Frequently Asked Questions

HIS 2009 update

MS Excel Sheet

HIS Database

Learn More

HIS 2009 Update

1. **Why is the HIS changing in 2009?**

   It is important that HIS stays aligned with best practice and new advancements in the monitoring of public health programmes. We also want to keep HIS flexible and responsive to the needs of the field, and so have worked hard to incorporate the suggestions and feedback we received last year.

2. **What are the main changes?**

   The changes in 2009 vary from minor design changes to major differences in the way data is collected. Summarized notes on the changes within in each HIS section can be found below.

3. **When will I receive the new toolkits?**

   The new registers, tally sheets and report forms have been printed and are expected to arrive in the UNHCR branch offices in **mid-March 2009**. We plan that they will be forwarded on to the camps in **April**, and will be ready for use by **May**.

4. **How have they been packed and labelled?**

   The toolkits have been packed and labelled according to each camp in the country. Your UNHCR health coordinator will help to ensure that they are distributed promptly to the partners in each camp.

5. **How can I distinguish the new tools from the old ones?**

   All the new registers, forms, reports and guidelines have the HIS 2009 logo stamped on the cover (see opposite). This will help you easily distinguish new from old tools.

6. **What should I do with my old tools?**

   Not all your tools need to be replaced immediately. Some can continue to be used in 2009 until they are filled. However, other tools will need to be recalled and replaced entirely. Click here to see a table showing which toolkit items need to be recalled, and which can continue to be used until they are full.

   Please don't throw your old books away! We would be very interested to look at the data you have collected and use them. Please write to us or your UNHCR health coordinator so we can make arrangements to collect them.

7. **How long will the new toolkits last for?**

   The new toolkits are estimated to last for 12 months.

8. How do I order more?

Each country will be sent a country supply kit which contains spare materials should you run short of materials during the year. Please contact your UNHCR Health Coordinator if you would like to receive items from this stockpile.

You will also be sent a CD-ROM containing electronic copies of all tools, from which you can print spare copies. All items can also be downloaded and printed from the website.

9. When should I start using the new toolkits?

It is very important that all new registers, forms and reports are filled consistently from the start of a new reporting month.

We hope that the new tools will arrive in the field ready for you to start using them from the start of the reporting month of **May**. The first reports will then be entered into Excel and imported into the new database at the end of the following week and/or month.

10. What happens if I don't manage to start on time?

Don't worry. If you need to start reporting from a later date this is fine. Please keep us informed let us know when you do start.

11. What support is available for training and supervision?

Training was identified as a key priority for us in 2009. We recognise that high staff turnover and poorly incentivized staff are very real problems and can be extremely detrimental to the quality of our data. Coupled with the introduction of new changes, this made us look carefully at the frequency and the types of training that are needed.

We plan to organise our field support in three ways:

i. **Integrate HIS within existing trainings.**

If there is an existing technical training planned on clinical or programme management (e.g. in management of rape, or treatment of severe malnutrition) then we will work with your Regional Coordinators to ensure that HIS requirements for the monitoring of the programme are also addressed. We are in the process of mapping out when and where these trainings will take place.

ii. **HIS data analysis and use.**

We recognise that we need to provide field users with better data management skills, so they can analyse and make proper use of the data. This year we will focus on the use of HIS data for **Outbreak Alert and Response**. We will be developing new training materials for this and it will be conducted with the help of the Epidemic Preparedness and Response Coordinators (EPRCs).

iii. **Provide continued on-the-job support.**

We will organise more camp-level monitoring visits with other Regional and HQ colleagues in 2009, together with more HIS evaluations. These offer a useful means

of reaching frontline staff and providing practical on-the-job training, as well as identifying longer-term needs and making recommendations to improve future practices.

We will be working individually with you and your Regional Coordinators to define how, when and where refresher trainings will take place. If you have ideas and preferential dates according to your own needs then please contact us and let us know.

12. How can I access more support?

For tools, guidelines and training materials: www.unhcr.org/his

For database releases and software downloads: www.unhcr.org/HISdatabase

For any questions, please write directly to: HQHIS@unhcr.org

MS Excel Sheet

13. Will my Excel sheet need to change?

Yes. A new 2009 Excel sheet will soon be available to download from the website for you to enter your new data. This will be compatible with the new 2009 toolkits. It also has a number of other important features which include:

1. Weekly reporting
2. Flexible reporting
3. Health facility-level reporting

See questions 14, 15 and 16 for more information on these features.

14. Will I be able to enter my data into Excel each week?

Yes. On the first worksheet of the new Excel form there is an option to Select reporting frequency. This is either **Weekly Reporting** or **Monthly Reporting**.

If **Weekly Reporting** is selected, you will be able to enter your data directly from the paper-based forms according to the numbered weeks in the reporting calendar. The weekly Excel sheets can then be imported into the database in the same way as the monthly sheets, and the computer will automatically add them to form monthly totals.

15. What if I don't implement all the health services monitored in the HIS?

In the new Excel sheet, you will be able to customise HIS reporting to suit the specific needs of your health programmes in the field. We have offered much greater flexibility to allow you to turn programmes 'on/off' depending whether or not they are implemented. A **new Options tab** will be available in the Excel sheet for you to show/hide relevant worksheets or data tables.

16. Can I report data from individual health facilities into the HIS?

Yes. A new feature in the 2009 HIS is the ability to enter data from each facility into the database. These facility reports will be then aggregated automatically by the database into camp-level reports by the database. If you are interested in using this option then please <u>write to us</u>.

HIS Database

17. Will my Database need to change?

Yes. The database will be updated to reflect the new 2009 changes. You will be sent an e-mail when this is ready for download from the website (expected in mid-April).

18. What are the major improvements that I can expect in my database?

i. Step 4 – Action!

In 2009, Outbreak Alert and Response is being emphasised as one of the most important functions of HIS which requires immediate action in the field. We have added a new 'Step 4 – Action' to the Main Menu of the database to emphasise this and instructions on how this works will be sent with the new release.

ii. Updated user documentation

We are updating all the HIS user documentation in 2009. This includes a revision of the HIS Manual to include a comprehensive chapter on Data Management. Within the HIS database, we will also be adding more integrated help and useful tips when the database starts.

iii. Visualisation and presentation of data

The Annual Reports 2008 were a major step forward, in presenting HIS data in a very simple way and also integrating it with 'non-HIS' indicators, such as for human resources and water and sanitation. We will continue to work on this in 2009, and plan to release more specific reports for technical sections throughout the year. If you are interested in this or have ideas on how you would like reports to look, then please <u>write to us</u>.

Learn More

19. What else is planned for HIS in 2009?

i. web-HIS

A major focus for use in the second half of 2009 will be the web-based version of the HIS. By moving our data onto the internet, it will make it much easier and faster to analyse our data. It will also facilitate wider sharing and use of the data, and will allow us to integrate our facility-based surveillance data with other types of information – for example surveys results, human resources data, and contextual data such as mission reports and assessment checklists.

ii. Adaptation to other settings

The entire HIS has been adapted for use in Emergency settings. Now, for example, it can be used to monitor individual health facilities/reception centres that are established rapidly as part of an emergency response. A stockpile of emergency tools will be printed ready to send out to the field on request. If you are interested in this and have ideas on how you would like reports to look then please write to us.

20. Where can I send feedback or report problems?

We'd love to hear what you think. Please write to us here.

21. Where can I discuss HIS with other users?

We plan to launch a **Health Information System discussion forum** soon, as part of the webHIS, so you can ask questions online and share your expertise with others in the field. We will keep you updated as to when this is ready.

Major revisions to technical sections in 2009

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1. **Population**

   The population data requirements for the HIS have not changed. However, we know that some of you are concerned about the accuracy of the official UNHCR registration database (proGres) estimates that are currently used.

   If proGres is not available as a source of HIS population data - or if you think that it is inaccurate - **you are free to use your own source of population data** (for example, a community-based figure, or an estimate from a recent census).

   Simply indicate which source you decide to use from the **Population Source** drop-down menu on the first Excel worksheet. Please also ensure this decision is taken in coordination with other health partners.

   For UNHCR health coordinators: a specific HIS reporter tool is now available for use inside proGres. This should be installed in all the proGres databases which are supplying HIS population denominators to partners regularly on the 15th of each month. If you are not yet using this – or are unsure – please write to us to request a copy.

2. **Mortality**

   No change.

3. **Morbidity**

   We have added 3 new sections for expanded reporting in the following areas:
         i.   Chronic disease
         ii.   Mental health
         iii.   Injuries

   All programmes will be required to report number of *new cases* within these aggregate categories in the main morbidity table.

   If they decide, programmes can also choose 'turn on' detailed reporting for each category. If this option is selected, then a sub-table will become available to report a detailed breakdown of sub-categories for each. This sub-table will capture both *new*

AND *revisits* and will therefore permit better monitoring of the burden of proportional morbidity which these categories account within our health programmes.

4. IPD and Referral

No change.

5. Laboratory

No change.

6. Disease control

No change.

7. EPI and Vitamin A

i. Additional EPI reporting

We have added a new table to allow 'additional' vaccinations given outside of the routine EPI schedule to be recorded and monitored (for example monovalent Hepatitis B). We have also allowed booster vaccinations to be recorded which are given to children over the age of one (e.g. DPT IV, Polio IV).

ii. Growth monitoring

We have removed all references to weight-for-age in the growth monitoring section. These have been replaced by three generic categories: 'Green – normal', 'Yellow - warning' and 'Red – danger'.

This allows us to accommodate programmes that are using other indices (such as MUAC) to screen for underweight children. The coloured categories refer to the area which the child corresponds to on the MUAC tape or under the Growth Curve on the road-to-health card (depending which index is being used).

8. Nutrition

i. Community-based Therapeutic Care (CTC)

We have made changes to the way that indicators are calculated in **Community-based Therapeutic Care (CTC)**.

CTC is made up of two parts[1] and previously performance indicators were separately for each phase of the programme. In 2009, just one set of combined indicators will now be calculated to monitor performance for the entire admission within CTC - across both phases of the programme.

Note – this does <u>not</u> require any changes in the way data is collected and reported in the field. Staff will still report data into two separate tables for SC and OTP. However, we

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[1] 8.3a – Stabilisation Centre (SC); and 8.3b – Outpatient Therapeutic Programme (OTP)

will not consider transfers between the two phases as exits within the data until the child leaves the entire CTC programme.

ii. New WHO growth standards

The introduction of the new WHO growth standards has had major implications for the way in which children are admitted and discharged in selective feeding programmes.

To accommodate the mix of nutrition indices we have also added a pull down menu at the top of the Nutrition section to allow users to indicate which index is used (i.e. MUAC, weight-for-height Z-score, weight-for-height %median). We have also reflected these changes within the SFP, TFP and CTC registers.

9. Reproductive Health

i. Family Planning

We have added a new Family Planning indicator called Couple Years of Protection (CYP). This is less prone to bias than Contraceptive Prevalence Rate (CPR) and is increasingly being adopted by Ministries of Health and development agencies in their reporting.

The implications for data collectors is that now the actual number of family planning *methods* (e.g. number of pills, condoms, injections) need to be recorded in each report in addition to the number of actual family planning *users*. As this is being recorded anyway in the registers, we hope this will not be too much of an extra burden.

Due to the need to collect additional information, the family planning report is now separated into its own reporting form in the HIS toolkit. More information on this new indicator will be available shortly on our website.

ii. Emergency Obstetric Care

The availability of Emergency Obstetric Care (EmOC) is now recorded using a pull down menu above the delivery table (rather than 'hard-coating' it within the reporting table itself). This is important to ensure programmes are consistent with the UN Process Indicators. Click here to download more information on the UN Process Indicators.

iii. Reporting of rape

The reporting of a rape incident has been disaggregated by the time at which survivor accessed care at a health facility (i.e. <72 hours, 72-120 hours, 120 hours – 2 weeks). This will allow more accurate indicator calculation.

10. HIV/AIDS

i. Anti-retroviral Therapy Programme

We have added a table to collect data from receiving Anti-Retroviral Therapy (ART) programmes. Note this does **not** collect cohort data and is **not** able to report on drug compliance, nor is it able to monitor clinical or functional outcomes. Rather it is designed to track the numbers of patients accessing ART in the camps, and to identify those are eligible for treatment but are not yet receiving appropriate care.

Which HIS items should I replace, and which can continue to be used, in 2009?

No.	Item	Replace	Continue
1	OPD Tally Sheet	✓	✗
2	Vaccination Tally Sheet	✗	✓
3	Vitamin A Tally Sheet	✗	✓
4	Tetanus Toxoid Tally Sheet	✗	✓
5	Growth Monitoring Tally Sheet	✓	✗
6	Antenatal Tally Sheet	✓	✗
7	Outbreak Alert Form	✓	✗
8	TFP Clinical Patient Form	✗	✓
9	PMTCT Referral Form	✗	✓
10	Mortality Register	✗	✓
11	OPD Register	✗	✓
12	IPD Register	✗	✓
14	SFP Moderate Malnutrition Register	✓	✗
15	SFP Pregnant Register	✗	✓
16	SFP Lactating Register	✗	✓
17	SFP Medical Register	✗	✓
18	TFP Severe Malnutrition Register	✓	✗
18a	CTC Stabilisation Centre Register	✓	✗
18b	CTC OTP Register	✓	✗
19	TFP Medical Register	✗	✓
20	Antenatal Register	✓	✗
21	IPD (Pregnancy) Register	✗	✓
22	Delivery Register	✗	✓
23	Postnatal Register	✓	✗
24	Family Planning Register	✓	✗
26	VCT Client Register	✓	✗
27	VCT Results Register	✓	✗
28	PMTCT Client Register	✓	✗
29	PMTCT Results Register	✓	✗
30	PMTCT L&D Register	✓	✗
31	Mortality Report	✓	✗
32	Morbidity Report	✓	✗
33	IPD Report	✓	✗
34	Laboratory Report	✓	✗
35	Disease Control Report	✓	✗
36	EPI Report	✓	✗
37	Nutrition Report	✓	✗
38	CTC Report	✓	✗
39	Reproductive Health Report	✓	✗
40	HIV/AIDS Report	✓	✗

No.	Item	
41	Case Definitions	New edition to be released
42	Standard & Indicator Guide	New edition to be released
43	HIS Training Manual	New edition to be released