

Malaria Eradication in Children

Location(s): AFRICA / BURKINA FASO

Category(s): Education / Health & Disease / Human Services / National Security and Intl Affairs / Youth Development / Youth Development Programs / Children & Youth Services / Family Services / Child Education

Last Updated On: 27 Sep 2013



These women are leaders in their communities, but also mothers of children who either have malaria.



Insecticide-impregnated curtains over doorways help protect inhabitants, especially children, against mosquitos and so reduce the impact of malaria.



PROBLEM Statement - What is the problem our organization is trying to solve?

There were an estimated 225 million cases of malaria worldwide in 2009.[8]. An estimated 781,000 people died from malaria in 2009 according to the World Health Organization's 2010 World Malaria Report, accounting for 2.23% of deaths worldwide.[9] Ninety percent of malaria-related deaths occur in sub-Saharan Africa, with the majority of deaths being young children. Plasmodium falciparum, the most severe form of malaria, is responsible for the vast majority of deaths associated with the disease.[10] Malaria is commonly associated with poverty, and can indeed be a cause of poverty[11] and a major hindrance to economic development.

Sources : World Health Organization

SOLUTION Statement - What is our solution to the problem?

Our solution to this very pressing situation is to find and address the root cause of the malaria epidemic that is hitting this region through education and medical treatment by providing cost-effective methods and accessibility to health care facilities. The secondary mission is to treat the existing cases and provide a more comfortable life for all those we touch.

First results from a large-scale phase 3 clinical trial of the most advanced malaria vaccine candidate, announced at the Global Malaria Forum in Seattle, show a 55% reduction in the frequency of malaria episodes during the 12 months of follow-up in children 5-17 months of age at first immunization. "Malaria has never had a vaccine get this far. If licensed, it would be the very first human vaccine against a parasitic disease", said the WHO Director-General, during her keynote address to participants at the 3-day Forum, a major event for malaria experts across the world.

CASE Statement - What is our significant contribution to solving the issue?

We believe that we are better equipped to address this situation than most organizations because our vaccinations are using a new type of drug treating that affects the immune system directly, hence reducing the chances of the child catching other types of diseases. Using this type of drug, we are hoping to treat malaria early on in a child's life, before the disease has progressed to far. Providing educational component will also help parents know how to lower the risk of a child being infected. Additionally, we have worked on this type of issue for many years and have amassed a very knowledgeable team of experts in this field.



Project News

ACCOMPLISHMENTS

14 May 2012: We are having great success in acquiring additional, unexpected donations from major pharmaceuticals that has allowed the increase in ADTs (Anti-malaria Distribution Teams) and wider coverage of anti-malarials where not previously available. We're combining this effort with the increased coverage and access to treated mosquito nets. The program is moving along nicely and as planned.

WHAT STILL NEEDS TO BE DONE

16 Sep 2009: Anti-malarial Distribution Teams (ADTs) are making strong headway in the previously under-served Northern Regions of Burkina Faso! Gifts from our faithful donors are allowing us to make lasting and measurable impacts in the lives of peoples who had been forgotten and passed over by advancements in the fight against malaria! Thanks to those of you who are changing the lives of the less fortunate. Please continue to give, until we can report victory in beating back this deadly disease!

FEATURED JOURNAL



12 Jul 2008: Two African centres were selected in 2003 for research capacity strengthening and training in health social sciences in implementation research for malaria control. The first ten-week course was held in Ghana in August 2004; the second will be held in September 2005. The first course in Kenya will be held in September 2005. The main objectives are to train scientists and health workers in health social sciences for implementation research, with emphasis on proposal development, research tools and methods, data collection, and data analysis and translation into evidence-based disease control strategies and policies. The course in Ghana¹ in 2004 was limited to Ghanaian participants. Of 23 who applied for the course, 13 were selected and successfully completed the course. The 2005 course is open to applicants from the whole of Africa. The first course consisted of seven weeks of instruction and three weeks of field attachment. This included

short courses in social science disciplines and techniques, proposal development, data analysis, and report writing. The three weeks of field attachment included data collection for proposal development. Participants were encouraged to network and partner; their evaluations of the course were positive and some made critically important suggestions. The training activities related to this research capacity strengthening initiative were reviewed at a workshop in Accra, Ghana, June 2005. All training modules were assessed and future plans, activities, milestones and timelines discussed. Plans were made to develop postgraduate programmes, in both Ghana and Kenya, in health social sciences for implementation research.



Impact-Based Analysis

- What is our plan and how will we measure it?

The Impact-Based Analysis (IBA) process, based on the Logic Model, is the "Industry Standard" to design, monitor and evaluate projects while reporting the impact of their programs to stakeholders. An Impact Based Analysis represents your plan on how you will achieve your goal or impact in order to carry out your mission.

When building your IBA, we recommend you begin with the end in mind, or the impact you want to achieve, located on the far right. You then identify short and medium term outcomes that lead to your impact; you define activities and direct outputs of those activities; and finally you determine the inputs you need to implement your plan successfully.

The table below shows performance as it relates to the project's planned indicator goals. Please note, the table is not meant to serve as a linear progression, but rather a "funnel effect" of activities leading to impact.

INCIDENCE REDUCTION				
<i>Measurement Duration: 2009 - 2015</i>				
INPUT (Resources)	ACTIVITY (Action Taken)	OUTPUT (Activity Result)	OUTCOME (Short & Medium-Range Goal)	IMPACT (Long-Range Goal)
Funds	Build Community Embrace of Initiative	On Site Visits		Malaria Incidence Reduction
Medical Facility	Distribution Teams Established	Educational Workshops		
Medical Staff	Malaria Survey	Anti-malarial Distribution		
Medical Supplies	Training Courses - Health Awareness			

IMPACT-BASED ANALYSIS (IBA) PERFORMANCE COMMENTARY:

We are making good progress in the early stages of our program. There are many other challenges we are facing that predicted, but are able to overcome them at this point.



INDICATORS

Impact: Malaria Incidence Reduction

Indicator: Decrease in Under 5 Death Rate due to Malaria



Indicator Statement:

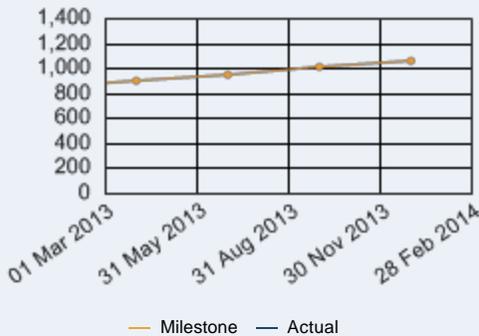
Malaria is one of the most severe public health problems worldwide. It is a leading cause of death and disease in many developing countries, where young children and pregnant women are the groups most affected. In 2005, the World Health Organization's 'World Health Report' ranked it #4, causing 8% of all under five year deaths.

Target Value: **15%**
Actual Value: **22%**
Baseline Value: **35%**

Start Date: **Jan 2009**
End Date: **Dec 2015**

Output: Anti-malarial Distribution

Indicator: Indigenous Distribution Teams Launched



Indicator Statement:

Distribution teams are replicated through replication headed and staffed by indigenous community members.

Target Value: **150**
Actual Value: **450**
Baseline Value: **0**

Start Date: **Jan 2009**
End Date: **Dec 2015**



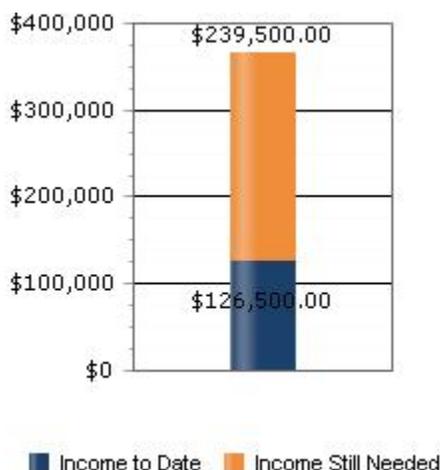
Financials Section

Financial and program responsibility are demonstrated through disciplined, effective planning and use of resources. It means the organization has sufficient capacity to achieve their impact goals. Being responsible financially and programmatically is achieved by creating realistic budgets, planning for the right resources with people, processes, facilities, etc. to support the project plan, and ensuring all resources are used as intended. For ongoing success, it is essential to continually evaluate and improve resource planning and optimization to maximize long-term impact.

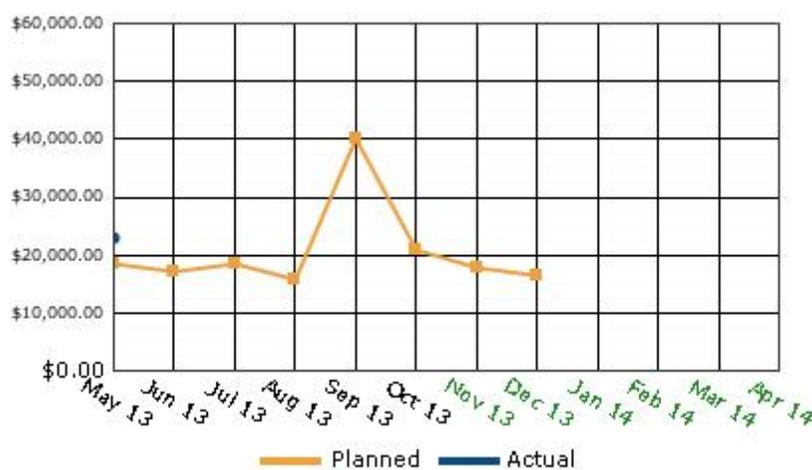
CURRENT FINANCIAL SUMMARY

Income Goal:	\$366,000.00	Updated On:	21 Oct 2013
Income to Date:	\$126,500.00	Expenses to Date:	\$104,416.00
Income Needed:	\$239,500.00	Fiscal Year:	2013
Budget Start Date:	Jan 2013		
Budget End Date:	Dec 2013		

PROJECT INCOME TARGETS



MONTHLY PLANNED VERSUS ACTUAL EXPENDITURES



Dates in green are intended to represent future projections

GENERAL FINANCIAL PERFORMANCE COMMENTARY

Our financials are in a relatively good position we are running very true to our planning numbers on the average and we continue to watch it very closely. The donations are coming in as expected albeit a little slower than expected. Our fundraisers are aware and have several events planned for the near future.



PROGRAM MANAGER: Julie Smith



My Passion:

As a teacher, I have spent my life nurturing children and one day decided that I really needed to take my passion with children and serve those in need. Because of my dedication and love for children, I made my dream a reality, by combining my teaching skills and my passion with Charities International.

My Qualification:

I have 10 years teaching young children. I have also actively participated in mentoring programs for the last 2 years, prior to joining Charities International. I have bachelors' and graduate degrees in teaching from Brown University and recently took courses in Philanthropic work from the University of Wisconsin.

