



Request for Proposal (RFP)  
For  
Creation of Electronic System for Maternal and Child  
Home Visit Program



Medical Aid for Palestinians (MAP)

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## 1. Introduction

### 1.1 About Medical Aid for Palestinians (MAP)

Medical Aid for Palestinians (MAP) is a charitable organization dedicated to improving the health and dignity of Palestinians living under occupation and as refugees.

**Vision Statement:** MAP's vision is a future where all Palestinians can access an effective, sustainable, and locally led healthcare system, achieving the full realization of their rights to health and dignity.

#### Mission and Activities

- **Immediate Medical Aid:** MAP provides urgent medical assistance to those in need, particularly in times of humanitarian emergencies.
- **Capacity Building:** The organization focuses on developing local healthcare capacity by working with trusted local partners in the West Bank, Gaza, East Jerusalem, and Lebanon. This includes training and equipping local health professionals.
- **Advocacy:** MAP is committed to bearing witness to the injustices faced by Palestinians. The organization speaks out internationally and, in the UK, to address political and social barriers affecting Palestinian health and dignity.

### 1.2 Objective of the RFP

Medical Aid for Palestinians (MAP) is seeking proposals from qualified vendors to develop an electronic system for the Maternal and Child Home Visit Program. This initiative aims to enhance the efficiency effectiveness of the program by transitioning from paper-based medical records to an electronic system.

The primary objective of this project is to develop an electronic system that caters specifically to the needs of the Maternal and Child Home Visit Program. The system should provide a user-friendly interface for community midwives and nurses to document, access, report and update medical records during home visits.

### 1.3 Information and Description of the System in Place

The project started in 2008 as an emergency response to Nahr el Bared camp's war and the displacement of its residents. In the following years, the project expanded to three other camps due to its effectiveness and positive impact on maternal and child health. MAP's Maternal and Child Health (MCH) project is a home-visitation programme that is delivered by a team of skilled community midwives and nurses to pregnant women and new mothers and their infants who live in challenging conditions in the Palestinian refugee camps in Lebanon. The home visits are conducted according to an agreed visits schedule, and they follow a specific routine including health checks, pregnancy follow-up, infant growth monitoring, counselling, and health education.

- The maternal and infant medical records developed for the project adhere to the standards set by UNRWA (United Nations Relief and Works Agency for Palestine Refugees) and MoPH (Lebanon's Ministry of Public Health). The medical records are paper-based and follow a particular format (Annexures 1.a and 1.b).
- The maternal record includes information that facilitate the follow up during pregnancy and in the postnatal period, such as personal information, medical history, obstetric history, information related to pregnancy follow-up visits and plan, etc.
- Similarly, the infant record includes information about the health, growth, and development of the child.
- The midwife records detailed and chronological information on the medical file during the home visit. The medical records are kept in locked file cabinets in MAP offices - occupying large spaces.
- An Excel file is used to store data on key indicators that are needed for statistics, reporting, and measuring impact, such as hemoglobin level, infant weight, infant feeding method, risk status, family planning method, consanguinity, and others (Annexure 2).
- Beneficiaries are represented by a unique code and not by name in this Excel file.
- Each pregnancy/delivery has one row in the Excel file. There is a general sheet that includes cumulative data as well as a sperate sheet for each month. Color coding is used for antenatal and postnatal beneficiaries, risk status, and closed files.
- There is no data validation, which means that data entry mistakes are common. There is one Excel file per location, i.e., three in total storing more than 20,000 records. Data entry on the Excel files is done by the three MCH Administrators on daily basis upon receiving the medical records from the midwives.

- A statistical report is prepared on several indicators related to findings from visits such as specific illnesses, conditions, and referrals. This report has a Microsoft Word format and is prepared on a weekly, monthly, and quarterly basis by the lead midwives and administrators (Annex 3).
- A beneficiary exit questionnaire/satisfaction survey is done through a phone survey by the MCH Administrators to mothers who finish their home visits programme six months post childbirth. The survey explores the satisfaction of the project users with the different components and services of the project (e.g., home visits, awareness sessions, distributions), their suggestions, outstanding needs, and any feedback they would like to provide. The MCH Administrators enter the responses to a Kobo Toolbox form (Annex 4).
- An Excel file is used to record awareness sessions conducted by the MCH team. It mainly includes the date of the sessions, topics, the staff delivering the sessions, the locations, the number of attendees.
- When distributions take place, such as distribution of prenatal vitamins or food parcels, additional information, often minimal and basic, is collected as per donors' requirements.
- A logbook is used by the midwives to record their daily planned visits for security reasons. The logbook is paper-based and is left in the office.
- During the home visit, the midwife records the next visit date on an agenda that she carries with her, as well as on an appointment card that is kept with the beneficiary. The beneficiary is reminded of the appointment date the day before visit for confirmation.
- A supervision checklist is used by the senior midwives in their periodic accompanied visits with the community midwives to assess the latter's compliance with technical standards, best practices, and guidelines.
- Data from the abovementioned Excel and Word files is used by the programme management team for project follow-up, monitoring, evaluation, and reporting activities.

## 1.4 RFP Important Dates

The Vendor should observe the following dates (as of midnight GMT):

RFP Issued Date	August 6, 2024
Vendor Questions Deadline by Email	August 26, 2024
MAP Answers Deadline by Email	August 27, 2024
Primary Contact	Bilal Ghuneim <a href="mailto:bilal.ghuneim@map-uk.org">bilal.ghuneim@map-uk.org</a>
Technical and Commercial Proposal Submission Deadline	September 12, 2024
Evaluation of all the received Proposal	September 26, 2024
E-Invites to shortlisted Vendors	September 28, 2024
Presentation from the chosen Vendors	October 2024
Vendor Finalization & fine-tune proposal with information	October 2024
Final commercial Negotiation with selected vendors	October/November 2024
MSA Signoff with Selector Vendor	October/November 2024
Project Start Date	After finalization of contract



## 2. Project Overview

### 2.1 Project Benefits

- Reduced workload and increased data accessibility by ensuring data will not be entered twice - by the midwife and then by the administrator.
- Informed decision-making & targeted interventions by easing producing statistical information and reports; it would be possible to produce these reports automatically and will not require cumbersome work by the project management staff.
- Increased data compliance and protection by using cloud-based systems rather than paper-based files kept in locked cabinets at MAP offices.
- Improved data quality through data validation, consistency in data formats, selection lists, and automatic calculations, flagging mandatory fields, and others.
- Improved ability to perform multiple and complex analyses. This means increased opportunities to produce research and useful evidence for advocacy, fundraising, and programming.
- Improved tracking, monitoring, and follow-up for the project, beneficiaries, and staff work.

### 2.2 Scope of Work

The scope can be divided into the following broad categories:

1. Hardware & Infrastructure Provisioning
2. Application Development
3. Data Migration, Data Persistence & Validation
4. Case Management
5. Reports, Insights & Dashboarding
6. Support & Maintenance

#### **Hardware & Infrastructure Provisioning**

The tablets required by the midwives need to be durable, portable, and equipped with features tailored to their challenging work environments.

- These devices should have ruggedized designs to withstand drops, dust, and moisture, ensuring reliability during field visits and in various environmental conditions.
- A long battery life is crucial, ideally lasting a full day of use, to accommodate extensive hours in areas with limited access to power sources.
- The tablets should have high-resolution, sunlight-readable screens to facilitate outdoor use, coupled with responsive touch interfaces that support both gloved and ungloved operation.
- Additionally, they must offer robust security features such as biometric authentication and encrypted storage to protect sensitive health data.
- Connectivity options like 4G LTE and Wi-Fi are necessary for real-time data synchronization, while ample storage capacity and powerful processors will support smooth operation.

## **Application Development**

**The system should be developed both as tablet/mobile friendly application and as a web-based application, to allow both midwives in the field to access and administrators on laptops, along with other MAP staff for accessing reporting**

The application should have a user-friendly interface that is easy to navigate, minimizing the need for extensive training.

### **1. Languages**

- The application will need to support the UK English, with the option of adding another language such as Arabic.

### **2. Onboarding, Registration & Authentication**

- The onboarding functionality will manage the onboarding to the system process. This workflow onboards the user by building confidence and providing sneak preview to the features offered by the App.
- In addition, it collects the details of the user (midwives/management team) and the clients. Upon providing the email id and accepting to Terms & Conditions.

### **3. Consent & Login (including Auto-Logout, Edit credentials, auto account deletion)**

- The consent functionality offers routines to take consent from the user.

- Login to the system to be facilitated using 2FA methods. For example, email id & password, and passcode Ideally using Microsoft 2FA.

#### 4. Home Screen

- Home screen is the central module that contains different flows, it contains several tabs positioned in the vertical manner and each tab supports different sub-functions of the system.

#### 5. Calendar, Notifications and Reminders

- The system should send notifications to the midwives regarding upcoming appointments (with the option to modify and reschedule as needed using a calendar functionality).
- Additionally, administrators should receive weekly notification emails indicating mothers who have completed their home visit program and need to fill out beneficiary exit questionnaires.

#### 6. Case View

- Advanced search and filter functionalities to quickly locate specific cases based on various criteria such as patient name, date, or case status.
- Detailed view of each case, including patient demographics, medical history, current treatment plans, and follow-up schedules according to privileges and permissions assigned on the system.
- Timeline View: A chronological timeline of all interactions, visits, and updates related to the case, providing an easy way to track the case history.
- Capability to add and view attachments (e.g., lab results, images) and notes to document observations and recommendations.
- For mothers who have been visited before, the midwife should be able to open, view, and edit their record to add a new home visit.
- The system should be able to plot and display (growth monitoring and development) charts as the midwives enter the weight and length measurements of the newborn, and the development milestones checks (pages 4-8 of annexure 1.b).

- Clear and concise case summaries providing a quick snapshot of key details, including patient information and case status.

## 7. Data Entry

- Use high contrast and large fonts to make it readable in various lighting conditions, including bright sunlight.
- Include drop-down menus and auto-complete fields to expedite data entry and reduce errors.
- Clearly mark required fields to ensure that essential information is not omitted.
- Implement real-time validation checks to identify and correct errors immediately during data entry.
- Ensure that data entries conform to standardized formats (e.g., date, time, numerical values) to maintain consistency.
- Enable offline data entry with local storage, allowing midwives to work in areas with no internet connectivity.
- Offer options to export data into various formats (e.g., CSV, PDF) for reporting and further analysis.

## 8. Training & Capacity Building

- Curated Training Modules:
  - The application should contain training modules covering essential topics (e.g., maternal health, infant care, data entry procedures).
  - The application should make training materials accessible via tablets, including videos, reading materials, and interactive quizzes in an offline and online manner.
  - The training content should be regularly updated.
- Auto-evaluation & Assessments:
  - Incorporate self-assessment tools for midwives to evaluate their knowledge and skills.
  - Schedule periodic assessments to track progress and identify areas needing improvement.

## 9. User Profile Management and Settings

- User profile/settings offers the users support to update the profile settings (eg: Sign-in options, notifications), to know more about the system (T&Cs, data privacy policy) and logout and delete profile account.

## 10. System Update

- As a part of the life cycle management of the electronic system, it is expected that the system updates are needed without losing any data from earlier versions. The system updates affecting Major, Minor, Patch variants is expected. The system update methods such as Forced update, update using snooze is to be supported.

## 11. Data Exchange & Migration

- The system must capture the real time usage of the system such as frequently used features, geo-location, crash reports etc.

## 12. Error Management

- The Error Management Function will manage device and system errors. Responses to reported errors should be also defined.
- Error Handling
  - App Errors
  - System Errors
  - Device Errors
- Logging
  - Usage Events
  - Error Events
  - System Log and Auditing

Management of errors should be part of the selected vendor's post-implementation support package.

## **Data Migration, Data Persistence & Validation**

### 1. Data Migration

The selected vendor will be responsible for historical data migration.

- Data for each camp containing details around each beneficiary is contained within a multiple, massive Excls. These need to be moved to the cloud with appropriate data cleaning and verification steps.
- Each case is, also, kept as physical documents in cabinets within the camps. These need to be scanned, digitized and migrated to the cloud environment, whilst ensuring adequate data compliances, cleaning and verification.
- If document digitization is not completely accurate, a human-in-the-loop effort should be added to avoid unnecessary inaccuracies.
- Historical Data Digitization and Migration:
  - Develop a plan for digitizing existing physical records.
  - Use OCR (Optical Character Recognition) technology to convert paper records to digital format.
  - Migrate historical data (physical documents, summary excel) to the new system with appropriate data cleaning, verification and human-in-the-loop review steps.

## 2. Data Entry

- Data entered by the midwives on secure tablets during their home visits in the camps.
- The beneficiary satisfaction survey should be incorporated as a component of this electronic system instead of having it as a standalone kobo Toolbox form.
- A date, time, and location stamp should be stored, i.e. the time the midwife started the visit by entering on the patient record, the time the midwife saved the record and ended the visit, and the location of visit.
- The system should allow inputting the beneficiary's signature or fingerprint in the first visit to indicate her consent to be a) included in the programme, b) visited by the midwife, and c) to MAP storing her information.
- Cloud data storage is required.

## 3. Data Access

- The camps have poor phone and internet networks, so it should be possible to store data from the visits locally on the tablet devices until internet connection is restored and data can then be transferred to a cloud-based database.

- Considering the limited or non-existent internet connectivity in the camps, it may be necessary to retrieve or download patient records for planned visits at the office where an internet connection is available. This measure will prevent potential issues with downloading and accessing these records during home visits.

#### 4. Data Validation

- Data validation should be enabled to promote data accuracy.
- Hints and selection boxes, when possible, can be helpful for the midwives.
- When a beneficiary exits the programme, her record is archived and marked as closed/inactive.

#### 5. Data Compliance & Backup

- Data encryption and compliance measures should be in place, especially that the stored data includes personal information.
- Patient data should be automatically deleted from the devices once transferred to the database.
- Data back-up should always be enabled to avoid losses.

### **Case Management**

#### 1. Case Tracking & Allocation

- Case Queue Management:
  - Implement a digital logbook system that dynamically updates with new cases.
  - Ensure the logbook is accessible to all relevant personnel in real-time.
  - Include features for adding, updating, and closing cases.
- Intelligent Allocation:
  - Develop an algorithm to evaluate case complexity based on predefined criteria (e.g., medical history, current health status). Provide an override mechanism for manual case evaluation by the midwife.

#### 2. Case Management

- Case Notification:

- Set up an automated notification system (SMS, email, app alerts) to inform midwives of upcoming appointments or checks.
- Individual Case Tracking:
  - Enable detailed tracking for each case including visit history, interventions, and outcomes.
  - Ensure each case record is updated in real-time during and after each visit.
- Data Entry & Collection:
  - Equip midwives with tablets pre-loaded with user-friendly data entry forms.
  - Ensure forms include mandatory fields to minimize data omissions.
- Auto-validation:
  - Integrate validation checks within the data entry forms to flag inconsistencies or incomplete entries.
  - Provide immediate feedback to midwives to correct errors on the spot.

## **Reports, Insights & Dashboards**

### **1. KPI Tracking:**

- Define and regularly update a set of Key Performance Indicators relevant to program goals (e.g., maternal and infant health metrics, service delivery efficiency).
- Develop a dashboard to visualize KPI trends over time.

### **2. Custom Report Generation:**

- Provide tools for generating custom reports on demand, including filtering and grouping options.
- Ensure reports can be exported in various formats (PDF, Excel, etc.) for easy sharing.

### **3. Evaluation of Progress, Compliance, and Impact:**

- Establish a regular schedule for evaluating program performance against KPIs.
- Include compliance checks to ensure all activities adhere to established guidelines.
- Conduct impact assessments to understand the program's effectiveness and areas for improvement.



### **3. Non-Functional Requirements**

#### **3.1 Performance Requirements**

- Handling Up to 100 concurrent users.

#### **3.2 Security Requirements**

- Data Security and Encryption
- Application locked with facial/fingerprint recognition with passcode as backup, to prevent unauthorized application access
- Password complexity
- Session Timeout parameters
- Account lockout through too many incorrect attempts
- Admin unlock functionality
- MFA

#### **3.3 Development Process**

- The design and development of the system must follow medical/health software development processes and other relevant standards.
- The development of the system will include industry standard guidelines that will be tested in formative and summative studies during the development.

#### **3.4 Usability Requirements**

- Intuitive user interface and accessibility features.

#### **3.5 Reliability Requirements**

- Uptime of 99.99%.

### 3.6 Data Encryption

- Encryption in Transit: All data transmitted over networks should be encrypted using secure protocols such as TLS (Transport Layer Security) to protect against interception.
- Encryption at Rest: Data stored on the tablets and servers should be encrypted using AES (Advanced Encryption Standard) with a minimum of 256-bit keys to prevent unauthorized access

### 3.7 Data Compliance

- The application must comply with all relevant data protection and privacy regulations, including UK GDPR, DPA 2018, and any other applicable local and international regulations.
- Vendors must provide documentation / reference on how they ensure compliance and handle data protection.

## 4. Cloud Hosting

### 4.1 Cloud Hosting Requirements

- The application must be hosted on a reliable and scalable cloud platform (e.g., AWS, Azure, Google Cloud, Digital Ocean). For regulatory reasons, this should be hosted within the UK.
- The solution should support auto-scaling to handle variable loads and ensure high availability.
- The cloud infrastructure must comply with industry standards for security and data protection.

### 4.2 Cloud Service Provider

- Vendors must specify the cloud service provider they intend to use and justify their choice based on reliability, security, scalability, and cost-effectiveness.

## **5. Solution Architecture**

### **5.1 Architecture Overview**

- Vendors must provide a high-level overview of the proposed solution flow, solution architecture, network diagram, including key components and their interactions.

### **5.2 Technical Stack**

- Detail the technologies, frameworks, and tools that will be used in the development of the application (e.g., programming languages, databases, frontend and backend frameworks).

### **5.3 Scalability and Performance**

- Describe how the architecture ensures scalability and performance to handle increasing user loads and data volumes.

### **5.4 Security Measures**

- Detail the security measures implemented at each layer of the architecture, including data encryption, access control, and monitoring.

## **6. Vendor Qualifications**

### **6.1 Company Overview**

Provide a brief overview of your company, including its history, mission, revenues and key personnel.

### **6.2 Experience and Expertise**

Experience in developing healthcare or similar applications. Include case studies or examples of similar projects.



## **6.3 References**

Provide references from previous clients. Include contact information and a brief description of the work performed.

## **7. Support and Maintenance**

### **7.1 Support and Maintenance Plan**

- Vendors must provide a comprehensive support and maintenance plan for a period of 3 years post-deployment.
- The plan should include details on support levels, response times, escalation procedures, and regular maintenance activities.

### **7.2 Updates and Upgrades**

- The support plan should cover regular updates and upgrades to ensure the application remains current with technological advancements and regulatory changes.

### **7.3 Service Level Agreement (SLA)**

- Define the SLA metrics for support and maintenance, including uptime guarantees, response times, and resolution times.

### **7.4 Change Request Process**

- Describe the process for submitting and approving change requests, including how changes are documented, assessed for impact, and approved.

## **8. Proposal Submission Requirements**

### **8.1 Proposal Format**

Vendor must provide an appropriate level of cost transparency (including the team roles and expected hours/days, travel costs to the project location specifying the purpose of the visits).

Vendor must provide capital expenditure costs for items, if applicable. Vendor must provide a detailed project plan describing all key activities, expected deliverables and corresponding timelines for both in-house and third-party vendors. The Vendor must be a responsive and effective collaborator:

- Executive summary
- Technical approach
- Solution approach
- Project plan and timeline
- Support & Maintenance
- Change Requests
- Team skills and experience, location, size and organization chart.
- Qualifications and experience
- Cost proposal
- References

## **8.2 RFP Response Format**

- All documents submitted should be ready to print.
- Documents should be in Word or PowerPoint or PDF format and ready to print.

## **8.3 Pricing**

General rules for pricing:

- The pricing currencies shall be in USD (\$).
- All pricing must be transparent.
- All pricing must include relevant taxes.

## **8.4 Deadline for Receipt of Proposals**

Proposals to this RFP must be submitted no later than the date set out in the RFP schedule below. Any proposal received after the deadline shall not be open or considered. MAP in its sole discretion may extend the deadline.



### 8.5 Subcontractors

Prior to initiating a subcontractor/partner arrangement, the Vendor must have written permission from MAP and the subcontractor must sign a non-disclosure and proprietary rights agreement pertaining to this procurement.

Subcontractors/partners proposed by the Vendor will be subject to approval by MAP, which retains the right of refusal.

### 8.6 Communications

For the purpose of communications with MAP, only the following persons shall be contacted. All enquiries should be emailed to all the following contacts. MAP will decide how best to respond to ensure the integrity of the bidding process is preserved.

Contact Type	Name (Title)	Business Phone	Email
Finance Manager	Bilal Ghuneim	+961 (0)1 850602 +961 (0)1 850603	bilal.ghuneim@map-uk.org

To keep the tender process as clear and fair as possible all other contacts with MAP regarding the RFP are prohibited.

### 8.7 RFP Evaluation

A project evaluation team consisting of members of MAP (concerned representatives from the MCH midwives and team, Lebanon project management team, UK programme team, IT technical person). MAP will conduct this RFP process and manage all related tasks.

Vendor Responses will be evaluated on several criteria, including but not limited to the following:

- Strength of proposed team, key resources.
- Ability to meet MAP's requirements, expertise and experience.
- Overall price attractiveness, transparency, and certainty.
- Strength of the technical solution and quality systems.
- Realistic project plan to meet defined timelines.

- Record of accomplishment and client references.
- Willingness to tie compensation to performance.
- Milestones & fee structure (e.g.: T&M, outcome-based payment, etc.).
- Comprehensiveness of support and maintenance.

## 9. Vendor Evaluation Matrix

Provide a matrix to score each proposal based on the evaluation criteria. Assign weights to each criterion to prioritize the importance of each aspect.

<b>Evaluation Criteria</b>	<b>Weight</b>
Strength of proposed team, key resources	5%
Ability to meet MAP's requirements, expertise and experience	10%
Strength of the technical solution and quality systems	10%
Data migration solution and strategy	10%
Realistic project plan with defined timelines	10%
Record of accomplishment and client references	5%
Willingness to tie compensation to performance	5%
Commercials and fee structure	40%
Comprehensiveness of support and maintenance	5%
<b>Total Score</b>	<b>100%</b>

## 10. Terms and Conditions

### 10.1 General Terms

- **Right to Reject Proposals:** The RFP owner reserves the right to reject any or all proposals without assigning any reason.
- **Proposal Costs:** All costs incurred in the preparation and presentation of the proposal shall be borne by the vendor. The RFP owner shall not be liable for any costs incurred.

- **Amendments:** The RFP owner reserves the right to amend the RFP by issuing addenda. Any amendments will be communicated to all vendors.
- **Validity of Proposals:** Proposals must be valid for a period of 90 days from the submission deadline.
- **Ownership of Proposals:** All materials submitted in response to this RFP shall become the property of the RFP owner and will not be returned.
- **Vendor Inquiries:** All inquiries concerning the RFP should be directed to the designated contact person. Responses to inquiries will be shared with all vendors to ensure equal access to information.

## 10.2 Confidentiality

- **Confidential Information:** Vendors must treat all information provided in the RFP, and any additional information provided during the RFP process, as confidential. Such information should not be disclosed to any third party without the prior written consent of the RFP owner.
- **Non-Disclosure Agreement (NDA):** Vendors may be required to sign a Non-Disclosure Agreement (NDA) before receiving certain sensitive information.
- **Use of Confidential Information:** Vendors must only use confidential information for the purposes of preparing their proposal and fulfilling any subsequent contract.
- **Return of Confidential Information:** Upon request, vendors must return or destroy all confidential information provided by the RFP owner.

## 10.3 Contract Terms

- **Disclaimer:** All the information set out in this RFP is provided by MAP “as is” and strictly on the basis that in no circumstances shall the contents of this RFP constitute or deem to constitute a representation or warranty (whether express or implied) by MAP as to the accuracy, adequacy or completeness of any information contained here. MAP shall



not be liable towards Vendor or any third party for any loss, expense, damage or claim arising out of or in connection with, the information in this RFP or for any omission from it. If a successful Vendor enters a contract with MAP, it must carry out its own due diligence enquiries and rely only on its own judgment in relation to this RFP, including preparation of its submission and the terms and conditions set out in the contract (as and when finally executed), subject to the limitations and restrictions specified in it. Neither the issue of this RFP, nor any of the information presented in it, should be regarded as a commitment or representation on the part of MAP (or any other person) to enter into a contractual arrangement for all or part of the services being described in this RFP. MAP makes no commitment or warranty, implied or otherwise that this RFP will result in a business transaction with one or more of the Vendors. All Vendors are recommended to seek their own financial and legal advice. MAP will not in any circumstances be liable for any costs, expenditure, work or efforts incurred by Vendor in carrying out enquiries in relation to, proceeding with, or participating in this RFP, including if the RFP is terminated or amended by MAP.

- **Contract Duration:** The initial contract term shall be for the duration of the project and may include an additional support and maintenance period of 3 years post-deployment.
- **Payment Terms:** Payment terms shall be agreed upon in the final contract. Payments will be made based on milestone achievements as outlined in the project plan.
- **Intellectual Property Rights:** All intellectual property developed during the project shall be owned by the RFP owner. The vendor must assign all rights, titles, and interests in such intellectual property to the RFP owner.
- **Termination:** MAP reserves the right to reject any or all the proposals received as the result of this RFP prior to execution of a contract. MAP reserves the right to enter into discussions and/or negotiations with more than one qualified Vendor at the same time. MAP has no obligation to award the contract to any Vendor. Due to the nature of the evaluation process, approval and procurement activities that may occur, proposals must be valid for a minimum of 90 days from the date of submission to MAP. Responses must clearly state the length of the bid and its explicit expiration date.

- **Regulation Considerations:** The Vendor’s proposal should account for laws in Lebanon and UK.
- **Terms; Disqualification:** This RFP is provided to Vendors free of charge. There is no obligation on the part of MAP to pay any Vendor to produce their responses. MAP is not obliged to provide any reasons to a Vendor who is not successful in this process, or the reasons for selection or rejection of a particular Vendor. The RFP process starts with the issue of invitations to participate in the RFP. The RFP process will conclude on the date on which the successful Vendor signs an agreement with MAP unless MAP decides to end the RFP process earlier for any reason whatsoever. No Vendor is permitted to issue any press release or public statement of any kind about or related to this RFP, its contents or any proposals without the prior written consent of MAP.

## 11. Annexures

- Sample patient file
  - Maternal record
  - Infant record
- Sample excel database heading
- Sample statistical indicators report
- Sample beneficiary satisfaction survey



Medical Aid for Palestinians

File Number

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R/C no.: UNRWA

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# Maternal Health Record

Maternal and Child Health Project

North Lebanon

&

Saida Area

*Nahr El Bared*

*Beddawi*

*Tripoli*

*Ein El Hilweh*

*Mia Mia*

## Selection criteria:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <i>Not registered with UNRWA</i>  | <input type="checkbox"/> <i>First time pregnancy</i> | <input type="checkbox"/> <i>High risk pregnancy</i> |
| <input type="checkbox"/> <i>Mental illness/disability</i>  | <input type="checkbox"/> <i>Displaced from Syria</i> | <input type="checkbox"/> <i>Extreme poverty</i>     |
| <input type="checkbox"/> <i>Very young mother</i>  | <input type="checkbox"/> <i>Domestic violence</i>    | <input type="checkbox"/> <i>Twin pregnancy</i>      |
| <input type="checkbox"/> <i>Developmental delay</i>  | <input type="checkbox"/> <i>Growth faltering</i>     | <input type="checkbox"/> <i>Others</i>              |
| <input type="checkbox"/> <i>Having other children in the family with chronic illness or disability</i> |  |   |

# Instructions to Complete the Monthly Statistics Form

## Practice Guide - Key Indicators

<p><b>1: Preconception care</b></p> <p><b>2: Antenatal visits</b></p> <p>2a: Antenatal referrals 2b: Abortive outcome 2c: New client</p> <p><b>3: Pregnancy/fetal referrals</b></p> <p>3a: Pre-eclampsia / eclampsia 3b: Anemia 3c: RH infection 3d: UTI 3e: Danger signs/bleeding 3f : Fetal mal-presentation 3g: Post-term pregnancy 3h: Fetal heart problems 3i : Gestational diabetes 3j : Twin pregnancy</p> <p><b>4: Postnatal visits/total</b></p> <p><b>4a:</b> Postnatal assessment:</p> <p>4b: Breastfeeding support 4c: Family planning counseling 4d: PND/blues/depression/psych. 4e: Education /hygiene/nutrition 4f: screening for infection 4g: Parenting support 4h: Home safety 4i : Rational use of medications 4j : Anemia</p>	<p><b>5: Postnatal referrals</b></p> <p>5a: RH infections 5b: Mastitis 5c: Anemia 5d: Phlebitis/DVT 5e: Diabetes 5f : Hypertension 5g: UTI 5h: Depression 5i: Referral for IUD 5j: Wound infection</p> <p><b>6: Family Planning/Contracept. supplies/methods</b></p> <p>6a: Emergency contraception 6b: Condoms 6c: IUD 6d: Pills/ pop / coc 6e: Injection 6f : Tubal ligation 6g: Natural methods 6h: Others</p> <p><b>7: Infant care visits</b></p> <p>7a: Under 1 month 7b: Under 1 year 7c: 1 to 3 years</p> <p><b>8: Infant care/1<sup>st</sup> visit</b></p> <p>8a: Cord care- infection 8b: Eye care – infection 8c: Acute Respiratory infection 8d: Diarrhea &amp; dehydration 8e: Low birth weight 8f : Breastfeeding 8g: Jaundice 8h: Napkin rash/dermatitis 8i : Hematoma/ cephalic 8j :Prematurity</p>	<p><b>9: Infant referrals</b></p> <p>9a: Acute respiratory infection 9b: D&amp;V 9c: Gastro-esophageal reflux 9d: Urinary tract infection 9e: Anemia 9f: Congenital deformity/disease 9g: Hernia 9h: Otitis media 9i: Growth retardation 9j : Dermatitis</p> <p><b>10: High risk infant f/u care</b></p> <p>10a: Parenting support 10b: Growth retardation 10c: Developmental delay 10d: Special needs 10e: Anemia 10f: Family violence/abuse 10g: Low birth weight 10h:Twins 10J: others</p> <p><b>11:Reason for f/u after 8 months</b></p> <p>11a: Special needs 11b: More than 6 siblings 11c:Growth delay 11d: LBW 11e: Congenital disability/deformity 11f: Developmental delay 11g: Anemia 11h: parenting support 11i: Violence 11j: Abuse</p>
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# MATERNAL HEALTH RECORD

Record Number:  Registration Date: Day  Month  Year

Full Name: .....

Date of Birth: .....

Address: .....

City / Camp :  Tripoli  Beddawi  Nahr El-Bared  Ein El Hilweh  Mia Mia

Status : M  S  W  D  E  Age of marriage

Occupation: ..... Level of education: .....

Is your husband a relative:  Yes  No Age of husband:

Husband's occupation: ..... Level of education: .....

Refugee : Yes  No  UNRWA registered :

Nationality:  Palestinian  Lebanese  Syrian  Palestinian from Syria

Others

### *Residence and Social Information*

How many people live in your home  Are you living with relatives  Yes  No

How many rooms in your home:  Are you displaced:  Yes  No

Housing:  Adequate  Poor  Very poor

Do you get any help:  Yes  No From whom if yes: .....

Cash  Food  Clothes  Furniture  Medicine  Others

Do you smoke:  Yes  No who smokes in the family: .....

Do you drink alcohol:  Yes  No who drinks in the family: .....

Anyone working in the family:  Yes  No How much do they earn: .....

Any family member having chronic illness:  Yes  No if yes, who ..... and what: .....

Any family member having disability:  Yes  No if yes, who ..... and what: .....

Allergies write in RED  Yes  No

• Medication	• Others
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## Obstetric History

Year	Type of delivery			Place of Delivery	Complications	Outcome of Pregnancy							
	Gest Age	Vaginal	C- Sec			Abortion	SB	Live Birth				Twins	
								M	F	N. Wt	LBW	M	F

Did you breastfeed any of your children?    Yes                       No

If yes then for how long.....

If no then any reason why not.....

**Medical History:**

Age of first period: .....

Date of last period: .....

Blood group: ..... RH .....

Consanguinity:    Yes     No

Major surgery:  Yes  No

What for: .....

Hypertension:  Yes  No

Diabetes: Yes  No

Epilepsy:    Yes     No

Have you ever had Hepatitis     Yes     No / A  B  C  D  E

Do you suffer from headaches/migraine     Yes     No

Have you ever had cancer     Yes     No What type of cancer.....

Anyone in your family have cancer Yes No

Who and what type? .....

HIV:    Yes     No

Do you smoke?  Yes  No

How many? .....



MATERNAL HEALTH RECORD **MAP** ANTENATAL HOME VISIT

Record Number:

<p>Name: .....</p> <p>Gestation: ..... EDD: .....</p> <p>Presentation: .....</p> <p>Engaged : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any problems: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FH: <input type="checkbox"/> Yes <input type="checkbox"/> No Rate: .....</p> <p>Fetal Movements felt by mother: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Blood pressure :                  Pulse:</p> <p>Weight:                  Fundus height:                  Temp:</p> <p><u>Urinalysis:</u></p> <p>Protein <input type="checkbox"/> Yes <input type="checkbox"/> No                  How many +.....</p> <p>Edema <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pain on urinating <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vaginal discharge <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Reason for this home visit</u></p>  <p><u>Health Education/Counseling :</u></p> <p>Breast feeding support:    Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Nutrition :                                  Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Hygiene :    Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Preparation for delivery : Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Pregnancy danger signs : Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Psychosocial support:                  Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Referral: .....                                  Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
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Assessment :

Any housing/environmental concerns :    Yes                   No

Action taken:

<p><u>Follow Up Plan:</u></p>   <p>Signed: .....</p> <p>Date: .....</p>	<p><u>Referral:</u></p> <p>Form completed <input type="checkbox"/>    Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p>Copy attached <input type="checkbox"/>    Yes <input type="checkbox"/>                  No <input type="checkbox"/></p> <p><u>Feedback:</u> .....</p> <p>Date: .....</p>
--	---



- إذا بقي الضغط مرتقماً يجب السعال عن الصاعق وشذوذه العظمى، وأنه في أفضى العظمى، ونقصان الأوزان في الوليد.

• يجب تعوية الحمل إلى المستشفى في حالات عدم الحمل السليم.

- الضغط Diastolic أعلى من 11 و 2+ Diastolic في الوليد.
- الضغط Diastolic أقل من 9 و 2+ Diastolic إذا وجد وضع رأس شديد، وشذوذه عظمى وأنه في أفضى العظمى.
- التعويل إلى المستشفى الأضرباً في حالات عدم الحمل
- الضغط Diastolic بين 9 و 11 و 2+ Diastolic في الوليد
- الضغط Diastolic بعد نقصان بعد التوليد (أو كان الضغط Diastolic أعلى من 9 في فترات)

### Anemia

• **تعريف عامة**  
• **التعريف** إذا كانت الحمل تمت بسرعة، وإذا كانت نقصان بدمسوف في القطن، فإنه القوية بدمسوف العظمى فيها يشير إلى فقر الدم.

• **فقر الدم الشبيهة:** الهيموغلوبين أقل من 7، عادة يجب التعويل إلى الأضرباً كحدوث فقر الدم. يجب تعويله في المستشفى مع اهتمام به ويجب أن تلاحظ حدوث الحمى مرتين باليوم.

• **فقر الدم الشبيهة:** الهيموغلوبين بين 7 و 11: يجب ألا يحدث الحمى مرتين باليوم ويجب التعويل بالأضرباً والتعويل بالأضرباً.

• **عدد لويحات تفرده الشبيهة:** الهيموغلوبين أعلى من 11  
• يجب أخذ حبة حديد يومياً  
• الأضرباً بالضغط بالأضرباً

• يجب التعويل باللقائية الموصية في جميع الحالات

### Urine Problems in Pregnant Women

- **التهابات البولية يمكن أن تكون خطيرة، ويجب الإحاطة بالأضرباً والتوليد المبكر.**
- يجب التعويل إلى المستشفى في حالات الإرتفاع الشديد للحرارة
- إذا كانت الحرارة أعلى من 38 مئوية مع قطن سميكة، ونقصان في الرقبة
- يجب التعويل إلى المستشفى الأضرباً في حالات الالتهابات البولية العظمى (الكلية)
- العلاج: أكثر من 38 مئوية مع أنه وصرف في الوليد الحادة إلى مضادات حيوية في الحمل والوليد
- **علاج الالتهابات البولية السطحية**
  - حرق في الوليد
  - إعطاء المضادات الحيوية - التعويل إلى الطبيب
  - شرب كثير السوائل
  - إذا لم يشفى الوضع خلال 48 ساعة يجب مراجعة عيادة الأضرباً أو الاتصال

### Vaginal discharge in pregnant

- **الفرزات البولية أثناء الحمل:**
- الحرقا، ونقصان الأضرباً يشير إلى وجود فطريات.
- **الفرزات الغير طبيعية:** ذات الرائحة الكريهة والرائحة يشير إلى التهابات بكتيرية.
- إذا كان الزوج مصاباً بالفارزات وحرقا في الوليد فيها يشير إلى التهابات جنسية ويجب علاج الاثنين (الأزوجة).

### Prevention

- النظافة الشخصية، استعمال الماء والصابون المتعويل بعد الوليد
- إس القطن الداخلية القطنية (أو الكون)
- التعويل بالتعويل من الأمام إلى الخلف بعد استخدام الحمام
- عدم **تصفيف** Flagyl في الأضرباً الثالث الأولى للحمل.
- وصف Flagyl بجرس الموصيات.

### Care management of a pregnant woman

### رعاية الوليد أثناء الحمل

- تعويل فقر الدم: شذوذه العظمى ونقصان عتد الحمل
- نقصان العظمى يجب أن يعامل:
- الأضرباً - الوليد - ضغط الدم
- قلب العظمى
- نقص العظمى (مثل الصلابة، ارتفاع الرقبة، تعويل العظمى، أو الكون)
- الأضرباً الشبيهة يجب تعويلها من أجل - فترده الأضرباً والتوليد
- السعال: من نقصان الدم CBC بين الأضرباً 28 و 32 للحمل
- وضع نقصان السكر، يلمد بين الأضرباً 24 و 28 للحمل
- السعال: من نقصان Smeear, PAP، من 24 فصصه ولو مرة
- السعال: من التعويل عند الكون
- السعال: من نقصان ضغط الدم
- السعال: من التعويل ومن تكون حدوث الحمى ونقصان القوية
- السعال: يجب أن تعامل:
- التعويل
- علامات العظمى أثناء الحمل - من تعويل المساعدة
- علامات وفترده الأضرباً
- الرضاعة من الشوي
- التعويل

### Care during pregnancy

### الرعاية أثناء الحمل

- **الأضرباً:** من أجل القوية، والعظمى - السطحة، العظمى، العظمى، العظمى
- إذا حدثت الحمى يجب تعويلها
- الراحة عند الإرتفاع، ونقصان فقر أو حمل بالأضرباً العظمى.
- عدم التعويل وشرب الكون، والتعويل من حرارة عدم التعويل.
- **تأخير في توليد:** إذا الموصية من العظمى أو المركز العظمى
- **الإجماع:** عن روث العظمى وعدم التعويل، أو الكون
- **تأخير في توليد:** عدم تعويل الكون - وضوح مدى أهمية أخذ العظمى
- **أخذ الأضرباً بالأضرباً العظمى - وضوح مدى أهمية وفترده.**

### Danger Signs in Pregnancy

### علامات الخطر أثناء الحمل

- **يجب الاتصال إلى المستشفى فوراً في الليل أو في الليل:** يجب عدم الإعتناء في الحالات التالية:
  - **التهرب الشدي**
  - **التهرب الإرتفاعي**
  - **وضع الرأس الشدي وإطلاق العظمى**
  - **ارتفاع الحرارة:** والأضرباً عند التعويل إلى الوليد
  - **ألم العظمى الشدي**
  - **التهرب الشدي أو العظمى**
- **يجب الاتصال إلى المركز العظمى أو عيادة الأضرباً على وجه السرعة في الحالات التالية:**
  - **وضع العظمى**
  - **قوة العظمى من الرقبة بعد ست ساعات**
  - **الشعر يظهر مرض**
  - **قوة الأضرباً والرغبة والأضرباً.**

### Blood Pressure & Pre-eclampsia

### ضغط الدم وتسمم العظمى

- **فقر الدم:** ضغط الدم أثناء الحمل وضع العظمى
- إذا كان الضغط (Diastolic) المنخفض أكثر من 9 يجب أخذ قلبية بعد ساعة من الرقبة

Record Number:

<p><b>Date of delivery:</b> ..... <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>Type of delivery:</b> .....</p> <p><b>Check scar:</b> healing <input type="checkbox"/> clean <input type="checkbox"/> problems <input type="checkbox"/></p> <p><b>Episiotomy</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Tear</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Blood loss less than 250 ml:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Length of labor:</b> .....</p> <p><b>Opened bowels since delivery:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you taking Iron</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Advise if No:</b> .....</p> <p><b>Are you taking folic acid</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Advise if No: (Take for 3 months after delivery)</b></p> <p><b>Are you sleeping</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Are you eating well</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Advice:</b> .....</p> <p><b>ASSESSMENT:</b></p> <p><b>BP:</b> ..... <b>Temp:</b> ..... <b>Pulse:</b> .....</p> <p><b>Pallor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Any trouble passing urine:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Lochia:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Heavy <input type="checkbox"/> Smelling</p> <p><b>Uterus contracted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (hard and round)</p> <p><b>Episiotomy/tear healing:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (no swelling)</p> <p><b>Abdominal pain:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>PLAN:</b></p>	<p><b>Breasts</b></p> <p><b>Are you breastfeeding:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Fully:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>comfortable :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Nipples comfortable:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Mastitis suspected:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Good feeding position:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Vitamin A given:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Advised :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Advice given</b></p> <p><b>Counseled on</b></p> <p><b>Hygiene:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Has she a good supply of pads:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Washing facilities :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Psychological wellbeing:</b></p> <p><b>Any problems:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Do you have help and support:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Who:</b> .....</p> <p><b>Ask following 4 question:</b></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p><b>Plan:</b></p> <p><b>Referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Family Planning</b></p> <p><b>Are you thinking of using any FP:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Information given on:</b> .....</p> <p><b>LAM</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Condoms</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>POP</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>E.C</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>IUD</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>COC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Injectables</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

- كيف تتصرفين؟ هل أنت محبطة؟
- هل أنت قلقة على المتابعة كالمهنة؟ هل كنت جهاذاً
- كيف حاله؟ هل تتصرفين بالتمسك؟

**Breastfeeding support**

يتوجب بحث موضوع الإرضاع الطبيعي والحاجة إليه في فترة قبل الولادة.

**المستطوع:**

- كيف حال الرضاعة للطفلة؟ هل رضعت في السادة المنضوية؟
- هل يوجد صعوبات؟ هل الطفل يمتزج بلطفية؟ هل أخذت طفلة أو سواها؟
- كيف تتصرفين بشيئة؟ كم مرة أرضعت طفلة في ال 24 ساعة الأخيرة؟
- **مراقبه وجهه إرضاعه إذا لم تكن:**
- اعطلي من ال 5 إلى 10 رضعات للطفل، راقبي الرضاعة لمدة 5 دقائق.
- هل وضع الطفل جيدة؟ هل الرضاعة جيدة؟
- الرضاعة الجيدة تكون فعالة ويمتلئ 8 وجبات يومياً في الليل والنهار.

**Observe a feed if possible**

**Feeding difficulty:**

الوضع الخطير في الإرضاع يحصل أقل من 8 مرات يومياً تتناول الأمهات وطشروبات أخرى وعدم الرضاعة في الولادة

**Advise**

**التنصيح:**

الإرضاع من الثدي لقد يوضع عليه  
انصحي بالإرضاع مرات أكثر وأن هناك كمية كافية من الحليب  
تعليم الوضع بعد يومين  
إذا لم يوضع الطفل بشكل جيد أو توقف عن الرضاعة يجب التحويل إلى الأخرى أو إخصائي الأطفال

**Breasts:**

**الثديين:**

إذا كانت الأم من تشقت في الثدي أو الحلمات يجب فحص الثدي من:  
التهتكات، التورم، الإحمرار، الكدمات  
لمس الجزء المرفوع من الثدي يطفئ وقياس الحرارة  
مراقبة وجبة إرضاعه إذا أمكن.  
تورم الثديين مع إرضاع الحرارة أكثر من 38 مئوية.

**Mastitis**

**التهابات الثديين:**

أو في الثديين، الحرارة أعلى من 38 مئوية مع الشعور بألم من  
الصنابغ كما ورد أعلاه  
التنصيح على الاستمرار في الإرضاع  
أخذ مسكنات الألم بانتظام واستخدام لمحات ورق اللطوف  
مراجعة طبيب الأطفال لأخذ أدوية للتطهيرات Cloxacillin 500mg

**Contraception**

**وسائل منع الحمل أو استعمال طرق منعها:**

- اللثة لأحد المرخصة والطفل
- تربية قوذة المنع المنجحة عن الإرضاع الطبيعي
- حبة يومية بدون القطع
- اللدء يكون بعد 6 أسابيع من الولادة
- بعض التعويضات في الترف عادية وغير مضمرة.

**Management of Care of Post Partum Women**

**رعاية الأم بعد الولادة:**

- فحص الوزن: ضبط الدم والبول
- فحص البروف والقررات
- السؤال عن الرضاعة الطبيعية: هل تحتاج إلى مساعدة
- فحص الثديين
- السؤال عن الرضاعة قبل الحمل مرة ثانية: هل كانت تود أن تحبل مرة ثانية
- ملاحظة جيلات ويسال مع الحمل
- السؤال عن صحة الأنظمة السابقة: هل كان هناك حرج أو تعرق، الفحص عند الضرورة
- فرحاح باستخدام حبوب الحبوب وحامض الفوليك أو الأحوية الفوية بالحويه
- المراقبة بفحص الثديين والطفلة المنضوية

**Problems to look for:**

**Heavy bleeding:**

- أكثر من قرصة ميلة في 5 دقائق - أثناء البروف الذي يجب التحويل إلى المستشفى فوراً.

**Signs of uterine infection**

**علامات الإصابة بالعدوى:**

- السؤال عن حوضك وثيف والقررات مبهمة ذات رائحة كريهة وحمراء في البول.
- قياس حرارة الجسم، الارتفاع المبهمة وتصلب على الرحم والشعر يثقب دوران الوقت.
- إذا كانت الحرارة 38 مئوية أو أكثر مع وجع، ضعف، آلام في البطن، إفرازات مبهمة لينة ذات رائحة كريهة، راحة غير لطيف ومضيق، يجب التحويل إلى الأخرى - المستشفى.

**Signs of Upper UTI**

**علامات الإصابة بالتهوية البولية:**

- حرارة باهون بدون حمراء
- آلام في الكاهض
- يجب التحويل إلى الأخرى - المستشفى

**Signs of Lower UTI**

**علامات الإصابة بالتهوية البولية السفلية:**

- حمراء في البول بدون حمراء
- فحص البول في الحيلة
- الإكثار من شرب السوائل
- المتابعة بعد يومين

**Signs of perineal infection**

**علامات الإصابة بالتهوية السفلية:**

- تورم خارجي في منطقة الأعضاء التناسلية الخارجية
- يجب التحويل إلى الحيلة، الأخرى، المستشفى

**Pus and pain in perineum**

**وجوده تقيح وآلام في منطقة الأعضاء التناسلية:**

- يجب إزالة القطن إذا كانت موجودة
- يجب تنظيف المرحح والتنصيح بالقطعة
- إعطاء مسكنات آلام
- المتابعة لمدة يومين وإن لم يحسن الوضع تحويل إلى الحيلة.

**Advise on hygiene**

**التنصيح بالنظافة الشخصية:**

- يجب التنصيح على تغير القوذة الصحية واستخدامها
- تربية القوذة بالقوذة في حوض عند توفرها

**PND**

**العصبة التنفسية:**

إذا كان زلزاله أسفلي الأذى ما يلي:

## Antenatal Home Visits / Follow Up

Visit	Date	Weeks	Weight	HB	Urine			BP	Oedema	Bleeding	Presentatio n	FH	DV/ CAN	Signiture
					alb	sug	wbc							
1.														
<b>Comments/advices/ referrals</b>														
2.														
<b>Comments/advices/ referrals</b>														
3.														
<b>Comments/advices/ referrals</b>														
4.														
<b>Comments/advices/ referrals</b>														
5.														
<b>Comments/advices/ referrals</b>														

## Post Natal Home Visits / Follow Up

Visit	Date	Weight	HB	Urine			BP	Breasts	Vit. A	Counseling			DV/ CAN	Sign
				alb	sug	wbc				Hygiene	BF	Contraception		
<b>1</b>														
<b>Comments/advices/referrals</b>														
<b>2</b>														
<b>Comments/advices/referrals</b>														
<b>3</b>														
<b>Comments/advices/ referrals</b>														
<b>4</b>														
<b>Comments/advices/referrals</b>														

## Post Natal Home Visits / Follow Up

Visit	Date	Weight	HB	Urine			BP	Breasts	Vit. A	Counseling			DV/ CAN	Sign
				alb	sug	wbc				Hygiene	BF	Contraception		
<b>1</b>														
<b>Comments/advices/referrals</b>														
<b>2</b>														
<b>Comments/advices/referrals</b>														
<b>3</b>														
<b>Comments/advices/ referrals</b>														
<b>4</b>														
<b>Comments/advices/referrals</b>														





Medical Aid for Palestinians

File No.

Four empty boxes for file number

R/C no.: UNRWA

Seven empty boxes for R/C number

# Infant Health Record

For Boys (0 -1)

Maternal and Child Health Project

Saida Area

North Lebanon Area

Ein El Hilweh Camp & Surroundings

Tripoli Beddawi Nahr El Bared

Address .....

.....

.....

## Birth Injuries

### الاضراب الناتجة عن الولادة:

- الرضوض التي تحدث على الولادة
- قرحة الراس
- وضع الساقين الغير طبيعي (لا تكن المواء من المقدمة)

## Explain to Parents

### التوضيح للأهل:

- اعادة الاوضاع من مكانها خلال أسابيع قليلة
- لا حاجة للعلاج
- لا تضغط الساقين او وضع مختلف

## DANGER SIGNS

### علامات خطر:

- يجب التحريك فوراً:
- نقص سريع أكثر من 60 دقائق
- نفس بطيء: أقل من 30 بدقيقة
- تحريك العنق ببطء
- احداث صوت نكد وضيق
- ارتخايات
- حرارة اقل من 38 درجة مئوية
- حرارة اقل من 35 درجة مئوية
- اخراج صلب من الصمغ
- أكثر من 10 برتات جلدية
- نزف من حول الصمغ
- شعوب واضطراب

### بالإضافة إلى:

- التقيؤ و التبول حسب الحرارة
- معالجة التهابات العروضة والجلدية قبل التحريك

## Assessing weight gain

### تقييم زيادة الوزن:

#### الرموزات

- **العض**
- الزيادة أو نقصان في الوزن مقبول في الشهر الأول
- نقصان 10% من الوزن كانه الولادة
- زيادة 160 غرام في الأسبوع على الأقل
- زيادة 300 غرام على الأقل في الشهر الأول

## Scale Maintenance

### صيانة الميزان:

- المصطف يوماً حسب التعليمات
  - التأكد من الآلة حسب التعليمات
  - الموازنات الزانصة "spring scales" غير دقيقة للغاية لتوزن الاطفال المبرمجين للخطر
- ### الاهتمام الروتيني:
- العناية بالمهبط السري
  - غسل اليدين
  - لا تضع شيئاً غير الجوزة stumps
  - تغطية الجوزة بغطاء نظيفة
  - ان السكت يجب التغيير بلمدة السبوع بعد الغلي والمصون
  - التغيير بشكل نظيف
  - ان كان هناك قرح وازدياد يجب التغيير كما قرنا اعلاه.
  - المبرسات: يجب تغييرها بنفس الطريقة
  - الحبوب: التغيير بلمدة السبوع (بعد غسل المبر) مع إعطاء مبر من Tetracycline في كل حين 3 مرات
  - يوماً واحدة التغيير بعد عيائنا.

## Routine Care

## Cord Care

## Infant Home Visit

### Temperature

### الاحاطات التي وضعت حول الاربعة الاسبوع الأولى:

### الحرارة:

- ان كانت الحرارة منخفضة قليلا (36 - 36.4)
- يجب تغطية جسم الطفل (ان أمكن)
- ان لم يتحسن وضع الطفل بعد ساعتين يجب تحويه (في الجوزة أو المستعني)
- ان كانت الحرارة أكثر من 38 مئوية يجب مراجعة علامات الخطر المذكورة اعلاه

### Weight-care of small baby:

### العناية بالطفل خفيف الوزن:

- الوزن عند الولادة ما بين 1500 - 2500 غرام
- فترة الحمل ما بين 32 و 36 اسبوعا
- يجب زيارة الطفل يومياً
- مراقبة الاصفرار و الالتهبات
- متابعة الزيادة حتى يوزن الوزن مع الرضاعة الجيدة وبعد وصول التعليمات.

### Care of small baby

### العناية:

- الإرضاع كل 2-3 ساعات
- تغطية عمية الاطعمة الإصطناعية يومياً
- وزن الطفل يومياً ووضع إشارة على ملف تسجيل الوزن
- الزيادة يجب ان تكون بمعدل 15 غرام يومياً

ان السعرات المصغرة في الإرضاع لمدة ثلاثة يوم وانه يوزن يجب تحويل الطفل إلى أفضل الاطفال:

- تأنيث السعرة المزمنة للطفل
- حرارة العرق ما بين 25-28 درجة مئوية
- تآنيث العرق الاصطناعي
- ملائمة الجلد بالجلد لتآنيث السعرة
- لا تستخدم ايما تغطية كما يجب
- زيارة الطفل مرتين في الأسبوع الأول لتأكد من:
- العناية جيدة

- زيادة في الوزن لمدة 3 يوم متتالية
- احمرار و طفح لمدة 3 يوم متتالية
- الاز والتهاب من رجليها للطفل
- لا عرق على صحة الطفل
- زيارة اسبوعية حتى يصبح عمر الطفل 3 اشهر.

### Special precautions

### تحذيرات خاصة للوقاية:

- ان كان لدى الام حرارة او نزول المياه قبل الولادة بكثر من 18 ساعة أو التهابات لدى الام تحت المعالجة بالمضادات الحيوية يجب تحويل الطفل إلى أفضل الاطفال للتراحة.

### Baby Jaundice and Local Infection

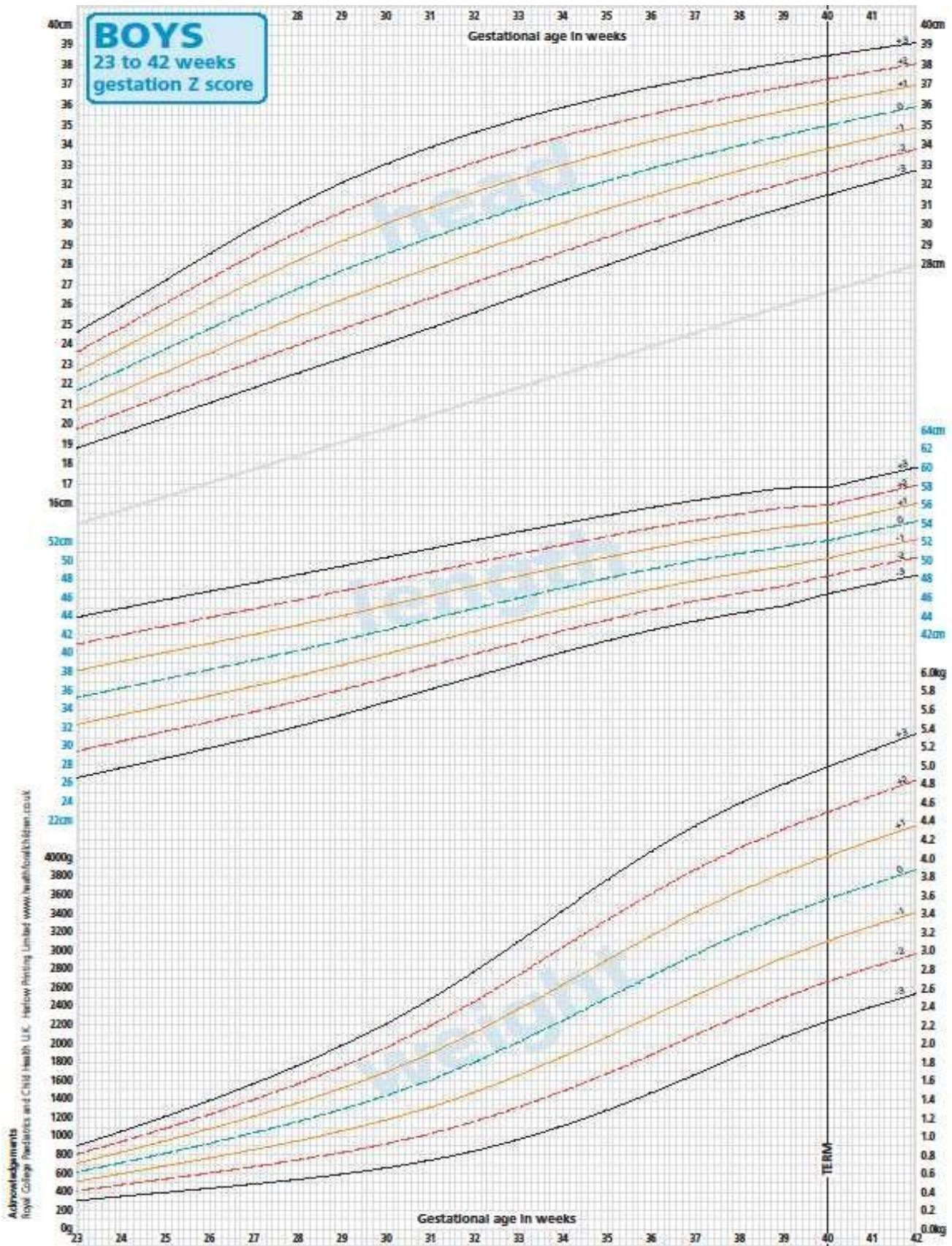
### اصفرار الطفل والالتهبات الموضعية:

- فحص الجلد من الكفين والرقبتين صفر
- التعويل لأفضل الاطفال للصححة
- احكام الحاجة إلى المصان أو علاج بالصبغ
- فحص العيون - ان يوجد قرحة او قرح
- ان وجد يجب تحويل الطفل إلى طبيب الاطفال للملاج
- فحص الصمغ والرائحة المحيطة بها: ان يوجد احمرار، قرح، احمرار في الخط حول الصمغ،
- يجب التغيير بوسحات onychomedine/savon
- تغطيه الامه الالامه بانتفاخ الصمغ
- التعويل لأفضل، ان لم يحدث تحسن خلال يومين
- فحص الجلد لتأكد من عدم وجود شرش pustules
- تغطيه الامه الالامه بشرش ان كان عدداً أقل من عشرة وانه لم يحصل تحسن يجب التحويل إلى الجوزة طبيب الاطفال

(التطبيق الشخصي: غسل اليدين وتطهيرها ميعين لكل من الممرضة والامه الرجوع للطفل.)

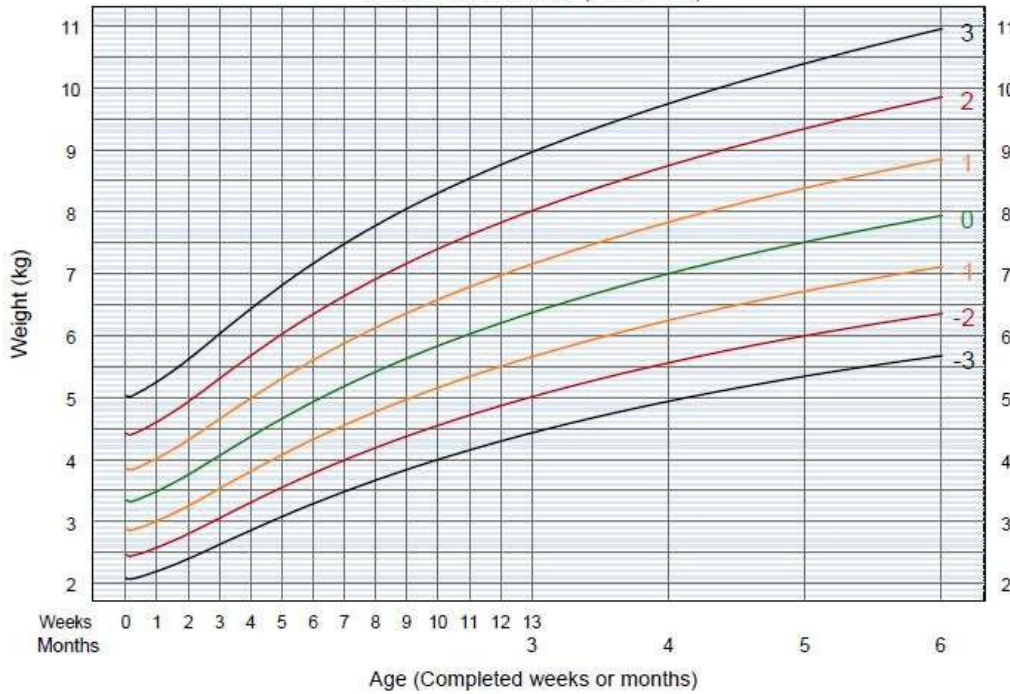








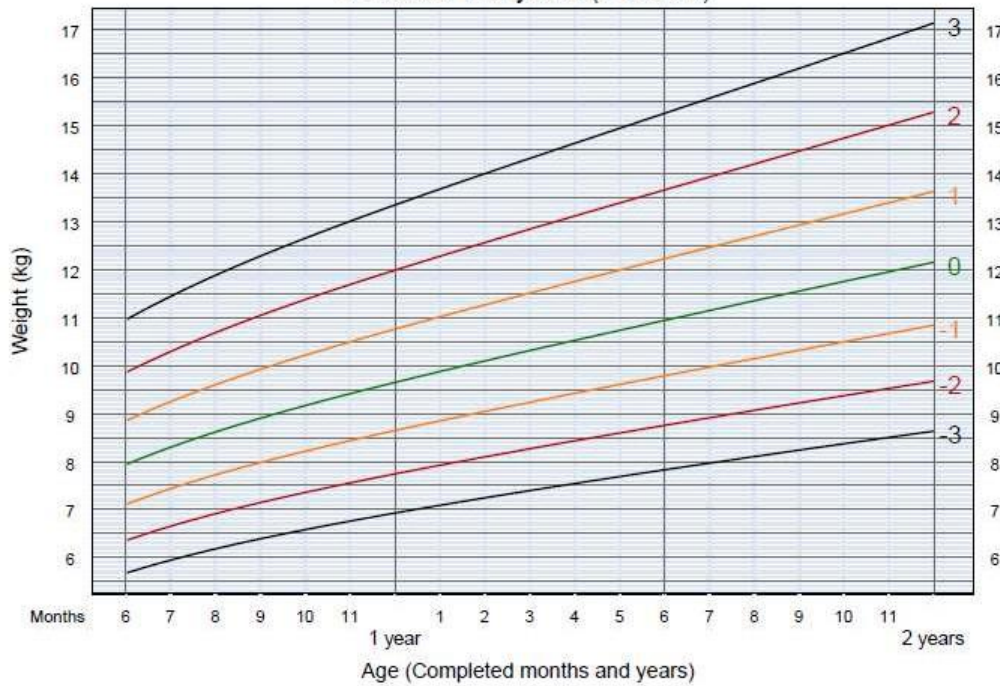
### Weight-for-age BOYS Birth to 6 months (z-scores)



This Weight-for-age chart shows body weight relative to age in comparison to the median (0 line).

- A child whose weight-for-age is below the line -2 is **underweight**.
- Below -3 is **severely underweight**. Clinical signs of **marasmus** or **kwashiorkor** may be observed.

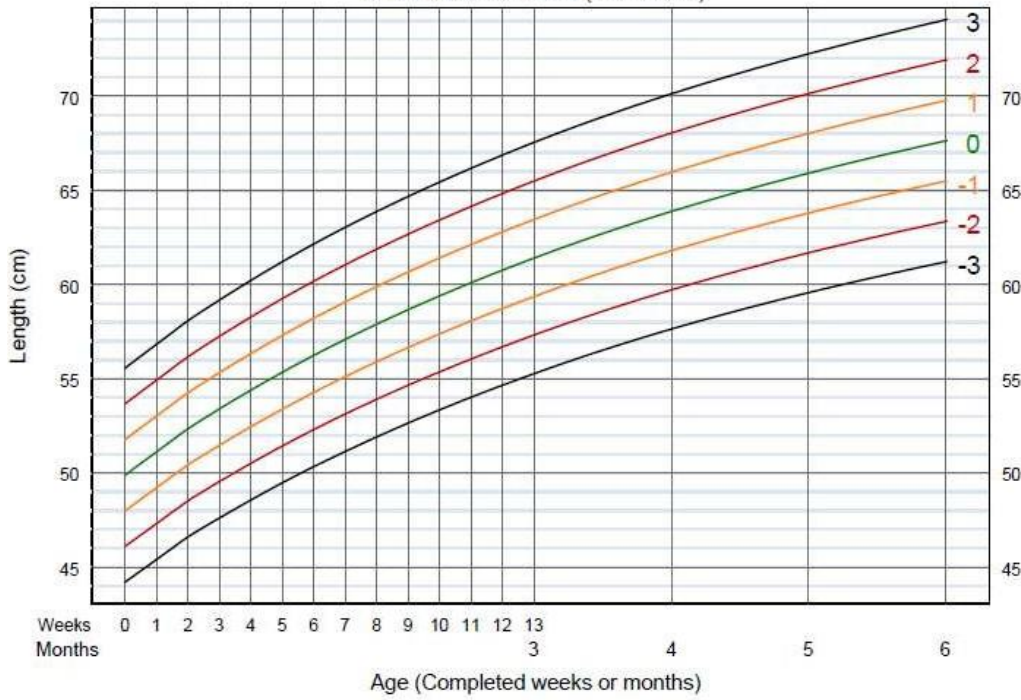
### Weight-for-age BOYS 6 months to 2 years (z-scores)



This Weight-for-age chart shows body weight relative to age in comparison to the median (0 line).

- A child whose weight-for-age is below the line -2 is **underweight**.
- Below -3 is **severely underweight**. Clinical signs of **marasmus** or **kwashiorkor** may be observed.

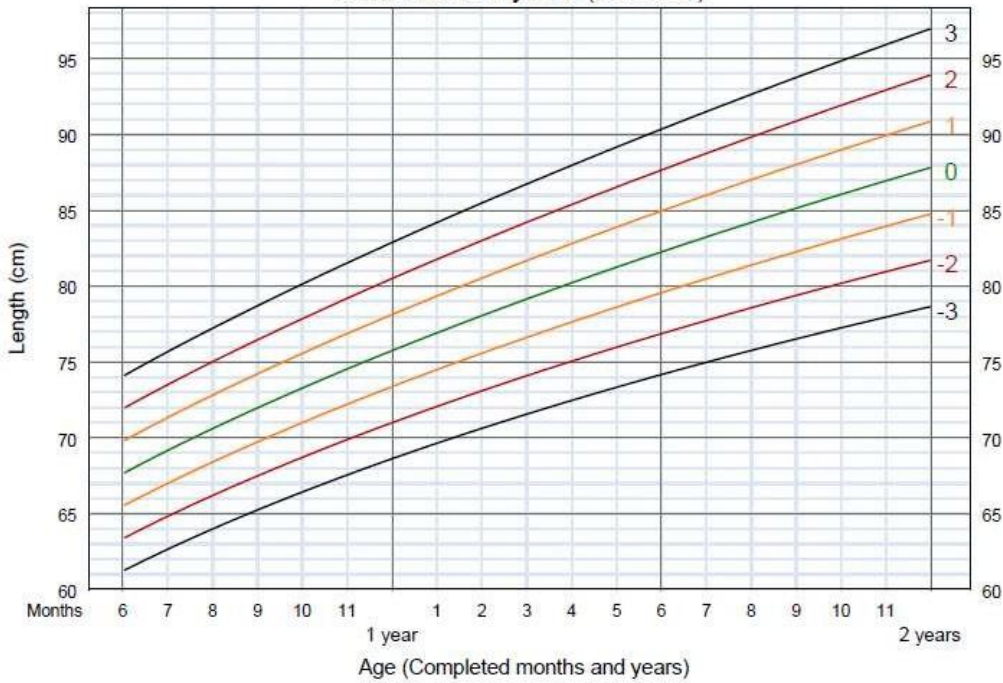
### Length-for-age BOYS Birth to 6 months (z-scores)



This Length-for-age chart shows attained length relative to age in comparison to the median (0 line).

- A child whose length-for-age is below the line -2 is **stunted**.
- Below -3 is **severely stunted**.

### Length-for-age BOYS 6 months to 2 years (z-scores)



This Length-for-age chart shows attained length relative to age in comparison to the median (0 line).

- A child whose length-for-age is below the line -2 is **stunted**.
- Below -3 is **severely stunted**.

6 months to 2 years



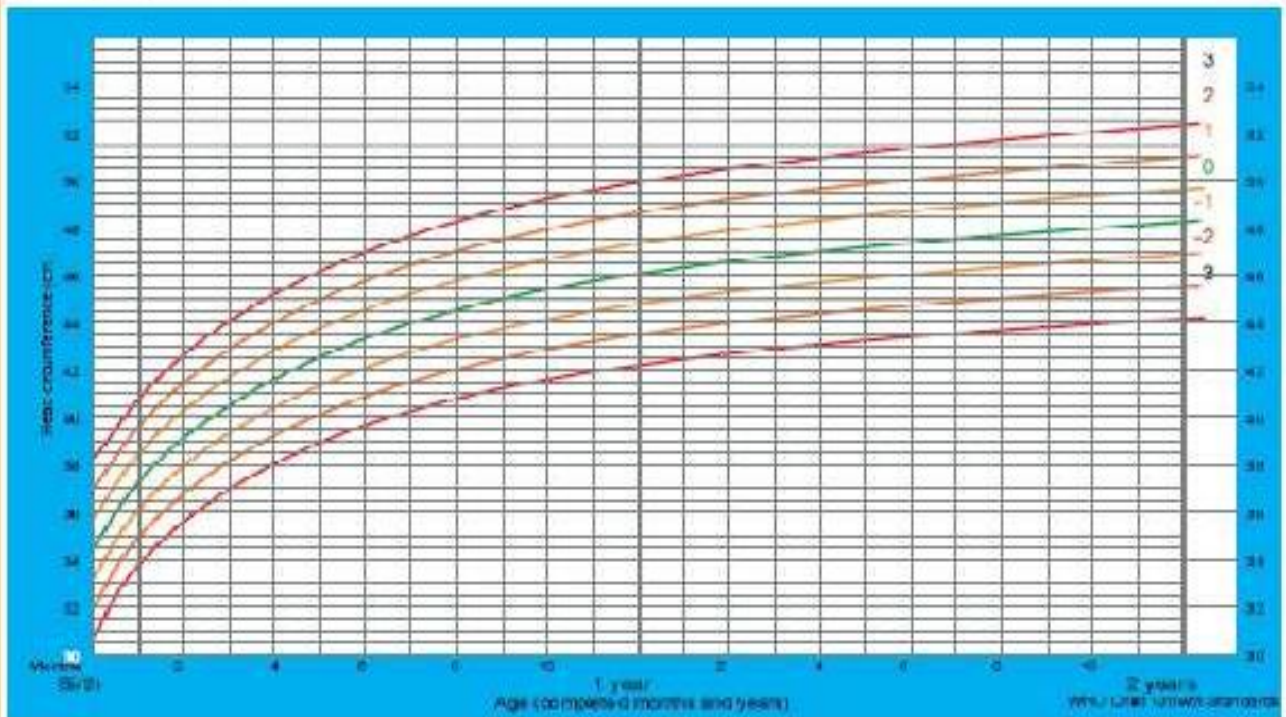
## Gross Motor Milestones



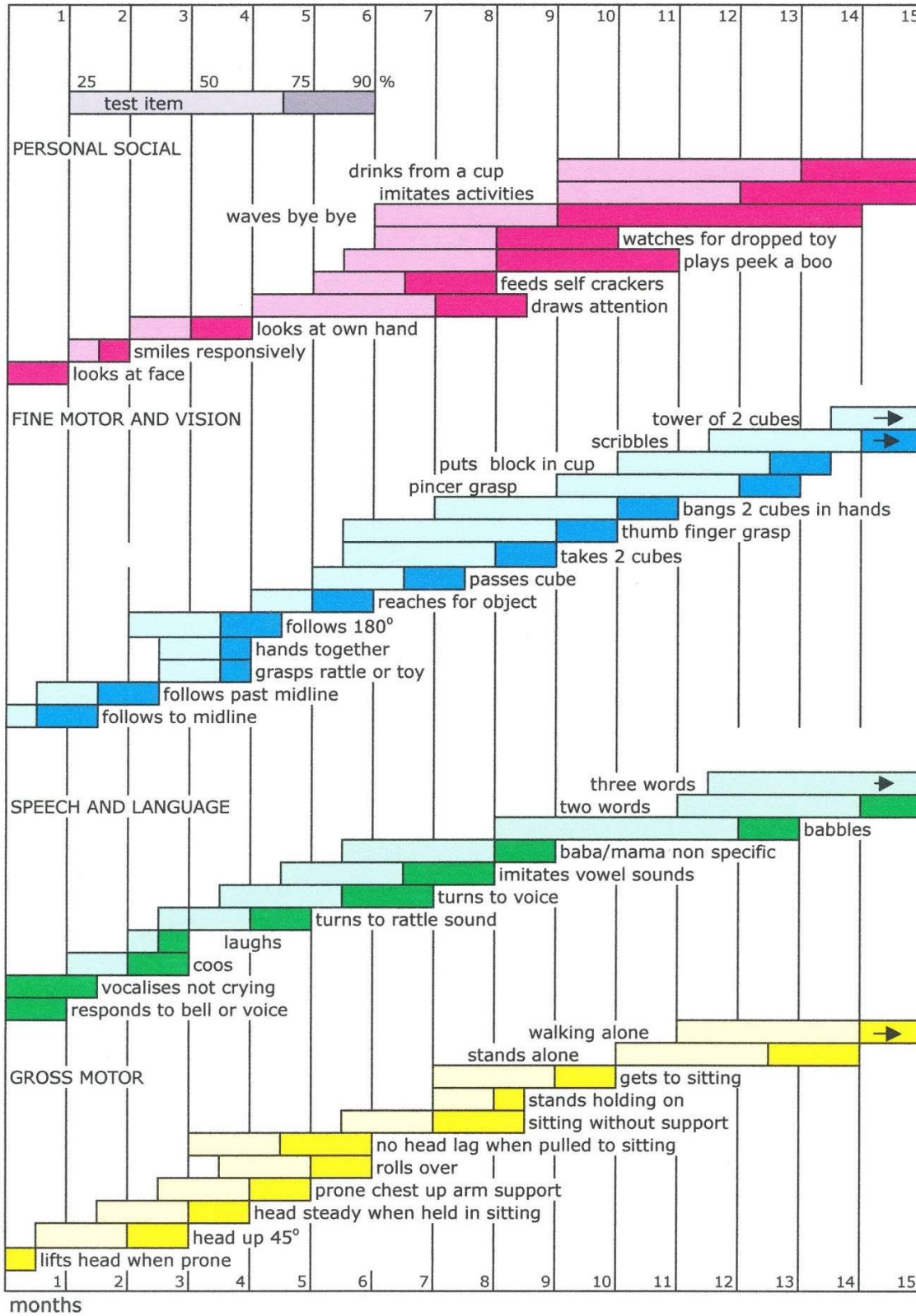
These windows show when the population for the WHO Child Growth Standards achieved these motor milestones.

## Head circumference-for-age BOYS

Birth to 2 years (x-score)



Modified Denver Developmental screening scale  
age in months



Visits	Age of baby	Weight	Head circum	Height	Temp	Feeding	Hb	Movements	Vaccination	Signature
01										
	<p><b>Comments / advices / referrals:</b></p> <p><b>Parenting support:</b></p> <p><b>Mother/baby interaction and bonding:</b></p> <p><b>Irrational use of medications:</b></p>									
02										
	<p><b>Comments / advices / referrals:</b></p> <p><b>Parenting support:</b></p> <p><b>Mother/baby interaction and bonding:</b></p> <p><b>Irrational use of medications:</b></p>									
03										
	<p><b>Comments / advices / referrals:</b></p> <p><b>Parenting support:</b></p> <p><b>Mother/baby interaction and bonding:</b></p> <p><b>Irrational use of medications:</b></p>									

Visits	Age of baby	Weight	Head circum	Height	Temp	Feeding	Hb	Movements	Vaccination	Signature
04										
	<p>Comments/advices/ referrals</p> <p>Infant developmental screening</p> <p>Infant growth monitoring</p> <p>Advice on weaning</p> <p>Positive parenting support</p> <p>Home safety</p> <p>Irrational use of medications</p>									
05										
	<p>Comments/advices/ referrals:</p> <p>Weaning support</p> <p>Anemia/ iron supplements</p> <p>Home safety discussion</p> <p>Positive parenting support</p> <p>Health seeking behaviours</p> <p>Danger signs</p>									
06										
	<p>Comments/advices/ referrals :</p> <p>Infant developmental screening</p> <p>Infant growth monitoring</p> <p>Advice on feeding/ nutrition/anemia/iron therapy</p> <p>Home safety</p> <p>End of visits unless indications for further f/u</p> <p>F/U care plan till one year: Yes <input type="checkbox"/> or No <input type="checkbox"/></p>									



Visit after 6 months	Age of baby	Weight	Head circum	Height	Temp	Feeding	Hb	Movements	Vaccination	Signature
01										
	<p>Comments / advices / referrals :</p> <p>Infant routine assessment:</p> <p>Breastfeeding support</p> <p>Premature infant / LBW / Wt. faltering</p> <p>Infant with special needs</p> <p>Parenting support</p> <p>Domestic violence</p> <p>Other causes:</p>									
02										
	<p>Comments/advices/ referrals:</p> <p>Infant routine assessment:</p> <p>Breastfeeding support</p> <p>Premature infant / LBW / Wt. faltering</p> <p>Infant with special needs</p> <p>Parenting support</p> <p>Domestic violence</p> <p>Other causes:</p>									
03										
	<p>Comments/advices/ referrals :</p> <p>Infant routine assessment:</p> <p>Breastfeeding support</p> <p>Premature infant / LBW / Wt. faltering</p> <p>Infant with special needs</p> <p>Parenting support</p> <p>Domestic violence</p> <p>Other causes:</p>									

# Instructions to Complete the Monthly Statistics Form

## Practice Guide - Key Indicators

<p><b>1: Preconception care:</b></p> <p><b>2: Antenatal visits:</b> 2a: Antenatal referrals: 2b: Abortive outcome: 2c: new beneficiary</p> <p><b>3: Pregnancy/fetal referrals:</b> 3a: Pre-eclampsia / eclampsia: <b>3b:</b> Anemia: 3c: RH infection 3d: UTI 3e: Danger signs/bleeding 3f : Fetal mal-presentation 3g: Post-term pregnancy 3h: Fetal heart problems 3i : Gestational diabetes 3j : Twin pregnancy</p> <p><b>4: Postnatal visits/total:</b> 4a: Postnatal assessment: 4b: Breastfeeding support 4c: Family planning counseling 4d: PND/blues/depression/psych. 4e: Education /hygiene/nutrition 4f: screening for infection 4g: Parenting support 4h: Home safety 4i : Rational use of medications 4j : Anemia</p>	<p><b>5: Postnatal referrals:</b> 5a: RH infections 5b: Mastitis 5c: Anemia 5d: Phlebitis/DVT 5e: Diabetes 5f : Hypertension 5g: UTI 5h: Depression 5i: Referral for IUD 5j: Wound infection</p> <p><b>6: Family Planning/Contracept. supplies/methods:</b> 6a: Emergency contraception 6b: Condoms 6c: IUD 6d: Pills/ pop / coc 6e: Injection 6f : Tubal ligation 6g: Natural methods 6h: Others</p> <p><b>7: Infant care visits:</b> 7a: Under 1 month 7b: Under 1 year 7c: 1 to 3 years</p> <p><b>8: Infant care/1<sup>st</sup> visit:</b> 8a: Cord care- infection 8b: Eye care – infection 8c: Acute Respiratory infection 8d: Diarrhea &amp; dehydration 8e: Low birth weight 8f : Breastfeeding 8g: Jaundice 8h: Napkin rash/dermatitis 8i : Hematoma/ cephalic 8j: Prematurity</p>	<p><b>9: Infant referrals:</b> 9a: Acute respiratory infection 9b: D&amp;V 9c: Gastro-esophageal reflux 9d: Urinary tract infection 9e: Anemia 9f: Congenital deformity/disease 9g: Hernia 9h: Otitis media 9i: Growth retardation 9j : Dermatitis</p> <p><b>10: High risk infant f/u care</b> 10a: Parenting support 10b: Growth retardation 10c: Developmental delay 10d: Special needs 10e: Anemia 10f: Family violence/abuse 10g: Low birth weight 10h: Twins 10j: others</p> <p><b>11: Reason for f/u after 6 months:</b> 11a: Special needs 11b: More than 6 siblings 11c: Growth delay 11d: LBW 11e: Congenital disability/deformity 11f: Developmental delay 11g: Anemia 11h: parenting support 11i: Violence 11j: Abuse</p>
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## Annex 2 MCH IMS Heading

Registration Date
UN No.
Clinic No
selection criteria
Camp Sector
Age code
Gravida
Para
Still births
NND
Miscarraige
Gestation
planned pregnancy (yes/no)
Related/consanguinity
No of visits (antenatal + postnatal)
Infant visits
HB (g/dl)
Risk Status
Status: Risk factors
Indicators for referral as per practice guide
Expected Delivery Date
Delivery date, Outcome, & delivery type
Delivery hospital
high risk newborn
BW (Kg)
Feeding code breast 1/artifical 2/3 Mixed
month 1
month3
month6
maternal depression
family planning method
less than 18 months between infants
No. of children under 3 years
finished visiting at 8 months yes/no
gender
failure to thrive
special needs
developmental delay - 1/2/3/4
parenting support

family violence yes/no
child protection referral yes/no
anemia in infant
referral codes as per practice guide (baby)
Nationality PRL/PRS/SS/Leb/other
Children Screened for Malnutrition
File closed/inactive (Yes/No)



# MAP Maternal and Child Health Project - Beneficiary Satisfaction Survey

**Location**

- Ein El Helweh & Surroundings     Naher Al Bared     Beddawi

**Beneficiary Code**

---

**What is your age?**

---

**How many children do you have?**

---

**How many times has the home visiting nurse visited you?**

---

**I am Satisfied with the health care I received from my midwife/nurse during home visits**

- Agree     Partially agree     Disagree

**The midwife/nurse usually kept appointments and arrived on time**

- Agree     Partially agree     Disagree

**The timing of the visits was often convenient**

- Agree     Partially agree     Disagree

**The midwife/nurse treated me with courtesy and respect**

- Agree     Partially agree     Disagree

**Sometimes the midwife/nurse used terms that I did not understand**

- Agree     Partially agree     Disagree

**The nurse usually spent plenty of time with me**

- Agree     Partially agree     Disagree

**The midwife gave me a chance to say everything that I thought was important to me and listen to me carefully**

- Agree     Partially agree     Disagree

**The midwife/nurse used to do her best to keep me from worrying**

Agree  Partially agree  Disagree

**I sometimes felt that the nurse lacked experience with my medical problems**

Agree  Partially agree  Disagree

**During the visits, the midwife/nurse respected my privacy and kept the information I provided confidential**

Agree  Partially agree  Disagree

**The midwife/ nurse is very competent and well trained**

Agree  Partially agree  Disagree

**The nurse always used hand sanitizer and was careful about infection control**

Agree  Partially agree  Disagree

**The visits have helped me feel more confident as a mother**

Agree  Partially agree  Disagree

**I feel I have learned through the visits how to prevent anemia**

Agree  Partially agree  Disagree

**I feel I have learned through the visits how to recognize danger signs in my baby**

Agree  Partially agree  Disagree

**I feel I still do not know enough about contraceptive methods**

Agree  Partially agree  Disagree

**I am satisfied with the awareness sessions**

*Group awareness sessions: if you haven't attended group awareness sessions by MAP midwives, Please Skip this part/ Question*

Agree  Partially agree  Disagree

**I learned new information from the session**

*Group awareness sessions: if you haven't attended group awareness sessions by MAP midwives, Please Skip this part/ Question*

Agree  Partially agree  Disagree

**I enjoyed interacting with pregnant women and new mothers attending the sessions**

*Group awareness sessions: if you haven't attended group awareness sessions by MAP midwives, Please Skip this part/ Question*

Agree  Partially agree  Disagree

**I found the prenatal vitamins distributed by MAP midwives helpful**

*Prenatal vitamins: if did not receive vitamins, please skip this question*

- Agree
- Partially agree
- Disagree

**I am satisfied with the quality and quantity of the distributed prenatal vitamins**

*Prenatal vitamins: if did not receive vitamins, please skip this questions*

- Agree
- Partially agree
- Disagree

**I was in need for the food parcels and the distribution helped my family stay food secure**

*Food Parcels: For Families who didn't receive food parcels, Please Skip this part*

- Agree
- Partially agree
- Disagree

**The content and quality of the food parcel was good**

*Food Parcels: For Families who didn't receive food parcels, Please Skip this part*

- Agree
- Partially agree
- Disagree

**The quantity was sufficient**

*Food Parcels: For Families who didn't receive food parcels, Please Skip this part*

- Agree
- Partially agree
- Disagree

**I am satisfied with distribution method used**

*Food Parcels: For Families who didn't receive food parcels, Please Skip this part*

- Agree
- Partially agree
- Disagree

**Feedback: I know how to contact MAP to provide feedback, comments, or complaints.**

- Agree
- Partially agree
- Disagree

**Feedback: Do you advise other pregnant women and new mothers to register with this program**

- Agree
- Partially agree
- Disagree

**Your comments on home visits, awareness sessions, different distributions (if applicable food parcels, vitamins, clothes, diapers, etc.), and others. Do you have any suggestions for MAP to improve the project or include additional services to support you better?**

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