Health Information System (HIS)
Reproductive Health Data for Decision Making

Système d’Information Sanitaire (SIS)
Données de Santé Reproductive pour Prises de décisions

Nadine Cornier
How Does Conflict Affect Reproductive Health?

- ~80% are women and children
- Women heads of households
- Increased risk of Gender-based Violence (GBV)
- Complications during pregnancy
- Inadequate access to family planning
- Risk for STI/HIV transmission
Having quality RH data helps us...

- Meet family planning needs
- Ensure safe pregnancies and deliveries
- Prevent and treat STIs and HIV/AIDS
- Prevent and respond to GBV

Improve programs and policies

Healthier women

Healthier children & families
Presented:

- Health Information System developed by UNHCR and Partners
- Reproductive Health Assessment developed by CDC
- **Not Presented** but used on regular bases:
  - Behavioural Surveillance Survey
  - Community Participatory Surveys
To develop a standardised Health Information System, for use by UNHCR and its partners, to improve the design, implementation, monitoring and evaluation of health interventions in refugee settings
Guiding Principles

- **Standardise** the collection and reporting of health data
- **Make it operational** and prioritise support to front-line staff
- **Be flexible** to suit needs and policies of each country
- **Emphasise communication and use** of the information
- **Consensus** build around a minimum set of health **indicators** and **standards** at international and country level
Technical Sections

1. Population
2. Mortality
3. Morbidity
4. Inpatient and Referral Services
5. Laboratory
6. Disease Control
7. Expanded Programme of Immunization
8. Nutrition
9. Reproductive Health
10. HIV/AIDS
Tools

- **Tally Sheets:**
  - Antenatal
  - Tetanus Toxoid
  - PMTCT referral form

- **Guidelines:**
  - Reproductive Health
  - HIV/AIDS
  - EPI

- **Reports:**
  - Reproductive Health
  - HIV/AIDS
  - EPI

- **Registers:**
  - Antenatal
  - SFP pregnant
  - SFP Lactating
  - Maternity admission
  - Delivery
  - Postnatal
  - Family planning
  - Laboratory
  - SGBV
  - PMTCT client
  - PMTCT Results
  - PMTCT Labour, delivery and Postnatal
# Reproductive Health Data for Decision Making

## Health Information System

**Daily Reporting Form**

**Name of Organisation**

**Name of Camp & Unit**

**Date(s)**

### 9.1 Antenatal Care

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<td>Number treated for complications of abortion</td>
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† Number of new antenatal visits (< 16 and > 16 weeks) should be reported using the Antenatal Register
‡ National data is required for repeat antenatal visits only in weekly reports
## Registration:
- Serial No.:
  - Enter sequence number in register
- Antenatal No.:
  - Enter unique identifying number
- Name:
  - Print name of expectant mother
- Age:
  - Enter age (in years)
- Status:
  - Classify as Refugee (Ref) / National (Nat)
- Address:
  - Print Camp Address (Refugee) / Nearest Village (National)
- Date of visit:
  - Enter date (dd/mm/yy)
- Marital Status:
  - Classify as Married / Single / Widowed / Separated

## Obstetric History:
- Gravidity:
  - Number of pregnancy (see glossary)
- Purity:
  - Number of previous deliveries (see glossary)
- No. of children:
  - Number of surviving children
- LMP:
  - Date of Last Menstrual Period (dd/mm/yy)
- EDD:
  - Expected Delivery Date (dd/mm/yy)
- Gest. Age:
  - Gestational Age in weeks (20 / 36)
- Stillbirth:
  - Number of stillbirths (see glossary)
- Abortion:
  - Number of abortions (see glossary)
- Caesarian Section:
  - Number of caesarian sections
- Last born:
  - 1. Birth date
    - Birth date of last born (dd/mm/yy)
  - 2. Alive / Dead:
    - Status of last born (Alive / Dead)

## Risk Factors and Services:
For each antenatal visit:
1. Date:
   - Enter date (dd/mm/yy)
2. Hb:
   - Enter Haemoglobin (g/dl)
3. ANC RF:
   - Enter antenatal risk factor abbreviation from list (to be adapted):
   - $X = $ No risk factor
   - $A = $ Anaemia
   - $O = $ Obstetrical History
   - $P = $ Proteinuria
   - $H = $ High BP (above 140/90)
   - $T = $ Other
   - RPR:
     - Enter test date in box that corresponds with result (+ve / -ve). For +ve results, enter date partner was treated (dd/mm).
   - TT:
     - Enter date on which most recent two doses of TT vaccine were given (dd/mm/yy)
   - Mefazal:
     - Enter date on which dose of mebendazole was given (dd/mm)
   - ITN:
     - Enter date on which insecticide treated net was provided (dd/mm/yy)

## Pregnancy Outcome:
- Abortion:
  - Enter date corresponding to complicated or uncomplicated abortion (dd/mm/yy)
- Delivery:
  - Enter date of delivery (dd/mm/yy)
  - Enter delivery complication abbreviation from list (to be adapted):
  - $X = $ No complication
  - $O = $ Obstructed Labour
  - $A = $ Anaeimia
  - $AM = $ Antepartum Haem.
  - $O = $ Abnormal Lie (after 32 weeks)
  - $P = $ Proteinuria
  - $H = $ High BP (above 140/90)
  - $T = $ Third Degree Tear
  - $PS = $ Puerperal Sepsis
  - $T = $ Other
- Still birth:
  - If stillbirth, enter date to indicate macerated or fresh (dd/mm/yy)
- Vitamin A:
  - Enter date postnatal vitamin A was provided (dd/mm/yy)
Reproductive Health Data for Decision Making
Data Cycle

1. Data collection

2. Data reporting

3. Data analysis

4. Communication & Use

Reproductive Health Data for Decision Making
RHA Toolkit Purpose

- Provides tools to assess RH needs of conflict-affected women aged 15-49
- Data to promote and enhance services to improve the reproductive health of women and their families
Reproductive Health Data for Decision Making

Toolkit Components

- Planning checklist
- Sampling instructions
- Training manual
- Questionnaire
- Pre-programmed data entry
- Analysis guide
- Suggestions for data use
RHA Toolkit Benefits

- Provides data for planning
- Achievable for staff with limited survey skills
- Tested methodology
- Pre-programmed data entry (CSPro)
- Pre-programmed data analysis
- Preliminary results quickly available
- Reduced cost
- Builds capacity of staff
- Covers broad range of RH issues
- Comparable data
Why Population-Based Data?

• By interviewing a select sample of WRA the data will be representative of all WRA in the population.

• Inferences or conclusions can be made about all WRA in the population.

• Effective use of resources
  – Time
  – Staff

WRA = Women of Reproductive Age
Thank you!  

www.unhcr.org/his

www.unhcr.fr/sis