

# UNHCR Standardized Health Information System (HIS)

2006

# Objectives of HIS

1. Rapidly detect and respond to health problems and epidemics
2. Monitor trends in health status and continually address health-care priorities
3. Evaluate the effectiveness of interventions and service coverage
4. Ensure that resources are correctly targeted to areas and groups of greatest need
5. Evaluate the quality of health interventions

# Guiding Principles

- Simple
- Standardised
- Functional
- Flexible



# Example of previous inappropriate HIS tools

Monthly required data not recorded in the weekly tally sheet (no provision to record refugees and nationals separately)

**TAALLY SHEET**

Health Institution \_\_\_\_\_ DATE STARTED *21/8/06*  
 DATE ENDED *23/8/06*

VACCINATION	0-11 months (<1 Year)	TOTAL	12-Month & over <i>local</i>	TOTAL
BCG	<i>13 (11T 11T 11T)</i>	<i>13</i>	<i>2</i>	<i>2</i>
Polio at birth				
Polio 0	<i>13</i>	<i>15</i>	<i>2</i>	<i>2</i>
Polio 1	<i>8</i>	<i>8</i>		
Polio 2	<i>108</i>	<i>108</i>		
Polio 3	<i>38</i>	<i>38</i>		
DPT 1	<i>8</i>	<i>8</i>		
DPT 2	<i>108</i>	<i>108</i>		
DPT 3	<i>38</i>	<i>38</i>		
Measles	<i>6</i>	<i>6</i>	<i>4</i>	<i>4</i>
Fully vaccinated	<i>6</i>	<i>6</i>	<i>4</i>	<i>4</i>
	<b>PREGNANT MOTHER</b>		<b>NON PREGNANT (15-49)</b>	
TT1	<i>1</i>		<i>13</i>	
TT2	<i>1</i>		<i>6</i>	
TT3	<i>1</i>		<i>6</i>	
TT4			<i>7</i>	
TT5			<i>1</i>	

Monthly EPI vaccination reporting format

Site of vaccination	Static	BCG		Measles		DPT						Polio						
						1		2		3		0		1		2		
		0-11	12-24	0-11	12-24	0-11	12-24	0-11	12-24	0-11	12-24	0-11	12-24	0-11	12-24	0-11	12-24	
Refugee																		
National																		
Total																		



# New version: Correction of previous inappropriate HIS tools

## Health Information System

Daily Reporting Form

Name of Organisation \_\_\_\_\_

Name of Camp & Unit \_\_\_\_\_

Date (s) \_\_\_\_\_

### 7.1 Children Vaccinated

Number of doses administered	Refugee		National
	< 1	≥ 1 to < 5	
BCG	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Polio 0	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Polio I	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Polio II	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Polio III	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
DPT I	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
DPT II	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
DPT III	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Measles	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000
Fully Vaccinated	00000 00000 00000 00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000 00000

Daily

## Health Information System

Weekly Reporting Form

Name of Organisation \_\_\_\_\_

Name of Camp & Unit \_\_\_\_\_

Current Week & Month \_\_\_\_\_

### 7.0 EPI and Vitamin A

#### 7.1 Children Vaccinated

Doses administered	Refugee		National
	< 1	≥ 1 to < 5	
BCG			
Polio 0			
Polio I			
Polio II			
Polio III			
DPT I			
DPT II			
DPT III			
Measles			
Fully Vaccinated			

#### 7.2 Vaccine Wastage

Weekly



**UNHCR**

United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les réfugiés

# New version: Correction of previous inappropriate HIS tools

Tanzania\_ReportingForm\_v0.9.30.xls

7.0 EPI and Vitamin A

7.1 Children Vaccinated

Doses administered	Refugee		Total	Nat
	< 1	≥ 1 to < 5		
BCG			0	
Polio 0			0	
Polio I			0	
Polio II			0	
Polio III			0	
DPT I			0	
DPT II			0	
DPT III			0	
Measles			0	
Fully Vaccinated			0	

7.2 Vaccine Wastage

Vaccine	No. of doses supplied	No. of doses administered
BCG		0
Polio		0
DPT		0
Measles		0
Tetanus Toxoid		0

7.3 Vitamin A distribution

Doses distributed	Refugee	Nat	Total
Post natal			0
Dose 1			0
Dose 2			0

**EPI Indicators**

Target Population for the month	0
<b>Program dropout rate</b>	
<b>Vaccine coverage rate</b>	
BCG	
Polio	
DPT	
Measles	
Fully Vacc.	

**Vaccine wastage rate**

BCG	
Polio	
DPT	
Measles	
Tetanus Toxoid	

2.0 Mortality 3.0 Morbidity 4.0 IPD & Referral 5.0 Laboratory 6.0 Disease Control 7.0 EPI and Vit. A 8.0 Nutrition 9.0 Reprod. Health 10.0 HIV-AI

Monthly Data Entry Form



**UNHCR**

United Nations High Commissioner for Refugees  
Haut Commissariat des Nations Unies pour les réfugiés

# Content

- Standards and Indicators
- Tools and Guidelines
- Coordination and Support



# Standards and Indicators

- Consensus around a minimum set of health indicators and standards build through consultations with implementing partners, institutional partners and donors, at field then at global level
- Referred to number of sources:
  - **Programmatic (Nutrition, HIV/AIDS)**
  - **Institutional (UNHCR, SPHERE)**
  - **Donors (PRM, ECHO)**
  - **Field experience**

# Technical sections

1.0 Population

2.0 Mortality

3.0 Morbidity

4.0 Inpatient and Referral Services

5.0 Laboratory

6.0 Disease Control

7.0 Expanded Programme of Immunization

8.0 Nutrition

9.0 Reproductive Health

10.0 HIV/AIDS

# Tools and Guidelines

- Common tools and methods of collection essential
- Toolkit of 44 items
  - Tally Sheets, Registers, Reporting Forms
  - Miscellaneous Items (case definitions, reference charts, S&I guide)
- Guidelines for each:
  - **What are the tools used for data collection?**
  - **Who is responsible for collecting the data?**
  - **What data should be collected and how?**
  - **How and when should the data be reported?**
  - **How should the data be interpreted and used?**





## 9.0 Reproductive Health

## 9.1 Antenatal Care

Number of antenatal visits	< 18	≥ 18	Total	Nat
First antenatal visit < 16 weeks			0	
First antenatal visit > 16 weeks			0	
Repeat antenatal visit			0	
Number of RPR tests conducted			0	
Number of RPR tests positive			0	
Number of contacts of RPR positive cases treated				
Number of high-risk pregnancies detected			0	
Treated for complications of abortion			0	

Number of pregnant women at time of delivery who:	< 18	≥ 18	Total
Received 3 or more antenatal visits			0
Received 2 doses of tetanus toxoid during antenatal period			0
Received at least 2 doses of fansidar during antenatal period			0
Were screened for syphilis during antenatal period			0
Received 1 dose of mebendazole during antenatal period			0
Received 1 ITN* during antenatal period			0

\* ITN = Insecticide Treated Net

ANC Indicators	
Proportion of first time ANC visits made before 16 weeks	
Prevalence of syphilis (ANC)	
Ratio of contacts treated : RPR positive cases	
Incidence of complications of abortion	
Proportion of abortion complications among under 18s	
Proportion of ANC visits made by Nationals	

Coverage of complete antenatal care
Coverage of antenatal tetanus immunisation
Coverage of int. presumptive treatment for malaria in pregnancy
Coverage of syphilis screening in pregnancy
Coverage of deworming in pregnancy
Coverage of ITN* distribution

## 9.2 Delivery Care



# Reporting Cycle

- Reports submitted to UNHCR in MS Excel format
- Imported into MS Access database
  - **Developed by CDC/VVAF**
  - **Permits rapid analysis and reporting of data over time, and over camps**
  - **Graphing and mapping capability**
- Consolidated database returned to health partners on CD-ROM each month

**Legend:**

White Box:

Enter Data

Grey Box:

Total

Orange Box:

Indicator

This worksheet is locked to preserve the formulas that calculate your results. To unlock the worksheet, go to the Tools menu, select Protection, then choose Unprotect Sheet. This sheet does not use a password.

**Health Information System v0.9.30**

Monthly Reporting Form

**1.1 General Information**

<b>Name of Organisation</b>	<input type="text" value="Select Name"/>	<b>Current Month</b>	<input type="text" value="Select Month"/>
<b>Name of Camp</b>	<input type="text" value="Select Camp"/>	<b>Current Year</b>	<input type="text" value="Select Year"/>

**1.2 Population**

Age	Male	Female	Total
Total Population			0
Number of live births			0
Number of infants < 1 year			0
Number of children < 5 years			0
Number of females 15 - 49 years		0	
Number of pregnant and lactating		0	

**Tanzania HIS**

Tanzania 0.9.24  
 Refugee Health Information System

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**Main Menu**

Reporting

Analysis

Exit

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**HIS Analysis**

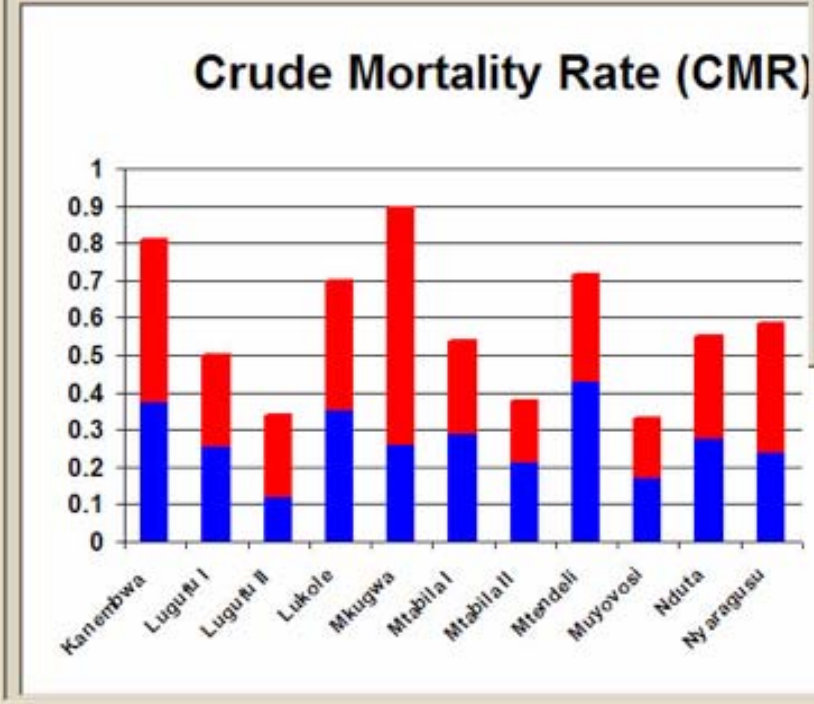
**Data Analysis**

Data: Section: 2. Mortality  
 Indicator: Crude Mortality Rate (CMR)  
 Breakdown (x-axis): Camp

Period:  Specific Month

**HIS Analysis Graph**

**Data Analysis - Graph** Change size of chart  
resizing this window



**Camp Report: 2006.06 Kanembwa**

Tanzania Health Information System  
 Organization: HD  
 Camp: Kanembwa  
 Report Date: 2006.06

**1. Population**

Age	Male	Female	Total
0-4	100	100	200
5-9	100	100	200
10-14	100	100	200
15-19	100	100	200
20-24	100	100	200
25-29	100	100	200
30-34	100	100	200
35-39	100	100	200
40-44	100	100	200
45-49	100	100	200
50-54	100	100	200
55-59	100	100	200
60-64	100	100	200
65-69	100	100	200
70-74	100	100	200
75-79	100	100	200
80-84	100	100	200
85-89	100	100	200
90-94	100	100	200
95-99	100	100	200

**2. Mortality**

**2.1 Mortality by Age**

Age	Male	Female	Total
0-4	100	100	200
5-9	100	100	200
10-14	100	100	200
15-19	100	100	200
20-24	100	100	200
25-29	100	100	200
30-34	100	100	200
35-39	100	100	200
40-44	100	100	200
45-49	100	100	200
50-54	100	100	200
55-59	100	100	200
60-64	100	100	200
65-69	100	100	200
70-74	100	100	200
75-79	100	100	200
80-84	100	100	200
85-89	100	100	200
90-94	100	100	200
95-99	100	100	200

**2.2 Mortality by Gender**

Gender	Male	Female	Total
Male	100	100	200
Female	100	100	200

**Mortality Indicators**

Indicator	Male	Female	Total
Crude Mortality Rate (CMR)	0.38	0.43	0.40
Crude Mortality Rate (CMR) - Male	0.26	0.24	0.25
Crude Mortality Rate (CMR) - Female	0.12	0.22	0.17
Crude Mortality Rate (CMR) - Total	0.36	0.34	0.35
Crude Mortality Rate (CMR) - Male (Age 0-4)	0.26	0.63	0.45
Crude Mortality Rate (CMR) - Male (Age 5-9)	0.29	0.24	0.27
Crude Mortality Rate (CMR) - Male (Age 10-14)	0.22	0.16	0.19
Crude Mortality Rate (CMR) - Male (Age 15-19)	0.43	0.28	0.36
Crude Mortality Rate (CMR) - Male (Age 20-24)	0.18	0.16	0.17
Crude Mortality Rate (CMR) - Male (Age 25-29)	0.28	0.27	0.28
Crude Mortality Rate (CMR) - Male (Age 30-34)	0.24	0.34	0.29

Page 1 of 1

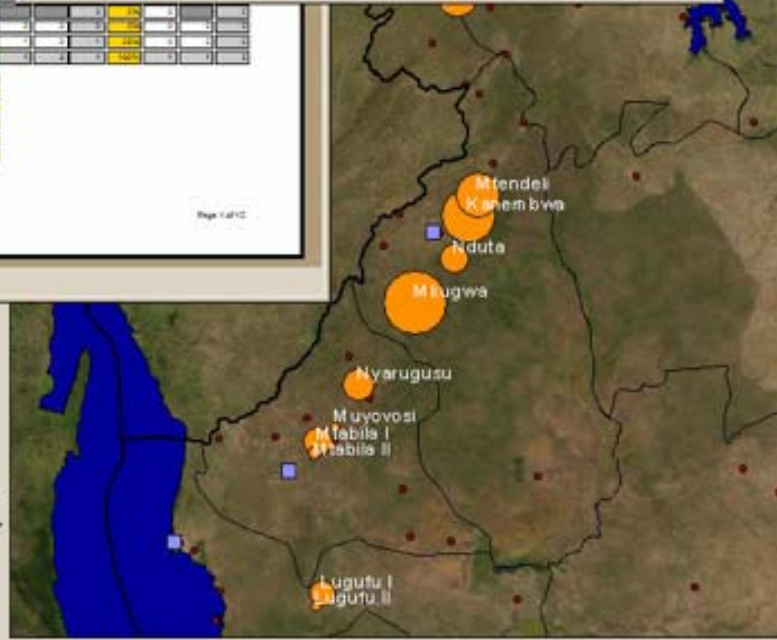
**HIS Data Table**

**Data Analysis - Result Table** Close

Camp	Male	Female	Total
Kanembwa	0.38	0.43	0.40
Lugufu I	0.26	0.24	0.25
Lugufu II	0.12	0.22	0.17
Lukole	0.36	0.34	0.35
Mkugwa	0.26	0.63	0.45
Mtabila I	0.29	0.24	0.27
Mtabila II	0.22	0.16	0.19
Mtendeli	0.43	0.28	0.36
Muyovosi	0.18	0.16	0.17
Nduta	0.28	0.27	0.28
Nyaragusu	0.24	0.34	0.29

Copy Data    Generate Graph    Generate Map

Record: 1 of 11





# UNHCR Tanzania

## Health Information System (HIS) Morbidity and Mortality Report

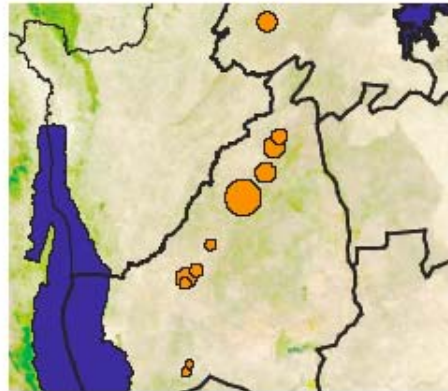


January to June 2006

### Background

As of August 2006, UNHCR provided assistance to some 393,500 refugees living in seven camps in northwestern Tanzania. The Health Information System is designed to monitor the health status of the refugee population and to increase the early detection of and adequate response to outbreaks.

Twenty-six diseases and health events are monitored through the system, in addition to six priority epidemic-prone diseases which health service providers in each health centre are required to report if an outbreak is suspected. The surveillance system is active in all the major camps covering 100% of the refugee population.



### Highlights

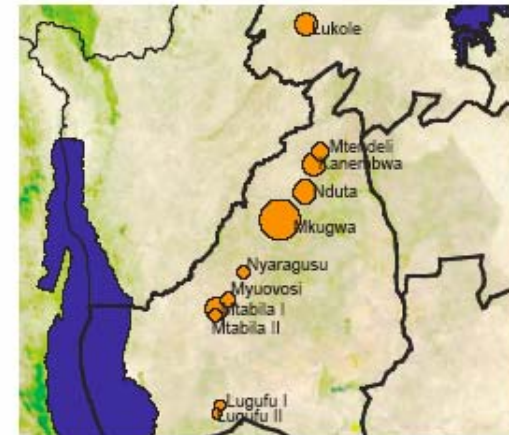
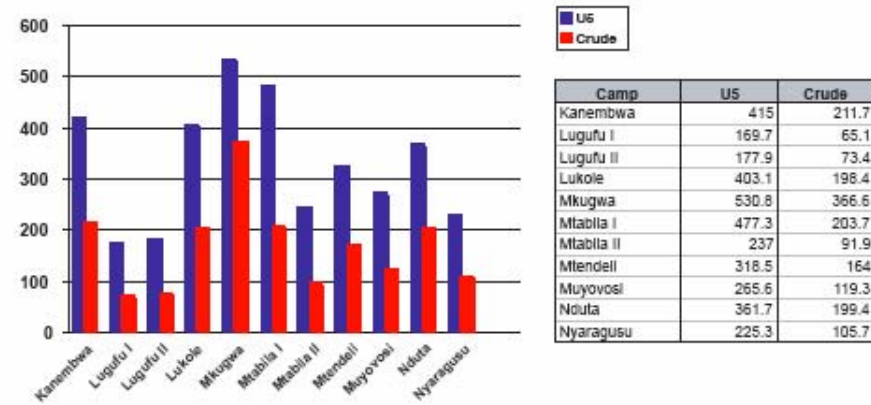
Between January and June 2006:

- Each refugee made an average of 2 visits to a health facility per year, which is within the recommended standard of between 1 and 4.
- Each trained clinician held an average of 38 consultations per day, which is within the recommended standard of less than 50.
- Crude mortality was low at 0.3 deaths / 1000 / month. Gender differences in mortality were not statistically significant.
- Malaria accounted for approximately 30% of deaths, and 50% of illnesses, among both total and under-five populations

- Under five mortality was low at 0.28 deaths / 1000 / month
  - The major causes of childhood mortality were perinatal and neonatal death, and pneumonia.
- The equivalent of 1 in 2 children under five, and 1 in 3 adults, reported a new illness each month.
- The greatest burden of disease was due to ARI. The highest rates were seen during the monsoon months, but a large baseline of cases was present throughout the year.

Pregnant women are also vulnerable to malaria infection. Approximately 834 pregnant women were targeted for preventive malarial services in each refugee camp. Coverage of insecticide treated net (ITN) distribution and provision of intermittent presumptive treatment (IPT) were both reportedly high, at 99% and 93% respectively.

Figure 3 Incidence of malaria by camp



### Acute Watery Diarrhoea (AWD)

The average incidence rate of AWD in the Tanzanian camps was 8.0/1000/month and the average incidence rate among under-fives was 30.1/1000/month. The highest rates were observed in Lukole camps, which reported crude and under-five incidence rates of 11.9 and 50.6 cases/1000/month, respectively.

Cholera is endemic in the Kigoma region and sporadic outbreaks are reported by the Ministry of Health each year. Surveillance for acute watery diarrhoea and suspected cholera cases,

# Implementation Strategies (1)

- **Assessment**
  - **Camp level visits**
  - **Interviews with staff**
  - **Inspection of data collection practices and procedures**
  - **Adaptation of tools**
    - Based upon consideration of MoH policies and reporting requirements
    - Based on acceptance of UNHCR and IP staff
    - Language considerations



# Implementation Strategies (2)

- **Training**
  - **5-day ‘Training of Trainers’ workshop**
  - **Training Manual used as core reference text**
  - **Modular format to follow ten technical sections**
  - **Practical exercises to “Using Health Information”**
- **Implementation**
  - **Camp level training for frontline health staff**
  - **Synchronised for start of reporting month**
  - **Transition between new and old systems**

# Implementation Strategies (3)

- **Monitoring and Supervision**
  - **Follow-up assessment made after one complete reporting cycle**
  - **Regular reviews required by partners at camp-level**
  - **Verification of monthly reports**
  - **Checklists and indicators for monitoring adherence to best practices to be developed**

