

Cost-effectiveness and Sustainability of co-implementation of Community-directed Treatment for Schistosomiasis and Soil Transmitted Helminth infections in Children and Pregnant Women in Zambia (Junior Fellowship: Dr. Hikabasa Halwindi)

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Soil-transmitted helminth infections and schistosomiasis prevalences of up to 80% have been reported in Zambia. Deworming programs target all school age children (SAC), under-five children and pregnant women, through health facilities and schools. However, coverage is poor in certain areas of the country. New approaches like the community-directed treatment (CDT) need to be introduced to raise coverage. In Zambia CDT was piloted in 2006 and 2007 in under-five children in two rural communities. There is therefore, need to test the effectiveness and sustainability of different CDT strategies in Zambia on a larger scale. The objective of the study is determine the impact, effectiveness and sustainable of adding CDT to the existing approaches of delivering anthelmintic drugs to under-five children, school age children and pregnant women, singly and combined. A cluster randomization design will be used to test the different combinations of the interventions in two districts of Zambia, and a total of 12 health centres being included in the study. The study will be conducted in two phases, a formative phase and an implementation and evaluation phase. The expected impact of the project is increased access to treatment, reduction in morbidity due to helminthiasis; increased use of local resources mobilized by communities and reduced costs for treatment.

Projektbeteiligte

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