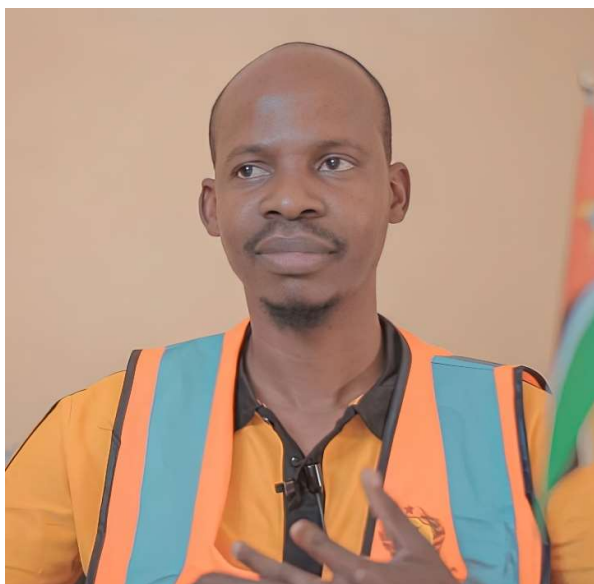# CASE STUDY

Mozambique: Integrated team improves resource allocation

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.

Dr Santana, District Chief Medical Officer, Manica 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](link) 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.

Dr Santana's story

Dr Santana is the District Chief Medical Officer in Manica district, central Mozambique. He manages the district malaria programme and distributes health resources across 19 health facilities in Manica.

To address issues with data quality that were having a negative impact on resource allocation related to stock, staff and operating capacity, Dr Santana supported the project's goal of introducing regular data quality assessments (DQAs).

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.

Dr Santana (second from left) with staff at Munene Health Facility

In a joint effort, an integrated team of staff from the Manica Provincial Directorate of Health (DPS), the Manica District Service of Health, Women and Social Action (SDSMAS), and Malaria Consortium, compared malaria data from neighbouring facilities in Manica, considering the trend of suspected and confirmed cases. They found that all except one facility were reporting malaria case numbers of around 100 per month, suggesting some data was inaccurate.

Dr Santana now oversees quarterly DQAs across all health facilities in Manica. The assessment measures four indicators: total patient consultations, malaria tests completed, confirmed malaria cases and malaria cases treated. He is now confident in the quality of the data across the district and has a clear understanding of malaria rates.

Dr Santana Missage, District Chief Medical Officer, Manica:

"I feel that the DQA is an incredible gain. This initiative should be permanent because the

activity has allowed us to detect both intentional and unintentional errors. As a result, we have corrected them and progressively, the data quality is improving across health facilities in the district."

In January 2022 in Munene, which had previously reported almost ten-fold overestimation of malaria cases, the health facility reported 100 percent accurate data through 397 external consultations, in which 49 patients were tested using a malaria rapid diagnostic test (mRDT) and 10 positive malaria cases were confirmed.

Through 10 rounds of quarterly DQAs under the project, this health facility showed improvements in data quality. Just one and three percent of the data contained discrepancies in April and July 2022 at Munene, compared with 14 percent in June the previous year. The data reported into iMISS and the national DHIS now paints an accurate picture of malaria rates, ensuring sufficient diagnostic testing, treatment and human resources are supplied.