

From Crate to Community: The ColaLife Model



Image Source: Stanford Social Innovation Review

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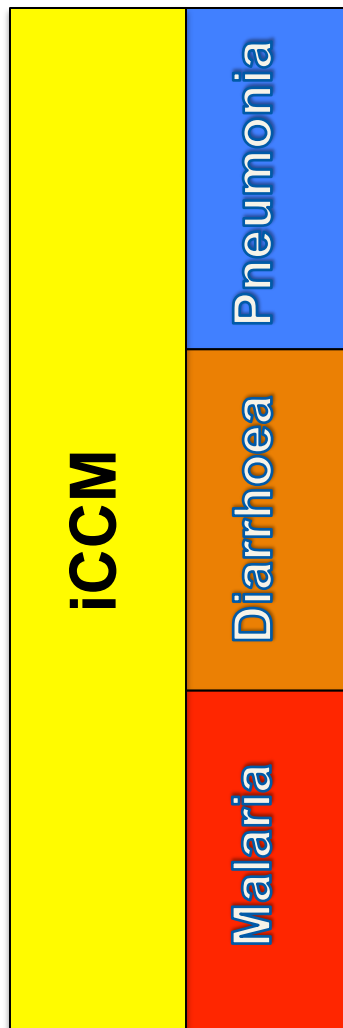
iCCM Context in Zambia

- Population: 13.5M
- Population living in rural areas: 61%
- 36% of deaths in children <5 due to malaria, pneumonia and diarrhea = 21,600 deaths (2010)
- In 2010 diarrhoea was the 3rd leading cause of childhood mortality (9%)
- Pop density: 13.5/km sq. (SSA avg = 25; Global avg = 45)
- HRH crisis w/ only 7.8 nurses/midwives per 10K pop.
- No seaport access
- Frequent stock-outs of essential meds including ORS & Zinc

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ColaLife's iCCM Focus



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Why the difference?



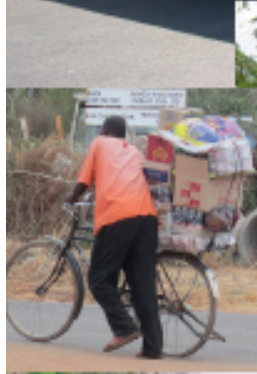
Rural Health Centre



Private, Community-level Shop

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Kit Yamoyo Anti-Diarrhea Kit

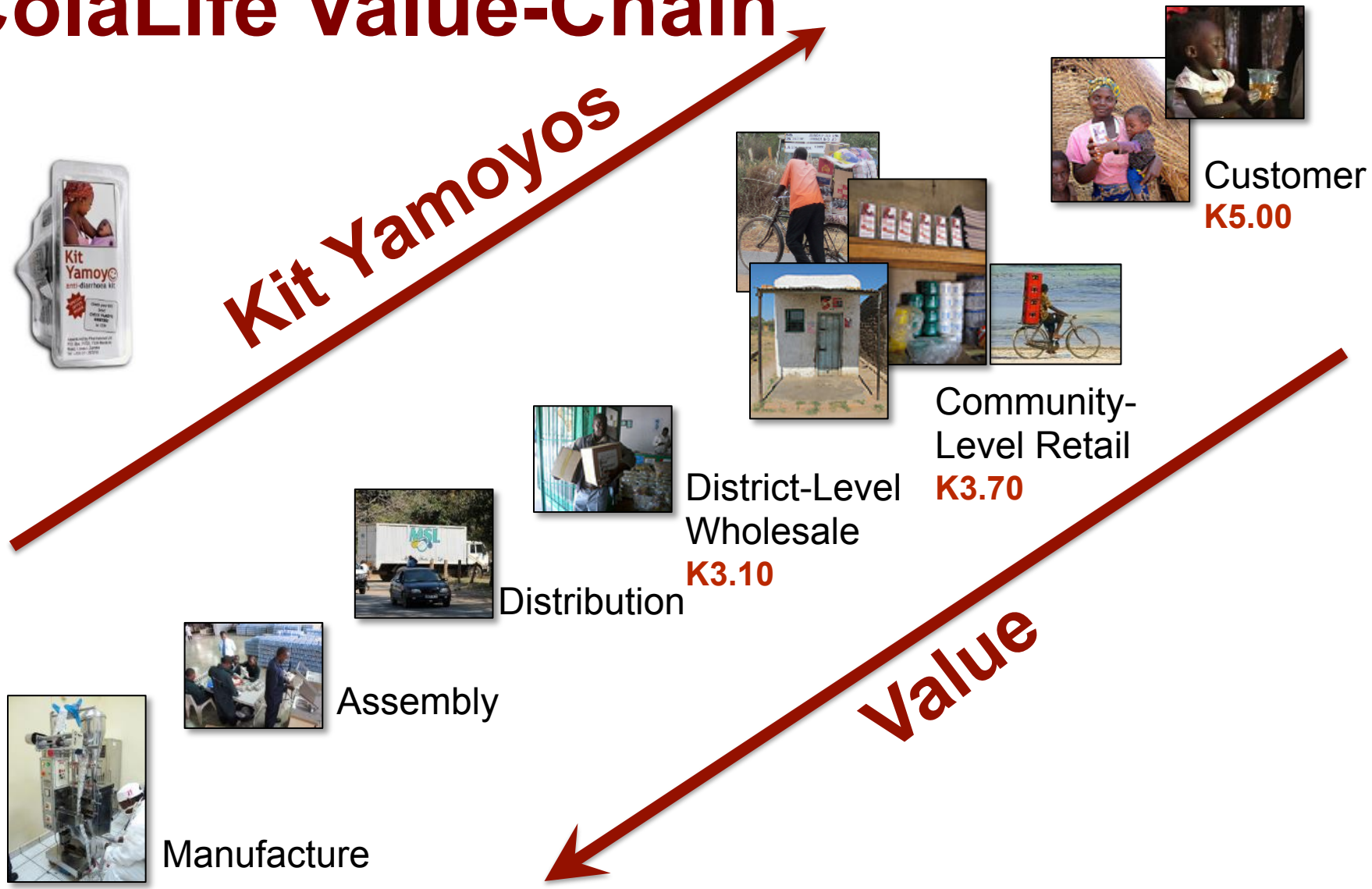
- Attractive
- Affordable
- Co-packages ORS and Zinc
- Soap for hand-washing
- Graphical Instructions/branding
- 4.2g (200ml) sachets of flavored ORS
- Packaging is also:
 - A measuring device for the water
 - A mixing device
 - A cup
 - A storage device (the soap tray is a lid)
 - Can be re-used
 - Originally designed to fit in empty spaces between crated bottles



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ColaLife Value-Chain



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Health Promotion



Kit Yamoy 
anti-diarrhoea kit

 **STOP**
dehydration

 **GIVE**
strength

 **PREVENT**
infection



Be a wise mother
Save your child's life

 Contains ORS, zinc and soap



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Simplified Results

Purpose

Mothers in underserved rural communities increase **use** of ORS and Zinc in home treatment of diarrhoea

Outcome

Target communities in two under-served rural districts have improved **access** to ORS and Zinc

Outputs

Profit-driven supply chains improve **availability** of ADKs (anti-diarrhoea kits) in targeted communities in two underserved rural districts

Mothers/care-givers demonstrate **awareness** of ADKs and the benefits of the contents (ORS, Zinc and Soap)

Availability = ADK in stock in retail outlets at community level

Access = ADK in the hand of an aware mother/care-giver

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Methods



**Over 2400 Household Surveys
(>600 per district)**



**~ 180 Retailer Surveys
(~45 per district)**



30 Focus Group Discussions



20 Health Centre Impact Assessments

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Some Key Findings From the Trial

1



In 12 months retailers serving remote rural communities **bought over 25,000** Kit Yamoyo anti-diarrhoea kits.

2



At baseline **<1% of children** with diarrhoea were given ORS & Zinc. At endline, of those with diarrhoea in previous 2 weeks, **45% used both ORS and Zinc.**

3



We **reduced the distance caregivers travel to access ORS/Z** from ~7 km (to a health centre), to ~2 km (to a local retail shop).

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4



93% of Kit Yamoyo users prepared ORS in the correct concentration, compared to **~60%** using **1 litre sachets** from RHCs.

5



62% shift in point of access of ORS/Z, from formal health centres to private shops. Implications for decreased work load at RHCs.

6



We reduced the treatment delay – time from onset of diarrhea to treatment administration – from **~2 days** to **~1 day**.

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7



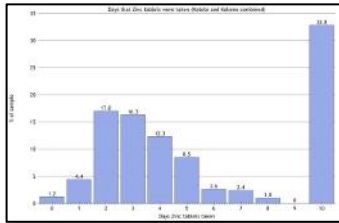
Across our intervention districts, 95% of Kit Yamoyo retailers said they plan to continue selling the product going forward.

8



Only 8% of retailers put the kits in crates to transport them to the community-level.

9



Only 33% of care-givers gave Zinc for the full 10 days.

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Key Considerations

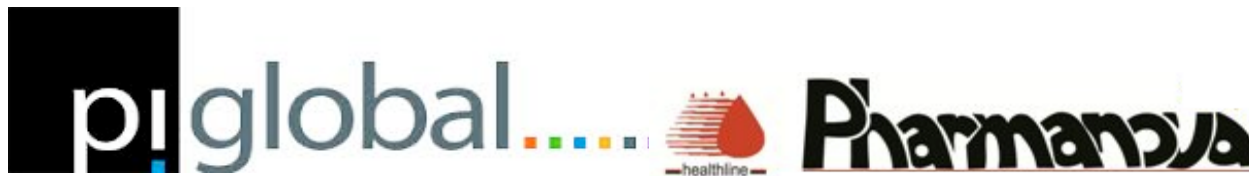
- With appropriate stakeholder development, a private sector ORS/Z product is acceptable at all levels.
- Linking messaging around ORS/Z treatment with a specific product can improve uptake
- Multi-sectoral partnerships and integrated innovation → scale

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colalife

building unlikely alliances to save children's lives



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Key Considerations

- The concept of developing value-chains for simple public health commodities (vs. supply-chains) can compliment existing systems
- Demand-driven vs. supply led distribution: We can get products or services to anywhere in the world if we can create and sustain a demand for them and make it profitable to fulfill that demand
- Leveraging existing local networks, as opposed to developing parallel systems, has numerous advantages

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Key Considerations

- To address issues of affordability in remote/rural, under-served markets, some level of subsidy (e.g. through vouchers) may be required until product costs are sufficiently low
- The need for task shifting from primary health facilities to the community level has the potential of being partially fulfilled by private shops (at least for simple commodities)
- Application of this model to other simple PH commodities?

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Thank You!



Image credit: Claire Ward

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