SRS as a strategy for immediate and long-term availability of representative mortality data

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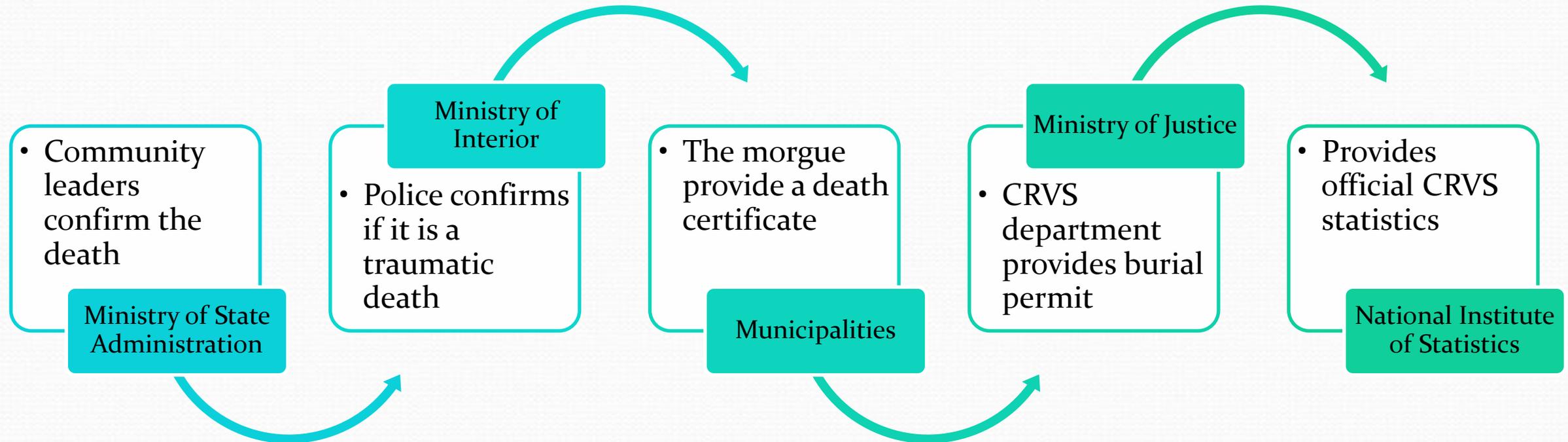MINISTÉRIO DA SAÚDE

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Mozambique
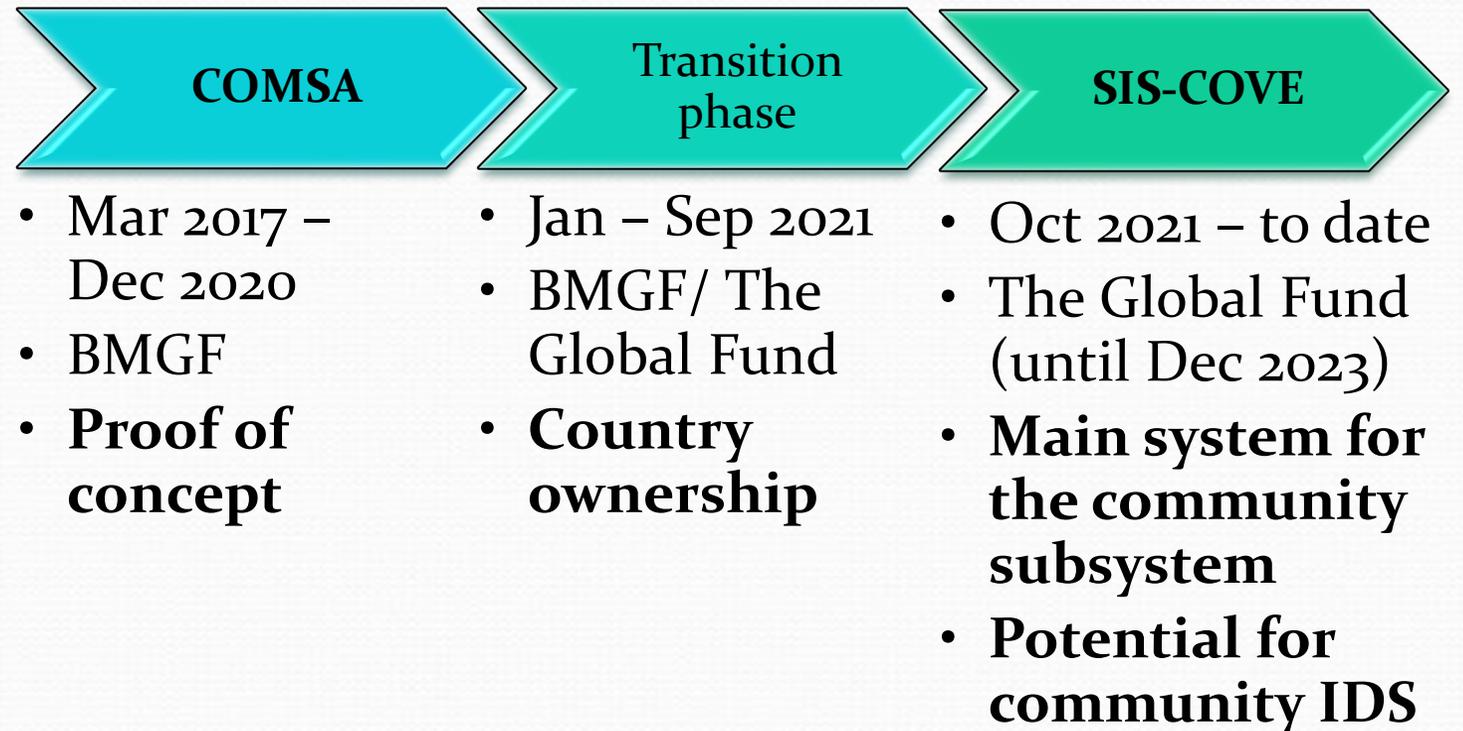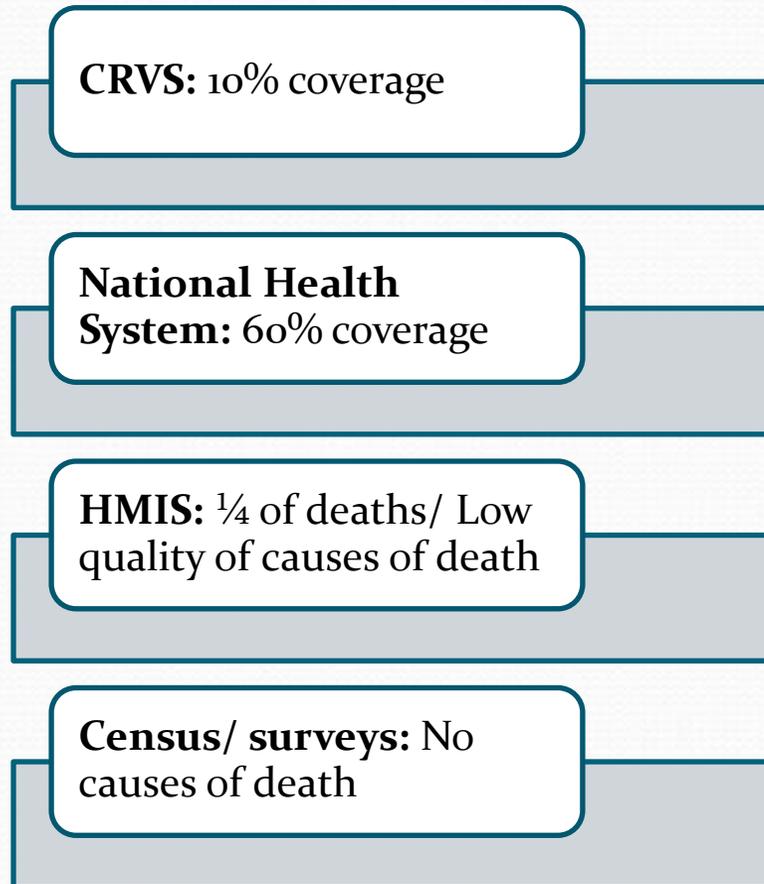
- **Population: 31.6 million (65.5% in rural areas)**

- **Life expectancy: 55.7 years old**

- HIV prevalence: 12.4% (2021)

- Infectious diseases as main causes of morbidity and mortality with NCDs and trauma increasing – triple burden of diseases

- Reached MDG 4: U5MR declined by 70% from 248 to 75 between 1990 and 2015

- Committed to the SDGs with goal 3.2 aiming at reducing U5MR to at least 25 and NMR to at least 12

Community deaths: pathway to civil registration in Mozambique

Strategy for immediate and long-term availability of CR and causes of death data in Mozambique

CRVS: 10% coverage

National Health System: 60% coverage

HMIS: ¼ of deaths/ Low quality of causes of death

Census/ surveys: No causes of death

COMSA

- Mar 2017 – Dec 2020
- BMGF
- **Proof of concept**

Transition phase

- Jan – Sep 2021
- BMGF/ The Global Fund
- **Country ownership**

SIS-COVE

- Oct 2021 – to date
- The Global Fund (until Dec 2023)
- **Main system for the community subsystem**
- **Potential for community IDS**

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SIS-COVE: A platform with potential for implementing additional research

SIS-COVE

- Link to CRVS to improve community births and deaths registration

- Link with DHIS-2 to ensure data access for users

- Monitoring of health emergencies;

- Disease Surveillance and Social Determinants (event-based);

- Management of rumors and misinformation;

Rapid Mortality Mobile Phone Surveys (RAMMPS)

Improving CRVS coverage and access to mortality data at the sub-national level thought SIS-COVE
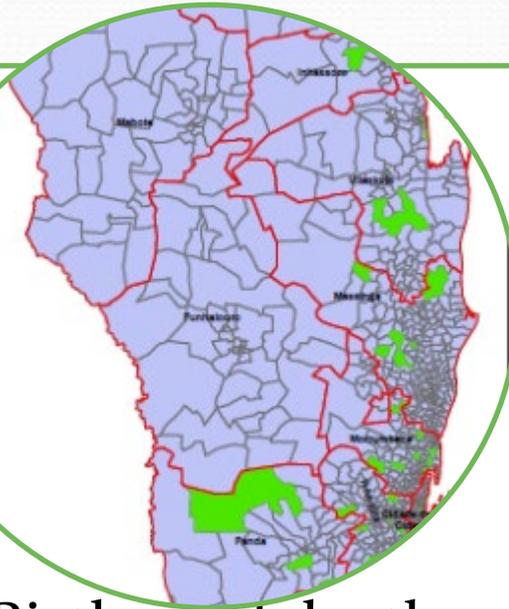
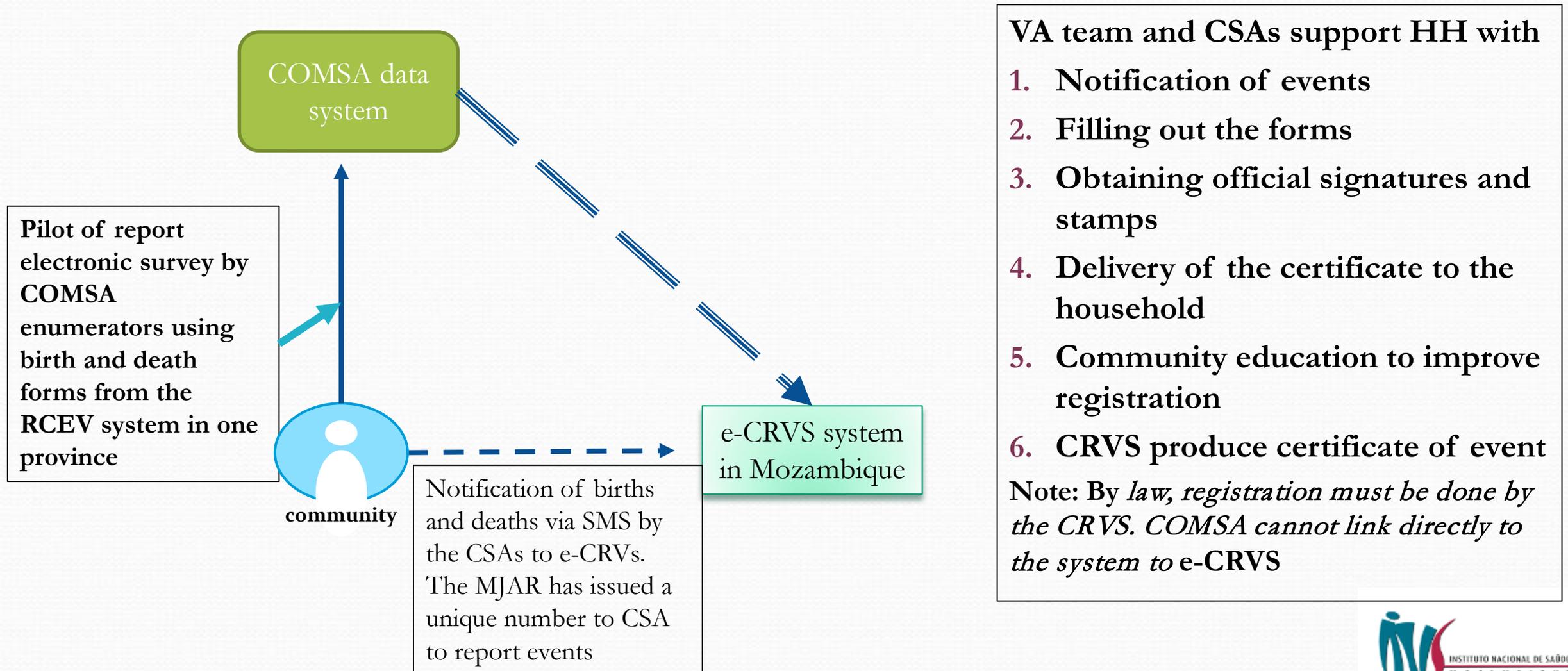Births and deaths registration through SIS-COVE community workers (pilot in Inhambane Province)
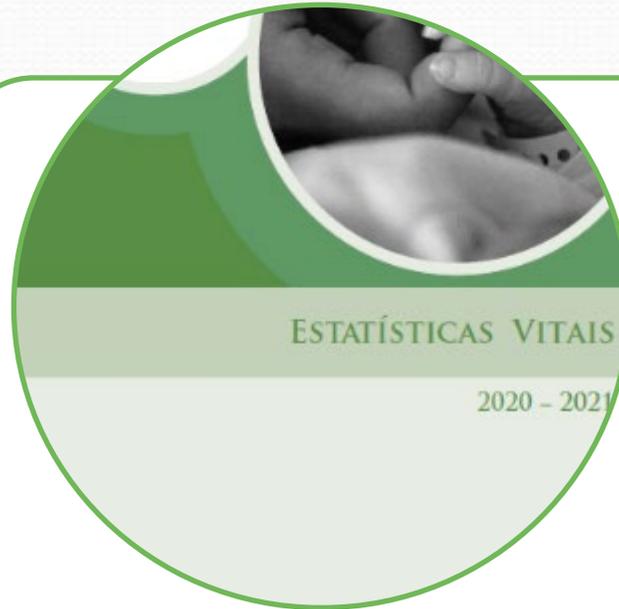
Feeding e-CRVS and vital statistics reports

Access to mortality data at district and provincial level through dHIS-2 (SIS-MA)
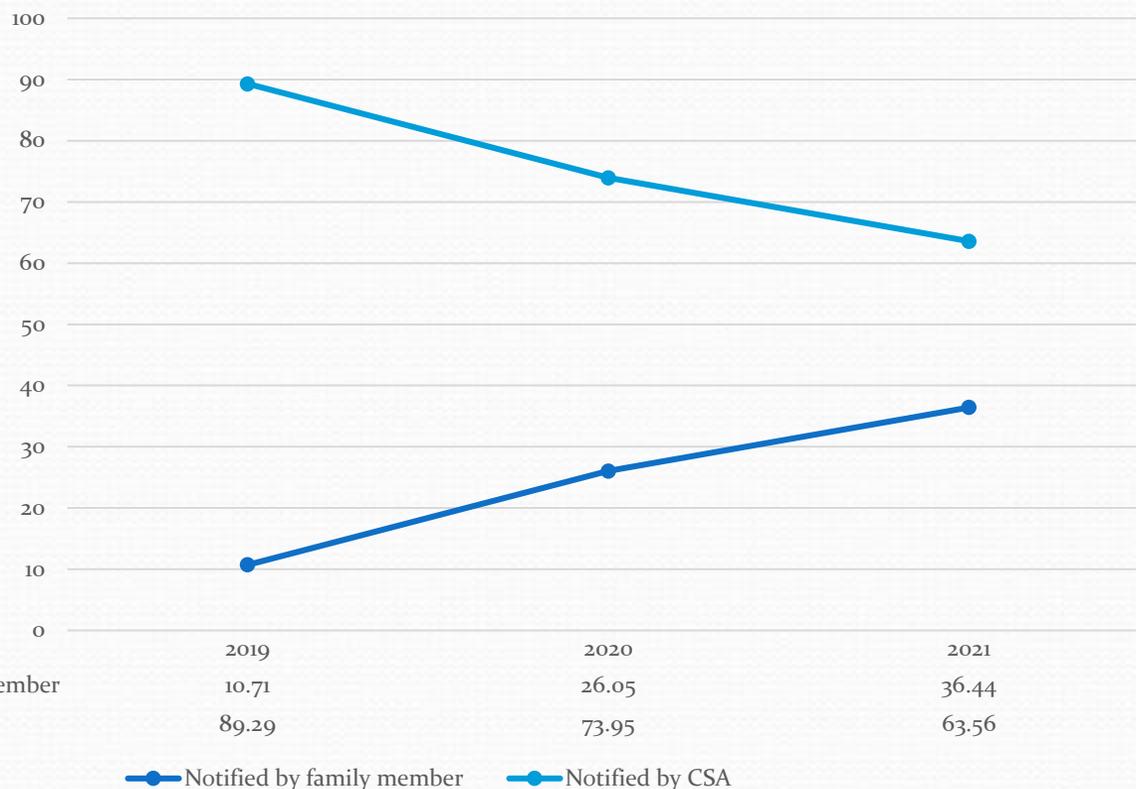
CRVS Pilot in one of province

COMSA data system

Pilot of report electronic survey by **COMSA** enumerators using birth and death forms from the **RCEV** system in one province

community

Notification of births and deaths via SMS by the CSAs to e-CRVs. The MJAR has issued a unique number to CSA to report events

e-CRVS system in Mozambique

VA team and CSAs support HH with

1. Notification of events
2. Filling out the forms
3. Obtaining official signatures and stamps
4. Delivery of the certificate to the household
5. Community education to improve registration
6. CRVS produce certificate of event

Note: By *law, registration must be done by the CRVS. COMSA cannot link directly to the system to* **e-CRVS**

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Registration of births by family members has increased significantly in Inhambane

Birth registration in Inhambane

	2019	2020	2021
Notified by family member	10.71	26.05	36.44
Notified by CSA	89.29	73.95	63.56

Notified by family member   Notified by CSA

Total:
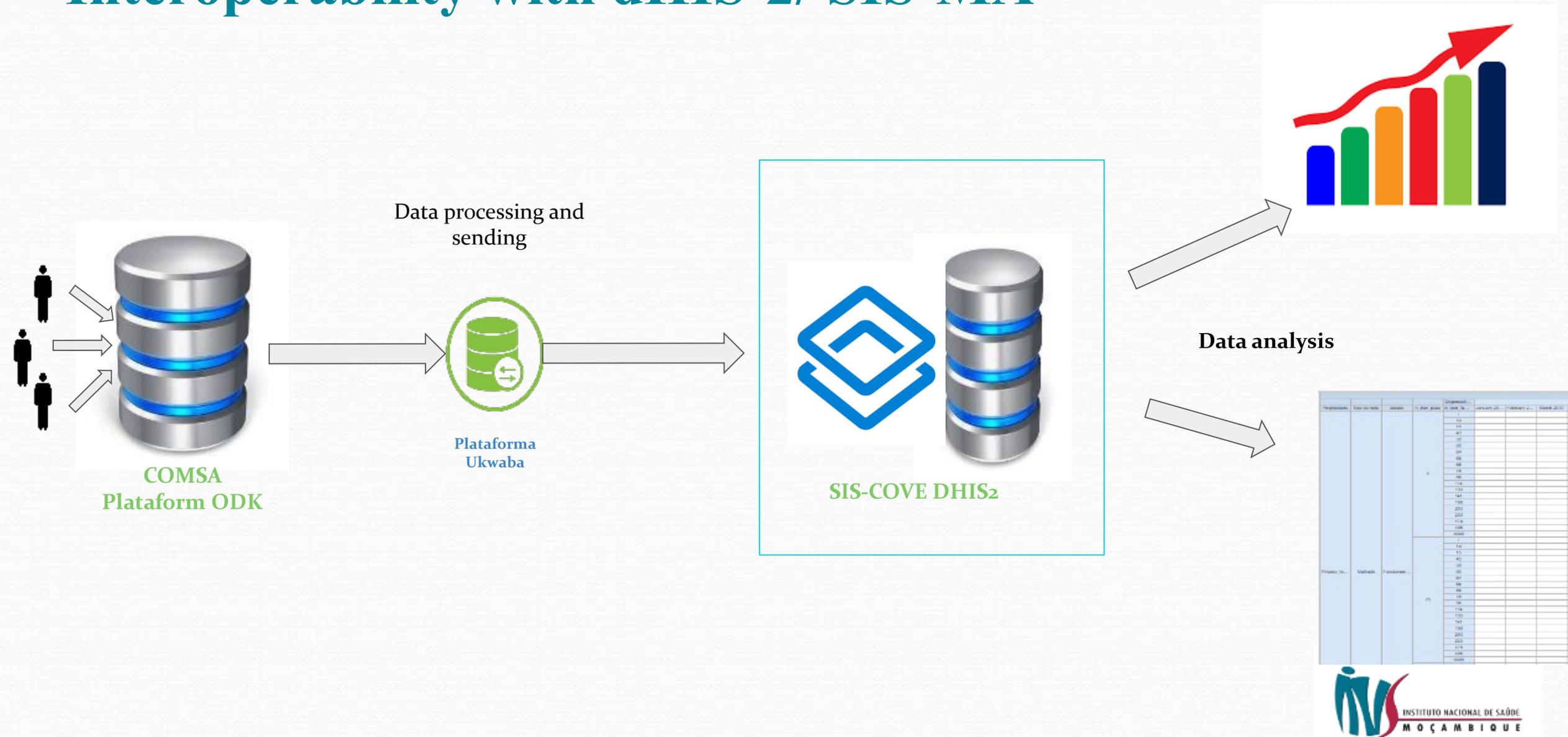Notified by CSA: 73.3%
Notified by family member :26.7%

The proportion of birth registrations has been inactively increasing

Interoperability between COMSA/SIS-COVE and CRVS

- SIS-COVE officially started feeding CRVS, supporting civil registration in one province
- next step fundraising to increase the coverage including all remaining provinces
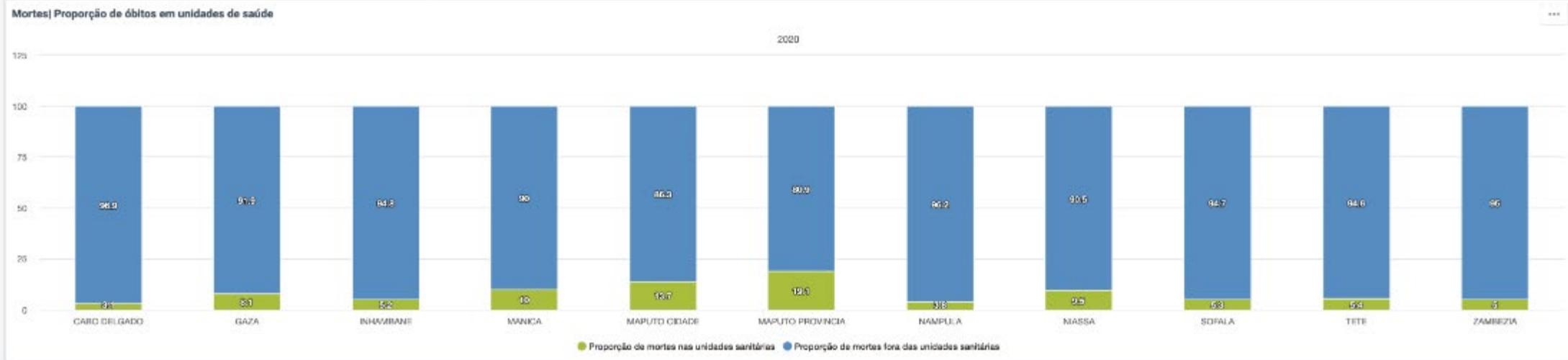
Interoperability with dHIS-2/ SIS-MA

Data processing and sending

Plataforma Ukwaba

COMSA Plataform ODK

SIS-COVE DHIS2

Data analysis

Dashboards

Leveraging SIS-COVE to improve community-based disease surveillance and outbreak investigation

COMSA DBS: Seroprevalence by Age Group

VPD Seroprevalence in Zambezia:
o Diphtheria: 87.2% (95%CI 84.3-89.6)
o Tetanus: 86.9 (95%CI 83.6-89.6)
o Rubella: 83.0% (95%CI 78.3-86.8)
o Measles: 69.1% (95%CI 63.3-74.4)
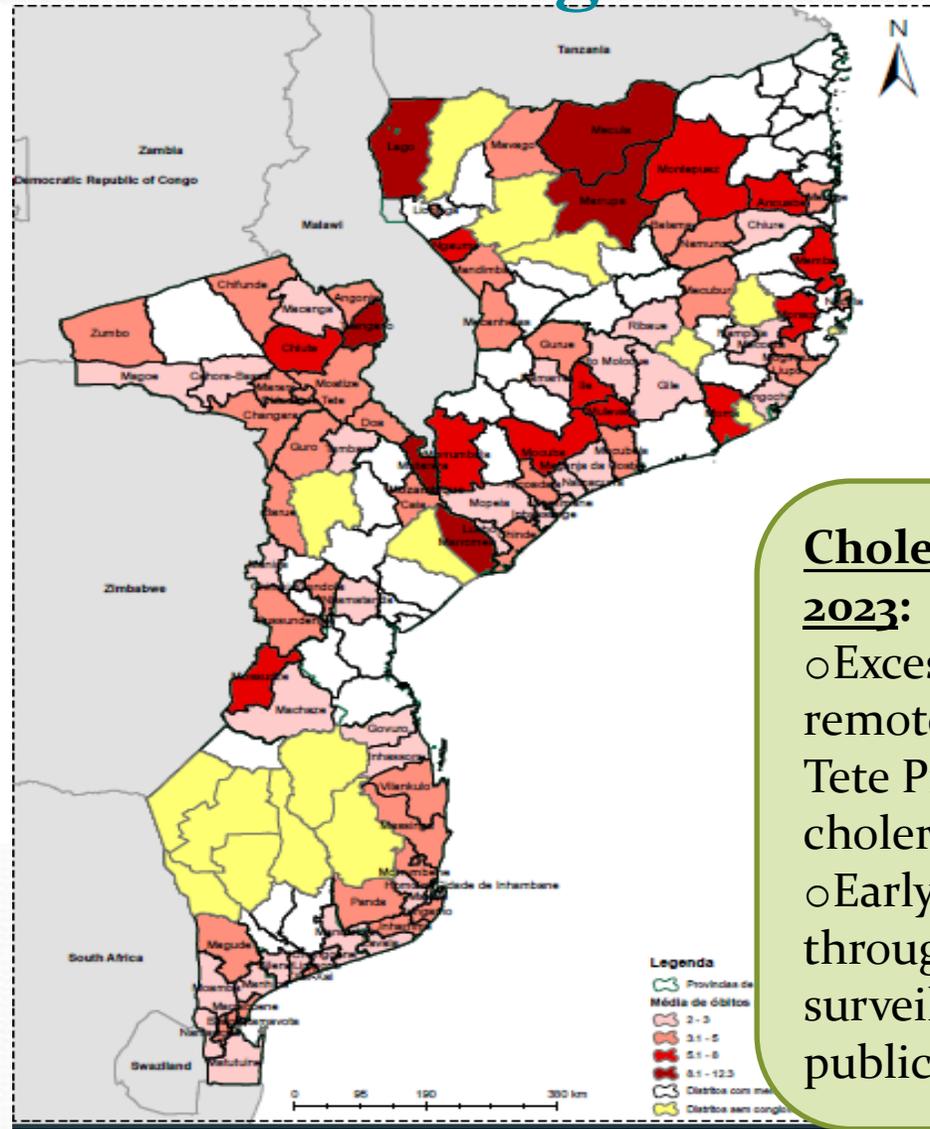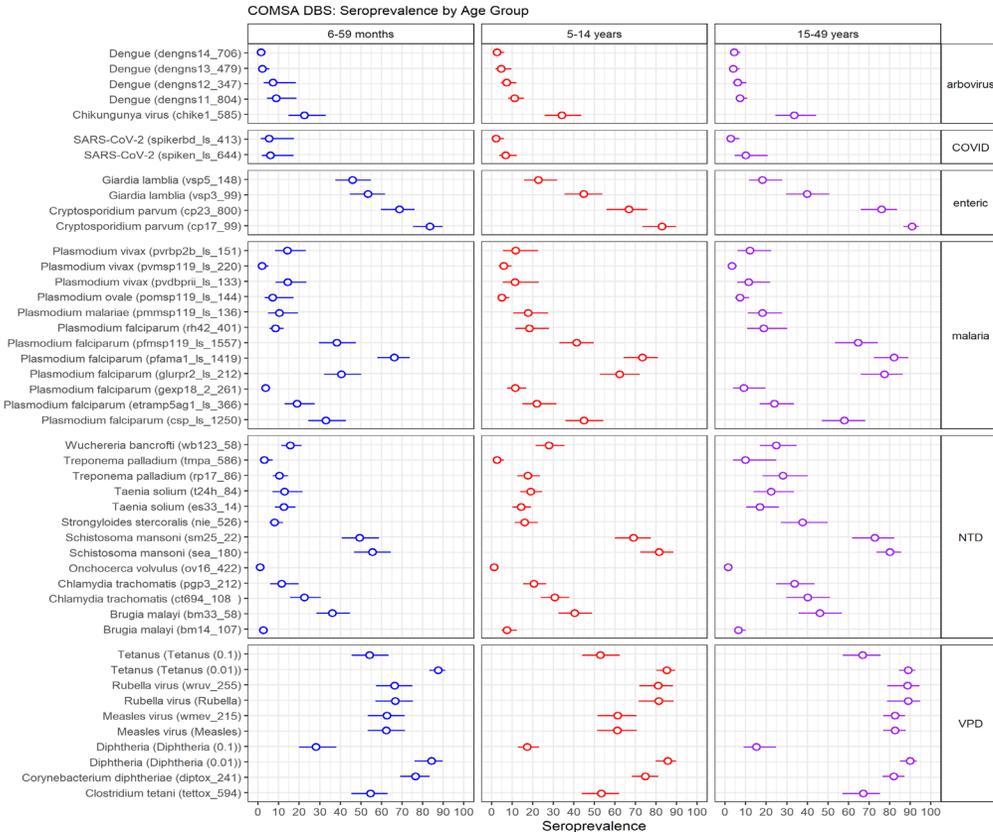
Cholera outbreak in 2023:
o Excess mortality in a remote community in Tete Province due to cholera
o Early warning system through mortality surveillance to detect public health treats

Key actors for RMS in Mozambique

National Institute of Health

- Main Implementer of the System
- Interaction with the multiple stakeholders
- Through the NHO, triangulate and integrate data from different sources for dissemination and use

Minister of Health

- Community surveillance agents
- Monitoring and evaluation system (HMIS/DHIS-2)
- Hospital data on causes of death

National Institute of statistics

- Sampling and cartography
- Generate vital statistics

Minister of Justice

- CRVS Management

Involvement of key stakeholders

- TWG for the implementation of an integrated strategy in the mortality registration is required;

- Identify all small groups collecting data and invite to TWG;

- Advocate at the political level of all institutions involved to support death registration systems;

- Continue to expand surveillance areas to improve coverage.

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Key notes

- COMSA/SIS-COVE is a good example of SRS for resource-poor countries and is generating results on mortality and causes of death

- CRVS System is the perfect model for deaths registration but in Mozambique it still far from optimal coverage

- COMSA Supports Civil registration through community health agents and verbal autopsy team;

- More recent experiences have awakened the use of the platform as an Early Warning system for health events.

- Stakeholder engagement is essential for advocacy on mortality data registration

COMSA (2019 and 2020) reports are know available!!

https://comsamozambique.org/

Obrigado!

COMSA has a digitized sample and data collection

1. **Random selection of 700 clusters**

2. **Representative at national and provincial levels**

3. **Large cluster (~300, households)**

4. **Surveillance of total population of each cluster**

5. **180,000 households**

6. **800,000 population**

Map of Mozambique showing provinces with cluster counts:
- Cabo Delgado: 113
- Niassa: 40
- Nampula: 53
- Tete: 106
- Zambezia: 118
- Manica: 85
- Sofala: 29
- Inhambane: 49
- Gaza: 36
- Maputo Provincia: 36
- Maputo City: 35

COMSA cluster

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