Reaching the Unreached

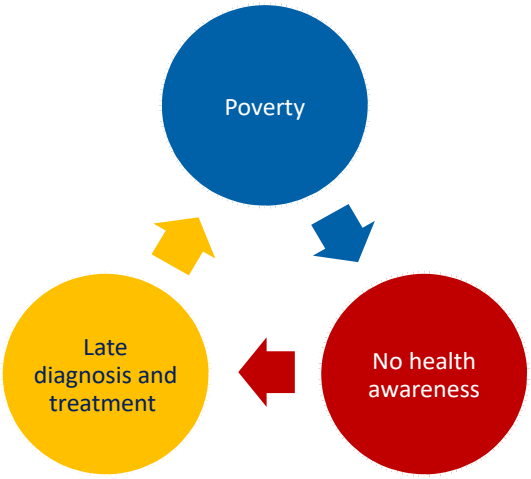
Introduction

Where are we coming from?

Colombia is the fourth largest economy in South America, the peace treaty was signed after many years of armed conflict and the country is renowned for some of its innovative social projects.

However, this success story does not ring true for all Colombians. The Methodist church works in areas where entire generations have been wiped out by the armed conflict, where villages have no latrines or sources of improved water, where malnutrition is common and where there are no health services. Afro-Colombians and indigenous people are often discriminated against and denied their basic rights when attempting to access government healthcare. Lack of accountability of local government is widespread and the under-resourced communities are left without a voice.

Commercial healthcare providers lack the incentive to operate in these areas and corruption is rife among local government. There is no health prevention to speak of. Centrally run health education campaigns don't reach the most vulnerable and when they do, the health messages are often inaccessible as most of the population have no more than five years of schooling and their functional literacy is limited.



Exacerbated by the cost of transportation and the state of dirt roads, people don't address their symptoms until they become severe. It is this absence of health awareness and delay in seeking initial care that leads to irreversible damage and to the development of chronic conditions, and makes the cost of any subsequent care prohibitively high. The loss of income due to bad health and medical costs move already poor households into extreme poverty.

Our work addresses the issues of community health education, diagnosis, treatment and livelihoods - trying to break the perpetuating cycle.

The need

What's the problem?

During our village meetings, the community leaders identified the areas of greatest need: health, drinking water, latrines and roads. There is little preventative care and health education, which is reflected in deficiencies in maternal health check-ups, in infant and childhood development checks, prevalent nutritional imbalance and prolonged respiratory infections. The health status of the community is often worse due to poor sanitation and hygiene knowledge and behaviour. The concepts of good hand-washing, safe water storage and food preparation are not always there. This contributes to an increased risk of diarrhoeal disease and transmission of respiratory infections, both major killers of children in the developing world.

Our needs assessment survey among 119 households showed that

Most homes have dirt floors where diarrhoea, respiratory and parasitic diseases spread easier as faecal matter brought in by shoes or dirty water spilled on the inside tends to remain. Children are especially prone to ingest it making them more vulnerable.

All households lack easy access to safe drinking water. In this environment, knowledge of good water storage is essential to avoid diarrhoea due to unclean water.

None of the households have a latrine or toilet resulting in unregulated open defecation, which leads to water source contamination when it rains.

About 90% of adults have less than 5 years of education and as such were likely to be missed by traditional public health messages.

Why us?

It is in this context that we (ICM) have built and continue to operate the 'Clinton Rabb' clinic.

The clinic has been running *in house* and *outreach* services in Brisas del Mar. However, the neighbouring six communities in close vicinity remain unreached.

The Clinic has gained the confidence of all actors (municipal, police and military) and our staff is given free access to the area, which is a rare advantage and opportunity to reach the isolated communities in the municipio of San Onofre.

Our project objective

What are we going to do about it?

This project aims to improve the health of local communities through community health education and targeted screening and treatment, where we are well positioned to make an impact at this time. Our proposed activities can be described as:

Promotion of healthy lifestyles and hygiene: We will deliver health and sanitation campaigns reaching 3000 people in the area: challenging and changing their knowledge, behaviour and attitudes. We'll cover topics such as open field defecation, hand-washing, safe water and food storage that are all important factors behind diarrhoeal disease. Campaigns will be carried out jointly with community leaders and followed up by community 'hygiene brigades' cleaning the environment – waste disposal and mosquito breeding sites.

Tackling causes of childhood mortality: We will conduct targeted home visits using the contact screening method. With the use of patient records, we will identify households with occurrences of acute respiratory infections, one of the leading causes of death among young children. During the household visit, all household members will be screened for ongoing infection, the confirmed cases will receive all necessary treatment and the entire household will be educated as to how to prevent and manage any future outbreaks especially among children. We expect to identify 100 cases of active infection across 60-70 households and to deliver targeted health education to 330 people.

Safeguarding maternal health and healthy development of children: We will deliver a community awareness programme on the risk of pregnancy, childbirth and post-partum in order to challenge the status quo of seeking antenatal care only after the occurrence of health problems. Apart from the training, we will carry out prenatal visits to pregnant women (est. 120) who'll benefit from antenatal monitoring, counselling and early referral in some cases (est. 40).

In order to deliver maximum added value, we will also monitor the growth and development of children aged 0 to 10 based on the WHO growth chart during these home visits. We will screen over 150 children for signs of malnutrition leading to developmental disability and delay. During the visits, we will provide family education in nutrition and healthy food selection. About a third of the screened children (50) with confirmed development delay will be referred to our feeding programme run in collaboration with the local school.

What difference will it make?

Our project will make an impact on several levels: individual, household and community. It will **significantly change the lives of 190 people**. The future outcomes of 50 malnourished children (out of 150 we screen) currently hampered by development delay will be improved when linked to our nutrition programme. The chain of respiratory transmission will be broken and 100 people with restored health will be able to return to school or work, or start up their own business. The health of 40 pregnant mothers (out of 120 visited) and their foetuses will be preserved and improved due to early symptom recognition.

Entire families and households will benefit from targeted health education and the consequent improvement in health of their family member, est. **1040 people**. This translates into increased income as previously ill people will be able to work or significantly reduce their health expenditure which would be astronomic given that health issues are not addressed until too late.

Change in 12 months

- **decrease in** reported incidence of **diarrhoea** by at least **20%**,
- **decrease in** rates of repeated acute **respiratory infection** within a household by at least **30%,**
- more than **50% will know and practice** the tips for good water storage and **good hygiene**,
- **70% of parents** correctly identify how to prevent diarrhoea and respiratory infection,
- **75% know what services are available to them, where and how to access them,**
- **50% of children** aged 0-10 years will attend growth and **development checks**,
- **60% of pregnant women** will attend **antenatal check-ups**.

Sustainability

Our experience from Brisas shows us that our model is sustainable.
Taking into account the awareness nature of our community intervention, the population will gain the necessary knowledge (e.g. hygiene and the importance of antenatal checks) thus further multiplying the impact of the project in the future. The involvement of community leaders we incorporated into the project design will improve and multiply the impact.

In terms of financial sustainability, we are now in the process of setting up an income-generating - specialist ultrasound clinic in the regional center of San Onofre. The generated profits will be entirely deployed to fund the services provided in the area of Brisas free of charge.

Additionally, new individual fundraising and institutional fundraising strategies are being developed to aid in the co-finance of our programme.

Value for money

The cost of this project is **£11 per beneficiary**. This is inclusive of all the costs related to health education, initial screening, the feeding programme and supervision. Other costs such as those of pharmaceutics, labs, follow up medical services and inpatient care are covered by us and our partners. The total cost of the project as presented above is £11,100 of which we have already secured £3,100. The funding we are seeking to impact a thousand people and significantly change the lives of 190 children and women is **£8,000.**