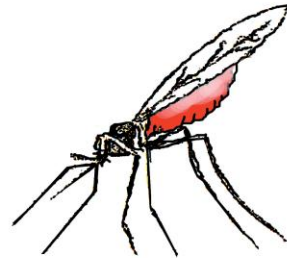


# PALU - ALAFIA



# Objective

To provide a description of the project implementation strategies and project results

# Background Information

- Population 8,224,644 million
- Illiteracy rate 59.5%
  - Men 46.9%
  - Women 72.1%
- Primary cause of morbidity and mortality for children under 5 is Malaria

# Health Service Delivery - Access to Medical Care

**40% of the population use formal medical services for multiple reasons:**

- Doctor/patient ratio = 1/11,294
- Nurse/patient ratio = 1/2,418
- Disruptions in the provision of medical services
- Lack of medication
- Limited outreach capacity

# Community Health Services

- **National policy exists but:**
  - Limited implementation framework exists, including supervision
  - No policy exists that regulates how non-medically trained people should dispense medication
  - No supply chain management system was established for community distribution of medication

# Community Health Services- continued

- No system exists for the collection of funds that are generated from the sale of medication
- No data collection tools exists
- No mechanism exists to integrate community generated data into the national health data collection system
- No evacuation plan

# Palu-Alafia Malaria Program

**Designed to operationalize the community mobilization component of the national health strategy by:**

- Creating a mechanism for the treatment of malaria at the community level
- Addressing systemic issues related to the provision of community based health services
- Increasing national capacity in disease management

# Palu-Alafia Malaria Program (continued)

- Goal - To reduce morbidity and mortality among children 0 - 5 years
- Project period - 2008 to 2013
- Five year budget - \$22,000,000
- 1862 communities targeted
- Total population in the target zone - 4,483,722
- Total number of children under 5 - 837,387



# Critical Assumptions

- Similar working environment throughout the country
- Standard peak seasons, nationally
- Similar levels of infrastructure and material support required
- Resistance among health authorities and medically trained staff
- Community acceptance of the program

# Program Design Strategies

- Create a supply chain management system
- Design a community based treatment protocol
- Establish an education and prevention campaign
- Strengthen the national health system
- Integrate community generated data into the national health data collection system

# Program Design Strategy One

## **Create a supply chain management system**

- Identify a mechanism in which to integrate community distribution of medication into the national health system
- Establish a delivery service point in communities
- Develop a mechanism for medical stock replenishment at the national, district and community level
- Establish a system for revenue collection
- Establish a data collection system to ensure proper stock management

# Program Design Strategy One (continued)

- Each partner is responsible for one district
- Trained community based organizations on how to distribute medication and on funds collection, stock management and record keeping
- Each community based organization has a set of data collection tools
- Monthly meetings are held to reconcile stock and finances, as well as confirm the data collected

# Program Design Strategy Two

## Community Mobilization

- Held official project launchings in all 40 sub-districts
- Recruited field agents to work with communities
- In collaboration with representatives of the national malaria program, met with sub-district level medical authorities and community leaders
- Implemented a selection process to choose community based organizations
- Provided logistical and financial support to targeted communities

# Program Design Strategy Three

## Design a community based treatment protocol

- Train community based organizations (CBO) on the signs of simple malaria, treatment protocols
- Developed strategies to evacuate severe malaria cases and 0-6 months
- Support home visits
- Design data collection tools

# Program Design Strategy Four

## **Establish an education and prevention campaign**

- Community members = community educators
- Held education session
- Used radio to pass information
- Provided basis information a the point of service provision

# Program Design Strategy Five

## **Strengthen the national health system**

- Rehabilitated or constructed 14 medical store houses
- Trained 80 nurses community management of malaria cases and secondary effects and 56 on Malaria from a medical perspective
- Provided boats, motorcycles, computers and generator to ensure project monitoring
- Project monitoring conducted jointly with the National Program for the Fight Against Malaria



# Program Design Strategy Six

## **Integrate community generated data into the national health data collection system**

- Established a collaboration with the National Information System and Health Management (SNIGS)
- Determined what data could be immediately integrated into the national system
- Data is sent to regional data collection points so that it is integrated into the statistical data
- Financed a study on the feasibility of integrating community data into the SNIGS

# Program Successes

## Qualitative

- Caregivers saying:  
“the witchcraft that was killing our children is no longer in our village”
- Clinic staff saying:  
“our workload has been greatly reduced because of this program”

# Program Successes - continued

## Qualitative - National policy perspective

- Acceptance of the community's ability to ensure basic health services
- Recognition, acceptance and integration of community generated data into national health data
- Request from the WHO that all community level data collected be sent to them for inclusion in their disease tracking reports
- Confirmation that the education materials and data collection tools are now the national tools

# Program Successes - continued

## Quantitative

- Over 650,000 children have been treated for malaria
- Over 2 million caregivers have been sensitized
- Children 0-6 month are now evacuated
- Over \$265,000 has been collected from the sale of ACTs
- 14 warehouses were rehabilitated or built
- *Caregivers recognizing the signs of malaria*
- *Reduction in the number of severe malaria cases*

# The Palu-Alafia Program

**THANK YOU**