

**RHIS Profile:** This document outlines the reporting structures of RHIS that include malaria data. In Uganda, this includes: HMIS, an integrated reporting system used to monitor the Health Sector Strategic Plan indicators, and IDSR. Uganda's facilities span regional referral hospitals, general hospitals and Health Centers IV, Health Centers 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.

**Acronyms:**  
 HMIS = Health management information system  
 DHI = Division for Health Information  
 IDSR = Integrated disease surveillance and response  
 DHT = District health team  
 VHT = Village health team

	HMIS	IDSR
	<p><b>When started:</b> 1992  <b>Scale-up status:</b> Scaled up to national in 2015</p>	<p><b>When started:</b> 2000  <b>Scale-up status:</b> Scaled up to national in 2012</p>
<b>National</b>	<p><b>Reporting format/platform:</b> DHIS2  <b>Managed by:</b> MOH DHI, formerly known as Resource Center  <b>Dissemination:</b> Weekly, quarterly, annual reports  <b>Key Tasks:</b> Analyze data to generate reports; conduct capacity building; implement support supervision of districts; liaise with NMCP M&amp;E team</p>	<p><b>Reporting format/platform:</b> DHIS2  <b>Managed by:</b> MOH DHI  <b>Dissemination:</b> Daily situational reports; weekly, monthly, quarterly summary reports  <b>Key Tasks:</b> Summarize all reports; liaise with reference labs; give feedback to districts &amp; appropriate authorities; capacity building; determine risks for priority diseases &amp; events per International Health Regulations</p>
<b>Regional</b> <ul style="list-style-type: none"> <li>15 regions (per 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 (DHIS2 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>
<b>District</b> <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 &amp; DHIS2  <b>Managed by:</b> District Biostatistician, with oversight from District Health Officer  <b>Reported to:</b> DHI  <b>Reporting frequency:</b> Monthly and annually (plus quarterly for VHT)  <b>Key Tasks:</b> Transcribe and report individual &amp; aggregated health facility data to DHIS2, conduct supportive supervision for hospitals &amp; HC IV</p>	<p><b>Reporting format/platform:</b> DHIS2  <b>Managed by:</b> District Biostatistician or surveillance focal persons, with oversight from District Health Officer  <b>Reported to:</b> DHI  <b>Reporting frequency:</b> Weekly and annually  <b>Key Tasks:</b> Transcribe and report priority info on DHIS2, provide supportive supervision to facilities on IDSR</p>
<b>Facility Level</b> <ul style="list-style-type: none"> <li>5,996 facilities</li> </ul> <p>District Health Office</p>	<p><b>Reporting format/platform:</b> Paper HMIS forms  <b>Managed by:</b> Records Officers, with oversight from Facility In-Charge  <b>Reported to:</b> District Biostatistician  <b>Reporting frequency:</b> Monthly (plus quarterly for VHT)  <b>Key Tasks:</b> Record information on each patient in appropriate registers; verify accuracy of information summarized in monthly &amp; quarterly reports; collate community-level data quarterly; submit reports to HC IV (VHTs, HCII-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  <b>Managed by:</b> Records Officers, with oversight from Facility In-Charge  <b>Reported to:</b> DHI (SMS); District Biostatistician or surveillance focal persons (paper)  <b>Reporting frequency:</b> Immediately for emergency events, else weekly  <b>Key Tasks:</b> Report case-based information for notifiable diseases; submit reports; report lab results from screening of sentinel populations</p>

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

Number of malaria cases		HMIS	IDSR (Reported through HMIS)
	Suspect or fever cases	Y	Y
	Tested (diagnostically)	Y	Y
	Diagnostically confirmed (positive)	Y	Y
	Clinical or presumed or unconfirmed	Y	Y
	Outpatient/inpatient	Y/Y	N
	Uncomplicated/severe	Y/N*	N
	Age categories (e.g., 0-28 days, 29 days -4 Yrs, 5-9 Yrs, 10-19 Yrs, 20 Yrs & above)	Y	N
	Pregnant women	Y	Y
Number of malaria deaths			
	Age categories (e.g., <5, 5+)	Y	N
	Pregnant women	Y	N
Commodities (Availability / Consumption)			
	RDT	Y/Y	Y/N
	ACT	Y/Y	Y/N
	Severe malaria treatment (Artesunate)	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 audits (DQAs):**

- HMIS DQAs are conducted as part of quarterly supportive supervision by the DHT (to general hospitals and HC IV) & by the Health sub-district or HC IV (to HC II and III).
- Quarterly review meetings with DHTs and facility health workers help improve quality of services & reporting at health facilities.

##### **Malaria bulletins:**

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

##### **Data availability:**

- For both systems, NMCP, district-level focal points, and key partners have access to data via the web-based DHIS2 platform.

##### **Data use:**

- Data from the IDSR weekly report and quarterly malaria bulletin are analyzed to produce the weekly malaria status report used to detect abnormal increases in cases, address stock outs 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 HC IV and to assess OPD attendance levels and malaria trends).

**Additional Context:**

- Key challenges include data quality, data usage, and inadequate tools, specifically a lack of consistency in data collection tools at the facility as older versions of tools are re-introduced
- Principal partners involved are: USAID, CDC, WHO, UNICEF.
- Priorities for system strengthening: electronic data entry at the facility level.
- There is currently a pilot 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 levels

**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