The Problem

- In the communities of Yirimadjo, Mali, a combination of financial, geographic, infrastructural, and social barriers delay access to care, particularly for patients living in extreme poverty.
- Malaria, the leading cause of clinical care visits in this area, can progress rapidly to cause irreversible end-organ damage and death.
- While malaria is curable, delayed access to care can lead to increased morbidity and mortality.
- At baseline, only 15% of patients aged 0-59 months initiated effective antimalarial treatment within 24 hours of symptom onset.

Project Goal(s)

Initiate effective antimalarial treatment for at least 50% of patients 0-59 months with within 24 hours of symptom onset by June 2014

Intervention Stage I

<table>
<thead>
<tr>
<th>Intervention Stage I</th>
<th>Core Strategies</th>
</tr>
</thead>
</table>
| Mobilizing the Health Care Delivery System | • Active door-to-door case finding by Community Health Workers, providing in-home diagnostics, treatment, referral, and follow up  
• Removing user fees at point of care  
• Constructing clinical infrastructure |
| Creating Rapid Referral Networks | • Community organizers, mobilize community members to bring children in early for care services |
| Overcoming Conditions of Poverty | • Providing a package of programs to prevent childhood illness by addressing conditions of poverty |

% Initiating Effective Antimalarial Within 24 Hours

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15%</td>
<td>30%</td>
<td>45%</td>
<td>28%</td>
</tr>
</tbody>
</table>

* p<0.05

Conclusions

- Early access increased significantly after the intervention launch, by factor of 1.89 by year 3
- Early access peaked in year 2 then down trended from year 2 to year 3
- Qualitative interviews revealed that Community Health Workers, each covering more than 2,000 patients, had been working long overtime hours that they were unable to sustain in year 3, which led to a drop-off in active case finding home visits.

Intervention II

<table>
<thead>
<tr>
<th>Intervention II</th>
<th>Core Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobilizing the Health Care Delivery System</td>
<td>• Triple the number of Community Health Workers to 75, decreasing ratio of CHW: Population to 1:750-1000</td>
</tr>
</tbody>
</table>

Methods

- Annual survey of 1200 randomly selected households
- Population-weighted, cluster-based sampling methodology
- Compare early access at baseline and 12 months with chi-squared statistics

Timeline

- November 2012 – June 2013: Recruit, hire, and train 75 Community Health Workers
- June 2013: Baseline survey
- July 2013: Expanded CHW team launches
- June 2014: 12-month follow-up survey

References

