



Supportive Supervision by CHOs & Handling Field level situations by CHOs

Session Objectives

- By the end of the session CHOs will be able to:
 - To understand the various platforms for Supportive supervision
 - To understand the facility level and block level review meetings
 - To understand the various monitoring indicators for HWC
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Supportive Supervision

- Supportive supervision is a process of helping staff to improve their own work performance continuously.
 - It is carried out in a respectful and non-authoritarian
 - Encourages open, two-way communication, and building team approaches that facilitate problem-solving.
 - It focuses on monitoring performance towards goals, and using data for decision-making, and depends upon regular follow-up with staff to ensure that new tasks are being implemented correctly.
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Platforms for Supportive supervision

Household Visits:

- Preparation for a village visit is ideally done during a sub-centre level meeting, when the CHO has a chance to meet all the team members.
- Decide the convenient time and date for your visit in consultation with the primary care team.
- Identify and prioritize the households to be visited.
- During household visits, CHO first allows the ASHA/ANM to undertake counselling and advice, including demonstration as appropriate. Then the CHO adds those points that the ASHA/ANM may have missed or corrects any errors, in a manner that does not embarrass or humiliate the ASHA/ANM.

Household Visits: Contd..

- After one visit the CHO should give the appropriate feedback to the team.
 - Obtain information from the ANM/ASHA on the key activities that she undertakes. This helps in identifying resistant households and areas with poor health outcomes.
 - Use this opportunity to strengthen the team's clinical knowledge and skills
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VHSND Visit



- Monitor two VHSND sessions per month.
- During the VHSND session visits, first allows the ASHA/ANM to undertake all the activities such as immunization, counselling, abdominal examination, BP measurement etc. Use supportive supervision checklist to record/observe the activities.
- Monitor the quality of services and availability of drugs & diagnostics.
- Add those points that the ASHA/ANM may have missed or corrects any errors, in a manner that does not embarrass or humiliate the ASHA/ANM.
- After the completion of session, review the checklist and give the appropriate feedback to the team.

SHC-HWC Meetings:

- The CHO will organize a monthly meeting of primary care team.
- CHO should conduct performance review & planning, discuss common issues and problems faced by team during the month, highlight those actions which need to be discussed at monthly PHC review meeting, obtaining data from the ASHA/ANM to enable consolidation at the sub centre level and keep the team updated about guidelines and other technical details about programmes related to health and her work.
- **The CHO should discuss with the group the following:**
 - ✓ Number of pregnant women receiving four ANCs/Full ANC
 - ✓ Number of high risk pregnant women
 - ✓ Number of LBW babies/sick newborns
 - ✓ Number of maternal deaths
 - ✓ Number of neonatal deaths
 - ✓ Number of children receiving full immunization

Monthly Block level/PHC-HWC meeting

- The Block Medical Officer at the Block PHC-HWC convenes this monthly meeting, to be attended by CHO, ANM/MPW, ASHAs, LHVs and the ASHA Facilitator.
 - These meetings are an opportunity for the CHO to interact with block officials and with the PHC-MO of their area in a larger platform. CHO bring their monthly report of HWC-SHC and share the report with PHC-MO.
 - Progress against KPIs needs to be shared during monthly review meetings at the block level and for addressing gaps that have been identified and required corrective actions.
 - You can also share any best practices/good work done by your team, so that others can replicate those good practices in their areas.
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Programme Monitoring of the primary care team for Outcomes and Functionality

- **The monitoring will be done at two levels:**

- ✓ Monitoring of SHC-HWC by CHO
- ✓ Monitoring of HWC-SHC by PHC-MO/District/State officials.

Monitoring of SHC-HWC by CHO:

- As you are conducting the supervisory visits through monthly meetings, household visits, VHSND session monitoring, you have to monitor some of key indicators of different service packages under CPHC.
- This activity enables you to improve the quality of services being provided.
- The following indicators as per service package for CPHC may be used for monitoring of HWC-SHC and outreach activities of your team:

Care During Pregnancy and Birth

Assessment Indicator	Definition	Means of verification/Reporting
Proportion of estimated pregnancies registered	<p>Numerator: Number of pregnant women registered for ANC</p> <p>Denominator – Total no. of estimated pregnancies</p>	RCH register
Registered pregnant women who received full ANC (%)	<p>Definition of full ANC: Full ANC is defined as four antenatal check-ups that include abdominal examination; checking for height and weight; haemoglobin estimation and urine test for protein and sugar during each check-up; two doses of tetanus toxoid; distribution of 180 IFA tablets; and counselling on diet, rest, birth preparedness, and family planning.</p> <p>Numerator: Total number of women who received full ANC</p> <p>Denominator: Total number of pregnant women who are registered for ANC</p>	RCH register HMIS
Pregnant women line listed for severe anaemia out of total registered for ANC (%)	<p>Numerator: Total number of pregnant women detected with severe anaemia</p> <p>Denominator: Total number of women registered for ANC</p>	RCH register HMIS
All Maternal deaths in age group of 15-49 years (%)	<p>Numerator: Total number of all maternal deaths reported in age group of 15-49 years</p> <p>Denominator: Total number of women in the age group of 15-49 years</p>	MDR reporting format (Primary Informant Form)

Neonatal and Infant Health Care Services:

Assessment Indicator	Definition	Means of verification/Reporting
Infants exclusively breastfed for six months (%)	<p>Numerator: Total number of infants who were exclusively breastfed for six months</p> <p>Denominator: Total number of infants in your area</p>	RCH register HBNC reporting format
Newborn having weight less than 2.5 kg (%)	<p>Numerator: Total number of newborns having weight less than 2.5 kg</p> <p>Denominator: Total number of newborns/live births in your area</p>	RCH register HBNC records
Sick new-borns referred by ASHAs to higher facilities (%)	<p>Numerator: Total number of sick newborns referred to higher facilities by ASHA</p> <p>Denominator: Number of total sick newborns identified by ASHA</p>	ASHA records (HBNC register) Village RCH register

Child Health Services

Assessment Indicator	Definition	Means of verification/Reporting
Full Immunization rate	<p>“Full immunization” coverage is defined as a child has received a BCG vaccination against tuberculosis; three doses of DPT vaccine to prevent diphtheria, pertussis, and tetanus (DPT)/Pentavalent; at least three doses of polio vaccine; and one dose of measles vaccine</p> <p>Numerator: Total number of children age 12-23 months received the BCG, DPT/Pentavalent, OPV and Measles</p> <p>Denominator: Total number of children in the age of 12-23 months</p>	HMIS MCP card Due list
Children with diarrhoea treated with ORS and zinc (%)	<p>Numerator: Total number of children under-five treated for diarrhoea with ORS and zinc</p> <p>Denominator: Total number of children under-five diagnosed with diarrhoea</p>	HMIS MPW/ASHA records
Children diagnosed with pneumonia	<p>Numerator: Total number of children under-five children diagnosed with pneumonia</p> <p>Denominator: Total number of under five children under-five</p>	HMIS MPW/ASHA records

Family planning and reproductive health care services

Assessment Indicator	Definition	Means of verification/Reporting
Number of interval IUCDs inserted per trained provider* per month	<p>Definition: Number of interval IUCDs inserted by each trained provider in the HWC during a month. (Trained service providers can be MLHPs and MPWs trained in SBA training/FP)</p>	Training records, IUCD register, performance monitoring register
Utilization of condoms/ OCPs/ECPs through ASHAs (%)	<p>Numerator: Number of condoms/OCPs/ECPs utilized through ASHAs in the quarter</p> <p>Denominator: Number of condoms/OCPs/ ECPs distributed to ASHAs in the quarter</p>	ASHA stock register

Communicable diseases

Assessment Indicator	Definition	Means of verification/Reporting
Provision of DOTS for tuberculosis patients (%)	Numerator: Total number of TB patients received DOTS Denominator: Total number of patients diagnosed with TB	TB-MIS MPW/ASHA register
Provision of MDT for leprosy patients (%)	Numerator: Total number of leprosy patients received MDT Denominator: Total number of patients diagnosed with leprosy	HMIS

Non-Communicable diseases

Assessment Indicator	Definition	Means of verification/Reporting
Proportion of above 30 years individuals screened for Hypertension (%)	Numerator - No. of individuals screened for Hypertension Denominator -Total population above 30 years of age	NCD application
Proportion of above 30 years individuals screened for Diabetes (%)	Numerator - No. of individuals screened for Diabetes Denominator -Total population above 30 years of age	NCD application
Proportion of Patient of HTN on treatment (%)	Numerator - No. of HTN patients who received follow up care Denominator - Total no. of HTN patients	NCD application
Proportion of Patient of DM on treatment (%)	Numerator - No. of DM patients who received follow up care Denominator - Total no. of DM/ patients	NCD application
Proportion of above 30 years individuals screened for Oral cancer (%)	Numerator - No. of individuals screened for Oral cancer Denominator -Total population above 30 years of age	NCD application
Proportion of above 30 years women screened for Breast cancer (%)	Numerator - No. of women screened for Breast cancer Denominator -Total women above 30 years of age	NCD application
Proportion of above 30 years women screened for Cervical cancer (%)	Numerator - No. of women screened for Cervical cancer Denominator -Total women above 30 years of age	NCD application

Monitoring of SHC-HWC by PHC-MO/District/State officials

- The block officials/PHC medical officer can also make independent monitoring visits to assess the following:
 - ✓ The effectiveness of expanded range of services provided at HWCs
 - ✓ Evaluate the service delivery output
 - ✓ Assessing the performance of HWCs team for the disbursement of team based incentives.
 - The performance of the team will be assessed on indicators that will be a mix of service utilization and coverage of population for essential services.
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Key Messages

- Supportive supervision is a process of helping staff to improve their own work performance continuously.
 - Use supportive supervision checklist to record/observe the activities.
 - The CHO will organize a monthly meeting of primary care team to conduct review and planning.
 - Progress against KPIs needs to be shared during monthly review meetings at the block level
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Health and Wellness Centre- Records and Reports

Objective

- By the end the of the session the learners will be able to
 - Define Reports and Records
 - List down the recording formats maintained by primary care team at SHC-HWC
 - Enumerate the reporting formats to be submitted
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Records

Records - are the registers and formats in which the data is collected with respect to details of

- pregnant women
 - delivered women
 - children 0-5 years
 - eligible couples
 - population above 30 years of age
 - others in need of services
- These registers and formats are available in sub - center
 - These are meant for taking action at local level



Recording formats maintained by Primary Care Team at SHC-HWC

Sl. No.	Recording formats/registers	Who enters	Who Checks	Who Signs
1	Reproductive and Child health register	MPW/CHO	CHO	CHO
2	Births and Deaths Register	MPW	CHO	CHO
3	Communicable diseases/ Epidemic/ Outbreak Register	MPW	CHO	CHO/PHC-MO
4	Passive surveillance registers for malaria cases	MPW	CHO	CHO
5	Register for records pertaining to Janani Suraksha Yojana	MPW	CHO	CHO
6	Register for maintenance of accounts including untied funds	MPW/CHO	CHO	CHO/MPW
7	Register for water quality and sanitation	MPW-Male	CHO	CHO
8	NCD-Family folder and CBAC form	ASHA/MPW	CHO/ MPW	CHO/MPW

Cont..

Sl. No.	Recording formats/registers	Who enters	Who Checks	Who Signs
9	OPD register	CHO/MPW	CHO	CHO
10	Stock register (Drug, Equipment Furniture and other accessories)	CHO/MPW	CHO	CHO
11	Due list for pregnant women and children (immunization)	ASHA	MPW/CHO	CHO/MPW
12	VHSND Supportive supervision format	CHO	PHC-MO	Counter signed by MPW and ASHA
13	NCD register	MPW/CHO	CHO	CHO
14	Monthly meeting register	MPW	CHO	CHO
15	Referral register	MPW/CHO	MPW/CHO	CHO

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Sl. No.	Recording formats/registers	Remarks
1	Reproductive and Child health register	Maintained by ANM; to be placed at the SHC-HWC, to be maintained by both MPW & CHO
2	Births and Deaths Register	
3	Communicable diseases/ Epidemic/ Outbreak Register	
4	Passive surveillance registers for malaria cases	
5	Register for records pertaining to Janani Suraksha Yojana	
6	Register for maintenance of accounts including untied funds	To be maintained as per the finance section
7	Register for water quality and sanitation	Maintained by MPW; to be placed at HWC
8	NCD-Family folder and CBAC form	Formats present with NCD Cell
9	OPD register	Annexure 1
10	Stock register (Drug, Equipment Furniture and other accessories)	Format as used in the pharmacy in CHC/PHC can be shared
11	Due list for pregnant women and children (immunization)	Maintained by MPW; to be placed at HWC
12	VHSND Supportive supervision format	Annexure 2
13	NCD register and Monthly follow up register	Annexure 3a & 3b
14	Monthly meeting register	Meeting minutes formats as used in dist./block level can be used
15	Referral register	Annexure 4

Sample NCD register

NCD Register for Health & Wellness Centre																		
Name of the HWC				Block				District										
1	2	3	4	5	6	7	8	Hypertension				Diabetes						
Registration No	Date of visit (mm/dd/yy)	Name	Gender (M/F/ TG)	Age	Height in cms	Weight in kgs	Old/New Case	9	10	11	12	13	14	15	16	17	18	19
								BP (Syst/ Diast)	Pulse (rate / minute)	Known Hypertensive	Under Treatment for Hypertension (Y/N)	Referred (Y/ N)	Referred to (PHC/ CHC/ SDH / DHH / MCH / Pvt. Hosp)	Random Blood Sugar	Known Diabetic (Y/N)	Under treatment for Diabetes (Y / N)	Referred (Y/N)	Referred to (PHC / CHC / SDH / DHH / MCH / Pvt. Hosp)

Oral Cancer						Breast Cancer														Cervical Cancer						
20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Any problem in oral cavity	White / Red patch inside mouth (Y / N)	Change in voice (Y/ N)	Difficulty in opening Mouth	Ulcer / roughened area in Mouth (>3 weeks)	Referred (Y/N)	Referred to (PHC / CHC / SDH / DHH / MCH / Pvt. Hosp)	Complains of any breast signs and symptoms	Lump / Swelling in Breast	Change in size of Breast	Change in shape and position of nipple	Any retraction of nipple observed	Any Discharge from nipple (one / both)	puckering or dimpling of nipple	Lump / swelling in Armpit	Pain in Breast / Armpit	Ulcer / Redness of breast	Erosion of nipple	Referred (Y/N)	Referred to (PHC / CHC / SDH / DHH / MCH / Pvt. Hosp)	Any Cervix related complain	Excess bleeding between periods (Y/N)	Post-coital Bleeding(Y/N)	Excessive Foul smelling vaginal discharge (Y/N)	Post-menopausal Bleeding (Y/N)	Referred (Y/N)	Referred to (PHC / CHC / SDH / DHH / MCH / Pvt. Hosp)

Sample Monthly Follow up register

S.No	Patient Details					Follow up 1		Follow up 2									
	Patient ID	Name	Age & Gender	Address & Contact No.	Name of ASHA & Ward name	Patient Examination	Treatment Given	Patient Examination	Treatment Given								
1						Date:		Date:									
						Weight -		Weight -									
						BP -		BP -									
						Blood Sugar -		Blood Sugar -									
						Others -		Others -									
						Follow up 7		Follow up 8									
						Patient Examination		Treatment Given		Patient Examination		Treatment Given					
						Date:		Date:									
						Weight -		Weight -									
						BP -		BP -									
						Blood Sugar -		Blood Sugar -									
						Others -		Others -									
						Follow up 3			Follow up 4			Follow up 5			Follow up 6		
						Patient Examination			Treatment Given			Patient Examination			Treatment Given		
Date:			Date:			Date:			Date:								
Weight -			Weight -			Weight -			Weight -								
BP -			BP -			BP -			BP -								
Blood Sugar -			Blood Sugar -			Blood Sugar -			Blood Sugar -								
Others -			Others -			Others -			Others -								
Follow up 9			Follow up 10			Follow up 11			Follow up 12								
Patient Examination			Treatment Given			Patient Examination			Treatment Given								
Date:			Date:			Date:			Date:								
Weight -			Weight -			Weight -			Weight -								
BP -			BP -			BP -			BP -								
Blood Sugar -			Blood Sugar -			Blood Sugar -			Blood Sugar -								
Others -			Others -			Others -			Others -								

Reporting Formats

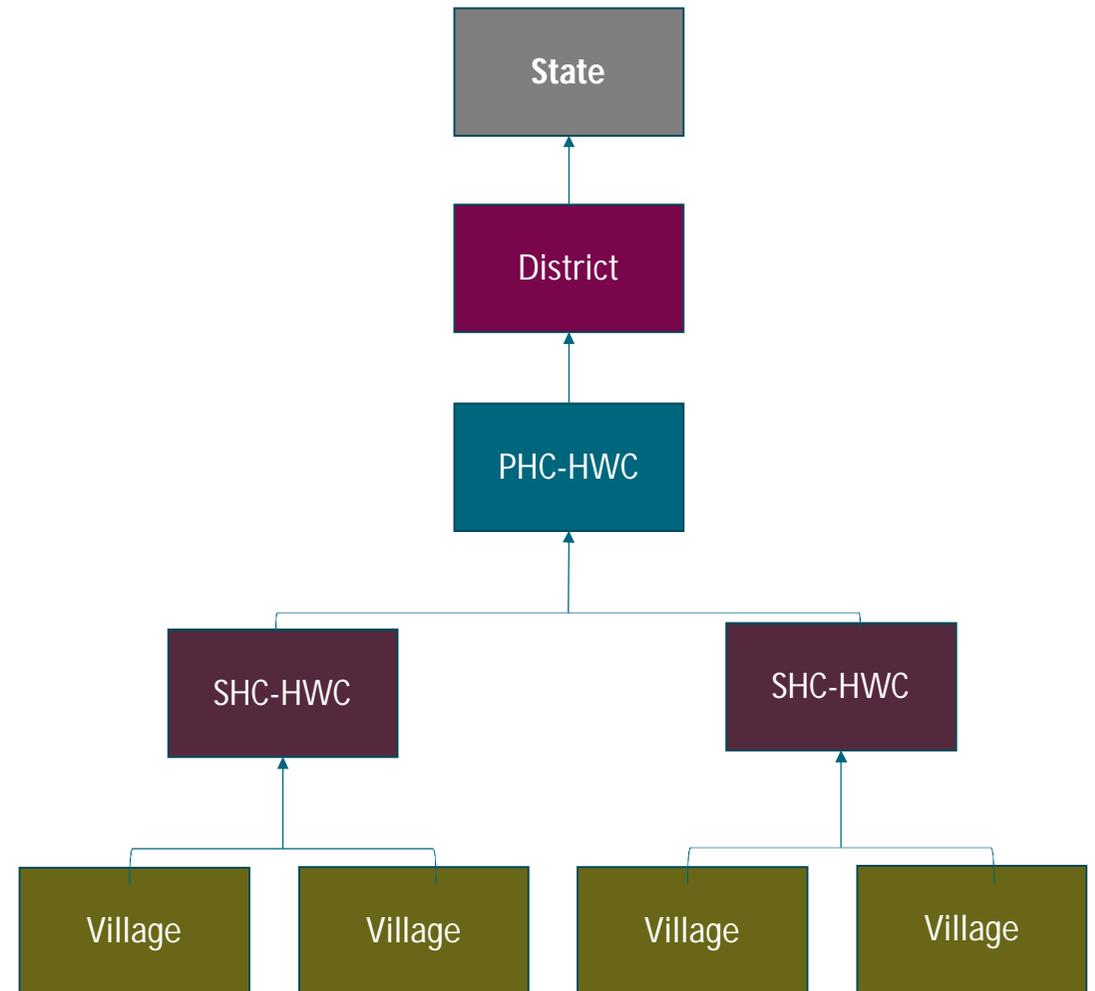
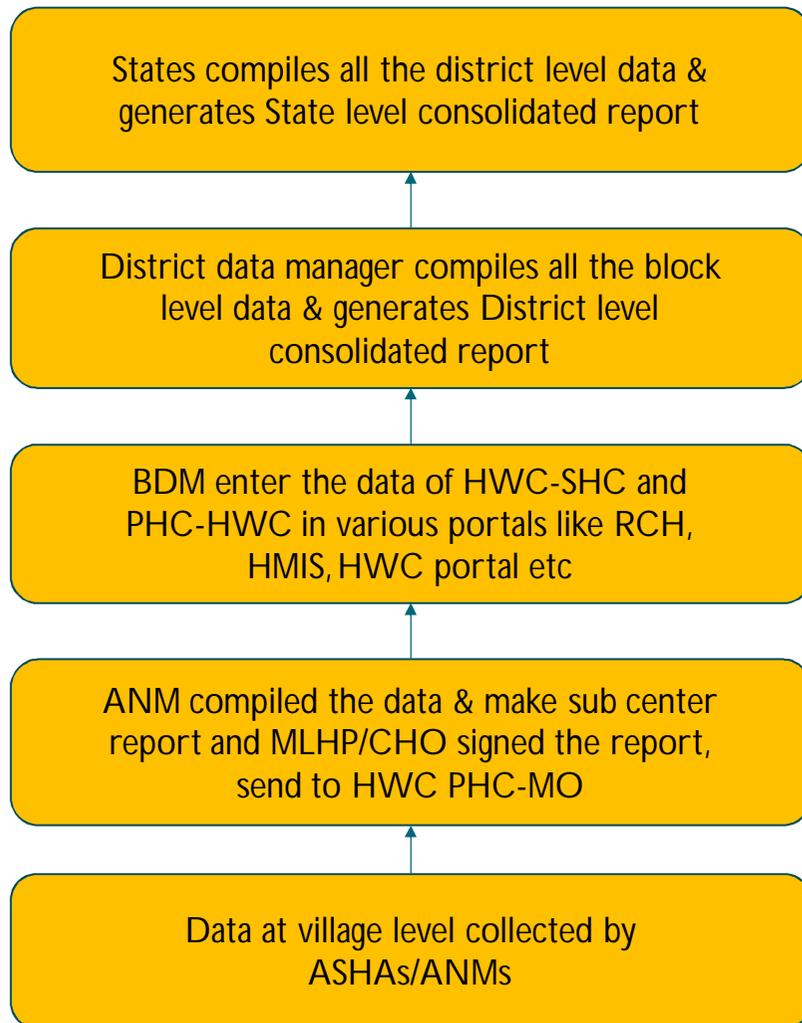
- **Reports** are made from the records and are submitted to higher levels of program management
 - Is necessary for information on a regular basis and for actions to be taken
 - The formats of different facilities will contain data elements relevant to that level
 - The number and nature of data elements will vary depending upon the facility
 - The CHO is responsible for collecting the monthly reports from their team members and sending it to the PHC-MO for review
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Reporting Formats

- The following reporting formats are available at SHC-HWC.

Sl. No.	Reporting Formats	Frequency of Reporting
1	HMIS sub-centre reporting format	Monthly
2	Maternal Death reporting format	Monthly
3	Child Death Reporting Format	Monthly
4	S-form for Outbreak reporting	Weekly
5	NPCDCS reporting format-1	Monthly
6	HWC-SHC reporting format	Monthly
7	Online reporting on HWC portal	Daily
8	VHSND reporting format	Monthly
9	National Program Reports (NVBDPC, NACP, NLEP, RNTCP, Blindness control, etc.)	Monthly
10	HMIS Annual reporting format	Annually
11	VHSNC format	Monthly

Flow of Data at Various Levels of Health Care System



IT Applications/Management Information Systems

- The HWC-SHCs is the source of origin for all the data/health information
 - ASHA/MPW/CHO are responsible for the data collection and transmission
 - IT applications/Software's are used for transmission of information, recording of services, in enabling follow- up of service users
 - Some of them are as follows
 - 1. Health Management Information System (HMIS)**
 - 2. RCH (Reproductive and Child Health Portal)**
 - 3. ANM Online (ANMOL)**
 - 4. IDSP (Integrated Disease Surveillance Programme)**
 - 5. CPHC-IT Application**
 - 6. Health and Wellness Centre Portal**
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1. Health Management Information System (HMIS)

- Web-based management information system of MoHFW
- This portal has been established at <https://nrhm-mis.nic.in/SitePages/Home.aspx> where the service users can log on and enter the data directly onto the portal
- Captures data using online and offline mode regarding service delivery related to
 - Maternal Health
 - Child Health
 - IPD & OPD cases
 - Adolescent Health
 - Immunization activities
- The MPW and CHO will fill the data in monthly HMIS sub-centre format and submit to the PHC-MO on monthly basis
- The operator at Block level can access the formats that need to be filled at their level
- As long as the entered data is in draft mode, the data can be edited
- Once submitted, the data is no longer accessible for editing

HMIS SC format

Ministry of Health & Family Welfare (Monitoring & Evaluation Division) Monthly Format for Sub Center and Equivalent Institutions							
State:					Month	<i>Due for Submission on 5th of following Month</i>	
District:						Year	
Block:							
City/ Town/ Village:							
Facility name							
Facility type	Public	<input checked="" type="radio"/>	Private	<input type="radio"/>			
Location	Rural	<input checked="" type="radio"/>	Urban	<input type="radio"/>			
					Numbers reported during the month	Ref No.	MOHFW Comments
Part A	REPRODUCTIVE AND CHILD HEALTH						
M1	Ante Natal Care (ANC)						
1.1	Total number of pregnant women registered for ANC					1.1	
1.1.1	Out of the total ANC registered, number registered within 1 st trimester (<i>within 12 weeks</i>)					1.1.1	
1.2	ANC services					1.2	
1.2.1	Number of PW given TT1					1.2.1	

Snapshots of HMIS

The screenshot shows the homepage of the Health Management Information System (HMIS). At the top, there is a navigation bar with links like 'Home', 'About Us', 'Photo Gallery', 'Links', 'Downloads', 'e-Brochure', 'SOPs/ Guideline', 'Grading of CHCs', and 'Contact Us'. The main header features the 'Digital India' logo and the text 'Health Management Information System - A digital initiative under National Health Mission, Ministry of Health & Family Welfare, Government of India'. The central banner reads 'Health Management Information System (HMIS) Statistics Wing, Ministry of Health & Family Welfare, Government of India' and provides the website URL 'https://nrhm-mis.nic.in' and email 'hmis-nrhm@nic.in'. On the right, there are sections for 'What's New' (National HMIS Workshop held at Nirman Bhawan, New Delhi in 3 batches from July 2018 to Aug 2018) and 'Key Demographic Indicators' (Total Fertility Rate (TFR) estimates have declined from 2.9 in 2005 to 2.2 in 2017; Maternal Mortality Ratio (MMR) estimates have dropped from 167 maternal deaths per 100,000 live births during 2011-13 to 130 maternal deaths per 100,000 live birth during 2014-16; Infant Mortality Rate (IMR) has declined from 88 in 2005 to 58 in 2017).



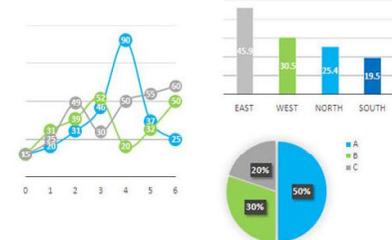
Health Management Information System
A digital initiative under National Health Mission
Ministry of Health & Family Welfare, Government of India



User Name:

Password:

[Forgot Password?](#)



2. RCH (Reproductive and Child Health Portal)

- Application facilitates to ensure timely delivery of full component of
 - Antenatal postnatal & delivery services
 - Tracking of children for complete immunization services
 - The data is collected through household surveys by ASHA as well as through regular identification by MPW
 - The MPW will immediately register each beneficiary in her integrated RCH register
 - This data will be transferred to the RCH portal by Data Entry Operator at PHC and once entered the RCH portal will generate a unique ID number for each beneficiary which will be written on the RCH register afterwards
 - The DEO ensures that data is received on time from all MPWs and give feedback to MPWs on incomplete, unclear, or unreadable information
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Cont..

- **Integrated RCH register:** The MPWs are using the Integrated RCH register to register beneficiaries and for updating services provided to each beneficiary
- There is separate register for each village and if the MPW happens to be in charge of five villages she will be making five different registers.
- This register has the following parts:
 - Village-wise information (Profile Entry)
 - Section 1: Tracking of Eligible Couples and use of contraceptives
 - Section 2: Tracking of Pregnant Women
 - Section 3: Tracking of Children
 - Section 4: Annexures

Snapshots of RCH Portal



REPRODUCTIVE AND CHILD HEALTH PORTAL
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA



Welcome Guest, Login | Register | MENU

| A A+ A++ | Downloads



Welcome to Reproductive Child Health (RCH)

When a mother dies, children lose their primary caregiver, communities are denied her paid and unpaid labour, and countries forego her contributions to economic and social development...



About Us



RCH Login



Health Facility/
Provider Locator

News & Notifications
29TH NOVEMBER 2016
Pilot of Tablet based
Application for...



Citizen Portal



Calendar Service

Video Gallery



Explore

State Dashboard

Andhra Pradesh (28)



Government Schemes

Know about various national health programs and schemes on reproductive child health run by government of India.

Explore



Best Story



Awards



Feedback

Pregnant Women Children

8 1 2 6 4 5 5 6 6 9 3 1 3 7 1 7

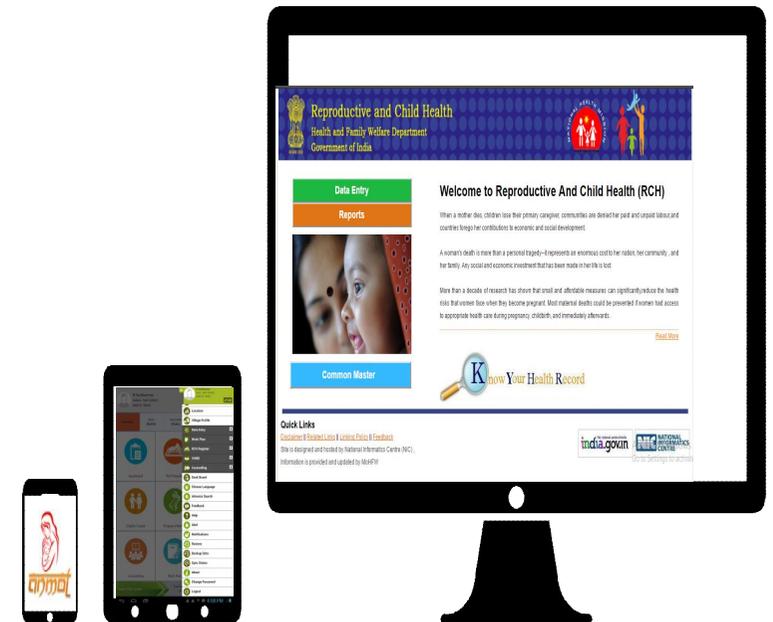


Partners <



3. ANM Online (ANMOL) - MPWOL

- **ANMOL is an android application incorporating all features of RCH register for MPWs**
- MPWOL like RCH application has six modules that facilitate data entry on
 - 245 elements for Village Profile
 - Eligible couples
 - Registration and Tracking of pregnant women
 - child tracking through registration and profile entry
- MPW/ASHA Registration to enable a directory of health providers
- Acts as a job aid to the MPWs by providing them with readily available information such as due list, dashboard and guidance based on data entered etc.



Cont.

- Videos/audios on high risk pregnancy, immunization, family planning etc. are also available in the application for use by MPWs
- Application allows MPWs to enter and update the data of their jurisdiction
- ANMOL works in the offline mode when no internet connectivity is available
- As the internet connectivity is available, the data is synchronized with the central server
- Another important component of ANMOL is audio and video counselling



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Quick real-time dashboard for ANM's Work



ANM Details

Hierarchy

Internet Connectivity

Ready made Due list, Logistics & Work Plan to facilitate ANM



EC, PW and Child Data entry with on time medical & job aid alerts



Digital copy of RCH register, a step towards paperless registers



Audio, Video counseling to support IEC activities



Automatic synchronization of data on availability of 3G/2G or WiFi



Pending & Current Work list

Data Upload status



4. IDSP (Integrated Disease Surveillance Programme)

- IDSP is a decentralized, State based Disease Surveillance Program intended to detect early warning signals of epidemic prone diseases
- Web-based application package can be invoked using Internet Explorer browser only using the URL <https://idsp.nic.in/>
- This is currently a paper based weekly reporting system
- During outbreaks MPW fills the data in 'S' form and is sent to the PHC-MO
- Even if there is no outbreak reported, MPW has to write NIL in the form and send it to the PHC
- The data is aggregated at the district level and state level
- During epidemics and monsoon season this is augmented by a daily telephonic reporting system

'S' format

Form S																															
Reporting Format for Syndromic Surveillance																															
(To be filled by Health Worker, Village Volunteer, Non-formal Practitioners)																															
State _____			District _____			Block _____			Year _____																						
Name of the Health Worker/Volunteer/Practitioner				Name of the Supervisor				Name of the Reporting Unit																							
ID No./Unique Identifier (To be filled by DSU)				Reporting week		From		To																							
						dd mm yy		dd mm yy																							
				a		b		c		d		e		f		g		h		i		j		k		l		m		n	
				Cases			Deaths			Total																					
				Male		Female		Total		Male		Female		Total		Total															
				< 5 yr		≥ 5 yr		Total		< 5 yr		≥ 5 yr		Total		Total															
1. Fever																															
Fever < 7 days																															
1 Only Fever																															
2 With Rash																															
3 With Bleeding																															
4 With Daze/Semiconsciousness/Unconsciousness																															
Fever > 7 days																															
2. Cough with or without fever																															
< 3 weeks																															
> 3 weeks																															
3. Loose Watery Stools of Less Than 2 Weeks Duration																															
With Some/Much Dehydration																															
With no Dehydration																															
With Blood in Stool																															
4. Jaundice cases of Less Than 4 Weeks Duration																															
Cases of acute Jaundice																															
5. Acute Flacid Paralysis Cases in Less Than 15 Years of Age																															
Cases of Acute Flacid Paralysis																															
6. Unusual Symptoms Leading to Death or Hospitalization that do not fit into the above.																															

Date:

Signature

5. CPHC-IT Application

- The application has been developed to support the planning, delivery and monitoring of the services at HWCs. It comprises of following six applications:
 - ASHA Mobile App
 - SHC – HWC team - MPW/CHO Tablet App
 - PHC MO Web Portal
 - CHC Portal Web portal
 - Administrator's Web Portal
 - Health Officials Dashboard
 - developed with the objective to support delivery of expanded range of services at the Health and Wellness Centres
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- Currently the NCD module of the IT application has been introduced to facilitate role of universal screening of NCDs.
- As the roll out of expanded services is planned in an incremental manner, the application would include additional modules to capture delivery services v.i.z, Oral health, ENT, Eye care, mental health etc., which would be added in a phased manner.
- The CPHC – IT application would also integrate with all the applications and reporting portals explained above.
- Once the integration is completed it will significantly reduce the burden of reporting on various platforms/applications.

The features for the level of SHC – HWC



Enrolment



Screening



Refer and Follow up



Dashboard



Work plan

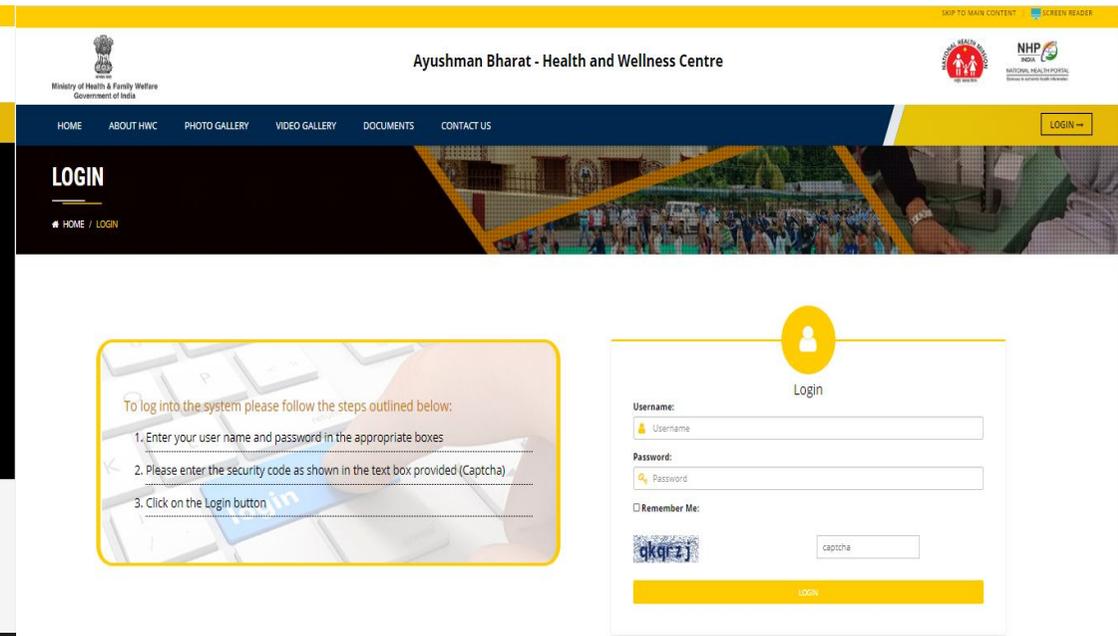
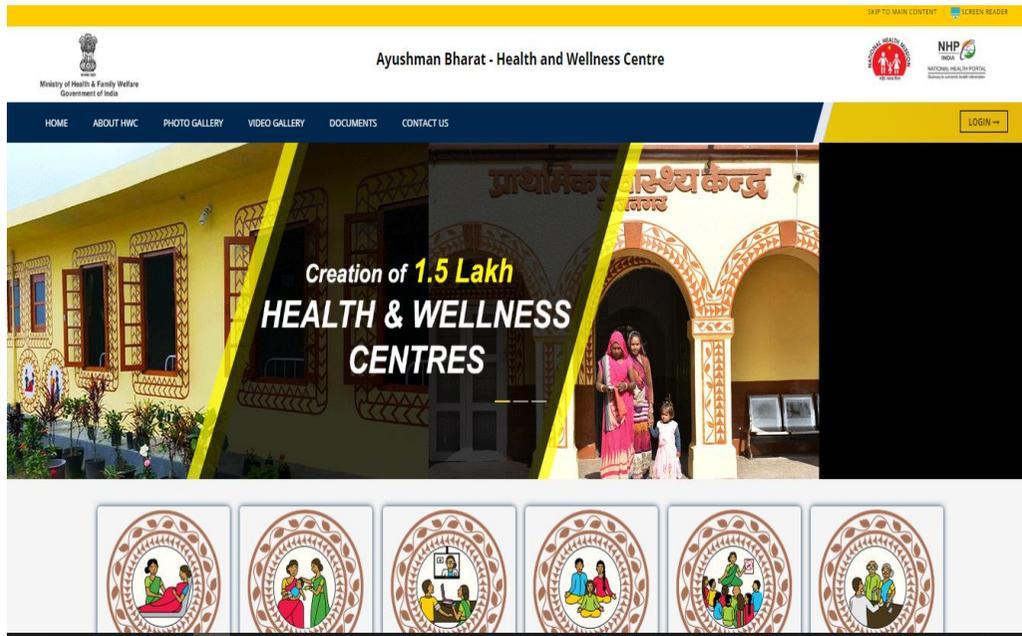


Incentives

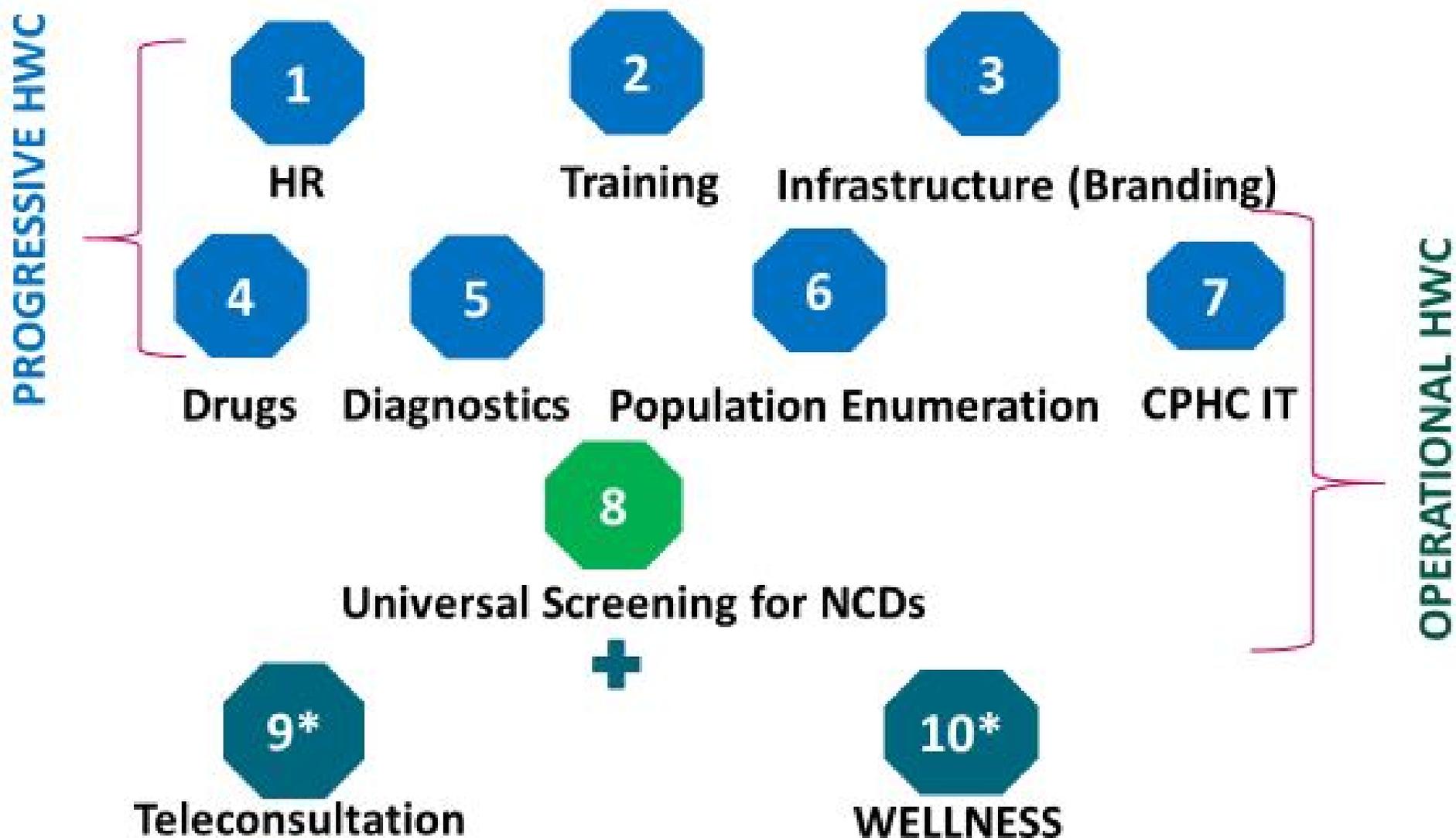
DVDMS to be integrated eventually to this application

6. Health and Wellness Centre Portal

- A web-based portal available in URL - <https://ab-hwc.nhp.gov.in/>
- developed with the objective to help the states and districts plan and monitor the operationalization of HWCs
- The portal is based on National Identification Number (NIN) to capture details on daily basis-OPD/footfalls, provision of medicines and provision of diagnostics and organization of wellness activities.



Functionality Status- Progressive and Operational



Cont..

- The OPD/Footfalls includes the services delivered at the HWC and during outreach encompass all services delivered at the HWC ranging from
 - NCD screening,
 - ANC/PNC services
 - Immunization
 - counselling and management of illnesses etc.
- The portal allows to generate reports to assess the trends in service delivery i.e, whether the services delivered is increasing or decreasing

Data Quality and Roles and Responsibilities of CHO

- Data quality is measured in three different aspects of completeness, timeliness and accuracy

1. Completeness:

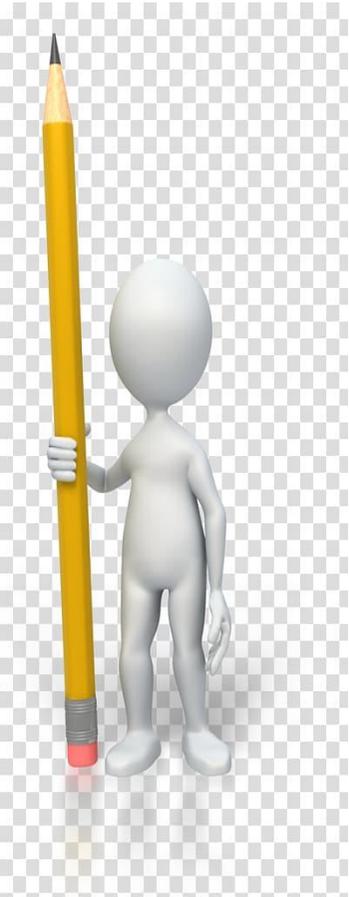
- Your role is to check the completeness of the data in the formats and handhold your team at regular intervals
- Completion can be seen in two ways
 - ✓ Number of data elements reported among total data elements in a reporting format.
 - ✓ The forms have to be assessed for zeros and blanks. If there is repeated omission of certain elements, reason has to be ascertained and if needed, amended
 - ✓ For example: Address is not recorded properly; sometimes difficult to trace; sometime beneficiaries don't have address proof to attach



Cont..

2. Timelines:

- Data has to be reported timely
- Delayed reports will hinder accurate assessment and action
- Daily entry mandatory and minimum 20 entries in a month
- Should set an appropriate timeline with your team for the submission of the reports
- Handhold and support to your team for daily data updates
- maintain your timeline for the submission of reports to the PHC-MO



Cont..



3. Accuracy

- Data should measure what it is supposed to measure and be correct.
- Error in data could arise due to:
 - Gaps in understanding of data definitions and data collection methods
 - Data recording and data entry errors
 - Misreporting



Cont..

- **Data entry errors can be reduced by:**
 - **Visual scanning or eye balling:**
 - ✓ scanning of the document for any major deviation from the normal
 - ✓ For e.g. age of an antenatal mother written as 60 years
 - **Performing validation checks:**
 - ✓ Validation is performed by comparing values of 2 (or more) data elements that are related
- **Validation tools that can be used regularly in these aspects**
 - Number of BCG given cannot be more than number of live births; unless there are children born outside the area who have come only for immunization.
 - Number of family planning users should be less than total eligible couples.
 - Number of women receiving postnatal care should not be more than total deliveries



Quick Knowledge Check Exercise

Situation	Response
Who is responsible to enter data in Birth and Death Register	MPW
'S' Format is used for	Reporting outbreaks
Frequency of data in HWC portal	Daily
RCH portal reports	<ul style="list-style-type: none">• Antenatal postnatal & delivery services• Tracking of children for complete immunization services
What are the essential functionality criteria's for HWCs	<ul style="list-style-type: none">• HR• Training• Infrastructural Branding• Drugs• Diagnostics• Population Enumeration• CPCH + IT



Thank You