



**Support to the Leprosy and Tuberculosis  
Control Provincial Program with a primary  
health care project in the Province of  
Nampula, Mozambique**

**Annual Activity Report**

**2010**

**ASSOCIAZIONE ITALIANA AMICI DI RAOUL FOLLEREAU – AIFO**  
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## **AIFO Historical Background in Mozambique**

AIFO (Italian Association Friends of Raoul Follereau) operates in the Province of Nampula since 1991. It supports the National Program of Control of Tuberculosis and Leprosy (PNCTL) in line with Ministry of Health's policy in collaboration with Nampula Provincial Health Office.

In September 2004 AIFO began the activities of "Support to Basic Health Programs of the Community Health Department in the Province of Nampula - North of Mozambique" program financed by the Italian Ministry of Foreign Affairs with rising increment of public health activities in partnership with DSP (Provincial Office of Health) of Nampula. The program officially ended in December 2007.

As of 2008, AIFO main activities focused on supporting community and social components of the program as for the first semester of the year tuberculosis and leprosy activities slowed down due to the lack of a project coordinator in Nampula. In 2009, AIFO Nampula project activities were supported by an ad interim Project Coordinator who organized monthly missions to Nampula (he is in charge of AIFO Manica project).

In 2010, during the second year of the project "Support to the Leprosy and Tuberculosis Control Provincial Program with a primary health care project in the Province of Nampula, Mozambique", an expatriated manager based in Nampula, coordinated the project activities.

Besides collaborating with state institutions, AIFO supports some activities in collaboration with local institutions as local NGOs (KULIMA), local associations (ADEMO, APAL, Widow Association "Teresa Grigolini" and Caritas Nampula Jail Commissions) and religious congregations (Combonian Missionary Sisters and Immaculate Heart of Mary Sisters).

### **The biggest challenge of the Leprosy Control in 2010: people affected by Leprosy who developed disability of grade 2 and AIFO response**

The post Leprosy elimination period in Mozambique is characterized by an increase in number of people affected by leprosy presenting disability grade 2. Even though data management on these type of indicators is not always fully reliable due to weak data auditing and supervision, in the endemic province of Nampula, North of Mozambique, the number of persons affected by leprosy reporting visible deformities and consequent physical disabilities raised from 4.5% in 2007 to 7.3% in 2009. This partly due to the intensive and active community detection work implemented since 2006, when Leprosy services have been integrated in the primary health care services and thus improving coverage. The Provincial Leprosy Control Programme personnel in partnership with AIFO field staff, show current age and gender data disaggregation of cases with deformities are mainly elderly people (considering the life expectancy at birth of 41 years in 2009) showing that stressing diagnosis and treatment activities through active search of cases in the communities carried out during the last 6 years reduced the number of people developing Leprosy reactions and deformities.

Therefore, AIFO Nampula current target group is characterized by an increasing number of persons affected by leprosy with deformities of grade 2, elderly and living in rural areas whose quality of life might be reduced due to stigma and socio-

economic exclusion, which in turn, further challenge capabilities to cope with poverty and disability burdens in performing routine activities of daily living.

Stigma is still high in rural communities where for a large number of people, Leprosy is not associated with biological factors, rather spiritual or social factors. The direct consequence of stigma is discrimination. Discrimination translates into exclusion from job opportunities in both private or public sectors and from education which access is undermined partly due to the weakness of the education sector itself. The Mozambican Ministry of Social Welfare, is not yet ratified the UN rights of people with disability convention and the resulting planning or implementation of an effective national policy on disability.

In rural areas, land is usually given to the "healthier" member of the family and when land belongs to PAL (in rare cases) lies abandoned due to rejection of working that land by family and community members because of stigma against the owner. Another important limitation caused by stigma against PAL in rural communities of Nampula province, as the majority of PAL reported, is amongst the health personnel of rural clinics which are reluctant to provide health services to them. The reason for which this still exists, it is due to several factors, amongst which the weakness of the referral system, the limited supervision of the provincial as well as district Leprosy Control Programme staff and the low self-esteem and confidence of the PAL themselves. The PAL tend to consider themselves as useless and feel shame on showing up in community events or business opportunity at community level as well as acknowledging on their rights of accessing to health services. These leads to self-exclusion and loss of capabilities and opportunities.

AIFO has been working with a community work approach which allocate PAL at the centre of its intervention. As facilitators of the process, AIFO community work look at the empowerment of PAL as both an objective of its interventions as well as a tool to achieve the goal of improved quality of life through reduction of stigma. Therefore, PAL are encouraged to establish self-care groups themselves which vision is that of the social and physical rehabilitation of their members, self-advocate for the acknowledge of their rights and for pursuing the disruption of socio-economic exclusion within their communities. To pursue this objective AIFO has been assisting these groups in creating sound synergies between the following 3 clusters of stakeholders whose different type of services are provided to the group members:

- 1) Community Based: traditional leaders; natural and traditional medicine; local clinic (where leprosy services are integrated); community health volunteers;
- 2) Prevention of Disability; Provincial and District Leprosy Control Programme Supervisors; Provincial Hospital departments of physiotherapy, orthopedic services and physical rehabilitation surgeries;
- 3) Socio-economic Rehabilitation: relevant Faith Based Organisations; Mozambican association of Disable People (ADEMO); district Social Affair Office; Microfinance community-based organizations; vocational-training and agriculture development NGOs; School of Law.

AIFO strives to put efforts together through improving the coordination of these relevant stakeholders programmes design and activities planning and implementation through advocating for PAL social inclusion. Regular meetings are promoted with community leaders and volunteers, local clinic personnel and social welfare, and group leaders in order to report on their health status and progress on their socio-economic group activities.

Once self-care groups undertake effective preventive self-care activities on the daily basis and gather to identify priority actions either for their members or for the group as a whole, they are able to mobilize resources by asking volunteers to call for the relevant focal contact of a specific service provider with whom continuous and effective relationship has been developed. Thus, PAL are those who call for a Provincial Leprosy Control Programme Supervision or a District health personnel visit, or a meeting with social welfare and with volunteer students of law who might assist them against act of discriminations. The most functioning groups have today established favorable business such as agriculture production of marketable crops, buying/selling of necessary goods, and microfinance services for individual enterprises. Each member define their type of contribution to the group IGA depending on the type of physical disability. Training are provided for improving skills and capacity by local NGOs.

Self-care groups in turn are proved being the social means through which members and their families restore their dignity and fight stigma within the communities by achieving physical as well as socio-economic rehabilitation.

Results are the Reduced Opportunity Cost related to disability through the production of highly marketable crops which has been sold to the private sector and local markets (soya beans, cashew nuts etc.). The PAL communities are also benefiting from self-care groups activities such as the local production of candles and soap which are cheaper and of better quality. The improved hygiene and physical rehabilitation contributed to restore members dignity. Furthermore, the conceptual change in the definition of PAL by the community members from doentes (ill people) to "members or business people" is a sign of integration amongst PAL communities. Furthermore, health personnel and social welfare representatives result in visiting the groups on regular basis as a result of both community advocacy and sensitization work.

The main success factors are the following:

- 1) Continuous and properly planned facilitation and support to self-care groups establishment through a piloted methodology by volunteers, AIFO field staff, local authority and Leprosy Control Programme Personnel at district and Province Levels.
- 2) Functioning and effective Self-care groups which more than providing services and mobilizing resources for the benefits of the members, spread these benefits amongst the communities
- 3) Working with motivators of self-care groups affected by Leprosy themselves who experienced physical and socio-economic rehabilitation and whose dignity has been restored.
- 4) Volunteers are elected by the members and approved by the traditional authority proving the importance of trust by the members towards volunteers with whom establishing crucial networks within communities and outside.
- 5) Involving health personnel in self-care groups activities and capacity building
- 6) Clear definition of Volunteerism in communities and motivation, capacity building on PRID and involvement of volunteers in all phases of the strategy.

## **1. Project Overall Objective**

The overall objective of the action is to improve the health status of the population in the province of Nampula, Mozambique

## **2. Specific objectives, related expected results, and activities**

### Specific Objective 1:

To improve the quality of leprosy diagnosis and treatment in 21 health districts in the province of Nampula.

Expected result 1.1: DPS and health district personnel properly trained for diagnosis and treatment of tuberculosis and leprosy.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
1.1.1 Training course to improve leprosy detection for DPS Nampula nurses (3 course over the three-year period). Each course will have 20 participants and will last 12 days.	AIFO was asked to realize training for nurses of 2 specific districts more affected by Leprosy.*	2 over 3 courses implemented.	Information, Education, Communication Materials (IEC). Participants incentives, facilitators per diem, logistics, PRID material for demonstration (baskets, Vaseline, lime, cloth, cotton).
1.1.2 Supervisions of DPS provincial health coordinator and AIFO project coordinator to monitor leprosy control activities at health unit district level (63 supervisions over the three-year period, 21 each year). Each supervision will last 4 days.	29 supervisions successfully implemented as follows: 11 in Murrupula, 5 in Mogovolas, 5 in Rapale, 8 in Erati. Approximately 700 leprosy affected people received the service provided during field district supervisions which includes: -ophthalmological micro-surgery -physiotherapy -diagnosis and	79%	PRID material for demonstration (baskets, Vaseline, lime, cloth, cotton).  IEC materials.

	treatment of suspected cases gathered in the group of people affected by Leprosy -provision of material to prevent further disabilities such as ulcers or blindness		
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\*During 2010 NLR, an NGO member of ILEP which coordinated ILEP in Mozambique till 2012, implemented this activity covering all the district health units. This decision has been taken during the first meeting in 2010 with ILEP members working in the same province of Nampula.

Expected result 1.2: Tuberculosis and leprosy affected patients receiving regular home visits by DPS health agents (volunteers).

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
1.2.1 Training course to manage home visits to leprosy affected patients with complications for DPS health agents (volunteers). Twelve course over the three-year period (4 per year). Each course will have 20 participants and will last 5 days each.	4 APEs training on Prevention and Rehabilitation of Incapacities and Disabilities (PRID) has been implemented with 20 participants at each course in Mogovolas, Rapale, Murrupula e Erati. 80 APEs (community health volunteers) trained on PRID	8 over 12 courses implemented.	Information, Education, Communication Materials (IEC). Participants incentives, facilitators per diem, logistics, PRID material for demonstration (baskets, Vaseline, lime, cloth, cotton).

Expected result 1.3: 6 surgeons coming from Zambezia, Cabo Delgado, Manica and Niassa benefiting from training on rehabilitation surgery for treating disabilities caused by leprosy.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
1.3.1 Training course on	The training course took	50%	Participa

rehabilitation surgery to treat disabilities in leprosy affected people for 6 surgeons coming from the provinces of Zambezia, Cabo Delgado, Manica and Niassa (3 courses of the three-year period). Each course will have 2 participants and will last 15 days.	place in 2009 and the next is planned in 2011.  1 course implemented to which attended 3 surgeries from the district hospitals of Angoche, Monapo e Nacala Porto (2 of them need another year of training to be able to conduct rehabilitation surgery in their own district hospital.*	For the surgeons coming from other provinces; 75% for the surgeons from Nampula districts hospital	nts per diem, logistics, training material and manuals
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\*This activity was identified last year during the first meeting held at the beginning of 2010 with the board of the Nampula Central Hospital. The district surgeons participated at the training implemented in 2009 for the surgeons of other provinces of the Northern and Central Region. To enable the Nampula districts hospital to operate at their district facilities the second course has been carried out in September 2010. The Nampula Central Hospital surgeon trained by AIFO in 2004, was leading the course. In 2011 there will be the final course for the 3 district surgeons after which the rehabilitation surgeries for Leprosy Affected People with disability grade 2, will be carried out at district hospital level.

Expected result 1.4: Patients coming from Nampula province districts who successfully went through operations of rehabilitation surgery in Nampula Central Hospital.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
1.4.1 Coordination meetings to manage the rehabilitation surgery program among Nampula Central Hospital surgeons, physical rehabilitation personnel, Provincial Delegation personnel of Ministry of Woman and Social Action Coordination (12 meetings over the three-year period, 4 each year). Every meeting will have 8 participants and will last 1 day.	4 meetings held at the central hospital on RBC	8 out of 12 meetings held	IEC material, participants per diem, lunch and logistics
1.4.2 Refresher training course on how to select patients with disabilities who may undergo rehabilitation surgery and re and post operation treatment for physiotherapy personnel of Nampula Central Hospital (3 courses over the three-year period). Each course will last 5 days.	1 course held in October 2010. Participants were: 5 from physiotherapy, 4 nurses who were assisting patients in the post-surgery period	80%	IEC material, participants per diem, lunch and logistics
1.4.3 Supervisions of physiotherapy personnel and surgeons of Nampula	12 supervisions realized for the	80%	PRID materials,

Central Hospital to monitor selection of patients who may undergo rehabilitation surgeries at health unit level (36 supervisions over the three-year period, 12 each year). Each supervision will have 2 participants and will last 2 days.	pre and post surgery of patients follow-up.*		supervisors per diem, logistics.
1.4.4 Hospitality of patients coming from Nampula districts in the Transit House of Nampula Provincial Delegation of the Ministry of Woman and Social Action Coordination undergoing rehabilitation surgery in Nampula Central Hospital. Each patient will stay at least 20 days in the Transit House.	34 patients undergone rehabilitation surgery and spent 31 days at the Transit Centre.	90%	34 patients lived in the Transit House for 31 days and included costs of food, hygiene materials, sheets, bed and some medication not covered by the public health system.

\*The main challenge of the rehabilitation surgery in Nampula is that patients comes from remote rural areas for which the post surgery follow up is sometimes difficult to carry out due to lack of health personnel at rural clinic level and/or due to distance to and from the health facilities. Therefore risk might be lost to follow up of patients who need to remove surgery measures. Therefore, the question is on sustainability of this activity also considering the costs required.

Specific Objective 2:

To support activities of health education and social rehabilitation for leprosy affected people in Mogovolas and Rapale districts in the province of Nampula.

Expected result 2.1: Mogovolas and Rapale district residents benefiting leprosy raising awareness activities to facilitate social reintegration of leprosy affected people living in those communities.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
2.1.1 Meetings with Mogovolas and Rapale district communities to facilitate social rehabilitation of leprosy affected people in those communities (72 meetings over the three-year period, 24 each year) Each meeting will have 20 participants and will last 1 day.	28 meetings held, though number of participants varied. Self-care groups were strengthened and required more meetings by both district and provincial supervisors as well we by AIFO project	80%	PRID material , IEC material , logistics, per diem of

	manager.*		supervisors from the DPS
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\*This activity during the year 2010 it has been implemented directly by AIFO in partnership with the Nampula DPS. Kulima did not participate to this activity as Kulima focused on public health issues such as antenatal care and malaria diarrhea prevention.

\*This activity has been extended in other 2 districts named Murrupula and Erati. The reasons of that are: 1) The activities are implemented in collaboration with the DPS 2) These 2 districts presented at the beginning of 2010 the highest number of people affected by disability grade 2 caused by Leprosy, thus the intervention to support the self-care groups network of these patients has been identified as a priority for 2010 and 2011.

Expected result 2.2: Mogovolas and Rapale district residents affected by leprosy starting income generation activities in collaboration with IDEA and KULIMA.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
2.2.1 Training course on horticulture, aviculture and product marketing for IDEA leprosy affected people in Mogovolas and Rapale districts (6 courses over the three-year period, 2 each year). Each course will have 25 participants and will last 3 days.	Funding of small income generating activities (community market gardens and small animal breeding) for families with leprosy affected people in Mogovolas and Rapale districts. Income Generating Activities (IGAs) projects have been implemented in Murrupula, Rapale and Erati for 16 self-Care support groups. IGAs included livestock production and gardens, buy-sell of products. Moreover, microfinance activities has been promoted for which the groups started to save for social fund and collective IGAs.	60%	Agriculture inputs, livestock, building material, IGAs starting up materials, Logistics, per diem of supervisors, technical support for saving and microcredit activities

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Expected result 2.3: Families living in Mogovolas and Rapale districts benefiting health information and education campaigns (on malaria, cholera, STDs, HIV infections, leprosy, tuberculosis, pregnancy risks) thanks to KULIMA activities.

Planned Activities 2009-2011	Implemen	Total	Inputs
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	ted Activities in 2010 and output	Grade of Achiev ement	
2.3.1 Training course for KULIMA health community agents (volunteers) on health topics (malaria, cholera, STDs, HIV infection, leprosy, tuberculosis, risky pregnancies) in Mogovolas and Rapale districts (6 courses over the three-year period, 2 each year). Each course will have 30 participants and will last 3 days each.	2 trainings held in 2 districts	50%	IEC material, logistics, participants incentives, coordinator and suervisors per diem.
2.3.2 Training course for community leaders on health topics (malaria, cholera, STDs, HIV infection, leprosy, tuberculosis, risky pregnancies) in Mogovolas and Rapale districts (6 courses over the three-year period, 2 each year). Each course will have 10 participants and will last 3 days each.	2 trainings held in 2 districts		IEC material, logistics, participants incentives, coordinator and suervisors per diem.

Expected result 2.4: Women living in Rapale and Mogovolas districts receiving care during childbirth.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achiev ement	Inputs
2.4.1 Training course on childbirth to traditional midwives in Mogovolas and Rapale districts (6 courses over the three-year period, 2 each year). Each course will have 10 participants and will last 3 days each.	Not reported yet by Kulima personnel		

Expected result 2.5: Tuberculosis affected patients residing in Mogovolas and Rapale districts receiving home visits by KULIMA health community agents (volunteers).

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achiev ement	Inputs
2.5.1 Training course for KULIMA health	Not reported		

community agents (volunteers) on DOT strategy (Direct Observation of Tuberculosis Affected Patient Treatment) in Mogovolas and Rapale districts (6 courses over the three-year period, 2 each district). Each course will have 30 participants and will last 12 days.	yet by Kulima staff		
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Specific Objective 3:

To improve the health status of inmates of Nampula city two prisons.

Expected result 3.1: Inmates from Nampula City two prisons receiving food supplement and personal hygiene material.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
3.1.1 Distribution of food supplement and personal hygiene material to inmates of Nampula City two prisons.	The first half of the year implemented.*		-Food -Soaps -Per diem for public health personnel supervision in the prisons

\*The Prison Support Project stopped in July 2010 for the following reasons:

- 1 The cost of the food sharply increased
- 2 AIFO vehicle had an accident and the logistic support could not guarantee continuity to the provision of additional food to the 2 prisons
- 3 MLAL project phased out leaving AIFO food distribution activities not consistency and effective due to: 1) lack of a Monitoring and Evaluation design which allowed to assess the progress towards specific objectives. 2) the project was simply distribution of bread and eggs for 2 days a week giving the Government and the responsible Ministry the chance to not undertake such responsibility
- 4 More importantly, the Civil Prison in Nampula town which was registering the highest level of density which led to public health threatens, was reformed in order to reduce the excessive number of prisoners and thus reducing the risk of communicable diseases amongst them. The prisoners registered in excess were sent to the peripheral prison where new buildings were built. Consequently, the Ministry of Social Affairs in Nampula province improved the feeding of the inmates in both prisons. Thus, AIFO intervention of mere food distribution resulted redundant and inefficient.

Specific Objective 4:

To guarantee access to education for children and teenagers in Muatala area, Nampula city.

Expected result 4.1 Children attending attending "São" José primary school receiving adequate food assistance.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
4.1.1 Food and financial assistance for 300 children (from 3 to 6 years old) of "São José" primary school, Muatala area, Nampula city.	Food, financial, and education materials for 300 children all through 2010	80%	Food, kindergarden staff per diem (guards, children guardians, and cooks), education material, vocational material, leisure materials

Expected result 4.2 Teenagers attending "Lar Esperança" students'house receiving education material and food assistance.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
4.2.2 Supply of education material and food for 40 teenagers (average age is 16 years old) of "Lar Esperança" students' house, Muatala area, Nampula city.	All through 2010 an average of 36 girls received assistance by the project. There are currently 34 teenagers in the LAR La Esperanca	60%	Food, per diem of supervisors, guards, education materials

Specific Objective 5:

To support economic self sufficiency of the Widow's Group in Muatala area, Nampula city.

Expected result 5.1 Widows from Muatala area, Nampula city, benefiting income generation activities.

Planned Activities 2009-2011	Implemented Activities in 2010 and output	Total Grade of Achievement	Inputs
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Supply of education and income generation material (food and sewing material) for 30 widows of the Widow's Group in Muatala area, Nampula city.	There are currently 41 widows in the group which are implementing several IGAs amongst which small community restaurant, sewing, cakes to sell, theatre and songs band for events, catering for events.	80%	IGAs material, security guard, legal consultancy
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### **Direct and Indirect Beneficiaries of the Action**

- Leprosy Affected People: 71 suspected cases who received diagnosis
- 85 who received treatment for Leprosy and their families
- 513 Leprosy Affected people with disability grade 2 who organised in self-care groups
- 200 pregnant women and their families
- 50 community volunteers receiving trainings
- 300 vulnerable children and their families whose opportunity cost is reduced by the basic needs services received at the kindergarten
- 41 widows x 5 members of their families who rely on their association work
- 45 vulnerable girls who were hosted in the LAR La Esperanza and their families whose opportunity cost was reduced.

### **Leprosy Ministry of Health Statics**

The following table shows the number of villages planned and covered by the Leprosy Control Provincial Programme, the number of suspected cases and the number of confirmed cases. This data refer to the time period from March to June 2010, therefore are not the data for the entire period of 2010. Moreover, it is necessary to point out that AIFO and NLR were the only 2 NGOs working in Nampula provinces supporting the Leprosy Control programme. Secondly, NLR, which was playing the major role in the coverage of early diagnosis and treatment of Leprosy, delayed to implement such activities due to the delay in disbursing funds allocated for them by the DPS. In February 2010 the management of funds for the Ministry of Health Programmes were decentralised at province level. The reform has an impact in the timing of implementation of all public programmes activities. NLR projects' funds were submitted directly to the DPS which in turn delayed in disbursing them. Therefore, AIFO was the only NGO covering DPS supervision costs during the first 6 months of 2010. Annual statistics will be elaborated and submitted by the end of January 2011. However, it has been already announced a decrease in leprosy detection rate of both MPB and PB cases, and a decrease in the number of new cases in children. A negative trend has been registered for the number of new cases with grade of disability 2. The reason of that is the rising and intensification of the AIFO/DPS Prevention and Rehabilitation of Disability and Incapability (PRID) activities, and the late diagnosis and treatment in the past.

Table 1 show the number of suspected cases compared to confirmed cases in Nampula Provinces during the first 6 months of 2010

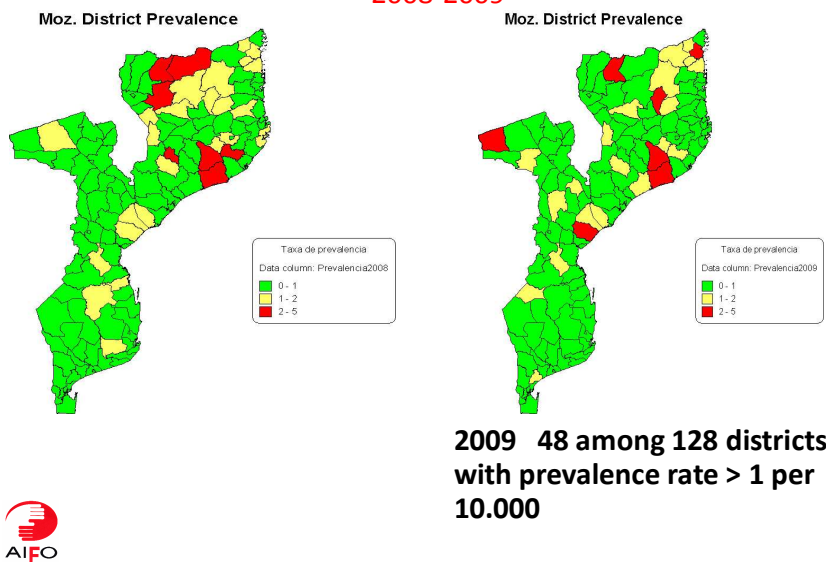
<b>District</b>	<b>Number of Planned Villages</b>	<b>N. of Covered Villages</b>	<b>%</b>	<b>Suspected cases</b>	<b>New cases confirmed And treated</b>	<b>%</b>
ANGOCHE	6	6	100%	233	3	1%
NACAROA	20	10	50%	61	1	2%
ILHA MOÇ.	29	23	79%	11	1	9%
LALAUUA	0	0	0	0	0	0
MALEMA	0	0	0	8	0	0%
MECONTA	5	0	0%	0	0	0

MECUBURI	9	6	67%	13	3	23%
MEMBA	16	10	63%	9	0	0%
MOGINCUAL	0	0	0	10	0	0%
MOGOVOLAS	21	14	67%	43	7	16%
MOMA	27	12	44%	71	9	13%
MONAPO	8	7	88%	219	7	3%
MOSSURIL	14	11	79%	44	3	7%
MUECATE	16	9	56%	87	2	2%
MURRUPULA	23	10	43%	210	7	3%
NACALA PORT.	0	0	0	0	0	0
NACALA VEL.	12	11	92%	40	0	0%
NAMPULA C.	6	5	83%	30	6	20%
NAMPULA D.	25	10	40%	68	2	3%
ERATI	15	14	93%	47	18	28%
RIBAUE	12	9	75%	25	0	0%
<b>TOTAL PROV.</b>	<b>264</b>	<b>167</b>	<b>63%</b>	<b>1229</b>	<b>69</b>	<b>5%</b>

The following Epidemiological Map of Mozambique shows the number of districts where the number of new cases of Leprosy resulted above the 1/10.000 cases in 2008 and 2009.

## Overview LEPRO em Moçambique: Prevalência por distrito

2008-2009



The following table show the progress of the Leprosy Control from 2005 to 2009 showing the sharp decrease in Leprosy new cases.

Table 2 2005 – 2009 leprosy indicators comparative Table

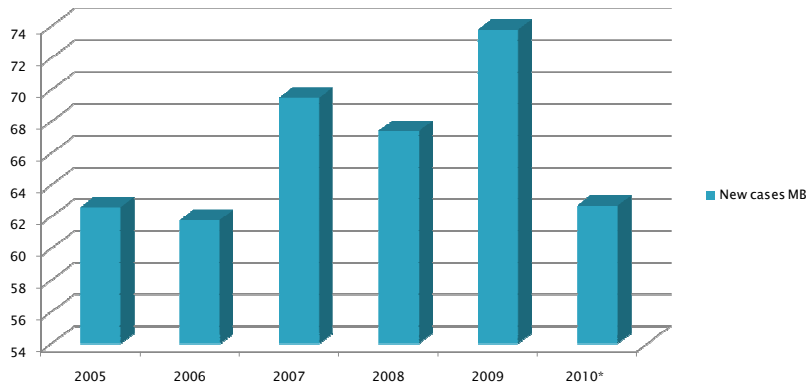
INDICATORS	2005	2006	2007	2008	2009
Number of new cases	2.544	2.053	881	404	285
Detection rate (by 100.000 inhabitants)	71.4	57.6	22.8	9,9	7.0
Prevalence rate (by 10.000 inhabitants.)	6.3	3.8	1.6	0,7	0,5
% New cases Deformity level 2	6,4%	7%	9,2%	4,5%	7%
% New cases Children (0-14 years)	15.4%	13%	11,8 %	7,4%	5%

The graph below shows the number of new cases MB from 2005-2010. In 2009 the number of new cases rosed due to the intensification of the Provincial Leprosy Programme supervisions and AIFO particularly in Nampula Province. The data related to 2010 were just for the first quarter of the year.



Overview LEPRa em Moçambique: **Trend of the MB %**, 2005-2010

New cases MB

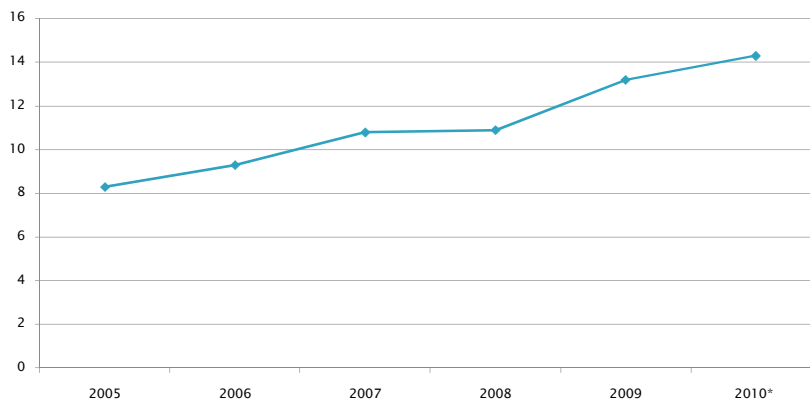


The following graph shows the warring increase in the number of cases with disability grade 2.

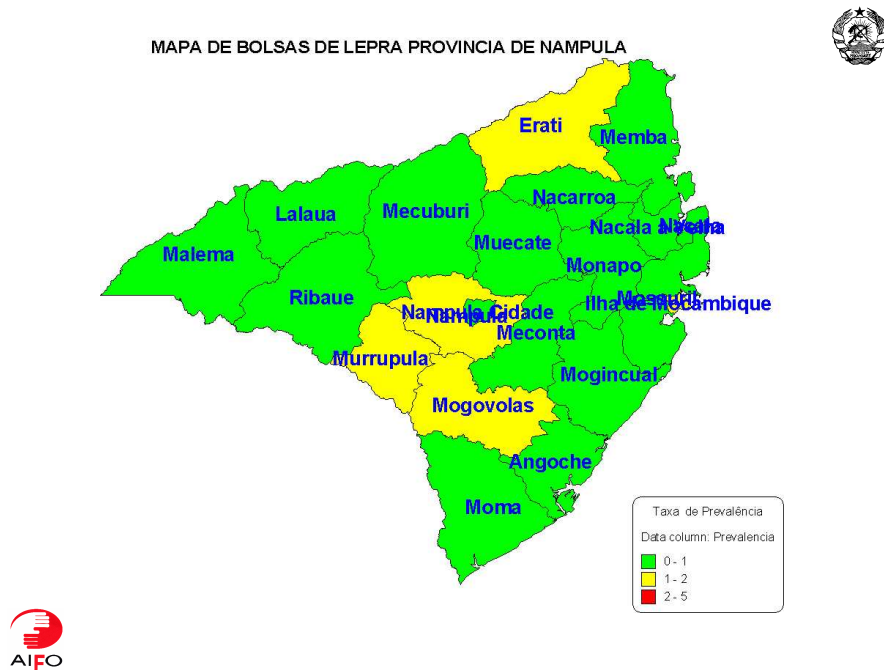


Overview LEPRa em Moçambique **Trend % Grade2 Desab** 2005-2010

New cases Disab.2



The following Epidemiological Map of Nampula Province, show the districts which present over 1-2 cases of each 10.000 inhabitants, thus where Leprosy is still a public health concern.



### Advocacy Results in 2010

The first important achievement related to the advocacy work for rights of people affected by leprosy, has been the recognition of Nampula Province and AIFO/DPS work as model for the National Programme on Leprosy Control by the Minister of Health. This award has been presented in the Annual Meeting on Leprosy held in Tete on the 19<sup>th</sup> of November 2010. The award referred particularly to the pilot strategy of self-care group networks of people affected by Leprosy (PAL) generally with disability grade 2 as well as of other people with disability. The approach of Self-care groups which allocated PAL at the centre of AIFO intervention is not a new strategy, but was has been piloted by the project in 2010 was the socio-economic rehabilitation together with physical rehabilitation and outcomes of this objectives. Members of the groups considered being member of the group has the reason of their inclusion or re-inclusion in the community, restoration of dignity and capabilities. The strategy related to physical and socio-economic rehabilitation and thus of community based rehabilitation, will be included in the next manual and guidelines of the National Programme on Leprosy Control.

The second achievement related to the first one, was the introduction within the National Programme indicators of new socio-economics indicators such as group members opportunity cost, to actually being able to assess members reintegration into their communities and in turn reduction in stigma against them.

The self-care groups network will be taken over by the Provincial Leprosy Programme once the project will phase out.

### **Strategies promoted for 2011**

- 1) Continuation of Self-care group network especially in the districts of Murrupula, Erati, Rapale e Mogovolas for Income Generating Activities and PRID
- 2) Continuation of supervision and introduction of supervision carried out by the DISTRICT SUPERVISOR in the district of Murrupula
- 3) Third session of rehabilitation surgeries of patients with nerves complications, last session of training for surgeons of 3 districts of Nacala Porto, Monapo and Angoche.
- 4) Follow up of patients operated in 2010
- 5) Continuation of activities carried out by the Combonian missionaries for widows, vulnerable girls and children
- 6) Training for APEs on PRID in other districts