

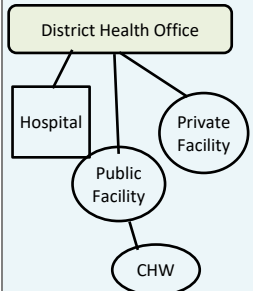
# Uganda

## Routine Health Information System (RHIS) Malaria Reporting Structures

**RHIS Profile:** This document outlines the reporting structures of routine health information systems (RHISs) that include malaria data. In Uganda, this includes: a health management information system (HMIS), an integrated reporting system used to monitor the Health Sector Strategic Plan indicators, and integrated disease surveillance and response (IDSR). Uganda’s facilities span regional referral hospitals, general hospitals, and health centers (HCs) IV, HCs II and III, and village health teams (VHTs). At these health units, HMIS is used by the health unit in-charge and the health unit management committee to plan and coordinate health care services in the catchment area.

	HMIS	IDSR
	<p><b>When started:</b> 1992  <b>Scale-up status:</b> Scaled up to national level in 2015</p>	<p><b>When started:</b> 2000  <b>Scale-up status:</b> Scaled up to national level in 2012</p>
<b>National</b>	<p><b>Reporting format/platform:</b> DHIS 2  <b>Managed by:</b> MOH DHI, formerly known as Resource Center  <b>Dissemination:</b> Weekly, quarterly, and annual reports  <b>Key tasks:</b> Analyze data to generate reports; conduct capacity building; implement support supervision of districts; and liaise with NMCD M&amp;E team.</p>	<p><b>Reporting format/platform:</b> DHIS 2  <b>Managed by:</b> MOH DHI  <b>Dissemination:</b> Daily situational reports; weekly, monthly, and quarterly summary reports  <b>Key tasks:</b> Summarize all reports; liaise with reference labs; give feedback to districts and appropriate authorities; build capacity; and determine risks for priority diseases and events per International Health Regulations.</p>
<p><b>Regional</b></p> <ul style="list-style-type: none"> <li>• 15 regions (per Management information system MIS)</li> <li>• Average of 9 districts per region</li> </ul>	<p><b>Reporting format/platform:</b> N/A  <b>Managed by:</b> N/A  <b>Reported to:</b> N/A (DHIS 2 data are aggregated at this level, but regions are not in reporting chain.)  <b>Reporting frequency:</b> N/A  <b>Key tasks:</b> N/A</p>	<p><b>Reporting format/platform:</b> N/A  <b>Managed by:</b> M&amp;E focal person of regional performance monitoring team  <b>Reported to:</b> N/A (Regions are not in reporting chain.)  <b>Reporting frequency:</b> N/A  <b>Key tasks:</b> N/A</p>

**Acronyms:**  
DHI = Division for Health Information  
DHT = district health team  
HMIS = health management information system  
IDSR = integrated disease surveillance and response  
VHT = village health team

<p><b>District</b></p> <ul style="list-style-type: none"> <li>• 136 districts</li> <li>• 10 cities</li> <li>• Average of 40 facilities per district</li> </ul>	<p><b>Reporting format/platform:</b> Paper HMIS and DHIS 2</p> <p><b>Managed by:</b> District biostatistician, with oversight from district health officer</p> <p><b>Reported to:</b> DHI</p> <p><b>Reporting frequency:</b> Monthly and annually (plus quarterly for VHT)</p> <p><b>Key tasks:</b> Transcribe and report individual and aggregated health facility data to DHIS 2 and conduct supportive supervision for hospitals and HCs IV.</p>	<p><b>Reporting format/platform:</b> DHIS 2</p> <p><b>Managed by:</b> District biostatistician or surveillance focal persons, with oversight from district health officer</p> <p><b>Reported to:</b> DHI</p> <p><b>Reporting frequency:</b> Weekly and annually</p> <p><b>Key tasks:</b> Transcribe and report priority info on DHIS 2, and provide supportive supervision to facilities on IDSR.</p>
<p><b>Facility Level</b></p> <ul style="list-style-type: none"> <li>• 5,996 facilities</li> </ul>  <pre> graph TD     DHO[District Health Office] --- Hospital     DHO --- PublicFacility((Public Facility))     DHO --- PrivateFacility((Private Facility))     PublicFacility --- CHW((CHW))   </pre>	<p><b>Reporting format/platform:</b> Paper HMIS forms</p> <p><b>Managed by:</b> Records officers, with oversight from facility in-charge</p> <p><b>Reported to:</b> District biostatistician</p> <p><b>Reporting frequency:</b> Monthly (plus quarterly for VHT)</p> <p><b>Key tasks:</b> Record information on each patient in appropriate registers; verify accuracy of information summarized in monthly and quarterly reports; collate community-level data quarterly; and submit reports to HC IV (VHTs, HC II-III) or DHI (regional referral hospitals).</p>	<p><b>Reporting format/platform:</b> SMS-based community and HC reporting via mTrac mobile application; where not possible, paper forms</p> <p><b>Managed by:</b> Records officers, with oversight from facility in-charge</p> <p><b>Reported to:</b> DHI (SMS); district biostatistician or surveillance focal persons (paper)</p> <p><b>Reporting frequency:</b> Immediately for emergency events, or else weekly</p> <p><b>Key tasks:</b> Report case-based information for notifiable diseases; submit reports; and report lab results from screening of sentinel populations.</p>

**Table 1: Key Malaria Indicators by System**

Indicate Y or N for each reporting element captured by the system.

	HMIS	IDSR (Reported through HMIS)
<b>Number of malaria cases</b>		
Suspect/fever cases	Y	Y
Tested (diagnostically)	Y	Y
Diagnostically confirmed (positive)	Y	Y
Clinical/presumed/unconfirmed	Y	Y
Outpatient	Y	N
Inpatient	Y	N
Uncomplicated/severe	Y/N*	N
Age categories (e.g., <5, 5+)	Y	N
Pregnant women	Y	Y
<b>Number of malaria deaths</b>		
Age categories (e.g., <5, 5+)	Y	N
Pregnant women	Y	N
<b>Commodities (Availability or stockout/consumption)</b>		
RDT	Y/Y	Y/N
ACT	Y/Y	Y/N
Severe malaria treatment	Y/N	Y/N
SP	Y/Y	Y/N
<b>IPTp 1/2/3+</b>	Y/Y/N	N/N/N
<b>Completeness of reporting</b>	Y	Y

\*Inpatient reporting is separate from outpatient and is presumed to represent severe malaria cases.

## Data Quality Activities:

### Routine data quality reviews/audits:

- HMIS data quality audits are conducted as part of quarterly supportive supervision by the DHT (to general hospitals and HCs IV) and by the health sub-district or HCs IV (to HCs II and III).

### Monthly or quarterly malaria bulletin:

- IDSR publishes a weekly automatically generated mTrac report for notifiable diseases, including malaria.
- The NMCD M&E team develops and publishes an online quarterly malaria bulletin using HMIS data.

### Data availability:

- For both systems, NMCD, district-level focal points, and key partners have access to data via the web-based DHIS 2 platform.

### Data use:

- Data from the IDSR weekly report and quarterly malaria bulletin are analyzed to malaria status reports used to detect abnormal increases in cases, address stockouts of commodities, and target interventions.
- HMIS data are routinely analyzed at the health facility level to address commodities at higher-level facilities (general hospitals and HCs IV) and to assess outpatient department OPD attendance levels and malaria trends.

## Additional Context:

- Key challenges include data quality, data usage, and inadequate tools.
- Principal partners involved are: USAID, CDC, WHO, and UNICEF.
- Priorities for system strengthening: electronic data entry at the facility level. There is currently a pilot system for community-level reporting into HMIS.
- A malaria surveillance strategy is available as part of the Uganda Malaria Reduction and Elimination Strategic Plan 2021–2025, which prioritizes:
  - Supporting both central and decentralized structures
  - Expanding and strengthening partnerships with the private sector, academia, research, and other related sectors
  - Strengthening support to health workers through mentorship and supportive supervision
  - Improving referral systems
  - Instituting quarterly and annual planning and reviews to monitor progress of activities
  - Introducing innovative approaches to capture and integrate data from the private sector
  - Strengthening data use at national and subnational level

## Recent updates:

Please use this space to note any changes to routine reporting in response to gaps identified from the previous versions of the RHIS profile. This may include initiatives to address data quality, reporting structures and timeliness of reporting, or supervision.

Examples:

- Expansion of DHIS 2 geographic coverage
- Adoption or discontinued use of malaria bulletin
- Updates to supervision efforts and priorities

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