

Health Information System (HIS)

Training of Trainers

Country Name

Date



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

Using Information to
Protect Refugee Health

Workshop Itinerary

- Day 1
 - Introduction
 - Population
 - Mortality

- Day 2
 - Morbidity
 - Outbreak Alert & Response

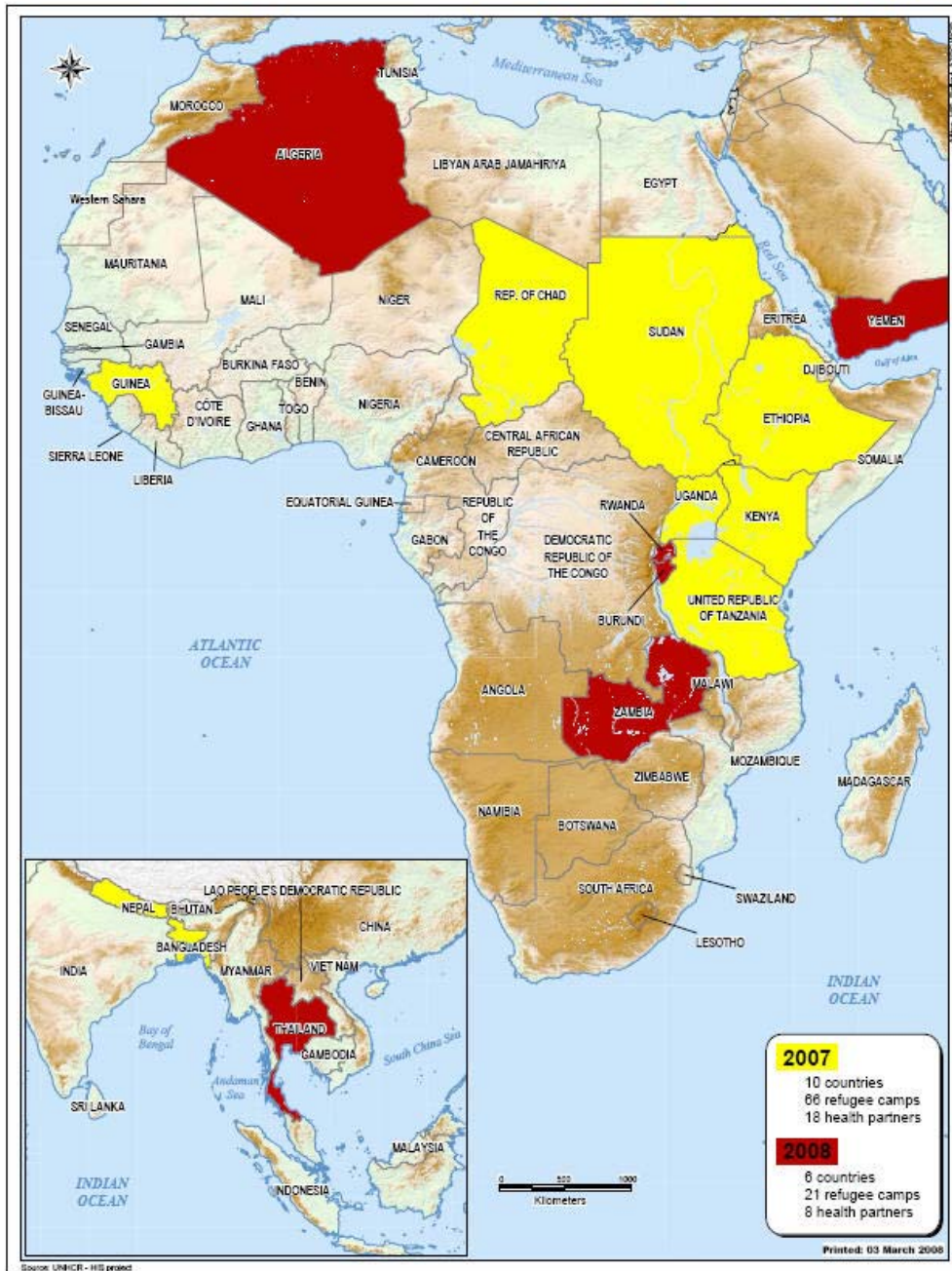
- Day 3
 - EPI
 - Nutrition (SFP & TFP)

Workshop Itinerary

- Day 4
 - Reproductive Health (ANC, Delivery, PNC, FP)
- Day 5
 - HIV/AIDS (VCT and PMTCT)
 - Database Training
 - Wrap-up and Next steps

Workshop Overview

- What is the purpose of this training?
- Who are the target audience?
- What happens after the workshop?



Health Information System (HIS)

Introduction



Using Information to
Protect Refugee Health



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Learning Objectives

Health Information System (HIS)

- Why is it important
- What does it contain?
- How does it work?
- What are the challenges?

Challenge

- UNHCR works with 200 partners to deliver Public Health Services to 14 million refugees
- No common strategy for collection and use of health information:
 - **often incomplete, fragmented data collection**
 - **lack of comparability**
 - **undermines quality and effectiveness of response**
- Single, internationally recognised system:
 - **provide evidence-based assessment of need**
 - **identify gaps in health programs and service delivery**
 - **make recommendations for practice and policy**
 - **improve health outcomes**

Guiding Principles

1. Simple
2. Standardised
3. Functional
4. Flexible

Objectives

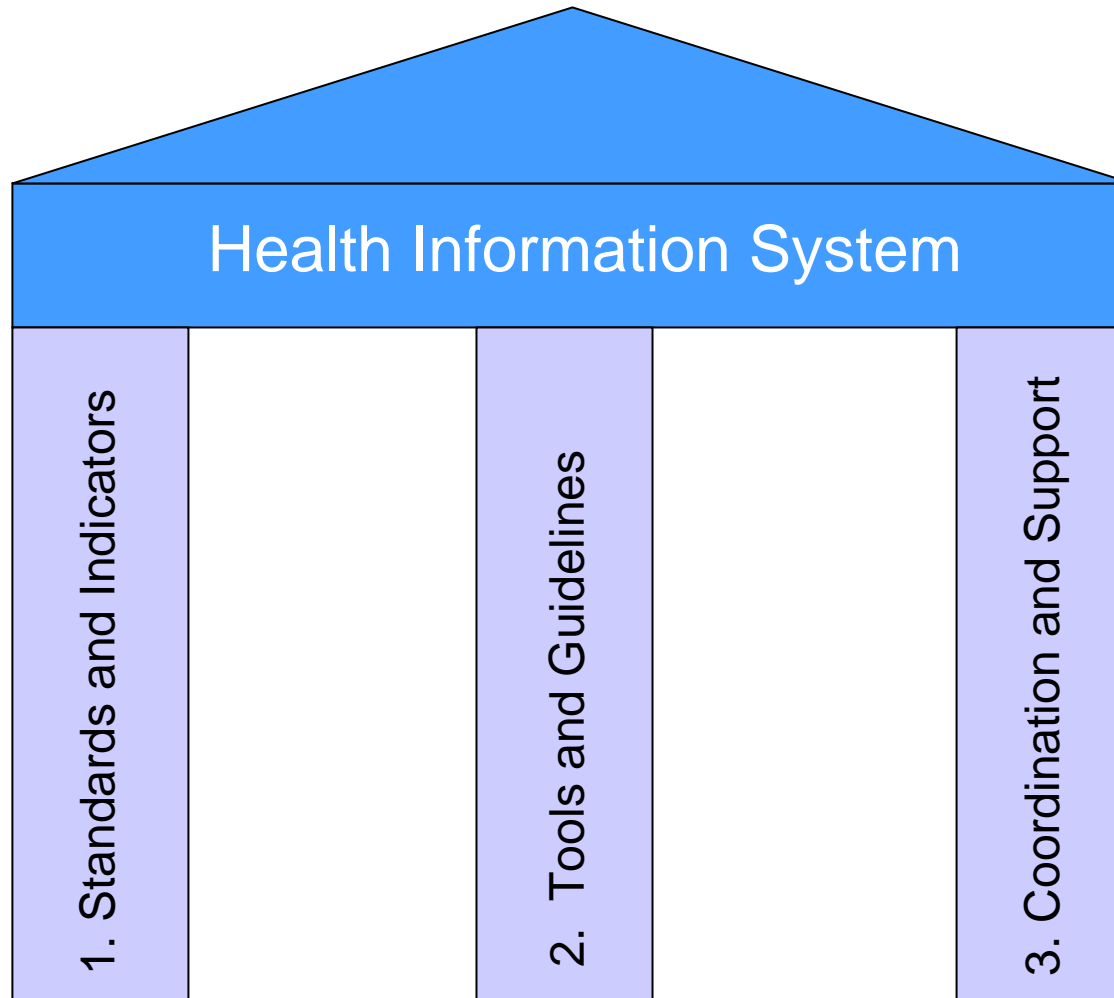
1. Rapidly detect and respond to public health problems and epidemics
2. Monitor trends in public health status and continually address health-care priorities
3. Evaluate the effectiveness of interventions and service coverage
4. Ensure that resources are correctly targeted to areas and groups of greatest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

Learning Objectives

Health Information System (HIS)

- Why is it important
- What does it contain?
- How does it work?
- What are the challenges?

Content



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1) Standards and Indicators

- Starting point: build consensus around a core package of public health standards and indicators
- Referenced a number of sources:
 - **Programmatic (Nutrition, HIV/AIDS)**
 - **Organizational (UNHCR, IRC)**
 - **Donor (BPRM, 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



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7.1 Children Vaccinated

S/N	Indicator Name	Type	Description	Formula	Units	Standard	Source	Remarks
43.	a. Vaccination Coverage Rate	Outcome	Percentage of infants under one year who are fully immunized against target disease	Number of infants who finished antigen course / Total number of infants / 12	%	95%	UNICEF	Disaggregated by BCG, Polio, DPT, Measles, Fully Immunized
44.	b. Program Drop Out Rate	Outcome	Proportion of infants not receiving all three required doses of DTP after receiving an initial dose, compared number of infants who receive an initial dose.	(Number of infants who receive DPT 1 - Number of infants who receive DPT 3) / Number of infants who received DPT 1	%	< 10 %	UNICEF	

7.2 Vaccine Wastage

S/N	Indicator Name	Type	Description	Formula	Units	Standard	Source	Remarks
45.	c. Vaccine Wastage Rate	Outcome	Proportion of doses of vaccine supplied but not administered	(Number of doses of vaccine supplied - Number of doses administered (Refugee + National) / Number of doses supplied	%	< 8%	UNICEF	Disaggregated by BCG, Polio, DPT, Measles, Tetanus Toxoid

2) Tools and Guidelines

- Common tools and methods of collection essential
- Toolkit containing:
 - Tally Sheets
 - Forms
 - Registers
 - Guidelines (Case Definitions, Reference Charts, S&I guide)
- Training Manual

p-m
23/8/06

BP43	13 f 13	S/P.
14054	35 + 2	C. cold.
20750	25 + 2	ATI
4858	38 + 13	trauma
20377	45 + 5	C. cold.
17856	30 + 6	back pain
16368	25 + 5	tooth ache
3030	27 + 4	Gastritis
6252	8 +	Cough
7274	20 + 12	C. cold.
465	9 +	ATI
8724	22 h 7	STI E/O
6112	20 + 11	S/P +
20757	35 h 2	
8799	42 h 4	neck pain
9297	17 +	tooth a/c
3568	12 + 1	head a/c

Residence	Distance	Refugee	Local
ANC		###	###
1 st visit		###	###
Repeat visit		###	###
2 nd 3 rd 4 th 5 th		###	###
PNC	Refugee	###	
	Local	-	

Type	FAMILY PLANNING		P-VALUES	Satisfactory
	2013	2014		
New	###	###	-	###
Repeat			-	###

RPR test	##
no of RPR test on delivery	-

No of women having birth	Adequate Contraception (C-38)	Refugee	Local
		Adequate TT	###

Abortion	Incomplete	##
	Trained	1

table 3.2

diagnosis	<5				total	in	
	N	male	R	N			female
malaria	414	71		397	71	953	
ARI	217	30		204	24	475	
watery diarrhoea	32	9		42		83	
bloody diarrhoea							
Tuberculosis							
Leprosy							
Gastric Affection							
measles							
Meningitis							

ADULT OPD TALLY SHEET

No	Disease Entity
1	URTI
2	LRTI
3	AWD
4	ABD
5	I/P
6	ANEMIA
7	SKIN INFECTION
8	EYE INFECTION
9	MALARIA
10	STD
11	TB
12	MALNUTRITION
13	TRAUMA/BURN
14	OTHER
15	NEW
16	REPEAT
	TOTAL

Table 7 Morbidity

No. of cases	Total Population			Incidence rate
	Female Number	Male Number	Total Number	
1.	Upper respiratory infections	207	78	280
2.	Lower respiratory infections	271	280	551
3.	A. Watery diarrhea	72	113	185
4.	A. bloody diarrhea	08	48	56
5.	Intestinal parasites	65	157	222
6.	Anemia	06	08	14
7.	Skin infections	11	27	38
8.	Eye infections	12	28	40
9.	Urinary T. infections	24	41	65
10.	Malaria	14	20	34
11.	STDs	06	05	11
12.	Tuberculosis	01	-	01
13.	Malnutrition	17	08	25
14.	Trauma	06	57	63
15.	Suspected AIDS	-	-	-
16.	Other (No. only)	155	289	444
	Total (No. only)	1130	1646	2776

600

500

Good HIS Practice

- Understand the data
- Record all the data
- Record the data every time
- Record the data in the same way every time

2) Tools and Guidelines

- 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?

TAALLY SHEET

Health Institution _____

DATE STARTED 21/8/06
DATE ENDED 23/8/06

VACCINATION

Type of vaccination	0-11 months (<1 Year)		TOTAL	12-Month & over		TOTAL
					local	
BCG	13 (III III III III)		13	2		2
Polio at birth						
Polio 0	13		13	2		2
Polio 1	8		8			
Polio 2	108		108			
Polio 3	38		38			

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
Refugee																
National																
Total																



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Health Information System

Daily Tally Sheet

7.1 Children Vaccinated

Name of Organisation _____

Name of Camp & Unit _____

Date (s) _____

Daily

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

Weekly

Health Information System

Weekly Reporting Form

7.0 EPI and Vitamin A

Name of Organisation _____

Name of Camp & Unit _____

Current Week & Month _____

7.1 Children Vaccinated

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



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7.0 EPI and Vitamin A

7.1 Children Vaccinated

Doses administered	Refugee		Total	National	
	< 1	≥ 1 to < 5		< 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		

EPI Indicators	
Target Population for reporting period	0
a. Program dropout rate	
b. Vaccine coverage rate	
BCG	
Polio	
DPT	
Measles	
Fully Vaccinated	

7.2 Vaccine Wastage

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

c. Vaccine Wastage Rate	
BCG	
Polio	
DPT	
Measles	
Tetanus Toxoid	

7.3 Vitamin A distribution

Doses distributed	Refugee	Nat	Total
Post natal			0

s/n	mother name	age	village	gravida	para	1 st abortion	FLW/CR	date first visit	name neonate	wt	sex	date of birth	date of first seen	mother name - cord no
1836	Nyamach TER	30	16	II	I	0	20	9/08/06						002235
1837	Nyalei Macjati	30	17	II	I	0	22	9/08/06						002658
1838	Nyalemi Klati	25	3A	IV	III	5	20	9/08/06						001551
1839	Nyachin Pat	20	16	III	II	0	20	9/08/06						002640
1831	Nude Yismali	30		I	0	0	22	10/08/06						Local / Netiv
1832	Nyadang Umar	31	17	IV	III	0	22	10/08/06						?? 102064
1833	Nyagal Yangter	30	10	V	IV	0	24	10/08/06						003660
1834	Nyamargak Bil	16	4	I	0	0	22	11/08/06						003317
1835	Chel Beath	25	3B	IV	III	0	22	11/08/06						003406
1836	Dilimu Ochoo	20		III	II	0	32	17/08/06						Local / Netiv
1837	Nyachum Bil	25	10	III	II	0	30	18/08/06						002435
1838	Bhan Be'ala	27		II	I	0	2	18/02/06						Local / Netiv
1839	Nyachum Kujin	27	3A	IV	III	0	22	18/02/06						001827
1840	Nyachum Bil	17	17	II	I	0	26	18/08/06						002991
1841	Chel Kiang	19	17	II	I	0	28	"						000524
1842	Nyachum Maloth	16	13	I	0	0	22	"						002002
1843	Be'ala Nyachum	23	4	II	0	0	32	"						003583
1844	Nyachum Dok	20	10	IV	III	1	22	"						002358
1845	Nyachum Kujin	20	4	IV	III	1	18	"						002185
1846	Nyachum Klati	20	3A	V	IV	0	24	"						001855
1847	Nyachum Jang	20	2A	II	I	0	20	"						001770
1848	Nyachum Gach	20	3A	III	II	0	24	"						002107



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REGISTRATION													OBSTETRIC HISTORY			
Serial No.	ANC No.	Name	Age	Status (Ref/Nat)	Address	Date of visit	Marital Status	Gravidity	Parity	No. of children	LMP	EDD	Stillborn	Abortion	Caesarian Section	Last Born

RISK FACTORS												SERVICES (Enter Date Provided)										
1st Visit			2nd Visit			3rd Visit			4th Visit			Facilitator		RPR		TT		Mebend.		ITN		
Date	Hb (g/dl)	ANC RFP	Date	Hb (g/dl)	ANC RFP	Date	Hb (g/dl)	ANC RFP	Date	Hb (g/dl)	ANC RFP	1	2	-ve	+ve	1	2	Mebend.	ITN			

PREGNANCY OUTCOME							
Abortion		Normal Delivery			Stillbirth		
Date	Reason	Date of Delivery	Comp.	Weight	Date	Reason	Weight

A 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

B Obstetric history:

Gravidity:
 > Number of pregnancy (see glossary)

Parity:
 > 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 (XX / 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)

C 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 U = Not gaining weight
 A = Anaemia APH = Antepartum Haem.
 O = Oedema M = Abnormal Lie (after 32 weeks)
 P = Proteinuria H = High BP (above 140/90) Ot = 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 was given (dd/mm/yy)

Mebend:
 > Enter date on which dose of mebendazole was given (dd/mm)

ITN:
 > Enter date on which insecticide treated net was provided (dd/mm)

D 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 OL = Obstructed Labour
 PPH = Postpartum Haem. B = Breech
 E = Eclampsia T = Third Degree Tear
 PS = Puerperal Sepsis Ot = 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)

11 ^{ANC} Repeat ^{MII} DIGEST

19 Refugee > 19

111 = 06 malaria in pregnancy = 06 17

11 = 02 local 111 = 03 malaria in pregnancy = 02

< 19 New > 19

04 + 6 = 10 13 + 10 = 23

local 1 + 1 = 2 3 + 8 = 11

PNC 08 + 5 = 13

Delivery

H/center - 03
 Hospital - 01
 Home - 15
 Total 19 ^{F=10} _{M=9}

False

20-05

ADMINISTRATION FOR REFUGEE/RETURNEE AFFAIRS

Name: Habem Selwa

Hospital No: _____
 Age: 20 Sex: F
 Bed Patient Ambulatory Patient
 Date: 29-08-06
 Clinical Data

Physician	Quantity (C.C.)	Urobilinogen	Microscopy
Colour		17-Ketosteroids	RBC-HPF
PH		17-hydroxycorticoids	WBC-HPF
Specific gravity		V.M.A.	Caust: RBC
Albumin: Qualitative		Coproporphyrin	WBC
Quantitative		Haemosiderin	Granular
Glucose		Bence-Jones Protein	Hyaline
Ketones		D-xylose excretion	"Oval fat bodies"
Amylase		Pregnancy test	Others:
Bilirubin		Creatinine clearance	

[Handwritten signature]

Date of Report: _____

URINE

Def New

COC

2006



Health Information System

Name of Organisation _____

Daily Reporting Form

Name of Camp & Unit _____

9.1 Antenatal Tally Sheet

Date (s) _____

	Refugee		National	
	< 18	≥ 18	< 18	≥ 18
Number of first antenatal visits < 1st trimester	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	00000 00000 00000 00000 00000
Number of first antenatal visits > 1st trimester	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	00000 00000 00000 00000 00000
Number of repeat antenatal visits	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
Number of RPR tests conducted	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000	00000 00000 00000
Number of RPR tests positive	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000	00000 00000 00000
Number of RPR positive contacts treated	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000	00000 00000 00000
Number of high-risk pregnancies detected	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	00000 00000 00000 00000 00000
Number of abortions	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000 00000 00000 00000 00000	00000 00000 00000	00000 00000 00000

9.0 Reproductive Health

9.1 Antenatal Care

Number of antenatal visits	Refugee			National	
	< 18	≥ 18	Total	< 18	≥ 18
First antenatal visit < 1st trimester			0		
First antenatal visit > 1st trimester			0		
Repeat antenatal visit			0		
Number tested for RPR			0		
Number tested positive for RPR			0		
Number of contacts of RPR positive cases treated			0		
Number of high-risk pregnancies detected			0		
Number of abortions			0		

Number of pregnant women at time of delivery who:	Refugee			National	
	< 18	≥ 18	Total	< 18	≥ 18
Received 4 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

- a. Proportion of first time ANC visits made < 1st trimester
- b. Coverage of syphilis screening in pregnancy
- c. Prevalence of syphilis (ANC)
- d. Abortion ratio

- e. Coverage of complete antenatal care
- f. Coverage of antenatal tetanus immunisation
- g. Coverage of IPT for malaria in pregnancy

9.2 Delivery Care

	Refugee	National

Learning Objectives

Health Information System (HIS)

- Why is it important
- What does it contain?
- How does it work?
- What are the challenges?

3) Coordination and Support

- How does the system operate?
 - **When to monitor (reporting calendar)**
 - **How to monitor (the data cycle)**
 - **Who is involved (partners and their respective roles)**

51	15	16	17	18	19	20	21
52	22	23	24	25	26	27	28

March 2008

Wk	Sat	Sun	Mon	Tue	Wed	Thu	Fri
10	1	2	3	4	5	6	7
11	8	9	10	11	12	13	14
12	15	16	17	18	19	20	21
13	22	23	24	25	26	27	28

June 2008

Wk	Sat	Sun	Mon	Tue	Wed	Thu	Fri
23	31	1	2	3	4	5	6



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Health Information System
Weekly Reporting Form
2.0 Mortality

Name of Organisation _____
Name of Camp _____
Current Week & Month _____

2.1 Mortality by Age

	Refugee		National	
	<1	≥1 to <5	<5	≥5
Male				
Female				

2.2 Mortality by Cause

	Refugee		National	
	<5	≥5	<5	≥5
1. Malaria (confirmed)				
2. LRTI				
3. Watery diarrhea				
4. Bloody diarrhea				
5. Tetanus				
6. Measles				
7. Meningitis				
8. ACD				
9. Sepsis				
10. Neonatal death				
11. Acute malnutrition				
12.				
13.				
14.				
15.				
16. Other				

Health Information System
Weekly Reporting Form
2.0 Mortality

Name of Organisation _____
Name of Camp _____
Current Week & Month _____

2.1 Mortality by Age

	Refugee		National	
	<1	≥1 to <5	<5	≥5
Male				
Female				

2.2 Mortality by Cause

	Refugee		National	
	<5	≥5	<5	≥5
1. Malaria (confirmed)				
2. LRTI				
3. Watery diarrhea				
4. Bloody diarrhea				
5. Tetanus				
6. Measles				
7. Meningitis				
8. ACD				
9. Sepsis				
10. Neonatal death				
11. Acute malnutrition				
12.				
13.				
14.				
15.				
16. Other				

Health Information System
Weekly Reporting Form
2.0 Mortality

Name of Organisation _____
Name of Camp _____
Current Week & Month _____

2.1 Mortality by Age

	Refugee		National	
	<1	≥1 to <5	<5	≥5
Male				
Female				

Health Information System
Weekly Reporting Form
2.0 Mortality

Name of Organisation _____
Name of Camp _____
Current Week & Month _____

2.1 Mortality by Age

	Refugee		National	
	<1	≥1 to <5	<5	≥5
Male				
Female				

Health Information System v0.9.40
Monthly Reporting Form

Name of Organisation	Select Name	Current Month	Select		
10. Neonatal death		0			
11. Acute malnutrition		0			
12.		0			
13.		0			
14.		0			
15.		0			
16. Other		0			
Total		0	0	0	0

51	15	16	17
52	22	23	24

March 2008

Wk	Sat	Sun	Mon
10	1	2	3
11	8	9	10
12	15	16	17
13	22	23	24

June 2008

Wk	Sat	Sun	Mon
23	31	1	2

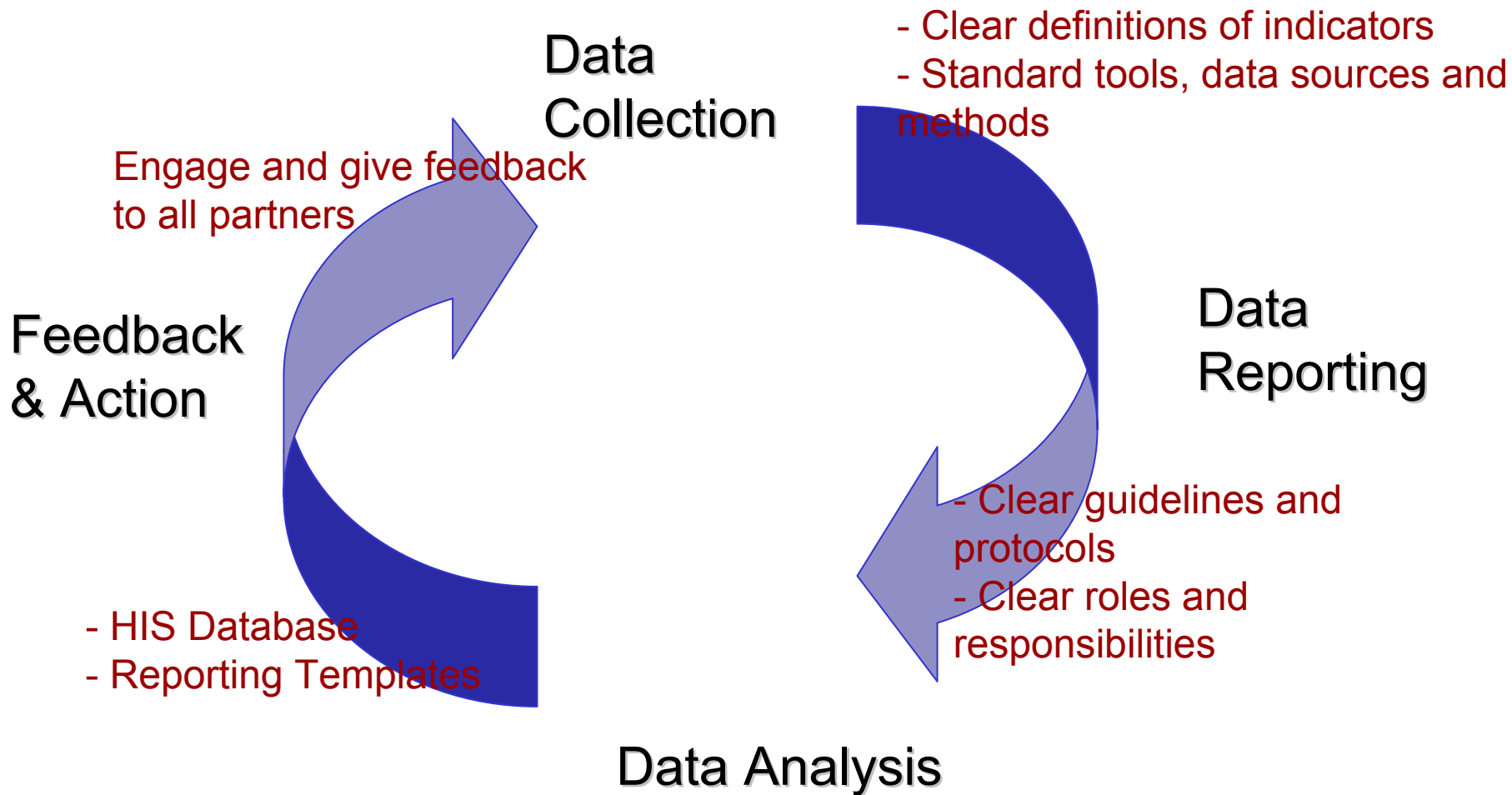
Mortality Indicators	Male	Female	Total
Crude Mortality Rate (CMR)			
Under 5 Mortality Rate (U5MR)			
Infant Mortality Rate (IMR)			
Neonatal Mortality Rate (NNMR)			
Maternal Mortality Ratio (MMR)			

Mortality Indicators	Male	Female	Total
Crude Mortality Rate (CMR)			

Data Cycle

- Reports submitted to UNHCR in MS Excel format
- Imported into MS Access database
 - **Developed by iMMAP**
 - **Permits rapid analysis and reporting of data over time, and across camps**
 - **Graphing and mapping capability**
- Information accessible to all stakeholders, at all levels of health management

Data cycle



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Turning Information into Action

Surveillance



- Data collection
- Analysis
- Interpretation
- Dissemination

Public Health Action

- Priority setting/planning
- Implementing
- Evaluating programs

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 v1.2.0

Monthly Reporting Form

Select Country

Thailand

Select Language

English

1.1 General Information

Name of Organisation	<input type="text" value="Select Name"/>	Current Month	<input type="text" value="Select Month"/>
Name of Camp	<input type="text" value="Select Camp"/>	Current Year	<input type="text" value="Select Year"/>
Name of Health Coordinator:	<input type="text"/>	Email Address	<input type="text"/>

1.2 Population

Age	Male	Female	Total	% estimate
a. Total Population			0	
b. Number of live births			0	
c. Number of infants < 1 year			0	
d. Number of children < 5 years			0	
e. Number of females 15 - 49 years		0		20
f. Number of preg and lact women		0		4

Population Source	<input type="text" value="Select Population Source"/>
--------------------------	---

Health Information System

Global exit HIS
 HIS v 1.2.011
 TZ, KY, ET, UG, SD, DJ, TD, GN,
 BD, NP backup HIS

Main Menu EN

1 Import

Camp Reports

2 Review

2008.01 Beldangi II ext

edit export
 validate delete
 preview

Data Analysis - Result Table

Data Analysis - Result Table Close

Camp	Male CMR	Female CMR	Total CMR
Bangladesh	0.27	0.13	0.20
Chad	0.18	0.16	0.16
Djibouti	0.11	0.00	0.05
Ethiopia	0.12	0.12	0.12
Guinea	0.24	0.37	0.31
Kenya	0.21	0.21	0.21
Nepal	0.31	0.24	0.28
Sudan	0.34	0.31	0.33
Tanzania	0.28	0.24	0.25
Uganda	0.25	0.16	0.20

Copy Data Generate Graph Generate Map

Data Analysis - Graph

Data Analysis - Graph

Indicator Analysis

Indicator Analysis Close

Section: 2. Mortality

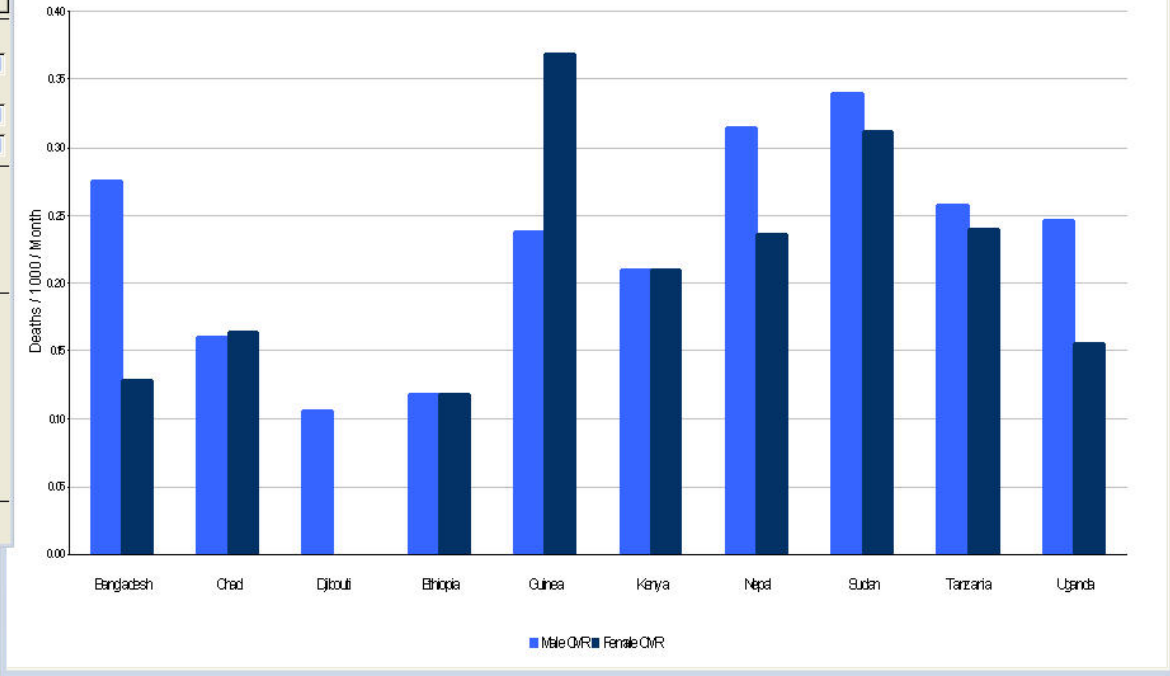
Indicator: a. Crude Mortality Rate (CMR)

Breakdown (x-axis): Country

Period: Specific Month: 2008.01
 Specific Year: 2007
 From:
 To:

Camps: All
 Bangladesh
 Chad
 Djibouti
 Ethiopia
 Guinea
 Kenya
 Nepal
 Sudan

▶ generate



Learning Objectives

Health Information System (HIS)

- Why is it important
- What does it contain?
- How does it work?
- What are the challenges?

Challenges

- The Health Information System will only be as good as the data collected
- Only collect data if it translates into public health action
- Implementing a new Health Information System requires time, and constant monitoring and supervision
- New and advancing areas for monitoring and evaluation of public health programs
- Inevitable areas of overlap with other requirements