

The NALA Vision

A world free of preventable diseases that perpetuate the cycle of poverty



The NALA Approach

- Community leadership
- Focus on enabling environment
- Partnership and coordination



Disease Prevention



Individual/ Household

- " Gender roles
- Education/ Literacy
- Economio status

Community

- " Norms
- " Networks
- " Institutions (religious, schools)

Environment

- " Access
- " Infrastructure
- " Climate (rainy season)

Society

- " Media
- 39 Governance
- " Policy

Collective Action Model for Behavior Change

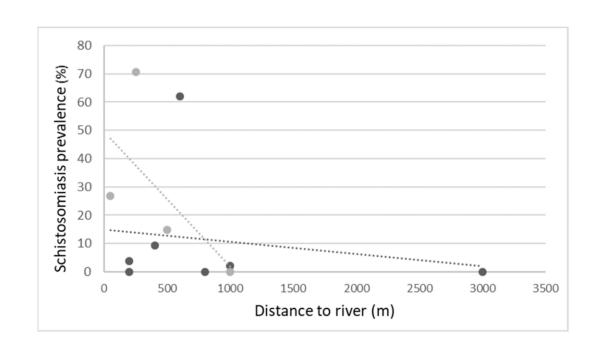
The individual is both a Cultivation Cultural change in beliefs/ singular person and a norms toward behavior member of a larger group who Shared or designated responsibility can make changes for for maintaining improvements themselves as well as mobilize Mobilization Collective action to imrpve practies/ conditions change in the wider community. Action/Routinization Improved practices by individuals on a regular basis Motivation Improved attitudes, perceptions (risk, ease, self-efficacy) Sensitization Increased awareness, knowledge

Mekelle Five-Year Follow-Up Study

At baseline (2009)- 44.7% plevalence of S. Mansoni

Endline (2013)- below 2%

Follow up (2018)- 63.6% of schools, prevalence remained less than 2%

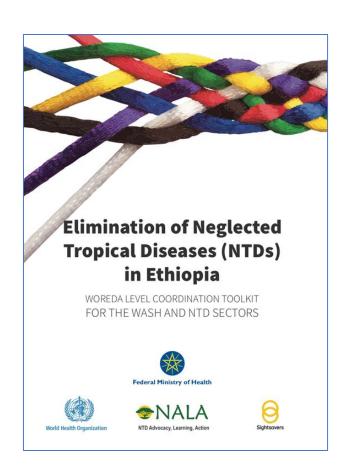


20 sites

Snails River Humans Are How is **Alterative Dissolved** Disease there Temp PH **Salinity** Conductivity water water solids prevalence type sources? used?

Policy

- Multisectoral Coordination for disease prevention
- Minimum BCC package for NTD actors
- 3. Beyond MDA, mobilization for community MDAs
- 4. Integration into school education curriculum



What's next **Center of Excellence**

Partner with governments and diverse actors to sustainably eliminate NTDs **Design** and evaluate models for disease prevention Advocate with global policy makers to promote disease prevention

Disseminate best practices



THANK YOU FOR LISTENING!















