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Brief analysis of the impact of Malaria in the Private Sector

Case Study - Kawena S.A.

GfK. Growth from Knowledge

Summary

Chapter I

Introduction

Malaria Consortium held in the form of survey, a brief overview on the impact of Malaria in the private sector. The result showed that one of the main consequences of Malaria in this sector is mostly associated to the worker absenteeism, by the fact of themselves or members of their families have malaria. The same also illustrated the importance that managers of companies attribute to this disease and in according to that, the different actions that are taken to control the disease in the workplace.

The case study aims to develop a model adjusted to the reality of the company chosen, that allows to measure the direct costs of the company with medical expenses, treatments and economic value of productivity losses, when the workers are absent or working affected by any disease, in particular Malaria. Thus, it was intended, in addition to qualify, quantify the companies' losses due to malaria.

A Case Study is an empirical survey that investigates a contemporary phenomenon within its real context, where the frontiers between the phenomenon and the context are not clearly evident and where multiple sources of evidences are used.

The applications of the case study are divided in the following points: the explanation of causal links in interventions or real life situations that are too complex for treatment through experimental strategies or data survey; in a description of a real life context in which an intervention or scenario occurred or was developed; in the evaluation of an intervention in its course and is modification based on an illustrative case study, in the exploration of those situations in which intervention is not clear in the result set.

The survey is developed, considering the hypothesis that national firms have taken losses in productivity and profit, because of Malaria cases in the workplace or in the worker's family. From the data collected is expected to prove the hypothesis.

Objectives of the Case Study

- Develop tools for monitoring absenteeism of employees;
- Quantify absenteeism by Malaria in the studied company (Registration of absenteeism of employees and cataloging them according to the justification presented during the surveyed period) ;
- Development of recommendations for action plan of the company.

The criteria for selection of the company were:

- Be a Mozambican company;
- Have a structured Human Resources Department;
- Have more than 500 employees;
- Have a regional or national coverage on Mozambican territory.

The selected company, Kawena S.A., exists for over 20 years and belongs since July 2009 to MassMart Group, one of the biggest distribution groups of African continent. The parent company is in South Africa and beyond the headquarters in Machava, Matola, has 15 warehouses spread across the provinces of Maputo, Gaza and Inhambane and has 553 employees in Kawena Mozambique. The group Kawena in Mozambique is composed by two more companies (distribution of mobile products and supermarket), totaling about 700 employees. The case study does not cover these other two companies.

Kawena's core business is the sale of consumer goods (food products, construction, furniture and appliances) to the Mozambican miners working in South Africa, having a potential customer base of approximately 40.00 customers and subsequent logistics and distribution to families in Mozambique.

This report would not have been possible without the tireless and committed cooperation with the objectives of the project by Kawena, particularly the department of human resources represented by Dr. Miguel Pinheiro, Director of Human Resources of this organization. We present now our gratitude by the way it was made available all the information needed to develop this Case Study.

1.1. Literature Review

Malaria in Mozambique, is an endemic disease and is seen as public health problem. This disease affects productivity because it reduces the quality and quantity of the work force because of its high mortality.[1]

The private sector is affected by the unpredictable nature of absenteeism at work, which requires adjustments to schedules or to take steps to replace the absent employee. Moreover, absenteeism at work increases the company's costs (sick payment, payments above those specified in the regulations, lost productivity, lower quality in production) and therefore has a negative effect on its competitive position.[2]

The disease is considered the main reason why workers miss work. However, the disease does not necessarily mean absence from work, while workers with health problems in general are missing more frequently than others. There are, however, workers with health problems that don't miss their work, but this has implications on productivity.

When the employee is absent several days from work due to illness, the financial impact of this absence on the company, not always rests only on the activities performed by the absent employee. That absence is echoed throughout the organization, especially if the employee belongs to a group whose production has almost immediate implications on the schedule.[3]

All policies related to absenteeism, should provide a notification and registry of absence situations since the first day. There is however, only few companies adopting this policy, there are even some that do not make any record of absenteeism (not informing the area responsible for payroll). There are some that are not only paying their employees when they are not working, how they are doing it without knowing it. Therefore, there arises the need to quantify the costs that absenteeism requires to a company.

The hidden costs of sickness absence are an increase of 40% compared to the direct costs known. With this in mind, the substantial savings offered by the management of sickness absence should serve as a powerful impetus to the implementation of a control model successfully.[4]

[1] Portal do Governo de Moçambique
[2] Fundação Europeia para a melhoria das condições de Vida e de Trabalho (1997)
[3] (http://www.wharton.universia.net/index, Acedido em 03-0310).
[4] Work Foundation (Reino Unido)

1.2. Case Study Methodology

Starting our methodological approach, taking into account the absenteeism as a phenomenon in the main analysis, it is necessary to clarify the concept. Thus, absenteeism in a company refers to delays, absents and early exits at work, so justified or unjustified. This means that with absenteeism we have a reduced workload, which represents a cost to the company.

If the analysis of the absence is made individually, may seem irrelevant for the company, but if we look as a problem set, that is, looking for all workers in a considerable period of time (one month or one year), we can verify that absenteeism is a relevant cost for the company.

The developed model requires the analysis of opportunity cost, this is, what the company does not gain or do not produces because of the absent employee and the analysis of cost of employing temporarily labor to replace the absences due to Malaria.

Finally i tis a cost-benefit analysis, where we compare the values found in the analysis of opportunity cost to the hypothetical implementation of a policy of prevention of malaria.

1.2.1. Gathering Information

The information was collected through three approaches:

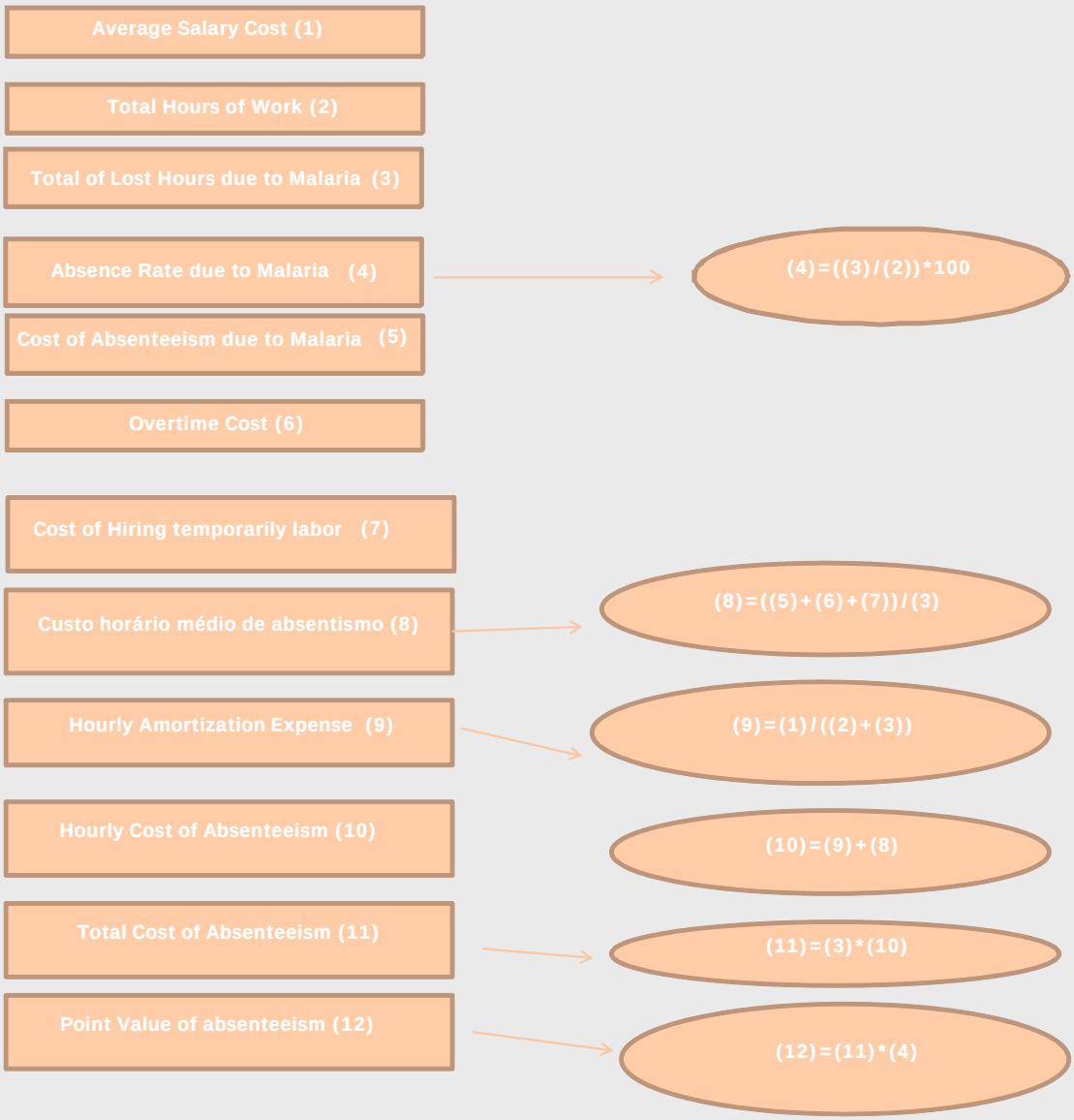
- Interviews direct and personal to employees, based on a questionnaire developed from the objectives set and based on indications from the Malaria Consortium who approved the final version of questionnaire;
- Interviews following a semi-strucutred script, more or less flexible, with the department of Human Resources of Kawena
- Collection of information from the Human Resouces Department, including:
    - Characterization of the company;
    - Registration of absences per month and by type of employee during the year 2009;
    - The replacement costs related to overtime and temporary work during the year 2009;
    - Absences and reasons of absence by type of employee, in January 2010;
    - The replacement costs of January 2010.

Kawena does not have any record of absenteeism due to Malaria in particular, but only for absenteeism in general. Indeed, during the implementation of case study, mechanisms were developed for the registration and classifications of absences. Later it was developed a survey of the impact for Kawena.

The meetings were conducted by technicians of qualitative studies, with experience in the area, which received adequate training to this study.

1.2.2. The Model

Calculating the Cost of Absenteeism by Malaria



The evaluation of these results requires economic indicators that allow us to see if there is variation in absenteeism due to Malaria and measure the effectiveness of the system.

1º) The first indicator, will aim to measure the relationship between the number of people present and effective.

I1 = Average number of permanent employees in the period/Average number of employees present during the period

2º) The second indicator is intended to measure the relationship between the real cost of absenteeism at a time over the other.

I2 = Real cost of absenteeism in the period (2)/Real cost of absenteeism in the period (1)

When the absenteeism grows, it can be noted that the two indicators decrease and vice versa, when absenteeism decreases, the two indicators increase.

The inclusion of variations of the cost in the study, allow a temporal analysis of absenteeism in the workplace, thus serving, as a measure of the effectiveness of policies to reduce absenteeism in companies.

	Absenteeism by Malaria
Cost on period1	X
Cost on period2	y
Variations	((y-x)/x)*100

Table 1: Absenteeism by Malaria

			Category 1	Category 2	Category 3	Category 4
Age	Men	18 – 29				
		30 – 41				
		42 - 53				
		54 - 65				
	Woman	18 – 29				
		30 – 41				
		42 - 53				
		54 - 65				

Table 2: Salary Categories

The analysis of the impact of absenteeism on the costs was made by salary categories, namely: management/administration; chefs of department/staff; technicians, other workers.

A calculation of average salary was made, for each of the four salary categories in the company, measured in terms of days of work.

Data collection was done in Human Resources, to capture both, information on absenteeism due to Malaria in the pre-analysis period and the current period and the clustering of salary categories.

1.2.3. Quantitative Survey of Employees of Kawena

While collecting information, it became evident the need for developing a questionnaire to be performed on employees of Kawena, in order to complement the model with the direct information of employees.

It was established a small sample of 35 employees of the warehouse headquarters of Machava, Matola. The questionnaires were conducted on the premises of Kawena, on February 4th 2010.

The information was gathered through direct interviews to the staff in the company of respondents, based on a questionnaire developed from the objectives set and based on indications of Malaria Consortium which approved the final wording of the referred questionnaire

Field surveys were conducted were conducted by 3 interviewers who received adequate training, specific to this study, through written and verbal instructions.

1.2.4. Quality Control

Quality control was carried out according to criteria listed below:

1. For the design of the questionnaire, was found the proper adjustment between the objectives of the project and the questionnaire, and also identified the questions that respond to each of the objectives. It was also made a review of the consistency between the questions and response 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 prevent a significant % of the interviews done by only one or two interviewers.

4. After the arrival in the Field Department, the questionnaires were immediately reviewed, and detected any mistakes or fill missing information. Case by case, an evaluation of the procedures was made that might go to a new contact with the respondent (obtaining the missing information) to the simple cancellation of the interview (eg when verified an abnormal non-response rate in relation to the total questions).

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

6. It was carried out a supervision of about 20% of the work of each interviewer, through a new contact or telephone contact with the interviewee. To this end, we used a questionnaire for supervision whose design pretends to check if there were observed the following directions given in relation to: location of 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 type of question) so these was coded according to the same.

8. Already on basis of overall size of the study, it was made a validation of the file and tested 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 script), respecting the structure of the questionnaire used. In no case, automatic corrections of information were made. From this moment, the computer file was ready to be tabulated and treated based on software designed for this purpose.

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

Chapter II: Survey Results to Employees

2.1 Characterization

The respondents respected the structure of employees, were interviewed 91,4% of men and the rest of the questionnaires was administrated to woman. Most respondents work less than a year in Kawena.

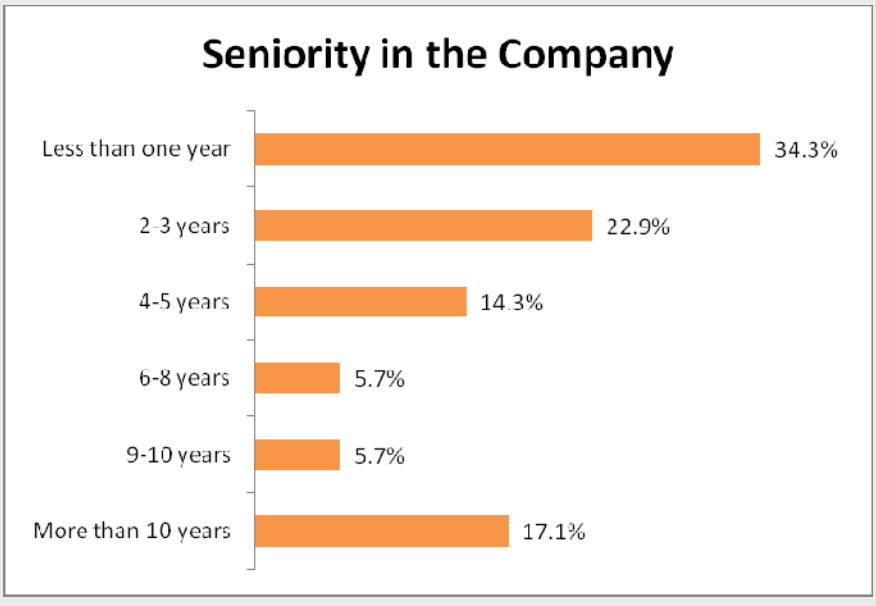


Figure 1: Seniority of the Workers in the Company

Most respondents have the function of carriers (54,3%), these have been integrated into the category "Other Workers". The remaining respondents are members of the technical and administration/management. For purposes of analysis, we used the variables of other workers with the exception of the average wage (Fig.2).

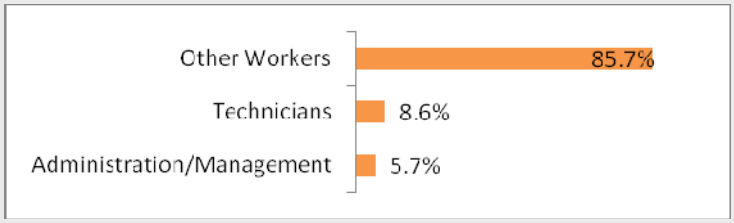


Figure 2: Type of Workers [Base: Total (35)]

2.2 Work Schedule

Kawena has three work schedules, depending on the area where the employee is placed, in particular: The administrative area in the headquarters, from Monday to Friday, starting at 8:00am and leaving at 17:00 hours; warehouse area in the headquarters, Monday through Friday, starting at 7:30 and 17:00 hours on departure; warehouses Monday to Friday starting at 7:30am and departure at 15:30 hours and on Saturdays from 8:00 to 12:00 hours. Few workers have a different work schedule. Respondents are placed in the headquarters.

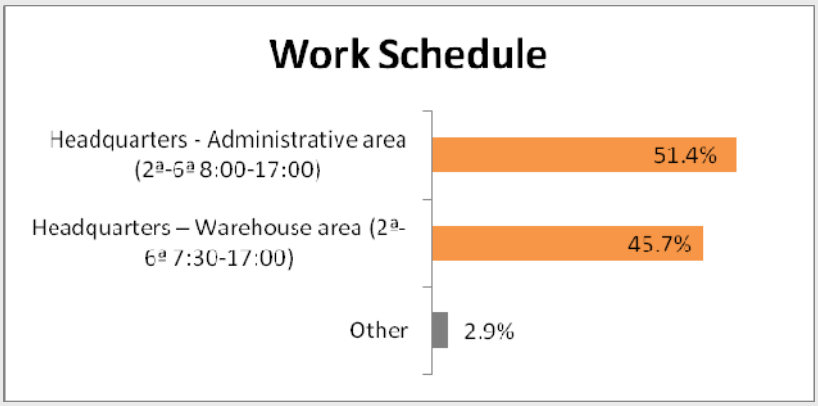


Figure 3: Work Schedule [Base: Total (35)]

From the total of the interviewee, 77,1% say that it is usual to do overtime due to the increased workload and of course because of the nature of the business that is heavily dependent on transports of goods.

Of those extra hours, the greatest concentration is located in the hours immediately after normal working hours, with no results beyond 23:00 hours, as is observable in figure 4.

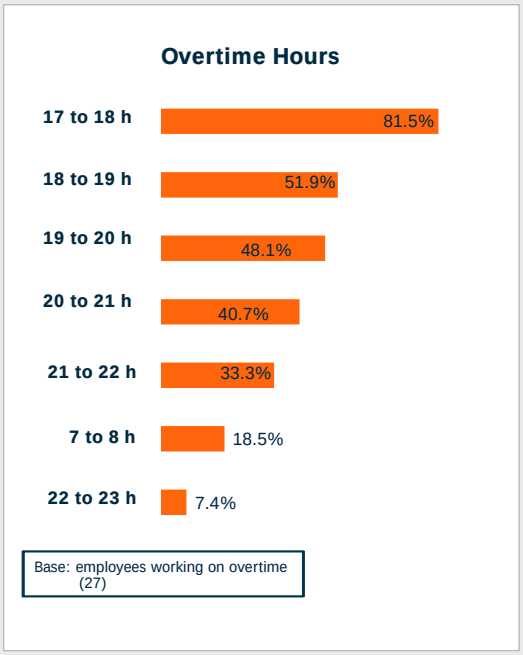


Figure 4: Overtime 2009

2.3 Absenteeism

When asked about if they had missed work during the year 2009, 60% of the employees responded positively. In line with the results obtained in the quantitative survey, conducted in parallel with this study, the main reason given was illness (52,4%), followed by illness of family members (23,8%).

In terms of average of days missed, the reason that has a higher average value are accidents with an average of 5,67 days in 2009, however, in second place was the disease representing an average of 3 days of absence.

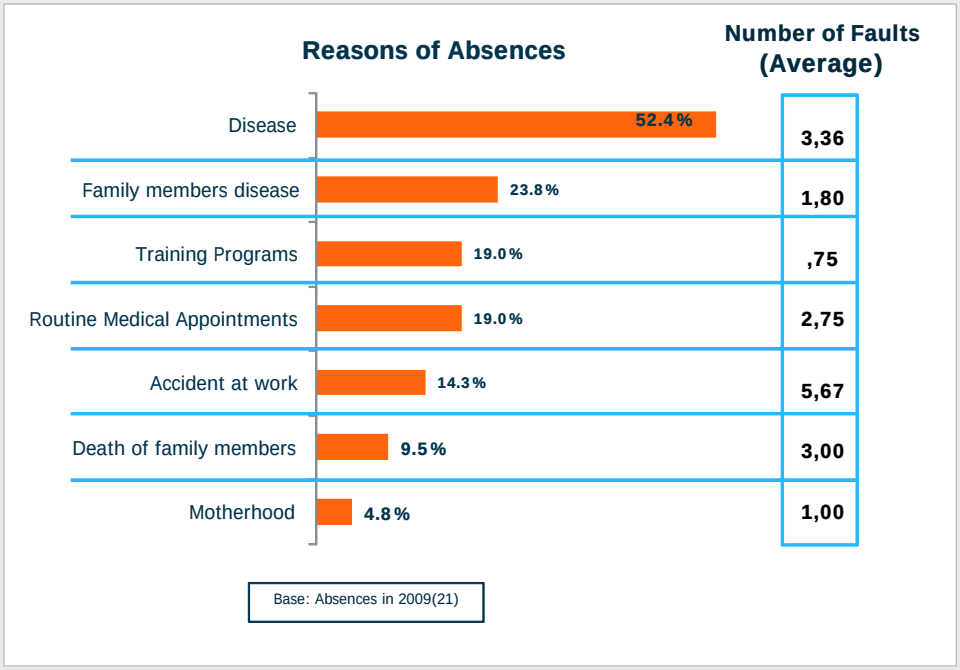


Figure 5: Reasons of Absences in 2009

As regards the burden of Malaria in the total absence in the year 2009, we found that 38% of respondents saying they were absent during the year 2009 due to Malaria (which represents 22,9% of individuals who were absent from year 2009). The average number of absences due to Malaria is 3 working days, slightly below the average of diseases in general.

Below we can see the characterization of absences due to malaria.

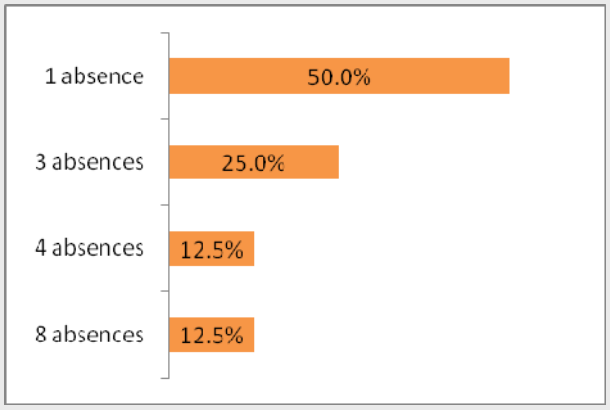


Figure 6: Number of Absences due to Malaria [Base: Absences due to Malaria (8)]

It is also important to check that the number of sick relatives, which is the second most common reason for absence, has a high proportion of Malaria when it identifies the disease in question.

Absences due to sick family members, when those family members have at least 5 years of age and for children from 5 to 15 years of age, they represent 60% of the motives of absences, which the higher incidence of Malaria in children. (Fig.7)

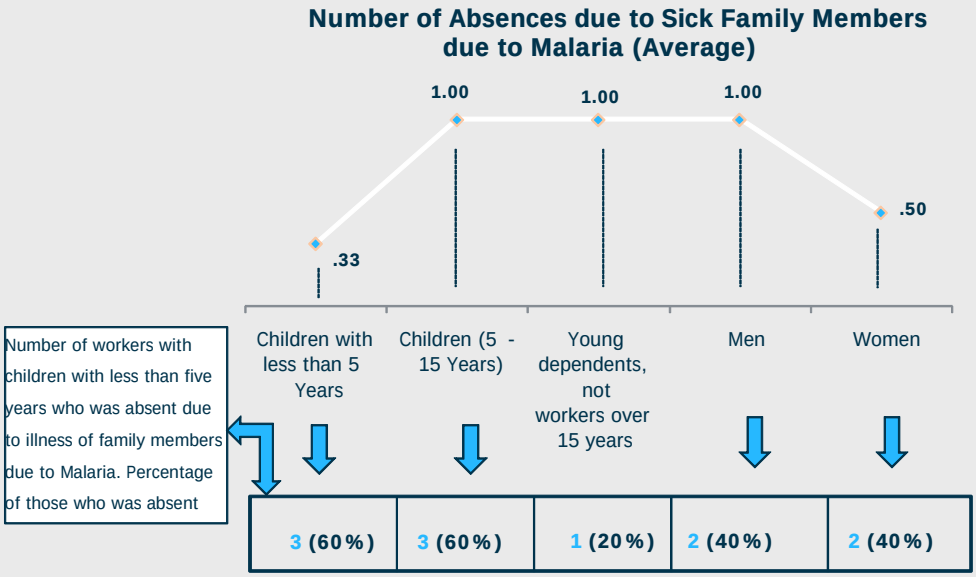


Figure 7: Number of Absences due to Family Members with Malaria

2.4 Prevention of Malaria in the Household

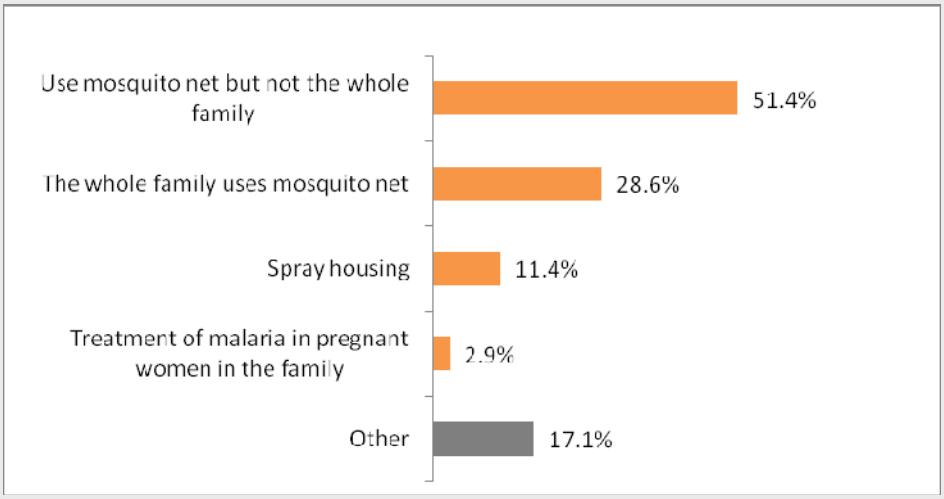


Figure 8: Strategies for preventions used by the [Base: Total (35)]

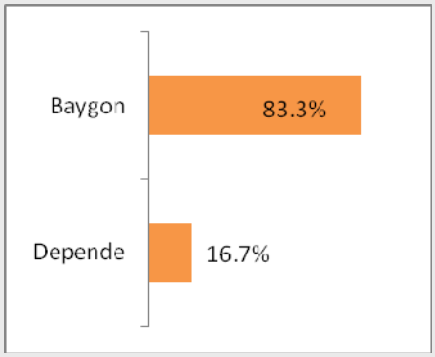


Figure 9: Other strategies of prevention [Base other strategy (6)]

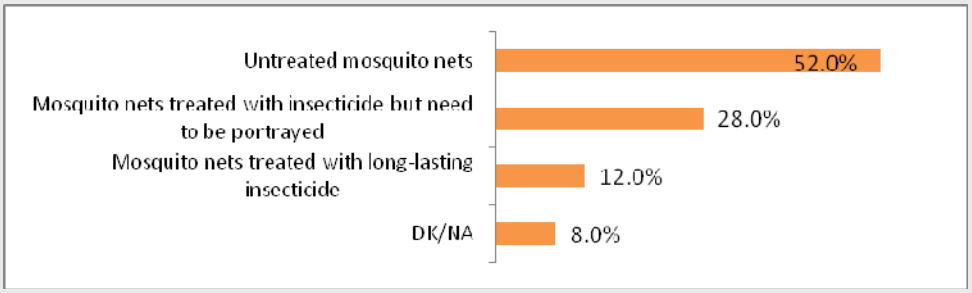


Figure 10: Type of Mosquito Net Used [Base: Use mosquito net (28)]

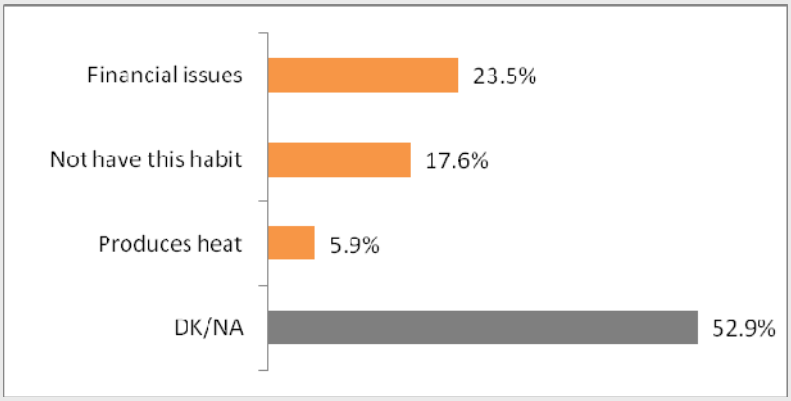


Figure 11: Reason whyu don't use Mosquito Net [Base: don't use Mosquito Net (7)]

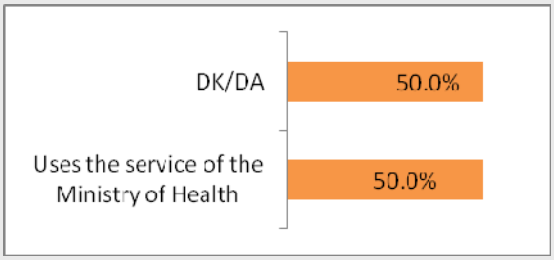


Figure 12: Entity responsible for spraying housing [Base: do spraying housing (4)]

Chapter III: Characterization of Kawena

Kawena S.A. was our unit of analysis and before the application of the model will be necessary to characterize the same.

Thus, the total number of employees is 553, according to table 3 below. Of these, 0,9% are managers/administrators, 4,9% are chiefs of department/team, 1,5% are technicians and the remaining 92,7 are categorized as other workers.

Total of employees	**553**
Headquarters/Warehouse Machava	**219**
Warehouse of Maputo	**19**
Warehouse of Manhiça	**13**
Warehouse of Magude	**13**
Warehouse of FPLM	**30**
Warehouse of Benfica	**32**
Warehouse of Macia	**17**
Warehouse of Chokwé	**21**
Warehouse of Xilembene	**12**
Warehouse of Xai-Xai	**50**
Warehouse of Chibuto	**28**
Warehouse of Manjacaze	**15**
Warehouse of Quissico	**24**
Warehouse of Maxixe	**22**
Warehouse of Massinga	**27**
Warehouse of Vilanculos	**11**

Table 3: Number of employees of Kawena (31st February 2010)

3.1 Social Responsibility of Kawena

The company already has a program of prevention and treatment of HIV, conducting awareness sessions on prevention, distribution of information materials, free testing service, nursing/medical free, distribution of free medicine and free distribution of condoms.

In terms of support to any institution, has sponsored sport activities.

For the prevention of Malaria, the company regularly sprays the plants in various locations where it operates.

Additionally, offer to their employees various social benefits to all workers or part of them, including allowances, health insurance, overtime, health care and free medicine (excluding malaria).

Chapter IV: Application of the Model

For the application of the model, after collecting information on the company we found the following:

- The hiring of extraordinary or temporary labor, is not a direct result of the absences of the employees but a result of the nature of the business of Kawena, and will not be included in the calculation of opportunity cost. Although we consider that part of the replacement costs are due to Malaria, there is no concrete evidence for their inclusion;
- Over the year of 2009 and January of 2010 there have been no deaths due to Malaria, that there would be reflected in the cost of training Vs. the average seniority of the worker. Thus, it would be logical to include these costs in calculating the opportunity cost. Likewise, neither have seen any death in the family due to Malaria, so the absences result from deaths of family members are also not included;
- There is, in the company records for the month of January 2010, a higher number of unjustified absences (47%), which contrasts with the results of the questionnaire given to the employees, so we decided to use these proportions over the years 2009;
- The main costs used to calculate the opportunity cost will be the absences of workers due to Malaria and accompanying family members due to Malaria.

Assuming that all workers of a company, when sick from Malaria would present the medical justification (which is not always the case and therefore is regarded as unjustified absence), the cost is a double cost. The first where the company is liable to pay the days when the employee does not attend, because given that the average of days needed is 3 days, will always be a cost to business due to current legislation, for not achieving the minimum days required to be supported by the National Social Security Institute (INSS). Moreover, the cost of not contributing to the company's productivity, ie, fails to produce.

An important point is that we found that this case is valid only for categories "other workers" and chiefs of department/group and this situation does not happen with management/administration or technical. It appears that with this are the workers in the institutional base of the pyramid who are most vulnerable to malaria. Given the survey to the employees, we chose to use the same results for chiefs of department or group.

Thus, using the available variables, we present the final data in calculating the costs for Kawena.

	Outros Trabalhadores	Total
Average Salary Cost	2824	-
Total Working Days	133,380	**143,780**
Total of lost days due to absences (Total 2009)	1475	**1577**
Total of lost days due to absences (Total 2010)	108	**117**
Percentage of employees who misses due to illness in 2009 (employee survey)	52.6%	-
Percentage of employees who missed due to Malaria in 2009 (employee survey)	0.23	-
Average number of days of absence due to illness in 2009 (employees survey)	**2.7**	-
Average number of days of absence due to Malaria in 2009 (employee survey)	**2.6**	-
Average number of days of absence due to Malaria 2009 (employee survey)	**0.7**	-
Total of days lost due to Malaria	392	**392**
Rate of absenteeism due to Malaria	0.3%	-
Cost of absenteeism due to Malaria (MTN)	50,339.21	**50,339.21**

Table 4: Anual Absolut Cost with Malaria in Kawena

Naturally, the rate of absenteeism due to Malaria in the global of the organization is smaller, since essentially focuses on the "other Workers" category.

Then we consider that the annual opportunity cost with Malaria in 2009 for Kawena is 50.339.21 MTN.

Indeed, the value identified is low compared with the total salary cost of the category "other employees" for Kawena, who in 2009 were about 17 million MTN for the following reasons:

- Only in the category of "Other Workers" were identified absences due to Malaria, who despite being the majority in the total number of workers, they earn an average salary of 2823,54 MTN;
- In absolute terms we have calculated a rate of absenteeism due to Malaria of 3,48% for this class (Overall rate of absenteeism in this category is 13.1%);
- In absolute terms (by dividing the total number of absences due to Malaria by total days of work) means that the absences due to Malaria correspond to 18 workers permanently absent during a year in the category "Other Workers".
- The impact of the declining of productivity per capita was not included, which makes this a very conservative estimate.

We have noted that when comparing the 2009 record of the entity under study, the majority, based on the record of January, 47% of the absences are unjustified. So we have chosen to use the survey used to employees. This brings us to the conclusion that more effort is needed to continuously quantify these costs for the company.

In monthly terms the costs are reflected as follows:

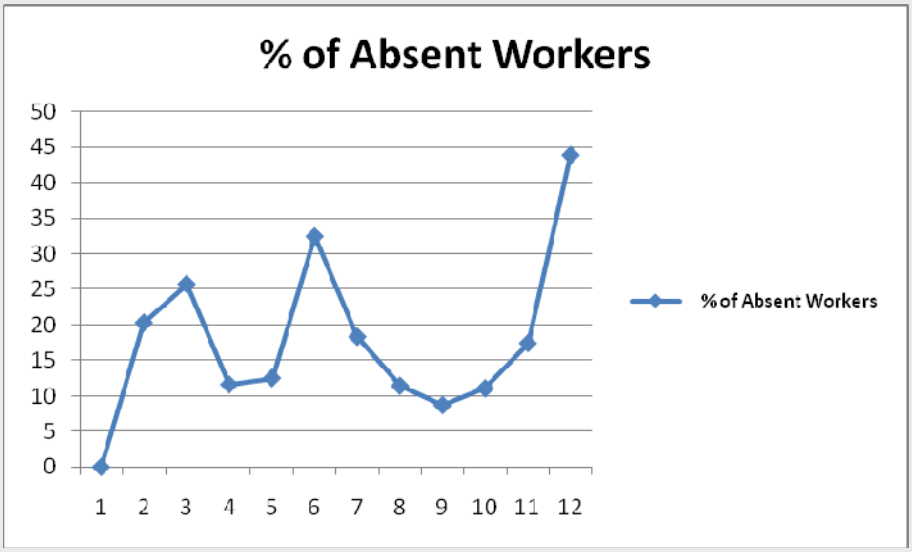


Chart 1: Percentage of Workers Absent in 2009 (Base: Absences Registry in 2009)

The month in which we observed the highest value in terms of cost, was in December 2009. The lower cost in monthly terms was reached in September, which is explained by the fact that September was the month with the fewest absences throughout the year (Chart 1).

Additionally, it is important to note that Kawena has an ongoing program of HIV prevention in accordance with the following costs:

	Annual Cost with HIV (MTN)
Awareness sessions	**30,000**
Food, lodging and transportation	**25,232**
Total	**55,231.50**

Table 5: Annual absolute cost of HIV prevention program in Kawena

As we can see, the values used for the HIV does not differ from actual costs obtained due to Malaria. Based on the same principle, we can apply the same strategy, ie, using the value of annual cost due to Malaria for Malaria prevention policies.

Below is a list of average costs of potential policies to prevent Malaria.

	Value (MTN)
Average price of mosquito nets with long-lasting insecticide	**200.00**
Average cost of repellent stick	**150.00**
25 test units Combo (value per test)	**63.48**
Monthly cost of health technician	**7,500.00**

Table 6: Cost of prevention policies

Quickly we found that the cost value with Malaria does not allow an immediate coverage of all workers and all policies. So the best approach is the partial implementation of strategies for Malaria prevention in particular the distribution of mosquito nets.

Taking into account the average cost of each mosquito net , it will be possible to distribute mosquito nets to 251 workers per year (annual cost of Malaria /mosquito net average cost = total number of nets per year for distribution).

With the implementation of this prevention policy, along with the spraying of the installations of the company which is already practiced, the result indicates to a null value, ie not lose or gain due to the implementation of this policy but further contributes to welfare its employees and therefore productivity gains.

Chapter V: Recommendations

During the study we verified that the costs for the company directly linked to Malaria are low, totaling a value of about 50.000 MTN/year, however we recommend the following next steps:

- An effort on the registry of absences of the employees, particularly those considered unjustified absences that conceal absences due to malaria;
- The implementation of a low-cost prevention of malaria based on the costs found;
- Awareness sessions about the prevention of Malaria;
- The distribution of mosquito nets should coincide with specific periods of increased absenteeism of the company;
- Activities on information, Education and Communication;
- Participate in research and development of new interventions and anti-malarial treatment.
- Use your skills in marketing and public relations to help public education campaigns.

For the success of all policies listed, the model of control of absenteeism should be disclosed those who have management responsibilities. With time, effort and investment, companies can begin to monitor sickness absences and, thus, reduce the costs.

Chapter VI: References

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ANNEX I – Employee Questionnaire of Kawena

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 confidencial, pelo que apenas divulgaremos os dados em formato agregado e os resultados serão utilizados com uma finalidade exclusivamente para controlo de qualidade e para potencial falta de informação. Gostaríamos que colaborasse, respondendo a umas breves perguntas que não lhe ocuparão muito tempo.

_____

Muito obrigado

CARACTERIZAÇÃO

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

D.3.1. Registar nome do inquirido:

_____

D.3.2. Registar sexo do inquirido:

Masculino 1
Feminino 2

D.3.3. Registar posição do inquirido:

_____

D.4. Registar nível da posição na empresa

Direcção/Administração 1

Chefes de Departamentos/Equipa 2

Técnico 3

Outros trabalhadores 4

D.5. Há quanto tempo trabalha na empresa?

Menos de um ano 1

2-3 anos 2

4-5 anos 3

6-8 anos 4

9-10 anos 5

Mais de 10 anos 6

D.6. Qual o seu horário de trabalho?

Armazéns (2ª-6ª 7:30-15:30; sábado 8:00-12:00) 1

Sede - Área administrativa (2ª-6ª 8:00-17:00) 2

Sede – Área armazém (2ª-6ª 7:30-17:00) 3

Outro 4

Se outro, especifique_____

D.7. Faz, normalmente, horários extra ou fora do horário normal de trabalho?

Sim 1
Não 2

D.8. Se sim, indique as horas que normalmente trabalha em horas extra.

17H-18H.....1
18H-19H 2
19H-20H 3
20H-21H.....4
21H-22H.....5
22H-23H 6
23H-24H.....7
24H-1H 8
1H-2H 9
2H-3H 10
4H-5H 11
5H-6H 12
6H-7H 13
7H-8H 14

ABSENTISMO

P.1. Faltou alguma vez durante o ano de 2009?

Sim ..... 1 **>>> Se sim continua**
Não ..... 2 **>>> Se não, passa para próximo bloco**

P.2. Da lista que lhe vou mostrar a seguir, diga-nos por favor qual(ais) foram a razão para as suas faltas.

P.3. Das razões que referiu, diga-nos por favor quantas faltas se devem a cada uma das causas que referiu.

	P.2.	P.3.
Acidente no trabalho		
Maternidade		
Falecimento de familiares		
Doença própria		
Licença de matrimónio		
Consultas médicas de rotina		
Formações		
Doença de familiares próximos		
Outro (especifique)_____		
TOTAL		

P.4. Se referiu doença, quantos dias de falta se devem a Malária?

"____"

P.5. Se referiu doença de familiares próximos, quantos dias faltou devido a doença de familiar devido à Malária segundo a seguinte categorização?

Crianças com menos de 5 anos	
Crianças (5-15)	
Jovens dependentes não trabalhadores com mais de 15 anos	
Homens	
Mulheres	
Total	

P.6. Se referiu falecimento de familiar, o(os) falecimentos deveram-se à Malária?

Sim 1
Não 2

P.7. Se sim, diga-nos quantos dias teve que faltar devido a falecimentos originados pela Malária.

"___"

P.8. Quantas pessoas fazem parte do seu agregado familiar?

Crianças com menos de 5 anos	
Crianças (5-15)	
Jovens dependentes não trabalhadores com mais de 15 anos	
Homens	
Mulheres	
Total	

P.9. Quantas pessoas no seu agregado familiar tiveram Malária no último ano?

Crianças com menos de 5 anos	
Crianças (5-15)	
Jovens dependentes não trabalhadores com mais de 15 anos	
Homens	
Mulheres	
Total	

PREVENÇÃO DA MALÁRIA

P.10. Vou ler agora uma lista de estratégias de prevenção da Malária. Gostaria que dissesse quais é que usa/pratica na sua família.

Usa rede mosquiteira mas não toda a família	
Toda a família usa rede mosquiteira	
Pulverização da habitação	
Tratamento da Malária a mulheres grávidas na família	
Repelente	
Insecticida	
Outra: especifique	

P.11. Se respondeu que usa rede mosquiteira, diga-nos qual o tipo de rede.

Redes tratadas com insecticida de longa duração..... .1
Redes tratadas com insecticida mas que necessitam de ser retratadas com insecticida 2
Redes não tratadas 3
Não sabe/ Não Responde.....4

P.12. Se não usa rede mosquiteira diga-nos porquê.

Questões financeiras	
Não tem o costume	
Faz calor	
Cheiro	
Outra: (descrever)	

P.13. Se fazem pulverização qual é a entidade responsável pela aplicação?

Utilizam o serviço do Ministério da Saúde..... .1
Pago pelo próprio/agregado familiar 2
Não sabe/ Não Responde.....3

AGRADECER E TERMINAR A ENTREVISTA


malaria
consortium
disease control, better health