

Benin

SISR Profile: The health management information system, called SNIGS, as well as IDSR, systematically disseminate 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 PNLN coordinates with the DPP to collect and process malaria data on the SIGS system. The PNLN 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.

Acronyms:

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

SNIGS (SIGS)

SNIGS (Division 4 of the Ministry of Health): Started in 1990
SIRP: (Division 1 of the Ministry of Health): Started in 2010
Level of DHIS2 scaling: Benin changed its SIGS platform from the Access database to DHIS2 in 2015 and has been using DHIS2 nationwide since 2015.

Disease and Response Integrated Surveillance (IDSR)

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.

National Level

Format / Reporting platform: DHIS2
Managed by SNIGS: The global SIGS system is managed by the DPP
Managed by SIRP: Malaria data review is managed by the PNLN and its M&E officer. They coordinate with the DPP to resolve any data issues on the DHIS2 platform
Reporting Frequency: Monthly compilation and quarterly validation of malaria data
Main tasks: Monitor trends and analyze changes in indicators, recommend corrective actions, conduct periodic field visits. The PNLN publishes a quarterly malaria newsletter. The DPP publishes its annual health statistics report

Departmental level

11 Departments
(Each department is composed of 2 to 4 health zones)

Format / Reporting platform: DHIS2
Managed by: Department Statistician (DPP member)
Report sent to: DPP at the national level
Reporting Frequency: Monthly
Main tasks: 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 PNLN malaria focal point at the department level and organizes a quarterly supervision program that takes into account the quality of data on DHIS2

Health zone level

34 health zones (ZS)
(Each ZS is composed of 1 to 2 communes)

Format / Reporting platform: DHIS2
Managed by: Area Statistician (DPP member)
Report sent to: Data directly entered on the DHIS2 platform by data entry agents and a statistician
Reporting Frequency: Monthly (by the 10th of the month)
Main tasks: Collect data (paper forms) at the peripheral level and enter them in DHIS2, 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

Health center level

Format / Reporting platform: On paper
Managed by: Health Officer. Data are sometimes entered on forms by the Health Officer in charge
Report sent to: Private and public health facilities and zone hospitals all submit reports to the health zone statistician. Community health workers (CHWs) report to their NGO, and this data is then shared with the DPP who enters it in DHIS2. Discussions for direct entry at the health zone level are underway
Reporting frequency: Monthly by the 5th of the month (health facility), monthly by the 2nd of the month (community health worker)
Main Tasks: Collect and synthesize data in the relevant health facility/hospital, report on appropriate indicators on a monthly basis
Structures that are supposed to report: Type: 1,350 health centers, 66 hospitals

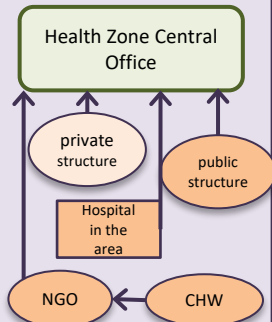


Table 1: Malaria indicators captured by system

Number of malaria cases		SIGS	IDSR
Suspected cases or fever		Yes	No
Tested (diagnostic)		Yes	No
Confirmed (positive) diagnosis		Yes	Yes
Clinically confirmed or suspected or unconfirmed		Yes	Yes
Outpatient / Inpatient		Yes/ Yes	No/No
Simple / Severe		Yes	Yes
Age groups (e.g., <5, 5+) / Disaggregation by sex (M, F)		Yes/ Yes	Yes/Yes
Pregnant women		Yes	Yes
Number of deaths due to malaria			
Age groups (e.g., <5, 5+) / Disaggregation by sex (M, F)		Yes/ Yes	No/No
Pregnant women		Yes	No
Amenities (Availability or stockout / Consumption)			
TDR /GE		Yes/ Yes	No/No
CTA		Yes/ Yes	No/No
Treatment of severe malaria		Yes/ Yes	No/No
SP		Yes/ Yes	No/No
TPI 1 / 2 / 3(+)		Yes/ Yes/ Yes	No/No/No
Completeness of reporting		Yes	Yes

Data quality control activities:

Routine data quality reviews/audits: The PNLN organizes routine data validation workshops at the department level every 3 months. The national, departmental, and zone levels are involved in controlling and monitoring the consistency and quality of all malaria data from all health facilities. The PNLN also conducts routine supervision at the department and health zone levels, as well as data quality audits every six months at the department level.

Monthly or quarterly malaria newsletter: The PNLN 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 DHIS2 platform and works collaboratively with the PNLN at the national, departmental, and health zone levels to ensure regular access to all data stored on DHIS2. 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 quarterly analyzed 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, identification of priority groups).

Additional context:

- The PNLN introduced new data collection tools in January 2017 and created data validation rules on the DHIS2 platform.
- The PNLN and the DPP updated the automatically calculated indicators on DHIS2 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 DHIS2 (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 DHIS2.