**OAK RURAL HEALTH ORGANIZATION**

**CONCEPT NOTE ON PROJECT MaMaH**

***(REDUCING THE BURDEN OF GRASSROOTS Ma-LARIA, Ma-LNUTRITION AND H-YPERTENSION)***

**Background**

Malaria remains the leading cause of infant mortality in sub Sahara Africa, while malnutrition remains a major threat to infants’ quality of life, 0-5years in particular. Nigeria loses about 2,300 under-five year olds and 145 women of child bearing age daily, making the country the second largest contributor to under-five and maternal mortality rate in the world (WHO, 2017).

Malnutrition is estimated to contribute to more than one third of all child deaths, although it is rarely listed as the direct cause (WFP, 2000). A malnourished mother is likely to give birth to a low birth-weight (LBW) baby susceptible to disease and premature death, which only further undermines the economic development of the family and society, and continues the vicious cycle of poverty and malnutrition(WHO, 2005). Global burden of hypertension is as well on the increase. Rural dwellers are the worst hit because of poor or lack of access to quality health care. Malaria is associated with stunting and malnutrition in childhood, which predisposes to the development of hypertension in later life. The best measure of success for Universal Health Coverage is that every mother should not only be able to access health care easily, but that it should be quality, affordable care that will ensure a healthy and productive life for her children and family (WHO, 2017). This project is therefore designed to reduce the burden of malaria, malnutrition and hypertension in Itamerin communities, Akinyele local government area, Ibadan.

**Project Goal**

The goal of his project is to reduce the burden of malaria, malnutrition and hypertension to the barest minimum within two years in Itamerin communities, Akinyele local government area, Ibadan Oyo state.

 **Objectives**

The specific objectives of this project are to;

1. Provide both nutrition specific and nutrition sensitive interventions to the community people.
2. Reduce mortality and morbidity incidences attributed to malaria, malnutrition and hypertension.
3. To increase knowledge of the target populations on malaria, malnutrition and hypertension.

**Methodology**

**Project Area**

This intervention will be carried out in Akinyele local government area, Ibadan. Itamerin community will be the project base.

**Target Population**

Women and children under-5 are the target population for this project

**Sample size**

A total of 5000 population (Women=2000, Under-5 children=3000) will be reached during this intervention

**Description of Intervention**

**Media publicity and awareness**

This will be used to educate people on the conditions, prevention and the right health seeking habits. The people will be enlightened on the relationship between the three components. Fliers will be shared to the people alongside awareness. A total of 7000 copies of health educative and sensitizing fliers will be produced. A local mail runner shall be engaged for distribution of fliers to the community heads and religion leaders, who will subsequently distribute to their subordinates. Radio jingles on local radio stations shall be produced(radio transmission is the major means of getting information across a large audience of the grassroots dwellers). Health tours by our staff shall be fixed (with the consultation of the community leaders) to hold on landlords’ or town hall meetings for health talks with take home instructions. A flag up program shall be held at the Itamerin health office. Branded T-shirts shall be produced to be given to staff and other key people within the target villages.

**Health outreach and mobile clinic**

This has been a useful tool in taking health care to the door step of the grassroots dwellers. The program will be implemented on bi-monthly basis with the cooperation of community leaders. It will promote an in-person health education, Doctors’ consultation, physical assessment including blood pressure check, rapid Laboratory tests. Routine rapid malaria test shall be conducted on every child age 0-5years in attendance. These help in early diagnosis, treatment and follow up. Administration of deworming pills and vitamin supplements to the eligible children will be conducted during the mobile clinics. Also, the project proposes to make available to every eligible child within the location, one egg and a 20g sachet diary product per child per day. Records of cases shall be well kept and backed up on computers. Referrals shall be made to our follow up office for progress monitoring.

**Follow-up plan**

Health office shall be located in a place accessible to the target populations. A healthcare staff shall render services planned to meet up with the challenges. The community leaders shall be carried along to ensure the success of the project. There will be an on-going community awareness campaign to build effective familiarization with the out patient office. Government healthcare facilities located within the areas of our program implementation shall also be used as implementation center. This pilot program proposes to use 4 implementation centers at different vulnerable communities.

**Project monitoring and Evaluation**

The activities will be monitored within the project duration and subsequently evaluated to ascertain how the objectives fared. Expert hands shall also be engaged on program evaluation.