

This newsletter provides an update on an initiative implemented by Malaria Consortium in partnership with the Ministry of Health, funded by the Bill and Melinda Gates Foundation, with the aim of **strengthening the malaria surveillance system** in Mozambique.



Presentation of the malaria surveillance project in Inhambane province (DPSI)

Introduction to the project

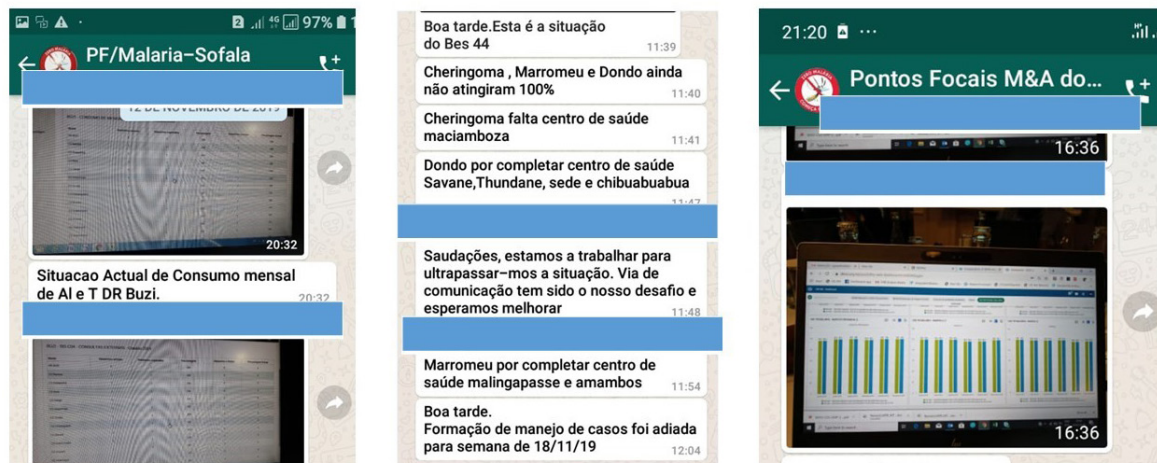
Despite the progress made in intensifying malaria control and prevention approaches as well as aligning efforts to eliminate them with neighbouring countries in southern Africa, Mozambique remains the fourth-largest contributor to malaria cases globally.

For the country to accelerate efforts to reduce the burden of malaria, it is essential to create and maintain an adequate surveillance system adapted to its needs in order to implement broader malaria control and elimination strategies. A **strong surveillance system** will provide access to the information needed to identify obstacles to malaria control and elimination activities, to direct efficient interventions, and to enable us to respond quickly to activity compliance scenarios.

A crucial data repository

Malaria Consortium is supporting the Ministry of Health (MoH), using funds from the Bill and Melinda Gates Foundation, to establish an integrated malaria information repository (iMISS) that will improve the management of malaria-related data. The development and implementation of an iMISS will be an important milestone for the National Malaria Control Program (NMCP) and for all participants involved in data management, which will result in an evolution in the efficiency of how resources are allocated and in targeting interventions against malaria.

The initiative is under the leadership of the MoH (NMCP) and DPS, and will be implemented for three years (2019-2022). The overall objective is to establish a functional malaria surveillance system that responds to all strata of transmission in Mozambique. It will produce evidence-based information, establish and institutionalise a demand for- and culture of- data use at all levels of service providers, and develop an integrated information system “iMISS” to better manage data related to this disease.



(PF-Focal Points) Image of the WhatsApp group used to discuss and report data in Sofala province

The National Malaria Control Program (NMCP), Malaria Consortium and partners will interact with all malaria stakeholders at national and provincial level, through different intensification activities, outlined in three packages to:

- ensure the existence of a set of Data Quality (DQ) packages to revitalise the current system and address the main challenges identified through surveillance assessments;
- address the challenges identified in accessing data, Data Use (DU) and Data to Action (D2A) through:
 - development of iMISS and associated tools
 - establishment of automated data visualisation and analysis components capable of generating stratified annual results
 - strengthening of outbreak detection and early warning systems
 - improvement of the operational plan
 - operationalisation of cases and processes focusing on very low transmission areas and integration of detailed programmatic data in iMISS
- conducting comprehensive training for employees involved in data management at all levels;
- implementing support supervision and monitoring of procedures focused on improving DQ, DU and D2A; and
- implement a set of monitoring and evaluation components to generate evidence to guide optimized operational cost plans for additional implementation of minimum DQ, DU and D2A packages at all levels.

At the end of the project, Mozambique is expected to have a functional malaria surveillance system that responds to all strata of transmission, and an iMISS that will allow an improvement in the management of data related to malaria.

Reporting and data discussion via WhatsApp

Malaria Consortium has been working in Sofala since June 2019, supporting the malaria programme at Sofala Provincial Directorate of Health (DPS Sofala) with its epidemiological surveillance, analysing and monitoring data sent by the Mozambique Health Information System for Monitoring and Evaluation (SISMA).

It was noted that the weekly epidemiological bulletins (BES) were not reported in full by the 13 Districts referring to 182 Health Units registered with SISMA in Sofala Province. And only about 75% were reporting data. To improve this, coordination and communication by the District team was advanced.

The Malaria Consortium teams in Sofala sought to answer these questions: why was there a delay in reporting BES data by the Districts? How could this challenge be overcome?

In the debates held at the technical meetings, several suggestions were made:

- Continuous calls to technicians from the District calling attention to report data before the closure of BES in particular focal points of malaria, District Statistics Division (NED) technicians, chief doctors;
- Urgent meetings with the Provincial Director of Health, as colleagues in the programme were already calling for superior intervention, and they had already made notes of formal communication, but the problems remained; and
- Identifying the most problematic districts with delays or even closing BES without data - which turned out to be Gorongosa, Muanza, Marringue, Caia, Nhamatanda and Marromeu.

It was suggested that a private WhatsApp group should be established for the District Malaria focal points to improve communication.

The Focal Point (PF) Malaria-Sofala group

With the intervention of Malaria Consortium, in October 2019, the following solution was proposed:

- Activate the WhatsApp group, called “PF / Malaria-Sofala”, where the focal points were connected with DPS technicians in the area of malaria and epidemiological surveillance, chief medical officers, NED officers responsible for epidemiological surveillance at the level of the Districts, and some district directors of very critical districts;
- Integrate partners that work and support this area, such as Malaria Consortium, which is interested in improving reporting and data quality;
- Begin to report necessary information in this group on the data and performance situation of each District; and
- Make updates as data is sent to SISMA and alert overdue Districts about closing dates.

There were seven problematic districts that were reporting delays or were closing BES without data. After joining the group, where everyone was sharing the situation in their district, these districts also began to submit reports more regularly.

There was an improvement in the flow and reporting of data. The weekly reporting rates improved, from 75% to 88% in the first weeks of using WhatsApp. Currently, it is between 95% and 100%.

The WhatsApp group, in addition to improving the reporting of data, improved the connection and communication between District Health, Women and Social Action Service (SDSMAS) and the Health Units (HU), and promoted discussion of the challenges encountered in reporting the data in a timely manner and solutions to overcome such constraints in the province.

Ponta de Ouro Health Centre's information board



Ponta de Ouro Health Centre team with information board donated by Malaria Consortium

Malaria Consortium has been providing technical and logistical support to the district of Matutuine and all health units, to help improve Data Quality, as well as establish a culture of Data Use and Data to Action.

The Ponta de Ouro health unit is a type 2 health post, located in the southeast of Matutuine district along the border with South Africa.

Mr Venâncio Cândido Nhavene is the preventive medicine technician at the health unit. He is responsible for preparing monthly statistical reports, and he wanted to share this data by displaying graphs on a fixed board where all technicians, including visitors, could see information about different pathologies, and the variation in malaria cases over time without having to go to the archive.

“When people and healthcare providers can see the situation they are in, that in some way will create the desire to do more for the health of the community,” he says.

Venâncio asked whether he could be supplied with this fixed board. It was agreed by the partners that these materials could be provided through the ‘Strengthening malaria surveillance for evidence-based decision making in Mozambique’ programme, as it would help to establish a culture of Data Use. Thus, during the supervision of data quality assessment carried out on 11 December 2019, the team delivered the information board to the Ponta de Ouro health post.

The board is now in regular use in the health post.

Malaria Consortium supports Inhambane province with malaria registration tools



Malaria Consortium Technical Officer Paulino Muagona delivering malaria registration tools to the Panda chief medical officer, Dr Jorge Humberto Gonçalves

Malaria Consortium, in coordination with the NMCP and the Provincial Health Directorate of Inhambane, has been working to solve problems detected in the malaria surveillance system in Mozambique, namely:

- Quality of information
- Data usage
- Operational capacity
- Stock out of malaria forms and tests
- Unavailability of some registration books

To help with this, in the first quarter of 2020, the province was given several registration tools, with an emphasis on external consultation books to cover all 142 health units in Inhambane Province.

With the replacement of this material, the chief doctor said that the situation has become balanced, as these tools will greatly improve the quality of record-keeping, and make data collection more practical and effective. They will also improve planning and decision-making in the district.

Data Quality Assessment in the district of Manica

Malaria Consortium is a partner of the Provincial Directorate of Health of Manica and provides technical and financial support for the strengthening of the malaria surveillance system for data-based decision making.

Manica is one of the districts that benefits from this surveillance project. It covers an area of 4,391 km², with a population of approximately 236,471. The number of women of childbearing potential is 47,058 (24.9% of the total population). The District has 18 health units.

According to the Chief Medical Officer of Manica, Santana Mário Missage, the technicians were trained in June 2019 in Data Quality Assessment (DQA), and with the support of Malaria Consortium they were able to carry out the DQA in January 2020 in a single round in all health units.

“It was a very big gain for the district, and from the moment that we were able to visualise the situation of the district, we can give our support to the technicians of the health units,” says Santana Mário Missage. “This partnership will allow the constant follow-up of the action plans left in place.”

“It was exciting to realise the usefulness of the tools and especially to be able to use them to improve the system that already exists. With Malaria Consortium, we managed and we will achieve more with regard to improving our data.”

“We are now better prepared to help establish a functional malaria surveillance system that responds to all strata of transmission, produces evidence-based information, establishes and institutionalises demand, and promotes a culture of data use.”



Santana Mário Missage – Manica District Medical Chief Officer



DQA supervision team in Cangela Massinga, Inhambane, Jan 2020



Tânia Morais and Anifa Latifo conduct DQA in Cuamba, Malapa Health Centre, Jan 2020



Conducting DQA at the Muera Health Centre in Gorongosa, Sofala, March 2020





Gorongosa – DQA recount (integrated) of data in the Community Health Worker’s record book

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