

NALA Case Study: Integration of Disease Prevention for different diseases

Background

The Ethiopian FMOH has defined 9 NTDs as priority diseases. Out of those, the three most prevalent that are endemic in most of the country are: Schistosomiasis, STH and Trachoma. Therefore, it makes sense to create an integrated approach that will tackle all three diseases. This can serve as a basic NTD package that is used all over Ethiopia.

The below table provides an overview of the three diseases.

	Disease	Symptoms		Disease Prevention Behaviors
Parasites	Schistosomiasis , also called bilharzia	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Abdominal Pain ▪ Diarrhea ▪ Nausea ▪ Cough ▪ Bloody feces or urine ▪ Muscle aches 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties ▪ Enlarged liver ▪ Organ damage 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Boiling unsafe water for 1 minute before bathing or drinking ✓ Avoiding infected water bodies ✓ Keeping water bodies clean with no feces and urine
	Soil-transmitted helminthiasis , also called STH or intestinal worms (Examples: hookworm and roundworm)	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Abdominal Pain ▪ Diarrhea ▪ Weight loss ▪ Tiredness ▪ Nausea ▪ Cough 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Malnutrition ▪ Stunted growth ▪ Anemia ▪ Learning difficulties 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Washing hands with soap and water ✓ Washing/peeling/cooking vegetables and fruit ✓ Wearing shoes ✓ Keeping a clean environment
Bacteria	Trachoma	<i>Short-term</i> <ul style="list-style-type: none"> ▪ Itching and irritation of eyes and eyelids ▪ Eye discharge ▪ Eyelid swelling ▪ Light sensitivity 	<i>Long-term</i> <ul style="list-style-type: none"> ▪ Visual impairment ▪ Blindness 	<ul style="list-style-type: none"> ✓ Using a latrine ✓ Washing face with soap and water ✓ Washing hands with soap and water ✓ Not sharing dirty face cloths ✓ Keeping a clean environment

Bench Maji Project

The project runs in a zone in South West Ethiopia with a total population of about 850,000. The intervention started in 2017 in Bero, a remote pastoralist district. Helminths and Malaria are the two most common reasons for reaching the health centers. The community in the district suffers ongoing security problems because of clashes with neighboring tribes. Early childhood

marriages are prevalent, and girls are sent away from the community during menstruation. The formative research also found alcoholism as a common problem. NALA is currently the only NGO that runs a community health program in the district. The district has very few cases of active schistosomiasis, but high level of STH and Trachoma. Only 68% of school children participated in the last MDA campaign.

The messaging is structured around two main themes:

Key Messages	Target Behaviors
Clean Body <ul style="list-style-type: none"> ✓ Clean hands ✓ Clean face ✓ Clean feet 	<ul style="list-style-type: none"> ➤ Washing hands with soap and water at key times ➤ Washing face with soap and water when dirty ➤ Wearing shoes and avoiding areas with feces
Clean Environment <ul style="list-style-type: none"> ✓ Clean place ✓ Clean food ✓ Clean water 	<ul style="list-style-type: none"> ➤ Using the latrine; Cleaning latrines, rooms, and yard ➤ Washing/Peeling/Cooking fruits and vegetables ➤ Storing water in clean containers; Avoiding long periods of time in unsafe water; No urinating or defecating near water sources

The structure of the ToT that was designed for community leaders and health workers includes:

1. Awareness of NTDs in My Community
2. Connection of Good Health to Clean Body Behaviors
3. Connection of Good Health to a Clean Environment
4. Practice on Teaching Households about Healthy Behaviors
5. Action Toward Improving Community Health
6. A month after completion of training: Maintain Behaviors through Community Mobilization
7. Monthly: community based follow up.

Questions to consider:

1. Is this relevant for your context? Is there a need to integrate prevention programs across NTDs?
2. What are the challenges in integrating messaging across disease, and how do we mitigate them?
3. Should the intervention relate to the other community challenges, or can it effectively focus on NTDs only?
4. Are there best practices and solutions that can be employed in this context?