

USER MANUAL

VER: 1.0.0

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A.Introduction

There are two types of data collection tools in SCSL:

1. Web application
2. Mobile application

1. SCSL Web application

1.1. System requirements

The recommended minimum hardware requirements to install and run scsl application on web are as follows:

- Pentium Processor or upwards 1.8 GHz
- RAM 4 GB (8 GB recommended)
- Free Hard disk space minimum 2 GB
- Display resolution 1024 x 768 and above

The recommended minimum software requirements to install and run scsl application on web are as follows

- Operating System: Microsoft Windows 7 or above
- Microsoft Excel version 2007 and above
- Internet Browser: Firefox, Chrome, Safari, Internet Explorer, Opera
- Acrobat reader
- Internet Connectivity

1.2. Running scsl application on web

To run the scsl application on the web application, follow these steps:

User can open any browser (Firefox 44+, Chrome 40+, Safari 5+, Internet Explorer 11+, Opera 24+) in desktop and in the search bar, can search for the mentioned URL <http://safecaresavinglives.org/>

*To perform this search, internet connectivity is required.

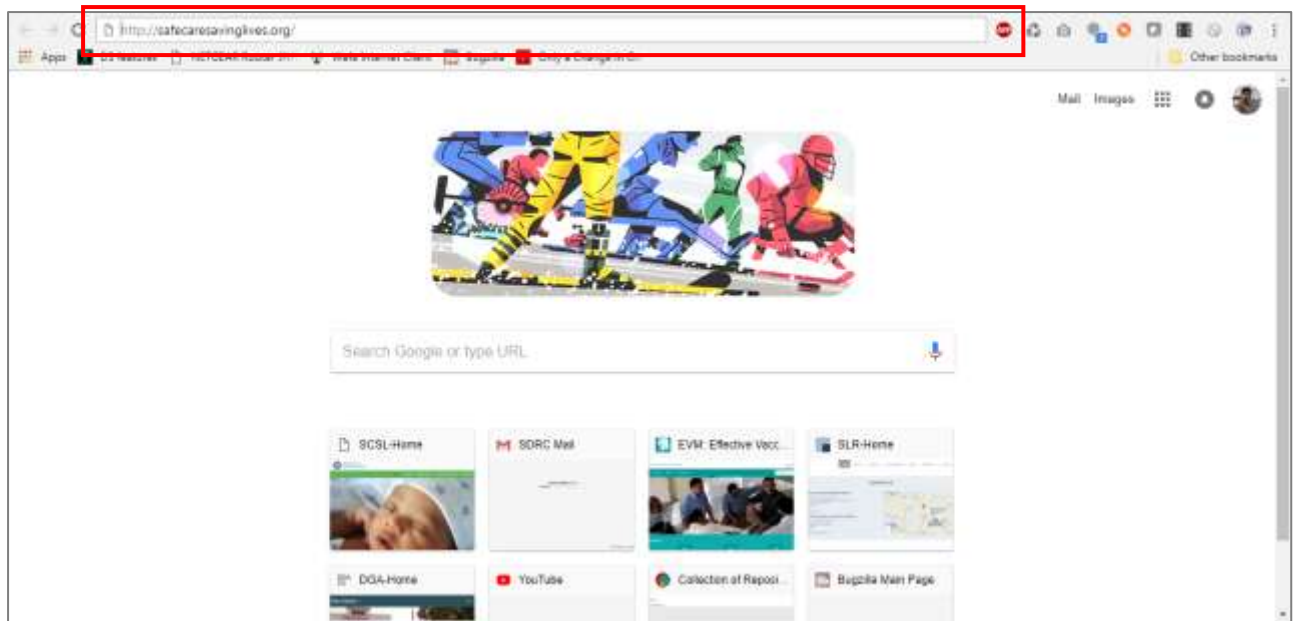


Figure 1: Chrome Browser

Upon performing the search, user is navigated to SCSL web application home page.



Figure 2: Home Page

1.2.1. Existing Users: Login

To login to the SCSL application, Existing users can login by using the authenticated **Username** and **Password** and click on **LOGIN** button.



Figure 3: Login Page

A logged in user can see a **Menu** button located on the left hand side of the User Home Page.



Figure 4: User home page

Upon clicking on the **Menu** button users can see all the menu items. The items in the menu bar will appear depending on the role of the user.



Figure 5: User home page

1.2.2. Data Entry Module

User can click on **Data Entry** to navigate to data entry module. There are two data entry modules for the QI team members of the facility:

1.2.2.1. SNCU/NICU data entry

The QI team member of the facility can enter the SNCU/NICU data entry module. Upon clicking on SNCU/NICU, the screen will re-direct to the data entry page. The data entry window will be activated till **15th of every month** to enter the data of the previous month.

E.g.: To enter data for the month of September 2017, the window will be open from 1st of October to 15th of October.



Figure 6: SNCU/NICU Data entry

At first, profile entry page will open. This enables users to enter the entry level indicators.



SEP 2017

ENCU/NICU Data Entry

Menu →

| Sl. No. | Indicator Name | Value |
|---------|------------------------------|-------|
| 1 | Labor room available | YES |
| 2 | Number of inborn admission | 12 |
| 3 | Number of out born admission | 14 |
| 4 | Number of admission | 26 |
| 5 | Percentage of inborn babies | 46.2 |
| 6 | Percentage of outborn babies | 53.8 |

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Figure 7: Profile Entry

After the profile entry is complete, user will click on **Proceed** button to further proceed on process, intermediate and outcome indicator data entry.



SEP 2017

ENCU/NICU Data Entry

Menu →

| | | |
|----|------------------------------------|------|
| 6 | Percentage of outborn babies | 53.8 |
| 7 | Number of c-section deliveries | 4 |
| 8 | Number of normal deliveries | 5 |
| 9 | Number of total deliveries | 9 |
| 10 | Percentage of c-section deliveries | 44.4 |
| 11 | Percentage of normal deliveries | 55.6 |
| 12 | Number of live births | 8 |

PROCEED RESET

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Figure 8: Profile Entry Submission

To reset the entire profile entry value user can click on **Reset** button.



| Sl. No. | Indicator Name | Value |
|---------|------------------------------------|-------|
| 6 | Percentage of outborn babies | 53.8 |
| 7 | Number of c-section deliveries | 4 |
| 8 | Number of normal deliveries | 5 |
| 9 | Number of total deliveries | 9 |
| 10 | Percentage of c-section deliveries | 44.4 |
| 11 | Percentage of normal deliveries | 55.6 |
| 12 | Number of live births | 8 |

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Figure 9: Profile Entry Reset

After clicking on the Reset button all the values of the profile indicators will be reset.



Sep 2017

| Sl. No. | Indicator Name | Value |
|---------|------------------------------|-------|
| 1 | Labor room available | YES |
| 2 | Number of inborn admission | |
| 3 | Number of out born admission | |
| 4 | Number of admission | |

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Figure 10: Profile Entry Reset

After the profile indicators are filled, it shall then ask for a confirmation message.

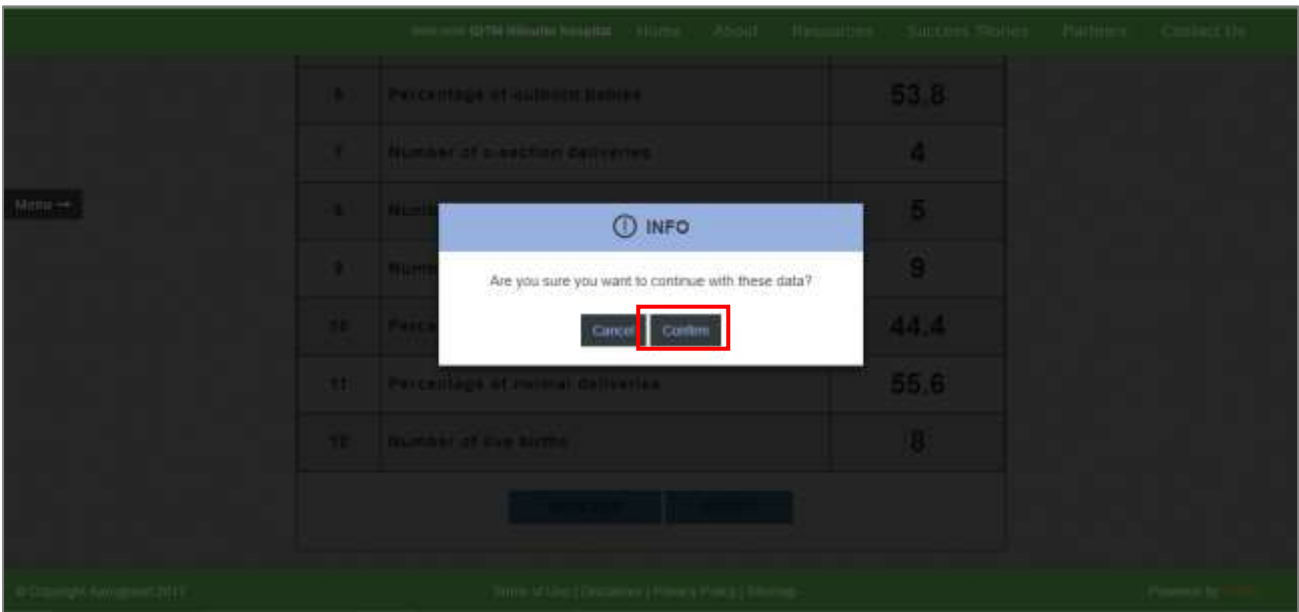


Figure 11: Profile Entry Confirm

Upon confirmation it shall then move to the process, intermediate and outcome indicators. User can navigate between the process, intermediate and outcome indicators from the navigation pane.



Figure 12: Data entry of SNCU/NICU Indicators

To add more process indicators in the system, user can click on **Add Indicator** button.

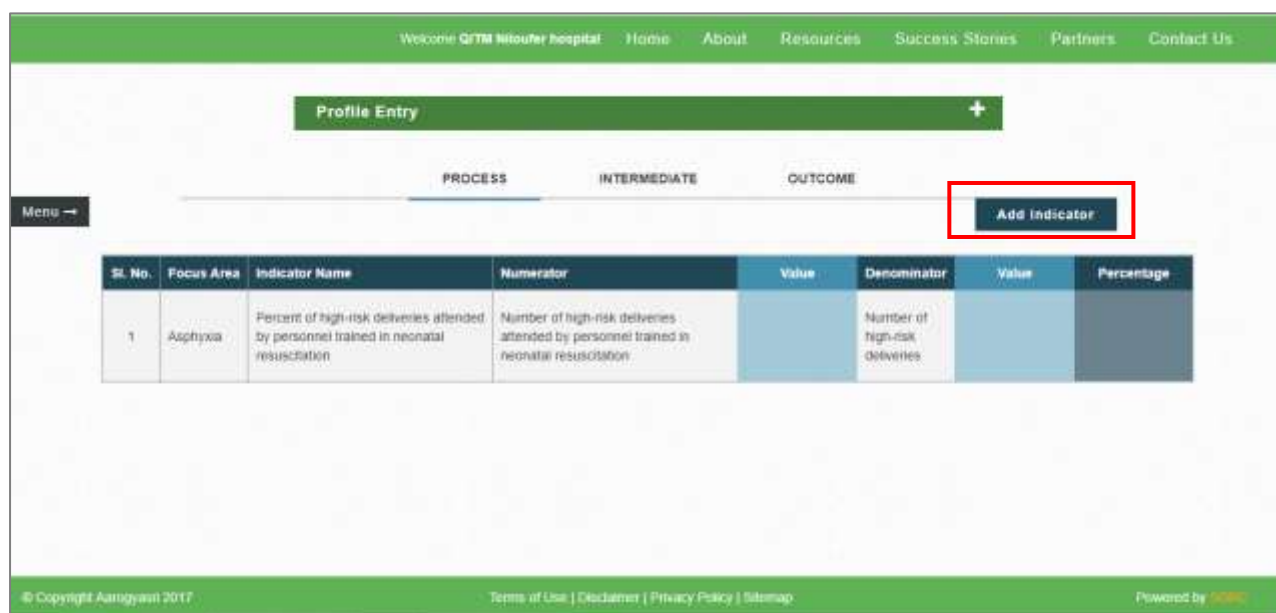


Figure 13: Add Indicator

It shall then populate list of indicators belonging to specific focus area.

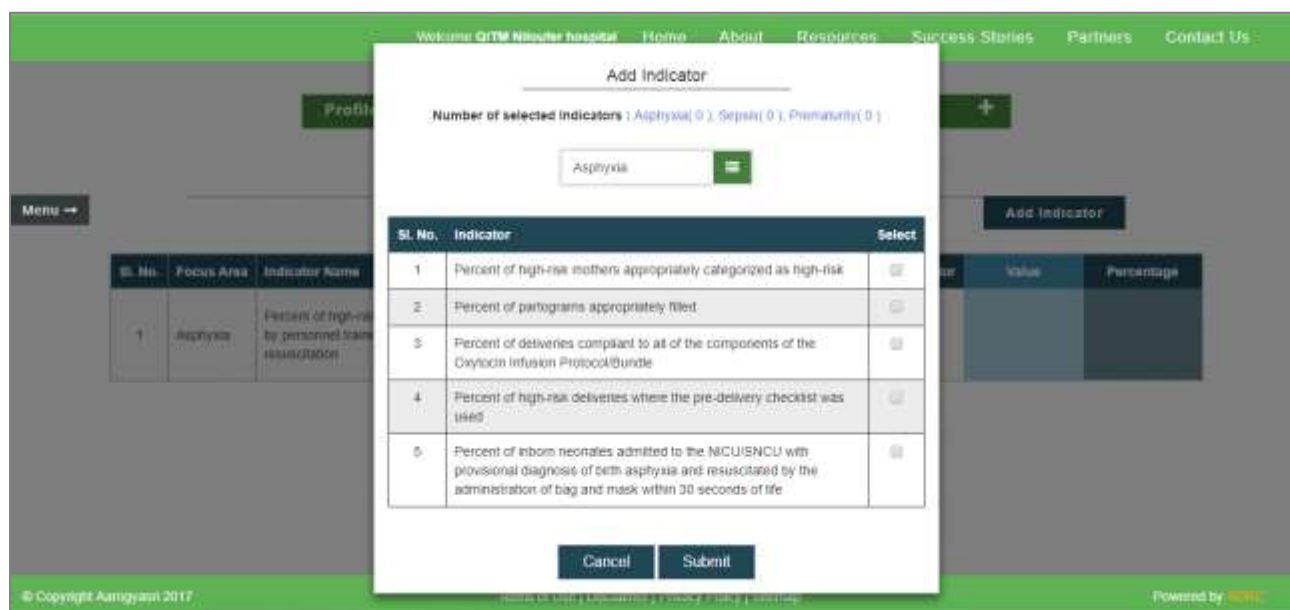


Figure 14: Add Indicator selection

User can choose the respective focus area from the dropdown menu and choose the respective indicator(s).

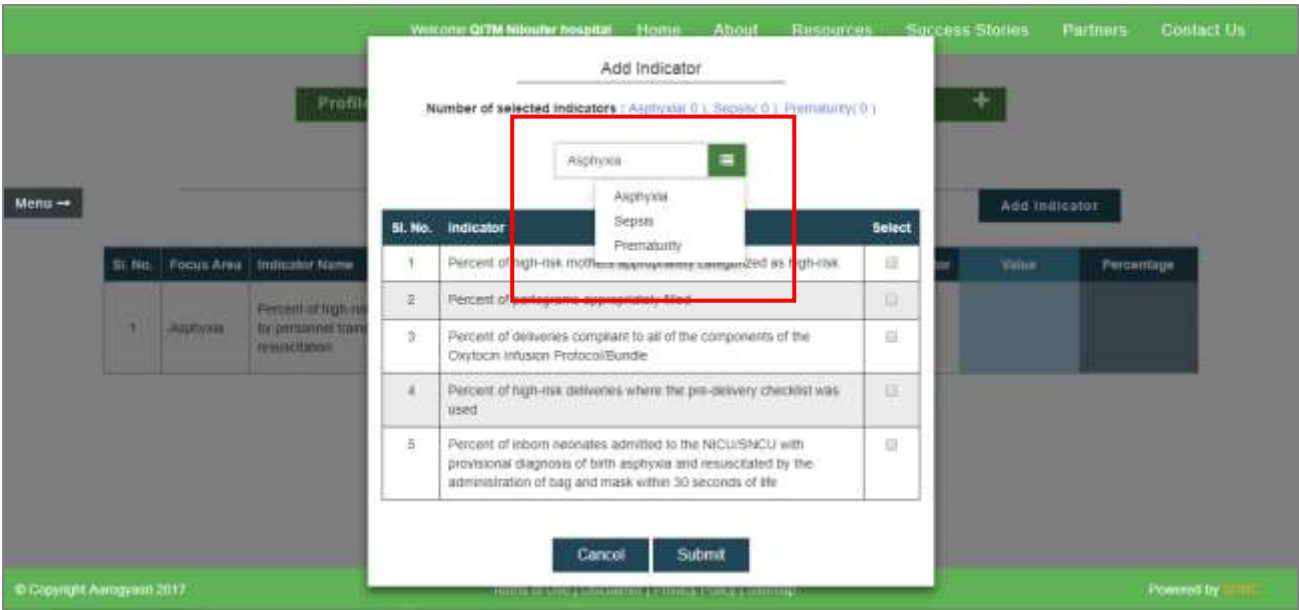


Figure 15: Add Indicator Focus area selection

Upon click of Submit button a confirmation shall be asked where the list of selected indicators. Note:

- a. Indicators once added cannot be removed from the list.
- b. While filling up a checklist if indicator(s) are added then all the current values shall be refreshed and user have to again fill-up the checklist.

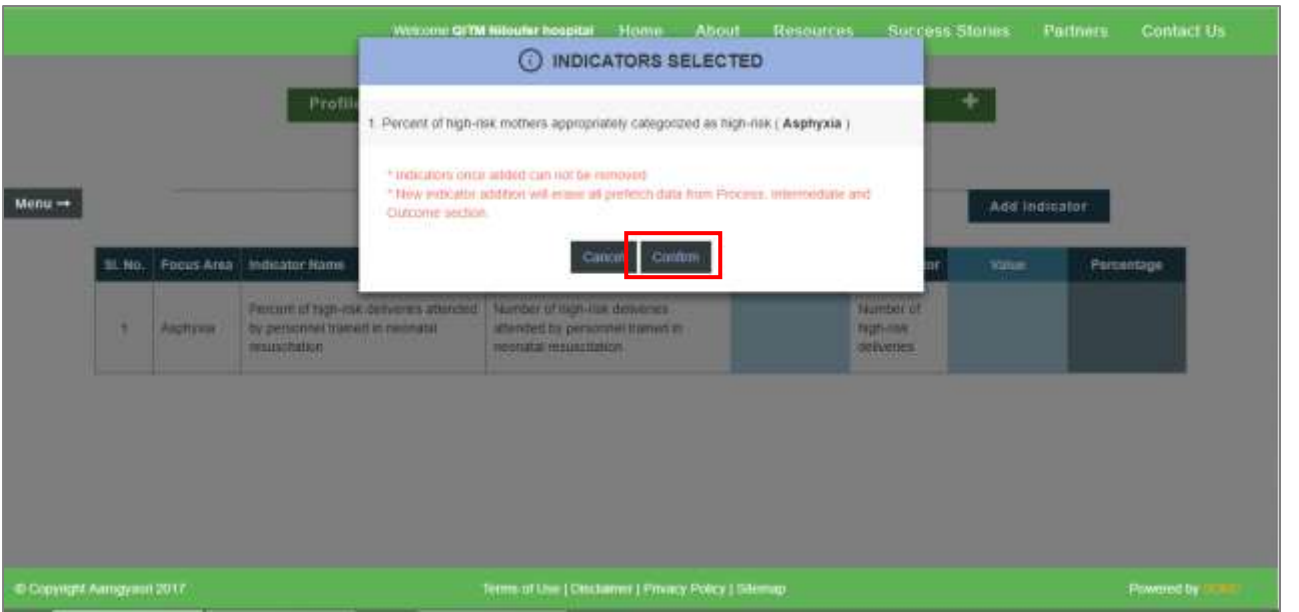


Figure 16: Add Indicator Confirm message

Upon confirmation, the indicators will be successfully mapped to the facility from that time period.

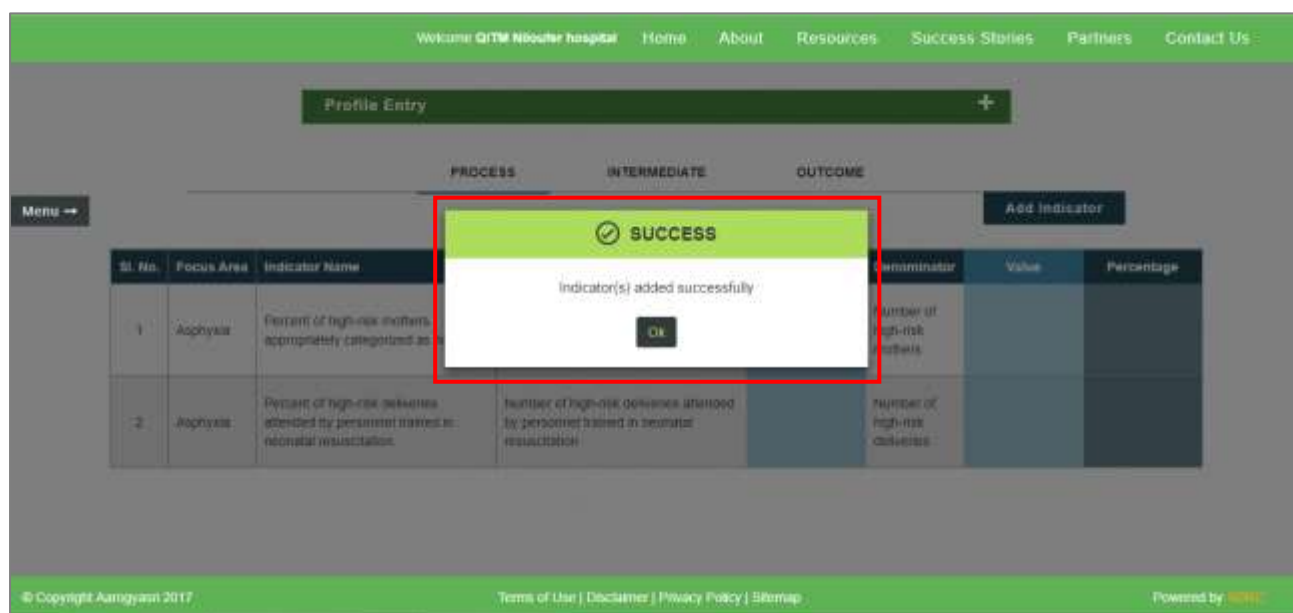


Figure 17: Add Indicator Successful

After the mapping of process indicators with the facility, user can now start entering data for the new indicators mapped with the facility from that time period.

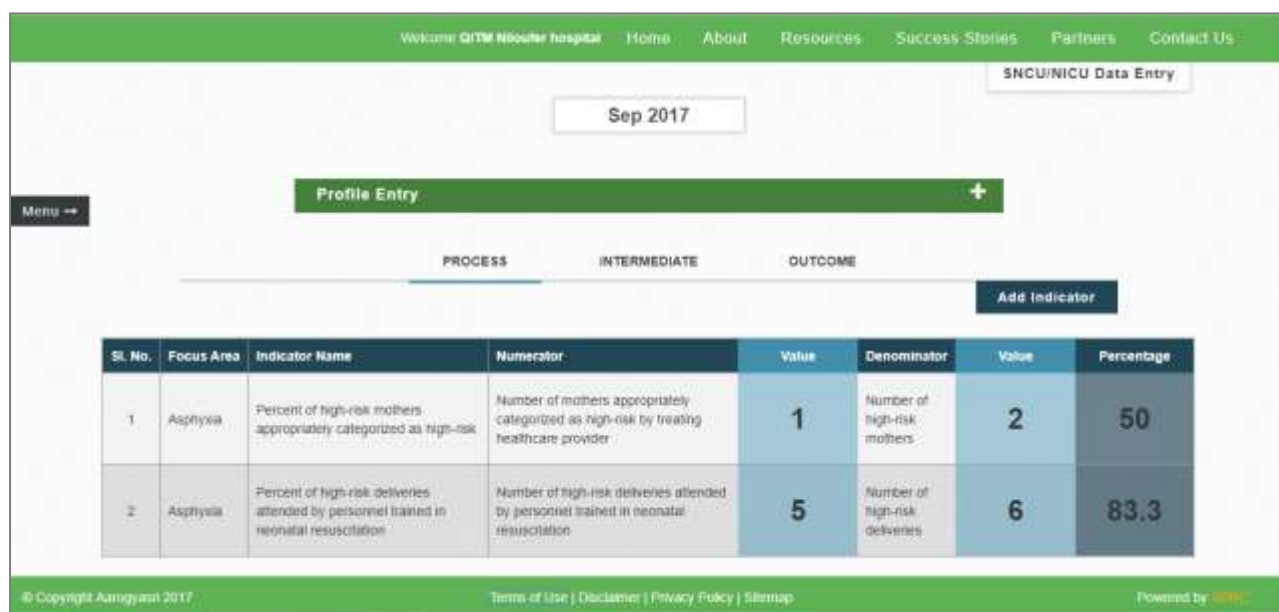


Figure 18: Process Indicator Data entry

To enter the data for the intermediate move the navigation from process to intermediate.



The screenshot shows a web application interface for QITM Nilotar hospital. At the top, there is a navigation bar with links: Welcome QITM Nilotar hospital, Home, About, Resources, Success Stories, Partners, and Contact Us. Below this, there are three tabs: PROCESS, INTERMEDIATE (which is selected), and OUTCOME. The main content area displays a table with 9 columns: Sl. No., Focus Area, Indicator Name, Numerator, Value, Denominator, Value, and Percentage. There are four rows of data, all related to Asphyxia. A 'Menu →' button is visible on the left side of the table. At the bottom of the page, there is a footer with copyright information (© Copyright Aerogrysi 2017), terms of use, disclaimer, privacy policy, and sitemap, and a 'Powered by' logo.

| Sl. No. | Focus Area | Indicator Name | Numerator | Value | Denominator | Value | Percentage |
|---------|------------|---|---|-------|--|-------|------------|
| 1 | Asphyxia | Incidence of perinatal asphyxia in neonates in the NICU/SNCU (%) | Number of neonates diagnosed with moderate to severe perinatal asphyxia admitted to the NICU/SNCU | 5 | Number of neonates admitted to the NICU/SNCU | 26 | 19.2 |
| 2 | Asphyxia | Percent of neonatal deaths due to moderate to severe perinatal asphyxia | Number of neonatal deaths due to moderate to severe perinatal asphyxia | 4 | Number of neonatal deaths | 5 | 80 |
| 3 | Asphyxia | Neonatal deaths/100 live births | Number of neonatal deaths | 5 | Number of live births | 8 | 62.5 |
| 4 | Asphyxia | Inborn neonatal deaths/100 live births | Number of inborn neonatal deaths | | Number of live births | 8 | N/A |

Figure 19: Intermediate Indicator Data entry

There are built-in validations incorporated in the system. For e.g.: If the numerator is greater than the denominator then an error shall be thrown that “Numerator value cannot be greater than denominator value”.

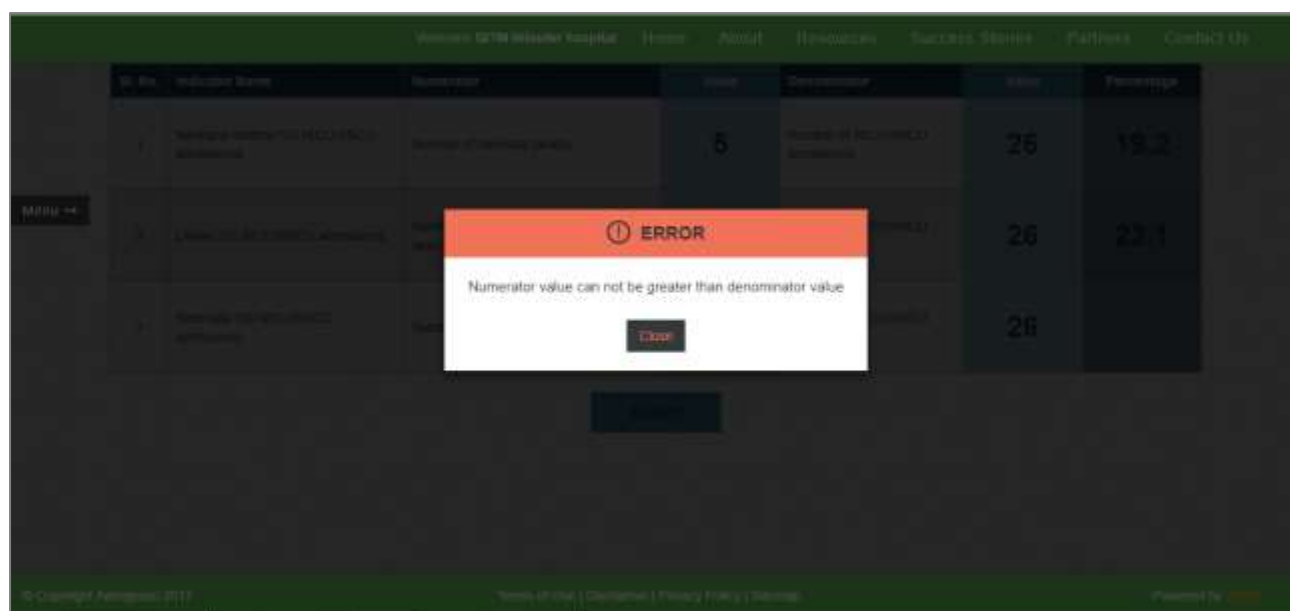


Figure 20: Error Validation in SNCU/NICU Data entry

But there are also some validations that will allow even if the numerator is greater than denominator. At this moment the system shall show warning message prompting Numerator is greater than denominator. Some of the intermediate and process indicators can also be left blank. But the Outcome indicators are mandatory to fill. There shall a warning message shown in-case

some of the fields in the intermediate section are left blank while submitting the value for the month.

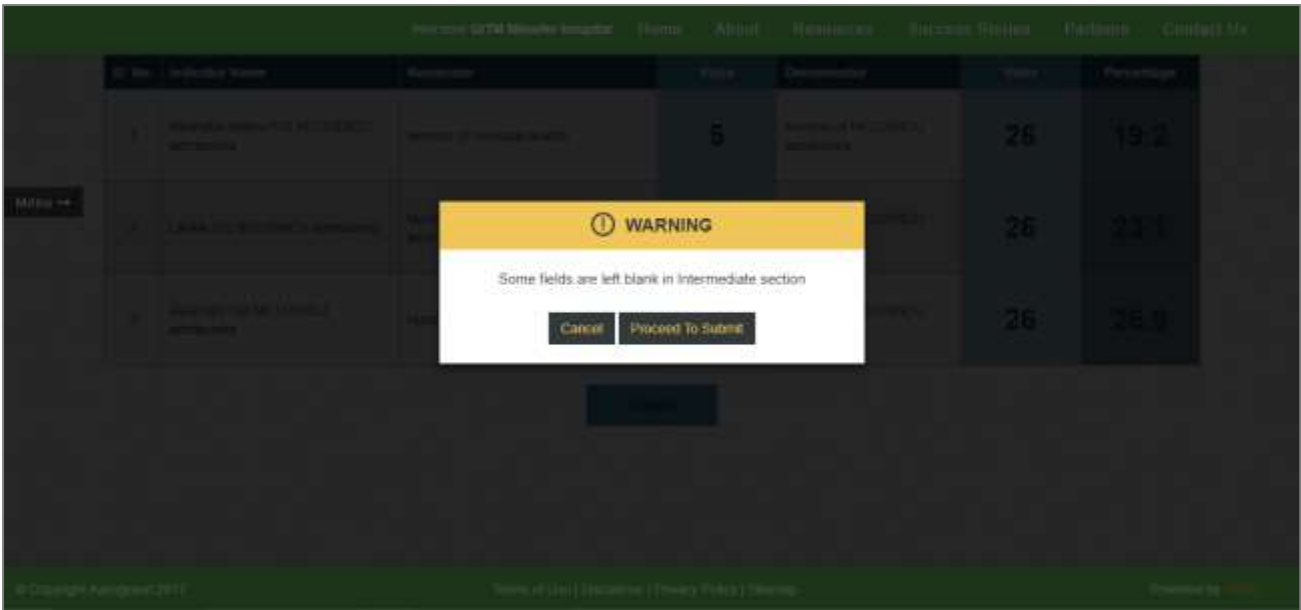


Figure 21: Warning Validation in SNCU/NICU Data entry

Upon click on Proceed to submit button the data will be submitted for the previous month.

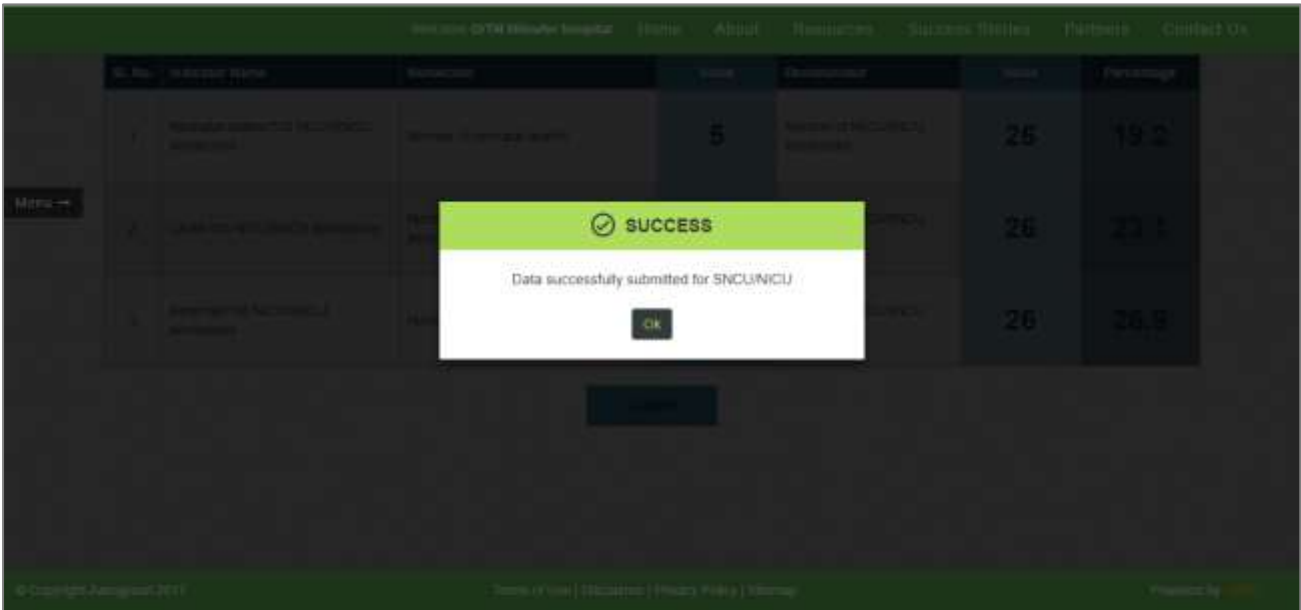


Figure 22: SNCU/NICU Data entry successful

1.2.2.2. Plan, Do, Study, Act(PDSA)

The PDSA data entry is role based and is available to the QI team member of the facility. To enter data in the PDSA user can click on the data entry section and then PDSA.



Figure 23: PDSA Data entry

Upon click on PDSA it shall list all the PDSA being followed in the facility. We have five status for a PDSA:

- a. On-going
- b. Pending
- c. Adopt
- d. Adapt
- e. Abandon

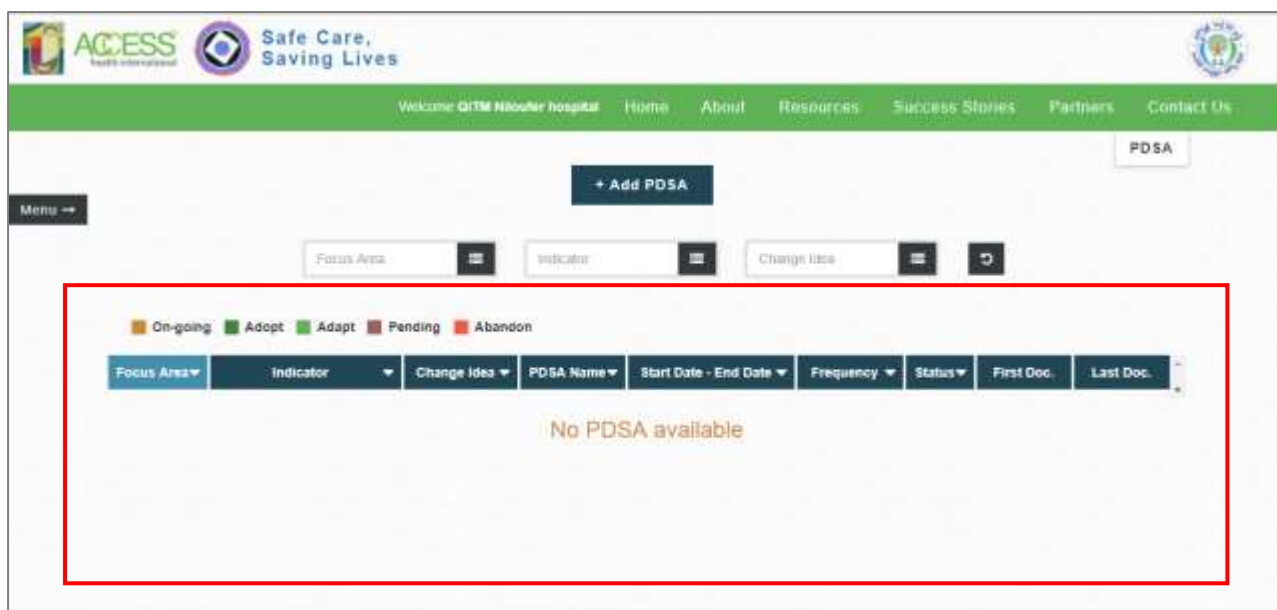


Figure 24: PDSA Status

To add a new PDSA, the user need to click on Add PDSA button and provide the details of the PDSA like focus area, indicator, change idea, PDSA number, PDSA name, Brief summary, Frequency of data collection, start date and end date of the PDSA.

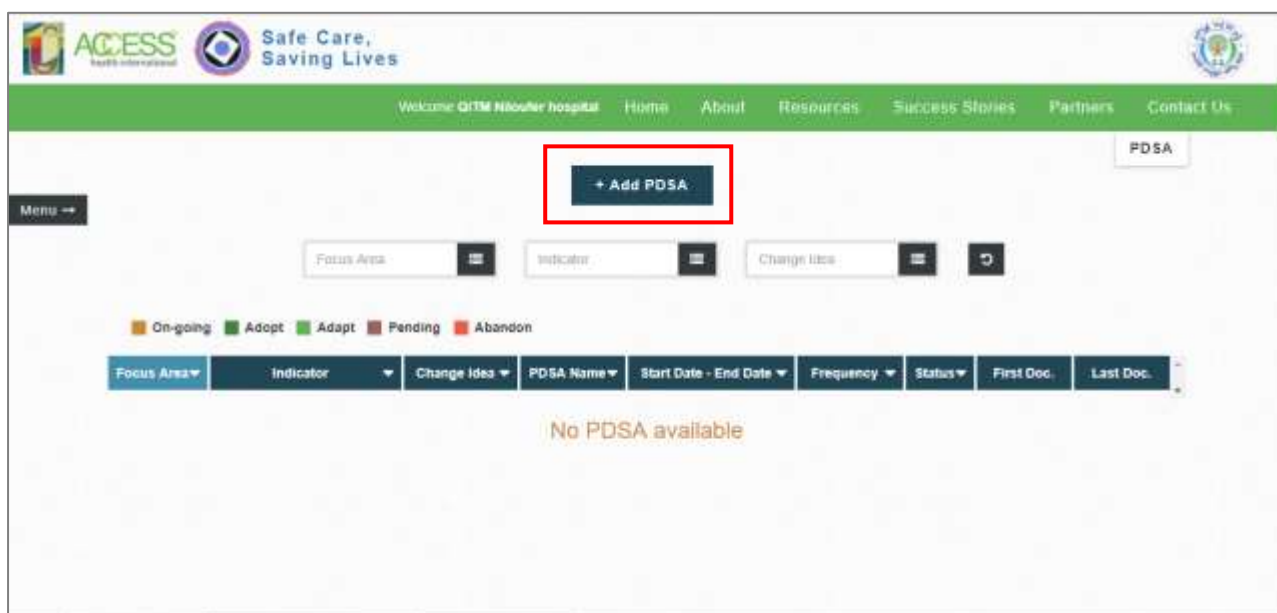


Figure 25: Add PDSA

Upon click of Add PDSA button the following screen will appear:

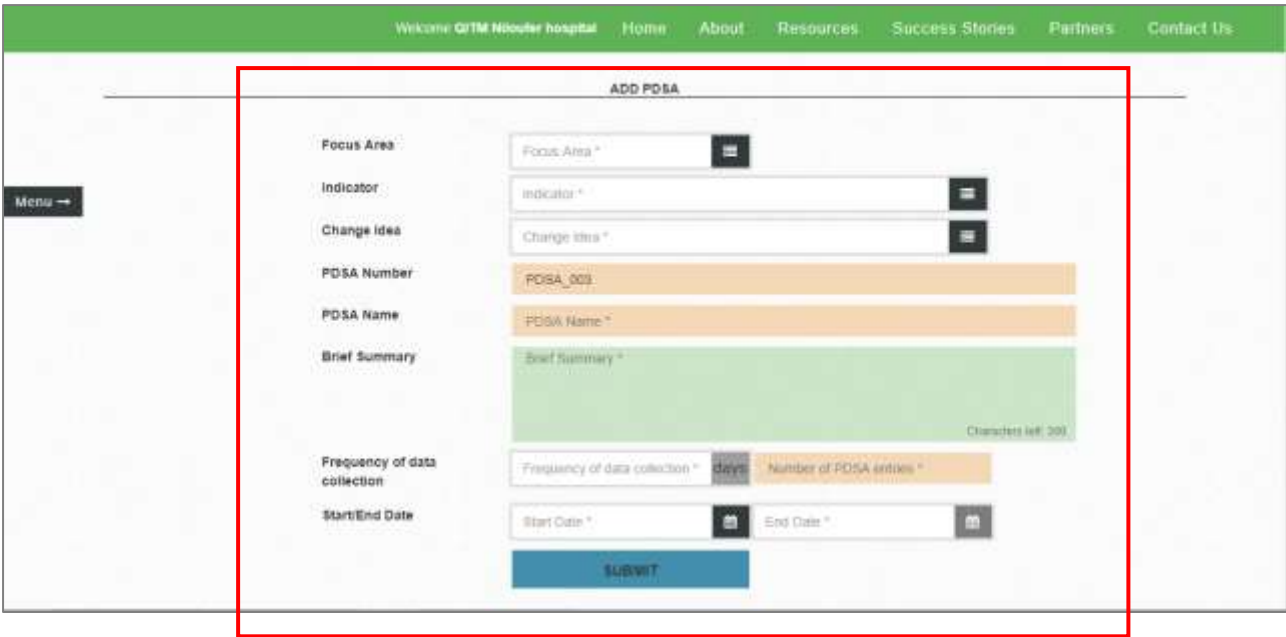


Figure 26: Add new PDSA

The change idea, brief summary are having a minimum character of 150 characters and maximum of 300 characters. If the change idea is already present in the system can be selected from the dropdown and if the change idea is not present in the system then we can add new change idea into the system. After providing the frequency of data collection, number of PDSA entries and start date the end date will be automatically calculated.

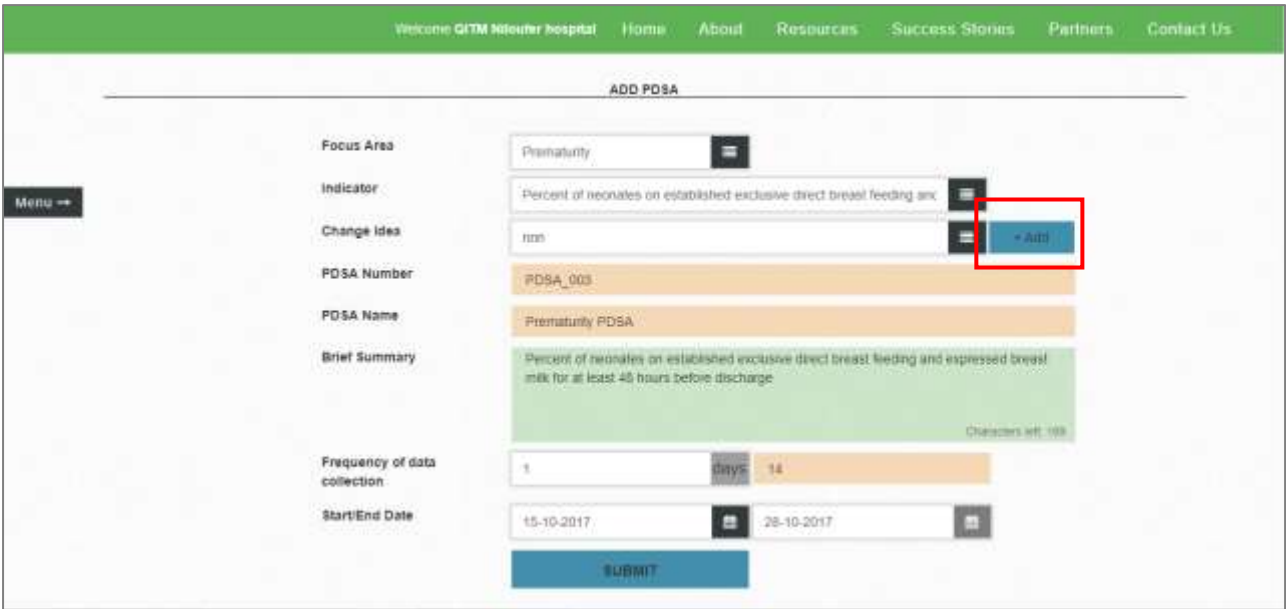


Figure 27: Add new Change Idea

1.2.3. Submission Management (Superintendent)

The QI team member of the facility will enter the SNCU/NICU data entry module. Once the data is submitted, superintendent of that facility can validate the submitted data till **20th of every month**.

E.g.: To approve/reject data for the month of October 2017, approve and reject button will be enable from 1st of November to 20th of November 2017.



Figure 28: Submission Management

At first, Submission Management page will open. This enables superintendent to view all the QITM submitted data of its respective facility. All the submission related information is present in the table.



Figure 29: Submission Management Status

Scroll right to view other available options.

Click on **view history** button to view all the submissions related to the particular time period (October 2017).



Figure 30: Submission Management View History

If there is no history available for the particular selection. User will get an info message that **“No history available for the submission”**. Click on the **Close** button to go back to the submission management page.

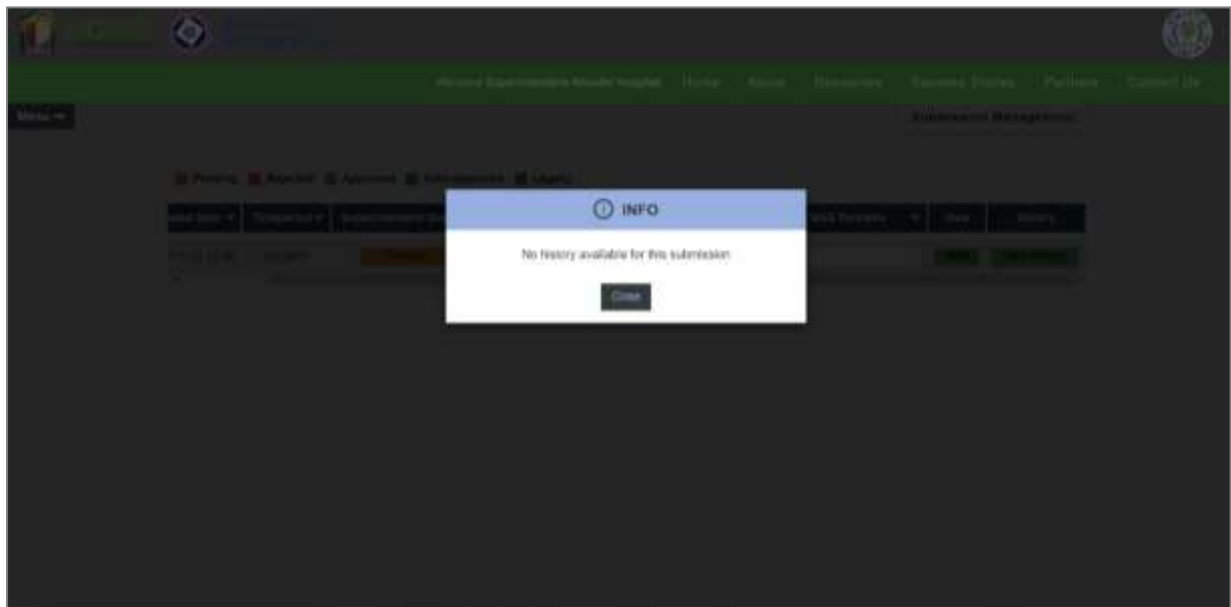


Figure 31: Submission Management History

Click on **view** button to view the latest submission of the particular time period (October 2017).

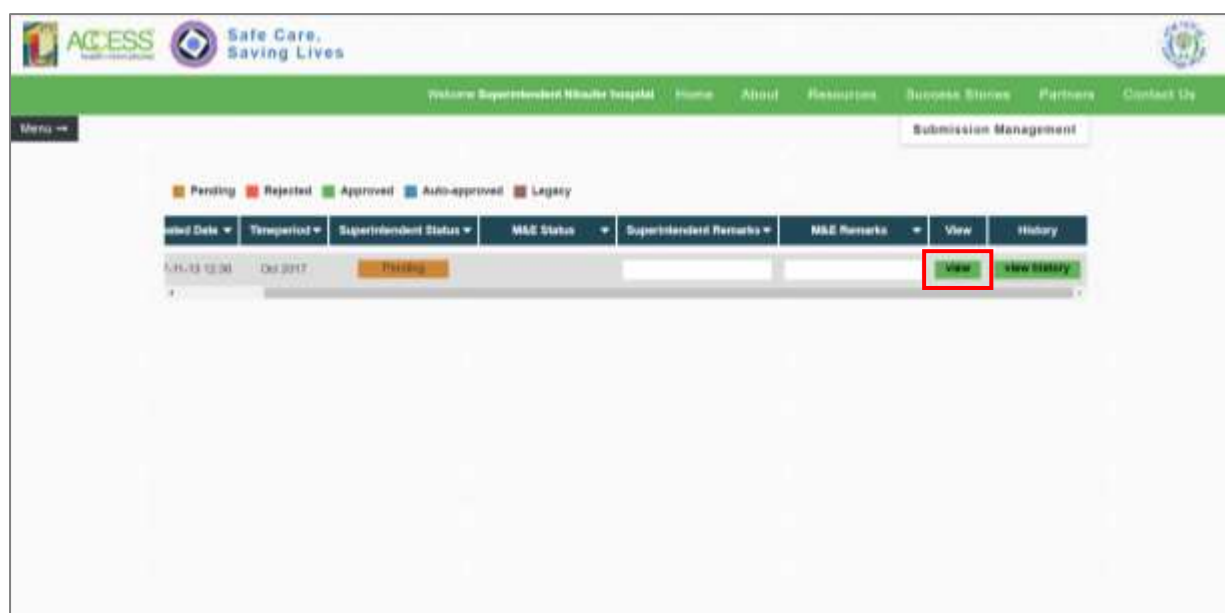


Figure 32: View Submission Management

User can view the latest submitted data and the last two time period data in **T-1 Month** and **T-2 Month** column.

Click on (✕) button on the top right corner to close the current submission detail view.

| T-2 Month | | | | T-1 Month | | | | Oct 2017 (T) | | | |
|----------------|--|-----------|-----------|-----------|-------------|------------------|---------|--------------|--|--|--|
| Indicator Type | Indicator | T-2 Month | T-1 Month | Numerator | Denominator | Percentage/Value | Remarks | | | | |
| Profile | Number of inborn admissions | N/A | N/A | | | 45 | | | | | |
| Profile | Number of out born admissions | N/A | N/A | | | 80 | | | | | |
| Profile | Number of admissions | N/A | N/A | | | 111 | | | | | |
| Profile | Percentage of inborn babies | N/A | N/A | 45 | 111 | 40.5% | | | | | |
| Profile | Percentage of outborn babies | N/A | N/A | 80 | 111 | 79.5% | | | | | |
| Profile | Number of caesarian deliveries | N/A | N/A | | | 80 | | | | | |
| Profile | Number of normal deliveries | N/A | N/A | | | 55 | | | | | |
| Profile | Number of total deliveries | N/A | N/A | | | 144 | | | | | |
| Profile | Percentage of caesarian deliveries | N/A | N/A | 80 | 144 | 61.8% | | | | | |
| Profile | Percentage of normal deliveries | N/A | N/A | 55 | 144 | 38.2% | | | | | |
| Profile | Number of live births | N/A | N/A | | | 20 | | | | | |
| Process | Percent of high-risk mothers appropriately categorized as high-risk | N/A | N/A | 45 | 80 | 60.2% | | | | | |
| Process | Percent of participants appropriately filed | N/A | N/A | 55 | 144 | 41.0% | | | | | |
| Process | Percent of deliveries completed by all of the components of the Ceylon Inborn Protocol/Bundle | N/A | N/A | 85 | 144 | 60.0% | | | | | |
| Process | Percent of inborn neonates admitted to the NICU/IMCU with pre-natal diagnosis of birth asphyxia and resuscitated by the administration of bag and mask within 30 seconds of life | N/A | N/A | 0 | 0 | 00.0% | | | | | |

Figure 33: Submission management for last two time period

The system records all the abnormal condition of data and are visible in the **Remarks** column highlighted in yellow color. For E.g.: if numerator is greater than denominator.

| Telangana / Hyderabad / Private / Large Private | | | | | Oct 2017 (T) | | |
|---|--|-----------|-----------|-----------|----------------|------------------|--|
| Indicator Type | Indicator | T-2 Month | T-1 Month | Numerator | Denominator | Percentage/Value | Remarks |
| Profile | Number of inborn admissions | N/A | N/A | | | 4 | Number of deliveries is less than Number of live births |
| Profile | Number of out born admissions | N/A | N/A | | | 0 | |
| Profile | Number of admissions | N/A | N/A | | | 13 | |
| Profile | Percentage of inborn babies | N/A | N/A | 4 | 13 | 30.8% | |
| Profile | Percentage of outborn babies | N/A | N/A | 0 | 13 | 00.2% | |
| Profile | Number of Caesarian deliveries | N/A | N/A | | | 0 | |
| Profile | Number of normal deliveries | N/A | N/A | | | 0 | |
| Profile | Number of total deliveries | N/A | N/A | | | 11 | |
| Profile | Percentage of Caesarian deliveries | N/A | N/A | 0 | 11 | 45.0% | |
| Profile | Percentage of normal deliveries | N/A | N/A | 0 | 11 | 54.0% | |
| Profile | Number of live births | N/A | N/A | | | 12 | Number of live births is greater than Number of deliveries |
| Intermediate | Incidence of perinatal asphyxia in neonates in the NICU(SMAC) (%) | N/A | N/A | 0 | 13 | 38.0% | Numerator is greater than denominator |
| Intermediate | Percent of neonatal deaths due to metabolic or severe perinatal asphyxia | N/A | N/A | 0 | 13 | 21.7% | |
| Intermediate | Neonatal deaths/100 live births | N/A | N/A | 13 | 12 | 108.3% | |

Figure 34: Remark for each submission

Scroll down to approve or reject.

| | | | | | |
|--------------|--|-----|-----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream infection (CLABSI) (%) | N/A | N/A | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SNCU (%) | N/A | N/A | 111 | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 88.8% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given RMC | N/A | N/A | | N/A |
| Outcome | Neonatal deaths/100 NICU/SNCU admissions | N/A | N/A | 8 | 8.1% |
| Outcome | CLABSI/100 NICU/SNCU admissions | N/A | N/A | 48 | 40.8% |
| Outcome | Referrals/100 NICU/SNCU admissions | N/A | N/A | 88 | 88.8% |

Neonates

Discharges: 111, 100%

Approve

Reject

Figure 35: Approve or Reject Submissions

In case of rejection, remark is mandatory to fill. If the Superintendent proceed to reject without giving remarks, an error message will be prompted.

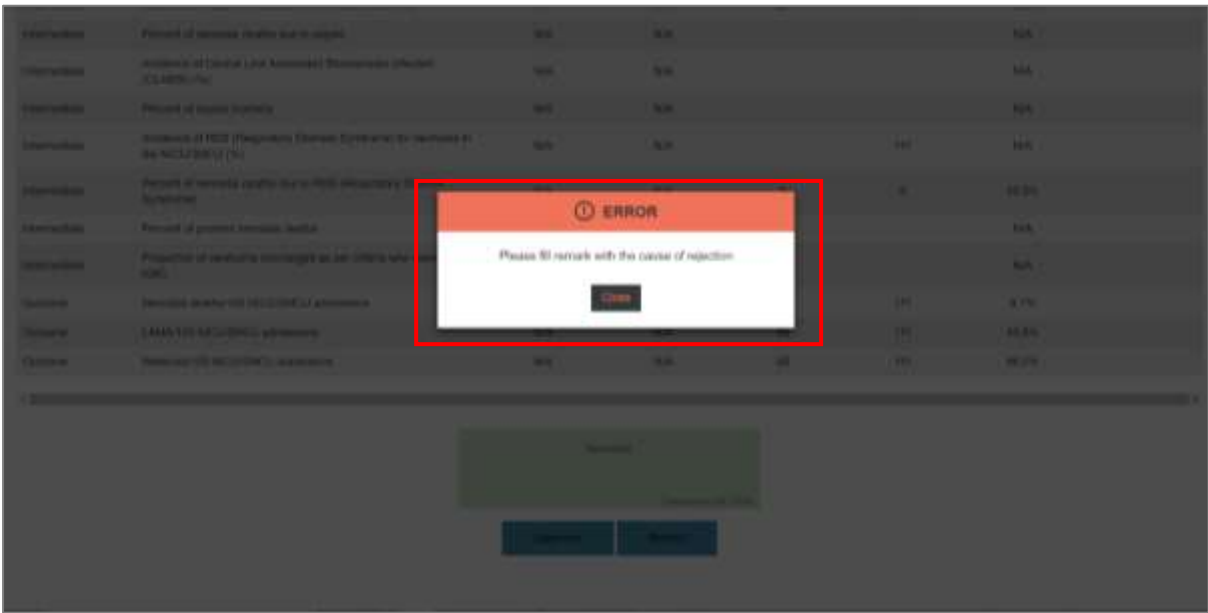


Figure 36: Error validation for reject submission

Click on **Close** button to go back to the submission detail screen.

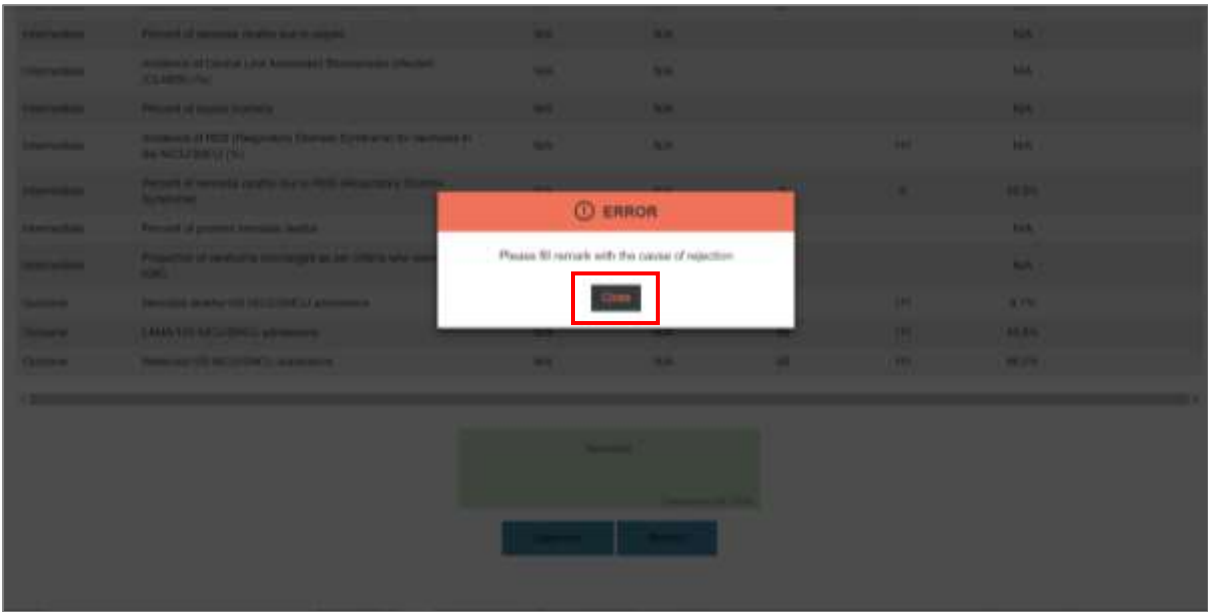


Figure 37: Close button for error message

Write the remark in the **Remarks** box.

| | | | | | | |
|--------------|--|-----|-----|----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SHCU (%) | N/A | N/A | | 111 | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 8 | 88.8% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given RMC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SHCU admissions | N/A | N/A | 8 | 111 | 8.1% |
| Outcome | LAMA/100 NICU/SHCU admissions | N/A | N/A | 48 | 111 | 40.3% |
| Outcome | Referrals/100 NICU/SHCU admissions | N/A | N/A | 98 | 111 | 88.3% |

Rejected

Click on OK to save

Approve

Reject

Figure 38: Remark if the submission is rejected

Click on **Reject** button to reject the submission.

| | | | | | | |
|--------------|--|-----|-----|----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SHCU (%) | N/A | N/A | | 111 | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 8 | 88.8% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given RMC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SHCU admissions | N/A | N/A | 8 | 111 | 8.1% |
| Outcome | LAMA/100 NICU/SHCU admissions | N/A | N/A | 48 | 111 | 40.3% |
| Outcome | Referrals/100 NICU/SHCU admissions | N/A | N/A | 98 | 111 | 88.3% |

Rejected

Click on OK to save

Approve

Reject

Figure 39: reject button to reject a submission

The rejection successful message will be shown in a pop up modal.

If the QITM does not have an email id, then email notification sending failure message will be shown.

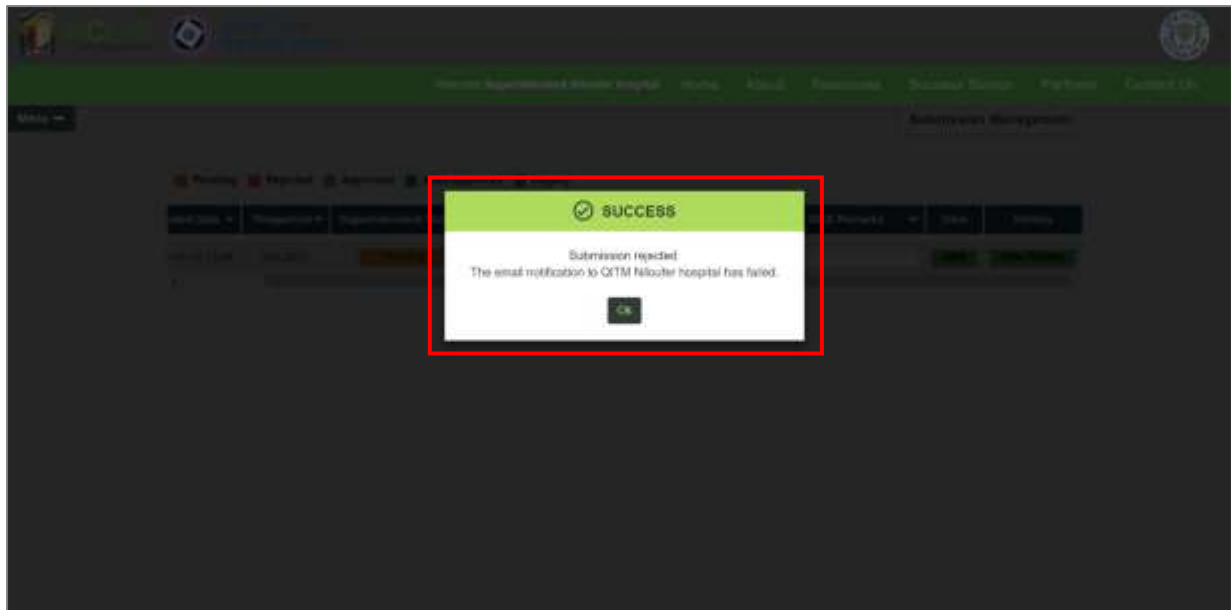


Figure 40: Successful approve/reject

If the QITM have an email id, then successful email notification sending message will be shown.

Click on **Ok** to proceed further.

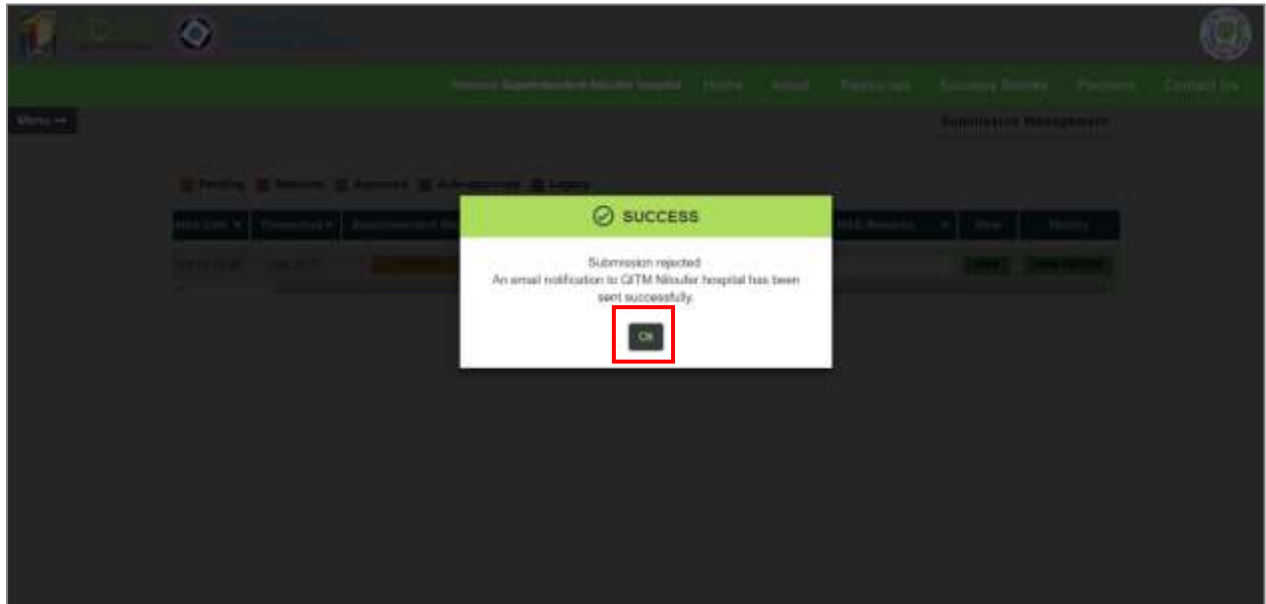


Figure 41: Successful submission

On click of **Ok**, it will load the submission page which will have the submission in the table with the latest status in **Superintendent Status** Column I.e. Rejected and the corresponding remarks in the **Superintendent Remarks** column.

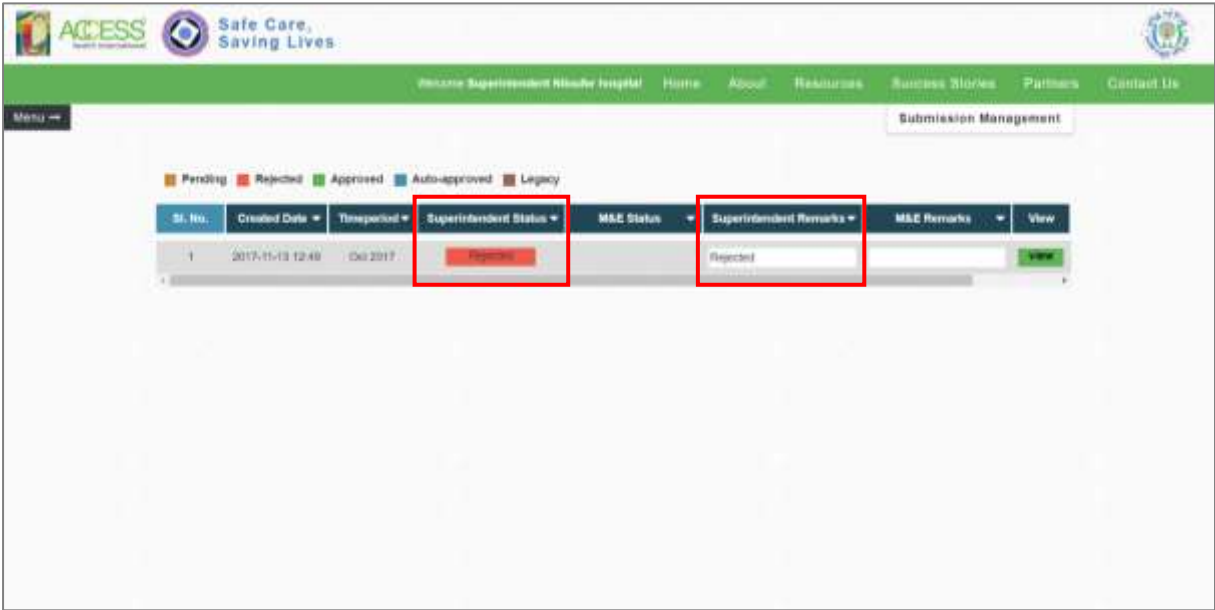


Figure 42: Status of submission management

Once the submission is validated, superintendent will not be able to edit it again.

| | | | | | | |
|--------------|---|-----|-----|-----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SNICU (%) | N/A | N/A | 111 | | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 0 | 0 | 00.0% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given KMC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SNICU admissions | N/A | N/A | 0 | 111 | 0.1% |
| Outcome | LAMA/100 NICU/SNICU admissions | N/A | N/A | 45 | 111 | 40.5% |
| Outcome | Referrals/100 NICU/SNICU admissions | N/A | N/A | 98 | 111 | 88.3% |

Rejected

Approve

Reject

Figure 43: Submission management after successful submission

When the QITM submits data again, click on the view button of the latest submission where approve and reject button is enabled. Click on **Approve** button to approve the data where remark is not mandatory.



Figure 44: Approve submission

Submission successful message will be shown in the pop up modal. Click on **Ok** to proceed further.



Figure 45: Successful Approval of submission

Once superintendent approves the data, on click of **Ok**, it will load the submission page which will have the submission in the table with the latest status in **Superintendent Status** Column i.e. “Approved” and the corresponding remarks in the **Superintendent Remark’s** column and M&E status will be updated to “Pending”.

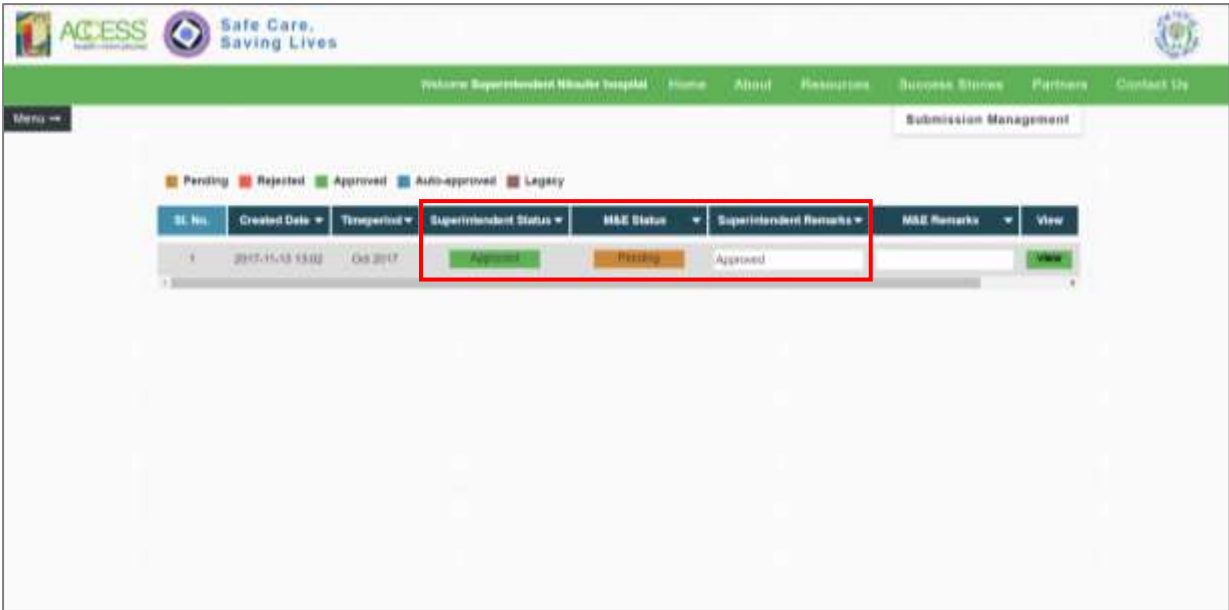
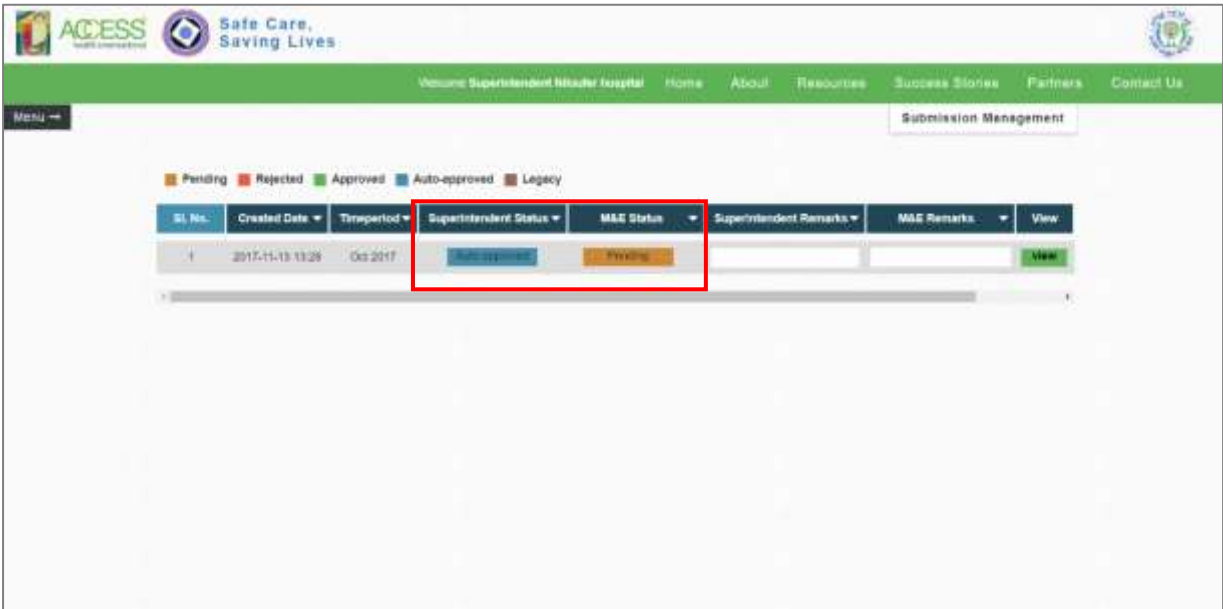


Figure 46: Status of submission management after approval from superintendent of facility

In case superintendent does not approve the data by 20th, then the submission gets auto approve. The latest status in **Superintendent Status** Column is “Auto approved” and **M&E** status will be upgraded to “Pending”.



Click on **view history** button to view the history trail of that particular time period’s submission.

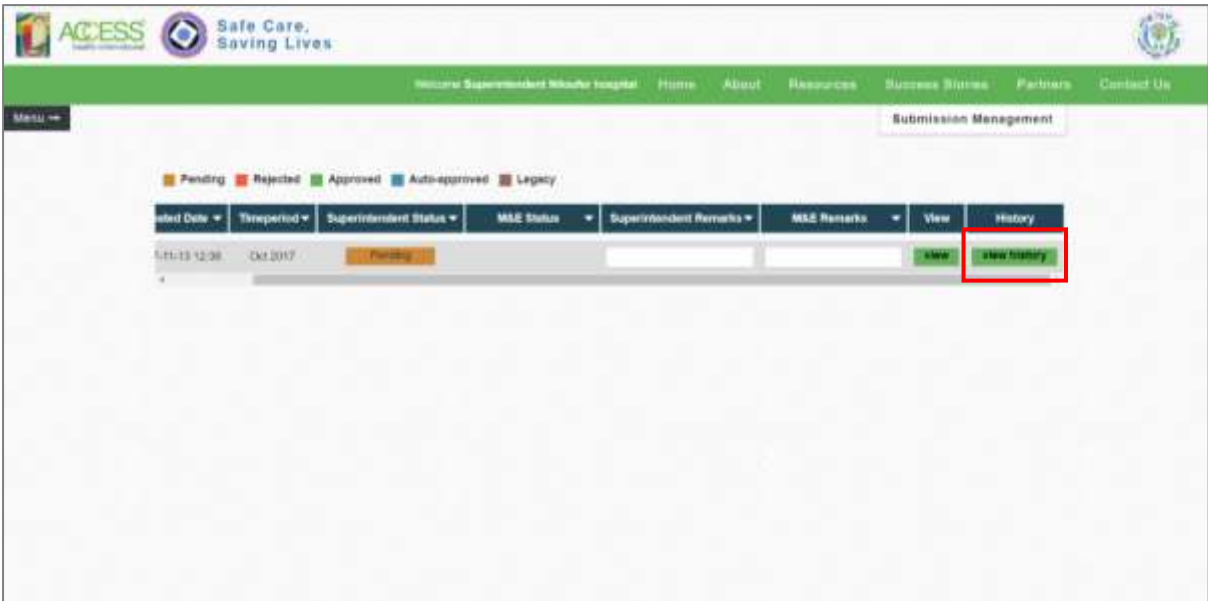


Figure 47: Trail of submissions from view history button

Click on (✕) button on the top right corner to close the history view and go back to the submission management view and click on **view** to view each submission detail.

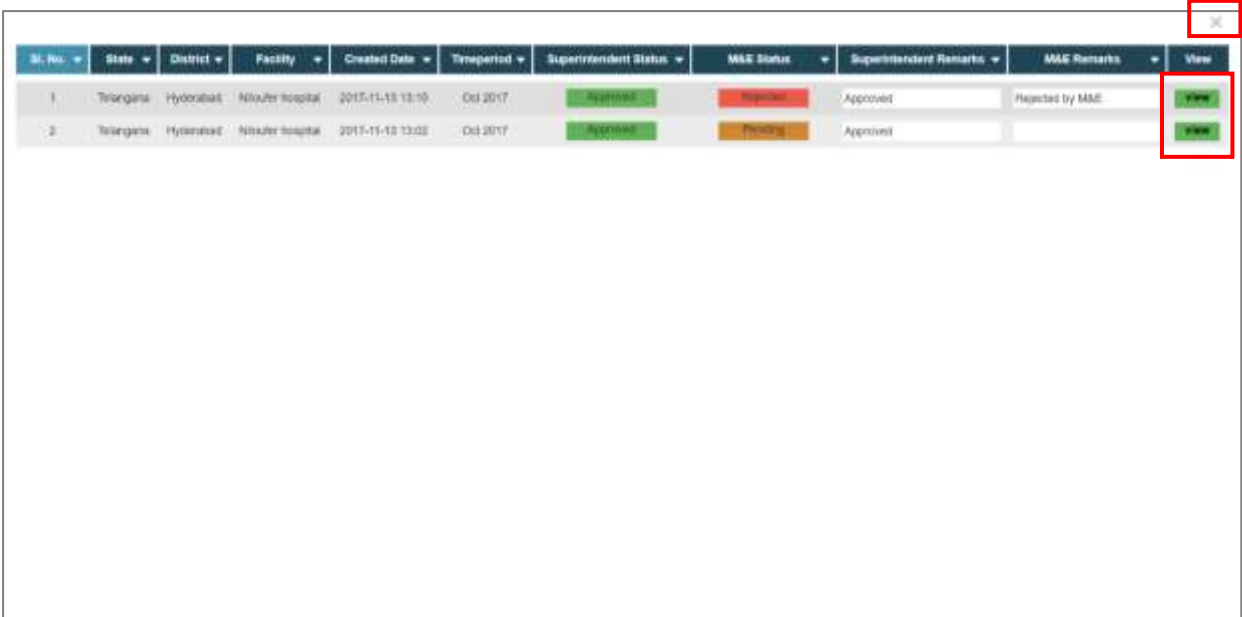


Figure 48: Close trail submission

Click on (x) to close the detail submission view and go back to the submission history view.

| Telangana / Hyderabad / Public / Large Public | | | | Oct 2017 (T) | | | |
|---|--|-----------|-----------|--------------|-------------|------------------|---------|
| Indicator Type | Indicator | T-2 Month | T-1 Month | Numerator | Denominator | Percentage/Value | Remarks |
| Profile | Number of Inborn admissions | N/A | N/A | | | 45 | |
| Profile | Number of out born admissions | N/A | N/A | | | 88 | |
| Profile | Number of admissions | N/A | N/A | | | 133 | |
| Profile | Percentage of Inborn babies | N/A | N/A | 45 | 133 | 40.5% | |
| Profile | Percentage of outborn babies | N/A | N/A | 88 | 133 | 59.5% | |
| Profile | Number of caesarian deliveries | N/A | N/A | | | 88 | |
| Profile | Number of normal deliveries | N/A | N/A | | | 55 | |
| Profile | Number of total deliveries | N/A | N/A | | | 144 | |
| Profile | Percentage of caesarian deliveries | N/A | N/A | 88 | 144 | 61.8% | |
| Profile | Percentage of normal deliveries | N/A | N/A | 55 | 144 | 38.2% | |
| Profile | Number of live births | N/A | N/A | | | 20 | |
| Process | Percent of high-risk mothers appropriately categorized as high-risk | N/A | N/A | 45 | 88 | 60.2% | |
| Process | Percent of partogram appropriately filled | N/A | N/A | 88 | 144 | 61.0% | |
| Process | Percent of deliveries compliant to all of the components of the Clean Birth Protocol/Bundle | N/A | N/A | 88 | 144 | 61.0% | |
| Process | Percent of inborn neonates admitted to the NICU/SHCU with provisional diagnosis of birth asphyxia and resuscitated by the administration of bag and mask within 30 seconds of life | N/A | N/A | 5 | 8 | 62.5% | |

Figure 49: Details of the submission management

1.2.3.1. Submission Management (Monitoring and Evaluation Lead)

Once the data is approved by superintendent of that facility, **M&E** can validate the data till **end of the month**.

E.g.: To approve/reject data for the month of October 2017, approve and reject button will be enable from 1st of November till 30th of November 2017.



Figure 50: Submission management from M&E lead

On click of **Submission Management** from the menu, Submission Management page will open. This enables M&E to view the superintendent approved/ auto-approved data.

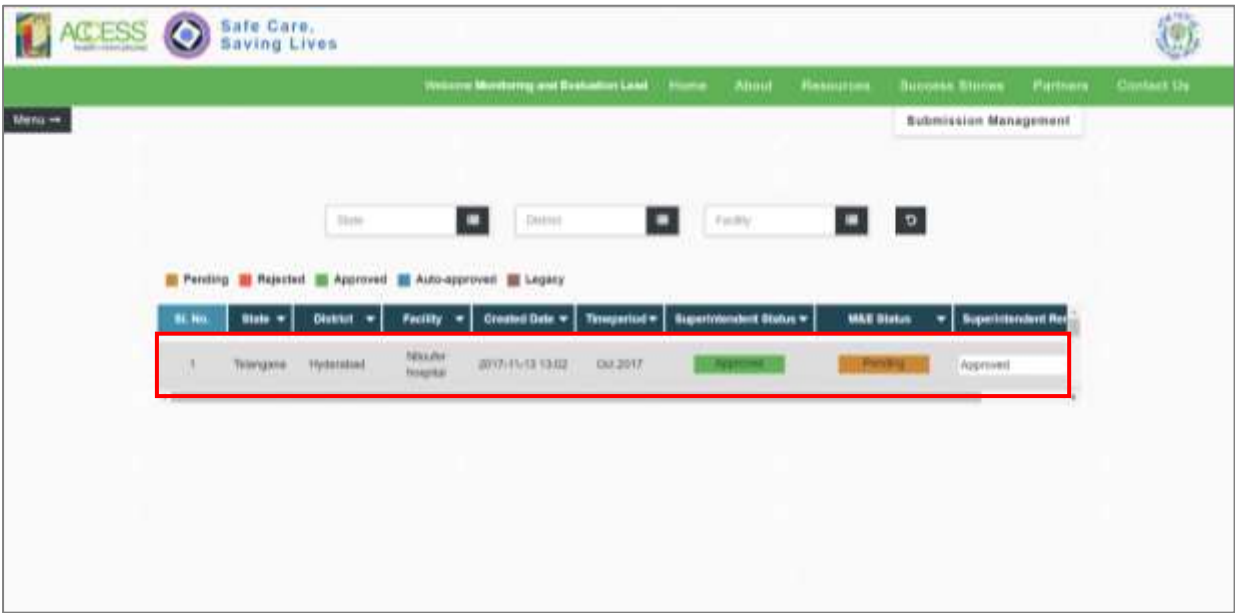


Figure 51: M&E status for submission management

Select the **dropdowns to filter** submissions by **state, district and facility**

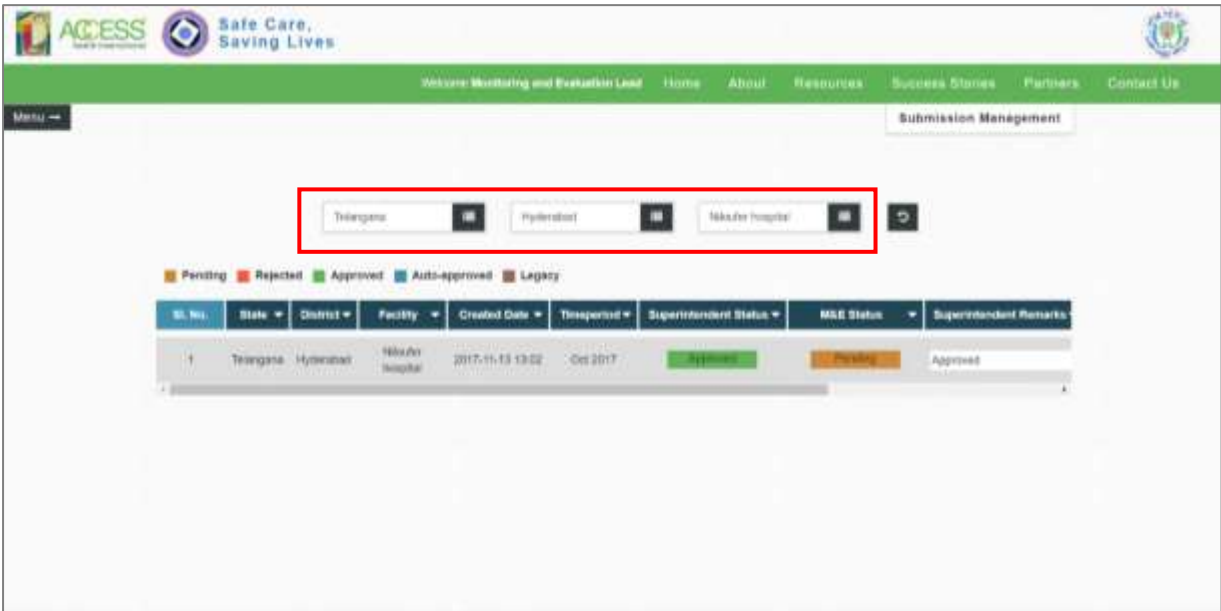


Figure 52: Filter for submission management

Click on (↺) **reset** button next to facility selection to reset all selections.

Scroll right to view other available options.

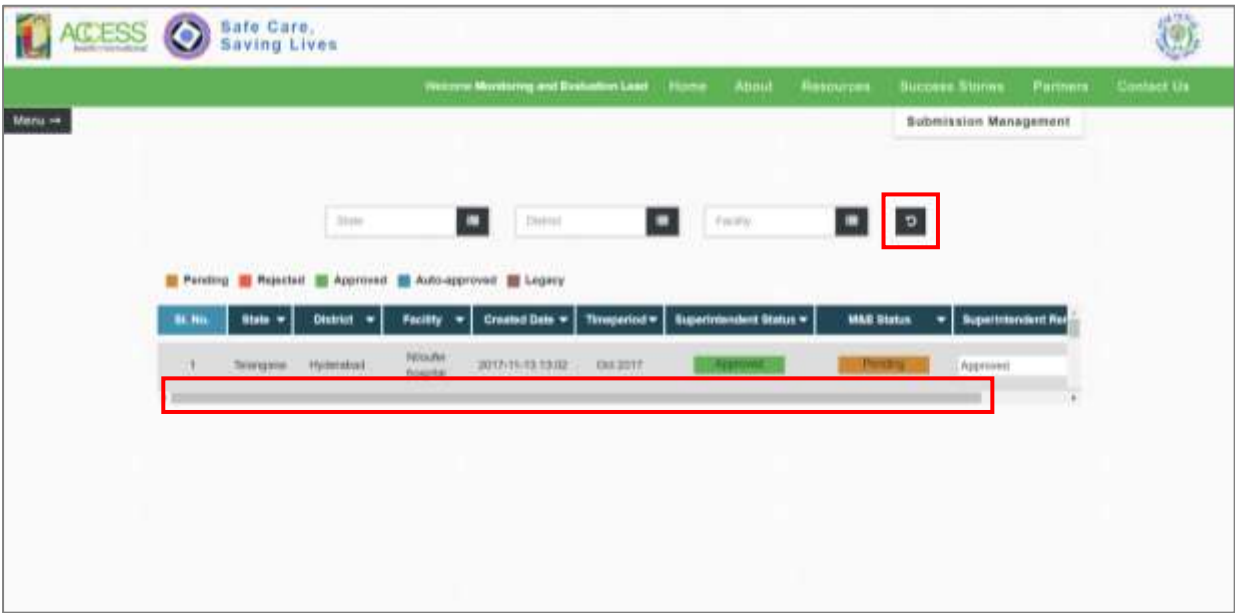


Figure 53: Scroll right to view details of submission

Click on **view** button to view the complete submission.



Figure 54: View submission for a facility

User can view the latest submitted data along with the last two time period data in **T-1 Month** and **T-2 Month** column.

Click on (x) to close the current submission view.

| Telangana / Hyderabad / Public / Large Public | | | | Oct 2017 (T) | | | |
|---|---|-----------|-----------|----------------|-------------|------------------|---------|
| Indicator Type | Indicator | T-2 Month | T-1 Month | Numerator | Denominator | Percentage/Value | Remarks |
| Profile | Number of Inborn admission | N/A | N/A | | | 45 | |
| Profile | Number of out born admission | N/A | N/A | | | 80 | |
| Profile | Number of admission | N/A | N/A | | | 111 | |
| Profile | Percentage of Inborn babies | N/A | N/A | 45 | 111 | 40.5% | |
| Profile | Percentage of outborn babies | N/A | N/A | 80 | 111 | 79.5% | |
| Profile | Number of c-section deliveries | N/A | N/A | | | 89 | |
| Profile | Number of normal deliveries | N/A | N/A | | | 55 | |
| Profile | Number of total deliveries | N/A | N/A | | | 144 | |
| Profile | Percentage of c-section deliveries | N/A | N/A | 89 | 144 | 61.8% | |
| Profile | Percentage of normal deliveries | N/A | N/A | 55 | 144 | 38.2% | |
| Profile | Number of live births | N/A | N/A | | | 20 | |
| Process | Percent of high-risk mothers appropriately categorized as high-risk | N/A | N/A | 45 | 80 | 56.2% | |
| Process | Percent of parturients appropriately filed | N/A | N/A | 55 | 144 | 41.0% | |
| Process | Percent of deliveries completed in all of the components of the Cephelin Infection Protocol/Bundle | N/A | N/A | 85 | 144 | 59.0% | |
| Process | Percent of inborn neonates admitted to the NICU/SNICU with preverbal diagnosis of birth asphyxia and resuscitated by the administration of bag and mask within 30 seconds of life | N/A | N/A | 5 | 5 | 100.0% | |

Figure 55: M&E with the last two submission of the facility

The system records all the abnormal condition of data and are visible in the Remarks column highlighted in yellow color. For E.g.: if numerator is greater than denominator.

| Telangana / Hyderabad / Private / Large Private | | | | Oct 2017 (T) | | | |
|---|--|-----------|-----------|----------------|-------------|------------------|--|
| Indicator Type | Indicator | T-2 Month | T-1 Month | Numerator | Denominator | Percentage/Value | Remarks |
| Profile | Number of Inborn admission | N/A | N/A | | | 4 | |
| Profile | Number of out born admission | N/A | N/A | | | 9 | |
| Profile | Number of admission | N/A | N/A | | | 13 | |
| Profile | Percentage of Inborn babies | N/A | N/A | 4 | 13 | 30.8% | |
| Profile | Percentage of outborn babies | N/A | N/A | 9 | 13 | 69.2% | |
| Profile | Number of c-section deliveries | N/A | N/A | | | 8 | |
| Profile | Number of normal deliveries | N/A | N/A | | | 8 | Number of deliveries is less than Number of live births |
| Profile | Number of total deliveries | N/A | N/A | | | 11 | |
| Profile | Percentage of c-section deliveries | N/A | N/A | 8 | 11 | 45.5% | |
| Profile | Percentage of normal deliveries | N/A | N/A | 8 | 11 | 54.5% | |
| Profile | Number of live births | N/A | N/A | | | 12 | Number of live births is greater than Number of deliveries |
| Intermediate | Incidence of perinatal asphyxia in neonates in the NICU/SNICU (%) | N/A | N/A | 0 | 13 | 38.5% | |
| Intermediate | Percent of neonatal deaths due to metabolic or severe perinatal asphyxia | N/A | N/A | 3 | 13 | 23.1% | |
| Intermediate | Neonatal deaths/100 live births | N/A | N/A | 13 | 12 | 108.3% | Numerator is greater than denominator |

Figure 56: Auto-generated remark by the system

Scroll down to approve or reject.

| | | | | | | |
|--------------|--|-----|-----|-----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SNCU (%) | N/A | N/A | 111 | | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 0 | 55.5% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given RVC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SNCU admissions | N/A | N/A | 8 | 111 | 8.1% |
| Outcome | CLABSI/100 NICU/SNCU admissions | N/A | N/A | 45 | 111 | 40.5% |
| Outcome | Referrals/100 NICU/SNCU admissions | N/A | N/A | 88 | 111 | 88.5% |

Summary

Completed: 10/10

Approve Reject

Figure 57: M&E lead approve/reject

In case of rejection, remark is mandatory to fill. If the Superintendent proceed to reject without giving remarks, an error message will be prompted.

| | | | | | | |
|--------------|--|-----|-----|-----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SNCU (%) | N/A | N/A | 111 | | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 0 | 55.5% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given RVC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SNCU admissions | N/A | N/A | 8 | 111 | 8.1% |
| Outcome | CLABSI/100 NICU/SNCU admissions | N/A | N/A | 45 | 111 | 40.5% |
| Outcome | Referrals/100 NICU/SNCU admissions | N/A | N/A | 88 | 111 | 88.5% |

ERROR

Please fill remarks with the cause of rejection

Close

Summary

Completed: 10/10

Approve Reject

Figure 58: Error validation in-case of rejection by M&E lead

Click on **Close** button to proceed further.

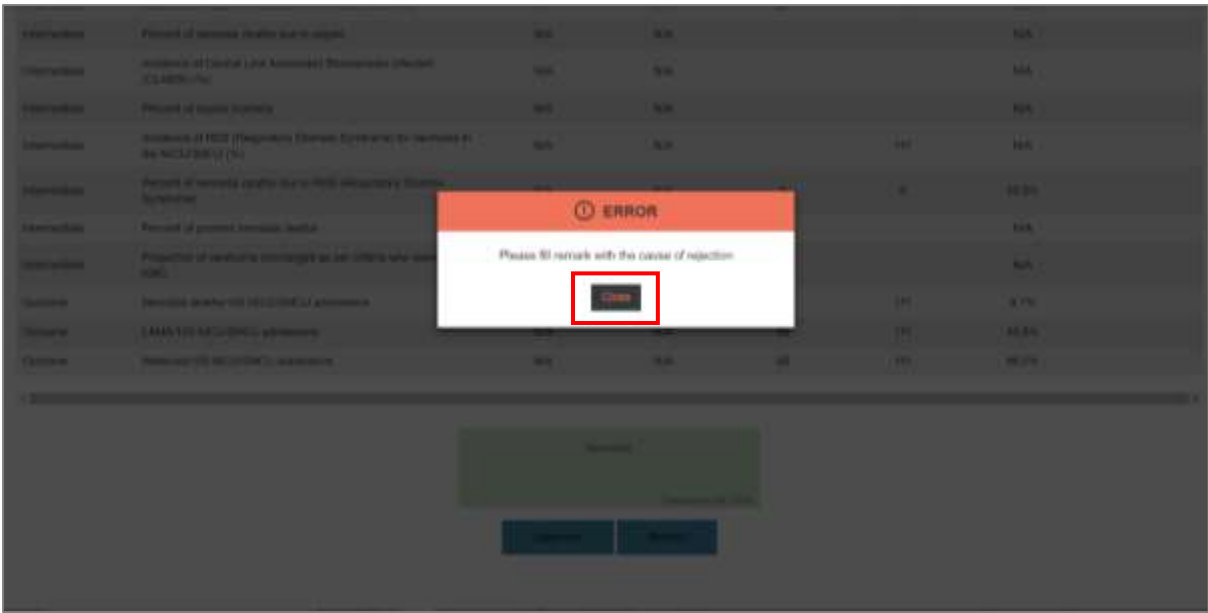


Figure 59: Close button to fill the remarks

Write the remark in the **Remarks** box.

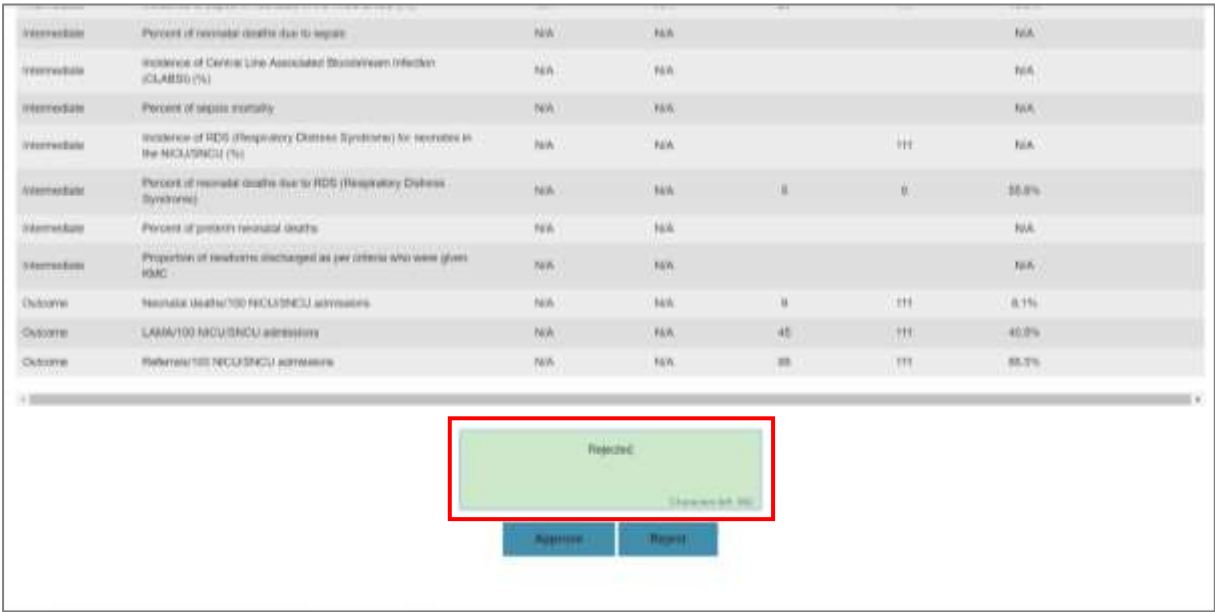


Figure 60: Remarks to be entered by the M&E lead

Click on **Reject** button to reject the submission.

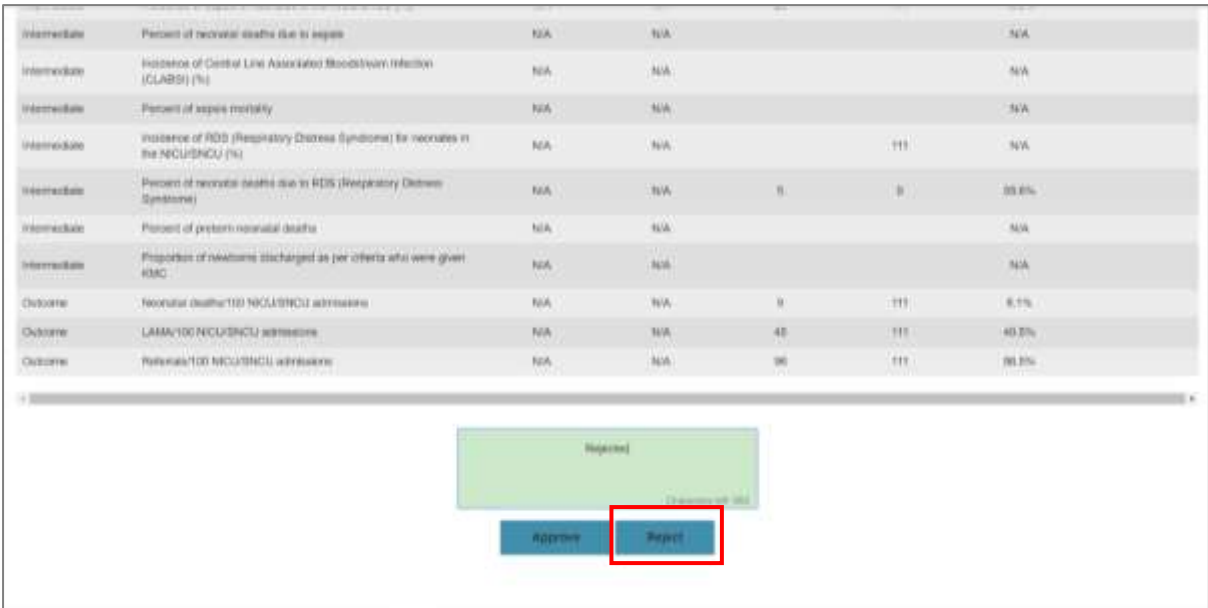


Figure 61: Reject button for M&E lead

The rejection successful message will be shown in a pop up modal. Click on **Ok** button to close the modal.

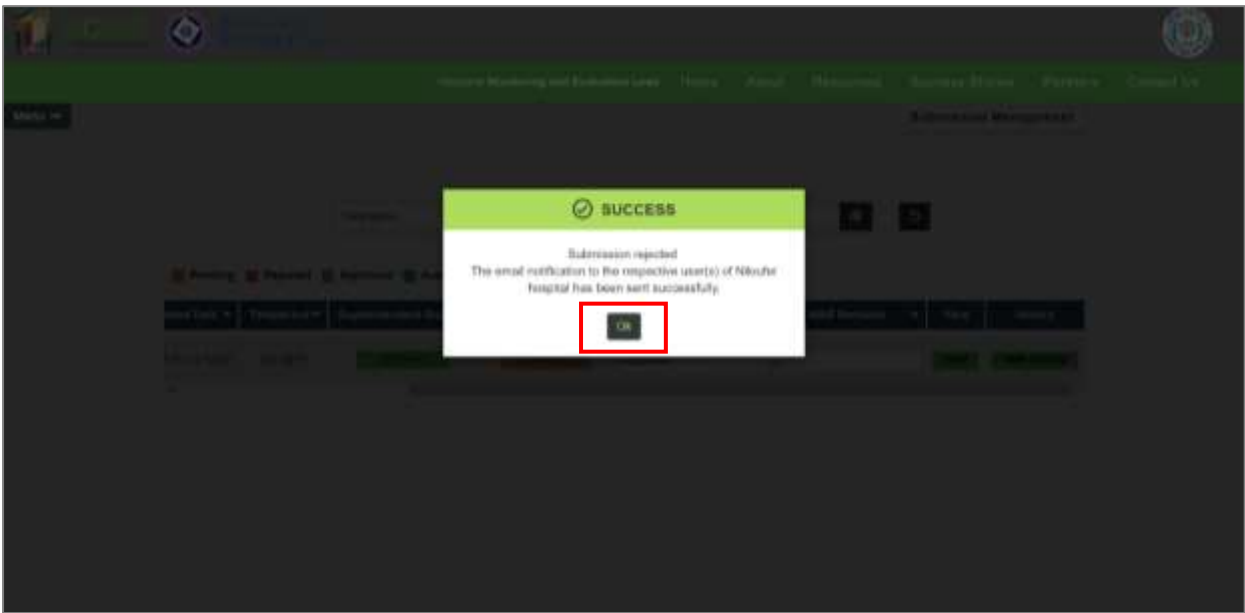


Figure 62: Submission successfully rejected by M&E lead

On click of **Ok**, it will load the submission page which will have the submission in the table with the latest status in **Superintendent Status** Column I.e. “Approved”, **M&E Status** Column “Rejected” and the corresponding remarks in the **Superintendent, M&E Remark** column.

Menu →

Submission Management

Pending

Rejected

Approved

Auto-approved

Legacy

| Sl. No. | Created Date | Timeperiod | Superintendent Status | M&E Status | Superintendent Remarks | M&E Remarks | View |
|---------|------------------|------------|-----------------------|------------|------------------------|-----------------|------|
| 1 | 2017-11-03 13:18 | Oct 2017 | Approved | Rejected | Approved | Rejected by M&E | View |

Figure 63: Status of submission by M&E lead

Once the submission is validated, M&E will not be able to edit it further.

| | | | | | | |
|--------------|--|-----|-----|-----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SHCU (%) | N/A | N/A | 111 | | N/A |
| Intermediate | Percent of neonatal deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 8 | 8 | 88.6% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given KMC | N/A | N/A | | | N/A |
| Outcome | Neonatal deaths/100 NICU/SHCU admissions | N/A | N/A | 8 | 111 | 8.1% |
| Outcome | LAMA/100 NICU/SHCU admissions | N/A | N/A | 45 | 111 | 40.5% |
| Outcome | Referrals/100 NICU/SHCU admissions | N/A | N/A | 98 | 111 | 88.5% |

Rejected

Transferred to M&E

Approve

Reject

Figure 64: View submissions after remarks is submitted

When the QITM submits data and the superintendent of that facility approves the data, the approve and reject button gets enabled for the latest submission. Click on the **Approve** button to approve the data.

| | | | | | | |
|--------------|---|-----|-----|----|-----|-------|
| Intermediate | Percent of neonatal deaths due to sepsis | N/A | N/A | | | N/A |
| Intermediate | Incidence of Central Line Associated Bloodstream Infection (CLABSI) (%) | N/A | N/A | | | N/A |
| Intermediate | Percent of sepsis mortality | N/A | N/A | | | N/A |
| Intermediate | Incidence of RDS (Respiratory Distress Syndrome) for neonates in the NICU/SNICU (%) | N/A | N/A | | 111 | N/A |
| Intermediate | Percent of neonate deaths due to RDS (Respiratory Distress Syndrome) | N/A | N/A | 5 | 9 | 55.6% |
| Intermediate | Percent of preterm neonatal deaths | N/A | N/A | | | N/A |
| Intermediate | Proportion of newborns discharged as per criteria who were given KMC | N/A | N/A | | | N/A |
| Outcome | Neonatal (KAMA)/100 NICU/SNICU admissions | N/A | N/A | 9 | 111 | 8.1% |
| Outcome | LAMA/100 NICU/SNICU admissions | N/A | N/A | 45 | 111 | 40.5% |
| Outcome | Referrals/100 NICU/SNICU admissions | N/A | N/A | 95 | 111 | 85.6% |

Approved MSEI

Approve

Reject

Figure 65: Approve submission by M&E lead

Once approved the success message is shown in the modal. Click on **Ok** to close the modal.

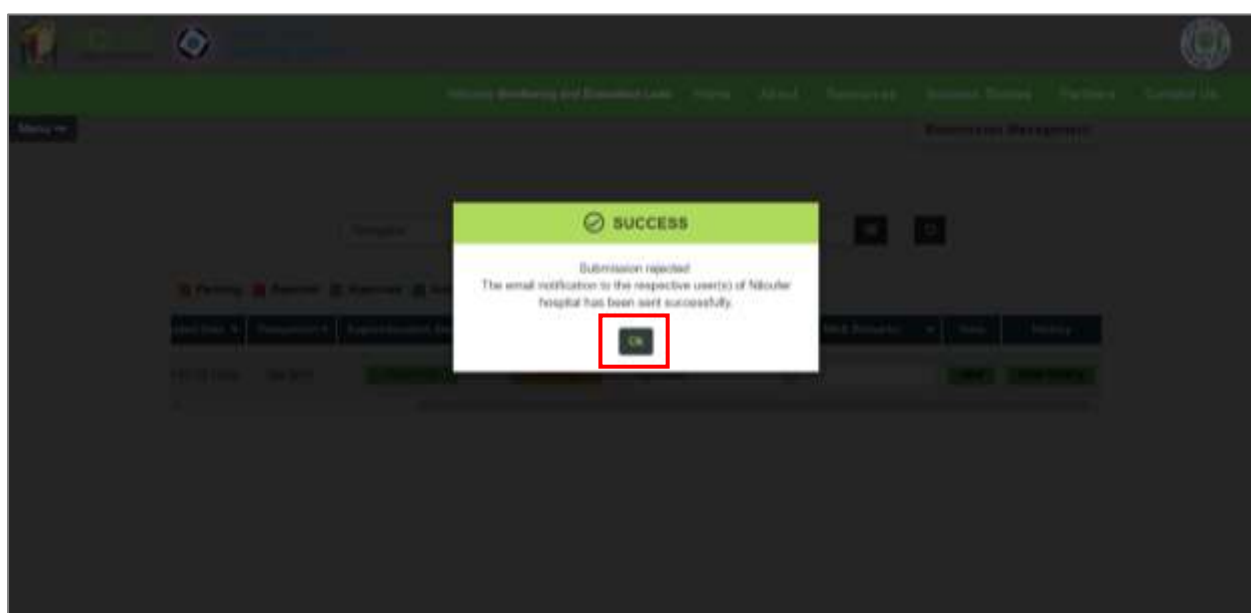
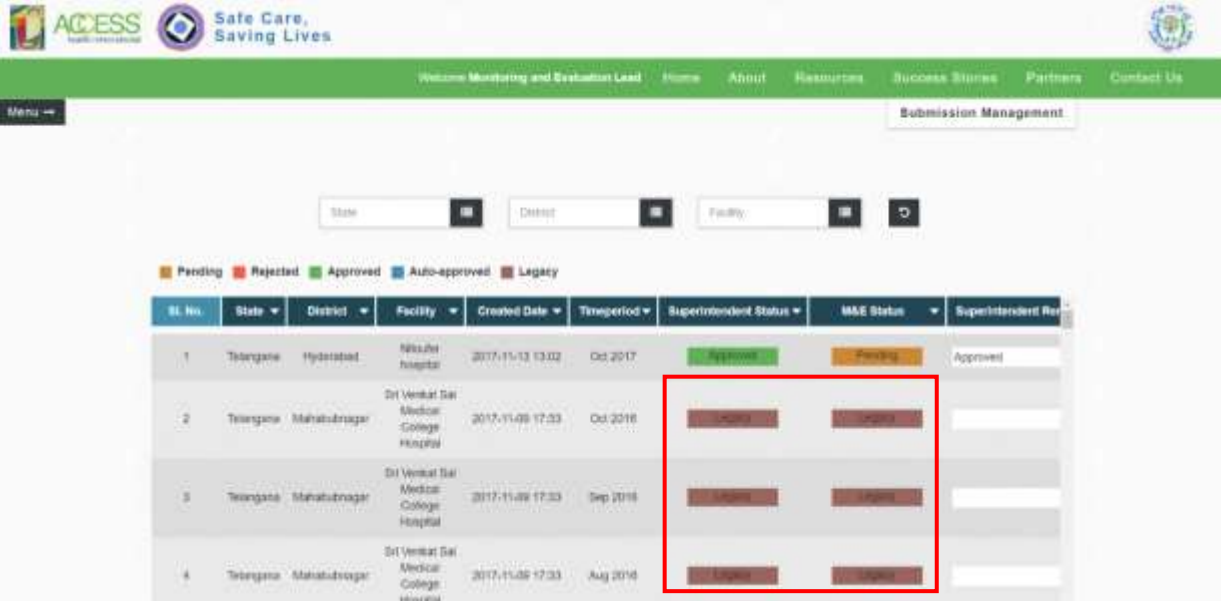


Figure 66: Submission successfully approved

All the historical data entered into the system will be marked as **Legacy** in both the Superintendent and M&E status column of submission management screen.



ACCESS Safe Care, Saving Lives

Welcome Monitoring and Evaluation Lead Home About Resources Success Stories Partners Contact Us

Menu → Submission Management

State: District: Facility:

Pending
Rejected
Approved
Auto-approved
Legacy

| SL No. | State | District | Facility | Created Date | Timeperiod | Superintendent Status | M&E Status | Superintendent Review |
|--------|-----------|--------------|---|------------------|------------|-----------------------|------------|-----------------------|
| 1 | Telangana | Hyderabad | NRIKUL Hospital | 2017-11-13 13:02 | Oct 2017 | Approved | Pending | Approved |
| 2 | Telangana | Mahabubnagar | Sri Venkai Sai Medical College Hospital | 2017-11-09 17:33 | Oct 2016 | Legacy | Legacy | |
| 3 | Telangana | Mahabubnagar | Sri Venkai Sai Medical College Hospital | 2017-11-09 17:33 | Sep 2016 | Legacy | Legacy | |
| 4 | Telangana | Mahabubnagar | Sri Venkai Sai Medical College Hospital | 2017-11-09 17:33 | Aug 2016 | Legacy | Legacy | |

Figure 67: Submission management if the data is submitted through legacy data

1.2.4. Planning Module:

It is a centralized module for planning field visits. This module shall enable users to track their planned visit and purpose of visit to the respective facilities. It shall also enable users to track action taken. Click on the Plan button to re-direct to the planning module.



Figure 68: Planning module

Upon click on Plan it shall list all the facilities based on the role of the person.



Figure 69: Filter to choose facilities

Filter facilities according to the state and district. After clicking on a particular facility, the details of the facility, visit history and planning date will be appeared to plan for a facility.



Figure 70: Next button to proceed further

The user can plan for a facility for next calendar week and then user shall click on Next button. User have to upload an agenda for the visit details (specifically a PDF document).



Figure 71: Tag a person to accompany for a facility

User can plan for a facility and also tag person(s) and email notification will be sent to those emails. When the user clicks on Submit button the selected facility for the selected date will be planned.

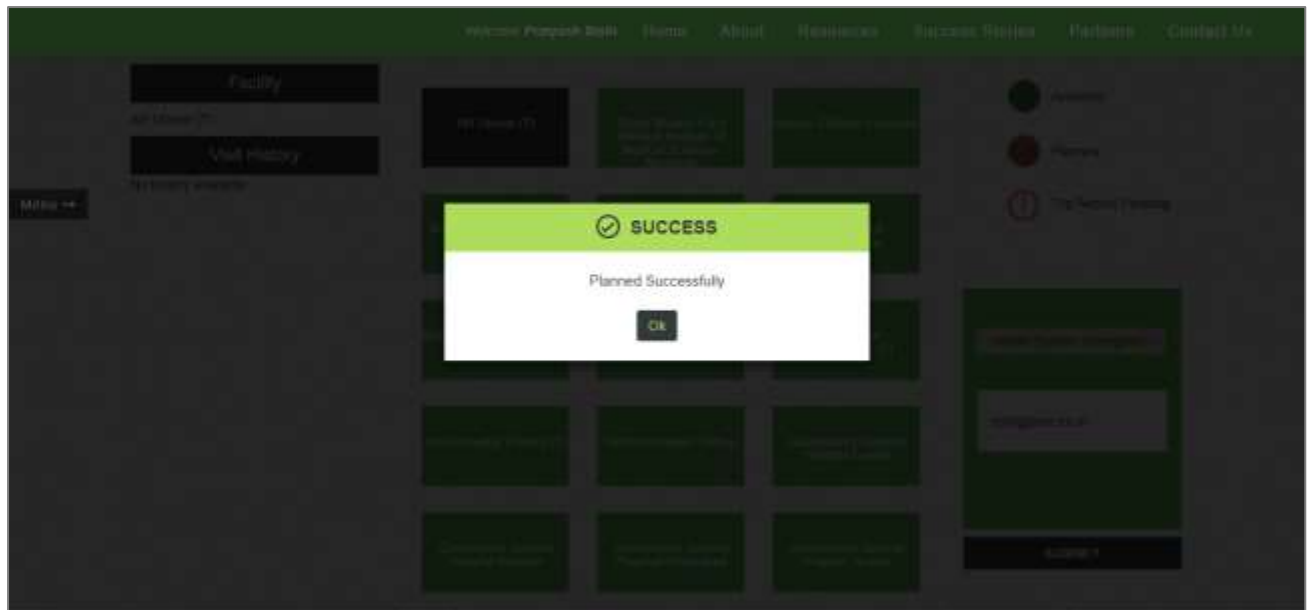


Figure 72: Plan successful

Now the planning is successful.

1.2.5. Engagement Score

The Engagement Score entry is role based and is available to the AHI team member. This is a monthly data collection where AHI associates will give a score to the facilities assigned to them according to engagement of that particular facility towards **SCSL** project. To enter data in the Engagement Score user can click on the Engagement Score.



Figure 73: Engagement score data entry

Upon click on Engagement Score it will list the facilities assigned to them and the available time period.

The screenshot displays the Engagement Score data entry form. At the top, there are dropdown menus for 'Gandhi Hospital' and 'Nov 2014'. Below these is a table with six rows, each representing a different level of engagement. The table has four columns: 'Sl. No.', 'Progress', 'Question', and 'Select'. The 'Select' column contains radio buttons for each row. The table is enclosed in a red border.

| Sl. No. | Progress | Question | Select |
|---------|------------------------------------|---|-----------------------|
| 1 | Intent to Participate | Project has been identified, but the charter has not been completed nor team formed | <input type="radio"/> |
| 2 | Charter and team established | A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished | <input type="radio"/> |
| 3 | Planning for the project has begun | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included | <input type="radio"/> |
| 6 | Noticed improvement | Successful tests of changes have been completed for some components of the change package related to the team's charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 30% complete | <input type="radio"/> |

Figure 74: Enter data in the engagement score

We have set of 10 **Engagement Scores** ranging from 0 to 5 with a scale of 0.5. User can give a score to facility for a time period depending on engagement of facility with **SCSL** programme for that time period according to following score table.

| SI NO. | Progress | Score |
|--------|------------------------------------|-------|
| 1 | Intent to Participate | 0.5 |
| 2 | Charter and team established | 1 |
| 3 | Planning for the project has begun | 1.5 |
| 4 | Activity, but no changes | 2 |
| 5 | Changes tested, but no improvement | 2.5 |
| 6 | Modest improvement | 3 |
| 7 | Improvement | 3.5 |
| 8 | Significant improvement | 4 |
| 9 | Sustainable improvement | 4.5 |
| 10 | Outstanding sustainable results | 5 |

For submitting the score first user need to select the facility from facility drop down. On page load a default facility will be auto selected.

The screenshot shows the ACCESS Safe Care, Saving Lives web application interface. At the top, there are logos for ACCESS and Safe Care, Saving Lives. Below the logos is a navigation bar with links: Welcome: Sri Lakshmi, Home, About, Resources, Success Stories, Partners, and Contact Us. A 'Menu' button is on the left. In the center, there is a dropdown menu for facility selection, currently showing 'Gandhi Hospital'. To the right of the facility dropdown is a date selector showing 'Nov 2014'. On the far right, there is a button labeled 'Engagement Score'. Below these elements is a table with 4 columns: 'Sl. No.', 'Progress', 'Question', and 'Select'. The table contains 6 rows of data, each corresponding to a progress level from 'Intent to Participate' to 'Modest improvement'. Each row has a radio button in the 'Select' column.

| Sl. No. | Progress | Question | Select |
|---------|------------------------------------|---|-----------------------|
| 1 | Intent to Participate | Project has been identified, but the charter has not been completed nor team formed | <input type="radio"/> |
| 2 | Charter and team established | A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished | <input type="radio"/> |
| 3 | Planning for the project has begun | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included | <input type="radio"/> |
| 6 | Modest improvement | Successful tests of changes have been completed for some components of the change package related to the team's charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 30% complete | <input type="radio"/> |

Figure 75: Dropdown to choose facility

On the selection of facility a time period will get auto selected for which user needs to submit data, but user can change the time period from time period dropdown.

The screenshot shows the ACCESS Safe Care, Saving Lives web application. At the top, there is a navigation bar with links: Welcome: Sri Lakshmi, Home, About, Resources, Success Stories, Partners, and Contact Us. Below the navigation bar, there is a dropdown menu for facility selection, currently showing 'Gandhi Hospital'. To its right is a dropdown menu for time period selection, currently showing 'Nov 2014'. Below these dropdowns is a table with 6 rows and 4 columns: Sl. No., Progress, Question, and Select. The table contains progress indicators for each row.

| Sl. No. | Progress | Question | Select |
|---------|------------------------------------|---|-----------------------|
| 1 | Intent to Participate | Project has been identified, but the charter has not been completed nor team formed | <input type="radio"/> |
| 2 | Charter and team established | A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished | <input type="radio"/> |
| 3 | Planning for the project has begun | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included | <input type="radio"/> |
| 6 | Modest improvement | Successful tests of changes have been completed for some components of the change package related to the team's charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete | <input type="radio"/> |

Figure 76: Dropdown to Time Period

After that user needs to give one of the score from the engagement score table. Please note that user can only give the score that time period for a particular facility for which the score of all the previous time period has already been filled up.

The screenshot shows the ACCESS Safe Care, Saving Lives web application. At the top, there is a navigation bar with links: Welcome: Sri Lakshmi, Home, About, Resources, Success Stories, Partners, and Contact Us. Below the navigation bar, there is a dropdown menu for facility selection, currently showing 'Gandhi Hospital'. To its right is a dropdown menu for time period selection, currently showing 'Nov 2014'. Below these dropdowns is a table with 10 rows and 4 columns: Sl. No., Progress, Question, and Select. The table contains progress indicators for each row. The row for 'Changes tested, but no improvement' (Sl. No. 5) is highlighted with a red box.

| Sl. No. | Progress | Question | Select |
|---------|------------------------------------|---|-----------------------|
| 3 | Planning for the project has begun | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included | <input type="radio"/> |
| 6 | Modest improvement | Successful tests of changes have been completed for some components of the change package related to the team's charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete | <input type="radio"/> |
| 7 | Improvement | Testing and implementation continues and additional improvement in project measures towards goals is seen | <input type="radio"/> |
| 8 | Significant improvement | Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete | <input type="radio"/> |
| 9 | Sustainable improvement | Data on key measures begin to indicate sustainability of impact of changes implemented in system | <input type="radio"/> |
| 10 | Outstanding sustainable results | Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent | <input type="radio"/> |

SUBMIT

Figure 77: Enter data

After filling up the one of the score user needs to click on the **Submit** button to submit engagement score.

The screenshot shows a web interface with a green header bar containing navigation links: Welcome Sri Lakshmi, Home, About, Resources, Success Stories, Partners, and Contact Us. Below the header is a table with 10 rows representing different levels of project progress. A 'Menu' button is on the left. At the bottom, a blue 'SUBMIT' button is highlighted with a red rectangle.

| | | | |
|----|------------------------------------|---|----------------------------------|
| 3 | Planning for the project has begun | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are graphically displayed with targets included | <input checked="" type="radio"/> |
| 6 | Modest improvement | Successful tests of changes have been completed for some components of the change package related to the team's charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete | <input type="radio"/> |
| 7 | Improvement | Testing and implementation continues and additional improvement in project measures towards goals is seen | <input type="radio"/> |
| 8 | Significant improvement | Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete | <input type="radio"/> |
| 9 | Sustainable improvement | Data on key measures begin to indicate sustainability of impact of changes implemented in system | <input type="radio"/> |
| 10 | Outstanding sustainable results | Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent | <input type="radio"/> |

Figure 78: Submit data

After submitting the score user can see a trend chart for that particular facility showing the progress of the facility toward engagement with **SCSL** programme along with the latest score of facility just above the trend chart.

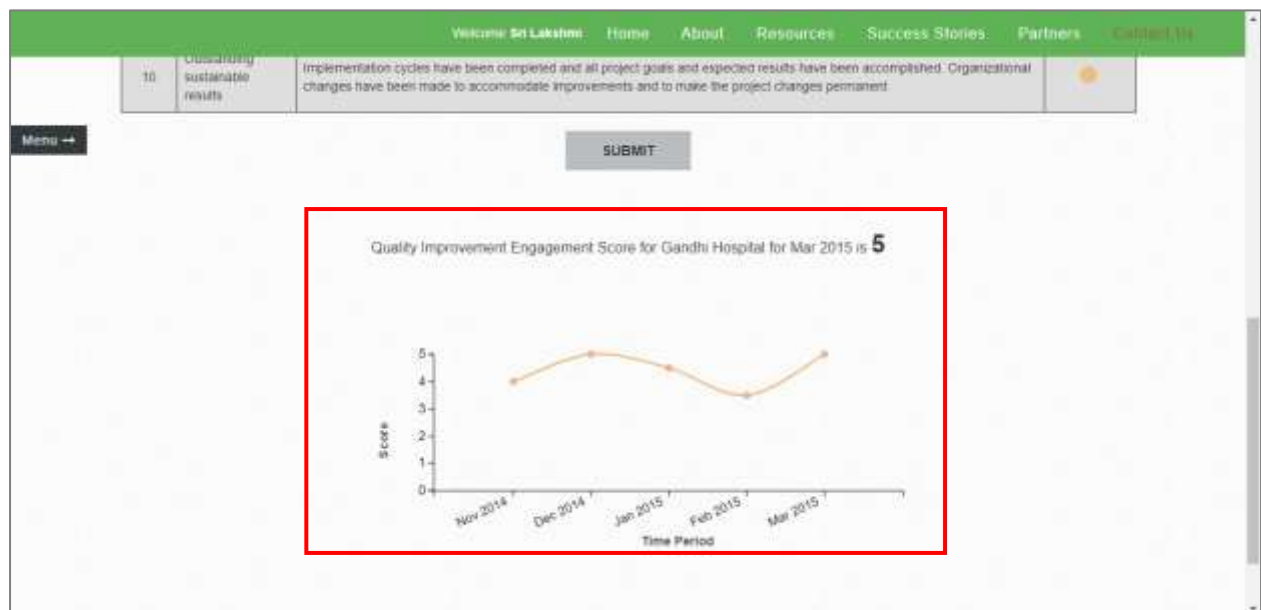


Figure 79: Generated line chart based on submission

1.2.6. Dashboard

1.2.6.1. Facility View

Facility view is the Google map representation of the engagement score of each facility. To view the **Facility View** user can click on the dashboard section and then Facility View.



Figure 80: Dashboard-Facility View

Upon click on Facility View following screen will appear

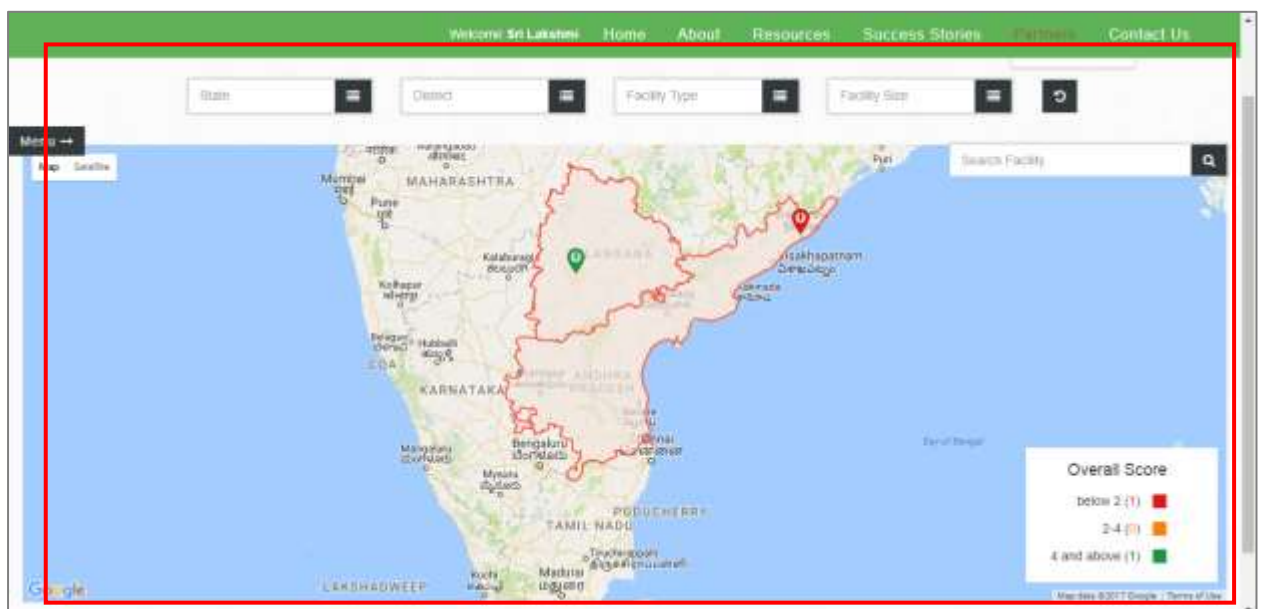


Figure 81: Color coded Facility

In facility view each pushpin will indicate a facility. Colour codes are according to engagement score earned in latest submission. Latest submission means if current time period is Apr 2017 but the engagement score for a particular facility was last submitted for Jun 2015 then Jun 2015 will be considered as latest submission. Following table represent the colour coding range.

| Colour | Score Range |
|--------|-------------|
| Red | Below 2 |
| Orange | 2 to 4 |
| Green | Above 4 |

At the bottom right corner of map a legend is present showing which colour represents which range of score and no of facilities within that range.

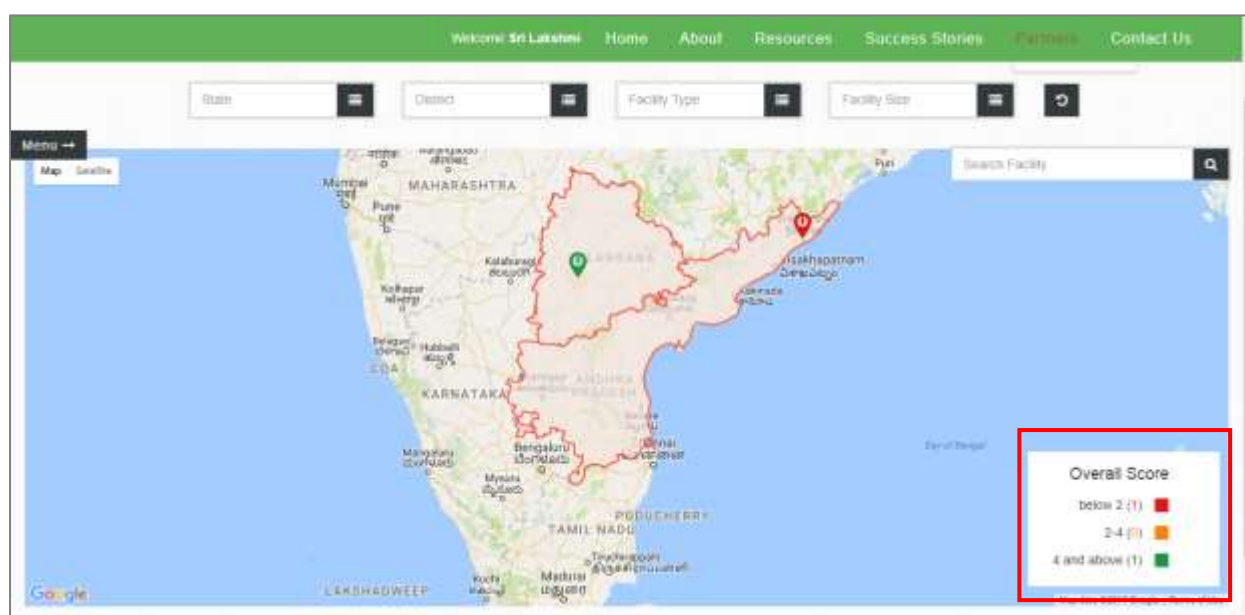


Figure 82: Legend specifying the color code

To view a facility of particular state user can select the state from dropdown.

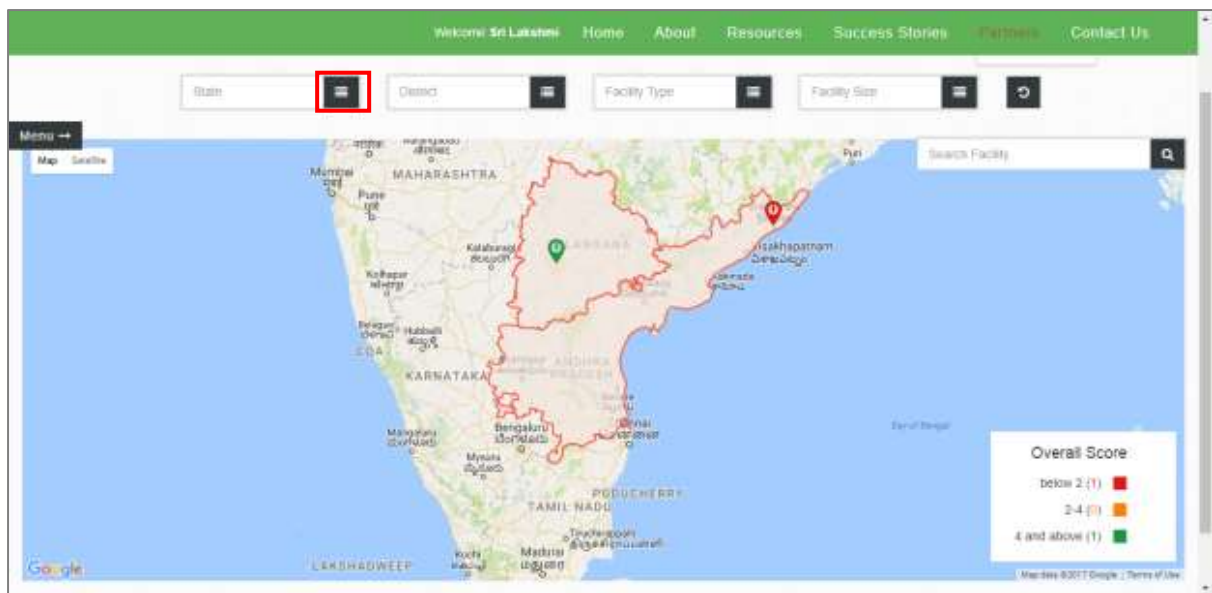


Figure 83: Filter state

After selecting a state if user wants to see facility within a district then they can select a district from district dropdown. Upon selecting the district only facility within selected district will get plotted on the Google map. District selection is dependent on state selection. Without selecting the state user cannot select a district.

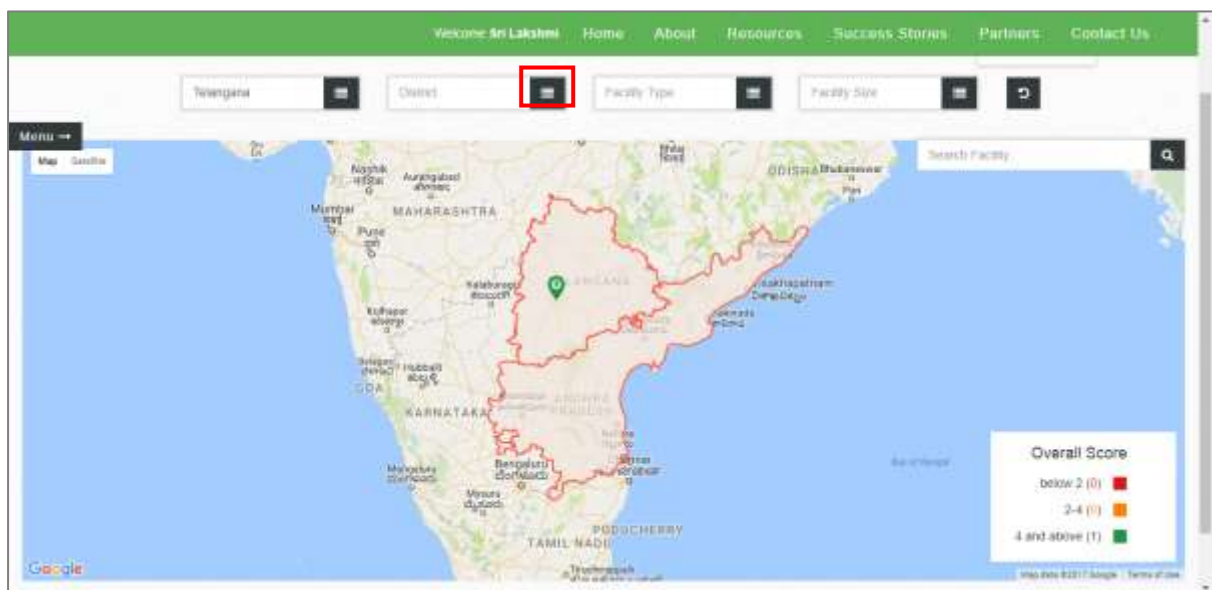


Figure 84: Filter district

User can also filter the facility view by facility type and facility size from facility type dropdown and facility size dropdown. Facility type and facility size are independent of any selection. User can filter the using facility type or facility size at any point of time without selecting other filter option

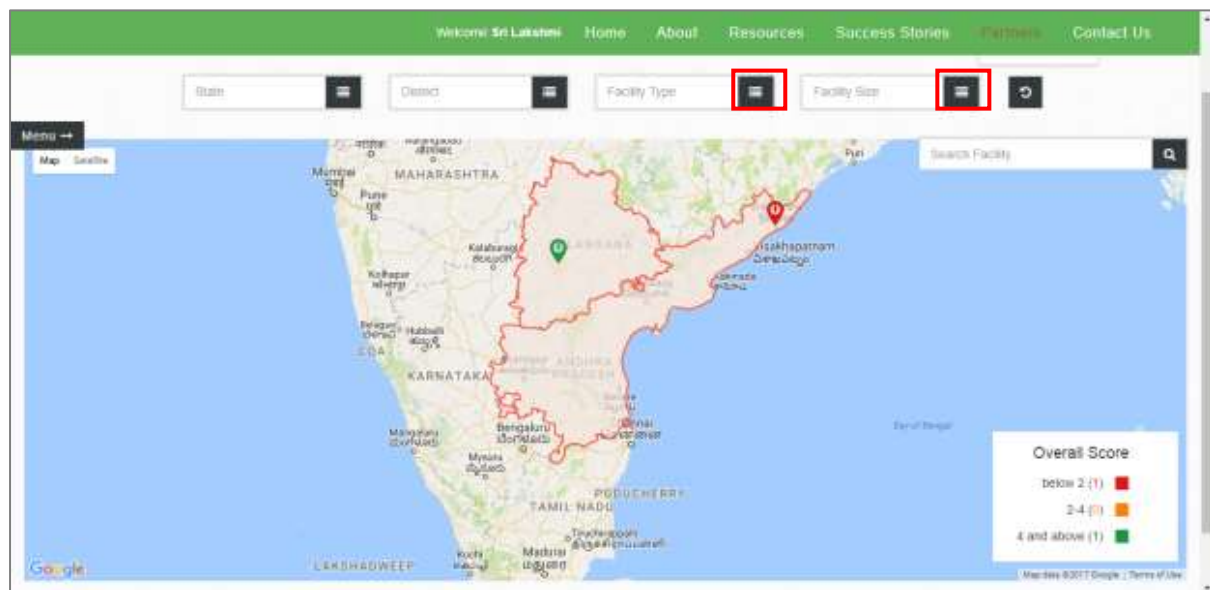


Figure 85: Filter by facility type and facility size

To reset the filter user needs to click on reset button beside the facility size dropdown. Upon clicking the reset button the view will load all the facility which were shown in default load of the facility view.

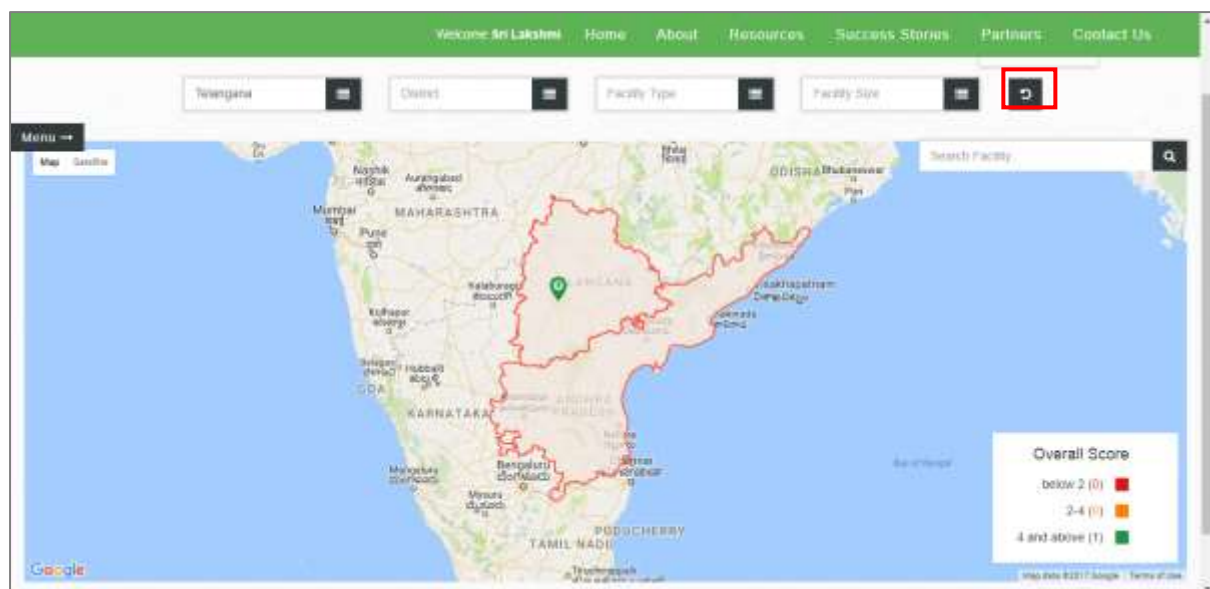


Figure 86: Reset filters

For searching a particular facility user type the name of facility in search box on top right corner of Google map which is having auto complete feature. It will suggest the name of facility matching with input given in search box. The facilities which are not matching with the search query will get fade.

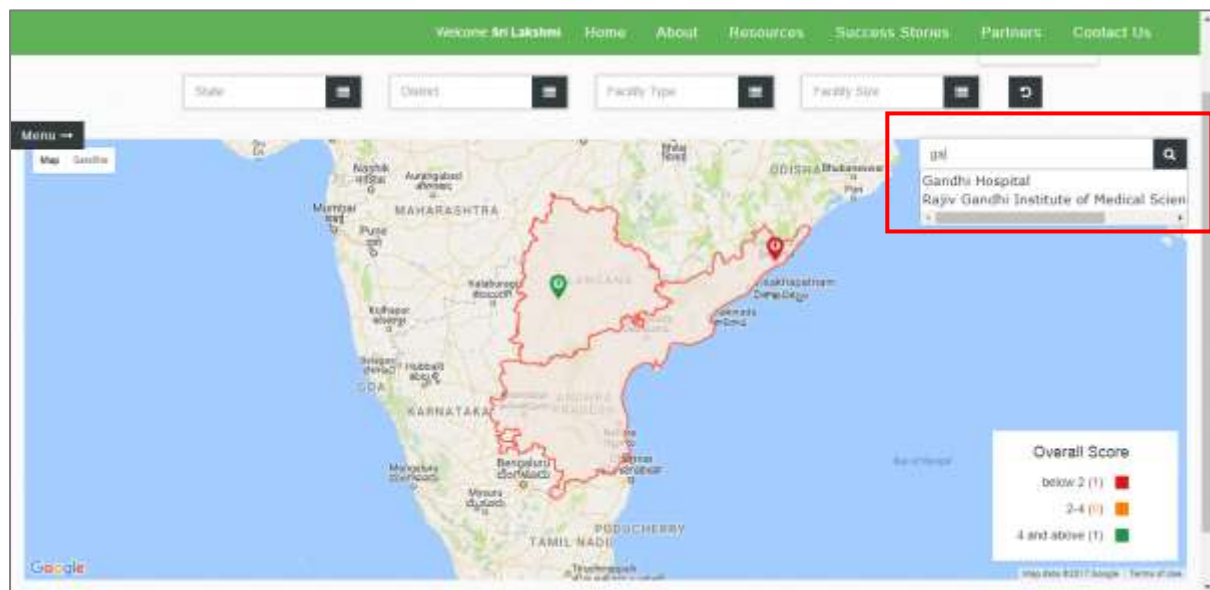


Figure 87: Search by facility name

To view the progress of the facility towards engagement with SCSL programme user need to click on that particular facility. Upon clicking the facility a black window will appear showing the score secured over the period of time. The view will have a curved line chart showing the engagement score secured by the facility for each time period.

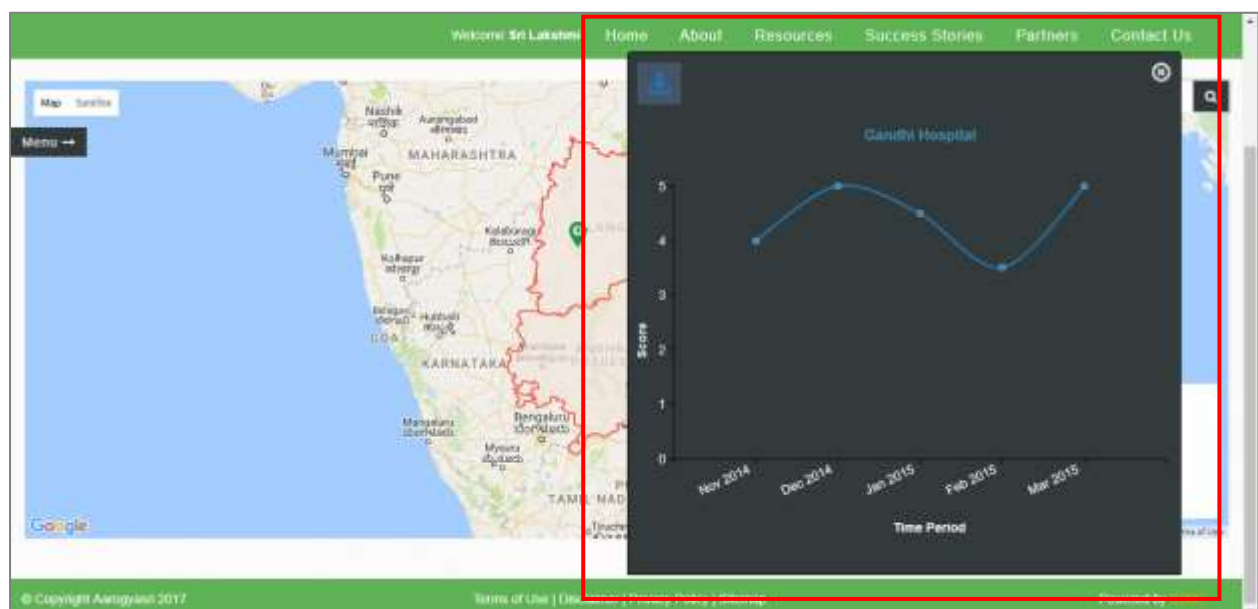


Figure 88: System generated line chart based on submission of engagement score

User can also download the line chart by clicking on the download button which is placed on top left corner of the line chart. Upon clicking the download button the line chart will get downloaded as image file.

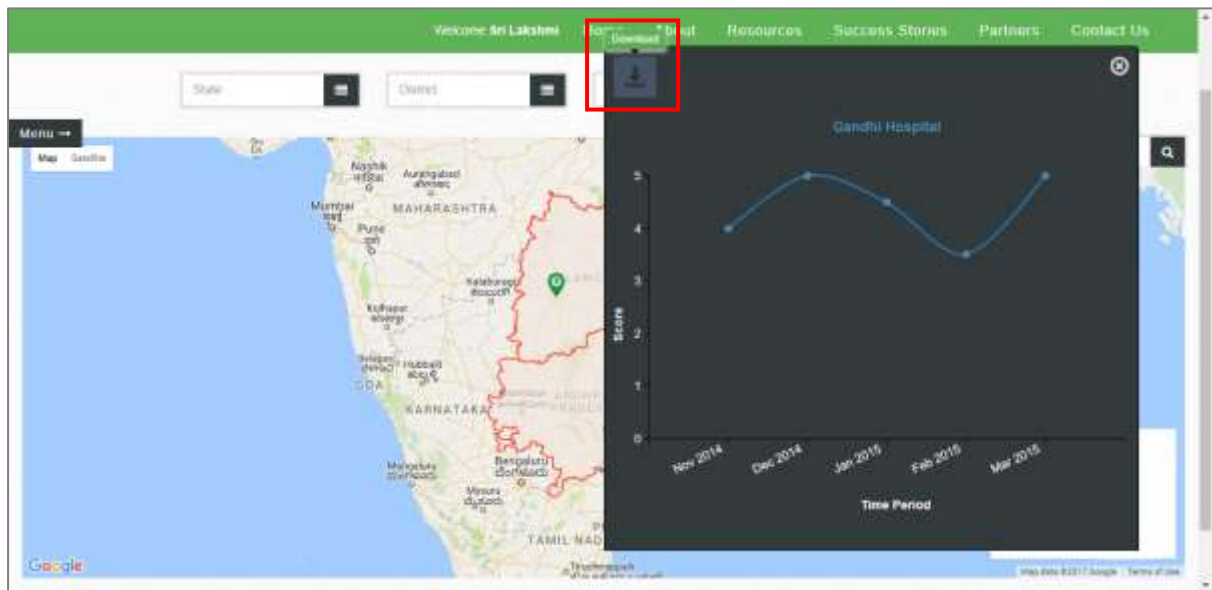


Figure 89: Download line chart generated by the system

To close the trend chart user needs to click on the close button on top right corner of the line chart.

1.2.6.2. Dashboard Home

Log in into the system to avail the dashboard home link. Click on **menu** button.

Click on **(v)** inverted arrow button to expand the **Dashboard** menu.



Figure 90: Dashboard

Expand the selection to view all the dashboard related page links.



Figure 91: Dashboard home

User can click on **Home** to view the Dashboard Home page.



Figure 92: Generated number from SCSL and SRS

Move the cursor to any of the indicator from the grid to view both Andhra Pradesh and Telangana value in the tooltip.



Figure 93: Aggregated value at AP and Telangana

Move the cursor to any data point from the three charts to view both Andhra Pradesh and Telangana value in the tooltip.

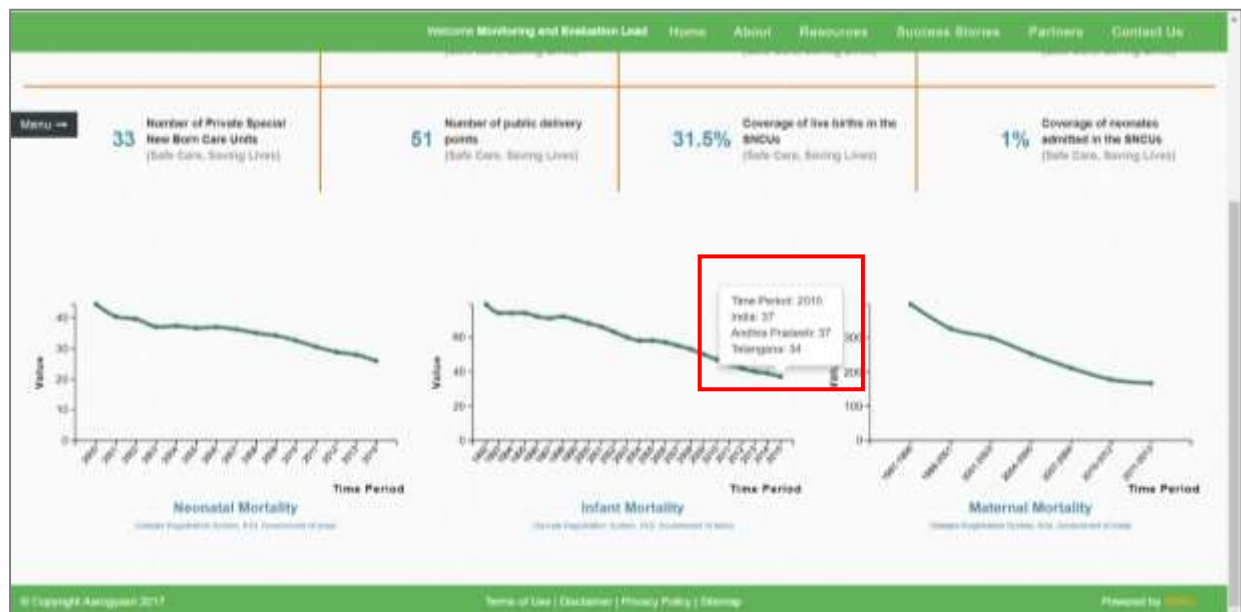


Figure 94: Tooltip shows aggregated data for AP and Telangana

Click on the excel button on the top right corner to download all the charts with its respective data value.



Figure 95: Excel download



Figure 96: Download Excel successful

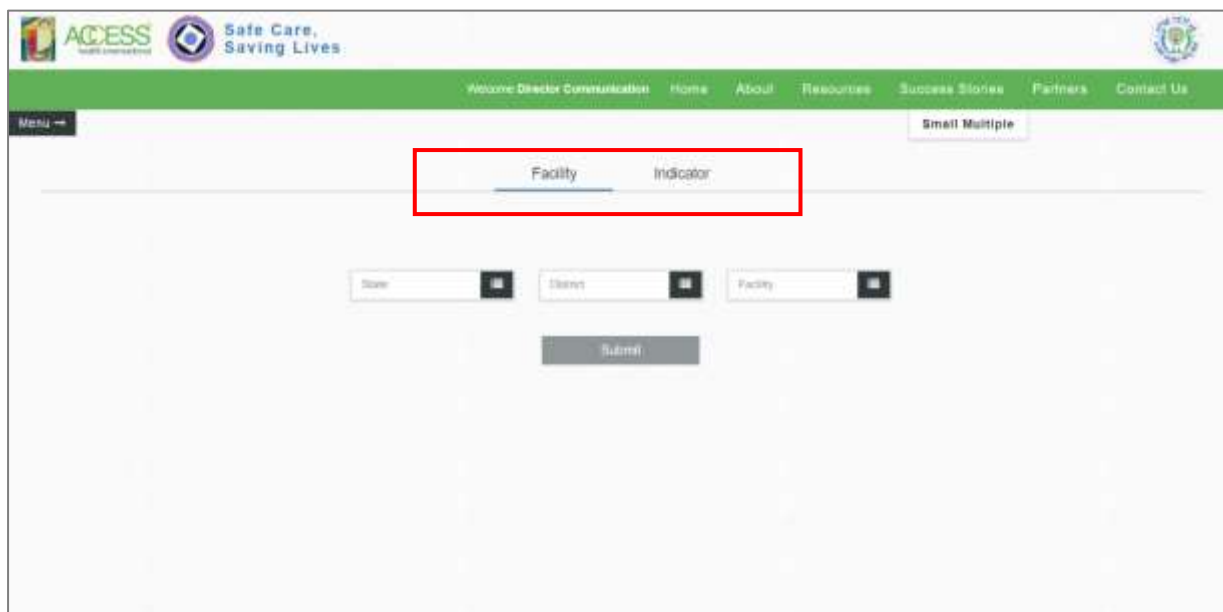
User can click on **Small Multiple** link present in the menu to go the small multiple view.



Figure 97: Small multiple

The default view of small multiple page is **Facility View**. User can navigate between **Facility** and **Indicator View** from the navigation pane.

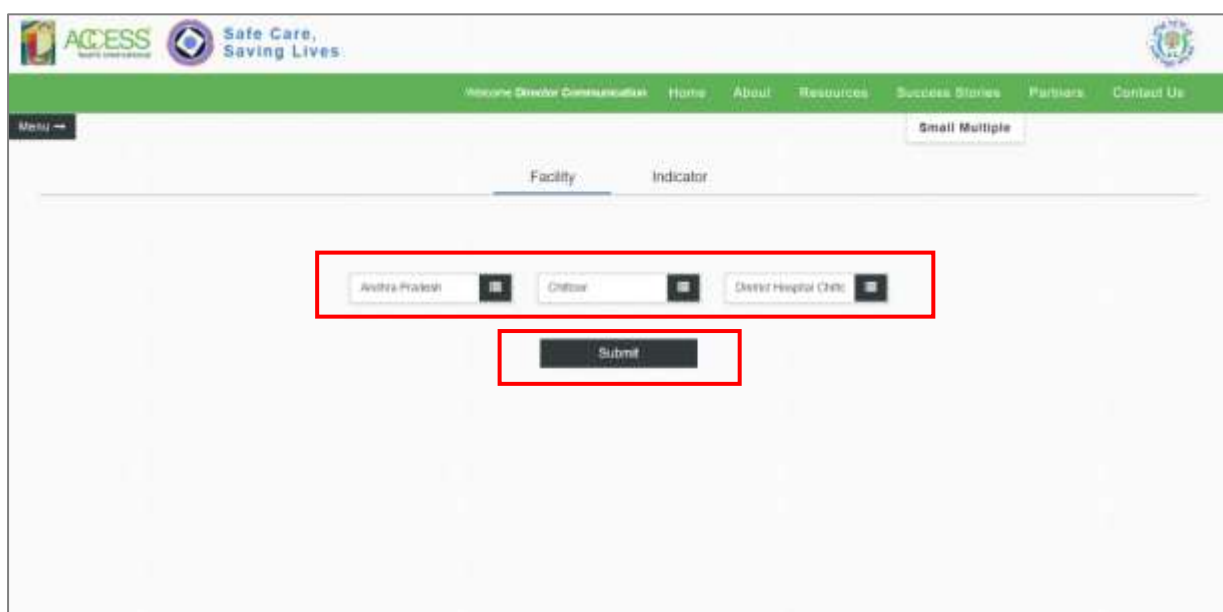
1.2.6.3. Small Multiple



The screenshot shows the ACCESS Safe Care, Saving Lives portal. At the top, there is a green navigation bar with links: Welcome Director Communication, Home, About, Resources, Success Stories, Partners, and Contact Us. Below this is a 'Menu' dropdown. The main content area has two tabs: 'Facility' and 'Indicator', both highlighted with a red box. Below the tabs are three dropdown menus: 'State', 'District', and 'Facility', each with a small square icon to its right. A 'Submit' button is located below the dropdowns.

Figure 98: Small Multiple by facility and indicator

The **Submit** button enables the user to view the small multiple charts. It will get active once a facility is selected from the dropdown. Select the **state**, **district** and **facility** from the drop-down and click on **Submit** button to view the charts.



The screenshot shows the ACCESS Safe Care, Saving Lives portal. At the top, there is a green navigation bar with links: Welcome Director Communication, Home, About, Resources, Success Stories, Partners, and Contact Us. Below this is a 'Menu' dropdown. The main content area has two tabs: 'Facility' and 'Indicator', both highlighted with a red box. Below the tabs are three dropdown menus: 'State', 'District', and 'Facility', each with a small square icon to its right. A 'Submit' button is located below the dropdowns.

Figure 99: Small multiple by facility

Facility view shows how one facility is performing across all its indicator. The top **breadcrumb** shows the current selection.



Figure 100: Facility wise small multiple

Each chart represents each indicator which shows the data points for last 12 time periods.

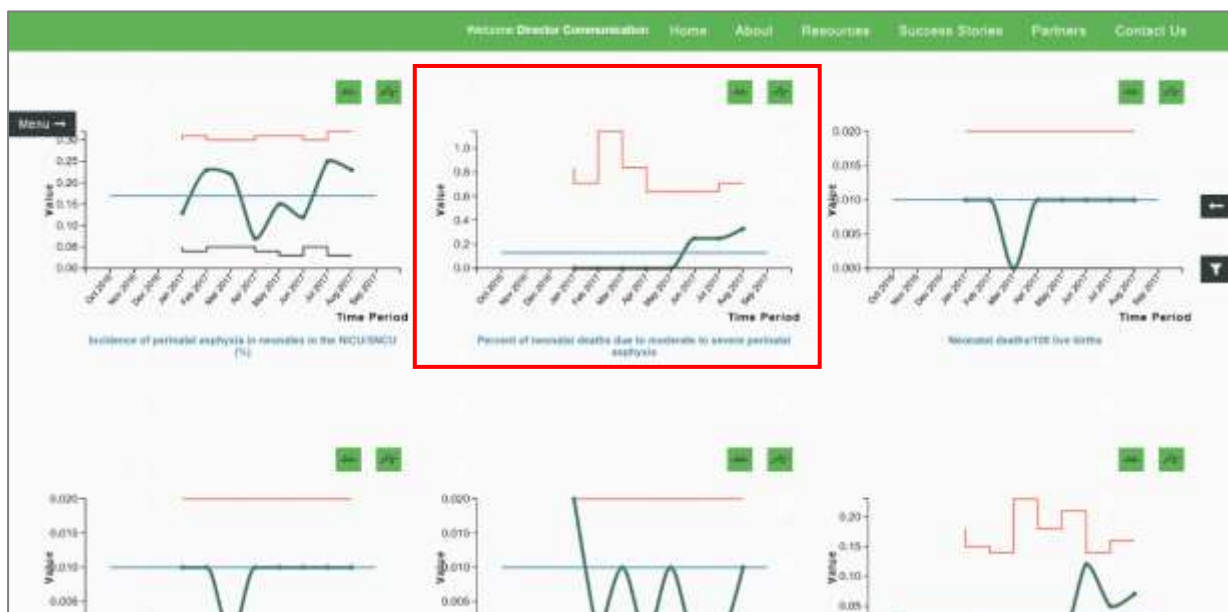


Figure 101: One Indicator control chart

The top two buttons of each chart toggle the behaviour of P-Average and UCL/LCL. The first button toggles P-Average line.



Figure 102: Enable Median of Control chart

The second one toggles UCL/LCL line.



Figure 103: Enable UCL and LCL of Control chart

Move the cursor on the run chart data points which shows the time period and data value in a tooltip.



Figure 104: Tooltip shows time period and fractional index

Move the cursor on P-Average line which shows the value in a tooltip.

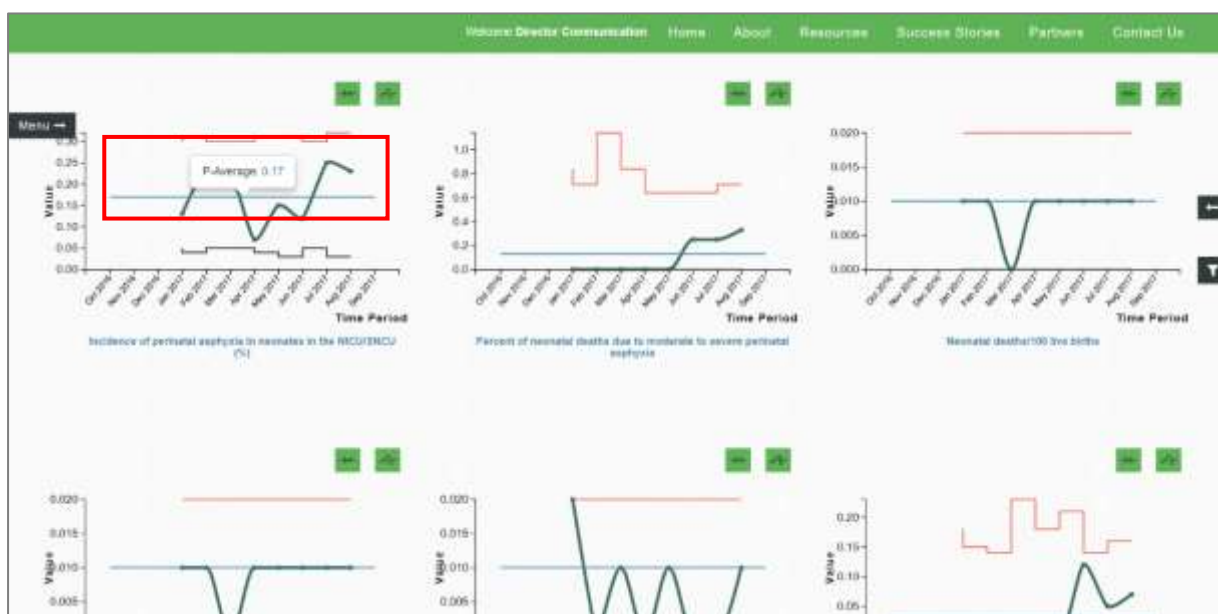


Figure 105: Tooltip showing fractional index

User can download the charts and its data into an excel file by clicking on the excel button.



Figure 106: Download excel button to download charts

Click on (←) back button present in the extreme right wall of the page to go back to the facility view landing page. n



Figure 107: Back button to go to main page

Click on the filter button present in the extreme right wall of the page to open the filter option.



Figure 108: Filter option to change the criteria

The filter option has also these dropdowns which enables the user to directly filter a facility.



Figure 109: Filter to change State/ District/ Facility

Click on **Reset Filter** button to reset all the selections. Once reset, select all the options from the drop down to enable the **Filter** button. User can click on **Filter** button to view the small multiple charts.



Figure 110: Reset Filter

User can navigate to **Indicator**, to view the Indicator view landing page.

The screenshot shows the ACCESS Safe Care, Saving Lives dashboard. The top navigation bar includes links for 'Welcome Director Communication', 'Home', 'About', 'Resources', 'Success Stories', 'Partners', and 'Contact Us'. The main content area is titled 'Andhra Pradesh >> Chittoor >> District Hospital Chittoor'. It features two tabs: 'Facility' and 'Indicator'. The 'Indicator' tab is selected, and the 'Indicator' button is highlighted in a red box. Below the tabs, there are input fields for 'Indicator Type', 'Focus Area', and 'Indicator', and a 'Submit' button.

Figure 111: Indicator wise small multiple

In case of process and intermediate, select an **Indicator Type**, **Focus Area** and **Indicator** and click on **Submit** to view the small multiple charts of the selected indicator.

The screenshot shows the ACCESS Safe Care, Saving Lives web application. The top navigation bar includes links for 'Welcome Director Communication', 'Home', 'About', 'Resources', 'Success Stories', 'Partners', and 'Contact Us'. A 'Menu' dropdown is visible on the left. The main content area has two tabs: 'Facility' and 'Indicator'. The 'Indicator' tab is active. Below the tabs, there is a form with three dropdown menus: 'Intermediate', 'Steps', and 'Incidence of steps in'. A 'Submit' button is located below these dropdowns. The entire form area is highlighted with a red rectangle.

Figure 112: Choose Indicator to view small multiple

In case of outcome indicator, user will select only **Indicator Type** and **Indicator** and click on **Submit** button.

The screenshot shows the ACCESS Safe Care, Saving Lives web application. The top navigation bar includes links for 'Welcome Director Communication', 'Home', 'About', 'Resources', 'Success Stories', 'Partners', and 'Contact Us'. A 'Menu' dropdown is visible on the left. The main content area has two tabs: 'Facility' and 'Indicator'. The 'Indicator' tab is active. Below the tabs, there is a form with two dropdown menus: 'Outcome' and 'Referrals/100 NICUS'. A 'Submit' button is located below these dropdowns. The entire form area is highlighted with a red rectangle.

Figure 113: Choose Indicator for Outcome Indicator

In Indicator view, it shows how one indicator is performing across all facilities and it's aggregate area.



Figure 114: Small multiple chart for indicator

The left most chart of the screen is the aggregate area's chart and rest of the charts represent each facility.



Figure 115: Aggregate chart on left and Facility chart on Right

Click on (←) back button present in the top of extreme right wall of the page to go back to the **Indicator view landing page** and click on the **filter** button present in the extreme right wall of the page to open the filter option.



Figure 116: Back button and Filter option

User can filter the charts according to **wave**, **state**, **district**, **facility type**, **size**, **indicator type**, **focus area**, **indicator** and **frequency** of data aggregation (**monthly/quarterly/yearly**).



Figure 117: Filter option to select different criteria

User can click on the reset filter option to reset all the sections. The **Filter** button will get activate once the user selects the indicator. Click on Filter to view the charts for the selected parameters.



Figure 118: Reset filter option

Click on the “Go to related Process Indicator” or “Go to related Outcome Indicator” to view all the related indicators of the selected indicator.



Figure 119: Related Indicator

User can select a particular related indicator from the list to view its small multiple charts.



Figure 120: Related Process Indicator

User can download the charts and its data into an excel file by clicking on the excel button.



Figure 121: Download Excel

User can view the current selection from the filter in the breadcrumb present at the top of the page.



Figure 122: Indicator chosen to view control chart

1.2.7. Reports

To access Report page, user can click on the **Menu →** button in the Home Page.




Figure 123: Home Page

Upon clicking **Menu →** button, a menu list opens from which user can click Report for the corresponding page to open.



Figure 124: Report Page

1.2.7.1. Raw Data

Clicking on “Report” user can click on  drop down button for report type to Raw Data.

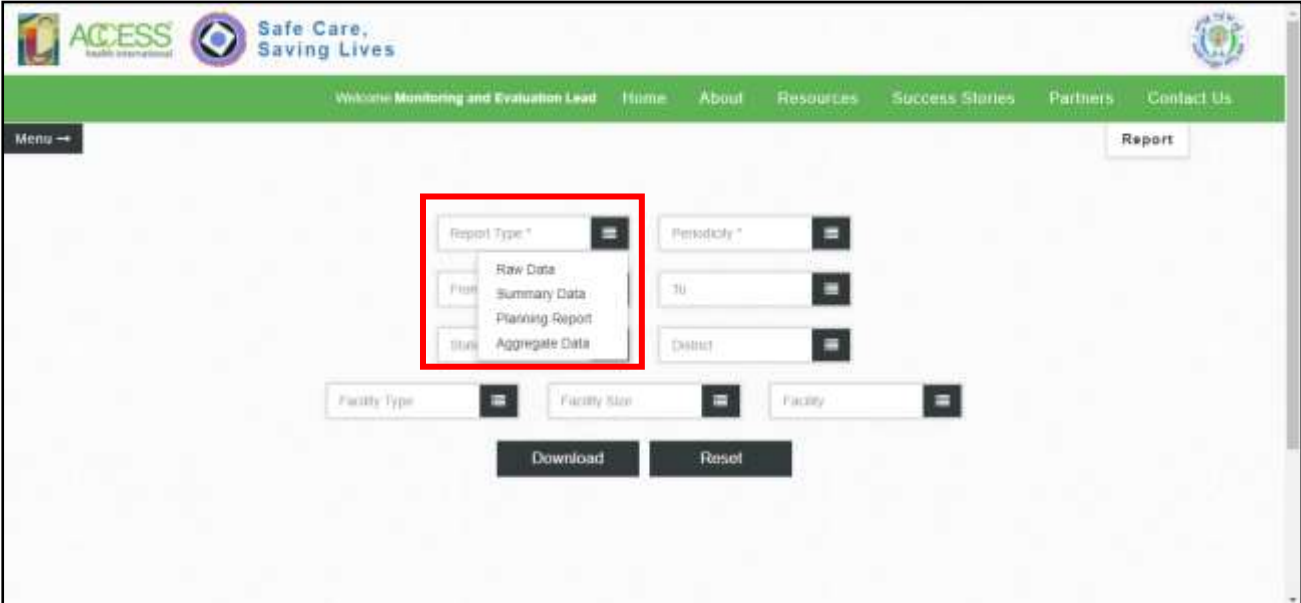


Figure 125: Type of Reports

User can select periodicity, from month, to month, state, district, facility Type, facility size and facility for downloading Raw Data.

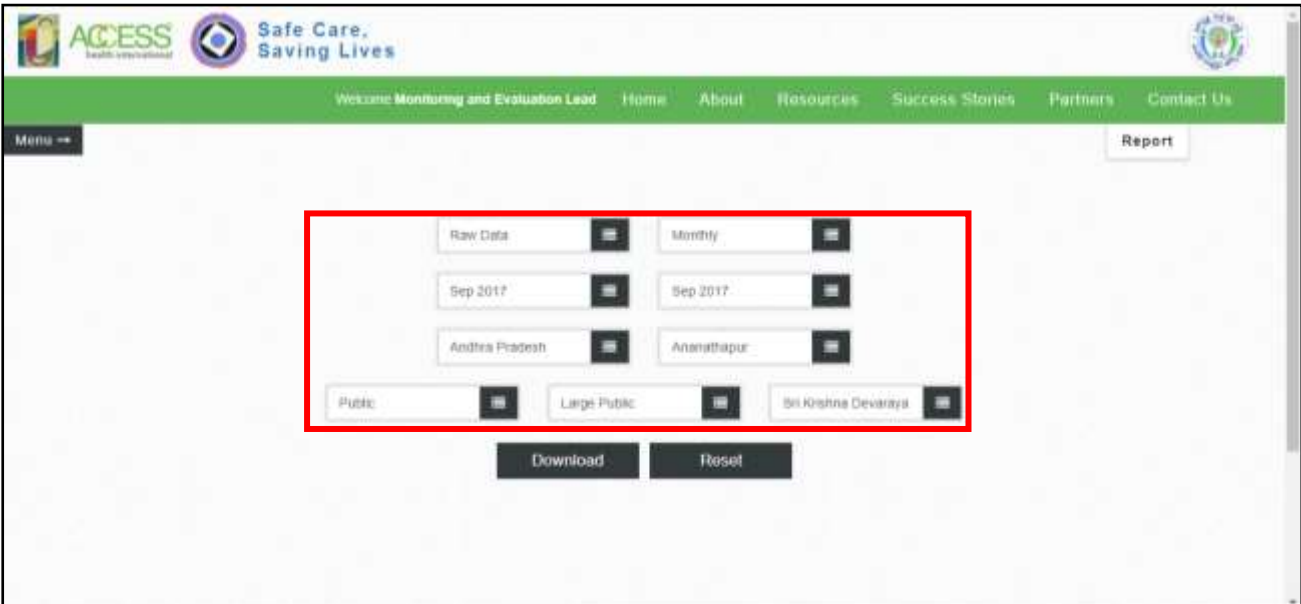
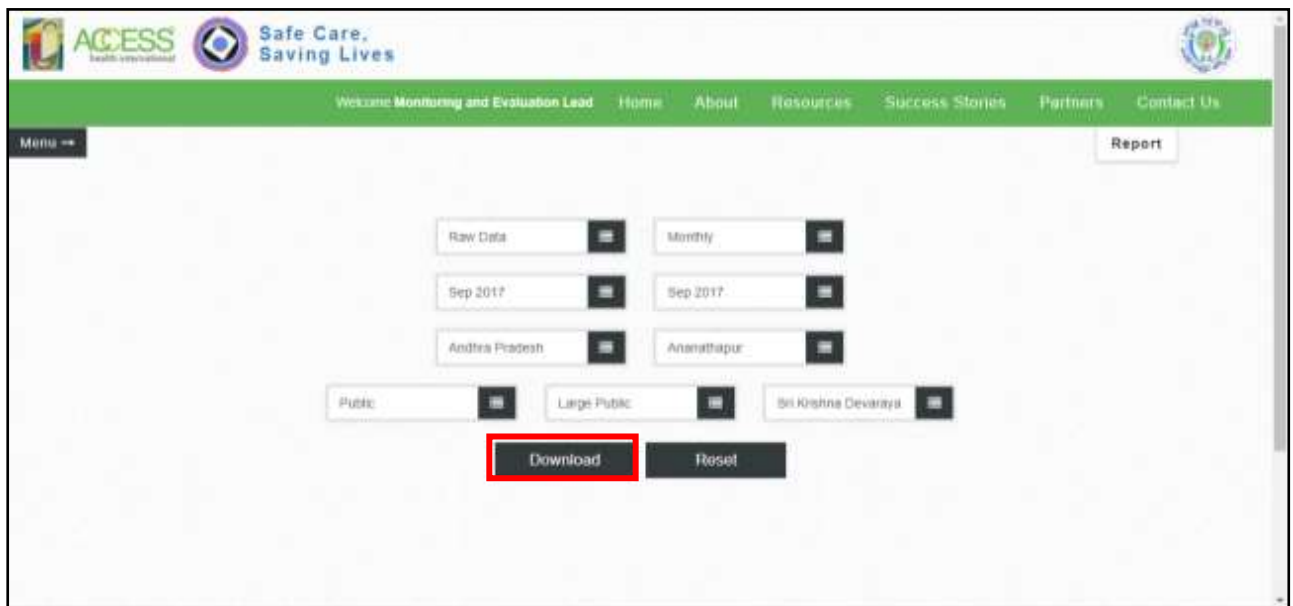


Figure 126: Criteria to choose report

Open selecting state, district, facility type, facility size and facility user can click on download button to download.



The screenshot shows the ACCESS Safe Care Saving Lives web application. The header includes the ACCESS logo and the tagline "Safe Care. Saving Lives." Below the header is a navigation bar with links: Welcome Monitoring and Evaluation Lead, Home, About, Resources, Success Stories, Partners, and Contact Us. A "Menu" button is on the left, and a "Report" button is on the right. The main content area contains several dropdown menus for selecting data: "Raw Data", "Monthly", "Sep 2017", "Andhra Pradesh", and "Ananthapur". Below these are three buttons: "Public", "Large Public", and "Sri Krishna Devaraya". A red box highlights the "Download" button, and a "Reset" button is also visible.

Figure 127: Download button to download in excel

After downloading, Success message appears on screen. Clicking on ok button page redirect to Report Page.

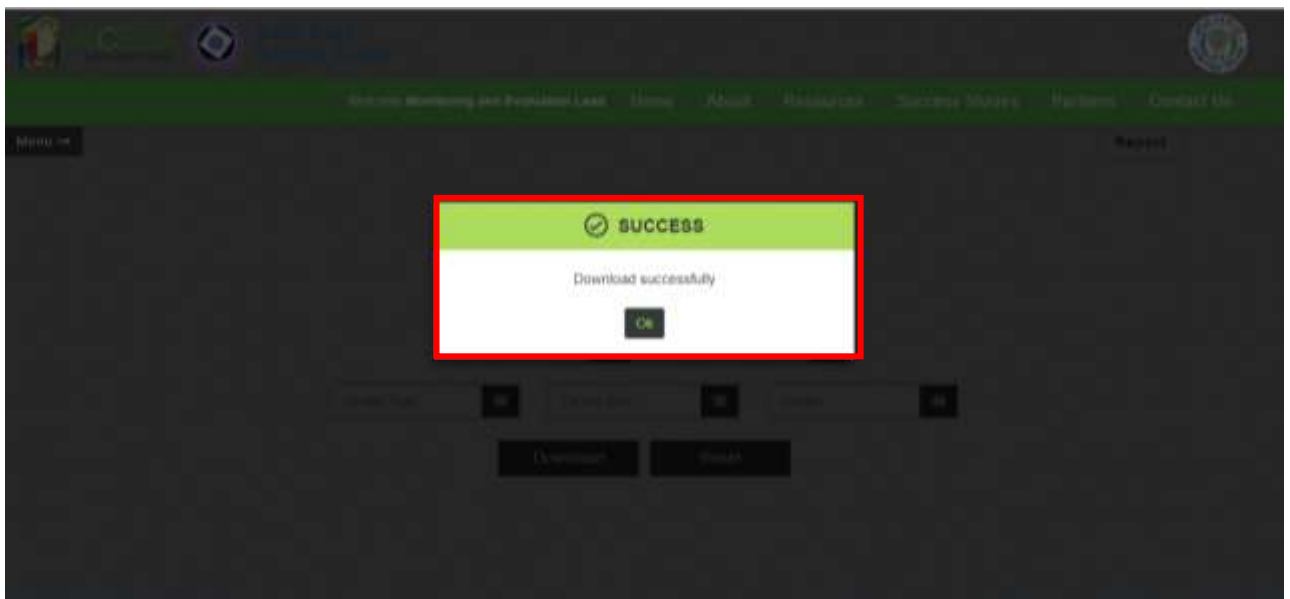



Figure 128: Download Successful

1.2.7.2. Summary Data

Clicking on “Report” user can click on  drop down button for report type to Summary Data.

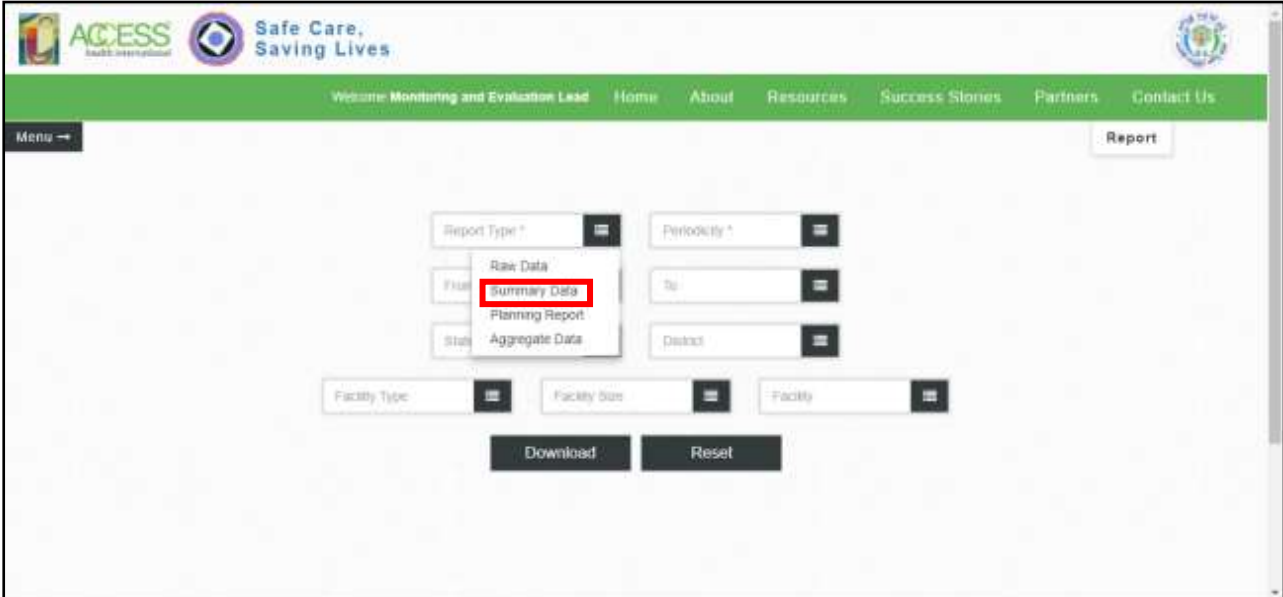


Figure 129: Summary Data Report

User can select periodicity, from month, to month, state, district, facility type, facility size and facility for downloading summary Data.

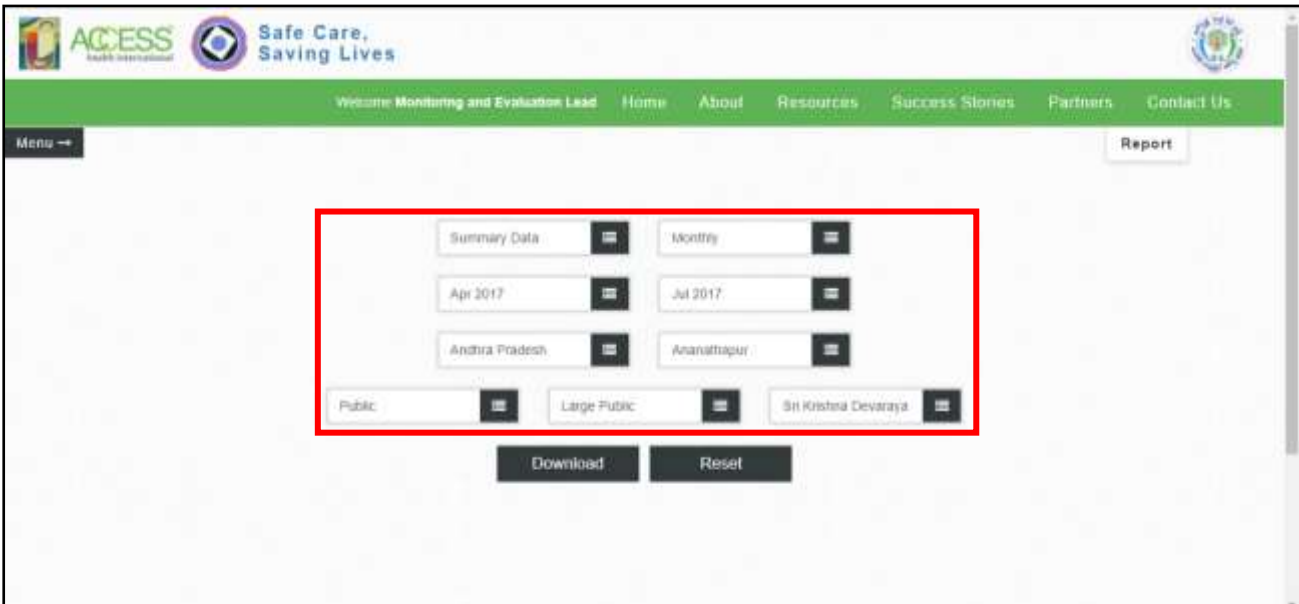


Figure 130: Criteria to select summary data report

Open selecting state, district, facility type, facility size and facility user can click on Download button to download.

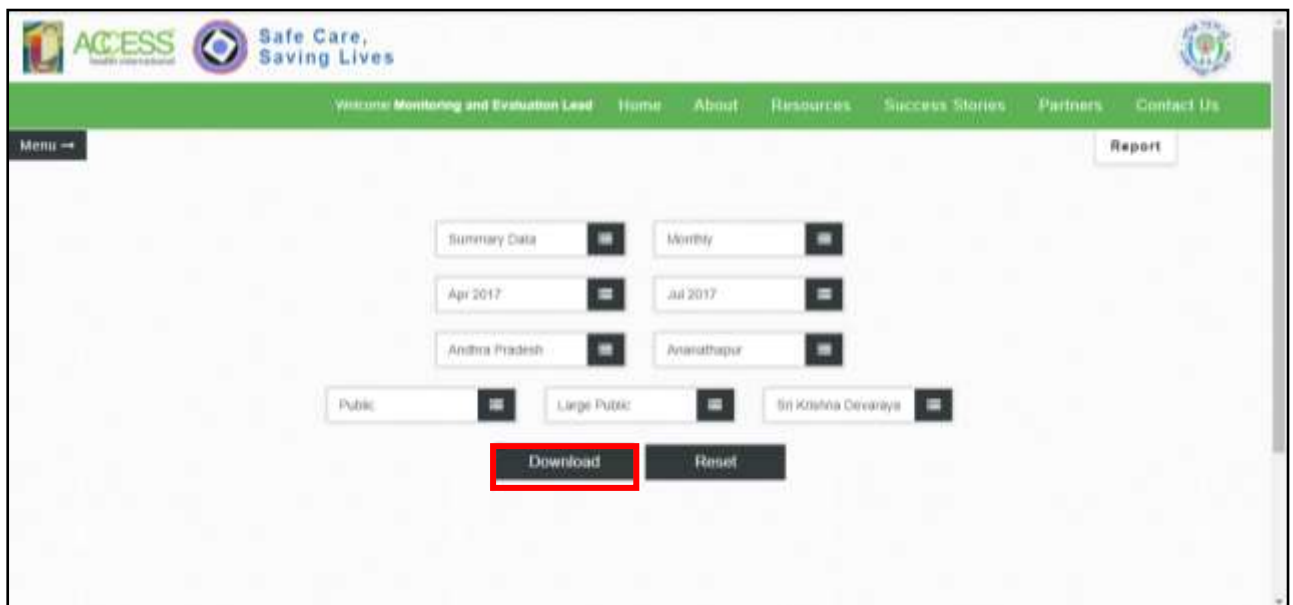


Figure 131: Download Summary data report

After downloading, success message appears on screen. Clicking on Ok button page redirect to Report Page.

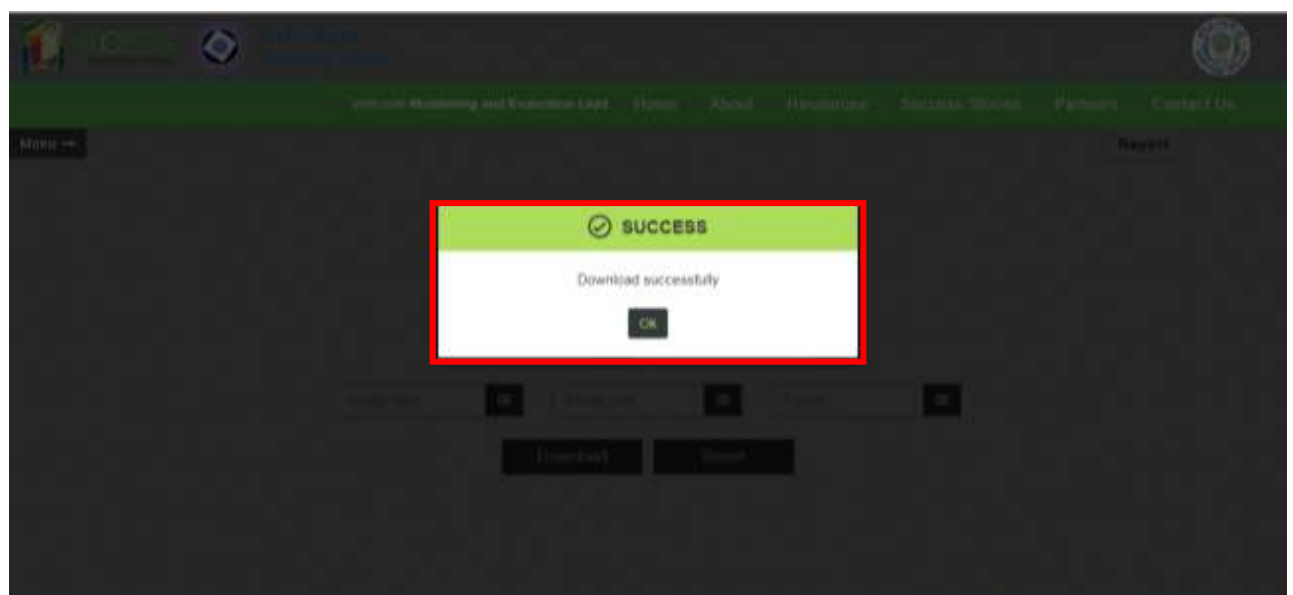



Figure 132: Download Successful

1.2.7.3. Planning Report

Clicking on “Report” user can click on  drop down button for report type to Planning Report.

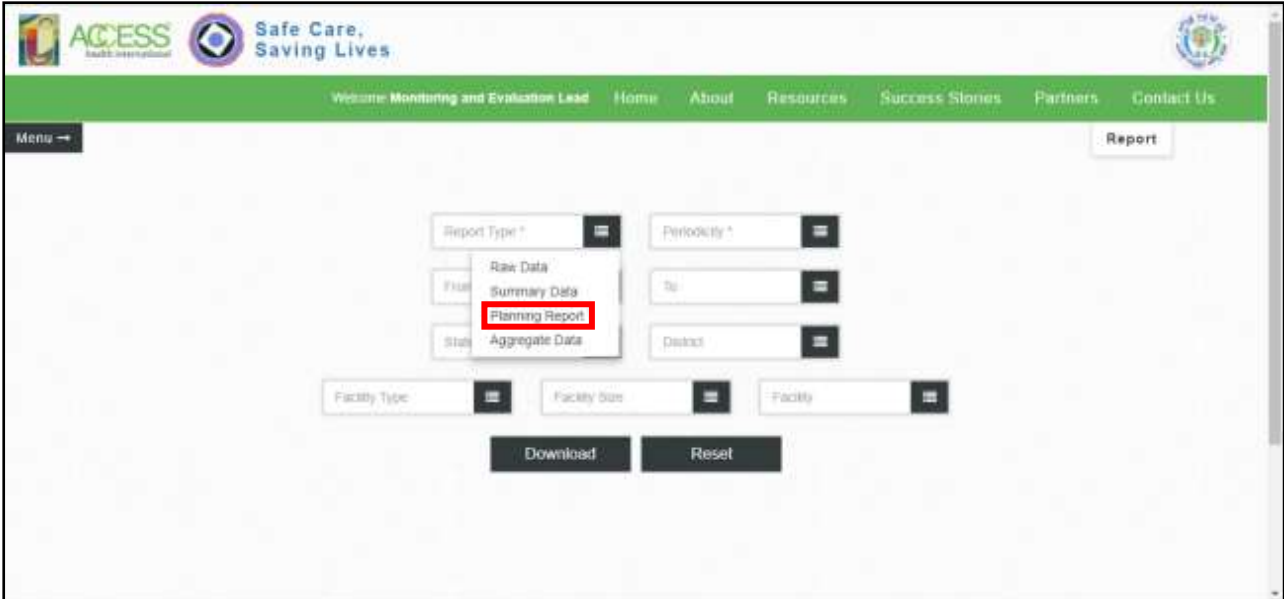


Figure 133: Planning Report

User can select Start Date, End Date from date picker for downloading Planning Report.

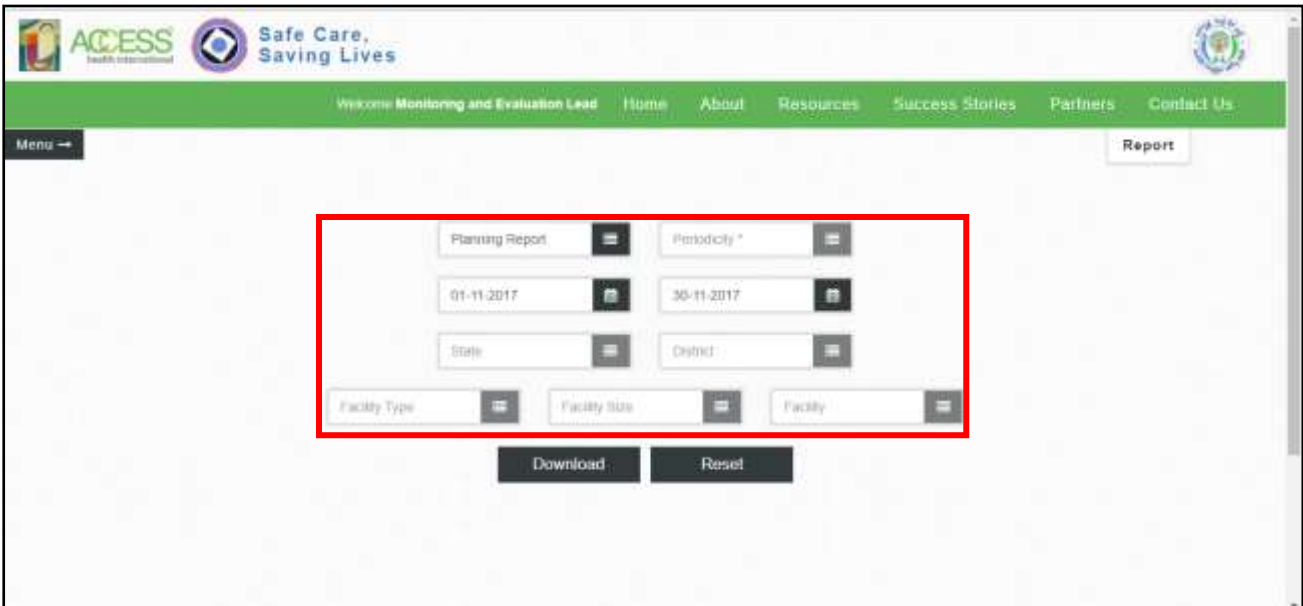
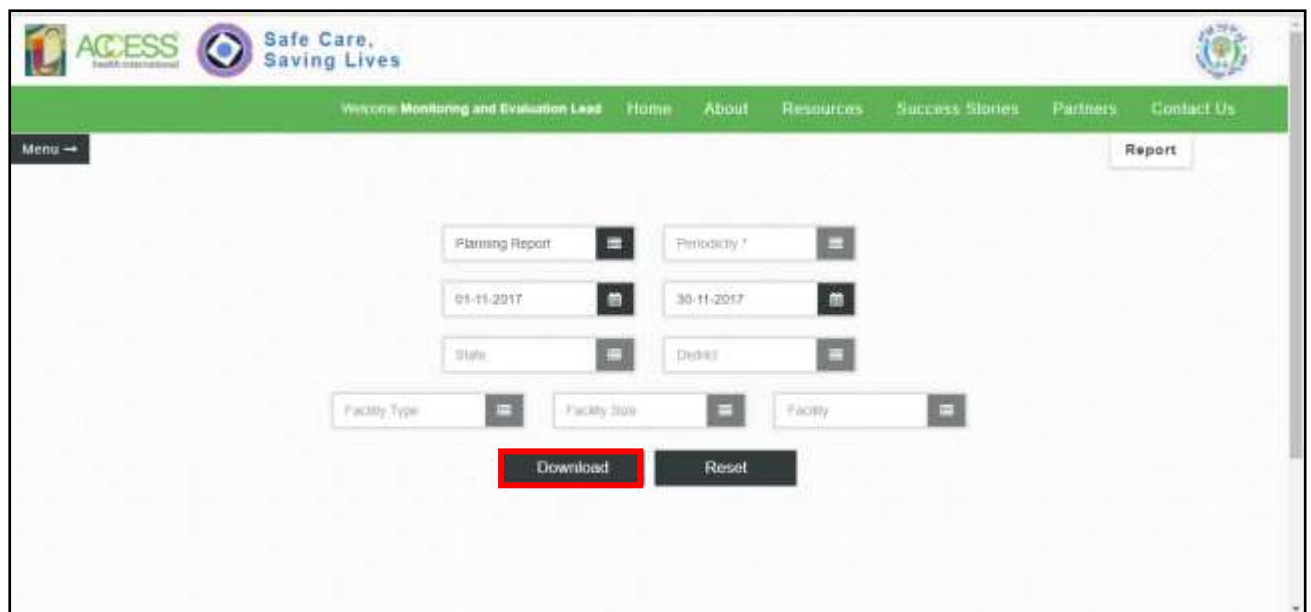


Figure 134: Criteria to select Planning report

Open selecting Start Date, End user can click on Download button to download.



The screenshot shows the ACCESS Safe Care, Saving Lives web application interface. At the top, there is a green navigation bar with the ACCESS logo and the text 'Safe Care, Saving Lives'. Below the navigation bar, there is a 'Menu' dropdown and a 'Report' button. The main content area contains a form for generating reports. The form includes fields for 'Planning Report', 'Periodicity', 'Start Date' (01-11-2017), 'End Date' (30-11-2017), 'State', 'District', 'Facility Type', 'Facility Size', and 'Facility'. Below the form, there are two buttons: 'Download' and 'Reset'. The 'Download' button is highlighted with a red box.

Figure 135: Download button

After downloading, Success message appears on screen. Clicking on Ok button page redirect to Report Page.

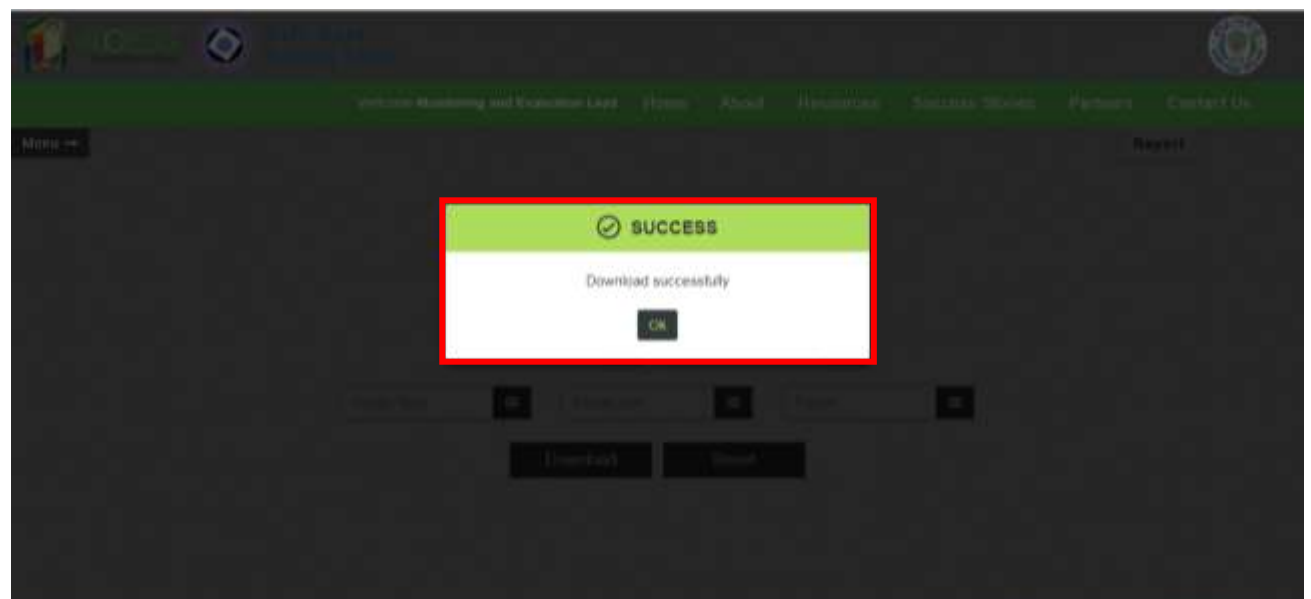

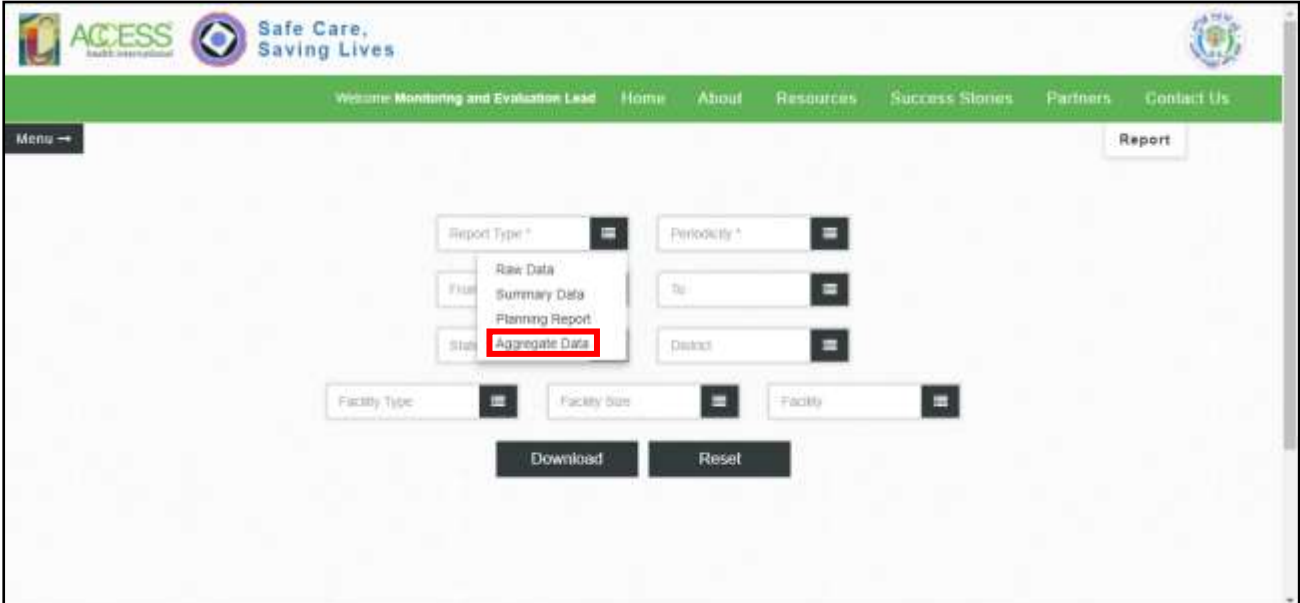


Figure 136: Download Successful

1.2.7.4. Aggregate Data

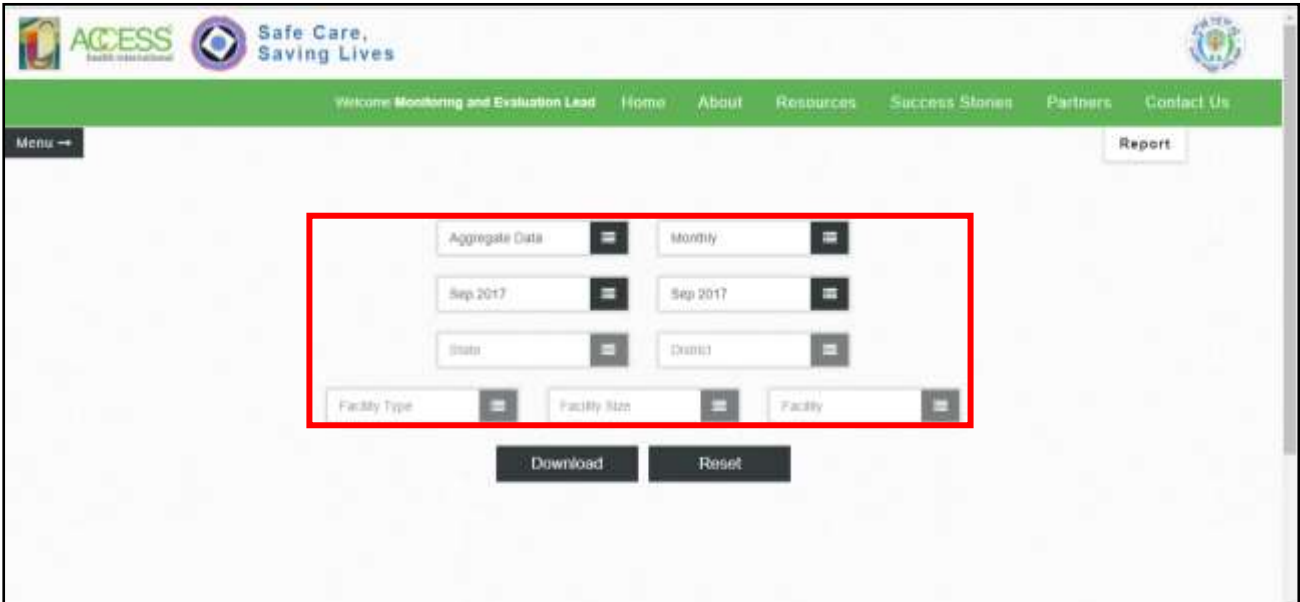
Clicking on “Report” user can click on  drop down button for report type to Aggregate Data.



The screenshot shows the ACCESS Safe Care, Saving Lives web application interface. The top navigation bar includes links for Home, About, Resources, Success Stories, Partners, and Contact Us. A 'Report' button is located in the top right corner. The main content area features a 'Report Type' dropdown menu, which is currently open, showing options: Raw Data, Summary Data, Planning Report, and Aggregate Data. The 'Aggregate Data' option is highlighted with a red box. Below the dropdown menu, there are input fields for Periodicity, From, To, State, District, Facility Type, Facility Size, and Facility. At the bottom of the form are 'Download' and 'Reset' buttons.

Figure 137: Aggregate Data

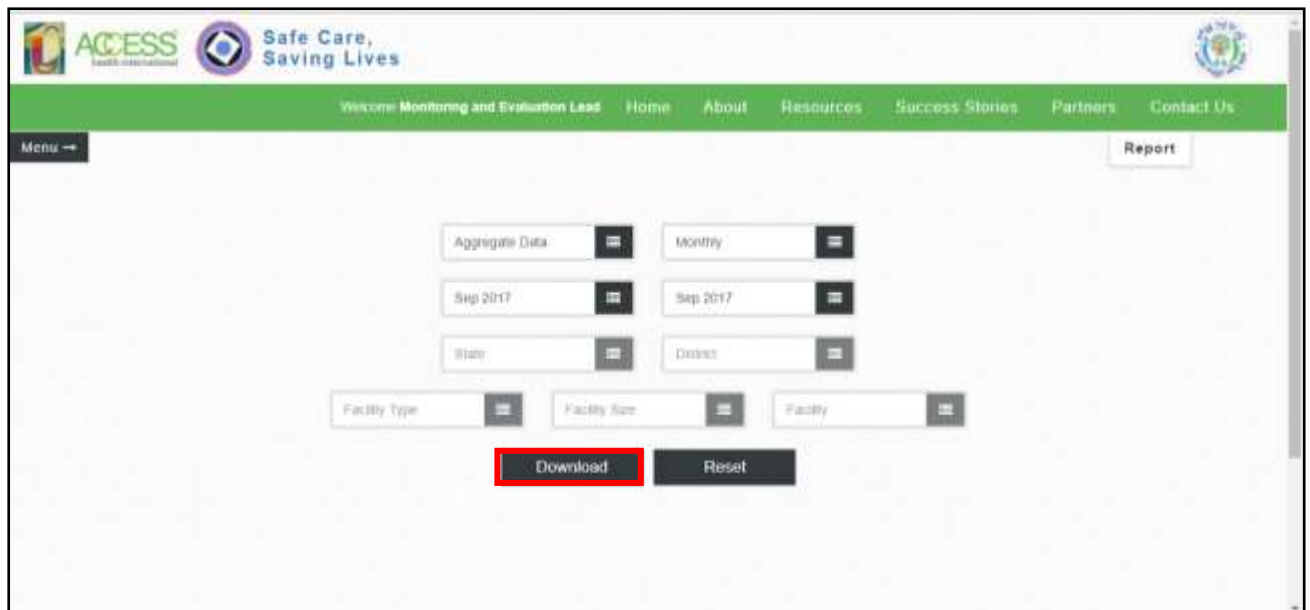
User can select Periodicity, from month, to month for downloading Aggregate Data.



The screenshot shows the same ACCESS Safe Care, Saving Lives web application interface. The 'Report Type' dropdown menu is now closed, and the 'Aggregate Data' option is selected. The 'Periodicity' dropdown menu is open, showing options: Monthly, Quarterly, Half Yearly, and Annually. The 'Monthly' option is highlighted with a red box. Below the dropdown menu, there are input fields for From, To, State, District, Facility Type, Facility Size, and Facility. At the bottom of the form are 'Download' and 'Reset' buttons.

Figure 138: Criteria to select Aggregate Data

Open selecting Periodicity, from month, to month user can click on Download button to download.



The screenshot shows the ACCESS Safe Care, Saving Lives web application. The header includes the ACCESS logo and the tagline 'Safe Care, Saving Lives'. A green navigation bar contains links: 'Welcome Monitoring and Evaluation Lead', 'Home', 'About', 'Resources', 'Success Stories', 'Partners', and 'Contact Us'. A 'Menu' dropdown is on the left, and a 'Report' button is on the right. The main content area features a form with the following fields: 'Aggregate Data' (dropdown), 'Monthly' (dropdown), 'Sep 2017' (dropdown), 'Sep 2017' (dropdown), 'State' (dropdown), 'District' (dropdown), 'Facility Type' (dropdown), 'Facility Size' (dropdown), and 'Facility' (dropdown). Below these fields are two buttons: 'Download' (highlighted with a red box) and 'Reset'.

Figure 139: Download Excel

After downloading, Success message appears on screen. Clicking on Ok button page redirect to Report Page.

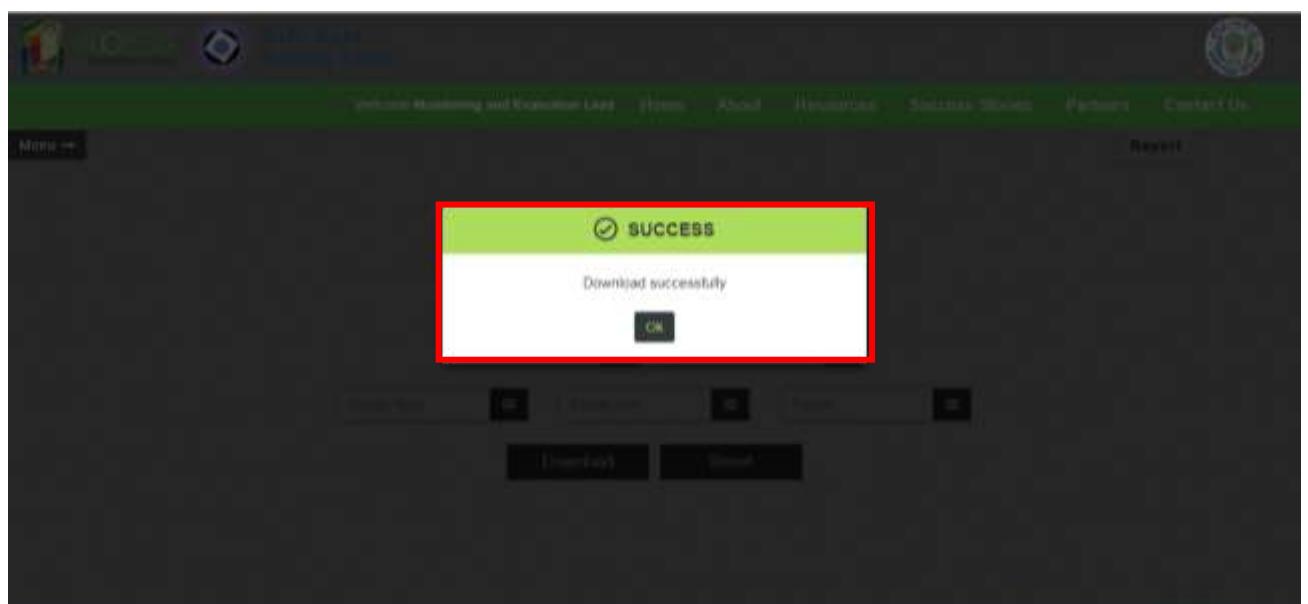


Figure 140: Download Successful

1.2.8. Upload Historical Data

Only Monitoring and Evaluation Lead (M&E) user has the access to upload historical data into the system. To access Upload Historical Data page, user can click on the **Menu →** menu button from the side panel.



Figure 141: Home Page

Upon clicking of menu button, a menu list opens from which user can click on “Upload Historical Data” for the corresponding page to open.



Figure 142: Upload Historical Data

Where user will be redirected to the requested page. User has to select one facility for which the data needs to get uploaded. User can only upload the data for the legacy time periods.

To select a facility user needs to select its corresponding state, district & the required time period (From & To) from the respective dropdowns before downloading the template for the particular facility and time range.

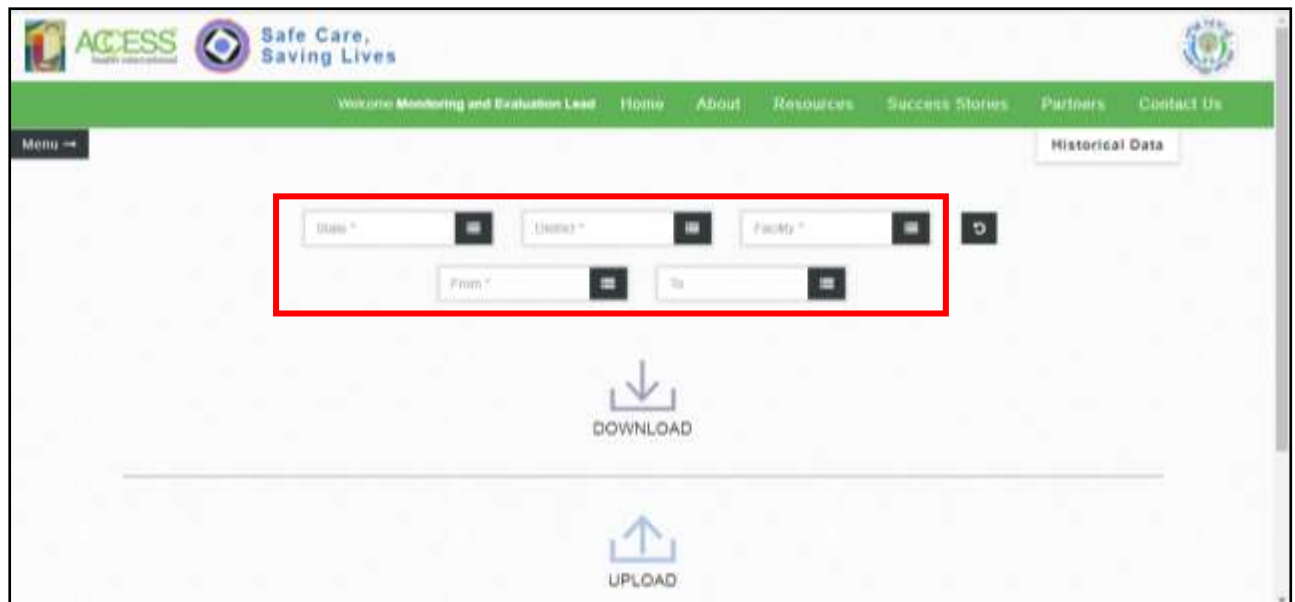

The screenshot shows the 'ACCESS Safe Care, Saving Lives' web application. The top navigation bar includes 'Welcome Monitoring and Evaluation Lead', 'Home', 'About', 'Resources', 'Success Stories', 'Partners', and 'Contact Us'. A 'Menu' button is on the left, and a 'Historical Data' button is on the right. The main content area features a red-bordered box containing five dropdown menus: 'State *', 'District *', 'Facility *', 'From *', and 'To *'. Below these dropdowns are two buttons: 'DOWNLOAD' (with a downward arrow icon) and 'UPLOAD' (with an upward arrow icon).

Figure 143: Download Blank Template

User can also reset the selection by clicking on  reset button.

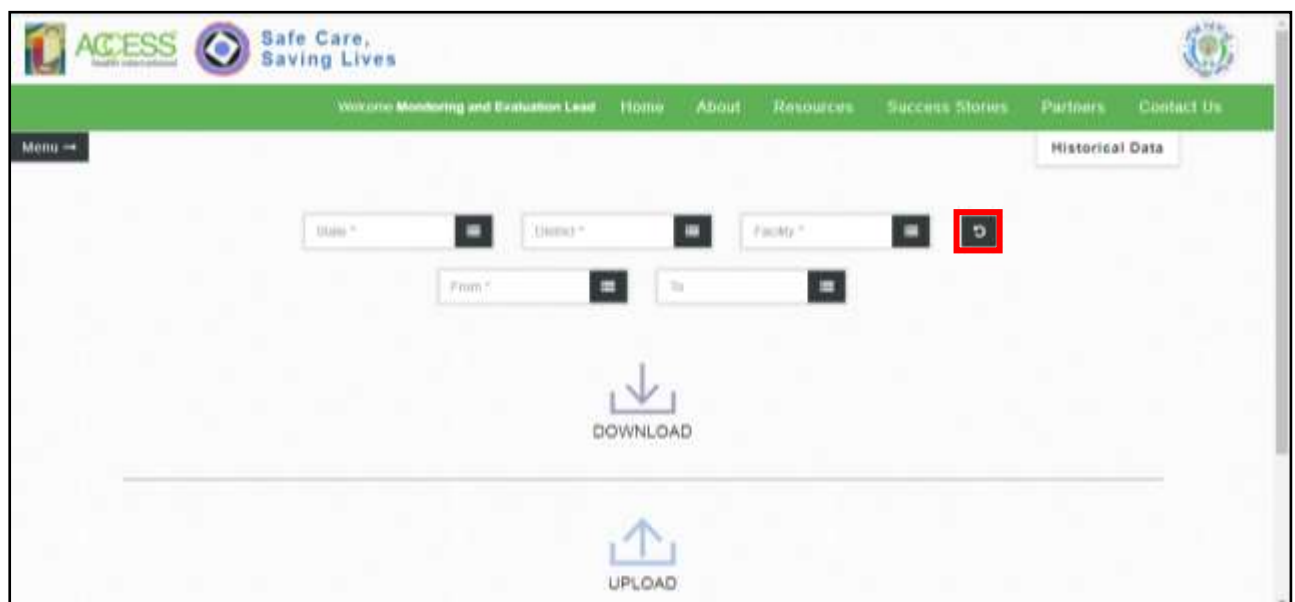

This screenshot is similar to Figure 143, showing the same web application interface. However, a red box now highlights a circular arrow 'Reset' button located to the right of the 'Facility *' dropdown menu. The 'DOWNLOAD' and 'UPLOAD' buttons remain visible at the bottom of the selection area.

Figure 144: Reset Selection Criteria

The fields marked with (*) are mandatory to fill. After selecting all the mandatory fields user can download the historical data template by clicking  “DOWNLOAD” button.

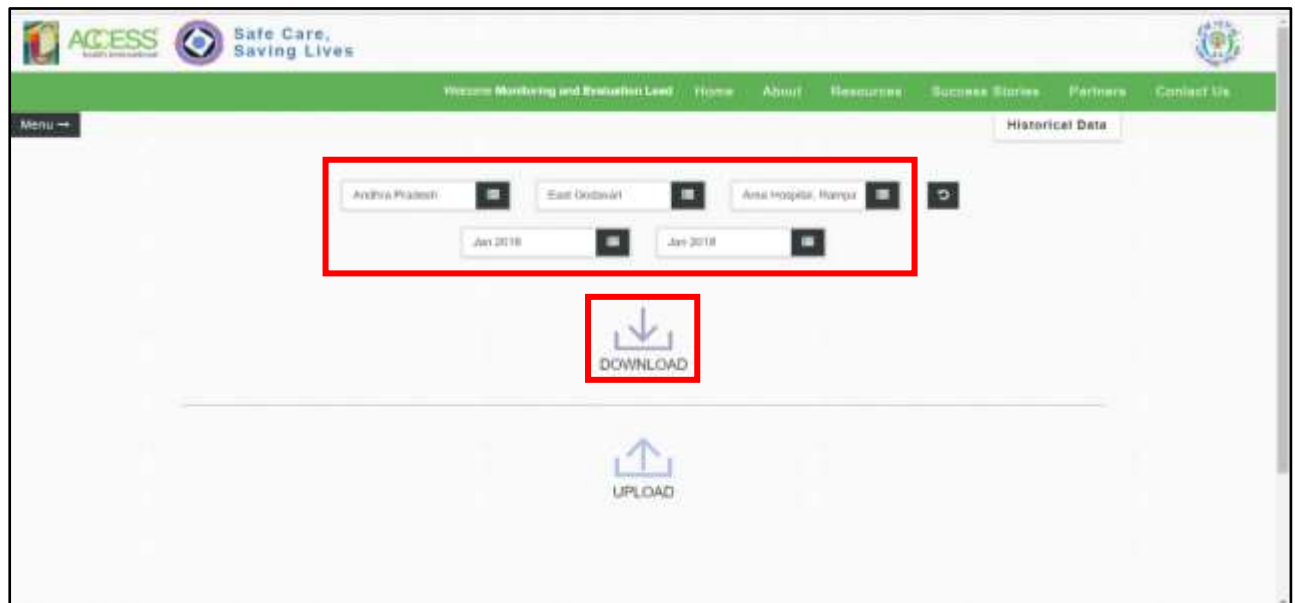



Figure 145: Download button to download blank template

To upload the data to the system, user has to fill the same excel template downloaded from the server and upload it to the system by clicking  “UPLOAD” button.

Upon click on “UPLOAD” button, user have to choose the desired file from its system location.

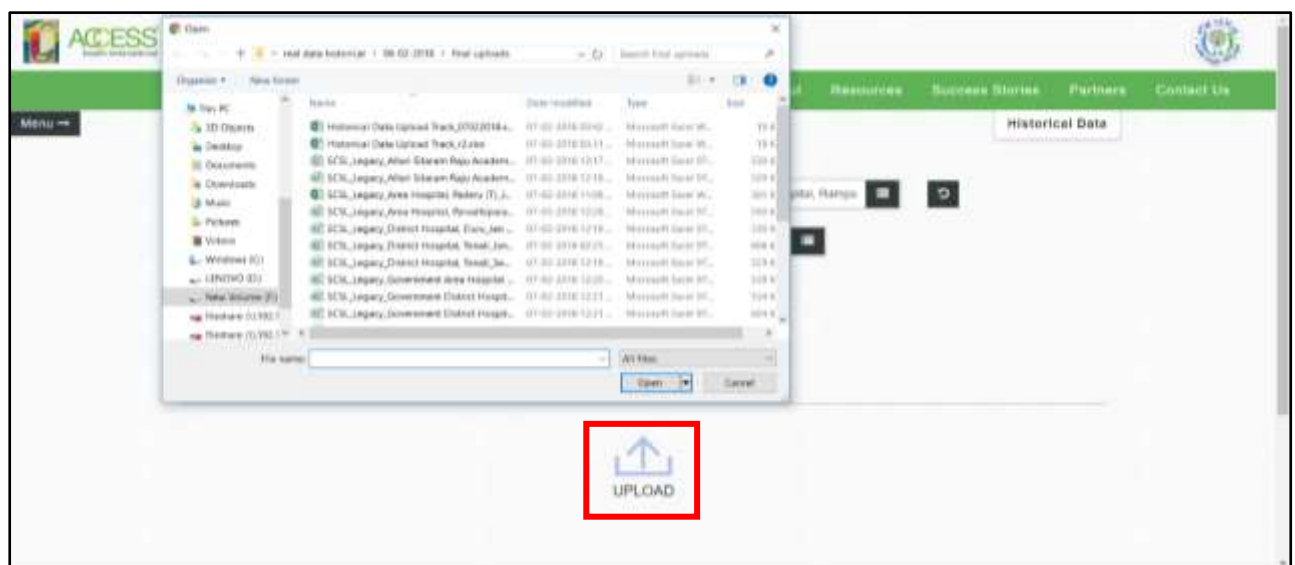


Figure 146: Upload filled in template into the system

Select the required file from the choose file modal and then click on “Open”.

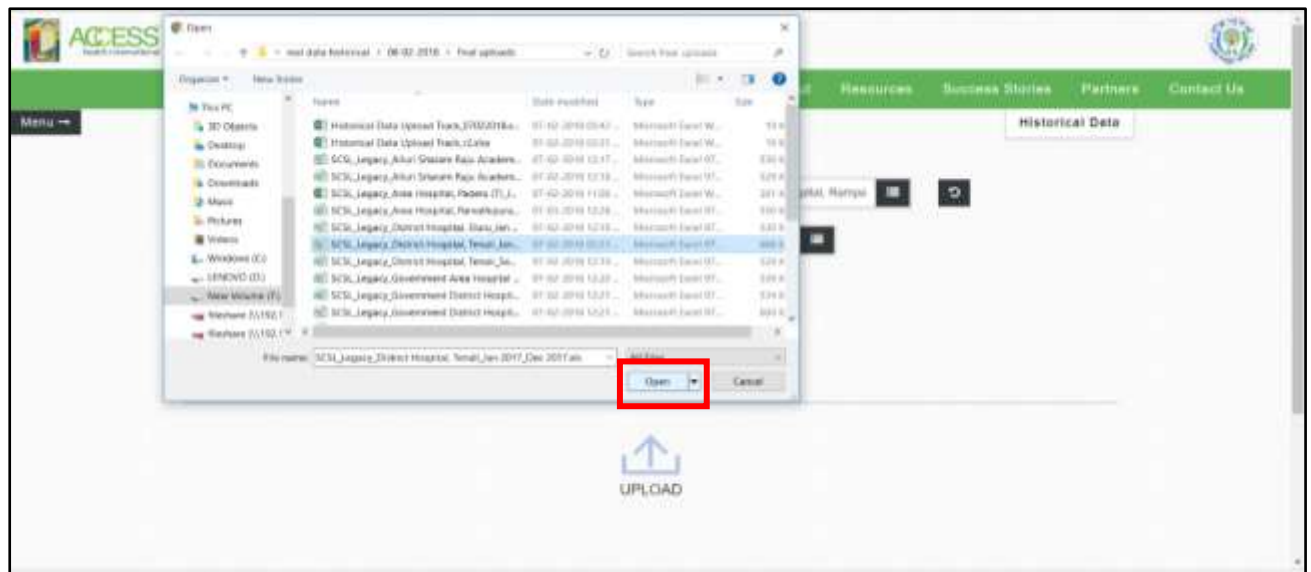


Figure 147: Choose the filled in template from local computer

In case of wrong file upload, the system will prompt an error message as “Please upload the same file downloaded from the page”.

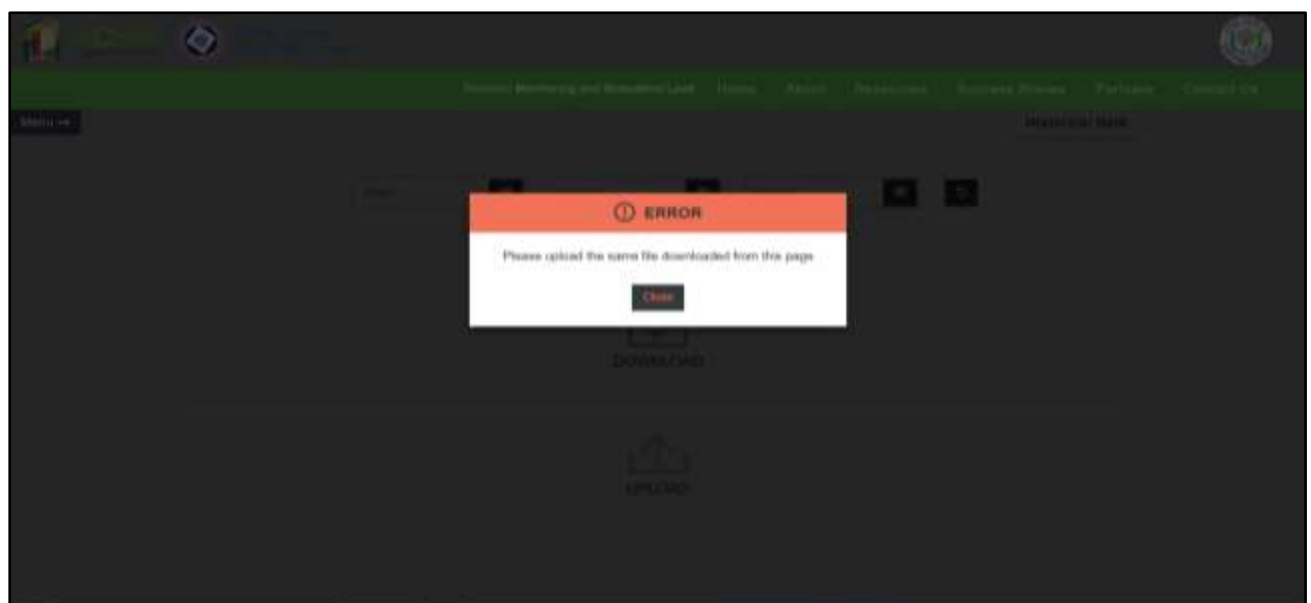


Figure 148: Error Validation in-case wrong file uploaded

In case of correct file upload, the system will re-confirm before uploading the file into the system.

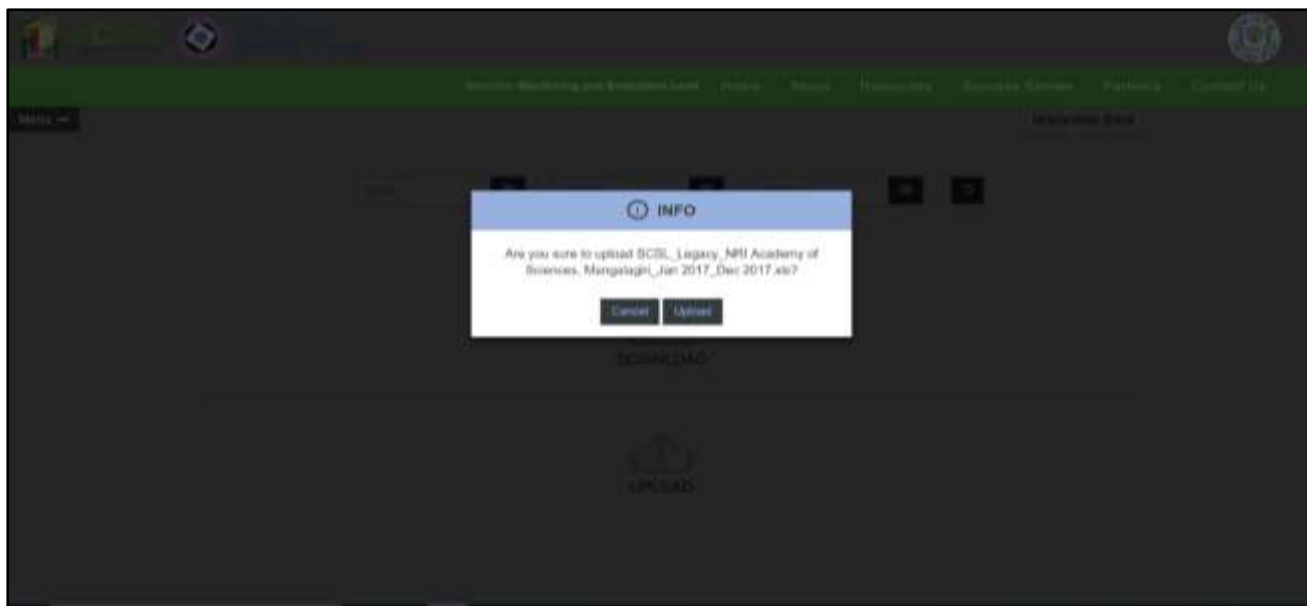


Figure 149: Confirmation upon correct upload of file

In case, the user has missed to fill some mandatory field (profile indicator value/ outcome indicator), the system will prompt an error in a modal with the error message, required indicator of which time period along with the cell reference that needs to be filled.



Figure 150: Error Validation in-case mandatory fields are missed

In case a facility is not following a particular process indicator but the user has reported data in the same process indicator, the system will prompt an error in the modal as “Invalid mapping entry” along with the cell reference, cell value, indicator number and time period for which the data has reported.



Figure 151: Error Validation in-case mapping of process indicators are not done

To report those unmapped process indicators data, the facility has to follow those indicators first. The QITM of the facility needs to “add indicator” from SNCU/NICU data entry section. (Please refer to SNCU/NICU data entry- “Add Indicator” section for more detail) Once mapped, then only M&E will be able to report those process indicators.

Upon uploading of correct file along with all the validated indicator value, user will get a success message. Once uploaded user can view the data in dashboard and report module.

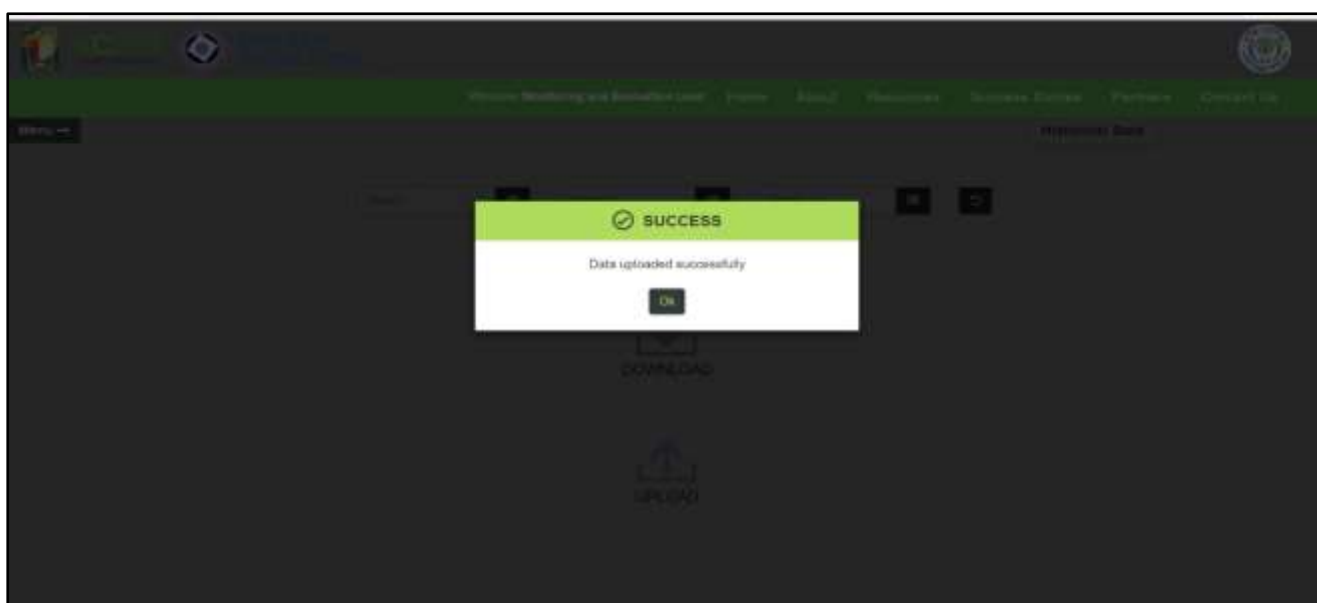


Figure 152: Successful upload of data

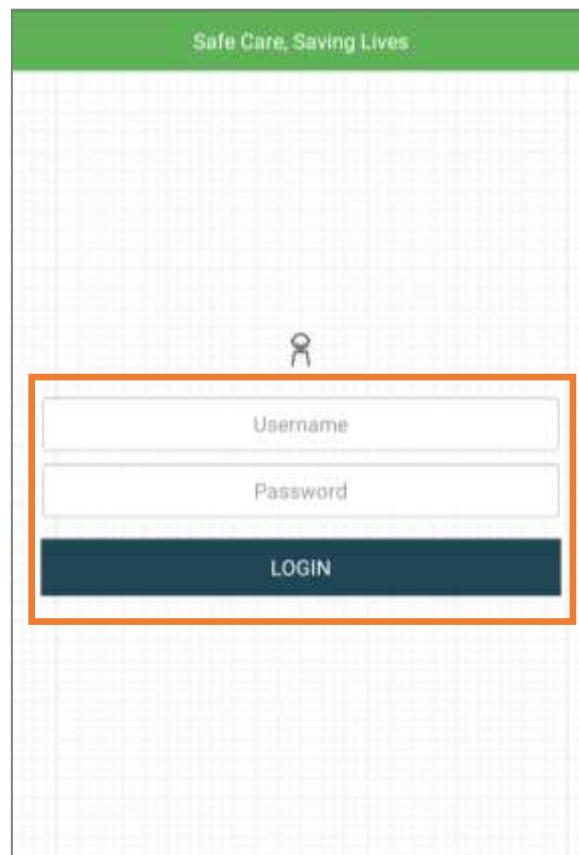
2. SCSL Mobile Application



Figure 153: Splash Screen

This is the Splash screen of SCSL app. This screen will be visible for some fraction of second, then it will navigate to login screen.

2.1. Existing Users: Login



The image shows a login interface for existing users. At the top, there is a green header bar with the text "Safe Care, Saving Lives". Below the header, the background is a light gray grid. In the center, there is a small icon of a person. Below the icon, there is a login form consisting of three stacked rectangular boxes. The first box is labeled "Username", the second box is labeled "Password", and the third box is a dark blue button labeled "LOGIN". The entire login form is enclosed in an orange rectangular border.

Figure 154: Login

To login to the SCSL application, Existing users can login by using the authenticated **Username** and **Password** and click on **LOGIN** button.

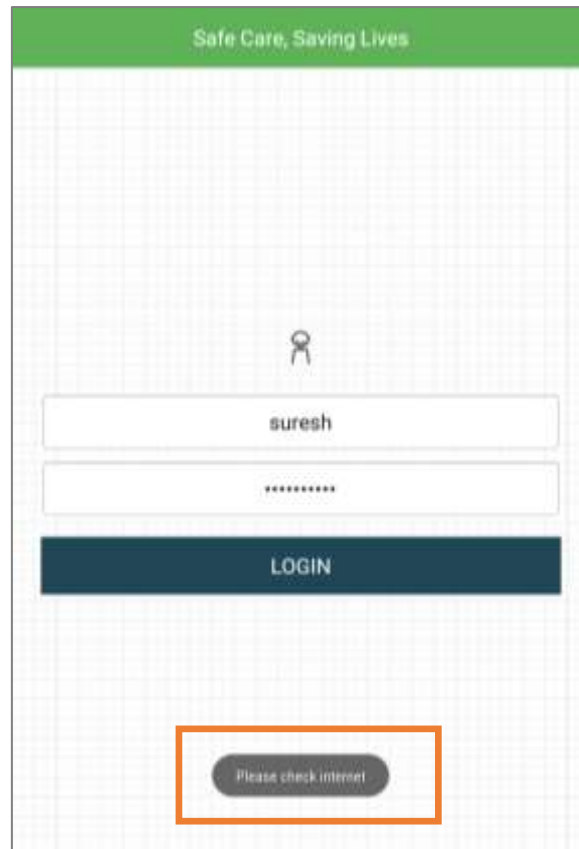


Figure 155: Error message if internet is not connected

If there is no internet connection and user wants to login, then user will get a toast message “Please check internet”.

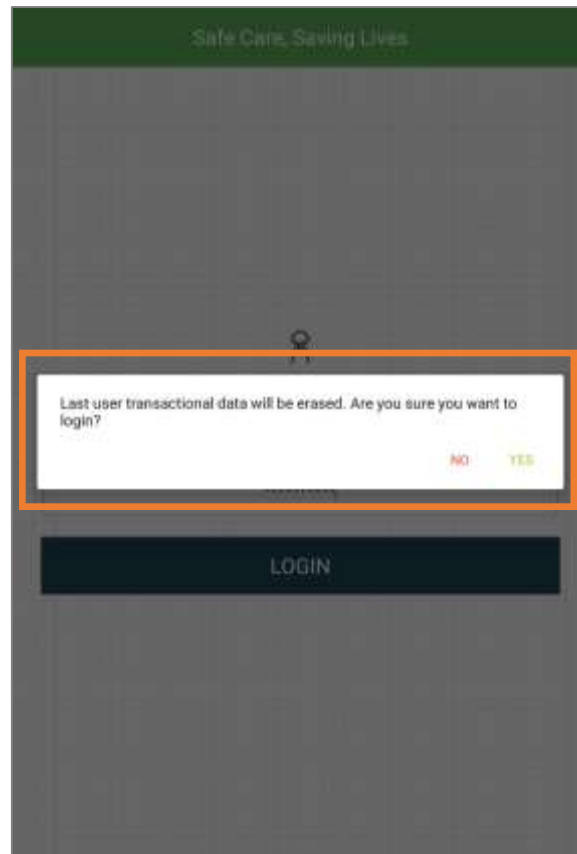


Figure 156: Warning message if logged in from a different credential

If a new user will login to the system and there is already an existing user data present, then in this case this warning message will appear. If user clicks on yes button, then all the data of the existing user will be erased.

2.2. Profile Entry

The screenshot shows a mobile application interface for data entry. At the top, a green header bar contains a hamburger menu icon, the text 'Safe Care, Saving Lives', and the date 'Mar 2018'. Below the header is a list of 12 numbered questions. Questions 1, 3, 5, 7, 9, and 11 are highlighted with a light grey background. The questions are:

1. Labour room available (Answer: Yes)
2. Number of inborn admission (Text input field)
3. Number of out born admission (Text input field)
4. Number of admission (Text input field)
5. Percentage of inborn babies (Text input field)
6. Percentage of outborn babies (Text input field)
7. Number of c-section deliveries (Text input field)
8. Number of normal deliveries (Text input field)
9. Number of total deliveries (Text input field)
10. Percentage of c-section deliveries (Text input field)
11. Percentage of normal deliveries (Text input field)
12. Number of live births (Text input field)

At the bottom of the form, there are two dark blue buttons: 'RESET' on the left and 'NEXT' on the right.

Figure 157: Profile entry

- After successful login user will enter the profile entry page, where it contains set of questions. User can fill the form by tapping on the text boxes attached to questions.
- Reset: If user wants to edit profile entry page the tap on the reset button, then all fields will be cleared.

Safe Care, Saving Lives

Mar 2018

| | | |
|-----|------------------------------------|--------------------------------|
| 1. | Labour room available | Yes |
| 2. | Number of inborn admission | <input type="text" value="1"/> |
| 3. | Number of out born admission | <input type="text" value="1"/> |
| 4. | Number of admission | 2 |
| 5. | Percentage of inborn babies | 50.0% |
| 6. | Percentage of outborn babies | 50.0% |
| 7. | Number of c-section deliveries | <input type="text" value="1"/> |
| 8. | Number of normal deliveries | <input type="text"/> |
| 9. | Number of total deliveries | 1 |
| 10. | Percentage of c-section deliveries | 100.0% |
| 11. | Percentage of normal deliveries | |
| 12. | Number of live births | <input type="text" value="1"/> |

Please enter number of normal deliveries

RESET

NEXT

Figure 158: Validation in-case of profile entry

If you missed out any filed and click the next button, it will show a toast message of Please enter the respective missed out field.

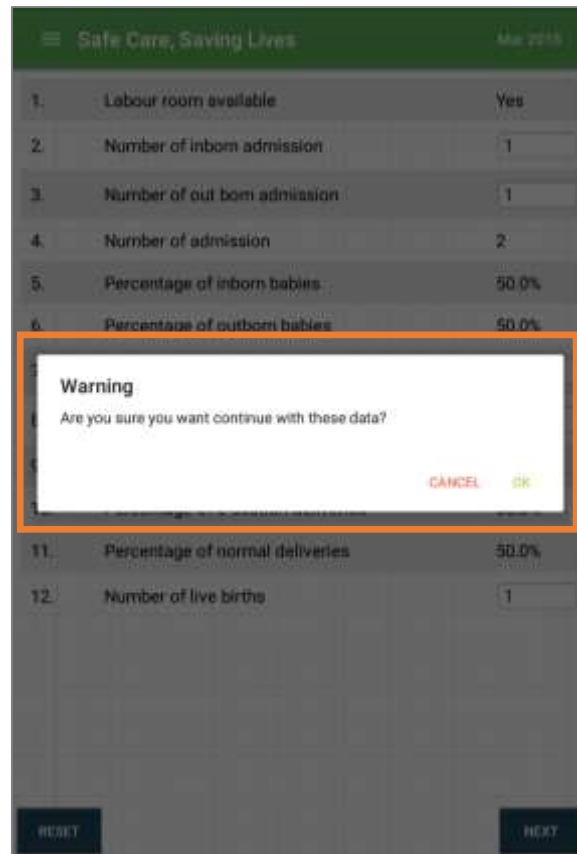


Figure 159: Warning message to continue with the profile entry

- Next: Once user tap on the next button, validation should be done. And after successful validation all fields in Profile entry page will be disabled, user cannot edit those fields. And after that there will be a warning message i.e. “Are you sure you want continue with these data?”.
- After clicking on the ok button the user can navigate to SNCU/NICU data entry page.

2.3. SNCU/NICU Data Entry

The screenshot shows a mobile application interface titled "Safe Care, Saving Lives" with a date of "Mar 2018". A navigation bar at the top contains three tabs: "PROCESS", "INTERMEDIATE", and "OUTCOME", with "PROCESS" currently selected. Below the navigation bar, the section "Asphyxia" is displayed. It contains three main indicators, each with a description, a data entry field, and a status field.

| Indicator | Description | Data Entry Field | Status Field |
|-----------|--|------------------|--------------|
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | | |
| D | Number of high-risk mothers | | |
| 2 | Percent of partograms appropriately filled | | |
| N | Number of mothers for whom partogram was appropriately filled | | |
| D | Number of deliveries | | 2 |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| D | Number of deliveries | | |

A green plus icon is visible in the bottom right corner of the data entry section.

Figure 160: SNCU/NICU data entry

User can navigate between the **Process**, **Intermediate** and **Outcome** indicators from the navigation pane.

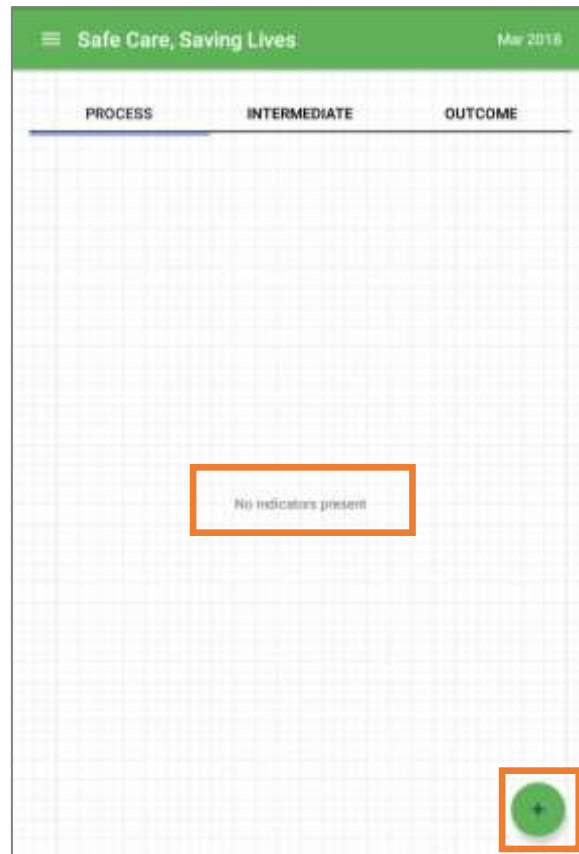


Figure 161: Process indicators data entry

If there is no process indicators available for that user, then this screen shows a empty list with a message “No indicator process”. To add process indicators in the system, user can click on Add Indicator floating button.

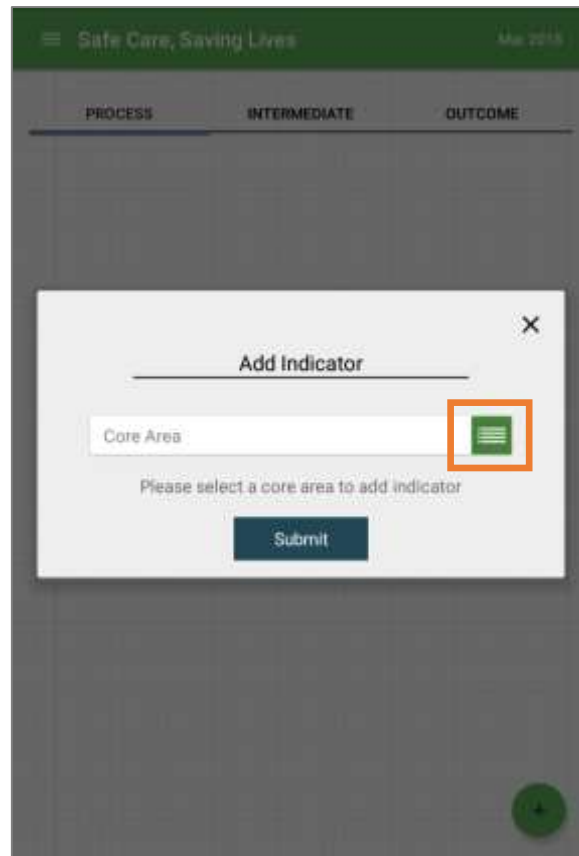


Figure 162: Add indicator

It shall then populate list of indicators belonging to specific focus area, when you click the menu button shown in the Add Indicator dialog box.

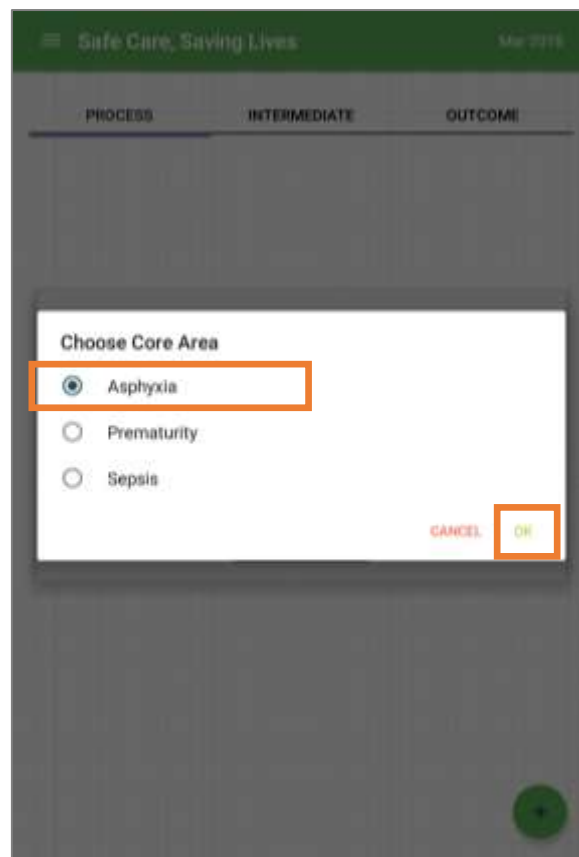


Figure 163: Choose core area while adding indicator

User can choose the respective focus area from the dropdown menu and choose the respective indicator(s) and click the ok button to see the list of indicators corresponding to that focus area.

Add Indicator

Asphyxia

| Sl. No. | Indicators | Select <input type="checkbox"/> |
|---------|---|---------------------------------|
| 1 | Percent of inborn neonates admitted to the NICU with provisional diagnosis of birth asphyxia and resuscitated by the administration of bag and mask within 30 seconds of life | <input type="checkbox"/> |
| 2 | Percent of high-risk deliveries attended by personnel trained in neonatal resuscitation | <input type="checkbox"/> |
| 3 | Percent of partograms appropriately filled | <input type="checkbox"/> |
| 4 | Percent of high-risk mothers appropriately categorized as high-risk | <input type="checkbox"/> |
| 5 | Percent of high-risk deliveries where the pre-delivery checklist was used | <input type="checkbox"/> |
| 6 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/Bundle | <input type="checkbox"/> |

Please select indicator(s) to add

Figure 164: Validation to add indicators

If user don't select any of the indicators and click the submit button, then this toast message will be shown.

Add Indicator

Asphyxia

| Sl. No. | Indicators | Select <input type="checkbox"/> |
|---------|--|---------------------------------|
| 1 | Percent of high-risk deliveries where the pre-delivery checklist was used | <input type="checkbox"/> |
| 2 | Percent of partograms appropriately filled | <input type="checkbox"/> |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/Bundle | <input type="checkbox"/> |
| 4 | Percent of high-risk deliveries attended by personnel trained in neonatal resuscitation | <input type="checkbox"/> |
| 5 | Percent of high-risk mothers appropriately categorized as high-risk | <input type="checkbox"/> |
| 6 | Percent of inborn neonates admitted to the NICU/SNCU with provisional diagnosis of birth asphyxia and resuscitated by the administration of bag and mask within 30 seconds of life | <input type="checkbox"/> |

Submit

Figure 165: Add indicators in data entry section

Upon click of Submit button a confirmation shall be asked where the list of selected indicators.
Note:

- c. Indicators once added cannot be removed from the list.
- d. While filling up a checklist if indicator(s) are added then all the current values shall be refreshed and user have to again fill-up the checklist.

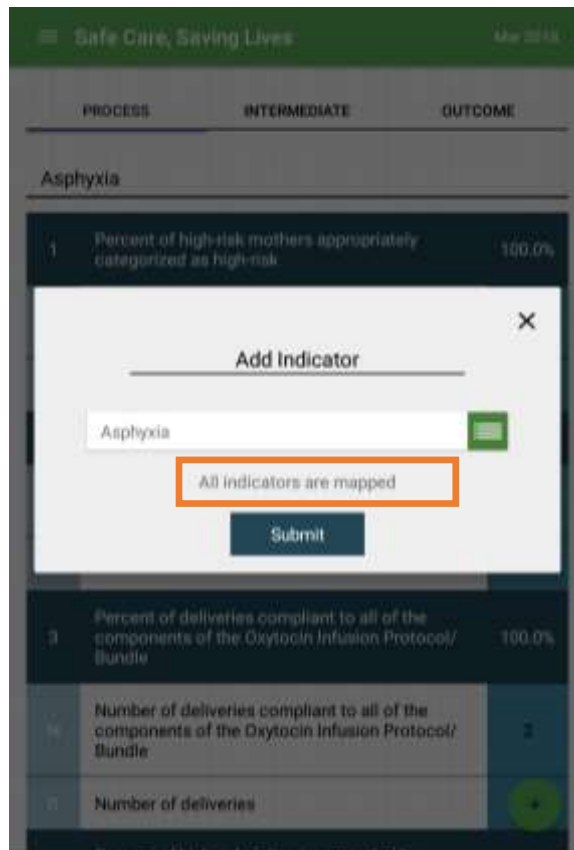


Figure 166: Warning message when all indicators are mapped

If all the indicators belonging to the selected focus area already added to the process indicator list, in this case the message will be appear i.e. “All indicators are mapped”.

Safe Care, Saving Lives

Mar 2018

| | PROCESS | INTERMEDIATE | OUTCOME |
|----------|--|--------------|---------|
| Asphyxia | | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | | |
| D | Number of high-risk mothers | | |
| 2 | Percent of partograms appropriately filled | | |
| N | Number of mothers for whom partogram was appropriately filled | | |
| D | Number of deliveries | | 2 |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| D | Number of deliveries | | + |

Figure 167: Process indicator data entry

After the mapping of process indicators with the facility, user can now start entering data for the new indicators mapped with the facility from that time period.

| Safe Care, Saving Lives | | | Mar 2018 |
|-------------------------|---|---------|----------|
| PROCESS | INTERMEDIATE | OUTCOME | |
| Asphyxia | | | |
| 1 | Incidence of perinatal asphyxia in neonates in the NICU/SNCU (%) | N/A | |
| N | Number of neonates diagnosed with moderate to severe perinatal asphyxia admitted to the NICU/SNCU | | |
| D | Number of neonates admitted to the NICU/SNCU | 2 | |
| 2 | Percent of neonatal deaths due to moderate to severe perinatal asphyxia | N/A | |
| N | Number of neonatal deaths due to moderate to severe perinatal asphyxia | | |
| D | Number of neonatal deaths | | |
| 3 | Neonatal deaths/100 live births | N/A | |
| N | Number of neonatal deaths | | |
| D | Number of live births | 1 | |
| 4 | Inborn neonatal deaths/100 live births | N/A | |

Figure 168: Intermediate indicators data entry

To enter the data for the intermediate move the navigation from process to intermediate.

Safe Care, Saving Lives
Mar 2018

PROCESS

INTERMEDIATE

OUTCOME

| | | |
|---|---|---|
| 1 | Neonatal deaths/100 NICU/SNCU admissions | |
| N | Number of neonatal deaths | 1 |
| D | Number of NICU/SNCU admissions | 2 |
| 2 | LAMA/100 NICU/SNCU admissions | |
| N | Number that leave against medical advice (LAMA) | |
| D | Number of NICU/SNCU admissions | 2 |
| 3 | Referrals/100 NICU/SNCU admissions | |
| N | Number of referrals | |
| D | Number of NICU/SNCU admissions | 2 |

Submit

Figure 169: Outcome indicators data entry

To enter the data for the outcome move the navigation from intermediate to outcome.

Safe Care, Saving Lives

Mar 2018

| | PROCESS | INTERMEDIATE | OUTCOME |
|---|---|--------------|---------|
| 1 | Neonatal deaths/100 NICU/SNCU admissions | | 150.0% |
| N | Number of neonatal deaths | | 3 |
| D | Number of NICU/SNCU admissions | | 2 |
| 2 | LAMA/100 NICU/SNCU admissions | | |
| N | Number that leave against medical advice (LAMA) | | |
| D | Number of NICU/SNCU admissions | | 2 |
| 3 | Referrals/100 NICU/SNCU admissions | | |
| N | Number of referrals | | |
| D | Number of NICU/SNCU admissions | | 2 |

Submit

Figure 170: Error message if numerator greater than denominator

There are some built-in validations incorporated in the system. For e.g.: If the numerator is greater than the denominator then, you will see the colour code for the error instantly. The red colour here indicates that it's an error.

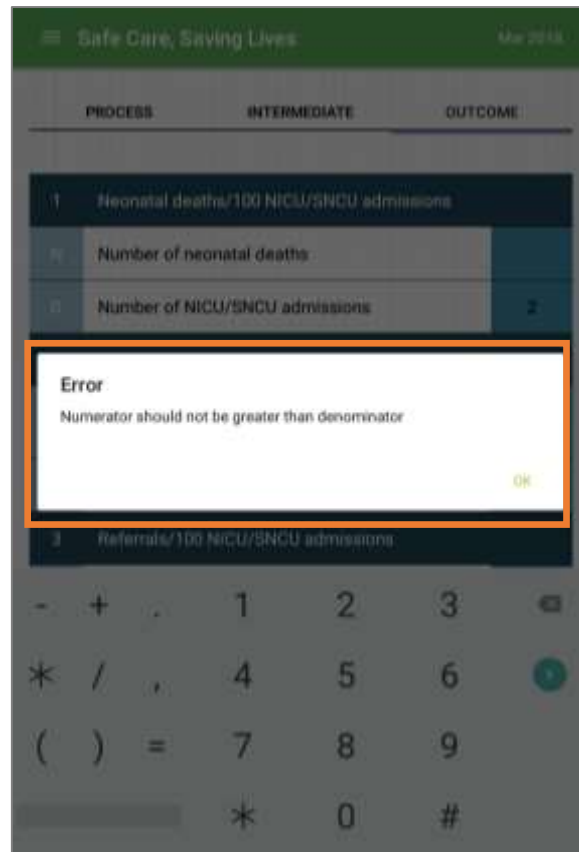


Figure 171: Error message if numerator is greater than denominator

If there are error in the validation process, then an error dialog will appear, if there is any focus change or on swipe to different tab.

| Safe Care, Saving Lives | | | Mar 2018 |
|-------------------------|--|---------|----------|
| PROCESS | INTERMEDIATE | OUTCOME | |
| Asphyxia | | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 250.0% | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 5 | |
| D | Number of high-risk mothers | 2 | |
| 2 | Percent of partograms appropriately filled | | |
| N | Number of mothers for whom partogram was appropriately filled | | |
| D | Number of deliveries | 2 | |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | |
| D | Number of deliveries | + | |

Figure 172: Warning message if numerator is greater than denominator

There are also warning validation is there. For e.g. in the above image if the numerator is greater than denominator then the color code of that filed is changed to yellow.

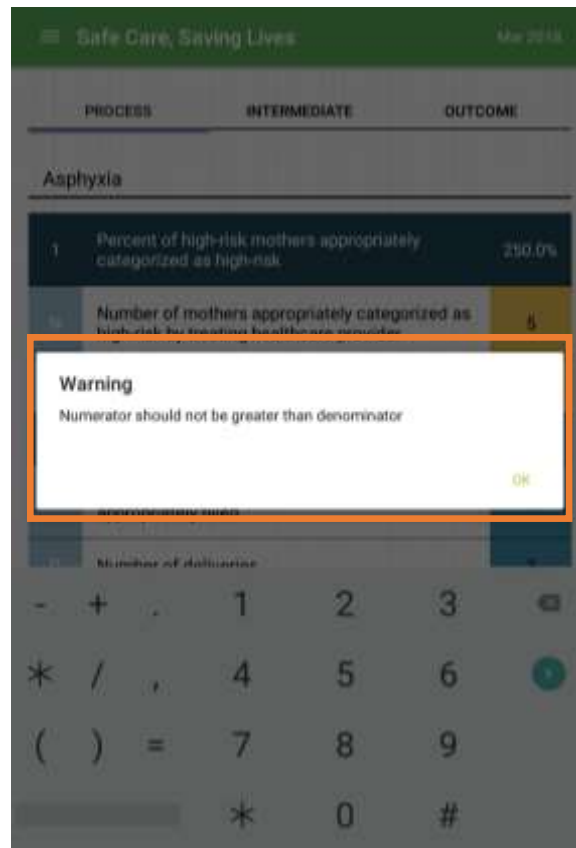


Figure 173: Warning message if numerator is greater than denominator

If there are warning in the validation process, then an warning dialog will appear, if there is any focus change or on swipe to different tab.

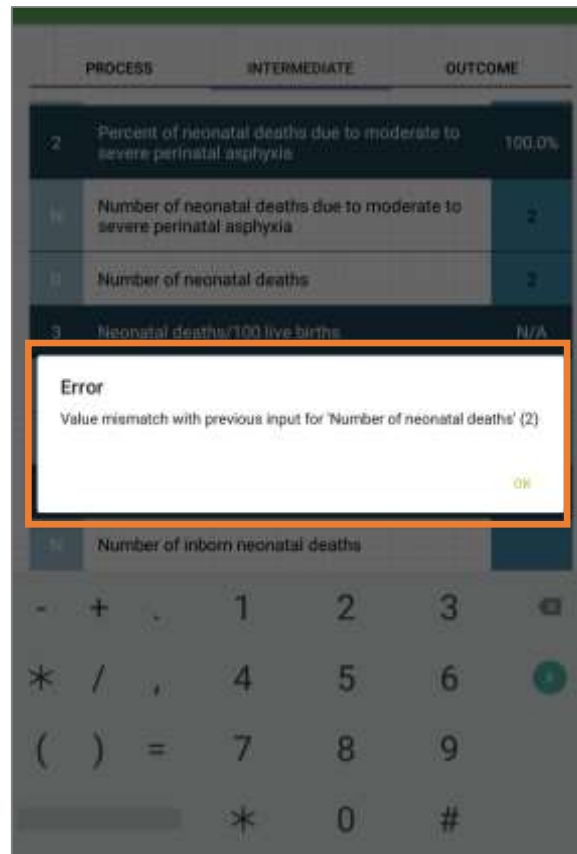


Figure 174: Error message if value mismatch

For some set of indicators the numerator or the denominator values entered should be same where it finds the same indicator. For e.g. No of neonatal deaths indicator should take same value wherever it present.

If there is any mismatch occur then this error dialog will appear with message “Value mismatch with previous input for number of neonatal deaths”.

Safe Care, Saving Lives Mar 22/18

PROCESS INTERMEDIATE OUTCOME

| | | |
|---|--|--------|
| 1 | Neonatal deaths/100 NICU/SNCU admissions | 100.0% |
| N | Number of neonatal deaths | 2 |
| D | Number of NICU/SNCU admissions | 2 |

Error

No fields in outcome page can be empty

OK

| | | |
|---|------------------------------------|---|
| 3 | Referrals/100 NICU/SNCU admissions | |
| N | Number of referrals | 1 |
| D | Number of NICU/SNCU admissions | 2 |

Submit

Figure 175: Validation message if outcome indicators are empty

If the user click on the submit button without filling up the data for outcome indicators, then this error message will be shown.

Safe Care, Saving Lives Mar 22/15

PROCESS INTERMEDIATE OUTCOME

| | | |
|---|--|--------|
| 1 | Neonatal deaths/100 NICU/SNCU admissions | 100.0% |
| N | Number of neonatal deaths | 2 |
| D | Number of NICU/SNCU admissions | 2 |

Warning

Some fields are left blank in the Intermediate section

[PROCEED TO SUBMIT](#) [CANCEL](#)

| | | |
|---|------------------------------------|--------|
| 3 | Referrals/100 NICU/SNCU admissions | 100.0% |
| N | Number of referrals | 2 |
| D | Number of NICU/SNCU admissions | 2 |

Submit

Figure 176: Confirmation message to submit if warnings still exist

If the user click on the submit button, without filling some of the data for process indicators and intermediate indicators, which are optional fields, then this warning message will be shown. Here user can ignore the warning message and click the “Proceed to submit” button.

Safe Care, Saving Lives
Mar 2018

| | PROCESS | INTERMEDIATE | OUTCOME |
|---|---|--------------|---------|
| 1 | Neonatal deaths/100 NICU/SNCU admissions | | 100.0% |
| N | Number of neonatal deaths | | 2 |
| D | Number of NICU/SNCU admissions | | 2 |
| 2 | LAMA/100 NICU/SNCU admissions | | 100.0% |
| N | Number that leave against medical advice (LAMA) | | 2 |
| D | Number of NICU/SNCU admissions | | 2 |
| 3 | Referrals/100 NICU/SNCU admissions | | 100.0% |
| N | Number of referrals | | 2 |
| D | Number of NICU/SNCU admissions | | 2 |

Submit

Data submitted Successfully

Figure 177: Data submission successful

Upon click on Proceed to submit button the data will be submitted for the previous month.

Safe Care, Saving Lives

Mar 2018

| PROCESS | INTERMEDIATE | OUTCOME |
|----------|--|---------|
| Asphyxia | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | |
| D | Number of high-risk mothers | |
| 2 | Percent of partograms appropriately filled | |
| N | Number of mothers for whom partogram was appropriately filled | |
| D | Number of deliveries | 2 |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | |
| D | Number of deliveries | + |

Figure 178: Menu bar in mobile

Clicking on the menu icon, user can see the side menu with details.

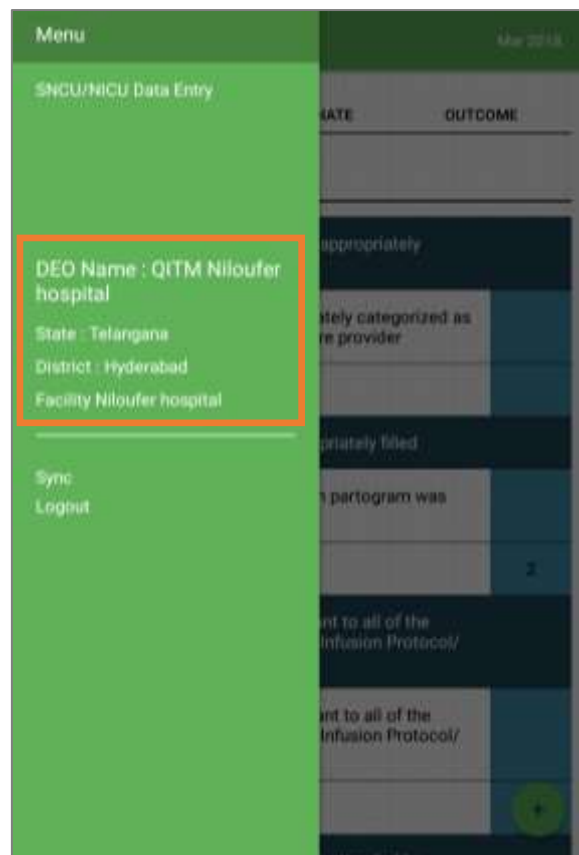


Figure 179: Details of the logged in user

After clicking the menu icon, user can see the details of the SNCU/NICU Data Entry menu with DEO Name, State, District and Facility name for the respective user.

2.4. Sync and Logout

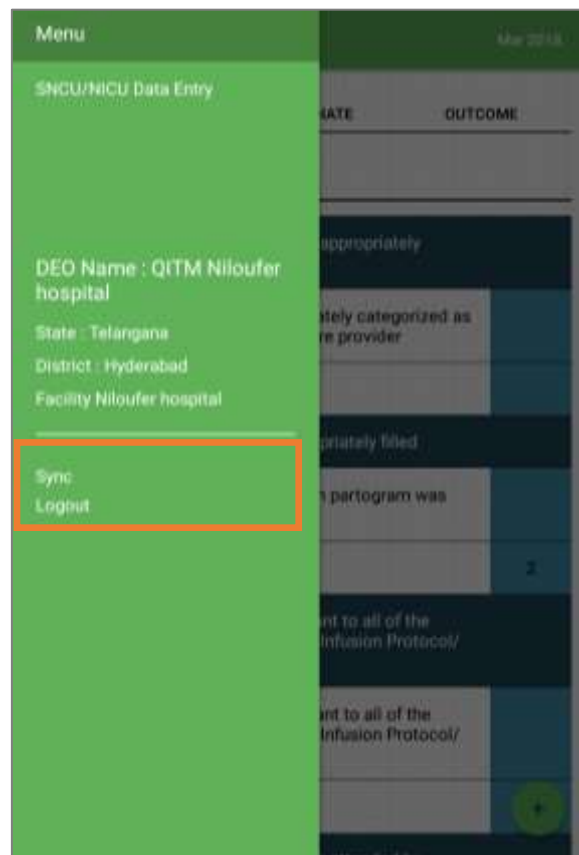


Figure 180: Sync and Logout

For sending data to server, user has to tap on the sync item of the side menu.

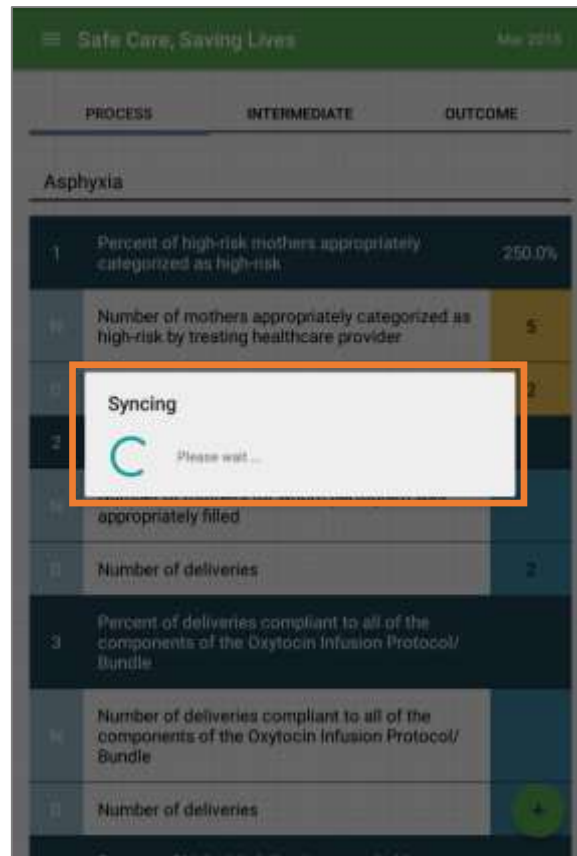


Figure 181: Sync data to the server

The user shall see this loader after tapping on sync button. This loader will stay on the screen until the sync get either success or failure.

Note: To sync user requires an active internet connection.



Figure 182: Sync Success

The user shall see the above “Sync success!” message after sync get successful. User has to tap “Ok” button.

Safe Care, Saving Lives

Aug 2017

PROCESS

INTERMEDIATE

OUTCOME

Data is submitted on 2017.11.13

Asphyxia

| | | |
|---|--|--------|
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 100.0% |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 2 |
| D | Number of high-risk mothers | 2 |
| 2 | Percent of partograms appropriately filled | 100.0% |
| N | Number of mothers for whom partogram was appropriately filled | 2 |
| D | Number of deliveries | 2 |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 100.0% |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 2 |
| D | Number of deliveries | + |

Figure 183: Data submission date

After clicking the ok button of Sync Result dialog, user can see the confirm message i.e. “Data is submitted on that date”.

Safe Care, Saving Lives

Oct 2017

| PROCESS | INTERMEDIATE | OUTCOME |
|---|--|---------|
| Submission rejected by Superintendent on 2017.11.13 | | |
| <div> <div>Asphyxia</div> </div> | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 100.0% |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 2 |
| D | Number of high-risk mothers | 2 |
| 2 | Percent of partograms appropriately filled | 100.0% |
| N | Number of mothers for whom partogram was appropriately filled | 2 |
| D | Number of deliveries | 2 |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 100.0% |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 2 |

Figure 184: Message by the superintendent of the facility

When the superintendent rejected the data submitted by the QITM member, the user will see the message, after clicking on the sync button. After that QITM member has to be re-submit the data again.

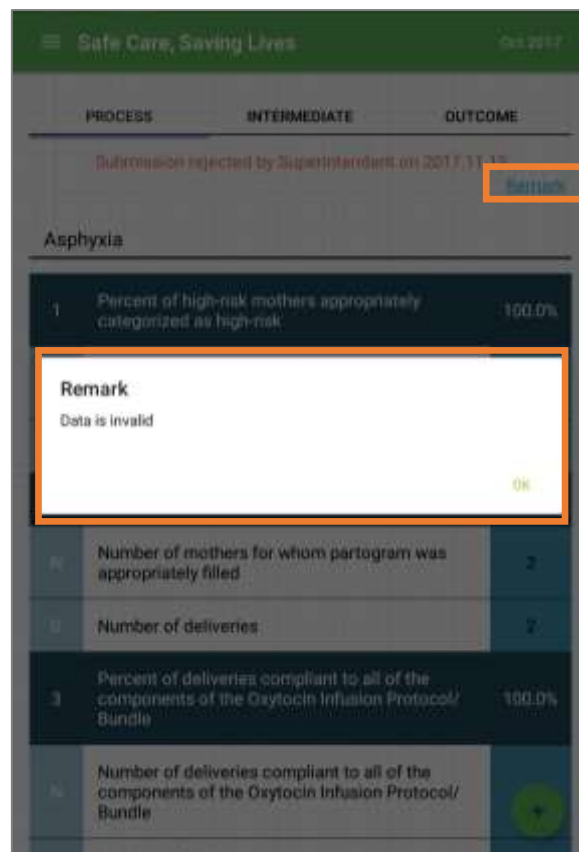


Figure 185: Click on the remark button to view further details

User can see the remark message of the rejection, by clicking on the remark link.

| Safe Care, Saving Lives | | | Oct 2017 |
|--|--|---------|--------------------------|
| PROCESS | INTERMEDIATE | OUTCOME | |
| Approved by Superintendent on 2017.11.13 | | | Feedback |
| Asphyxia | | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 100.0% | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 2 | |
| D | Number of high-risk mothers | 2 | |
| 2 | Percent of partograms appropriately filled | 100.0% | |
| N | Number of mothers for whom partogram was appropriately filled | 2 | |
| D | Number of deliveries | 2 | |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 100.0% | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | + | |

Figure 186: Remark message after approval from the superintendent of the facility

When the superintendent approved the data submitted by the QITM member, the user will see the message, after clicking on the sync button.

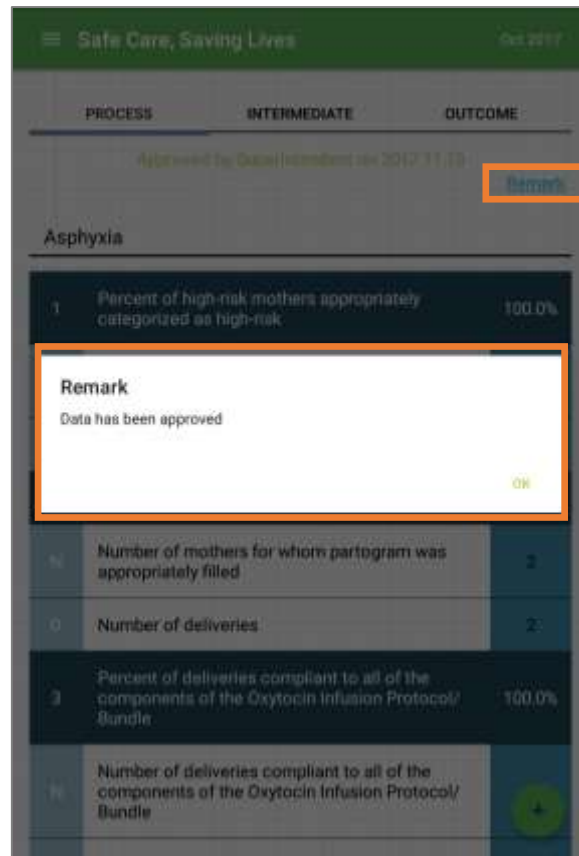


Figure 187: Remark message after approval from the superintendent

User can see the remark message of the approver, by clicking on the remark link.

| Safe Care, Saving Lives | | | Oct 2017 |
|--|--|---------|----------|
| PROCESS | INTERMEDIATE | OUTCOME | |
| Submission rejected by M&E on 2017.11.13 | | | Remark |
| Asphyxia | | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 100.0% | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 2 | |
| D | Number of high-risk mothers | 2 | |
| 2 | Percent of partograms appropriately filled | 100.0% | |
| N | Number of mothers for whom partogram was appropriately filled | 2 | |
| D | Number of deliveries | 2 | |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 100.0% | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | + | |

Figure 188: Remark message if rejected by M&E lead

When the M&E rejected the data submitted by the QITM member and approved by the superintendent, the user will see the message, after clicking on the sync button. After that QITM member has to be re-submit the data again.

| Safe Care, Saving Lives | | | Oct 2017 |
|-------------------------------|--|---------|----------|
| PROCESS | INTERMEDIATE | OUTCOME | |
| Approved by M&E on 2017.11.13 | | | Remark |
| Asphyxia | | | |
| 1 | Percent of high-risk mothers appropriately categorized as high-risk | 100.0% | |
| N | Number of mothers appropriately categorized as high-risk by treating healthcare provider | 2 | |
| D | Number of high-risk mothers | 2 | |
| 2 | Percent of partograms appropriately filled | 100.0% | |
| N | Number of mothers for whom partogram was appropriately filled | 2 | |
| D | Number of deliveries | 2 | |
| 3 | Percent of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | 100.0% | |
| N | Number of deliveries compliant to all of the components of the Oxytocin Infusion Protocol/ Bundle | | + |

Figure 189: Remark message after approval from M&E lead

When the M&E approved the data submitted by the QITM member and approved by the superintendent, the user will see the message, after clicking on the sync button

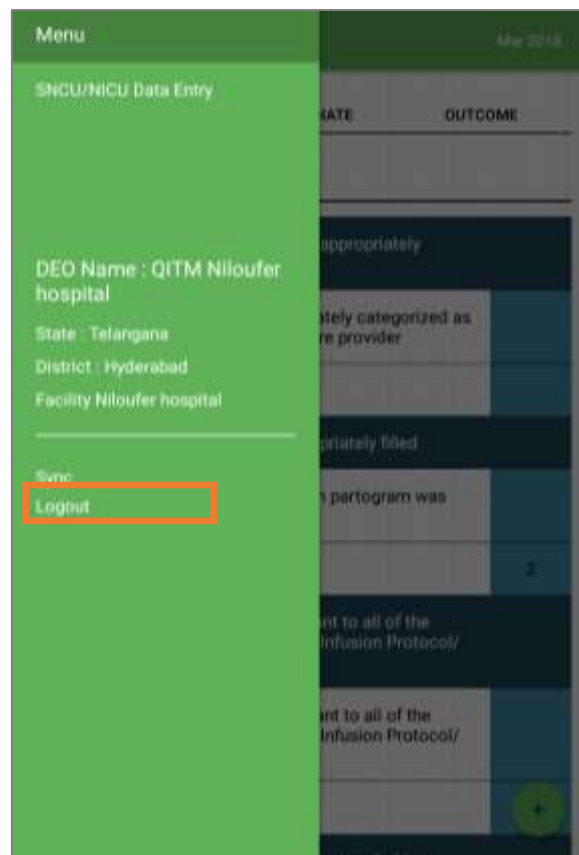


Figure 190: Logout from the application

For logout from the app, user has to tap on the Logout item of the side menu.

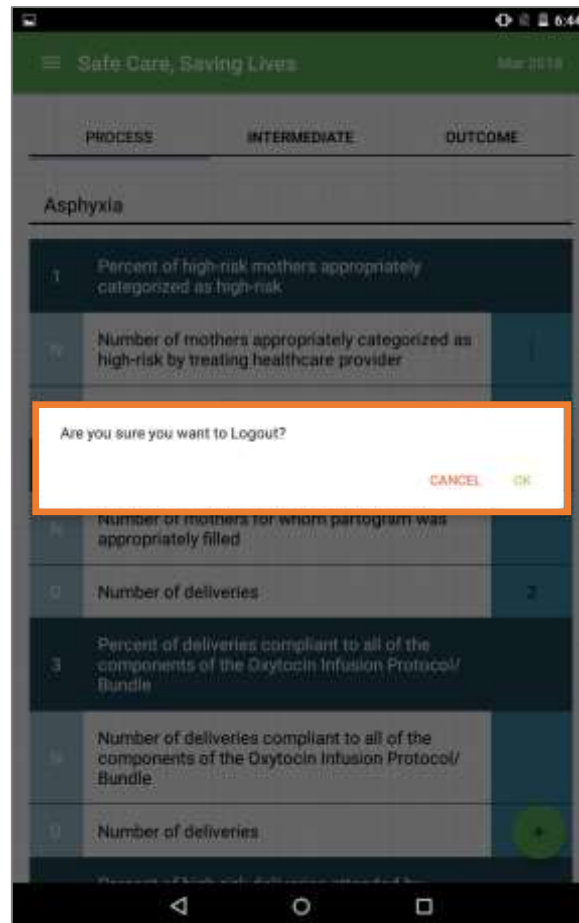


Figure 191: Confirmation message when logging out of the application

After clicking on the logout, user can see the dialog to ask whether user really wants to logout from the app or not.

2.5. Engagement Score

Safe Care, Saving Lives

Facility Month Selection

1 Intent to Participate Select

Project has been identified, but the charter has not been completed nor team formed

2 Charter and team established

A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished

3 Planning for the project has begun

Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/ materials needed gathered, meeting schedule developed)

4 Activity, but no changes

Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc)

5 Changes tested, but no improvement

Initial cycles for testing changes have begun. Most prominent areas have a measure established

Figure 192: Choose facility and time period for engagement score data entry

This is the engagement score form fill up page. Here user has to select facility then user has to select month for which he wants to give engagement score. After selecting facility and month user will be able to fill engagement score.

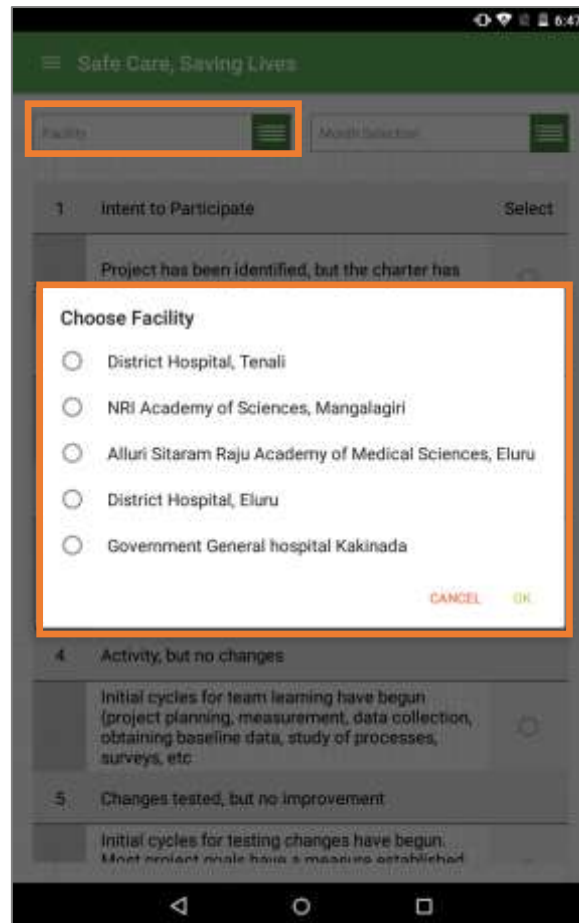


Figure 193: Choose facility

This image shows the list from which user has to select the facility. This list will appear once user will tap on facility dropdown button.

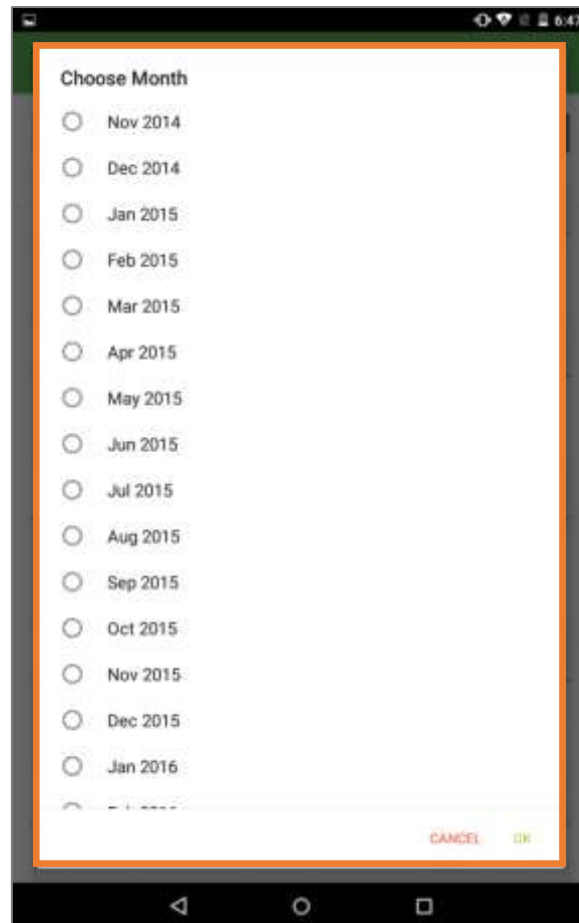


Figure 194: Choose time period

The above image is of a month list which appears after user tap on month dropdown button. User has to select one month from this list. These months are months for which user wants to fill engagement score value.

Safe Care, Saving Lives

District Hospital, Tenali Nov 2014

| 1 | Intent to Participate | Select |
|---|---|-----------------------|
| | Project has been identified, but the charter has not been completed nor team formed | <input type="radio"/> |
| 2 | Charter and team established | |
| | A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished | <input type="radio"/> |
| 3 | Planning for the project has begun | |
| | Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed) | <input type="radio"/> |
| 4 | Activity, but no changes | |
| | Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc) | <input type="radio"/> |
| 5 | Changes tested, but no improvement | |
| | Initial cycles for testing changes have begun. Most prominent ones have a measure established | <input type="radio"/> |

Figure 195: Engagement score data entry

Now after selecting facility and month user has to tap on one radio button in the right.

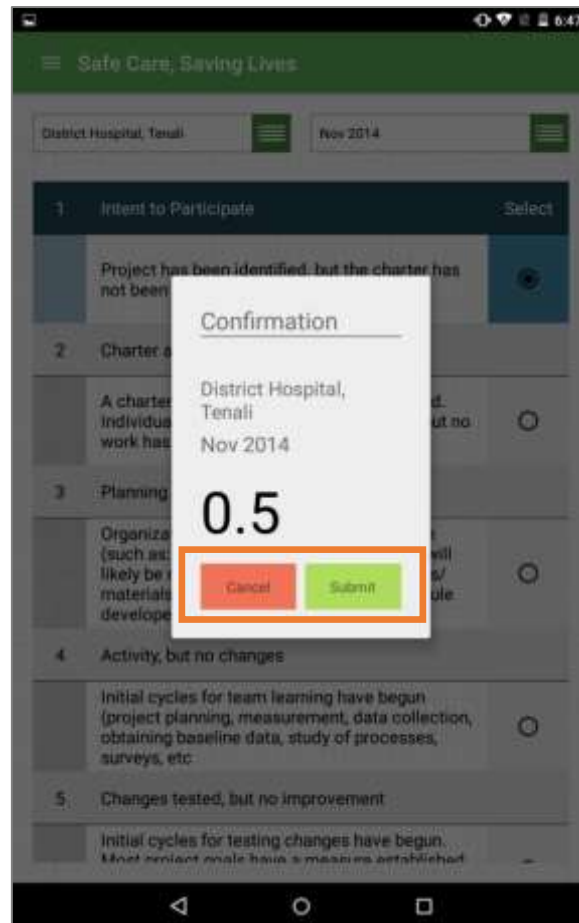


Figure 196: Confirmation to submit the engagement score

The above popup will appear after user tap on one radio button. User has to submit the data by tapping on “**Submit**” button and if user is not sure user can cancel by tapping on “**Cancel**” button and choose another radio button.

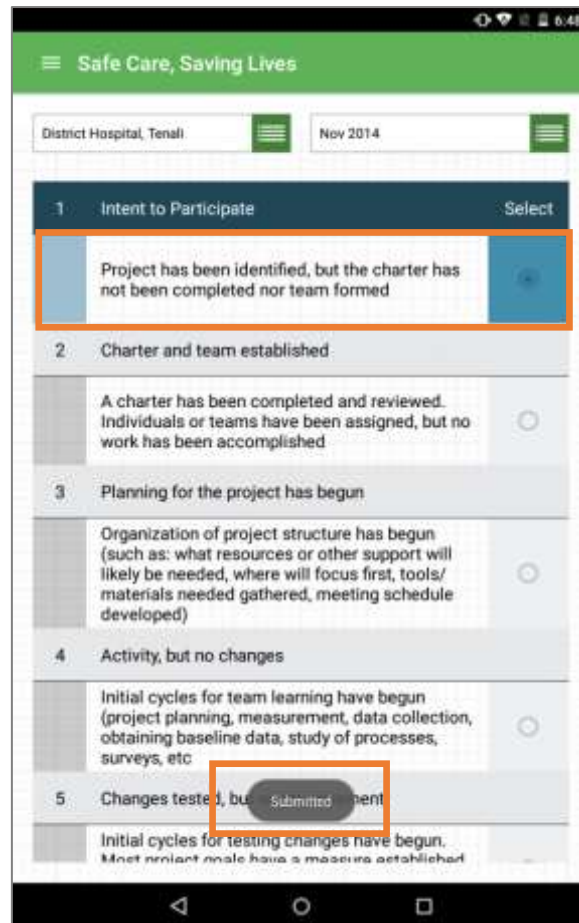


Figure 197: Successful submission of engagement score

User will get the “**Submitted**” message after data get successfully submitted.

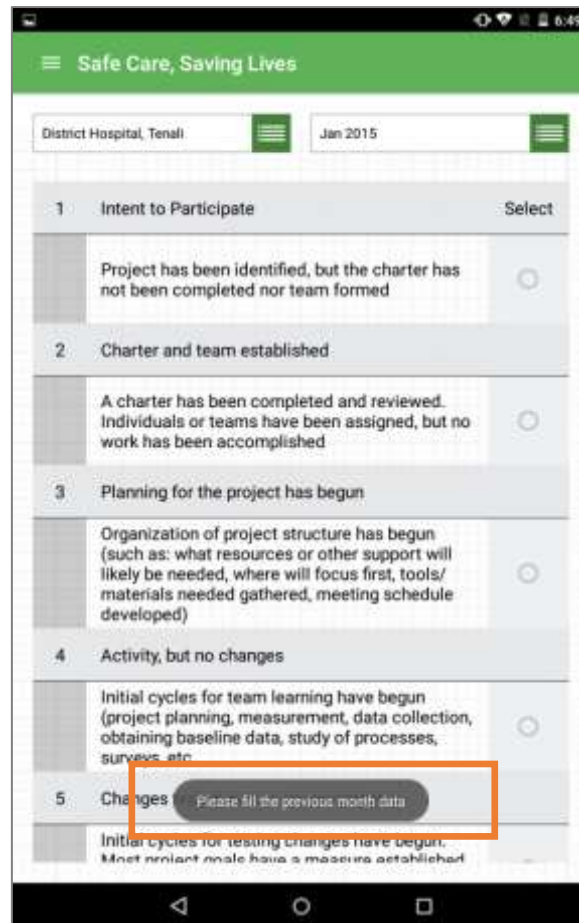


Figure 198: Validation message to enter data for previous month

User will see above message (“**Please fill the previous month data**”) when user will try to fill data for a month but he has not filled data for previous month.

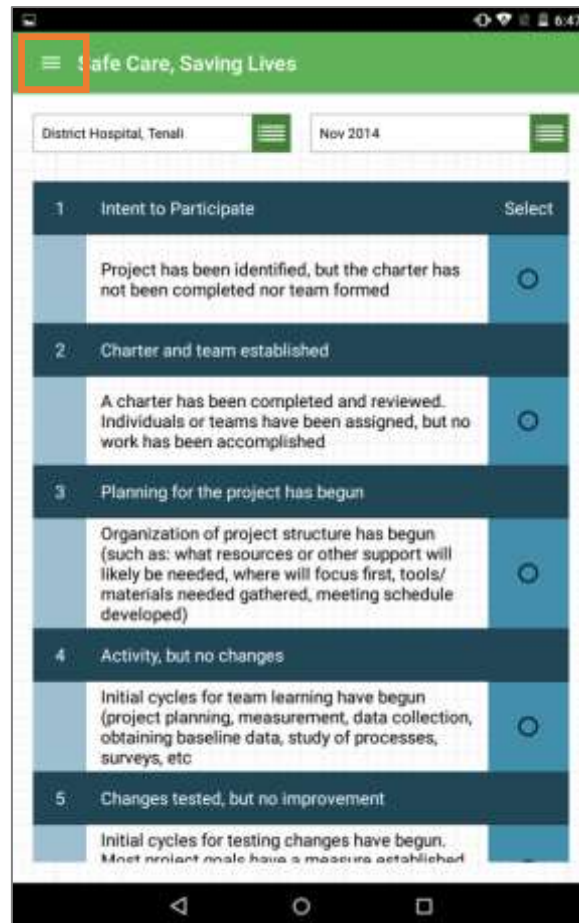


Figure 199: Menu button

Clicking on the menu icon, user can see the side menu with details.

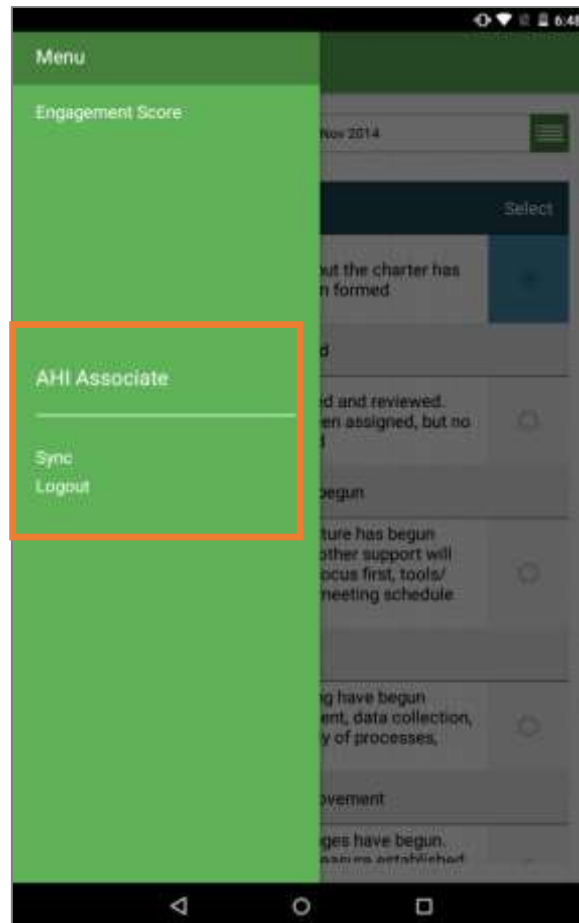


Figure 200: Details of the logged in user

After clicking the menu icon, user can see the details of the Engagement Score for the respective user. Here is also two menu item present i.e. for sync and logout.

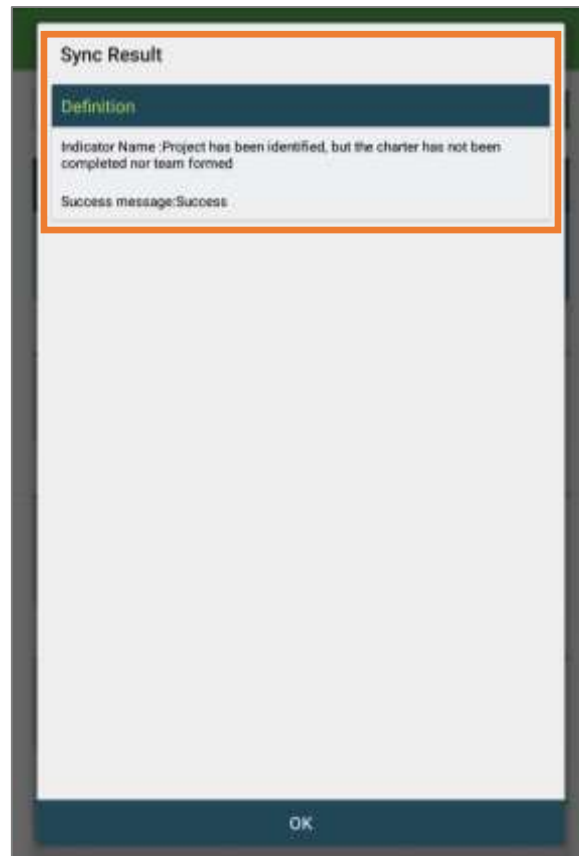


Figure 201: Sync result

After successful sync of the engagement score user can see the sync result with indicator name and the success message.