



A teacher with her students after a session about malaria prevention

PROJECT BRIEF

Malaria Prevention and Control in Mozambique

The aim of this project is to support the efforts of the Mozambican government to reduce malaria throughout the country through scale up of prevention and control efforts with community involvement

Project Outline

Malaria accounts for a high percentage of Mozambique's disease burden. The under-five mortality rate is, according to government statistics, about 171/1000 with some 24 percent of deaths due to malaria.

In addition, the maternal mortality rate is estimated at 408/100,000 live births, with many of these deaths considered to result directly or indirectly from malaria infection.

While all population groups throughout the country are at risk of malaria, children under five, pregnant women, socially disadvantaged groups, and people living with HIV/AIDS are the most vulnerable. The risk is also higher in rural than urban areas.

The burden of the disease also puts a great strain on the health system with malaria responsible for up to 44 percent of all outpatient consultations, 57 percent of paediatric admissions and a leading cause of low birth weight in newborns (9.8 percent in 2004). Sentinel hospitals register a 3.58 percent paediatric fatality rate (with an average of 2,195 deaths annually from 2002-2006).

Overall parasitemia prevalence was shown by 2007 malaria indicator survey to be 51.5 percent in children under five years, ranging from 2.6 percent to 75.2 percent depending on geographic location. In pregnant women, the mean prevalence is estimated to be 17.9 percent.

Malaria transmission is stable throughout the country. The year-round transmission has peaks during and after the rainy season (December to April). Few areas have the potential for epidemics, but Mozambique is prone to natural disasters, such as cyclones and floods, which can contribute to dramatic increases in malaria transmission. Estimates of burden are mainly based on health facility incidence rates. Given the limited access to healthcare, however, this is considered an underestimate of the actual number of cases.

Malaria Consortium's role in the first phase of the project (July 2011 to June 2013) has been varied. We are implementing all activities including: the provision of logistical support to the delivery of long-lasting insecticidal nets (LLINs) to peripheral health

Country

Mozambique

Donor

Global Fund to Fight AIDS, Tuberculosis and Malaria

Length of project

Five years, July 2011 to June 2016. The first phase runs to June 2013

Partners

World Vision (principal recipient)

Fundacao para o Desenvolvimento da Comunidadeo (Mozambican NGO sub-recipient)

International Relief and Development (sub-recipient)

Ministry of Health

facilities; supporting the free distribution of LLINs; supporting the Ministry of Health in the training of trainers and providing refresher courses for community health workers (CHWs) on case management; involving community structures in the design and implementation of malaria prevention activities; and producing a package of community relevant materials for behaviour change activities in 10 districts of Nampula province.

Malaria Consortium has also designed and produced malaria communications materials for this project, and trained Global Fund grant sub-recipients, including field officers, volunteers and teachers. We have conducted quantitative and qualitative studies on malaria with households, pregnant women, mothers of children under five, CHWs, community leaders and teachers. We have also procured and distributed approximately 1.5 million LLINs to other project sub-recipients at provincial level.

In the second phase from July 2013 to June 2016, Malaria Consortium will continue with the same activities (apart from LLIN procurement which will be carried out by the Ministry of Health), and this time will cover

all 21 districts in Nampula Province, plus the 16 districts of Niassa province. Existing communications products will be adjusted based on feedback and more materials will be printed and distributed.

Project aims & achievements

The project aims to contribute to the Ministry of Health's malaria strategy, particularly in the areas of prevention and communications. This includes:

- » Reaching 100 percent of the population by 2014 with at least one means of preventing malaria
- » Reaching 100 percent of the population by 2016 with information about malaria

In the first phase, 250,000 LLINs were distributed directly at community level by Malaria Consortium in Nampula Province; thousands of copies of various communications materials were distributed and used for training; and thousands of members of community health structures, volunteers, and

teachers were trained in malaria prevention and treatment.

From July 2012 to the present, Malaria Consortium has succeeded in reaching approximately 242,045 people with malaria information and education messages disseminated through teachers and volunteers. Additionally, 2,386 teachers and volunteers have been trained on malaria behaviour change communication, and 147 communities were supported with at least one functioning community structure taking action against malaria.

This project has a direct impact upon the following:

- ✓ *Malaria control*
- ✓ *Capacity building / human resource development*
- ✓ *Behaviour change communication*
- ✓ *Monitoring & evaluation*
- ✓ *Support for at-risk populations*



Discharging bales of mosquito nets

Malaria Consortium

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