

**malaria
consortium**
disease control, better health

Brief analysis of the impact of Malaria in the Private Sector

Quantitative Survey

SUMMARY

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Chapter I

Introduction

Malaria Consortium aims to motivate the private sector involvement in the fight against Malaria through actions of Corporate Social Responsibility. According to the last census of 2007, conducted by the National Statistics institute (INE), Malaria is the leading cause of death in Mozambique, accounting for 28.8% of cases against 26,9% due to HIV.

According to the Survey of Indicators of Malaria (IIM 2007) Malaria represents a huge weight to health authorities of Mozambique. About 44% of the outpatient visits are due to Malaria, while in admissions, particularly in pediatric wards is 57% and deaths in relation to intra – hospital, Malaria contributes about 23%.

The creation of a spirit of action in this area, will be more efficient by collecting specific information on the economic impact of Malaria, in the manufacturing sector companies.

Thus, this report is the result of the brief survey of the impact of Malaria in the private sector organizations.

The results of this report are intended to be the basis for the development of a proposal of an action plan, to be presented to national business in a way to fit within their framework of social responsibility programs.

The survey is developed considering the hypothesis that national companies have experienced losses in productivity and profit because of costs associated with cases of Malaria in the workplace or on the worker's family. From the data collected is expected to prove the hypothesis.

Thus, were defined the following objectives for each of the methodological approaches:

Quantitative Survey

- Quantify the average costs in companies (involved in the survey) due to diseases, in particularly Malaria;
- Identify strategies (or lack thereof) in enterprises to overcome the economic and financial impacts.

1.1 Literature Review

In Africa, Malaria is seen as both a disease of the poor as one of the causes of poverty. Malaria represents a significant weight on both direct and indirect costs for companies and has been a barrier to development.

The annual rate of economic growth in countries with high rates of Malaria transmission has been lower comparing to countries with a low rate of transmission of Malaria.¹

The direct costs of Malaria include a combination of public and private expenditure on prevention and treatment of disease and the indirect costs of Malaria greatly affect business.

These indirect costs include the lost of productivity associated to illness and loss of production. This can be expressed as the cost of lost workdays. The local and international companies working in places with Malaria are increasing the awareness of the need of the support given to the disease control that not only reduces the level of absenteeism and lost of productivity but also increases the work.

In the long term productivity growth will encourage the expansion of the consumer market.² However a greater control of Malaria can greatly benefit the private companies through the various forms mentioned above.

A study by Peter Brown in Sri Lanka University of Colombo in 2000, showed that in the short term, the economic consequences of Malaria were: direct costs were higher for those who seek treatment in the private sector. In particular, a large proportion of direct costs were spent on complementary products such as vitamins and nutritional foods. Indirect cost was measured and evaluated based on production and productivity losses, such as the rate of average earnings. The loss of production and wages represent the biggest proportion of indirect costs.

It was made a comparison of the methods used by other researchers for the evaluation of indirect costs, which demonstrates the significant impact that methods of measurement and evaluation can have on the estimation of indirect costs, and justify the recommendation of methodological research in the area of indirect costs, ie costs related with companies.³

Using the unanimity of the above theoretical points of view, aims at understanding the importance that Mozambican companies give to the issue of Malaria.

¹ Idem

² Idem

³ Peter Brown in Sri Lanka Colombo University 2000

1.2 Quantitative Survey – Methodology

1.2.1 Universe and Sample

Given the size of the Universe of Private Sector Enterprises and, in a perspective of understand the sector's involvement in the actions of corporate social responsibility and in the fight against Malaria in Mozambique that, according to the Census 2007, is such as HIV and AIDS the main cause of death in the country, taking into account the characteristics of the labor force, was national randomly selected a sample of 51 private sector organizations divided into:

- ✓ 22 Big Companies
- ✓ 29 SMEs

The survey respondents were company managers or responsible for human resources department. Naturally the present survey does not include the workers perspective, so this point will be addressed in the case study conducted in parallel with this survey. The selection of the responding companies was made from a database of the contractor from about 10.000 organizations in the cities of Maputo e Matola. This selection was based on a matrix that crossed the firm size and activity sector.

The criteria for the classification of organizations for the following categories:

- ✓ Large Companies: companies with more than 100 employees;
- ✓ SMEs: Companies with the number of workers between 20 and 99 employees.

1.2.2 Gathering information

The information was gathered through direct and personal interview at the company of respondents, based on a questionnaire prepared by Intercampus, made from the listed objectives and based on indications of Malaria Consortium, who approved this final version of the questionnaire.

Field surveys were conducted by 5 interviewers, recruited and trained by the Intercampus, who received adequate training specific to this study, through written and verbal instructions.

The collection focused on working days between 8H and 17H and was held between January 25 and February 7, 2010.

Os trabalhos de campo foram realizados por 5 entrevistadores, recrutados e treinados pela Intercampus, que receberam uma formação adequada às especificidades deste estudo, através de instruções escritas e verbais.

A recolha incidiu nos dias úteis entre as 8H e as 17H e foi realizada entre os dias 25 de Janeiro e 7 de Fevereiro de 2010.

1.2.3 Quality Control

Quality control was done according to the following criteria mentioned below:

1. For the design of the questionnaire, was found the proper fit between the objectives of the Project and the questionnaire, as well identified the answers that respond to each one of the objectives. It was also made a review of the consistency between the questions and the answers categories, of the logical sequence of responses and filters.

2. The interviewers had prior training

3. In each region, the interviews were distributed by different interviewers, in order to avoid a significant rate of the interviews made by only one or two interviewers.

4. After the entrance at the Field Department, the questionnaires were immediately reviewed, being detected eventual mistakes or fill missing information. Case by case, was made an evaluations of the procedures to adopt, that could generate a new contact with the respondent (obtaining the missing information) or a simply cancellation of the interview (eg if there as a non-response rate abnormal compared to the total questions).

5. The questionnaires approved by the Field Department were digitally saved. A report per interviewer was made with all relevant information (eg, % of non-response, the compliance of the questionnaire jumps, filling of open questions, etc...), performing in this way, the first test relative to the consistency and articulation of the information obtained. The questionnaires with incorrect information were returned to the Field Department.

6. A supervision of about 20% of the work of each interviewer was made by a new phone contact with the interviewee. To this end, it was used a supervision questionnaire whose design intends to verify if all the presented indications were respected like, location o interview, method of selecting the respondent, the conditions of the interview, questionnaire, presentation of lists (if any) and duration of the interview.

7. In the digital recording of the questionnaires, in the case of open questions, based on about 50% of these transcriptions, plans were made for their coding (for each question of this type) so these was coded according to the same.

8. Already on the basis of overall size of the study, a validation of the computerized file was made, testing the consistency of data collected at two levels: validation of the codes of the answers, question by question, and a validation of the articulation between questions (jumps and filters of the questionnaire), respecting the used questionnaire structure. In any case automatic corrections were made. At this moment, the digital file is ready to be tabulated and treated based on a software designed for this purpose.

9. The final report to deliver to client was reviewed by the technician responsible for the study and also by their *Account Manager*.

Chapter II: Characterization of the Companies Involved

2.1 Activity Area and Geographical Coverage

The identified companies are located in the cities of Maputo e Matola. 51 Companies were selected according to size and were identified local companies (58%), regional companies (13,7%), national companies (17,6%), to international companies (9.8%). They operate in various business areas, especially the SMEs companies operating in Real State, Rentals and Services for Business, Education and Hotel and Catering Sector with 24,1%, 20,7% and 13,8% respectively. As shown in [Figure 1.a](#).⁴

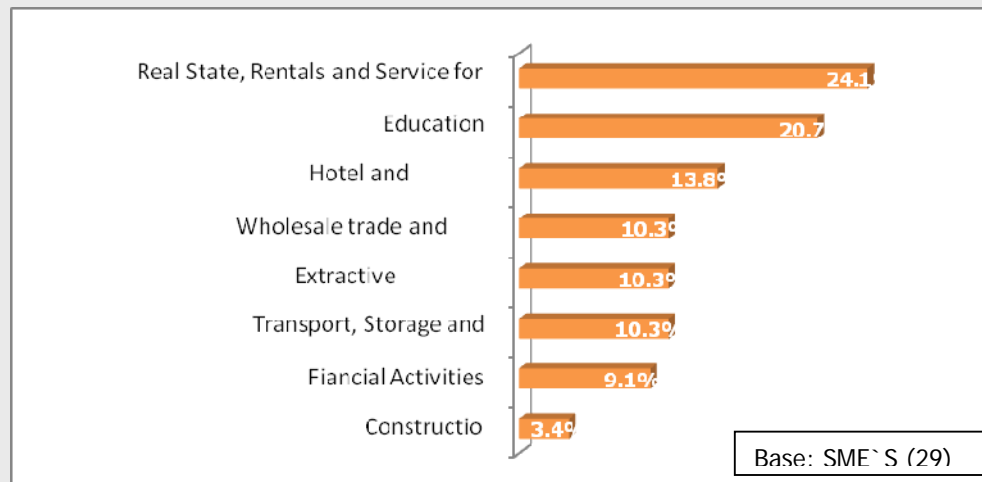


Figure 1.a: Activities - SME's

For the big companies, companies who work in areas like Collective Services, Social and Personal stand out with 22,7%, Financial Activities with 18,2% and Real State, Rentals and Services to Business represent 13,6% of the big companies surveyed, as can be seen in Figure 1.b.

4

Considered to be international companies, those with representation in more than one country; national companies those who have representation in the northern, central and southern Mozambique; regional companies that have representation in more than one province in Mozambique, not covering all nationwide; local companies are those who only have representation where the survey was conducted, in Maputo and Matola.

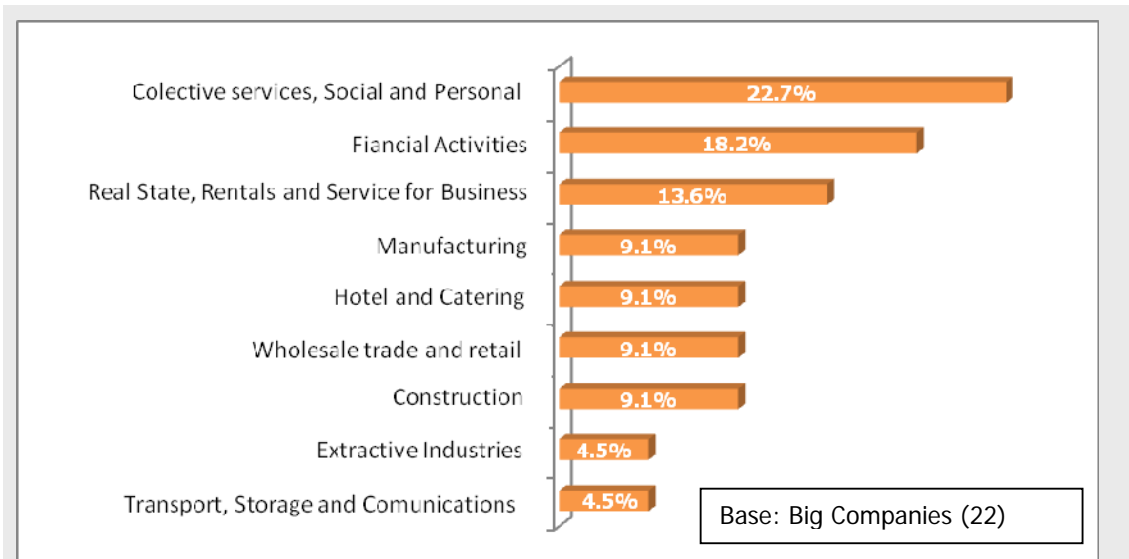


Figure 1.b: Activity Area – Big Companies.

2.2 Number of Employees

The first section of the questionnaire explores the structure of interviewed companies as a way to get a picture on these for further analysis. The size of the companies as regards to the number of employees can be an indicator of whether or not the implementation of policies and plans of social responsibility prevention of Malaria. In the sample are presented companies between 22 and 4500 employees with an average about of 294 employees. The distribution of the number of employees can be seen in Figure 2 below.

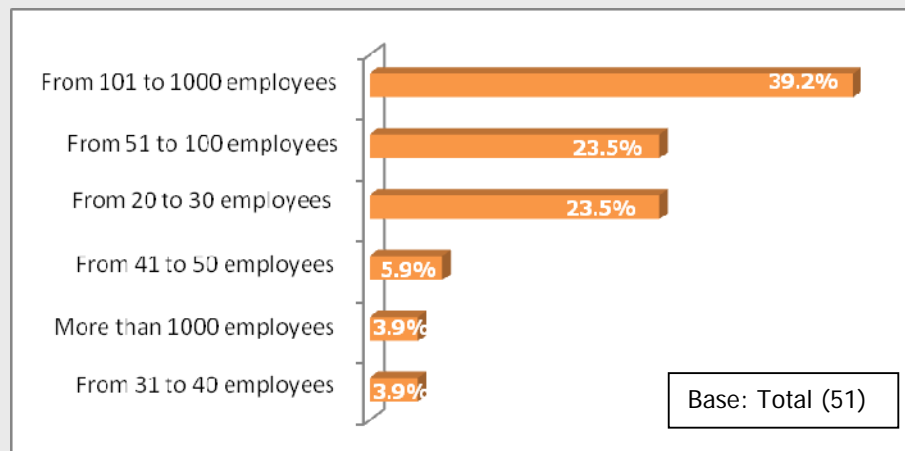


Figure 2: Distribution of the number of employees.

2.3 Structured Areas of the Company and Work Schedules

In addition to information on the number of workers in general, the survey explored the distribution of these by levels divided into four different levels: Administration/Management, Heads of Department/Team, Technical and Other workers (workers who didn't fit into other categories). Of the companies surveyed there are cases where there are no workers at certain levels: 7,8% of companies in the level of Administration/Management, 17,6% in the level of Heads of Department/Teams. Companies that do not have technicians represent 23,5%. Only 5,9% of companies have no employees at the level of other workers.

The interviewed companies, mostly have, at least one area with well-structured team, where the Human Resources Department is one that is present in most companies with a well-structured team (69% of SME's and 86% of Big Companies). The department that presents the lower number of companies with structured teams is the Financial Department with a presence of 14% and 27% for SME's and Big Companies Respectively. (Figures 3 a and b).

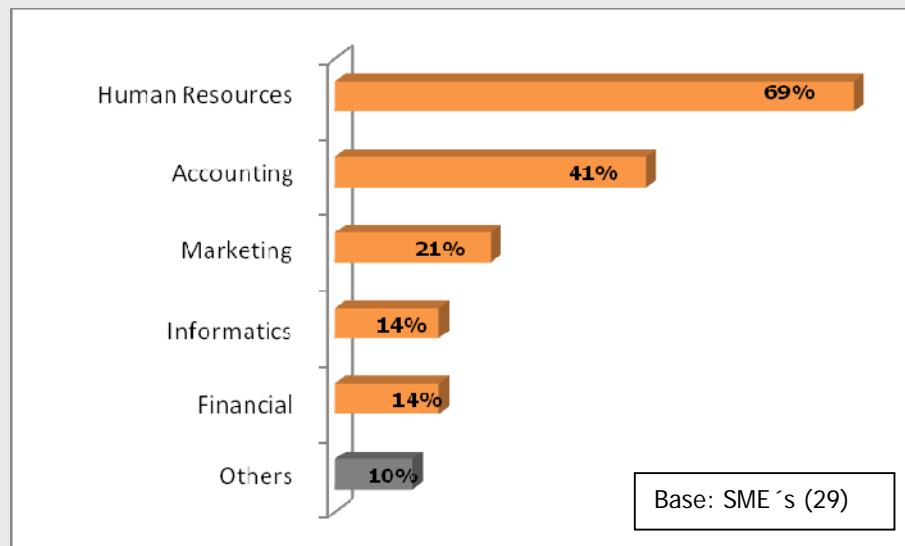


Figure 3.a: Areas of companies with structured teams – SME's.

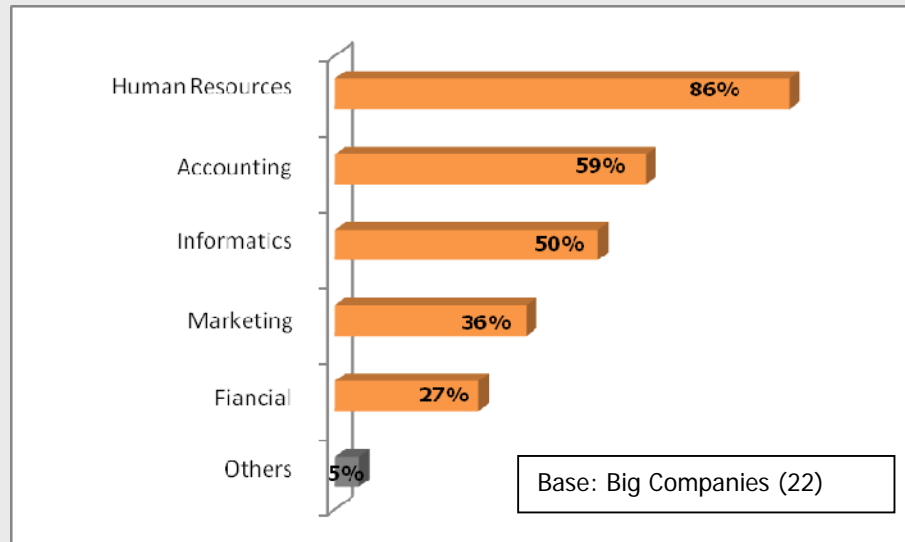


Figure 3.b: Areas of companies with structured teams – Big Companies.

The working schedule of interviewed companies are divided into two groups: those which operate only in one schedule during the day corresponding to 60,8% of the companies and those who work in both schedules (Day & Night) that make the remaining 39,2% - with the following distribution of companies under the night – time work and the size of the company. (Table 1 and 1a).

Table 1. – Number of companies with night schedule

% Of workers who do night schedule	Number of companies		Number of companies (%)	
	PME´s	Big Companies	SME´s	BC
Till 24%	2	2	28,6%	15,4%
From 25 a 49%	0	1	0,0%	7,7%
From 50 a 74%	2	2	28,6%	15,4%
From 75 a 100%	3	8	42,8%	61,5%
Total	7	13	100%	100%

Table 1.a - % of employees who work on the night schedule

Schedule	Number of Companies		Percentage	
	SME´s	Big Companies	SME´s	BC
17 as 18 h	6	11	75,0%	91,7%
18 as 19 h	5	9	62,5%	75,0%
19 as 20 h	5	9	62,5%	75,0%
20 as 21 h	5	9	62,5%	75,0%
21 as 22 h	5	9	62,5%	75,0%
22 as 23 h	5	9	62,5%	75,0%
23 as 24 h	5	8	62,5%	66,7%
24 a 1 h	5	8	62,5%	66,7%
1 as 2 h	5	8	62,5%	66,7%
2 as 3 h	5	8	62,5%	66,7%
3 as 4 h	5	8	62,5%	66,7%
4 as 5 h	5	8	62,5%	66,7%
5 as 6 h	5	8	62,5%	66,7%
6 as 7 h	5	7	62,5%	58,3%
7 as 8 h	5	9	62,5%	75,0%

2.4 Social Benefits

When approached about the social benefits available in companies, they have responded positively to having the same in 72.5% of cases versus 27.5% of cases of companies where their employees do not receive any social benefit. Of these 48,6% are SME's and 51,4% are Big Companies.

These benefits are distributed according to Figures 4 and 4.1 below in allowances, Health, Insurance, Overtime, Healthcare and Medicines, Transport and Thirteenth salary. The allowances, with 39% e 37% for SME's and Big Companies are respectively the social benefit more applied followed by Health Care and Medicines with 22% for SME's and health insurance with 26% for Big Companies.

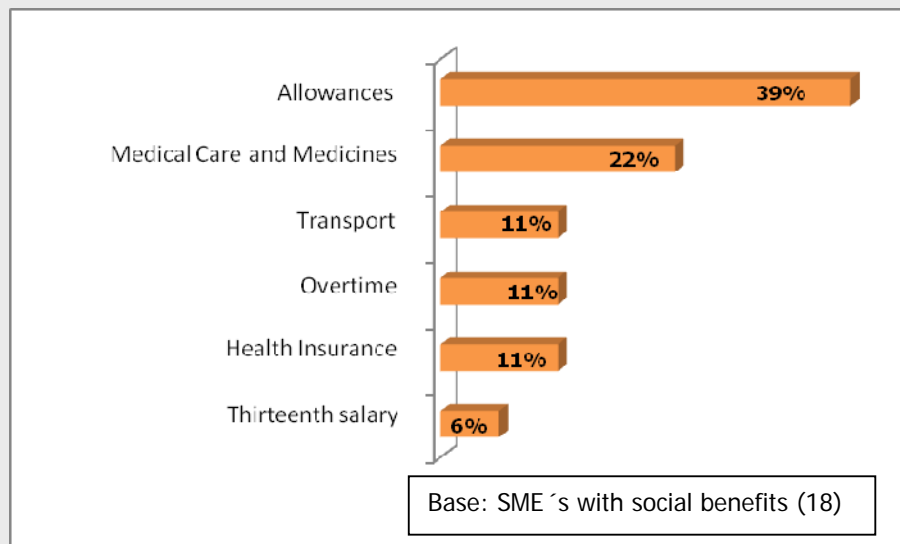


Figure 4: Social Benefits that the employees have in companies (SME's)

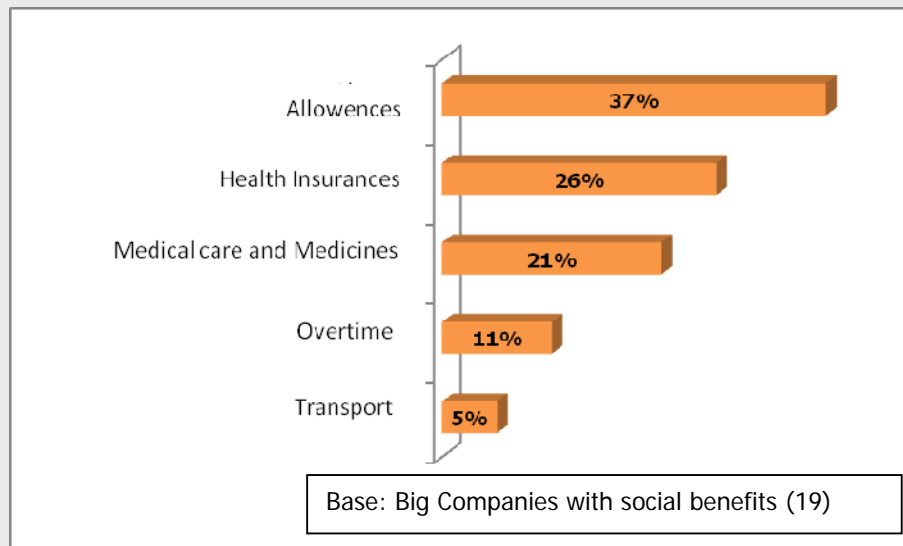


Figure 4.1: Social Benefits that the employees have in companies (Big Companies)

Chapter III: Prevention Programs and Social Responsibility

During the implementation of the questionnaire was found that companies implement various activities of corporate social responsibility. However the concept of social responsibility is quite varied and is mostly present in companies between 101 and 1000 employees.

3.1 Social Responsibility/Support Programs

For this item, 39,2% of the organizations have in the company some social responsibility/support program. The chart below is an illustration of the number of companies that has social responsibility programs divided by number of employees.

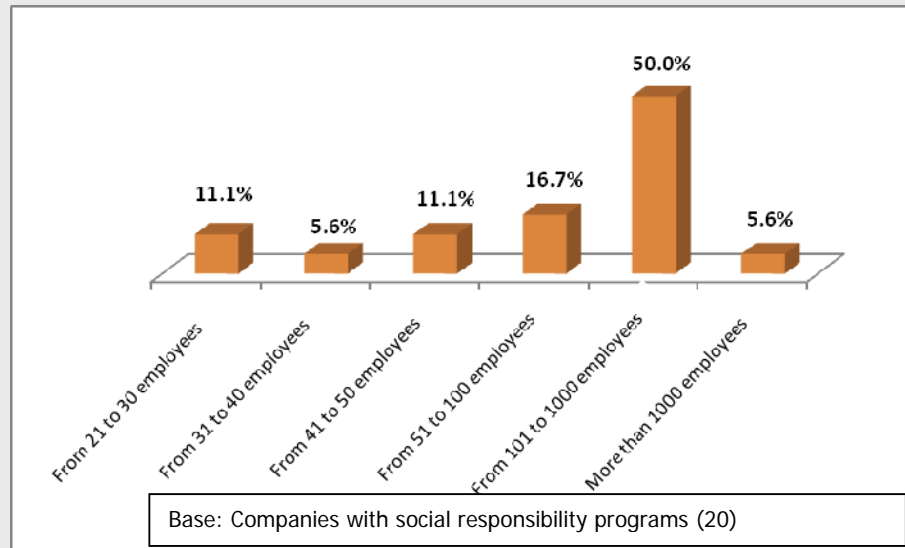


Figure 5: companies with social responsibility program by number of employees

At these companies, the actions most practiced are the sports sponsorship (30% for SME's and 50% for big companies), culture sponsorship (30% for SME's), support for municipal programs (30% for big companies) beyond sponsorship of music with 20% and the sponsorship to development organizations with 10% for big companies. There are still 20% of other actions of social responsibility for SMEs which stand out donations to churches and support to local communities with 10% of causes each.

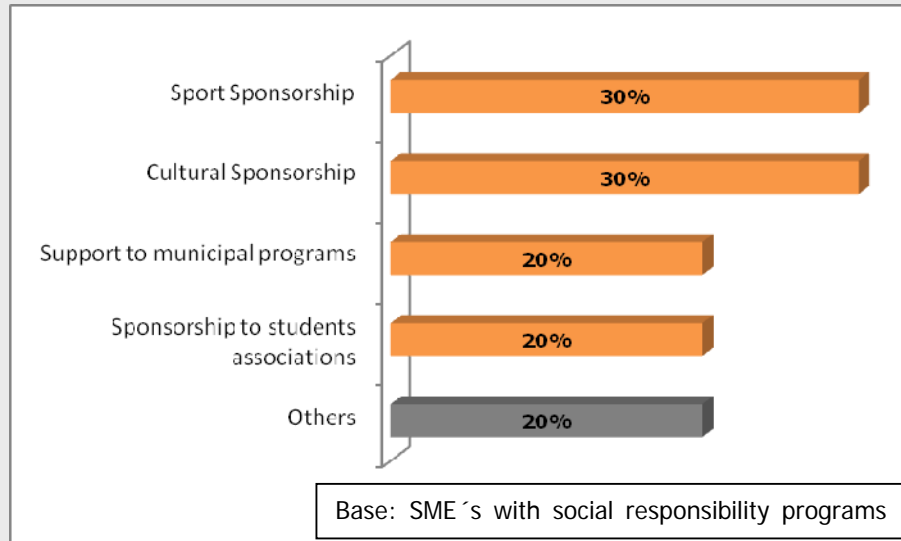


Figure 6: Social responsibility/support programs (SMEs)

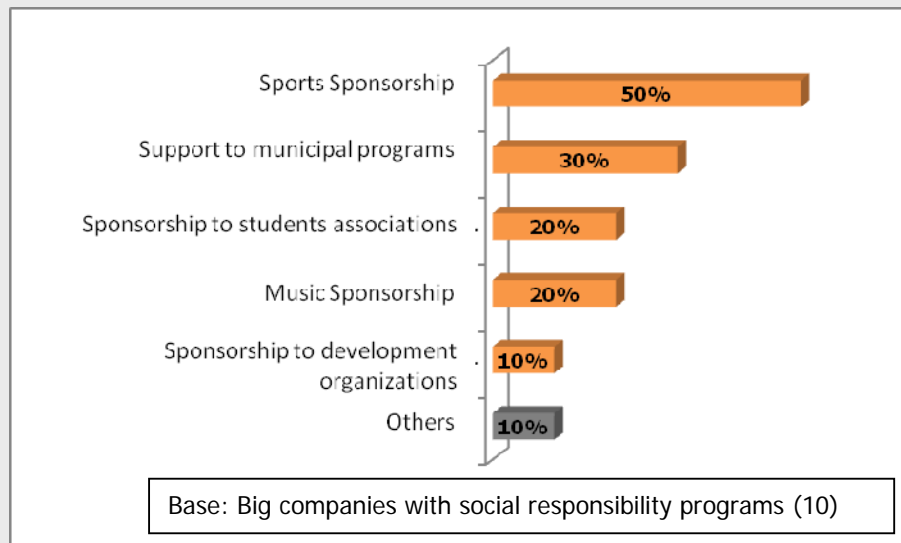


Figure 7.1: Social Responsibility/support Programs (SME 's)

3.2 HIV Programs in the Work Place

Beyond the objective of the survey which is directly connected with the survey of policies or programs to prevent Malaria, we found appropriate to include a survey component of prevention programs for AIDS/HIV. This is on the principle that companies with some sort of policy or program of prevention of HIV/AIDS will be more receptive to implement programs to prevent Malaria.

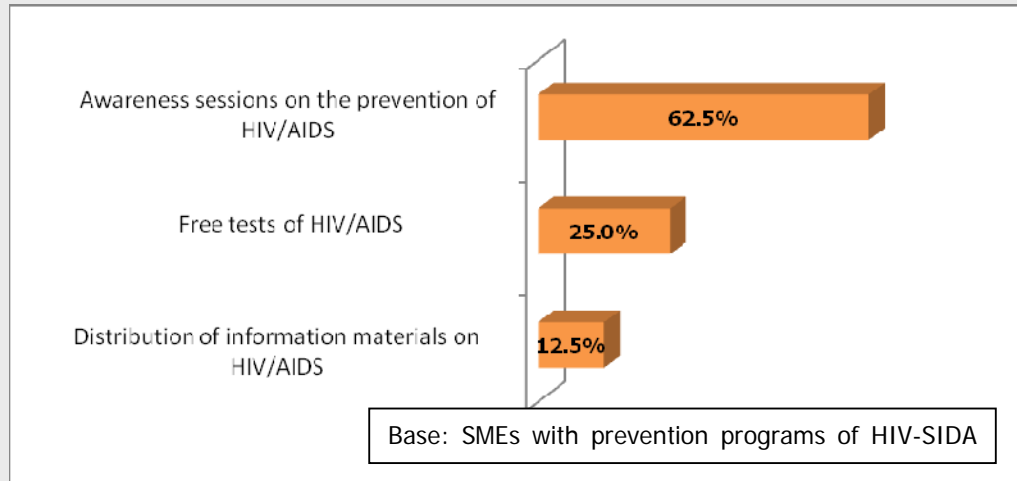


Figure 5: HIV/AIDS Programs on the work place(SMEs)

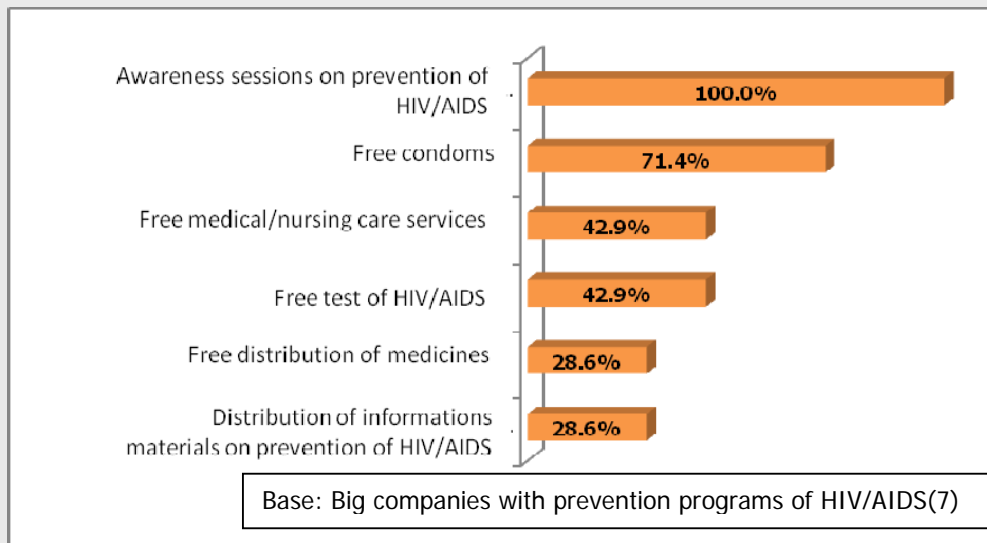


Figure 5.1: AIDS/HIV prevention programs in the workplace (Big Companies)

From the analysis it was found that in regard to programs of social responsibility in the area of health promotion and disease prevention activities for HIV-AIDS have given more attention.

Chapter IV: Absenteeism

In the interviewed companies we can see that the average number of absences each year are 173 absences in 2009 to the 51 companies interviewed, ranging from 1 to 1230 absences. If we look at the size of the company, we can see that the SMEs have an average of 40 absences in the year 2009 against an average of 324 absences of large companies, as can be seen in Table 3 below...

Table 3. Number of absences in 2009

Organization dimension	Number of companies	Minimal	Maximal	Average number of absences in 2009
SMEs	29	1	180	40
Big Companies	22	1	1230	324
Total	51	1	1230	173

Comparing the number of absences in companies in each semester and in each month, it was found that the first semester is presented as the one that registered the highest number of companies with also high registries of absenteeism by employees with a range from 6 to 120 absences for SMEs and 6 to 1203 absences for Big Companies, there are 8 major companies with a monthly record over 100 absences. The majority has up to 10 registries per month and February has the highest registry of absences of workers with a total of 28 (13 SMEs and 15 Big Companies). (See tables 3.a and 3.b).

Table 3.a: First semester absences registry - SMEs.

Number of absences		Number of Companies – 1st Semester 2009 - SMEs						Total
		January	February	March	April	May	June	
Up to10 absences		7	11	9	9	10	6	52
From 11 to 20		4	1	1	2	1	1	10
From 21 to 30		0	0	0	0	0	0	0
From 31 to 40		0	1	0	0	0	0	1
From 41 to 50		0	0	0	0	0	0	0
From 51 to 75		0	0	0	0	0	0	0
From 76 to 100		0	0	0	0	0	0	0
More than 100		0	0	0	0	0	0	0
		37,9%	44,8%	34,5%	37,9%	37,9%	24,1%	
Total		11	13	10	11	11	7	
Average number of absences		8,6	6,8	4,1	5,5	4,5	6,7	6,04
Minimal		1	1	1	1	1	1	6
Maximal		20	40	15	15	15	15	120

Table 3.b: First Semester absences registry - Big Companies

Number of absences		Number of companies – 1st semester 2009 – Big Companies						Total
		January	February	March	April	May	June	
Up to 10 absences		8	9	8	7	8	6	46
From 11 to 20		1	1	0	3	1	1	7
From 21 to 30		0	0	1	0	0	1	2
From 31 to 40		0	0	1	0	0	0	1
From 41 to 50		2	1	1	1	1	1	7
From 51 to 75		0	1	0	1	1		3
From 76 to 100		1	1	1	1	1	2	7
More than 100		1	2	2	1	1	1	8
		59,1%	68,2%	63,6%	63,6%	59,1%	54,5%	
Total		13	15	14	14	13	12	
Average number of absences		36,0	34,9	48,3	26,6	34,7	39,3	36,6
Minimal		1	1	1	1	1	1	6
Maximal		240	149	310	120	205	179	1203

For the 2nd semester, the level of absenteeism tends to fall with a variation between 6 and 46 absences for the SMEs and from 6 to 679 absences for the Big Companies. Unlike the 1st semester, this semester, more companies – big companies – had recorded between 51 to 100 monthly absences despite the rising number of companies that have up to 10 monthly absences. December reached maximal number of absences for the semester with 242 absences for the big companies. (Tables 4.a e 4.b)

Table 4.a: Second semester absence registry – SMEs.

Number of absences		Number of companies 2 nd semester 2009 - SMEs						Total
		July	August	September	October	November	December	
Up to 10	absences	8	6	9	9	7	7	46
	From 11 to 20	1	1	1	2	1	3	9
	From 21 to 30	0	0	0	0	0	0	0
	From 31 to 40	0	0	0	0	0	0	0
	From 41 to 50	0	0	0	0	0	0	0
	From 51 to 75	0	0	0	0	0	0	0
	From 76 to 100	0	0	0	0	0	0	0
	More than 100	0	0	0	0	0	0	0
		31,0%	24,1%	34,5%	37,9%	27,6%	34,5%	
	Total	9	7	10	11	8	10	
	Average number of absences	5,7	4,6	7,0	6,5	6,8	7,9	6,4
	Minimal	1	1	1	1	1	1	6
	Maximal	15	15	15	20	15	15	95

Table 4.b: Second semester absence registry – Big Companies

Number of absences		Number of companies 2° semester 2009 – Big Companies						Total
		July	August	September	October	November	December	
Up to 10 absences	10	11	8	9	10	9	57	
From 11 to 20	1	0	2	1	0	0	4	
From 21 to 30	0	0	1	0	1	0	2	
From 31 to 40	0	0	0	0	0	0	0	
From 41 to 50	1	1	2	1	1	1	7	
From 51 to 75	0	1	1	2	1		5	
From 76 to 100	2	2	1	1	2	1	9	
More than 100	1	0	0	0	0	2	3	
	68,2%	68,2%	68,2%	63,6%	68,2%	59,1%		
Total	15	15	15	14	15	13		
Average Number of absences	24,9	20,8	22,8	21,6	23,9	39,8	25,6	
Minimal	1	1	1	1	1	1	6	
Maximal	101	80	80	80	96	242	679	

4.1 Reasons of Absenteeism and Strategies to Solve the Impact on Companies

The registry of the reasons of absenteeism can be a tool to combat the same in search for an implementation of policies against this phenomenon on the organizations. In the case of the surveyed companies, 76,5% of these said that they have recorded the reasons for the absences of their employees against 23,5% who do not register.

The companies that who do not register the reasons of absenteeism of their employees, they don't do it on their majority, because they do not consider the need of this registry (41,7% of the companies that has no registry of the reasons of the absenteeism) while others don't do it because they have no Human Resources (33.3%).

The reasons given by employees for the justification of their absences, according to the chart 6 below, for most companies, are the illness and death of close relatives with 80,4% and 35.3% respectively the most referred reasons. Among the other reasons, figure personal affairs as a reason given in 5,9% of the cases.

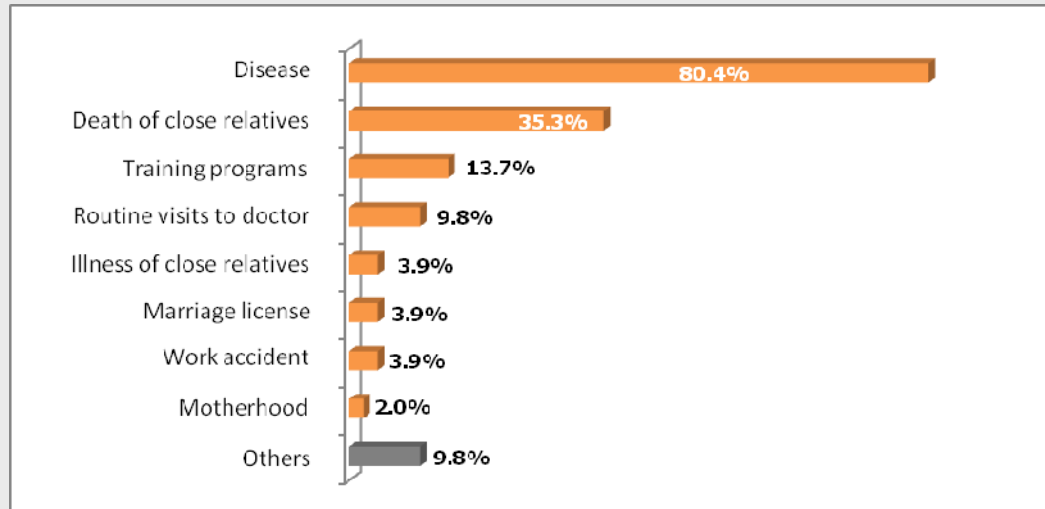


Figure 6: Causes that have been submitted by employees for the justifications of absences

When asked about the weight that the disease has in the total of the absences, 61% of the companies referred that it represents 75% to 100% of absences. In contrast, 33% of respondents said that the death of family members represents 50% to 74% of the absences. In Table 5 we can see these data.

Table 5: Percentage of employees who present a justification for specific cause.

Total percentage of absences	Work accident	Motherhood	Death of family members	Illness	Marriage License	Routine visits to doctor	Training programs	Illness of family members
0 to 24%	50,0%	100,0%	22,2%	2,4%	50,0%	60,0%	57,1%	50,0%
25 to 49%	50,0%	0,0%	27,8%	9,8%	0,0%	0,0%	28,6%	0,0%
50 to 74%	0,0%	0,0%	33,3%	26,8%	50,0%	20,0%	0,0%	50,0%
75 to 100%	0,0%	0,0%	16,7%	61,0%	0,0%	20,0%	14,3%	0,0%
Total	2	1	18	41	2	5	7	2

Of all the companies that refer to disease as a cause of absence of their employees, 60,9% (representing 49% of the total of companies) refer that they have disease registration, 17,1% doesn't have that registry and the rest don't know if there are any registry.

Companies that have the registry of a specific disease that causes the lack of workers say that the main cause is Malaria as 67,8% (33,2% of the total of the companies) of these companies reported that 80-100% of absences on disease are due to Malaria. 16,1% stated that Malaria has a weight of 45-55% of the total sick leave and only 12,9% said that had no records of Malaria in all causes of disease.

Of all the companies (2) that referred that the presented justification for absences was illness of family members, 1 said that for 60% of the justifications was caused by Malaria, 20% were diseases related to HIV-AIDS and 20% other diseases, other company said that 70% of the justifications were related with Malaria and the remaining 30% were due to diseases related to HIV/AIDS.

Most of the companies (56,9%) doesn't have a strategy for the replacement of employees who absence for the reduction or solution of the impact of the absenteeism in their companies. Of the companies that adopted any strategy, the hiring of temporary workers and the hiring of surplus workers are the two strategies most implemented with 23,5% e 7,8% respectively, as illustrated in Figure 7 below. In the other strategies presented as a solution for the absenteeism, the one most referred is the deduction from wages (7.8%).

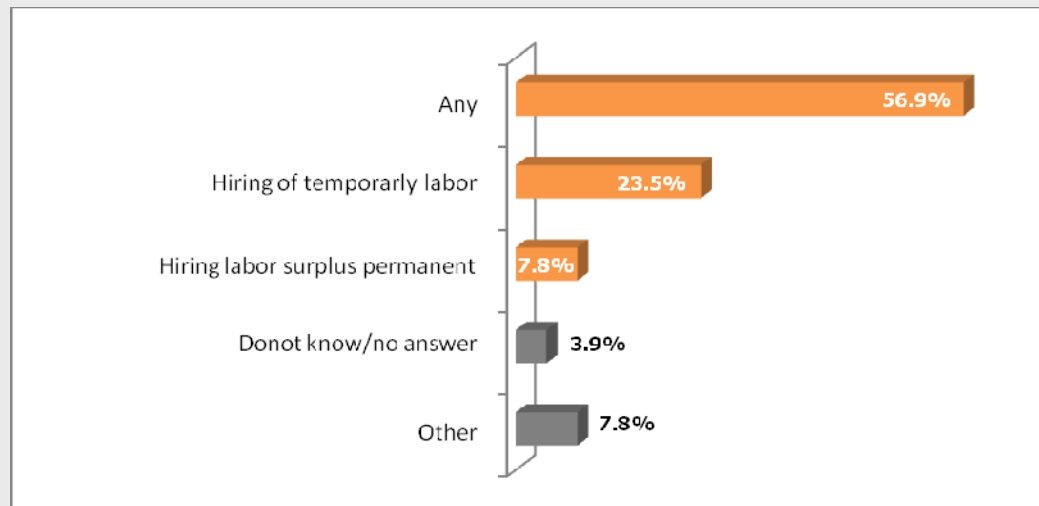


Figure 7: Strategies for resolving the impact f absenteeism on business

Given the data collected we can verify that Malaria assumes a major role on absenteeism causes, being recommended the implementation of some of the following strategies for the prevention of Malaria.

Tendo em conta os dados recolhidos podemos verificar que a Malária assume um papel primordial nas causas de absentismo, sendo recomendado a implementação de algumas das seguintes estratégias de prevenção da Malária:

- Awareness sessions on prevention of Malaria
- Distribution of information materials on prevention of Malaria
- Routine tests for Malaria
- Nursing service/internal medical
- Nursing service/external medical
- Distribution of free Malaria medicines
- Free distribution of mosquito nets
- Spray the company

- Spray the housing of workers
- Support to a local institution for prevention of Malaria

4.2 Absenteeism Costs

Questioned about the cost of absenteeism to companies, only 29,4% of the companies acknowledged that the absences of workers are an additional cost for the company beyond the cost with labor force, 52,9% said they do not constitute costs and 17,6% did not answer this question. Most of these additional costs are related to non-compliance with deadlines set by the company to perform tasks or services.

13,4% of companies refer that the absences of workers represent an additional cost for the company, they say that they have additional costs between 60 and 80%. 33,3% refer that has an additional cost between 10% and 30% due to absenteeism. 53,3% refer that the additional costs are less than 10% of business total cost. The majority of companies refer that this costs are directly connected to production costs.

Chapter V: Malaria Prevention Policies at the Workplace

5.1 Type of Policies

According to the survey responses, only 15,7% of the companies responded positively to the existence of policies for the prevention of Malaria in their organizations while 84,3% doesn't have any prevention policy for this disease.

Regarding to the policies adopted we can see that 7,8% of the companies surveyed spray their plants and 5,9 does the free distribution of mosquito nets.

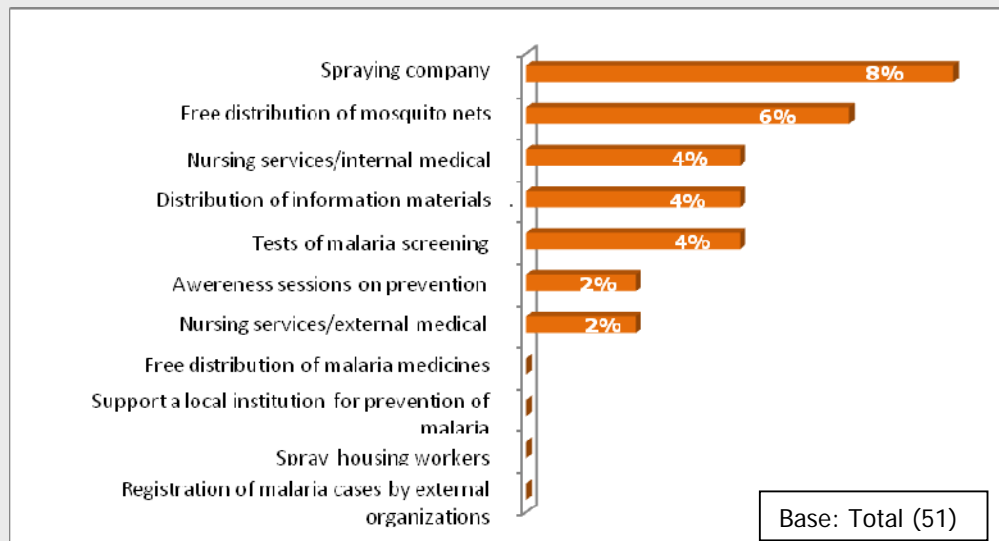


Figure 8: Malaria prevention policies implemented on companies

For the companies that have some policy to prevent Malaria, in 66,7% of the companies, those policies do not include family members of workers.

Companies that distribute free mosquito nets did not specify the type of nets to distribute, also verified in the cases of companies that are spraying but don't indicate the entity responsible for implementing this technique for prevention.

Companies that do not have any policy on the prevention of Malaria, among the reasons given, we highlight the most common response as "never thought about that possibility", response given for 41% of SMEs. The following highlights are "is not a responsibility of the company", "it is a cost for the company" and "I do not consider it important" representing an equal share of companies with 14% and 9% for SMEs and big companies respectively. There are a considerable number of big companies who cannot answer this question (18%). Figure 9 and 9.1.

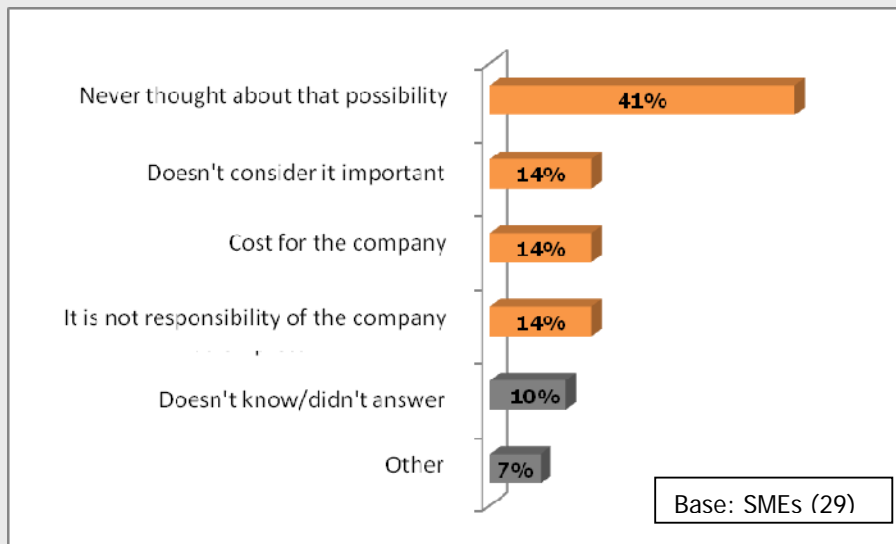


Figure 9: Reasons given for the lack of policies to prevent Malaria in the company– SMEs.

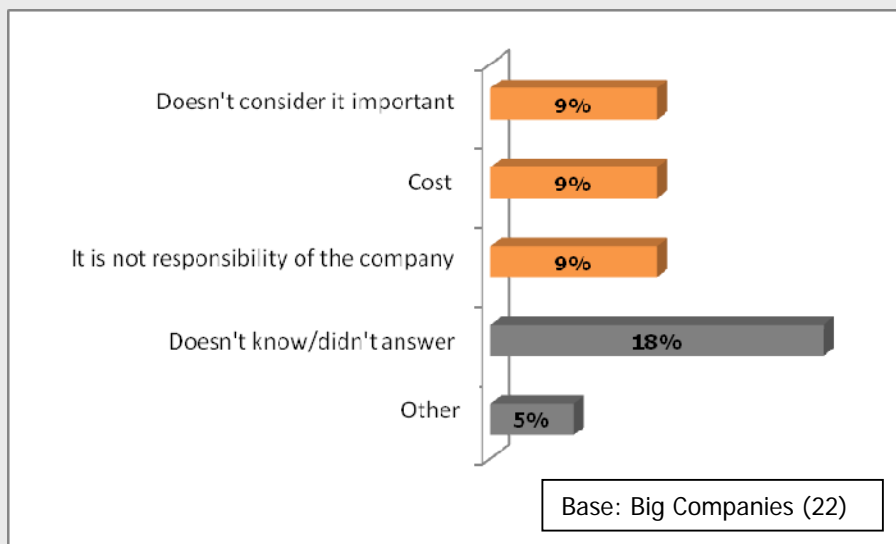


Figure 9.1: Reasons given for the lack of policies to prevent Malaria in the company – Big Companies.

5.2 Costs with Prevention Policies

Companies that claim to have policies to prevent Malaria say that the costs of these are not measured or recorded. Only two surveyed companies said that they represent 2% and 15% of the total costs of the company. Is it advisable that companies can quantify these percentages in cash to allow lower costs. That gives us that even with costs for the company, most of this costs are not seen from the perspective of an investment, since it is not counted as a mean of increasing the productivity. Changing this perspective on companies in Mozambique will be crucial to a greater contribution to increasing productivity, such as the investment in training.

5.3 Activities Developed Under the Responsibility of the Company

Although most companies do not have in the normal procedures policies for the prevention of Malaria, when asked about the importance of each of this policies on corporate responsibility to their employees, they replied that in general they think that the policies are important with a level of importance of 6 points on average, with an average maximum of 8,86 for nursing services/external medical for big companies and an average minimum of 6,41 points for the free distribution of mosquito nets for the SMEs. We can also observe that in terms of importance of policies to prevent Malaria, there are major differences between SMEs and big companies as shown in figure 10 below.

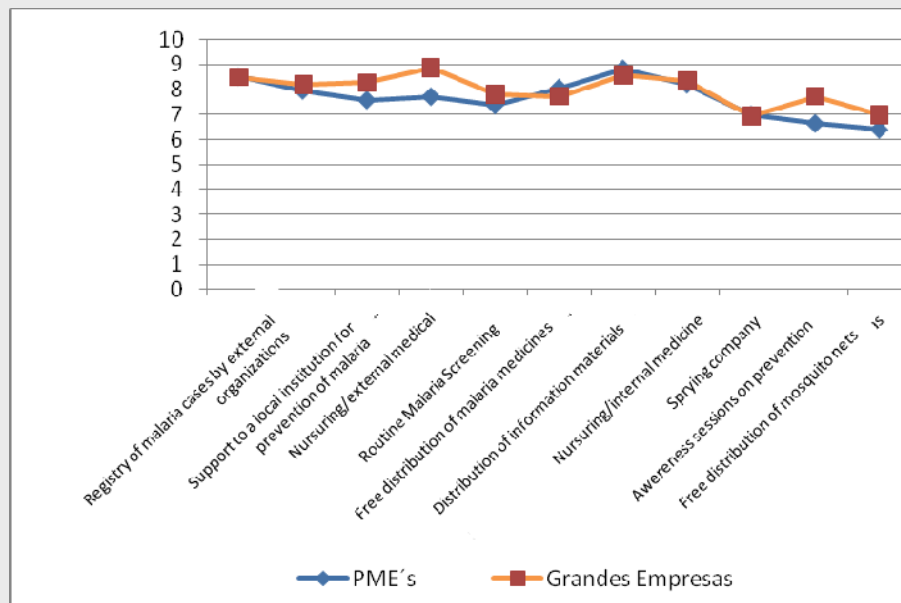


Figure 10: Degree of importance of policies to prevent Malaria for companies.

5.4 Additional Information on the Impact of Malaria

Finally, companies are unanimous in saying that it is necessary a major commitment of companies in actions against Malaria through the implementation of prevention policies in companies. In general the policies suggested by the companies do not differ from those that are proposed by the investigation.

Chapter VI: Conclusions

As a summary of the main conclusions of this study we highlight the following points:

Of the companies interviewed there is a significant percentage that have a increased risk for Malaria cases among their workers due to the work schedule performed. 39,2% of the surveyed companies have workers at the night shift with a particular prevalence between 17 and 22 hours as they represent those who have a higher risk of Malaria cases in their employees. Is recommended that this workers must have a targeted program, as is the case of application of repellent or existence of repellent products in the area where these workers are placed.

There is a considerable percentage of companies that have some program, activity or support in the area of corporate social responsibility while in the case of Malaria, be considerably less. When questioned about programs to prevent HIV/AIDS 29,4% of companies respond positively, 39,2% say that they have some kind of support or social responsibility activities (more in big companies). Only 15,7% have some type of program for the prevention of Malaria (where 7,8% of the companies spray their plants and 5,9% distribute free mosquito nets) demonstrating some timidity in the prevention of Malaria in the private sector. Given that the survey results identify a major absenteeism due to Malaria will be important the awareness of prevention activities that monitor the activities of prevention of HIV/AIDS.

The burden of Malaria in absenteeism is substantial, which is not duly supported by the activities of prevention of Malaria practiced. A large percentage of firms point the disease as the main reason for absenteeism (80,4%). However only 49% hold the record of which disease caused the absence of the employee and that difficult the collecting information on the causes of absenteeism or connect it to Malaria. A third of companies (33,2%) reported that 80-100% of sickness absence are due to Malaria while 16.1% stated that 45-50% of the absence per illness are due to the same reason. Although only few cases of absence due to illness of family members, when this happens 60-70% of diseases of family members is Malaria. A free or subsidized distribution of mosquito nets to employees, as illustrative strategy should take into account the number of household members in order to avoid this absenteeism.

Relative to the cost that the absenteeism cause in companies, only 29,4% of the companies recognize that the absences of the employees constitute additional costs for the company beyond the cost of labor-intensive temporary or extraordinary. However, of the companies that said that it represents a cost, 13,4% refer that the absenteeism means between 60% and 80% of extra costs from the global costs of the company, and they are directly connected to production costs. These costs could be minimized if the major cases of absenteeism were controlled as referred on the study (Illness/Malaria).

The lack of awareness of the private sector is notorious, so companies have no policy on the prevention of Malaria, when asked why, they respond that “never thought about this possibility”.

When asked directly, managers and HR directors who responded to the questionnaires on the importance of policies (on scale of 0 to 10 where 0 is negligible and 10 very important) said that the distribution of mosquito

nets with an average of 8,73 and awareness sessions with an average of 8,51 are very important. This result indicates that there is openness by the private sector to implement policies to prevent Malaria.

Finally, we consider that there is already some awareness on the importance of implementing policies or programs for the prevention of Malaria , as well as some awareness of the economic and financial impact on the organizations. Advocacy for the implementation will be the next step towards a common goal of eradicating Malaria in Mozambique.

Chapter VII: Bibliography

- **BROWN**, Peter (2002), *Socioeconomic and Demographic Effects of Malária Eradication: A Comparision Of Sri Lanka and Sardinia.*
- **LAXMINARAYAN**, Ramanan (2008), *Impact of Malária Control on the Demand for ACTs.* NY

ANNEX I – Interviewed Organizations

- Ndjindja Vestes
- Hotel Vip Maputo
- Sericrest
- SLC Computer
- Kanes
- Miramar Lda
- Siesta Lda
- Sonasa Lda
- Afriglobal
- Visa Segurança Lda
- Electroredes
- Talho Luz
- Global Alliance
- Yola Lda
- DHL
- Congress Rental Moçambique
- Escola Maria Ana Mogas
- Unilever
- Bell
- Ginav
- Shimada Internacional Lda
- Cimbetão
- Escola Secundária São Gabriel
- Mundo s
- Poliplasticos
- Cetraco Lda
- Micro Tornos
- J. B. M Contabilidade e Serviços
- Al Houda Supermercado
- Edma Decorações
- Isaac Newton
- Telma Duricano
- TIM
- Hotel Moçambino
- Hotel Tivoli
- Kawena
- Frexpo de Moçambique
- Ceta
- Indústria de Esponja e Plástico
- CDM
- Coca Cola
- SSP
- Elton Construções
- TRI - M
- Agro Alfa
- Serenus - Protecção e Segurança
- SOMOFER
- Home Center

- Rangers Segurança Lda
- Trans African Concessions
- Executive Protection Segurança

ANNEX II – Questionnaire

INTRODUÇÃO

Bom dia/Boa tarde. Sou um entrevistador de uma empresa especializada em estudos de mercado, a Intercampus, e estamos a realizar neste momento um estudo, para saber o impacto que a malária tem no sector privado.

O objectivo do estudo é motivar o envolvimento do sector privado na luta contra a malária através de acções de responsabilidade social empresarial. Os resultados do levantamento irão servir de base para o desenvolvimento de uma proposta de plano de acção a ser apresentada ao empresariado nacional e que possa se enquadrar no quadro dos seus programas de responsabilidade social.

A entrevista é anónima, pelo que apenas divulgaremos os dados em formato agregado e os resultados serão utilizados com uma finalidade exclusivamente estatística. Gostaríamos que colaborasse, respondendo a umas breves perguntas que não lhe ocuparão muito tempo.

Muito obrigado

DADOS DE CARACTERIZAÇÃO DA EMPRESA

D.1. Registrar dia: ' ___ ' ___ ' Dia ' ___ ' ___ ' Mês **D.2. Registrar Hora:** ' ___ ' ___ ' Hora: ' ___ ' ___ ' Minutos

D.3. Registrar nome da empresa:

D.3.1. Registrar nome do inquirido:

D.3.2. Registrar posição do inquirido:

D.3.3. Registrar número de telefone de contacto:

D.4. Registar Área de actividade da empresa

Agricultura, Produção Animal, Caça e Silvicultura	1
Pescas	2
Indústrias Extractivas	3
Indústrias Transformadoras	4
Produção e Distribuição de Electricidade, Gás e Água	5
Construção	6
Comércio a Grosso e retalho	7
Alojamento e Restauração	8
Transporte, Armazenagem e Comunicações	9
Actividades Financeiras	10
Actividades Imobiliárias, Alugueres e Serviços Prestados às Empresas	11
Administração Pública	12
Educação	13
Saúde e Acção Social	14
Organismos Internacionais e ONG	15
Outras actividades de Serviços Colectivos, Sociais e Pessoais	16

D.5. Qual a dimensão da empresa:

Local	1
Regional	2
Nacional	3
Internacional	4

D.6. Região:

Maputo 1

Matola 2

D.7. Aproximadamente quantos trabalhadores tem a empresa?

Homens	
Mulheres	
Total	

D.8. Diga-me, por favor, quantos trabalhadores nos seguintes níveis que possui na empresa.

Direcção/Administração ' ___ '

Chefes de Departamentos/Equipa ' ___ '

Técnicos ' ___ '

Outros trabalhadores ' ___ '

D.9. Diga-me, por favor, qual o salário médio para cada um dos seguintes níveis de trabalhadores:

Direcção/Administração ' _____ '

Chefes de Departamentos/Equipa ' _____ '

Técnicos ' _____ '

Outros trabalhadores ' _____ '

D.10. Qual(ais) das seguintes áreas a empresa possui uma equipa estruturada:

Recursos Humanos 1.....

Contabilidade 2

Financeiro 3

Comunicação & Marketing 4

Informática 5

Outro 98. Qual? _____

D.11. A sua organização trabalha em horários diurnos ou nocturnos?

Diurnos (8H- 17H) 1

Nocturnos (outros horários) 2

Ambos 3

D.11.1. Se respondeu nocturnos ou ambos, diga-nos se a sua organização trabalha nos seguintes horários:

- 17H-18H.....1
- 18H-19H2
- 19H-20H3
- 20H-21H.....4
- 21H-22H.....5
- 22H-23H6
- 23H-24H.....7
- 24H-1H8
- 1H-2H9
- 2H-3H10
- 4H-5H11
- 5H-6H12
- 6H-7H13
- 7H-8H14

D.11.2. Qual a percentagem de trabalhadores da sua empresa que faz horário nocturno?

' _____ '

D.12. A empresa possui algum programa de HIV-SIDA no local de trabalho?

- Sim 1
- Não 2

D.12.1. Se sim, qual(ais)?

Sessões de sensibilização sobre prevenção HIV-SIDA	
Distribuição de material de informação sobre prevenção HIV-SIDA	
Testes gratuitos HIV-SIDA	
Serviço de enfermagem/médico gratuito	
Distribuição de medicamentos gratuita	
Distribuição gratuita de preservativos	
Outros Quais _____	

D.13. A empresa possui algum programa responsabilidade social/apoio?

- Sim 1
- Não 2

D.13.1. Se sim, qual(ais)?

Patrocínio à música	
Patrocínio à cultura	
Patrocínio ao desporto	
Patrocínio a organizações de desenvolvimento	
Patrocínio a organizações de estudantes	
Outros Quais _____	

ABSENTISMO

P.1. Qual o número de faltas no último ano de 2009?

Homens	
Mulheres	
Total	

P.2. Qual é o número de faltas por departamento no último ano de 2009?

Departamento/ Semana (ou mês?)	Janeiro			Fevereiro			Março		
	Homens	Mulher	Total	Homens	Mulher	Total	Homens	Mulher	Total
Direcção/Administração									
Chefes de Departamentos/Equipa									
Técnicos									
Outros trabalhadores									
TOTAL									

Departamento/ Semana (ou mês?)	Abril			Maio			Junho		
	Homens	Mulher	Total	Homens	Mulher	Total	Homens	Mulher	Total
Direcção/Administração									
Chefes de Departamentos/Equipa									
Técnicos									
Outros trabalhadores									
TOTAL									

Departamento/ Semana (Idem)	Julho			Agosto			Setembro		
	Homens	Mulher	Total	Homens	Mulher	Total	Homens	Mulher	Total
Direcção/Administração									
Chefes de Departamentos/Equipa									
Técnicos									
Outros trabalhadores									
TOTAL									

Departamento/ Semana (Idem)	Outubro			Novembro			Dezembro		
	Homens	Mulher	Total	Homens	Mulher	Total	Homens	Mulher	Total
Direcção/Administração									
Chefes de Departamentos/Equipa									
Técnicos									
Outros trabalhadores									
TOTAL									

P.3. Possui registo interno das razões das faltas dos trabalhadores?

Sim 1
 Não 2

P.3.1. Se não, diga-nos porquê?

Custos	
Não possui departamento de Recursos Humanos	
Não considera ser uma necessidade	
Outro (especifique)_____	

P.4. Da lista que lhe vou mostrar a seguir, diga-nos por favor qual destas causas para falta de um trabalhador já foram apresentadas.

P.5. Das razões que referiu, diga-nos por favor a percentagem do total que corresponde a cada uma das causas (TOTAL=100%)

	P.4.	P.5.
Acidente no trabalho		
Maternidade		
Morte de familiares próximos		
Doença		
Licença de matrimónio		
Consultas médicas de rotina		
Formações		
Doença de familiares próximos		
Outro (especifique)_____		
TOTAL		100

P.5. Se referiu doença, possui um registo da doença que originou a falta do trabalhador?

Sim 1
 Não 2

P.6. Se sim, diga-nos a percentagem a cada uma das causas seguintes:

Malária	
Doenças relacionadas com HIV/SIDA	
Outra (especifique)_____	

P.7. Se referiu doença de familiares próximos, possui um registo da doença do familiar que originou a falta do trabalhador?

Sim 1
 Não 2

P.8. Se sim, diga-nos a percentagem de faltas para cada uma das causas seguintes:

Malária	
Doenças relacionadas com HIV/SIDA	
Outra (especifique)	

P.9. Considerando o absentismo dos trabalhadores, qual(ais) as estratégias que utiliza para solucionar esse impacto na empresa por tipo de trabalhadores?

	Direcção/ Administração	Chefes de Departamentos/ Equipa	Técnicos	Outros trabalhadores
Contratação de Mão-de-obra temporária				
Contratação de mão-de-obra excedentária permanente				
Nenhuma				
Outra (especifique)				

P.10. Para além do custo adicional de mão-de-obra, a falta de trabalhadores constitui outros custos para a empresa

Sim 1
 Não 2

P.11. Se sim, diga-nos que tipo de custos adicionais identifica na sua empresa (assinalar todas as respostas – Codificação a posteriori):

P.12. Do total de custos totais da sua empresa, diga-nos qual a percentagem que estes outros custos representam para a sua empresa?

POLÍTICAS DE PREVENÇÃO DA MALÁRIA

P.13. Existem na empresa políticas de prevenção da malária?

Sim1
Não2

P.13.0 Se não, diga-nos porquê:

Considera que não é da responsabilidade da empresa	
Custo	
Nunca pensou nessa possibilidade	
Não considera importante	
Outra: (especifique)	

P.13.1. Se sim, essas políticas de prevenção da malária incluem familiares dos trabalhadores?

Sim1
Não2

P.13.2. Se sim, quais são as políticas implementadas na empresa?

Sessões de sensibilização sobre prevenção	
Distribuição de material de informação sobre prevenção da Malária	
Testes rotineiros de malária	
Serviço de enfermagem/médicos internos	
Serviço de enfermagem/médicos externos	
Distribuição de medicamentos malária gratuitos	
Distribuição gratuita de redes mosquiteiras	
Pulverização da empresa	
Pulverização da habitação dos trabalhadores	
Apoio a uma instituição local para prevenção da Malária	
Registo casos malária através de organizações externas	
Outros Quais	

P.13.3. Se fazem distribuição gratuita de redes mosquiteiras diga-me o tipo de redes que distribui.

Redes tratadas com insecticida de longa duração..... .1
Redes tratadas com insecticida mas que necessitam de ser retratadas com insecticida2
Redes não tratadas3
Não sabe/ Não Responde.....4

P.13.4. Se fazem testes rotineiros de malária, diga-nos o tipo de testes que são efectuados.

Testes de Malária de Lâmina..... .1
Teste Rápido.....2
Não sabe/ Não Responde.....3

P.13.5. Se fazem pulverização qual é a entidade responsável pela aplicação?

Utilizam o serviço do Ministério da Saúde..... .1
Contratam empresa.....2
Não sabe/ Não Responde.....3

P.14. Se respondeu positivamente a cada uma das políticas acima, diga-nos qual o custo anual que gasta em cada uma delas.

Sessões de sensibilização sobre prevenção	
Distribuição de material de informação sobre prevenção da Malária	
Testes rotineiros de malária	
Serviço de enfermagem/médicos internos	
Serviço de enfermagem/médicos externos	
Distribuição de medicamentos malária gratuitos	
Distribuição gratuita de redes mosquiteiras	
Pulverização da empresa	
Pulverização da habitação dos trabalhadores	
Apoio a uma instituição local para prevenção da Malária	
Registo casos malária através de organizações externas	
Outros Quais _____	

P.15. Diga-nos qual a percentagem em termos de custo que estas políticas possuem no total de custos da sua empresa

' ____ %'

P.16. Das seguintes políticas de prevenção da malária que lhe vou passar a ler, indique-nos utilizando uma escada de 0 a 10 (em que 0 significa pouco importante e 10 muito importante) se acha ser da responsabilidade da empresa.

Sessões de sensibilização sobre prevenção	
Distribuição de material de informação sobre prevenção da Malária	
Testes rotineiros de malária	
Serviço de enfermagem/médicos internos	
Serviço de enfermagem/médicos externos	
Distribuição de medicamentos malária gratuitos	
Distribuição gratuita de redes mosquiteiras	
Pulverização da empresa	
Pulverização da habitação dos trabalhadores	
Apoio a uma instituição local para prevenção da Malária	
Registo casos malária através de organizações externas	
Outros Quais _____	

P.17. Os trabalhadores da Empresa beneficiam de alguma regalia social?

Sim1
 Não2

P.18. Que tipo de regalias

Abonos.....1
 Seguros de saúde.....2
 Horas extraordinárias.....3
 Assistência médica e medicamentos.....4
 Transporte.....5
 Outras.....98. Quais _____

P.19. Tem alguma informação adicional para partilhar acerca do impacto da malária na sua empresa?

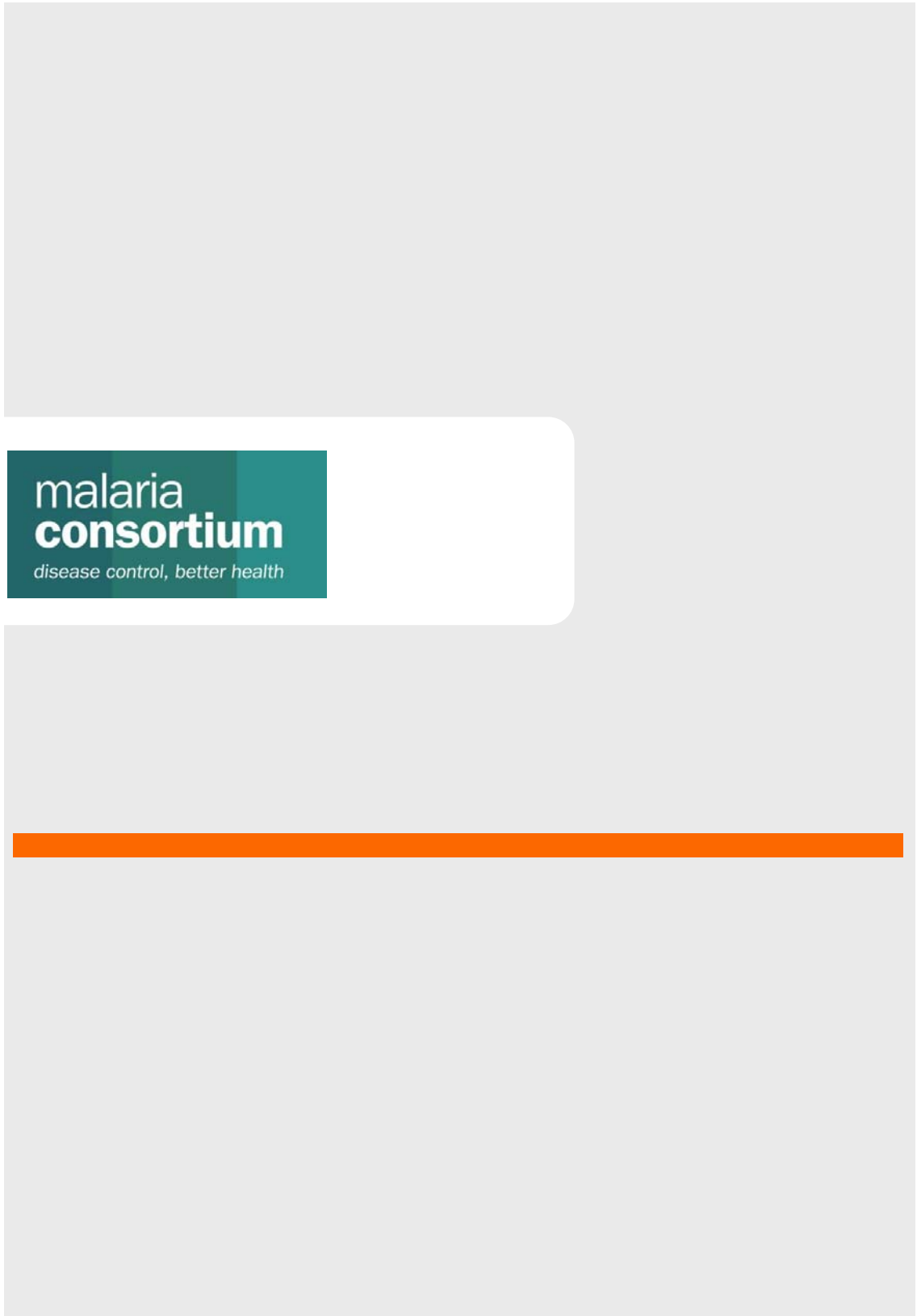
AGRADECER E TERMINAR A ENTREVISTA

DATA DA ENTREVISTA: ____ / ____ / 2010

HORA: ____ : ____

ENTREVISTADOR: _____

N.º: ' ____ ' / ' ____ ' / ' ____ ' / ' ____ ' / ' ____ '



**malaria
consortium**
disease control, better health

