



### **Mozambique: DFID Funded LLIN Distribution and Scale-up**

More children in Mozambique die of malaria than of any other disease. It accounts for over 60% of all paediatric admissions, 40% of all outpatient consultations and is responsible for 30% of deaths registered in hospitals across the country. Populations most at risk are children under five and expectant mothers. The National Malaria Control Programme (NMCP) in Mozambique focuses on the national scale-up of key malaria prevention and control interventions. Malaria Consortium and DFID are active partners in this consortium



Since 2005, DFID has been supporting the distribution of free long lasting insecticidal nets (LLINs), providing technical support through Malaria Consortium for the development of sustainable LLIN delivery systems for malaria prevention in Mozambique.

Until recently, LLIN distributions have focused on routine delivery through anti-natal clinics to pregnant women and, when resources allowed, campaign distributions to children under five. This distribution needed to be scaled up in order to see more meaningful gains. In 2009, DFID and Malaria Consortium supported the NMCP in drafting an LLIN policy envisaging scale-up to achieve universal coverage of LLINs (currently defined as one net for every two inhabitants), prioritising areas not currently reached by the Ministry of Health's indoor residual spraying efforts. Further technical support was provided for resource mobilisation to secure sufficient quantities of LLIN through successful application to GFATM for Round 9 funds.

The DFID programme has provided technical and financial support to the NMCP at central level and Provincial Health Authorities in the provinces of Cabo Delgado and Nampula in the north, Manica, and Sofala in central Mozambique, and Inhambane in the south. DFID support to the MOH included a commitment to achieving 95%

coverage rates for pregnant women and children under five years old in Cabo Delgado province.

The programme has successfully applied a three-pronged approach, the components of which are complementary:

- i) Distribution of free LLIN to through the National Health Service;
- ii) Support to the private sector to initiate a viable market for LLIN sales and their expansion;
- iii) Innovative and targeted communication activities to strengthen and promote these two components among a variety of target audiences.

The programme has developed a number of successful and innovative partnerships with the public and private sectors in order to apply the three pronged approach described above. Partners have included the Ministries of Health and Education, National Institute of Health and National Institute of Statistics, civil society organisations, local leaders and government, as well as the private sector – for the distribution and/or sale of WHO-recommended LLINs as well as the design of innovative educational materials for use in behaviour change communications with health workers, community health activists, teachers and schoolchildren.

### **Results**

The project has contributed to bringing down the under-five mortality rate from 178 in 2003 (DHS) to 138 deaths per 1000 live births among children under five (MICS, 2008). In addition, over the course of programme (2005-2010), activities have played a part in the reduction in morbidity by 16.7% and mortality by 5/5%.



The ITN delivery system developed has successfully reached rural and urban vulnerable populations – the DFID-supported national Malaria Indicator Survey (MIS) in 2007, the first of its kind in Mozambique, showed that in Cabo Delgado province at least 11.1% of households with a child under 5 years of age has at least one LLIN. In the same year, after the study, 280.000 nets were distributed by DFID to 284.517 children under five years. Post distribution coverage in 2007 was estimated to be 94% based on distribution data.

The distribution system designed has successfully absorbed LLIN supplied by other partners, including JICA and PMI in order to maintain routine delivery to pregnant women and allow keep-up coverage following under-five campaign distributions. In addition, the outsourcing of LLIN storage at provincial level and delivery to district level has proved an efficient system, encouraging joint planning among partners. This aspect of the programme is not continuing, and indeed over the last 18 months responsibility for storage and delivery has gradually been assumed by the health authorities; however it has proved an effective model and is currently being discussed in the NMCP programme review.

### **Scaling Up**

DFID is now also supporting NMCP efforts to analyse and design its national strategy for achieving universal coverage with LLIN through campaign distributions in advance of large procurements secured through GFATM funding. Methodologies have been piloted in geographically restricted areas by several partners. For example, Malaria Consortium has provided technical and financial support to Manica and Cabo Delgado provinces.

Malaria Consortium is working with the NMCP and other partners to secure a national strategy for delivery of LLIN through ante natal consultations; the delivery system established by this programme forms the basis of this discussion.

### **Impact**

Isabela Fernando has lost two children to malaria, and is pregnant with her third child. She has travelled to the local health facility, 20kms from her village, to avail of the free net distribution project being run by the district ministry of health, supported by DFID and Malaria Consortium. Along with her net, she received training in how to use and maintain her net for optimum coverage. Isabel heard about the net distribution during a talk given by a local health worker in her remote community. She is convinced of the importance of the net. Although she and her husband are subsistence farmers and have little income to spend, she says that she knows the nets are basic items that she needs. "I don't want to be without a net now."