

RHIS Profile: This document outlines the reporting structures of routine health information systems (RHIS) that include malaria data. The Angola National Health Management Information System (NHMIS) enables health information to flow in a single direction, from health service units and epidemiological surveillance sites to the central level (Departamento de Estatística do Gabinete de Estudos, Plano e Estatística [GEPE], and National Directorate of Public Health). As of 2017, Angola began to mark the steps for a profound change in the reporting of routine health data, moving from the paper-based reporting system to the DHIS2 digital system (www.sisangola.org). The NHMIS and disease-specific programs meet quarterly, biannually, and annually for data harmonization meetings to compare and harmonize data collected from their respective systems.



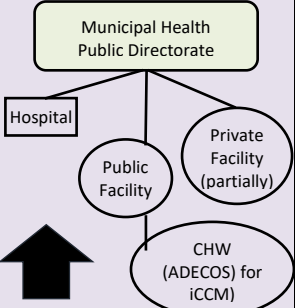
	NHMIS	NMSS	IDSR
Acronyms: ADECOS: Agentes de Desenvolvimento Comunitário e Sanitário CPDE: Centro de Processamento de Dados Epidemiológicos ¹ CHW: community health worker DHVE: Departamento de Higiene e Vigilância Epidemiológica HMIS: health management information system iCCM: integrated community case management IDSR: integrated disease surveillance and response M&E: monitoring and evaluation MHPD: Municipal Health Public Directorate MoH: Ministry of Health PHPD: Provincial Health Public Directorate	When started: Prior to 1989 Scale-up status: n/a	When started: 1999 Scale-up status: National with the first Malaria National Strategic Plan 2008–2012	When started: 1985/86 Scale-up status: National in 2005
National 	Reporting Platform: DHIS2 www.sisangola.org Managed by: GEPE of MoH Dissemination: Annually in the “Anuário Estatístico” Key tasks: Develop policy and coordinate all the health information system activities on behalf of the National Statistics Institute	Reporting Platform: DHIS2 www.sisangola.org Managed by: NMCP M&E Unit (M&E Officer and Epidemiologist) Dissemination: Quarterly, semiannual, and annual reports Key tasks: Data collection and management, analysis, M&E of the program	Reporting Platform: DHIS2 www.sisangola.org Managed by: DHVE of MoH Dissemination: Quarterly, semiannual, and annual epidemiological bulletin Key tasks: Epidemiological data collection and management, analysis and dissemination of bulletin data, and outbreak investigation
Provincial • 18 provinces	Reporting platform: DHIS2 www.sisangola.org Managed by: PHPD Statistics Manager Key tasks: data analysis at provincial level and feedback at municipal level	Reporting Platform: DHIS2 www.sisangola.org Managed by: Provincial Malaria Supervisor (MoH) Key tasks: data analysis at provincial level and feedback at municipal level	Reporting Platform: DHIS2 www.sisangola.org Managed by: PHPD Epi Surveillance focal point Key tasks: Data analysis, supporting outbreak investigation.
Municipalities • 164 municipalities 	Reporting platform: DHIS2 www.sisangola.org Managed by: MHPD Statistics Manager Reported to: PHPD Statistics Manager Reporting frequency: Monthly by the municipal statistician Key tasks: Collect and aggregate data from health facilities and community levels, analysis, feedback to health facility, and data management at municipal level	Reporting platform: DHIS2 www.sisangola.org Managed by: Municipal Malaria Supervisor Reported to: Provincial Malaria Supervisor and Provincial Malaria Officer Reporting frequency: Monthly by the Municipal Malaria Supervisor Key tasks: Malaria data management, supervision	Reporting platform: DHIS2 www.sisangola.org Managed by: PHPD Epi Surveillance focal point Reported to: PHPD Epi Surveillance focal point Reporting frequency: Monthly; weekly for some diseases. Malaria as a potential epidemic disease is reported weekly to CPDE. Key tasks: Data management and analysis, supporting outbreak investigation
Facility Level 	Reporting format/platform: Paper Managed by: Hospital statistician or health facility point person Reported to: MHPD Reporting frequency: Monthly by the appointed data reporting focal point or statistician of the health facility Key tasks: Collecting data from the registers and writing a report at the municipal level. Larger health facilities, such as hospitals, have a dedicated statistician in charge of collecting data from the HU records and reporting to the DMS through printed summaries. In smaller health facilities, doctors or nurses play this role	Reporting format/platform: Paper Managed by: Physicians, nurses, clinic clerks, techs at facilities; ADECOS in community Reported to: MHPD municipal malaria supervisor (from health facility). ADECOS report to Reference Health Facility and Municipal Project Supervisor; facility reports to Municipal Malaria Supervisor. Reporting frequency: Monthly by the appointed data reporting focal point or statistician of the health facility and ADECO from community Key tasks: Collecting data from the records and writing the report at the municipal level. The iCCM data are collected by ADECOS and inserted into the monthly report of the health unit where they are linked	Reporting format/platform: Paper Managed by: Health facility focal points such as physicians, nurses, clinic clerks, techs Reported to: MHPD Epi Surveillance focal point Reporting frequency: Monthly; weekly for some diseases Key tasks: Data management and analysis, supporting outbreak investigation. These point persons serve as surveillance focal points inside the health facility. Using the monthly and weekly surveillance forms, they report to the municipal surveillance focal point.

Table 1: Key Malaria Indicators by System

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

¹ Epidemiological Data Processing Center is equipped with a dozen computers and where the epidemiological data sent by the provinces are processed. The CPDE is in the National Directorate of Public Health, Department of Hygiene and Epidemiology

Number of malaria cases	NHMIS	NMSS	IDSR
Suspect/fever cases	N	Y	N
Tested (diagnostically)	N	Y	N
Diagnostically confirmed (positive)	N	Y	N
Clinical or presumed or unconfirmed	N	Y	Y
Outpatient/inpatient	Y/N	Y/Y	N/N
Uncomplicated/severe	N/N	Y/Y	N/N
Age categories (e.g., <5, 5+)/Sex disaggregation (M, F)	Y/N	Y/N	Y/N
Pregnant women	N	Y	Y
Number of malaria deaths			
Age categories (e.g., <5, 5+)/Sex disaggregation (M, F)	Y/N	Y/N	Y/N
Pregnant women	Y	Y	Y
Commodities (Availability or stockout/Consumption)*			
RDT	N/N	Y/Y	N/N
ACT	N/N	Y/Y	N/N
Severe malaria treatment	N/N	Y/Y	N/N
SP	N/N	Y/Y	N/N
IPTp 1/2/3(+)	N/N	Y/Y/Y	N/N
Completeness of reporting	Y	Y	Y

*Data related to commodities are collected by the national essentials medicine program.

Data Quality Activities:

Routine data quality assessments/audits: Use both on-site data verification (OSDV) and end-user verification (EUV). For the NNCP data, national, provincial and municipal supervisors perform OSDV during their supervision visits to control the quality of data (registers and reports) at the Health Facility level. EUV surveys are carried out by USAID's PSM Project in partnership with the NMCP and the Health Inspectorate. Both the NMCP and NHMIS staff perform data quality checks during quarterly, biannual and yearly meetings at the national level, which bring together malaria and other disease control M&E officers and the National Epidemiological Surveillance Officer doing CPDE. Data harmonization meetings between the NMCP and the IDSR take place every quarter.

In Angola, supportive supervision is carried out with funding from the MoH and partners such as the Global Fund and USAID. Supervision at the provincial level is done semiannually by the national officer; for the municipal level it is done quarterly by the provincial focal point and at the health unit level monthly by the municipal focal point.

Malaria Bulletin: The NMCP does not regularly publish the malaria control bulletin, but the malaria data included in the GEPE Statistical Yearbook (published for the first time in 2016) and the national DHVE Epidemiological Bulletin (published electronically in 2017) .

Data Availability: For each System through the DHIS2 Platform www.sisangola.org Key partners can gain access via email requests for data.

Data use: Data from systems are used in periodic reports, decision making, case forecasting, and targeting of malaria interventions. The provincial level is the lowest level at which data are routinely analyzed.

Additional Context:

A pilot project for malaria case management at the community level by community agents called ADECOS is being implemented by World Vision (WV) from 2015 with funding from the Global Fund and by PSI (Population Service International) with funding from USAID since 2018. ADECOS test malaria suspected cases in their respective micro areas, report the malaria data to the health units where they are linked and from where their data are integrated separately into the monthly malaria report of the health units and this report is sent to the municipality where it will be transformed from paper to digital format into the DHIS2 Platform.

The main partners for the implementation of DHIS2 in Angola are: USAID, through PSI, Global Fund through Support to Health Strengthening Projects, European Union through Project PASS II and the World Bank.

STEPS OF SHIFTING FROM THE PAPER-BASED ROUTINE DATA REPORTING SYSTEM TO THE DIGITAL SYSTEM

- From 2014 to 2016: Implementation of the DHIS2 pilot phase in 3 municipalities (Bailundo, Mungu and Londuimbali) of the Province of Huambo with support by the Project Força Saúde with the funding from USAID.
- In March 2017, National workshop between held by the Ministry of Health with the support of key Partners to launch the Roadmap for the implementation of DHIS2 and openLMIS in Angola
- On January 22, 2019, an Official Letter from the MoH is sent to all provincial governors informing them about the adoption of DHIS2 as a health routine data reporting platform in Angola, thus marking the shifting from paper-based reporting system to the digital system DHIS2
- For the Malaria Program, 2020 was the first year where malaria monthly reports were completely reported from DHIS2, and historical data from previous years 2013 to 2017 were imported from Excel databases into DHIS2, while 2018 and 2019 data were partially reported on DHIS2 with a low reporting rate.

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