## Key Findings from the 2009 Liberia Malaria Indicator Survey

The 2009 Liberia Malaria Indicator Survey (LMIS) assessed malaria knowledge, prevention, and treatment practices and malaria and anemia prevalence. Over 4,000 households were interviewed, and about 4,000 children were tested for both anemia and malaria.



6-8 9-11 12-17 18-23 24-35 36-47 48-59 Total Age in months 6-59

Almost one-third of children under age five tested positive for malaria according to blood smears. Malaria is most common in older children.





Anemia is a common symptom of malaria infection. More than 60% of children under age 5 have some degree of anemia, while 34% have moderate or severe anemia (shown above). Anemia is most common in younger children.

Over 90% of women know that malaria can be avoided and among them, 76% know that using mosquito nets can prevent malaria.

# Over three-quarters (78%) of household nets were obtained for free.

**Use of ITNs** Percent of children and women who slept under an ITN the night before the survey



Children and pregnant women are the most vulnerable to malaria. Only about one-quarter of children and one-third of pregnant women slept under an ITN the night before the survey.

#### Children's Use of ITNs by Region

Percent of children under age five who slept under an ITN the night before the survey





#### Intermittent Preventive Treatment of Pregnant Women



Pregnant women should receive at least two doses of the antimalarial SP/Fansidar during an antenatal visit to prevent malaria. Almost half (45%) of pregnant women received this recommended treatment.

#### **Treatment of Fever in Children**

Percent among children under 5 with fever in the 2 weeks before the survey



More than onethird of children with fever received an antimalarial the day of or day after the fever. ACT and Chloroquine were the most commonly used antimalarials.

#### Response rates and methodology:

Malaria and anemia testing were carried out on all children age 6-59 months living in selected households. Malaria testing was done through both Paracheck rapid diagnostic blood testing, as well as blood smear microscopy. Anemia testing was carried out on a blood drop using the HemoCue system. Of the 4,110 eligible children, 98% provided blood spots for anemia and malaria testing.

For more information on the results of the 2009 Liberia Malaria Indicator Survey, please contact:

#### In Liberia:

National Malaria Control Program Ministry of Health and Social Welfare Capiol By-Pass, P.O. Box 10-9009 1000 Monrovia 10, Liberia Telephone: 231-651-6577 Email: jjonesdr@yahoo.com

#### In USA:

MEASURE DHS ICF Macro 11785 Beltsville Drive Calverton, MD 20705 USA Telephone: 301-572-0200 Fax: 301-572-0999 www.measuredhs.com

The 2009 Liberia Malaria Indicator Survey (LMIS) was implemented by the National Malaria Control Program of the Ministry of Health and Social Welfare (MOHSW). The Liberia Institute of Statistics and Geo-Information Services (LISGIS) assisted in the design of the survey, as well as the training and monitoring of data collection staff. The Laboratory at the China-Liberia Malaria Center implemented the microscopic reading of malaria slides. Technical assistance was provided by ICF Macro, an ICF International company, through the worldwide MEASURE DHS program. Funding was provided by the United States Agency for International Development (USAID) through the MEASURE DHS program, and the President's Malaria Initiative.





# Annual of States

## 2009 Liberia Malaria Indicator Survey (LMIS)



### **Key Findings**