

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.



Health technicians sharing experience in Nhamatanda

Data Quality and Use for Decision Making: Sharing Good Practices and Challenges

A quarterly meeting to share good practices and challenges from health units (HUs) about data quality and its use for decision making in Nhamatanda district was held in December.

The meeting was attended by health technicians from health units in Chirassicua, Siluvo, Jasse Manguena, Metuchira and Chiro, who shared the need to improve practices related to data quality and the timely supply of feedback

between health technicians working across different parts of the health unit.

The Head of Chrassicua Health Unit shared his experience about overcoming such constraints, given that he had been in a similar situation for several years. He noted that on occasions there had been a lack of collaboration from colleagues to improve the quality of registration, conservation of instruments, daily recounting of data and provision of feedback and that these caused serious problems in the monthly data discussion meetings at the district headquarters.

To overcome these challenges, this technician created a rota that meant

all relevant colleagues would be required to represent the health unit in monthly balance sheet meetings. This added accountability and quickly saw improvements. Each technician felt an obligation to follow the dynamics of others at the district meeting and actively sought to have sufficient knowledge and a good basis for data discussion.

According to the Head of Chrassicua Health Unit, as a result, they have experienced great improvements both in the quality of data records and also in the level of knowledge in the unit and better synergy and productive exchange of experiences between technicians.



Data Quality Assessment activity in Manica – Malaria Consortium and Provincial Health Directorates

Positive partnership with Provincial Health Directorate makes activities in Manica more flexible

The partnership between Malaria Consortium and Manica Provincial Health Directorates (PHD) is proving an important example in the region. According to Ms Serafina Benesse- provincial responsible of the National Malaria Control Program (NMCP) in Manica- the collaboration, coordination, planning and joint implementation of the activities of the surveillance initiative has been excellent.

The province of Manica is located in the central region of Mozambique. Chimoio is the capital city, located about 1,100 km north of Maputo, the national capital, and about 200 km west of the coastal city of Beira. Manica covers an area of over 61,000 km² and has a population of almost two million inhabitants. The province is divided into 12 districts and, since 2013, has five municipalities: Catandica, Chimoio, Gondola, Manica and Sussundenga.

Malaria Consortium provides technical support to the NMCP, holding regular meetings that bring together technicians from Malaria Consortium, the Malaria Program, Surveillance and the National Directorate of Planning and Cooperation. The resources and technical advice from Malaria Consortium in the implementation of the interventions and the collaboration between parties has helped the PHD and enabled flexibility in the malaria surveillance initiative.

“The implementation of activities and their contribution to the achievement of the project’s goals is giving the PHD programme managers more ownership and allows identification of possible problems inherent to data quality.

Now all the staff know how to use the instruments of Data Quality Evaluation, and were trained in service by Malaria Consortium to use the new external reference books. These are extremely useful as they allow us to perceive the real situation of the data in each health unit audited.

I’d like to thank Malaria Consortium for the technical leadership that has helped build our capacity to deliver interventions of the surveillance malaria initiative for the Malaria Program team. The tools enable us to identify problems and propose solutions. Two rounds have been carried out and there are improvements in the way data is collected by the technicians of the health units (HUs) and the prompt intervention by the district teams to correct any data issues.

I would also like to underline how the frequent performance of DQA has been important to maintain communication and monitor the activities in the health units. The elaboration of action plans for follow-up and sending periodic retro information to the districts and health units allows constant interaction and the ability to seek further technical support where necessary.”

Ms Serafina Benesse- provincial responsible of the National Malaria Control Program (NMCP) in Manica



Data Quality Assessment activity in Gorongozo district

Adapting to remote support due to COVID-19: Data Quality Assessment in Gorongozo district

The District of Gorongozo implemented the second round of Data Quality Assessment (DQA) at the end of September. DQA is an activity that is carried out on a quarterly basis, where teams from the Malaria program (at the district and provincial level), together with the Malaria Consortium team, visit health units to assess data quality. After the assessment, recommendations are left and then action plans are made by health technicians to improve or maintain the data quality.

Due to armed attacks in the region and the volatile security situation, Malaria Consortium was unable to attend the DQA in person as usual.

It was agreed that the activity would be carried out under the leadership of the District of Gorongozo with the support of the Muanza District on behalf of the Provincial Health Directorates. Malaria Consortium participated remotely through phone calls and messaging

services in order to provide technical support and monitor the progress of the activity.

The meeting was attended by the Clinical Director of the District Service of Health, Women and Social Action (SDSMAS) of Gorongozo, the Focal Point of Malaria, District Statistics Division (NED) of SDSMAS-Muanza and representatives from 15 health units and two health posts.

The malaria focal person noted that the meeting was a success, despite Malaria Consortium's support being given remotely, noting that,

“we were able to capture the issues of responsibility, involvement and commitment to the activity without Malaria Consortium being physically present and had all the necessary support from the beginning until the end of the activity.”

On the way to digitise data quality through iMISS

iMISS is an integrated malaria information storage system. It aims to aggregate data, verify data quality and produce reports through automated panels that trigger necessary actions within iMISS- key decision trees that facilitate data to action (D2A) activities at different levels of the health system. iMISS is helping to establish advances in data quality, flexibility in data insertion and automated analysis enables better efficiency in how resources are allocated and targeting interventions against malaria.

The iMISS training of trainers (ToT) took place at a national level in September last year, where 35 Trainers from across the country were trained. These trainers then undertook training 748 technicians across Maputo (Province and City), Gaza, Inhambane, Tete, Sofala, Niassa, Manica, Zambézia, Nampula and Cabo Delgado.

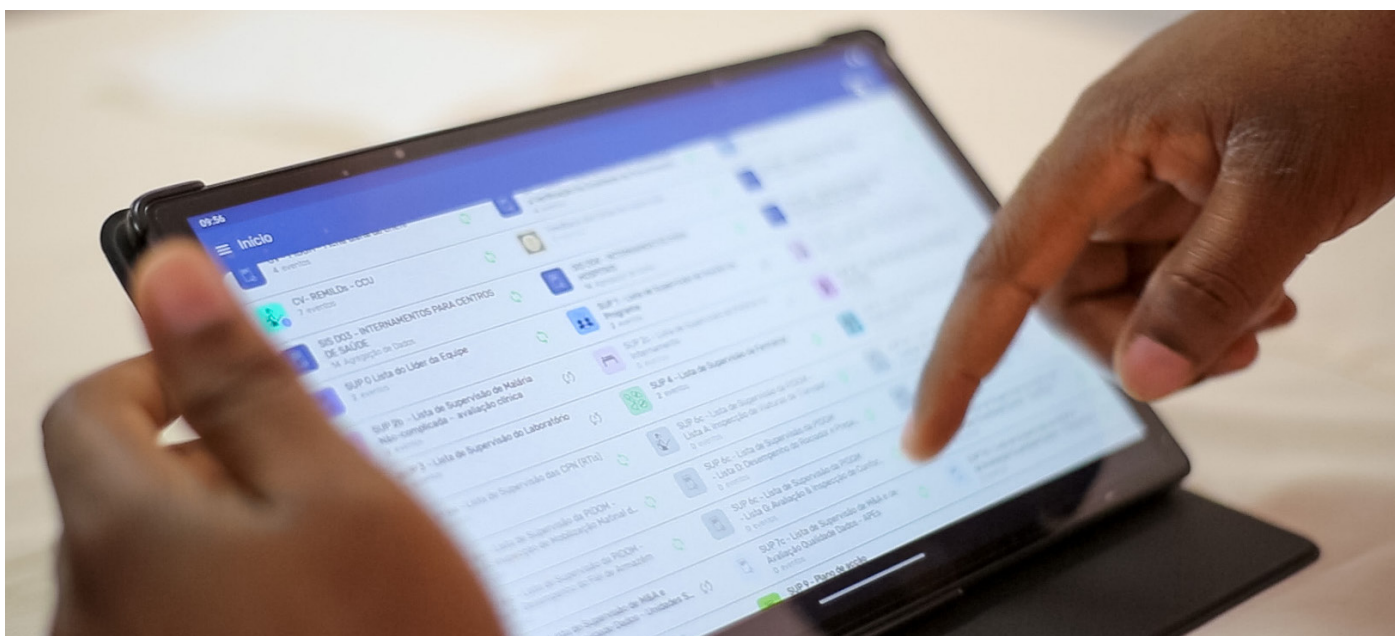
“iMISS is something new and is welcome to the Malaria Program, I believe it will make big improvements because the Malaria Program has previously been overlooked with more concern for HIV/AIDS and now currently COVID-19. I think that the iMISS device will improve data quality for malaria. To be honest, I was not particularly interested in the issue of malaria data or better registration of malaria cases but with iMISS, I am interested in seeing how this provides better data in my health centre.”

(Testimony 1, Health Technician)

As a new platform, iMISS continues to be improved based on feedback from users in Phase 1 training activities at provincial and district level. Phase 2 is incorporating notification based on individual cases, data from the logistics management information system, additional survey data and integration of the Rapid Alert System.

“Participation, integration and communication of content was done very well by the trainers. I will be interested to see how they continue to improve the modules on the tablets.”

(Testimony 2, Health Technician)



Tablet interface showing iMISS modules

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