

Happy Feet: Community-based podoconiosis prevention and control in Ethiopia

Improving health among poor and marginalised populations

Background

Globally, an estimated four million people are affected by podoconiosis, a non-infectious neglected tropical disease that disproportionately affects poor and marginalised people. Farmers are often at risk as they do not wear shoes, exposing their bare feet to irritants found in red clay soils. Over time, exposure leads to disfiguring and disabling swelling (known as lymphoedema) of the lower leg.

With more than one million people affected, Ethiopia accounts for the largest number of cases worldwide.^[1] Approximately 35 million people are at risk of developing the disease^[1] and this likelihood increases with age.^[2] Among this group, women are particularly at risk,^[3] largely because a greater number of them lacks access to socks and shoes than men do.^[4]

Within communities, there is still limited knowledge about what causes podoconiosis, or how to prevent and control it. Due to low quality and uptake of morbidity management and disability prevention services, cases often go unmanaged. People with podoconiosis experience great social stigma, which hinders social participation and affects patients psychologically. Additionally, health implications can result in an inability to work. Lost productivity (91.1 percent) due to podoconiosis costs Ethiopia an estimated US\$213.2 million annually.^[1]

Country

Ethiopia

Donor

Malaria Consortium US

Length of project

October 2022 – September 2025

Partners

Ministry of Agriculture

Ministry of Education

Ministry of Finance and Economic Development

Ministry of Health

Strategic objective

Health sector resilience

Project outline and objectives

The Happy Feet project will take place in the districts of Sodo Zuria and Offa in Wolaita zone, Southern Nations, Nationalities and Peoples' Region. This region has the highest podoconiosis prevalence in the country at 8.3 percent.^[5]

Happy Feet aims to accelerate control of podoconiosis by creating universal access to better quality preventive and healthcare management services. Prevention falls into two categories: primary prevention, which involves minimising exposure to soils through wearing shoes or covering floors; and secondary prevention, which involves training on treatment regimens, such as foot hygiene practices.^[6] Using Ethiopia's established Health Extension Programme, the project will support health extension workers (HEWs) to better detect, refer and follow up on home-based management of lymphoedema.

A total population of 330,966 (104,119 women, 104,036 men, 122,811 young people >15 years) in the project districts will directly benefit. By 2025, we aim to contribute to a reduction in the rate of new podoconiosis cases to <1 percent in both project districts as per the national target for all districts. The main objectives are to:

1. improve access and quality of lymphoedema morbidity management, disability prevention and psychological support services in primary healthcare settings
2. improve awareness, care-seeking behaviour, shoe wearing and foot hygiene practices in the community and among patients with podoconiosis, to support their rehabilitation
3. influence policy and key decision makers to improve access to shoes for patients with podoconiosis, schoolchildren, women and farmers living in podoconiosis-prevalent districts
4. empower patients with podoconiosis to improve their own health, social bonds and economic status.

Activities

Malaria Consortium and partners will:

- train 72 health workers (nurses, health officers and other health workers) in 10 health centres on lymphoedema case management, customised shoe measuring for affected patients, and disability prevention; and 26 health workers on social and behaviour change communication (SBCC) messaging for podoconiosis
- train 102 HEWs to detect, refer and follow up on home-based management of lymphoedema services; and 51 HEWs on facilitating community dialogues to support community-based SBCC messaging
- procure and distribute customised shoes for 1,843 women affected by podoconiosis
- improve supply chain management and procure essential medical supplies to manage lymphoedema morbidity at primary healthcare facilities
- develop and disseminate gender-sensitive SBCC messages through local radio stations and print media (e.g. billboards, posters, leaflets for home-based management) to improve care-seeking, shoe wearing and foot hygiene practices
- advocate for policy makers to:
 - subsidise cost of shoes for school children and farmers
 - introduce tax exemptions/other incentives for local shoemakers to produce shoes at subsidised cost for people with podoconiosis
 - promote prevention by updating the current WASH programme (water, sanitation and hygiene) to WASSH (water, sanitation, shoes and hygiene) to include a focus on footwear
 - support podoconiosis patients to establish associations at *kebele* and district levels to articulate their needs and facilitate income-generating activities through liaising with local micro-finance institutions.

References

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Cover image: Boy working on a field in Sodo Zuria, Wolaita zone, Ethiopia. Credit: Clive Chilvers

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