



President's Malaria Initiative

**THE PRESIDENT'S MALARIA INITIATIVE
KOMESHA MALARIA COMMUNITIES PROGRAM
SECOND ANNUAL REPORT OCTOBER 2011**



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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
TWG	Technical Working Group

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 towards 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 at province, district and at the community level; 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.

1.2 *Project 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 of \$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, aptly named "***Komesha¹ Malaria Communities' Project***" was designed to deliver Malaria prevention and treatment to an estimated 220,000 children under-5 and pregnant women in five highland malaria epidemic prone districts of Nyanza province, namely Nyamira, Kisii Central, Kisii South, Gucha and Gucha South. A sixth district, Borabu, was included as part of the project area in the second year of implementation 2010/2011. Specifically, this project was to increase community awareness on malaria prevention and control, promote the consistent use of long lasting insecticide treated nets (LLITN),

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

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.

Executive Summary

This report details progress made in the project implementation period between October 2010 and September 2011. The project successfully implemented most of the activities as per the work plan for the period. There was notable support and cooperation from the main partner, the MoH in implementing the activities in the project area. During year 2, the project extended its operation reach to six districts by including Borabu district. Merlin rolled-out the voucher system aimed at rewarding positive behavior change for mothers coming to antenatal and child welfare clinics. The voucher system has encouraged an increasing number of pregnant women to attend ANC services earlier. It has also encouraged earlier treatment of malaria in children under 5. Although there are issues of sustainability raised regarding this incentive, there is the understanding that once communities realize the benefits of early ANC attendance and early malaria treatment of their children, they will be motivated to continue the practice. Some of the key achievements for the reporting period include:

- 211 health education sessions during community malaria field days; 1,742 health education sessions in churches; 3,961 health facility education sessions; 191 PET performances; 4 major road shows which covered all the 6 districts and 36,179 home visits. During these activities, over 200,000 people were reached with malaria control messages.
- Quarterly Review meetings.
- An essay writing and artwork competition for primary schools in the region.
- Monthly planning and review meetings by CHWs and CHEWs.
- Support supervision to health workers by the DHMTs.
- Mentorship sessions for health workers on Malaria in pregnancy, FANC and customer care.
- Weekly Project team implementation team meetings
- PAC meetings and supervisory meetings.
- Best practice conference with international participation and 27 presentations made. The conference took place in Kisumu from 18-21 July 2011.
- Finalization of 3,000 copies of newsletter and 300 copies on the job aids prepared
- Retraining of 23 journalists and Community Health Committee conducted

Challenges

One main challenge in engaging communities was the competing community tasks that CHWs and MoH officials were involved in. One example was that some CHWs were involved in the registration and distribution exercise for the campaign for universal distribution of free nets that was organized by the Ministry of Health. These commitments made the CHWs, and some MoH staff, unavailable for other project field activities. The CHWs also have their livelihood related activities that occasionally keep them away from project activities. In the month of September, there was also a polio campaign in the region that heavily involved the health workers and shifting them away from project activities. Some districts did not have enough CHEWs to mentor and supervise the CHWs in line with the health strategy.

Lessons learned

1. The trained Community units have proved that they are able to manage cases of uncomplicated malaria at household level if they are trained adequately to offer those services in that level. This is supported by the fact that the first line treatment, AL, is now available in shops at subsidized prices. If they are trained to do testing using RDTs, the CHWs can also do testing and treatment of uncomplicated malaria at household level.
2. Behaviour change is possible as long as the society is provided with an enabling social environment to sustain the change. It has been an observation in the region that when the community-based SBCC events
3. are intensified as in home visits and malaria field days, the community has tended to seek health services in health facilities more. This has been the case in terms of seeking ANC services and appropriate malaria treatment.
4. Joint planning with the major stakeholders like the Ministry of Public Health and Sanitation is necessary for better coordination of primary health care services. This will eliminate overlap of activities and better utilization of the personnel available like the CHWs.

2.0 ACHIEVEMENTS FOR YEAR 2

2.1.0 Inclusion of Borabu district as part of the project area

One notable achievement during the year was the inclusion of Nyansiongo division of Borabu district as part of the project area. This means that the project reached 20,843 more people who reside in that district. There are approximately 1,050 pregnant women in the district and roughly the same number of children under 5.

Among the activities that were conducted in the district include:

- Community entry through meetings with local leaders and administrators at sub-location level
- Training of community health workers
- Training school health club patrons and pupils
- Community based SBCC events
- Monthly review CHW meetings and stakeholders meetings
- All other project activities as in other districts.

Details of these activities are discussed in the subsequent sections below.

2.2.0 Capacity building

In order to update the various categories of community implementing partners, and forge a common understanding of the project, the project undertook training of the several partners in order to familiarize them with the key thematic areas covered by the project.

Most of the trainings conducted were refresher trainings to the groups that were initially trained in year 1.

Tabulated below is a summary of all trainings / meetings conducted in the year:

	Training	Dates	No. of people trained /sessions
1.	On-job training/mentorship of health workers on Focused Antenatal Care and Malaria In Pregnancy (FANC/MIP)	Monthly sessions	71 sessions with 213 health workers were mentored.
2.	Refresher training of theatre groups	1 day training on various dates in February 2011.	5 groups comprising of 15 members each, totalling 75 people were trained.
3.	Training of School Health club patrons	2-day training on SBCC in the month of March.	23 Patrons

4.	Training of Community Health Workers in Borabu district	10 th – 21 st March 2011	109 CHWs ²
5.	Refresher training of CHWs	February and March 2011	500 CHWs
6.	Refresher training of media personalities	5 th July 2011	23 journalists
7.	Training of CHC on advocacy	6 th and 7 th July 2011	52 participants
8.	Training of school health clubs	Continuous from January to March 2011 but coaching is continuous in the schools.	920 pupils
9.	KeNAAM Fresh Air Conference	19-21 st July 2011	87 participants

2.2.1 Training of Community Units

One community unit was formed in the newly created Borabu district. Fifty nine CHWs were selected after a series of community entry meetings in the area. They were then 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. The CHWs were further trained on malaria and SBCC for two days with the aim of informing them on project needs. This training took place from 10-21 March 2011.

2.2.2 Training of additional Community Health Workers

Merlin supported training of 50 CHWs that already existed as a community unit in Borabu district. These CHWs had earlier been trained on community health strategy by the Great Lakes University of Kisumu (GLUK). Merlin supported two-day training for these CHWs on Malaria and SBCC for 2 days (30-31 May 2011). Refresher trainings were also conducted amongst the 5 units that were trained in the first year. These trainings were conducted on various dates in the month of February. Overall a total of 250 CHWs were provided with refresher training on malaria and SBCC.

2.2.3 Theatre groups refresher training

The use of community theatre remains an efficient strategy in passing key health messages. To strengthen the groups and update them on the current information on Malaria, the project conducted refresher training for 5 theatre groups on various dates in the month of February 2011. Each of these groups (comprising of 15 members) underwent one-day training where they gained knowledge on the thematic areas and the messages to be disseminated. During the training, each

² 59 CHWs were trained on both community strategy and malaria while 50 previously trained CHWs were trained on malaria and SBCC only

of the group came up with a script that was performed and a peer review was conducted. As part of their duties, the groups have been writing several scripts that are reviewed by Merlin staff to ensure the accuracy of messages.

2.3 Monthly review meetings with trained CORPs

As previous experience from year 1 denotes, groups and individuals that have regular contact with their CHEWs and DHMT members perform their duties more effectively than those not maintaining regular contact. The contact helps the groups to identify their right place in the community health strategy and hence perform their roles better.

This year CHWs held joint monthly meetings with Merlin staff and CHEWs to review their work plans and determine project progress. The meetings also aimed at sharing their experiences, collecting individual reports and the drafting of BCC micro plans for the coming month.

In addition from time to time, CHEWs and project staff held one-on-one contact sessions with the individual CHWs while performing health talks in health facilities and during household visits. The CHEWs offered mentorship and support to the groups.

2.4 Quarterly stakeholders' meetings

Merlin supported the 6 project districts in holding their quarterly stakeholders meetings during the year. A total of 7 meetings were held and supported by Merlin, as tabulated below

DISTICT	DATES	VENUE	NUMBER OF PARTICIPANTS
Kisii Central, Kisii South, Gucha, Gucha South, Nyamira, Masaba South, Masaba North, and Borabu districts	17.02.2011	Mwalimu Hotel, Kisii	80
Kisii Central Kisii South	27.06.201	Dados Hotel	59
Borabu	30.06.2011	Dam side Hotel	60
Gucha	28.06.2011	Rhockland Hotel	34
Gucha South	30.06.2011	Las Jona Hotel	30
Nyamira	28.06.2011	The Borabu Inn	33
Borabu district	21.08.2011	Dam Side Hotel	80
Total attendance			376

Stakeholders who attended the meetings included:

- MoH officials

- Ministry of education officials
- CHWs from various CUs
- Representatives of theatre groups
- Representatives of local organizations implementing malaria activities; PSI and KNEAD.
- Religious leaders
- Provincial administration officials.

Some of the issues discussed in the meetings are:

1. Review of the progress of the project, analysis of the performance and adjustment of activities, as and when necessary.
2. Presentations from the DHMTs on malaria activities being carried out in their districts.
3. Presentations from selected community resource persons and other malaria stakeholders on progress and experiences of implementing their malaria control activities.
4. Way forward on improving the performance of the project.

2.5 World Malaria Day

The World Malaria Day is traditionally held on the 25th of April but some districts held the day on the 21st of April because the day coincided with Easter Monday.³ The theme for this year's celebration was "*Achieving the progress and impact*". The occasion was a good opportunity for malaria advocacy. The project supported 8 districts to hold these celebrations. The districts included:

1. Kisii Central
2. Kisii South
3. Gucha South
4. Gucha
5. Borabu
6. Nyamira
7. Masaba North
8. Masaba South

The support given included: logistical support during social mobilization, support to performing/entertainment groups and procurement of banners.

The highlight 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.

KeNAAM also participated in the World Malaria Day celebration at three levels: global level (through the malaria advocacy working group through the messaging work stream), national level (by attending media breakfast and participating in the national celebration in Dagoretti) and at community levels in the project area.

³ Masaba North was the only district that celebrated World Malaria Day on the 25th of April



Photo 1: Pupils from a local Primary school perform during the World Malaria Day celebrations in Gucha district

2.6 Support to Child wellness weeks (*Malezi Bora*⁴ Weeks)

Malezi bora weeks are marked in the first week of the months of November and May. This year's theme was '*Improving maternal and new born health*'. The target groups for this week were: expectant women, newborn babies & postpartum mothers. Some of the activities that complement our malaria programme include:

- Encouraging pregnant mothers to attend 4 ANC visits
- PW & CU5 to sleep under ITNs consistently
- Awareness on danger signs of malaria
- The importance of seeking prompt and effective treatment
- LLINs distribution to PW and Children under 1 (CU1)
- Immunization and deworming of CU5

This project supported the implementation of this activity as part of its strategy of ensuring that 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 in three

⁴ *Malezi bora* is a Swahili term meaning child wellness.

districts, namely Gucha, Gucha South and Kisii South districts. The trained CHWs were very active in these activities together with local MoH staff.

2.7 Project Advisory Committee (PAC) meetings

Merlin established a Project Advisory Committee (PAC) in year 1 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 committee held one meeting in the year. The committee then split into smaller groups that enabled them to supervise and advice on operations of their own districts. Due to the composition of the committee with many members having conflicting schedules, it was challenging to convene them more frequently as was originally planned. Due to this challenge, the PAC conducted only one joint meeting out of the scheduled seven meetings.

2.8.0 School Health Activities

2.8.1 Training of School club patrons

In year 1, 25 primary schools were selected to engage in malaria SBCC activities. In quarter 2 of year 2, an additional 23 primary schools were selected to continue doing the same. This brings the total number of school health clubs that have been trained so far to 48, eight in each district. One patron of the school health clubs from each of these schools has undergone a two-day training course on Malaria and SBCC, jointly conducted by Merlin, the Ministry of Health and the Ministry of Education. These school patrons are the teachers in charge of the health clubs in their respective schools and they carry out continuous coaching of the pupils on malaria control activities.

2.8.2 Training of School Clubs on Malaria SBCC

920 pupils within 23 school health clubs were trained on malaria SBCC, with a special focus on the use of ITNs in malaria control. Pupils were equipped with knowledge surrounding net use and developed their peer education plans at the end of training. The training was facilitated jointly by the trained teachers/patrons, MoH staff and the project staff.

2.8.3 Involvement of schools in malaria control activities

According to the Kenya National Malaria Indicator survey carried out by the DOMC in 2010, vulnerability to malaria is now more in children between the age of 5 and 14 years. The results of the survey show that “children aged 5-14 years have the highest prevalence at 13%” (KMIS 2010). Most of these children are in primary schools and the malaria SBCC program in primary schools will specifically target this young population and endeavour to instil prevention and precaution messages.

The trained schools health clubs came up with key malaria messages that they presented in various forums like:

- World Malaria Day Celebrations
- Peer education forums such as school parades and clubs time/days
- General meetings with parents
- Club days

2.8.4 Inter-schools competition

All primary schools in Kisii and Nyamira counties were invited to take part in an essay writing and artwork competition in the month of June 2011. The theme of the competition was “*towards a malaria free community*”. This competition was intended to stimulate discussions on malaria control interventions among the pupils and among their family members, peers and teachers. By doing so, it was envisaged that the knowledge and awareness on correct malaria prevention, control and treatment interventions will be improved.

The competition attracted 3,100 pupils from over 1,100 schools. The scripts were marked (graded) in the month of July and the top pupils were rewarded prizes in an awards ceremony held at the Kisii Primary School.

This competition was facilitated by Merlin, the MOH and the Ministry of Education. This prize-giving ceremony was attended by pupils, teachers, parents, the local administration and it was also open to the community at large.

The pupils who took the best 3 positions in each category were awarded with cash prizes and branded incentives that contained Malaria Messages.

The schools where the top pupils came from were also awarded with cash.

The winning essays are attached as annexes with this report.



Photo credit: Merlin team

Photo 2: Pupils present a song during a prize-giving ceremony in Kisii Primary school.



Photo credit: Merlin team

Photo 3&4: Kamatana theatre group from Nyamira district performs in the same function. Below is a section of the pupils who attended the prize-giving ceremony.



Photo credit: Merlin team

2.9 Community Level SBCC events

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

- Health education during malaria field days and other gatherings
- Community theatre
- Health education in religious gatherings
- Interpersonal Communication through home visits
- Health talks at health facilities
- Road shows

The key messages passed in the various gatherings/meetings include:

- ❖ Pregnant women should begin attending their ANC clinic earlier in order to receive the comprehensive ANC package including but not limited to a free LLITN and health education.
- ❖ Fever is a key sign of malaria in children under five. All children presenting with this key sign should be rushed to the health facilities immediately for testing and appropriate treatment.
- ❖ All suspected malaria cases should be attended to at health facilities within 24 hours of onset of the signs and symptoms of malaria.
- ❖ ACT is the recommended drug for treatment of malaria.
- ❖ All cases that are prescribed with ACT should adhere to the prescription to attain the desired drug effect that is treatment/recovery.
- ❖ All people living in this malaria epidemic prone highland region, especially the pregnant women and CU5 who are most vulnerable, should sleep under LLITNs every night.



Photo 5: A Merlin field officer delivers health talk in one of the stopovers during malaria road shows in Borabu district

2.10 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 CHWs were strengthened through regular mentorship and supportive supervision. Teams of CHWs have been conducting household visits as well as facilitating community discussions at various forums 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.

2.11 Working with the media

In year two KeNAAM and Komesha Malaria Community Project was able to continue working with the media. This has resulted in an increase in media coverage of malaria activities. The quality of messages passed through the media has improved mainly due to the linkage established with the project staff and the media who continue giving correct information and messages. Refresher training also helped in addressing the challenges experienced tackling malaria issues/activities within the project site. Nationally, KeNAAM has continued working with the media which has culminated in the formation of the informal network of malaria journalists finalising their legal registration of Africa Malaria Researchers and Media Network (AMREN) which is a Kenya country chapter and brings together the media/journalist and researcher working on malaria issues.

2.12 Documentation and Job Aids

Merlin and KeNAAM have documented over 20 human interest stories that were developed for inclusion in a newsletter. The stories are aimed at engaging the audience on stimulating the use of the malaria prevention and control interventions. They also document human interest policy and strategic malaria advocacy issues that require attention of decision makers. They have been distributed in community units, schools health clubs, DHMT's District Education officers and wider KeNAAM membership.

KeNAAM also redeveloped the website where it was used it for online registration of conference participants. It is envisaged that once complete it will be used to disseminate human interest stories from the KMCP region amongst other materials and resources for malaria

The development, production and distribution of Job Aids tools was finalised in year two. The essence of the tool is to aid the CHW during their interpersonal communication and interaction with members of the community to increase their understanding on use of malaria prevention and control interventions.



Photo 6: Pictorial of Job Aid and Newsletter

2.13 Best Practice Conference

Through KeNAAM, the project was able to hold a successful 3 day meeting (between 19-21 July 2011) in Kisumu attended by over 85 participants. The participants were drawn from research institution, nongovernmental organisations, government and bilateral partners. The call for abstracts was circulated through KeNAAM, HENNET, MAWG, EARN, CAME and CORE Group list serve networks. A total of 27 abstracts were received for presentation with differing community based malaria programming activities. The conference attracted presentation from Kenya, Ghana, Malawi and USA.

The participation of the media during the 3 days resulted in wide coverage of the conference. Further the conference presented an opportunity for equipping the journalists with malaria knowledge that has proved useful in increasing malaria coverage in both print and electronic media.

The KeNAAM Sixth Air Conference gave useful answers to some critical questions about involving communities in the fight against malaria. Participants gained perspectives on the circumstances in which communities can do so effectively. Participants also obtained an enriched account of the kind of interventions that work well in community settings in the prevention, control, and treatment of malaria. Stakeholders need to think about how to use the growing body of research on the lessons and opportunities learned in community interventions in policy criticism and advocacy. Stakeholders also need to think through how they can benefit from available resources to forward their battle against malaria in communities.



Photo 7: K FAC Participants pose for a Group Photo

ACHIEVEMENTS TABLE

Project objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the workplan)	Status of Activities (Cumulative achievements for the year)	Comments
Objective 1: Increase the proportion of pregnant women receiving two or more doses of SP for IPTp during their pregnancy⁵	4,320 facility-level health talks on ANC held by CHWs and CHEWs.	1. Provide health talks on early ANC at health facilities by CHWs	3,961	Due to change in policy more focus was placed on educating PW on importance of ANC services rather than IPTp utilization.
	144 Village-level health talks on ANC conducted	2. Provide health talks on ANC during village events/ <i>barazas</i> through trained CHWs and CHEWs	211	The messages passed were actually on encouraging PW to seek and utilize ANC services and not IPTp.
	2,000 church-level health talks on ANC conducted	3. Provide health talks on ANC during churches services/sermons through trained religious leaders	1,742	The trained CORPs and religious leaders lead this health education in religious congregations.
	20,000 Households visited & educated on importance of	4. Conduct door-to-door IPC campaigns by trained CHWs and	36,179	The trained CORPs have been actively involved in IPC

⁵ 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 4 ANC visits) rather than IPTp. This way the pregnant women will access the broader ANC package including LLITN and malaria information and education.

	ANC services by trained CHWs & CHEWS	CHEWs aimed at creating informed demand for ANC services		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. We propose to have umbrellas as IEC materials and also to be used by CHWs/CHEWs during IPC at households.
	Hold 288 community-level PET performances aimed at increasing demand for ANC services.	5. Conduct community theatre performances themed on early ANC visits	208	The trained theatre groups have been actively involved in community theatre in village events. This under-achievement was due to competing community tasks.
	45 mentorship sessions on MIP targeting ANC HWs conducted	6. Conduct on-job mentorship on customer care targeting health workers in ANC and EPI clinics	71 sessions	The ToTs trained on FANC/MIP conducted mentorship starting from their colleagues in their facilities and to other facilities

Project objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the work plan)	Status of Activities (including outputs)	Comments
Objective 2: <i>Increase the proportion of suspected malaria cases receiving early and effective treatment in line with the national treatment policy</i>	4,320 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	3,961	This activity continued to receive a lot of support from the health workers and CHWs. Health facilities remain the most-trusted source of health information. The job aids developed in this project will also help the CHWs to deliver accurate messages. The job aids will be ready for use in the next phase of the project.
	144 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	211	These community meetings have been forums to do other health related activities like demonstrations on net use, VCT, child immunization among others.
	2,000 church-level	3. Provide health talks	1,742	Trained religious

	health talks on seeking early and effective treatment conducted	on early and effective treatment of malaria during churches services/sermons through trained religious leaders		leaders and CHWs were utilized to educate their congregations about the importance of seeking treatment early and receiving the right treatment.
	20,000 Households visited & educated on importance of seeking prompt & effective treatment of malaria by trained CHWs & CHEWS	4. Conduct door-to-door inter-personal communication (IPC) campaigns by trained CHWs and CHEWs primarily targeting pregnant women and mothers/caretakers of children under five years.	36,179	More emphasis has been put on this activity above other BCC strategies as the CHWs have been able to pass health messages at household level while focusing on the most vulnerable groups.
	Hold 288 community-level PET performances	5. Conduct training of community theatre groups and utilize them to pass messages themed on prompt and effective treatment	208	The theatre groups that were trained under this project have been conducting this activity in all the village level events/ <i>barazas</i> /field days.
	30 Child wellness weeks held (1 per sentinel Health facility)	6. Conduct child wellness weeks and use this forum to disseminate messages on prompt & effective treatment	Merlin field officers participated in the wellness weeks by disseminating malaria messages during health education	This project provided logistical support to 3 DHMTs in supervision of <i>Malezi Bora</i> activities that were conducted for one

			sessions in health facilities	week each in May and November 2011
	30 mentorship sessions on malaria case management held.	7. Provide clinical mentorship and support supervision of health workers.	71 mentorship sessions	Please refer to activity 6 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 women and children under five that sleep under an ITN every night.</i>	50,000 LLINs distributed.	1. Collaborate with DOMC, PSI and DHMTs in distributing free LLINs to pregnant women and children under five.	None distributed	The Government through the Ministry of Public Health and Sanitation distributed ITNs from other funding sources and therefore Merlin did not procure the nets under this project.
	18 School Health clubs trained	2. Train school health clubs on malaria with specific focus on correct and consistent use of LLINs	23	Merlin trained 3 additional schools in the 5 former districts and 8 schools in Borabu district where the project expanded its operations to this year.
	258 SBCC events conducted by school health clubs	3. Involve school health clubs as advocates of LLINs use	192	The trained health clubs have been utilizing various forums

	targeting LLIN use.			including WMD, school parades/clubs time, general parents meetings and others to deliver key messages on malaria. There was also an Essay and artwork competition that involved all primary schools in the region.
	4,000 referral vouchers issued to pregnant women by CHWs during home-visits	5. Support vouchers programme as an incentive to increase demand for the LLINs	6,000	Vouchers have been greatly supported as an incentive for ANC clients to start their ANC visits early and therefore utilizing ANC services. This way, the PW benefit by getting more Khangas. It is also a way of tracking performance of CHWs by looking at how many people they are referring for services.
	4,000 referral vouchers redeemed at the HF		4,666	Vouchers have been useful as incentives for ANC clients to start their ANC visits early. This way, PW benefit

				by receiving more <i>Khangas</i> . Care takers of children under five who seek treatment for malaria within 24-hours after onset of signs of the disease.
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Project objectives	Indicators (include current measurement or result)	Key Activities (as outlined in the workplan)	Status of Activities (including outputs)	Comments
Cross Cutting Objectives	4 meetings conducted	1. Conduct Training of community Units	6 CUs trained	One new CU was formed and trained in Borabu district. Refresher trainings were also conducted to the other 5 CUs and other CHWs which had been trained in year 1.
	2 meetings with Merlin implementation team held	2. Conduct joint malaria control planning and review meetings with village health committees and health facility committees	There were regular monthly meetings and quarterly stakeholders meetings which provided forum for discussions on the project.	The DHMTs recommended working with community units or appointed CHWs rather than CSOs/FBOs. The project made amendments and instead trained 252 CHWs

	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	Best performers were selected on the basis of the number of successful referrals of pregnant women to health facilities	25 bicycles were distributed to best performing CHWs in 5 districts. Merlin is planning to distribute umbrellas with health messages in year 3.
	7 PAC Meetings.	4. Hold Project Advisory Committee Meetings and Supervisory Visits	1 meeting	1 meeting was held in the year. This activity was affected mainly by the competing tasks given that most of the members are government officials with busy schedules making it difficult to harmonize their schedules.
	6 Supervisory visits held		6 visits	These visits took place at district level simultaneously (in the 6 districts) and members of the PAC supervised and advised on operations within their own districts.
	Four meeting held	5. Hold project implementation team meeting	Weekly	The project implementation team met weekly at Merlin office to review the

				progress and plan for the following week.
	Merlin and KeNAAM represented in forums	6. Participate in malaria forums including DOMC meetings, technical working groups, stakeholder coordination meetings and best-practice dissemination workshops.		<p>Forums attended include:</p> <ul style="list-style-type: none"> -Annual Operational Planning 7 (AOP 6) meetings in all the 6 districts -TWG meetings working on the National policy on Epidemic Preparedness and Response. - MCP implementers meeting in Lilongwe, Malawi. - KeNAAM Fresh Air Conference (KFAC) in Kisumu city.
	Refresher media forum to update the trained journalist on malaria coverage issues	20 community level journalists provided refresher training on malaria coverage	23 community level journalist trained	This training was envisaged to build further capacity of journalists to understand KMCP activity to enhance visibility and passing of message to community.

	Documentation of malaria field stories	4 newsletters covering malaria field stories	One newsletter printed and development of website done. It was agreed with Merlin that Kenaam will substitute the production of 4 newsletters by a web site that is updated regularly. The newsletter will be published bi-annually.	The newsletter covers human interest stories from the project site while the website is used to disseminate the human interest stories to wider audience.
	Best practice conference	100 participants including community level actors and policy makers	87 participant attended	27 different malaria projects lessons shared in 3 days
	Refresher Capacity Building of CHC	45 CHC members trained on malaria Advocacy	52 participant attended	The CHC teams were trained to enhance advocacy for issues affecting the CU's

3.0 FACTORS THAT IMPEDED PROGRESS

No.	Problems/ Challenges encountered	Solutions/ Actions taken
1	Competing community tasks	Merlin continued to engage in constant discussions with the key partners to ensure that both competing tasks were achieved with minimum or no compromise in quality. However certain activities like holding PAC meetings of all districts could not be conducted. Merlin is planning to hold these meetings at individual district levels.
2	Some districts did not have enough CHEWs to mentor and supervise the CHWs in line with the health strategy	The Government hired more CHEWs in the course of the year and it is hoped that this will go a long way in strengthening the units. The project however proposes to conduct a training of the CHEWs on Community Health Strategy so that they can strengthen the CUs more.

4.0 LESSONS LEARNED

1. The trained Community units have proved that they are able to manage cases of uncomplicated malaria at household level if they are trained adequately to offer those services in that level. This is supported by the fact that the first line treatment, AL, is now available in shops at subsidized prices. If they are trained to do testing using RDTs, the CHWs can also do testing and treatment of uncomplicated malaria at household level.
2. Behaviour change is possible as long as the society is provided with an enabling social environment to sustain the change. It has been an observation in the region that when the community-based SBCC events are intensified as in home visits and malaria field days, the community has tended to seek health services in health facilities more. This has been the case in terms of seeking ANC services and appropriate malaria treatment.
3. Joint planning with the major stakeholders like the Ministry of Public Health and Sanitation is necessary for better coordination of primary health care services. This will eliminate overlap of activities and better utilization of the personnel available like the CHWs.

5.0 PROGRAME CHANGES / ADJUSTMENTS

In the course of implementation in the year and in consultation with the relevant DHMTs and in line with the national malaria policy, the project shifted focus from encouraging IPTp utilization in PWs to encouraging them to seek ANC services. This was the emphasis in health education forums.

There was a slight change of strategy in conducting inter-school competition in the region. The initial idea was to have schools in which the project has trained school health clubs to compete on songs, poems, and concert skits with messages relevant to malaria. The project decided to expand coverage of the competition and have essays and artwork in a wider region so as to elicit discussions on malaria prevention, control and treatment interventions that are available in the community. The funds meant for school health activities and funds for the interschool competition were combined to facilitate this.

The Kenyan Government through the Ministry of Public Health and Sanitation carried out mass distribution LLINs in the community. One LLIN was given to every two people at risk. Because of this, the net fundraising exercise that was scheduled to take place within the reporting period was not conducted.

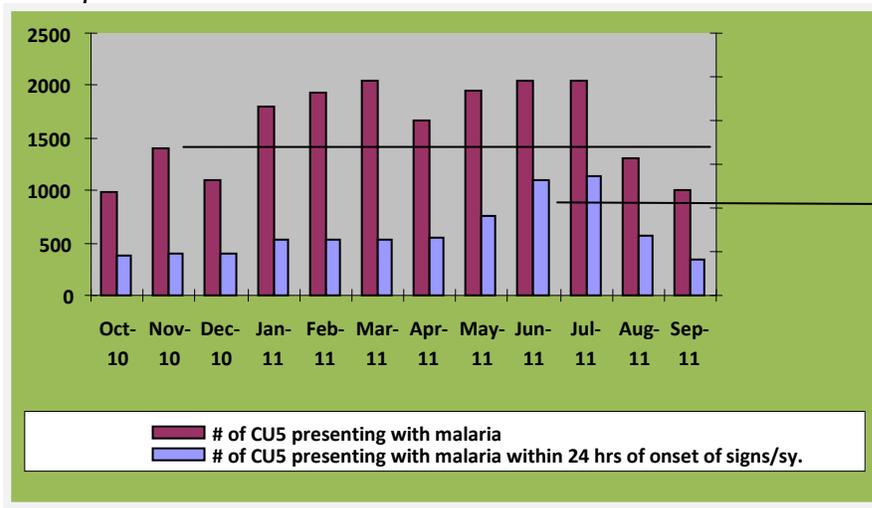
6.0 MONITORING AND EVALUATION (M&E)

This section highlights progress made and the outcomes during the project implementation phase.

Promptness of seeking healthcare among children under of five years with malaria

Fever is the key sign of malaria in children under five years. All cases of fever in children under five are treated as malaria cases and are diagnosed accordingly before treatment. Facilities that do not have diagnostic equipment, diagnosis is done clinically and most cases of fever are regarded as malaria cases. Between January and July the number of children under five who presented to health facilities with malaria symptoms was higher compared to the rest of the year of the reporting period reaching more than 1,500 cases. The number of such cases was highest in March, June and July – just over 2,000. This period coincided with the rainy seasons in the region which is January to March and June to September. However, the total number of cases dropped in August and September.

Chart 1: Malaria cases among children under 5 presented to health facility, all cases and those presented within 24 hours of onset



One of the objectives of the project was to increase the number of children under five who are presenting with fever and seek appropriate treatment within 24 hours. The proportion of children with malaria that presented themselves at health facilities within 24 hours of onset of symptoms doubled between March and July 2011 reaching 55%, before suddenly falling again to 34% by September (chart 2). Such drop could be attributed to the heavy downpours during August and September making road conditions barely usable and therefore affecting the accessibility of the health facilities. Chart 3 shows the trend of the proportion of

children under 5 accessing health facilities within 24 hours of onset of malaria symptoms.

Chart 2: Proportion of children under five presenting to health facilities with symptoms of malaria within 24 hours of onset, monthly

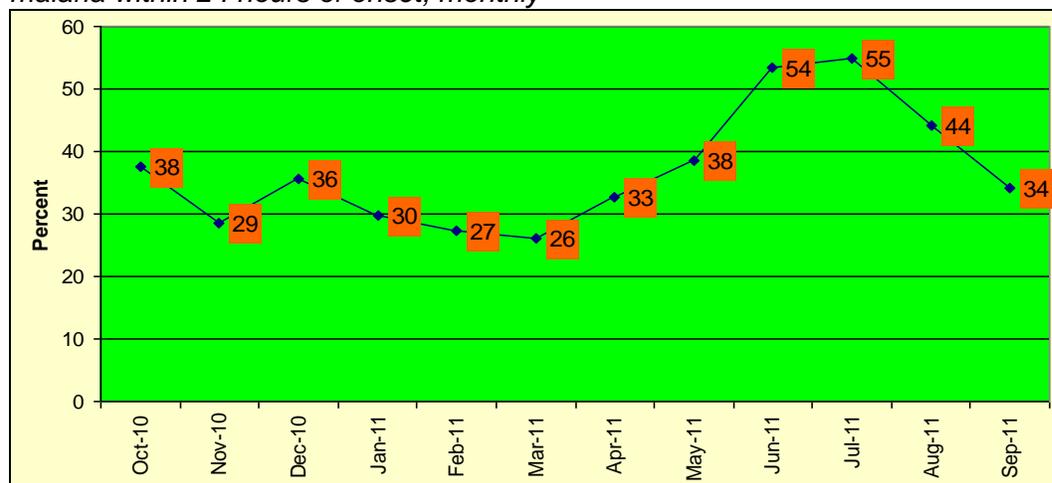


Chart 3: Proportion of children under five presenting to health facilities with symptoms of malaria within 24 hours of onset, quarterly

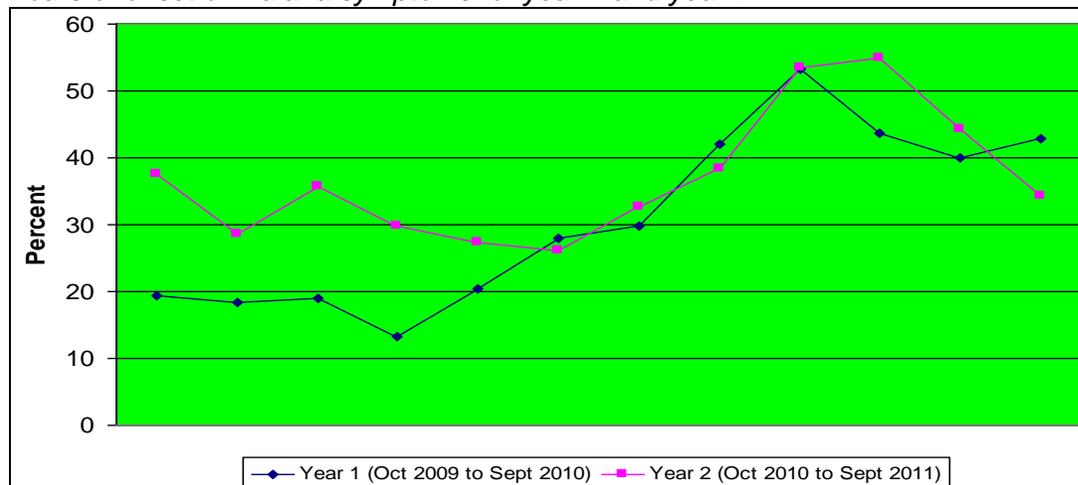


The trends based on graph 2 and 3 above show that there is room for improvement to achieve a higher number of malaria cases who seek medical treatment within 24 hours of onset. Strengthening our efforts to educate communities on the importance of seeking treatment promptly will be essential. The SBCC activities will continue to be reinforced to communicate this key message.

Comparing the trends of the proportion of malaria cases seeking treatment within 24 hours of the onset of symptoms for year 1 (October 2009 to September 2010) and year 2 (October 2010 to September 2011) suggest some progress. The percentage of individuals seeking medical help was higher during 8 months of year 2 compared to the same months a year before (graph 4). The largest difference

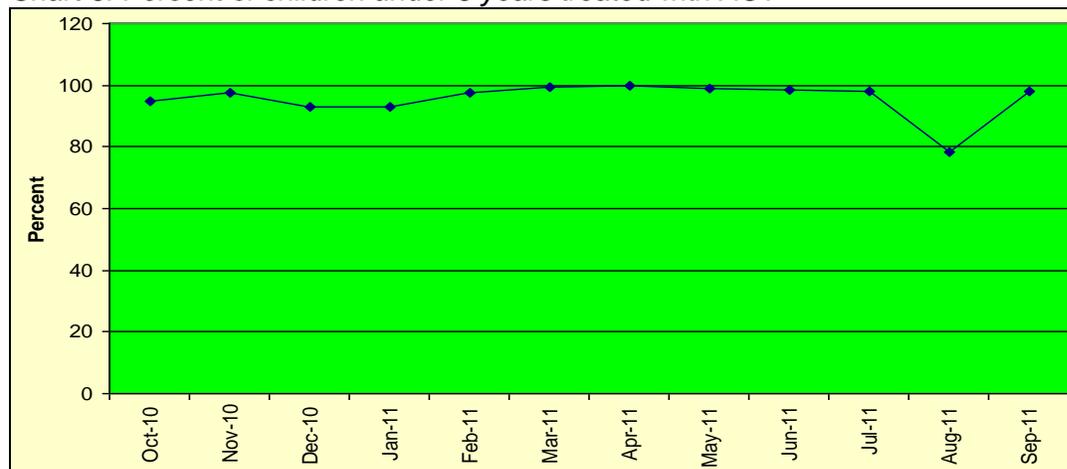
was during October and January, at times even doubling in year 2 compared to the year 1.

Chart 4: Comparison of the proportions of children under 5 seeking medical help within 24 hours of onset of malaria symptoms for year 1 and year 2



During the reporting period, almost 100% of the children under 5 who presented with fever were treated with ACT as shown in graph 5 below. This is attributed to the fact that ACTs are now readily available, accessible and affordable because of the subsidy both in the government facilities and in the pharmacies. However in August there was a drop in the number ACT receiving patients by about 20%. This could be due to data error, but we will try to identify the true reasons behind this.

Chart 5: Percent of children under 5 years treated with ACT

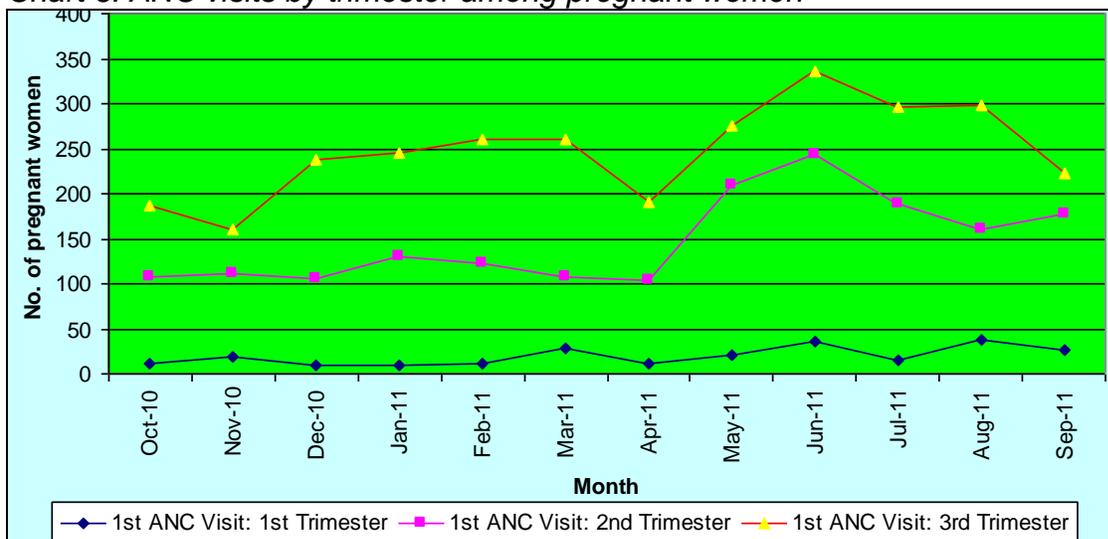


ANC visits

Women are more likely to attend their first ANC visit during the third trimester rather than in the first or second trimesters. Graph 6 below shows the number of women attending ANC 1 during three trimesters for the period between October 2010 and September 2011. During some of the months there were 12 times as

many women attending ANC 1 in the third trimester as the women in their first trimester of pregnancy. Such a massive difference suggests that more has to be done with regards to SBCC to encourage women to attend their first ANC in the early stages of pregnancy.

Chart 6: ANC visits by trimester among pregnant women



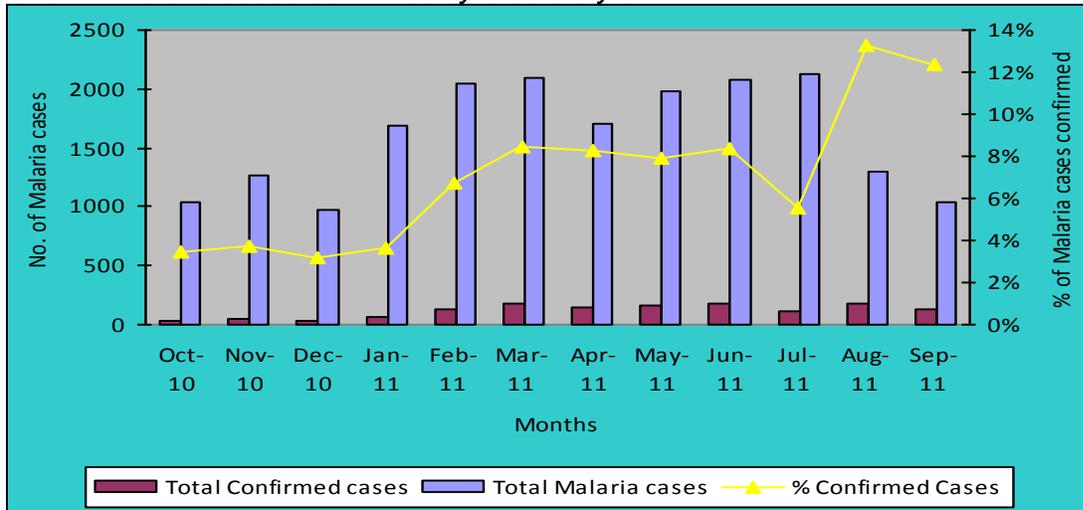
Prevention of Malaria in Pregnancy

According to DOMC IPTp is not a priority intervention in epidemic prone districts where the risk of malaria in pregnancy is high only periodically, which is during and after rainy seasons. However, some facilities bordering malaria endemic zones have been offering this service because they serve clients from those zones.

Malaria Parasitological Diagnosis by Microscopy and/or RDTs

The need for diagnosis of all malaria cases instead of continued presumptive treatment both for children under the age of five as well as aged five and above cannot be emphasised enough. However, achieving high rates on this has been very challenging (Chart 7) because the health facilities do not have the diagnostic equipment required. Health facilities continue to diagnose malaria based mainly on clinical symptoms. Diagnoses by laboratory test varied from as low as 3% in Dec 2010 to 13% in August 2011. The overall proportion of malaria cases confirmed between October 2010 and September 2011 was 7%. Such low laboratory diagnoses of malaria cases could be attributed to sporadic availability of RDT's and laboratories in the lower level health facilities and poor attitude of staff towards the use of RDT's. This calls for sensitization among the facility staff on the use of diagnostic equipment and equipping all health facilities with rapid diagnostic kits. Merlin has proposed to improve this by strengthening community case management under Global Fund Round 10.

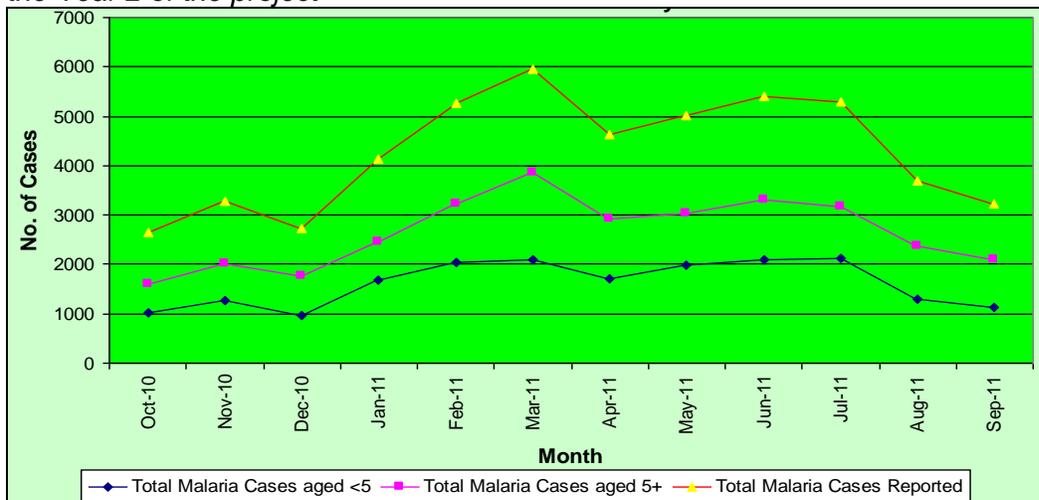
Chart 7: Malaria cases confirmed by laboratory or RDT



Malaria Morbidity Trends

Malaria cases within the project sites have been following seasonal variations in the region. The graph below shows the trend in morbidity among all patients who attended health facility with symptoms of malaria, as well as children under five and patients 5 years old and older. The total number of malaria cases more than doubled between December 2010 (2,800 cases) and March 2011 (6,000 cases) before reaching their slightly lower levels between April and July (the range of 4,500 and 5,500). The periods of high incidence coincide with the rainy seasons in the region. The number of patients with malaria symptoms seeking medical care began to fall significantly in August and September (slightly over 3,000 cases), reaching similar levels as a year before.

Chart 8: Trends in the number of patients diagnosed with malaria in health facilities during the Year 2 of the project



7.0 ANNEXES

1. The winning essays
2. Photographs
3. Media coverage MCP related articles
4. Sauti Newsletter containing field success stories KeNAAM
5. Job Aids