CASE STUDY

Mozambique: The difference data quality makes

In Mozambique, malaria is the leading cause of morbidity and mortality, responsible for 10 million infections and over 23,000 deaths in 2020, with children under five and pregnant women most at risk. Malaria must be treated quickly to avoid severe illness and death. It is therefore essential that decision-makers have access to relevant, malaria-specific data to respond effectively to this disease.

Paula Covele, District Malaria Focal Point, checks a patient register book at Maxixe District Service of Health, Women and Social Action

The National Malaria Control Programme (NMCP) in Mozambique identified surveillance system strengthening as one of six objectives in the *National Malaria Strategic Plan* (2017-2022). At both a national scale, and within specific geographical areas, malaria surveillance is conducted to collect, consolidate, and quickly deliver information to guide decisions toward action to control or prevent malaria.

The *Strengthening malaria surveillance for data-driven decision-making in Mozambique* project began in 2019, and aimed to improve health system capacity to correct errors that can influence data quality, by operationalising a functional malaria surveillance system – the integrated Malaria Information System (iMISS), created by Malaria Consortium and partners under the leadership of the NMCP.

Paula & Cacilda's story

Paula and Cacilda are malaria focal points at Mabil Health Facility, one of 13 in Maxixe district in Inhambane province, located along the south coast of Mozambique. Paula and Cacilda have both worked at Mabil since February 2021, treating an average of 100 patients a day.

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Paula and Cacilda are two of 29 technicians, trained by Malaria Consortium in Maxixe to perform data quality assessments (DQAs) – a process of collating and comparing health data from different sources to improve data quality.

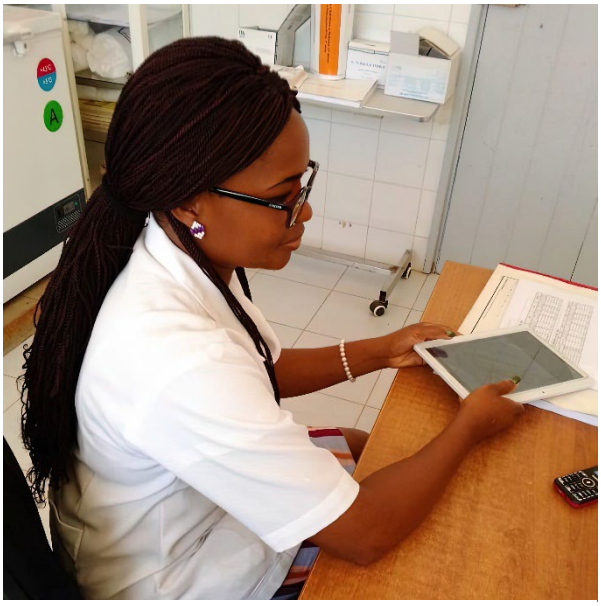
Data quality impacts upon how malaria incidence is reported across the country – fed into DHIS2 – and has a direct impact on health facility performance. If data quality is low, health facilities do not receive appropriate resources from diagnostics to antimalarial drugs and even technical staff. The DQA training was designed to improve the technician's skills in correcting errors that can influence data quality.

"Despite my previous experience in doing DQAs, I had difficulties because I had never been trained before. Now, I have the knowledge that allows me to carry out a DQA, do the data analysis and independently identify the strong and weak points in the facility so we can continue to improve."

Paula Covele, District Malaria Focal Point, Maxixe District Service of Health, Women and Social Action (SDSMAS)

"This is an extremely important training to improve data quality, where I had the opportunity to learn how to ensure good data quality. The information that we produce at the health facility, and other levels of the malaria programme, help us to make the right decisions according to the reality of our facility. I encourage my team to make DQAs a routine tool for quality improvement and to apply this in other health programmes."

Cacilda Bila, Health Facility Malaria Focal Point, Mabil Health Facility



Cacilda Bila, Health Facility Malaria Focal Point, accesses iMISS in a tablet at Mabil Health Facility

As technicians, Paula and Cacilda are responsible for conducting patient consultations and recording accurate health data to inform resource allocation from the district level in the iMISS system. Through the project, health facilities across Inhambane have strengthened their malaria surveillance capacity, training 69 health technicians to conduct regular DQAs.

By November 2021, Mabil had shown significant improvements in data quality – with just one percent discrepancy in the data, compared with 11 percent in July 2021 (before the training). This facility maintained consistently good quality data in subsequent DQAs both in March 2022, and July 2022 – again, just one percent of the data contained errors. In training the technicians and facilitating monthly, and quarterly, DQAs that are led by the district, the activity is embedded and more likely to be sustained in the long term.

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