0.a. Goal

3 GUARANTEE ACCESS TO QUALITY HEALTH AND PROMOTE WELFARE FOR ALL

0.b. Target

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases, and other communicable diseases

0.c. Indicator

3.3.1 Number of new HIV infections per 1000 uninfected inhabitants

0.d. Series

Number of new HIV infections per 1000 uninfected inhabitants

0.e. Metadata update

10/23/2020

1.a. Organisation

NATIONAL INSTITUTE OF STATISTICS

1.b. Contact person(s)

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2.a. Definition and concepts

Refers to the number of people who contracted new HIV infections per 1,000 uninfected people, by sex, age

2.b. Unit of measure

Percentage

3.a. Data sources

MISAU, Survey on Indicators of Immunization, Malaria and HIV / AIDS in Mozambique (IMASIDA)

3.b. Data collection method

The recommended data sources for calculating this indicator are Household Surveys.

At IMASIDA, four questionnaires were used:

- Questionnaire for households;

- Individual questionnaire for young and adult women aged 15-59 years;

- Individual questionnaire for young men and adults aged 15-59 years and

- Biometry questionnaire for men and women aged 15-59 years.

The four questionnaires were subsequently determined based on the findings of the pre-test of the survey, carried out between 14 April and 11 May 2014

3.c. Data collection calendar

2021

3.d. Data release calendar

2022

3.e. Data providers

National Institute of Statistics

3.f. Data compilers

National Institute of Statistics

3.g. Institutional mandate

Law 7/96 of 5 July

4.a. Rationale

The incidence rate provides a monitoring measure to prevent the progressive transmission of HIV

4.b. Comment and limitations

Longitudinal data on individuals is the best source of data, but is rarely available for large populations. Special diagnostic tests in surveys or health facilities can be used to obtain data on HIV incidence. The incidence of HIV is modeled using the Spectrum software.

4.c. Method of computation

The incidence rate is provided by the ratio between the number of new HIV cases and the number of people at risk

4.d. Validation

The field work had close supervision and quality control by the central and provincial technicians, both from INE, MISAU and ICF International staff. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the field critics, which allowed for immediate correction still on the ground. At the level of central coordination, the data critics carried out a further review of the base data and the problems encountered were communicated to the respective teams.

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

O The Immunization, Malaria and HIV / AIDS Indicators Survey in Mozambique (IMASIDA) is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries to carry out national sample surveys in the areas of population and health. The MEASURE DHS Program aims to:

• Support the formulation of policies and implementation of programs in the areas of population and health;

• Increase the international population and health data base for monitoring and evaluation;

• Improve the survey methodology by sampling, and

• Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

4.i. Quality management

Quality Management Instrument still to be approved

4.j. Quality assurance

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

4.k. Quality assessment

Quality Assessment Instrument still to be approved

5. Data availability and disaggregation

Data are available every 5 years and can be disaggregated by sex, rural and urban area of residence, province and country

6. Comparability/deviation from international standards

In the data processing process, standard DHS Program procedures for CAFE4 inquiries were applied. The introduction of CAFE at IMASIDA 2015 ensured that the questionnaires started to be edited in the field, using a portable computer. After completing the questionnaires on paper and completing all interviews in the household, the interviewers and health technicians delivered the questionnaires to the field typist. The field typist, in conjunction with the team controller, reviewed the questionnaires and then typed them in the Census and Survey Process (CsPro) version 4.0. This typing process in the field allowed the detection of inconsistencies or omissions in the questionnaires, as well as the correction of them even on the ground, with the presence of the team in the conglomerate

7. References and Documentation

Ministry of Health (MISAU), www.misau.gov.mz ;

National Statistics Institute (INE), www.misau.gov.mz ;

ICF International (ICFI), www.measuredhs.com