

PROJECT PROPOSAL

Team

Team Elevation

University

University of Moratuwa

Project Name

BabyCareLink



Our Team

Member 1



Full Name
H. M. Viyathma Vidumini

NIC
200167200092

Email
hmviyathma@gmail.com

Mobile Number
0719865232

Representation
University of Moratuwa

Specialization
Electronics and Telecommunication Engineering

Member 2



Full Name
H. M. G. N. I. Herath

NIC
200157300108

Email
nipuni1313@gmail.com

Mobile Number
0701299798

Representation
University of Moratuwa

Specialization
Electronics and Telecommunication Engineering

Our Team

Member 3



Full Name
W.W.R.N.S. FERNANDO

NIC
200251900667

Email
rnsithmafernando02@gmail.com

Mobile Number
0740697048

Representation
University of Moratuwa

Specialization
Biomedical Engineering

Member 4



Full Name
H. M. D.P. Herath

NIC
200062100606

Email
hmdpherath22@gmail.com

Mobile Number
0714944483

Representation
University of Moratuwa

Specialization
Electronics and Telecommunication Engineering

Case Study

1. The problem that is being addressed and why it is important?

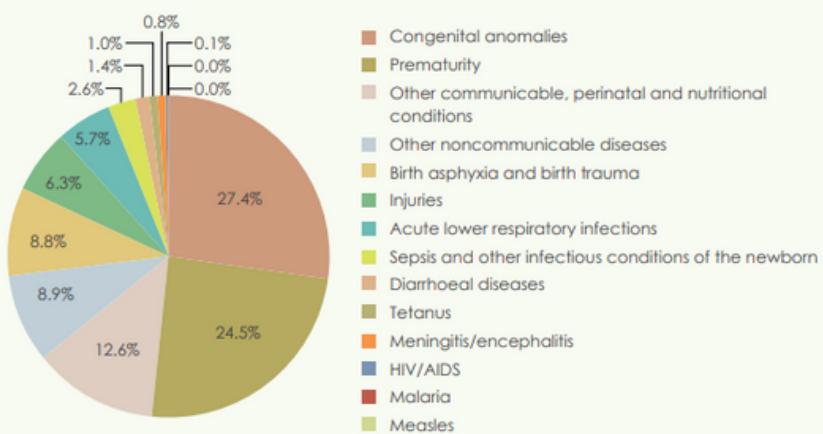
During early childhood, critical analysis of babies' health is essential due to their vulnerability to infections and rapid development. Early detection and intervention ensure their well-being and lay the foundation for future health. Monitoring milestones is crucial for proper physical, cognitive, and emotional progress. Additionally, healthcare professionals offer parental support and education, empowering caregivers. Screening for developmental disorders allows for early intervention, improving outcomes. Overall, thorough analysis during early childhood ensures a healthy future.

In Sri Lanka, the process of monitoring a baby's health is facilitated through the use of a baby card, wherein comprehensive information about the infant is documented from birth. Remarkably, this baby card remains relevant even as the female child grows, serving as a vital health record until she reaches her forties. This underscores the significant value attached to the baby card in tracking the health and development of individuals throughout their lives.

The current manual system of managing baby immunization cards in Sri Lanka poses several challenges. The manual process involves midwives, parents, and school health officers who manually record and maintain the baby cards in books. One significant issue is the labor-intensive process of manually drawing graphs by health professionals. The manual nature of this system can lead to errors, inefficiencies, and difficulties in data analysis. Furthermore, due to the busy schedules of parents, there are instances where vaccinations are missed, and data entry during clinic visits and the data should enter by them may be incomplete. Additionally, the reliance on manual record-keeping increases the risk of data loss or damage, potentially compromising the accuracy and integrity of the health information. This outdated approach to managing baby immunization records not only creates administrative burdens for healthcare providers but also undermines the effectiveness of immunization programs in safeguarding the health of infants. Given that early childhood is foundational for overall human health, adopting a more efficient and technology-driven method for managing baby immunization records and other health records could significantly enhance the health outcomes of babies and contribute to their long-term well-being.

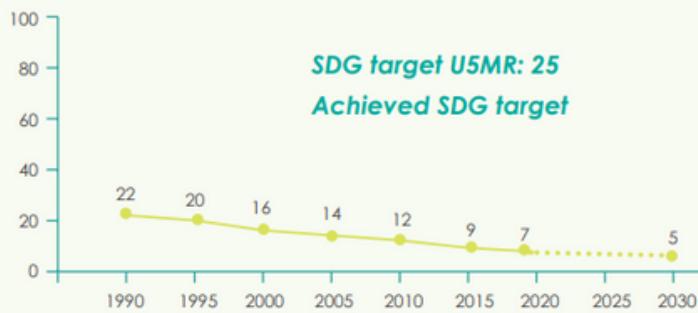
Statistical Data Gathered from the internet:

Causes of under-5 deaths



- More than 2700 under-5 children died, mainly due to:**
- **newborn causes**
 - **infections**
 - **injuries**

Under-5 mortality rate (per 1000 live births)



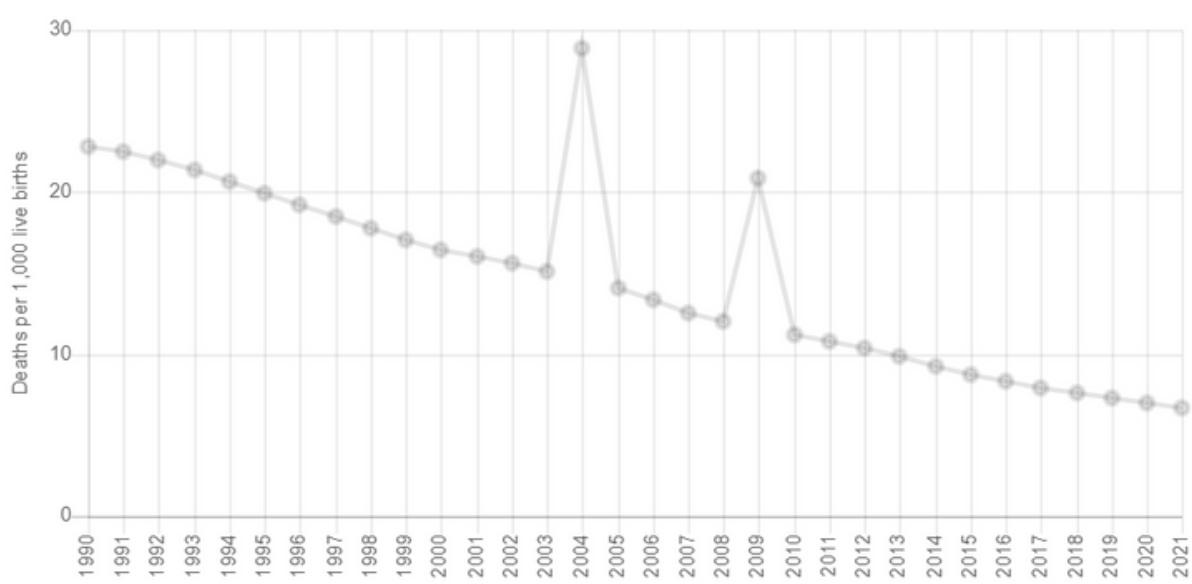
- **68% reduction in under-5 mortality rate between 1990 and 2019**

Source: UN Inter-Agency estimates: Levels and Trends in Child Mortality: Report 2020 (UN IGME 2020)
3.9% annual rate of reduction between 1990 and 2019, considered for calculating the 2030 projection for under-5 mortality rate

- **Stillbirth rate (per 1000 births) is 6⁶⁰**
- **Adolescent mortality rate (deaths per 100 000 adolescents) is 2⁶⁰**

- <https://iris.who.int/bitstream/handle/10665/347434/SriLanka-eng.pdf?sequence=1>

Trends in under-five mortality rate in Sri Lanka



[Sri Lanka \(LKA\) - Demographics, Health & Infant Mortality - UNICEF DATA](#)
<https://data.unicef.org/country/lka/>

The statistics and data pertaining to child mortality rates, stillbirth rates, and causes of newborn and under-5 deaths in Sri Lanka underscore the urgent need for improved healthcare interventions. The reduction in under-5 mortality rate by 68% between 1990 and 2019 is commendable but highlights the persisting challenges in addressing preventable causes of child deaths. The high stillbirth rate of 660 per 1000 births is concerning and necessitates attention to improve maternal and neonatal healthcare services. Additionally, the prevalence of causes such as prematurity, birth asphyxia, and infections leading to newborn deaths, as well as various factors contributing to under-5 mortality, emphasizes the importance of targeted interventions to address these issues comprehensively. The data presented underscores the significance of investigating and addressing healthcare challenges in Sri Lanka's child health sector to reduce mortality rates and improve overall health outcomes for children and their mothers.

Case Study

2. The process of information collection about the problem.

The journey to identifying the problem of inefficient management of baby immunization cards in Sri Lanka began with a basic understanding of the critical importance of children's health for their overall well-being. Observing the existence of detailed baby cards, each containing around 30 pages, prompted us to reflect on how well these documents were used to capture essential health information for infants. However, conversations with parents revealed that they were only aware of a few details from these cards. Upon reviewing our own baby cards, we noticed that many important sections were often left empty, which made us wonder why.

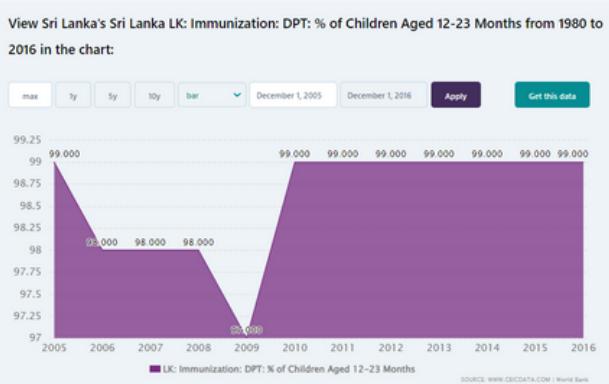
To explore this further, we conducted surveys to gather insights from parents about their experiences with the baby cards. Additionally, we spoke with healthcare professionals, such as doctors and midwives, to understand the challenges they faced in managing these records. Through these discussions, we learned that busy schedules and the perceived complexity of the cards were likely reasons for incomplete information. This led us to consider a simpler, more user-friendly system for managing baby immunization records. By consulting with various stakeholders and gathering their perspectives, we gained a better understanding of the problem and potential solutions.

[The child health card--a cornerstone of preventive and promotive paediatrics - PubMed \(nih.gov\)](#)

<https://www.ceicdata.com/en/sri-lanka/health-statistics/lk-immunization-dpt--of-children-aged-1223-months>

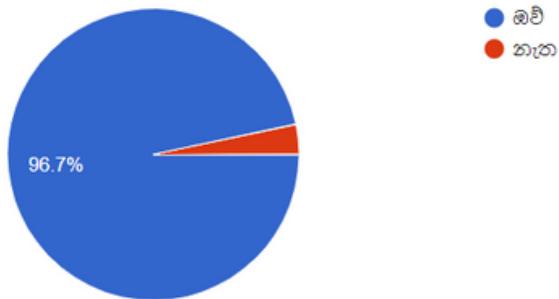
Related Indicators for Sri Lanka LK: Immunization: DPT: % of Children Aged 12-23 Months

RELATED INDICATORS	LAST	FREQUENCY	RANGE
Sri Lanka LK: Immunization: DPT: % of Children Aged 12-23 Months (%)	99.00 2016	yearly	1980 - 2016
Sri Lanka LK: Number of Death: Infant (Person)	▼ 2,560.00 2016	yearly	1960 - 2016
Sri Lanka LK: Number of Death: Under 5 (Person)	▼ 3,028.00 2016	yearly	1960 - 2016
Sri Lanka LK: Number of Death: Neonatal (Person)	▼ 1,686.00 2016	yearly	1960 - 2016
Sri Lanka LK: Prevalence of Anemia among Children: % of Children Under 5 (%)	▲ 25.60 2016	yearly	1990 - 2016
Sri Lanka LK: Cause of Death: by Communicable Diseases & Maternal, Prenatal & Nutritional Conditions (%)	▼ 7.50 2016	yearly	2000 - 2016

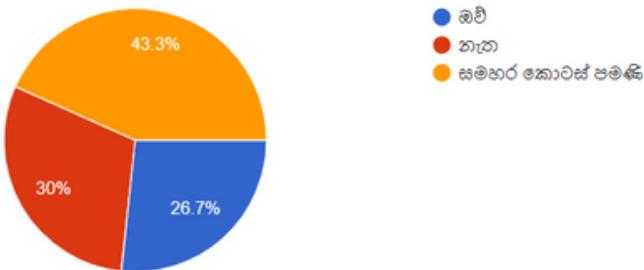


Statistical Data Gathered via google form:

ඉඩේ දරුවාට නිවසේ ලදරු කාචිපතක් තිබේද?



එය සම්පූර්ණයෙන් පිරි තිබේද?



Pie Chart 1: Does your baby have an immunization card?

- Blue: 96.7% of respondents said their baby has an immunization card. This suggests a high immunization card coverage rate in the surveyed population.
- Red: 3.3% of respondents said their baby does not have an immunization card. This highlights a small but existing gap in immunization coverage.

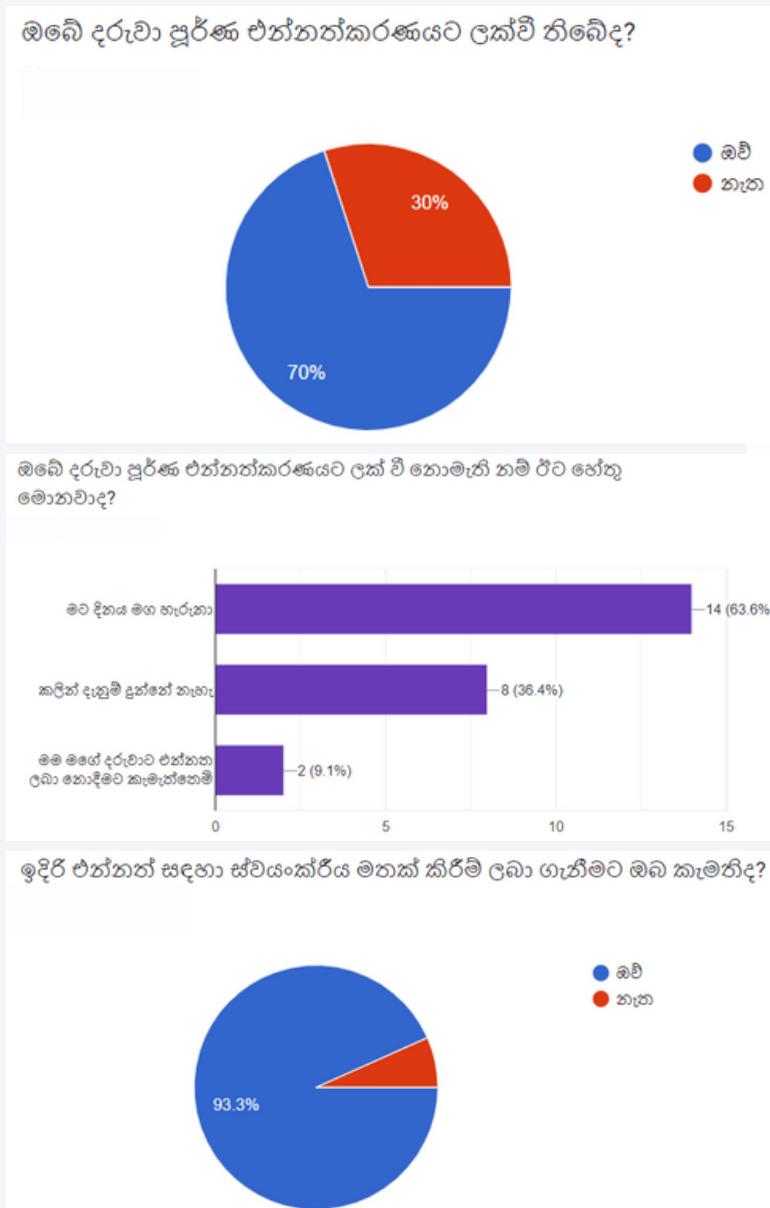
Pie Chart 2: Is your baby's immunization card fully filled?

- Blue: 43.3% of respondents said their baby's immunization card is fully filled. This indicates that a significant portion of children are up-to-date with their immunizations.
- Orange: 30% of respondents said their baby's immunization card is only partially filled. This suggests that some children may be missing some immunizations, potentially due to factors like forgetfulness, lack of access to healthcare, or vaccine stockouts.
- Red: 26.7% of respondents said their baby does not have an immunization card. This finding aligns with the data from the first pie chart.

Overall insights:

- The pie charts suggest a high immunization card coverage rate in Sri Lanka, with nearly all respondents having a card for their baby.
- However, there is a gap in coverage, with a small percentage of children not having a card.
- Additionally, a significant number of children have partially filled cards, indicating that some immunizations may be missed.

Statistical Data Gathered via google form:



Pie Chart 1: Is your baby or child fully vaccinated?

- Blue (70%): This represents the majority of respondents whose children are fully vaccinated, indicating a high level of adherence to vaccination schedules.
- Red (30%): This indicates a minority whose children are not fully vaccinated, suggesting potential barriers to accessing vaccines or hesitancy.

Bar Graph: If your child is not fully vaccinated, what is the possible reason?

- I forgot the date (63.6%): A significant majority of parents who haven't fully vaccinated their children attribute this to forgetting the date, pointing towards a need for reminders or notifications.
- I did not get a notification prior to the vaccination (36.4%): This portion represents parents who missed vaccinating their kids due to lack of notifications, underscoring an opportunity for improving communication and reminders.

Statistical Data Gathered via google form:

Pie Chart 3: Would you like to get a notification prior to the vaccination date?

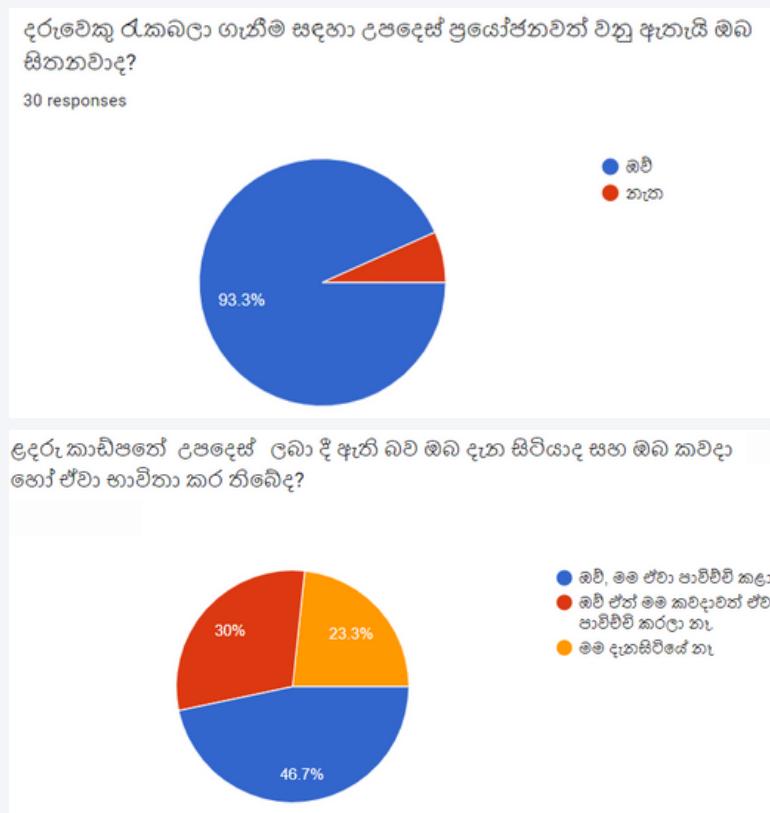
- Blue (93.3%): An overwhelming majority would prefer receiving notifications before vaccination dates, highlighting an unmet need for effective communication and scheduling systems.
- Red (6.7%): A small fraction does not wish for prior notifications; understanding their reasons could offer insights into diverse needs and preferences among parents.

Overall insights:

- A substantial number of children are fully vaccinated; however, there's room for improvement in reaching universal coverage.
- Forgetting vaccination dates and lack of notifications are primary reasons for missed vaccinations - addressing these can significantly improve full vaccination rates.
- There's a pronounced demand for pre-vaccination notifications; implementing efficient reminder systems could be instrumental in enhancing vaccine coverage.



Statistical Data Gathered via google form:



Pie Chart 1: Are tips and instructions for taking care of baby care useful to you?

- Blue (73.3%): This represents the majority of respondents finding the tips and instructions useful, suggesting a potential need for such information.
- Red (26.7%): This indicates a minority who don't find the tips and instructions useful, implying they might prefer other sources of information or have alternative methods for baby care.

Pie Chart 2: Did you know your baby card contains tips and instructions for baby care?

- Blue (46.7%): This shows nearly half the respondents knew about the tips in the card, suggesting some awareness exists.
- Orange (23.3%): This represents a significant portion who knew but never used the tips, indicating potential reasons like finding them irrelevant, inconvenient, or lacking clarity.
- Red (30%): This highlights a considerable number who were unaware of the information, suggesting the card's contents might not be effectively communicated.

Overall insights:

- There seems to be a demand for baby care information among a significant portion of the population.
- While some find the card's tips useful, a notable percentage doesn't or is unaware of them, suggesting potential shortcomings in content, accessibility, or communication.

Case Study

2. The process of information collection about the problem.

Interview with the Filed Health Care Officer (Midwife) :

In our information collection process, we engaged with a field health officer, specifically a midwife, who provided critical insights into the challenges inherent in the manual management of baby immunization cards. The midwife highlighted the arduous task of repeatedly recording the same information across multiple documents. For example, she explained that when filling out the baby card with the mother, the midwife must duplicate this data entry in the B section of the baby card, which remains with her in the field. Additionally, after completing these entries, the midwife is required to again transcribe the same information into the BI register located at the MOH office. Similarly, for vaccinations, the midwife must document the details in the baby card, the B section, and if there are any adverse effects, in the AEFI book. This process of redundant data entry not only consumes valuable time but also increases the risk of errors.

Moreover, the midwife noted that manually drawing graphs to visualize health data is a complicated and time-consuming task. She suggested that utilizing artificial intelligence to generate these graphs could streamline the process and make data analysis more efficient. By automating the generation of graphs, healthcare providers would have access to visual representations of health trends, facilitating more informed decision-making and proactive intervention strategies. In conclusion, the midwife emphasized that implementing a digital solution incorporating AI capabilities would significantly alleviate the administrative burden associated with manual data entry and graphing, ultimately improving the delivery of healthcare services to mothers and infants.

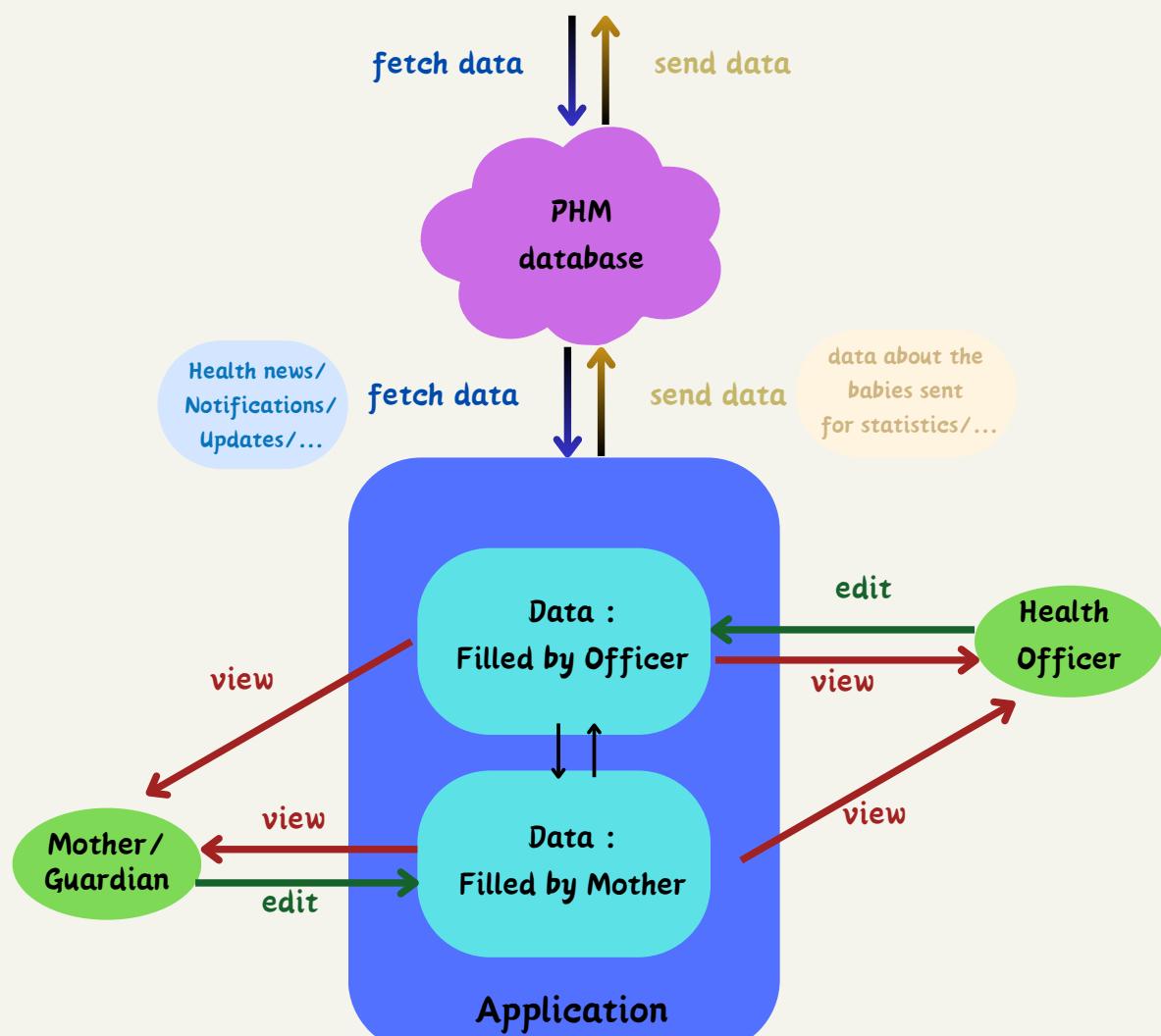
Interview with a mother:

For the other consumer end of the application, we also interviewed a mother of an infant to get her perspective about our project. During our interaction with her, she expressed her perspective on the challenges associated with the manual baby card and her thoughts on the proposed digital application. The mother highlighted the tendency for the baby card to easily get misplaced, underscoring the need for a digital solution where she can securely store and access her child's health data whenever needed. She mentioned struggling with remembering clinical and vaccination dates, often needing to contact the midwife for clarification. She emphasized the convenience of having reminders and calendar notifications integrated into the digital application, which would alleviate the need for frequent inquiries. Additionally, the mother expressed enthusiasm for having instructional videos and access to sessions conducted by the MOH Office, which would serve as valuable references for caring for her baby amidst her busy schedule. Overall, she welcomed the idea of a digital application to simplify managing her child's health records and access essential healthcare information conveniently.

Case Study

3. A brief description about the solution

As all the baby related data is managed by the baby card and other manual registries, our proposed solution is a mobile application that addresses the challenges of this manual system.



Abstract view of the proposed application and database

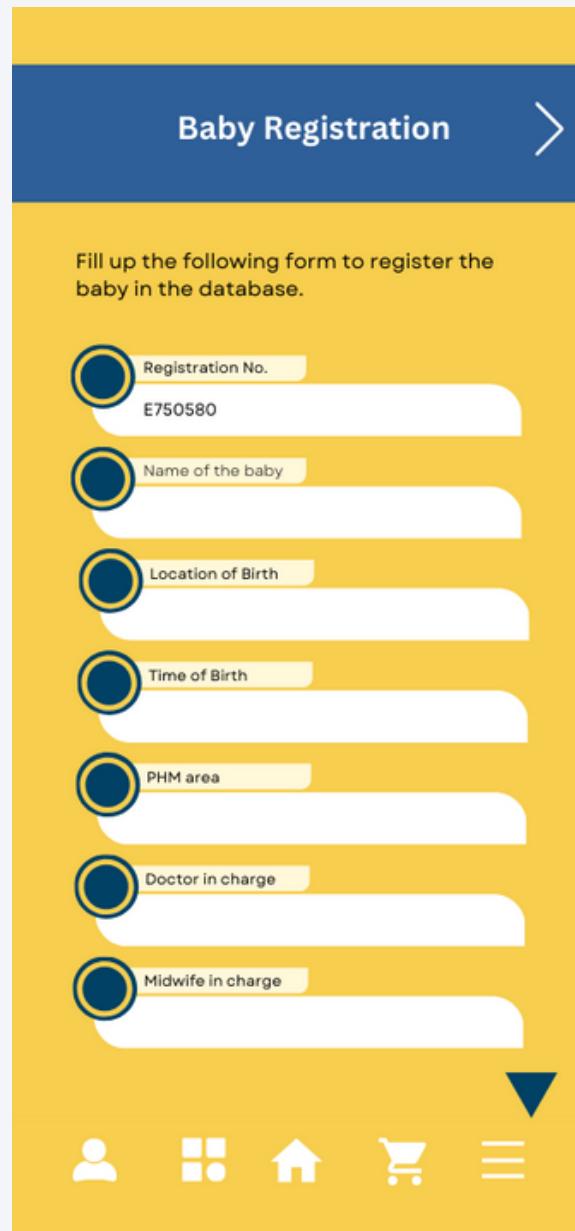
Our proposed app; BabyCareLink, includes the same data included in the current baby immunization card, but with more digitalized and advanced features with a simple and user-friendly interface.

The features included are as follows,

- **Baby Registration**

First, the baby should be registered in the database by the mother or the officer in charge. All the data regarding the birth should be entered in the database, including the location of birth, time of birth, etc.

The registration number will be auto generated by the system according to the other data given. The rest of the data is to be filled up by the mother/guardian or the relevant health officer.



The image shows a mobile application screen titled "Baby Registration". The title is at the top center in white text on a dark blue header bar. To the right of the title is a white arrow pointing to the right. Below the title, there is a yellow background area containing a text instruction: "Fill up the following form to register the baby in the database." Below this instruction are seven input fields, each consisting of a blue circular icon on the left and a white text input field on the right. The fields are labeled: "Registration No.", "Name of the baby", "Location of Birth", "Time of Birth", "PHM area", "Doctor in charge", and "Midwife in charge". At the bottom of the screen, there is a navigation bar with five icons: a person icon, a grid icon, a house icon, a shopping cart icon, and a menu icon (three horizontal lines). A small blue downward-pointing arrow is located to the right of the navigation bar.

- **Birth Related data and Special Care**

The first page of the baby card are to be filled only by the medical offices in charge. These charts are filled by the midwife show after a child's birth. These include information related to,

- complications at the child birth and growth,
 - about the environment of the growing child, when special care is needed.

Tables filled by the health officer



**Same data entered to
the database via a form.
The form is accessed and
filled by the Health
Officer.**



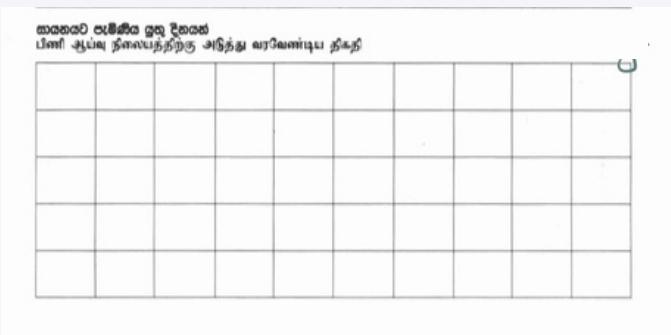
Form for the Health of the Newly Born Baby

- **Calendar and Notification**

The medical offices have to mention the next date for the clinic, after each clinical visit. Therefore, in our app, we are implementing a calendar including the important dates and give notifications to the user (mother/the field medical officer), about the appointments on the upcoming days.

For example, this will include,

- Vaccination dates
- clinical visit dates
- next visiting date by the field officer(midwife)



The table for entering the next clinic date in the baby card



The calendar containing all important dates for the baby.



This includes,

- **dates**,
- **notifications**,
- **reminders**.

- **Immunization Report and Data**

The immunization report is one of the most important parts of the baby card. It includes the age the vaccine should be given, the vaccine type, the date of vaccination, batch number, and if there are any side effects or allergies to the vaccine. This information is filled up by the medical officers.

In our app in. this information for each vaccine is entered through a form and then all the data is entered to the database. This can be. viewed or analyzed easily, in accordance with the user's needs.

The immunization report in the baby card

**Entering the data for
each vaccine.
Some the data will be
already generated by the
system**

Immunization

Fill up the following details related to the vaccine.

	Age of the baby 2 months
	Type of vaccine DPT 1
	Date 30/02/2022
	Side Effects <input type="radio"/> Yes <input checked="" type="radio"/> No
	Side Effects

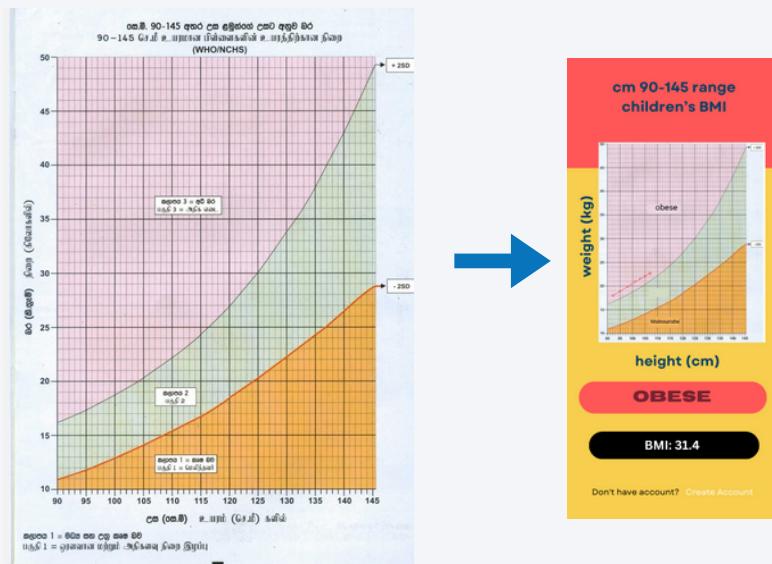


- Automatic graph generation

For each age group (birth to 2 years/ 2 years to 5 years etc.) medical officers have to hand draw graphs depicting

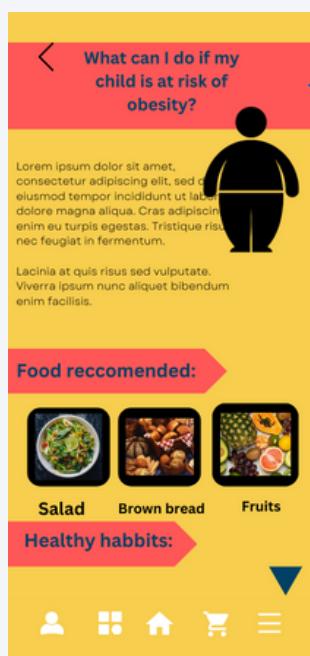
- Child's weight
- BMI
- Child's height

With our app, we can display specific graphs tailored to the child's age, as the app's content is unique and customized for each child based on their birth details.



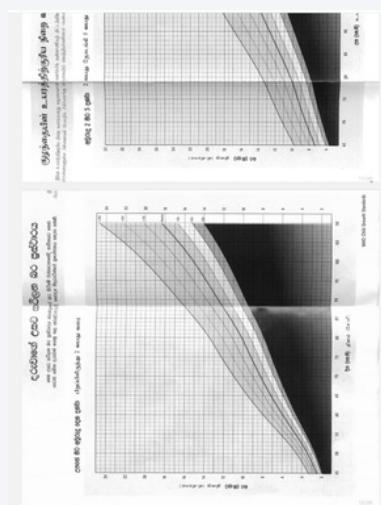
Child's weight and height will be recorded, and graphs will be auto-generated according to the added data.

When the child is in an at-risk range, the risk will be prominently displayed along with tips and advice for the caregiver to proceed.



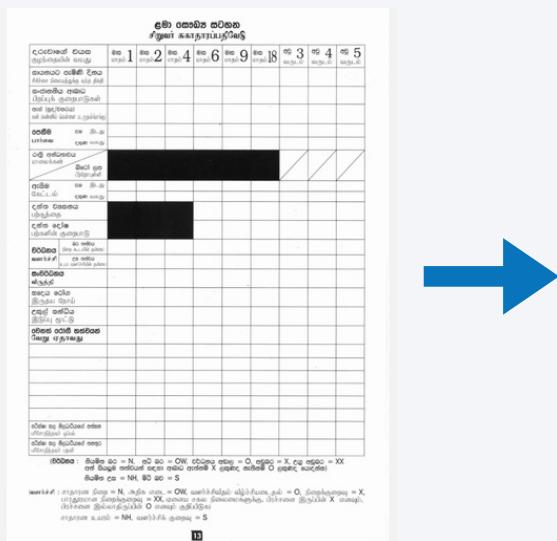
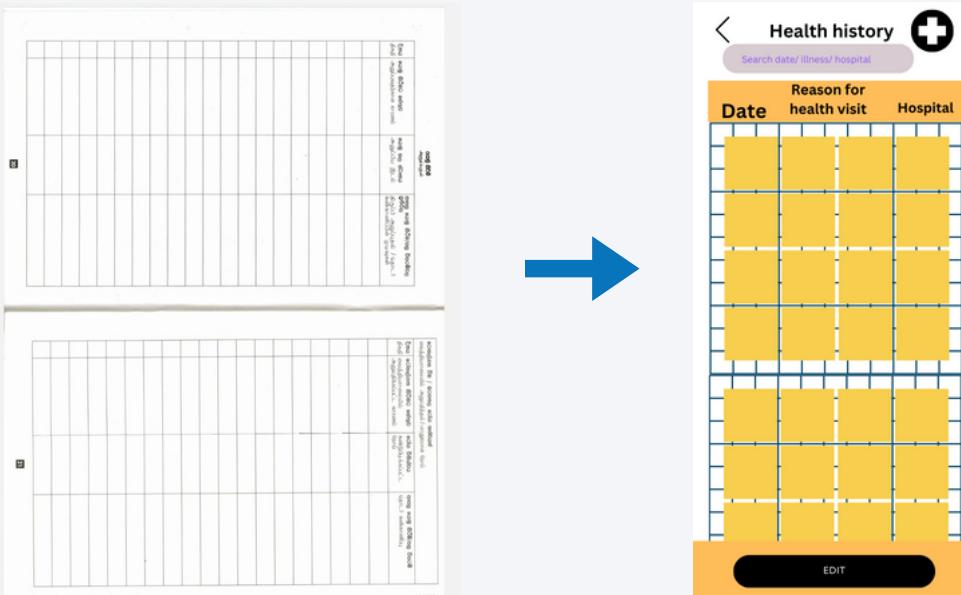
Tips on how to best care for an at risk child will be provided for the care takers

In the baby card, the same graphs are provided in both languages. In the app, once the user selects a language, the graphs will appear in that chosen language.



- Maintaining the child's health history records**

A full record of the child's health history will be updated at each appointment and treatment, and can be viewed via the app. The option for only the health officer to edit the data will be available



- Clinic records will be kept and managed by health officers.**
- Records filled by child's school health officers will also be available.**

When entering data in the app, necessary information crucial for the well-being of children in the community, such as if the child has an infectious disease, will be stored in the database of the village officer domain ("grama niladari wasama"), and then forwarded to the Ministry of Health (MOH) and the divisional health sector, eventually reaching the provincial and national databases. Currently, this procedure is manually conducted through records provided by midwives and other officers.

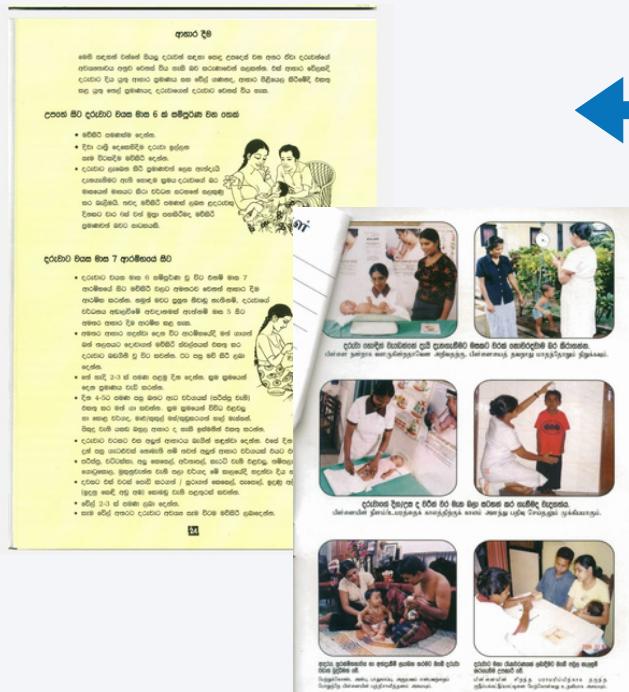


• Instructions Tips for raising the Baby

On the last pages of the baby card, detailed instructions and tips for raising the baby from birth are included with pictures for the reference of mothers. These instructions are categorized by the age of the baby.

In our app we are also including the above instructions and tips for raising the baby. In addition, we are also including videos and awareness sessions from experienced health officers in the field.

Once the baby reaches the respective age, the app will show the relevant material. This will also help the mothers to keep in track with the baby's growth and remind them to record the details about it.



The instructions and tips included in the baby card, along with pictures.

The instructions and tips included in the app along with images, videos and other references.



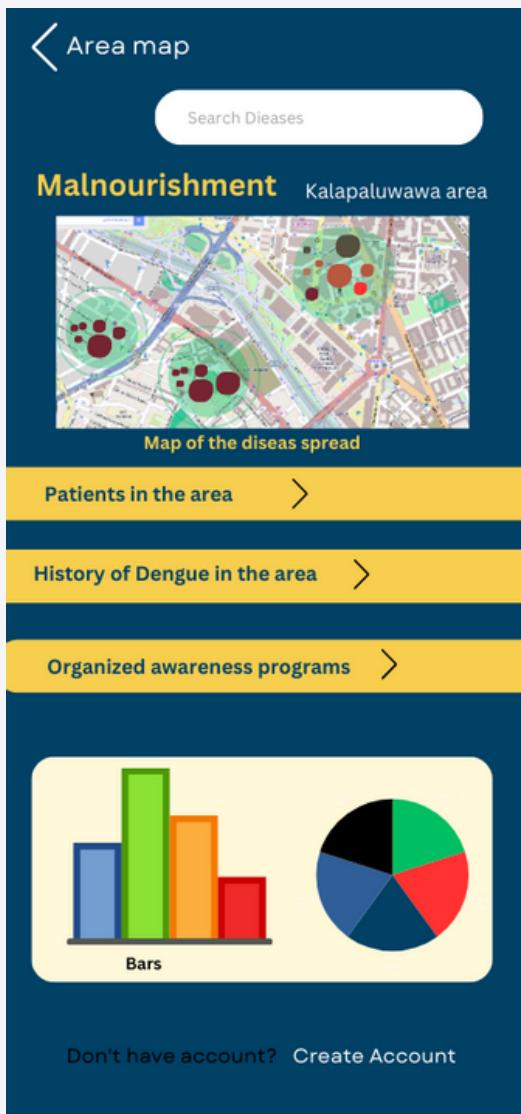
Age 3 months to 5 months

- Starts to crawl
- only give mother's milk.
- Weigh the child monthly.

Food recommended:

How to breast feed baby

- **Providing government and health officers about the health and wellbeing of the children in the community**



Consequently, each village domain and Public Health Midwife of the area will have the capability to observe sections of the community where children are at risk of certain health crises (for example, areas with an increased number of dengue patients or sections with malnourished children). This information will enable the organization of relief funds, public awareness programs, and vaccination campaigns.

- **Predicting health issues and growth defects early on**

Behavioral records for children at specific ages are maintained and updated by health officers and caregivers. Surveys will be provided to each child's caregiver based on their child's age, which the user will need to complete.

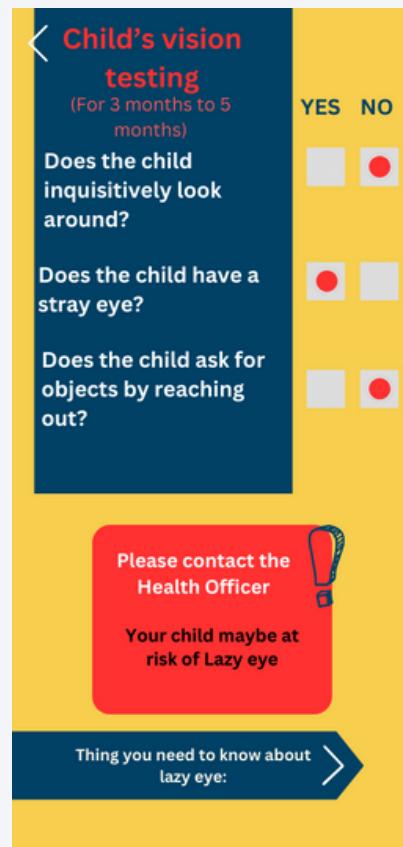
We intend to employ a machine learning model capable of predicting a child's health risks and growth defects based on the information provided in the surveys. Health officers and caregivers will then be informed accordingly.

දුරකථන විභාග පරිභාෂා සිරසි
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දැයා ඇත් වෙළුම දෙන ගෙදීන් ඔහුවන්ද?	<input type="checkbox"/> <input type="checkbox"/> උංස්තුමාය ප්‍රාග්ධන ත්‍රොත්‍යාකෘති ඔහුවන්ද?
එන දෙ මට 30	1 මාත්‍රය් ආගම්ල්
සෑම අභ්‍යන්තර පැවතිලි සහ දැයා ඇත් දැයා ඇත් පැමිතුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> පැහැදිලිවාකෘති තුළුමෙන් පැහැදිලිවාකෘති පැහැදිලිවාකෘති තුළුමෙන්ද?
විට දැයා ඇත් දෙන අභ්‍යන්තර පැවතිලි සහ දැයා ඇත් ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
එන දෙ මට 30	2 මාත්‍රය් ආගම්ල්
දැයා තෙවෙනු ඇත් වෙළුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
දැයා ඇත් අභ්‍යන්තර පැවතිලි සහ දැයා ඇත් ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
එන 6 මට 30	3 මාත්‍රය් ආගම්ල්
දැයා තෙවෙනු ඇත් වෙළුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
දැයා ඇත් අභ්‍යන්තර පැවතිලි සහ දැයා ඇත් ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
එන 10 මට	4 මාත්‍රය් ආගම්ල්
දැයා ඇත් පැමිතුමෙන් සහ දැයා ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
ඇඟිලුමෙන් ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
එන 12 මට	5 මාත්‍රය් ආගම්ල්
සෑම දැයා තෙවෙනු ඇත් ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
අභ්‍යන්තර ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
ඇඟිලුමෙන්ද ඇඟිලුමෙන්ද?	<input type="checkbox"/> <input type="checkbox"/> තුළුමෙන් තුළුමෙන් ඇඟිලුමෙන්ද?
මෙම දැයා හෝ පැවතිලි සහ දැයා ඇඟිලුමෙන්ද පැවතිලි සහ ඇඟිලුමෙන්ද වෙළුමෙන්ද? එහි නිස්සා පැවතිලි සහ ඇඟිලුමෙන්ද වෙළුමෙන්ද වෙළුමෙන්ද වෙළුමෙන්ද?	

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Novelty & uniqueness of our solution:

- We aim to provide a platform to manage and record your child's entire health and wellness.
- A unique and user-friendly app that is easy for parents to operate and visually appealing.
- It helps health officers collect data on children without managing tiresome paperwork, reducing the likelihood of mistakes.
- It creates a database where data added into the app can be synchronized across all databases, including district, provincial, and island levels. This facilitates government assistance to families in need.
- Notifications, rather than relying on memory for dates, are beneficial as they ensure that a child does not miss any important vaccines or clinic appointments.

Competitors

- Some countries and companies have created digital health cards for children. However, they have not offered the unique features we provide for health officers, such as maintaining a comprehensive database on the children of the community. Most of these solutions only focus on recording information about children.

Case Study

4. Impact of the solution on the healthcare sector.

Address the problem

The mobile application addresses the challenges associated with manual management of baby health cards in Sri Lanka. By offering a user-friendly platform accessible both offline and online, it ensures continuous usage and reduces the risk of physical card loss. The app integrates timely reminders, comprehensive health information, and parental guidance, enhancing data accuracy and promoting disease prevention, health awareness, and increased parental involvement in child healthcare. Through consultations with field officers and medical students, the project recognizes the significance of digitalization in healthcare sectors and aims to modernize the management of baby health records, thereby enhancing the effectiveness of child healthcare in Sri Lanka.

Customer benefits

The digital baby card solution is helpful for doctors and other healthcare professionals in Sri Lanka. It makes sure that the health records are accurate and complete, helping doctors make better healthcare decisions. With this, the process becomes more automated, which means less work for doctors in entering data and they also get reminders on time. The system keeps all the health information in one central place, making it easier for doctors to check and understand the overall health of a person. as well as this helps doctors communicate more easily and work together better. This means they can coordinate and collaborate more effectively when providing healthcare services.

Not only doctors but also using digitized baby cards makes the work of midwives in Sri Lanka much easier. It helps them put in information about baby vaccinations without too much effort, as it simplifies the process. The system also sends reminders to midwives on time, making sure they don't forget important appointments for vaccinations or clinic visits. With this, the information about babies' health is more accurate, so midwives can keep a close eye on how the babies are doing. It also helps them quickly report and understand health data, making it easier to plan and provide better healthcare. Plus, having all this information in one place makes it easier for midwives to support and educate parents about taking care of their babies.

It helps the Sri Lankan government manage health information better. It creates a system where all health data is organized and easy to access. This helps the government make smart decisions about health policies. With all the information in one place, planning policies becomes more straightforward and based on accurate health data. The system also helps the government keep a closer eye on children's health.

This innovative health app offers a range of benefits for parents and caregivers, simplifying the management of their child's health. With streamlined data management, the app reduces the risk of losing or misplacing vaccine cards, providing a secure digital alternative. Parents can conveniently access vaccine cards from any device, eliminating worries about losing physical cards. The built-in appointment scheduling system makes booking vaccine appointments effortless, contributing to seamless healthcare management. Timely notifications and reminders enhance patient care by ensuring parents are consistently informed about upcoming vaccinations, reducing the likelihood of missed appointments. Additionally, the app provides accessible and accurate health records, empowering parents to take a proactive approach to their child's healthcare. With an easy-to-use interface, encourages active participation from parents and caregivers, fostering a collaborative and informed approach to managing their child's health.

Sustainability of our product

This innovative health app offers a range of benefits for parents and caregivers, simplifying the management of their child's health. With streamlined data management, the app reduces the risk of losing or misplacing vaccine cards, providing a secure digital alternative. Parents can conveniently access vaccine cards from any device, eliminating worries about losing physical cards. The built-in appointment scheduling system makes booking vaccine appointments effortless, contributing to seamless healthcare management. Timely notifications and reminders enhance patient care by ensuring parents are consistently informed about upcoming vaccinations, reducing the likelihood of missed appointments. Additionally, the app provides accessible and accurate health records, empowering parents to take a proactive approach to their child's healthcare. With an easy-to-use interface, encourages active participation from parents and caregivers, fostering a collaborative and informed approach to managing their child's health.

