

# Benin

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

**SISR Profile:** The health management information system, called SNIGS, as well as IDSR, systematically disseminates malaria data. The Programming and Forecasting Division (DPP) is responsible for designing and coordinating the planning, programming, budgeting, and monitoring process of health sector programs, including overseeing the management information system. The PNLP coordinates with the DPP to collect and process malaria data on the SIGS system. The PNLP had developed a complementary system (SIRP) that included additional information not previously recorded in the routine system and that ensured a regular flow of data when the SNIGS was not functioning well. However, as of 2015, the SIRP is now fully integrated with the SNIGS.

	SNIGS (SIGS)	Disease and Response Integrated Surveillance (IDSR)
	<p><b>SNIGS (Division 4 of the Ministry of Health):</b> Started in 1990</p> <p><b>SIRP (Division 1 of the Ministry of Health):</b> Started in 2010</p> <p><b>DHIS 2 scale-up status:</b> Benin changed its SIGS platform from the Access database to DHIS 2 in 2015 and has been using DHIS 2 nationwide since 2015.</p>	<p>The IDSR has weekly and monthly reports. Malaria data are reported monthly in Benin and are therefore part of the monthly SIGS reports. There is no separate weekly malaria reporting system.</p>
<b>National</b>	<p><b>Format/reporting platform:</b> DHIS 2</p> <p><b>Managed by SNIGS:</b> The global SIGS system is managed by the DPP.</p> <p><b>Managed by SIRP:</b> Malaria data review is managed by the PNLP and its M&amp;E officer. They coordinate with the DPP to resolve any data issues on the DHIS 2 platform.</p> <p><b>Reporting frequency:</b> Monthly compilation and quarterly validation of malaria data</p> <p><b>Main tasks:</b> Monitor trends and analyze changes in indicators, recommend corrective actions, and conduct periodic field visits. The PNLP publishes a quarterly malaria newsletter. The DPP publishes its annual health statistics report.</p>	
<b>Departmental Level</b> • 11 departments (each department is composed of 2–4 ZSs)	<p><b>Format/reporting platform:</b> DHIS 2</p> <p><b>Managed by:</b> Department statistician (DPP member)</p> <p><b>Report sent to:</b> DPP at the national level.</p> <p><b>Reporting frequency:</b> Monthly</p> <p><b>Main tasks:</b> The department verifies the quality of data reported by the health zone (ZS), assists in correcting any identified data problems, and participates in the reviews of routine data validation. A statistician works with a physician designated as the PNLP malaria focal point at the department level and organizes a quarterly supervision program that ascertains the quality of data on DHIS 2.</p>	

### Acronyms:

SNIGS = National Health Management Information System  
 DPP = Programming and Forecasting Division  
 SIRP = Routine Malaria Information System

<p><b>Health Zone Level</b></p> <ul style="list-style-type: none"> <li>• 34 health zones (Each ZS is composed of 1–2)</li> </ul>	<p><b>Format/reporting platform:</b> DHIS 2  <b>Managed by:</b> Area statistician (DPP member)  <b>Report sent to:</b> Data directly entered on the DHIS 2 platform by data entry agents and a statistician.  <b>Reporting frequency:</b> Monthly (by the 10th of the month)  <b>Main tasks:</b> Collect data (paper forms) at the peripheral level and enter them in DHIS 2, review the data, clarify any data quality issues with the health facility or hospital, and resolve them. Each ZS produces an annual report on health statistics.</p>
<p><b>Health Center Level</b></p>	<p><b>Format/reporting platform:</b> On paper  <b>Managed by:</b> Health officer. Data are sometimes entered on forms by the health officer in charge.  <b>Report sent to:</b> Private and public health facilities and zone hospitals all submit reports to the ZS statistician. Community health workers (CHWs) report to their NGO, and this data is then shared with the DPP who enters it in DHIS 2. Discussions for direct entry at the ZS level are underway.  <b>Reporting frequency:</b> Monthly by the 5th of the month (health facility), monthly by the 2nd of the month (CHWs).  <b>Main tasks:</b> Collect and synthesize data in the relevant health facility/hospital, report on appropriate indicators on a monthly basis.  <b>Structures that are supposed to report (by type):</b> 1,350 health centers, 66 hospitals</p>

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

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

	SIGS	IDSR
<b>Number of malaria cases</b>		
Suspect or fever cases	Y	N
Tested (diagnostically)	Y	N
Confirmed (positive) diagnosis	Y	Y
Clinically confirmed or suspected or unconfirmed	Y	Y
Outpatient/inpatient	Y/Y	N/N
Simple/severe	Y	Y
Age groups (e.g., <5, 5+)/Disaggregation by sex (M, F)	Y/Y	Y/Y
Pregnant women	Y	Y
<b>Number of malaria deaths</b>		
Age groups (e.g., <5, 5+)/Disaggregation by sex (M, F)	Y/Y	N/N
Pregnant women	Y	N
<b>Amenities (Availability or stockout/consumption)</b>		
TDR/GE	Y/Y	N/N
CTA	Y/Y	N/N
Treatment of severe malaria	Y/Y	N/N
SP	Y/Y	N/N
<b>IPTp 1/2/3 (+)</b>	Y/Y/Y	N/N/N
<b>Completeness of reporting</b>	Y	Y

\*There is also reporting on malaria with severe anemia.

## Data Quality Control Activities:

### Routine data quality reviews/audits:

- The PNLP organizes routine data validation workshops at the department level every three months. The national, departmental, and ZS levels are involved in controlling and monitoring the consistency and quality of all malaria data from all health facilities. The PNLP also conducts routine supervision at the department and ZS levels, as well as data quality audits every six months at the department level.

### Monthly or quarterly malaria newsletter:

- The PNLP publishes quarterly malaria newsletters, but due to the lengthy data validation process, these newsletters are often produced from data collected in the previous year. The DPP also produces annual reports on health statistics.

### Data availability:

- The DPP provides direct access to the DHIS 2 platform and works collaboratively with the PNLP at the national, departmental, and ZS levels to ensure regular access to all data stored on DHIS 2. Some partners also have access and work closely with the DPP to improve the overall operation and use of the system. All those who have received a login and password have access to the data.

### Use of data:

- Data are analyzed quarterly to assess progress toward the national strategic plan objectives. Data are used to calculate contractual indicators shared with partners (Global Fund, WHO, RBM, etc.). Data are used to identify gaps, needs, and activities to be carried out (geographic area, timing of interventions, and identification of priority groups).

## Additional Context:

- The PNLP introduced new data collection tools in January 2017 and created data validation rules on the DHIS 2 platform.
- The PNLP and the DPP updated the automatically calculated indicators on DHIS 2 in January 2017.
- Some private facilities and community health workers are reporting in the system, and efforts are underway to increase their numbers and expand the training of private health facilities on the recently revised reporting forms.

## Key Challenges:

- Update the current version of DHIS 2 (2.26) to use the performance dashboards developed by partners.
- Increase the number of CHWs reporting in general and the number of CHWs whose reports are recorded in DHIS 2.

## 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 DHIS2 geographic coverage
- Adoption or discontinued use of malaria bulletin
- Updates to supervision efforts and priorities

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