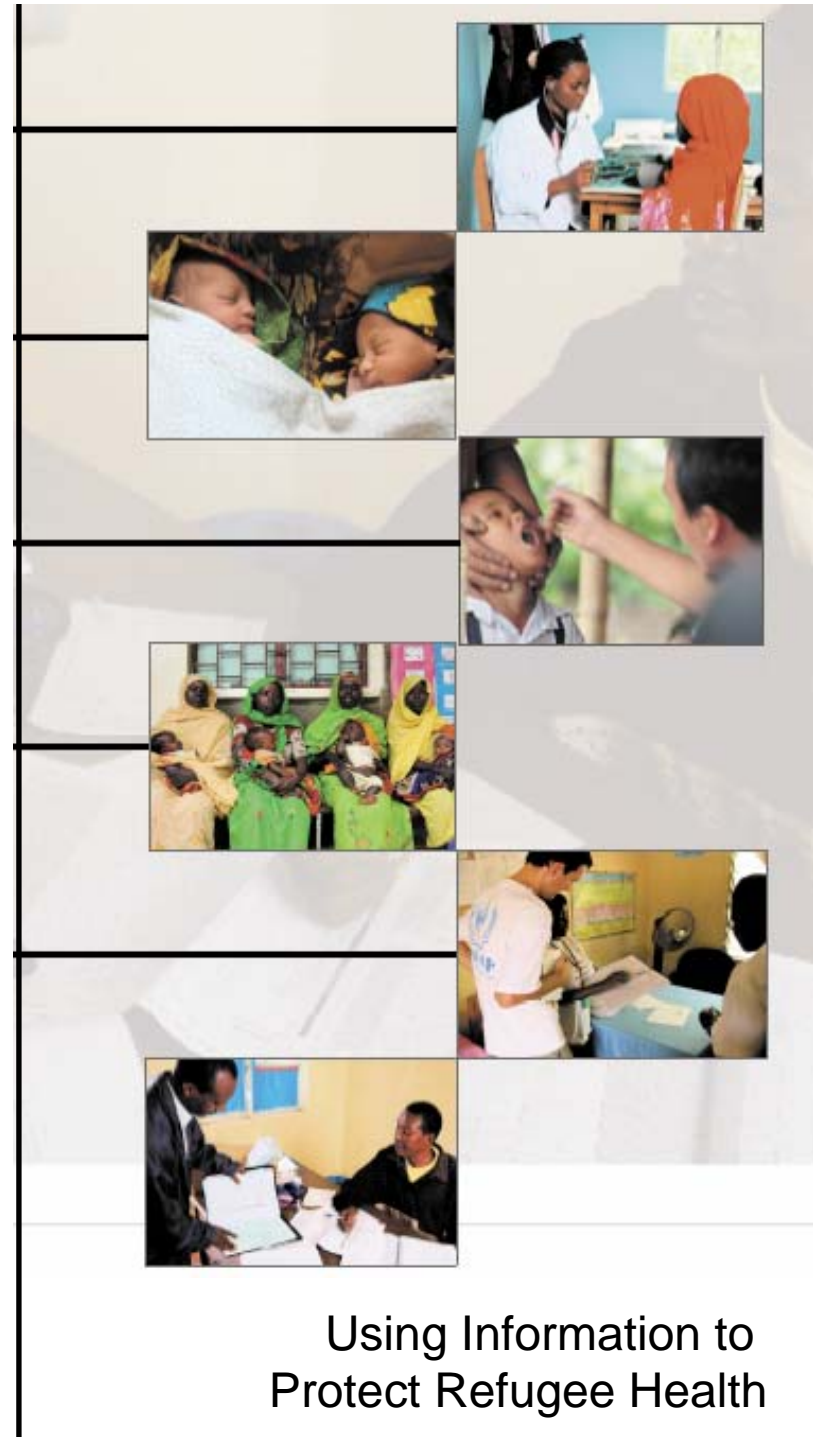


Health Information System (HIS)

Module 10 – HIV/AIDS



Using Information to
Protect Refugee Health



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Key Program Components

- VCT
 - Counselling and Testing
- PMTCT
 - Counselling and Testing
 - Prevention of Mother to Child Transmission
 - During pregnancy
 - During labour and delivery
 - Post-partum



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1. Voluntary

- HIV counselling and testing should always be voluntary
- Client should consent to undertake the test after being counselled of the relevant facts and implications of a test result
- Respects the client's testing decision



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2. Confidential

- All information recorded in VCT and PMTCT should protect the confidentiality of the client and prevent his or her identity from being linked with test results
- Information is shared only with staff directly involved in care — and only on a “need to know” basis



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3. Private

- All client information should be kept private
- All medical records and registers should be kept in locations out of public view, and secured with a lock and key



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>1 What are the tools used for data collection?

- **Primary Tools**
 - **VCT / PMTCT Client Register**
 - **VCT / PMTCT Results Register**
 - **Weekly + Monthly HIV/AIDS Report**

- **Secondary Tools**
 - **Informed Consent Form**
 - **Client Intake Form**
 - **Repeat Visit Form**
 - **VCT / PMTCT Card**



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>2 Who is responsible for collecting the data?

- VCT / PMTCT counselors in each site should take responsibility for recording information
- HIV/AIDS Supervisor is responsible for compiling Weekly Report



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Health Information System (HIS)
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>3 What data should be collected and how?

- Document each step in counselling and testing process
- Take into consideration testing algorithm of country in question
- Registers designed to protect the confidentiality of the client and ensure his or her identity are not linked with HIV test results
- Document provision of basic preventative care package for those who test HIV positive



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VCT Client and Results Registers

Serial No.	VCT No.	Name	Age	Sex	Status (Ref / Nat)	Address	Date of visit	Prev. Test (Y / N)	Referred from: *	Next appt. date

- * Referred from:
1. Self referral
 2. TB clinic
 3. STI clinic
 4. Out-patient dept. (not TB or STI)
 5. In-patient dept.
 6. Blood donation
 7. Other (please specify)

VCT Client Register

Serial No.	VCT No.	Counsellor code	Age	Sex	Status (Ref / Nat)	Date of visit	Prev. test (Y / N)	TEST RESULTS						Partner VCT Code (if tested)	Referred to: †	Next appt. date
								Pre-test counselled	Tested	Screening test*	Confirmatory test*	Tie-breaker*	HIV Status**			

- † Referred to:
1. TB clinic
 2. Care and Treatment Centre
 3. PMTCT clinic
 4. Nutrition centre
 5. In-patient dept.
 6. None
 7. Other (please specify)

VCT Results Register



PMTCT Client and Results Registers

Serial No.	PMTCT No.	Name	Age	Status (Ref / Nat)	Address	Date of visit	Prev. Test (Y / N)	Gravidity	Parity	No. of children	Gestational age	Type of counselling (Individual / Couple)	Next appt. date

PMTCT Client Register

Serial No.	PMTCT No.	Counsellor code	Age	Status (Ref / Nat)	Date of visit	Prev. Test (Y / N)	CLIENT TEST RESULTS					PARTNER TEST RESULTS					Next appt. date									
							Pre-test counselled	Tested	Screening test *	Confirmatory test *	Tie-breaker *	HIV Status**	Post test counselled	Accepted ARV	Pre-test counselled	Tested		Screening test *	Confirmatory test *	Tie-breaker *	HIV Status**	Post test counselled	Result Shared			

PMTCT Results Register



Health Information System

Monthly Reporting Form

10.0 HIV/AIDS

Name of Organisation _____

Name of Camp & Unit _____

Current Month _____

10.1 Condom Distribution

Number of condoms distributed	Condom type	
	Male	Female
OPD / STI Clinic		
Family Planning Clinic		
Community Health		
Other		

10.2 Voluntary Testing and Counselling (VCT)

Number of VCT clients	Refugee				National			
	< 18		≥ 18		< 18		≥ 18	
	M	F	M	F	M	F	M	F
Pre-test counselled								
Tested for HIV								
Tested positive for HIV								
Post-test counselled								

10.3 PMTCT (Antenatal)

Number of pregnant women	Refugee			National		
	< 18	≥ 18	Partner	< 18	≥ 18	Partner
Pre-test counselled						
Tested for HIV						
Tested positive for HIV						
Post-test counselled						
Who accepted to take ARV at 28 weeks						

Coverage

Numerator

Denominator

- Target Population
- Pre-test counselled
- Tested
- Tested Positive
- Post-test counselling & result



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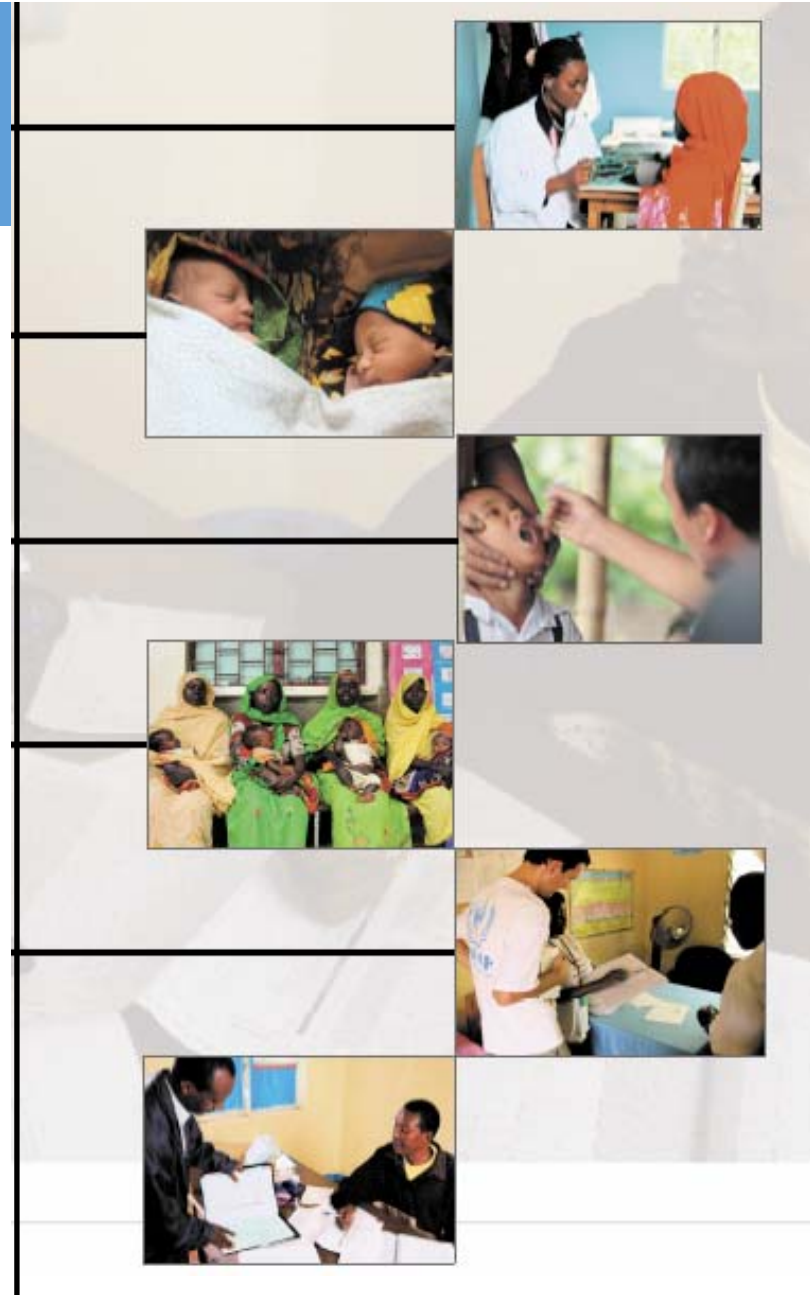
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Exercise Work

Health Information System (HIS)

Module 10 – HIV/AIDS

Exercise Q1 to Q4



PMTCT Labour, Delivery and Postnatal Register

Serial No.	PMTCT No.	Counsellor code	Age	Status (Ref / Nat)	Gravidity	Parity	HIV Status*	LABOUR & DELIVERY						
								Date of delivery	Mode of delivery	Location of delivery	Newborn sex (M / F)	Anti-retroviral Use (enter date given)		Mother-Newborn pair (✓ or X)
												Mother	Newborn	

POST-NATAL							Reason for exit
Co-trimoxazole use (enter date started)		Infant Feeding Options **	Accepted FP	Received HBC	Infant HIV Status at 18 months	Date of exit	
Mother	Infant						

1. Discharge
2. Death (neonate)
3. Death (< 1 year)
4. Death (> 1 year)
5. Default
6. Referral

Health Information System

10.4/5 PMTCT Referral Form

Section 1: Mother Information

<i>PMTCT No.</i>	<i>Gravidity</i>	<i>Status (Circle)</i> Refugee / National
<i>Age</i>	<i>Parity</i>	<i>HIV Status (Circle)</i> Positive / Indeterminate

Event	Date	Time	Remarks (Circle)
Admission to labour ward			
Onset of labour			Spontaneous / Induced
Swallowed ARV			
Membrane rupture			Spontaneous / Artificial
Delivery			<i>Mode of delivery:</i>

Section 2: Newborn Information (fill more than one form if multiple pregnancy)

<i>Sex (Circle)</i> Male / Female	<i>Weight (kg)</i>	<i>Head circumference (cm)</i>
<i>Apgar Score</i>	<i>Length (cm)</i>	<i>Remarks</i>

Event	Date	Time	Remarks
Given ARV			Within 72 hours? Yes / No

Section 3: Referral Information

<i>Referred to (counsellor / clinic):</i>	<i>Date:</i>	<i>Print Name:</i>
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10.4 PMTCT (Labour and Delivery)

HIV positive deliveries	Refugee				National	
	< 18		≥ 18		< 18	≥ 18
	Home	EmOC †	Home	EmOC †		
Live births						
Still births						
Abortions						
During which mother swallowed ARV						
After which newborn was given ARV < 72 hours						
No. of mother-newborn pairs that received ARV *						

* on time, according to national protocol † EMoC = Emergency Obstetric Care

10.5 PMTCT (Postnatal)

Number of HIV positive women who:		Refugee			National		
		< 18	≥ 18	Total	< 18	≥ 18	Total
Choose to exclusively breastfeed							
Choose to replacement feed							
Received at least 1 HBC visit*							
Accepted modern family planning							
Number of mothers who started co-trimoxazole							
Number of infants who started co-trimoxazole							
Number of exits:	<i>discharge</i>						
	<i>death (neonatal)</i>						
	<i>death (< 1 year)</i>						
	<i>death (> 1 year)</i>						
	<i>default</i>						
	<i>referral</i>						
Infant HIV outcomes	HIV positive at 18 mnths						

* Home Based Care