



# MALARIA CONSORTIUM MOZAMBIQUE



# WHO WE ARE

The principal aim of Malaria Consortium is the prevention and treatment of disease, particularly but not exclusively malaria, among the poorest and most at risk. Malaria Consortium staff work in a variety of settings across Africa and Asia, using innovative strategies and approaches.

In Mozambique  
2.5 million children  
under five are  
at risk of malaria

The organisation works to improve not only the health of the individual, but also the capacity of national health systems and communities, which contributes towards poverty relief and improved economic prosperity.

Malaria Consortium Mozambique was established in 2005 and covers the northern, southern and central regions of the country. Malaria Consortium Mozambique is involved in all

aspects of malaria and other communicable disease control services, including policy, strategy, operations, and monitoring and evaluation.

The Mozambique office's commitment to collaboration and partnership is demonstrated through its chairing of the NAIMA + network of international NGOs working in health, as well as a close relationship with the Ministry of Health (MoH)

at national, sub-national and community levels. Technical support to the MoH has resulted in successful proposals with Global Fund to Fight AIDS, Tuberculosis and Malaria. The technical team also supports the development of malaria control policies, interventions, case management and communications and has a special focus on malaria in pregnancy.



# WHAT WE DO

Malaria Consortium has strong partnerships in both the public and private sector in Mozambique.

## MALARIA CONTROL

Malaria Consortium Mozambique works closely with the MoH to develop effective, sustainable distribution systems of long lasting insecticidal nets (LLINs) through antenatal clinics and universal and targeted campaigns. Malaria Consortium Mozambique provides technical support to the National Malaria Control Programme (NMCP) to develop and review national strategies, policies and training materials and implement training.

## HEALTH SYSTEMS STRENGTHENING

Successful collaboration with Inhambane's provincial health authority has led to improvements from stock control to service delivery. Peer support supervision groups have been established among health practitioners in the province. Technical support to improve diagnostics and laboratory support has been provided at both central and provincial levels and includes strategy development and training of lab technicians.

## INTEGRATED COMMUNITY CASE MANAGEMENT (ICCM)

Malaria Consortium works with health and local authorities and communities to support the selection, training, supervision and monitoring of community health workers in Inhambane province. Efforts include in-service training and operational research on motivation and retention factors to improve the sustainability of this level of service delivery to rural and remote communities.

## MONITORING & EVALUATION

Malaria Consortium Mozambique, along with the NMCP, implemented a national Malaria Indicator Survey in 2007 that collected crucial information on malaria incidence and prevalence. Four malaria sentinel sites for malaria surveillance and monitoring were subsequently established. Ongoing monitoring and periodic evaluation are important components in all projects and include rigorous results tracking to evaluate outcomes and impact on all-cause child mortality.

## SOCIAL MOBILISATION & ADVOCACY

Behavioural change communication work includes training low literacy groups and the production of 'edutainment' materials for school children and teachers. The office supports Voices for Malaria, an advocacy group that unites a number of local NGOs and networks, including those aimed at improving the media coverage of malaria. The office also supports parliamentarians and civil society to raise awareness of the disease.



# MALARIA NETS FOR ALL



Maria Baute is a mother of three children. A few months ago her daughter Chipucaí developed a high temperature and was suffering from convulsions. Maria and her husband, who carried Chipucaí in his arms, walked for five

hours through the bush to reach the health centre in time for intravenous quinine treatment.

“Malaria is a huge problem for us. We all suffer from it at some point. One of my daughters almost died,” says Maria, who is now heavily pregnant with her fourth child.

Malaria is the main killer of children under the age of five in Mozambique and accounts for 40 percent of all hospital consultations. In the past, the government has only been able to afford limited preventative measures such as indoor residual spraying and free distribution of LLINs to vulnerable groups such as pregnant women, children under five and those with HIV/AIDS.

Chipucaí is eight years old and was not entitled to a free net. Until today that is.

Universal coverage campaigns by the Mozambique Government and partners, including Malaria Consortium, are distributing LLINs, prioritising families living in areas not reached by spraying. For every two people, one net is given.

Some analysts consider universal coverage of LLINs in a vast but sparsely populated country like Mozambique impossible to attain. Malaria Consortium feels otherwise.

“With careful planning and coordinated implementation, monitoring and evaluation, it is feasible. However, we need an integrative and innovative approach to interrupt the transmission of malaria.”

Meanwhile, Maria’s worries have eased. “These nets are so welcome,” she says with a broad smile, clutching her registration card. Chipucaí is sitting next to her, looking well. Maria will receive nets for her whole family of five in just a week’s time.



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