Benin

RHIS Profile: The health management information system, referred to as SNIGS, as well as the IDSR, both routinely report malaria data. The *Direction de Programmation et de la Prospective* (DPP) is responsible for designing and coordinating the process of planning, programming, budgeting and monitoring health sector programs, including the management of HMIS. The NMCP works in coordination with the DPP to collect and process malaria data on the HMIS. The NMCP had developed a complimentary system (RMIS) that included additional information not previously captured on the routine system and ensure regular data flow when the SNIGS was not functioning well, but as of 2015 the RMIS is now fully integrated into the SNIGS.

Acronyms:
SNIGS = System National d'Information de Gestion Sanitaire
DPP = Direction of Programmation et de la Prospective
RMIS = Routine malaria information system

SNIGS (HMIS)

SNIGS (Division 4 of MOH): Started reporting in 1990
RMIS: (Division 1 of MOH): Started reporting in 2010
Scale-up status of DHIS2: Benin switched their HMIS platform from an Access database to DHIS2 in 2015 and has been using DHIS2 nationally since 2015

IDSR (SIMR [Surveillance Intégrée de la Maladie et la Riposte])

The IDSR has both weekly and monthly reporting. Malaria is reported on monthly in Benin and is thus part of the monthly HMIS reports; there is no separate malaria weekly reporting system.

National Level

Reporting platform: DHIS2
Managed by (SNIGS): Overall HMIS system is managed by DPP
Managed by (RMIS): Review of malaria data is managed by NMCP and their M&E focal person; they work in coordination with the DPP to resolve any data related issues on the DHIS2 platform
Reporting Frequency: Monthly compilation and quarterly malaria data validation
Key Tasks: Monitor trends and analyze indicators evolution , recommend corrective actions, organize periodic visits to the field; NMCP generates quarterly malaria bulletin; DPP produces annual health statistics report

Department Level

11 Departments (Each department is made up of two to four health zones)

Reporting format/platform: DHIS2
Managed by: Statistician of the DPP Department (member of DPP)
Reported to: DPP national level
Reporting frequency: Monthly
Key Tasks: The department verifies the quality of data reported by the HZ and supports the HZ to correct any identified data issues; participates in routine data validation reviews; statistician works with physician assigned as the malaria focal point for the NMCP at the department level; organize quarterly supervisory schedule taking into account quality of data on DHIS2

Health Zone Level

34 Health Zones (HZ) (Each HZ is made up of one to four communes)

Reporting format/platform: DHIS2
Managed by: Zonal statistician (member of DPP)
Reported to: Data entered directly onto DHIS2 platform by data entry clerks and statistician
Reporting frequency: Monthly by the 10th of each month
Key Tasks: Collect data (paper-based forms) from peripheral level and enter onto DHIS2; Review data and clarify any data quality issues with health facility or hospital and resolve; HZs produce annual health statistics reports for respective HZ

Facility Level

Health Zone Central Office

Private Facility

Public Facility

Zonal Hospital

NGO

CHW

Reporting format/platform: Paper-based
Managed by: Chief health officer; data sometimes entered onto forms by assigned health worker
Reported to: Private health facilities, public health facilities and zonal hospitals all submit reports to the zonal health statistician; CHWs report to their host NGO, these data are then shared with the DPP who enter it into DHIS2, discussions for direct entry at the health zone level are ongoing
Reporting frequency: Monthly by the 5th (health facility); monthly by the 2nd (community health worker)
Key Tasks: Collect and synthesize the data at the respective health facility / hospital, report on appropriate indicators on a monthly basis
Structures expected to report:
Type: 1,350 HFs, 66 hospitals

Table 1: Key Malaria Indicators by System

Number of malaria cases	HMIS
Suspect/fever cases	N
Tested (diagnostically)	Y
Diagnostically confirmed (positive)	Y
Clinical/presumed/unconfirmed	Y
Outpatient/inpatient	N / N
Uncomplicated/severe	Y / Y
Age categories (e.g., <5, 5+)	Y
Pregnant women	Y
Number of malaria deaths	
Age categories (e.g., <5, 5+)	Y
Pregnant women	Y
Commodities Availability (reported as stock out) / Consumption	
RDT	Y / N
ACT	Y / N
Severe malaria treatment	Y / N
SP	Y / N
IPTp 1 / 2 / 3(+)	Y / Y / Y
Completeness of reporting	Y

Data Quality Activities:

Routine data quality reviews/audits:
The NMCP carries out routine quarterly data validation workshops at the departmental level; national, departmental and health zone levels participate to monitor the consistency and quality of all malaria data from all health facilities. The NMCP also carries out routine supervision at department and health zone levels, as well as data quality audits every six months at the departmental level.

Monthly or quarterly malaria bulletin: NMCP produces quarterly malaria bulletins, but given the sometimes long process of data validation, these are often produced on data a year old. The DPP also produces annual health statistics reports.

Data availability: The DPP provides direct access to the DHIS2 platform and works collaboratively with the NMCP at the national, department, and health zone levels to ensure regular access to all data stored on DHIS2. Some partners have also been provided access and work closely with the DPP on improving the overall function and use of the system; all those who have been provided a login and password have access to the data.

Data use:
Data are analyzed on a quarterly basis to assess progress towards the national strategic plan objectives. Data are used to calculate contractual indicators that are shared with partners (GF, WHO, RBM, etc.). Data are used to calculate gaps and needs and activities to be carried out (geographic area, intervention timing, identify priority groups).

Additional Context :
- NMCP introduced revised data collection tools in January 2017 and also created data validation rules on DHIS2 platform
- NMCP and DPP updated indicators automatically calculated on DHIS2 in January 2017
- Some private facilities and CHWs are reporting into the system and continued efforts are underway to increase those numbers and expand training of private health facilities on the newly revised reporting forms

Key challenges:
- Update current version of DHIS2 used in country (2.26) to utilize performance dashboard developed by partners
- Increase number of CHWs reporting overall and number whose reports are captured on DHIS2

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MEASURE Evaluation