



INTER-AGENCY WORKING GROUP
ON REPRODUCTIVE HEALTH IN CRISES

UNHCR Health Information System

**Retrospective analysis of Reproductive health
indicators in post-emergency refugee camps**

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Background

2014: Global Evaluation of RH in Crises

2006: UNHCR Health Information System (HIS)

http://twine.unhcr.org/app/



dsathya

twine
twine /twin/
a type of strong string made by twisting several pieces of string together
a web application that combines streams of information to inform decision-making in the humanitarian sector

Using Data to improve Humanitarian Decision Making

2,220 registered users	25,522 reports reviewed	15,112 reports published	996 active locations
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Tools



Download the tools and guidelines needed to setup data collection systems in the field.



Work



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Explore



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Objectives

- Analyze trends in RH indicators
- Benchmark RH indicators against existing minimum standards
- Provide examples of good practice and gaps in RH service delivery, using HIS to explain differences

Methods

- Monthly camp data 2007-2013 from Twine database
- 10 countries / 56 camps
- 7 RH indicators

Methods (cont'd)

Country and camp inclusion:

- Completeness – 90% of its monthly reports
- Total reporting months – At least 6 months

RH indicator inclusion:

- MISP objectives
- Plausibility

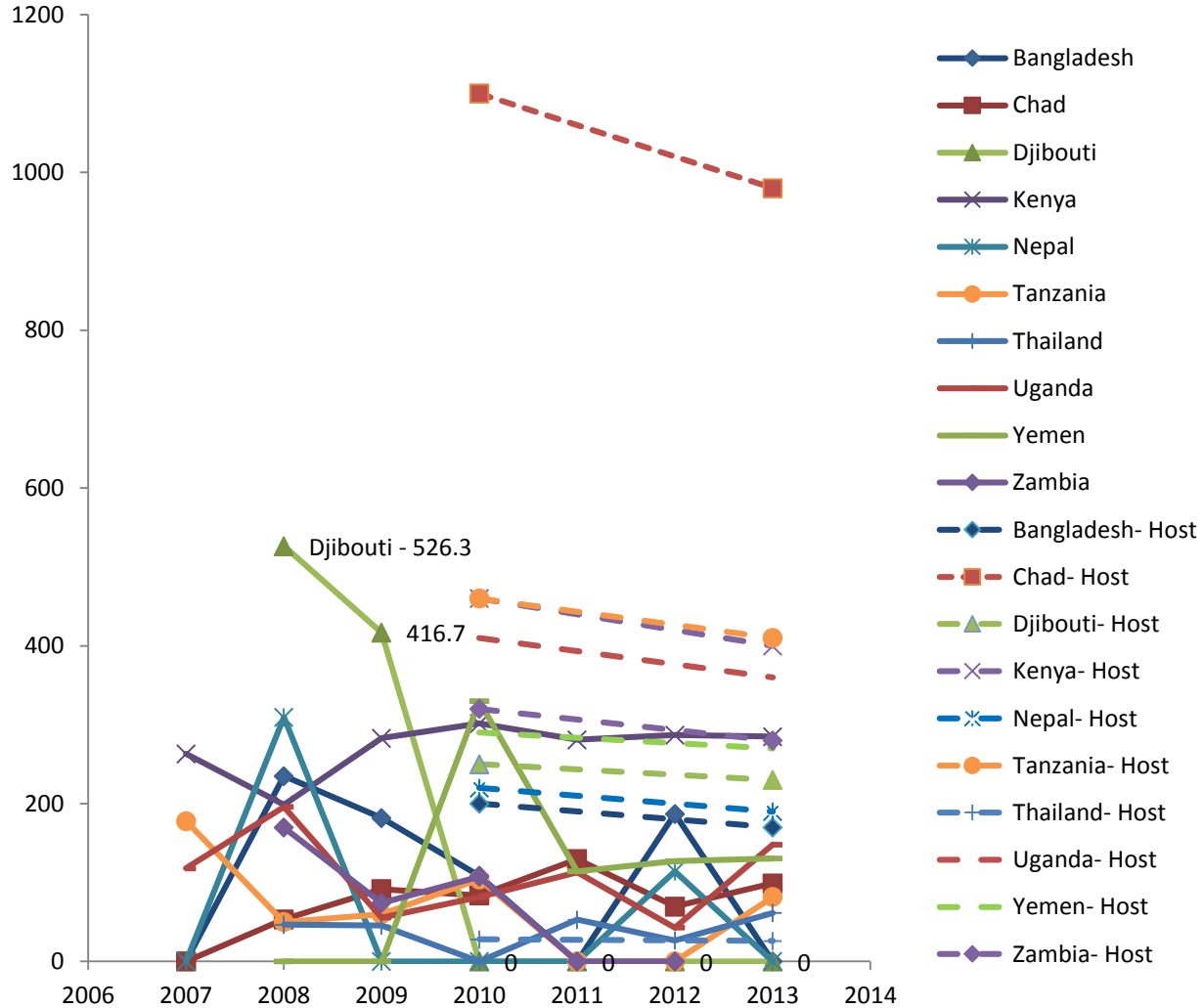
Methods (cont'd)

Indicator	Formula
Maternal mortality rate	Number of pregnancy-related deaths / Total number of live births x 100000
Neonatal mortality rate	Number of deaths for newborns < 28 days of life / Total number of live births x 1000
Proportion of births attended by skilled health worker	Number of deliveries attended by trained health workers / Number of deliveries x 100
Proportion of live births performed by caesarian section	Number of live births performed by caesarian section / Number of live births x 100
Proportion of ANC mothers who were screened for syphilis during pregnancy	Number of pregnant women who had been screened for syphilis during the antenatal period at the time of delivery / Total number of live births x 100
Rate of condom distribution among the population	Number of condoms distributed per month (male and female) / Total population
Proportion of rape survivors who receive post-exposure prophylaxis (PEP) within 72 hours of an incident occurring	Number of rape survivors who receive PEP within 72 hours of an incident / Total number of rape cases reported x100

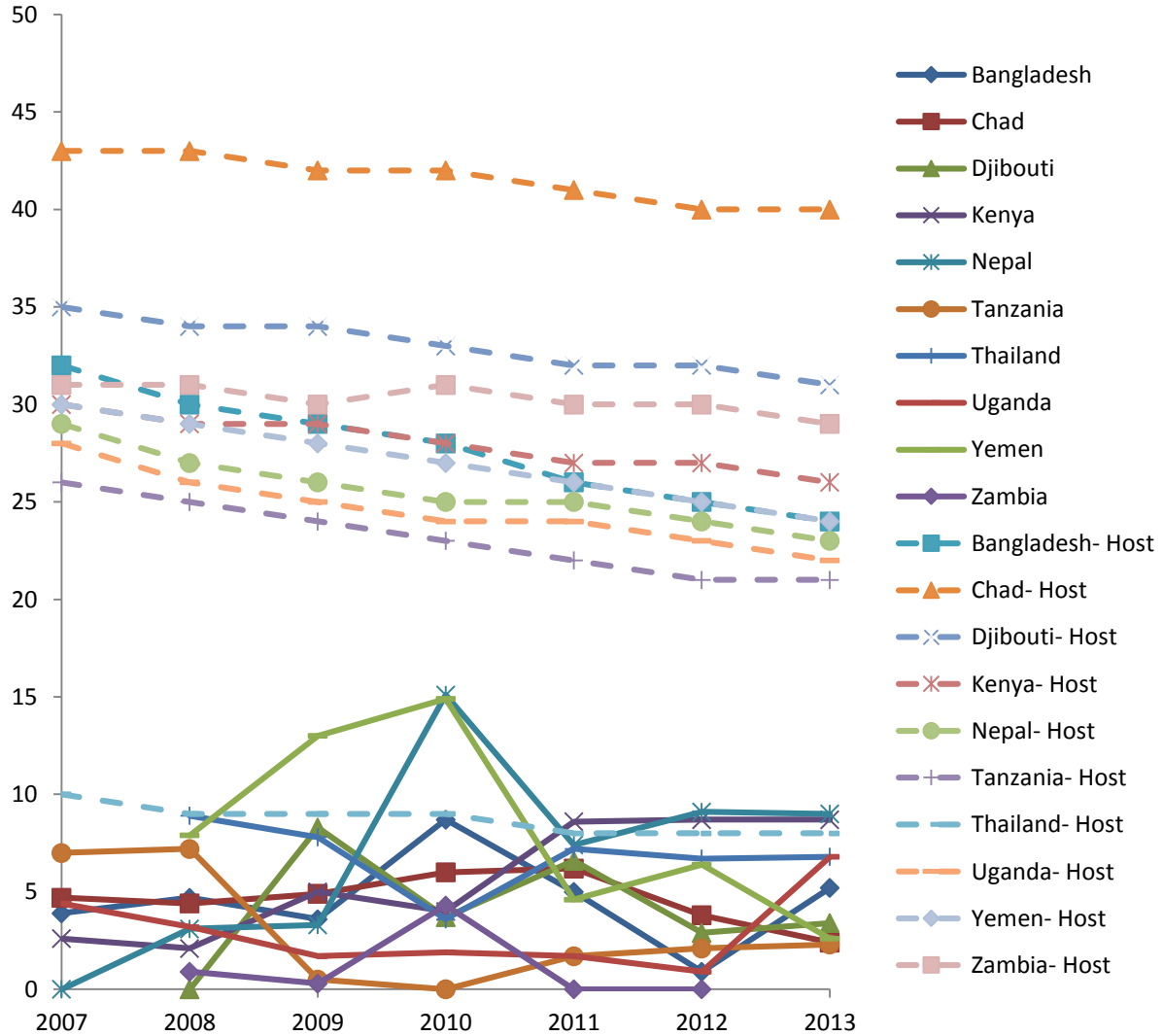
Results

Country	No. of camps	No. of months of data	HIS imp. yr	Monthly Camp Population				Monthly Camp Live Births			
				Mean	Std Dev	Median	IQR	Mean	Std Dev	Median	IQR
Bangladesh	2	154	2007	14,529	3,037	14,510	6,018	43.1	12.8	43	21
Chad	16	994	2007	17,953	7,960	17,362	9,505	57.1	47.6	53.5	49
Djibouti	1	71	2008	13,565	4,031	13,133	8,240	23.1	7.3	22	10
Kenya	5	412	2007	81,723	33,470	48,529	48,529	185.9	83.9	186.5	113
Nepal	2	105	2007	19,291	8,961	18,236	14,854	29.8	17.3	26	19
Tanzania	1	96	2007	57,850	8,262	60,591	12,320	177.8	35.6	174.5	45
Thailand	9	648	2008	15,907	11,474	15,825	10,274	36.4	27.7	33	26
Uganda	13	740	2007	15,333	16,884	8,302	16,380	39.2	51.8	15	51.5
Yemen	3	197	2008	20,314	7,307	21,770	7,965	40.3	17.8	39	17
Zambia	4	149	2008	11,864	4,245	10,687	5,335	49.2	109.2	31	31

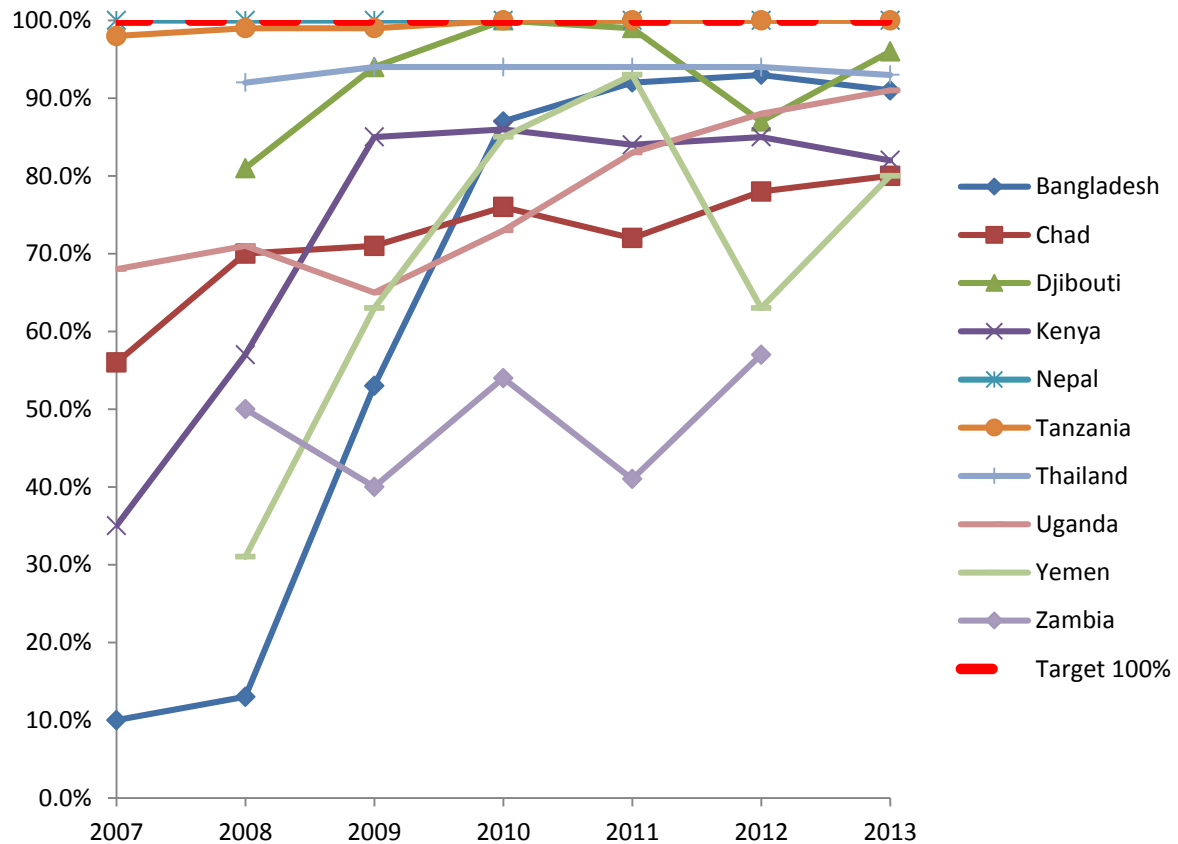
Results: MMR



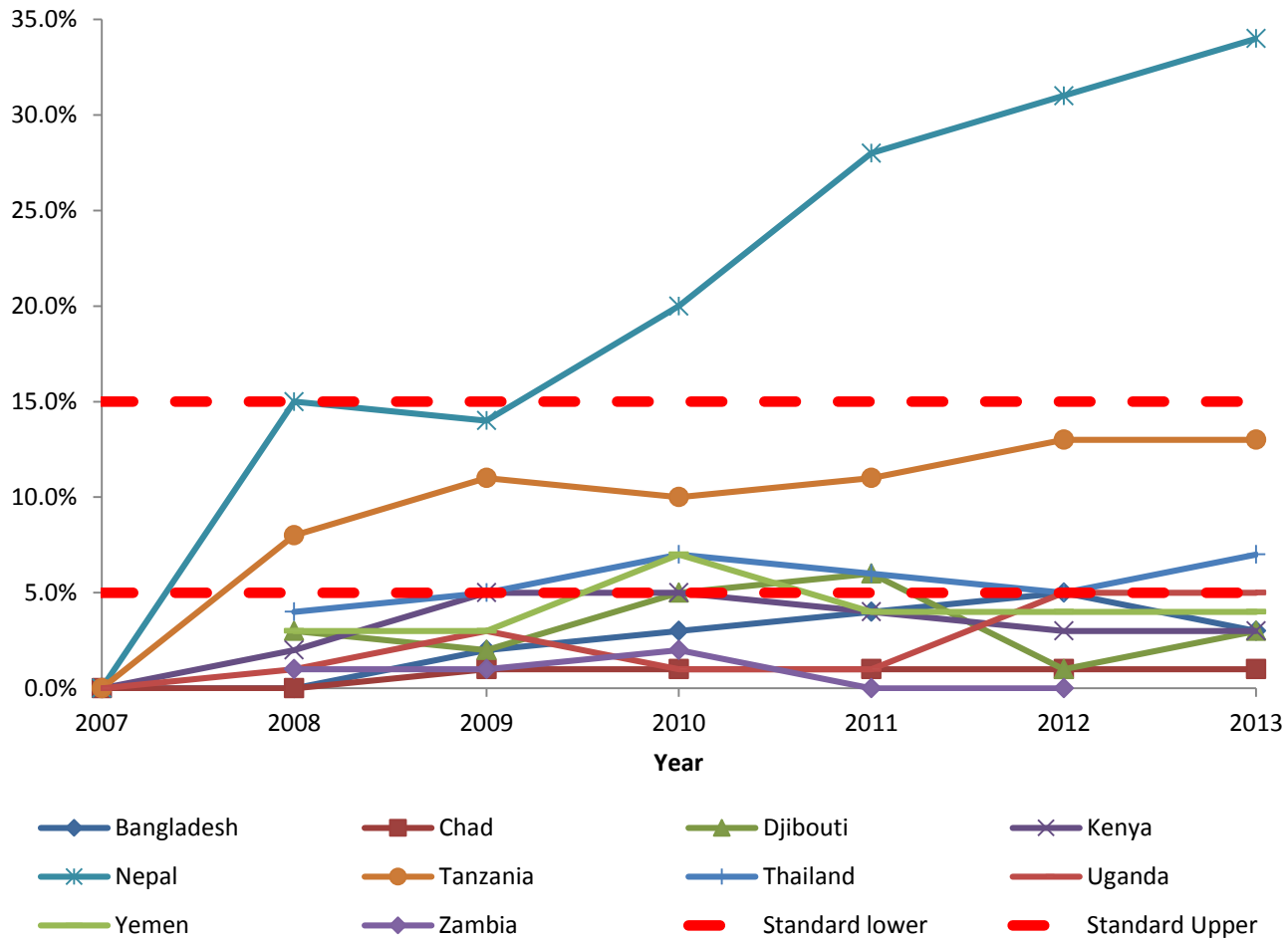
Results: NMR



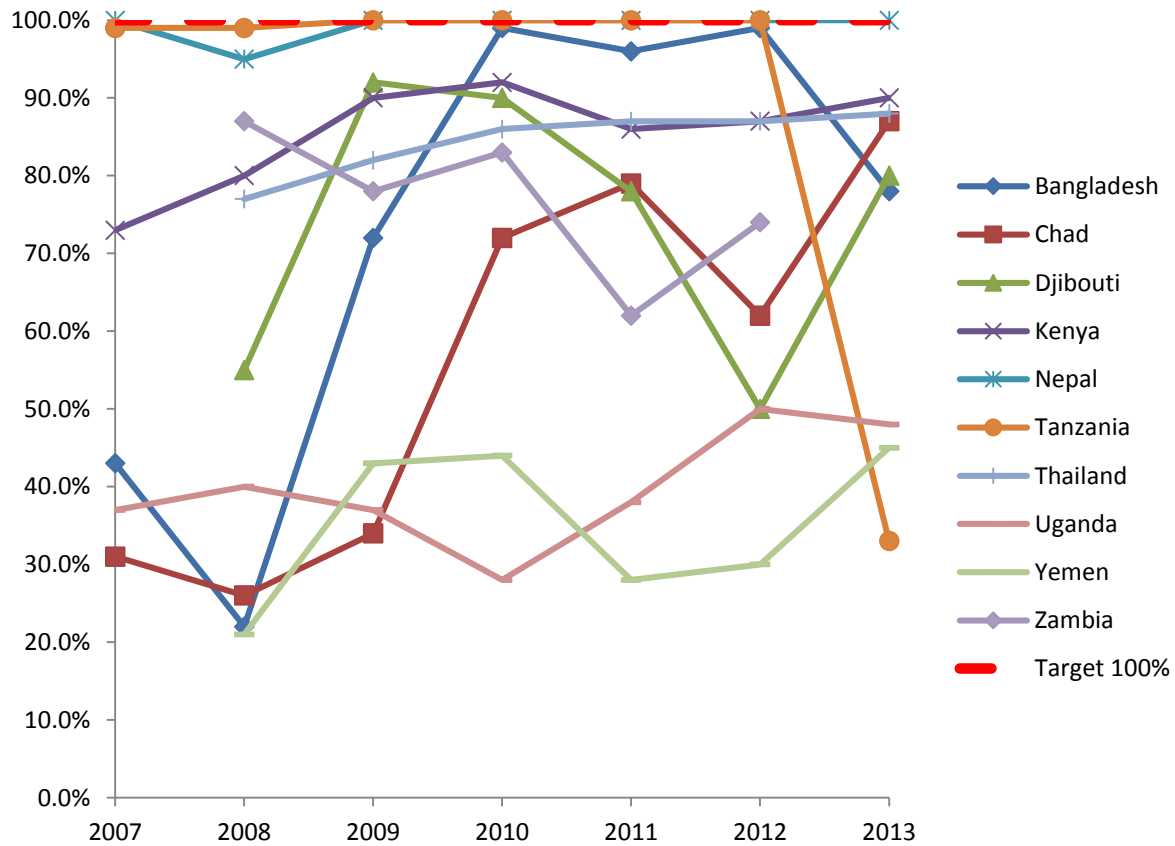
Results: SBA at delivery



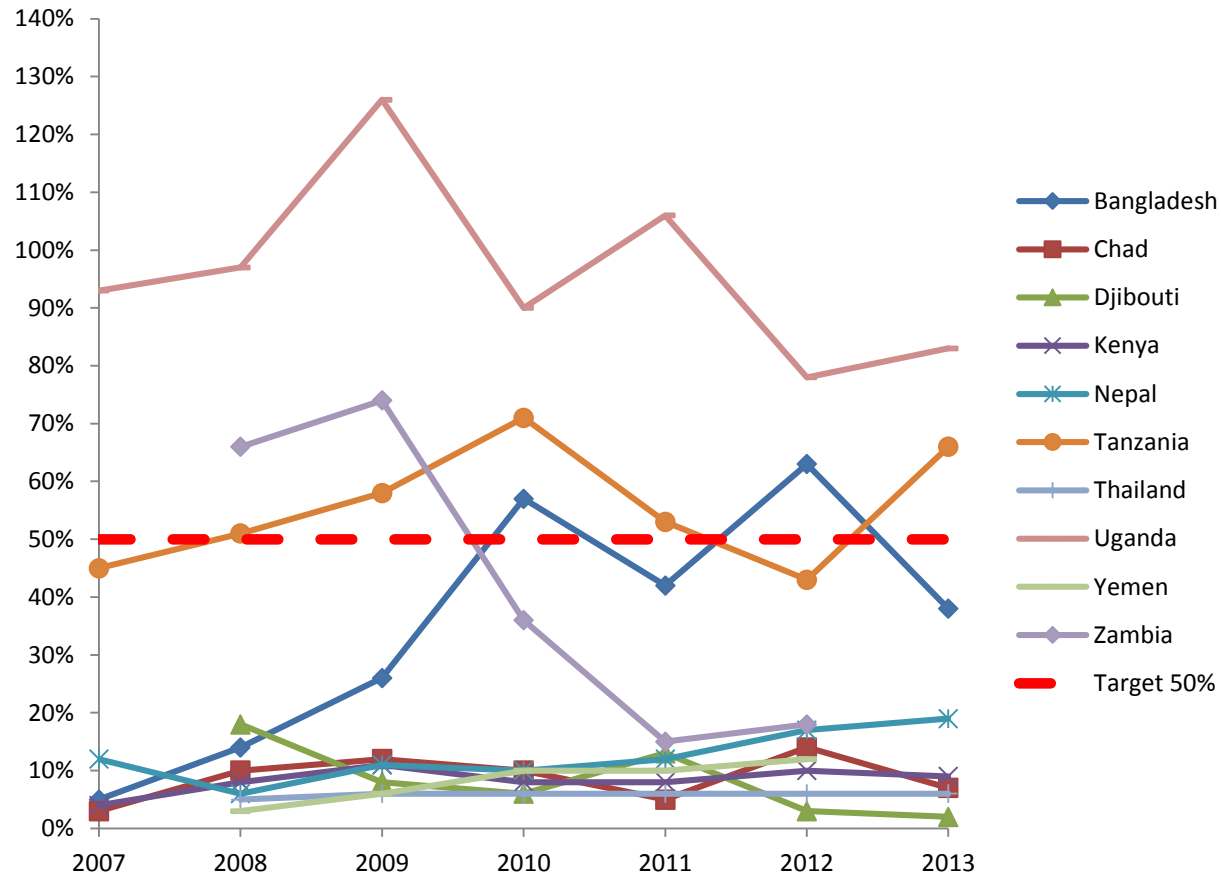
Results: C-section rates



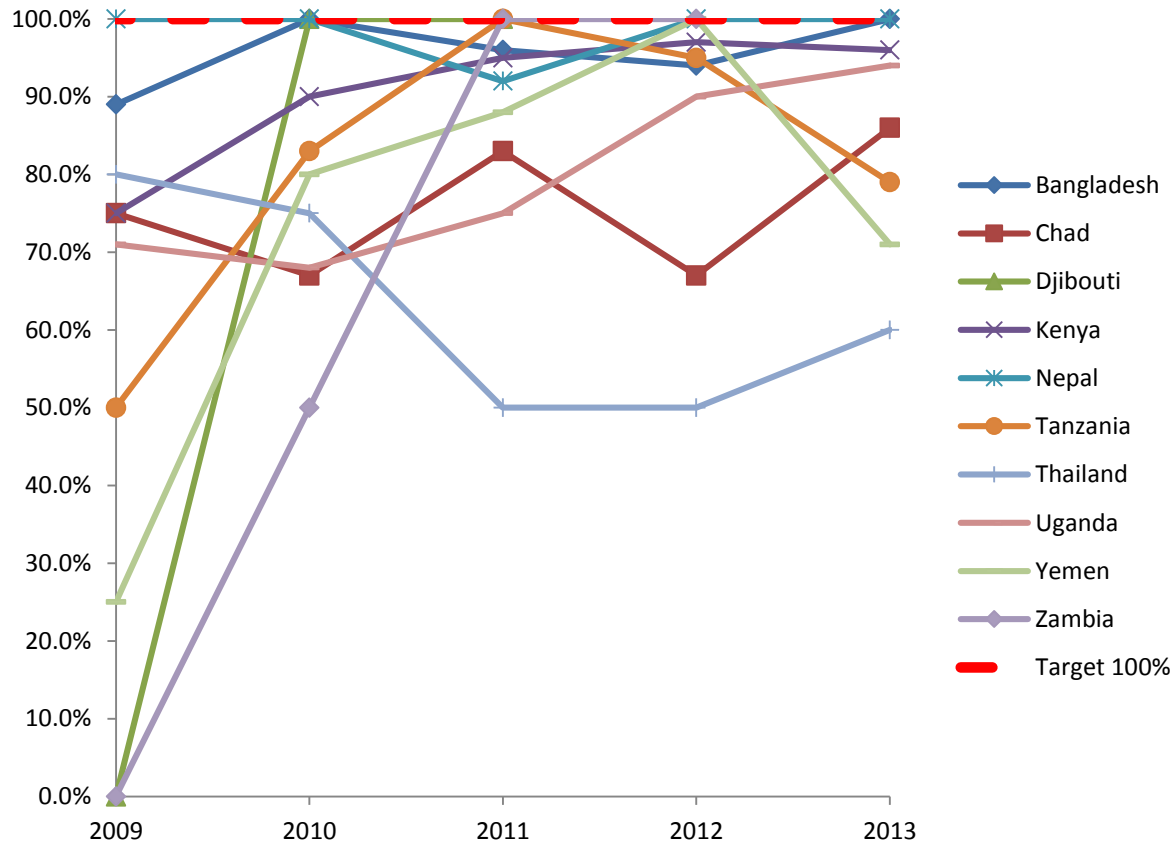
Results: Syphilis screening



Results: Condom distribution



Results: Access to PEP



Limitations

Not representative of all refugee camps

Same country – changing contexts

Under-reporting of mortality

Lack of decentralized data at sub-national levels for host

Data quality

Work in progress

Conclusions

Improvements in key RH indicators seen over years

Achievements in some indicators better than the others

More needs to be done to reach set targets

Data quality needs to be assured

Mortality reporting needs review

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