



SYNOPSIS OF HMIS, UPHMIS AND MCTS

January 2017

AGENDA

HMIS (Health Management Information System)

UPHMIS (UP Health Management Information System)

MCTS (Mother and Child Tracking System)

HMIS: CONCEPT

The screenshot shows the homepage of the Ministry of Health & Family Welfare's National Health Management Information System (HMIS) Portal. The browser address bar shows the URL <https://nrhm-mis.nic.in/SitePages/Home.aspx>. The page features a navigation menu with options like Home, Photo Gallery, Links, Downloads, and HMIS Reports. A central banner area contains a photograph of healthcare workers and a welcome message. To the right, there is a 'Contact Us' section with details for the Chief Director and Director of HMIS. A sidebar on the left lists various links such as 'About Us', 'HMIS Login', and 'Other MoHFW Applications/Portal'. The Windows taskbar at the bottom shows the system date and time as 1:44 PM on 9/5/2014.

Ministry of Health & Family Welfare
NHM Health Management Information System (HMIS) Portal

Home | Photo Gallery | Links | Downloads | HMIS Reports

All Sites

About Us

- HMIS Login
 - HMIS Data Entry
 - HMIS Sharing Forum
 - HMIS Training Portal Login
 - R-HMIS
 - Web Report Studio
- Other MoHFW Applications/Portal
 - TMIS
- Publications
 - Periodic Reports
 - Publications

Welcome to the NRHM Health Statistics Information Portal. This website will be your gateway to a wealth of information regarding the Health Indicators of India. The information available on this website is being compiled from varied information sources such as National Family Health Survey (NFHS), District Level Household Survey (DLHS), Census, SRS and performance statistics.

Contact Us

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The Total Fertility Rate (TFR) estimates have declined from 2.9 in 2005 to 2.4 in 2012.

The Maternal Mortality Ratio (MMR) estimates have dropped from 301 maternal deaths per 100,000 live births during 2001-03 to 254 maternal deaths during 2004-06 to 212 maternal deaths during 2007-09 and further to 178 maternal deaths per 100,000 live birth

Important resource material related to MCH Tracking System

HMIS is a web-based public portal of generating a set of predetermined indicators across different levels of facilities based on a set of registers and other source documents at facilities. The facility wise data from the registers are collated to arrive at indicators.

HMIS: CONCEPTUAL FRAMEWORK (USE OF INFORMATION)

Data

Information

Knowledge



Data is raw material in the form of numbers, characters, images that gives information after being analysed.

Information is a meaningful collection of data organized with reference to a context.

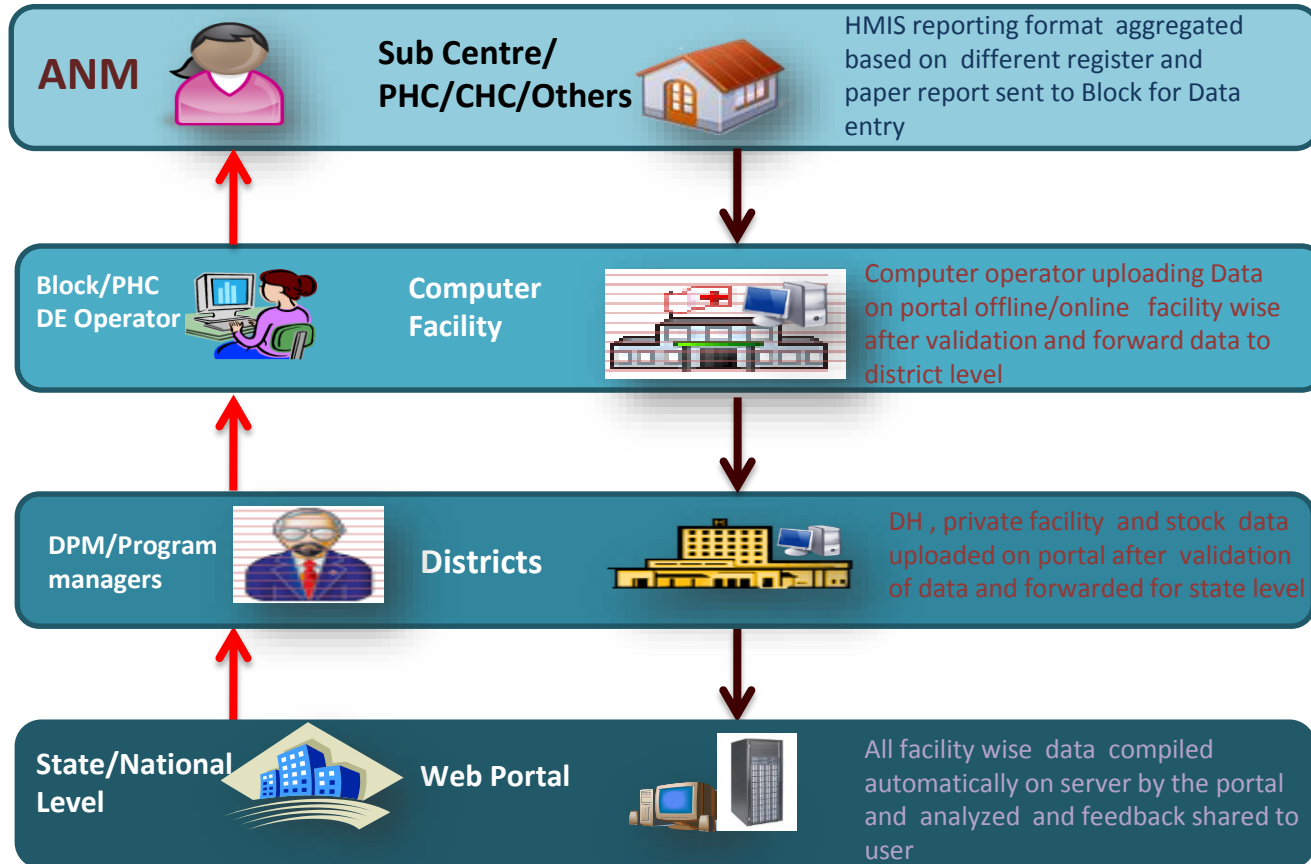
when information is analysed, communicated and acted upon, it becomes knowledge.

HMIS: ARCHITECTURAL DESIGN

HMIS is a designed based “Architectural corrections - moving from area wise reporting to facility based reporting”, with Operational principles:

- Data collected only from facility where service is provided
- All data collected should contribute to indicators
- No data will be collected twice
- Disaggregated data best collected through surveys
- Distinguish between recording and reporting formats

HMIS: INFORMATION FLOW



HMIS: PROCESS OF PORTAL

The following are the Process of HMIS Portal:

- ❑ Paper based report submitted by SC, PHC and CHC to Block.
- ❑ Facility wise data uploaded on portal at Block level in online/ offline mode
- ❑ Facility wise data committed/forwarded to districts after validation from block level.
- ❑ District compile and forwarded data to state level.

HMIS: FACILITY MONTHLY FORMS

Source	Periodicity	Form Number	No of data fields
Sub Centre	Monthly	NRHM/HSC/3/M	83
PHC	Monthly	NRHM/PHC/3/M	142
DH/SDH/CHC	Monthly	NRHM/ DH-SDH-CHC/3/M	159
District HQ	Monthly	NRHM/DHQ/3/M	Stock position of consumables, FP contraceptives and vaccines
District level	Quarterly	NRHM/DHQ/2/Q	<ul style="list-style-type: none"> • Health Infrastructure • Trainings Conducted • PMU Personnel Trained • Additional NRHM Components
Sub Center/PHC/CHC and District Hospital/District level	Annual Infrastructure	NRHM/DHQ/1/A	<ul style="list-style-type: none"> ▪ Demographic Details ▪ ECR Details ▪ Urban & Health Infrastructure ▪ Human Resource Availability at CHC's, PHC's

HMIS: DATA SECTION – FACILITY WISE COVERAGE

Key data section – Maternal Health and newborn	Periodicity	Source
Ante Natal Care- <ul style="list-style-type: none"> ▪ Registration, ▪ Of which registered in 1st trimester, ▪ 3 ANC checkup, ▪ 100 IFA distribution, ▪ TT1, TT2 and Booster ▪ hypertensive PW 	Monthly	SC+
Number of pregnancy test kits used, HB less than 11	Monthly	SC
Less than 7 treated at facility, Number of Eclampsia cases managed during delivery	Monthly	PHC+
Institutional Delivery <ul style="list-style-type: none"> ▪ Public and private facilities ▪ JSY benefits to PW and ASHA ▪ Women delivered in facility discharge under 48 hours of delivery 	Monthly	SC+
C-section deliveries <ul style="list-style-type: none"> ▪ Complicated PW attended at facilities ▪ PNC maternal complications attended 	Monthly	PHC+

HMIS: DATA SECTION – FACILITY WISE COVERAGE

Key data section – Maternal Health and newborn	Periodicity	Source
Home deliveries – <ul style="list-style-type: none"> ▪ SBA and Non SBA ▪ JSY benefits to PW ▪ New born visited within 24 hours for Home deliveries 	Monthly	SC
Pregnancy outcome – <ul style="list-style-type: none"> ▪ Live birth, still birth, abortion(induced and spontaneous) ▪ Newborn weighting and breastfeeding within one hours 	Monthly	SC+
Post Natal Care – <ul style="list-style-type: none"> ▪ Women receiving post partum check-up within 48 hours after delivery ▪ Women getting a post partum check up between 48 hours and 14 days 	Monthly	SC+
Medical Termination of Pregnancy(MTP) – <ul style="list-style-type: none"> ▪ Up to 12 weeks of pregnancy ▪ More than 12 weeks of pregnancy 	Monthly	PHC+
RTI/STI – <ul style="list-style-type: none"> ▪ Treatment initiated for Male ▪ Treatment initiated for Female ▪ Wet mount test conducted 	Monthly	PHC+

HMIS: DATA SECTION – FACILITY WISE COVERAGE

Key data section – Maternal Health and newborn	Periodicity	Source
Family Planning		
Permanent method : <ul style="list-style-type: none"> ▪ Male Sterilization – NSV ▪ Female sterilization Laparoscopic, Minilap, Post partum, ▪ Availability of NSV trained doctors 	Monthly	PHC+
Contraceptive use : <ul style="list-style-type: none"> ▪ IUCD, PPIUCD, IUCD removal, Condom pieces distributed, OCP, Weekly pills and ECP 	Monthly	SC+
Quality of FP services : <ul style="list-style-type: none"> ▪ Failure cases, complication and death due to sterilization 	Monthly	SC+
Child health and Immunization		
Antigen wise child immunization including zero dose, AEFI, death due to AEFI, Immunization session planned and held, Immunization where ASHA present and vitamin A. Child diseases - Diphtheria, pertussis, tetanus neonatorum, tetanus others, polio, measles, diarrhea and dehydration, malaria and Number admitted with Respiratory Infections	Monthly	SC+

HMIS: DATA SECTION – FACILITY WISE COVERAGE

Key data section – National Program	Periodicity	Source
NBCP - Patient cataract operation, IOL implantations, Number of School children detected with Refractive errors, free eye glasses distribution, eye collection and utilization, NVBDCP - Blood smears examined , Plasmodium Vivax test positive, Plasmodium Falciparum test positive	Monthly	SC+
Hospital services		
Availability FRU/24x7 services, RKS and meeting of RKS, Ambulance services, SNBCCU, laparoscope. Inpatient, inpatient death, outpatient, major and minor operations, Gynaecology- Hysterectomy surgeries, Ayush OPD, Dental procedure, Adolescent counselling services	Monthly	PHC+
Laboratory services		
HB test, having Hb < 7 mg, HIV test, HIV in ANC, Widal test and VDRL test	Monthly	PHC+
Death		
Cause wise maternal death, Infant death within 24 hours, infant death with in week, infant death within 1 years and child death within 5 years with cause and other deaths	Monthly	SC+

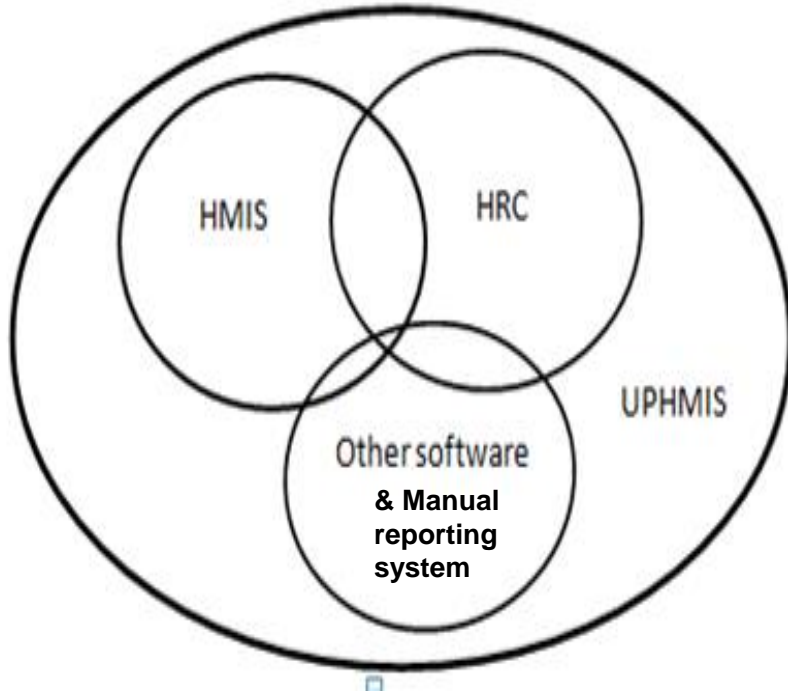
AGENDA

HMIS (Health Management Information System)

UPHMIS (UP Health Management Information System)

MTCS (Mother and Child Tracking System)

UPHMIS: CONCEPT



- ❑ UPHMIS is integrated portal for all data sources like GOI portal, Health report card, Manual reporting (MPR).
- ❑ Data will be imported from GOI HMIS portal to UPHMIS, and allow other programmes like MPR and HRC portal to enter directly to the instance.
- ❑ Integrated data set will be generated and analyzed through UPHMIS.
- ❑ Dashboard will be populated through UPHMIS
- ❑ GIS map would be populated on UPHMIS portal

UPHMIS: ONLINE REVIEW FRAMEWORK (DATA DRIVEN)

Purpose

- ❑ Single platform to view all relevant data
- ❑ Comprehensive HMIS system is for capturing all data requirements of different programs going on in the state
- ❑ One stop data entry portal for the GoI HMIS data requirement and GoUP internal data requirement
- ❑ Minimize the manual and duplication in data capture
- ❑ Data visualization for review and planning: HMIS bulletin, dashboards & dynamic reports

Data requirement for data driven decision making

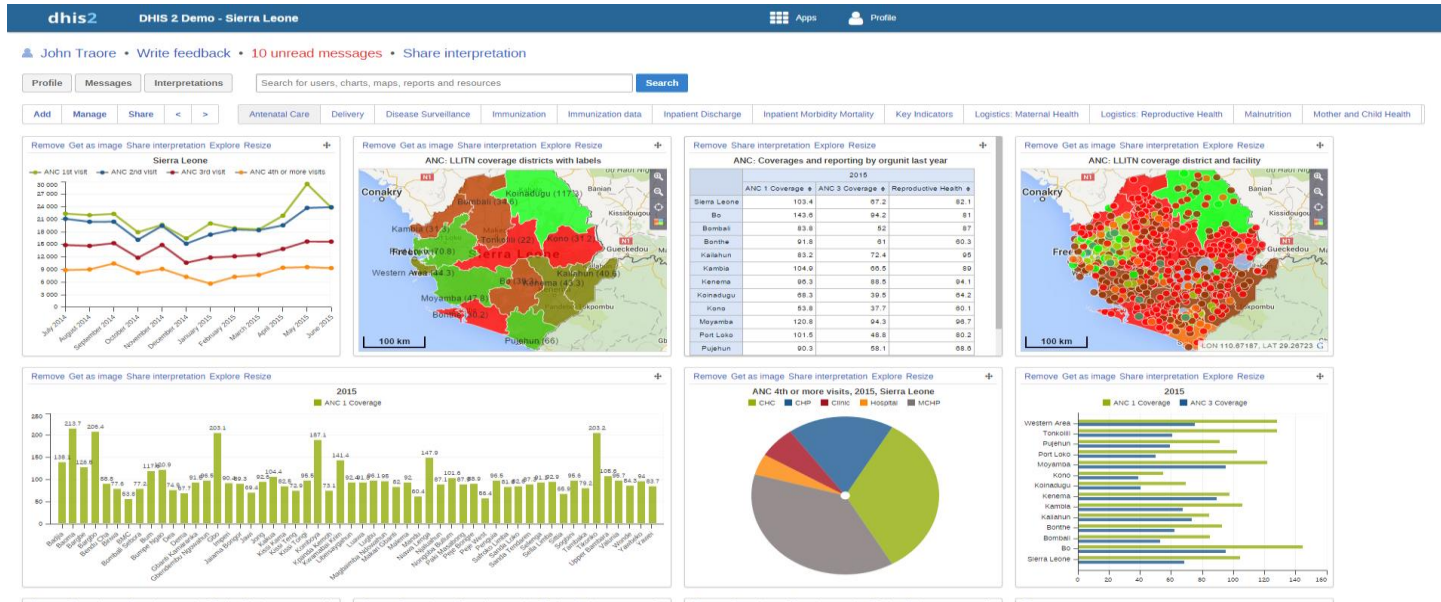
- ❑ Availability (input indicators)
- ❑ Quality (input indicators)
- ❑ Service utilization (output indicators)
- ❑ Outcome (outcome indicators)

Availability	Quality	Service utilization	Outcome
Infrastructure Equipments (UPHMIS/HMIS) Drug (UPHMIS) Supplies (UPHMIS) Staff (UPHMIS)	Training and skills IMEP practices (UPHMIS) Referral management (UPHMIS) NRC follow-up practice (UPHMIS)	1. Newborn complication attended at facility (UPHMIS) 2. Immunization services (HMIS) 4. Utilization of RBSK service (UPHMIS) 5. Utilization of NRC services (UPHMIS)	Fully immunized children rate (HMIS) Newborn and child death (HMIS) Management of SAM children (UPHMIS) Management of childhood illness (UPHMIS)

UPHMIS: FORMATS AND DATA ELEMENTS

Formats	Domain	Data elements
1. CMO office	Administration, Process, Budget utilization	60
2. District Hospital	Hospital Management, Maternal Health, Child & newborn health, NRC, SNCU, delivery points, FP services, ARSH etc.	246
3. CHC Level	Hospital Management, Maternal Health, Child & newborn health, delivery points, FP services, ARSH, community process,	232
4. PHC level	Hospital Management, Maternal Health, Child & newborn health, delivery points, FP services, ARSH, community process,	218
5. SC level	Community process, ARSH, VHND	125

UPHMIS: FEATURES



- The analytics will have dynamic drag-drop option where user could create custom reports based on specific requirements.
- General static reports like Monthly Progress Report, HMIS Bulletin & Dashboard would be available
- UPHMIS dashboard will be able to integrate with systems like HRIS, LMIS and other systems to create a common dashboard
- The dashboard will be able to be used by the android mobile system to review at different forum.
- UPHMIS will be able to share the dashboard and creating a forum for review and comments by users and their groups such as social network site.

AGENDA

- HMIS (Health Management Information System)
- UPHMIS (UP Health Management Information System)
- MCTS (Mother and Child Tracking System)**

MCTS: CONCEPT

- ❑ Developed jointly by the Ministry of Health and Family Welfare (MoHFW) and National Informatics Centre (NIC)
- ❑ Launched by the Government of India (GOI) – December 2009 – in collaboration with States/UTs
- ❑ IT enabled application (<http://nrhm-mcts.nic.in>)
- ❑ Helps ANM and ASHAs track individual beneficiaries who are due for any MNCH services
- ❑ Data generated during this process helps computing output indicators that are critical to program planning and review

MCTS: KEY FEATURES

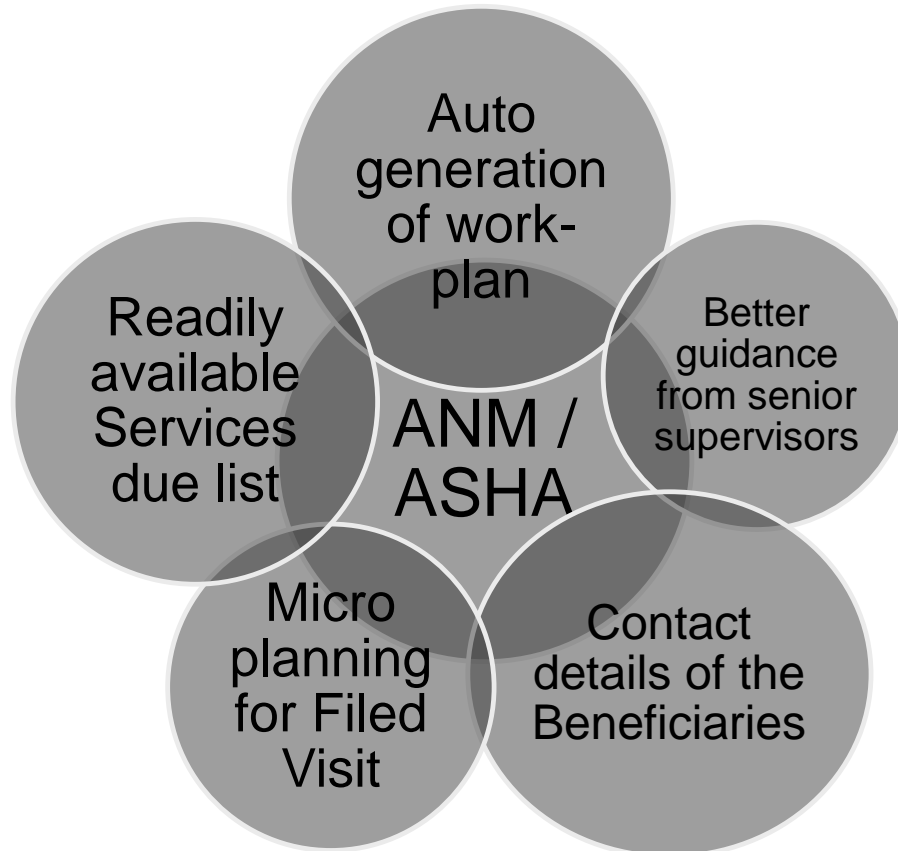
- ❑ Ensures through individual tracking:
 - Pregnant women receive Ante-natal Care check-ups (ANCs)
 - Recently delivered mothers receive Post-natal check-ups (PNCs)
 - Children receive immunizations
- ❑ Generates work plan for ANMs and ASHA for VHNDs
- ❑ Reduces wastage of vaccines

MCTS: DATA POINTS

There are 58 fields in the MCTS data set which can be classified into following domains:

- ❑ **Location detail:** District, blocks, facility, mothers village and contact details
- ❑ **Demography:** Mothers ID, name, husbands name, date of birth, age and caste
- ❑ **Providers detail:** ANMs contact detail, name of the facility where delivery is planned
- ❑ **ANC and service detail:** LMP, ANC date, TT, IFA, anemia, ANC complications and RTI/STI
- ❑ **Delivery history:** Place, type, complications, date of discharge and abortion
- ❑ **PNC detail:** PNC home visit, PNC complications, PNC check up
- ❑ **Family planning:** Post partum contraception methods
- ❑ **Child detail:** sex, weight, breast feeding, and immunization

MCTS: BENEFITS FOR ANM / ASHA





KINDLY REFER TO THE FOLLOWING LINKS FOR FURTHER DETAILS:

1. <https://nrhm-mis.nic.in>
2. <http://uphmis.in>
3. <http://nrhm-mcts.nic.in>



THANK YOU!

