CASE STUDY

Mozambique: Peer-to-peer learning improves the malaria response

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.

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.

Vito and Meque's story

Vito manages a team of health technicians at the Heber Health Facility, located in the

Vito Solio, Manager, checks a patient register book as part of a DQA at Heber Health Facility

southern part of Mecanhelas district, Mozambique. His team is responsible for providing essential health services for the local patient population.

In January 2022, Heber carried out a data quality assessment (DQA), finding poor data quality in their patient consultations, with more than 20 percent of the malaria data containing discrepancies.

Meque Manuel Mangame, Health Facility Malaria Focal Point, conducts a patient consultation at Heber Health Facility

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, 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.

The following month, to improve the situation, the team arranged to meet with their peers from another health facility – Mecanhelas Sede – to exchange their experience of malaria surveillance and response.

"I welcomed the exchange of experience with Mecanhelas Sede Health Facility because in many of the difficulties we had, even with several theoretical explanations given before, we were not able to do the self-data quality

assessments. It was only possible to overcome our challenges through a practical session with our colleagues from Mecanhelas Sede and now we are committed to reach zero data discrepancy."

Vito Solio, Manager, Heber Health Facility

"DQAs emerged as an effective self-analysis tool because as health facility staff, we can easily see and monitor discrepancies in reported data and provide timely corrections. This is why our health facility adopted the self-DQA approach for other programmes and not just malaria."

Meque Manuel Mangame, Health Facility Malaria Focal Point, Heber Health Facility

Attending the exchange were staff from Malaria Consortium, the Mecanhelas District Health Office and the Women and Social Action Service (SDSMAS). During the session, technicians from Heber received training about how to conduct a DQA, calculate deviation, triangulate and interpret data and hold data discussions within their own health facility.

This intervention led to improvements in data quality – in the last two DQA rounds carried out in April and July 2022 by Heber, the health facility reported good quality data with a deviation of below five percent. Heber now conducts DQAs every quarter and shares the outcome of each with the district headquarters.

The exchanges of experience prompted the introduction of health data quality competition between districts, encouraging low performing districts to improve on their malaria surveillance and response. Today, Heber has among the best data quality of all health facilities in Niassa province.

This case study was published as part of Bill & Melinda Gates Foundation's Strengthening malaria surveillance for data-driven decision making in Mozambique project. The views expressed do not necessarily reflect the position of the donor.