

UPHMIS reporting format District Hospital				
State				Month-
District				Delivery point (Yes/No)-
Block				
Category	Urban/Rural-	Delivery point (if yes) – L1/L2/L3-		
<b>Section A</b>	<b>Human Resource</b>	<b>Number reported for the month</b>		
<b>A1</b>	<b>HR (Regular/Contractual/Re-appointed) working at facility</b>	<b>Regular</b>	<b>Contractual</b>	
A1.1	Doctors (Level 1 & above)			
A1.2	Physician			
A1.3	Paediatrician			
A1.4	Radiologist			
A1.5	Gynaecologist & Obstetrics			
A1.6	Anaesthetists			
A1.7	Pathologist			
A1.8	General surgeon			
A1.9	Dental surgeon			
A1.10	Ortho surgeon			
A1.11	ENT surgeon			
A1.12	Total surgeons			
A1.13	Chest & TB specialist			
A1.14	Skin & VD specialist			
A1.15	Other specialists			
A1.16	MBBS male MOs			
A1.17	MBBS female MOs			
A1.18	EMO (Emergency Medical Officer)			
A1.19	Medical officer AYUSH - (Male)			
A1.20	Medical officer AYUSH - (Female)			
A1.21	Staff nurse			
A1.22	Ward boy			
A1.23	X-ray technician			
A1.24	Optometrist			
A1.25	Physiotherapist			
A1.26	Total class IV employees			
A1.27	Lab technician (LT/LA)			
A1.28	Pharmacist			
A1.29	ANMs			
A1.30	Data entry op./MCTS operator available (Yes/No)			
A1.31	ARO available (Yes/No)			
A1.32	FP counsellors			
A1.33	ARSH counsellors			
<b>A2</b>	<b>HR - working in blood bank</b>	<b>Regular</b>	<b>Contractual</b>	
A2.1	Pathologist			
A2.2	Medical officer			
A2.3	Staff nurse			
A2.4	Pharmacist			
A2.5	SLT			
A2.6	LT			
A2.7	LA			
A2.8	PRO/Counsellor/Medical social worker			
A2.9	Class IV employee			
<b>Section B</b>	<b>HR training status</b>	<b>Number of trained staff</b>		
		<b>MO (MBBS)</b>	<b>MO (AYUSH)</b>	<b>Staff nurse</b>
B.1	EmOC			
B.2	BEmOC			
B.3	LSAS			
B.4	SBA			
B.5	DAKSHATA			
B.6	NSSK			
B.7	F-IMNCI			
B.8	IUCD			
B.9	PPIUCD			
B.10	LAP			
B.11	Mini LAP			

B.12	DMPA (inj. Antara)				
B.13	Comprehensive abortion care (CAC)				
B.14	FP/RMNCN counsellors trained and working at facility				
B.15	ARSH counsellors trained and working at facility				
<b>Section C</b>	<b>Availability of RMNCH+A drugs, supplies and equipments as per 5x5 matrix</b>				
<b>C1</b>	<b>Reproductive health</b>	<b>Closing balance of reporting month</b>			
C1.1	DMPA (Inj. Antara)				
C1.2	Mifepristone + Misoprostol (MMA)				
C1.3	PTK (Pregnancy Test Kits)				
<b>C2</b>	<b>Maternal Health</b>	<b>Closing balance of reporting month</b>			
C2.1	Tab Alpha methylidopa				
C2.2	Tab Labelatol				
C2.3	Tab Nifedipine				
C2.4	Sterile pads				
C2.5	Sanitary napkins				
C2.6	Haemoglobinometer				
C2.7	Urine albumin kit				
C2.8	IV fluid-Ringer lactate				
C2.9	IV fluid-Dextrose (5%)				
C2.10	IV fluid-DNS (Dextrose normal saline)				
C2.11	IV fluid- normal saline (500 ml)				
C2.12	IV fluid- normal saline (100 ml)				
C2.13	Corticosteroid (Inj Dexamethasone/Betamethasone)				
C2.14	Tab Calcium carbonate with D3				
C2.15	Inj. Labelatol				
C2.16	Inj. Calcium gluconate				
C2.17	Glucose (75 gram) sachet/packets				
C2.18	Cord clamp				
C2.19	Labour table				
C2.20	Kelly's pad				
C2.21	Inj. Insulin				
C2.22	Inj. Anti D for Rh (-) ve PW				
C2.23	Inj. Benzathine penicillin				
C2.24	Blood grouping typing (Yes/No)				
C2.25	HIV screening (Yes/No)				
C2.26	Hepatitis B screening (Yes/No)				
C2.27	Partograph (Yes/No)				
C2.28	Standard 16 protocols displayed at facility (Yes/No)				
C2.29	Availability of five/seven trays as per protocol (Yes/No)				
C2.30	Facility following seven signals of FRU functionality (Yes/No)				
<b>C3</b>	<b>New born health</b>	<b>Closing balance of reporting month</b>			
C3.1	Inj. Vit K1 (1 mg/ml)				
C3.2	Mucus extractor				
C3.3	Bag and mask (240 ml) with both pre & term mask (size 0,1)				
C3.4	Clean linen/towels for receiving new born				
C3.5	Sterile cord cutting equipment				
C3.6	Designated newborn care corner (Yes/No)				
C3.7	Functional radiant warmer (Yes/No)				
C3.8	Designated space available for KMC (Yes/No)				
<b>C4</b>	<b>Child health</b>	<b>Closing balance of reporting month</b>			
C4.1	Inj. Adrenaline				
C4.2	Syrup Salbutamol				
C4.3	Salbutamol nebulizing solution				
C4.4	Syrup Albendazole				
C4.5	Inj. Gentamicin				
C4.6	Tab Amoxicillin DT (125 mg)				
C4.7	Tab Amoxicillin DT (250 mg)				
C4.8	Syrup Amoxicillin				

C4.9	Inj. Ceftriaxone or Cefotaxime	
C4.10	Tab Doxycycline	
C4.11	Cap Ampicillin	
C4.12	Inj. Ampicillin	
C4.13	Inj. Amikacin	
C4.14	Tab Metronidazole	
C4.15	Inj. Metronidazole	
<b>C5</b>	<b>Adolescent health</b>	<b>Closing balance of reporting month</b>
C5.1	Tab Dicyclomine	
<b>C6</b>	<b>Vaccines</b>	<b>Closing balance of reporting month</b>
C6.1	JE vaccine (wherever applicable)	
C6.2	IPV	
C6.3	Pentavalent	
C6.4	Cold box	
C6.5	ILR	
C6.6	Deep freezer	
C6.7	Vaccine carrier	
<b>C7</b>	<b>Functional apparatus and logistics</b>	<b>(Yes/No)</b>
C7.1	Weighing machine (Adult)	
C7.2	Weighing machine (Infant)	
C7.3	Height scale	
C7.4	Hub cutter with needle destroyer	
C7.5	Refrigerator	
C7.6	RTI/STI Kit	
C7.7	Bleaching powder	
C7.8	Oxygen cylinder functional	
C7.9	BP apparatus with stethoscope	
C7.10	MVA kit/EVA	
C7.11	IUCD kit	
C7.12	NSV kit	
C7.13	Laparoscopic sterilization kit	
C7.14	MiniLap kit	
C7.15	Syphilis testing kit	
C7.16	PPIUCD / Kelly's forceps	
C7.17	Thermometer	
C7.18	Wall mount thermometer	
C7.19	Fetoscope/Doppler	
C7.20	Autoclave/Boiler	
C7.21	Running water	
C7.22	Soap	
C7.23	Colour coded bins and bags (red/black) in sufficient quantity	
C7.24	Electricity power back-up & generator	
C7.25	Electricity power back-up & invertors	
C7.26	Labor room with attached toilet	
C7.27	MCP cards available in sufficient quantity	
C7.28	Case sheet in sufficient quantity	
C7.29	Functional safety pits available	
<b>C8</b>	<b>Other functional equipment at facility</b>	<b>(Yes/No)</b>
C8.1	X-ray machine	
C8.2	USG machine	
C8.3	CT scan machine	
C8.4	MRI machine	
C8.5	TMT machine	
C8.6	ECG machine	
C8.7	Dialysis machine	
C8.8	Boyles trolleys	
C8.9	Pulse oximeter	
C8.10	Semi auto analyser	
C8.11	Computers	
C8.12	Generator	
C8.13	Functional blood bank unit	

C8.14	Blood bank refrigerator					
Section D	Performance indicator	Number reported for the month				
D1	Hospital					
D1.1	Beds available					
D1.2	OPD new cases only					
D1.3	Lab test done for OPD cases					
D1.4	Lab test done for IPD,LR,OT cases					
D1.5	Surgeries conducted at night					
D1.6	Patients managed at emergency					
D1.7	Deaths occurred at emergency department					
D1.8	X-rays conducted at night					
D1.9	CT scan investigations					
D1.10	Plasters at facility					
D1.11	Post-mortem at day					
D1.12	Post-mortem at night					
D1.13	Medico legal cases					
D1.14	ECG					
D1.15	Dialysis					
D1.16	EMG					
D1.17	Endoscopy					
D1.18	Cystoscopy					
D1.19	Surgeons not conducted any surgery during the month					
D2	Maternal & new born health	Number of pregnant women				
D2.1	Pregnant women visited for ANC check up					
D2.2	PW ANC examination	Weight	BP	Per abdomen	Blood group	Urine albumin
D2.2.1	Pregnant women examined					
D2.3	High Risk Pregnancy	Number of pregnant women				
		Age 35+	Previous history of any complication*		Any other	
D2.3.1	New pregnant women identified as HRP					
D2.4	Pregnant women Hb<7 gm received iron sucrose					
D2.5	ANC screen for Thalassemia					
D2.6	Rh (-) ve pregnant women received inj. Anti D					
D2.7	Pregnant women delivered before 37 weeks of pregnancy					
D2.8	Pregnant women with true labour pain before 34 weeks of pregnancy					
D2.9	Case sheet filled for deliveries conducted at the facility					
D2.10	Pregnant women status	In labour		Not in labour		
D2.10.1	Arrived in the facility					
D2.10.2	(If referred,) referred from :					
D2.10.2.1	SC					
D2.10.2.2	PHC					
D2.10.2.3	CHC					
D2.10.2.4	Private					
D2.10.2.5	Others (other public hospitals, AWW, ASHA etc.)					
D2.10.3	Admitted in the facility					
D2.10.4	Outcome among arrival	Women		Newborn		
D2.10.4.1	Referred to higher facility					
D2.10.4.2	Sent home healthy					
D2.10.4.3	Deaths at facility					
D2.10.4.4	Facility based death review conducted					
D2.11	Newborn					
D2.11.1	Still birth : Fresh					
D2.11.2	Still birth : Macerated					
D2.11.3	Newborn where delayed cord cutting procedure followed					
D2.11.4	Newborn received skin to skin care immediately after delivery					
D2.11.5	Newborn weighted at birth less than 1800 gram					
D2.11.6	LBW received KMC as per the guideline					

D2.12	Number of cases where JSY incentive paid to						
D2.12.1	Mothers						
D2.12.2	ASHAs						
D2.13	C-sections at FRUs conducted by on call specialists						
D2.13.1	On call for Govt specialists						
D2.13.1.1	Anaesthetists						
D2.13.1.2	Gynaecologists						
D2.13.2	On call for Pvt. Specialists						
D2.13.2.1	Anaesthetists						
D2.13.2.2	Gynaecologists						
D2.14	C-sections which are to be incentivised as per guideline						
D2.14.1	Number of C-Section at rural facilities (SDH) (> 5th C-section)						
D2.14.2	Number of C-Section at DWH/DCH ( >110% of same month during last year )						
D3	Maternal complication	Sent home healthy after discharge	LAMA	Died at facility	In case of out-referral		
					Survive	Died	Status unknown
D3.1	Prolonged labour						
D3.2	Obstructed labour						
D3.3	Rupture of membrane>12 hours without labour						
D3.4	Rupture of membrane >18 hours in labour						
D3.5	Pregnancy induced hypertension						
D3.6	Mild / severe pre-Eclampsia						
D3.7	Eclampsia						
D3.8	Antepartum hemorrhage (APH)						
D3.9	Infection / sepsis						
D3.10	Preterm labour						
D3.11	Premature rupture of membrane						
D3.12	Post-partum hemorrhage (PPH)						
D3.13	Anemia						
D3.14	Others						
D4	Newborn complication	Sent home healthy after discharge	LAMA	Died at facility	In case of out-referral		
					Survive	Died	Status unknown
D4.1	Preterm birth (<37 weeks gestation)						
D4.2	Low birth weight (<2500 grams)						
D4.3	Asphyxia						
D4.4	Infection / sepsis						
D4.5	Birth anomalies						
D4.6	Others						
D5	Child Health	Number of children (upto 5 years)					
		Children (upto 5 Years)		Diarrhoea (2 month - 5 years)		Pneumonia (2 month - 5 years)	
D5.1	OPD						
D5.2	IPD						
D5.3	Received Inj.Gentamycin						
D5.4	Received Tab/Sy. Amoxicillin						
D5.5	Only ORS						
D5.6	Only Zinc						
D5.7	ORS and Zinc						
D5.8	Referred out						
D5.9	Child death	0-28 days (Neonatal death)		29 days -1year (Post natal death)		1-5 years (child death)	
D5.9.1	Number of Children died						
D6	Family planning	Number of Services					
D6.1	1 <sup>st</sup> Dose of DMPA	Post Abortion		Post Partum		Post Interval	
D6.1.1	Women						
6.2	Fix days	Fix days					
		FDS			FDOS		
D6.2.1	Planned						
D6.2.2	Held						
6.3	Services	Number of acceptors in fix days					
		FDS			FDOS		

D6.3.1	LAP					
D6.3.2	ML					
D6.3.3	NSV					
D6.3.3	IUCD					
D6.3.5	DMPA (Inj. Antara)					
D6.3.6	Centchroman					
	<b>Follow-up/complications</b>	<b>Male Sterilization</b>	<b>Female Sterilization</b>	<b>PPIUCD</b>	<b>IUCD</b>	<b>DMPA</b>
D6.3.7	Follow-up cases					
D6.3.8	Complications					
D6.3.9	Beneficiaries received counselling for FP					
D6.3.10	Beneficiaries presented with complete basket of choice					
<b>D7</b>	<b>JSSK</b>					
	<b>Beneficiaries received free services under JSSK</b>	<b>PW</b>		<b>Newborn</b>		
D7.1	Drugs and Consumables					
D7.2	Ultrasound test					
D7.3	Diet					
D7.4	Blood transfusion					
D7.5	Diagnostic services					
D7.6	Transported from lower to higher hospitals (IFT)					
D7.7	Transported from home to hospital					
D7.8	Drop back					
D7.9	Free treatment					
<b>D7.10</b>	<b>JSSK grievance redressal</b>					
D7.10.1	Complaints received					
D7.10.2	Complaints resolved					
<b>Section E</b>	<b>Process Indicator</b>	<b>Number</b>				
E1	Misbehaviour incidents by patients & relatives					
E2	Employees reported absent during inspections					
E3	Is the agency hired for bio medical waste management at facility? (Yes/No)					
E4	Contract rate per bed (in Rs.)					
E5	Bio-medical waste lifted by agency during the month					
E6	Indents made as per rate contract at facility					
E7	Value (Rs.) of purchase orders placed as per rate contract					
E8	Indent made as per rate contract against which supply not received at facility					
E9	Indents made for local purchase at facility					
E10	Value (Rs.) of purchase orders placed as per local purchase					
E11	Drugs expired during the month					
E12	Has the district hospital constituted HMIS/MCTS validation committee? (Yes/No)					
E13	HMIS/MCTS validation committee meeting held in DH for the month (Yes/No)					
E14	Purchase committee meeting held in DH for the month (Yes/No)					
E15	Physical verification of stock held in DH during the month (Yes/No)					
E16	Grievance redressal cell functional at facility (Yes/No)					
E17	Complaints/grievances of patients' received					
E18	Complaints/grievances of patients' resolved					
E19	Citizen charter available at facility (Yes/No)					