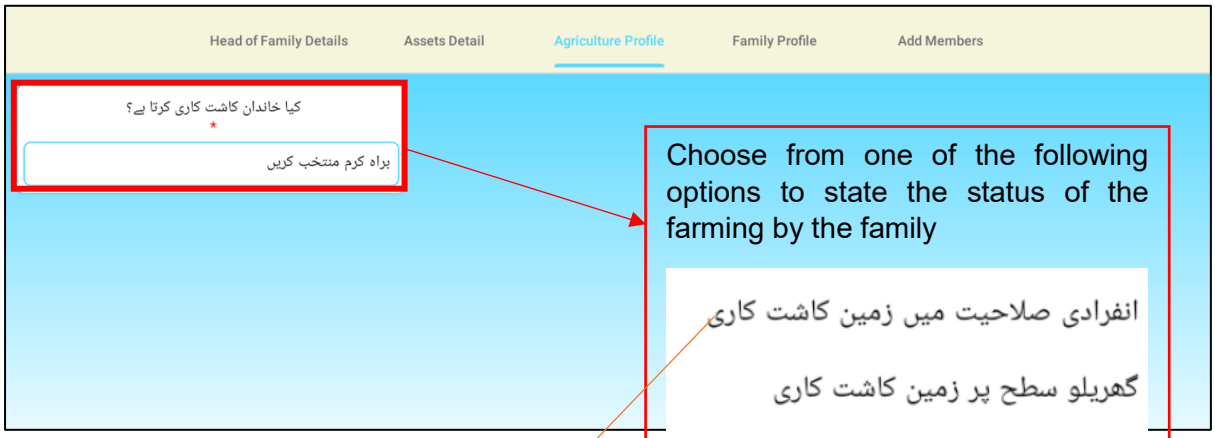
If yes, enter the total count of each type of animal. If any other type are present that are not listed here, please enter the total number of the others under the Other heading.



Link to Table of Content (ToC)

10.3.2.3 Agricultural Profile

The next section is regarding the agricultural activities carried out by the family. Begin by entering whether the family has any farming land.



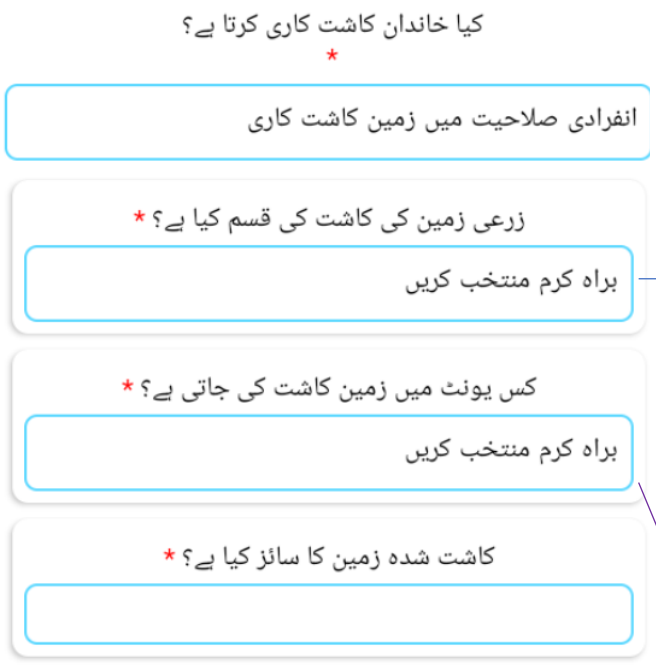
Choose from one of the following options to state the status of the farming by the family

انفرادی صلاحیت میں زمین کاشت کاری

گھریلو سطح پر زمین کاشت کاری

کاشت کاری نہیں کرتے

If the first option is selected, the following fields will appear to fill details



Select one of the following options to state the type of farming by the family

خود کاشتکار

ٹھیکہ پر کاشتکار

حصہ دار

Select one of the following options to state the unit of farming by the family

مرلہ

کنال

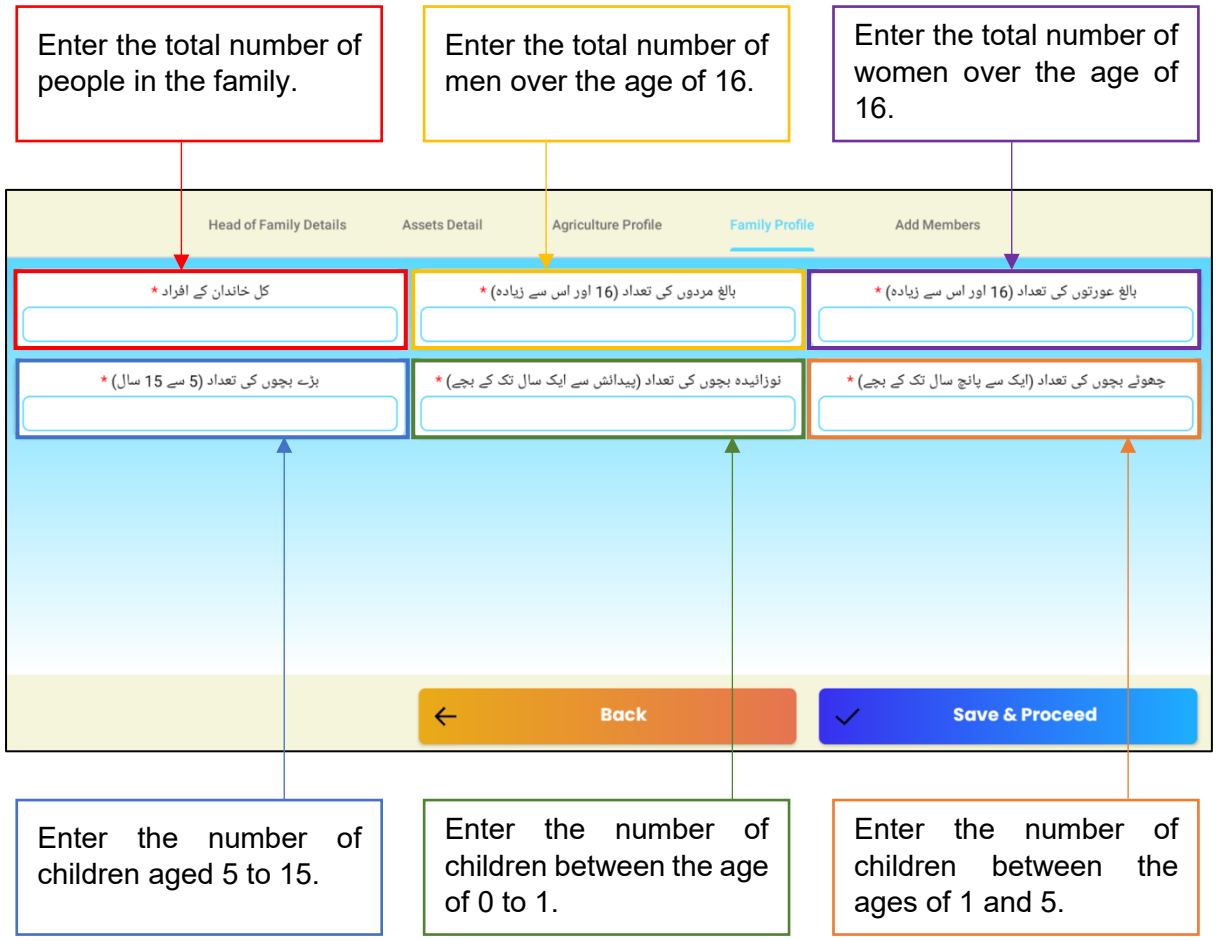
جریب

ایکڑ/ کِلہ

مربع

10.3.2.4 Family Profile

The next section is regarding the Family Profile i.e. the number of people in the family and their age groups.



10.3.3 Individual Profile

The next section will prompt you to start adding details regarding each member of this family. Click on Add Member in the top right corner to begin. Once you have added all members of the family, you will go back to the Family Profile section and add all members of the any other family residing in the residential unit.

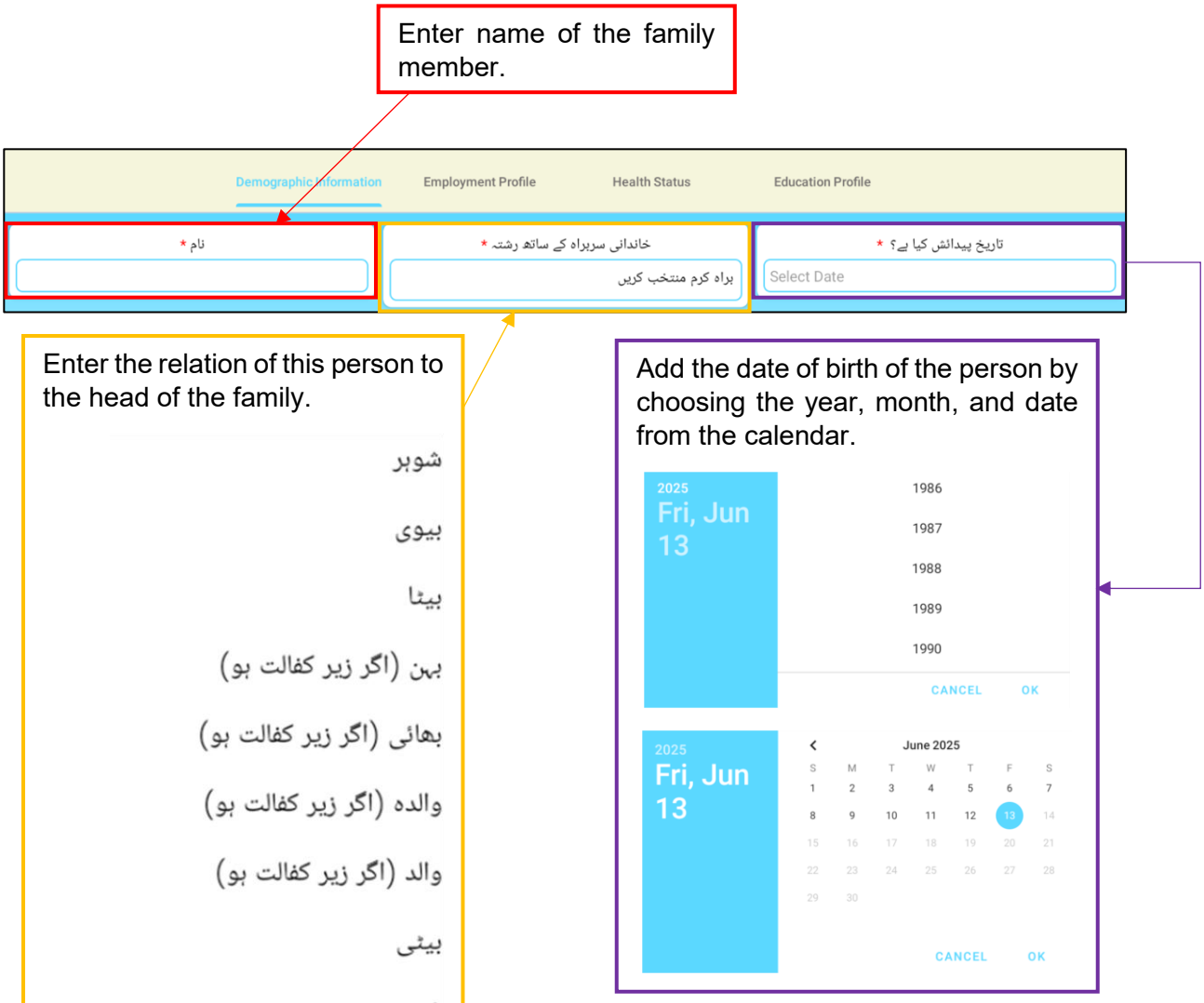


Note that the screen will prompt you add information according to the total number of individuals you have entered as being members of the family in the previous section.

10.3.3.1 Demographic Information

Firstly, you will need to enter basic demographic details regarding each member of the family.





Link to Table of Content (ToC)

Add the phone number of the family member.



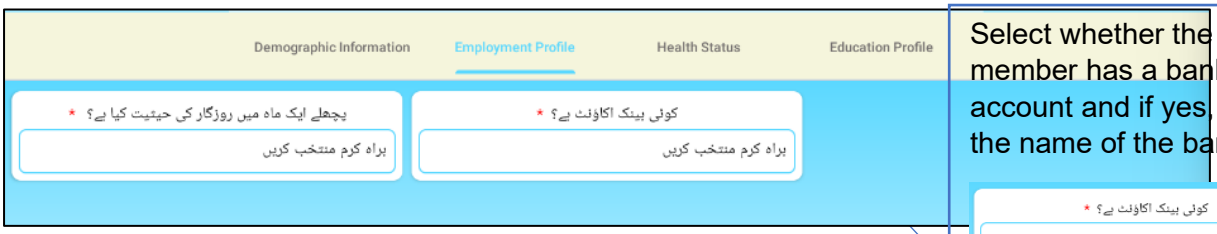
Select whether this individual has a CNIC or B-form. If yes, details regarding the CNIC number and date of expiry of CNIC will need to be added.



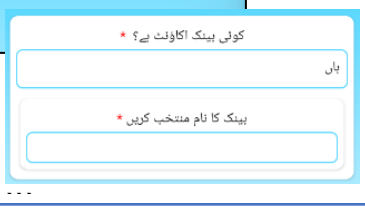
Select whether this individual has received aid from government in the past 3 years. This aid could be from BISP, Zakat, Bayt-ul-maal.

10.3.3.2 Employment Profile

In this section, you will note the employment history of the family member.



Select whether the family member has a bank account and if yes, enter the name of the bank.



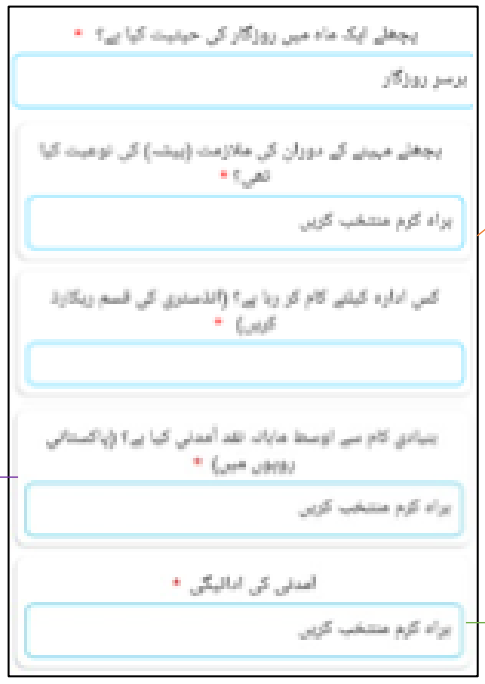
Select from one of the following to state the employment status of the family member in the past month.

برسرِ روزگار

بے روزگار لیکن کام کی تلاش میں

بے روزگار لیکن کام کی تلاش میں نہیں (ریٹائرڈ، طالب علم، گھریلو خاتون، معذور وغیرہ)

If already engaged in employment, fill in the following details.



زرعی، جنگلات اور ماہی گیری کے مزدور

کان کنی، تعمیر، مینوفیکچرنگ اور ٹرانسپورٹ میں مزدور

ہنر مند زرعی کارکن

ڈرائیورز

گھریلو صفائی کرنے والے اور مددگار

دفاتر اور تجارتی اداروں میں صفائی کرنے والے اور مددگار

سیلز ورکرز

دکاندار

کلریکل ورکرز

باورچی اور ویٹر

دستکاری اور متعلقہ تجارت کے کارکن (بلڈنگ ورکرز، درزی، بڑھئی، پلمبر، ویلڈر، پینٹر، بیکرز وغیرہ)

سیکیورٹی گارڈز

اینٹوں کے بھٹہ مزدور

موٹر وہیکل/سائیکل مکینکس اور مرمت کرنے والے

سیکیورٹی گارڈز

اینٹوں کے بھٹہ مزدور

موٹر وہیکل/سائیکل مکینکس اور مرمت کرنے والے

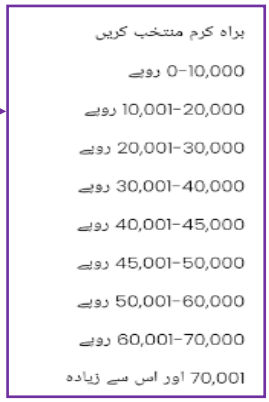
الیکٹریکل مکینکس اور فٹر

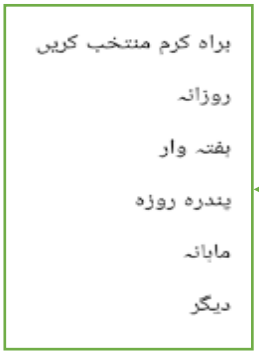
اساتذہ

تکنیکی ماہرین، مشین آپریٹرز

مینیجرز اور پروفیشنلز

دیگر

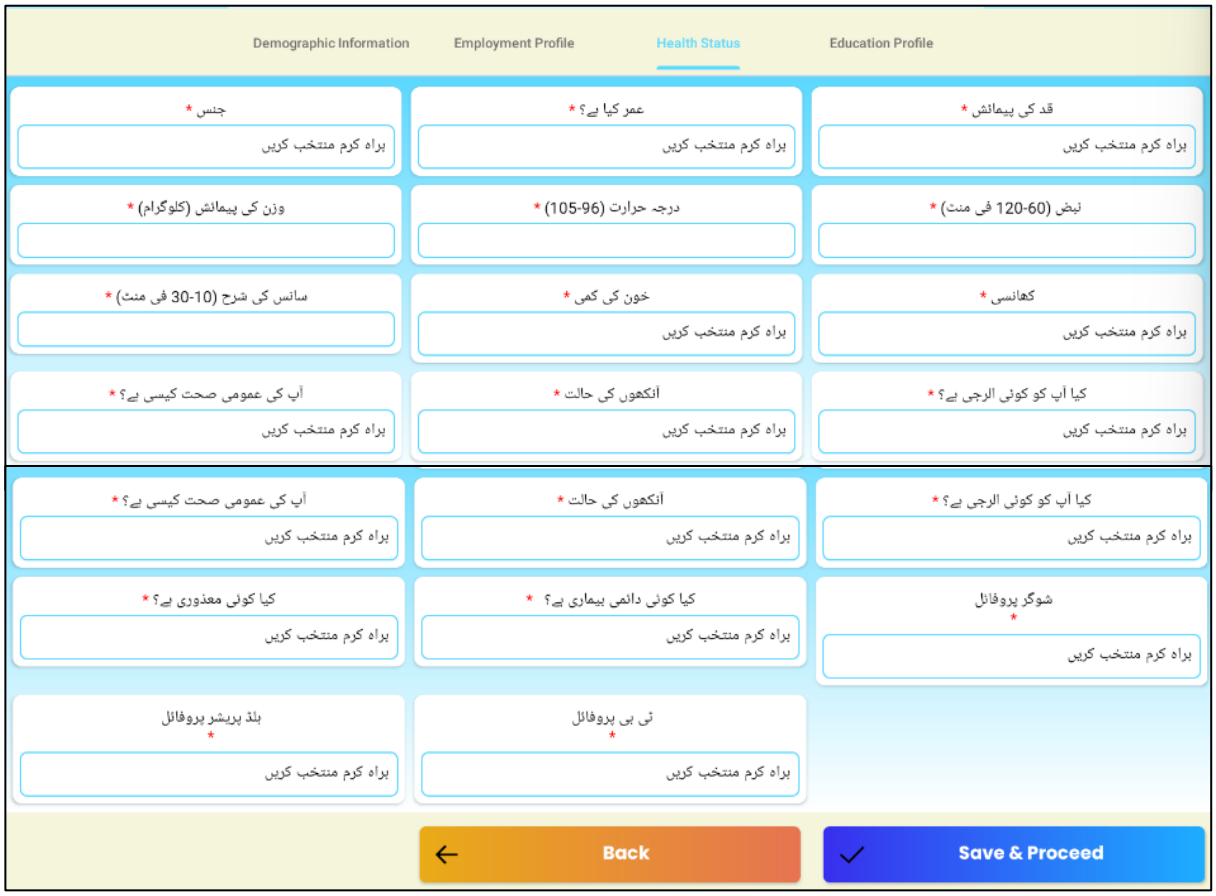


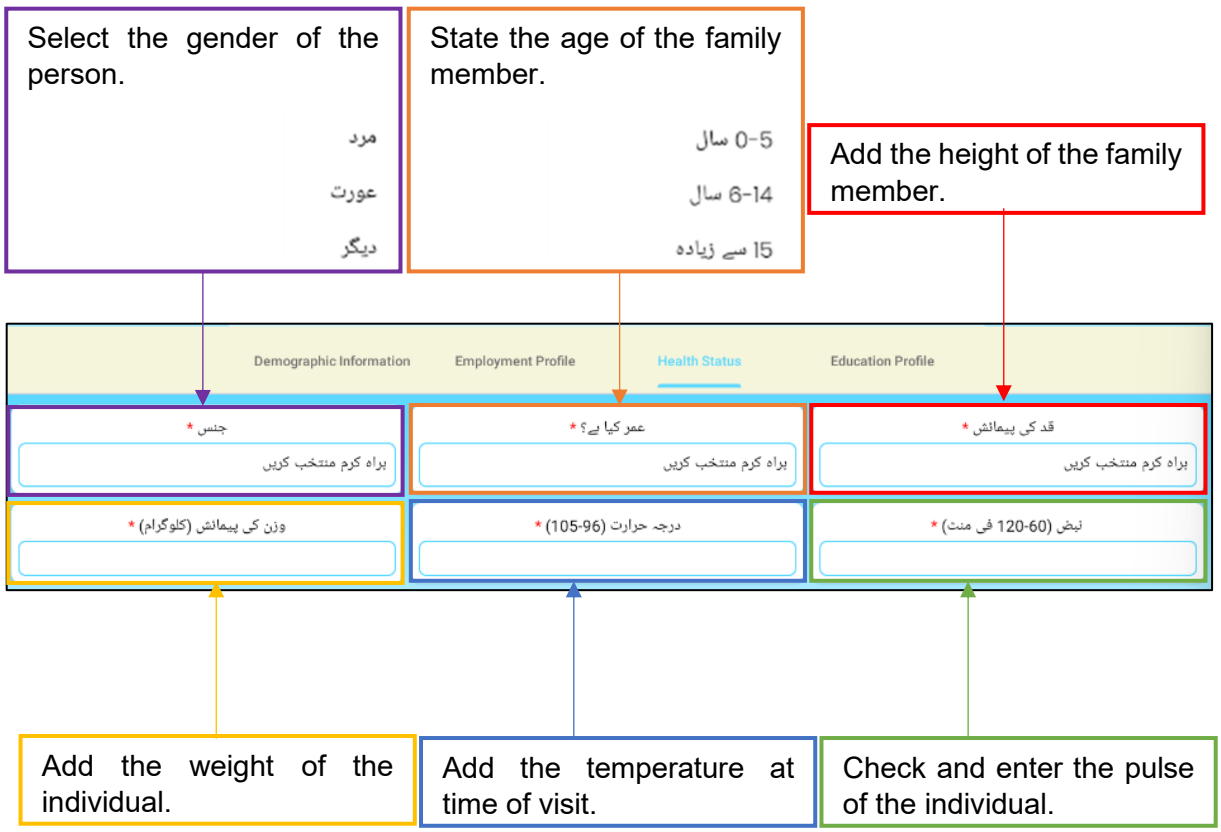


Link to Table of Content (ToC)

10.3.3.3 Health Status

In this section you will record the health status of the family member.

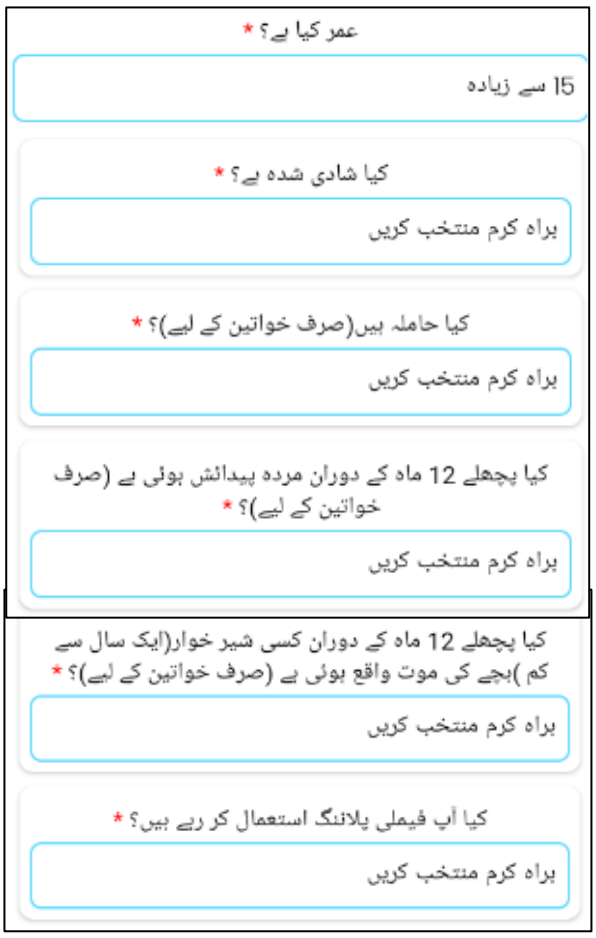


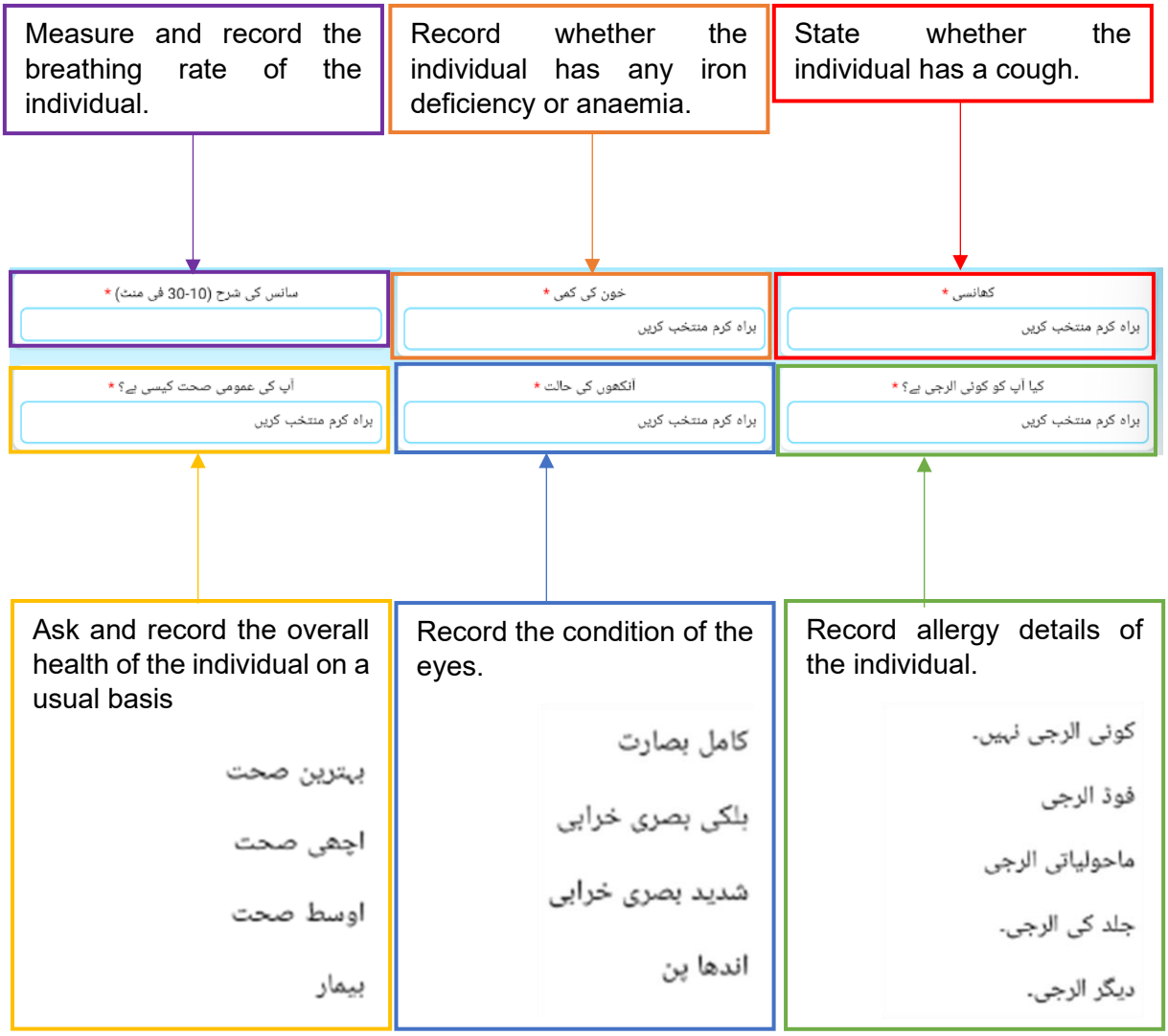


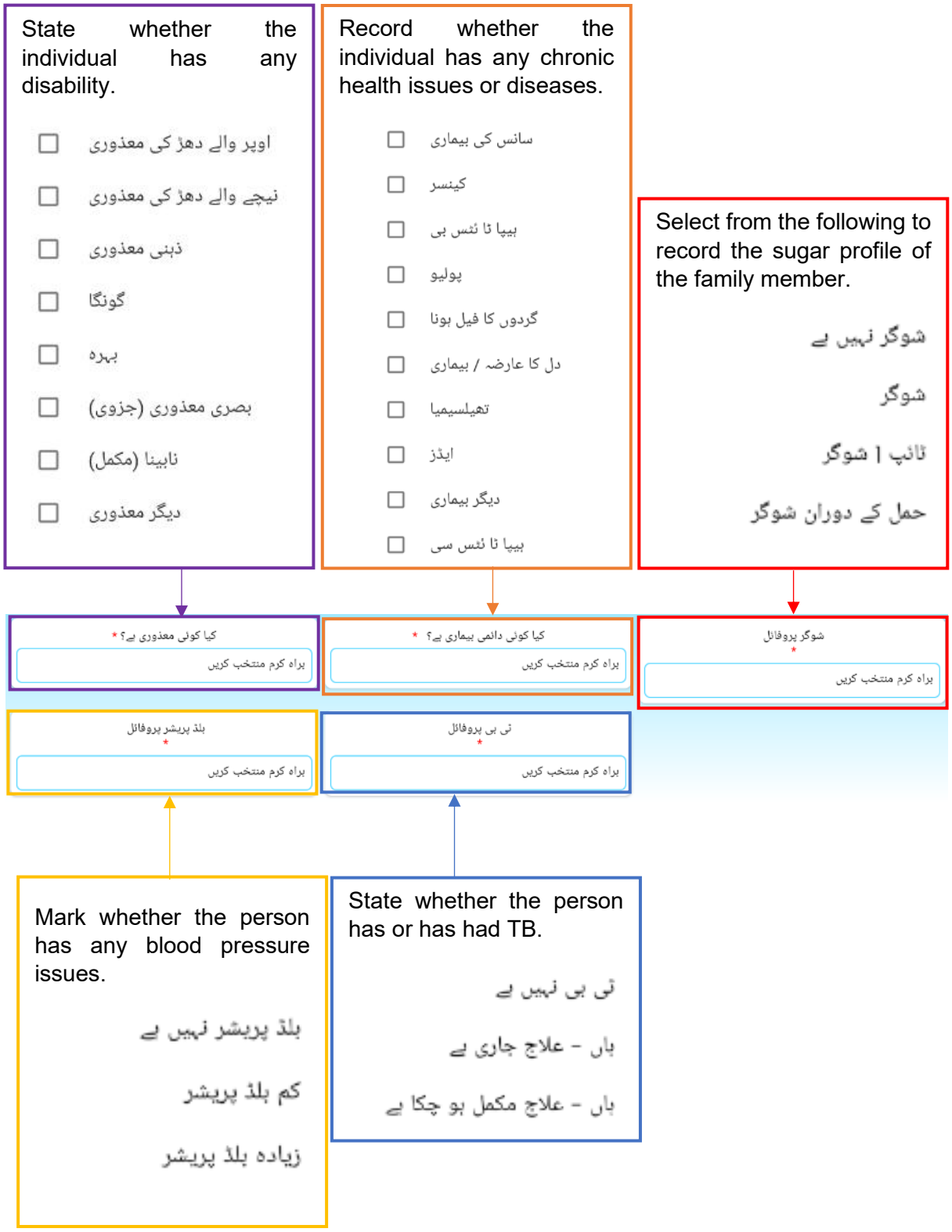
If the age of the individual is less than 5 years, please also enter the following details.



If the age is greater than 15 years, please enter the following details. You will also have to enter details regarding pregnancies, and child mortality in case the data is for a female family member aged 15+.

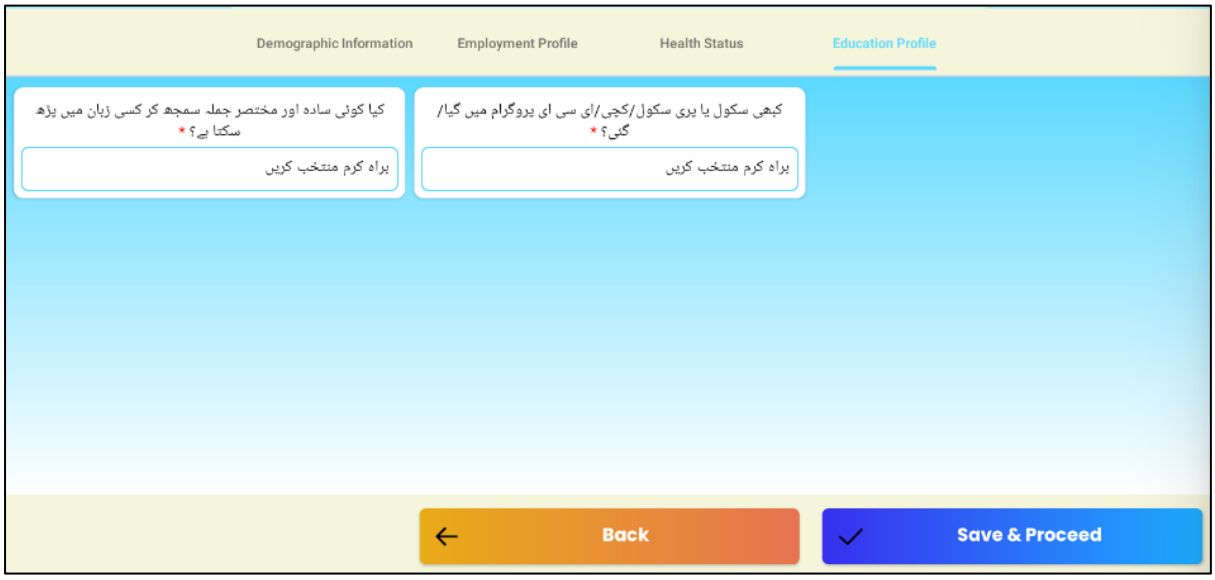


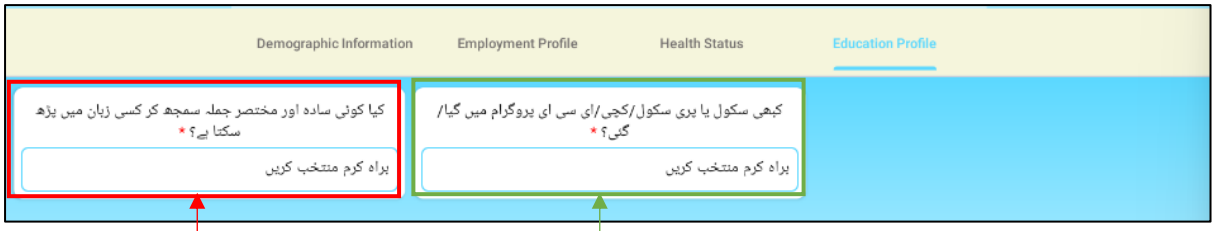

Measure and record the breathing rate of the individual.
Record whether the individual has any iron deficiency or anaemia.
State whether the individual has a cough.
سانس کی شرح (10-30 فی منٹ) *
خون کی کمی *
براہ کرم منتخب کریں
کھانسی *
براہ کرم منتخب کریں
آپ کی عمومی صحت کیسی ہے؟ *
براہ کرم منتخب کریں
آنکھوں کی حالت *
براہ کرم منتخب کریں
کیا آپ کو کوئی الرجی ہے؟ *
براہ کرم منتخب کریں
Ask and record the overall health of the individual on a usual basis
بہترین صحت
اچھی صحت
اوسط صحت
بیمار
Record the condition of the eyes.
کامل بصارت
ہلکی بصری خرابی
شدید بصری خرابی
اندھا پن
Record allergy details of the individual.
کوئی الرجی نہیں۔
فوڈ الرجی
ماحولیاتی الرجی
جلد کی الرجی۔
دیگر الرجی۔


State whether the individual has any disability.
اوپر والے دھڑ کی معذوری
نیچے والے دھڑ کی معذوری
ذہنی معذوری
گونگا
بہرہ
بصری معذوری (جزوی)
نابینا (مکمل)
دیگر معذوری
Record whether the individual has any chronic health issues or diseases.
سانس کی بیماری
کینسر
ہیپا ٹا ئٹس بی
پولیو
گردوں کا فیل ہونا
دل کا عارضہ / بیماری
تھیلسیمیا
ایڈز
دیگر بیماری
ہیپا ٹا ئٹس سی
Select from the following to record the sugar profile of the family member.
شوگر نہیں ہے
شوگر
ٹائپ ا شوگر
حمل کے دوران شوگر
کیا کوئی معذوری ہے؟ *
براہ کرم منتخب کریں
کیا کوئی دائمی بیماری ہے؟ *
براہ کرم منتخب کریں
شوگر پروفائل *
براہ کرم منتخب کریں
بلڈ پریشر پروفائل *
براہ کرم منتخب کریں
ٹی بی پروفائل *
براہ کرم منتخب کریں
Mark whether the person has any blood pressure issues.
بلڈ پریشر نہیں ہے
کم بلڈ پریشر
زیادہ بلڈ پریشر
State whether the person has or has had TB.
ٹی بی نہیں ہے
ہاں - علاج جاری ہے
ہاں - علاج مکمل ہو چکا ہے

10.3.3.4.4 Education Profile

The last section of the Individual Profile includes the Education Section.





State whether the individual can read a simple short sentence in any language.

Record whether the person has received any sort of schooling and if yes, then record the level of schooling.

Once all details are recorded, click the **Save & Proceed** button.

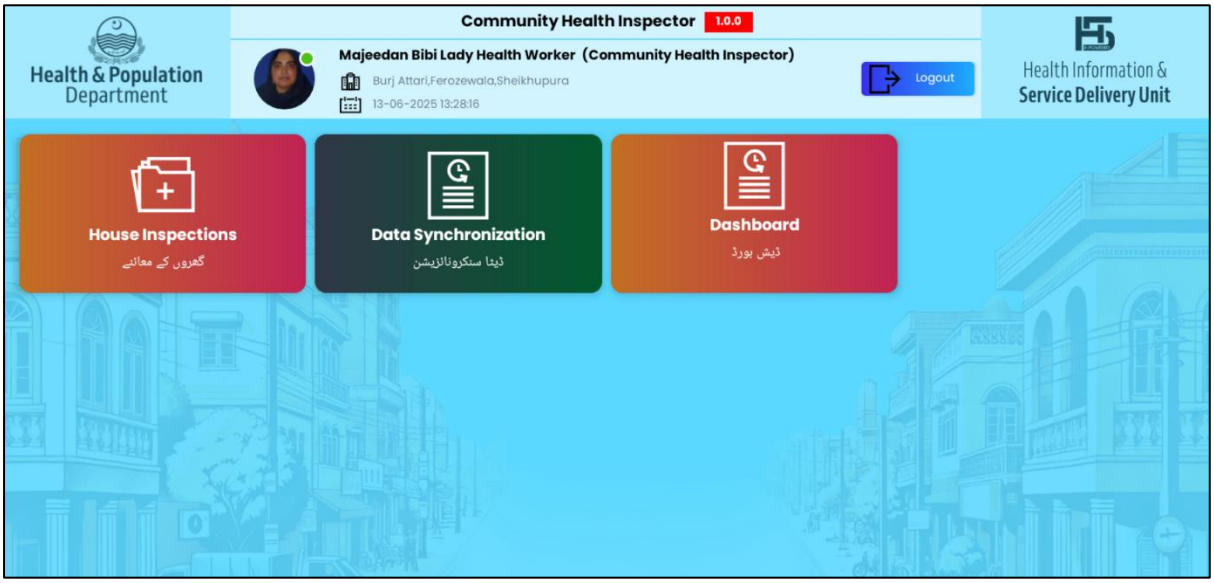
The record of the individual will be added as shown below. Repeat the same process for each of the family members by pressing the **Back** button which will take you the Family Profile, and you will be able to enter Individual Profile for all members. If there is any other family for which details need to be recorded, click the **Back** button again and repeat the process for the second family. When details for all people living in the residential unit are completed click **Save & Proceed**.



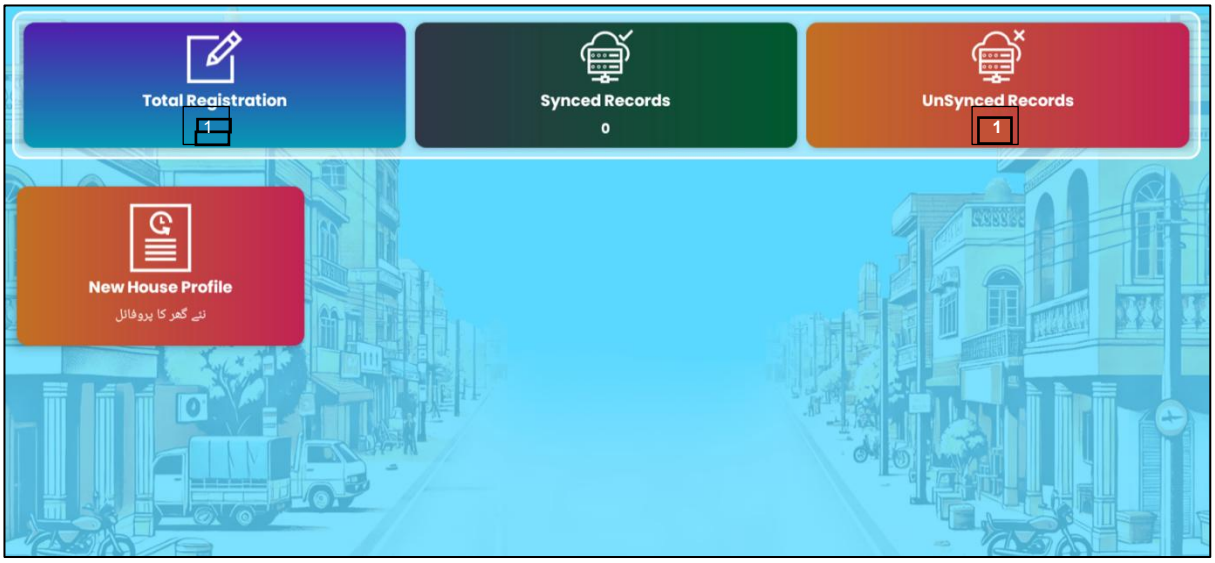


10.4 Editing Records

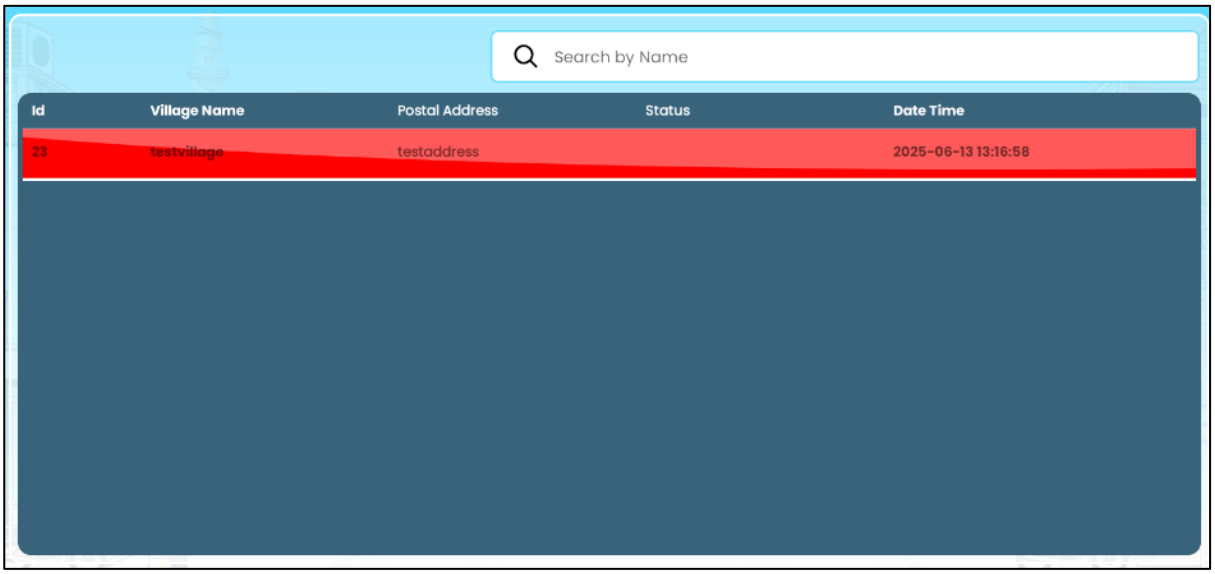
In case of a mistake with a record, it is possible to rectify it if the record has not yet been synced to the central server. To rectify a record, go to the House Inspections tab on the Homepage.



This will display the number of Total Registration, Synced Records and Un-synced Records at the top of the page. Click on Total Registration, this will display the un-synced and synced records. Synced records will be displayed in green whereas un-synced records will be displayed in red.



You can click on the un-synced record or can search the name or the CNIC of the head of the household. This will take you the House profile where you can edit the information.

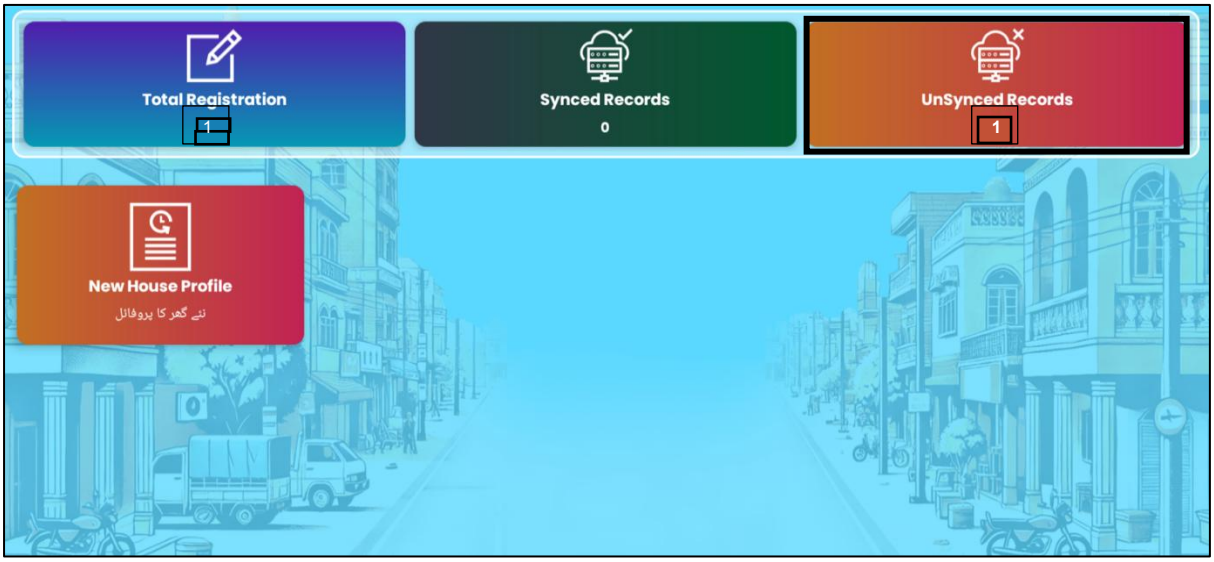


You can edit information in the Family Profile by clicking the blue pen icon. To update details for an individual family member, click the pen icon next to their name. To delete a record, click the red cross icon.

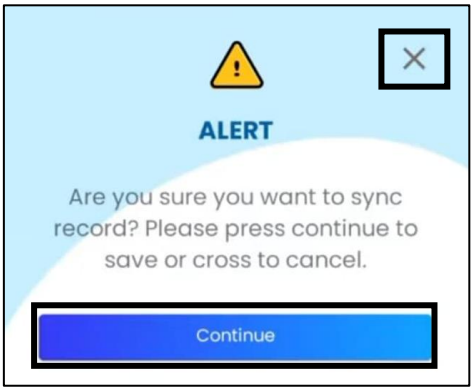


10.5 Syncing Records with HISDU Server

To sync all records on to the central server, click on the **UnSynced Records** tab.

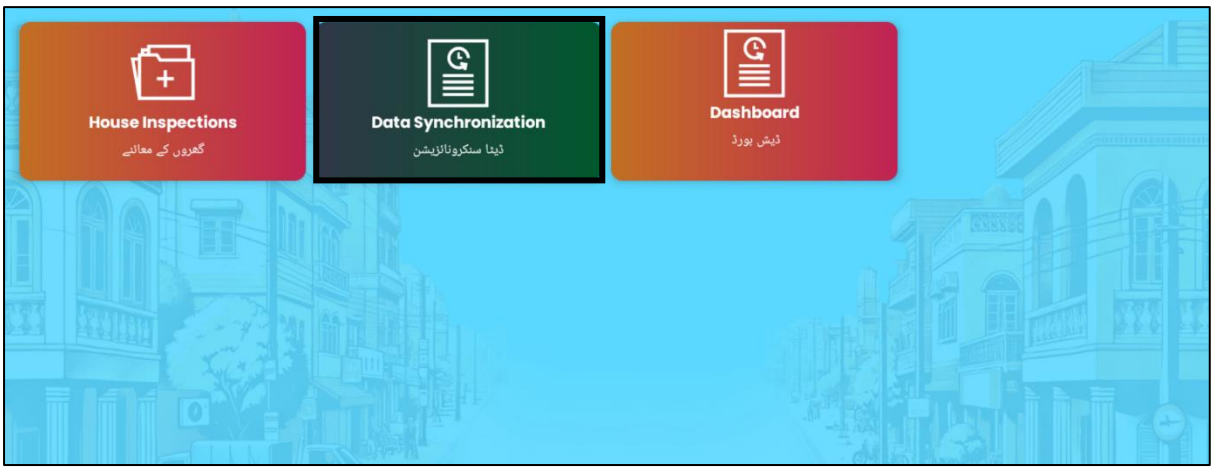


This will display the following message asking for confirmation to sync records. Remember records cannot be edited once they are synced.



Click **Continue** to proceed with syncing the records or click the **cross icon** in the top right corner to cancel the action.

If details for a certain section of the Community Profile have to be synced, click on the Data Synchronization tab on the Home page.



Click on any of the tabs displayed to sync data for the section only of all the records that are currently not synced.

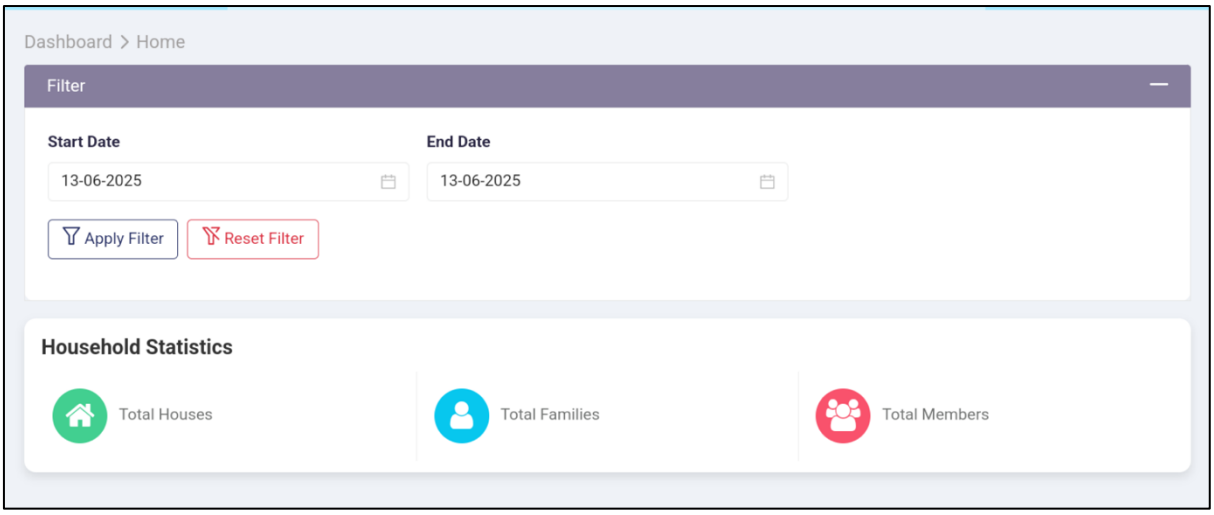


10.6 Dashboard

To view details regarding the number of houses, families, or family members whose data has thus far been recorded and synced, click on the Dashboard tab on the Home page.



The following dashboard will be displayed. Select the start and end date and click on **Apply Filter** to view records synced between those dates.



Health & Population Department

Hospital Management Information System (HMIS) for Primary Health Facilities

End of User Manual

SPHERE
Driving development through data

2025

HMIS v3.0