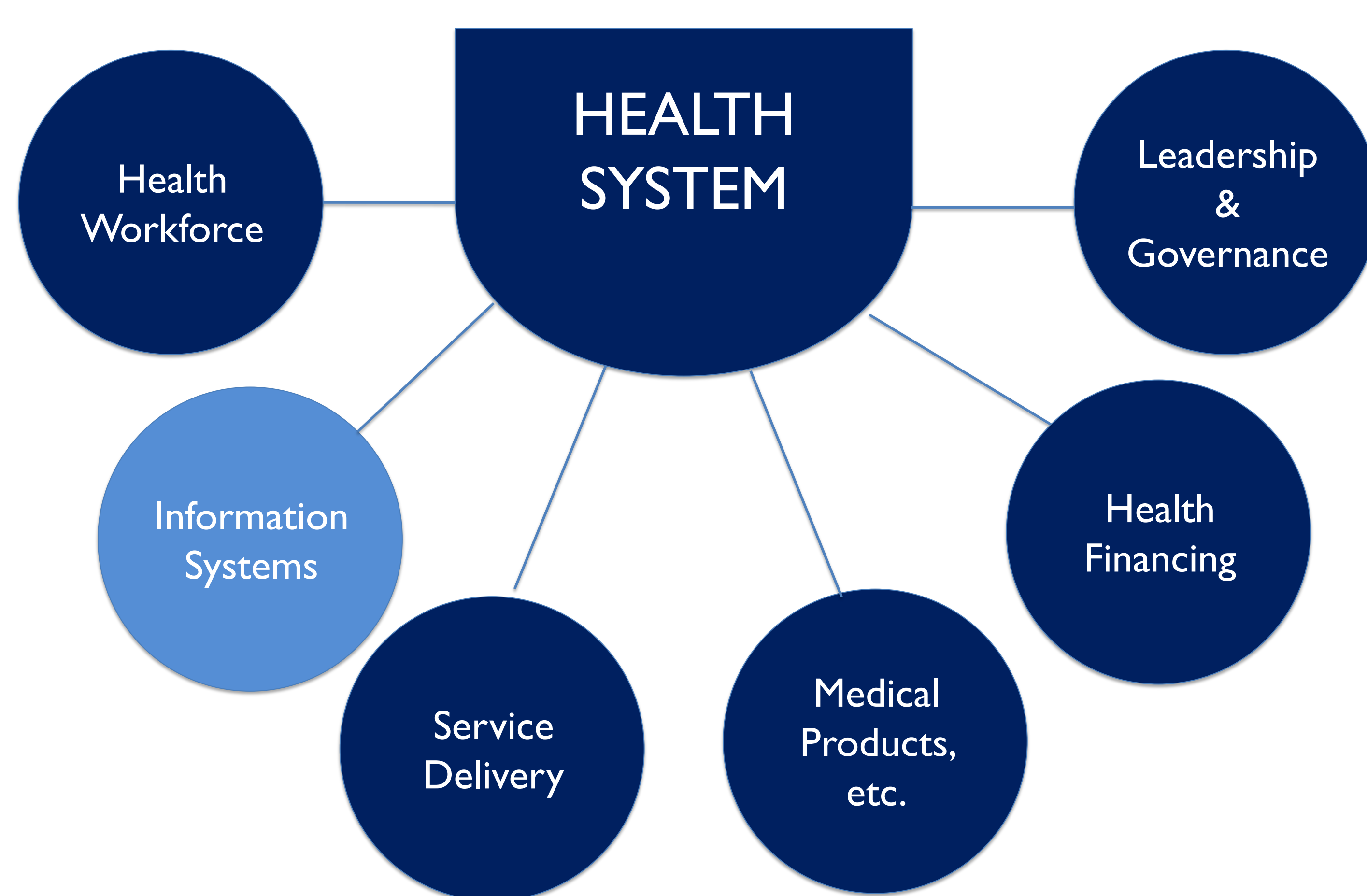


ENGAGING HEALTH FACILITY TEAMS TO IMPROVE MALARIA DATA QUALITY, USE, AND SERVICE DELIVERY IN AKWA IBOM STATE

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Introduction

The National Health Management Information System (NHMIS) is one of the **six building blocks of health systems** that integrate data collection, processing, reporting, and use. Data is critical to delivering high-quality malaria services and guides malaria elimination efforts in Nigeria.



- This study examines the utilization of health facility (HF)-based **data quality teams (DQTs)** set up in five high-volume HFs in Akwa Ibom State in July 2021.
- The DQTs were trained and supervised for the first 6 months of implementation in mid-2021, and their responsibilities included coordinating facility data validation, triangulation, and conducting monthly HF data reviews.

Methods

A descriptive quantitative analysis of NHMIS data on the proportion of fever cases tested for malaria and confirmed uncomplicated malaria treated with artemisinin-based combination therapy (ACT) was conducted in the selected HFs. This covered a 2-year period (January 2020 –December 2021).

Results

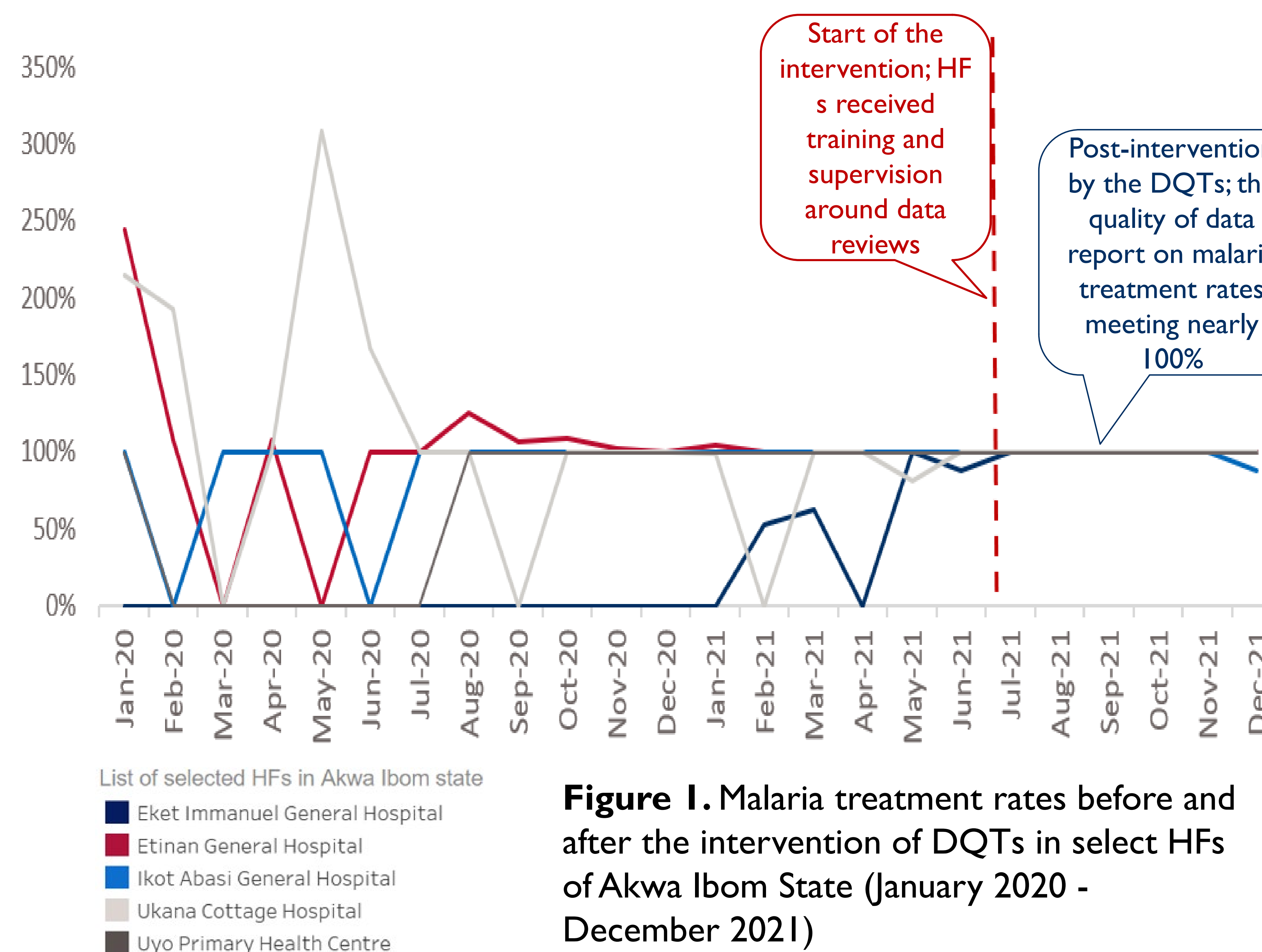


Figure 1. Malaria treatment rates before and after the intervention of DQTs in select HFs of Akwa Ibom State (January 2020 - December 2021)

- Data availability across the HFs improved from 59% in 2020 to 100% between July and December 2021 when the DQTs were set up and monthly data reviews were conducted.
- Improvement in malaria service delivery; in 2020, 73% of data records of fever cases tested for malaria deviated from the national target of 100%, and this dropped to 16% between July and December 2021.
- For the proportion of confirmed uncomplicated malaria cases treated with ACTs, service delivery gaps reduced from 58% in 2020 to 3% by December 2021.

Discussion

- Implementing this strategy should take into consideration factors that continue to support sustainability and ownership such as **skills transfer** from members of the DQT to all relevant HF staff and continuous **on-the-job mentoring** from government supervisors to HF teams.
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Continuous review of data using HF-based teams presents a **sustainable and scalable approach**, fosters the use of data to **identify gaps**, and supports **improved adherence to standards of care.**



Figure 2. Health workers reviewing their data in Akwa Ibom. Photo credit: PMI-S Project

References

1. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, World Health Organization, 2010

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