



Health Management Information Systems training in Eastern Province

**malaria
consortium**

disease control, better health

Boosting Local Capacity with Data Analysis

Malaria Consortium partners with the Zambian National Malaria Control Centre to improve integration of malaria data at the District level.

Zambia has made great strides in fighting malaria in the past five years. The World Health Organisation estimates that interventions since 2003 have led to a 66% reduction in malaria mortality in Zambia. But the fight against malaria becomes increasingly difficult as it progresses, because the health system has to understand more precisely where to direct scarce resources. More accurate data is a crucial element for streamlining interventions.

Malaria Consortium has made an impact in Zambia by providing comprehensive solutions for diagnosis, treatment, and prevention. By conducting trainings for 57 District staff in Southern and Eastern Provinces on how to work with malaria data to reveal patterns in care, incidence, and mortality, we are moving forward to the next step: how to transfer management responsibilities to the Districts themselves.

At these trainings, District staff learn to relate consumption data on Insecticide Treated Nets, Indoor Residual Spraying, Rapid Diagnostic Tests, and Coartem, (the preferred treatment therapy for uncomplicated malaria) with incidence rates and mortality, and use this information to improve health services.

Prior to the launch of this training programme, data that was incorrect, incomplete or inconsistent was nevertheless entered and opportunities to improve clinic case management were not explored. Now District staff have become aware of gaps in data and work to reconcile discrepancies before entering data into the system, positioning themselves to anticipate yearly orders from medical stores.

In recent workshops, a new component has

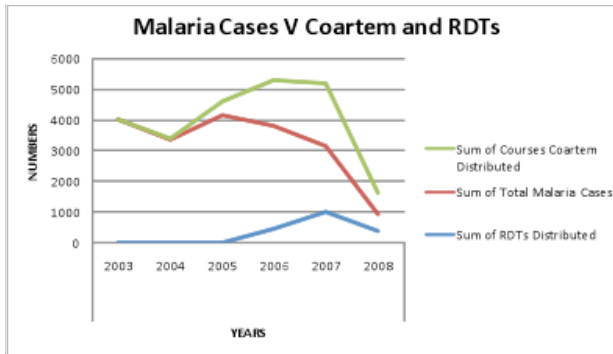


Initial Health Management Information Systems training in Livingstone for District Directors of Health, and District Health Information Officers, and Malaria Focal Point persons. Staff from Malaria Consortium, the Harvard Research Group and the US President's Malaria Initiative also took part.

been added: each District creates an action plan to address the specific needs of its local health system. Many District action plans are focused on the goal of treating only malaria with Coartem, instead of prescribing it for every fever.



Case Study - Zambia



In this health facility graph, we can see that while malaria cases and Coartem use have been falling, Rapid Diagnostic Test use still lags behind both incidence and treatment.

One of the strengths of the programme is that it does not require a lot of money to run once the initial trainings and follow-up meetings are carried out. With sustainability in mind, two people were chosen from each District office, to guard against knowledge-loss through transfers or attrition, and a training manual was distributed to each District office for reference. In upcoming years, Ministry of Health staff will be able to give analysis and feedback to health centres as a routine part of their jobs, with minimal monitoring needed from the National level.

These workshops do not simply change the work of District staff; they have three levels of impact at National, District, and Community

Rabby Siakachite is a Data Associate for Mazabuka District, who went through trainings in Livingstone and Choma, and now assists in teaching other Districts. He says he has found 'great benefit' from his new skills, adding that 'participants have learned a lot of things we never knew, especially how to critically analyse data.'



Data associate and training assistant Rabby Siakachite at Health Management Information Systems training session.

levels. At the national level, the workshops have allowed us to see a clearer picture of the progress in the fight against malaria. Before, missing data and other inconsistencies clouded the picture, but as the data becomes cleaner, interventions can be more specifically targeted.

At the District level, this programme puts ownership in the hands of Ministry of Health staff, giving them the information to make decisions. For example, under-five mortality might be a bigger issue in one District than another. The District Health Information Officer will talk with health centres about various interventions, while in another District, the focus might be on correct use of Insecticide Treated Nets.

The third level of impact is at the community level. District Health Information Officers become teachers and managers for the health centre, pointing out current concerns and making evidence-based decisions. Performance assessments of health centre staff are now based on data instead of perceptions.

As other countries push back malaria and introduce new diagnostic and treatment tools, they can look to Zambia's experience as an example of building local capacity to target interventions and ensure top-of-the-line case management. In this way, we have pioneered

best practices and approaches, setting standards that others can follow.

For the participants in the Zambia data analysis workshops, a sense of ownership and renewed commitment to fighting malaria in an informed way has emerged.

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