



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



DEPARTMENT OF HEALTH AND FAMILY WELFARE – GOVT. OF KARNATAKA

भारत सरकार GOVERNMENT OF INDIA	स्वास्थ्य एवं परिवार कल्याण मंत्रालय MINISTRY OF HEALTH AND FAMILY WELFARE Toll free number: 1800-8437-100	GPMS Transportal	Select Language	f	g+	t	in	
	DEPARTMENT OF HEALTH AND FAMILY WELFARE							
Government of Karnataka Health and Family Welfare Services								
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Integrated GPMS Transportal For Universal Healthcare* Sustainable Action for Transforming Human capital (SATH) program



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About Ministry of Health and Family Welfare

The Ministry of Health and Family Welfare is an Indian government ministry charged with health policy in India. It is also responsible for all government programs relating to family planning in India

The Department of Health deals with health care, including awareness campaigns, immunization campaigns, preventive medicine, and public health.



सत्यमेव जयते

Ministry of Health and Family Welfare
Government of India

<https://mohfw.gov.in>



About NHM:



The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the newly launched National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

Ensure that all public health care facilities or publicly financed private care facilities provide assured quality of health care services.

nhm.gov.in



About

Health & Family Welfare Department, Government of Karnataka

Karnataka state is one of the pioneer states in the country in providing comprehensive public health services to its people. Even before the concept of Primary Health Centers was conceived by the government of India, the state had already made a beginning in establishing a number of PHU's for providing comprehensive Health Care, and a delivery system consisting of curative, preventive, promotive and rehabilitation health care, to the people of the state. "HEALTH" is an asset to every person.

Government of Karnataka caters to its citizens' health related needs through NHM programs and hospitals. NHM – National health mission – executes several programs to prevent, early detection and management of communicable and non-communicable diseases, to track, immunize and monitor and ensure stable mother and child health and to procure and distribute necessary health related products to citizens of Karnataka

www.karnataka.gov.in/hfw



**Department of
Health & Family Welfare**



About Indian CST:

Indian Centre For



Social Transformation

A Public Charitable Trust (Regd.)

Indian Centre for Social Transformation (Indian CST) is a registered Public Charitable Trust (Registration No. HLS-4-00228-2009-10 dated 26/12/2009) whose mission is to work towards realization of a national vision set out in Article 51A (j) of the Indian Constitution- which prescribes the Fundamental Duty for Indian Citizens and exhorts them “to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavour and achievement.”

The goal of Indian CST is to promote through this one stop portal, a number of projects that will deliver cost effective computing, best practices, knowledge management systems and critical applications at affordable costs to masses across India. Indian CST truly believes in 'IT for Social Change'.

www.indiancst.in & www.indiancst.com



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

**Initiative by the Ministry of Health and Family Welfare, NITI AAYOG,
Govt. of India, Department of Health and Family Welfare
Government of Karnataka (KARHFW), Powered by Indian CST**

<https://indiancst.com/India/universalhealthcare>



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Improving Healthcare for a better Karnataka.

Department of Health & Family Welfare Services

Indian CST has inked the MOU with Karnataka State Government Health and Family Welfare Department, Govt. of Karnataka (HFWD) to be in force for a period of 10 years (till 27.04.2027) Indian CST's Make in India Innovative Integrated GPMS Transportal for Universal Healthcare Cloud Computing Solutions Platform is been rolled through out in the KTK State 30 districts, 30,000 health centers which includes Govt and private too for real time monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters that will allow Multiple Ministry / Stakeholders / Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes to work on this single platform and the 4.5 crores patients / citizens who will be given access online to view their own medical records data online, any time , from anywhere, on any device. and further enabling the implementation of SDG-3 in the State of Karnataka.

<http://www.karnataka.gov.in/hfw/Pages/Home.aspx>

<https://indiancst.com/India/universalhealthcare/>

- ◆ SATH is an initiative through which NITI Aayog will partner with three states and to transform the health sector of the Indian states.
- ◆ NITI Aayog (the premier think tank of the Government of India) has selected Karnataka to improve healthcare delivery and key outcomes along with Uttar Pradesh and Assam.

Universal, easily accessible, affordable primary healthcare



Comprehensive primary health care package with geriatric, palliative and rehabilitative care.

Health Card for access to primary healthcare facility services anytime, anywhere.

Free drugs and diagnostics along with low cost pharmacy chains (Jan Aushadhi stores)

Free health care to victims of gender violence in public and private sector.



AFFORDABLE HEALTHCARE FOR ALL





IMPLEMENTATION OF SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL AT ALL AGES IN KARNATAKA STATE

SUSTAINABLE DEVELOPMENT GOALS

3 **HEALTHY LIVES**

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES | **3**

<p>Target 3.1</p> <p>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p>	<p>Target 3.2</p> <p>By 2030, end preventable deaths of newborns & children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births & under 5 mortality to at least as low 25 per 1,000 live births</p>	<p>Target 3.3</p> <p>By 2030, end the epidemic of AIDS, tuberculosis, malaria & neglected tropical diseases & combat hepatitis, water-borne diseases & other communicable diseases</p>
<p>Target 3.4</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention & treatment & promote mental health & well-being</p>	<p>Target 3.5</p> <p>Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p>	<p>Target 3.6</p> <p>By 2030, halve the number of global deaths & injuries from road traffic accidents</p>
<p>Target 3.7</p> <p>By 2030, ensure universal access to sexual & reproductive health-care services, including for family planning, information and education, & the integration of reproductive health into national strategies and programmes</p>	<p>Target 3.8</p> <p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines & vaccines for all</p>	<p>Target 3.9</p> <p>By 2030, substantially reduce the number of deaths & illnesses from hazardous chemicals and air, water & soil pollution and contamination</p>

Patients to access records held electronically whenever and wherever they need it.



THE VISION OF SATH (Sustainable Action for Transforming Human capital)

Program initiated by NITI AAYOG, is to transform Education and Health Sectors, by working closely with state level officials and other institutional level workers. In the states of Assam, Uttar Pradesh and Karnataka (selected by a transparency process), a futuristic role model is sought to be established. The road map of interventions, governance structures, monitoring and tracking mechanisms and hand holding of institutions through execution stage, entails measured steps to achieve the end objectives. This Single Integrated Dash Board using the GPMS Transportal for Universal Healthcare of [Indian CST](#) facilitates real time data capture at source and aggregation at institutional, District and State levels, of all existing software applications used in the State so that Policy interventions become data driven.





GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Ayushman Bharat is a National Health Protection Scheme, which will cover **over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries)** providing coverage up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization.

Improving Health for a Better Karnataka

GPMS Transportal for Universal Healthcare cloud computing platform has been further customized and developed for allowing digital access to Multiple Ministries at Central or State /District/ Urban Level /Rural Level / all Stakeholders / Govt. and Private Hospitals/ PHC's/ Sub-Centers / Doctors / GP's / Nurses / Multiple Stake holders / Associated with Healthcare Projects / Programs/ Schemes etc. To Work on This Single Cloud Computing integrated Platform For Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters

Any Karnataka State Citizens can access medical or ID records held electronically whenever and wherever they need it.



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

CHALLENGES FACED

<https://indiancst.com/India/universalhealthcare>



CHALLENGES FACED BY– NITI AAYOG GOVERNMENT OF INDIA NHPS Working Group on IT

Following are the key questions that have emerged from meeting for further discussion on 19th February:

- 1. How can we create a clean database of beneficiaries?
- 2. Is SECC a good starting point for creating the beneficiary database?
 - a. How can we fill the missing elements (address, date of birth, spouse name etc.), which are not a part of SECC?
 - b. How can we establish the accuracy of the SECC database?
 - c. Is leveraging Aadhaar a better option?
 - i. Can we explore the possibility of seeding SECC with Aadhaar?
 - ii. What is the feasibility (in reference to section 57 of the Aadhaar Act) of doing so?
 - iii. What are the long term implications (in reference to upcoming data protection law) of doing so?
- 3. Of the modules proposed for the IT system, what are the 3-4 critical/ high priority modules that should be fast-tracked?
- 4. What is the bare minimum set of standards that need to be complied with? Who can help in identifying this set?
- 5. What all needs to be fast tracked as per the '2 speed' model i.e. isolate short term priorities at the same time not sacrificing long term objectives?
- 6. Can we retrofit existing platforms with the identified set of standards?
- 7. Can we adopt an API based approach to create an inter-operable nationwide ecosystem?



CHALLENGES FACED BY NHM HEALTH DEPARTMENT OFFICIALS GOVERNMENT OF KARNATAKA

1. NHM envisages a fully functional health information system facilitating smooth flow of information for effective decision-making. A robust health management information system is essential for decentralized health planning. Lack of indicators and local health needs assessment have been identified as constraints to effective decentralization.
2. The different health management information systems insilo's should be integrated to support regular decentralized analysis of data and for decision making at state, district, city and sub -district levels. The information systems will enable local users in management of health service delivery as well as help them in their routine activities.
3. Multiple information systems in various health programs need to be integrated for seamless data exchange to enable comprehensive decision making. This requires integration of service delivery data (both aggregate and granular, including HMIS, MCTS Hospital information Systems data, tracking data etc.), NIKSHAY with morbidity (IDSP), mortality (death reporting and MDR) and with other management information systems data (human resource management systems, finance management systems, drug inventory management systems, and information for private sector regulatory systems, e.g., Clinical Establishments Act, PCPNDT implementation).



CHALLENGES FACED BY HEALTH DEPARTMENT OFFICIALS GOVERNMENT OF KARNATAKA

- Each department under the Ministry of Health and Family Welfare Services, Government of Karnataka were working in silos.
- Multiple applications and databases are in silo's preventing seamless data sharing among department users and program offices. Despite computerization, data is shared after manual compilation leading to duplication of precious human efforts.
- Adding further inefficiency in the execution of various programs.
- The section required MIS for an effective and efficient decision making.
- Most of the departments, however, did not have any applications and, therefore, data was collected and collated manually for decision making.
- The manual processes also delayed actions by the decision makers. Today's report collected in a village, for example, takes 1 month to reach to the state level officer for decision making as it goes through time taking manual data collating process for all the villages, all the blocks, and all the districts in the state.



CHALLENGES FACED BY HEALTH DEPARTMENT OFFICIALS GOVERNMENT OF KARNATAKA

- There were chances of data discrepancy due to non-uniform data entry leading to inconsistent values in database and dubious report generation.
- Duplication of data is prevalent due to multitude of systems storing data about same subject / object.
- Some of the reports was needed data from multiple systems which would be possible only after manual compilation due to lack of integration among existing systems.
- There is no unified view of data and MIS for the entire department due to multitude of data sources. It leaded to cumbersome monitoring and reporting that limits the decision-making process.
- No decision support system was available real time for government officials at times of a disease outbreak.
- The different healthcare applications under various organizations in use do not have provision for recording and reporting health data for certain functional units such as NLEP, NPCB, Mental, Oral and NPPCD etc.



ISSUES FACED BY CITIZENS, ORGANIZATIONS & HOSPITALS

- No digital access provided to Patients / Citizens individual medical records.
- No provision for uploading Patients / Citizens medical history .
- Doctors, dispensaries and Govt. or Private hospitals did not have access to patient data even if patient wanted to share his/ her own data during treatment.
- Escalating demands on health and social services leading to ever increasing costs year on year.
- Increasing costs to fund healthcare
- Ageing Populations
- Decreasing Government resources
- Increasing Consumer expectations
- Lack of a layered approach
- Need for a seamlessly integrated experience
- Obtain health services **Anywhere** in the country without suffering financial hardship or excessive indirect costs



ISSUES AND CHALLENGES FACED BY HEALTH DEPARTMENTS & HOSPITALS

1. Multiple applications and databases in silo prevents seamless data sharing among department users and program offices.
2. Despite computerization, data is shared after manual compilation leading to duplication of precious human efforts.
3. Duplication of data is prevalent due to multitude of systems storing data about same subject/object.
4. There are chances of data discrepancy due to non-uniform data entry leading to inconsistent values in database and dubious report generation.
5. Some of the reports would need data from multiple systems which would be possible only after manual compilation due to lack of integration among existing systems.
6. There is no unified view of data and MIS for the entire department due to multitude of data sources.
7. It leads to cumbersome monitoring and reporting that limits the decision making process.
8. The applications under use do not have provision for recording and reporting health data for certain functional units such as NLEP, NPCB, Mental, Oral and NPPCD etc.



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

CHALLENGES ADDRESSED

<https://indiancst.com/India/universalhealthcare>



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

- Integrated multiple applications data bases running under National Health Mission (NHM) in Karnataka integrated using API's .
- A fully functional health information system facilitating smooth flow of information for effective decision-making as needed by NHM.
- An Integrated platform to provide digital access to the all Karnataka citizens, Govt. or Private doctors, dispensaries, hospitals, etc. departmental officials and policy level makers.
- Registered **1,16,99,815** households under which **4,06,75,091** citizens registered in the GPMS Transportal for Universal Healthcare so that digital access after KYC to each citizen can be provided with an user name and password to access their medical records online.
- Integrated and enabled a free flow of Real time Data and Interoperability.
- Enabled platform that communicates with all the state and district, village level systems and other national health information systems.



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

- Integrating approximately around **148 APIs** into this dashboard.
- The feature of multi-functionality has been provided.
- Transparency in the health sector has been brought about.
- The ability of fraud detection due to the integration of various schemes under the government for insurance claims.
- Real time automatic Big data analytics reports with Block chain technology is being integrated the moment data is entered into the applications.
- Provides real time decision support system.

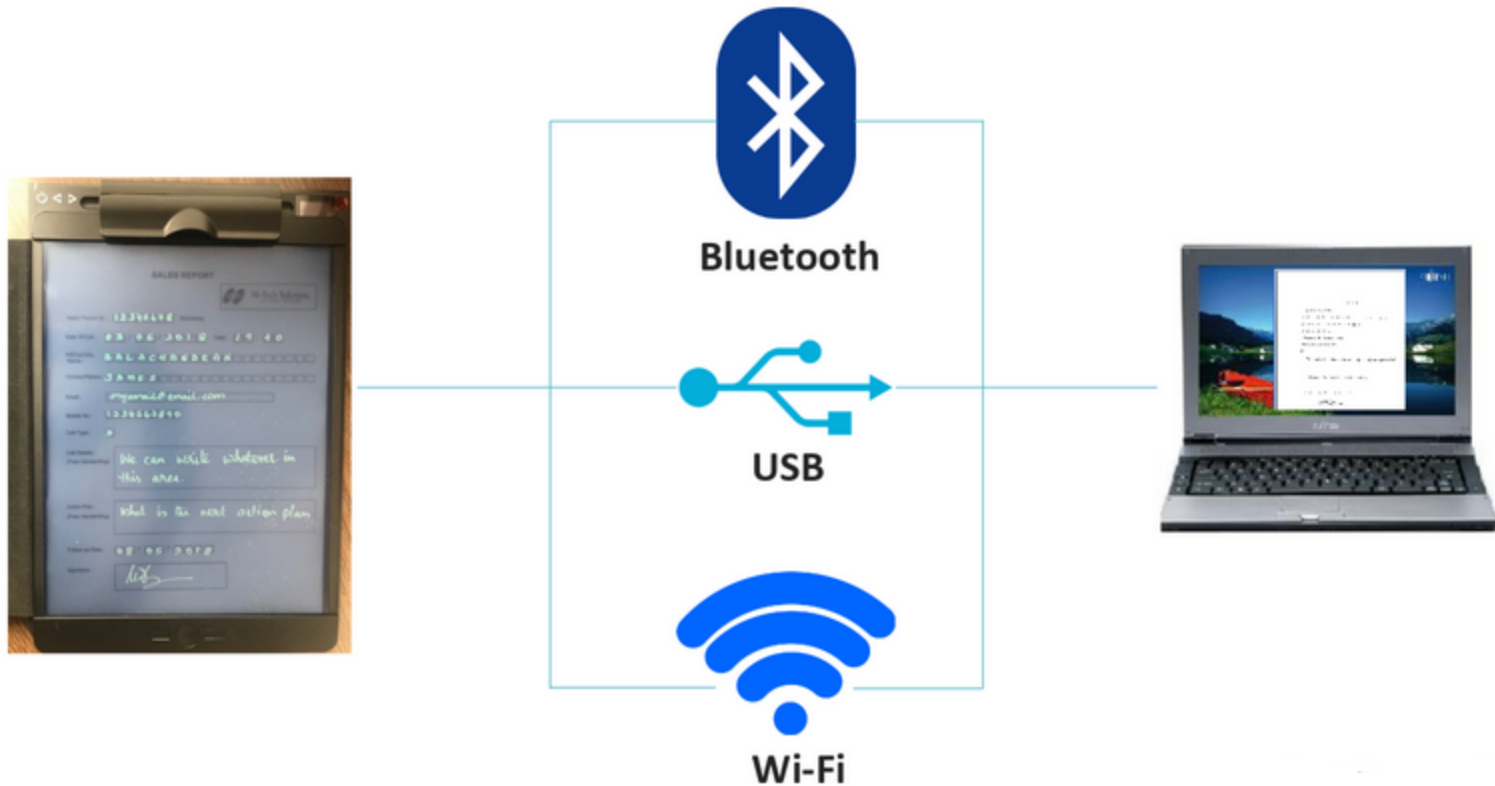


CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

- A Dedicated STOP TB Module for real time data analytics enabled.
- All-encompassing analytics on the state of Karnataka, right from cradle to grave for every citizen.
- Capable of strengthening of the rural health system
- Enabled a seamless flow of data between e-hospital and other healthcare software's being used by NHM departments to create a consolidated health information of the citizens of Karnataka.
- The platform also supports Initiatives for reducing child and maternal mortality, stabilizing population along with gender and demographic balance have been taken.
- The output of these systems is been linked for display in GIS application for comprehensive decision-making.
- Open Data Sources to the benefit for a health platform
- Customized Role Based for providing secured Authorized Access
- Health professionals, researchers, planners, administrators and health consumers can use the same platform online for driving greater intelligence on how improve health ecosystems or programs.



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST



- Integrated State of the art digital Prescription Pad Paperless Handwriting Automated form processing solutions (PHAPS) useful for doctors integrated.



CHALLENGES ADDRESSED IN THE INTEGRATED DASHBOARD Further Customized and Developed by INDIAN CST

Citizens Digital Vault for storing 100 plus ID's on Cloud for e-KYC, Validation, Verifications using API's from NeGD is being enabled

INDIA CITIZENS NETWORK
ASSOCIATE 2 TRANSFORM AND EXCEL

Nothing selected

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GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

EXECUTIVE SUMMARY

<https://indiancst.com/India/universalhealthcare>



Executive Summary

Indian CST has inked the MOU with Karnataka State Government Health and Family Welfare Department, Govt. of Karnataka (HFWD) to be in force for a period of 10 years (till 27.04.2027) Indian CST's Make in India Innovative Integrated GPMS Transportal for Universal Healthcare Cloud Computing Solutions Platform rolling out in the KTK State 30 districts, 30,000 health centers which includes Govt. and private for real time monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters that will allow Multiple Ministries / Stakeholders / Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes to work on this single platform and the 4.5 crores patients / citizens who will be given access online to view their own medical records data online, any time , from anywhere, on any device. and further enabling the implementation of SDG-3 in the State of Karnataka.

<http://www.karnataka.gov.in/hfw/Pages/Home.aspx>

Indian CST has developed this make in India's Innovative GPMS Transportal for Universal Healthcare which is an integrated cloud computing solutions platform linked with GIS applications, web analytics, real-time data analytics, IVRS for comprehensive decision making platform and has been hosted from India's own supercomputing infrastructure at CISR 4PI Government of India.







GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE INTEGRATED WITH UMANG MOBILE APPLICATIONS

SDG 3: Health for all at all ages



SDG 3 includes 13 targets
by thematic area:

-  health throughout the life-course;
-  communicable diseases, NCDs and risk factors;
-  resilient environments;
-  health systems.



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Patients to access records held electronically whenever and wherever they need it.



This platform integrates all states, districts up-to block level

1. Primary, secondary and a substantial part of tertiary care, by providing a continuum from community level to the district hospitals, with robust referral linkages to tertiary care that focuses on strengthening the Primary Health Care System. Integrates all outreach services in both rural areas and urban slums in India.
2. Helps realizing National health goals, on the survival and well-being of women and child survival to child development of all children 0-18 years, reducing existing disease burden and ensuring financial protection for households when implementing the Universal Health Coverage (UHC).



This platform is capable of Real time monitoring of mother and child along with citizens Electronic Health Record with all Clinical Parameters

1. Allows authorized access to Multiple Ministries at Central Govt. of India, State Health departments / Multiple Stakeholders / Govt. and Private Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes that can login with their user name and password to work concurrently on this single integrated cloud computing platform from any of their locations in India.



Third party monitoring and evaluation at all levels enabled

1. Key performance indicators, drugs and supplies, regular district level online real-time surveys can be conducted for providing a strong disease surveillance system in India.
2. For managing all the doctors, staff nurses, pharmacists, laboratory technicians, ANMs, ASHA workers and citizens as beneficiaries.
3. it also brings accountability in governance that would include social audits through people's bodies, community based monitoring and an effective mechanism of concurrent evaluation of services that address the health of all citizen's in the prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
4. Ensures that all public health care facilities or publicly financed private care facilities provide assured quality of health care services that delivers large range of preventive and curative care services.



KARNATAKA STATE BECOMES INDIA'S FIRST IMPLEMENTATION

1. SATH is an initiative through which NITI AAYOG will partner with three states and to transform the health sector of the Indian states.
2. NITI AAYOG (the premier think tank of the Government of India) has selected Karnataka to improve healthcare delivery and key outcomes along with Uttar Pradesh and Assam
3. GPMS Transportal for Universal Healthcare cloud computing platform to provide digital access for each family to access free drugs online.
4. Access to full range of primary care services e.g. diagnostic and laboratory etc. Services available in their location which will identify early identification of diseases through periodic screening conducted.
5. Health education and promotion of good health practices and values during these formative years where the timely management including assured referral for secondary and tertiary level care is appropriate anywhere from their own locations in India.
6. Platform is integrated with patient feedback and grievance monitoring online Help Desk redressal system is enabled.



In order to ensure and further enable the implementation of SDG-3 in the State of Karnataka

1. A MOU is in force for a period of 10 years (till 27.04.2027) from the date of signing of MOU i.e., 27.04.2017 (Government Order No. HFW 76 FPE 2017, Bengaluru, Dt: 06.05.2017). Thereby establishing a relationship between HFWED and Indian CST to jointly identify, qualify and develop solutions to improve healthy life and promote wellbeing of children (premature and term children).
2. For doing so, it is necessary to bring all the various stakeholders on to the same platform, so that there will be responsibility fixed to share all data and information relating to the myriad programs taken up aimed at achieving SDG-3 in the State of Karnataka.
3. All the stakeholders need to access the same validated data, to facilitate facts based decisions at each level- global to local.
4. Timely interventions are possible only when diverse data is processed, collated and analysed and made available in real time, by generation of appropriate alerts and delegation of tasks.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



FOR DELIVERING G2C, G2B SERVICES AT THE CITIZENS DOOR STEP

1. Offers Digital Access to patient record before he / she reach the hospital and the ambulance can also exchange the health information of the patient in case of emergency
2. Efforts will be made to align with the Govt.'s "100 Smart Cities", "Make in India", "Digital India", "and Swachh Bharat Mission" and other initiatives brought in from time to time.



It is an employment creation and capacity building and skill india program in place a real time Data analytics as a Service using the GPMS Transportal hosted from India's own Supercomputing facility. Project creation of One lakh people jobs in 5-5 years' time with generation of revenues required to make this a sustainable model



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

INTRODUCTION

<https://indiancst.com/India/universalhealthcare>



Indian CST's

GPMS Healthcare Information Therapy Transportal

Monitoring of Mother and Child with Citizens Electronic Health Record
with all Clinical Parameters

Allows Multiple Ministry / Stakeholders / Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes To Work on This Single Platform



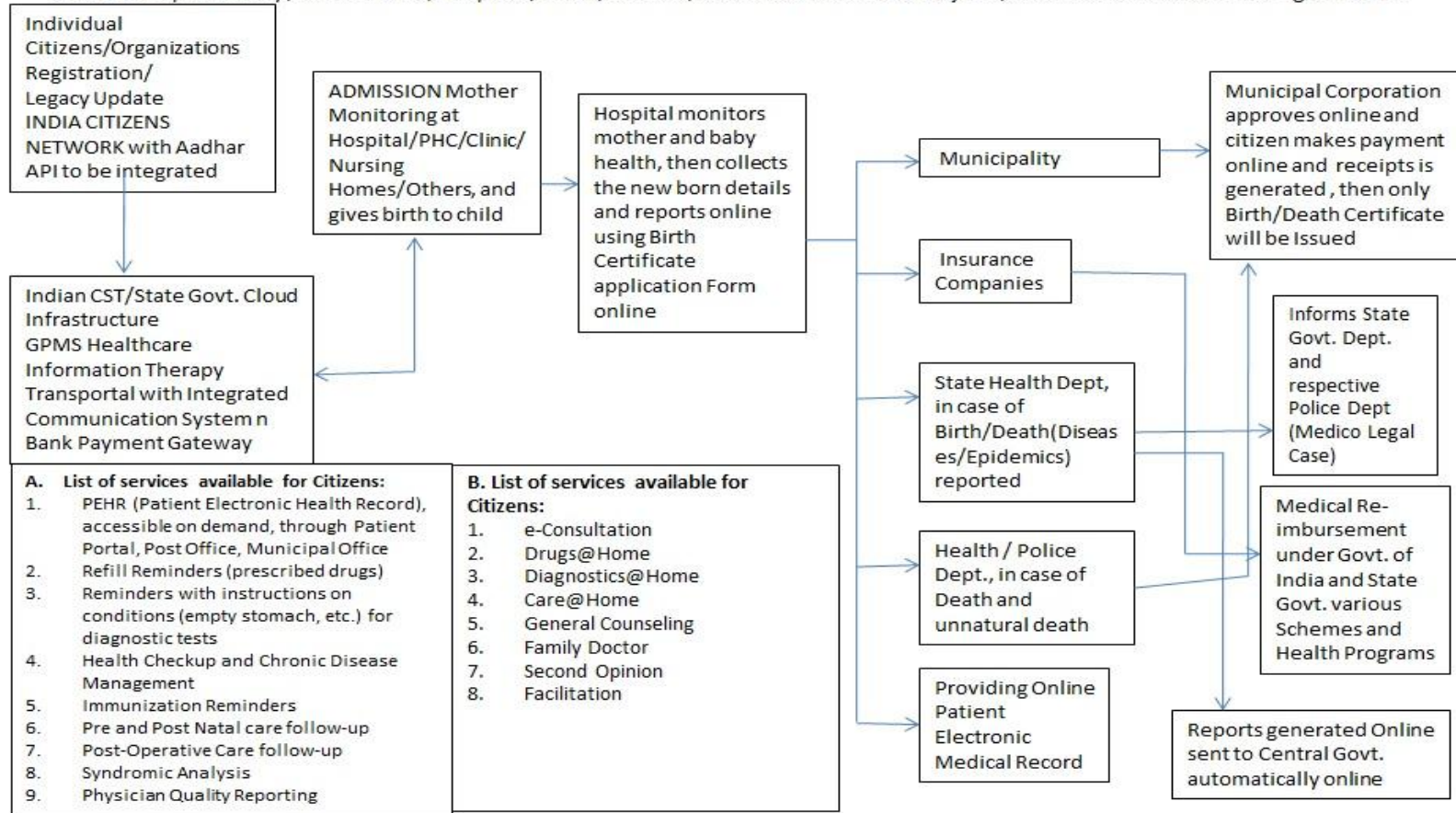
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GPMS Healthcare Information Therapy Transportal

Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameters

Allows Multiple Ministry / Stakeholders / Hospitals/ PHC's/ Doctors / Associated healthcare Projects / Schemes To Work on This Single Platform



www.indiancst.com



INTRODUCTION -1

1. GPMS Transportal for Universal Healthcare an integrated dashboard which contains the information of all the programs under the Government of India and State Government of Karnataka.
2. A consolidated health information of citizen's secured repository of Karnataka State.
3. A decision making system for all departments, health facilities and managing stakeholders of NHM.
4. Empowers the health program management, beneficiaries monitoring and project implementation teams.
5. Reduces manual effort and thus it will help eliminate manual errors and redundancies.
6. GPMS cloud computing solutions and integrated data correlated of all other applications is meant to strengthen the power of supervision.



INTRODUCTION -2

1. Cloud Computing Solution providing access to medical records, drug inventory, disease report, 24 hours a day, and 365 days a year.
2. Provisions to share medical records between patients and health professionals throughout the globe
3. GPMS Healthcare Cloud Computing Solutions Platform for rolling out through out in the KTK State 30 districts, 30,000 health centers
4. GPMS Trans portal for Universal Healthcare also becomes the world's first where integrating 100's of healthcare different systems into a single dashboard for providing affordable healthcare for all.
5. Cradle To Grave Solutions for mankind.
6. Democratization of Health services and solutions for the state of Karnataka, scalable to international standards.



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

BENEFITS

<https://indiancst.com/India/universalhealthcare>



PROJECT IMPLEMENTATION GOAL

1. GPMS Transportal for universal healthcare Integration Plan project is intended to enable a seamless flow of data between e-Hospital and other 100 plus software's currently being used by NHM health facilities to create a consolidated health information for the citizen of Karnataka.
2. The consolidated data pool will cater to all the MIS needs of all the sections , departments running in the Health and Family Welfare services. This project will create a sharable and scalable single evidence based information pool to be used for informed and accurate decision makings by all the ministries, departments sections and managing stakeholders of NHM.
3. This project will dramatically reduce manual effort at data entry centres and thus it will help eliminate manual errors and redundancies.



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCHARE IS BEING INTEGRATED WITH UMANG mobile apps

Ontology of Healthcare Programs and Policies

Policy/Program					
Scope	Focus	Outcomes	Care	Population	
Global	[+] Drugs	Accessibility	Preventive	Individual	
National	Educational	Cost	Wellness	Children	
Local	Financial	Quality	Pregnancy	Pre-natal	
Urban	Insurance	Satisfaction	Illness	Post-natal	
Rural	Information	Safety	Episodic	Adolescents	
Provider	Personnel	Parity	Chronic	Adults	
	Physician	Timeliness	Palliative	Mothers	
	General			Workers	
	Specialist			Aged	
	Nurses			Family	
	Staff			Community	
	Regulatory				
	Technology				
	Treatment				
	Administration				

Rameshbabu, Savitry, and Vin

National Healthcare Programme 07_28_2015

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ONLINE CITIZENS DIGITAL MEDICAL / RECORDS

1. Real time monitoring of mother and child along with his or her citizens Electronic Health Record with all Clinical Parameters which allows authorized access to Multiple Ministries at Central Govt. of India, State Health departments/ Multiple Stakeholders/Govt. And Private Hospitals/ PHC's/ Doctors / Associated healthcare Projects Programs / Schemes / Beneficiaries that can login with their user name and password to work concurrently on this single integrated cloud computing platform from any of their locations in India.
2. Electronic Digital Health Records will be real-time, patient centered records that make information available instantly and securely to authorized users.

For Receiving Various Types Healthcare Services at Citizen's Door Step



FOR ALL GOVT. OR PRIVATE HEALTH FACILITIES

1. When a citizen enters any of the Government or Private healthcare facilities they can search this Indian central medical records registry online by entering any of the citizens govt. ID's or Aadhaar or Ration Card number and search
2. The Search will display the citizen's details for verification only if the healthcare facility person has authorized access
3. Only the authorized healthcare facility person can access and register online this patient who has come for consultation or admission can view their legacy specific medical records online including scan documents online .
4. Provision to upload patient's legacy medical records online or for registering medical encounter data by registering clinical outcomes like ICD and CPT Codes or Citizen to access to view specific medical records for Government to view of diseases by Gender and Age online

For Delivering Various Types Healthcare Medical Services at Citizens Door Step



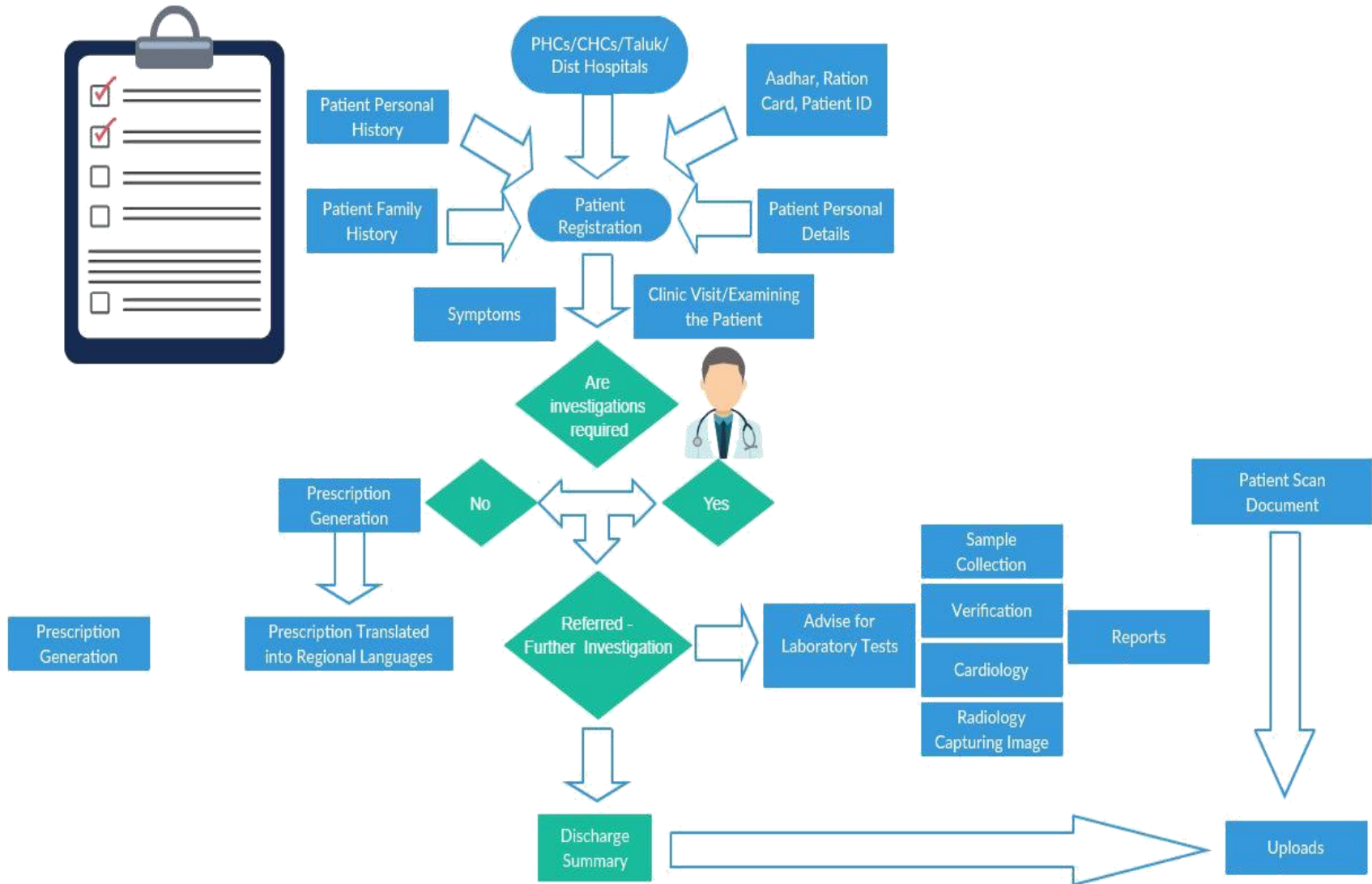
REAL TIME MONITORING OF BENEFICIARY MEDICAL REIMBURSEMENTS

1. Latest ICD code are been connected with the Drug Code and Procedure codes to each of the medical record of patient / citizen, there is a default option to scan and upload ones medical records documents, The same is been integrated with the Aadhar, Ration card, SECC database, NPR database, MR. No. Patient No., etc.
2. All Healthcare facilities associated in the particular region to the Asha Workers, Doctor, Labs, blood banks, Fair Price shops, Households surveys, Medical Colleges, Pharmacy colleges, nursing colleges, clinics, research centres, iOSSD on-going programs, Tests done reports, other Reports, Schools, Programs, Projects, Schemes, Dash Boards, Bank Payment Gateways, Census Populations, Property Taxes information with PID, Multiple government ID's, Multiple Banks IFSC codes, Police stations, Birth Records, Death records.
3. IVRS, Mobile Task Management for sending reminders, online helpdesk for citizens/ patients grievances to be addressed, medical reimbursements, multiple banks payment gateways,
4. Real-time reports for making policy decisions, GIS maps, vaccination schedules, mobile application etc. Multiple levels of security integration's are enabled.

For Receiving Various Types Healthcare Medical Services at their Door Step



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard





INTEGRATED WITH RATION CARD, AADHAR ALONG WITH OTHER GOVT. ID'S

Only four levels of authorized users in the Cloud Platform who will have access :

1. National Level Users
2. State Level Users
3. District Level Users
4. Village Level Users

Whenever a patient or citizen enters any of the Government or Private healthcare facilities healthcare facility can search this Indian central medical records repository online by entering any of the citizens ID's and search

Electronic patient registration software provides a solution for eliminating the need for manual entry of data in the health sector as a whole. It also enables a patient that is registered on this platform to have his medical records stored digitally that allows to access it whenever he intends in doing so at remote clinics or hospitals in interior parts of India.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Visit: <https://indiancst.com/India/universalhealthcare>

भारत सरकार | स्वास्थ्य एवं परिवार कल्याण मंत्रालय | GPMS Transportal
GOVERNMENT OF INDIA | MINISTRY OF HEALTH AND FAMILY WELFARE | Toll free number: 1800-8437-100

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Government of Karnataka
Health and Family Welfare Services

Select Language

HOME GET IN TOUCH HELP DESK LOGIN

LOGIN SIGN UP

Enter your email/Username and password to sign in

Username/Email

Password

SUBMIT

Sign in with Facebook

Sign in with Google+

Enter **user name and password** details and click on **SUBMIT** button.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameter

Allows Multiple Ministry/Stateholders/Hospitals/PHCs/Doctors/Associated Healthcare Projects/Schemes To Work on this Single Platform

0. MASTERS	1. TOTAL POPULATION: 6,10,95,297	2. RATION CARD HOLDERS: 1,16,99,815	3. BENEFICIARIES: 5,23,74,906
4. FAIR PRICE SHOPS: 18837	5. PHCs: 2522	6. SUB-CENTERS: 9130	7. DOCTORS
8. ASHA WORKERS: 32860	9. ANMs: 1133	10. TOTAL AMBULANCE: 1550	11. PATIENT REGISTRATION: 92,937
12. CDR	13. ICU	14. BIRTH: 3,01,999	15. DEATH: 11,211
16. STILL BORN: 8460	17. STOP-TB ANALYTICS: 6,33,593	18. MALARIA: 30,560	19. DENGUE: 142
20. CHIKUNGUNYA: 1435	21. CHOLERA: 58	22. DIABETES: 23,423	23. EPILEPSY: 1169
24. CARDIAC: 461	25. HYPER TENSION: 33,735	26. CANCER: 408	27. FSSAI
28. REIMBURSEMENTS: 5,55,98,064	29. HEALTH INFRASTRUCTURE: 15,130	30. NRC	31. NCD
32. NVBDCP	33. ERAKTKOSH	34. PHC-MIS	35. KPME
36. SNCU	37. PCPNDT	38. SAST	39. E-AROGYA
40. MENTAL HEALTH	41. ASHA SOFT	42. MSHS	43. MCTS
44. JEEVA SANJEEVINI	45. ELAJ	46. DRUG INVENTORY	47. RSBY
48. UHC	49. DISABILITY SOFTWARE	50. TELE MEDICINE	51. RNTCP
52. IDSP	53. HMIS	54. E-HOSPITAL	55. E-KIRANA
56. RBSK	57. HELP DESK	58. TMIS	60. NFDS
61.MDR			



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

**ONLINE PATIENT REGISTRATION- ONLINE NEW MODULE
DEVELOPED AND INTEGRTAED**

<https://indiancst.com/India/universalhealthcare>



The Search will display the citizen's details for verification only if the person has authorized access

Patient Registration

Home > NPCDS > Create

Personal Details

Organization <input type="text" value="Select One"/>	Patient ID * <input type="text"/>	ADHAR NUMBER <input type="text"/>	Ration Card Number <input type="text"/>
Patient Name * <input type="text"/>	Emergency Contact Number * <input type="text"/>	Date Of Birth <input type="text"/>	Sex * <input type="text" value="Select One"/>
Marital Status <input type="text" value="Select One"/>	Blood Group * <input type="text" value="Select One"/>	Occupation <input type="text" value="Select One"/>	Father Name <input type="text"/>
Mobile No. * <input type="text"/>	Email Id <input type="text"/>		

Upload Photo



No file chosen

Personal History

Any Known NCD (DM/HTN/CVD/Ca) <input type="text" value="Please mention Disease"/>	Tobacco, Smoking Yes <input type="radio"/> No <input checked="" type="radio"/>	Tobacco, Smokeless (Chewing, Snuffing) Yes <input type="radio"/> No <input checked="" type="radio"/>	Alcohol Consumption in last one month Yes <input type="radio"/> No <input checked="" type="radio"/>	Less Physical Activity (Sedentary lifestyle) Yes <input type="radio"/> No <input checked="" type="radio"/>
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GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Personal History

Any Known NCD
(DM/HTN/CVD/Ca)

Please mention Disease

Tobacco,
Smoking

Yes No

Tobacco, Smokeless (Chewing,
Snuffing)

Yes No

Alcohol Consumption in last one
month

Yes No

Less Physical Activity
(Sedentary lifestyle)

Yes No

Family History

Diabetes

Yes No

High Blood Pressure

Yes No

CVD

Yes No

Stroke

Yes No

Cancer

Yes No

Patient Examination

Height

In Metre

Weight

In Kg

BMI(Wt. in Kg/HT. in m²)

In Kg/m²

Blood Pressure

In mm/Hg

Blood Sugar Fasting/Random

In mg/dl

Oral Cavity Examination

Normal Abnormal

Breast Examination

Normal Abnormal

Visual Inspection of Cervix

Normal Abnormal

Any Other Investigation/ finding

Symptoms

Select Symptoms



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



ICD Details

ICD Description

Select One

ICD Code

Medical Advice

Advice for Prescription/Lab Test

Prescription

Labtest

Prescription

Fill the Number

Sl no	Drug Form	Drug Name	Units mg/ml	Drug Dosage				No of days	Instructions	Add
				M	AF	E	N			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input checked="" style="float: right;" type="button" value="+"/>

Advice

Contact Infomation

Country

Select One

State

Select One

District

Select One

Taluk

Select One



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



INTEGRATED PLATFORM

Subject ID:

Information based medicine will require unprecedented access to diverse, integrated information

Challenges: Volume and complexity, Integrating multiple sources of information, Need for sophisticated analysis, Changing collaborative models and systems

Subject Information									
Subject ID	Registrati...	Corporate...	Employee...	Employee...	Designati...	Name Pre...	First Name	Last_Name	Date o
MR 001	10/10/2008	ING	ING001	Sumalatha	Manager	Miss	Sumalatha	Raghavan	05/04/

Image Investigation							
Subject ID	Date acquired	Image Type	Image Format	Report Name	Report ID	Image Path	Radiologist(...)
MR 001	11/03/2008	MRI Breast	DICOM	IP001 MRI Br...	RP001	C:\PACS\IMR...	UWW

Phenotype Assessment									
Subject ID	Rater ID	Interview ...	Consent ...	Blood dra...	DNA ID	Genotypin...	Anemia	BP	Pulse
MR 001	SAM001	11/03/2008	yes	yes	DNA001	yes	yes	no	70

Clinical Data									
Subject Id	Complaints	Diagnosys	Medicine ...	Dosage A...	No Of Days	Quantity	Special In...	Follow Up...	Height
MR001	Depressi...	ooperecto...	Temoxifln	1mg	60	3	Before food	none	150

Investigator Details				
Subject ID	Investigator City	Investigator DOB	Investigator Sex	Investigator Blood Gro...
MR001	bangalore	10/10/1955	male	A+

Sample Management						
Subject ID	Blood Group	Collection Cen...	Pro Transfusio...	No. of Units	Hb (gm/dl)	Department
MR001	AB+	Red Cross	10/10/2008	7	10	141, coding

Variation Study									
Subject ID	Medical R...	Hetrozygo...	Function ...	Chromos...	Allele	Protein R...	Method Cl...	Disease ...	Protein
MR001	IP001	.005	coding sy...	17q21	T	Phenyl ala...	sequence	Breast ca...	Nuclea

Drug Side Effects								
Subject ID	Irritability	Loss of a...	Low-grad...	Redness	Tenderne...	Lump at...	Sleepiness	Vomiting
MR001	1000							

Windows Taskbar: start, CGV3..., 2 Ja..., Untile..., sunl, 3 Sk..., BIPP, untile..., 1:05 PM



Patient Dashboard

1. A unique template that enables the patient to upload his legacy medical records for future reference during his visit to any of the hospitals worldwide. It is thus an all-encompassing approach taken in view in bringing affordable Universal Healthcare to the patient through the integrated GPMS Transportal for Universal Healthcare dashboard.
2. It also provides valuable analysis for the highest authority in the government in decision making process especially in times of a disease outbreak.



Only the authorized healthcare facility can access and register online this patient who has come for consultation or admission

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

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NATIONAL HEALTH MISSION
सुखमेव जगते
राष्ट्रम स्वास्थ्यं विनत

GPMS Transportal for Universal HealthCare

Patient Registration List

Home > PatientList

Register

Organization	Patient Id	Patient Name	Date	
<div style="border: 1px solid #ccc; padding: 2px;">Select One ▾</div>	<div style="border: 1px solid #ccc; padding: 2px;">Patient Id</div>	<div style="border: 1px solid #ccc; padding: 2px;">Patient Name</div>	<div style="border: 1px solid #ccc; padding: 2px;">Date</div>	<div style="background-color: #0070c0; color: white; padding: 5px 15px; border-radius: 5px; display: inline-block;">Search</div>

Page 1 of 9294
Total Records : 92937
Show Per page

<<
<
1
>
>>



Only the authorized healthcare facility personnel can access and register online this patient who has come for consultation or admission can view their legacy specific medical records online.

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

Select Language ▾
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● Online

GPMS Universal HealthCare

- Dashboard <
- Patient Registration <
- Health Information <
- GPMS <
- Doctor View <
- Masters <
- Help Desk <

Patient Dashboard

Registration Record
Registration Date : Registration Time :

Personal Details

Organization Nikshay	Patient ID	ADHAR NUMBER :
		Ration Card Number
Patient Name : Hanumantharaya.bhima	Emergency Contact Number	Date Of Birth 00-00-0000
Age 32	Sex M	
Marital Status :	Blood Group :	Occupation :
Father Name :	Mobile No:	Email Id

Photo

Patient History

- [Registration Card](#)
- [Registration Record Print](#)
- [Patient Records](#)
- [Reimbursement](#)
- [Geolocation](#)

Personal History

Any Known NCD (DM/HTN/CVD/Ca):	Tobacco, Smoking :	Tobacco, Smokeless (Chewing, Snuffing) :	Alcohol Consumption in last one month :	Less Physical Activity (Sedentary lifestyle) :
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Family History

Diabetes :	High Blood Pressure :	CVD :	Stroke :	Cancer :
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Only the authorized healthcare facility personnel can access and register online this patient who has come for consultation or admission can view their legacy specific medical records online.

Personal History				
Any Known NCD (DM/HTN/CVD/Ca): Diabetics	Tobacco, Smoking : No	Tobacco, Smokeless (Chewing, Snuffing) : No	Alcohol Consumption in last one month : No	Less Physical Activity (Sedentary lifestyle) : Yes

Family History				
Diabetes : No	High Blood Pressure : Yes	CVD : No	Stroke : No	Cancer : No

Patient Examination			
Height : 5	Weight : 60	BMI(Wt. in Kg/Ht. in m2) : 44	Blood Pressure : 140
Blood Sugar Fasting/Random: 140	Oral Cavity Examination Normal	Breast Examination Normal	Visual Inspection of Cervix Normal
Any Other Investigation/ finding			



Patient Scanned Medical Records Uploads online

Following are the e-hospital modules:

- Patient Registration
- Emergency Registration
- Clinics
- Billing and Accounts
- Path Lab (LIS)
- Radiology /Imaging (RIS)
- PACS Interface
- Blood Bank Management (Separate Interface)
- IPD(ADT)
- OT Management
- Pharmacy Management
- Electronic Medical Records (EMR)
- Birth & Death Registration
- Care Provision
- Stores & Inventory
- Dietary Services
- Laundry Services
- Personnel Management
- Telemedicine Suite
- Student Management System (For Teaching Hospital)

1. A unique template that enables the patient to upload his/her legacy medical records for future reference during his visit to any of the hospitals worldwide.
2. It is thus an all-encompassing approach taken in view in bringing affordable Universal Healthcare to the patient through the integrated GPMS Transportal for Universal Healthcare dashboard.
3. It also provides valuable analysis for the highest authority in the government in decision making process especially in times of a disease outbreak.



Provision for any authorized healthcare facility or to upload patient's legacy medical records online or for registering medical encounter data by registering clinical outcomes like ICD and CPT Codes or Citizen to access to view specific medical records for Government to view of diseases by Gender and Age online

Upload Patient Scanned Documents Home > NVBDCP > Patients > Upload Doc

Patients Digital Medical Records

MR No./Aadhar No./Ration Card No. *

Patient Name Patient ID PHC Father Name

Age Gender Marital Status Blood Group Mobile No. * Emergency Contact No. *

Select Document Type * :

Choose File No file chosen

No	File Name	Remove



Only the authorized healthcare facility can access and register online this patient who has come for consultation or admission can view their legacy specific medical records online including scan documents online

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

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GPMS Universal HealthCare

- [Dashboard](#) <
- [Patient Registration](#) <
- [Masters](#) <
- [Help Desk](#) <

Patient Scanned Documents

Home > Patients > Scanned Doc

Patients Digital Medical Records

MR No	MR-0005	File Name:*	Select One
Patient ID	222	Please select any file from drop down list box...	
Patient Name	Minakshi Vibhuti		
DOB / Age	06-02-2000 18 yrs		
Sex	Female		
Marital Status	Single		

Powered by Indian CST.
As per Govt. of India Standards National eHealth Authority (NeHA) 2015
Initiative by the Ministry of Health and Family Welfare, Govt. of India, Niti Ayog, Govt. of Karnataka



Doctors information: Contact details, Clinic details, Prescription, Appointment & Tariff have been made available in the integrated GPMS Trans portal for Universal Healthcare dashboard.

Doctor Dashboard

Home > Doctor View

Doctor Details -

User Name : 9741540362	Name : Zamindar Microsurgical Eye Centre	Organization : Zamindar Microsurgical Eye Centre-427Pvt572
Care Of Person :	Patient Name :	Care Of Person :
Date Of Birth : 00-00-0000	Employee Id :	Sex : Male
Department :	Designation :	Office Phone No. :
Address :	Mobile No : 9741540362	Email Id : support@indiancst.in

Location Details -

Country :India	State : Karnataka	District : Bangalore Urban	Taluk :
Panchayat :	Village :	Pincode :	Address :

Doctor Details -

- [Prescription](#)
- [Tariff](#)
- [Appointment](#)

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.

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GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Indian CST integrated the APIs shared by the Department of Health and Family Welfare – Karnataka into the Common Integrated Dashboard.

<https://indiancst.com/India/universalhealthcare>



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

MOTHER AND CHILD TRACKING SYSTEM (MCTS) SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Mother and Child Tracking System (MCTS) API Integrated

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MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

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GPMS Transportal for Universal HealthCare

Home > MCTS > Karnataka

Mother And Child Tracking System(MCTS)

Karnataka

CHITRADURGA

Statistics

MONTH AND YEAR	2017 - 09 to 2018 - 01
REGISTERED CHILD	301999
CHILD DEATH	0
ABORT	4982
STILL BIRTH	623
HIGH RISK	18641
MOTHER'S AADAR	106726
MOTHER'S MOBILE	0
HOME DELIVERY	314
PRIVATE DELIVERY	2056
PUBLIC DELIVERY	19056
LOW CHILD WEIGHT	145651
PREGNANT WOMEN 18 YEARS	1253
ASHA COUNT	84160
ANM COUNT	26792

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.

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Mother and Child Tracking System (MCTS) Software API Integrated

1. An initiative of Ministry of Health & Family Welfare to leverage information technology for ensuring delivery of full spectrum of healthcare and immunization services to pregnant women and children up to 16 years of age.
2. This software is primarily maintained and managed by Demograph Section. The data is then used by multiple other sections.
3. MCTS is based on Mother-Child-Protection- Card. The moment a mother registers as an ANC in a hospital, she can avail MCP card. The information filled in the card is then digitalize on the MCTC portal. The MCTS portal extrapolates ANC check-ups dates for pregnant women and immunization dates for new-born child.

Objectives of MCTS

- To reduce child mortality rate
- Monitor and follow-up immunization for children
- To monitor mother health and reduce MMR
- Registering a pregnant women or a new born child takes substantial time as there are
- substantial information required to create an account.

GAPS

- Most of the information are already available in e-hospital or e-aarogya and that can used here.
- Integration of MCTS with KHS would make the system ubiquitous and would enable seamless
- and real-time data flow. This will avail required data for other departments' MIS requirement.
- ASHA details can be captured in e-aarogya and can be ported to KHS and then to MCTS to map
- ASHA workers with the associated pregnant women



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

SICK NEW BORN CARE UNIT (SNCU) SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



SNCU – Sick New Born Care Unit Software API Integrated

India has a formidable task of providing care to new-born against a background of the world's largest share of births (20%) and neonatal deaths (30%). Meeting the commitment of reaching the Millennium Developmental Goal of reducing infant mortality rate to about 27 from its present value of 57 (NFHS 3) in India is only possible through improved neonatal survival. In order to streamline the activities of SNCU establishment, monitoring, supervision and evaluation and training of human resources .

Objectives of SNCU

1. To reduce infant mortality rate in India by providing adequate neonatal treatment support
2. To treat and manage infant morbidity to alleviate mortality rate
3. To monitor and follow up immunization of sick new born children
4. Registration each patient requires entering substantial data

GAP

1. Most of the information will be sitting in e-hospital already and can be ported to SNCU and thus data entry effort can be reduced substantially
2. Patient referral reasons and doctors who referred can be ported from e-hospital to SNCU software
3. If integrated with MCTS, all immunization details, child growth details and ANC check -ups can be mapped to SNCU.
4. SNCU information is used by many other departments. KHR would enable ubiquitous,
5. seamless, real-time access of data by all other departments



SNCU – Sick New Born Care Unit Software API Integrated

Special Neonatal Care Unit(SNCU)

Home > SNCU > Karnataka > 01/01/2017

Karnataka



Special Newborn Care Unit

Management (no. of babies who received)

TOTAL NUMBER	IN - BORN	OUT - BORN
PHOTOTHERAPY	26907	7395
ANTIBIOTICS	52054	29656
OXYGEN	24756	13649

Outcome

TOTAL NUMBER	IN-BORN	OUT-BORN
OUTCOME	0	0
DISCHARGE	63760	25187
REFERRAL	5026	2656
LAMA	4902	4138
DIED	0	0

Step down care

TOTAL NUMBER	IN-BORN	OUT-BORN
--------------	---------	----------



SNCU – Sick New Born Care Unit Software API Integrated

SNCU LABOR ROOM

Home > SNCU > Karnataka

Karnataka



Special Newborn Care Unit

Labor Room & OT records

TOTAL DELIVERIES				201035
TOTAL CAESAREAN SECTIONS				83404
TOTAL LIVE BIRTHS				198344
STILL-BIRTHS	FRESH	1539	MACERATED	2792
TERM BABIES				181856

Birth weight of babies

>=2500GM	156354
< 2500GM	41990
1500-2499GM	35408
1000-1499 GM	5412
<1000 GM	1170



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

SICK NEW BORN CARE UNIT (SNCU) DASHBOARD FOR DATA ANALYTICS DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



SNCU – Sick New Born Care Unit Software API Integrated

SNCU Dashboard [Welcome](#)

[Home](#) > SNCU Dashboard

SNCU Dashboard

GPMS Transportal For Universal HealthCare

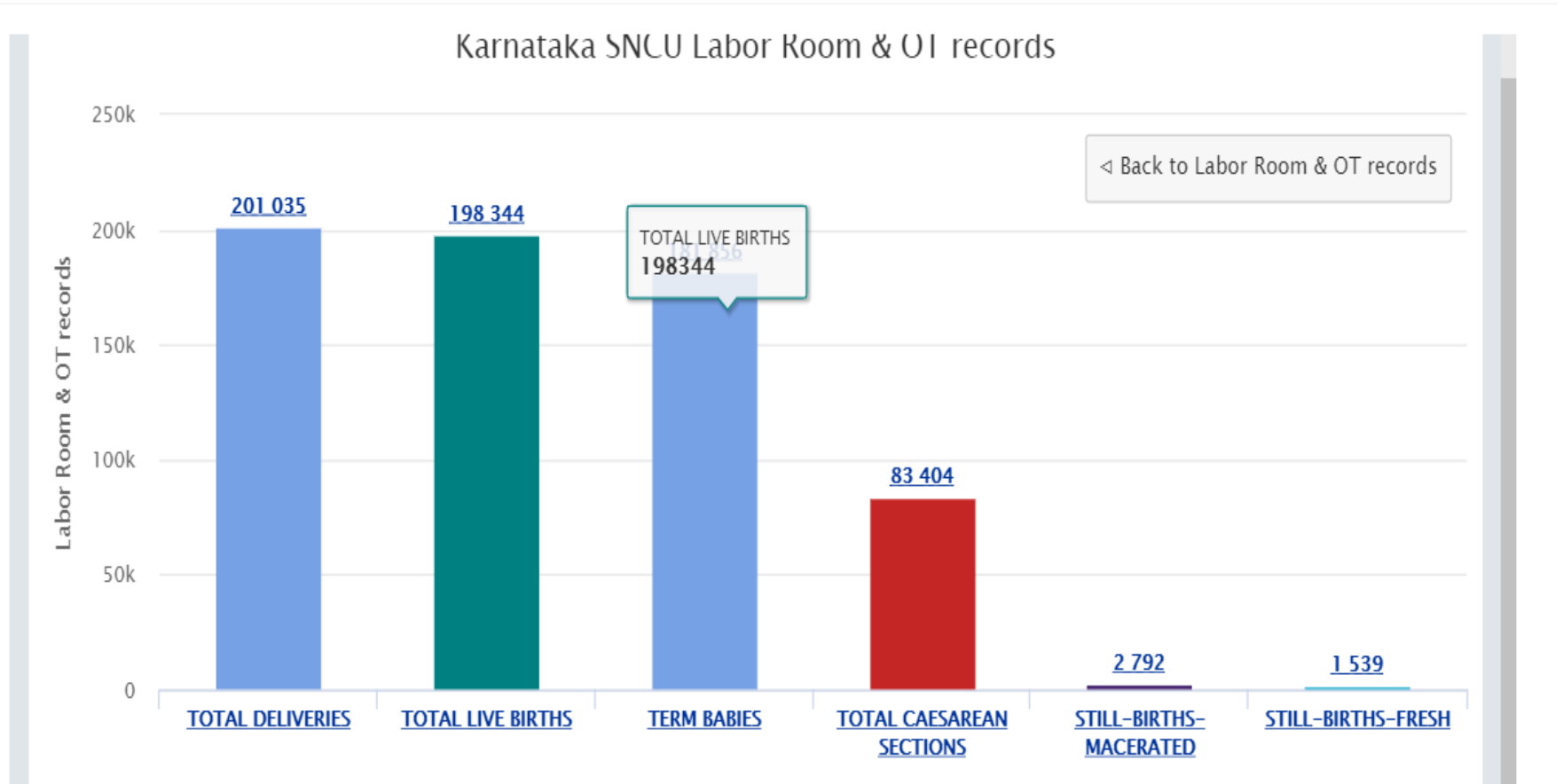




SNCU – Sick New Born Care Unit Software API Integrated

Labor Room & OT records : 6,68,970

GPMS Transportal for Universal HealthCare

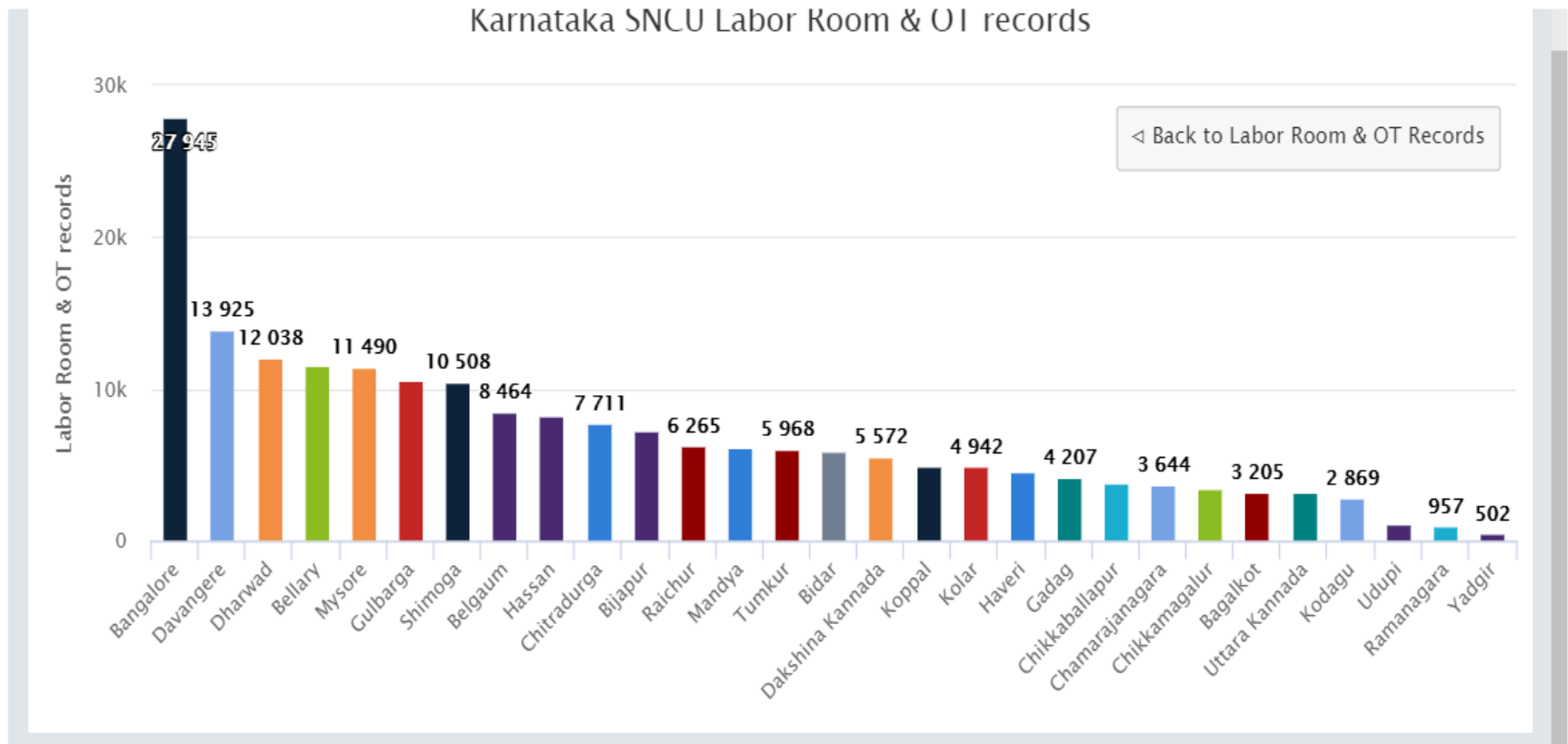




SNCU – Sick New Born Care Unit Software API Integrated

Labor Room & OT records : 6,68,970

GPMS Transportal for Universal HealthCare

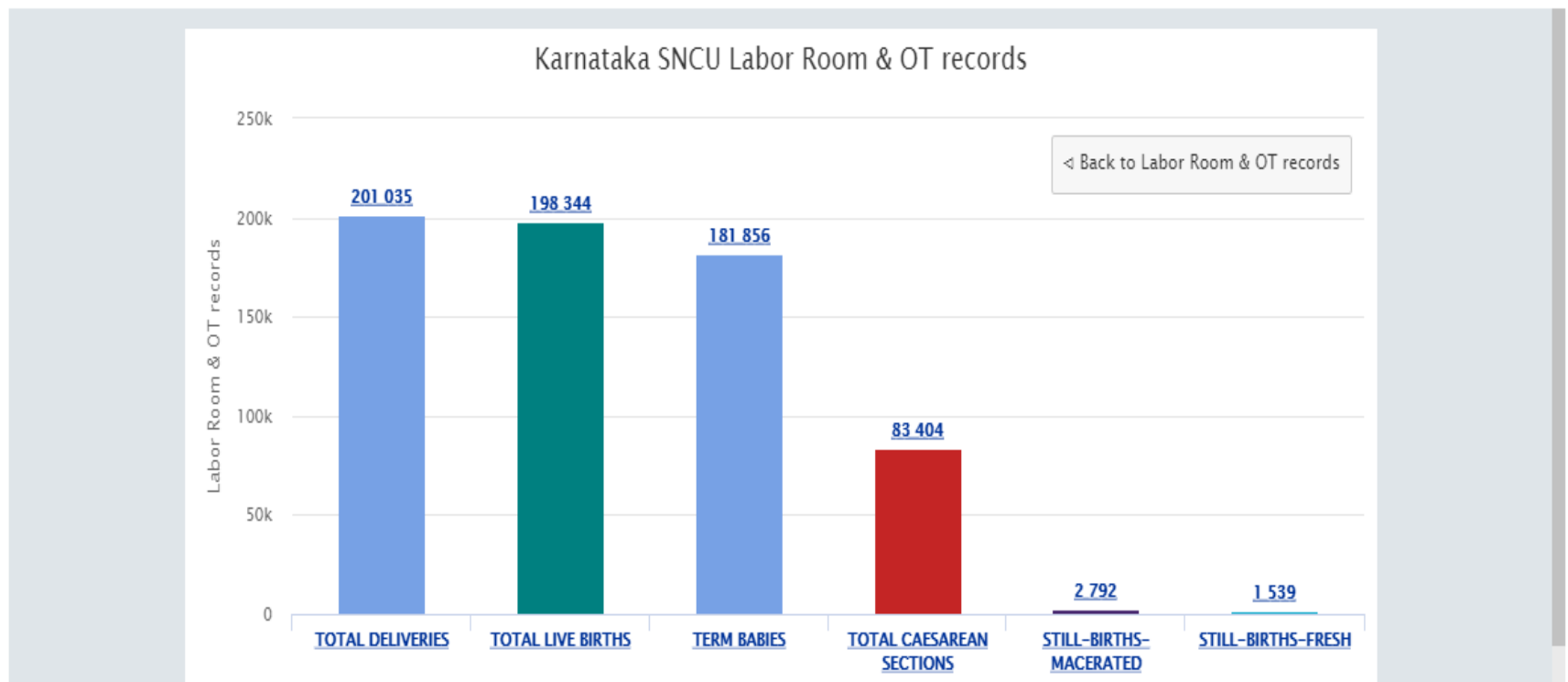




SNCU – Sick New Born Care Unit Software API Integrated

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GPMS Transportal for Universal Health

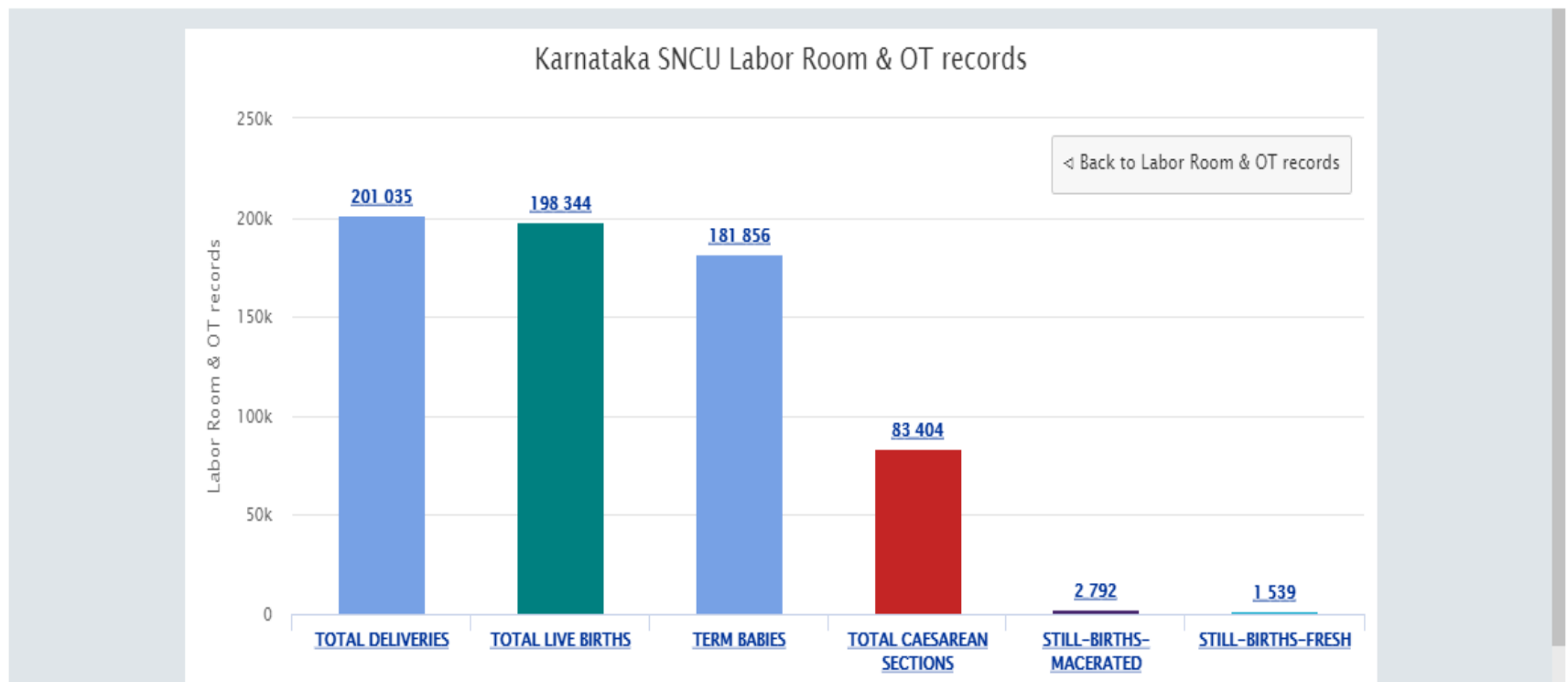




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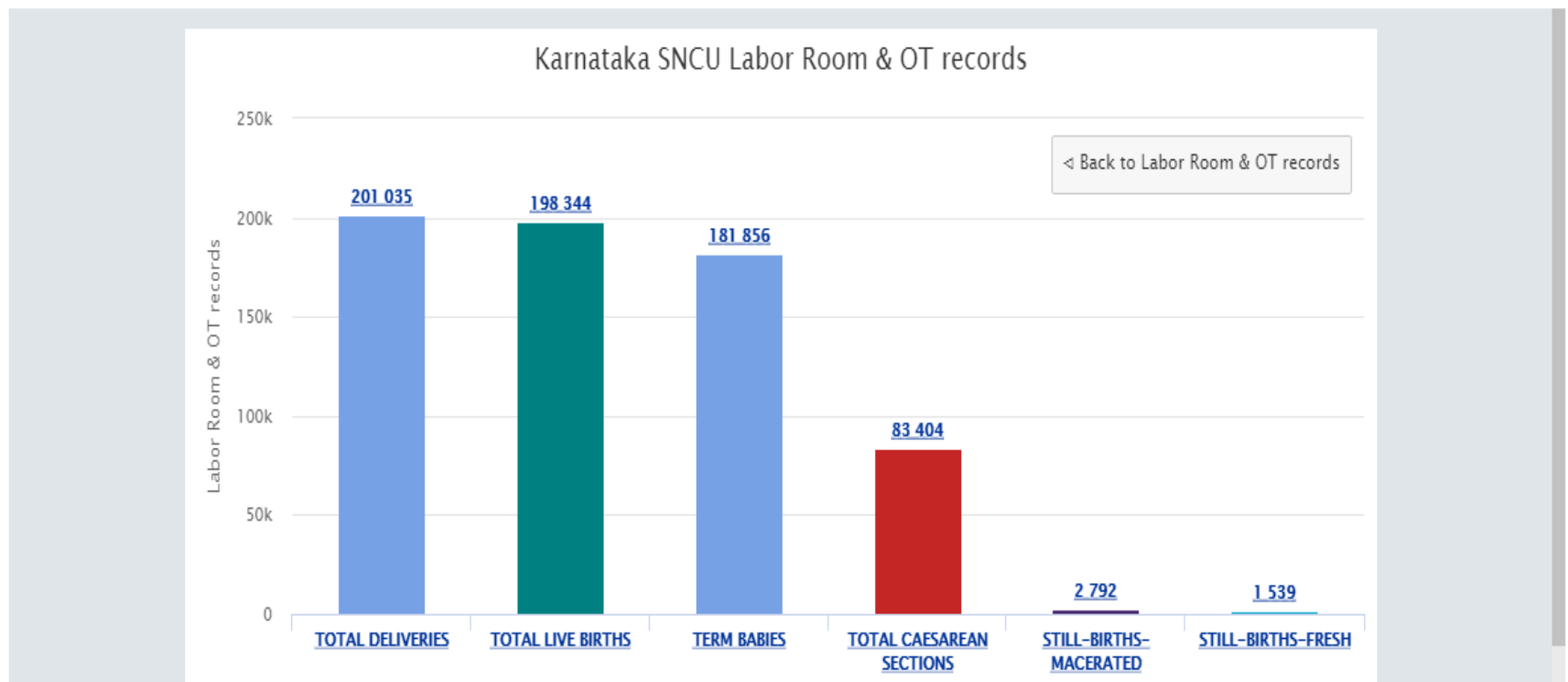




SNCU – Sick New Born Care Unit Software API Integrated

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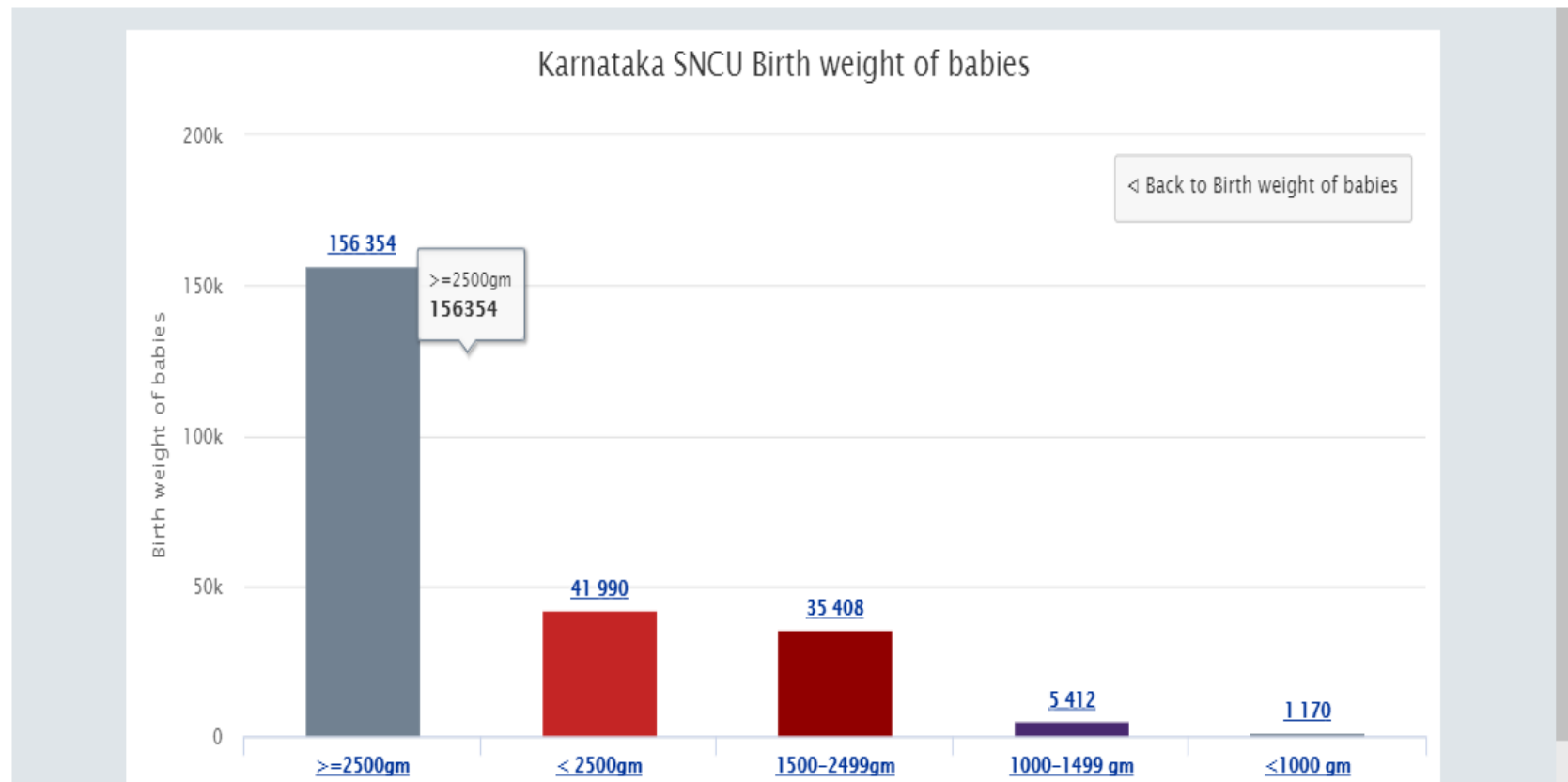




SNCU – Sick New Born Care Unit Software API Integrated

Birth weight of babies : 2,40,334

GPMS Transportal for Universal HealthCare



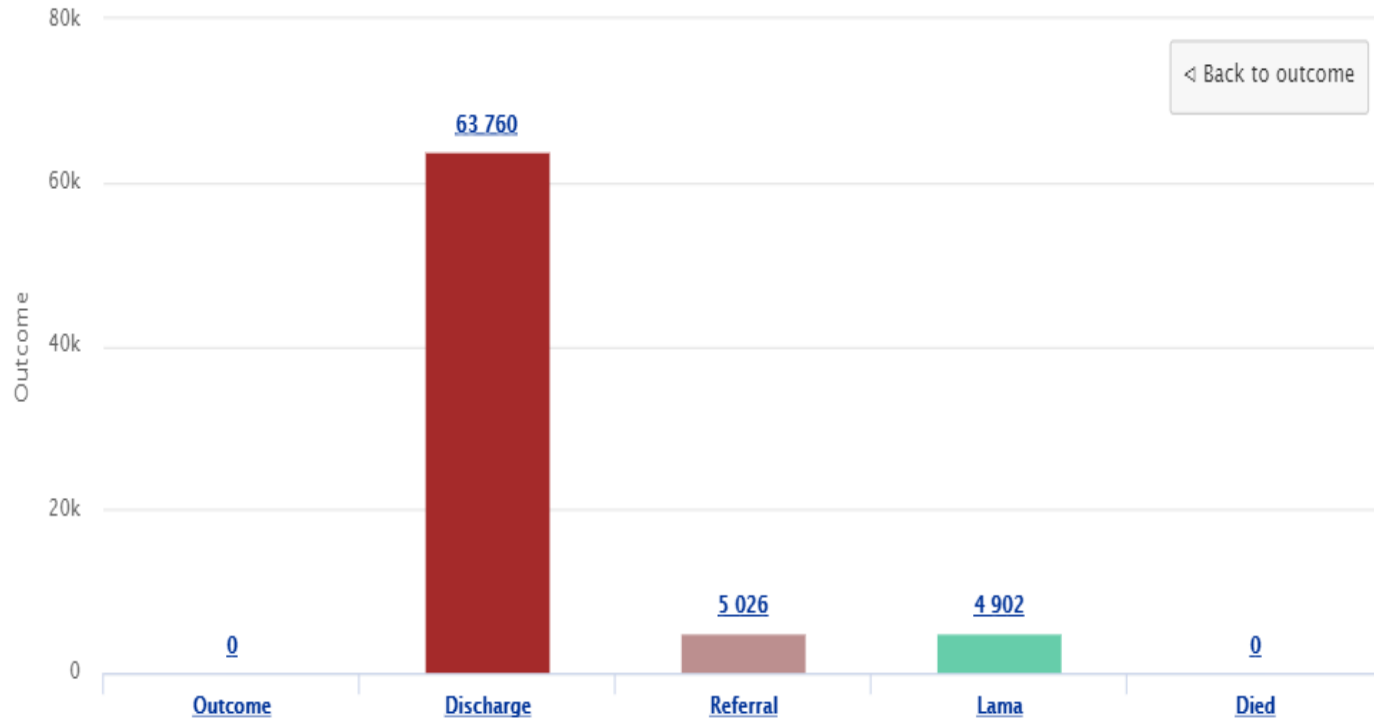


SNCU – Sick New Born Care Unit Software API Integrated

OUTCOMECOUNT : 1,05,669

GPMS Transportal for Universal HealthCare

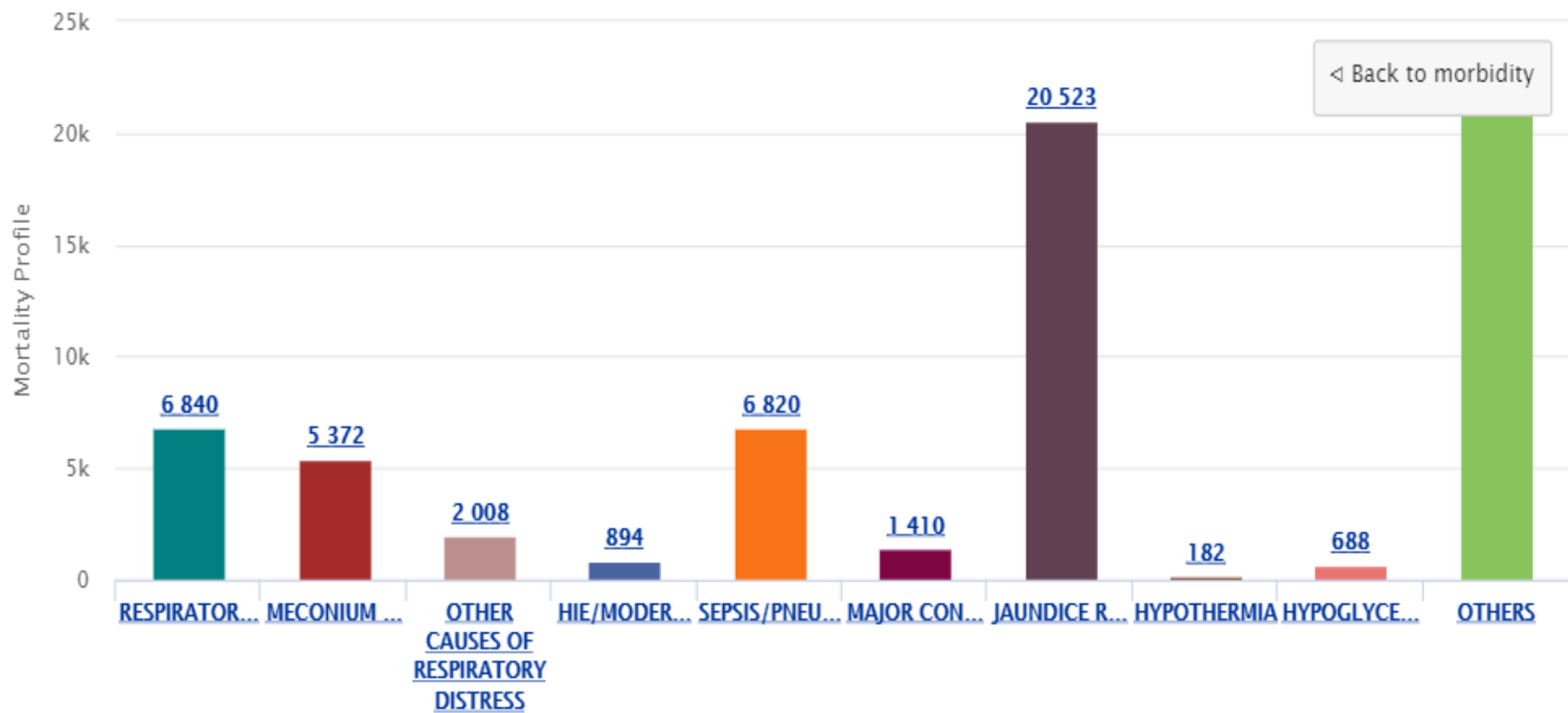
Karnataka SNCU Outcome





SNCU – Sick New Born Care Unit Software API Integrated

Karnataka SNCU Morbidity Profile





GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ONLINE BIRTH REGISTRATION NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Online Birth Registration Module Integrated

BIRTH CERTIFICATE - ONLINE APPLICATION FORM

Registration Details:

Registration unit

MCTS NONMCTS

Registration Id:

Date of Registration:

Organization:

Department

Birth Details

DOB / Age

Gender:*

Name of the child, if any:*

Name of the Father:*

Name of the Mother:*

Address of the parents at the time of birth*

Permanent Address of the Parents:

Select Hospital/Home:*

Hospital / Institution Home others

Birth Location Details

Country*

State*

District*

Zone*

WardName*

Postalcode

Place/ Area



Birth Registration

Applicant Details:

Applicant's Name:

Address:

Mobile No.: *

Email Id:

Statistical Information:

Father's level of education

Mother's level of education

Town/Village name

Religion *

Hindu
 Muslim
 Christian
 Others

Father Occupation(If no occupation write Nil)*

Mother occupation(If no occupation write Nil)

Age of the mother at the time of marriage:

Age of the mother at the time of this birth:

Number of children born alive to the mother so far including this child:

Type of attention at delivery:

Method of Delivery:

Birth weight in kgs. and gms:

Kgs gms

Duration of pregnancy:

Attach File(Only pdf)

No file chosen

No	File Name	Remove

Receipt No(G-8 No):

Rate to be fixed


Number of Copies

Amount:*



Birth Registration

Add Payment Type (Cash / Cheque / DD / Postal Order)

Amount Paid Through*	Cheque/DD/Postal Order No.*	Cash/Cheque/DD/Postal Order Date*	Bank/Postal Name*	Branch Name*	Total Amount ₹*
<input type="text" value="Select One"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="Select One"/>	<input type="text"/>	<input type="text"/> 
Total Amount Paid Through Cash / Cheque's / DD's / Postal Order's					<input type="text"/>



Birth Registration

Birth and Death Modules

- [+ Add Birth Record](#)
- [+ Add Still Birth Record](#)
- [+ Add Death Record](#)

- [Pending Birth Reports](#)
- [Pending Death Reports](#)

- [✓ Sent Birth Reports](#)
- [✓ Sent Death Reports](#)

- [Print Birth Report / Certificate](#)
- [Print Death Report / Certificate](#)

- [Search Birth Report](#)
- [Search Death Report](#)

Other Modules / Links

- [Online Helpdesk](#)
- [Article Search](#)
- [Other Links](#)

Still Birth Record Form

25-08-2018, 09:56:07

Search for Records

X Close

Legal Information

Statistical Information

Instructions

1. Date of Birth	<input type="text"/>	2. sex	<input type="text" value="Select One"/>
3. Name of the father	<input type="text"/>	4. Name of the mother	<input type="text"/>
5. Place of birth	<input type="radio"/> Hospital / Institution name <input type="text"/> <input type="radio"/> House address <input type="text"/> <input type="radio"/> Other Place		
6. Informant's name	<input type="text"/>	Address	<input type="text"/>

Date

Signature or left thumb mark of the informant.

Submit



Online Reporting Still Birth Record Form

Birth and Death Modules

- [+ Add Birth Record](#)
- [+ Add Still Birth Record](#)
- [+ Add Death Record](#)

- [Pending Birth Reports](#)
- [Pending Death Reports](#)

- [✓ Sent Birth Reports](#)
- [✓ Sent Death Reports](#)

- [Print Birth Report / Certificate](#)
- [Print Death Report / Certificate](#)

- [Search Birth Report](#)
- [Search Death Report](#)

Other Modules / Links

- [Online Helpdesk](#)
- [Article Search](#)
- [Other Links](#)

Still Birth Record Form

25-08-2018, 09:56:07

Search for Records

✖ Close

Legal Information	Statistical Information	Instructions		
7. Town or Village of Residence of the mother				
Name of Town / Village	<input type="text"/>	Is it a town or village	<input type="radio"/> Town <input type="radio"/> Village	
Name of the district	<input type="text"/>	Name of the state	<input type="text"/>	
9. Age of the mother at the time of this birth (in completed years)	<input type="text"/>	8. Mother's level of education	<input type="text"/>	
10. Type of attention at delivery	<input type="radio"/> 1. Institutional - Government <input type="radio"/> 2. Institutional - Private or Non Government <input type="radio"/> 3. Doctor, Nurse or Trained midwife <input type="radio"/> 4. Traditional Birth Attendant <input type="radio"/> 5. Relatives or others			
11. Duration of pregnancy (in weeks)	<input type="text"/>	12. Cause of foetal death (if known)	<input type="text"/>	

Submit



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

DEATH REGISTRATION - ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Online Death Registration Module Integrated

ISSUANCE OF DEATH CERTIFICATE - APPLICATION FORM

Registration Details:

Registration Id:	<input type="text"/>	Date of Registration:	<input type="text"/>
Organization:	TSCCL-Tumakuru Smart City Ltd ▾	Department	Select One ▾

Death Details

Date of Death(dd/mm/yyyy):*	<input type="text"/>
Age of the Deceased:*	<input type="text"/>
Gender of the deceased:*	--Select-- ▾
Name of the deceased:*	<input type="text"/>
Name of the Father/Husband):*	<input type="text"/>
Permanent Address of the deceased:	<input type="text"/>
Select Hospital/Home:*	<input type="radio"/> Hospital / Institution <input type="radio"/> Home <input type="radio"/> Other

Death Location Details

Country*	India ▾
State*	Karnataka ▾
District*	Tumakuru ▾
Zone*	Select One ▾
WardName*	Select One ▾
Postalcode	<input type="text"/>
Place/ Area	<input type="text"/>



Online Death Registration Module Integrated

Applicant Details:

Applicant's Name:

Address:

Mobile No.: *

Email Id:

Relationship:

OCCURANCE OF DEATH

Religion:

Occupation of the Deceased:

Type of medicine attention received before death: Institutional
 Medical attention other than institution
 No medical attention

Type Of Death: Suicide Accident NaturalDeath
 Murder

Was the cause of death medically certified? Yes No

Type of Cremation: Crematorium Burial Grounds
 Tower of Silence

Name of Disease of actual cause of death:

Pregnancy Related Death: Yes No While pregnant During Delivery Within 6weeks of delivery

If used to habitually smoke for how many years?

If used to habitually chew tobacco in any form for how many years?

If used to habitually chew areanut in any form (including pan masala) for how many years?

If used to habitually drink alcohol for how many years?

Attach File(Only pdf) No file chosen



Online Death Registration Payment Module Integrated

Receipt No(G-8 No):

Receipt No will be generated automatically

Amount:*

Add Payment Type (Cash / Cheque / DD / Postal Order)					
Amount Paid Through*	Cheque/DD/Postal Order No.*	Cash/Cheque/DD/Postal Order Date*	Bank/Postal Name*	Branch Name*	Total Amount ₹*
Select One ▼		dd/mm/yyyy	Select One ▼		
Total Amount Paid Through Cash / Cheque's / DD's / Postal Order's					₹

[Submit](#) [Reset](#)



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

MATERNAL DEATH REPORTING (MDR) ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>




GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka



Select Language ▼
 IndianCST DvP

GPMS Transportal for Universal HealthCare

Maternal Death Report

[Home](#) > [Maternal Death Report](#)

Total No. of Maternal Death :233 -

Age Wise

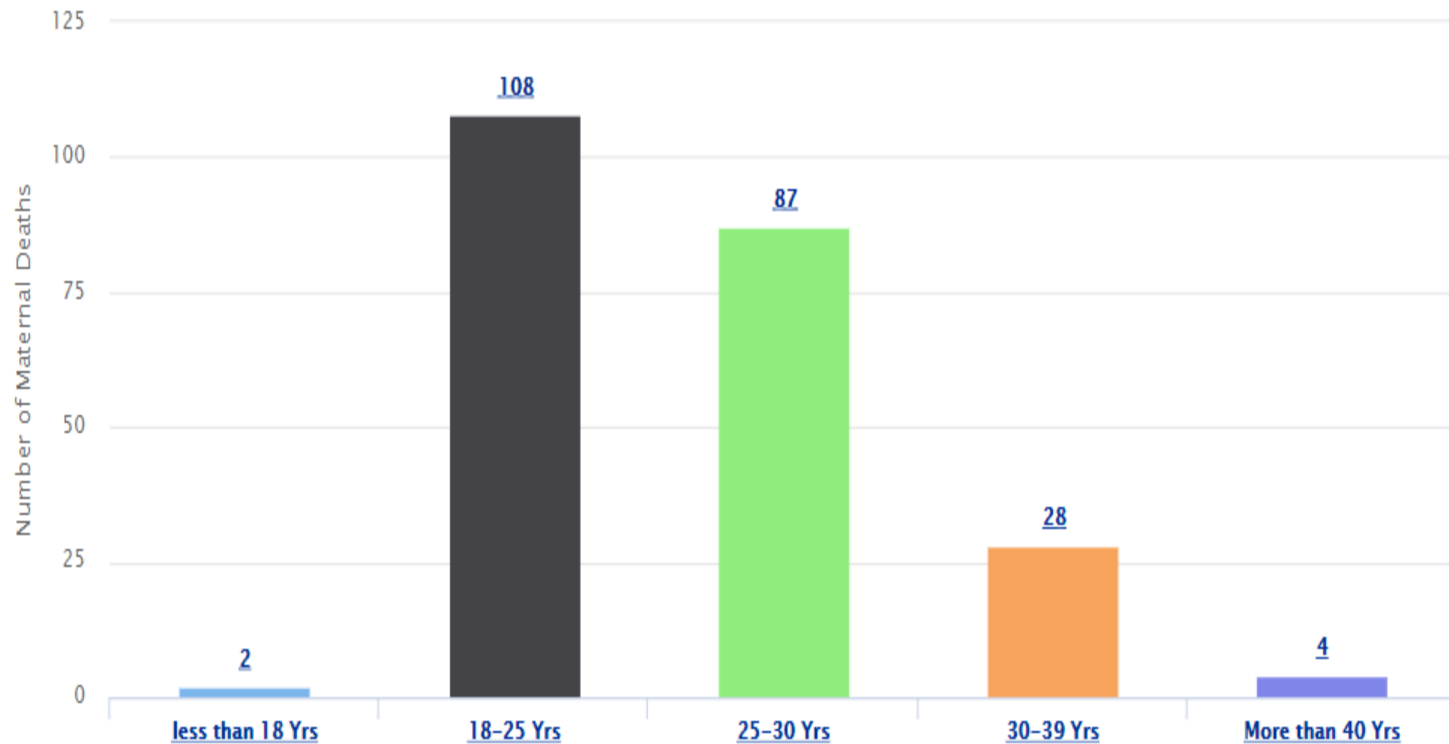
Cause Wise InDirect

Other

Karnataka Age-wise Maternal Death (April-2018 to August-2018) -



Karnataka Age-wise Maternal Death



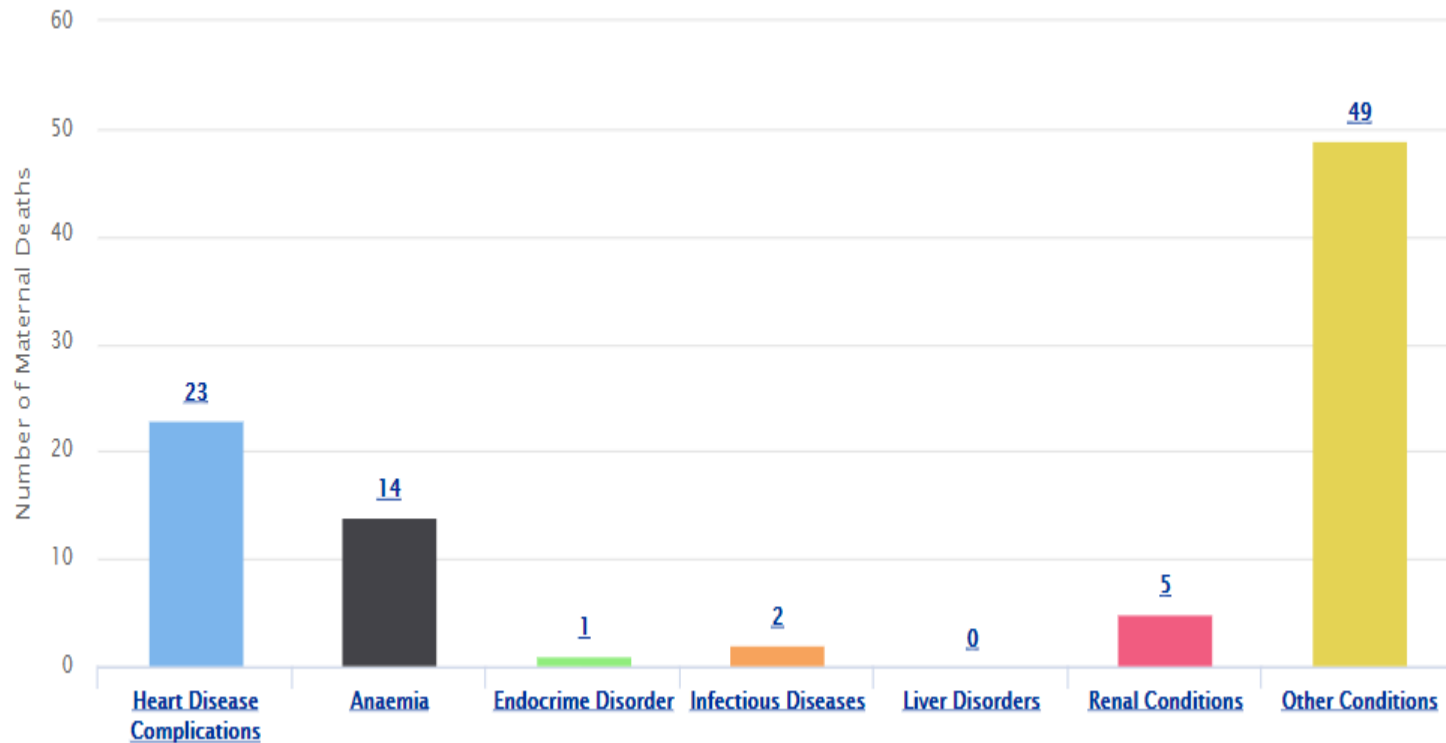
Powered by Indian CST.

As per Govt. of India Standards National eHealth Authority (NeHA) 2015

Initiative by the Ministry of Health and Family Welfare
Govt. of India, Niti Ayog, Govt. of Karnataka

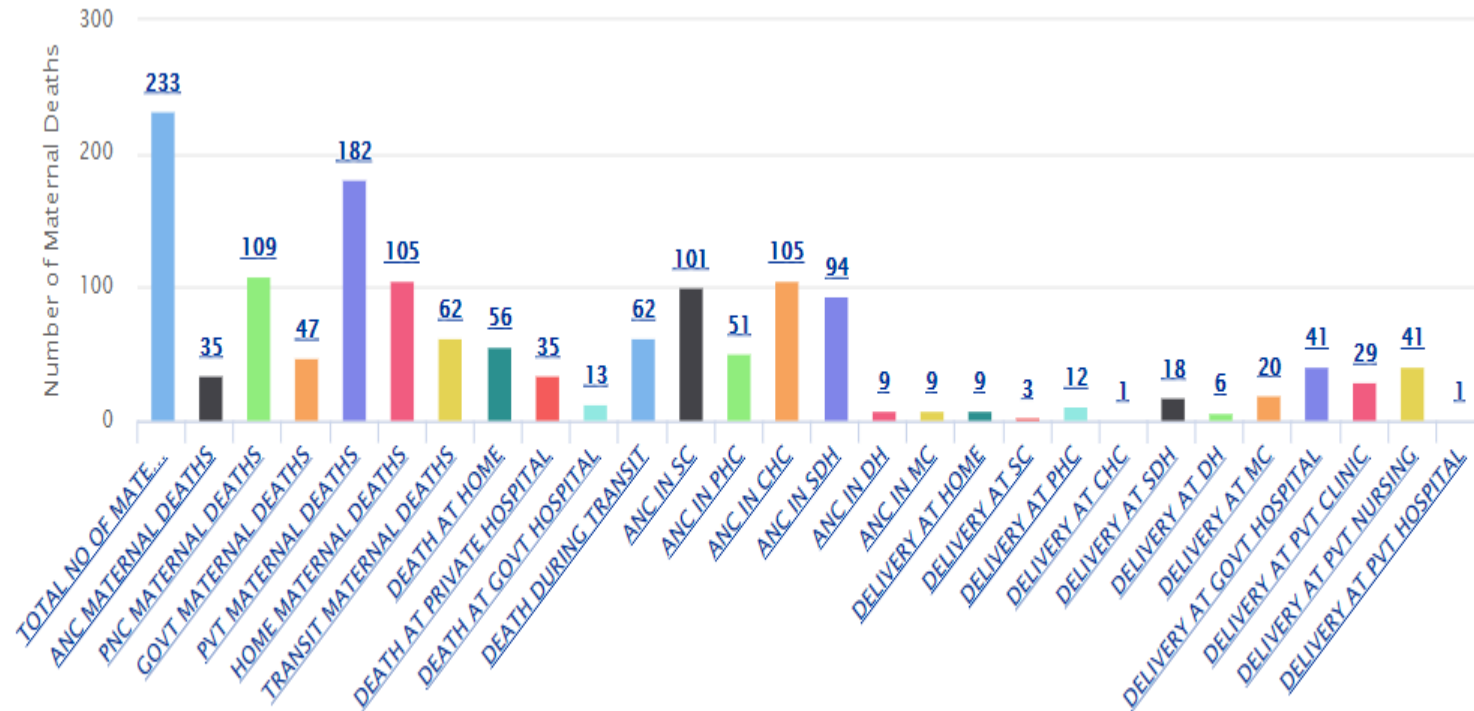


Karnataka Cause -wise Maternal Death





Karnataka Maternal Death Other Details



Highcharts.com



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

CHILD DEATH REPROTING (CDR) ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Click on Application No - 12 :CDR

Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameter

Allows Multiple Ministry/State/Ministry Hospitals/PHCs/Doctors/Associated Healthcare Projects/Schemes To Work on this Single Platform

0. MASTERS	1. TOTAL POPULATION: 6,10,95,297	2. RATION CARD HOLDERS: 1,16,99,815	3. BENEFICIARIES: 5,23,74,906
4. FAIR PRICE SHOPS: 18837	5. PHCs: 2522	6. SUB-CENTERS: 9130	7. DOCTORS
8. ASHA WORKERS: 32860	9. ANMs: 1133	10. TOTAL AMBULANCE: 1550	11. PATIENT REGISTRATION: 92,937
12. CDR	13. ICU	14. BIRTH: 3,01,999	15. DEATH: 11,211
16. STILL BORN: 8460	17. STOP-TB ANALYTICS: 6,33,593	18. MALARIA: 30,560	19. DENGUE: 142
20. CHIKUNGUNYA: 1435	21. CHOLERA: 58	22. DIABETES: 23,423	23. EPILEPSY: 1169
24. CARDIAC: 461	25. HYPER TENSION: 33,735	26. CANCER: 408	27. FSSAI
28. REIMBURSEMENTS: 5,55,98,064	29. HEALTH INFRASTRUCTURE: 15,130	30. NRC	31. NCD
32. NVBDCP	33. ERAKTKOSH	34. PHC-MIS	35. KPME
36. SNCU	37. PCPNDT	38. SAST	39. E-AROGYA
40. MENTAL HEALTH	41. ASHA SOFT	42. MSHS	43. MCTS
44. JEEVA SANJEEVINI	45. ELAJ	46. DRUG INVENTORY	47. RSBY
48. UHC	49. DISABILITY SOFTWARE	50. TELE MEDICINE	51. RNTCP
52. IDSP	53. HMIS	54. E-HOSPITAL	55. E-KIRANA
56. RBSK	57. HELP DESK	58. TMIS	60. NFDS
61.MDR			



CDR- For Real Time Child Death Reporting Format Online

The infant mortality rate (IMR) is universally regarded as an important indicator of the health and economic status of communities, and the effectiveness of maternal and child health services. According to the Sample Registration System (SRS) of India, IMR in Karnataka, a southern state of India, was 38 per 1000 live births in 2010.



Objective - CDR- Real Time Child Death monitoring to reduce the IMR rate in the state of Karnataka.

CDR online can monitor:

- Child/infant Mortality Rate in Karnataka from 0-5 years
- Child/infant Deaths by Sex and Residence
- Distribution of Mortality Among INFANTS/Child in Age Group 0-28 DAYS & 0-5 Years
- Leading Age-wise Infant/child Deaths in Karnataka
- Leading Cause-wise Infant/Child Deaths in Karnataka
- Leading other cases of Infant/Child Deaths in Karnataka
- Neo-natal Mortality Rates and Neo-natal Deaths to Infant/Child Deaths in Karnataka
- Key Indicators like IMR,NMR,SBR,ENMR,5UMR



CDR- For Real Time Infant/Child Death Reporting Format Online

Click on **CDR Report->Create** menu to enter the details of Infant Death Online Reporting

IndianCST DvP
Online

GPMS Universal HealthCare - IDR

- Home
- Dashboard
- CDR Report
- View
- Create
- Reports

Child Death Online Reporting

Home > Child Death > Create

Year * Month * Date of Entry *

State * District * Taluk * (Note : Select Year, Month & District)

Total Number of Live Births	Total Number of Infant Deaths (0-1 Year)	Total Number of Deaths (1-5 Years)	Total Number of Child Deaths (0-5 Years)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Still Birth			
<input type="text"/>			

Child Mortality Rates

SBR(Still Birth Rate)	ENMR(Early Neonatal Mortality Rate)	NMR(Neonatal Mortality Rate)	IMR(Infant Mortality Rate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
U5MR(Under Five Mortality Rate)			
<input type="text"/>			

Child Mortality Definitions

Early Neonatal Deaths: Early Neonatal Deaths are the deaths occurring during the first 7 days of life after birth.

Neonatal Deaths: Neonatal deaths are deaths occurring during the neonatal period, commencing at birth and ending 28 completed days after birth.

Post-Neonatal Deaths: Deaths occurring from 29 days of life to under one year are called post-neonatal deaths.

Infant Deaths: Deaths of children less than 1 year of age.

Under five Deaths: Deaths of children less than 5 years of age.

Still Birth: Still birth is the birth of a new born after 20th completed week of gestation, weighing 500gm or more, when the baby does not breath or show any sign of life after delivery.



CDR- For Real Time Infant/Child Death Reporting Format Online

Select a particular district and the particular Taluk from the list box

Child Death Online Reporting Home > Child Death > Create

Year *	Month *	Date of Entry *
2018-2019	Select One	
State *	District *	Taluk * (Note : Select Year, Month & District)
Karnataka	Select One	Select One

Total Number of Live Births	Total Number of Infant Deaths (0-1 Year)	Total Number of Deaths (1-5 Years)	Total Number of Child Deaths (0 -5 Years)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Still Birth			
<input type="text"/>			

Child Mortality Rates

SBR(Still Birth Rate)	ENMR(Early Neonatal Mortality Rate)	NMR(Neonatal Mortality Rate)	IMR(Infant Mortality Rate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
U5MR(Under Five Mortality Rate)			
<input type="text"/>			

Child Mortality Definitions

- Early Neonatal Deaths:** Early Neonatal Deaths are the deaths occurring during the first 7 days of life after birth.
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- Under five Deaths:** Deaths of children less than 5 years of age.
- Still Birth:** Still birth is the birth of a new born after 20th completed week of gestation, weighing 500gm or more, when the baby does not breath or show any sign of life after delivery.

Select the particular **Year** from the year list box, enter the data for **Total Number of Live Births, Total Number of Infant Deaths, Total Number of Still Births**



CDR- For Real Time Infant/Child Death Reporting Format Online

Enter the values for Sex wise, Number of Male Infants, Number of Female Infants, Place of Delivery, Delivery Conducted By, Place of Death, Infant Death Age wise and Cause of Death

Age Group	Infant Death Count
0 - 7 Days	<input type="text" value="Count"/>
7 - 28 Days	<input type="text" value="Count"/>
28 Days to 1 Year	<input type="text" value="Count"/>
1 Year to 5 Years	<input type="text" value="Count"/>

And click on **Submit** Button



CDR- For Real Time Infant/Child Death Reporting Format Online

Enter the values for Sex wise, Number of Male Infants, Number of Female Infants, Place of Delivery, Delivery Conducted By, Place of Death, Infant Death Age wise and Cause of Death

Child Death Gender wise

No of Male Infants

No of Female Infants

Child Death Caste Wise

General

OBC

SC

ST

Place Of Delivery

Hospital

Home

Transit

Delivery Conducted By

ANM / LHV

Untrained Dai

Trained Dai



CDR- For Real Time Infant/Child Death Reporting Format Online

Enter the values for Sex wise, Number of Male Infants, Number of Female Infants, Place of Delivery, Delivery Conducted By, Place of Death, Infant Death Age wise and Cause of Death

Place Of Death

Health Facility: Public

Health Facility: Private

Home

Transit

ANC Details of Pregnant Woman

Registered

Unregistered



CDR- For Real Time Infant Death Reporting Format Online

Enter the values for Sex wise, Number of Male Infants, Number of Female Infants, Place of Delivery, Delivery Conducted By, Place of Death, Infant Death Age wise and Cause of Death

Child Death - Cause Wise

Perinatal Asphyxia	<input type="text" value="Count"/>
Respiratory Distress Syndrome(RDS)	<input type="text" value="Count"/>
Low Birth Weight(LBW)	<input type="text" value="Count"/>
Prematurity	<input type="text" value="Count"/>
Sepsis	<input type="text" value="Count"/>
Neonatal Sepsis	<input type="text" value="Count"/>
Meningitis	<input type="text" value="Count"/>
AIDS	<input type="text" value="Count"/>
Diarrhoea	<input type="text" value="Count"/>



CDR- For Real Time Infant Death Reporting Format Online

Pneumonia	<input type="text" value="Count"/>
Tetanus	<input type="text" value="Count"/>
Tuberculosis	<input type="text" value="Count"/>
Diphtheria	<input type="text" value="Count"/>
Measles	<input type="text" value="Count"/>
Congenital Heart Diseases	<input type="text" value="Count"/>
Jaundice	<input type="text" value="Count"/>
Dengue	<input type="text" value="Count"/>
Congenital Malformations	<input type="text" value="Count"/>
Malaria	<input type="text" value="Count"/>
Other Infectious Diseases	<input type="text" value="Count"/>
Others	<input type="text" value="Count"/>



CDR- For Real Time Infant Death Reporting Format Online

Child Death Review Meeting Details

No. of Cases taken up for Verbal Autopsy

No. of DCDRC Sub Committee Meetings held u/c of DHO (Includes both FBCDR & CBCDR)

No. of DCDRC Committee Meetings held u/c of DC(Includes both FBCDR & CBCDR)

Remarks

Submit

Back



CDR- For Real Time Infant/Child Death Reported View Online

Click on **View link** to view the details of a particular record and also edit the data if you have permission only.

IndianCST DvP
Online

GPMS Universal HealthCare - IDR

- Home
- Dashboard
- CDR Report
- View**
- Create
- Reports

Child Death Details View

Home > Child Death Online Report

District Year Select One Month Search

Page 1 of 1 Total Records : 10 Show 10 Per page

[Consolidated Child Death Records](#)

Sr. No.	District	Taluk	Ward	Year	Month	Number of live Births	Number of Child Deaths	Edit	View
1	Chikmagalur	Chikmagalur		2018-2019	December	13502	123	Edit	Report
2	Chikballapur	Chintamani		2018-2019	December	13881	237	Edit	Report
3	Chamarajanagar	Chamarajanagar		2018-2019	December	11420	100	Edit	Report
4	Bijapur	Bijapur		2018-2019	December	39699	746	Edit	Report
5	Bidar	Basavakalyan		2018-2019	December	32661	488	Edit	Report
6	Bellary	Hadagalli		2018-2019	December	45601	412	Edit	Report
7	Belgaum	Belgaum		2018-2019	December	77264	1069	Edit	Report
8	Bangalore Urban	Bangalore East		2018-2019	December	51942	104	Edit	Report
9	Bangalore Rural	Devanahalli		2018-2019	December	8462	104	Edit	Report
10	Bagalkot	Badami		2018-2019	December	42923	253	Edit	Report



CDR- For Real Time Child Death Reporting Online

CDR->Reports=> District, Taluka Wise, Ward Wise
Report

The screenshot shows the 'Child Death Online Report' web application. On the left is a dark sidebar with a user profile for 'IndianCST DvP' (Online) and a menu with options: Home, Dashboard, CDR Report, and Reports. The 'Reports' menu is expanded, showing 'Districtwise Report', 'Talukwise Report', and 'Wardwise Report'. The main content area has a breadcrumb 'Home > Child Death Online Report' and a search form with fields for 'District', 'Year*' (a dropdown menu currently showing 'Select One'), and 'Month', along with a blue 'Search' button.



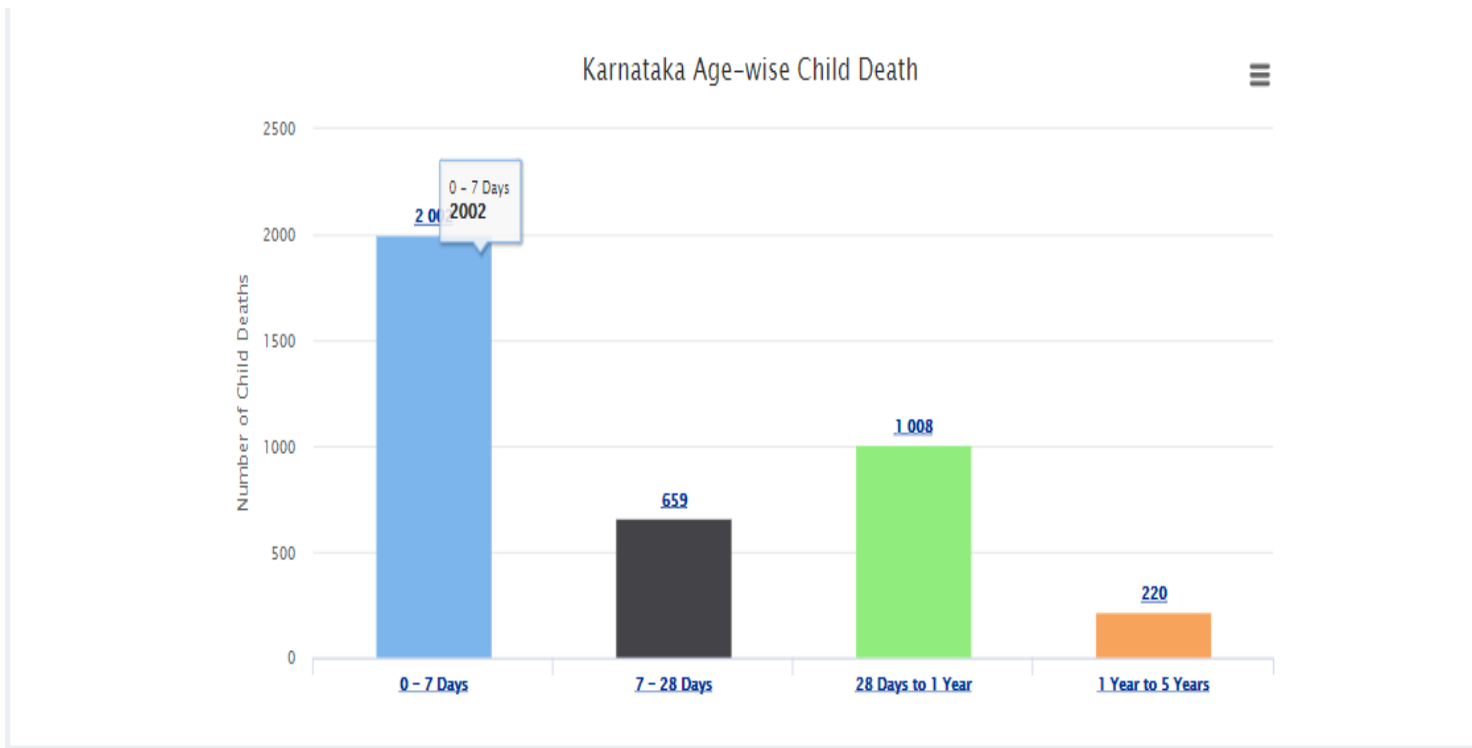
CDR- For Real Time Infant/Child Death Reporting Online

Auto Generated Real Time Analytics Dashboard for Infant/Child Death Reports

CDR dashboard displays the report containing Age wise, Cause wise and other details of Karnataka State infant/child death along with its graphical representation. The reports are shown from the values entered in the Infant/Child Death reporting form. The sample screenshot is given below



Real Time Analytics Dashboards For Child Death Reports



Powered by Indian CST.

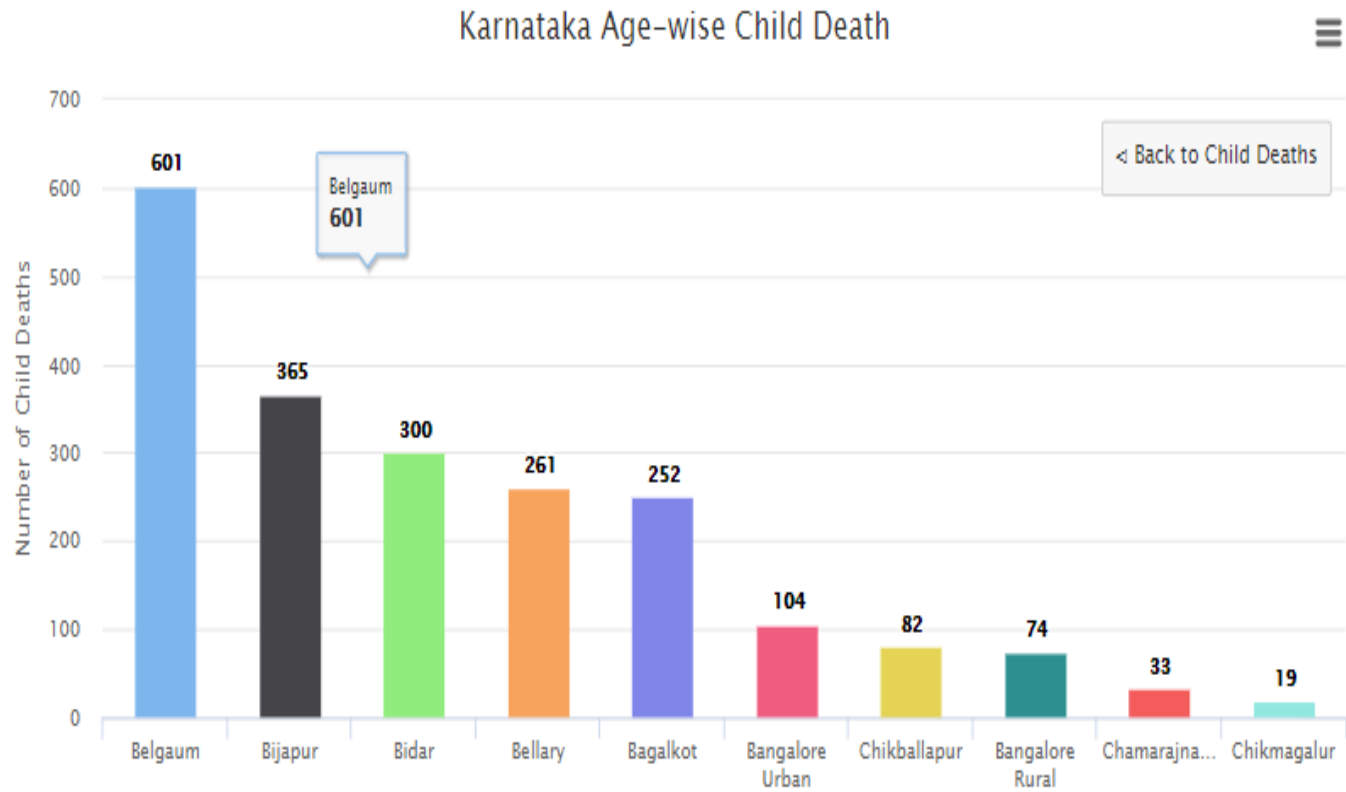
As per Govt. of India Standards National eHealth Authority (NeHA) 2015

Initiative by the Ministry of Health and Family Welfare
Govt. of India, Niti Ayog, Govt. of Karnataka



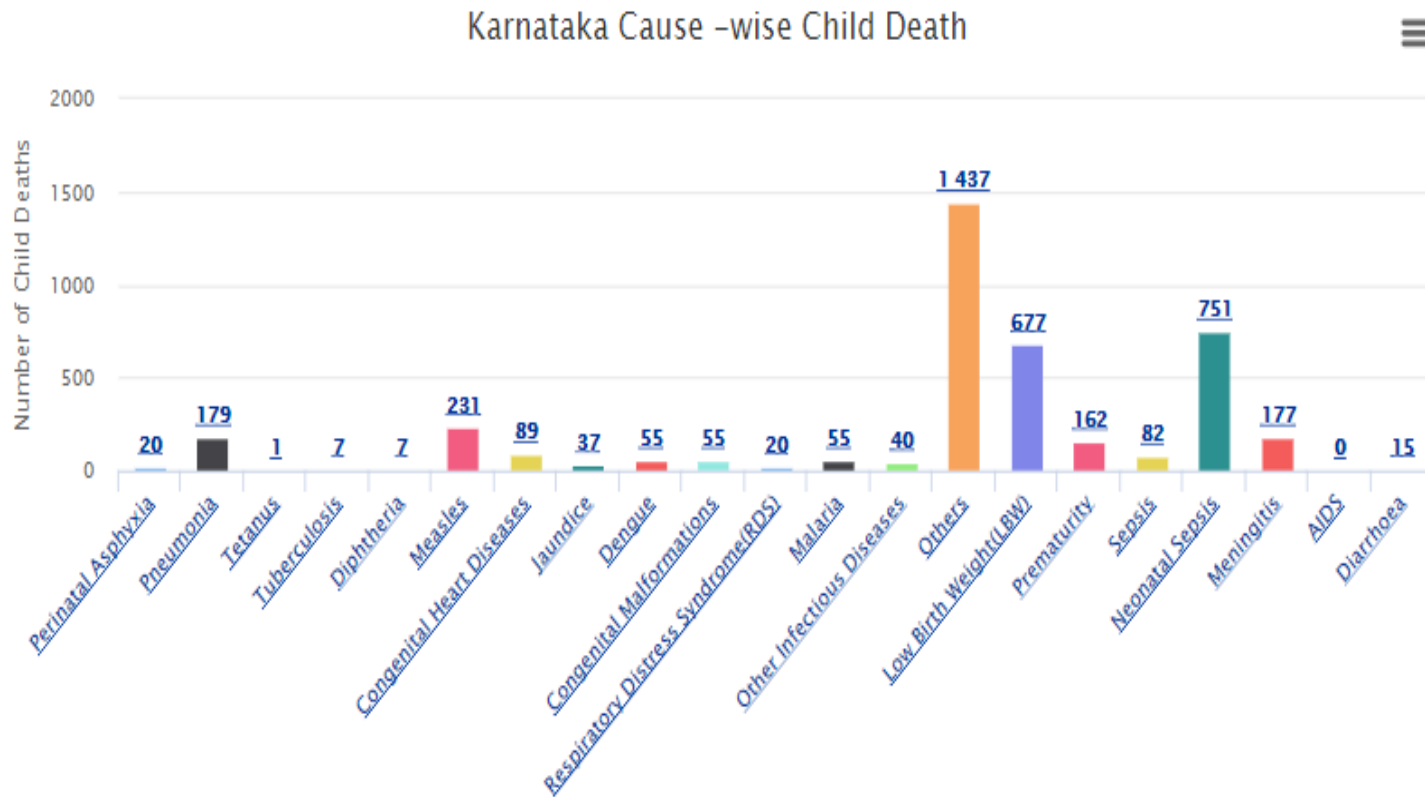
Real Time Analytics Dashboards For Child Death Reports

District wise- 0-7 days Child death





Real Time Analytics Dashboards For Child Death Reports





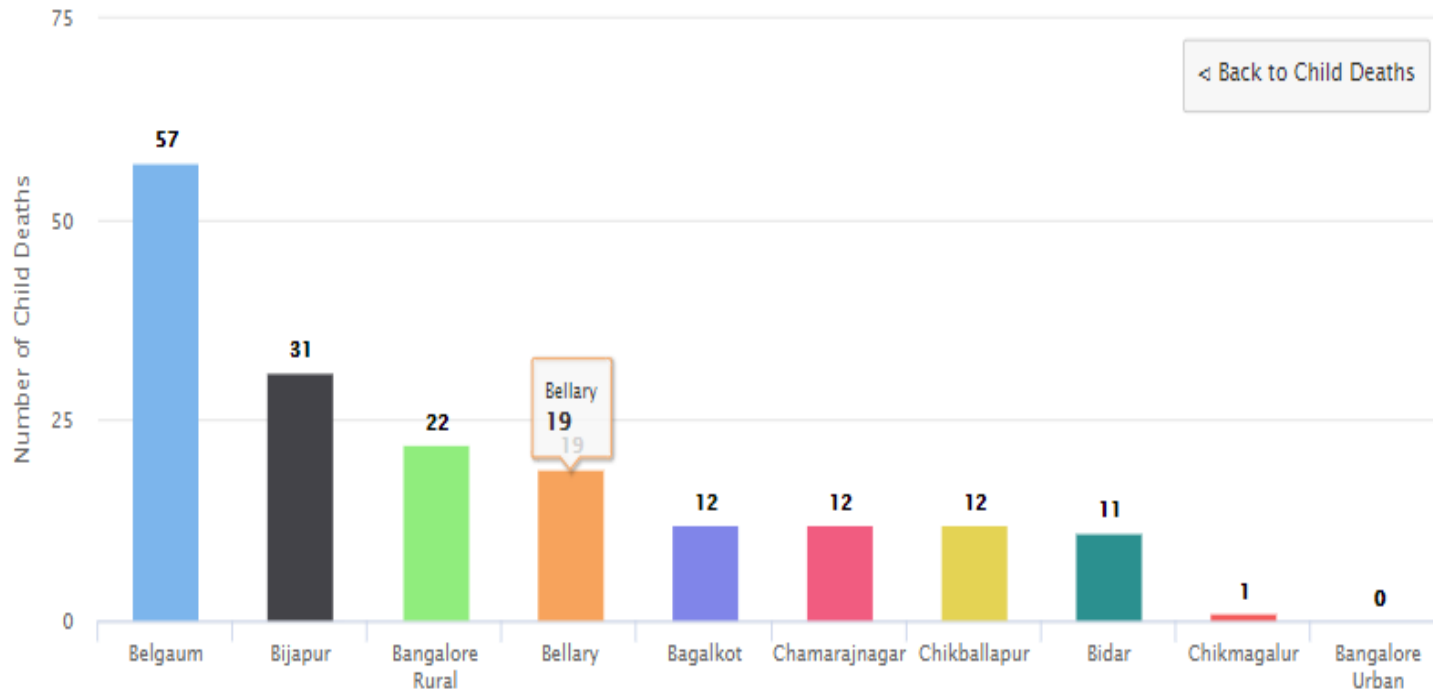
Real Time Analytics Dashboards For Child Death Reports

District wise -Meningitis

Karnataka Cause -wise Child Death



[< Back to Child Deaths](#)





Real Time Analytics Dashboards For Child Death Reports

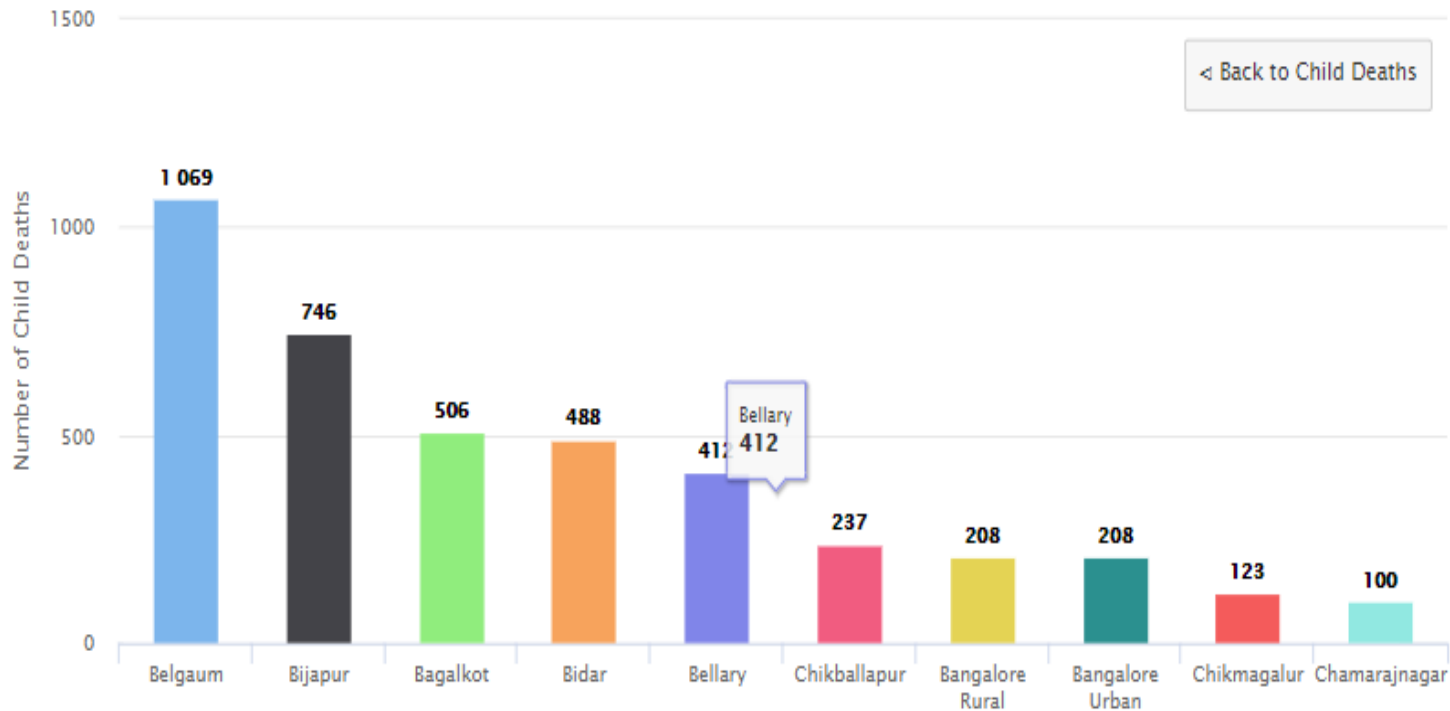
Karnataka Child Death Other Details





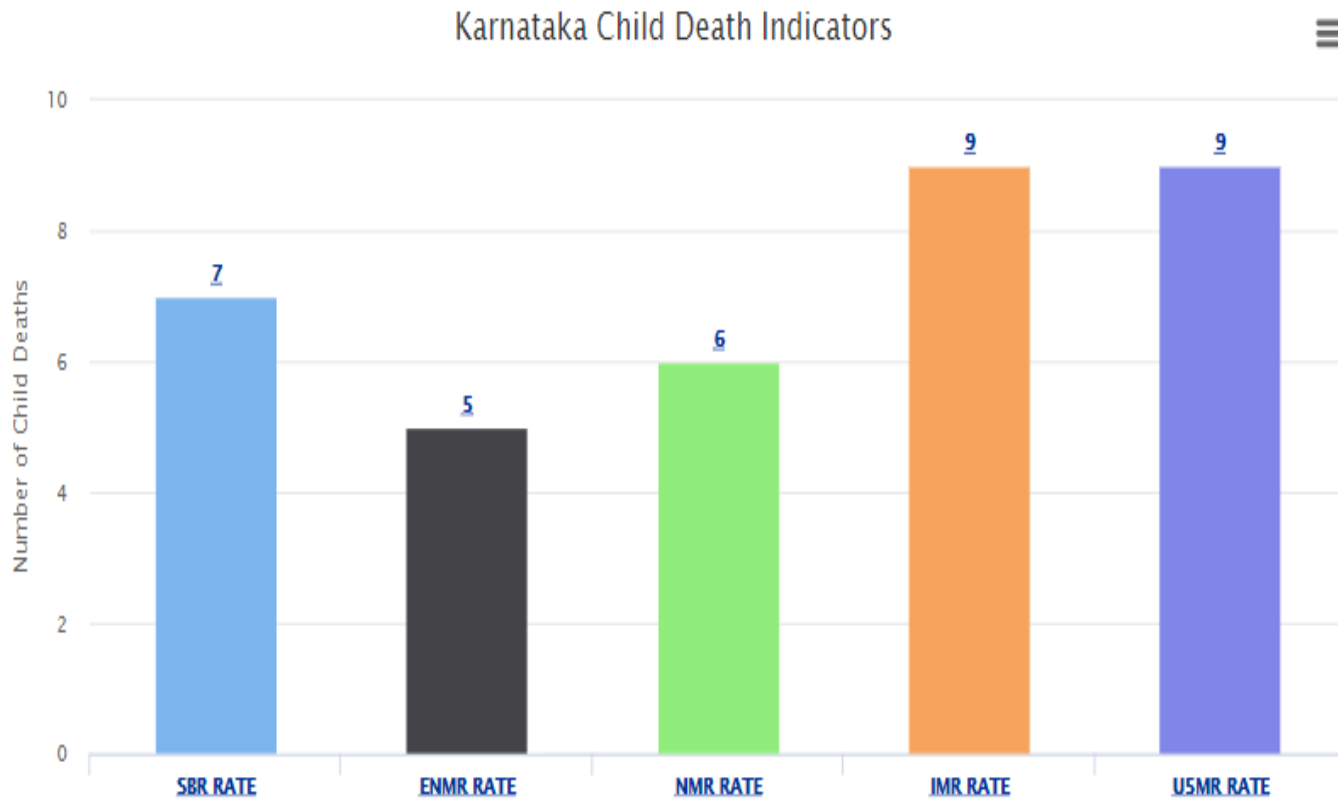
Real Time Analytics Dashboards For Child Death Reports

Karnataka Child Death Other Details





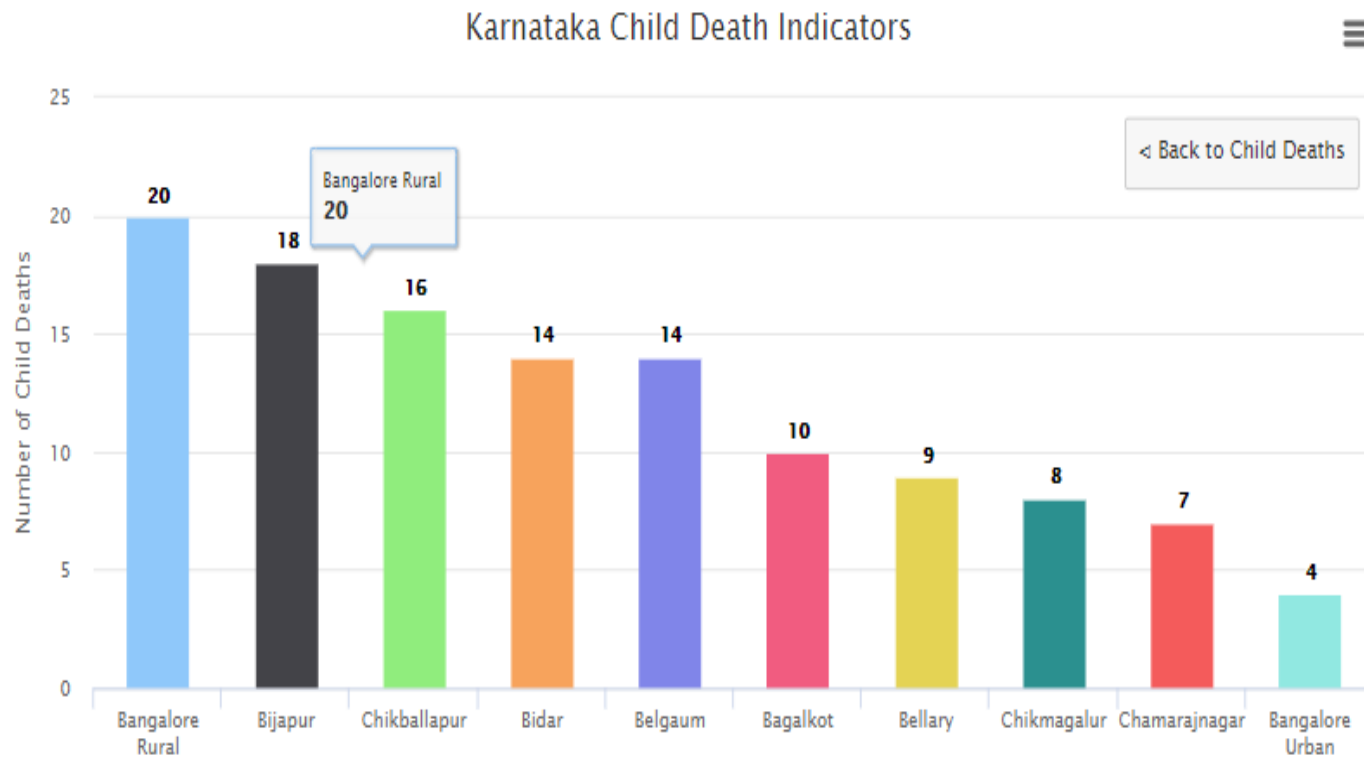
Real Time Analytics Dashboards For Child Death Reports





Real Time Analytics Dashboards For Child Death Reports

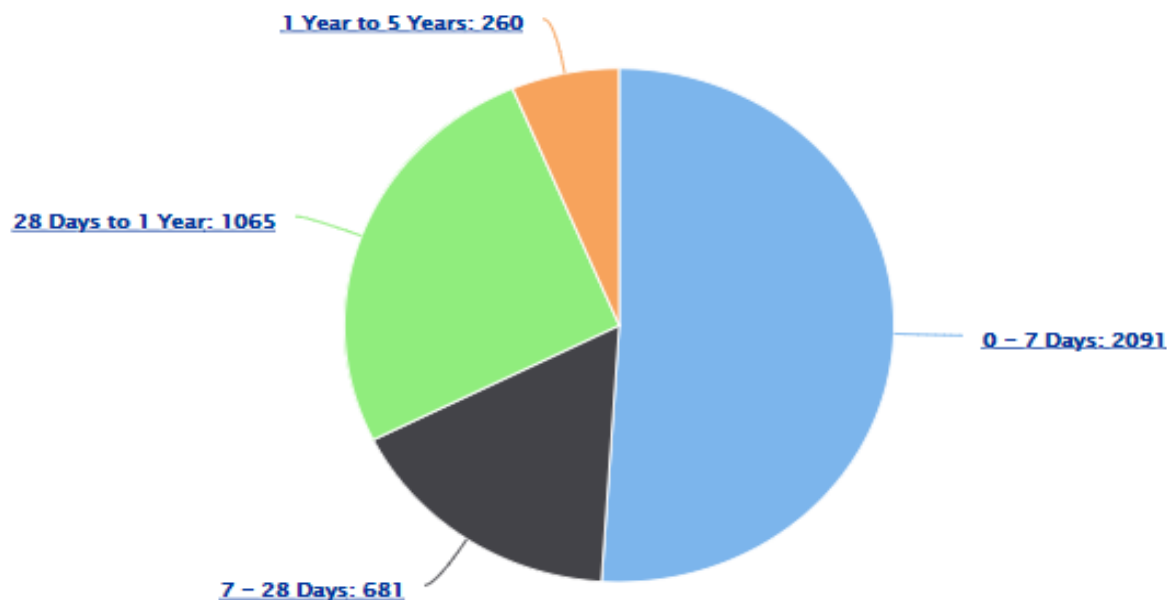
District wise IMR





Real Time Analytics Dashboards For Child Death Reports

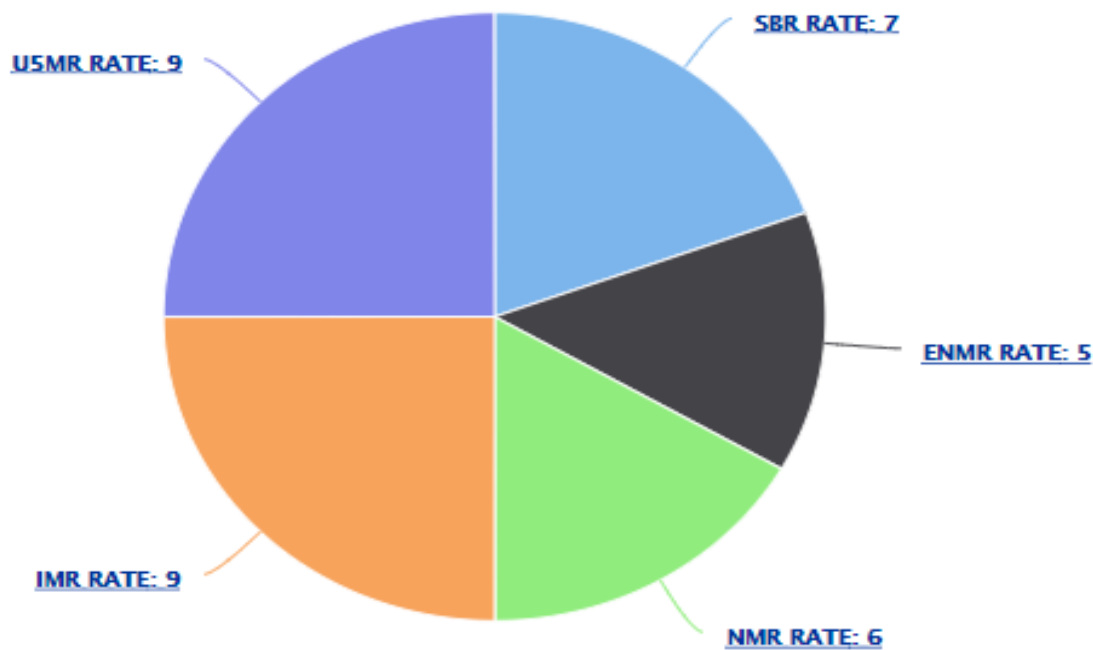
Karnataka Age Wise Child Death





Real Time Analytics Dashboards For Child Death Indicators

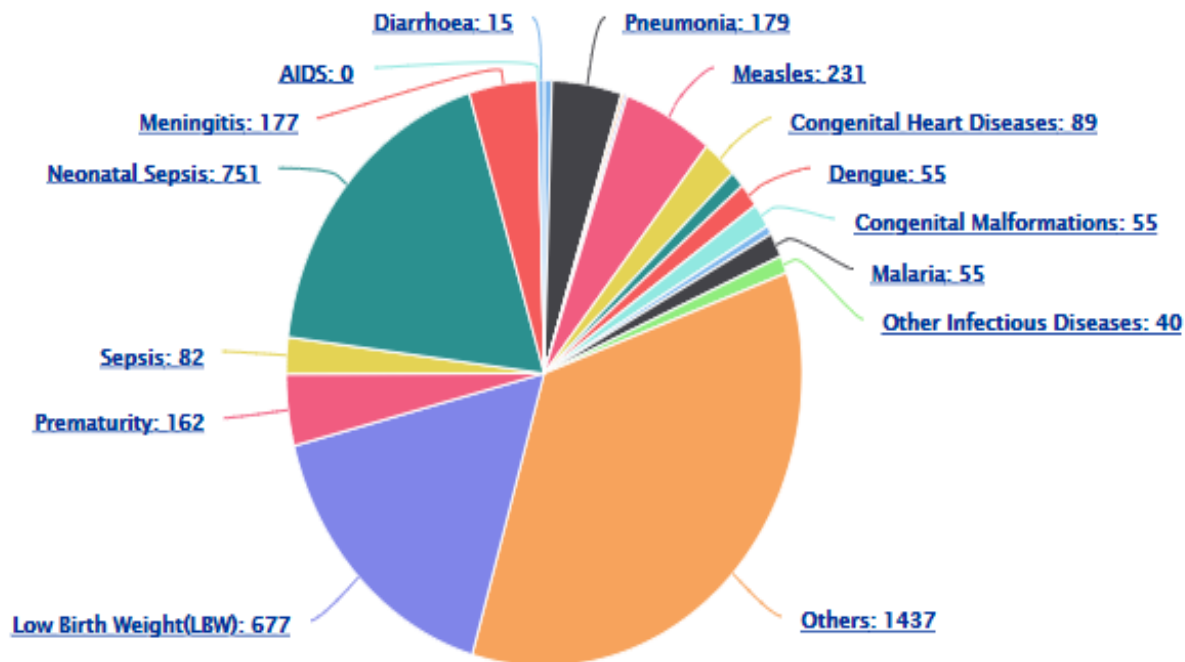
Karnataka Child Death Indicators





Real Time Analytics Dashboards For Child Death Reports

Karnataka Cause Wise Child Death





GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ASHA SOFT SOTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



ASHA SOFT SOTWARE API INTEGRATED

ASHA Soft

Since inception of NRHM in 2005, ASHA (known as ASHA Sahyogini in Rajasthan) has played an important and critical role in implementation of health activities under NRHM. The ASHA programme was introduced as a key component of the community process intervention and now it has emerged as the largest community health worker programme in the world and is considered a critical contribution to enabling people's participation in health.

ASHA is a community level worker whose role is to function as a health care facilitator, a service provider and to generate awareness on health issues. Besides delivering key services to maternal child health and family planning, she also renders important services under National Disease Control Programme.

ASHA`s Work Profile:

1. Ensuring 4 antenatal checkups, institutional delivery and post-natal check-ups.
2. Identifying the risk and referring the mother & child to the health institution.
3. Promoting attendance of children at anganwadi on village health and nutrition day for
4. immunization.
5. Holding monthly meetings of Village Health and Sanitation Committee.
6. Counseling couples for family planning and distributing contraceptives to eligible couples.
7. Counseling mothers for immunization of child at every household.
8. Interface between community and health services to control diseases such as Malaria, T.B., and
9. Blindness etc.

ASHA Soft is an online system which facilitates the department:

1. To capture beneficiary wise details of services given by ASHA to the community.
2. Online payment of ASHA to their bank accounts.
3. Generate various reports to monitor the progress of the programme.



ASHA SOFT SOTWARE API INTEGRATED

ASHA Dashboard

Home > ASHA > Karnataka

Karnataka



Statistics

PhcWiseLineItemEntry	
NUMBER OF LINE ITEMS ENTERED IN MCTS.	1165
NUMBER OF LINE ITEMS ENTERING DATA IN ASHA SOFT.	0
NUMBER OF ASHA WORKERS WHOSE DATA HAS BEEN ENTERED IN MCTS .	315
NUMBER OF ASHA WORKERS WHOSE DATA HAS BEEN ENTERED IN ASHA SOFT.	0
NUMBER OF ANC'S REGISTERED DURING THE MONTH.	647
NUMBER OF ANC'S REGISTERED DURING THE MONTH WITHIN 12 WEEKS.	0
NUMBER OF DELIVERIES ENTERED IN MCTS DURING THE MONTH.	67
NUMBER OF SEVERELY ANAEMIC PREGNANT WOMEN DURING THE MONTH.	0
NUMBER OF CLIENTS WHO HAVE UNDERGONE PPIUCD INSERTION.	5
NUMBER OF CLIENTS WHO HAVE UNDERGONE POSTPARTUM STERILIZATION.	1448
NUMBER OF MATERNAL DEATHS REPORTED.	0
NUMBER OF ASHAS FOR WHOM PAYMENT REPORT IS GENERATED FOR THE PREVIOUS MONTH.	0

Now Effective monitoring of all the 32 performance parameters can be done



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

E-AAROGYA SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



E-AAROGYA SOFTWARE API INTEGRATED

e-Aarogya

- A source for all dashboard requirements.
- An application for Rural Health data collection by ANMs. Health programs covered are RCH/MCTS, CNAA, VHND, IDSP, and NCD/CD
- Real time statistics district wise with analytics on the cloud have been provided in the integrated Universal Healthcare dashboard. Tab loaded with e-Aarogya application have been provided to the ANMs for entering the requisite data.
- Most of the information will be readily available in e-hospital and e-aarogya system after their implementation.



E-AAROGYA SOFTWARE API INTEGRATED

Citizen By Age Gender		CH Vaccines				
FEMALES	38681	NAME	DOSE NAME	COUNT		
MALES	38834	B.C.G		408		
AGE < 1	31	D.P.T Booster	1	110		
AGE 1 - 5	4809	Dadar Vaccine	1	175		
AGE 6 - 15	12332	Hepatitis B	1	100		
AGE 16 - 19	5537	Hepatitis B	2	90		
AGE 20 - 25	43336	Hepatitis B	3	78		
AGE 55+	11470	Hepatitis B	Birth Time	424		
RCH-Reproductive Child Health		Japanese encephalitis	1st Dose	204		
			2nd Dose	111		
		Measles Vaccine	1st Dose	4		
		Measles Vaccine	2nd Dose	116		
		O.P.V	0	412		
		O.P.V	1	270		
		O.P.V	2	243		
		O.P.V	3	228		
		ELIGIBLE COUPLE	9526			
		PREGNANT WOMAN	441			
NEW BORN CHILDREN	85					
DELIVERIES	78					



E-AAROGYA SOFTWARE API INTEGRATED

Ec By Age	
AGE 15 - 19	33
AGE 20 - 24	820
AGE 25 - 29	1893
AGE 30 - 34	1925
AGE 35 - 39	2189
AGE 40 - 44	1486
AGE 45 - 49	940
AGE 50+	214

Ec Fwp Methods	
FP METHOD	COUNT
Condom	110
Oral pills	64
Copper T.C.U 380(10 years)	161
Copper T.C.U 375(5 years)	62
Female sterilization treatment	4829
Male sterilization treatment	3
E.C Pills**	6

O.P.V	0	412
O.P.V	1	270
O.P.V	2	243
O.P.V	3	228
O.P.V Booster	0	105
Pentavalent	1	373
Pentavalent	2	337
Pentavalent	3	291
T.T		1
T.T		0
Vitamin A	1st Dose	220
Vitamin A	2nd Dose	83
Vitamin A	3rd Dose	22
Vitamin A	4th Dose	9
Vitamin A	5th Dose	6
Vitamin A	6th Dose	2
Vitamin A	7th Dose	1
Vitamin A	8th Dose	1
Vitamin A	9th Dose	0
Vitamin K		116



E-AAROGYA SOFTWARE API INTEGRATED

PW Anc/Pnc Visits

NAME	DOSE NAME	COUNT
ANC	1	387
ANC	2	143
ANC	3	62
ANC	4	23
ANC	5	2
PNC	1	38
PNC	2	3
PNC	3	2
PNC	4	1

PW High Risks

RISK	Others
COUNT	2

CH Deaths

REASON	Diarhea
COUNT	2

CH Complications

RISK	Dengue fever
COUNT	2

CHBirthAndFeed

CHILDREN	1579
BIRTH COMPLICATIONS	8
CRIED AFTER BIRTH	38
BREAST FED IN 1 HOUR	36
BREAST FED UP TO SIX MONTHS	0
OTHER FOOD IN SIX MONTHS	1578



E-AAROGYA SOFTWARE API INTEGRATED

PW High Risks	
RISK	Others
COUNT	2

PW Tests	
NAME	COUNT
Diabetic Test	287
Haemoglobin Test	786
S.T.D Test	340
Ultra Sound Scan	3
Urine Test	370

PW Deaths	
REASON	Dengue fever
COUNT	2

Diseases		
NAME	DISEASE TYPE	COUNT
Blood pressure	NCD	10
Diabetic	NCD	72
Cholera	CD	1
Typhoid	CD	1
Malaria	CD	1
TB	CD	2

IDSP	
SYMPTOMS	COUNT
Fever --> Fever less than 7 days --> only fever	23
Loose watery stools < 2 weeks --> With no dehydration	1



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ELAJ SMART CLINIC SOFTWARE API INTEGRATED

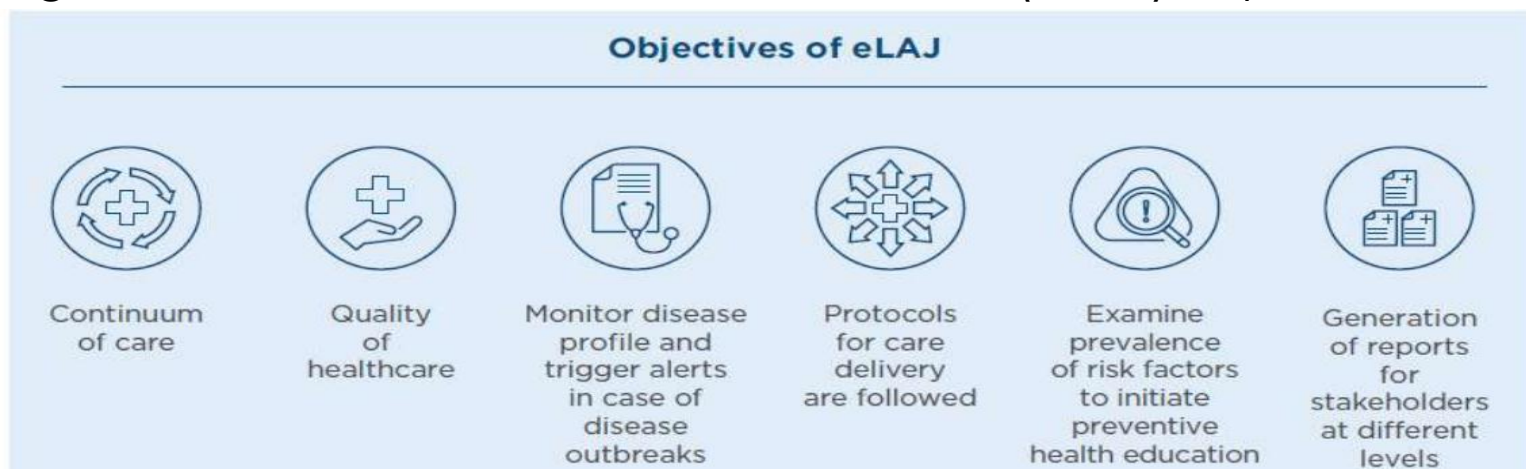
<https://indiancst.com/India/universalhealthcare>



ELAJ SMART CLINIC SOFTWARE API INTEGRATED

E-LAJ

eLAJ Smart Clinics to facilitate effective preventive and primary healthcare intervention in the rural areas of India for the benefit of communities with poor access to healthcare. These eLAJ clinics are technology-enabled, smart clinics equipped with multipara meter monitoring device, which enables multiple diagnostic tests and generation of Electronic Medical Records (EMRs) of patients





ELAJ SMART CLINIC SOFTWARE API INTEGRATED

ELAJ Dashboard

Home > ELAJ > Karnataka

Karnataka



TRENDS BP

CLINIC NAME	BP HIGH COUNT	BP NORMAL COUNT	BP HIGH MALE	BP HIGH FEMALE
chandapura	387	1084	115	272
dibbur	2649	4567	1398	1251
hebbagodi	461	1358	235	226
huliyar	5186	3667	2592	2594
jigani	2497	2261	1063	1434
kuripalya	6412	5338	2103	4309
lakshmpura	5786	6030	2928	2858
malathahalli	7119	8329	2905	4213
manchenahalli	5548	3572	2757	2791
pattadakal	2069	6874	861	1208
ronur	2351	1791	1283	1068
singasandra	2734	2828	1231	1503
sulebhavi	4292	8895	1915	2377



ELAJ SMART CLINIC SOFTWARE API INTEGRATED

Karnataka



TRENDS BMI

CLINIC NAME	BMI OBESE COUNT	BMI OBESE MALECOUNT	BMI OBESE FEMALECOUNT	BMI OVERWEIGHT COUNT	BMI OVERWEIGHT MALECOUNT	BMI OVERWEIGHT FEMAL
chandapura	608	92	516	272	50	222
dibbur	1459	642	817	1317	514	803
hebbagodi	513	172	341	278	81	197
huliyar	3607	1988	1619	1602	645	957
jigani	1726	552	1174	760	225	535
kuripalya	7433	2262	5170	1808	524	1284
lakshmpura	6247	2485	3762	1895	779	1116
malathahalli	7241	2714	4526	2436	712	1724
manchenahalli	5438	2538	2900	1858	916	942
pattadakal	1453	872	581	1207	670	537
ronur	565	290	275	511	229	282
singasandra	1863	612	1251	1280	461	819
sulebhavi	1865	703	1162	1486	616	870



ELAJ SMART CLINIC SOFTWARE API INTEGRATED

ELAJ Dashboard

Home > ELAJ > Karnataka

Karnataka



TRENDS BG

CLINIC NAME	RBS HIGH COUNT	RBS HIGH MALE	RBS HIGH FEMALE	RBS MODERATE COUNT	RBS MODERATE MALE	RBS MODERATE FEMALE	RBS NORMAL COUNT
chandapura	70	26	44	45	18	27	186
dibbur	188	121	67	187	91	96	1887
hebbagodi	30	23	7	22	13	9	141
huliyar	2269	1272	997	1288	608	680	4982
jigani	423	182	241	272	133	139	962
kuripalya	1135	416	719	6637	1978	4658	3993
lakshmpura	1748	1020	728	1363	673	690	2039
malathahalli	1598	625	973	753	336	417	2484
manchenahalli	495	300	195	424	224	200	6939
pattadakal	151	70	81	183	66	117	686
ronur	746	466	280	399	212	187	1567
singasandra	728	354	374	439	186	253	1450
sulebhavi	296	111	185	199	85	114	1069



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ELAJ DASHBOARD FOR DATA ANALYTICS DEVELOPED AND INTEGRATED

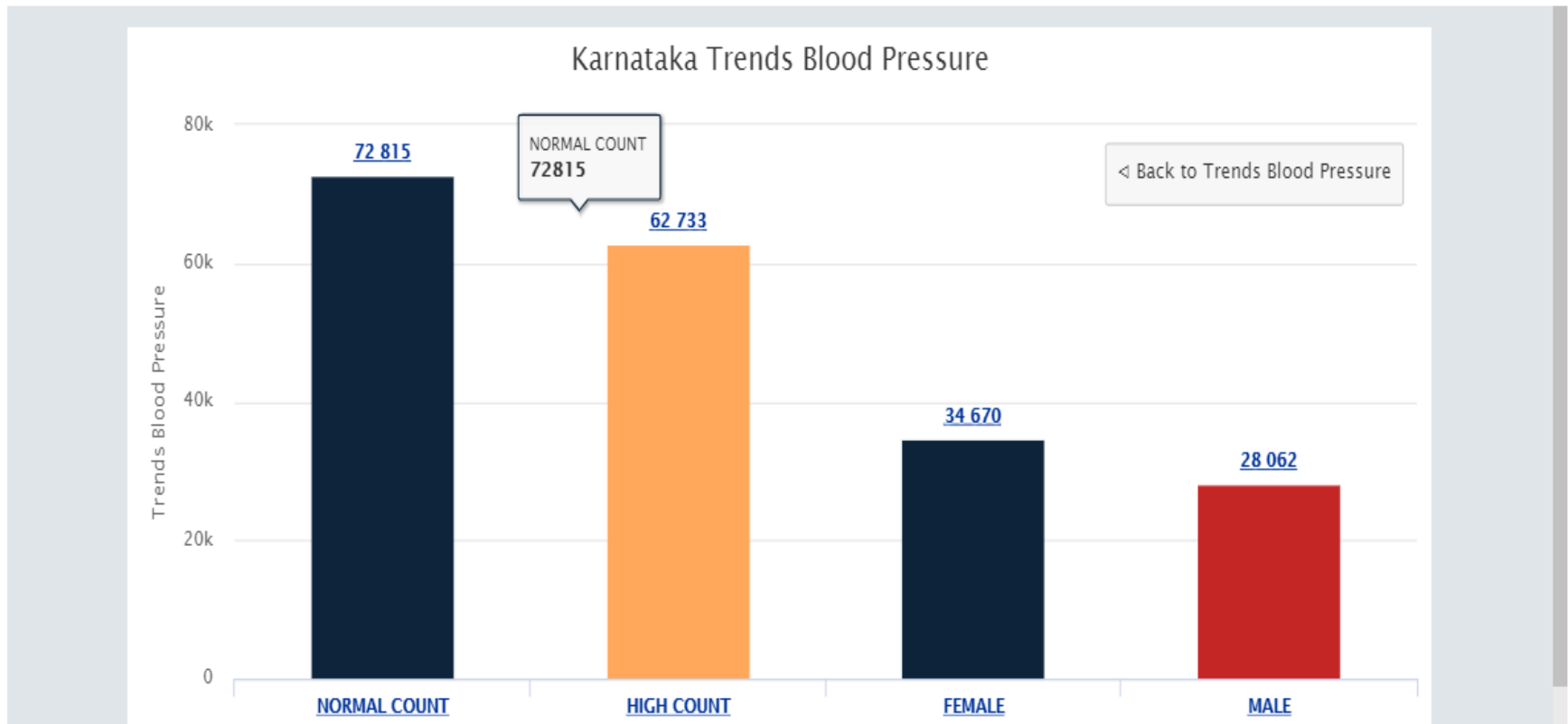
<https://indiancst.com/India/universalhealthcare>



ELAJ - Software API Integrated

Trends BP 1,98,280

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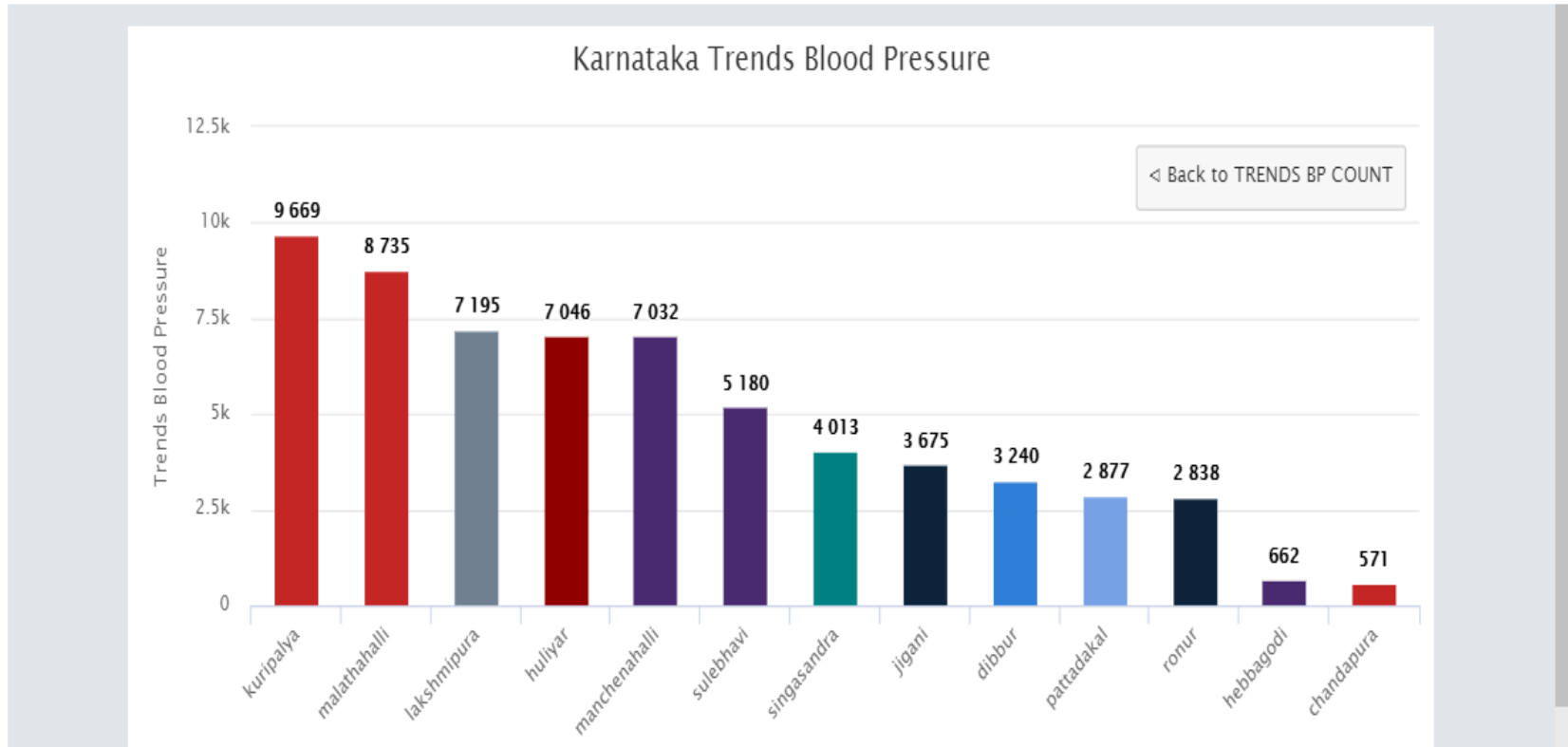




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Trends BP 1,98,280

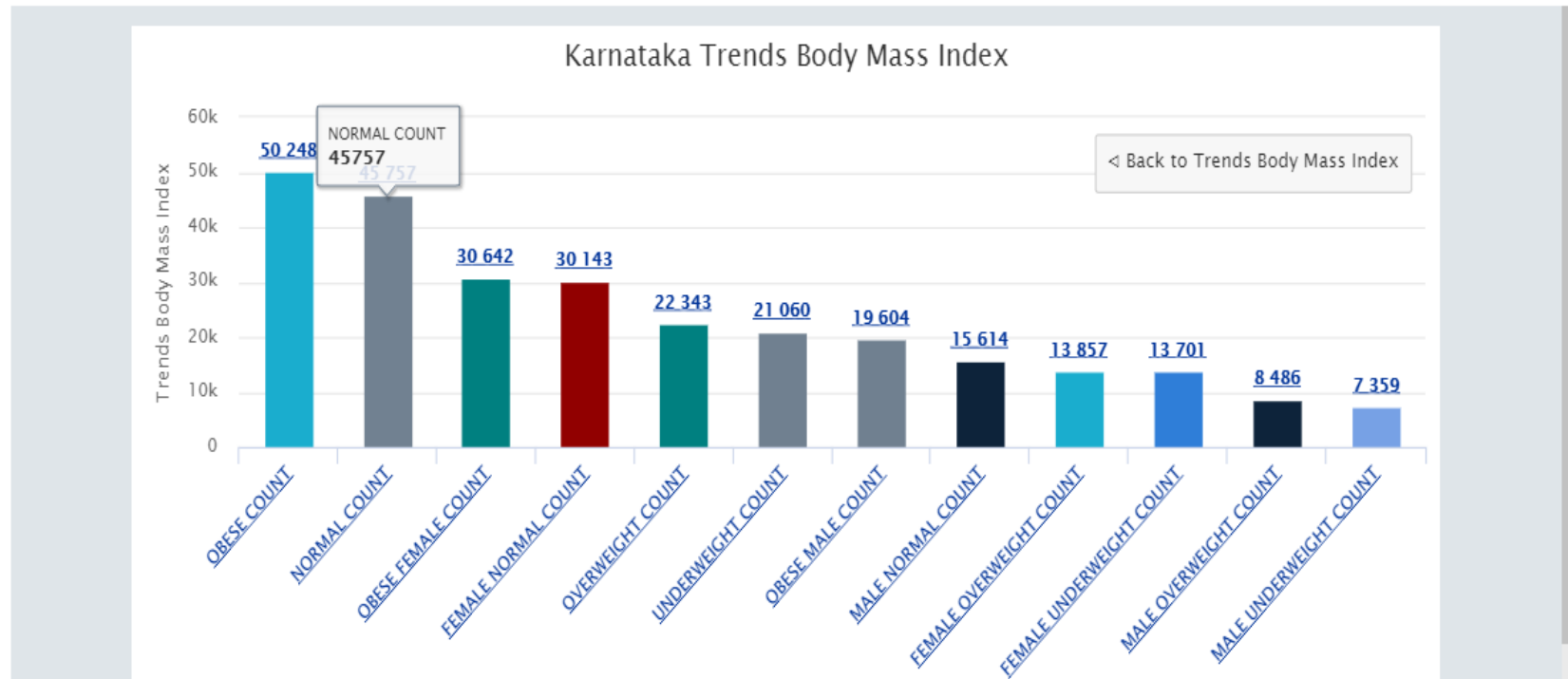
GPMS Transportal for Universal HealthCare





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TRENDS BMI : 39,019



Close

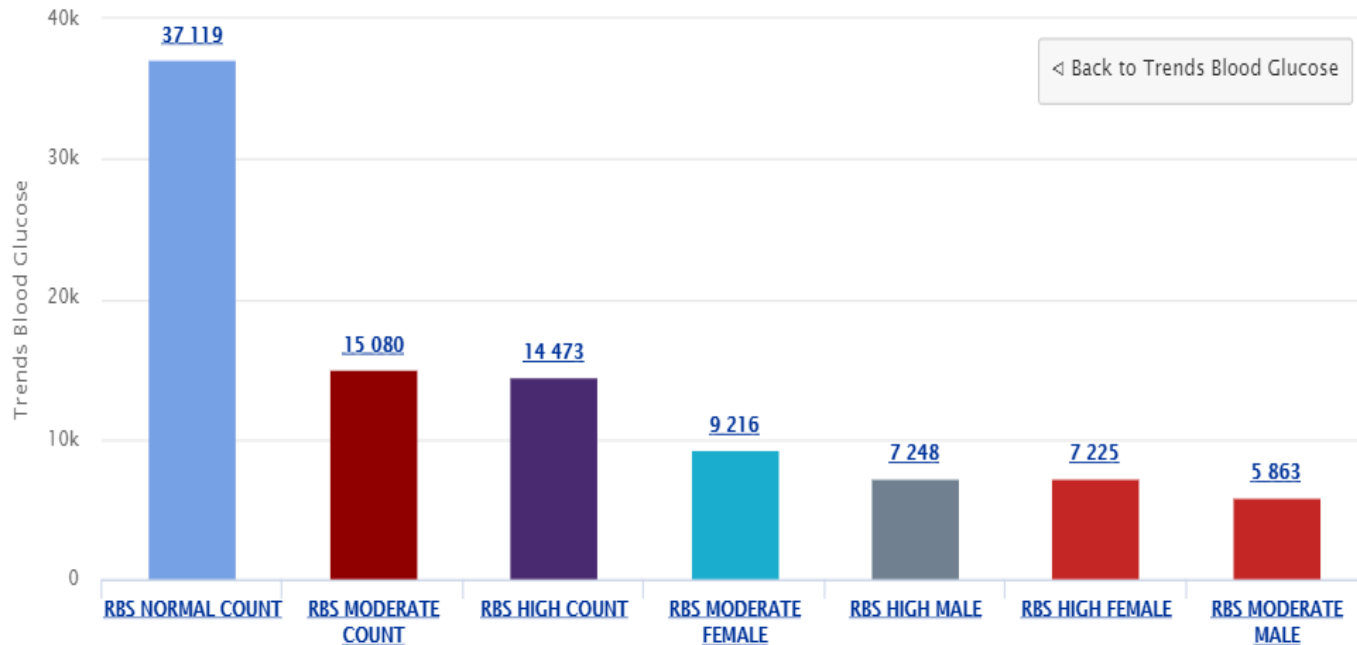


ELAJ - Software API Integrated

Trends BG: 96,224

GPMS Transportal for Universal HealthCare

Karnataka Trends Blood Glucose





GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



PRE-CONCEPTION AND PRE NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES SOFTWARE API INTEGRATED

1. Prenatal child sex determination and female child infanticide has plagued India for long. According to the latest census figures, female infanticide, foeticide and every other form of female infant genocide seems to be alive and kicking. The national female-male sex ratio has dipped to an all-time low of 933/1000. In some states, the situation is dire. Haryana, for example, has 861 females to 1,000 males. Chandigarh has 773, Daman and Diu 709, Punjab, 874. The sex ratio of children in the 0-6 age group is no better. While the all-India figure is 927/1000, it is 793 in both Punjab and Haryana.
2. The Government of India introduced The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 to curb this practice and brought into operation from 1st January, 1996. PNDT Act and Rules have been amended keeping in view the emerging technologies for selection of sex before and after conception and problems faced in the working of implementation of the ACT and certain directions of Honorable Supreme Court. These amendments have come into operation with effect from 14th February, 2003.

Objectives of PCPNDT

1. No Genetic Counseling Centre, Genetic Laboratory or Genetic Clinic unless registered under this Act, shall conduct or associate with, or help in, conducting activities relating to pre -natal diagnostic techniques
2. No Genetic Counseling Centre, Genetic Laboratory or Genetic Clinic shall employ or cause to be employed any person who does not possess the prescribed qualifications
3. No medical geneticist, gynecologist, pediatrician, registered medical practitioner or any other person shall conduct or cause to be conducted or aid in conducting by himself or through any other person, any pre-natal diagnostic techniques at a place other than a place registered under this Act.
4. Pre-natal diagnostic techniques can be used only for the specific approved health reasons



PRE-CONCEPTION AND PRE NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES SOFTWARE API INTEGRATED

GOVERNMENT OF INDIA
 MINISTRY OF HEALTH AND FAMILY WELFARE
 DEPARTMENT OF HEALTH AND FAMILY WELFARE
 Government of Karnataka

Select Language ▾
IndianCST DvP

GPMS Transportal for Universal HealthCare

IndianCST DvP
● Online

- GPMS Universal HealthCare PCPNDT
- Home
- Total Scanning Centers
- Facility Wise Scanning Centers
- Taluk Wise Total Scanning Centers
- Taluk Wise Facility Scanning Centers

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

Karnataka ▾

District Wise Total Scanning Centers in Karnataka ▾

DISTRICT NAME	PRIVATE SCANNING CENTERS	GOVT SCANNING CENTERS
Bagalkot	140	3
Ballari	98	4
Bangalore Rural	54	4
Belagavi	290	14
Bengaluru	1614	41
Bidar	53	7
Chamarajanagar	20	1
Chikballapur	40	6
Chikkamagaluru	54	5
Chitradurga	37	7
Dakshina Kannada	146	9
Davanagere	60	5
Dharwad	184	9



PRE-CONCEPTION AND PRE NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES SOFTWARE API INTEGRATED

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

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GPMS Transportal for Universal HealthCare

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Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

Home > PCPNDT > Karnataka

Karnataka

Facility Wise Scanning Centers in Karnataka

DISTRICT NAME	GENETIC COUNSELLING CENTER	GENETIC LABORATORIES	GENETIC CLINICS	ULTRASOUND CLINICS IMAGING CENTERS	OTHERS
Bagalkot	4	1	3	173	5
Ballari	3	0	3	130	1
Bangalore Rural	2	2	4	68	0
Belagavi	3	7	20	317	4
Bengaluru	52	20	56	1637	44
Bidar	0	0	2	84	2
Chamarajanagar	0	0	0	27	0
Chikballapur	10	1	2	52	0
Chikkamagaluru	0	0	0	61	0
Chitradurga	0	0	0	70	1
Dakshina Kannada	6	5	8	224	3
Davanagere	1	2	3	82	5
Dharwad	1	0	11	175	12



PRE-CONCEPTION AND PRE NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES SOFTWARE API INTEGRATED

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

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GPMS Universal HealthCare PCPNDT

- 🏠 Home
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- 🏠 Facility Wise Scanning Centers
- 🏠 Taluk Wise Total Scanning Centers
- 🏠 Taluk Wise Facility Scanning Centers

GPMS Transportal for Universal HealthCare

🏠 Home > 🏠 PCPNDT > Karnataka

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT)

Taluk Wise Total Scanning Centers in Karnataka

Taluk Wise Total Scanning Centers in Karnataka			
DISTRICT NAME	TALUK	PRIVATE SCANNING CENTERS	GOVT SCANNING CENTERS
Bagalkot	Badami	8	0
Bagalkot	Bagalkot	44	2
Bagalkot	Bilagi	6	0
Bagalkot	Guledagudd	3	0
Bagalkot	Hungund	10	0
Bagalkot	Ilakal	6	0
Bagalkot	Jamkhandi	36	1
Bagalkot	Mudhol	27	0
Ballari	Ballari	53	3
Ballari	Hadagalli	3	0
Ballari	Hagaribommanahalli	4	0
Ballari	Hosapete	25	1
Ballari	Kudligi	2	0



GPMS Universal Health Care Information Therapy Transportal
Common Integrated Dashboard



PRE-CONCEPTION AND PRE NATAL DIAGNOSTIC (PCPNDT) TECHNIQUES
SOFTWARE API INTEGRATED

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

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GPMS Universal HealthCare PCPNDT

- Home
- Total Scanning Centers
- Facility Wise Scanning Centers
- Taluk Wise Total Scanning Centers
- Taluk Wise Facility Scanning Centers

Taluk Wise Facility Scanning Centers in Karnataka

DISTRICT NAME	TALUK NAME	GENETIC COUNSELLING CENTER	GENETIC LABORATORIES	GENETIC CLINICS	ULTRASOUND CLINICS IMAGING CENTERS	OTHERS
Bagalkot	Badami	1	0	0	9	1
Bagalkot	Bagalkot	2	1	1	66	1
Bagalkot	Bilagi	0	0	1	7	0
Bagalkot	Guledagudd	0	0	0	4	1
Bagalkot	Hungund	0	0	0	12	0
Bagalkot	Ilakal	0	0	0	3	0
Bagalkot	Jamkhandi	1	0	1	41	1
Bagalkot	Mudhol	0	0	0	31	1
Ballari	Ballari	2	0	2	64	0
Ballari	Hadagalli	0	0	0	2	0
Ballari	Hagaribommanahalli	0	0	0	6	0
Ballari	Hosapete	1	0	1	41	1
Ballari	Kudligi	0	0	0	2	0
Ballari	Kurugodu	0	0	0	0	0
Ballari	Sandur	0	0	0	7	0
Ballari	Siruguppa	0	0	0	8	0



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

PCPNDT DASHBOARD FOR DATA ANALYTICS DEVELOPED AND INTEGRATED

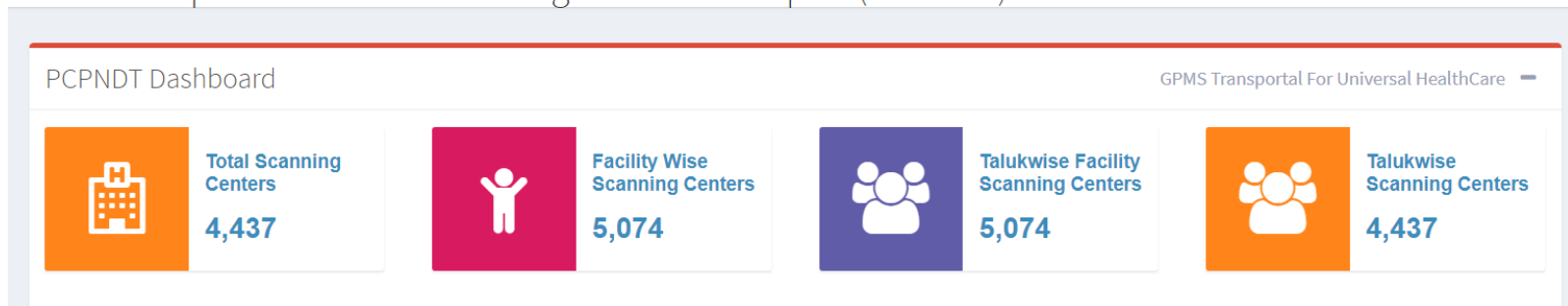
<https://indiancst.com/India/universalhealthcare>



PCPNDT - Software API Integrated

Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Dashboard

Home > PCPNDT Dashboard

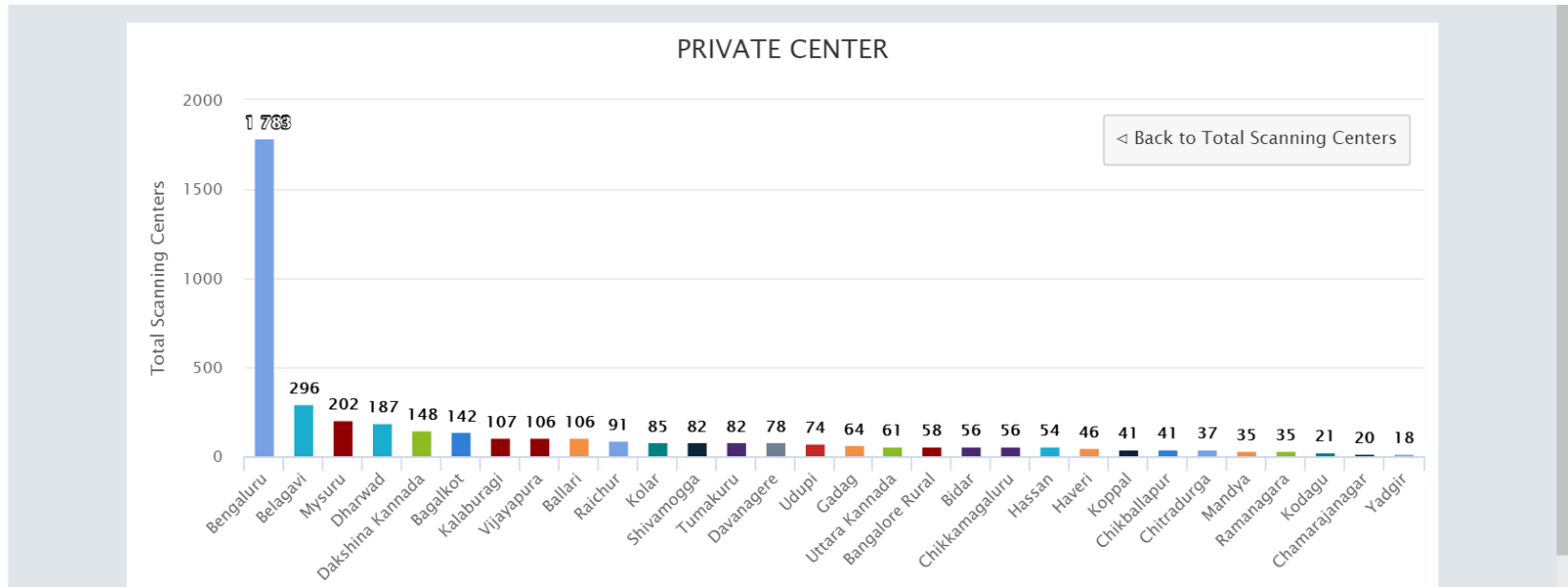




ELAJ - Software API Integrated

Total Scanning Centers 4,437

GPMS Transportal for Universal HealthCare

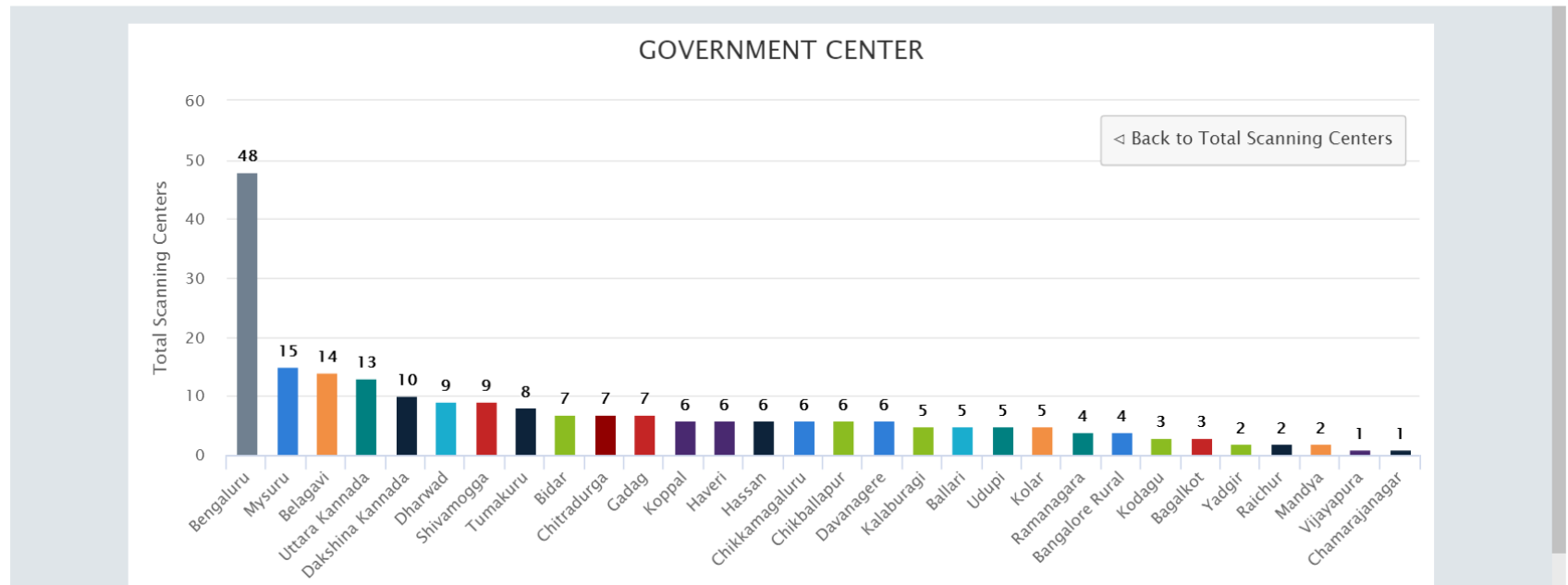




ELAJ - Software API Integrated

Total Scanning Centers 4,437

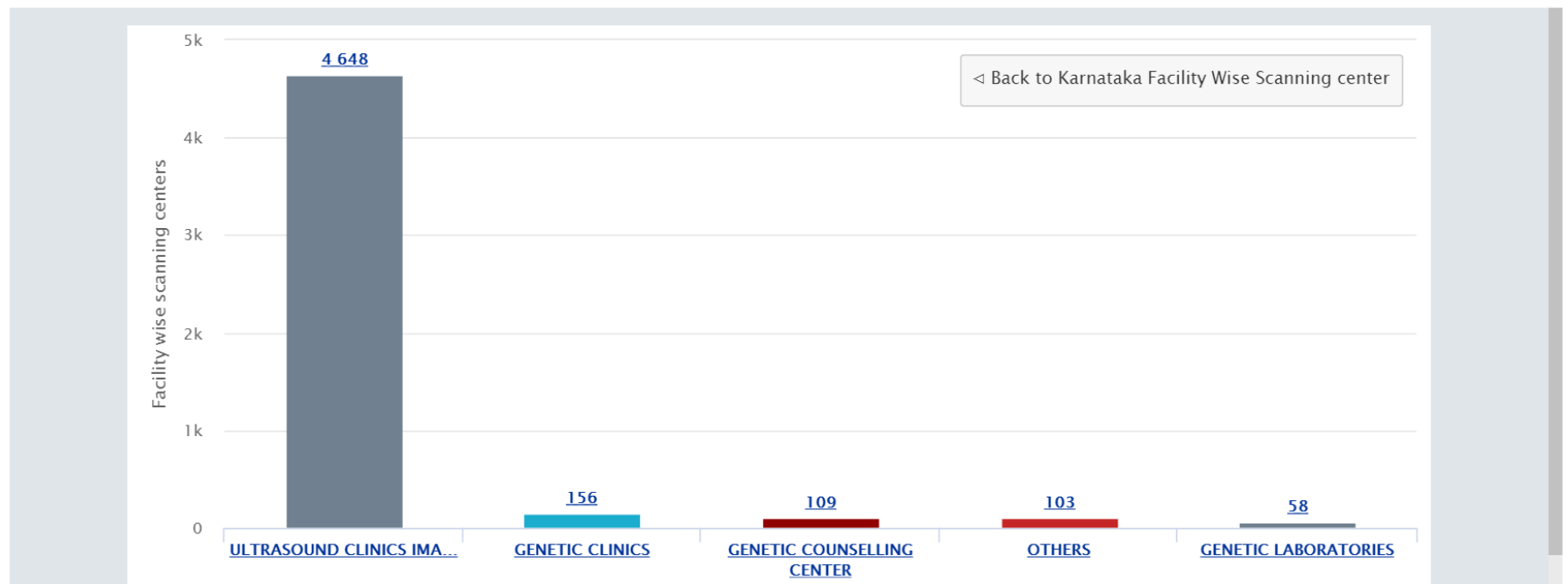
GPMS Transportal for Universal HealthCare





ELAJ - Software API Integrated

Facility Wise Scanning Centers : 5,074



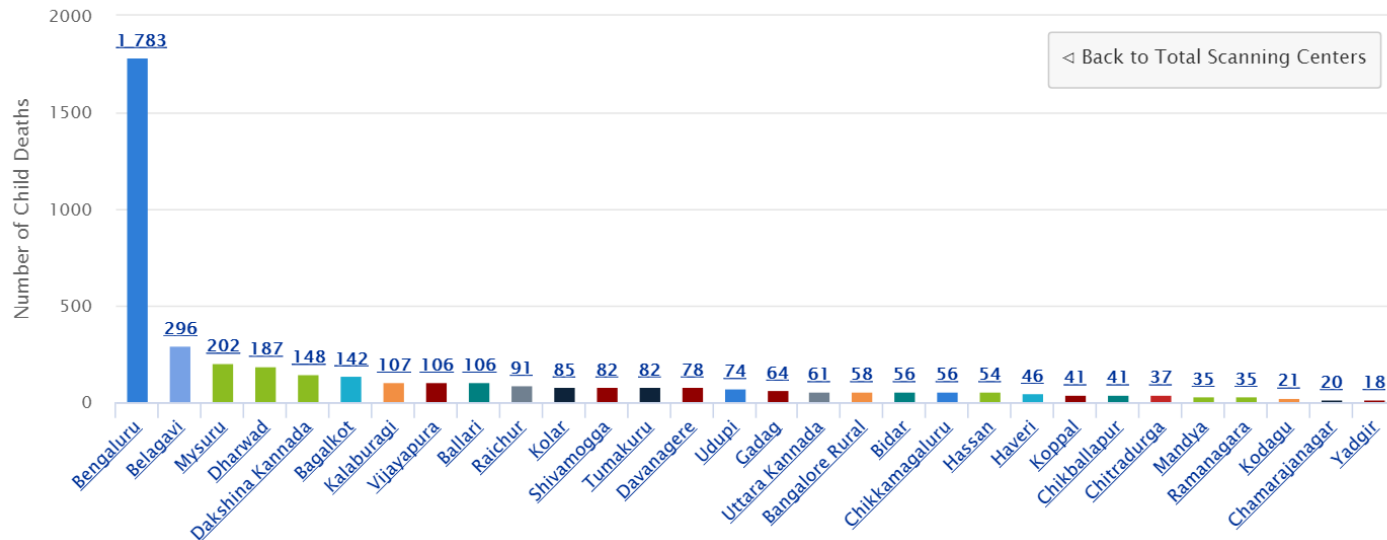


ELAJ - Software API Integrated

Talukwise Scanning Centers: 4,437

GPMS Transportal for Universal HealthCare

PRIVATE CENTER



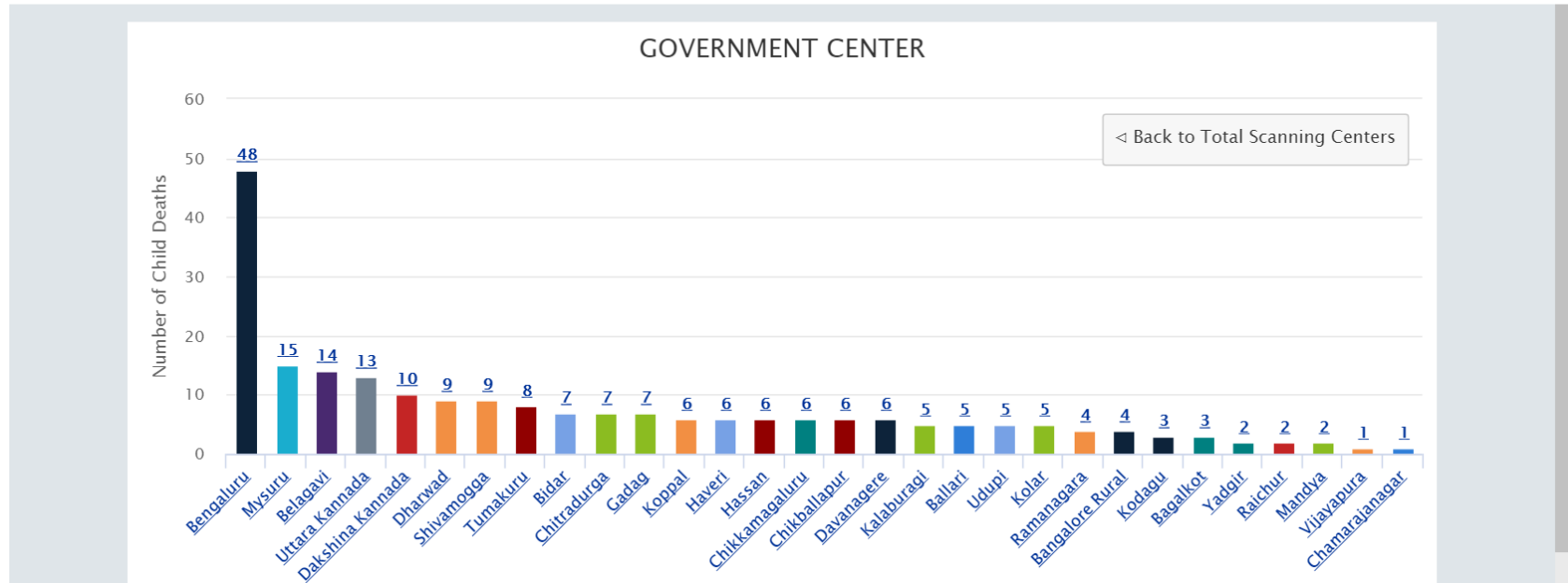
[◀ Back to Total Scanning Centers](#)



ELAJ - Software API Integrated

Talukwise Scanning Centers: 4,437

GPMS Transportal for Universal HealthCare





GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

PHC-MIS MOBILE SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



PHC-MIS SOFTWARE API INTEGRATED

PHC- MIS

Mobile / Tablet PC Application that helps in the real time monitoring of Birth, Drugs, Outpatient modules & Disease in PHCs 24/7.

A statistical report: district wise as well as state wise have been categorized into key four modules:

1. Patient Summary
2. Delivery Case Reporting
3. Disease Report and Drug Report.



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



PHC-MIS SOFTWARE API INTEGRATED

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Government of Karnataka

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GPMS Universal HealthCare

- Dashboard
- Dashboard v1
- Census 2011
- India UH card
- Analytics
- TB Maps
- TB Analytics
- Health GIS
- Patient Registration
- Health Information
- GPMS
- Doctor View
- Masters
- Help Desk

Primary Health Centre Management Information System (PHCMIS)

Karnataka

Statistics

PATIENT REPORT SUMMARY OF KARNATAKA

ADULT MALE		ADULT FEMALE		CHILDREN		BLOOD SMEAR		SPUTUM FOR AFB	
NEW OPD	OLD OPD	NEW OPD	OLD OPD	NEW OPD	OLD OPD	NEW OPD	OLD OPD	NEW OPD	OLD OPD
1999677	1103144	14332349	1261241	775569	432962	0	52913	47054	47054

DISEASE REPORT SUMMARY OF KARNATAKA

DISEASE	ADULT MALE	ADULT FEMALE	CHILDREN
A F P	8	7	0
Acute Flaccid Paralysis	11	12	4
Acute Diarrhoeal diseases_including Acute Gastro-e	16110	12455	3777
Acute encephalitic syndrome	74	63	20
Acute Respiratory Infections (ARI) / Influenza Like	39569	39595	21194
Agricultural related Injuries_Environmental factor	1023	803	239
Agricultural related Injuries_Manmade	1072	693	131



PHC-MIS SOFTWARE API INTEGRATED

Acute encephalitic syndrome	74	63	20
Acute Respiratory Infections (ARI) / Influenza Like	39569	39595	21194
Agricultural related Injuries_Environmental factor	1023	803	239
Agricultural related Injuries_Manmade	1072	693	131
Agricultural related Injuries_Mechanicalmachine	925	601	84
Anaemia & Nutritional Disorders	1674	4556	568
Bacillary Dysentery	3016	3158	1479
Blood Widal	1764	1905	156
Burns_accidental	148	95	88
Burns_Homicidal	25	29	14
Burns_Suicidal	8	4	0
Cardiovascular Diseases	63	74	2
Chemical poisoning_O.P compound	26	18	1
Chickenpox	62	170	49
Chickungunya	664	611	15
Chikungunya	66	79	0
Cholera	50	8	0
Chronic Respiratory disorder (excluding TB)	2549	1718	446



PHC-MIS SOFTWARE API INTEGRATED

Drug Report Summary

UNIQUEID	DRUG	STOCK IN MAIN STORE	UTILIZATION	REQU
PJR20171025211619	16	0	8	8
MMT20171025210627	41	0	3	3
JXK20171025205153	4586	0	4516	4967
QHZ20171025211323	462	0	1	1
XTO20171025205725	6110	0	6080	6688
HBC20171025210925	6350	0	150	165



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

MENTAL HEALTH SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



MENTAL HEALTH SOFTWARE API INTEGRATED

Mental Health

- To monitor and maintain records of mentally disturbed who are identified during the programme conducted in various districts.
- Detailed district wise statistics on mental challenges/disorders are listed in the integrated Universal Healthcare dashboard.



MENTAL HEALTH SOFTWARE API INTEGRATED

Mental Health Dashboard Home > Mental Health > Karnataka

Karnataka

Statistics

No. of cases referred to Higher centers			
MALE		FEMALE	
NEW	OLD	NEW	OLD
1811	7868	1619	6653

No. of Cases of Suicide reported			
MALE		FEMALE	
NEW	OLD	NEW	OLD
2002	5091	1301	3587

Other Psychiatric disorders treated			
MALE		FEMALE	
NEW	OLD	NEW	OLD
0	0	0	0

Epilepsy			
MALE		FEMALE	



MENTAL HEALTH SOFTWARE API INTEGRATED

Severe Mental Disorders			
MALE		FEMALE	
NEW SMD	OLD SMD	NEW SMD	OLD SMD
9192	53563	7671	42390

Common Mental Disorders			
MALE		FEMALE	
NEW CMD	OLD CMD	NEW CMD	OLD CMD
15617	73690	17350	68257

No of Alcohol/Drug abuse Cases treated during the month			
MALE		FEMALE	
NEW	OLD	NEW	OLD
10431	25793	2047	5881

Epilepsy			
MALE		FEMALE	
NEW	OLD	NEW	OLD
7679	66073	4829	49845

Intellectual Deficiency			
MALE		FEMALE	
NEW	OLD	NEW	OLD
2819	9990	1801	6891

Other child mental health problems			
MALE		FEMALE	
NEW	OLD	NEW	OLD
1154	2545	432	940

Other cases			
MALE		FEMALE	
NEW	OLD	NEW	OLD
1484	6297	713	4873



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

Mukhyamantri Santwana - 'Harish' Scheme (MSHS) SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



MSHS SOFTWARE API INTEGRATED

MSHS Mukhyamantri Santwana - 'Harish' Scheme.

Road traffic accidents are unfortunately a part of our daily lives. Often, it is noticed or reported that persons who meet with any road traffic accidents suffer from complications of injuries or even die because they are unable to receive immediate care and hospitalization.

MSHS software ensures immediate and instant Medical Treatment / Relief for the victims of the Road Accidents.

- MSHS software ensures immediate and instant Medical Treatment/Relief for the victims of the Road Accidents.
- Statistical reports related to claim details district wise has been made available in the integrated Universal Healthcare dashboard.



MSHS SOFTWARE API INTEGRATED

Objective of the Scheme:

- To give immediate and instant Medical Treatment/Relief for the victims of the Road Accidents during "Golden Hour".
- A humanitarian scheme from the Government of Karnataka to provide Trauma care to Road Accident victims within the Golden hour. Implemented through Suvarna Arogya Suraksha Trust (SAST), an autonomous and registered body under the Health and Family Welfare Department, Karnataka.



MSHS SOFTWARE API INTEGRATED

Beneficiaries of MSHS :

All the road traffic accident victims, who meet with accidents on the roads of Karnataka, irrespective of BPL/APL status, state or nationality.

Benefits of the scheme:

Immediate and instant Medical Treatment for the victims of Road Accidents during the Golden Hour (48 hours). Cashless treatment to the road accident victims with a maximum amount of Rs. 25,000/- per victim per episode.



MSHS SOFTWARE API INTEGRATED

Response to a road accident:

- Any person who is near the accident site can call the 108 or 104 helpline for the ambulance.
- EMRI will send the ambulance to the accident site.
- The EMT (Emergency Medical Technician) in 108 will shift the victim to the nearest and appropriate level of Hospital based on the severity of the injuries.
- Private ambulance or any other means of transportation can also be utilised by the public.
- The victim will be treated free of cost in the hospital.
- Treatment cost beyond 48 hours or more than Rs 25000/ will be borne by the beneficiary.



MSHS SOFTWARE API INTEGRATED

Response to a road accident:

- This includes patient with or without a Medico Legal Case.
- Government will settle the claim for the hospital for the cost of treatment provided in the first 48 hours.
- Hospitals providing services under this scheme:
 - All government hospitals (District, Taluka, CHC, PHC)
 - All state medical colleges – public and private
 - All private hospitals with emergency and polytrauma services empaneled with SAST.
 - All the recognized hospital have been mapped on GPS platform, to help the EMRI in locating the nearest appropriate hospital for treatment.



MSHS SOFTWARE API INTEGRATED

Services provided under MSS:

- Stabilizing the patient as per the severity of injuries.
- Suturing and dressing of wounds – simple and compound
- .
- ICU based treatment.
- Ward based treatment.
- Treatment of fractures, head injuries, spinal injuries, burns.
- Blood transfusion.
- 25 packages as defined by the Expert Committee ranging from Rs 1000 to maximum of Rs 25000/.



MSHS SOFTWARE API INTEGRATED

Hospital level features of this scheme include:

- Instant patient registration & approval for treatment through designated phone number through dedicated Mobile Number/MSS online application to get spontaneous unique number. This number which shall be utilized for further reference and correspondence.
- Scope for hospitals to provide treatment for Medico-Legal cases with police information report
- Designated Software for hospital empanelment, patient registration & claim processing <http://mss.kar.nic.in>.
- Hospitals are graded as Level 1 (Super-specialty), Level 2 and Level 3 (Primary care), based on the infra-structure, staff and treatment facilities available.



MSHS SOFTWARE API INTEGRATED

MSHS Dashboard Home > MSHS > Karnataka

Karnataka

Statistics

Claim Details	
NUMBER OF CLAIMS REGISTERED IN MSHS.	17952
NUMBER OF CLAIMS SUBMITTED IN MSHS.	3
CLAIM SUBMITTED AMOUNT.	42500
NUMBER OF CLAIMS APPROVED.	10620
CLAIM AMOUNT APPROVED.	33637582
NUMBER OF CASES RELEASED.	3355
AMOUNT RELEASED.	21886052.7



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

SAST (Suvarna Arogya Suraksha Trust) SOFTWARE API INTEGRTAED

<https://indiancst.com/India/universalhealthcare>



Suvarna Arogya Suraksha Trust (SAST) API Integrated

Suvarna Arogya Suraksha Trust (SAST)

Suvarna Arogya Suraksha Trust has been established and registered as a separate body under the aegis of Health and Family Welfare Department under the Indian Trust Act, 1882 in order to implement Suvarna Arogya Suraksha Scheme vide GO No. HFW 216 CGE 2008, Bangalore dated 20th February 2009. For speedy and effective implementation of any new scheme / initiative of the government, operating the scheme through an independent, autonomous body will be efficacious as well as economical. With this in view, in 2009, for implementation of Vajpayee Arogyashree Health Assurance Scheme to BPL families in Karnataka, the Government of Karnataka established a 'Special purpose Vehicle' named as Suvarna Arogya Suraksha Trust to administer the scheme



Suvarna Arogya Suraksha Trust (SAST) API Integrated

SAST (Suvarna Arogya Suraksha Trust)

Integration of a robust software that enables Planning and Conduction of health camps, hospital empanelment, pre-auth approvals, claims settlement etc in a manner such that it is able to capture everything related to the above-mentioned facts transacted in the cloud.



Suvarna Arogya Suraksha (SAST) Trust API Integrated

Select Language
IndianCST DvP

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

IndianCST DvP
Online

GPMS Universal HealthCare

- Home
- SAST Daily Report
- SAST Claims Details

SAST Dashboard
Home > SAST > Karnataka

Karnataka

Statistics

PATIENT NAME	FAMILY TYPE	SCHEME	PROVISIONAL DIAGNOSIS	APPROVED AMOUNT	PACKAGE	PACKAGE RATE
niveditha	YESHASVINI	Yeshasvini	Whether Present Ailment is a Complication of any Chronic-Pre-Existing Disease-Operation	5000	10001 : Nodular Cyst Excision	5000
suHAS	YESHASVINI	Yeshasvini	Past History of Present Ailment	6500	10007 : Epidermal Cyst	6500
shivappa	APL	Vajpayee Arogyashree	Past History of Present Ailment	25000	106 : Coarctation dilatation*	25000
Jagadish	YESHASVINI	Yeshasvini	thr hth tr th tr	5000	10001 : Nodular Cyst Excision	5000
JAGAN	APL	Vajpayee Arogyashree	Whether Present Ailment is a C	140000	16 : Between 50% to 60% Burns	70000
test yash patient	YESHASVINI	Yeshasvini	Chief Complaints- Admission Ailim	7500	10002 : Fibroadenoma - Multiple	7500
tejas v	YESHASVINI	Yeshasvini	Past History of Present Ailment	10000	10001 : Nodular Cyst Excision	5000
Ramesh	Yeshasvini	Yeshasvini	Whether Present Ailment is a	15000	10001 : Nodular Cyst Excision	5000
suresh	BPL	Vajpayee Arogyashree	Medical Management Enter ICD PCS Description Surgical Managem	90000	103 : PTCA - one stent (non-medicated, emergency, inclusive of angiogram) at the same admission.*	48000
Patient Test Yash		Yeshasvini	Medical Management	5000	10001 : Nodular Cyst Excision	5000
raja kumar		Yeshasvini	Whether Present Ailment is a Complication of any Chronic-Pre-Existing Diseases	5000	10001 : Nodular Cyst Excision	5000
patient 12	BPL	Rajiv Arogya Bhagya	Past History of Present Ailment	30000	101 : Coronary Balloon Angioplasty-PTSMA *	30000
NARASHIMAMURTHY	APL	Jyothi Sanjeevini	Past History of Present Ailment	33000	101 : Coronary Balloon Angioplasty-PTSMA *	33000
patient 18	BPL	Yeshasvini	Whether Present Ailment is a C	5000	10001 : Nodular Cyst Excision	5000
Basavaraju	BPL	Vajpayee Arogyashree	Whether Present Ailment is a Complication of any Chronic-Pre-Existing Disease-Operation	10000	103 : PTCA - one stent (non-medicated, emergency, inclusive of angiogram) at the same admission.*	48000
Yashaswini patient	APL	Yeshasvini	Whether present illness is due to	8000	10002 : Fibroadenoma - Multiple	7500



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

BLOOD BANK –JEEVA SANJEEVINI SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



BLOOD BANK –JEEVA SANJEEVINI SOFTWARE API INTEGRATED

Blood Bank – Jeeva Sanjeevini

- This enables searching for blood across all blood banks in the State of Karnataka.
- Name list of blood bank district wise with the details of blood units available statistical wise have been made available.
- Camp details as well also have been made available in the integrated healthcare application of the Universal Healthcare dashboard



BLOOD BANK –JEEVA SANJEEVINI SOFTWARE API INTEGRATED

Blood Bank Dashboard

WHB

RBC

Other Components

Karnataka

Statistics

WHB Component												
BLOODBANK NAME	DISTRICT	CONTACT NUMBER	A+VE	AB+VE	B+VE	O+VE	BOMBAY_O +VE	A-VE	AB-VE	B-VE	O-VE	BOMBAY_O -VE
District Hospital	Bagalkote	9342277697/08354236030	0	1	0	6	0	0	0	0	0	0
The District Surgeon District Hospital Blood Bank	Belagavi	9448989739/08312425073	3	0	8	20	0	0	0	0	0	0
Transfusion Medicine Centre NIMHANS	Bengaluru	9448509793/0802665712	1	0	1	0	0	0	0	0	0	0
HAL Hospital Govt Blood bank	Bengaluru	9845347978/08022314632	3	1	2	1	0	0	0	1	2	0
District Hospital Blood Bank, District Hospital	Chamarajanagra	9449843165/08226-222067	9	4	12	14	0	1	2	1	1	0
The District Surgeon Mallegowda District Hospital Blood Bank	Chikkamagaluru	9448961599/08262238083	5	2	3	5	0	1	1	1	1	0
Chigateri District Hospital	Davanagere	9901870706/08192272085	2	6	2	2	0	3	0	0	1	0
Karnataka Medical College Hospital Blood Bank	Dhanwad	9448793132/0836-2272908	13	6	27	26	0	2	5	1	4	0
Sri Chamarajendra District Hospital Blood Bank	Hassan	9980007690/08172233677	14	12	7	45	0	4	2	2	2	0
District Hospital Blood Bank	Haveri	9740420272/08375232222	0	0	5	3	0	0	0	1	0	0



BLOOD BANK –JEEVA SANJEEVINI SOFTWARE API INTEGRATED

Statistics

Other Components								
BLOODBANK NAME	DISTRICT	CONTACT NUMBER	PLATELET COUNT	GRANULOCYTE COUNT	CRYPTOPRECIPITATE	PLASMAPHERESIS	FRESH_FORZ_PLASMA	PLATELETPHERESIS
Ramanagoudar Hospital Blood Bank, Ramanaouda Hospital,	Bagalkote	9448987785/08354281999	12	0	0	0	1295	0
BVVSanghas HSK Hospital Blood Bank	Bagalkote	9448939768/08354235410	10	0	0	0	129	0
Swamy Vivekananda Charitable Blood Bank	Ballari	9880080389/0839266938	2	0	0	0	86	0
Smt Vasantidevi Baldota Blood Bank	Ballari	9945188052/0839231901	3	0	0	0	338	0
The District Surgeon District Hospital Blood Bank	Belagavi	9448989739/08312425073	5	0	0	0	172	0
KLESociety's Hospital and Medical Research Centre	Belagavi	9448273131/08312473777	9	0	66	0	1162	0
Kidwai Memorial Institute of Oncology Blood Bank	Bengaluru	9986990040/08026094082	73	0	0	0	481	0



BLOOD BANK –JEEVA SANJEEVINI SOFTWARE API INTEGRATED

Statistics

RBC Component												
BLOODBANK NAME	DISTRICT	CONTACT NUMBER	A+VE	AB+VE	B+VE	O+VE	BOMBAY_O +VE	A-VE	AB-VE	B-VE	O-VE	BOMBAY_O -VE
The District Surgeon District Hospital Blood Bank	Belagavi	9448989739/08312425073	1	0	3	8	0	0	0	0	0	0
Kidwai Memorial Institute of Oncology Blood Bank	Bengaluru	9986990040/08026094082	39	15	48	64	0	2	2	12	6	0
SriJayadeva Institute of Cardiology	Bengaluru	9886812718/08026534600	40	20	28	32	0	0	0	0	0	0
Sanjaya Gandhi Accident Hospital Research Institute	Bengaluru	9845527202/080-26564516	6	1	5	13	0	0	1	0	0	0
Indira Gandhi Institute of Child Health Shrimaan Harnaamdas Kapoor Blood Bank	Bengaluru	9448032867/08022443143	20	11	22	28	0	1	0	0	0	0
Bowring and Lady Curzon Hospitals	Bengaluru	9449621169/080-25327714	5	0	6	9	0	0	0	0	0	0
Transfusion Medicine Centre NIMHANS	Bengaluru	9448509793/0802665712	14	19	14	45	0	4	3	4	5	0
The Superintendent ESIHospital Blood Bank	Bengaluru	9480536351/08023013808	19	3	34	37	0	2	0	2	2	0



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

E-RAKTKOSH SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



e-RAKTKOSH Software API Integrated

e-RaktKosh: A Centralized Blood Bank Management System

e-Rakt Kosh enforces Drug & Cosmetic Act, National blood policy standards and guidelines ensuring proper collection & donation, effective management and monitoring the quality and quantity of the donated blood. Considering the national roll out, e-RaktKosh has been developed with modular and scalable approach with configurable rule based architecture allowing customization to easily incorporate specific requirements from nationwide stakeholders.



e-RAKTKOSH: A Centralized Blood Bank Management System

e-RaktKosh has six major components for management of the blood donation life cycle:

- The bio metric Donor Management System for identifying, tracking and blocking donors based on donor's health, donation history etc.
- It provides features such as blood grouping, TTI screening, antibody screening, component preparation etc. as per the defined processes and rules.
- A centralized Blood Inventory Management System for keeping track of the blood stock across numerous blood banks.



e-RAKTKOSH: A Centralized Blood Bank Management System

- Bio-Medical Waste Management System for disposal of discarded blood and other waste generated during this process.
- Generation of rare blood group donor registries and the generation of regular repeat donors
- Alert and Notification System



e-RAKTKOSH Software API Integrated

Dashbord -> e-RaktKosh

Name list of blood bank district wise with the details of blood units available statistical wise have been made available in the integrated healthcare application of the Universal Healthcare dashboard



e-RAKTKOSH Software API Integrated

State Blood Cell Dashboard Home > eraktkosh > Karnataka

Karnataka

Statistics

Blood Bank Name list

HOSPITAL NAME	LAST MODIFIED DATE	AVAILABLE	NOT AVAILABLE
The Uttara Kannada Blood Bank & Health Services Society	26-05-2018	AB+Ve : 5, A+Ve : 16, O+Ve : 6, B-Ve : 1, O-Ve : 2, B+Ve : 5	AB-Ve : 0, A-Ve : 0
Vydehi Institute of Medical Science Hospital	26-05-2018	AB+Ve : 1, O+Ve : 1, A+Ve : 2, B-Ve : 1, A-Ve : 1, B+Ve : 5	AB-Ve : 0, O-Ve : 0
Belgaum Blood Bank and Diagnostic Laboratory	26-05-2018	A+Ve : 3, O+Ve : 4, B+Ve : 7	AB+Ve : 0, AB-Ve : 0, B-Ve : 0, A-Ve : 0, O-Ve : 0
St. John's Medical College and Hospital	24-05-2018	B+Ve : 1, O-Ve : 1	AB+Ve : -4, O+Ve : 0, A+Ve : -2, AB-Ve : -5, B-Ve : -5, A-Ve : -5
Davanagere Blood Bank	26-05-2018	AB+Ve : 2, A+Ve : 2, O+Ve : 25, AB-Ve : 1, A-Ve : 1, B+Ve : 4	B-Ve : 0, O-Ve : 0
TRANSFUSION MEDICINE CENTRE NIMHANS	26-05-2018	A+Ve : 1, B+Ve : 1	AB+Ve : 0, O+Ve : 0, AB-Ve : 0, B-Ve : 0, A-Ve : 0, O-Ve : 0
Mallya Hospital No.2	20-09-2017	O+Ve : 2	AB+Ve : 0, A+Ve : 0, AB-Ve : 0, B-Ve : 0, A-Ve : 0, B+Ve : 0, O-Ve : 0
Bowring and Lady Curzon Hospitals Blood Bank, Bangalore	26-05-2018		AB+Ve : 0, A+Ve : 0, O+Ve : 0, AB-Ve : 0, A-Ve : -1, B-Ve : 0, B+Ve : 0, O-Ve : 0



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

KARNATAKA PRIVATE MEDICAL ESTABLISHMENT (KPME) SOFTWARE API INTEGRATED

<https://indiancst.com/India/universalhealthcare>



KARNATAKA PRIVATE MEDICAL ESTABLISHMENT (KPME) Software API Integrated

KPME- Karnataka Private Medical establishment

All private medical establishments in Karnataka can register by logging into the application and thereby getting their respective Licence Certificate. Integrated Universal Healthcare dashboard provides a detailed list of the private establishments district wise of the state.



KARNATAKA PRIVATE MEDICAL ESTABLISHMENT (KPME) Software API Integrated

Dashboard -> Karnataka Private Medical Establishment
(KPME) Software API Integrated

Select Language ▼ | IndianCST DTP

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

IndianCST DTP
Online

GPMS Universal HealthCare KPME

- Home
- Dashboard

KPME Dashboard
Home | KPME | Karnataka

Karnataka

Statistics

Karnataka Private Medical Establishment	
DISTRICT NAME	COUNT
Bagalkot	11
Beagavi	882
Bengaluru Rural	5
Bengaluru Urban	108
Bidar	29
Chamrajnagar	16
Chikballasapura	4
Chikmagalur	13
Dakshina Kannada	290
Davanagere	14
Dharwad	115
Gadag	13
Hassan	30
Haveri	34
Kanaburgu	40
Kodagu	15
Kolar	51
Mandya	99
Ramanagara	12
Shimoga	59
Tumakuru	60
Udupi	49
Uttara Kannada	109
Vijayapura	101
Yasgi	88

Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST.

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GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ICU-ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



ICU Online New Module Developed And Integrated

The screenshot shows a web application interface for reporting ICU data. At the top, there is a green header with the Government of India and Karnataka logos, and text including 'GOVERNMENT OF INDIA', 'MINISTRY OF HEALTH AND FAMILY WELFARE', 'DEPARTMENT OF HEALTH AND FAMILY WELFARE', and 'Government of Karnataka'. A 'Select Language' dropdown and a user profile for 'IndianCST DvP' are also present. Below the header is a dark sidebar with navigation options: Home, Dashboard, ICU (selected), View, Create, Trauma, Burns, and Reports. The main content area is titled 'ICU' and contains a form for 'Monthly reporting format of ICU'. The form includes fields for 'Name of the center', 'State' (pre-filled with Karnataka), 'District' (pre-filled with 'Select One'), 'Year' (pre-filled with 'Select One'), 'Month' (pre-filled with 'Select One'), 'No. of ICU beds', 'Total admissions during the month', 'Cumulative admission during the year', and 'Type of Admissions' (pre-filled with 'Select'). At the bottom of the form are 'Submit' and 'Back' buttons.



ICU Online New Module Developed And Integrated

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

Select Language

GPMS Tran

IndianCST DvP
Online

GPMS Universal HealthCare - ICU

Home
Dashboard
ICU
View
Create
Trauma
Burns
Reports

ICU Details

Name of the center: Year: Month:

Page 1 of 0 Total Records : 0 Show 10 Per page << < 1 Go > >>

Sr. No.	Name of the Center	state	district	Month	Year	Edit
---------	--------------------	-------	----------	-------	------	------



ICU Online New Module Developed And Integrated

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

Select Language ▾
 IndianCST DvP

GPMS Transportal for Universal HealthCare

IndianCST DvP

● Online

GPMS Universal HealthCare - ICU

- [Home](#)
- [Dashboard](#)
- [ICU](#)
- [Trauma](#)
- [Burns](#)
- [Reports](#)

ICU Reports Home > ICU Reports

District

[Details of ICU Patients](#)
- Download

ICU Report

Sr. No.	Name of the Center	state	district	Month	Year	No.of ICU Beds	Total Admissions During The Month	Cummulative Admissio during the year	Type of Admissions
1	test	Karnataka	Bangalore Rural	March	2018	11	12	111	Neurological
2	test	Karnataka	Bangalore Urban	April	2017	6	565	55	Respiratory
Total						17	577	166	

Powered by Indian CST. As per Govt. of India Standards National eHealth Authority (NeHA) 2015

Initiative by the Ministry of Health and Family Welfare, Govt. of India, Niti Ayog, Govt. of Karnataka



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

TRAUMA CARE- ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Trauma Care Online New Module Developed And Integrated

TRAUMA CARE CENTRE

Monthly reporting format of Trauma Care Center

Name of the Trauma center

State *

District *

Month

Year

Referred

REFERRED						
Referred	Road Traffic Accidents	Self Injury	Assualt	Animal bite	Poison Cases	Total
Select One	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit Back



Trauma Care Online New Module Developed And Integrated

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

Select Language
IndianCST DvP

GPMS Transportal for Universal HealthCare

IndianCST DvP

Online

Home > Trauma List

Trauma Details

Create

District

Year

Month

Search

Page 1 of 1 Total Records : 1 Show Per page

Sr. No.	Name of the Trauma Center	state	district	Month	Year	Edit
1	test	Karnataka	Bangalore Urban	March	2018	Edit

Powered by Indian CST.

As per Govt. of India Standards National eHealth Authority (NeHA) 2015

Initiative by the Ministry of Health and Family Welfare,
Govt. of India, Niti Ayog, Govt. of Karnataka



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

BURNS – ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Burns Online New Module Developed And Integrated

The screenshot displays the 'Details of burns Patients for the Month' interface. At the top, there is a green header with the Government of India and Karnataka logos, and the text 'GOVERNMENT OF INDIA, MINISTRY OF HEALTH AND FAMILY WELFARE, DEPARTMENT OF HEALTH AND FAMILY WELFARE, Government of Karnataka'. A user profile for 'IndianCST DvP' is visible in the top right corner.

The main content area is titled 'Details of burns Patients for the Month' and includes a breadcrumb trail: 'Home > Burns > Report'. Below the title, there are four dropdown menus for filtering: 'State' (set to Karnataka), 'District' (set to Select One), 'Month' (set to Select One), and 'Year' (set to Select One).

The 'Patient Details' section contains two sub-sections: 'Gender' with 'Male' and 'Female' buttons, and 'Marital Status' with 'Married' and 'Unmarried' buttons.

The 'Types of Burns' section features three input fields for burn severity: 'Upto 30%', '30%-60%', and '>60%'. Each field currently contains the text 'Upto 30%', '30%-60%', and '>60%' respectively.

The 'Outcome' section includes three input fields for patient status: 'Discharged', 'Transferred Out', and 'Death'. Each field currently contains the text 'Discharged', 'Transferred Out', and 'Death' respectively.



Burns Online New Module Developed And Integrated

Types of Burns

Upto 30%

30%-60%

>60%

Outcome

Discharged

Transferred Out

Death

No.of Surgical Procedures Conducted

No.of Surgical Procedures
Conducted

Total no.of Patients treated

Total no.of Patients treated

Submit

Back



Burns New Module Developed And Integrated

GPMS Universal HealthCare - ICU Create

District Year Month Search

Select One Select One

Sr. No.	state	district	Month	Year	Edit
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GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Burns New Module Developed And Integrated

GOVERNMENT OF INDIA

MINISTRY OF HEALTH AND FAMILY WELFARE

DEPARTMENT OF HEALTH AND FAMILY WELFARE

Government of Karnataka

Select Language ▾
IndianCST DvP

IndianCST DvP
Online

GPMS Universal HealthCare - ICU

- Home
- Dashboard
- ICU
- Trauma
- Burns
- Reports

Burns Report Home > BurnsReport

District

Details of Burns Patients Download

Burns Report

Sl. No.	state	District	Gender		Marital Status		Type of Burns			No.of Surgical Procedures Conducted	Outcome			Total no.of Patients Treated	Month	Year
			Male	Female	Married	Unmarried	Upto 30%	30%-60%	>60%		Discharged	Transferred Out	Death			
Total																



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

NATIONAL FREE DIAGNOSTICS SERVICES (NFDS) - ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NATIONAL FREE DIAGNOSTICS SERVICES (NFDS) New Online Module Developed And Integrated

NFDS REPORT Home > Employee > Create

Monthly Reports of Laboratory Investigations

Year * Month * Date of Entry State

District

Total Number of Test Done

Hb	TLC	DLC	(CSF, Pleural and Ascitic fluid)
<input type="text" value="2"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>
ESR	PBF	CBC	Semen Analysis sperum count (Manual)
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="9"/>	<input type="text" value="9"/>



NATIONAL FREE DIAGNOSTICS SERVICES (NFDS) New Online Module Developed And Integrated

GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Government of Karnataka

Select Language IndianCST DvP
GPMS Transportal for Universal HealthCare

Online
GPMS Universal HealthCare - NFDS

Home Dashboard NFDS

NFDS Details Home > Details

District: Bagalkot Year: 2017-2018 Month: Select One Search Create

Records : 19 Show 10 Per page << < 1 Go > >>

Sr. No.	District	Year	TotalEosinophilicCoun	Hb	TLC	TotalRedBloodCellcoun	Bloodurea	Edit
		2012-2013						
		2013-2014						
		2014-2015						
		2015-2016						
		2016-2017						
		2017-2018						
		2018-2019						



Non-Communicable Diseases

GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE



Cardiovascular
Diseases



Diabetes



Chronic Respiratory
Diseases



Cancer

**NON COMMUNICABLE DISEASES (NCD)
ONLINE NEW MODULE DEVELOPED INTEGRATED**

<https://indiancst.com/India/universalhealthcare>



NON COMMUNICABLE DISEASES (NCD) ONLINE NEW MODULE DEVELOPED INTEGRATED

National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke – NPCDCS

Non-communicable diseases (NCD), also known as chronic diseases include cardiovascular diseases, diabetes, stroke, most forms of cancers and injuries. Such diseases mainly result from lifestyle related factors such as unhealthy diet, lack of physical activity and tobacco use. Changes in lifestyles, behavioural patterns, demographic profile (aging population), socio-cultural and technological advancements are leading to sharp increases in the prevalence of NCD.

These diseases by and large can be prevented by making simple changes in the way people live their lives or simply by changing our lifestyle.

To contain the increasing burden of Non-Communicable Diseases, Ministry of Health and Family welfare, Government of India, has launched the National Programme on Prevention and Control of Diabetes, Cardiovascular diseases and Stroke (NPDCS).



NON COMMUNICABLE DISEASES (NCD) ONLINE NEW MODULE DEVELOPED INTEGRATED

National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke – NPCDCS

Currently the entire process is manual and the section requires MIS for an effective and efficient decision making. Different programs in the NHM collect data from communities and facilities to assess health related issues and take informed decisions. Data collection processes are majorly manual and hence there is a month time lag, in many cases, by the time the record reaches to the district NHM executives. The NCD data, for example, takes around 1 month to reach state NCD cell for the executive to assess the situation and take decisions.

Objectives of NPCDPS

- Early detection, treatment and management of non-communicable diseases
- Educate and council citizens of the state a healthy life styles in order to prevent occurrences of such diseases



NON COMMUNICABLE DISEASES (NCD) ONLINE NEW MODULE DEVELOPED INTEGRATED

National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke – NPCDCS

– Gap Assessment

- The entire data collection process is manual and, therefore, prone to manual errors
- Functional Specification Document – NHM – Data Portability and Integration Plan
- Data collected today reaches to State NCD cell and National NCD cell only on 10th and 15th of next month, respectively.
- The large gap between the time data is collected and reported leads to a delay in response from managing team.
- Most of the information collected and reported will already be available in the proposed ehospital software that can be used in association with the information captured in the proposed e-aarogya to develop seamless, real-time MIS.



NON COMMUNICABLE DISEASES (NCD) ONLINE NEW MODULE DEVELOPED INTEGRATED

National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke – NPCDCS

The entire data collection and reporting was being done manually by the concerned department. With our GPMS Transportal for Universal Healthcare dashboard, new modules have been developed by Indian CST. This has now provided a platform for the concerned department for data collection, reporting, removal of redundant data and human errors.

The real time information would enable quicker response from management.



NPCDCS - Online New Module Developed And Integrated

NCD Patient Registration

Home > NPCDS > Create

Personal Details

Type of Facility <input type="text" value="Select One"/>	Organization <input type="text" value="Select One"/>	Incharge of Facility <input type="text"/>	Total Population <input type="text"/>
Patient ID * <input type="text"/>	ADHAR NUMBER <input type="text"/>	Ration Card Number <input type="text"/>	Patient Name * <input type="text"/>
Emergency Contact Number * <input type="text"/>	Date Of Birth <input type="text"/>	Sex * <input type="text" value="Select One"/>	Category <input type="text"/>
Marital Status <input type="text" value="Select One"/>	Blood Group * <input type="text" value="Select One"/>	Occupation <input type="text" value="Select One"/>	Father Name <input type="text"/>
Mobile No. <input type="text"/>	Email Id <input type="text"/>		

Upload Photo



No file chosen



NPCDCS - Online New Module Developed And Integrated

Personal History

Any Known NCD
(DM/HTN/CVD/Ca)

Please mention Disease

Tobacco,
Smoking

Yes No

Tobacco, Smokeless
(Chewing, Snuffing)

Yes No

Alcohol Consumption in
last one month

Yes No

Less Physical Activity
(Sedentary lifestyle)

Yes No

Family History

Diabetes

Yes No

High Blood Pressure

Yes No

CVD

Yes No

Stroke

Yes No

Cancer

Yes No

Patient Examination

Height

In Metre

Weight

In Kg

BMI(Wt. in Kg/Ht. in m2)

In Kg/m2

Blood Pressure

In mm/Hg

Blood Sugar Fasting/Random

In mg/dl

Oral Cavity Examination

Normal Abnormal

Breast Examination

Normal Abnormal

Visual Inspection of Cervix

Normal Abnormal

Any Other Investigation/ finding



NPCDCS - Online New Module Developed And Integrated

Screening Outcome

Final diagnosis at NCD Clinic

Date of Starting Treatment

Status after Treatment Initiation

Referred on FU

Lost To FU

Died

Other Co-morbidities

Screened for TB Symptoms

Yes No

On ATT

Yes No

Screened for Diabetic Retinopathy

Yes No

Confirmed for Diabetic Retinopathy

Yes No

Contact Information

Country

Select One

State

Select One

District

Select One

Taluk

Select One

Panchayat

Select One

Village

Select One

Pincode*

Address *

Submit

Back



NPCDCS - Online New Module Developed And Integrated

Form 1 - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Home > Form 1 > Create Stroke (NPCDCS)

Name of the Sub-center <input type="text"/>	PHC <input type="text"/>
PBS(Yes/No) Yes <input checked="" type="radio"/> No <input type="radio"/>	Outreach(Yes/No) Yes <input checked="" type="radio"/> No <input type="radio"/>
State Karnataka ▼	District Bangalore Urban district ▼
Block/Mandal Select One ▼	Village Select One ▼
Year 2016-2017 ▼	Month Select One ▼
Total No. of PHC in the District <input type="text"/>	Total No. of PHCs Reported <input type="text"/>
Population Eligible population <input type="text"/>	Persons screened in previous month Cumulative <input type="text"/>



NPCDCS - Online New Module Developed And Integrated

Part A: Hypertension and Diabetes Screening

Source Of Data: Compiled Data from all CHCs

Total NCD Checkups Done

Male

Female

Total

No.of eligible population for NCDs

Male

Female

Total

No of new persons Suspected for DM and referred for Confirmation

Male

Female

Total

No of new persons Suspected for HTN and referred for Confirmation

Male

Female

Total

No. of known cases of DM on Follow-up

Male

Female

No. of known cases of HTN on Follow-up

Male

Female



NPCDCS - Online New Module Developed And Integrated

Part B: Screening of Common Cancers

Source Of Data: Compiled Data from all CHCs

No. of persons screened for Cancer

Male	Female	Total
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>

No. of persons suspected with cancer and referred to PHC/CHC/other GH

Oral			Breast	Cervical	Total
Male	Female	Total			
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Breast"/>	<input type="text" value="Cervical"/>	<input type="text" value="Total"/>

No. of persons referred by the Subcentre last month who underwent investigations at higher facility

Male	Female	Total
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>



NPCDCS - Online New Module Developed And Integrated

No. of persons referred by the Subcentre last month who underwent investigations at higher facility

Male	Female	Total
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>

Total No. of known Cancer Patients in the village

Male	Female	Total
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>

Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>



NPCDCS - Online New Module Developed And Integrated

Form 2A - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) > Home > Form 2A > Create

State Karnataka	District Bangalore Urban district
Year 2016-2017	Month Select One
Name and Address of the PHC/CHC <input type="text"/>	

Indicator	During the Reporting Month		
	Male	Female	Total
i) Common NCDs under NPCDCS			
Total no. of persons attended NCD Clinic(New and Follow up)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of newly diagnosed with	A. Diabetes Only		
	<input type="text"/>	<input type="text"/>	<input type="text"/>



NPCDCS - Online New Module Developed And Integrated

Number of persons suspected and referred for	A. Cardiovascular diseases	Male	Female	Total
	B. Stroke	Male	Female	Total
	C. COPD	Male	Female	Total
	D. CKD	Male	Female	Total
	E. Oral Cancer	Male	Female	Total
	F. Breast Cancer	Male	Female	Total
	G. Cervical Cancer	Male	Female	Total
	H. Other Cancers	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of persons referred to District hospital/Higher Centres

No. of Patients counselled for health promotion & prevention of NCD

II. Comorbid

Among all confirmed Diabetic Patients[New (2A+2C) & Follow up(5A+5C)]

A. No of known TB cases on ATT

B. No. screened for TB Symptoms

C. No. suspected for TB and refered to DMC/PI

Name

Designation

Date of Reporting

Submit

Back



NPCDCS - Online New Module Developed And Integrated

Form 3A - Reporting format for NCD Clinic at Community Health Centre(CHC)/Sub District Hospital(SDH) [Home](#) [Form 3A](#) > [Create](#)

State Karnataka	District Bangalore Urban district
Taluk * (Note : Select Year, Month & District) Select One	Year 2018-2019
Month Select One	Name and Address of the SDH/CHC <input type="text"/>

Indicator	During the Reporting Month		
	Male	Female	Total
i) Common NCDS under NPCDCS			
Total no. of persons attended NCD Clinic(New and Follow up)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of newly diagnosed with A. Diabetes Only	<input type="text"/>	<input type="text"/>	<input type="text"/>



NPCDCS - Online New Module Developed And Integrated

Indicator	During the Reporting Month			
	Male	Female	Total	
i) Common NCDs under NPCDCS				
Total no. of persons attended NCD Clinic(New and Follow up)	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	
No. of newly diagnosed with	A. Diabetes Only	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	B. Hypertension Only	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	C. HTN & DM	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
Number of persons suspected and referred for	A. Cardiovascular diseases	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	B. Stroke	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	C. COPD	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	D. CKD	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>



NPCDCS - Online New Module Developed And Integrated

No. of persons referred to District hospital/Higher Centres	Male	Female	Total	
No. of Patients counselled for health promotion & prevention of NCD	Male	Female	Total	
II. Comorbid	Male	Female	Total	
Among all confirmed Diabetic Patients[New (2A+2C) & Follow up(5A+5C)]	A. No. of known TB cases on ATT	Male	Female	Total
	B. No. screened for TB Symptoms	Male	Female	Total
	C. No. suspected for TB and referred to DMC/PI	Male	Female	Total

Name

Designation

Date of Reporting

Submit

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NPCDCS - Online New Module Developed And Integrated

Form 3B - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS)

[Home](#) > [Form 3B](#) > [Create](#)

Name

Address

State

Karnataka ▼

District

Bangalore Urban district ▼

Block/Mandal

Select One ▼

Village

Select One ▼

Year

2016-2017 ▼

Month

Select One ▼

Total No. of PHC in the District

Total No. of PHC in the District

Total No. of PHCs Reported

Total No. of PHCs Reported

Population Eligible population

Population Eligible population

Persons screened in previous month Cumulative

Persons screened in previous month Cumulative



Part A: Screening for HTN and Diabetes

Source Of Data: Compiled Data from all CHCs

Total NCD Checkups Done

Male

Female

Total

No. of eligible population for NCDs

Male

Female

Total

No of new persons Suspected for DM and referred for Confirmation

Male

Female

Total

No of new persons Suspected for HTN and referred for Confirmation

Male

Female

Total

No. of known cases of DM on Follow-up

Male

Female

No. of known cases of HTN on Follow-up

Male

Female



NPCDCS - Online New Module Developed And Integrated

Part B: Screening of Common Cancers

Source Of Data: Compiled Data from all CHCs

No. of persons screened for Cancer

Male

Male

Female

Female

Total

Total

No. of persons suspected with cancer and referred to PHC/CHC

Oral

Breast

Cervical

Total

Male

Female

Total

Male

Female

Total

Breast

Cervical

Total

No. of known Cancer Patients

Male

Male

Female

Female

Total

Total



NPCDCS - Online New Module Developed And Integrated

No.of persons suspected with cancer and referred to PHC/CHC

Oral			Breast	Cervical	Total
Male	Female	Total			
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Breast"/>	<input type="text" value="Cervical"/>	<input type="text" value="Total"/>

No. of known Cancer Patients

Male	Female	Total
<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>

Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>



NPCDCS - Online New Module Developed And Integrated

Form 4 - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke

Home > Form 4 > Create

State

Karnataka

District

Bangalore Urban district

Year

2016-2017

Month

Select One

Indicator

During the Reporting Month

Male

Female

Total

i) Common NCDS under NPCDCS

Total No. of persons attended NCD Clinics in the reporting month(New and follow up)

Male

Female

Total

No. of newly diagnosed with

A. Diabetes Only

Male

Female

Total

B. Hypertension Only

Male

Female

Total



NPCDCS - Online New Module Developed And Integrated

Suspected and referred cases of CVDs & Cancer(In Resource limited settings where are No capacity to perform confirmatory diagnosis)	A. CVDs	Male	Female	Total
	B. Stroke	Male	Female	Total
	C. COPD	Male	Female	Total
	D. CKD	Male	Female	Total
	E. Oral Cancer	Male	Female	Total
	F. Breast Cancer	Male	Female	Total
	G. Cervical Cancer	Male	Female	Total
	H. Other Cancers	Male	Female	Total
	No. of newly diagnosed patients initiated on Treatment	A. Diabetes Only	Male	Female



NPCDCS - Online New Module Developed And Integrated

No. of newly diagnosed patients initiated on Treatment

A. Diabetes Only

Male

Female

Total

B. Hypertension Only

Male

Female

Total

C. HTN & DM (Both)

Male

Female

Total

No. of newly diagnosed patients put on Treatment

D. CVDs

Male

Female

Total

E. Stroke

Male

Female

Total

F. COPD

Male

Female

Total

G. CKD

Male

Female

Total

H. Cancer(Including Day Care Centres)

Male

Female

Total



NPCDCS - Online New Module Developed And Integrated

prevention of NCDs	Male	Female	Total	
No. of patients underwent physiotherapy	Male	Female	Total	
II. Co-morbidities	Male	Female	Total	
Among all confirmed Diabetic Patients[New (2A+2C) & Follow up(6A+6C)]	A. No of known TB cases on ATT	Male	Female	Total
	B. No. screened for TB Symptoms	Male	Female	Total
	C. No. suspected for TB and refered to DMC/PI	Male	Female	Total

Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit

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NPCDCS - Online New Module Developed And Integrated

Form 5A

National Programme on Prevention & Control of Cancer, Diabetes,
CVDs & Stroke (NPCDCS)

Reporting format for District NCD Cell



NPCDCS - Online New Module Developed And Integrated

Form 5A - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Home Form 5A Create

State	District
Karnataka	Select One
Year	Month
2016-2017	Select One

Indicator	During the Reporting Month			Cumulative since April during current Financial year		
	Male	Female	Total	Male	Female	Total
i) Common NCDs under NPCDCS						
No. of persons attended NCD Clinics (New and follow up)	Male	Female	Total	Male	Female	Total
No. of newly diagnosed with A. Diabetes Only	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of newly diagnosed with	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

Number of persons suspected (confirmatory Diagnosis not available/Pending)	I. Breast Cancer	Male	Female	Total	Male	Female	Total
	J. Cervical Cancer	Male	Female	Total	Male	Female	Total
	K. Other Cancers	Male	Female	Total	Male	Female	Total
	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of newly diagnosed patients put on Treatment	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of persons on treatment follow up	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total
	J. Cervical Cancer	Male	Female	Total	Male	Female	Total
	K. Other Cancers	Male	Female	Total	Male	Female	Total
No. of persons referred to Tertiary hospital/TCCC	A. Diabetes (Complication)	Male	Female	Total	Male	Female	Total
	B. Hypertension (Complication)	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of Patients treated at CCU	E. Stroke	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total
	J. Cervical Cancer	Male	Female	Total	Male	Female	Total
	K. Other Cancers	Male	Female	Total	Male	Female	Total
	A. CVDs	Male	Female	Total	Male	Female	Total
	B. Stroke	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of Patients treated at
CCU

A. CVDs

Male	Female	Total	Male	Female	Total
------	--------	-------	------	--------	-------

B. Stroke

Male	Female	Total	Male	Female	Total
------	--------	-------	------	--------	-------

No. of cancer patients
treated in Day Care facility

Male	Female	Total	Male	Female	Total
------	--------	-------	------	--------	-------

No. of persons counselled
for health promotion &
prevention of NCDs

Male	Female	Total	Male	Female	Total
------	--------	-------	------	--------	-------

No. of patients underwent
Physiotherapy

Male	Female	Total	Male	Female	Total
------	--------	-------	------	--------	-------

II. Co-morbidities



NPCDCS - Online New Module Developed And Integrated

Among all confirmed Diabetic Patients[New (2A+2C) & Follow up(5A+5C)]	A. No of known TB cases on ATT	Male	Female	Total	Male	Female	Total
	B. No. screened for TB Symptoms	Male	Female	Total	Male	Female	Total
	C. No. suspected for TB and referred to DMC/PI	Male	Female	Total	Male	Female	Total
	d. Diabetic retinopathy	Male	Female	Total	Male	Female	Total

Name

Designation

Date of Reporting

Submit

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NPCDCS - Online New Module Developed And Integrated

Form 5B

National Programme on Prevention & Control of Cancer,
Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for District NCD Cell



NPCDCS - Online New Module Developed And Integrated

Form 5B - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) [Home](#) [Form 5B](#) > [Create](#)

State

Karnataka

District

Bangalore Urban district

Taluk

Year

2016-2017

Month

Select One

Total No. of PHC in the District

Total No. of PHC in the District

Total No. of PHCs Reported

Total No. of PHCs Reported

Population Eligible population

Population Eligible population

Persons screened in previous month Cumulative

Persons screened in previous month Cumulative



NPCDCS - Online New Module Developed And Integrated

Screening for HTN and Diabetes

Source Of Data: Compiled Data from all CHCs

Total NCD Checkups Done

Male

Female

Total

No of new persons Suspected for DM and referred for Confirmation

Male

Female

Total

No of new persons Suspected for HTN and referred for Confirmation

Male

Female

Total

No. of known cases of DM on Follow-up

Male

Female

Total



NPCDCS - Online New Module Developed And Integrated

No.of eligible population for NCDs

Male

Female

Total

Screening of Common Cancers

Source Of Data: Compiled Data from all CHCs

No. of persons screened for Cancer

Male

Female

Total



NPCDCS - Online New Module Developed And Integrated

No.of persons suspected with cancer and referred to PHC/CHC/other GH

Oral			Breast	Cervical	Total
Male	Female	Total			
Male	Female	Total	Breast	Cervical	Total

No. of known Cancer Patients

Male	Female	Total
Male	Female	Total

Screening for other NCDs

No.of persons suspected and referred to PHC/CHC/GH

Stroke		CVD		COPD		CKD	
Male	Female	Male	Female	Male	Female	Male	Female
Male	Female	Male	Female	Male	Female	Male	Female

Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Submit](#)

[Back](#)



NPCDCS - Online New Module Developed And Integrated

Form -6

National Programme on Prevention & Control of Cancer,
Diabetes, CVDs & Stroke (NPCDCS)

Reporting format for State NCD Cell



NPCDCS - Online New Module Developed And Integrated

Form 6 - National Programme on Prevention & Control of Cancer, Diabetes, CVDs & Stroke (NPCDCS) Home > Form 6 > Create

State <div style="border: 1px solid #ccc; padding: 2px; background-color: #f0f0f0;">Karnataka ▼</div>	District <div style="border: 1px solid #ccc; padding: 2px;">Bangalore Urban district ▼</div>
Year <div style="border: 1px solid #ccc; padding: 2px;">2016-2017 ▼</div>	Month <div style="border: 1px solid #ccc; padding: 2px;">Select One ▼</div>

Indicator	During the Reporting Month			Cumulative since April during current Financial year		
	Male	Female	Total	Male	Female	Total
i) Common NCDs under NPCDCS						
1. Total no. of persons attended NCD Clinics (New and follow up)	<div style="border: 1px solid #ccc; padding: 2px 10px;">Male</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Female</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Total</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Male</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Female</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Total</div>
2. No. of newly diagnosed with	A. Diabetes Only					
	<div style="border: 1px solid #ccc; padding: 2px 10px;">Male</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Female</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Total</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Male</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Female</div>	<div style="border: 1px solid #ccc; padding: 2px 10px;">Total</div>



NPCDCS - Online New Module Developed And Integrated

i) Common NCDS under NPCDCS

1. Total no. of persons
attended NCD Clinics (New
and follow up)

Male

Female

Total

Male

Female

Total

2. No. of newly diagnosed
with

A. Diabetes Only

Male

Female

Total

Male

Female

Total

B. Hypertension
Only

Male

Female

Total

Male

Female

Total

C. HTN & DM
(Both)

Male

Female

Total

Male

Female

Total

D. CVDs

Male

Female

Total

Male

Female

Total

E. Stroke

Male

Female

Total

Male

Female

Total

F. COPD

Male

Female

Total

Male

Female

Total



NPCDCS - Online New Module Developed And Integrated

E. Stroke	Male	Female	Total	Male	Female	Total
F. COPD	Male	Female	Total	Male	Female	Total
G. CKD	Male	Female	Total	Male	Female	Total
H. Oral Cancer	Male	Female	Total	Male	Female	Total
I. Breast Cancer	Male	Female	Total	Male	Female	Total
J. Cervical Cancer	Male	Female	Total	Male	Female	Total
k. Other Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

3. No. of new patients initiated on treatment	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

4. No. of Patients on Follow up	A. Diabetes Only	Male	Female	Total	Male	Female	Total
	B. Hypertension Only	Male	Female	Total	Male	Female	Total
	C. HTN & DM (Both)	Male	Female	Total	Male	Female	Total
	D. CVDs	Male	Female	Total	Male	Female	Total
	E. Stroke	Male	Female	Total	Male	Female	Total
	F. COPD	Male	Female	Total	Male	Female	Total
	G. CKD	Male	Female	Total	Male	Female	Total
	H. Oral Cancer	Male	Female	Total	Male	Female	Total
	I. Breast Cancer	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

5. No. of Patients Referred to Tertiary Care/TCCC	I. Breast Cancer	Male	Female	Total	Male	Female	Total
	J. Cervical Cancer	Male	Female	Total	Male	Female	Total
	K. Other cancers	Male	Female	Total	Male	Female	Total
	A. Diabetes	Male	Female	Total	Male	Female	Total
	B. Hypertension	Male	Female	Total	Male	Female	Total
	C. CVDs	Male	Female	Total	Male	Female	Total
	D. Stroke	Male	Female	Total	Male	Female	Total
E. COPD	Male	Female	Total	Male	Female	Total	
F. CKD	Male	Female	Total	Male	Female	Total	



NPCDCS - Online New Module Developed And Integrated

F. CKD		Male	Female	Total	Male	Female	Total
G. Cancers		Male	Female	Total	Male	Female	Total
6. No. of Patients treated at CCU	A. CVDs	Male	Female	Total	Male	Female	Total
	B. Stroke	Male	Female	Total	Male	Female	Total
7. No. of persons attended day care centre		Male	Female	Total	Male	Female	Total
8. No. of persons councelled for health promotion & prevention of NCDs		Male	Female	Total	Male	Female	Total
9. No. of persons attended physiotherapy		Male	Female	Total	Male	Female	Total

II. Co-morbidities



NPCDCS - Online New Module Developed And Integrated

10. Among all confirmed Diabetic Patients[New (2A+2C) & Follow up(4A+4C)]	A. No.of Known TB cases on ATT	Male	Female	Total	Male	Female	Total
	B. No. screened for TB Symptoms	Male	Female	Total	Male	Female	Total
	C. No. suspected for TB & referred to DMC/PI	Male	Female	Total	Male	Female	Total

B1. Other programme Markers(Compiled data of non PBS CHCs from Form 5B)

Total No. of NCD check ups done	Male	Female	Total	Male	Female	Total	
Total No. of persons Suspected and referred for	Diabetes Only	Male	Female	Total	Male	Female	Total
	Hypertension Only	Male	Female	Total	Male	Female	Total
	HTN & DM(Both)	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

COPD	Male	Female	Total	Male	Female	Total	
CKD	Male	Female	Total	Male	Female	Total	
oral Cancers	Male	Female	Total	Male	Female	Total	
Breast Cancers	Male	Female	Total	Male	Female	Total	
Cervical Cancers	Male	Female	Total	Male	Female	Total	
Other Cancers	Male	Female	Total	Male	Female	Total	
No. of diagnosed patients on follow up in PHC and Sub centers	HTN/Diabetes/Both HTN and DM	Male	Female	Total	Male	Female	Total
	COPD	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

	CKD	Male	Female	Total	Male	Female	Total
No. of diagnosed patients on follow up in PHC and Sub centres	Cancer patients	Male	Female	Total	Male	Female	Total
B2. Other programme Markers(Compiled data of PBS CHCs from Form 5B)							
Total No. of NCD check ups done		Male	Female	Total	Male	Female	Total
Total No. of persons Suspected and referred for	Diabetes Only	Male	Female	Total	Male	Female	Total
	Hypertension Only	Male	Female	Total	Male	Female	Total
	HTN & DM(Both)	Male	Female	Total	Male	Female	Total
	COPD	Male	Female	Total	Male	Female	Total



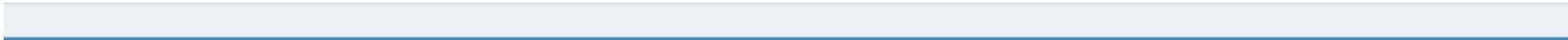
NPCDCS - Online New Module Developed And Integrated

	CKD	Male	Female	Total	Male	Female	Total
	oral Cancers	Male	Female	Total	Male	Female	Total
	Breast Cancers	Male	Female	Total	Male	Female	Total
	Cervical Cancers	Male	Female	Total	Male	Female	Total
	Other Cancers	Male	Female	Total	Male	Female	Total
No. of diagnosed patients on follow up in PHC and Sub centers	HTN/Diabetes/Both HTN and DM	Male	Female	Total	Male	Female	Total
	COPD	Male	Female	Total	Male	Female	Total
	CKD	Male	Female	Total	Male	Female	Total



NPCDCS - Online New Module Developed And Integrated

No. of diagnosed patients on follow up in PHC and Sub centers	HTN/Diabetes/Both HTN and DM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	COPD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CKD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of diagnosed patients on follow up in PHC and Sub centres	Cancer patients	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Back"/>		



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP) ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP Online New Module developed And Integrated

The National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of Vector borne diseases. Earlier the Vector Borne Diseases were managed under separate National Health Programmes, but now NVBDCP covers all Vector borne diseases namely:

- Malaria
- Dengue
- Chikungunya
- Japanese Encephalitis
- Filaria



NVBDCP Online New Module developed And Integrated

The screenshot shows a web dashboard for 'IndianCST DvP'. The top navigation bar includes 'Home' and 'Da'. The main content area displays a 'Welcome' message and 'Welcome IndianCST DvP'. A 'Quick Email' form is visible with fields for 'Email to:' and 'Subject:'. A sidebar on the left contains a menu with items like 'Home', 'Dashboard', 'Line Listing of Dengue cases', 'Line Listing of Chikungunya cases', 'Line Listing of JE cases', 'Line Listing of Filaria cases', 'Malaria Incidents', and 'Monthly Reports of NVBDCP'. The 'Monthly Reports of NVBDCP' section is expanded, showing options for 'Malaria Report', 'Chikungunya Report', 'Dengue Report', 'JE Report', and 'Filaria Report'. A map of India is shown on the right, and a 'Calendar' widget for July 2018 is at the bottom right.



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

NVBDCP – DENGUE AND CHIKUNGUNYA NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP - Online New Module developed And Integrated Dengue and Chikungunya Control Program

One of the most important resurgent tropical infectious disease is dengue. Dengue Fever and Dengue Haemorrhagic Fever (DHF) are acute fevers caused by four anti-genitically related but distinct dengue virus serotypes (DEN 1,2,3 and 4) transmitted by the infected mosquitoes, *Aedes aegypti*. Dengue outbreaks have been reported from urban areas from all states. All the four serotypes of dengue virus (1, 2, 3 and 4) exist in India. The Vector *Aedes aegypti* breed in peri-domestic fresh water collections and is found in both urban and rural areas.

Chikungunya is a viral illness that is spread by the bite of infected mosquitoes. The disease resembles dengue fever, and is characterized by severe, sometimes persistent, joint pain (arthritis), as well as fever and rash. It is rarely life-threatening. Chikungunya occurs in Africa, India and Southeast Asia. It is primarily found in urban /peri-urban areas. There is no specific treatment for Chikungunya. Prevention centres on avoiding mosquito bites in areas where Chikungunya virus may be present, and by eliminating mosquito breeding sites.



NVBDCP - Online New Module developed And Integrated

Dengue and Chikungunya Control Program Objective

- Surveillance for disease and outbreaks
- Early diagnosis and prompt case management
- Vector control through community participation and social mobilization
- Capacity building



NVBDCP - Online New Module developed And Integrated

Dengue and Chikungunya Screening and Treatment Work Flow

- ANMs screens citizens and suspected cases of dengue and Chikungunya are registered in “MAR” and referred to PHC
- PHCs calls patient or patient himself comes
- Serum received in sentinel surveillance lab is tested for Chikungunya or Dengue
- Confirmed patients are reported to District level office.
- PHCs receive diagnosis results and track patient
- PHCs reports diagnosis and death to Taluks
- Taluks compile all PHCs data and send to District
- Districts compile all PHCs data and send to States. States makes a final report



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

LINE LISTING FOR DENGUE ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- DENGUE Line Listing New Module Developed and Integrated

IndianCST DvP
Online

GPMS Universal HealthCare - NVBDCP

- Home
- Dashboard
- Line Listing of Dengue cases**
- View
- Create
- Consolidated Report
- Line Listing of Chikungunya cases
- Line Listing of JE cases
- Line Listing of Filaria cases
- Malaria Incidents
- Monthly Reports of NVBDCP

Dengue Test

Home > NVBDCP > Dengue > Create

Personal Details

MR NO *	Patient ID *	PHC *	Patient Name *
<input type="text"/>	<input type="text"/>	Select One	<input type="text"/>
Age	Sex	Caste	Email Id
<input type="text"/>	Select One	Select One	<input type="text"/>
Marital Status	Blood Group	Occupation	Head of the family
Select One	Select One	Select One	<input type="text"/>
Mobile No. *	<input type="text"/>		

Test Details

Year *	Month *	Lab Code
Select One	Select One	<input type="text"/>
Institute from where sample received	Samples received date	Duration of fever (in days)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Samples tested date	Date of onset of symptoms	Lab where the test is confirmed
<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD Description	<input type="text"/>	
Select One		



NVBDCP- DENGUE Line Listing View Page

Line Listing Of Dengue Cases

[Home](#) > [PatientList](#)

[Create](#)

Lab Code	Patient Id	Patient Name	
<input type="text" value="Lab Code"/>	<input type="text" value="Patient Id"/>	<input type="text" value="Patient Name"/>	Search

Page 1 of 2 Total Records : 20 Show Per page << < 1 Go > >>

[Download Spreadsheet](#)

Line Listing Of Dengue Cases in Karnataka

Sr. No.	Patient Id	Patient Name	Patient Details	Labcode	ICD Details	Cases Reactive By	Edit
1	Patient Id : 5		AGE: 24 Gender : Male Blood Grp : AB ve	6554	Code: A90 Description : Dengue fever (classical dengue)	NS1 Elisa: Yes IgM Elisa : Yes IgG Elisa: No	Edit
2	Patient Id : 12		AGE: 8 Gender : Female Blood Grp : B -ve	43	Code: A91 Description : Dengue hemorrhagic fever	NS1 Elisa: No IgM Elisa : Yes IgG Elisa: Yes	Edit
3	Patient Id : 12		AGE: 8 Gender : Female Blood Grp : B -ve	43	Code: A91 Description : Dengue hemorrhagic fever	NS1 Elisa: No IgM Elisa : Yes IgG Elisa: Yes	Edit
4	Patient Id : 12		AGE: 8 Gender : Female Blood Grp : B -ve	43	Code: A91 Description : Dengue hemorrhagic fever	NS1 Elisa: No IgM Elisa : Yes IgG Elisa: Yes	Edit



NVBDCP- DENGUE Line Listing Consolidated Report Page

Consolidated Report Of dengue line list

Home > dengue Online Report

Name of patient

Search

[dengue Test Report](#)



Dengue Consolidated Report

S _c NO.	Lab Code	Institution name from where sample was received	Samples received date	Sample Teste date	Name	Age	Sex	Address	Village	Taluk/ municipality	Panchayat name/Ward No.	District	Date of onset of symptoms	Cases reactive by				
														NS1 ELISA	IgM ELISA	IgG ELISA	Others** (Rapid test)	
1	111	SJMC	2018-02-06	2018-02-07		0	Female	4	Koramangala				Bangalore Urban	2018-02-05	Yes	No	No	No
2	56	ngyhh	2017-07-06	2017-09-14		54	Male	8	cchthth				Bangalore Urban	2017-10-19	Yes	Yes	Yes	Yes
3	11122	nimhans	2018-01-01	2018-01-04		8	Female	8	dsfdsgfshgjf	Balad (K)	Aurad	BALAT (B)	Bidar	2017-12-07	Yes	Yes	No	No



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

LINE LISTING FOR CHIKUNGUNYA NEW ONLINE MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- CHIKUNGUNYA Online New Module Developed and Integrated

NVBDCP- Chikungunya

Chikungunya is a viral illness that is spread by the bite of infected mosquitoes. The disease resembles dengue fever, and is characterized by severe, sometimes persistent, joint pain (arthritis), as well as fever and rash



NVBDCP- CHIKUNGUNYA Online New Module Developed and Integrated

IndianCST DvP
Online

GPMS Universal HealthCare - NVBDCP

- Home
- Dashboard
- Line Listing of Dengue cases <
- Line Listing of Chikungunya cases**
- View
- Create**
- Consolidated Report
- Line Listing of JE cases <
- Line Listing of Filariasis cases <
- Malaria Incidents <
- Monthly Reports of NVBDCP <

Chikungunya Test

Home > NVBDCP > Chikungunya > Create

Personal Details

MR NO *	Patient ID *	PHC *	Patient Name *
<input type="text"/>	<input type="text"/>	Select One	<input type="text"/>
Age	Sex	Caste	Email Id
<input type="text"/>	Select One	Select One	<input type="text"/>
Marital Status	Blood Group	Occupation	Head of the family
Select One	Select One	Select One	<input type="text"/>
Mobile No. *	<input type="text"/>		

Test Details

Year*	Month*	Lab Code
Select One	Select One	<input type="text"/>
Institute from where sample received	Samples received date	Samples tested date
<input type="text"/>	<input type="text"/>	<input type="text"/>



NVBDCP- CHIKUNGUNYA Line Listing View Page

Line Listing Of Chikungunya Cases

Home > PatientList

Create -

Lab Code Patient Id Patient Name Search

Lab Code Patient Id Patient Name Search

Page 1 of 1 Total Records : 8 Show 10 Per page << < 1 Go > >>

- Spreadsheet

Line Listing Of Chikungunya Cases in Karnataka

Sr. No.	Patient Id	Patient Name	Patient Details	Labcode	Cases Reactive By	Edit
1	Patient Id : 12		AGE: 8 Gender : Female Blood Grp : B -ve	dthdth	IgM Elisa : No	Edit
2	Patient Id : 12		AGE: 8 Gender : Female Blood Grp : B -ve	45	IgM Elisa : Yes	Edit
3	Patient Id : 98		AGE: 27 Gender : Male Blood Grp : A -ve	1	IgM Elisa : Yes	Edit
4	Patient Id : 98		AGE: 27 Gender : Male Blood Grp : A -ve	34	IgM Elisa : Yes	Edit
5	Patient Id : 2222		AGE: 17 Gender : Female Blood Grp : AB ve	1231	IgM Elisa : Yes	Edit



NVBDCP- CHIKUNGUNYA Line Listing Consolidated Report Page

Consolidated Report Of Chikungunya line list

Home > Chikungunya Online Report

Name of patient

Search

Chikungunya Test Report



Chikungunya Consolidated Report

Sr. No.	Lab Code	Institution name from where sample was received	Samples received date	Sample Tested date	Name	Age	Sex	Address
1	121	SJMC	2018-02-06	2018-02-06		0	Female	4 Koramangala
2	1123	bowrin	2017-12-06	2017-12-03		8	Female	8 sfadsgf

Village	Taluk/ municipality	Panchayat name/Ward No.	District	Date of onset of symptoms	Cases reacted by IgM ELISA	Lab where the test is confirmed	Remarks
			Bangalore Urban	2018-02-02	Yes	121	Severe
Balad (K)	Aurad	BALAT (B)	Bidar	2017-11-01	Yes	bangalore medical college	



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

JAPANESE ENCEPHALITIS (JE) ONLINE LINE LISTING ONLINE NEW MODULE DEVELOPED AND INTEHGRTAED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- JE Online New Module Developed and Integrated

Japanese Encephalitis (JE)

Japanese encephalitis (JE) is a zoonotic disease and caused by an arbovirus, group B (Flavivirus) and transmitted by Culex mosquitoes. This disease has been reported from 26 states and UTs since 1978, only 15 states are reporting JE regularly. The case fatality in India is 35% which can be reduced by early detection, immediate referral to hospital and proper medical and nursing care. The total population at risk is estimated 160 million. The most disturbing feature of JE has been the regular occurrence of outbreak in different parts of the country.



NVBDCP- JE Online New Module Developed and Integrated

Japanese Encephalitis Control Program Objective :

- Strengthening early diagnosis and prompt case management at PHCs, CHCs and hospitals through training of medical and nursing staff
- IEC for community awareness to promote early case reporting, personal protection, isolation of amplifier host
- Vector control measures mainly fogging during outbreaks, space spraying in animal dwellings, and ant larval operation where feasible
- Development of a safe and standard indigenous vaccine. Vaccination for high risk population particularly children below 15 years of age



NVBDCP- JE Online New Module Developed and Integrated

Japanese Encephalitis Control Program Work flow

- ANMs screens citizens and suspected cases of JE are registered in “MAR” and referred to PHC
- PHCs calls patient or patient himself comes
- Blood sample is collected and Serum is separated
- Serum received in sentinel surveillance lab is tested
- In case of JE diagnosis, if someone is detected with AES will be reported in a separate column
- PHCs receive diagnosis results and track patient
- PHCs reports diagnosis and death to Taluks
- Taluks compile all PHCs data and send to District
- Districts compile all PHCs data and send to States. States makes a final report



NVBDCP- JE Online New Module Developed and Integrated

Japanese Encephalitis Prevention Workflow – Component

- Residual Spray (Cases found)
- Fogging (Epidemic)



NVBDCP- JE Online New Module Developed and Integrated

- ☰ Line Listing of JE cases
- ☰ View
- ✎ Create
- 📄 Consolidated Report
- ☰ Line Listing of Filaria cases
- ☰ Malaria Incidents
- ☰ Monthly Reports of NVBDCP

Select One

Select One

Select One

Mobile No.*

Lab Details

Lab Code	Institution name from where sample was received	Category
		Select
IP/OP NO	Month	Year
	Select One	2016-2017
Samples received date	Sample tested date	Date of onset of symptoms
Lab where the test is confirmed		

Lab Test

Type of sample	JE IgM ELISA	Symptoms
Select		



NVBDCP- JE Line Listing View Page

Line Listing Of JE Cases

Home > PatientList

Create

Labcode	Iprno	Patient Name	Patient Id	
<input type="text" value="Labcode"/>	<input type="text" value="Iprno"/>	<input type="text" value="Patient Name"/>	<input type="text" value="Date"/>	Search

Page 1 of 2 Total Records : 15 Show Per page << < 1 Go > >>

[Spreadsheet](#)

Line Listing Of JE Cases in Karnataka

Sr. No.	Patient_id	Name	Patient Details	District	State	Labcode	Iprno	Edit
1	12		AGE: 8 Gender : Female Blood Grp : B -ve	Bidar	Karnataka			Edit
2	445		AGE: 6 Gender : Male Blood Grp : A -ve		Karnataka	78	8786	Edit
3	12		AGE: 8 Gender : Female Blood Grp : B -ve	Bidar	Karnataka	SS	222	Edit



NVBDCP- JE Line Listing Consolidated Report Page

Consolidated Report Of JE line list

Home > JE Online Report

Name of patient

Search

[JE Test Report](#)



JE Consolidated Report

Sr No.	Lab Code	Institution name from where sample was received	IP/OP No.	Month	Samples received date	Sample tested date	Name of Patient	Age	Sex	Address	Village	Taluk/Municipal	Panchayat Name/Ward No.	District	Date of Onset of symptoms	Symptoms
1	156	SJMC	45678	January	2018-02-06	2018-02-06		0	Female	Koramangala				Bangalore Urban	2018-02-01	fever
2					0000-00-00	0000-00-00		0	Female	Udaya Nagar, Bangalore				Bangalore Urban	0000-00-00	



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

FILARIA LINE LISTING ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- FILARIA Online New Module Developed and Integrated

Filaria Control Program

Filariasis caused by *Wuchereria bancrofti*, which is transmitted to man by the bites of infected mosquitoes - *Culex*, *Anopheles*, *Mansonia* and *Aedes*. Lymphatic filaria is prevalent in 18 states and union territories. Bancroftian filariasis is widely distributed while brugian filariasis caused by *Brugia malayi* is restricted to 6 states - UP, Bihar, Andhra Pradesh, Orissa, Tamil Nadu, Kerala, and Gujarat. The National Filaria Control Programme was launched in 1955.



NVBDCP- FILARIA Online New Module Developed and Integrated

Filaria Control Program Objective

Reduction of the problem in un-surveyed areas □ Control in urban areas through recurrent anti-larval and anti-parasitic measures

Filaria Control Program Work Flow

- Bases on the detected cases of Filariasis, which area to screen is decided at State level
- Night Clinics conduct night-blood survey
- Clinics will test for the disease
- Filariasis positive are given treatment and recorded
- The patient details are rolled up to District and State



NVBDCP- FILARIA Online New Module Developed and Integrated

- Dashboard
- Line Listing of Dengue cases
- Line Listing of Chikungunya cases
- Line Listing of JE cases
- Line Listing of Filaria cases
 - View
 - Create
 - Consolidated Report
- Malaria Incidents
- Monthly Reports of NVBDCP

Age

Sex

Caste

Email Id

Marital Status

Blood Group

Occupation

Head of the family

Mobile No.*

Filaria Disease Affected Part

LEG	HANDS	SCROTUM	BREASTS
Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>

OTHERS

Further Details

<p>Period of disease manifestation</p> <input style="width: 90%;" type="text" value="(in months)"/>	<p>Place of origin</p> <p>Native <input type="radio"/> Migrant <input checked="" type="radio"/></p>	<p>Date of survey</p> <input style="width: 90%;" type="text"/>
---	---	--



NVBDCP- FILARIA Line Listing View Page

Line Listing Of Filaria Cases

Home > PatientList

Create

Organization

Patient Id

Patient Name

Date

Select One

Patient Id

Patient Name

Date

Search

Page 1 of 2

Total Records : 12

Show 10

Per page

<<

<

1

>

>>

Spreadsheet

Line Listing Of Filaria Cases in Karnataka

Sr. No.	Patient Id	Name of Patient	Patient Details	Name of Head of family & address	District	Panchayat	Village	Sex	Disease Affected Part	Time of starting of disfigurement	Edit
1	12		AGE: 8 Gender: Female Blood Grp: B -ve	eisegfts				Female	Leg: Left, Hands: Yes Scrotum: Yes Breast: No Others:	8	Edit
2	12		AGE: 8 Gender: Female Blood Grp: B -ve	eisegfts				Female	Leg: Right, Hands: Yes Scrotum: Yes Breast: No Others:	8	Edit



NVBDCP- FILARIA Line Listing Consolidate Report Page

Consolidated Report Of filaria line list

Home > filaria Online Report

Name of patient

[filaria Test Report](#)



filaria Consolidated Report

Sr. No.	Name of patient	Name of Head of family	Address	Village	Population	Panchayat	Age	Sex	Disease affected part					Period of disease manifestation	Place of origin	Date of survey
									Leg	Hands	Scrotum	Breast	Other			
1		Harpid	test	Balad (K)	0	BALAT (B)	8	Female	No	No	No	No			0000-00-00	
2			Udaya Nagar, Bangalore		0		0	Female	No	No	No	No			0000-00-00	
3		dad	btighh	Somanahalli	0	BHERIYA	9	Female	Yes	Yes	Yes	Yes	1yrs	1yrs	2017-12-07	



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

MALARIA
ONLINE FORM M1 AND M4 DEVELOPED
NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- MALARIA Online New Module Developed and Integrated

Malaria Control Program

One of the serious public health problems in India. At the time of independence malaria was contributing 75 million cases with 0.8 million deaths every year prior to the launching of National Malaria Control Programme in 1953.

A countrywide comprehensive programme to control malaria was recommended in 1946 by the Bhore committee report that was endorsed by the Planning Commission in 1951. The national programme against malaria has a long history since that time. In April 1953, Govt. of India launched a National Malaria Control Programme (NMCP).

Multipurpose Ground Force screen people(Active) in village and collect data and Sample. They either conduct RDT and update relevant record or sent smear to the lab with a requisition form- M2.M1 data and Passive patient data are merged to create M4 - Fortnightly report cases and M4 – Provider wise and sent to PHC. This process is repeated at every level PHC, Taluk, District and State



NVBDCP- MALARIA Online New Module Developed and Integrated

Objective of Malaria Control Program

To bring down malaria transmission to a level at which it would cease to be a major public health problem.



NVBDCP- MALARIA Online New Module Developed and Integrated Malaria Control Program - M1 report of surveillance

M1-Report of surveillance

- [View](#)
- [Create](#)
- [M4-Fortnightly Report of case](#)
- [Monthly Reports of NVBDCP](#)

Test Details

Duration of fever(Days)	Date of RDTI/BSC	Date of Starting treatment
<input type="text"/>	<input type="text"/>	<input type="text"/>
RDT-Pf	Pregnant	
Pos(+) <input type="radio"/> Neg(-) <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	

Blood Slides

Slide No(SI No Pd/VII Cd/SCI Cd)	Date of dispatch of slide to lab	Date of Receiving
<input type="text"/>	<input type="text"/>	<input type="text"/>
Pv	Pf	
Pos(+) <input type="radio"/> Neg(-) <input type="radio"/>	Pos(+) <input type="radio"/> Neg(-) <input type="radio"/>	

Treatment (Number of tablets)

CQ	PQ(2.5mg)	PQ(7.5mg)
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACT Blister	QS	Injection Quinine
<input type="text"/>	<input type="text"/>	<input type="text"/>

Further Details

Date of Referral	Date of Death	Verified By
<input type="text"/>	<input type="text"/>	<input type="text"/>

ENG 00:08



NVBDCP- Malaria Control Program - M1 report of surveillance Line Listing View Page

Line Listing Of Malaria M1 Cases

[Home](#) > [PatientList](#)

Create

Date of RDT/BSC	BloodSlide No	Patient Name	Date of start of treatment	
<input type="text" value="rdtbsc"/>	<input type="text" value="Slide no"/>	<input type="text" value="Patient Name"/>	<input type="text" value="Date"/>	Search

Page 1 of 1 Total Records : 5 Show Per page << < 1 > >>

[Spreadsheet](#)

Line Listing Of Malaria M1 Cases in Karnataka

Sr. No.	Patient Id	Name of Patient	Patient Details	Name of Head of family & address	Blood Slides	Treatment	Duration of fever	Edit
1	12		AGE: 8 Gender: Female Blood Grp : B -ve	Harpid	Slideno.: 0 Dispatch Date : 0000-00-00 Receive Date : 0000-00-00	CQ: 0 AS : 0 ACT: 0	0	Edit
2	98		AGE: 27 Gender: Male Blood Grp : A -ve	dad	Slideno.: 33 Dispatch Date : 2018-02-06 Receive Date : 2018-02-06	CQ: 33 AS : 43 ACT: 44	5	Edit



NVBDCP- MALARIA Online New Module Developed and Integrated Malaria Control Program -M4 - Fortnightly report cases

Malaria M4 Test Home > NVBDCP > Malaria M4 > Crea

State Report Details By Name

Country <input type="text" value="Select One"/>	State <input type="text" value="Select One"/>	District <input type="text" value="Select One"/>	Taluk <input type="text" value="Select One"/>
Panchayat <input type="text" value="Select One"/>	Village <input type="text" value="Select One"/>	PHC <input type="text" value="Select One"/>	Subcenter <input type="text" value="Select One"/>

Report Details

Population <input type="text"/>	Total fever cases recorded during fortnight in M1 <input type="text"/>
------------------------------------	---

RDT

Number of RDT performed <input type="text"/>	Number of RDT positive <input type="text"/>
---	--

Blood Slides

Number of slides taken <input type="text"/>	Pv <input type="text"/>	Pf <input type="text"/>
--	----------------------------	----------------------------



NVBDCP- MALARIA Control Program -M4 - Fortnightly report Cases View Page

Line Listing Of Malaria M4 Cases Home > Details

[Create](#)

Total tested(RDT+Slides)	Total Pf(RDT+Slide)	Total Malaria cases	No of deaths	Search
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Page 1 of 2 Total Records : 11 Show Per page << < 1 Go > >>

[Spreadsheet](#)

Line Listing Of Malaria M4 Cases in Karnataka

Sr. No.	Total fever cases recorded during fortnight in M1	Total tested(RDT+Slides)	Total Pv	Total Pf(RDT+Slide)	Total Malaria cases	No of malaria cases referred	No of deaths(RDT or slide positive)	Edit
1	123	335	213	334	547	122	122	Edit
2	435	390	435	690	1125	325	352	Edit
3	234	324468	324	324468	324792	6343	436	Edit



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP) ONLINE REPORTING MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NVBDCP- MALARIA Monthly Reports Create Page

Malaria Report Home > Malaria Report > Create

State: District: Taluk:

Year: Month: Date of Entry:

During The Month

<p>Blood Samples</p> <p>B/s Collected: <input type="text"/></p> <p>B/s Examined: <input type="text"/></p>	<p>Malaria Cases</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>
<p>PF Cases</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>	<p>Confirmed Death</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>

Cumulative

<p>Blood Samples</p> <p>B/s Collected: <input type="text"/></p> <p>B/s Examined: <input type="text"/></p>	<p>Malaria Cases</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>
<p>PF Cases</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>	<p>Confirmed Death</p> <p>Female: <input type="text"/> Total: <input type="text"/></p>



NVBDCP- MALARIA Monthly Reports View Page

Monthly Report Of Malaria

[Home](#) > [PatientList](#)

Create

District

Select One ▼

Month

Select One ▼

Year

Select One ▼

Search

Page 1 of 1 Total Records : 6 Show Per page << < 1 Go > >>



Line Listing Of JE Cases in Karnataka

Sr. No. ⚡	District ⚡	Taluk ⚡	Year ⚡	Month ⚡	During the month of malaria cases ⚡	cummulative malaria cases ⚡	Edit ⚡
1	Shimoga	Bhadravati		January	32	13	Edit
2	Bidar	Humnabad		March	7	7	Edit



NVBDCP- MALARIA Monthly Consolidated Reports Page

Consolidate Report Of Malaria

Home > Malaria Online Report

District

Select One

Search

[Malaria Test Report](#)



Malaria Monthly Report

Sr. No.	District	During The Month								Cumulative							
		B/Is Collected	B/Is Examined	Malaria cases		PF Cases		Confirmed Details		B/Is Collected	B/Is Examined	Malaria cases		PF Cases		Confirmed Details	
				Female	total	Female	total	Female	total			Female	total	Female	total	Female	total
1	Bidar	100	156	16	14	174	156	1576	14	17496	16	174	14	160	156	1796	8
2	Bagalkot	32	24	24	24	148	870	64	24	116	9152	912	50	745	870	1072	926
3	Shimoga	54	45	23	32	14	13	21	31	12	23	34	13	243	43	23	23
4	Tumakuru	6	6	4	6	5	6	56	6	6	6	5	6	56	6	65	6
Total		192	231	67	76	341	1045	1717	75	17630	9197	1125	83	1204	1075	2956	963



NVBDCP- Chikungunya Monthly Reports Create Page

Chikungunya Report Home > NVBDCP > Chikungunya > Create

District Total No.of blocks(Taluks) in the District

Chikungunya Reported Units

Taluk PHC Villages (areas)

Population

Population at Risk

Chikungunya (On the day)

Samples Positive		Other Details	
Igm Mac Elisa <input type="text"/>	Others <input type="text"/>	Suspected Cases <input type="text"/>	Blood sample collected <input type="text"/>
Total +ves <input type="text"/>		Death <input type="text"/>	

Chikungunya Cumulative(from 01-01-2017)

No of Samples Positive		Other Details	
Igm Mac Elisa <input type="text"/>	Others (NS 1 Antigen) <input type="text"/>	Suspected Cases <input type="text"/>	Blood sample collected <input type="text"/>
Total +ves <input type="text"/>		Death <input type="text"/>	

Remarks



NVBDCP- Chikungunya Monthly Reports View Page

Monthly Report Of Chikungunya

[Home](#) > [PatientList](#)

Create

District

Select One

Taluks

PHC

Search

Page 1 of 1

Total Records : 3

Show 10

Per page

<<

<

1

Go

>

>>

Spreadsheet

Line Listing Of JE Cases in Karnataka

Sr. No.	District	Taluks	PHC	Blood sample collected	Edit
1	Bellary	23	43	4	Edit
2	Bangalore Urban	13	17	15	Edit
3	Dharwad	24	23	12	Edit



NVBDCP- Chikungunya Monthly Consolidated Reports Page

Consolidated Report Of Chikungunya

Home > Chikungunya Online Report

District

Select One

Search

[Chikungunya Test Report](#)



Chikungunya Monthly Report

Sr. No.	District	Total NO. Of Blocks in the District	Chikungunya Reported units				Population at Risk	Chikungunya(On the day)						Cumulative(from 01-01-2017)				
			Taluku	PHC	Villages(areas)	Suspected caese		Blood sample collected	No of Samples Positive			Death	Suspected cases	Blood sample collected	No of Samples Positive			
									Igm Mac Elisa	Others	Total +ves				Igm Mac Elisa	Others(NS 1 Antigen)	Total +ves	Death
1	Bellary	45	23	43	45	553	67	3	70	56	4	7	90	11	101	56	45	65
2	Bangalore Urban	19	13	17	13	98	15	17	32	15	15	12	27	14	41	14	18	8
3	Dharwad	25	24	23	22	243	23	23	46	31	12	21	21	27	48	11	12	13
Total		89	60	83	80	894	105	43	148	102	31	40	138	52	190	81	75	86



NVBDCP- Dengue Monthly Reports Create Page

Dengue Report Home > NVBDCP > Dengue > Create

District: Month: Year: Total No. of blocks(Taluks) in the District:

Dengue Reported Units

Taluk: PHC: Village:

Population

Population at Risk:

Dengue (On the day)

Samples Positive		Other Details	
1gm Mac Elisa: <input type="text"/>	NS1 Antign: <input type="text"/>	Suspected Cases: <input type="text"/>	Blood sample collected: <input type="text"/>
Total +ves: <input type="text"/>		Death: <input type="text"/>	

Dengue Cumalative(from 01-01-2017)

No of Samples Positive		Other Details	
1gm Mac Elisa: <input type="text"/>	NS1 Antign: <input type="text"/>	Suspected Cases: <input type="text"/>	Blood sample collected: <input type="text"/>
Total +ves: <input type="text"/>		Death: <input type="text"/>	

Remarks:



NVBDCP- Dengue Monthly Reports View Page

Monthly Report Of Dengue
Home > PatientList

Create

District

Select One
▼

Taluku

PHC

Search

Page 1 of 1
Total Records : 4
Show Per page

<<
<
1
>
>>
-
Download Spreadsheet

Line Listing Of JE Cases in Karnataka

Sr. No.	District	Taluku	PHC	Blood sample collected	Edit
1	Chitradurga	879	89	89	Edit
2	Bidar	55	44	23	Edit
3	Bidar	25	5	6	Edit
4	Bangalore Urban	3	6	3	Edit



NVBDCP- Dengue Monthly Consolidated Reports Page

Monthly Report Of Dengue Report

[Home](#) > [Dengue Online Report](#)

District

Select One

[Dengue Test Report](#)



Dengue Monthly Report

Sr. N	District	Total No. Of Blocks(Taluks)in the District	Dengue Reported units				Population at Risk	Dengue(On the day)					Dengue Cumulative(from 01-01-2017)					
			Taluks	PHC	Villages(areas)	Suspected cases		Blood sample collected	No of Samples Positive			Deaths	Suspected cases	Blood sample collected	No of Samples Positive			Deaths
									Igm Mac Elisa	NS1 Antigen	Total +ves				Igm Mac Elisa	NS1 Antigen	Total +ves	
1	Bidar	68	80	49	50	33	37	29	38	29	26	29		29	29			82
2	Bangalore Urban	4	3	6	6	12905	3	3	3	0	3	0		13	11			0
3	Chitradurga	898	879	89	87	888	987	89	89	89	87	89		89	789			98
Total		970	962	144	143	13826	130	118	116	1027	121	118	829	177	124	164	131	180



NVBDCP- JE Monthly Reports Create Page 1

JAPANESE ENCEPHALITIS

District

Select One

Month

Select One

Year

Select One

No.of Cases reported(D/M)-Age wise

0-1 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

1-5 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

6-15 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

>15 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

Total Cases Reported

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE



NVBDCP- JE Monthly Reports Create Page 2

No.of Deaths reported-Age wise

0-1 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

1-5 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

6-15 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

>15 years

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE

Total Death Reported

No of Male

AES

No of Male

JE

No of Female

AES

No of Female

JE



NVBDCP- JE Monthly Reports Create Page 3

Cumulative total

Cases		Death	
Vaccinated	Vaccinated	Vaccinated	Vaccinated
<input type="text" value="AES"/>	<input type="text" value="JE"/>	<input type="text" value="AES"/>	<input type="text" value="JE"/>
Non Vaccinated	Non Vaccinated	Non Vaccinated	Non Vaccinated
<input type="text" value="AES"/>	<input type="text" value="JE"/>	<input type="text" value="AES"/>	<input type="text" value="JE"/>

No. of Samples

Remarks

Submit

Back



NVBDCP- JE Monthly JE Consolidated Test Reports Page

JE Report

[Home](#) > [JE Online Report](#)

District

Select One ▾

Search

[JE Test Report](#)

[Download](#)

[JE Test Report](#)

Sl No.	District	No. of Cases reported (D/M) – Age wise										No. of Deaths reported – Age wise										Cumulative total				No. of Samples collected	Edit
		0-1		1-5		6-15		>15years		Total		0-1		1-5		6-15		>15years		Total		Cases		Death			
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Vaccinated	Non-Vaccinated	Vaccinated	Non-Vaccinated		
1	Belgaum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Belgaum	11	11	1	1	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	12	
3	Davanagere	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	11	



NVBDCP- Filaria Monthly Reports Create Page

Filaria Report Home > Filaria Report > Create

District	Month	Name of the Unit/Clinic/Cell
<input type="text" value="Select One"/>	<input type="text" value="Select One"/>	<input type="text"/>
population		
<input type="text"/>		

During the month

B/s collected & examined	Mf+ves	Mf rate
<input type="text"/>	<input type="text"/>	<input type="text"/>
Disease cases	Treatment given	
<input type="text"/>	<input type="text"/>	

Cumulative Total

B/s collected & examined	Mf+ves	Mf rate
<input type="text"/>	<input type="text"/>	<input type="text"/>
Disease cases	Treatment given	
<input type="text"/>	<input type="text"/>	



NVBDCP- Filaria Monthly Reports View Page

Monthly Report
Home > PatientList

Create

District

Select One
▼

Month

Select One
▼

Name of the Unit/Clinic/Cell

Search

-

Line Listing Of JE Cases in Karnataka

Sr. No.	District	Month	Name Of the Unit/Clinic/Cell	During The month Treatment given	Cummulative Total Treatment given	Edit
1	Tumakuru	December	33	2	32	Edit
2	Chamarajagar	March	ewer	6	75	Edit
3	Bellary	April	sdifdsf	343	43	Edit



NVBDCP- Filaria Monthly Reports Consolidate Page

Consolidate Report Of Filaria

Home > Filaria Online Report

District

Select One ▾

Search

Filaria Test Report



Malaria Monthly Report

Sr. No. ⚡	District ⚡	Name of Cell ⚡	Population ⚡	During the month ⚡					Cumulative the month ⚡				
				B/s Collected & Examined ⚡	Mf+ves ⚡	Mf rate% ⚡	Disease cases ⚡	Treatment given ⚡	B/s Collected & Examined ⚡	Mf+ves ⚡	Mf rate% ⚡	Disease cases ⚡	Treatment given ⚡
1	Bellary	sdfdsf	32	344	53	43	34	343	34	43	43	4	43
2	Chamarajnagar	ewer	0	34	4	6	6	6	57	7	7	56	75
3	Tumakuru	33	0	2	3	23	3	2	2	2	3	23	32
Total			32	380	60	72	43	351	93	52	53	83	150



**GPMS TRANSPORTAL FOR
UNIVERSAL HEALTHCARE**

**INTEGRATED DISEASE SURVEILLANCE PROGRAM (IDSP)
ONLINE NEW MODULE DEVELOPED AND INTEGRATED**

<https://indiancst.com/India/universalhealthcare>



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Click on Application No - 52 :IDSP

Monitoring of Mother and Child with Citizens Electronic Health Record with all Clinical Parameter

Also Visible Ministry/Balans/dms/Postals/PHCs, Centers/Associated Feedback Projects/Schemes To Work on this Single Platform

0. MASTERS	1. TOTAL POPULATION: 6,10,95,297	2. RATION CARD HOLDERS: 1,16,99,815	3. BENEFICIARIES: 5,23,74,906
4. FAIR PRICE SHOPS: 18837	5. PHCs: 2522	6. SUB-CENTERS: 9130	7. DOCTORS
8. ASHA WORKERS: 32860	9. ANMs: 1133	10. TOTAL AMBULANCE: 1550	11. PATIENT REGISTRATION: 92,937
12. CDR	13. ICU	14. BIRTH: 3,01,999	15. DEATH: 11,211
16. STILL BORN: 8460	17. STOP-TB ANALYTICS: 6,33,593	18. MALARIA: 30,560	19. DENGUE: 142
20. CHIKUNGUNYA: 1435	21. CHOLERA: 58	22. DIABETES: 23,423	23. EPILEPSY: 1169
24. CARDIAC: 461	25. HYPER TENSION: 33,735	26. CANCER: 408	27. FSSAI
28. REIMBURSEMENTS: 5,55,98,064	29. HEALTH INFRASTRUCTURE: 15,130	30. NRC	31. NCD
32. NVBDCP	33. ERAKTYKOSH	34. PHC-MIS	35. KPME
36. SNCU	37. PCPNDT	38. SAST	39. E-AROGYA
40. MENTAL HEALTH	41. ASHA SOFT	42. MSHS	43. MCTS
44. JEEVA SANJEEVINI	45. ELAJ	46. DRUG INVENTORY	47. RSBY
48. UHC	49. DISABILITY SOFTWARE	50. TELE MEDICINE	51. RNTCP
52. IDSP	53. HMIS	54. E-HOSPITAL	55. E-KIRANA
56. RBSK	57. HELP DESK	58. TMIS	60. NFDS
61. MDR			



Integrated Disease Surveillance Programme (IDSP)

P-Form - Integrated Disease Surveillance Programme (IDSP)

Home > P Form > Create

1.1 Facility Name

1.2 Facility Type

1.3 Facility Official ID

1.4 Facility NIN

1.5 Officer in Charge

1.6 Contact Number

1.7 Data Entry Personnel

1.8 Official ID

1.9 Contact Number

1.10 State

Karnataka ▼

1.11 District

Bangalore Urban district ▼

1.12 Sub District

Select One ▼

1.13 Village

Select One ▼

1.14 Reporting Date

1.15 State Surveillance Officer

1.16 Contact Number

1.17 District Surveillance

1.18 Contact Number

1.19 Sub District Surveillance

1.20 Contact Number



Integrated Disease Surveillance Programme (IDSP)

		Numbers Of Cases						
Indicator		Male			Female			Grand Total
		<= 5 Yr	> Yr	Total	<= 5 Yr	> Yr	Total	
Syndromes:	2.1 Only Fever \geq 7 days	Male	Female	Total	Male	Female	Total	Total
	2.2 Only Fever < 7 days	Male	Female	Total	Male	Female	Total	Total
	2.3 Fever with Rash	Male	Female	Total	Male	Female	Total	Total
	2.4 Fever with Bleeding	Male	Female	Total	Male	Female	Total	Total
	2.5 Fever with Altered sensorium	Male	Female	Total	Male	Female	Total	Total
	2.6.1 Cough \leq 2 weeks with fever	Male	Female	Total	Male	Female	Total	Total
	2.6.2 Cough \leq 2 weeks without fever	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

2.7.1 Cough > 2 weeks with fever	Male	Female	Total	Male	Female	Total	Total
2.7.2 Cough > 2 weeks without fever	Male	Female	Total	Male	Female	Total	Total
2.8.1 Cough with Blood	Male	Female	Total	Male	Female	Total	Total
2.8.2 Acute Flaccid Paralysis	Male	Female	Total	Male	Female	Total	Total
Animal Bite - Snake Bite	Male	Female	Total	Male	Female	Total	Total
Animal Bite - Dog Bite	Male	Female	Total	Male	Female	Total	Total
Animal Bite - Monkey Bite	Male	Female	Total	Male	Female	Total	Total
Animal Bite - Others	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Acute Diarrhoeal Disease	Male	Female	Total	Male	Female	Total	Total
Acute Encephalitic Syndrome	Male	Female	Total	Male	Female	Total	Total
Acute Hepatitis	Male	Female	Total	Male	Female	Total	Total
ARI/Influenza Like Illness(ILI)	Male	Female	Total	Male	Female	Total	Total
ARI/Severe Acute Respiratory Infection (SARI)	Male	Female	Total	Male	Female	Total	Total
Dysentery	Male	Female	Total	Male	Female	Total	Total
Others	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Diseases:	Anthrax	Male	Female	Total	Male	Female	Total	Total
	Chickenpox	Male	Female	Total	Male	Female	Total	Total
	Chikungunya	Male	Female	Total	Male	Female	Total	Total
	Cholera	Male	Female	Total	Male	Female	Total	Total
	Congo Crimean Haemorrhagic Fever	Male	Female	Total	Male	Female	Total	Total
	Dengue	Male	Female	Total	Male	Female	Total	Total
	Diphtheria	Male	Female	Total	Male	Female	Total	Total
	Hepatitis A	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Hepatitis E	Male	Female	Total	Male	Female	Total	Total
Human Rabies	Male	Female	Total	Male	Female	Total	Total
Japanese Encephalitis	Male	Female	Total	Male	Female	Total	Total
Kyasanur Forest Disease	Male	Female	Total	Male	Female	Total	Total
Leptospirosis	Male	Female	Total	Male	Female	Total	Total
Malaria	Male	Female	Total	Male	Female	Total	Total
Measles	Male	Female	Total	Male	Female	Total	Total
Meningitis	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Meningitis

Male

Female

Total

Male

Female

Total

Total

Pertussis

Male

Female

Total

Male

Female

Total

Total

Rubella

Male

Female

Total

Male

Female

Total

Total

Scrub Typhus

Male

Female

Total

Male

Female

Total

Total

Typhoid

Male

Female

Total

Male

Female

Total

Total



Integrated Disease Surveillance Programme (IDSP)

OTHERS	Active Tuberculosis	Male	Female	Total	Male	Female	Total	Total
	Campylobacterosis	Male	Female	Total	Male	Female	Total	Total
	Ebola	Male	Female	Total	Male	Female	Total	Total
	Entamoeba Histolytica	Male	Female	Total	Male	Female	Total	Total
	Enterovirus	Male	Female	Total	Male	Female	Total	Total
	Gullian Barre Syndrome	Male	Female	Total	Male	Female	Total	Total
	Haemophilus influenzae	Male	Female	Total	Male	Female	Total	Total
	Hepatitis B	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Hepatitis B	Male	Female	Total	Male	Female	Total	Total
Hepatitis C	Male	Female	Total	Male	Female	Total	Total
Hepatitis D	Male	Female	Total	Male	Female	Total	Total
Herpes simplex virus	Male	Female	Total	Male	Female	Total	Total
Influenza	Male	Female	Total	Male	Female	Total	Total
MERS Cov	Male	Female	Total	Male	Female	Total	Total
Neisseria meningitidis	Male	Female	Total	Male	Female	Total	Total
Nipah Virus	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Others	Male	Female	Total	Male	Female	Total	Total
Pathogenic E Coli	Male	Female	Total	Male	Female	Total	Total
Poliomyelitis	Male	Female	Total	Male	Female	Total	Total
Respiratory Syncytial Viruses (RSV)	Male	Female	Total	Male	Female	Total	Total
Rotavirus	Male	Female	Total	Male	Female	Total	Total
Streptococcus pneumoniae	Male	Female	Total	Male	Female	Total	Total
Transverse Myelitis	Male	Female	Total	Male	Female	Total	Total
Traumatic Neuritis	Male	Female	Total	Male	Female	Total	Total



Integrated Disease Surveillance Programme (IDSP)

Transverse Myelitis	Male	Female	Total	Male	Female	Total	Total
Traumatic Neuritis	Male	Female	Total	Male	Female	Total	Total
West Nile Fever	Male	Female	Total	Male	Female	Total	Total
Yellow Fever	Male	Female	Total	Male	Female	Total	Total
Zika Virus	Male	Female	Total	Male	Female	Total	Total

Name

Designation

Date of Reporting



Integrated Disease Surveillance Programme (IDSP)

L-Form - Integrated Disease Surveillance Programme (IDSP)

Home > L Form > Create

1.1 Facility Name

1.2 Facility Type

1.3 Facility Official ID

1.4 Facility NIN

1.5 Officer in Charge

1.6 Contact Number

1.7 Data Entry Personnel

1.8 Official ID

1.9 Contact Number

1.10 State

Karnataka ▼

1.11 District

Bangalore Urban district ▼

1.12 Sub District

Select One ▼

1.13 Village

Select One ▼

1.14 Reporting Date

1.15 State Surveillance Officer

1.16 Contact Number

1.17 District Surveillance

1.18 Contact Number

1.19 Sub District Surveillance

1.20 Contact Number



Integrated Disease Surveillance Programme (IDSP)

Indicator	Test Performed	Total Number of Sample Tested	Total Number of Positives	Number Of Cases						Grand Total	
				Male			Female				
				<= 5yr	> 5yr	Total	<= 5yr	> 5yr	Total		
Diseases	2.1.1 Only Fever >= 7 days	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.1.1 Only Fever >= 7 days	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.1.2 Only Fever < 7 days	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.1.3 Fever with Rash	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.1.4 Fever with Bleeding	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.1.5 Fever with Altered sensorium	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.2.1 Cough <= 2 weeks with fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

2.2.2 Cough <= 2 weeks without fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.3 Cough > 2 weeks with fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.4 Cough > 2 weeks without fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.5 Cough with Blood	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.3.1 Loose watery stools with blood < 2 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.3.2 Loose watery stools without blood < 2 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.4.1 Jaundice of < 4 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.1.2 Only Fever < 7 days	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

2.4.1 Jaundice of < 4 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.1.2 Only Fever < 7 days	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.1.3 Fever with Rash	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.1.4 Fever with Bleeding	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.1.5 Fever with Altered sensorium	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.1 Cough <= 2 weeks with fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.2 Cough <= 2 weeks without fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.3 Cough > 2 weeks with fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

2.2.4 Cough > 2 weeks without fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.2.5 Cough with Blood	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.3.1 Loose watery stools with blood < 2 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.3.2 Loose watery stools without blood < 2 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.4.1 Jaundice of < 4 weeks	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.5.1 Acute Flaccid Paralysis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.6.1 Malaria Vivax RDT	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.6.2 Malaria Falciparum RDT	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

2.6.2 Malaria Falciparum RDT	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.6.3 Malaria Mixed RDT	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.7.1 Animal Bite - Snake Bite	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.7.2 Animal Bite - Dog Bite	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.7.3 Animal Bite - Monkey Bite	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.7.4 Animal Bite - Others	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.8.1 Acute Diarrhoeal Disease	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
2.9.1 Acute Encephalitic Syndrome	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

	2.10.1 Acute Hepatitis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.11.1 ARI/Influenza Like Illness (ILI)	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.12.1 ARI/Severe Acute Respiratory Infection (SARI)	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	2.13.1 Dysentery	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
OTHERS	Active Tuberculosis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	Anthrax	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	Campylobacteriosis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
	Chickenpox	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

Chikungunya	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Cholera	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Congo Crimean Haemorrhagic Fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Dengue	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Diphtheria	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Ebola	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Entamoeba Histolytica	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Enterovirus	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

**Gullian Barre
Syndrome**

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

**Haemophilus
influenzae**

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

Hepatitis A

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

Hepatitis B

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

Hepatitis C

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

Hepatitis D

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

Hepatitis E

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total

**Herpes simplex
virus**

Cour

Coun

Cou

Cou

Tota

Cou

Cou

Tota

Total



Integrated Disease Surveillance Programme (IDSP)

Human Rabies	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Influenza	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Japanese Encephalitis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Kyasanur Forest Disease	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Leptospirosis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
MERS Cov	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Malaria	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Measles	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Meningitis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

Mumps	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Neisseria meningitidis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Nipah Virus	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Pathogenic E Coli	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Pertussis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Poliomyelitis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Respiratory Syncytial Viruses (RSV)	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

Rotavirus	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Rubella	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Scrub Typhus	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Shigellosis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Streptococcus pneumoniae	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Transverse Myelitis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Traumatic Neuritis	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Typhoid	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total



Integrated Disease Surveillance Programme (IDSP)

West Nile Fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Yellow Fever	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Zika Virus	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Other unusual state specific health condition	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Others	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total
Other unusual state specific syndrome	<input type="text"/>	Cour	Coun	Cou	Cou	Tota	Cou	Cou	Tota	Total

Name	Designation	Date of Reporting
<input type="text"/>	<input type="text"/>	<input type="text"/>
Submit		Back



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

NUTRITION REHABILITATION CENTERS (NRC) ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



NRC - Online New Module Developed and Integrated

Nutrition Rehabilitation Centres- NRCs - The Centres of Life

Objective :

To Monitoring Severe Acute Malnutrition (SAM) which are admitted, monitored and managed



NRC - Online New Module Developed and Integrated

Nutrition Rehabilitation Centres- NRCs - The Centres of Life

Nutrition Rehabilitation Centre (NRC) is a health facility where children with Severe Acute Malnutrition (SAM) are admitted and managed. A steady linkage with ICDS identifies and refers severely malnourished children in the community using MUAC tape. Children are admitted in NRC as per the defined admission criteria adopted in line with IAP 2006 and new WHO 2009 recommendations and provided with medical and nutritional therapeutic care.

Once discharged from the NRC, the child continues to be in the Nutrition Rehabilitation program till she/he attains the defined discharge criteria from the program. In addition to curative care special focus is given on timely, adequate and appropriate feeding for children; and on improving the skills of mothers and caregivers on complete age appropriate caring and feeding practices. In addition, efforts are made to build the capacity of mothers/caregivers through counselling and support to identify the nutrition and health problems in their child.



NRC - Online New Module Developed and Integrated

Click On NRC >> Create /Add Menu for entering data for NRC Online Reporting. Select a particular district and the particular NRC from the list box

The screenshot displays the 'Nutritional Rehabilitation Centres (NRC)' online reporting interface. The header bar is green and contains the Government of India and Karnataka logos, the text 'GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE Government of Karnataka', a language selection dropdown, and the user profile 'IndianCST DvP'. Below the header, a dark sidebar on the left shows the user's profile and navigation options: Home, Dashboard, NRC, and NRC Monthly Report. The main content area is titled 'Nutritional Rehabilitation Centres (NRC)' and includes a breadcrumb trail 'Home > NRC > Create'. A red horizontal line separates the header from the form. The form is titled 'Monthly Reporting Format: Nutritional Rehabilitation Centres and Modified Nutritional Rehabilitation Centres'. It contains several input fields: 'District' (Bangalore Urban), 'Name of the Health Facility' (a dropdown menu with 'NRC-Vani Vilas Hospital -BMCRI Children' selected), 'NRC Code', 'Number of Beds', 'Reporting Month' (a dropdown menu with 'Select One'), and 'Indicator'. There are also radio buttons for 'Tribal' and 'Non-tribal'.



NRC - Online New Module Developed and Integrated

Enter the value for the for the following Key indicators according to their field. Each field is mandatory and field should not be left blank.

Indicator	Below 6 Months			6 months to 5 years			
	Male	Female	Total	Male	Female	Total	
A. Admission,Below 6 month/6 months to 5 years	S/C	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	S/T	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	Others	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	Total Admission	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	BPL	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>
	APL	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>	<input type="text" value="Male"/>	<input type="text" value="Female"/>	<input type="text" value="Total"/>



NRC - Online New Module Developed and Integrated

Enter the value for the fields

A.1 Admission criteria	less than -3SD WFH (Weight for Height)	Male	Female	Total	Male	Female	Total
	MUAC less than 11.5 cm	Male	Female	Total	Male	Female	Total
	Bilateral pitting oedema	Male	Female	Total	Male	Female	Total
	Associate Medical Complication						
	Respiratory System	Male	Female	Total	Male	Female	Total
	CVS	Male	Female	Total	Male	Female	Total
	CNS	Male	Female	Total	Male	Female	Total
	PA	Male	Female	Total	Male	Female	Total
	Any Other	Male	Female	Total	Male	Female	Total



NRC - Online New Module Developed and Integrated

Enter the value for the fields

A.2 Referral By		
	BELOW 6 MONTHS	6 MONTHS TO 5 YEARS
Frontline worker	<input type="text"/>	<input type="text"/>
Self	<input type="text"/>	<input type="text"/>
Paediatric ward/emergency	<input type="text"/>	<input type="text"/>
Camp	<input type="text"/>	<input type="text"/>



NRC - Online New Module Developed and Integrated

Enter the value for the fields

A.3 Duration of Stay

	BELOW 6 MONTHS			6 MONTHS TO 5 YEARS		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
A.3.1) Less than 7 Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.3.2) 7 to 15 Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.3.3) Greater than 15 Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A.3.4) Average Length of Stay	<input type="text"/>			<input type="text"/>		



NRC - Online New Module Developed and Integrated

Enter the value for the fields

A.4 Bed Occupancy

Bed Occupancy Rate(rate in %) [* To be calculated by NRC
Wise]

A.5 Weight Gain

A.5.1 Discharge with Partial Weight Gain (in numbers)

Male

Female

Total

A.5.2 Discharge with Target Weight (15% weight gain)

Male

Female

Total

A.5.3 Average Weight Gain of NRC in Grams/Kg/day

Reffered(Medical Transfer)

Male

Female

Total



NRC - Online New Module Developed and Integrated

Enter the value for the fields

B. Monthly Output

B.1 Discharge from NRC

Male

Female

Total

B.1.1 Recovery (cure rate in %) Rate

B.2. Defaulters

Male

Female

Total

B.2.1 Defaulters (cure rate in %) Rate

3. Non-responders

Male

Female

Total



NRC - Online New Module Developed and Integrated

Enter the value for the fields

4. Deaths		
Male	Female	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
4.1 Death Rate		
<input type="text"/>		
<hr/>		
5. Children Due for Follow-up (in the month)		
Male	Female	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>		
6. Children Followed-up During the Month		
Male	Female	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>
<hr/>		



NRC - Online New Module Developed and Integrated

Click On Submit to submit the entered data. You will get an alert message showing data inserted Successfully.

7. Relapse/Re-admission

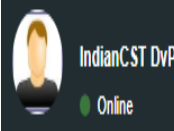
Male Female Total

HUMAN RESOURCE ON PLACE	SANCTIONED	WORKING	VACANT	TRAINED	UNTRAINED
Paediatrician	<input type="text" value="2"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>
Medical officer	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Staff Nurse	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Dietician	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Cook	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Attender	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
Any Other	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>



NRC - Online New Module Developed and Integrated

Click On NRC Online >> Click on Menu View to see the Submitted data
In the View Table .Click On edit to correct the wrongly entered data and submit
again.



GPMS Universal HealthCare - NRC

- Home
- Dashboard
- NRC
- Create/Add
- View
- NRC Monthly Report

Nutritional Rehabilitation Centers (NRC) [Home](#) > NRC

Create

NRC Code

Month

Select One
▼

Search


Page 1 of 1 Total Records: 1 Show Per page << < 1 Go > >>

Sr. No.	Name of the Health Facility	NRC Code	district	Month	Tribal/Non-tribal	Edit
1	NRC-Yadagiri-DH	NRC-32	Yadgir	September	Non-tribal	Edit



NRC - Online New Module Developed and Integrated

For Report >> Click on Menu NRC Report and select District ,Year and month according to your query to generate NRC reports.



IndianCST DvP
Online

GPMS Universal HealthCare - NRC

- Home
- Dashboard
- NRC
- NRC Monthly Report
- NRC Report**

Nutritional Rehabilitation centres(NRC)

Home > NRC Online Report

District: Select One Month: Select One Search

Page 1 of 1 Total Records : 1 Show 10 Per page << < 1 Go > >>

No. Of Records : 1

[Monthly Reporting Format: Nutritional Rehabilitation centres\(NRC\) Report](#)

Sl no.	District	Name of the Health Facility	NRC Code	Number of beds	Month	Year	Admission				A. 1 Admission criteria		A.2 Referral by			Duration of stay				A.5 Weight gain	B.M			
							S#	S#	B#	A#	Total Admission	- 3 SD WFH (Weight for Height)	MUAC<115 mm	Bilateral pitting oedema	Frontline worker	S#	Paediatric ward/ emergency	7 Days	7-15 Days	> 15 Days		Average length of stay	Bed Occupancy Rate	Discharge with target weight (15% weight gain) (in Numbers)
1	Yadgir	NRC-Yadagiri-DH	NRC-32	10	September	2018	4	0	10	8	22	16	1	17	5	12	17	11	3	3	15	53.00	7	11



NRC - Online New Module Developed and Integrated

NRC- DASHBOARD FOR ANALYTICS

- 1. Total Number of admission below six months**
- 2. Total number of admission six month to Five year**
- 3. Bed occupancy rate**
- 4. Recovery/ cure rate**
- 5. Average length of stay**
- 6. Average weight in Grams/Kg/day**
- 7. Defaulter rate etc...**



NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare

Year

2018-2019

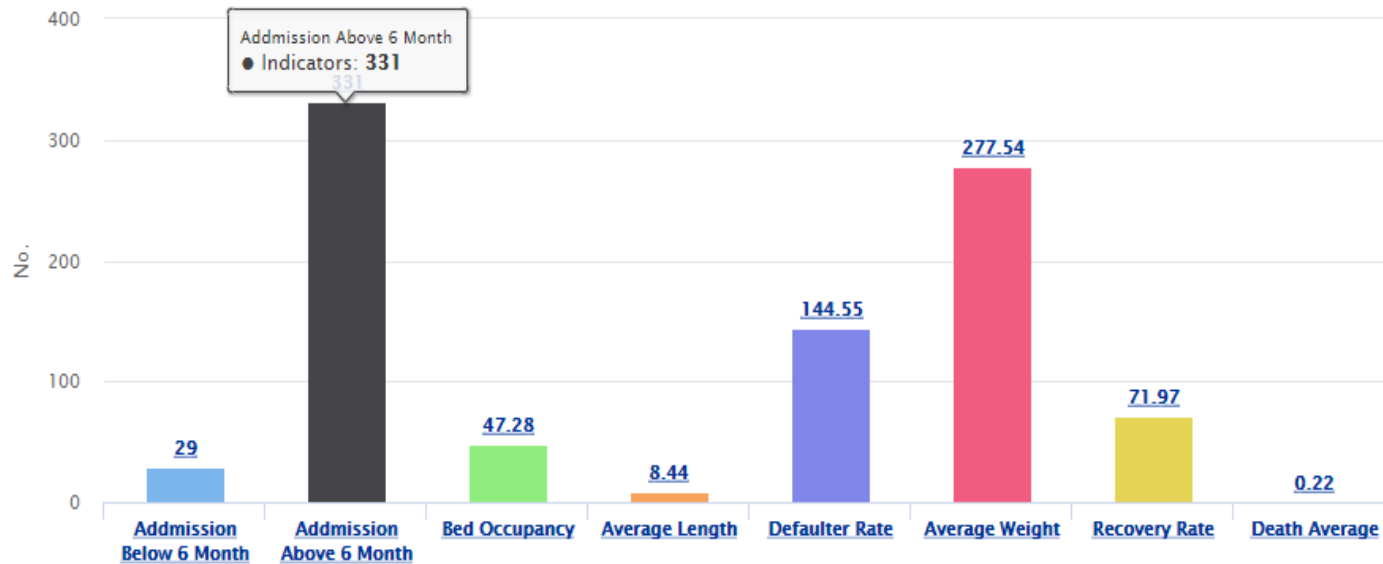
Month

September

Search

NRCs Sphere Indicators 2018-2019

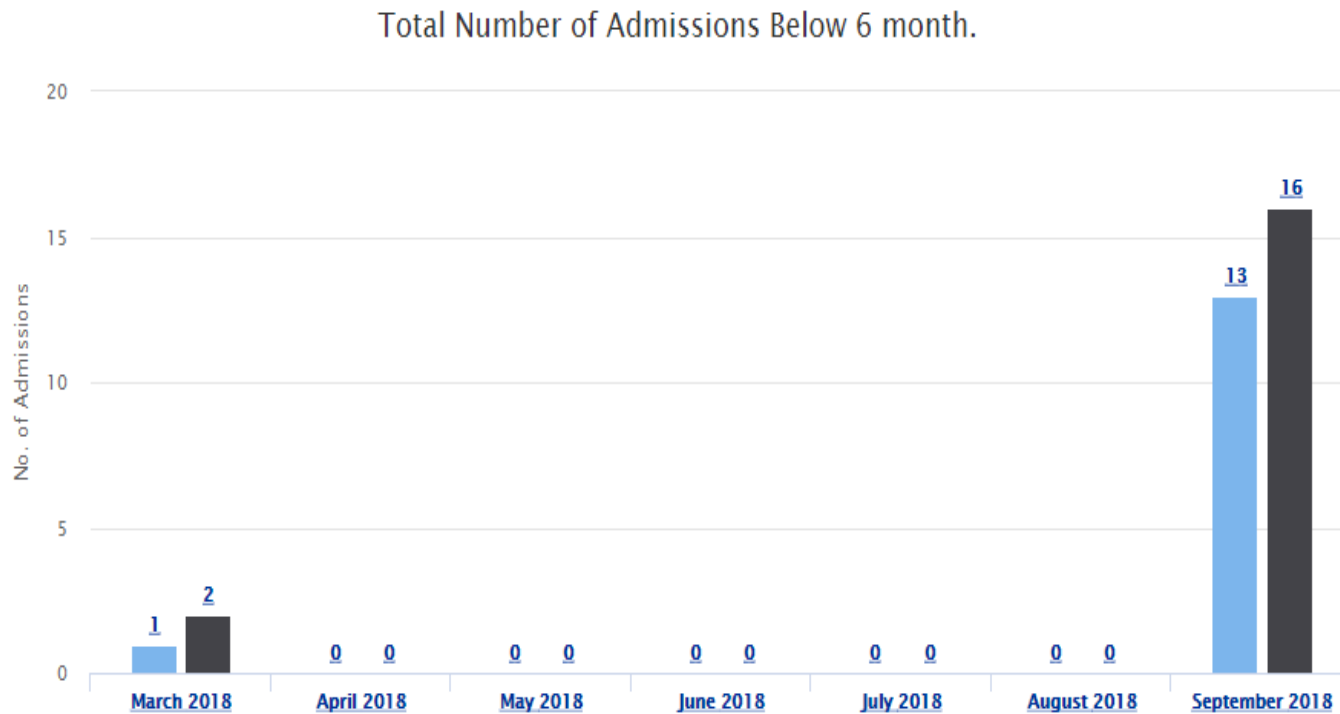
Monthly Report





NRC- DASHBOARD FOR ANALYTICS

GPMS Transportal for Universal HealthCare

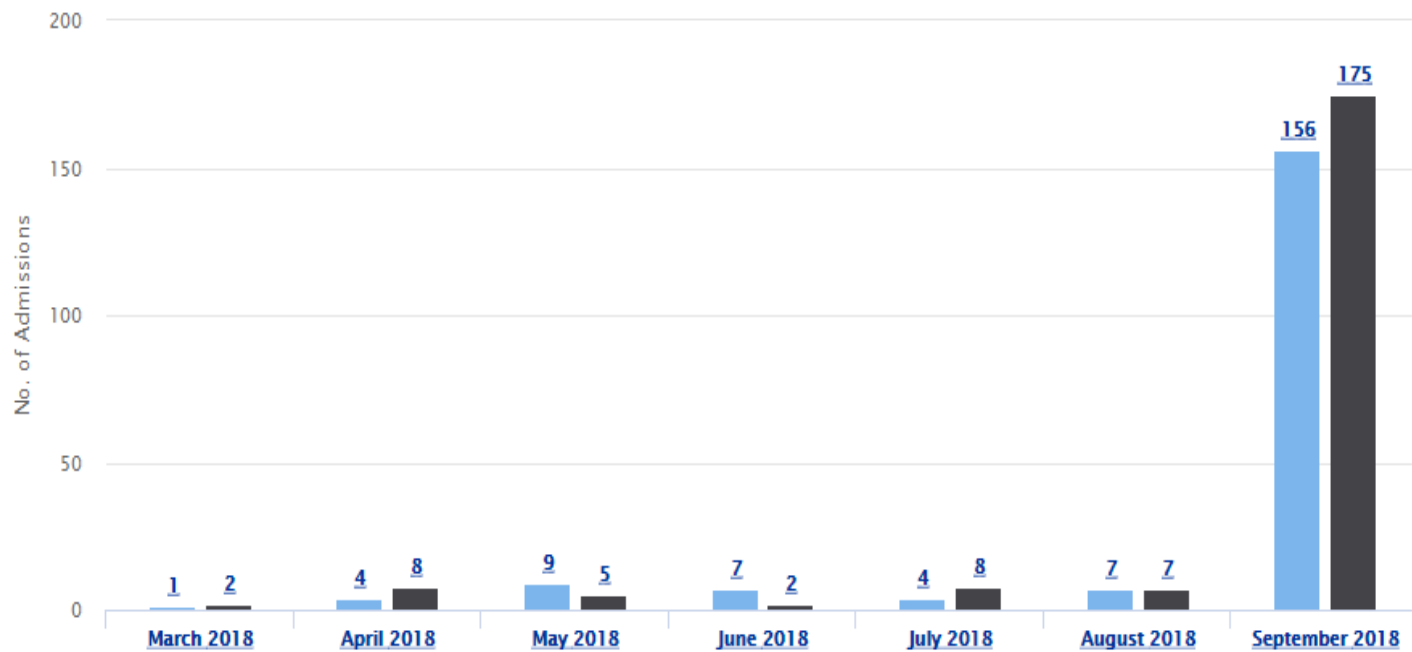




NRC- DASHBOARD FOR ANALYTICS

GPMS Transportal for Universal HealthCare

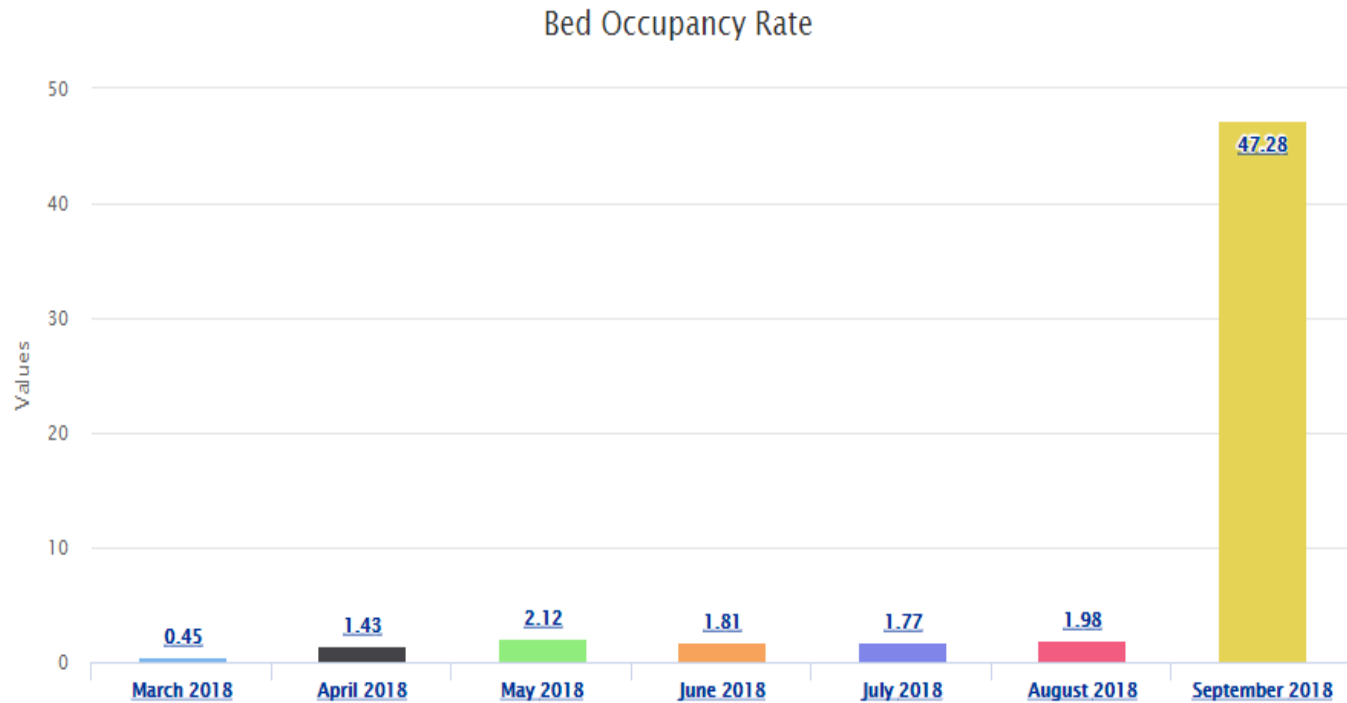
Total Number of Admissions above 6 month.





NRC- DASHBOARD FOR ANALYTICS

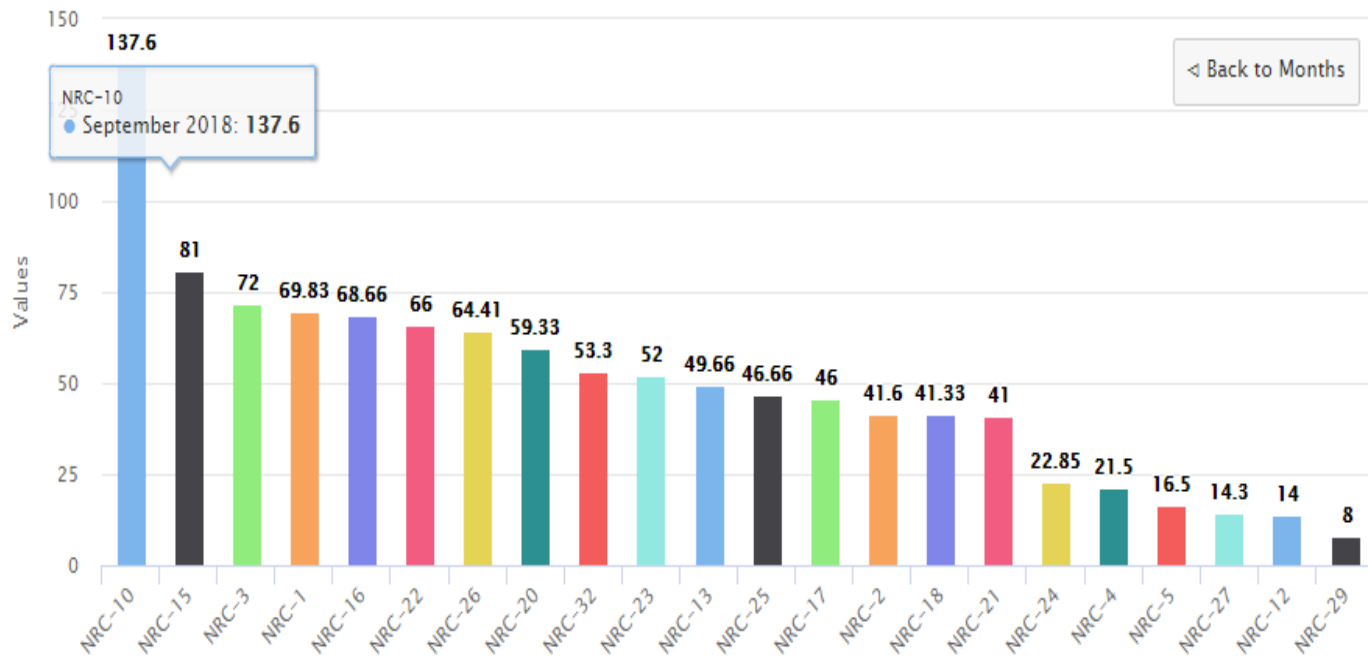
GPMS Transportal for Universal HealthCa





NRC- DASHBOARD FOR ANALYTICS

Bed Occupancy Rate



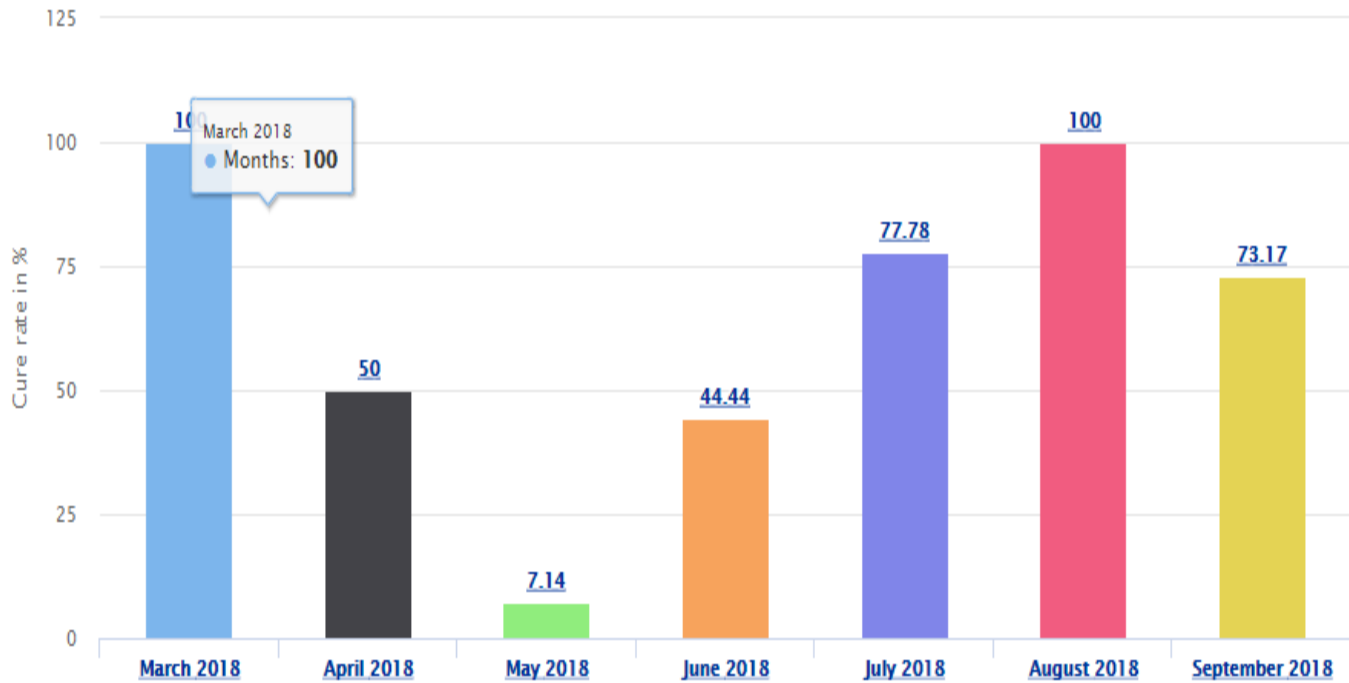


NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare

Recovery Rate/ Cure Rate

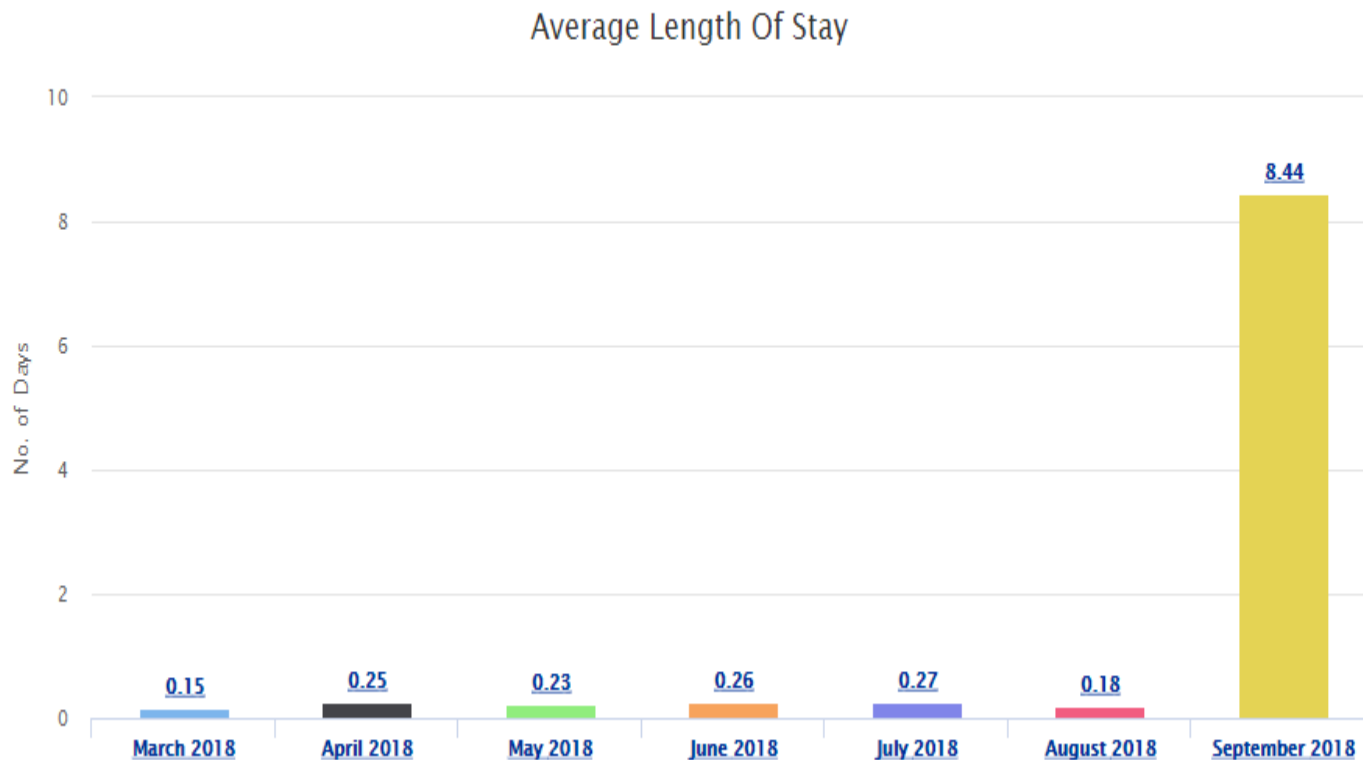




NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare



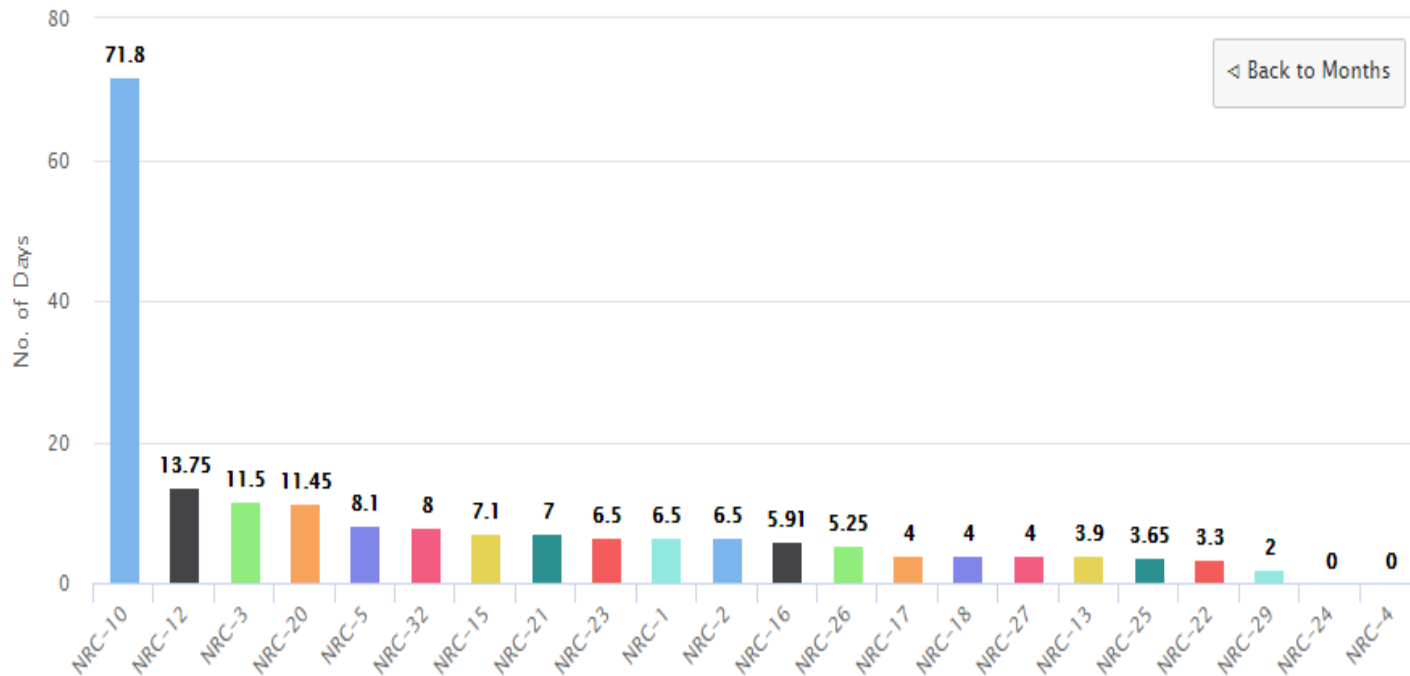


NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare

Average Length Of Stay

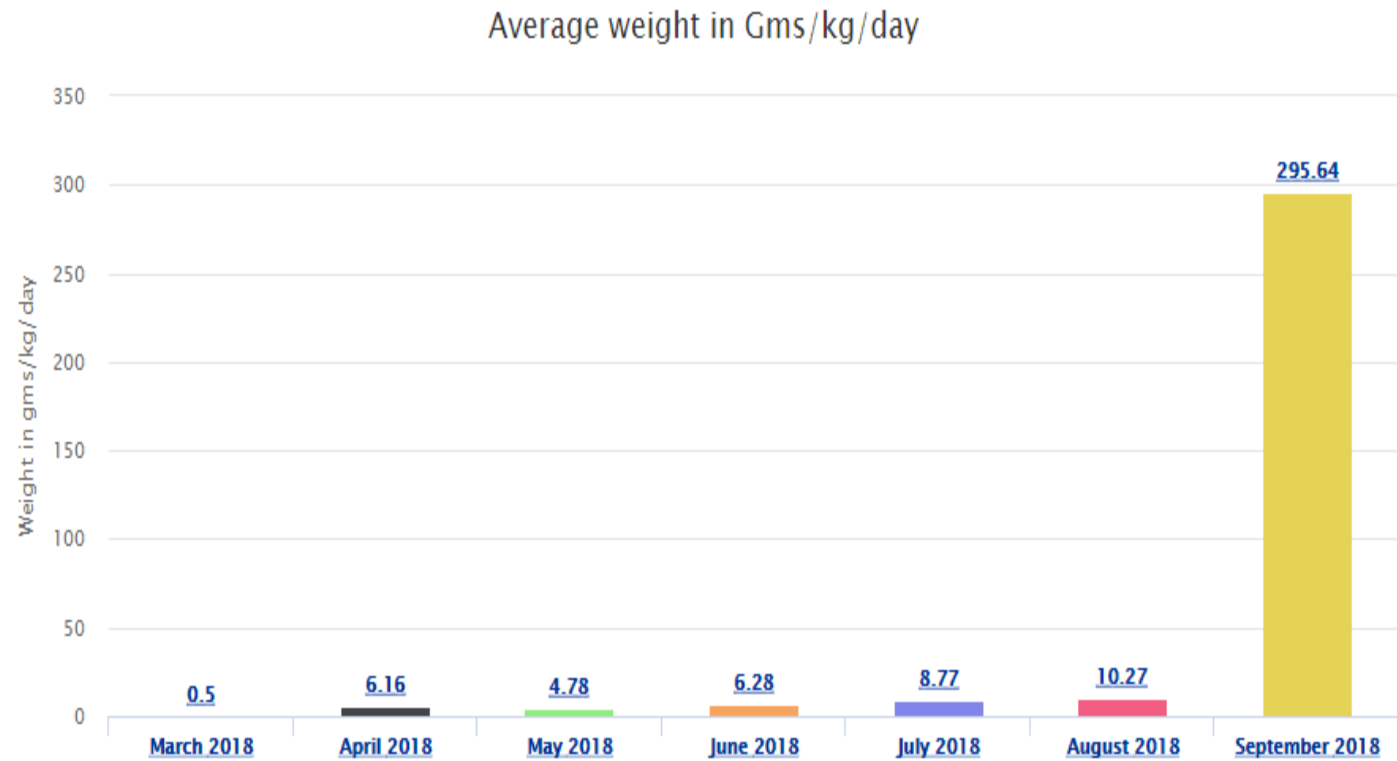




NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare

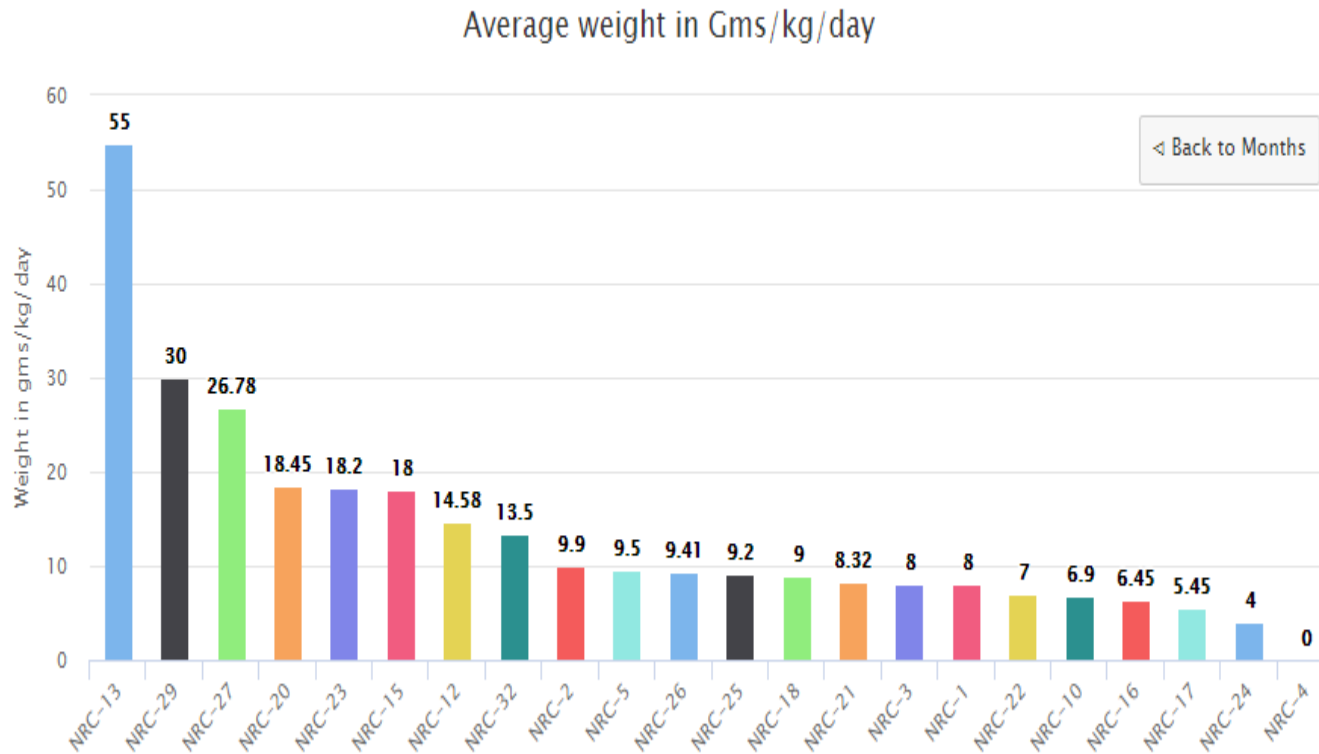




NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare

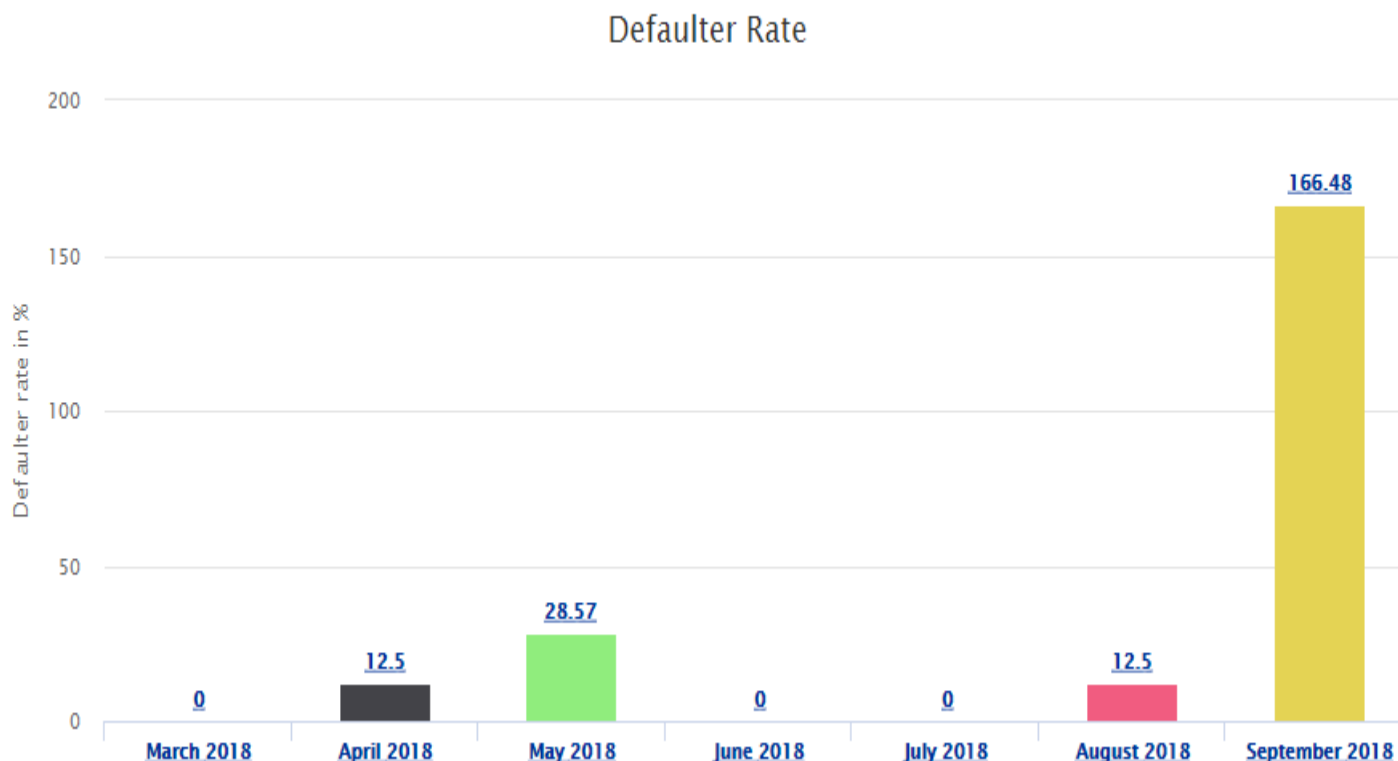




NRC- DASHBOARD FOR ANALYTICS

Karnataka State NRC Details

GPMS Transportal for Universal HealthCare





GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

DASHBOARD FOR DATA ANALYTICS DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



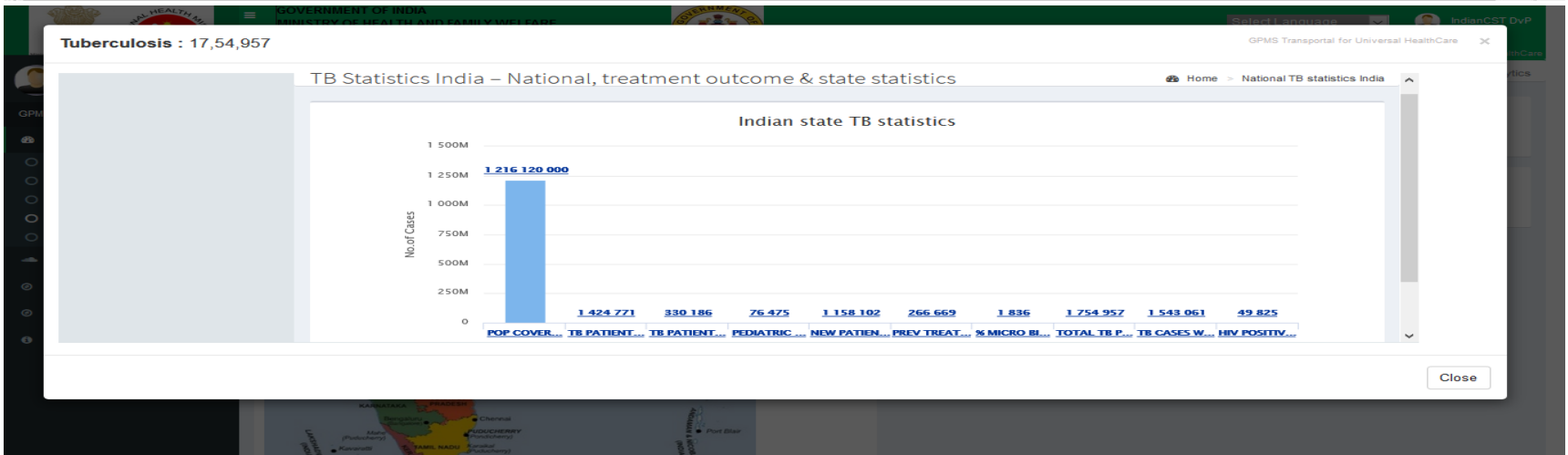
DASHBOARD ANALYTICS

Integrated different healthcare software's onto Dashboard

The integration dashboard will contain the reports from real time data of every software. The data is retrieved from the API and reports are generated based on the key indicators given by each program officers. From the received data and key indicators from the applications integrated into the GPMS Transportal for Universal Healthcare dashboard, analytics was done.



Analytics->Indian TB statistics



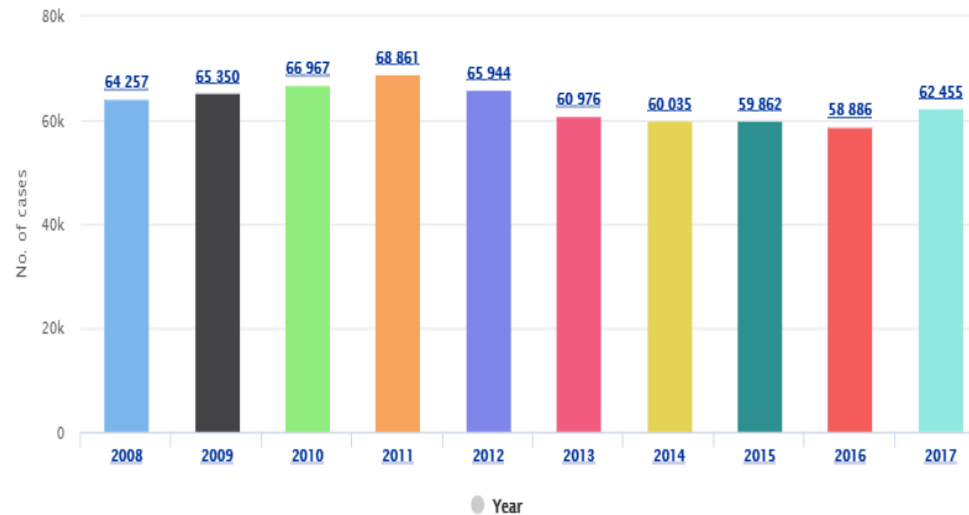


Analytics->Karnataka TB statistics

Tuberculosis : 6,33,593

GPMS Transportal for Universal HealthCare X

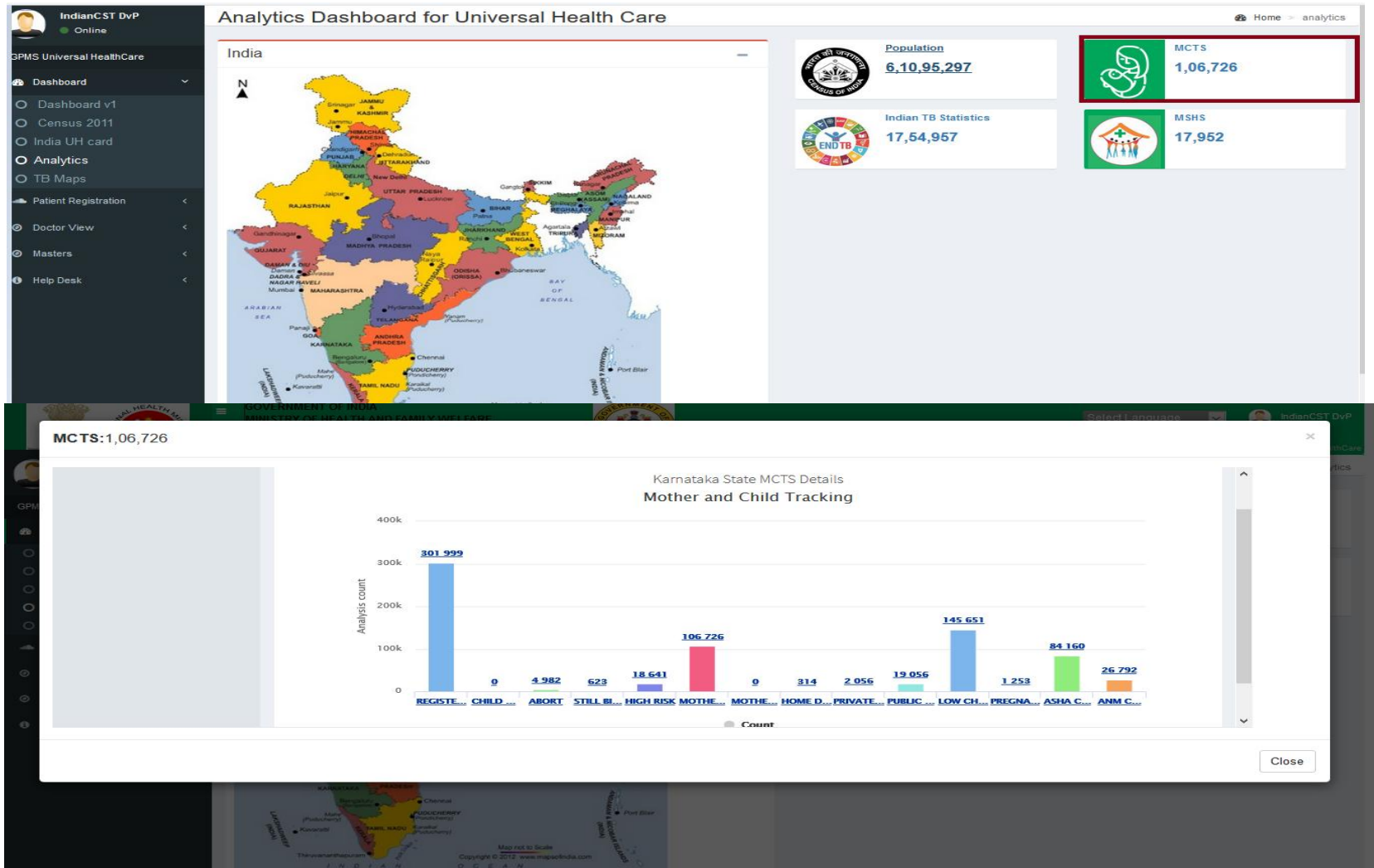
Karnataka year wise TB Cases



Close

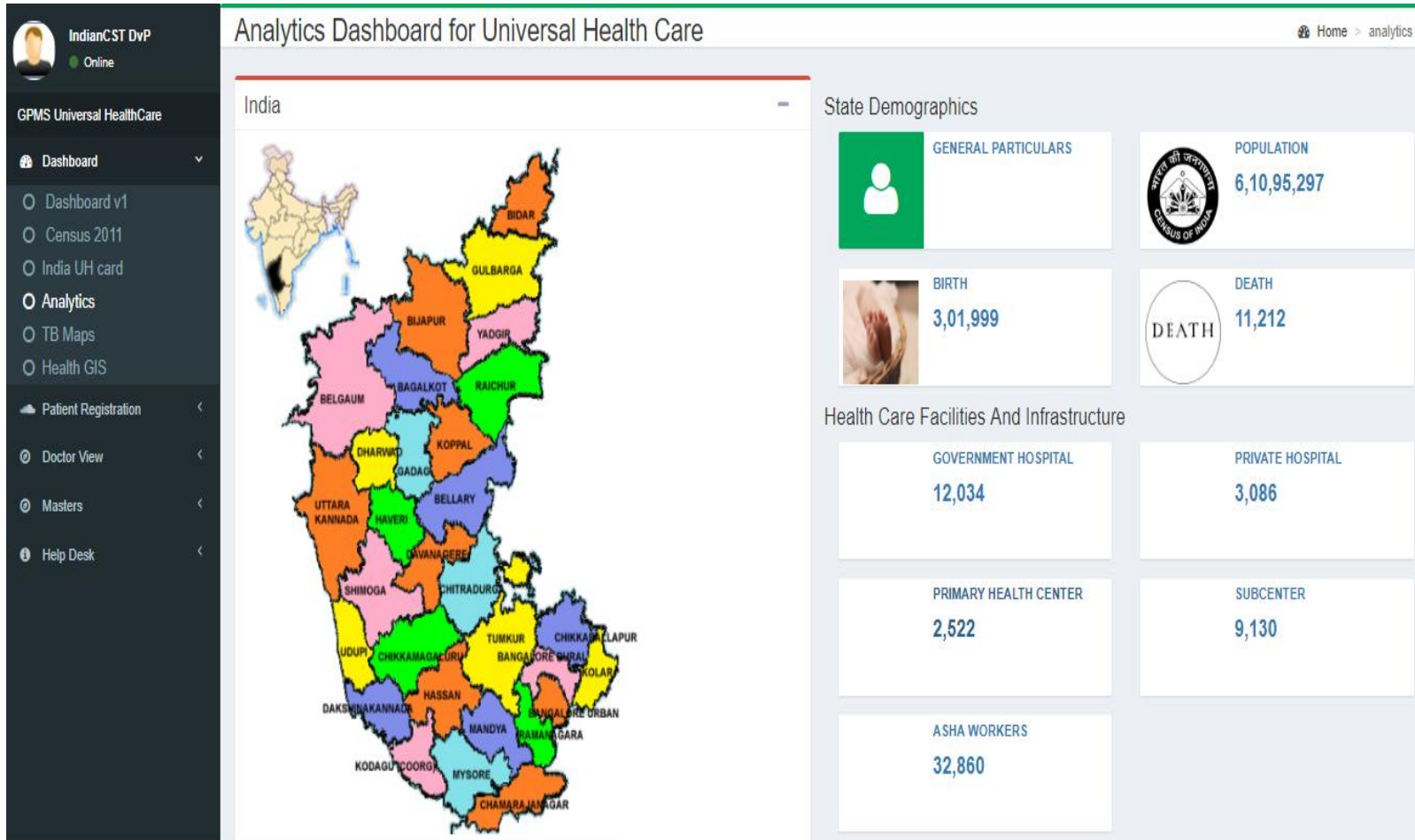


Analytics Dashboard for MCTS Developed and Integrated



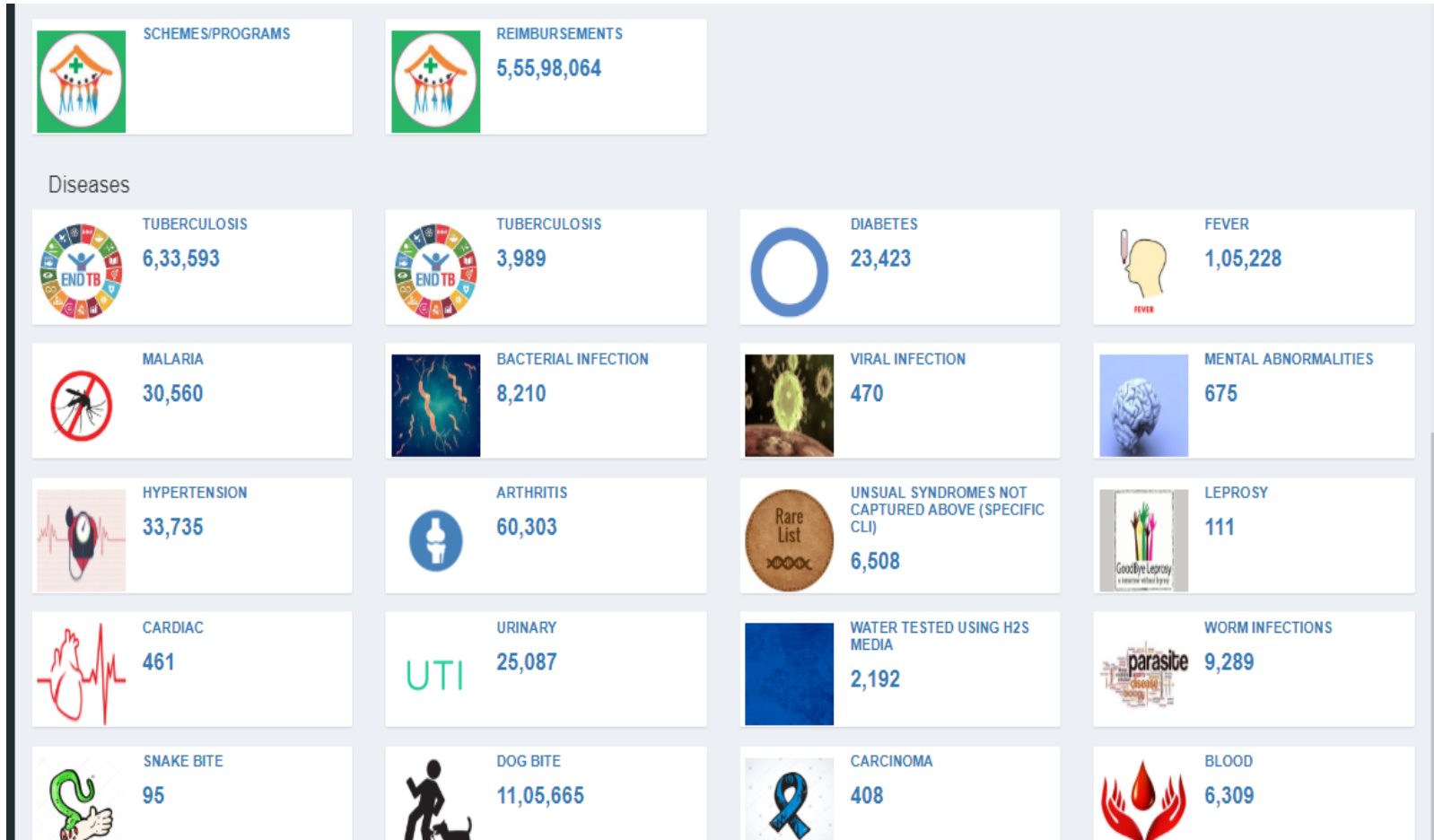


Analytics Dashboard Developed and Integrated





Analytics Dashboard Developed and Integrated





Analytics Dashboard Developed and Integrated



Powered by Indian CST.

As per Govt. of India Standards National eHealth Authority (NeHA) 2015

Initiative by the Ministry of Health and Family Welfare,
Govt. of India, Niti Ayog, Govt. of Karnataka

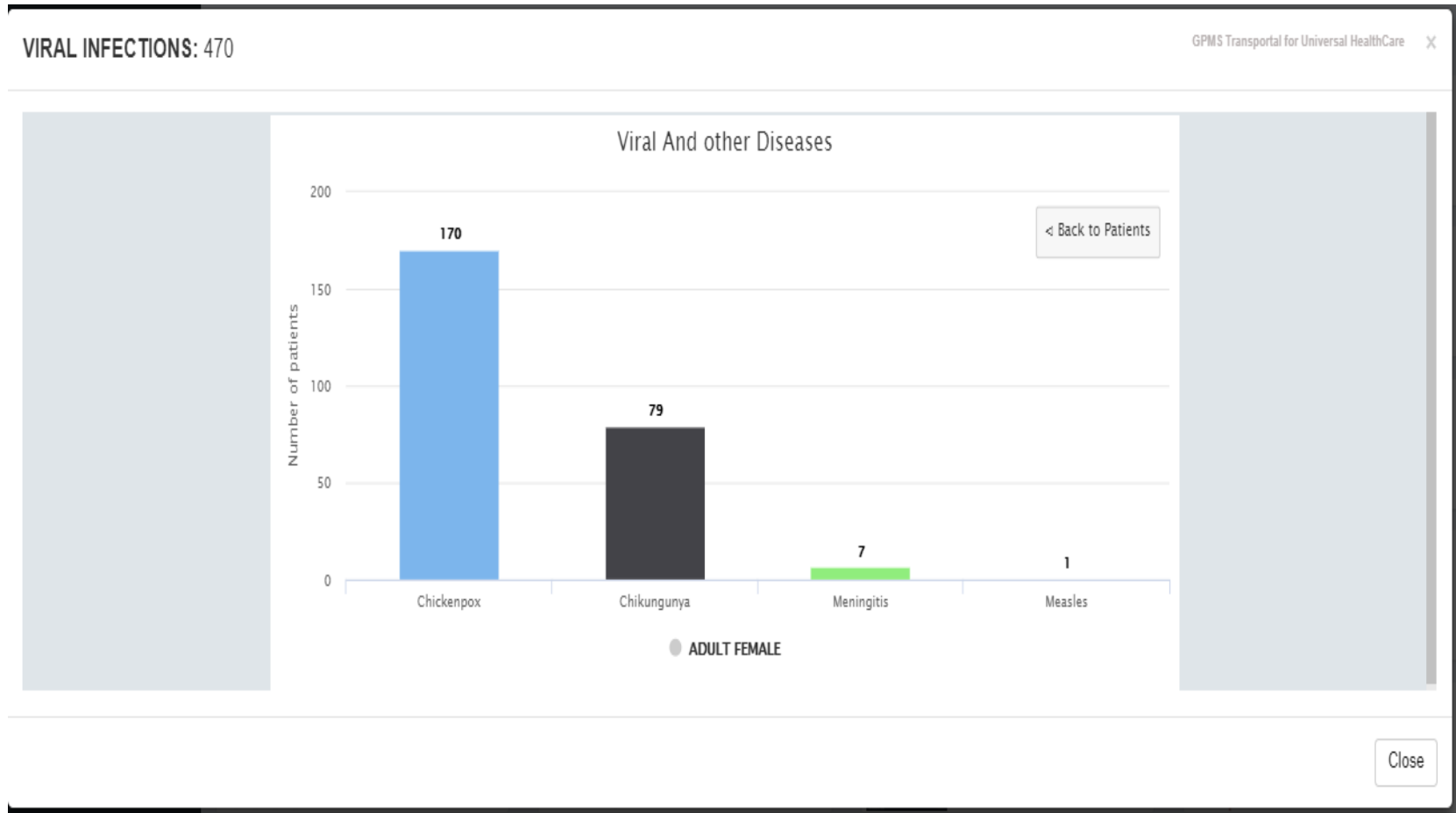


Analytics Dashboard Developed and Integrated





Analytics Dashboard Developed and Integrated

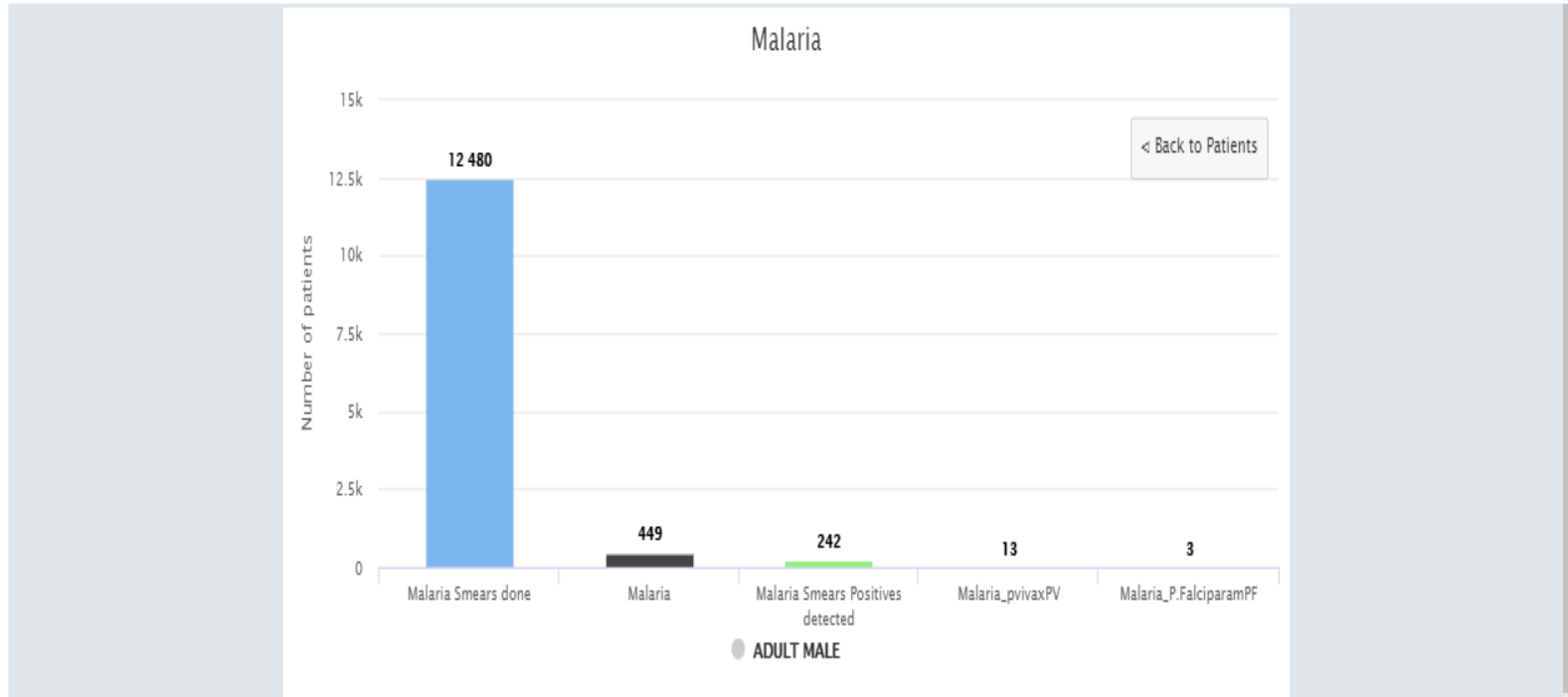




Analytics Dashboard Developed and Integrated

MALARIA: 30,560

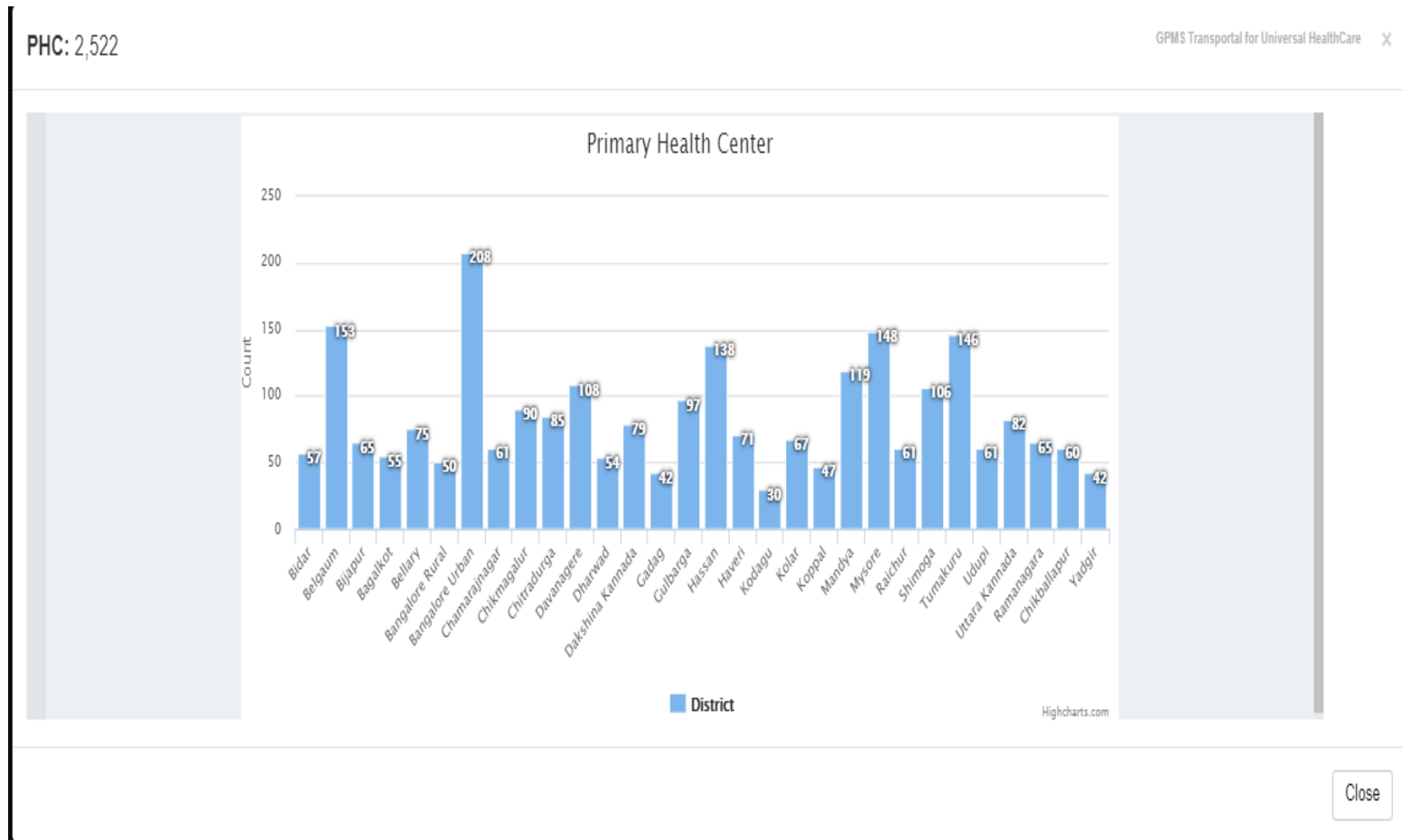
GPMS Transportal for Universal HealthCare X



Close



Analytics Dashboard Developed and Integrated

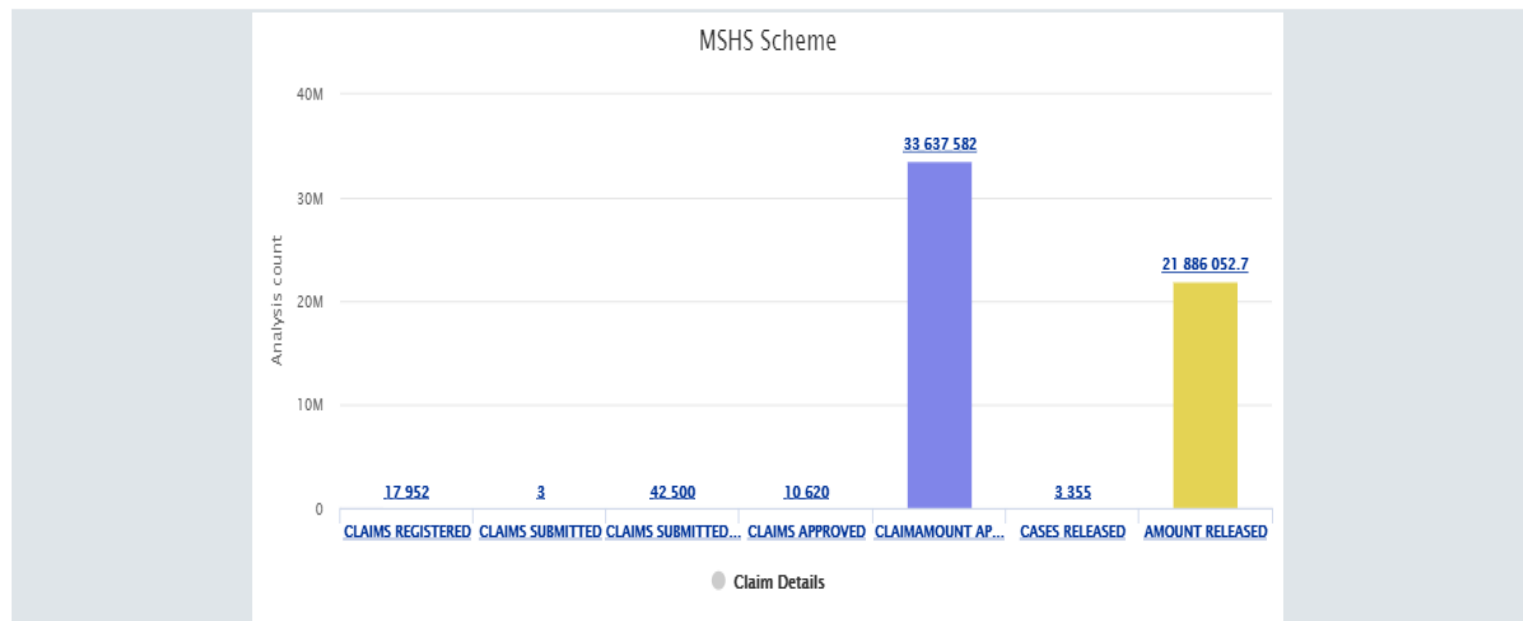




Analytics Dashboard Developed and Integrated

Reimbursement: 5,55,98,064

GPMS Transportal for Universal HealthCare X



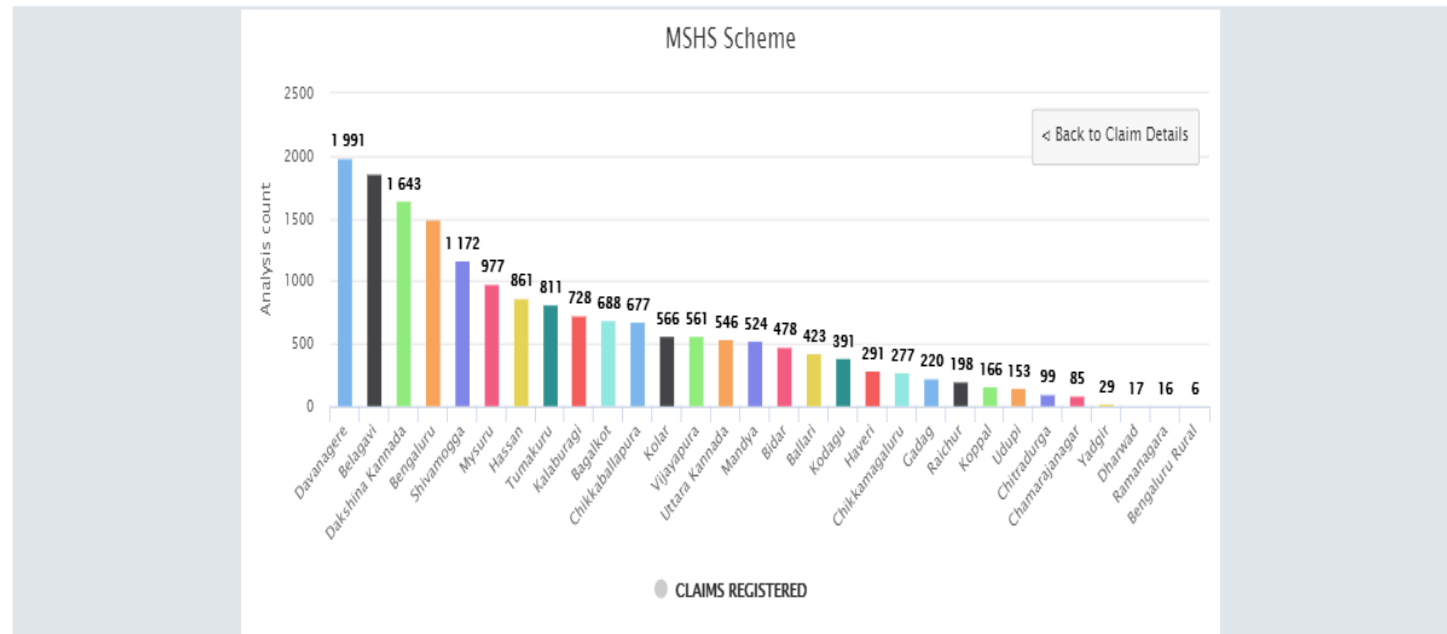
Close



Analytics Dashboard Developed and Integrated

Reimbursement: 5,55,98,064

GPMS Transportal for Universal HealthCare X



Close



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

RNTCP-ONLINE NEW MODULE DEVELOPED AND INTEGRATED

<https://indiancst.com/India/universalhealthcare>



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Please click the URL provided below to enter the GPMS Transportal for Universal Healthcare Common Integrated Dashboard test demo link:

<https://indiancst.com/India/TBControlProgram/index.php/auth/login>

User Name: Joint Director RNTCP

Login User Name: jdrntcpdhfw.gok

Password will be sending to your registered contact Number



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

TBControlProgram Thu, 3 Jan 2019 09:47:35 AM IndianCST DvP

Dashboard Home > Dashboard

ACF Employee Daily Activity Program (Revised National Tuberculosis Control Program)

GPMS Transportal For Universal Healthcare

 0 Total House Hold	 0 Total No. Of Population Visited In House	 0 No. of Potential Tuberculosis Patient	 0 No. Of Sputum Model Tested In DMC
----------------------------------	--	---	---

- Dashboard
- Form One <
- Form Four and Five <
- Form Four
- Form Five Report

<https://indiancst.com/India/TBControlProgram/index.php/auth/login>



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Form -1

ACF Employee Daily Activity Program (Revised National Tuberculosis Control Program)

GPMS Transportal For Universal Healthcare

Form - 1

State

Karnataka

District

--Select--

Primary Health Centre

--Select--

Sub Centre

--Select--

Ration Card

Holder Name

Address

Total Members

Numbers Of Checked Members

Numbers Of Childrens Below Six Years

Numbers Of Diabetes Patients

Numbers Of Potential Tuberculosis Symptoms

Sputum Model Samples Collected By Potential



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Numbers Of Potential Tuberculosis Symptoms

Sputum Model Samples Collected By Potential

The Number Of People Who Already Have Tuberculosis Treatment

Government

Private

Visited House

T X

Date



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Form - 2

ACF Employee Daily Activity Program Field in form -2

Name Of Patient

Sex

Age

Address

Treated For Tuberculosis Previously

Yes No

Diabetic Patient

Yes No

Persistent cough for 2 weeks

Yes No

Fever for 2 weeks

Yes No

Significant weight loss

Yes No

Presence of blood in sputum any time during last 6 months

Yes No

Chest pain in last one month

Yes No

History of Anti-TB Treatment (previous / current)

Yes No

Name Of DMC Sent By Sputum Model



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

ACF Employee Daily Activity Program (Revised National Tuberculosis Control Program)

Form -3 Report

Primary Health Center Field Activity

Date	No. Of Visited House	Total No. Of Population Visited In House	No. Of Children below Six	Population Of Diabetes Patients	No. of Tuberculosis Patient already Treated		No. of Potential Tuberculosis Patient	No. of Potential Tuberculosis Patier		
					Government	Private		Children below Six	Diabetes Patients	Previc Treatr Taken Tuber
19-12-2018	1	4	2	1	1	1	2	1	1	1
18-12-2018	1	4	2	1	1	1	2	0	1	0



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Form-4

DMC Wise TB Unit Level Form (Revised National Tuberculosis Control Program)

GPMS Transportal For Universal Healthcare

Tuberculosis Unit Field Activity Daily Report

State

Karnataka x ▾

District

--Select-- ▾

Tuberculosis Unit

--Select-- ▾

DMC

--Select-- ▾

Reporting Date

03-01-2019

Total No. Of Sputum Model Tested In DMC

Total No. Of Sputum Model Confirmed In Tuberculosis Patient

Total No. Of Sputum Model Determined In Tuberculosis Patient

Total No. Of Sputum Model Directed Through CBNAAT In Tuberculosis Patient

Total No. Of Unconfirmed Patients Directed By X-Ray

No. Of Abnormal Cases found in X-Ray Testing

Total No. Of Abnormal Cases found in X-Ray Testing have been Directed Through CBNAAT Testing



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

PART 1 BENEFICIARY DETAILS

Patient Name

Age

Gender

ID Proof Attcahed

 No file chosen

IP No.

PMJAY ID No.

Postal Address

House No.

Street Name

Village

Mandal

District

Pin Code

Patient Tel. No.

Mobile. No.

Name of the referral PHC/Hospital



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

PART 2 HOSPITAL, DIAGNOSIS, LINE OF TREATMENT, PROCEDURE AND PACKAGE DETAILS

Name of the Hospital

PAN Card No.

ROHINI ID/ NIN No.

Tel No.

Email id

Complete Address

Pin Code

Presenting Symptoms

ICD Code

History of Present Illness



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

History of Past Illness

Systematic Examination findings

Investigations Done

Patient Diagnosed by

Dr.



Revised National Tuberculosis Control Program Online New Module Developed and Integrated

Patient Diagnosed by

Dr.

Diagnosis

Remarks

[Reset](#) [Submit](#)



Form-5 Report

Revised National Tuberculosis Control Program Online New Module Developed and Integrated

District Level Report (Revised National Tuberculosis Control Program)

District Tuberculosis Center Filed Activity Form 5

Date	Tuberculosis Unit	No. Of Sputum Model Tested In DMC	No. Of Sputum Model Confirmed In TB Patient	No. Of Sputum Model Determined In TB Patient	No. Of Sputum Model Directed Through CBNAAT In TB Patient	No. Of Unconfirmed Patients Directed By X-Ray	No. Of Abnormal Cases in X-Ray	No. Of Abnormal Cases in X-Ray Directed Through CBNAAT Testing	Remarks
01-01-1970	Test	1	1	1	1	1	1	1	



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

STOP –TB ANALYTICS NEW DASHBOARD DEVELOPED AND INTEGRATED

**Ending the TB epidemic by 2030 is among the health targets of the
Sustainable Development Goals**

<https://indiancst.com/India/universalhealthcare>



STOP TB ANALYTICS NEW DASHBOARD DEVELOPED AND INTEGRATED

Tuberculosis (TB)

Tuberculosis (TB) is caused by bacteria (*Mycobacterium tuberculosis*) that most often affect the lungs. Tuberculosis is curable and preventable.

TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected.



STOP TB ANALYTICS NEW DASHBOARD DEVELOPED AND INTEGRATED

Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals:

- Tuberculosis (TB) is one of the top 10 causes of death worldwide.
- In 2017, 10 million people fell ill with TB, and 1.6 million died from the disease (including 0.3 million among people with HIV).
- In 2017, an estimated 1 million children became ill with TB and 230 000 children died of TB (including children with HIV associated TB).
- TB is a leading killer of HIV-positive people.
- TB is a leading killer of HIV-positive people: in 2016, 40% of HIV deaths were due to TB.
- Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. WHO estimates that there were 558 000 new cases with resistance to rifampicin – the most effective first-line drug, of which - 82% had MDR-TB.



DIRECT OBSERVED THERAPY –STOP-TB ANALYTICS

An additional feature in the GPMS Transportal for Universal Healthcare dashboard, wherein a dedicated page for analytics to monitor TB Patients real time.

- | | |
|--|---|
| <p>Status – HIV Enrollment</p> <ul style="list-style-type: none"> • Neg, • pos, • unknown • Blank <p>Result - Microscopy</p> <ul style="list-style-type: none"> • Pos • blank <p>Result - CBNAATMTB</p> <ul style="list-style-type: none"> • Detected • Not detected <p>Result - CBNAATRIF</p> <ul style="list-style-type: none"> • Not available • Resistant • Sensitive | <ul style="list-style-type: none"> • Clinically – diagnosed _ TB • Blank <p>Status - Treatment</p> <ul style="list-style-type: none"> • Initiated on first line treatment outside health facility • Initiated on second line treatment • Other • Patient already on treatment /follow up patients • Referred for treatment with pending feedback • Repeat diagnosis • Treatment initiated outside RNTCP • Wrong diagnosis |
|--|---|



DIRECT OBSERVED THERAPY –STOP-TB ANALYTICS

Patient Type

- New
- Other
- Recurrent
- Treatment after failure
- Treatment after last follow up

Site Of Disease

- P
- E

Microbiological Confirmation

- Clinically diagnosed TB
- Microbiologically confirmed

Drtb Date of Initiation¹

- Regimen for INH mono/
poly resistant TB
- Regimen for MDR /RR TB
- Regimen for XDR TB

Type of Regimen

- New
- Previously treated

Dosage Frequency

- Daily
- Intermittent

Status – HIV Treatment Card

- Neg
- Pos
- Unknown

Status - Diabetes

- Diabetic
- Non diabetic
- Unknown

Treatment Out Come

- Cured
- Died
- Failure
- Lost to follow up
- Not evaluated
- Treatment completed
- Treatment regimen changed

Resistance Detected: Y or N



Stop TB Analytics New Dashboard Developed And Integrated

TB Patient Data Bulkupload (xlsx Formate) Home > TB Patients List > TB Data Bulkupload

Bulkupload TB Patients Data

State * District * Note: Select State..! Taluk * Note: Select District..!

Select One Select One Select One

Upload xlsx

Note : Upload file format should be in .xlsx format(Example: name.xlsx), and [click here](#) to see the excel file Structure

Upload excel file (Example: Bulk_RC_Members.xlsx)

Choose File No file chosen

	File Name	Remove
No		

Import Data
Reset



Stop TB Analytics New Dashboard Developed And Integrated

TB Patients Data [Patients History](#) Home > TB Patients List

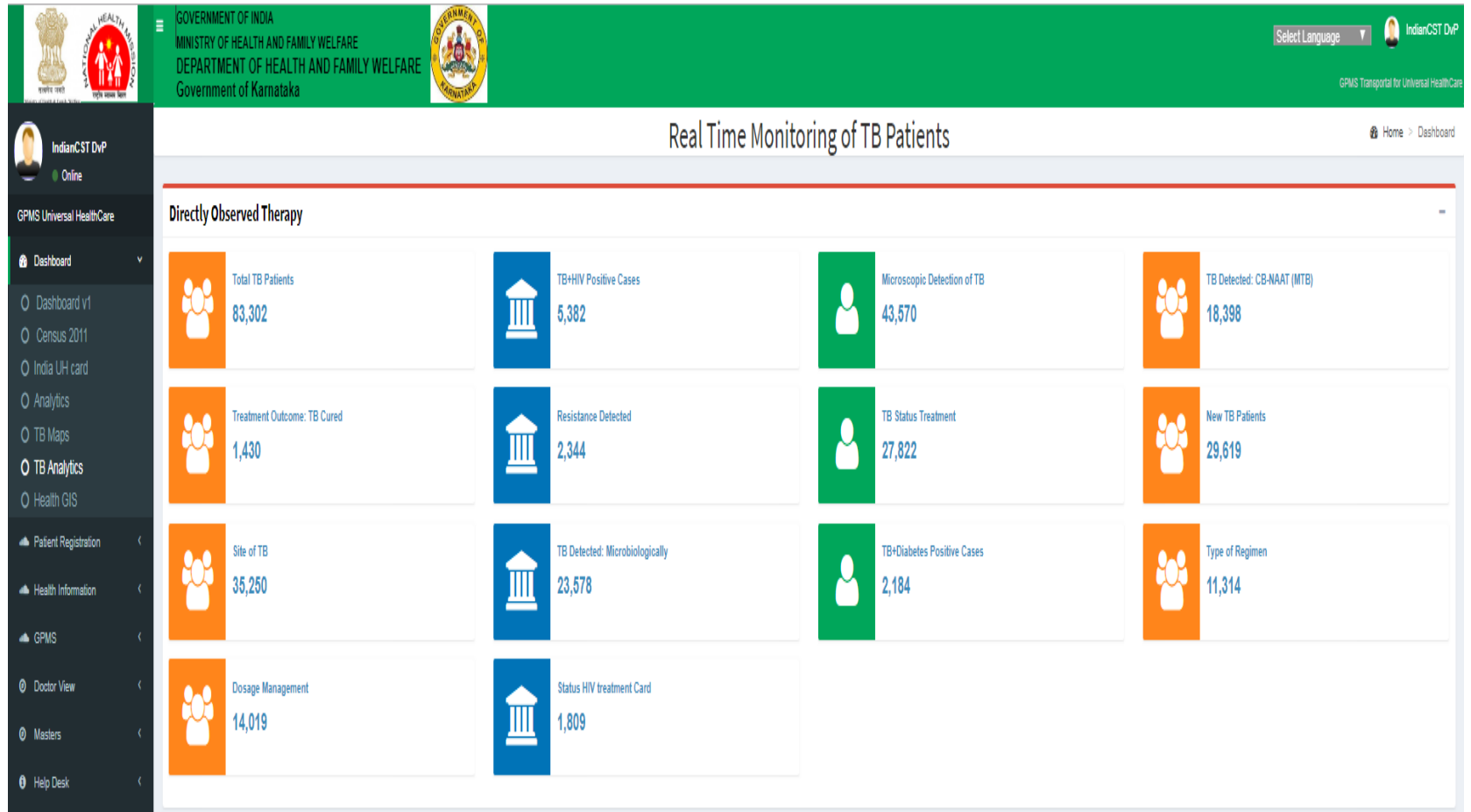
TB Patients List Bulk Upload

District Nikshay_ID. Patient Name PHC NAME Search

Page 1 of 8331 Total Records : 83302 Show Per page << < Go > >>

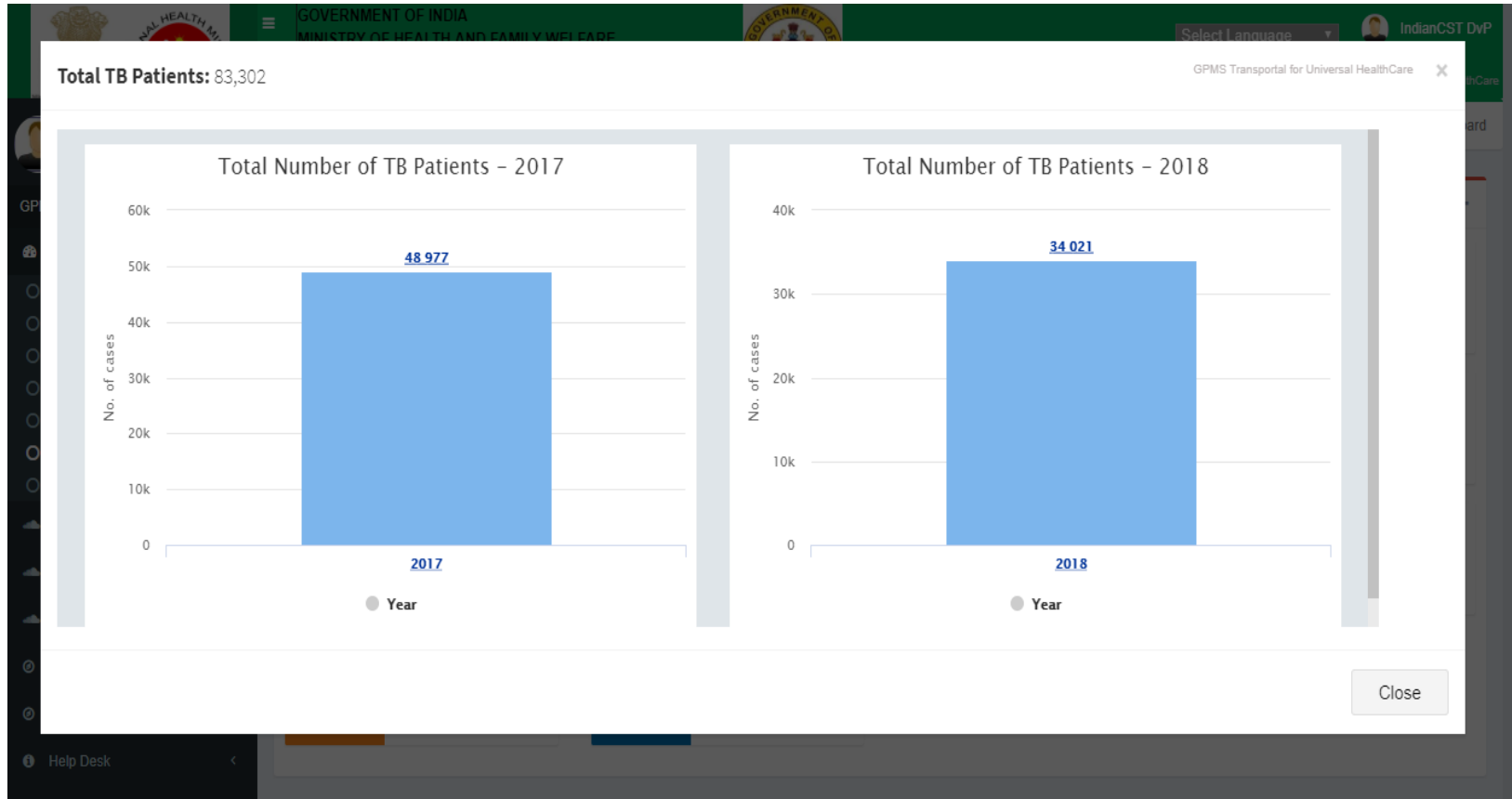


DIRECT OBSERVED THERAPY –STOP-TB ANALYTICS



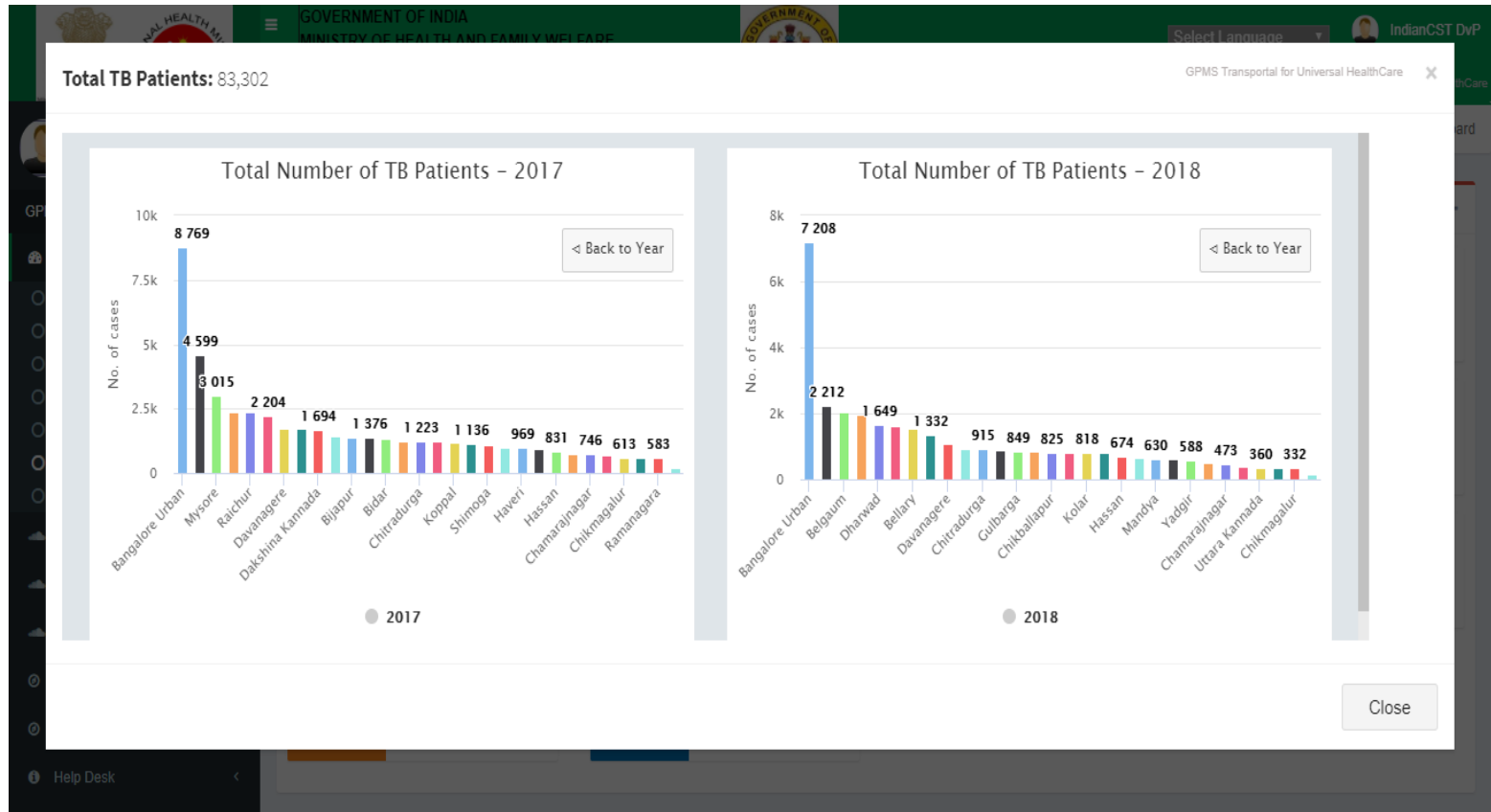


TOTAL TB PATIENTS KARNATAKA – 2017 & 2018



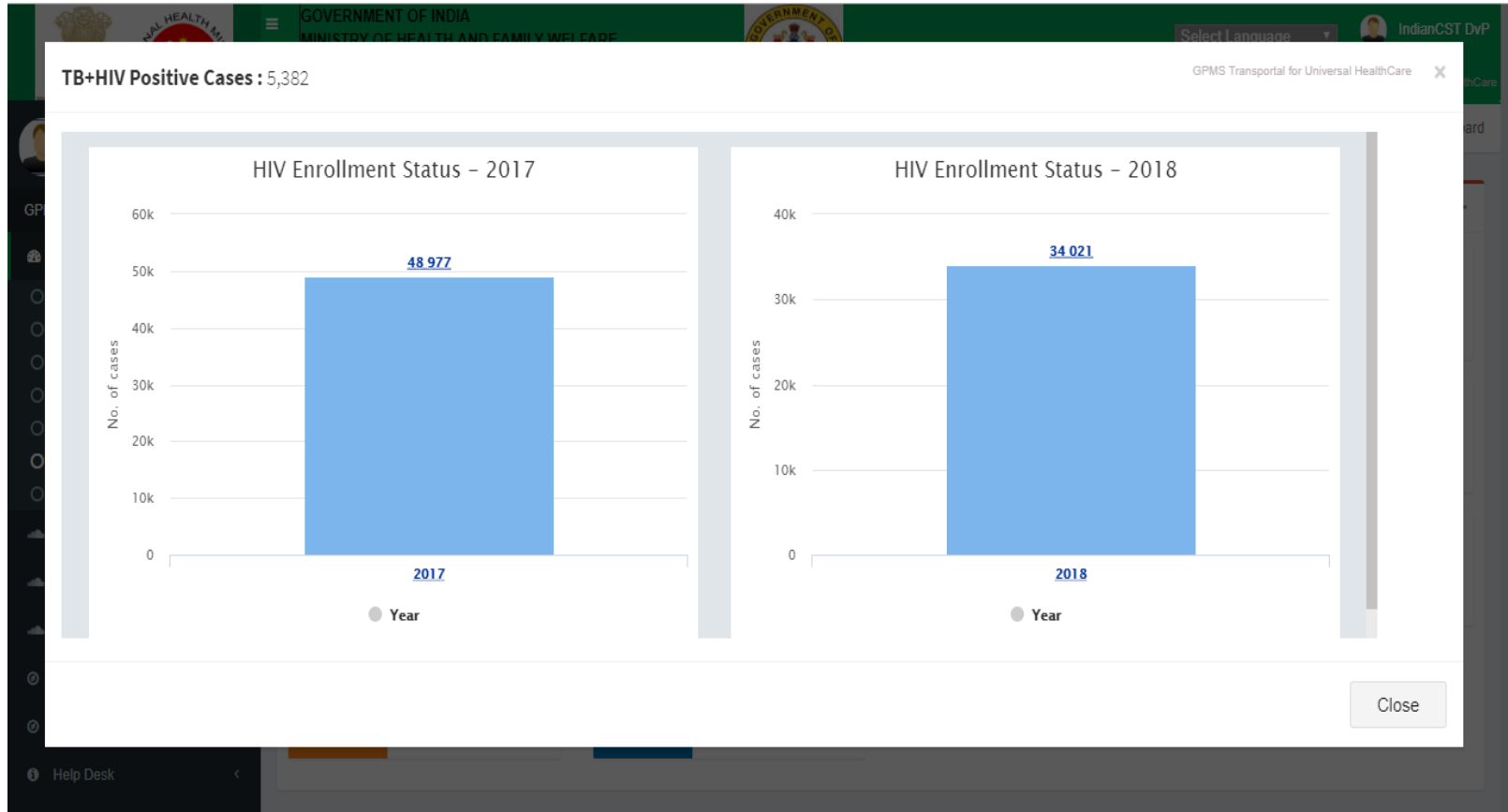


TOTAL TB PATIENTS KARNATKA 2017 & 2018 DISTRICT WISE



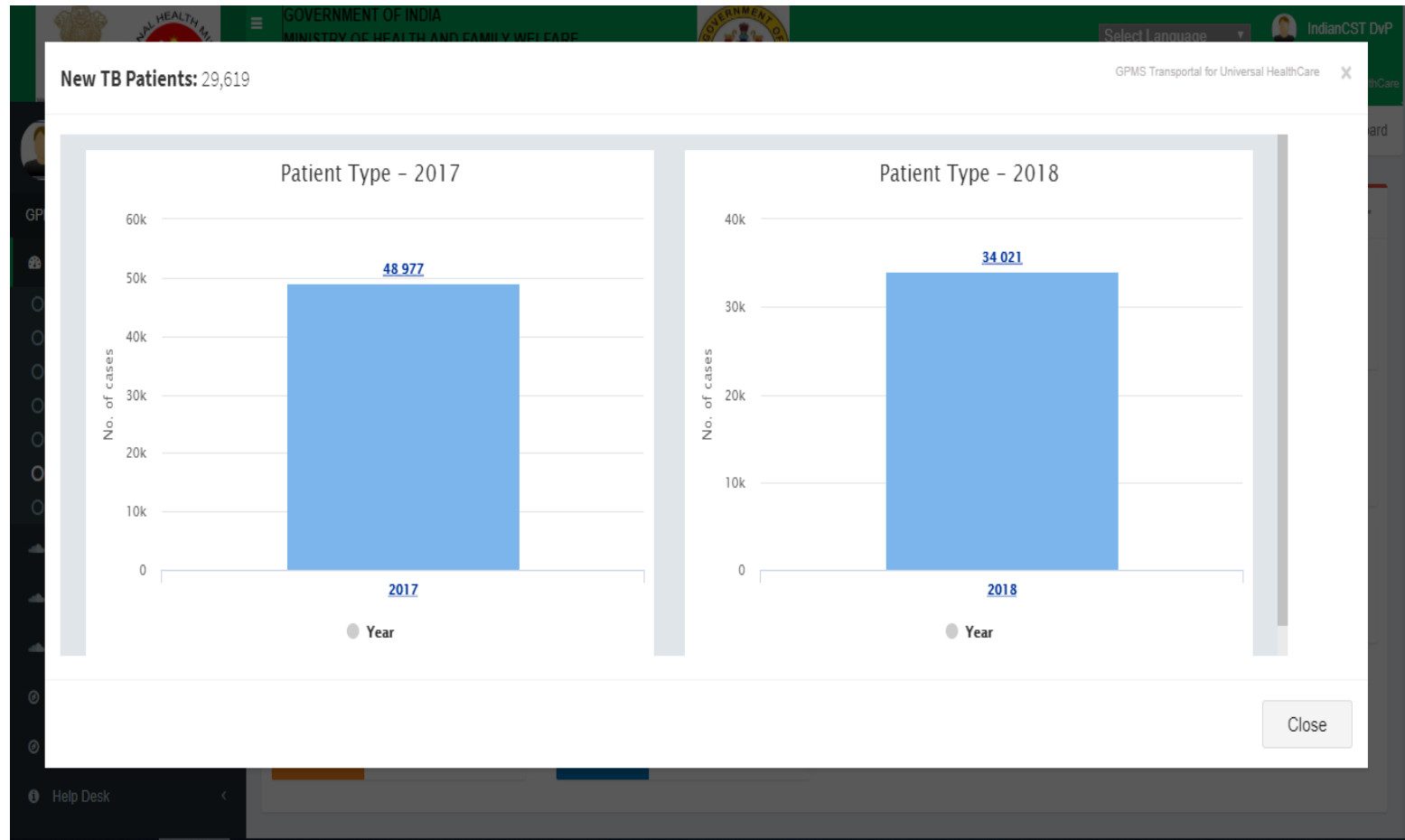


TOTAL TB WITH HIV PATIENTS KARNATKA 2017 & 2018



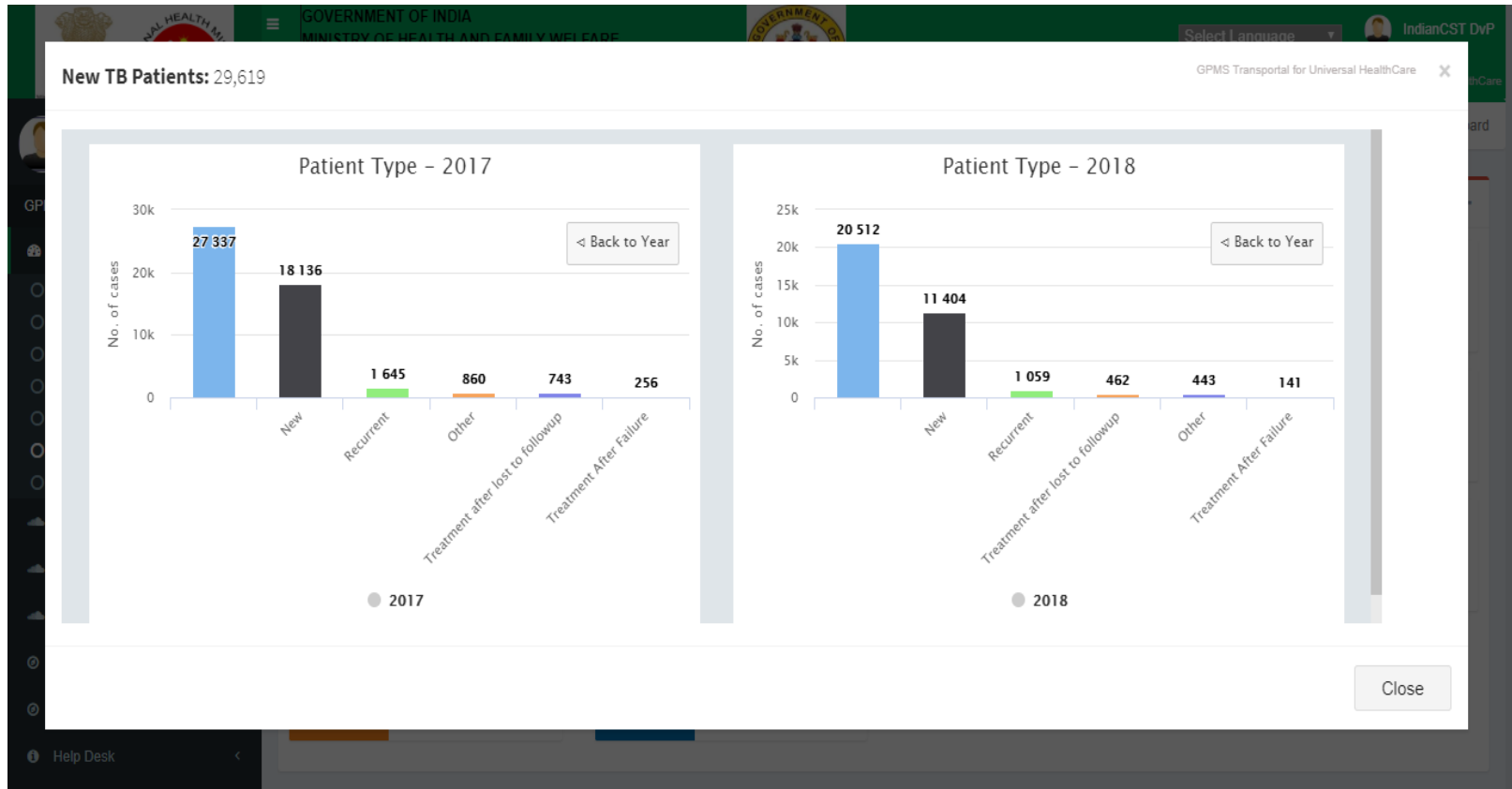


NEW TB PATIENTS KARNATKA 2017 & 2018



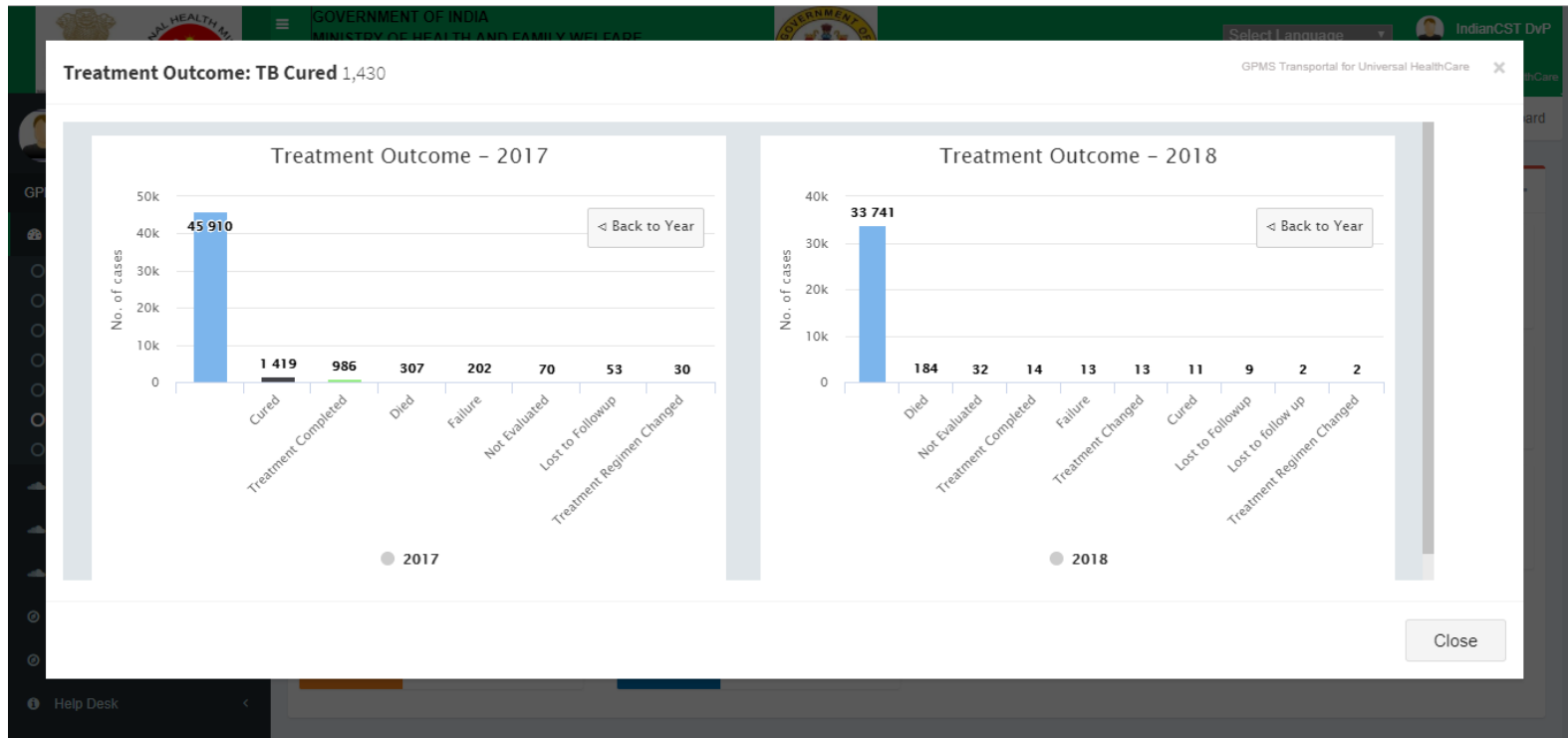


NEW TB PATIENTS KARNATKA 2017 & 2018 OUTCOME WISE



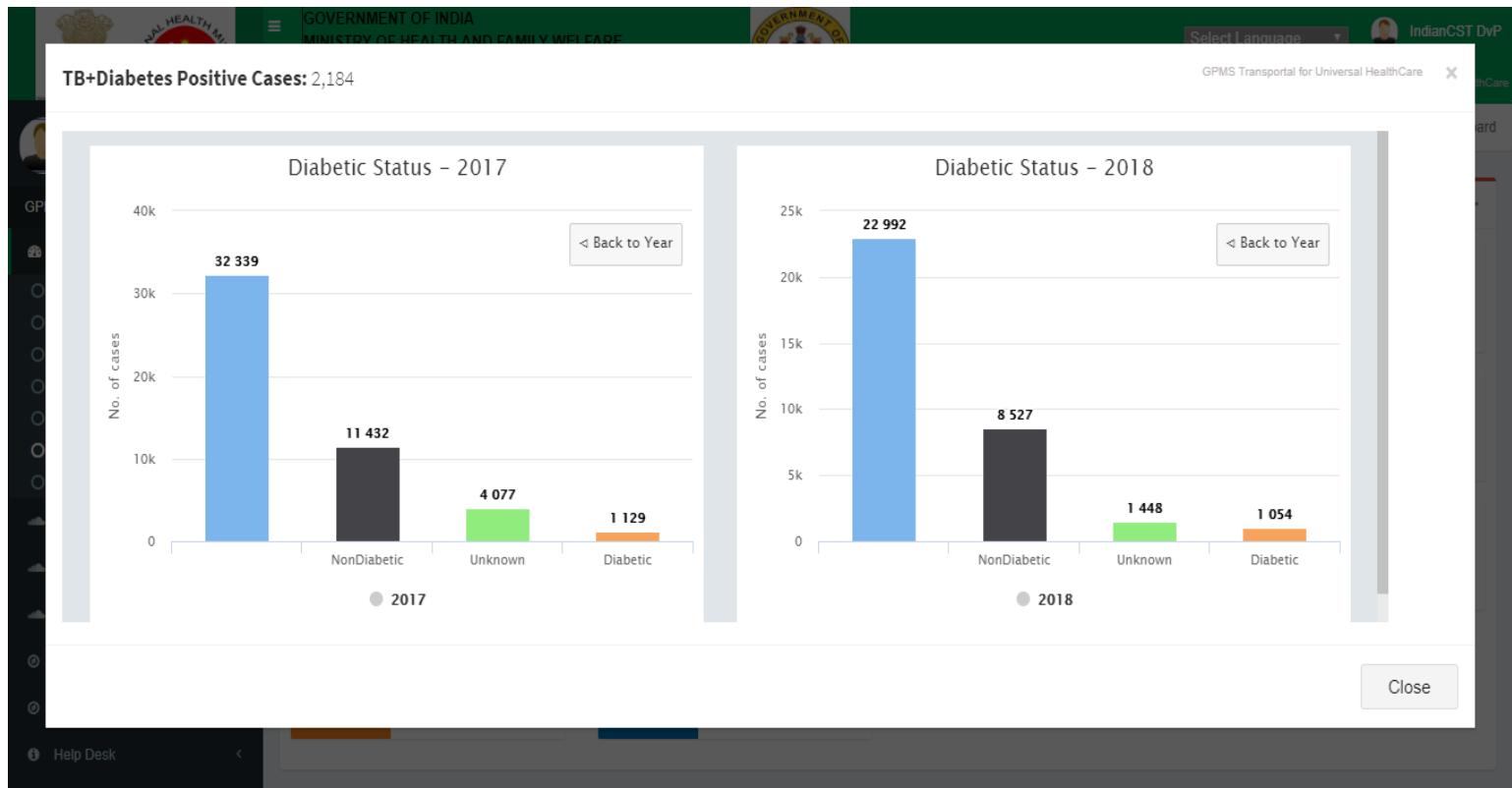


TB TREATMENT OUTCOME 2017 & 2018 KARNATAKA





TB WITH DIABETES 2017 & 2018 KARNATAKA





SITE OF TB 2017 & 2018 - KARNATAKA





GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



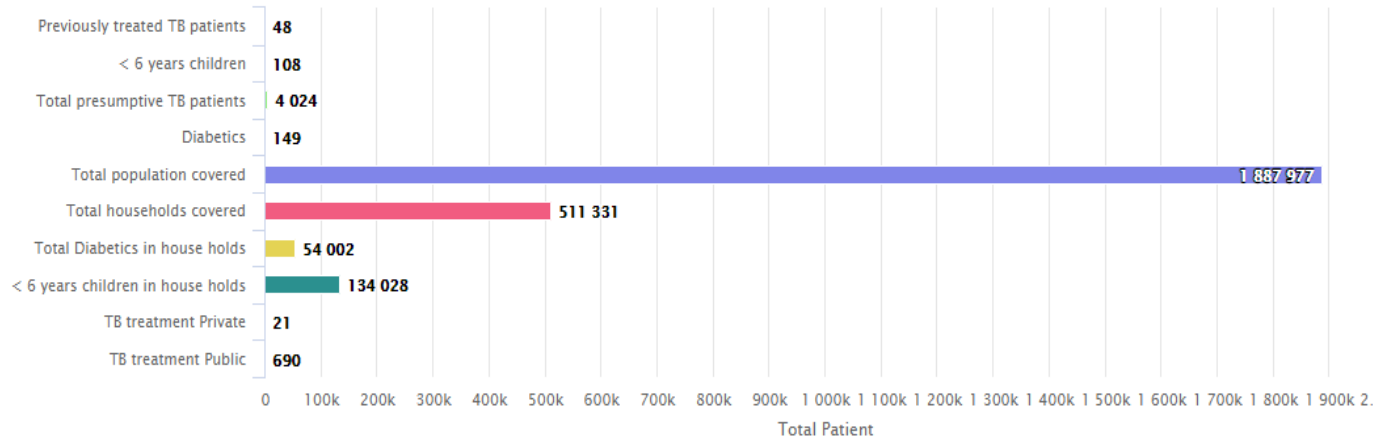
GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Government of Karnataka - Active Case Finding (ACF) TB Survey January -2019

Bangalore Urban

Demography Covered



Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST



GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



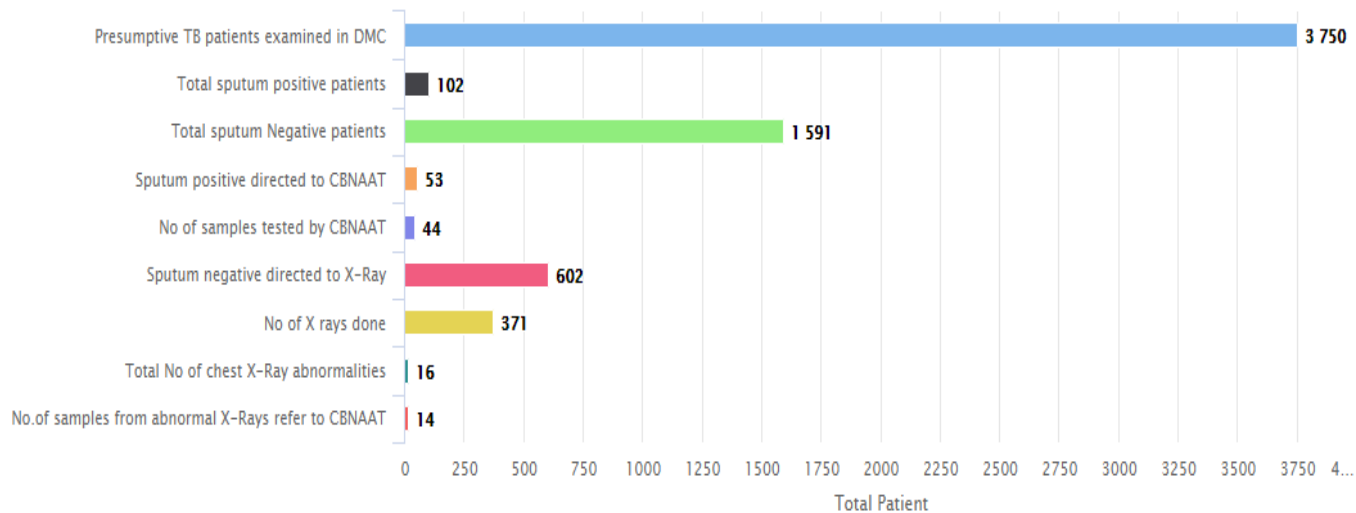
GPMS Universal Health Care Information Therapy Transportal Common Integrated Dashboard



Government of Karnataka - Active Case Finding (ACF) TB Survey January -2019

Bangalore Urban

Presumptive TB Cases



Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Powered by Indian CST



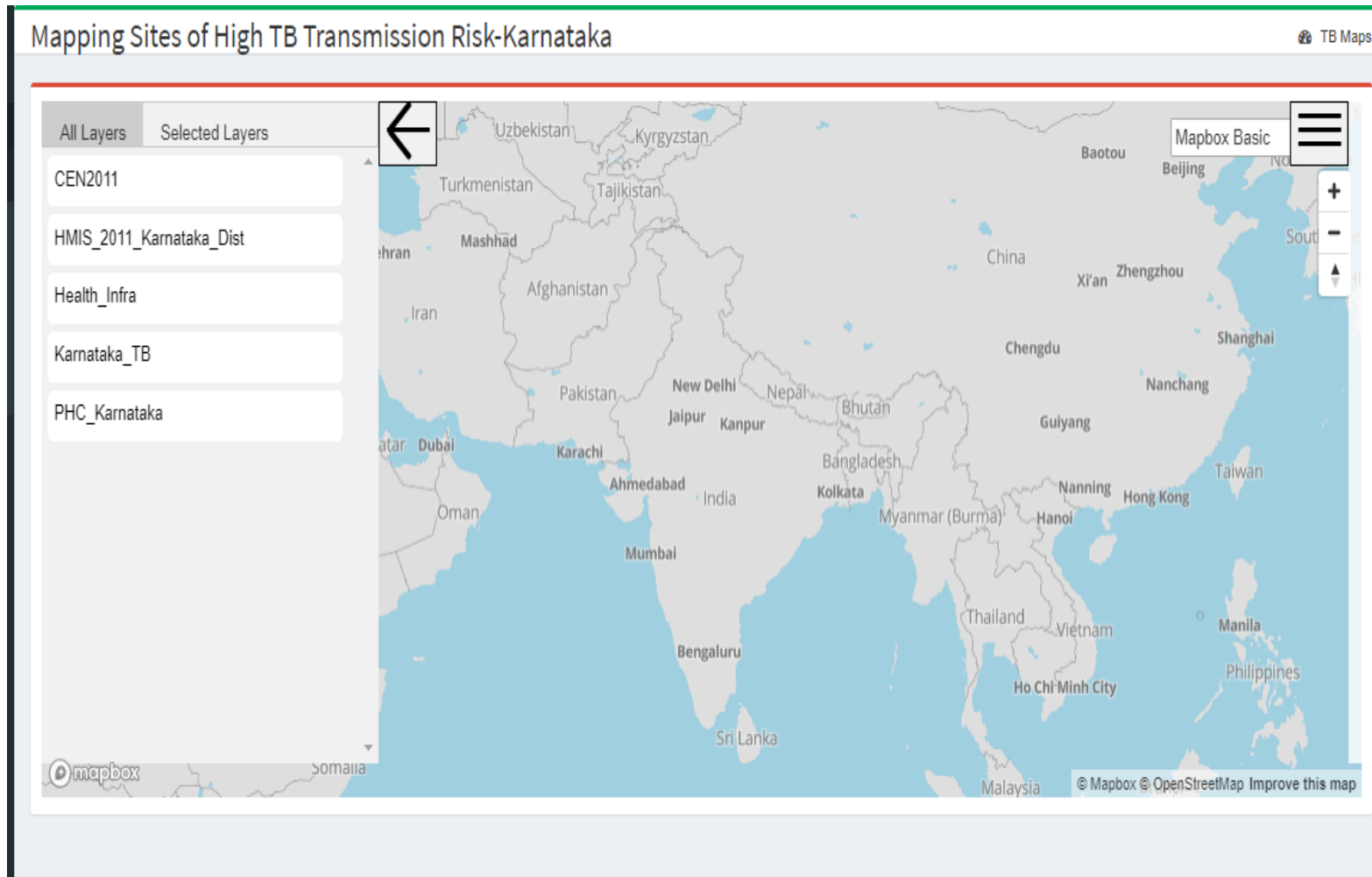
GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

**GIS –MAPPING THE SITE OF TB TRANSMISSION
DEVELOPED NEW FEATURE AND INTEGRATED**

<https://indiancst.com/India/universalhealthcare>

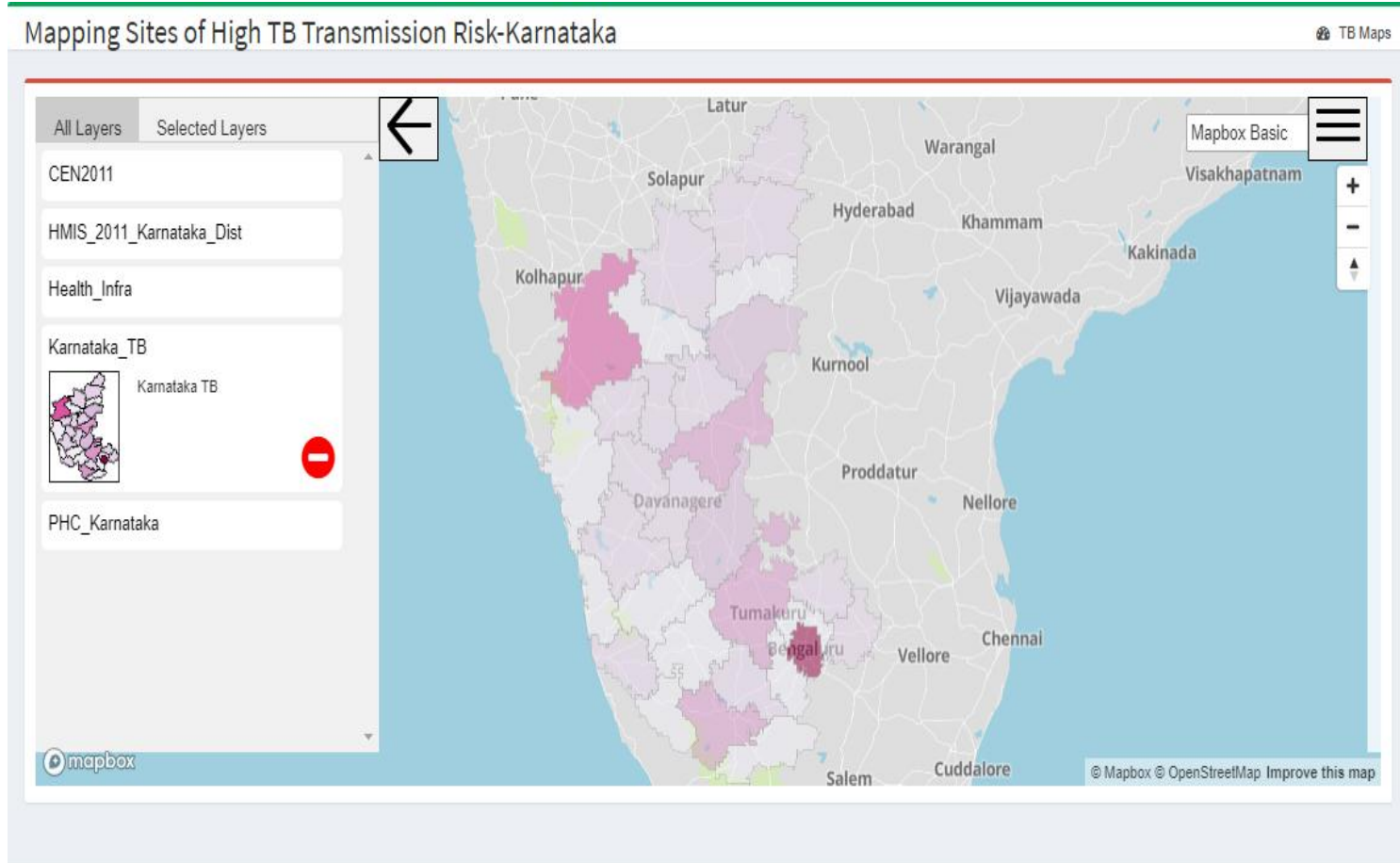


Mapping the Site of High TB Transmission Risk –Karnataka- New feature Integrated





Mapping the Site of High TB Transmission Risk –Karnataka New feature Integrated



Powered by Indian CST.

As per Govt. of India Standards National eHealth Authority (NeHA) 2015

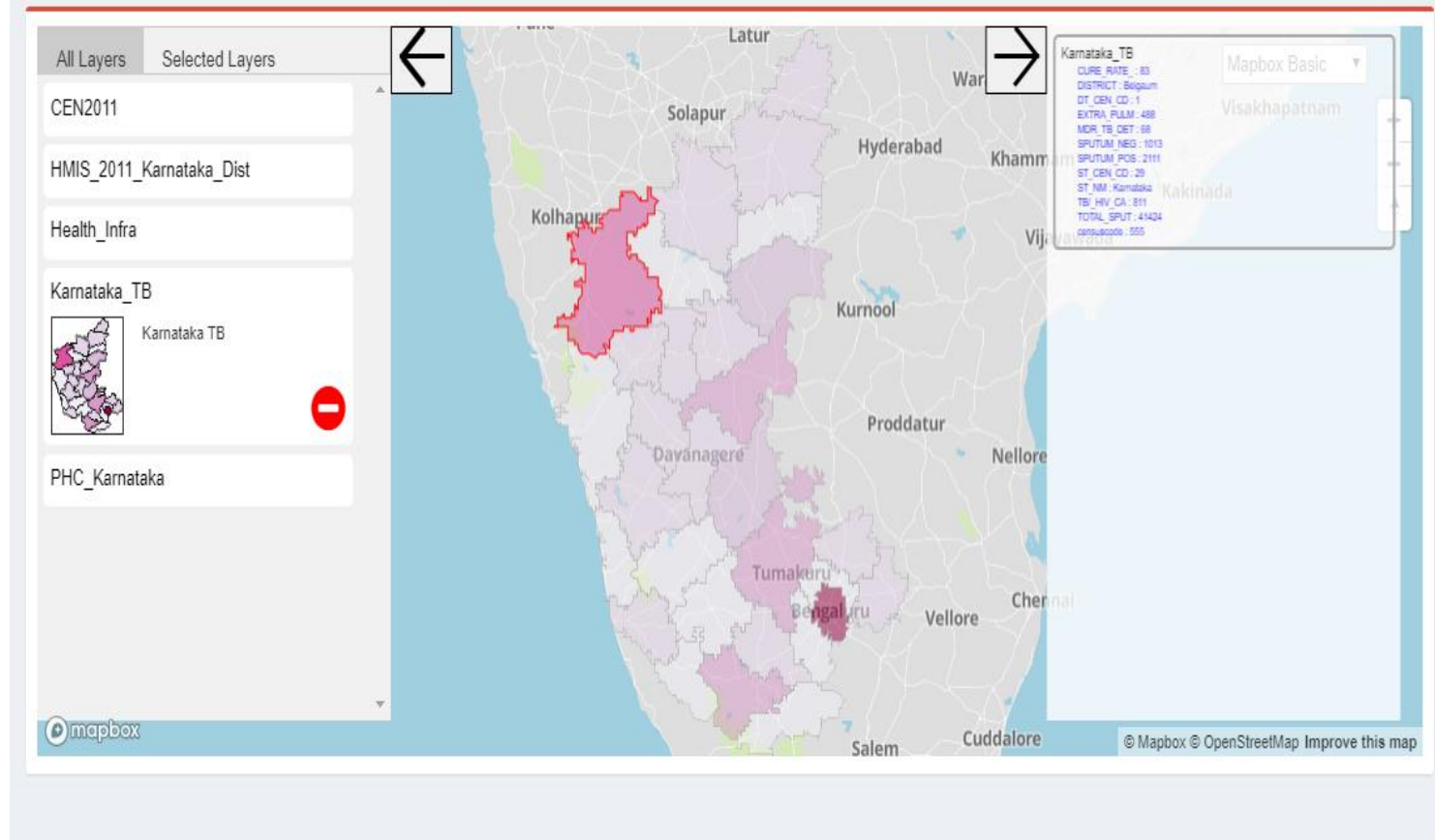
Initiative by the Ministry of Health and Family Welfare,
Govt. of India, NITI Aayog, Govt. of Karnataka



Mapping the Site of High TB Transmission Risk –Karnataka New feature Integrated

Mapping Sites of High TB Transmission Risk-Karnataka

TB Maps





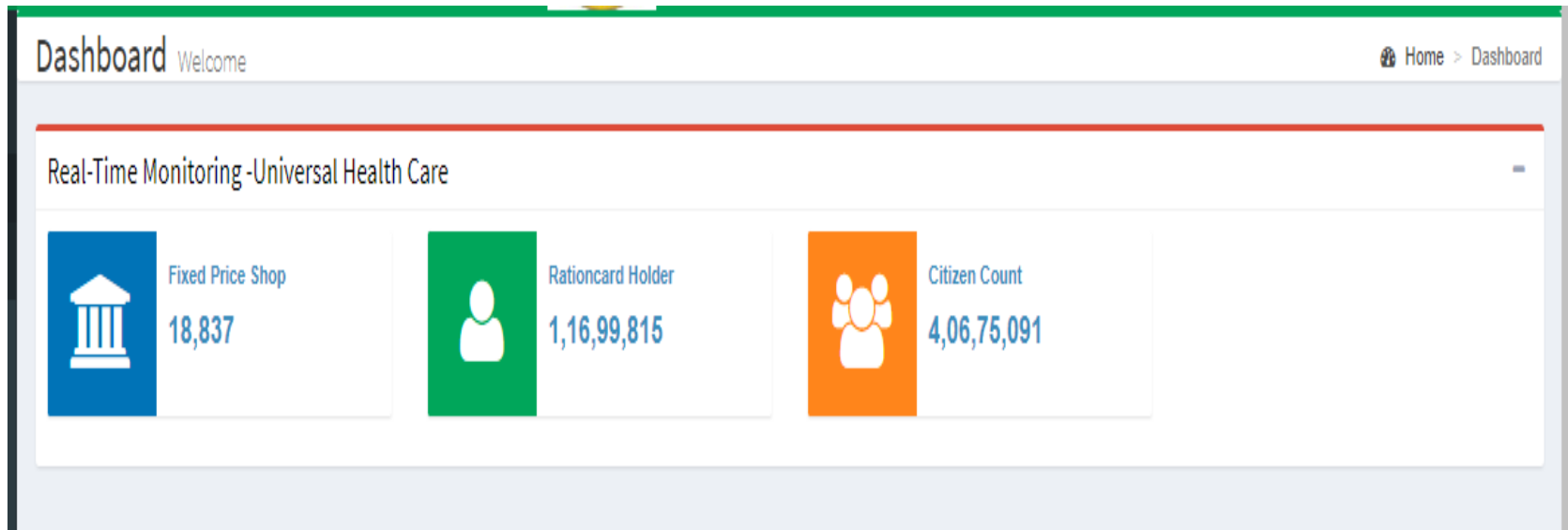
GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

**DASHBOARD FOR RATION CARD HOLDERS & POPULATION
CENSUS DEVELOPED AND INTEGRATED**

<https://indiancst.com/India/universalhealthcare>



Analytics Dashboard for the Ration Card Holders Karnataka

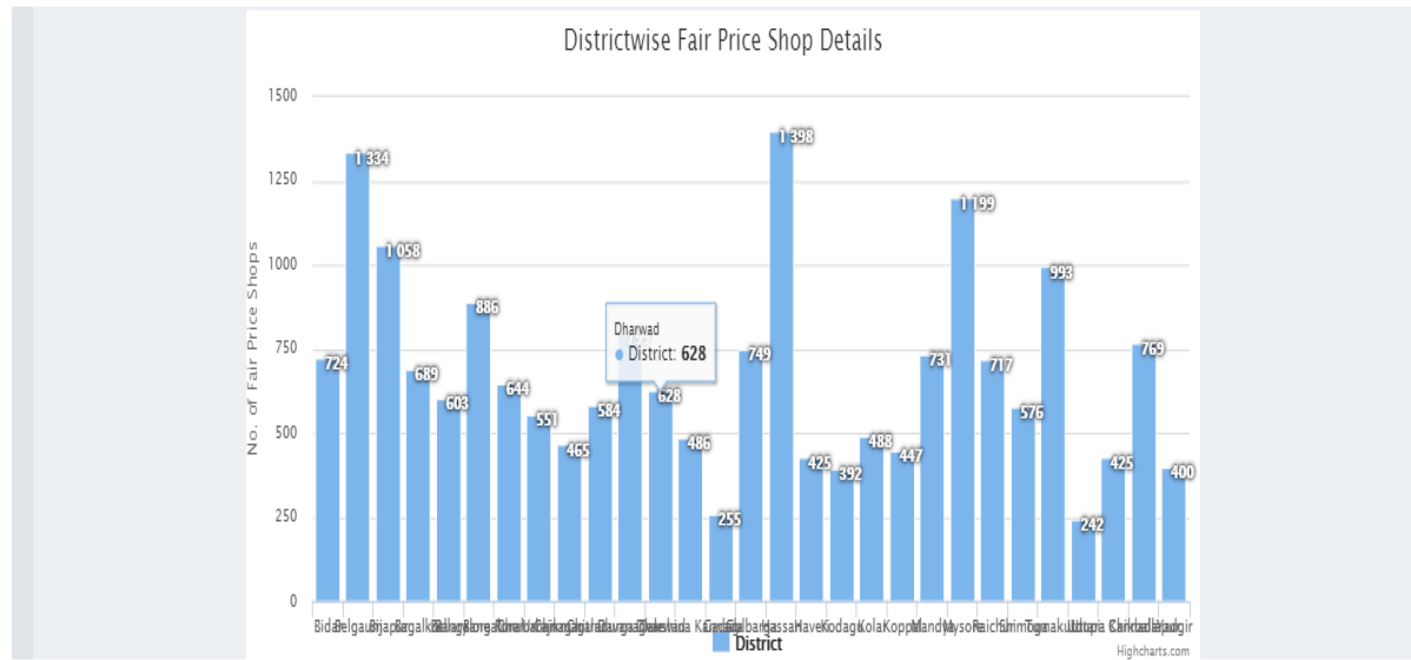




Analytics Dashboard For District wise Fair price Shop

Total No. Of Fixed Price Shop : 18,837

GPMS Transportal for Universal HealthCare X



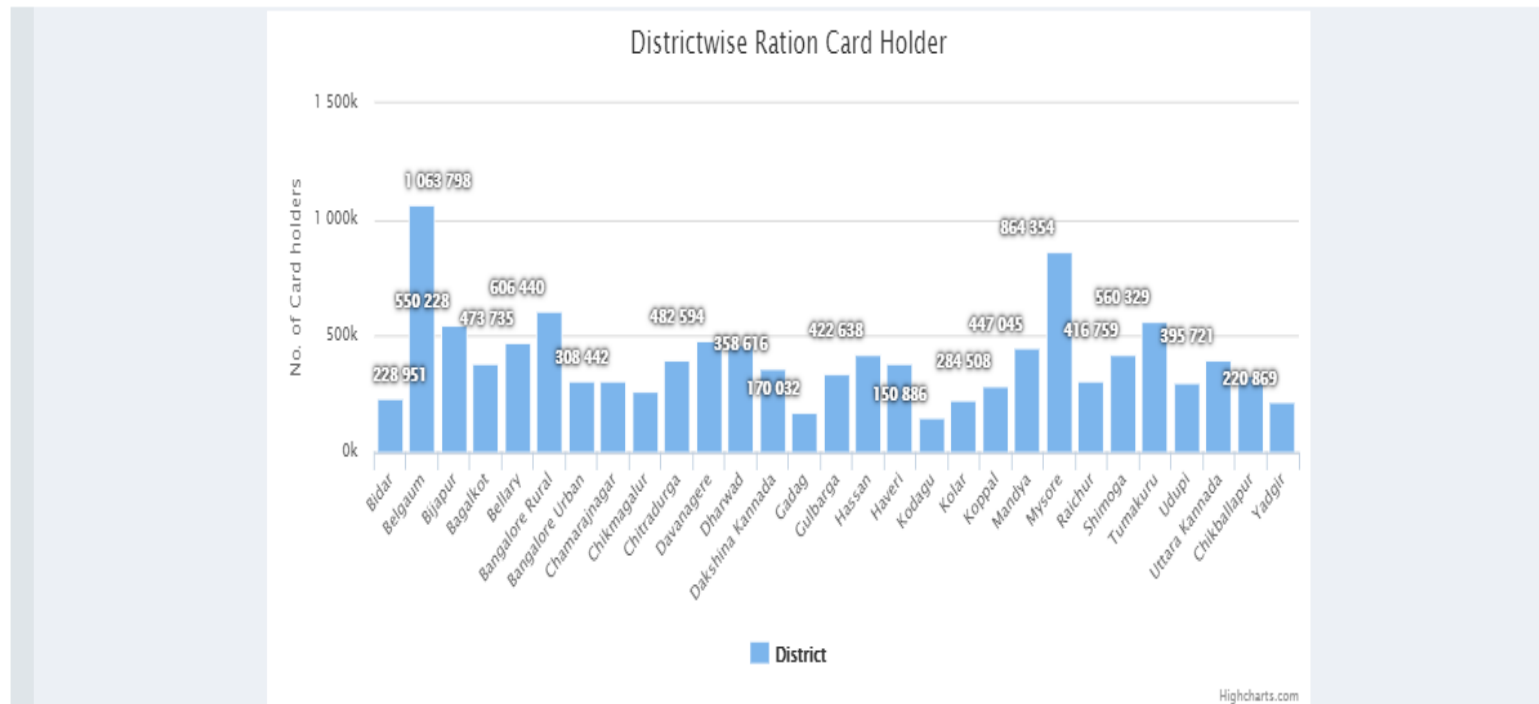
Close



Analytics Dashboard For Ration Card Holders

Ratio Card Holder: 1,16,99,815

GPMS Transportal for Universal HealthCare X



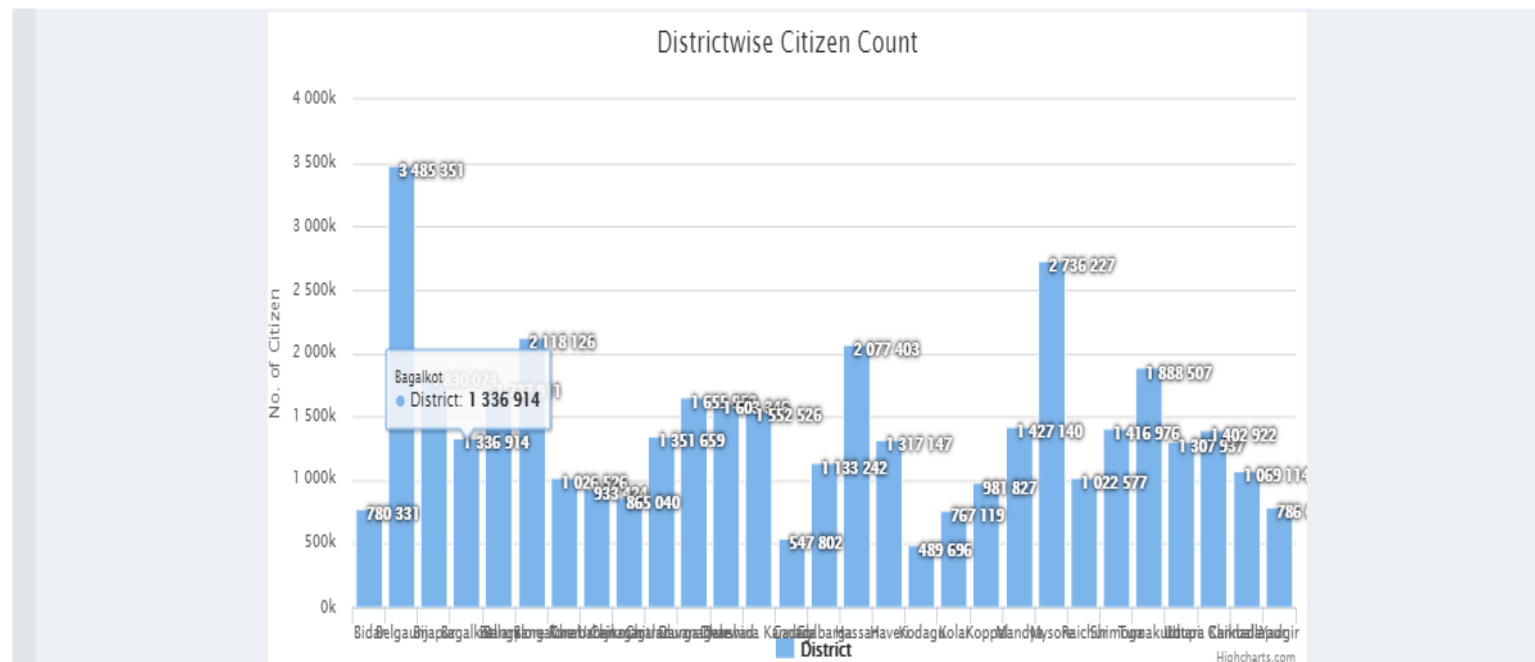
Close



Analytics Dashboard For District wise Citizen Count

Total No. Citizen Count : 4,06,75,091


GPMS Transportal for Universal HealthCare X



Close



Population Census 2011 Data – Analytics New Feature Integrated



IndianCST DvP
Online


GPMS Universal HealthCare

- Dashboard
- Dashboard v1
- Census 2011
- India UH card
- Analytics
- TB Maps
- Health GIS
- Patient Registration
- Doctor View
- Masters
- Help Desk

Population Census of 2011 Dashboard

Home > Census-2011

India



Statistics

LIFE EXPECTANCY AT BIRTH 2011-15 (NHP 2015)

	KARNATAKA	INDIA
MALE	68.0	67.3
FEMALE	72.3	69.6

MATERNAL MORTALITY RATIO PER LAKH LIVE BIRTHS (SRS BULLETINS-2013)

YEAR	KARNATAKA	INDIA
2007-2009	178	212
2010-2012	144	178
2011-2013	133	167



Population Census 2011 Data – Analytics New Feature Integrated

Population Census of Karnataka 2011 Dashboard Home > Census-2011 > Karnataka

Karnataka

Map showing districts: BIDAR, GULBARGA, BIJAPUR, YADGIR, BELGAUM, BAGALKOT, RAICHUR, DHARWAD, KOPPAL, GADAG, BELLARY, HAVERI, MYSUR, SHIMOGA, CHITRADURG, TUMKUR, CHIKKABELGUR, UDUPI, CHEKKAMADURU, BANGALORE URBAN, KODAGU, COORG, MANDYA, RAMANAGARA, CHAMARAJANAGAR, BANGALORE URBAN, KOLAR, DAKSHINAKANNADA, HASSAN.

Statistics

DEMOGRAPHIC PROFILE OF KARNATAKA

MALE	FEMALE	TOTAL
3,09,66,657 (50.69%)*	3,01,28,640 (49.31%)*	6,10,95,297

RURAL			URBAN		
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
1,89,29,354	1,85,39,981	3,74,69,335	1,20,37,303	1,15,88,659	2,36,25,962
(30.99%)*	(30.35%)*	(61.32%)*	(19.70%)*	(18.96%)*	(38.67%)*

SEX RATIO

SEX RATIO (FEMALES PER 1000 MALES)	RURAL	URBAN
973	979	963

POPULATION SIZE (0-6 Yrs)

MALE	FEMALE	TOTAL
36,75,291 (6.01%)*	34,85,742 (5.70%)*	71,61,033



Population Census 2011 Data – Analytics New Feature Integrated

GENERAL PARTICULARS	
NO OF DISTRICTS	30
NO OF TALUKS	176
NO OF HOBLIES	775
NO OF VILLAGES	29,340
NO OF INHABITED VILLAGES	27,397
NO OF UNINHABITED VILLAGES	1,943
NO OF TOWNS/URBAN AGGLOMERATIONS	347
AREA (SQ. KMS)	1,91,791

SEX RATIO		
SEX RATIO (FEMALES PER 1000 MALES)	RURAL	URBAN
973	979	963

POPULATION SIZE (0-6 Yrs)		
MALE	FEMALE	TOTAL
36,75,291 (6.01%)*	34,85,742 (5.70%)*	71,61,033

RURAL			URBAN		
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
23,17,069	22,00,576	45,17,645	13,58,222	12,85,166	26,43,388
(3.79%)*	(3.60%)*	(7.12%)*	(2.22%)*	(2.10%)*	(4.32%)*

SEX RATIO (0-6 Yrs)		
SEX RATIO (FEMALES PER 1000 MALES)	RURAL	URBAN
948	950	946



Population Census 2011 Data – Analytics New Feature Integrated

POPULATION CENSUS OF TUMAKURU 2011 Dashboard Home > Census-2011 > Karnataka > TUMAKURU

TUMAKURU

Area, No. of Taluks & Hoblies (Census 2011)		
AREA (SQ.KMS)		10,597
NO OF TALUKS		10
NO OF HOBLIES		50

District Wise Population (Census 2011)		
MALE	RURAL	1,048,710
	URBAN	301,884
	TOTAL	1,350,594

District Wise Population (Census 2011)		
FEMALE	RURAL	1,031,192
	URBAN	297,194
	TOTAL	1,328,386

District Wise Population (Census 2011)		
TOTAL POPULATION	RURAL	2,079,902
	URBAN	599,078
	TOTAL	2,678,980
PROJECTED POPULATION 2016 *		2,732,338
CHILD POPULATION (0-6 YEARS)	RURAL	203,685
	URBAN	62,057
	TOTAL	265,742

District Wise Sex Ratio and Indicator's		
CENSUS 2011	SEX RATIO (NUMBER OF FEMALES PER 1000 MALE)	984
	SEX RATIO IN THE AGE GROUP 0-6 YEARS	959

District Wise Fact Sheet of Karnataka NFHS-4 (2015-16)		
CHILDREN UNDER AGE 5 YRS WHOSE BIRTH WAS REGISTERED (%)		98.00
STERILIZATION	FEMALE STERILIZATION (%)	59.80
	MALE STERILIZATION (%)	0.00
MATERNAL HEALTH	ANTENATAL CHECK-UP IN THE FIRST TRIMESTER (%)	59.70
	ATLEAST 4 ANTENATAL CARE VISIT (%)	70.60
	FULL ANTENATAL CARE (%)	34.60
	MOTHERS WHO RECEIVED POSTNATAL CARE	57.30
DELIVERY CARE (FOR BIRTHS IN THE 5 YEARS BEFORE THE SURVEY)	INSTITUTIONAL BIRTHS (%)	96.40
	DELIVERED BY CAESAREAN SECTION (%)	33.40
CHILD IMMUNIZATIONS	FULLY IMMUNIZED	64.80
	RECEIVED BCG (%)	95.10



Population Census 2011 Data – Analytics New Feature Integrated

District Wise Sex Ratio and Indicator's		
CENSUS 2011	SEX RATIO (NUMBER OF FEMALES PER 1000 MALE)	984
	SEX RATIO IN THE AGE GROUP 0-6 YEARS	959
ESTIMATED TFR BY ISEC 2011		1.30
UNMET NEED FOR FAMILY PLANNING (NFHS – IV- 2015-16)	TOTAL UNMET NEED (%)	10.70
	UNMET NEED FOR SPACING (%)	6.60

Maternal Health Programme 2015-16		
TOTAL NO OF PHCS FUNCTIONING AS 24*7 BASIS	51	
TOTAL NO OF CENTRES OPERATIONAL AS FRUS - DH,SDH, CHC.	9	

TB CONTROL PROGRAMME 2015-16		
TOTAL SPUTUM EXAMINATION	27,162	
SPUTUM POSITIVE CASES (TB)	1,419	
SPUTUM NEGATIVE CASES (TB)	383	
EXTRA PULMONARY TB	698	
CURE RATE %	84	
TB/ HIV CASES DETECTED	345	
MDR TB DETECTED	45	

Health Institutions in Karnataka		
DISTRICT HOSPITAL	NO'S.	1
	BEDS	400
OTHER HOSPITALS UNDER HFW	NO'S.	0
	BEDS	0
AUTONOMOUS & TEACHING HOSPITALS	NO'S.	0
	BEDS	0
TALUK HOSPITALS	NO'S.	9
	BEDS	900
COMMUNITY HEALTH CENTRES	NO'S.	4
	BEDS	120
PRIMARY HEALTH CENTRES	NO'S.	146
	BEDS	900

CHILD HEALTH 2015-16	
SPECIAL NEW BORN CARE UNIT (SNCU)	1
NEW BORN STABILIZATION UNIT (NBSU)	8
NEW BORN CARE CORNER (NBCC)	50

NUTRITION 2015-16	
MEASLES LINKED VITAMIN A PROGRAMME	38,922
VITAMIN A SUPPLEMENTATION PROGRAMME FOR 1 1/2 TO 5 YEAR CHILDREN	171,939
GOITRE CASES DETECTED	0
NUTRITIONAL REHABILITATION CENTRE (NRC)S	1
MODIFIED NUTRITIONAL REHABILITATION CENTRE (MNRC)S	1

COMMUNICABLE DISEASE CONTROL PROGRAMME 2015-16	

DELIVERY CARE (FOR BIRTHS IN THE 5 YEARS BEFORE THE SURVEY)	INSTITUTIONAL BIRTHS (%)	96.40
CHILD IMMUNIZATIONS	DELIVERED BY CAESAREAN SECTION (%)	33.40
	FULLY IMMUNIZED	64.80
	RECEIVED BCG (%)	95.10
	RECEIVED 3 DOSES OF POLIO VACCINE (%)	72.70
	RECEIVED MEASLES VACCINE (%)	79.50
ANAEMIA	ALL WOMEN	52.70



Population Census 2011 Data – Analytics New Feature Integrated

TB/ HIV CASES DETECTED	345
MDR TB DETECTED	45

AIDS CONTROL PROGRAMME 2015-16	
NO OF BLOOD BANKS FUNCTIONING	7
NO OF HIV POSITIVE CASES	909
PLHIVS REGISTERED AT ART CENTRES	912
OUT OF REGD. CASES PUT ON ART	501
DEATH OF HIV PATIENTS ON ART	31

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME 2015-16		
DENGUE FEVER	ATTACKS	160
	DEATHS	0
CHIKUNGUNYA	SUSPECTED CASES	534
	CONFIRMED CASES	229
MALARIA	SUSPECTED CASES	629,999
	CONFIRMED CASES	67
JAPANESE ENCEPHALITIS	SUSPECTED CASES	0
	CONFIRMED CASES	0

PRIMARY HEALTH CENTRES	NO'S.	146
	BEDS	900
URBAN PHCS	NO'S.	1
	BEDS	6
URBAN PHCS	NO'S.	1
	BEDS	6
SUB-CENTRES		487

NATIONAL LEPROSY ERADICATION PROGRAMME 2015-16	
NEW CASES DETECTED	106
CHILD AMONG NEW CASES	8
CURED	100
GRADE II DISABILITY AMONG NEW CASES	4
RCS CONDUCTED FOR DISABILITY CORRECTION	39
TREATMENT COMPLETION RATE (%)	0.00
DEFORMITY RATE (%)	3.77

NATIONAL PROGRAMME FOR CONTROL OF BLINDNES 2015-16	
NO OF CATARACT SURGERIES PERFORMED	20,011
FREE SPECTACLES TO STUDENTS	2,991
FREE SPECTACLES TO OLD	0

CENTRE (MNRC)S		
COMMUNICABLE DISEASE CONTROL PROGRAMME 2015-16		
GASTRO ENTERITIS	INCIDENTS	4,279
	DEATHS	0
CHOLERA	INCIDENTS	0
	DEATHS	0
TYPHOID FEVER	INCIDENTS	3,849
	DEATHS	0
VIRAL HEPATITIS	INCIDENTS	456
	DEATHS	0
HANDIGODU SYNDROME	INCIDENTS	0
	DEATHS	0
KYASANUR FOREST	INCIDENTS	0
	DEATHS	0
LEPTO SPIROSIS	INCIDENTS	0
	DEATHS	0
DOG BITE	INCIDENTS	11,661
	DEATHS	0
SNAKE BITE	INCIDENTS	274
	DEATHS	1
H1N1	POSITIVE CASES	24
	DEATHS	0



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

ONLINE HELP DESK MODULE INTEGRATED

<https://indiancst.com/India/universalhealthcare>



ONLINE HELP DESK MODULE

Click on **GET IN TOUCH** to view the contact information Of Health Department

Home / Get in touch

Get in touch

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Fax: +918022353916
Email: prs-hfw@karnataka.gov.in

Nirman Bhawan



Our Location





ONLINE HELP DESK MODULE

Click on **HELP DESK** menu to raise and view the complaints

भारत सरकार GOVERNMENT OF INDIA	स्वास्थ्य एवं परिवार कल्याण विभाग MINISTRY OF HEALTH AND FAMILY WELFARE	GPMS Transportal Toll free number: 1800-8437-100	Select Language				
	DEPARTMENT OF HEALTH AND FAMILY WELFARE						
	Government of Karnataka Health and Family Welfare Services						
HOME	GET IN TOUCH	HELP DESK	LOGIN				

[Home / Online Helpdesk](#)

Quick Links

- [Dashboard](#)
- [Raise Complaints](#)
- [View Complaints](#)

GPMS Transportal Welcome to Online Help Desk

Helpdesk is a portal, or an application which is an integral part of project GPMS Applications.

It is designed to provide the general public to log in and submit complaints or any issues regarding application. The complaints raised are sent over to the administrator of the portal and Admin may assign the raised issues to an appropriate member of the management team for resolving the problem.

Raise Complaints : The user can use this interface to raise complaints, along with the complaint against, subject of the issue, and contact details.

View Complaints : The user can view his complaint and its status under the option 'View Complaints'.

Using this portal, User can upload pdf document, images, audios, videos, photos, signature related to the complaint.





ACKNOWLEDGEMENT

- Initiative by the Ministry of Health and Family Welfare, Govt. of India, NITI AAYOG, Govt. of Karnataka Health and Family Welfare.
- Powered by Indian CST And Team.
- Principal Secretary to Government of Health & Family Welfare Department, Government of Karnataka
- Hosted on India's own Super Computing infrastructure facility at CSIR 4PI.
- Mr. Mahesh, PS To Principal Secretary, Government of Health & Family Welfare Department, Government of Karnataka
- Shri. D.S Ramesh I.A.S Mission Director - National Health Mission(NHM)
- Deputy Director Medical, Dr. Arun Kumar DP, National Health Mission(NHM), Government of Karnataka
- Dr. Sridhar S M, Deputy Director, e-hospital program, NHM
- Dr. Rajani, Deputy Director, Child Health
- Dr. Rajani P, Deputy Director, Mental Health
- Dr. R. Narayana, Deputy Director, EMRI



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- Dr. C. S. Nagalakshamma, Deputy Director, Immunization
- Mrs. Aaliya Sulthan, Technical Officer, Nutrition
- Dr. Vishwanath, UNICEF Consultant, NHM
- Deputy Director, NVBDCP, NHM
- Deputy Director, NRC, NHM
- Deputy Director, NCD, NHM
- Deputy Director, PCNDT, NHM
- Deputy Director, State Blood Cell
- Dr. Prabhu, Deputy Director, Child Health
- Deputy Director, FSSAI
- Deputy Director, State Blood Cell
- Dr. Rajkumar, Project Director, RCH
- Dr. Sanjay, Joint Director(TB)
- Dr.Padma, IDSP,NHM
- Dr.Latha – Deputy Director ,IDSP-NHM



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- Mr. Venkataesh, Technical Director, NIC, Karnataka
- Mr. Madhukar M V, Co-ordinator CH, NHM
- Dr. Yamuna, WHO Consultant-NHM
- Dr. Vishwanath, UNICEF Consultant, NHM
- Dr. Naina Rani, UNICEF Consultant, NHM
- Dr. Pruthvish, UNICEF Consultant, NHM
- Mr. Vishwanath, M&E Official, NHM
- Mr. Prasanna, IT Consultant, NHM
- Mrs. Ashwini G K, Programmer, NHM
- Ms. Anusha Naik, Programmer, NHM
- Ms. Nikhila S. H. State M&E Manager, Demography Section
- Mrs. Shalini K S, Senior Programme Manager, NHM
- Ms. Praveena P, Programmer, e-Hospital
- Mr. Prabjoth, Project Manager, BIOCON
- SAST Consultant, NHM



ACKNOWLEDGEMENT

- Mr. Madhukar SNCU Coordinator, NHM
- Dr. Yamuna, WHO Consultant-NHM
- Dr. Manjula, Joint Director, RNTCP, State Cell
- Dr. Anil, Deputy Director, RNTCP, State Cell
- Dr. Shazia, WHO Medical Consultant – RNTCP Karnataka



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE

GPMS TRANSPORTAL FOR UNIVERSAL HEALTH CARE – USER REGISTRATION WITH LOGIN CREDENTIALS

<https://indiancst.com/India/universalhealthcare>



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE DIGITAL ACCESS

GPMS Transportal for Universal Healthcare cloud computing platform has been further customized and developed for allowing digital access to Multiple Ministries at Central or State /District/ Urban Level /Rural Level / all Stakeholders / Govt. and Private Hospitals/ PHC's/ Sub-Centers / Doctors / GP's / Nurses / Multiple Stake holders / Associated with Healthcare Projects / Programs/ Schemes etc



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE DIGITAL ACCESS

User ID created for the Programme officers – Health and Family Welfare Services Department	87
User ID created for the DHO Karnataka	30
User ID created for the Health Directorates Karnataka	44
User ID (HOD) District hospital for Health Karnataka	42
User ID Taluk/Sub divisional hospital for Health Karnataka	146
User ID (HOD) community Health Centres for Health Karnataka	204
User ID Primary health Centres for Health Karnataka	2523
Registered all the Asha workers with respective PHC	34591



GPMS TRANSPORTAL FOR UNIVERSAL HEALTHCARE DIGITAL ACCESS

Registered and provided user id for all the private hospital members	10,000
District Tuberculosis officers	30
District RCHO –Reproductive child health officers	30
District RCHO –Reproductive child health officers	30
User Id for all the NRC centres	32
Total	47,727



ANNEXURE

1. Memorandum of Understanding between Health & Family Welfare Department, Government of Karnataka and Indian Center for Social Transformation, Bengaluru (First Part).
2. Memorandum of Understanding between Health & Family Welfare Department, Government of Karnataka and Indian Center for Social Transformation, Bengaluru (Second Part).
3. Proceedings of the Government of Karnataka –
Government Order No. HFW 76 FPE 2017, Bengaluru Dt: 06.05.2017
4. Project Management and Monitoring Of health care projects: Minutes of Meeting-Krishna Hall: 15/05/2017.
5. Minutes of Meeting: Integration of Primary Indicators-HMIS, MCTS, ASHA SOFT, SNCU, IDSP, NCD, NVBDCP, RNTCP, Disability software, Drug Inventory, Jeeva Sanjeevini, Doctors and Hospital Details etc. – Vikas Soudha-Bengaluru: 24/05/2017
6. Minutes of Meeting: Meeting with IT support Team for Data for Organizational registration and integration of medical records- NHM: 7/06/2017
7. Minutes of Meeting: Meeting with IT support Team for medical records- NHM: 13/06/2017.



8. Minutes of Meeting: Project Management and Monitoring Of health care projects linked into Sustainable Development Goal, Integration of Health care Solution into GPMS Trans Portal- Vikas Soudha-Bengaluru: 24/07/2017.
9. Minutes of Meeting: Demo on GPMS Healthcare Portal- NHM, Krishna Hall, Anand Rao Circle, Karnataka: 11/08/2017
10. Important-complete meeting date-Meeting Schedule for ICST meeting as per email sent by Nodal Officer Ehospital dated 26/08/2017.
11. Proceedings of "Integration of Softwares into Single Dashboard" meeting which was held on 9/10/2017 at 3pm with ICST technical team under the chairmanship of Deputy Director, e-Hospital Program, NHM in Krishna Hall, 3rd Floor, NHM Bengaluru.
12. Proceedings of "ICST Status Review and Training Session" meeting which was held on 11/10/2017 at 1:00pm with ICST technical team under the chairmanship of Deputy Director, e-Hospital Program, NHM in Krishna Hall, 3rd Floor, NHM Bengaluru.
13. Minutes of Meeting: Integration of New API s and Programs into GPMS Transportal –Universal Health Common Dashboard- NHM, Krishna Hall, Anand Rao Circle, Karnataka: 14/12/2017.
14. Minutes of Meeting: Demo on Integrated GPMS Universal Healthcare Common Dashboard- MHFW-Karnataka- SAST,-TTMC A block, BMTC - building –Bengaluru: 17/03/2018

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Indian CST Research Publications

Structure based drug discovery for designing leads for the non-toxic metabolic targets in multi drug resistant *Mycobacterium Tuberculosis*

Divneet Kaur¹, Shalu Mathew², Chinchu G. S. Nair², Azitha Begum², Ashwin K. Jainanarayan^{1,5}, Mukta Sharma¹ and Samir K. Brahmachari^{1,2,3,4*}

Kaur et al. J Transl Med (2017) 15:261

<https://doi.org/10.1186/s12967-017-1363-9>

<https://link.springer.com/article/10.1186/s12967-017-1363-9>

Spatio-Temporal Network Dynamics of Genes Underlying Schizophrenia

Anirudh Chellappa¹, Ankit Kumar Pathak², Prashant Sinha², Ashwin K.

Jainarayanan³, Sanjeev Jain⁴, Samir K. Brahmachari^{1,2,5,6,*} <https://doi.org/10.1101/369090>

<https://www.biorxiv.org/content/biorxiv/early/2018/07/13/369090.full.pdf>



Indian CST Team's Achievements

- ❑ GPMS TRANSPORTAL becomes world first cloud computing integrated make in India solution platform
- ❑ GPMS Transportal for Universal Healthcare also becomes the world's first where integrating 100 plus healthcare different systems into a single dashboard for providing affordable healthcare for all
- ❑ Open Innovation Center - The latest being the insilico validation methodology in open source for finding MTb new 20 novel drugs of which 4 are approved drugs which also becomes the world's first



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For trying out the

GPMS TRANSPORTAL

Cloud Computing Solution Platform at any
your all your organizations

Trial Demo Version for 30 days is provided,
all you need to do is send an official
email register online

Indian Centre for Social Transformation

<https://indiancst.com/India/universalhealthcare>



**GPMS Universal Health Care Information Therapy Transportal
Common Integrated Dashboard**



For any clarification, please contact

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<https://tscl.indiancst.com>

<https://municipality.indiancst.com>