



President's Malaria Initiative

**THE PRESIDENT'S MALARIA INITIATIVE
KOMESHA MALARIA COMMUNITIES PROGRAM
FIRST YEAR ANNUAL REPORT OCTOBER 2010**



Eduacting the Community through theatre on Net use



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Disclaimer

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LIST OF ABBREVIATIONS

| | |
|--------|--|
| AED | Academy for Educational Development |
| ANC | Antenatal care |
| AL | Artemether-Lumefantrine |
| AOP | Annual Operation Plan |
| BCC | Behaviour Change communication |
| CBO | Community-based Organization |
| CHEW | Community Health Extension Worker |
| CHW | Community Health Workers |
| CORP | Community Owned Resource Person |
| CSO | Civil Society Organization |
| CU | Community Unit |
| CU5 | Children under five years |
| DHMT | District Health Management Team |
| DOMC | Division of Malaria Control |
| FANC | Focused Antenatal care |
| FBO | Faith-based Organization |
| HF | Health Facility |
| HMIS | Health Management Information System |
| HW | Health Worker |
| IEC | Information, Education & Communication |
| IPC | Interpersonal Communication |
| IPTp | Intermittent Presumptive Treatment in pregnancy |
| IRS | Indoor Residual Spraying |
| KeNAAM | Kenya NGO's Alliance Against Malaria |
| LLITN | Long Lasting Insecticide Treated Net |
| MCP | Malaria Communities Project |
| M&E | Monitoring and Evaluation |
| MoH | Ministry of Health |
| MoPHS | Ministry of Public Health and Sanitation |
| NGO | Non-governmental Organization |
| PAC | Project Advisory Committee |
| PET | Participatory Educational Theatre |
| PMI | President's Malaria Initiative |
| PSI | Population Services International |
| PW | Pregnant woman |
| USAID | United States Agency for International Development |
| SP | Sulphadoxine-pyrimethamine |
| SBCC | Social Behavior Change Communication |

1.0 INTRODUCTION

1.1 *Organisation Background*

Merlin is the only specialist UK agency which responds worldwide with vital health care and medical relief for vulnerable people affected by natural disasters, conflict, disease and health system collapse. Merlin's goal is to respond to health needs, save lives and look to the long-term to safeguard health and leave a lasting legacy of improved health care. Merlin was established in 1993 under the British Charities Act.

Merlin has been operational in Kenya since 1998 and was formally registered under the Office of the President as a Non Government Organization (NGO) in 1999. The overall objective of Merlin's work in Kenya is to contribute to a reduction of health inequalities and the reversal in the current downward trend in health related indicators. Merlin does this by continuing to build on lasting, working relationships with communities and local partners; supporting the strengthening of the Kenyan health system; approaching health problems with innovative interventions; developing answers to key practical questions through operational research; and, using the lessons learned at local levels to feed into national-level programming and planning.

The current portfolio of Merlin's project in Kenya include: USAID/PMI-funded malaria control in the epidemic-prone western highlands; PEPFAR/CDC-funded HIV/AIDS care and treatment services; health systems strengthening including capacity building of health workers and renovation of health infrastructure in Nyanza province. In Turkana districts Merlin is implementing the following projects: DFID-funded health, nutrition, sanitation, hygiene promotion and EP & R project; UNICEF and OFDA funded Nutrition projects; WHO funded EP & R project and EC-funded support to non-state actors to implement a Safe Motherhood project.

1.2 *Project Summary and Context*

Malaria is the leading cause of morbidity and mortality in Kenya. It accounts for about 30% of all outpatient consultations, 19% of all hospital admissions, and is reported to cause approximately 34,000 deaths annually among children under-five years of age. The total population at risk of malaria is approximately 23 million, or 70% of the population, including an estimated 3,500,000 children under-five and 1,100,000 pregnant women (PMI, Kenya Malaria Operational Plan, FY09)

In October 2009, Merlin was awarded a grant totaling to \$1.5 million from the U.S. government, through the U.S. Agency for International Development (USAID), to combat malaria at the community level over the next 3 years in collaboration with the Kenya NGO's Alliance Against Malaria (KeNAAM) and the Ministry of Public Health and Sanitation.

The project which has aptly been named "***Komesha¹ Malaria Communities' Project***" will deliver Malaria prevention and treatment to an estimated 220,000 under-5 children and pregnant women in five highland malaria epidemic prone districts of Nyanza province, namely Nyamira, Kisii Central, Kisii South, Gucha and Gucha South. Specifically, this project will increase community awareness

¹ Komesha is a Swahili name that translates to "STOP"

on malaria prevention and control, promote correct and consistent use of long lasting insecticide treated nets (LLITN), increase uptake of intermittent preventive treatment (IPT) among pregnant women and improve malaria diagnostics and treatment through health worker training and mentorship.

As a strategy, the project embraces the Ministry of Health's Community Strategy that aims to engage communities and households in making decisions and taking actions over their own health needs. Merlin considers this strategy as the most effective way of ensuring sustainability of the interventions beyond the life-span of this project.

2.0 ACHIEVEMENTS IN YEAR 1

2.1 *Project Start-up and Launch*

Subsequent to the granting process, the focus during much of quarter one was on project start-up activities which included activities such as:

- Sub granting to KeNAAM,
- Staff recruitment and induction.
- Mapping of the project sites. A reference database was developed defining the areas of operation. 5 districts were identified; Nyamira, Kisii Central, Kisii South, Gucha and Gucha South districts.
- Project launch. The project was officially launched in a colorful ceremony on the 15th of March 2010 in Nyamira district. The event attracted a large crowd and was attended also by top-government officials led by the Assistant Minister for Public Health and Sanitation (Hon. Dr. James Gesami). Other distinguished guests included representatives of various NGOs, UNICEF, USAID and representatives of religious groups.
- Joint planning and review meetings with major community stakeholders aimed at introducing the project and enlisting their support and collaboration. Community entry was done through series of meetings with local opinion leaders and administrators at sub-location level.
- Health facility entry meetings were also held

2.2 *Establishment and operations of the Project Advisory Committee (PAC)*

Merlin established a Project Advisory Committee (PAC) whose composition is drawn from various entities including: The Ministry of Health, the provincial administration, religious leaders, Ministry of Education, CORPs, District Development Officer and KeNAAM. The role of this committee was mainly to provide technical and operational advice in the course of project implementation. (The terms of reference, TOR, of the committee is attached). The committee has already held three meetings so far.

2.3 Establishment of Community Units (C.U.s)

2.3.1 Formation

As part of its strategy to ensure a wider coverage, the project planned to train community health workers in line with the Community Strategy. In this strategy, community units are the basic units in delivery of health service at community level. Members of community units were selected using the criteria outlined in the community strategy. Each community units consists of 50 community health workers, 9-12 Community Health Committee members and the unit is supervised by 2 Community health extension workers who are Ministry of Health staff.

The selection of the CHWs was a consultative process that involved all the stakeholders. Several mobilization meetings with the community members were called by the local leaders and each of the villages proposed names of the CHWs to be representatives of the village.

2.3.2 Training of Community Units

Five community units have been fully trained and supported and are currently undertaking community-level malaria SBCC campaigns. The CHWs were trained using the national curriculum for training of community units Facilitators during these trainings were the Ministry of Health officials who have been trained on the Community Strategy.

2.3.3 Training of additional Community Health Workers

In the other administrative locations where Merlin was not able to establish entire community units, Merlin supported training of the already existing community health workers. Initially, Merlin had planned to support training of 12 CSOs on Malaria SBCC, but after consultations with the DHMTs, it was proposed that Merlin trains the already existing community units or a group of CHWs who had been pre-selected by the Ministry. As a result, a total of 252 CHWs were trained and have been supported by the project in conducting malaria SBCC activities in their communities.



Photo 1: CORPs display certificates after graduating from a malaria training

2.3.4 Strengthening linkage between community level and the formal health care system

The community units have been useful in bridging the gap between the community and the formal health care system. Within Community Units, trained CHW have been conducting household visits as well as facilitating community discussions at various venues such as health facilities, school clubs, church groups and village gatherings. The CHEWs (as formal employees of the health system) serve as the interface between community and the health workers. Linkages were also demonstrated where the CHWs escorted pregnant women to the ANC where they received other services such as PMTCT apart from MIP related services.



Photo 2: Community health worker conducting health education in Nyamaiya health center- Nyamira

2.4 Capacity Building

As a way of setting a good foundation, the project undertook training of several partners in order to familiarize them with the key thematic areas covered by the project. The following table provides a summary of all trainings conducted and the number of people trained for each:

| | Training | No. of people trained |
|----|--|------------------------------|
| 1. | Training of Community Health Extension Workers | 22 |
| 2. | Training of ToTs of Focused Antenatal Care and Malaria In Pregnancy (FANC/MIP) | 50 |
| 3. | Training of theatre groups | 5 Groups |
| 4. | Training of religious leaders | 51 |
| 5. | Training of School Health club patrons | 26 |
| 6. | Training of Community Health Workers | 502 |
| 7. | Training of media personalities | 20 |
| 8. | Training of CHC | 50 |

2.5 School Health Activities

2.5.1 Training of School club patrons

During quarter 2 of this project, the project selected 25 primary schools, five from each district that would be engaged in malaria SBCC activities in their communities. One patron of the school health clubs from each of these schools underwent joint two-day training. The training was conducted jointly by Merlin, Ministry of Health and the Ministry of Education staff. At the end of the meeting, teachers drafted action plans for each district, in which a roadmap for future engagements with the schools was drawn.

2.5.2 Training of School Clubs on Malaria SBCC

25 school health clubs were trained on malaria SBCC. Special focus was on the use of ITNs in malaria control. The trained pupils were equipped with messages surrounding net use. The trainings were facilitated jointly by the trained teachers, MoH staff and Merlin. 1250 pupils were trained. At the end of the training, the pupils developed their peer education plans.

2.5.3 Involvement of schools in malaria control activities

The trained schools were supported by Merlin and the Ministry of Health to come up with poems, skits, songs and motivational speeches. The schools were then engaged in various forums to pass malaria messages. These forums include:

- World Malaria Day Celebrations
- World Orphans Day
- Peer education forums such as school parades
- Parents day
- Classes, during clubs day

This has generated a lot of discussion and has led to pupils in each of the schools asking many questions on malaria. These questions, which are deposited in a malaria box within the schools form part of the agenda of the peer education activities.



Photo 3: Inter Primary schools competition in Nyamira district

2.5.6 Inter-schools competition

As part of the advocacy efforts, each district was scheduled to hold inter-schools competition. These competitions are regarded as major advocacy forums for malaria control, a joint effort between Merlin, the MOH and the Ministry of Education. Apart from the pupils and their teachers, this event is open to parents, the local administration and the community at large. The best 3 schools in each district were awarded with branded incentives that contained Malaria Messages. Similar events have been planned in the remaining 2 district in the coming year.



Photo 4: Botoro Primary school pupils after participating during Malaria inter-schools competition

2.6 Monthly review meetings with trained CORPs

In order to provide mentorship and support to the trained community units, the team holds regular contact with individual CHWs as well as joint monthly meetings. The monthly meeting is aimed at reviewing progress made by the CHWs in malaria SBCC activities, sharing their experiences, collecting individual reports and drafting of BCC micro plans for the coming month.

2.7 Theatre groups recruitment and training

One of the key SBCC strategies in this project is the use of community theatre in delivery of key messages. This, according to the SBCC strategies review meeting held in June, was identified as the most efficient strategy in message delivery. The project held a rigorous recruitment exercise and 5 theatre groups were identified. Each of the five groups (comprising of 15 members) underwent two-day training where they were taught on the three thematic areas and the messages to be disseminated. During the training, each of the group came up with a script that was performed and peer review conducted. As part of their duties, the groups have been writing several other scripts that are reviewed by Merlin staff to ensure accuracy of the messages.



Photo credit: Merlin team

Photo 5: A trained theatre group performs a malaria-themed song

2.8 World Malaria Day

The World Malaria Day was held on the 25th April, 2010. The theme was “Counting Malaria out: Malaria-free Kenya through partnerships” Being one of the major platforms for malaria advocacy, this project supported all the five districts to hold these celebrations. The support given include: social mobilization, support to performing/entertainment groups, procurement of banners, allowances for guest speakers among others. The climax of the event was a speech from the Minister of Public Health and Sanitation which was read in all districts by the District Medical Officers of Health or their appointees. In the provincial event marked in Nyamira, the Nyanza Provincial Director of Public Health services read the Minister’s speech.

2.9 Support to Child wellness weeks (Malezi Bora Weeks)

The Malezi Bora week was implemented in all the districts in May. This year’s theme was ‘improving the health of mother and new born babies’. The target groups for this week were: expectant women, newborn babies & postpartum mothers. Some of the activities that complement our malaria program include:

- Encouraging pregnant mothers to attend 4 ANC visits
- PW & CU5 to sleep under ITN consistently
- Awareness on danger signs of common ailments including malaria and the importance of seeking prompt and effective treatment
- LLINs distribution to PW and Children under 1 (CU1)
- IPTp for pregnant women
- IMCI

This project supported the implementation of this activity as part of its strategy of ensuring the CU5 and pregnant women are reached with appropriate messages. Merlin participated in conducting mass mobilization, providing logistical support for mobile outreach activities

to hard-to-reach areas, community education campaigns and support to the DHMTs to conduct supervision among others.



Photo credit: Merlin team

Photo 6: A nurse attending to a child in Gianchore dispensary

2.10 Community Level SBCC events

There were a series of community-level and facility based SBCC events conducted during this period. These include:

- Health education during community gatherings
- Community theatre
- Health education in religious gatherings
- Interpersonal Communication through home visits
- Health talks at health facilities
- Road shows
- Escorting pregnant women to ANC clinics.



Photo credit: Merlin team

Photo 7: provincial administration participating during Community baraza in Gucha district

ACHIEVEMENTS TABLE

| Project objectives | Indicators (include current measurement or result) | Key Activities (as outlined in the workplan) | Status of Activities (including outputs) | Comments |
|---|--|--|--|--|
| Objective 1: Increase the proportion of pregnant women receiving two or more doses of SP for IPTp during their pregnancy² | 480 facility-level health talks on IPTp held | 1. Provide health talks on IPTp at health facilities | 1399 | There has been a lot of support received for this activity and more days were allocated to Malaria than had been earlier planned despite the delayed start-up |
| | 100 Village-level health talks on IPTp conducted | 2. Provide health talks on IPTp during village events/ <i>barazas</i> through trained CHWs and CHEWs | 289 | Trained CORPs have been providing these talks during village events even in the absence of the field team |
| | 100 church-level health talks on IPTp conducted | 3. Provide health talks on IPTp during churches services/sermons through trained religious leaders | 412 | The trained CORPs have succeeded in soliciting support from religious leaders. 51 more religious leader were trained on malaria SBCC and have been involved in conducting these sessions in their areas of worship |
| | 2000 IPTp specific IEC materials re-produced & distributed | 4. Produce and/or adapt and disseminate targeted IEC materials on IPTp | 3000 | IEC materials that included posters and brochures were received from the DOMC and were disseminated |

² The revised National Malaria Strategy specifies that IPTp is recommended for malaria-endemic districts only. This project is covering epidemic-prone districts where IPTp is not recommended. Merlin is proposing to change this objective to focus more on increasing ANC attendance (at least 3 ANC visits) rather than IPTp. This way the pregnant women will access the broader ANC package including LLITN and malaria information and education.

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| | | | | during community education events by the field officers and community health workers. We propose to reproduce more IEC materials during year 2 translated into the local language. |
| | 7000 Households visited & educated on importance of IPTp by trained CHWs & CHEWS | 5. Conduct door-to-door IPC campaigns by trained CHWs and CHEWs aimed at creating informed demand for IPTp | 15838 | The trained CORPs have been actively involved in IPC campaigns under the supervision of CHEWs and Merlin staff. This project has taken deliberate steps to strengthen this activity since it has proved to be effective and focused. |
| | 5 theatre Groups identified and trained on dissemination of IPTp Messages | 6. Train community theatre groups on messaging and dissemination of IPTp themed folk performance | 5 | 5 theatre groups were trained consisting of 15 members from the 5 project areas were trained on malaria SBCC. They have been performing during community education events as magnet theatre and edutainment on malaria prevention and control. |
| | Hold 60 community-level PET performances aimed at increasing demand for IPTp | 7. Conduct community theatre performances themed on IPTp and early ANC visits | 53 | The trained theatre groups have been actively involved in community theatre. However, due to delayed |

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|--|---|--|----|---|
| | | | | start up, recruitment and training of theatre group, the target was not fully achieved. |
| | Train 20 ToTs on MIP & FANC | 8. Conduct training of health workers on Malaria in Pregnancy (MIP) and Focused Ante-natal Care (FANC) | 50 | As mentioned in the Q3 report, there was a request from the DHMTs that the project invests more in training of more ToTs. So far, 50 ToTs have been trained. These ToTs will then roll out training and mentorship of other health workers. |
| | Train 40 HWs on MIP & FANC | | 0 | |
| | 1000 IPTp reference materials & Job aids reproduced & distributed to health facilities and trained CUs. | 9. Produce and/or adapt and disseminate targeted IEC materials on IPTp | 0 | The team is currently designing a new tool which is expected to be complete in the Q1 of year 2. |
| | 45 mentorship sessions on MIP targeting ANC HWs conducted | 10. Conduct on-job mentorship on customer care targeting health workers in ANC and EPI clinics | 9 | It was expected that the ToTs trained on FANC/MIP would roll out this activity. Due to other competing activities within the districts, the training was scheduled towards the end of the year. As a result, achievement has been low. This activity will be intensified during year two. |
| | 40 service providers | 11. Conduct training of ANC | 0 | This activity was not |

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|--|------------------------------------|--|--|---|
| | trained on SP needs quantification | service providers on SP needs quantification | | conducted. The DHMTs when consulted requested that the project invests more in training ToTs on FANC & MIP who will then conduct on-job mentorship on FANC/MIP. As a result additional 30 ToTs were trained instead |
|--|------------------------------------|--|--|---|

| Project objectives | Indicators (include current measurement or result) | Key Activities (as outlined in the workplan) | Status of Activities (including outputs) | Comments |
|--|---|--|---|---|
| <i>Objective 2: Increase the proportion of suspected malaria cases receiving early and effective treatment in line with the national treatment policy</i> | 480 facility-level health talks on seeking early and effective treatment held | 1. Provide health talks at health facilities on early and effective treatment of malaria | 1399 | There has been a lot of support received for this activity and more days were allocated to Malaria than had been earlier planned. |
| | 100 Village-level health talks on seeking early and effective treatment conducted | 2. Provide health talks on early and effective treatment of malaria during village events/ <i>barazas</i> through trained CHWs and CHEWs | 289 | Trained CORPs have been providing these talks during village events even in the absence of the field team |
| | 100 church-level health talks on seeking early and effective treatment conducted | 3. Provide health talks on early and effective treatment of malaria during churches services/sermons through trained religious leaders | 412 | The trained CORPs have been active and have received lot of support from religious leaders |

| | | | | |
|--|---|---|--|--|
| | 2000 case management specific IEC materials re-produced & distributed | 4. Produce and/or adapt and disseminate targeted IEC materials on early and effective treatment of malaria. | 2000 | IEC materials that included posters and brochures were received from the DOMC and were disseminated during community education events by the field officers and community health workers. We propose to reproduce more IEC materials during year 2 translated into the local language to complement DoMC. IEC materials. |
| | 7000 Households visited & educated on importance of seeking prompt & effective treatment of malaria by trained CHWs & CHEWS | 5. Conduct door-to-door interpersonal communication (IPC) campaigns by trained CHWs and CHEWs primarily targeting pregnant women and mothers/caretakers of children under five years. | 15838 | Trained Community units have been conducting home visits targeting households with children under 5 and pregnant women. The CHWs were able to cover more households that had been earlier planned leading to an overachievement in this activity |
| | Hold 60 community-level PET performances | 6. Conduct training of community theatre groups and utilize them to pass messages themed on prompt and effective treatment | 27 | Activity being undertaken by 5 theatre groups that were trained under this project. |
| | 6 Child wellness weeks held | 7. Conduct child wellness weeks and use this forum to disseminate messages on | 25 Health facilities supported during the bi-annual Child Wellness | This project provided logistical support to four districts and a total of 25 |

| | | | | |
|--|--|--|---|---|
| | | prompt & effective treatment | Weeks | facilities that participated in Malezi Bora weeks |
| | 40 HWs trained on malaria case management | 8. Conduct training of health workers on malaria case management including diagnostics and rational drug use | 0 | Training of HWs on case management is on going across the country with funding from Global Fund Round 4. Once the exercise is completed, Merlin will assess gaps that this activity will fill. We suggest postponing this activity to year 2. |
| | 100 reference materials & job aids produced and distributed. | 9. Reproduce reference materials and job aids on treatment guidelines and distribute them to facility-level health workers | 250 Malaria guidelines, 250 participant manuals | KeNAAM participated in the development of the 3 rd Edition of Malaria Treatment Guideline which was launched in September 2010. |
| | 45 mentorship sessions on malaria case management held. | 10. Provide clinical mentorship and support supervision of health workers. | 9 | Same as no. 11 under objective 1. |

| Project objectives | Indicators (include current measurement or result) | Key Activities (as outlined in the workplan) | Status of Activities (including outputs) | Comments |
|--|---|---|---|--|
| <i>Objective 3: Increase the proportion of pregnant</i> | 44,175 LLINs distributed to children under 1 year | 1. Collaborate with DOMC, PSI and DHMTs in | 12,302 | The target of 44,175 was inclusive of ITNs distributed |

| | | | | |
|---|---|--|----|--|
| women and children under five that sleep under an ITN every night. | through EPI clinics | distributing free LLINs to pregnant women and children under five. | | in all HF in 5 districts by DOMC in collaboration with PSI. This achievement refers to 17 sentinel facilities only. Once a tracking system for this distribution is put in place, Merlin will be able to report on this activity as a whole. |
| | Distribute 10,000 LLINs to children under fives as replacements for torn and worn-out nets through “child-wellness weeks” | | 0 | It was anticipated that the MOH would provide these nets through other funding sources. This has not been possible. Merlin is pursuing other means of securing LLINs including co-financing from the corporate and private sectors. |
| | 44,175 LLINs distributed to pregnant women through ANC | | | Same as no. 1 above |
| | 10 School Health Clubs trained | 2. Train school health clubs on malaria with specific focus on correct and consistent use of LLINs | 25 | During actual implementation, it was apparent that 10 schools would not be adequate to achieve the desired impact. The target was revised to 25 schools (approximately 1250 pupils each) |

| | | | | |
|--|---|---|--------|--|
| | 40 SBCC events conducted by school health clubs targeting LLIN use. | 3. Involve school health clubs as advocates of LLINs use | 238 | The trained health clubs have been utilizing various forums including WMD, world orphans day, school parades, PTA meetings among others to deliver key messages on malaria. There has been a lot of interest from the schools to be more involved in malaria control activities. |
| | WMD commemorated in 5 districts with participation of school health clubs | 4. Undertake an inter-schools malaria competition as part of commemoration of World Malaria Day (WMD) | 3 | Interschool's competitions were held in 3 districts during year 1. Due to logistical challenges and other activities within schools, competitions in 2 other districts will be conducted in year 2. |
| | 4,000 referral vouchers issued to pregnant women by CHWs during home-visits | 5. Support vouchers program as an incentive to increase demand for the LLINs | 12,302 | The voucher program has been late to start. A waiver for some of the incentive commodities was acquired towards the end of the year and the incentives are still being procured. |
| | 4,000 referral vouchers redeemed at the HF | | 0 | See above |

| Project objectives | Indicators (include current measurement) | Key Activities (as outlined in the | Status of Activities (including outputs) | Comments |
|---------------------------|---|---|---|-----------------|
|---------------------------|---|---|---|-----------------|

| | or result) | workplan) | | |
|---------------------------------|---|--|---|--|
| Cross Cutting Objectives | Baseline HF assessment results used for program planning purpose | Conduct baseline health facility assessment within the project area. | 0 | DOMC through MSH rolled out HFA which was conducted in March. The results of the HFA covered all the indicators so that there was no need to conduct another assessment. |
| | 5 DHMTs trained | 1. Conduct training of DHMT, HWs, CSOs, Religious leaders, private sector service providers, CHWs and CHEWs on key thematic areas addressed by the 3 project objectives. | 0 | This activity was not conducted and instead the DHMTs have been provided briefings on the relevant thematic areas. |
| | 5 community units (250 CHWs, 10 CHEWs) trained | | 5 CUs trained. Total membership is 310 CHWs | The CU have been engaged in undertaking community-level malaria SBCC campaigns |
| | 12 CSOs/ FBOs trained (250 CORPs) | | 7 (252 CORPs) | The DHMTs recommended working with community units or appointed CHWs rather than CSOs/FBOs. The project made amendments and instead trained 252 CHWs |
| | 60 health worker drawn from health centers and dispensaries trained | | 100 | The activity was conducted under the Global Fund with over 100 Health workers being trained. |

| | | | | |
|--|--|---|----|---|
| | 50 private sector health workers trained | | 0 | The Activity will be conducted in year 2. The training schedule for year 1 was crowded. |
| | 50 religious leaders trained | | 51 | 51 Religious leaders were trained and have been actively engaged in passing thematic messages during religious meetings |
| | 20 journalists/ media personalities trained | | 20 | Activity accomplished |
| | 3 meetings conducted | 2. Conduct joint malaria control planning and review meetings with village health committees and health facility committees | 3 | All the planned quarterly meetings have been held |
| | Criteria for performance appraisal developed; best performing groups/individuals identified in each district | 3. Provide performance based incentives to best performing groups/individuals in malaria activities at the community level | 0 | This activity did not kick off because it took some time to get a waiver to purchase incentive commodities. However, this should proceed during year 2 where recognition will be done on quarterly basis. |
| | Merlin and KeNAAM represented in forums | 4. Participate in malaria forums including DOMC meetings, technical working groups, stakeholder coordination meetings and best-practice dissemination | 6 | Forums attended include: -Meeting of the ACSM Technical Working group at Lukenya in May -Annual Operational |

| | | | |
|--|--|------------|--|
| | | workshops. | <p>Planning 6 (AOP 6) meetings in all the 5 districts</p> <ul style="list-style-type: none"> -District IRS planning meetings in 4 districts -Participation in the development of National - Malaria Policy 2010 at the National level (complete) -Participation in the National steering committee for Malaria Indicator Survey at national level (ongoing) -Participation in the drafting of Global Fund AIDS TB and Malaria (GFATM) Round 10 call for Proposal -Participation in the quarterly TWG and Interagency Coordination Committee meetings at the DoMC. -Attendance to the Country Coordination Mechanism meeting for GFATM. |
|--|--|------------|--|

3.0 FACTORS THAT IMPEDED PROGRESS

| No. | Problems/ Challenges encountered | Solutions/ Actions taken |
|-----|--|--|
| 1 | Project start-up delayed by over 3 months and this meant that most of the planned activities were not achieved in time | The implementation team has been working on accelerating most of the activities. |
| 2 | Delay in getting the waiver for incentive commodities has hindered the implementation of some strategies such as the voucher system whose success is highly dependable on the availability of incentive commodities. | Activities that were pegged on the incentive commodities were pushed to year 2 |
| 3 | There were many other competing tasks to accomplish and this affected some of the training programs | These activities have been rescheduled and moved to quarter 4. |

4.0 PROGRAMME CHANGES / ADJUSTMENTS

There were no major program changes during the course of year 1 except for the following:

- In consultation with the relevant DHMTs and in line with the community strategy it was agreed that the project should focus in developing community units instead of working with community based organizations

5.0 MONITORING AND EVALUATION (M&E)

Monitoring and Evaluation (M&E) Matrix

| Objective/ Result | Indicators (by technical intervention or cross-cutting) | Source/ Measurement Method | Frequency | Baseline Value | Year 1 Target | Current Status |
|--|--|-----------------------------|-----------------------|---|----------------------------|----------------|
| Objective 1: Increase the proportion of pregnant women receiving two or more doses of SP for IPTp during their pregnancy Result 1: Improved access and utilization of IPTp | Proportion of women who received at least 2 doses of IPTp during antenatal care (ANC) visits in their last pregnancy | MIS survey, Baseline survey | Baseline and end line | 20.7% ³ (Ref: baseline survey) | To be measured at end line | |
| | Number of pregnant women who received IPTp-1 | Health facility records | Monthly | To be established by the baseline HF assessment | (70% of total eligible) | |
| | Number of pregnant women who received IPTp-2 | Health facility records | Monthly | To be established by the baseline HF assessment | (65% of total eligible) | |
| | Number of pregnant women who attended first ANC visit | Health facility records | Monthly | To be established by the | (90% of total eligible) | |

³ 20.7% had taken at least 2 doses of IPTp during their last pregnancy

| | | | | | |
|---|-------------------------|-----------|---|--------|--|
| | | | baseline HF assessment | | |
| Number of health talks covering the topic on IPTp | Project reports | Monthly | - | 680 | 1399 |
| Number of IEC materials on IPTp disseminated | Project reports | Monthly | - | 2000 | 3000 |
| Number of health workers trained on FANC/MIP % of health workers trained on FANC/MIP | Training reports | Quarterly | To be established by the baseline HF assessment | 60 | |
| Number of home visits conducted by trained CHWs/CHEWs | Project reports | Monthly | - | 7000 | 15838 |
| Number of pregnant women referred by CHWs to ANC | CHWs reports | Monthly | - | 18000 | 5149 |
| Number of pregnant women referred by CHWs to ANC who actually make the ANC visit % of pregnant women referred by CHWs to ANC who actually make the ANC visit | Health facility records | Monthly | - | 14,400 | (Not captured in the M&E tool. But will be captured 1 year 2 |
| % of health facilities reporting stock-out of SPs | Health facility records | Quarterly | To be established by the baseline HF assessment | 0% | 5.9% |
| Number of on-job mentorship sessions conducted | Project reports | Quarterly | 0 | 45 | 9 |
| Number of health workers mentored on IPTp and customer care | Project reports | Quarterly | To be established | 90 | 18 |

| | | | | | | |
|---|---|-------------------------|----------------------|---|--|---|
| | % of health workers mentored on IPTp and customer care | | | by the baseline HF assessment | | |
| | Number of ANC service providers trained on SP needs quantification | | | To be established by the baseline HF assessment | | |
| | % of ANC service providers trained on SP needs quantification | Training reports | Quarterly | by the baseline HF assessment | 40 | 40 |
| Objective 2: Increase the proportion of suspected malaria cases receiving treatment with ACT within 24 hours from onset of fever Result 2: Increased proportion of suspected malaria cases receiving early and effective treatment. | Proportion of children under five years old with fever in the last two weeks who received treatment with ACTs within 24 hours of onset of fever | Household Surveys | Baseline and endline | 49.5% (Ref: baseline survey) | To be measured at endline | 67.2% |
| | Number of days out of stock in the last month for ACT | Health facility records | Monthly | - | 0 | 2011 cumulative days by facility and by strength of AL formulation. |
| | Number of children under five receiving ACTs | Health facility records | Monthly | - | 65% of all malaria in CU5 ⁴ | 47.85% |
| | Number of health talks to promote prompt care seeking for fever and recognition of severe malaria by caregivers | Project reports | Monthly | - | 680 | 2100 |
| | % of the population who know the recommended 1st line drug for treatment of | Household survey | Baseline and endline | 18.7% (baseline) | To be measured | 85% |

⁴ Baseline survey indicated that 38% of children had fever in the preceding 2 weeks

| | | | | | | |
|---|---|-------------------------|----------------------|---|-----------------------|--------|
| | malaria | | | survey) | at endline | |
| | Proportion of government health facilities with ACTs available for treatment of uncomplicated malaria | Health facility records | Quarterly | To be established by the baseline HF assessment | 85% | 100% |
| | Number of health workers trained on malaria case management including diagnostics and rational drug use % of health workers trained on malaria case management including diagnostics and rational drug use | Training reports | Quarterly | To be established by the baseline HF assessment | 40 | |
| | Proportion of planned malaria-related mentorship and support supervisions conducted | Project reports | Quarterly | - | 80% | |
| Objective 3: Increase the proportion of pregnant women and children under five that sleep under an ITN every night. Result 3: Increased net use among pregnant women & children under 5 | Proportion of households with at least one ITN | Household survey | Baseline and endline | 77.6% (baseline survey) | 80% | 87.9% |
| | Proportion of pregnant women who slept under an ITN the previous night | Household survey | Baseline and endline | 39.4% (MIS) | 60% | 84.2% |
| | Proportion of children under five years old who slept under an ITN the previous night | Household survey | Baseline and endline | 38.6% (MIS) | 60% | 77.9% |
| | Number of LLINs distributed through ANC to pregnant women. | Health facility records | Monthly | - | 44,175 Pregnant women | 12,302 |
| | Number of LLINs distributed to children under one year old through EPI. | Health facility records | Monthly | - | 44,175 CU5 | |

| | | | | | | |
|-----------------------------|--|------------------|-----------|---|------|-----|
| | Number of replacement ITNs distributed through community level events such as child wellness weeks | Project reports | Monthly | - | 3000 | 0 |
| | Number of BCC/IEC events to promote ITN use | Project reports | Monthly | - | 600 | 701 |
| | Number of school health clubs formed and involved in promotion of ITN use | Project reports | Quarterly | - | 10 | 25 |
| <u>Cross-cutting</u> | Total number of people (DHMTs, HWs, CSOs, religious leaders, private sector health service providers, CHWs, CHEWs) trained on the key thematic areas of IPTp, case management and ITN. | Training reports | Monthly | - | 400 | 653 |

SUMMARY OF PROGRESS MADE ON KEY INDICATORS

| | Indicator | Baseline | Year 1 Target | April 2010 | June 2010 | Sept 2010 (Year 1) |
|----|---|----------|---------------|------------|-----------|--------------------|
| 1. | Proportion of households with at least 1 ITN | 77.6% | 80% | - | - | 87.9% |
| 2. | Proportion of children under five years old who slept under an ITN the previous night. | 25.9% | 60% | 44% | 76.8% | 77.9% |
| 3. | Proportion of pregnant women who slept under an ITN the previous night. | 23.1% | 60% | 42% | 62% | 84.2% |
| 4. | Proportion of children under five years old with fever in the last two weeks who received treatment within 24 hours of onset of fever. | 49.5 | - | 60% | 66.2% | 67.2% |
| 5. | Proportion of children under five years old with fever in the last two weeks who received treatment with an anti-malarial according to national policy within 24 hours of onset of fever. | 20.2% | - | 44.5% | 45.2% | 47.9% |

6.0 RESULTS OF ASSESSMENTS

To measure behavioural outcomes, the project conducted its quarterly rapid assessment in September to assess coverage of SBCC indicators. The purpose of this assessment was to assess progress made towards achieving the set outcome indicators. In some way, the assessment was also aimed at assessing the effectiveness of the strategies being used by the project. The objectives of the rapid assessment were:

1. To establish the percentage of HH with LLIN(s).
2. To establish the proportion of PW and CU5 who slept under an ITN in the previous night.
3. To establish the reasons why HH with CU5 and PW do not own an ITN.
4. To establish the reasons why the PW or CU5 in HH surveyed did not sleep under an ITN the previous night.
5. To establish the proportion of CU5 who had fever and sought treatment within 24 hours of onset of fever and were treated with an ACT
6. To establish the common practice among the HH when handling CU5 with fever,
7. To establish the proportion of pregnant women currently receiving IPT and factors influencing this.

4.1 ITN ownership & Use

4.1.1 ITN Ownership in households

There is an impressive ITN coverage of 87.9% among the households with CU5 and/or PW with at least one (1) ITN. This is in line with the PMI target which aims at having more than 90% of households with a pregnant woman and/or children under five own at least one ITN. It has been noted that there is high demand for both free and subsidized nets and the project is working towards building partnerships with both governmental and Non-Governmental Organizations to ensure that this target is met.

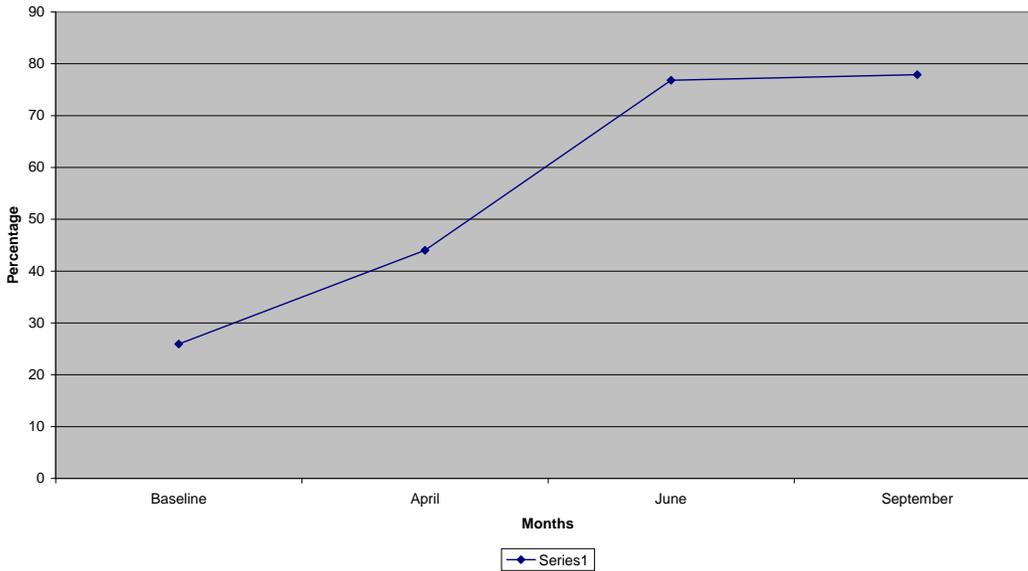
Towards universal coverage⁵ of ITNs it was established that currently 1 ITN is shared by 2.8 people. This means that in the project site universal coverage of ITNs is at 71.4%. It is believed that once the government rolls out mass distribution, then this target will be achieved.

4.1.2 ITN Use among CU5

A majority of the CU5, 77.9% slept under an ITN the night preceding the assessment. This is a very slight increase from the Rapid assessment in June which had this indicator at 76.8%. This clearly shows that despite the efforts made to ensure that ownership of ITNs translates to use, there is still a significant difference between ownership and use among the CU5. The line graph below represents the project's performance towards this indicator.

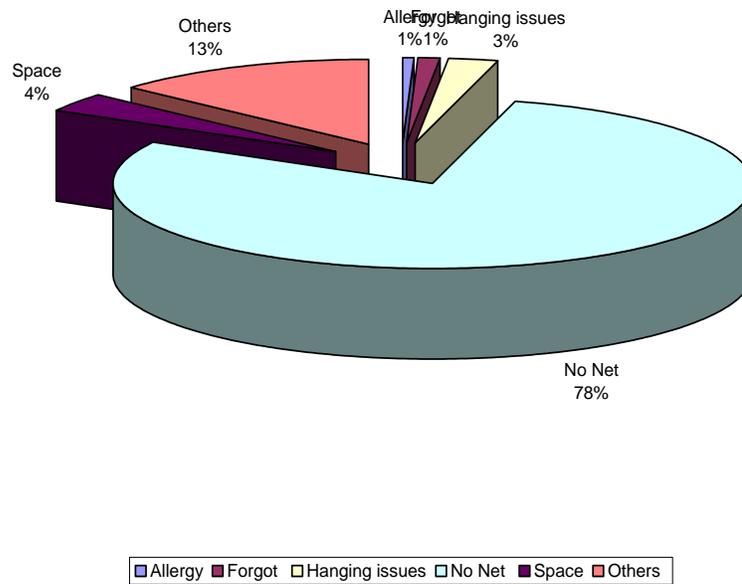
⁵ Universal coverage is aimed at having 1 net shared among 2 people in a HH

Performance on ITN use among CU5



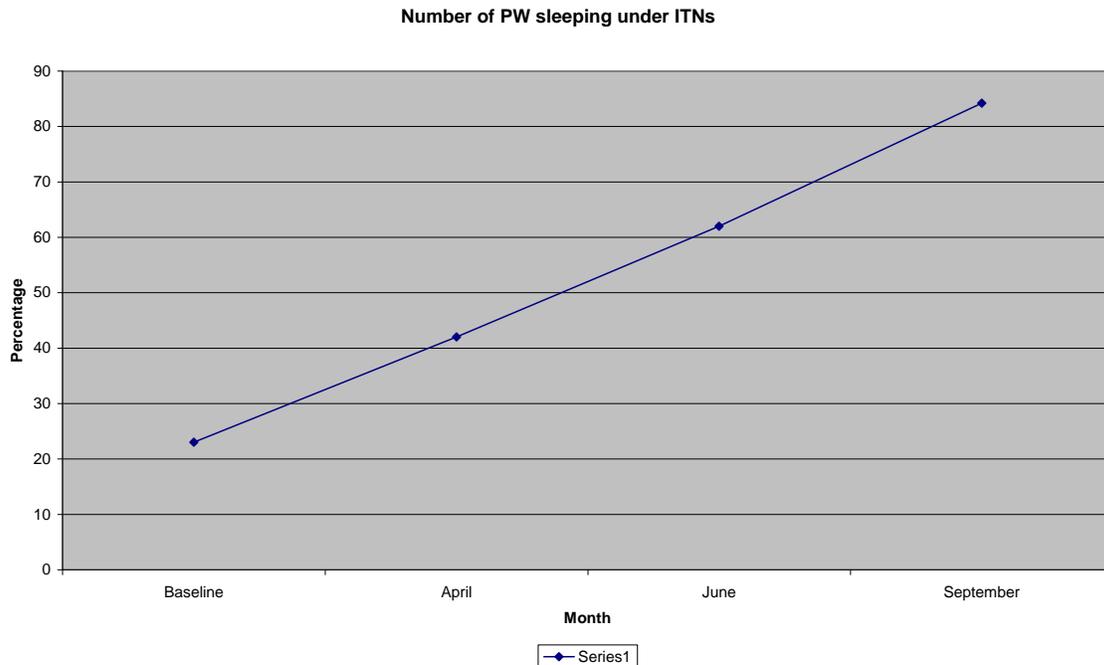
Lack of nets (78%) was identified as the major reason why the remaining proportion (22.1%) did not sleep under ITNs. Other reasons include space (4%) and hanging related issues (3%)

Reasons why CU5 Didn't Sleep under ITN



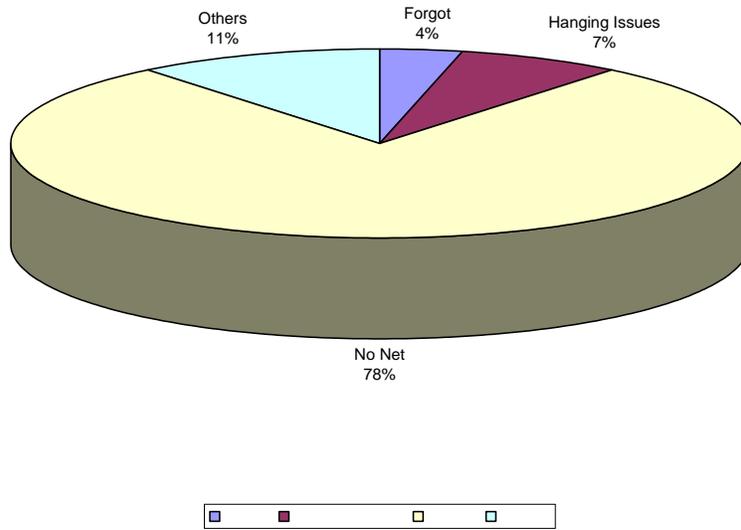
4.1.3 ITN use among pregnant women

There was a real big increase in the number of pregnant women who slept under an ITN the previous night compared to the June Rapid Assessment which stood at 62%. Again this could be explained by the few pregnant women interviewed in the household. The line graph below represents the performance on this indicator since the start of the project:



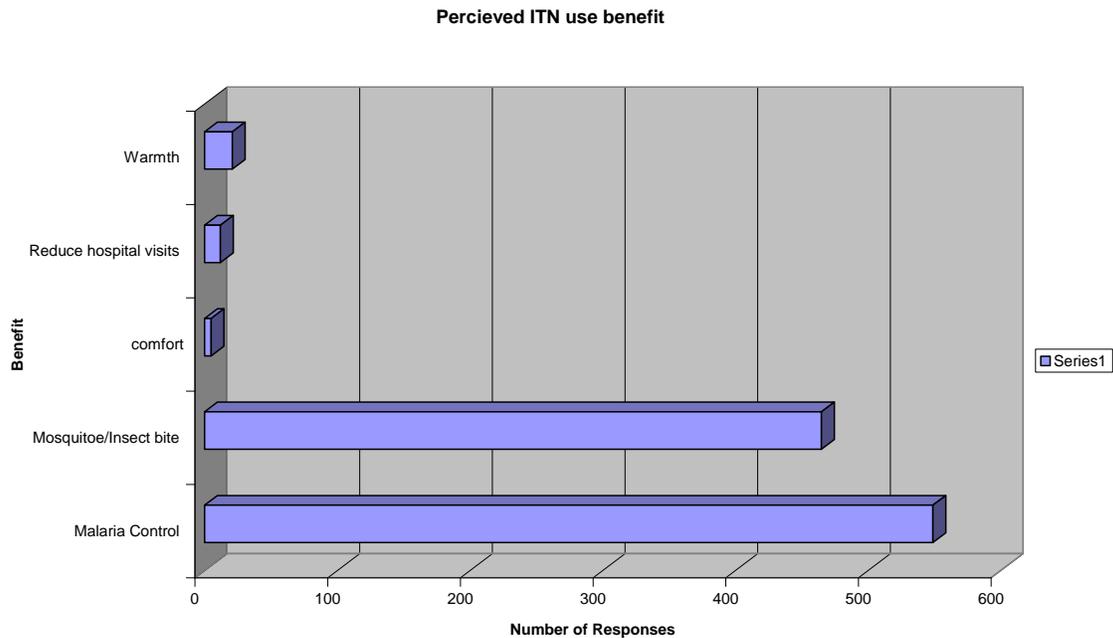
The main reason given for pregnant women not sleeping under ITN is lack of nets (78%). Other factors given include hanging issues (7%) and forgetting to hang the net (4%). On further probing for the reasons why the PW did not have a net yet these were free at the ANC clinics, it was clear that a majority of these women had not made their 1st ANC yet.

REasons why PW did not sleep under ITN



4.1.4 Perceived ITN use benefits

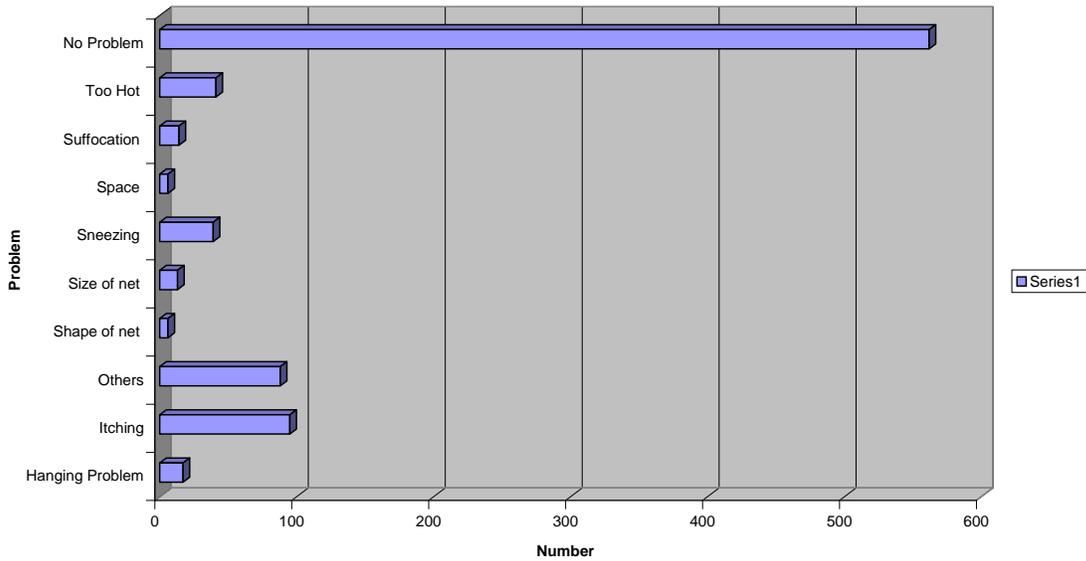
When asked about their main net use benefits a majority clearly identified malaria prevention (52.2%) and prevention of mosquitoes and/or insect bite (42.2%). This reflects a fairly similar trend from the June assessment which indicated 67% and 27% respectively in the June Rapid assessment. The bar graph below shows the responses received in their absolute form.



4.1.5 Net use problems

With regard to net-use related problems, it appeared that the community in general are conformable with the use of ITNs given that 63.8% of the respondents said that they did not have any problems with nets use, although a significant majority 10% still had problems with itching. The rest of the responses are as shown in the bar graph below.

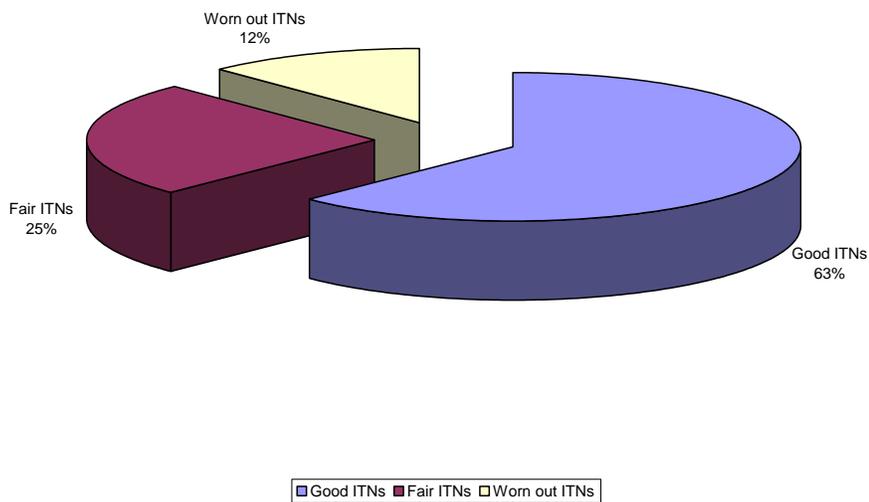
Net Use Problems



4.1.6 Net Condition

During our BCC events and stakeholders meetings, there have been several requests to have the old nets replaced. During the rapid assessment the project sought to establish the proportion of worn out nets from the population. It was established that only 63% of the ITNs being used by PW and CU5 are in good condition, 25% of these nets were in a fair condition (with few tears and holes) and 12 percent were totally worn out.

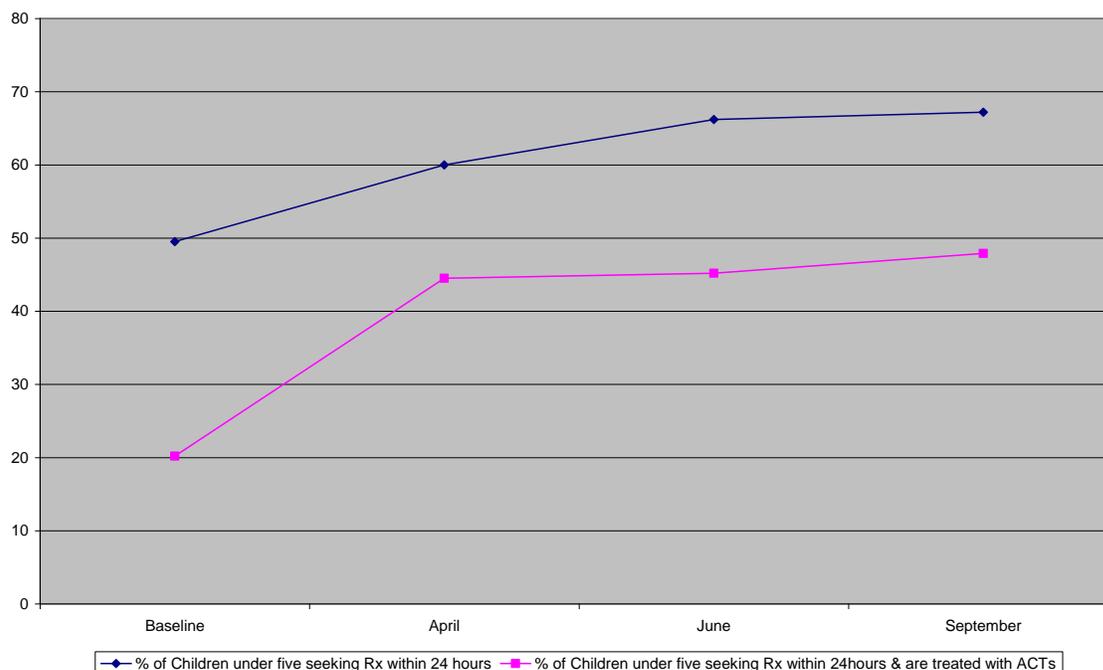
Conditions of ITNs



4.2 Case Management among Children Under Five Years

4.2.1 Seeking prompt treatment

67% of the CU5 who had fever sought treatment within 24 hours while 47% were treated with an ACT. This indicator has been on a steady increase and as shown in the line graph below:



4.2.2 Seeking appropriate treatment

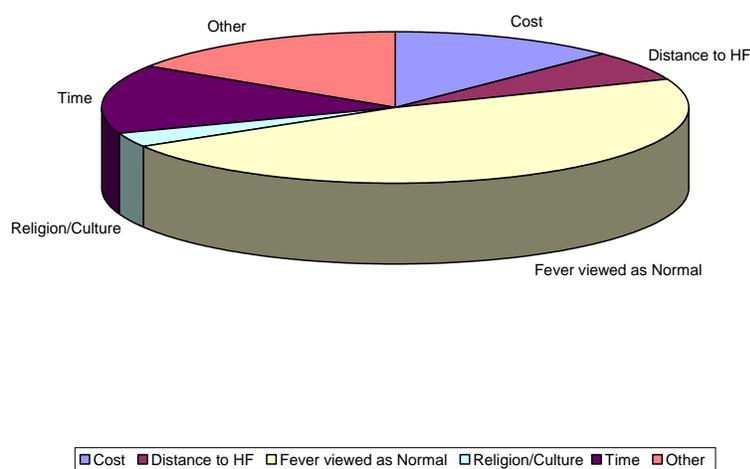
During the rapid assessment we sought to establish the actions taken when a child has fever and it is clear that a majority (49.9%) consider taking the children to the health facilities as the 1st action to take when a child has fever. A significant majority (25.5%) conduct home management of fever. The responses are represented in the table below:

| Action taken incase CU5 has fever | Number | % |
|-----------------------------------|------------|------------|
| Health Facility | 268 | 49.9 |
| Herbalist/Traditional Healer | 10 | 1.9 |
| Herbalist---Shop/Chemist----HF | 5 | 1.0 |
| Home Management | 137 | 25.5 |
| Home Management----HF | 22 | 4.1 |
| Home Management---Shop---HF | 48 | 8.9 |
| Shop/Chemist | 29 | 5.4 |
| Shop/Chemist---HF | 11 | 2.0 |
| No action | 7 | 1.3 |
| TOTAL | 537 | 100 |

4.2.3 Effective management

Reasons why CU5 did not seek treatment within 24 hours of onset of fever include: fever being viewed as normal by the care takers (48%), lack of time by caretaker (15%), cost of treating the fever (13%) and distance to the nearest health facility (6%), as shown in the pie chart below:

Reasons why CU5 did not seek Rx within 24 hours



4.3 ANC Visits and IPTp Visits

73.1 % of all PW interviewed had made at least 1 ANC visit. 58.2% Of these women had received one dose of IPTp while 40% of these had received at least 2 doses of IPTp.

7.0 LESSONS LEARNT

- The trained CORPs work more effectively when they are left to make most of the decisions regarding their work such as time for meetings, targets for number/amount of work they can do, participants for events outside their area of work
- The leaders elected by the community groups are very effective when they are given responsibilities including handling minor finances and incurring expenses on agreed items.
- Groups which have regular contact with a MoH staff, for instance the CHEWs perform better when they cease to consider themselves as part of the project group but more community oriented. They can identify more with the MOH structures as envisaged in the community strategy. This is also very essential in terms of sustainability.
- The report on the number of days of stock out of AL took into consideration the cumulative days of AL stock out incidents in all facilities and by the strength of the AL formulation e.g. 24 tabs, 18 tabs etc and therefore it represents the cumulative lost opportunities for appropriate medication for malaria.

- The project results shows that we had a very low rates of laboratory compared to clinical diagnosis and this could be due to lack of diagnostic capacity in the level two and three which was factored into this project. The project created demand for services which were not made available at the facility level. We need to critically evaluate this position and consider providing some funds for laboratory capacity or provision of rapid diagnostic tests to meet this demand.

8.0 ANNEXES

1. Success Stories
2. Feedback Letter(s)
3. The MSH baseline health facility assessment report.